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Care for Child Development

CASE STUDY

The experience of Peru

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Abbreviations

CCD	Care for Child Development
CREG	Growth and Development Monitoring (Control de Crecimiento y Desarrollo)
ECD	early childhood development
INEI	National Institute of Statistics and Informatics (Instituto Nacional de Estadística e Informática)
NTS	Technical Health Standard (Norma Técnica de Salud)
PAHO	Pan American Health Organization
PPoRDIT	Results-based Budget Programme for Early Childhood Development (Programa Presupuestal Orientado a Resultados para el Desarrollo Infantil Temprano)
PRITE	Early Intervention Programme (Programa de Intervención Temprana)
SAF	Family Support Service (Servicio de Acompañamiento a Familias)
SCD	Day Care Service (Servicio de Cuidado Diurno)
UNICEF	United Nations Children's Fund
UPCH	Cayetano Heredia University (Universidad Peruana Cayetano Heredia)
UPE	Special Protection Unit (Unidad de Protección Especial)
WHO	World Health Organization

Executive summary

This case study describes the integration of the Care for Child Development (CCD) approach into public policies and the practices of agents across various sectors and services in Peru that offer early childhood care and family support.

CCD is an evidence-based approach that enhances and strengthens existing services for young children and their caregivers. It does so by strengthening the knowledge and capacities of decision makers, public managers and service providers to guide families on parenting practices within a framework of 'nurturing care'. This includes providing young children with health, protection and nutrition services, and sufficient and appropriate learning opportunities through play and communication activities in safe, caring and stimulating environments.

In recent years, Peru has made decisive progress in promoting early childhood development (ECD), and the CCD approach arrived at just the right time to stimulate and enrich the country's policies and services. Further, the approach offers conceptual and practical elements, based on the latest scientific evidence, to improve the provision of early childhood care, with an emphasis on the most vulnerable and excluded children and families. In turn, the introduction of the CCD approach in Peru has favoured multisectoral work and has helped to increase stakeholder understanding of the need to promote the comprehensive development of young children through family counselling.

CCD was introduced in Peru in three stages:

- Advocacy to position the CCD approach in the early childhood public policy frameworks across various sectors and stakeholders, including civil society organizations and academia (from 2017 to 2018).
- Capacity development based on neuroscience evidence and the practical training of key public agents and service providers across multiple sectors at the national, regional and local level (from 2018 to 2019).
- Implementation and technical assistance for the integration of this approach in different sectors, as well as changes in practices in services (2019 - as of the closing of this document).

Since 2011, UNICEF programmes of cooperation in Peru have supported advocacy efforts, developed strategic alliances, provided technical assistance, offered training processes and mobilized resources at

the national and regional level to promote actions in favour of ECD. Strategies and initiatives have helped to strengthen intersectoral work, improve the quality of programmes and services, and influence the design of early childhood public policies. Following the publication of *The Lancet Series on Early Childhood Development* and the launch of the **Nurturing Care Framework**, the Government of Peru – as well as regional and local governments and government entities – has taken a special interest in raising the standards of Peru's existing programmes and services for young children and their families. In so doing, its aim has been to enable parents and primary caregivers to strengthen their parenting practices and build sensitive, nurturing and protective environments for their young children.

Hence, with support from the UNICEF Latin America and Caribbean Regional Office and in coordination with actors across various sectors, the UNICEF Peru Country Office embarked on a process to validate and implement the CCD approach. This process was deployed in three phases:

- Phase I – Advocacy and training to increase awareness of the CCD approach and transfer its use to public officials at the national level (strategic decision makers). This phase enabled the creation of the Core Group of National Trainers – its members empowered in the CCD approach – and the promotion of CCD implementation in early childhood programmes and services in prioritized territories of Peru. The launch of phase II was instrumental in strengthening phase I.
- Phase II – Creation and implementation of the Training of Trainers in Early Childhood Development diploma course with Cayetano Heredia University (Universidad Peruana Cayetano Heredia). The objective of this diploma course was to train a multisectoral group of individuals at regional and local levels in how to train those responsible for implementing the approach in early childhood programmes and services. This process took place from September 2018 to January 2019, benefiting 101 participants working in the health, education, protection and social development sectors across various provinces.
- Phase III – Technical accompaniment of the performance of CCD trainers during either the training process or the provision of services.

Although implementation of the CCD approach is still ongoing in Peru, the process to date has led to a number of noteworthy results, challenges and opportunities, and recommendations. The following were identified based on a review of secondary sources and also interviews conducted for this case study.

Results

- The CCD approach was introduced at a timely moment, when changes in early childhood public policy were being promoted in Peru. Its introduction thus paved the way to increase the visibility of interventions focusing on families and caregivers, and to highlight the potential of play and communication activities to strengthen parenting practices among primary caregivers.
- Recognizing the country's progress in early childhood public policies, and aligning the concepts and expected results of CCD with this progress to date, was critical during the introduction of the approach. This enabled the strengthening of policy formulation (*Childhood First* policy guidelines and territorial management strategy), programmes and services (Cuna Más National Programme and Growth and Development Monitoring service) and multisectoral and intergovernmental work.
- Advocacy and training strategies strengthened CCD implementation in various government sectors and at different levels, leading to increased commitment among programme and service managers to both the approach and the effective promotion of ECD.
- The CCD training process promotes the participation of key sectors and multiple stakeholders, which in turn has fostered increased coordination, capacity development, empowerment, and transformation of practices among service providers. The training process has thus contributed to improving the quality of services for young children and their families.

Challenges and opportunities

- Incorporation of the CCD approach has produced different results in each sector and service, which illustrates the presence within programmes and services and/or within regions of various limitations (i.e., linked to economic, administrative, staffing or

geographic access factors). Such limitations could make it difficult to successfully and effectively implement and scale up the approach.

- The recent formulation and approval of the Results-based Budget Programme for Early Childhood Development, which prioritizes early childhood from an intersectoral perspective, provides an opportunity for the CCD approach to continue enriching the national government's important policies.
- The commitment to the CCD approach among officials at different levels and across governmental and non-governmental sectors represents an opportunity to ensure its scale-up and sustainability in the Peruvian context.

Recommendations

- Strengthen the implementation of the CCD approach by monitoring and evaluating ongoing initiatives. This will enable operators to identify lessons learned and areas for improvement in their practices.
- Continue to incorporate the approach within existing programmes and services, with an emphasis on the most vulnerable and excluded children and families, through strategies that strengthen and help to scale up CCD implementation in other programmes, services and regions of the country. This requires: (1) ongoing advocacy that positions CCD as a scientific, evidence-based approach; (2) monitoring and follow-up on results including budget, implementation, and training of human resources, among other aspects of CCD; and (3) the provision of continuous technical assistance and support to programmes and services as they include the approach (i.e., in home visits, and growth and development care).
- Carry out research that adds new evidence on the impact of programmes and services that incorporate the CCD approach. This case study highlights some aspects that could be more rigorously evaluated, for example: (1) the impact of the CCD implementation process on public policies, programmes/services and budgets; (2) the effectiveness of CCD training processes; (3) improvements achieved in the quality of service provision; (4) the degree of institutional strengthening achieved; and (5) transformations achieved in regard to service provider practices in family counselling, and caregiver practices towards young children.



AREA NIÑO
Dr. Sirenia Siquemtes Benigno

I. Introduction

1.1. What are the necessary components for child development?

A child's brain is not simply born; it is shaped. Early experiences exert a powerful influence in shaping brain development and affect children's lifelong learning, behaviour and health. 'Nurturing care' is an important ingredient in these experiences, as it fosters children's good health and nutrition, protects them against violence, and enhances the capacities of adults to promote child development (including through play, communication, and early learning opportunities). When parents and caregivers include nurturing care in the early years, they strengthen their ability to support their child's development and learning, with far-reaching, positive effects on brain configuration.

Unfortunately, millions of children worldwide are deprived of the conditions that promote optimal development. For example, an estimated 43 per cent of children under 5 years of age globally are at risk of underdevelopment due to poverty and stunting. In countries with available data (mostly low- and middle-income countries), about 80 per cent of children aged 2–4 years suffer violent discipline. Additionally, about 15.5 million children aged 3–4 years in these countries lack an adult caregiver who provides either cognitive or socio-emotional interactions (e.g., storytelling, singing, naming things, reading, counting, drawing or playing).

1.2. What is Care for Child Development and how does it strengthen parenting practices?

Care for Child Development (CCD) is an evidence-based approach to child development devised by UNICEF and the World Health Organization (WHO) to address the estimated 43 per cent of children under 5 years globally who are at risk of not reaching their full development potential. To meet this challenge, CCD aims to strengthen the capacities of parents and caregivers to play and communicate with their young children, as it has been proven that these activities promote children's physical development and their socio-emotional skills.

The integration of this approach can enrich existing programmes and services in various sectors such as health, nutrition, education, child protection and social development, and help to make them more inclusive for children with disabilities. In turn, CCD seeks to strengthen the capacities of providers of early childhood and family services, by offering information they can use to support and guide parents and caregivers in activities with their young children based on play and communication.

Through training processes, service providers are able to transform their practices; change how they relate to mothers, fathers and caregivers; and improve their work situation by increasing their motivation and receiving increased recognition from families.

Specifically, CCD favours **nurturing care**, encouraging caregivers to respond to the signals the child is sending and strengthening their capacity to act positively in light of those signals. CCD also improves learning opportunities through play, both at home and in the community, especially by encouraging caregivers to interact with children in a sensitive, receptive and playful manner (Lucas et al., 2017).

Play is one of the most important ways for young children to acquire essential knowledge and skills. It is therefore crucial to support and empower caregivers so that they can actively shape interactions that promote play, exploration and learning in everyday settings. Such

interactions are especially important for young children with developmental delays and/or disabilities.

According to research on child development and education (UNICEF, 2018; UNICEF, 2019), play-based learning activities are usually:

- **joyful** – caregivers create opportunities for activities to be exciting and enjoyable
- **actively engaging** – caregivers respect the child's interests when they promote opportunities for children to play, develop their ideas and engage in active thinking. Following and responding to the child's initiative is critical for getting to know and discover each other, and it also strengthens affective bonds between child and adult
- **meaningful** – caregivers promote activities that respond to the child's level of knowledge and skills as this will enable children to make sense of them
- **iterative** – caregivers respect children's need to learn by experimenting and trying out new things. They also understand that neither play nor learning is static, and that when children play, they practise and test skills and hypotheses and discover new challenges
- **socially interactive** – children play and communicate with caregivers, thereby building stronger relationships with them.

CCD also supports the **implementation of the Nurturing Care Framework**, launched in 2018 by WHO, UNICEF, PMNCH, ECDAN, and the World Bank. The Framework provides a cross-sectoral vision for early childhood care and learning so that all children can develop to their full potential. The Framework also outlines strategic actions for achieving nurturing care and links these with specific national milestones for countries. As part of processes to strengthen the supply of social services,

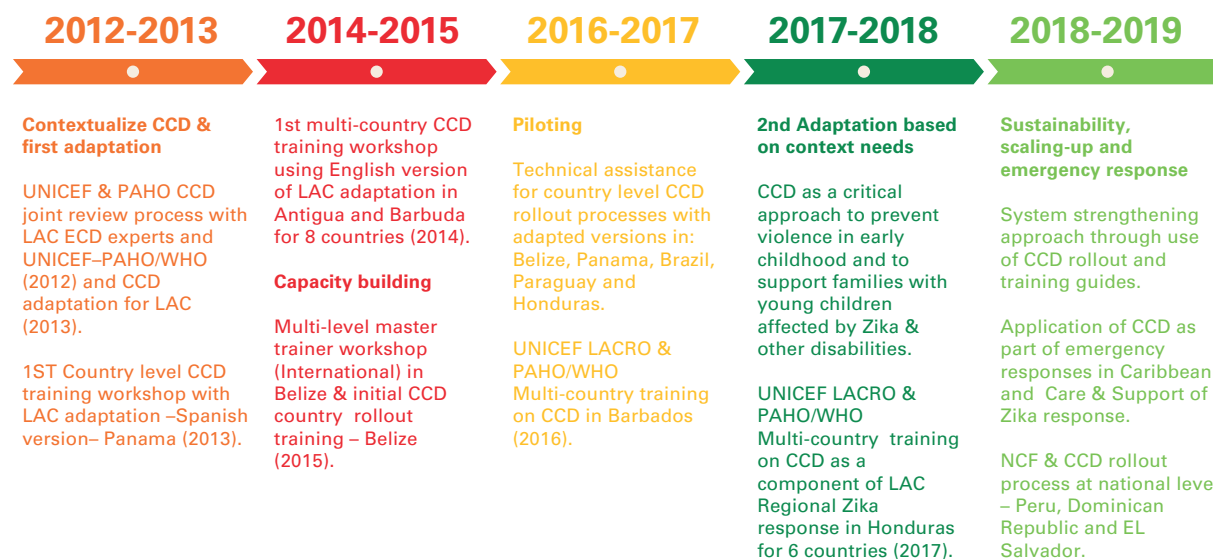
the Framework calls for **intersectoral approaches that allow service providers to support and enhance caregiver capacities to provide responsive care and early learning opportunities for children**. The Nurturing Care Framework specifies that **CCD is one such approach**, as it contributes to the achievement of better results in all areas of comprehensive early childhood development (ECD).

CCD is an evidence-based approach that has been evaluated in China (Jin et al., 2007), Turkey (Ertem et al., 2006) and Pakistan (Yousafzai et al., 2014; Yousafzai et al., 2017). It was demonstrated to be effective both in terms of improving child development outcomes and enhancing the emotional health and well-being of caregivers (e.g., it contributed to reducing maternal depression rates in Pakistan). CCD has been adapted and integrated into services in more than 23 countries, with a package of training materials to support its implementation translated into 20 languages. Through training and workshops, the approach has been used in approximately 50 countries to respond to a wide range of contexts and the specific needs of each.

Adaptation of the CCD approach in the Latin America and Caribbean region began in 2012 (*see Figure 1*). Besides seeking to provide an adequate response to the region's diversity, this adaptation of the approach was primarily to: (1) expand its use to settings and services beyond those of the health sector; (2) engage fathers and other family members in play and communication activities; and (3) include guidance and other content for caregivers on preventing violence during early childhood and on caring for young children with developmental delays and/or disabilities.

Peru is one of a handful of countries in the region (along with Belize, the Dominican Republic and El Salvador) to have made solid progress in adapting and implementing CCD. This case study presents Peru's experience to motivate as many other countries as possible to move in this same direction.

Figure 1. Milestones in the implementation of CCD in the Latin America and Caribbean region



Source: UNICEF, 2020.

1.3. Why CCD in Peru?

Peru is an upper-middle-income country with a population of 32 million, of whom about 10 per cent (3.3 million) are children under 5 years of age (Instituto Nacional de Estadística e Informática [INEI], 2018). Administratively, the country is divided into 24 departments and a single constitutional province (Callao). Peru is the third largest country in South America. Its topography is dominated by the Andes mountain range, the high peaks of which unfold into valleys and desert plains towards the shores of the

Pacific Ocean and into a vast humid tropical rainforest in the direction of the Peruvian Amazonia region. This geography is home to diverse ethnic communities.

About 80 per cent of the population live in urban centres. The remaining 20 per cent live in rural areas, where individuals suffer from lower levels of development – this is linked in particular to difficulties in accessing basic services¹.

¹ Instituto Nacional de Estadística e Informática, *Perú: Perfil Sociodemográfico. Censos Nacionales 2017: XII de Población, VII de Vivienda y III de Comunidades Indígenas*, INEI, Lima, 2018.

Map 1. Areas where the CCD approach is implemented: Loreto, Ucayali and Huancavelica regions and Carabayllo district



Source: Prepared by UNICEF. **Note:** This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Peru has made significant efforts to promote ECD in the last years. Various policies and initiatives aimed at improving the well-being of the most vulnerable young children have been designed, through programmes such as the Action Route to Reduce Chronic Malnutrition and Anemia. Furthermore, following the creation of the Ministry of Development and Social Inclusion (Ministerio de Desarrollo e Inclusión Social) came the launch of *Include to Grow*, the National Strategy for Development and Social Inclusion.¹ Intersectoral plans and programmes developed under this strategy were subsequently elevated to the rank of law, to ensure that they would be financed and budgeted for.

Efforts to implement ECD strategies and actions aimed at ECD have been materialized in a state policy. The *Childhood First* policy guidelines, approved in 2016, set

forth Peru's intersectoral path to ensure young children's comprehensive development.¹¹ In 2019, the Public Sector Budget Law enabled the achievement of priority results in ECD.² This led to the creation of the Results-based Budget Programme for Early Childhood Development (Programa Presupuestal Orientado a Resultados para el Desarrollo Infantil Temprano; PPODIT), which was approved in December 2019.¹⁴

Overall, progress has been achieved in improving the quality of life of Peru's young children since the year 2000.¹⁵ Despite this, certain population groups suffer from persistent vulnerability, which limits families' capacities to provide adequate environments to ensure that young children develop to their full potential. This situation is evidenced in recently published consecutive findings from 2018 and 2019 (Ministerio de Desarrollo e Inclusión Social, 2019a; INEI, 2019; INEI and Macro

² It is important to mention that budget programmes previously included sectoral-based results for ECD.

International, Inc., 2020) regarding the seven guidelines that guide the *Childhood First* policy. These findings illustrate the greater risks experienced by children born into households located in the Selva (rainforest) and Sierra (highlands), particularly in rural areas and in contexts of high poverty.

The results over the past five years illustrate that high prevalence of low birthweight (<2,500 g) mainly occurs in rural areas, among infants born to mothers with a low level of education and belonging to the lowest wealth quintile. It has also been determined that only 46 per cent of infants aged 9–12 months have adequate interactions with their mothers (secure attachment), and this percentage is even lower in rural contexts and among the lowest income quintiles.^{vi} On the other hand, the Demographic and Family Health Survey (Encuesta Demográfica y de Salud Familiar) shows, for example, that 48.9 per cent of mothers maintain effective communication with their children aged 9–36 months (INEI, 2020).

Also, again according to the Demographic and Family Health Survey, the national prevalence of anaemia in children under 3 years of age stands at 40.1 per cent. The prevalence of anaemia in this age group is higher in rural areas (49 per cent) than in urban areas (36.7 per cent). Furthermore, it surpasses 50 per cent in some regions of the Selva and Sierra, such as Huancavelica (54.2 per cent), Ucayali (53.7 per cent) and Loreto (53 per cent). There are also significant geographical differences in the proportion of children under 5 years of age who suffer from chronic malnutrition and stunting: Prevalence stands at 12.2 per cent at the national level and 4.9 per cent in Lima, but rises to 27.6 per cent and 25.1 per cent respectively in the Sierra and rural Selva (INEI, 2020).^{vii}

In this context, UNICEF Peru works with representatives of the central, regional and local governments, and allies from civil society, academia and the private sector on various strategies related to social policy and the health and development of young children and families. These strategies encompass public policy advocacy, alliances, technical assistance, budget mobilization, educational programming and the strengthening of services. Related actions include technical assistance for the new Technical Health Standard (Norma Técnica de Salud) on Growth and Development Monitoring (Control de Crecimiento y Desarrollo; CRED) and the implementation of training programmes.^{viii} In recent years, government actors' growing interest in issues related to ECD has

allowed these strategies to gain widespread acceptance and impact. As stated by a national government official in an interview carried out for this case study:

“Peru has a long history of supporting children ... 2006 was the most important turning point; we are already in 2019, it has been 13 years. There is no president or authority in Peru who does not talk about children.”

One specific strategy has been critical to the expansion of comprehensive child development approaches, by promoting the knowledge and skills necessary for the implementation of ECD initiatives – particularly as this strategy is based on new scientific evidence and the **Nurturing Care Framework**. Of all of the ECD advocacy and capacity-building strategies aimed at sectors and staff involved in delivering services for young children and families, UNICEF Peru prioritized the mechanisms to introduce the CCD approach in the country.

This case study describes the promising experience of incorporating the approach into existing programmes and services in Peru. UNICEF led this activity in coordination with various government sectors and in collaboration with other relevant actors, including the Cayetano Heredia University (Universidad Peruana Cayetano Heredia; UPCH), the regional governments of Huancavelica, Loreto and Ucayali, and the local government of Carabayllo. The case study reflects the testimonies of government authorities, UNICEF personnel, service providers, CCD trainers and families regarding their experiences of the CCD approach being implemented in care services for young children and families in Peru.³

The following section describes the integration of the CCD approach into the policies and practices of agents across various sectors and services in the Peruvian context. It does so in reference to the three main phases via which UNICEF Peru validated and implemented the approach:

- **Phase I:** Advocacy and training to increase awareness of the CCD approach and transfer its use to public officials at the national level (strategic decision makers). This phase included validating and adapting the content of the CCD training package and training

3 The Appendix provides a description of the methodology and the data collection process of this case study.

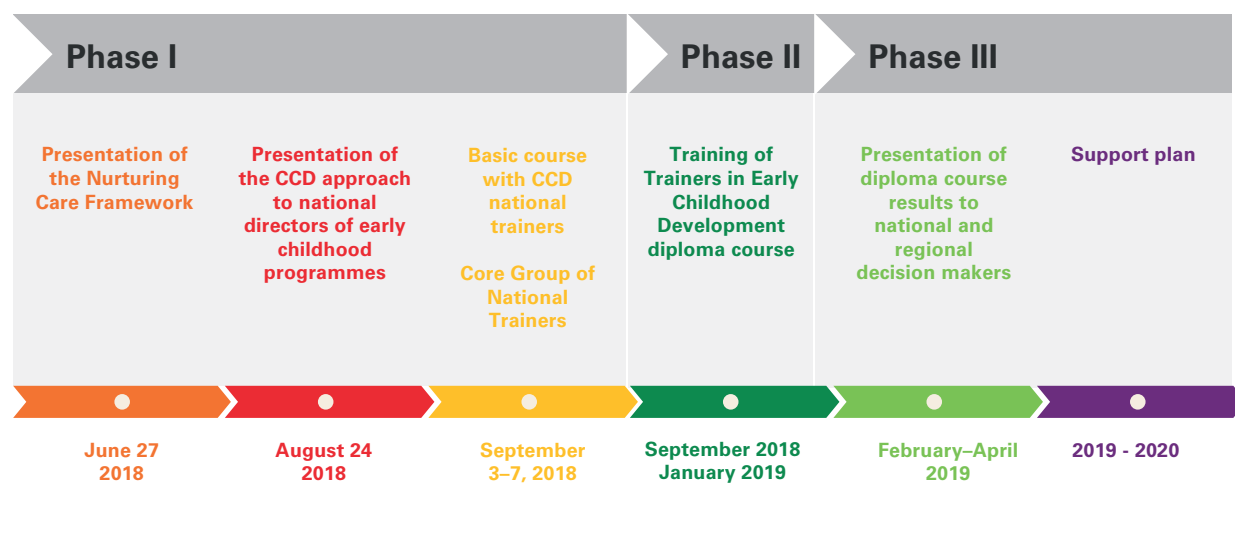
a select group of technicians from various sectors. This enabled the creation of the **Core Group of National Trainers**, empowered in the CCD approach.

- **Phase II:** Creation and implementation of the Training of Trainers in Early Childhood Development diploma course with UPCH. The objective of this diploma course was to train a multisectoral group of public managers, officials and operators at regional and

local levels in how to train the CCD trainers who implement the approach in the various 'early childhood programmes and services' for young children and families.

- **Phase III:** Technical accompaniment of the performance of CCD trainers as they apply the CCD approach during either the training process or the provision of services.

Figure 2. Milestones in the CCD implementation process in Peru



Source: Prepared by UNICEF, 2020.

Highlights of CCD integration in Peru

- Despite advances in ECD policies and programmes, a significant proportion of children in Peru remain at risk of not reaching their full potential.
- UNICEF Peru took advantage of the growing interest in strengthening ECD in the public policy agenda, and provided technical assistance and developed CCD capacity-building programmes for public managers and front-line workers.
- The CCD approach is versatile and can be successfully integrated into a variety of existing programmes and services across government sectors. This has facilitated the implementation of CCD in Peru.
- CCD has been successfully integrated into various sectors and services in Peru. The innovative approach has enabled the strengthening of intersectoral work and improvements in the quality of programmes and services in various sectors.



II. Phases of CCD integration in Peru

2.1. Phase I: Positioning CCD within the public policy frameworks of multiple sectors

UNICEF Peru has supported advocacy, lobbying, technical assistance and the creation of strategic alliances in favour of ECD since 2011. It also promoted and supported the implementation of continuous training programmes to disseminate knowledge and strengthen capacities in ECD. These training programmes formed part of a broader strategy that, among other achievements, has influenced the formulation of ECD public policies and increased commitment to ECD among decision makers and officials from various sectors and services that serve young children and families.

The strong impact of the training programmes lies in the quality of their content, their innovative approaches, the inclusion of technical assistance activities and the multidisciplinary and multisectoral nature. The training programmes were implemented at different moments and covered seven districts across four regions of Peru.^x In all cases, the training programmes were carried out in coordination with government entities, academic institutions (universities) and civil society organizations, and with international cooperation.

“The training we received in the programme included conceptual elements as well as evidence, and there were also opportunities to see how the approach operates in the establishments, and we also had the opportunity to engage in collective discussions.”

Representative of the Core Group of National Trainers

Building upon this foundation of learning, UNICEF Peru, with support from the UNICEF and Pan American Health Organization (PAHO) regional offices, held two introductory meetings on the CCD approach in 2018, in Lima. High-level decision makers and public policymakers from the national government participated in these events.

The **Nurturing Care Framework** was presented to high-level executives and representatives of the national government (Cabinet) during the first meeting. The second meeting was held with public managers and decision makers from the health, education, protection and social development sectors who are involved in the implementation of the *Childhood First* policy guidelines and services in each area. The meeting was an opportunity for participants to learn more about the objectives and purposes of the CCD approach. Emphasis was placed on its potential to enrich existing programmes and services and support the achievement of the results set out in the *Childhood First* policy guidelines.

With the approval of public managers and decision makers who had participated in the second meeting, it was agreed to introduce the CCD approach in existing programmes and services. To this end, UNICEF organized a training called Basic Care for Child Development Course for National Trainers, which took place from 3 to 7 September 2018 in Lima. The training included field trips to a hospital, a health centre, a day-care centre participating in the Cuna Más National Programme (Programa Nacional Cuna Más) and a site of the Early Intervention Programme (Programa de Intervención Temprana; PRITE) for children with developmental delays and/or disabilities.

The 26 participants comprised 19 government officials (see Table 1), plus 4 representatives of non-governmental organizations (NGOs), 2 UNICEF personnel and 1 teacher from the Faculty of Education at UPCH. The group of individuals who received this training was named the Core Group of National Trainers.

Table 1. Basic CCD Course for National Trainers: Number of government officials trained by sector and directorate, programme or service

Sector	Health (4)	Education (4)	Social development (4) ⁴	Protection (7) ⁵
Directorate, programme or service	<ul style="list-style-type: none"> • Coordination of the Child's Life Stage programme (1) • Mental Health Directorate (2) • North Lima Directorate of Integrated Health Networks (1) 	<ul style="list-style-type: none"> • Local Education Administration Units with representatives of PRITE (2) and early education (2) 	<ul style="list-style-type: none"> • Cuna Más National Programme specialists in early childhood development (1), early childhood learning (1), training (1) and working with families (1) 	<ul style="list-style-type: none"> • Lima Special Protection Unit (1) • Ombudsperson's Local Systems Directorate (1) • Unit for the Protection of Children and Adolescents (1) • Carabayllo Women's Emergency Centre (1) • San Antonio Residential Centre (1) • Families' Comprehensive Development Unit (1) • Special Unit for the Protection of Persons with Disabilities (1)

Source: Prepared by UNICEF.

The purpose of this course was to inform national-level public managers of the characteristics of CCD, to enable them to start implementing the approach in existing care programmes and services aimed at children under 3 years of age and their families. According to interviews conducted for this case study, the course allowed participants to learn about the benefits of the CCD approach and its relevance to ECD initiatives in Peru.

Once the Core Group of National Trainers had received CCD training, UNICEF Peru began to design a training of trainers diploma course with the Faculty of Education at UPCH.^x The next section describes the process of creating this course aimed at officials, public managers and service providers at the regional level in Huancavelica, Loreto and Ucayali, and at the local level in Carabayllo district (one of the Province of Lima's 43 districts).

4 Represented by Ministry of Development and Social Inclusion.

5 Represented by the Ministry of Women and Vulnerable Populations and by the National Comprehensive Program for Family Welfare.

Highlights of phase I

- For UNICEF Peru, the initiatives undertaken in advocacy, technical assistance, strategic alliances, training and capacity building in support of ECD have been effective in influencing how early childhood public policies are defined. CCD training reinforces and complements this broader strategy while helping to improve the positioning of the CCD approach itself.
- Delivering quality education courses that use innovative approaches and have the potential to be scaled up is an important part of developing training processes with recognized academic institutions. Moreover, the importance of including practical elements in CCD training became evident in phase I.
- The training processes helped to establish alliances between academia and the public sector, and the CCD approach served to demonstrate the importance of coordinating multisectoral efforts.
- UNICEF Peru's work to highlight the potential of the CCD approach to high-level government officials elicited the necessary support to conduct a capacity development process in phase II. This was aimed at the technical teams of public entities in charge of designing, implementing and monitoring programmes and services for young children and their families.
- The formation of the Core Group of National Trainers, whose members were sensitized to and empowered in the CCD approach, was instrumental in promoting changes and developing capacities within each sector at the national level. It was this group, combined with the implementation activities in the regions of focus, that helped to transform practices on the ground.

2.2. Phase II: Capacity building based on evidence and practice




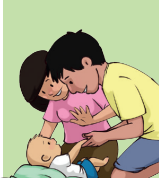








Throughout the four months following the completion of the Basic CCD Course for National Trainers, UNICEF Peru and the Faculty of Education at UPCH designed a four-module diploma course aimed at public officials from the four regions where UNICEF provides technical assistance for CCD implementation: Huancavelica, Lima (Carabayllo district), Loreto and Ucayali. Moreover, contextual adjustments were made to the CCD training package, the visual design of the guidance material was modified, and the language of both was adapted to better serve Peruvian users (*see Figure 3*).

The objective of the Training of Trainers in Early Childhood Development diploma course was to train early care programme officials in new approaches and practices that

support the integration of CCD into existing programmes and services. Furthermore, it would train the officials to manage future continuous training processes as a means to build a multisectoral group of CCD trainers in each region. Hence, the invitation to take the diploma course was strategically aimed at subnational government officials involved in providing services for young children and families.

Participants were selected, in turn, from among those who responded to the invite, by the Core Group of National Trainers. Its members identified peers and key interlocutors from their sectors at both the regional and local level. The diploma course was funded by UNICEF Peru and trained 100 participants (*see Table 2*).

Figure 3. Adaptation of the CCD orientation card for Peru

<p>NEWBORN: Your baby from birth up to 1 week</p>		<p>PLAY: Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good (Kangaroo mother care). Your baby learns from birth.</p>		<p>COMMUNICATE: Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.</p>
<p>FROM 1 MONTH UP TO 6 MONTHS</p>		<p>PLAY: Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.</p>		<p>COMMUNICATE: Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.</p>
<p>Give your child affection and show your love.</p>				
<p>FROM 6 MONTHS UP TO 9 MONTHS</p>		<p>PLAY: Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.</p>		<p>COMMUNICATE: Respond to your child's sounds and interests. Call the child's name, and see your child respond.</p>
<p>FROM 9 MONTHS UP TO 12 MONTHS</p>		<p>PLAY: Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo by covering your face with a cloth/ handkerchief.</p>		<p>COMMUNICATE: Tell your child the names of things and people. Show your child how to say things with hands, like "bye-bye". Sample toy: doll with face.</p>
<p>Be aware of your child's interests and respond to them.</p>				
<p>FROM 1 YEAR UP TO 2 YEARS</p>		<p>PLAY: Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.</p>		<p>COMMUNICATE: Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.</p>
<p>2 YEARS AND OLDER</p>		<p>PLAY: Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, chalk boards, or puzzles.</p>		<p>COMMUNICATE: Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: book with pictures.</p>
<p>Praise your child when she/he tries to learn new skills and abilities.</p>				

Source: CCD orientation card to promote Care for Child Development, adapted for Peru in 2018 from: United Nations Children's Fund and Pan American Health Organization/World Health Organization, *Care for Child Development*, UNICEF and PAHO/WHO, Panama City and Washington, D.C., 2016.

Table 2. Number of diploma course participants by sector or service and location

Territory/ Sector or service	Loreto (2)	Ucayali (25)	Carabayllo (Lima) (27)	Huancavelica (24)
Health (35)	<ul style="list-style-type: none"> Health Center: América (1), Nauta (1), Varillal (1), Santa Clara (1), San Juan (1) and Moronacocha (1) Regional hospital (1) DIRESA (2) Mental health centre (1) 	<ul style="list-style-type: none"> Health Center: América (2), 7 June (1) and 9 October (1) DIRESA (2) Mental health centre (2) Shirambari Health Post (2) 	<ul style="list-style-type: none"> El Progreso health centre (1) and Raúl Porras Barrenechea Health Center (1) North Lima Directorate of Integrated Health Networks (1) Mental health centre (1) MINSAs Mental Health Directorate (1) National Institute of Rehabilitation Adriana Rebaza Flores (2) 	<ul style="list-style-type: none"> Health centres in Huando (1), Ayacucho (1), Acobamba (1), Daniel Hernández (1), Acostambo (1) Huancavelica Health Network (2) and Tayacaja Health Network (1) Community mental health centre (1)
Social development (9)	<ul style="list-style-type: none"> Cuna Más National Programme (2) 	<ul style="list-style-type: none"> Cuna Más National Programme (2) 	<ul style="list-style-type: none"> Cuna Más National Programme (3) 	<ul style="list-style-type: none"> Cuna Más National Programme (2)
Education (16)	<ul style="list-style-type: none"> Loreto Regional Education Directorate (1) PRITE in Iquitos (1) and Punchana (1) 	<ul style="list-style-type: none"> Ucayali Regional Education Directorate (1) PRONEI (1) Cuna Jardín (1) 	<ul style="list-style-type: none"> Local Education Administration Unit (3) MINEDU Directorate of Special Basic Education (1) and Directorate of Early Education (1) 	<ul style="list-style-type: none"> Huancavelica Regional Education Directorate (2) Local Education Administration Unit (1) PRITE (1)
Protection (16)	<ul style="list-style-type: none"> CAR (2) UPE (1) CEM San Juan Bautista (1) 	<ul style="list-style-type: none"> Rural Strategy to Prevent, Respond and Protect to Domestic and Sexual Violence in Rural Areas (1) Superior Court of Justice of the Judicial Power of Ucayali (1) CEM (1) 	<ul style="list-style-type: none"> UPE Lima (1) and North Lima (1) CEM (1) DEMUNA (1) Directorate of Local Systems and Ombudspersons' Offices (1) 	<ul style="list-style-type: none"> National Comprehensive Programme for Family Welfare (1)
Other (22)	<ul style="list-style-type: none"> UNICEF (3) NGO (2) 	<ul style="list-style-type: none"> UNICEF (2) NGO (2) 	<ul style="list-style-type: none"> UNICEF (4) NGO (3) 	<ul style="list-style-type: none"> Provincial Municipality of Huancavelica (1) District Municipality of Acoria (1) Huancavelica Early Stimulation Center (1) Universidad Nacional de Huancavelica (1) UNICEF (2) NGO (2)

Note: DIRESA: Regional Health Directorate (Dirección Regional de Salud); MINEDU: Ministry of Education (Ministerio de Educación); MINSAs: Ministry of Health (Ministerio de Salud). **Source:** Prepared by UNICEF.

Table 3. Number of diploma course participants by profile and location

Department/ Sector or service	Loreto	Ucayali	Carabayllo (Lima)	Huancavelica
Nursing	10	9	5	8
Education or teaching	3	6	7	12
Social work or psychology	4	6	9	2
Obstetrics or other medical specialism	2	4	4	1
Law/other	1	0	1	1
Total	20	25	26	24

Source: Prepared by UNICEF.

With UNICEF participation, a team of educators from UPCH taught the four modules of the diploma course to each regional cohort. This work continued for five months. Each module included a week of in-person

classes, followed by remote or virtual support provided through the university's distance learning platform. In total, the diploma course involved 120 hours of theory and 224 hours of practice for each participant.

Table 4. Topics addressed by the diploma course modules

Module	Topic
1	Sharing and increasing awareness of the fundamentals of CCD (approaches, evidence from neuroscience).
2	Complete training in CCD (basic course) as received by the Core Group of National Trainers.
3	Strengthening of capacities in the management and promotion of ECD.
4	Development of participants' skills as CCD trainers, to enable them to replicate among their peers the training received during the diploma course.

Source: Prepared by UNICEF.

Supplementary to the diploma course, participants designed a work plan focusing on how to transfer the training within their respective institutions or services. In most cases, these training plans were implemented in the relevant work area within six months of the participant completing the diploma course. The UNICEF Peru team followed up on the training plans defined by each participant in the year following the end of the course.

This monitoring process enabled the identification of aspects that, by integrating the CCD approach, could potentially improve the quality of programmes and services. Some of these aspects were brought up individually within sectors and others were identified collectively. Aspects that could improve service quality include the implementation of actions to: (1) train intersectoral teams in the CCD approach; and (2)

advocate for and raise awareness about CCD among representatives of the various sectors. Moreover, the monitoring process enabled aspects of the CCD training methodology, such as field trips and video analysis, to be included within existing training processes. It also enabled the use of the *Participant Manual* and the *Facilitator Notes* in training workshops; the identification of case referrals to and from the Cuna Más National Programme (social development) or health, education or protection programmes; and the use of the CCD orientation card and the teaching materials kit in activities with families.

In the opinion of interviewees, the diploma course brought together people from different sectors, programmes and services. In this sense, it became an opportunity to better position the relevance of the CCD

approach to groups of actors from various sectors and at different levels of government, and to reinforce the importance of coordinated and multisectoral work.

“Participants highly valued having a space for intersectoral interventions. One of them, for example, said that besides assessing the child, she accompanied caregivers to guide and support them in whatever they require, because here the objective is to strengthen the existing bond between the caregiver and the child, and to make sure there is a stronger attachment among children so they can adapt adequately to their environment.”

UNICEF Peru staff member

Besides generating a consensus on the importance of working with entire families rather than with children alone, the diploma course also provided practical tools to improve and transform childcare and family support interventions. Participants were thus empowered, and their capacities strengthened, to lead changes and replicate the training among peers within their institutions or services. Provision of training aimed at technical officials in the public sector is a strategy that contributes to the sustainability of the CCD approach, as the individuals invited to participate are unlikely to occupy roles that rotate according to electoral cycles. Participants referred to the diploma course in the following terms:



“First, for me it was very emotional. As a teacher – I am an early education and special education teacher – I know the child’s evolutionary processes, the child’s evolutionary psychology... How they trained us was quite emotional for me, the videos, the experiences, it was very significant and raised my awareness and that was what I transmitted to the people ... the students, the mothers I work with. I try to provide them with a technical education but also to sensitize them; I believe that the key is to sensitize adults to ensure that this method based on tenderness, that respects children and acknowledges them as rights holders, is so important.”

Member of the Core Group of National Trainers

“Another thing that I and others felt about this approach to CCD, is that it broke paradigms regarding how ... this approach suggests that the nurturing care approach can be carried out in very simple or daily actions, in the bathroom, the simple act of taking your child to a check-up, looking at him, listening to him, even silence itself and not invading his space, his moment, his time. It’s interesting, I think it has broken some paradigms and that is a challenge.”

Member of the Core Group of National Trainers from the Ministry of Women and Vulnerable Populations

As well as achieving positive effects by allowing participants to acquire knowledge, the diploma course also contributed to changing the logic of work and training in the various government sectors. Specifically, it demonstrated the relevance of the multisectoral approach to training processes for public officials, which is contrary to the traditional in-person and remote sector-based approach that is common in Peru.^{xi}

Highlights of phase II

Members of the Core Group of National Trainers and diploma course participants were interviewed and they shared the following opinions about the course and its relevance:

- The diploma course acknowledged existing early childhood public policy frameworks and took advantage of the current public policy situation. This served to highlight the importance of ensuring a comprehensive approach to the *Childhood First* policy guidelines, in a context where the initial focus was mainly on reducing anaemia among young children.
- The strategic call for participants was useful in bringing together various sectors and regions, and in promoting multisectoral and intergovernmental work based on a shared approach and tools.
- The participant selection strategy and the creation of an implementation plan contributed to the sustainability of the CCD approach in the various sectors and territories.
- The diploma course promoted the cross-cutting integration of CCD in the sectors, enriching both the policy formulation processes and, in particular, the training of staff involved in early care services for young children and their families.

2.3. Phase III: Implementation and monitoring of the CCD approach

2.3.1. Incorporating CCD in the health sector through the Growth and Development Monitoring service

The Growth and Development Monitoring (CRED) service operates in public and private health centres and hospitals throughout the national territory. A primary care service, its purpose is to “contribute to improving the health, nutrition and early childhood development of children under five years old” (Ministerio de Salud del Perú, 2017).

The Technical Health Standard (NTS in its acronym in Spanish) for Growth and Development Monitoring of Children under Five Years Old, defined by the Ministry of Health (Ministerio de Salud), establishes the CRED guidelines. According to the standard, this service is a health intervention that seeks to support and improve families’ parenting and care practices; monitor children’s proper growth and development; facilitate the diagnosis and timely treatment of risks, disorders, diseases and disabilities; and increase the protective factors for comprehensive child development (Ministerio de Salud, NTS N ° 137-MINSA/ 2017/ DGIESP, p. 3).^{xii}

Families engaged with the CRED service must follow a schedule of check-ups until the child’s 5th birthday. During the check-ups, which are led by appropriately trained nursing or medical staff, the child’s health and nutritional status is evaluated and her/his development monitored. Iron supplementation is indicated, as necessary, and children may also be referred to specialized medical services.

CCD has been implemented as part of the CRED service since 2017. An official from the Child’s Life Stage (Etapas de Vida Niño) programme attended a UNICEF and PAHO CCD training in Honduras where she learned about the scope and purposes of the approach. The official promote the introduction of CCD as part of the new Technical Health Standard for Growth and Development

Monitoring of Children under 5 years old. This, in turn, enabled the creation of a new service within the –Early Development Care, a subsidiary CRED service– in which the theoretical and practical components of CCD are applied. At the same time, the CCD approach was integrated into the CRED service as a whole by implementing training processes to develop and strengthen the capacities of its front-line workers.

According to interviewees, CCD was introduced in the CRED service because senior officials, when presented with the idea, saw the approach as practical, easy to apply and replicate, and capable of raising the standard of care services for children under 5 years – thereby enabling implementation of the new Technical Health Standard. Below is a description of some of the results that have contributed to the incorporation of the CCD approach within Peru’s CRED service.

Identified results

1. The contribution of CCD to policy formulation and service transformation

According to interviewees, the Technical Health Standard (NTS) that had governed the CRED service since 2010 was updated as part of a process that began between 2015 and 2016.⁶ The new standard (**NTS No. 137-MINSA/2017/DGIESP**) was issued in 2017. This was promoted by officials of the Child’s Life Stage programme, who were convinced that the CRED service would have a greater impact if it broadened its sectoral focus beyond reducing chronic malnutrition, and developed a more comprehensive focus on ECD.

UNICEF Peru provided technical support to the Child’s Life Stage department of the Ministry of Health during the process of updating the Technical Health Standard. UNICEF staff helped to review and formulate the new NTS, a task that also included validating the new CRED guidelines with the

6 The previous standard placed an almost exclusive emphasis on growth, so that both professionals and mothers considered the CRED service to extend only to monitoring the child’s weight and measurements.

coordinators and nurses of the Child's Life Stage programme in all Peruvian regions. The inclusion of CCD in the new NTS strengthens the implementation of the child development component and enables the quality of CRED services to be improved by prioritizing the relationship with young children and families. Furthermore, it led to the creation within the CRED service of the new Early Development Care service, in which the theoretical and practical components of CCD are applied (the Early Development Care service).

“The most interesting issue is that, although it is true that it [the NTS] was a CRED regulation, we took the opportunity to include an important topic such as Care for Child Development ... several months had already passed since part of my team had attended a CCD course, in fact, the first CCD course that Peru was invited was held in Honduras and there was a person ... from the Child's Life Stage programme. She collected all this valuable information and also incorporated it into the NTS. Then, all that CCD knowledge she received in Honduras was incorporated in a differentiated service from CRED. This is curious, it is a CRED norm and yet a different type of approach is incorporated, which is Early Development Care.”

National government official

“We worked closely with UNICEF. Really, if it hadn't been for them, perhaps that regulation would have taken much longer, in the sense that there were some gaps in development aspects and having partnered with UNICEF allowed us to expand this knowledge and to know how to take advantage of it.”

National government official



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Following the updating of the CRED guidelines, Early Development Care became an additional service within the CRED service⁷, highlighting the importance of family participation in child development and offering a new space for family group meetings. According to interviewees, the CCD training and the introduction of elements of this approach in the NTS that governs the CRED service helped to expand the understanding of theoretical approaches from a practical perspective. This enabled child development-related aspects of the standard to be updated, with an emphasis on the importance of family involvement in the CRED service.

7 To expand the information on the Early Development Care service, see Annex 14 of the new NTS N ° 137-MINSA / 2017 / DGIESP.

2. CCD training has contributed to improvements in CRED nurse consultations and practices

While the new Technical Health Standard laid the foundation to offer a different type of CRED consultation, the Training of Trainers in Early Childhood Development diploma course was also highly relevant in this regard. Not only did the course help to articulate the content of the standard within the nurses' training but it also served to promote the transformation of nurse practices.

The implementation of the diploma course was a timely strategy as it offered CRED nurses, as well as Regional Health Directorate (Dirección Regional de Salud) representatives, high-quality, practical training underlining the importance of working with families to promote child development based on nurturing care practices. The contribution of this CCD training is evident in some of the interviewees' testimonies.

“The professionals in anthropometrics loved ECD; they started speaking more to children and started to see them as children, not just as a medical case number.... Then services for children began improving, since they cried less during the visits”.

UNICEF field officer

“And that began to pay off because nurses came and said that no-shows had decreased, that children didn't cry as much, that the sector and families were being empowered.”

UNICEF field officer

According to interviewees, thanks to CCD training, CRED nurses now:

- encourage greater opportunities for play and interaction between parents or caregivers and their young children

- interact more with children's caregivers and are more assertive in suggesting new elements of responsive and sensitive care and forms of feeding
- encourage caregivers to ask questions, and end each consultation by enquiring about what the caregiver has learned
- treat children as rights holders, addressing them by name, speaking to them so they feel that their points of view are heard and taken into account during visits, and communicating with them affectionately and sensitively while maintaining eye contact
- empower caregivers to provide nurturing care to their young children, strengthening their capacities with knowledge and tools that allow caregivers to recognize the importance of play and communication activities to comprehensive development at this crucial stage of life.

Other positives have been identified in addition to these improvements in the nurses' practices. The staff and management of the CRED service agree that attendance has increased, the caregivers are more receptive and inclined to follow recommendations, and the service has been qualified during consultations. According to one Regional Health Directorate representative and diploma course participant:

“Now health personnel only guide mothers, fathers or caregivers to play with their child; the interaction has to take place between the caregiver and the child. What health personnel do is guide and correct, nothing else.”

Regional Health Directorate representative and diploma course participant

3. Transformation of CRED consultation rooms based on CCD learning

Most CRED consultation rooms were transformed by the nurses themselves following the diploma course, once they understood that how a physical space is organized reflects certain values and helps to achieve certain results. The changes introduced in the consultation rooms were possible because no new purchases were necessary. The rooms were

Photographs 1 and 2. Transformation of CRED consultation rooms: Before and after diploma course participation



Before: June 25, 2018



After: March 11, 2019

Source: Raúl Porras Barrenechea Health Center in Carabayllo. **Photographs:** © UNICEF Peru/Castillo. Photographs taken with a mobile device during the monitoring carried out by the technical team in the intervention areas.

reorganized simply by using existing materials (tables, chairs, games, etc.) and arranging them in a suitable manner. Based on the opinion of some Regional Health Directorate interviewees, only a small proportion of the transformed clinics had required adjustments that implied the need for building works or internal procedures to acquire new resources (e.g., furniture, heaters, toys).

Reconfiguration of the CRED spaces has promoted friendly and responsive treatment, and has made it easier for parents and caregivers to encourage their young children's exploration, play and communication. Now these premises keep toys and other materials within easy reach. As one CRED nurse and diploma course participant explained:

“We have placed the desk against the wall, because it is better to have contact, to make the mother feel confident so that we do not appear as an authority. What we are doing now is implementing early child development as we learned in the diploma course, in the training we received from UNICEF.”

CRED nurse and diploma course participant

4. Impact of CCD training on the allocation of CRED training resources and leverage with other actors

Not only did the CRED service benefit from the widespread improvements to its physical spaces and the acquisition of some new equipment and materials, but the national and regional governments also increased investments in CRED training processes. Within the framework of the new Technical Health Standard and CCD training, the Ministry of Health defined a new training methodology – inspired by the theoretical and experiential CCD training – in which practice is a fundamental component of the process. For practical training purposes, internship centres were organized in some regions considered benchmarks for the delivery of a quality CRED service. Nurses based within the same region or from other regions of the country visited these centres to complete practical CRED training.

Although establishing internship centres across Peru is a strategy that may take more time to develop, it allows for increased quality assurance in the long term. This is because the training will be supported in future by the virtual platform of the National School of Public Health, which is currently under construction. The internship initiative has already been recognized by the Ministry of Economy and Finance as a successful experience and has received a higher budget allocation as a result.

5. More effective use of time in CRED consultation

An unexpected effect of incorporating the CCD approach within the CRED service was that consultations increased in duration. Previously, these took less time than indicated in the Technical Health Standard (45 minutes) because the nurse or medical staff member included neither an assessment of the child's development nor specific counselling, and the child was not extensively examined. Although increasing the duration of consultations has improved the quality of care provided, the longer appointments also present challenges. In some cases, appointments later in the day have been delayed, with parents and caregivers having to wait longer for their turn to be called.

According to interviewees, this difficulty is being addressed through a system that will schedule consultations more effectively. This is important as increased waiting times can cause families to become discouraged and reduce their attendance of CRED sessions. Any time in the waiting room is time that could be better spent by caregivers at their place of work or on other activities.

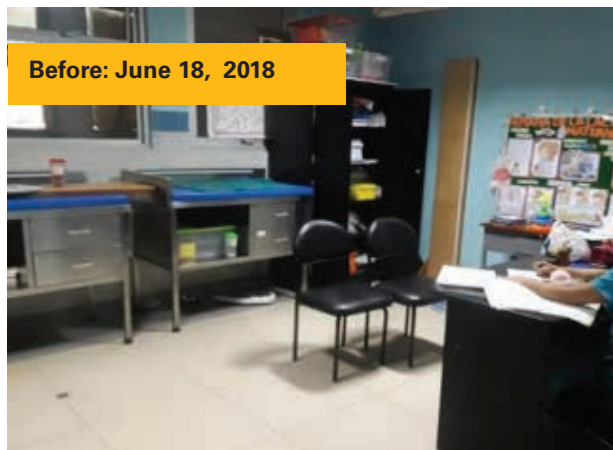
"They say you have to come on the 24th. For example, right now, they tell you I'll see you at 9:30 and it's already after 10. Sometimes you don't have that much time. Sometimes you have to do many things, or you have to stop doing many things to come here."

Huancavelica caregiver and CRED beneficiary

"Sometimes, I don't have time to wait. If you work, maybe you don't want to come because of the delays. When you come here you leave your family aside."

Huancavelica caregiver and CRED beneficiary

Photographs 3 and 4. Transformation of CRED consultation rooms: Before and after diploma course participation



CRED clinics before: toys and materials are organized on shelves out of reach of children and families.



CRED clinics later: the desk was moved toward a corner to make room for play and materials are available to children.

Source: El Progreso Health Center in Carabayllo. **Photographs:** © UNICEF Peru/Castillo. Photographs taken with a mobile device during the monitoring carried out by the technical team in the intervention areas.

Highlights of incorporating the CCD approach in the CRED service

In the opinion of interviewees, the incorporation of the CCD approach in the CRED service enabled the following:

- Acceleration of service transformation, to the point that the Regional Health Directorate DIRESA has begun to seek resources from the budgetary programmes to invest in a better endowment of clinics and scale up the training process to cover a greater number of health treatment centres.
- Training of 32 CRED nurses and Regional Health Directorate DIRESA representatives (through the diploma course), which strengthened understanding of the CCD approach in the health sector and made it possible to prioritize work with families to guide them in the nurturing care of young children.
- Documentation of significant learning and achievements to support advocacy for scaling up the initiatives implemented in Ayacucho, Cusco, Loreto and Ucayali to other regions of the country.
- Improving the quality of the service by generating more comprehensive care, leading to a shift in service focus from reducing chronic malnutrition to providing a more comprehensive service encompassing child development and family participation.
- Specification of the child development components of the new 2017 NTS CRED. Thanks to the CCD approach, these components were not only included but also mainstreamed through the comprehensive care package for early childhood.
- Support for the transformation of practices and to improve the CRED service offered to young children and their families, in accordance with the new NTS of 2017.
- The new CRED NTS led to the strengthening of Early Development Care – as a family group meeting services – which encourages implementation of the CCD approach, promotes ECD and strengthens family participation.

2.3.2. Incorporating CCD in the social development sector through the Cuna Más National Programme

Peru's Ministry of Development and Social Inclusion was created in 2011 to close existing gaps in education and health outcomes associated with poverty and exclusion. Its objective is to improve the quality of life of the country's poorest and most vulnerable populations, by promoting their rights and offering access to capacity development and other opportunities.

The Cuna Más National Programme is one of the Ministry's most noteworthy social development programmes. Its purpose is to improve child development among children under 3 years of age in areas with widespread poverty or extreme poverty, by helping families to overcome obstacles that limit their children's cognitive, physical, social and emotional development.

Cuna Más has two care modalities: the Day Care Service (Servicio de Cuidado Diurno; SCD), which is an intervention modality based on community centres that operate for eight hours a day from Monday to Friday; and the Family Support Service (Servicio de

Acompañamiento a Familias; SAF), which consists of home visits and home learning and socialization sessions with parents and caregivers (Programa Nacional Cuna Más, n.d.). In both SCD and SAF, the service providers are community agents who are trained to follow up on families and offer them guidance on parenting practices, early learning, ECD, nutrition, health, and disease prevention. These agents are accompanied and supported by health professionals such as nutritionists, doctors and education technicians, as necessary.

The CCD approach has been included in Cuna Más since 2018. It was incorporated by a group of technical officials from the programme who attended the Basic CCD Course for National Trainers that year and went on to join the Core Group of National Trainers. Following the training, the approach was replicated and incorporated through awareness-raising and training activities in both of the Cuna Más care modalities, benefiting service providers, families and children in various regions of Peru. According to interviewees, the incorporation of CCD has helped to increase the standard of service provider practices and enriched the materials used in the sessions with young children and their families. Described below are some of the results that have contributed to the incorporation of the approach within Cuna Más.

Identified results

6. Inclusion of CCD-inspired content and materials in the Cuna Más SCD and SAF care modalities

Since the CCD approach was incorporated in the Cuna Más National Programme, the materials and tools used by community agents in sessions with young children and their families have been enhanced. For example, at the time data were collected for this case study, Cuna Más was closing a pilot project, supported by the Inter-American Development Bank and UNICEF, to test a new curriculum and assess the results of implementing elements of the Care for Child Development Backpack (or CCD Kit) in the family sessions.^{xiii}

“One of CCD’s major contributions was gathering the main caregivers’ knowledge on raising children – observe what they know, what they can do, what they are doing correctly

and congratulate them. And we are working with UNICEF to update a catalogue to equip the services of the Cuna Más programme, to incorporate various materials from the CCD Backpack kit, to highlight that some elements that can be found at home, which promote and trigger learning and support children’s development.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers

According to interviewees, the CCD approach was introduced at the right time to feed into updates of booklets and work materials used in the Cuna Más services. CCD provided evidence to support the implementation of some materials and approaches that had previously been evaluated in the context of Cuna Más, such as the importance of empowering the main caregiver and promoting learning interactions through play activities involving simple objects (e.g., plastic bottles, spoons, dolls).^{xiv}

“Several elements were included to strengthen the work we were doing and this included part of the CCD Backpack kit. We were able to test the results of using these materials, precisely in this pilot process.”

Official of the Cuna Más National Programme

“We worked on a booklet that somehow collects elements related to supporting adults in this process to observe and respond to the needs of the child. We were already considering how to include this proposal of serving and giving back, but the course helped us articulate these ideas. It was presented at the right time; we have those materials, booklets.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers

“This has been quite valuable because it helped us to round off several things we had identified ... that materials could seem very simple to generate these processes ... the important thing is what happens between this adult and this child while they interact with some material. So, you understand that the value of that CCD Backpack is actually unlimited.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers

Progress was also made in improving the specific approaches used in the SCD care modality, through the incorporation of CCD messages and learning through play experiences in a compendium of 242 programme booklets. The objective of these booklets is to guide parents and caregivers in carrying out activities to support each stage of child development from 6 to 36 months of age.

“We also have our work with children in the Day Care Service ... we have also worked in the pilot, the work carried out by the caregiving mother, we have put together a package of 242 booklets with learning experiences such as games or activities with children. In these booklets, we have included information on how to interact with a child, what the caregivers should do, how they should speak, when they should be attentive to the child, how they should observe, wait and respond to the child. From the perspective of CCD, these are interactions based on serving and giving back, which we call quality interactions.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers

Finally, the kit that SAF community agents use to promote learning and development opportunities is also being enriched with the inclusion of some of the CCD Backpack materials. According to one interviewee, a staff member of the Cuna Más National Programme, the purpose of these additional materials is “to show families that there are elements at home, that should meet certain safety criteria, that they can also play with and use [to] promote development”.

SAF also includes key tools in the form of 196 home visit session sheets (1 sheet per visit, 4 sheets per month), which reflect the CCD objective of achieving quality interactions among families. These sheets highlight how the facilitators can be more effective by observing and offering appropriate responses as well as by guiding caregivers to strengthen their capacities and resources to perform their role.

“How can we try to gather what primary caregivers know about raising children, observing what they know, what they are able to do, what they are doing correctly with the child, congratulate them? It is even included in the sheets, asking them what they think, how they would do it, etc. And then congratulate them and, at the end, advise them to always observe the child’s achievements and progress, noticing what the child is resolving as part of this integration with the adult person or the object.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers

7. Inclusion of changes in the programme regulations and guidelines

Another noteworthy aspect is that the Cuna Más officials involved in the Core Group of National Trainers helped to update the programme regulations and, in particular, the service guidelines to encompass the principles and content of the CCD approach.

“What we have been able to implement at work are the improvements and changes we are making to the directives, the Cuna Más regulations. One of them is the directive of guidelines for the services of the Cuna Más National Programme. We have already included the CCD approach in the programme, we have already considered it as part of our work approaches, both with the family and the child, and this is a great advance for us because we are not only working on this, but it is now included in the regulations and is written in the directives. And this directive is very important for us because it is a macro directive that contains all the directives that are going to appear in the programme.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers

Although some interviewees pointed out that it was not easy to reform the Cuna Más guidelines, it has been possible to make progress in introducing changes in SAF such that it promotes ECD (e.g., through booklets and the facilitator kits) and is much more comprehensive.

8. The contribution of CCD to improving the practices of community agents who provide Cuna Más services

Training in the CCD approach replicated by the Cuna Más officials belonging to the Core Group of National Trainers helped to enhance community agent practices with families. This was particularly the case for the Family Guides, women from the community who visit families as part of SAF. These women are in charge of strengthening and guiding interaction processes between caregivers and their young children, and incorporating CCD has enabled them to enhance their capacities and improve their work providing follow-ups to the families.

“We also started to look beyond what we had thought could be strengthened – this interaction between caregiver and child – but also at the role of the community actor who helps strengthen practices in the family, which we call the Family Guide. Because she also engages in a process that provides support and interaction, which is included as a CCD pillar.”

Official of the Cuna Más National Programme and member of the Core Group of National Trainers





Highlights of implementing the CCD approach in the Cuna Más National Programme

In the opinion of interviewees, the CCD training was critical to the following:

- Strengthening the pilot project by including certain content, materials and CCD booklets. Although the pilot was designed independently to introduce improvements to SCD and SAF, the project benefited from the CCD training received by Cuna Más National Programme officials.
- Reinforcing the content (guides and booklets) used in the SAF family sessions. Booklet content related to the CCD approach helped professionals and caregivers to acquire tools to strengthen play and communication activities and nurturing care practices.
- Increasing the collection of programme booklets used in the SCD care modality, and classifying by development stage (6–36 months) the activities and guidelines contained within them.
- Encouraging and enriching caregiver practices and resources to promote learning through play opportunities for their children by introducing, in the pilot, a kit of practical materials inspired by easy-to-find at home and easy-to-use didactic elements of CCD.
- Promoting the introduction of the CCD approach in the Cuna Más guidelines, thanks to the training of programme officials and their involvement in the Core Group of National Trainers.
- Increasing the standard of SAF home visit sessions with the inclusion of sheets covering CCD content, which highlight the role of both the facilitator and caregiver and offer concrete tools to strengthen care practices.
- The progress made in updating, with UNICEF support, a catalogue of play materials to equip the SCD and SAF care modalities.

2.3.3. Incorporating CCD in the education sector through the Early Intervention Programme for young children with disabilities

The Early Intervention Programme (PRITE) is an education programme that offers specialized care for the prevention and detection of developmental delays, and the timely provision of quality intercultural educational opportunities to children under 3 years of age with developmental delays and/or disabilities. Besides promoting healthy and comprehensive development, PRITE offers culturally adapted guidance and support services to parents and caregivers to help them establish sensitive and affectionate interactions with their young children.

PRITE services, which are based on an interdisciplinary and intercultural approach, are delivered by a team of professional tutors (teachers, doctors and psychologists) specialized in the early care of children with disabilities or at risk of developing disabilities. As a programme of the Ministry of Education (Ministerio de Educación), PRITE is subject to the authorization of the Regional Education Directorates and Local Education Administration Units, which are responsible for managing the programme and providing guidance and oversight (Ministerio de Educación, 2019)^{xv}. Peru has about 100 PRITE centres, which together serve about 3,622 children throughout the country.

To integrate the CCD approach in the education sector, four professionals (two from PRITE and two from Early Education) took part in the Basic CCD Course for National Trainers and joined the Core Group of National Trainers. Sixteen individuals from the education sector completed the Training of Trainers in Early Childhood Development diploma course, including three professionals from PRITE, three from Regional Education Directorates and four from Local Education Administration Units. All of this learning enabled the achievement of the results described below.

Identified results

9. The contribution of CCD to the creation of spaces for increased coordination between the health and education sectors

Given the multisectoral nature of CCD, the training processes opened up opportunities for increased coordination between the health sector (with the CRED service) and education sector (with PRITE) at the national and regional level. Certain members of the Core Group of National Trainers and some diploma course participants created intersectoral communication strategies at the local level, for example, using WhatsApp groups that were still in existence following the training. This increased coordination was instrumental in accelerating the identification and care of young children with disabilities or developmental delays that can potentially lead to a disability. Likewise, these intersectoral coordination opportunities facilitated the exchange of information, knowledge and strategies among a range of professionals, supporting the development of various activities in the PRITE centres.

“The value of the diploma course is that it has been shared with representatives of the different care-providing institutions and that has allowed for better communication and coordination regarding the care of children at risk or children with disabilities who always remain invisible in community or family spaces.”

Staff member of the Directorate of Comprehensive Health Care, Loreto, and diploma course participant

Other results of the CCD training include reinforcement of the professional's role as a facilitator or counsellor; the strengthening of family support care; the promotion of families' empowerment and participation in comprehensive child development; and a shift from a rehabilitation approach to a pedagogical approach. In this sense, professionals from other sectors who participated in the training and had not previously worked with children with disabilities had the opportunity to understand that these children require the same care as their peers without disabilities. This motivated the professionals to transform their practices and the guidance they provide to parents and caregivers.

"I saw that the mother of a child with some type of disability looked at him but did not stimulate him, so the facilitator explained to the mother what she had to do to make the child feel satisfied ... and I saw that the child reacted, he laughed, and the mother was excited. This intervention allows timely and adequate development."

Staff member responsible for comprehensive child health in Huancavelica

"Incorporating nurturing care was a plus for our work. We have even implemented a project called Caring Hands to teach parents to cuddle. This has helped them a lot and it has also helped me in my work because I see better results in my little ones."

Staff member of PRITE Huancavelica

"I have seen changes in parents. For example, most parents hardly accept disabilities, but when I talk to them about how their sadness, crying, annoyance or helplessness affects children, then parents start changing"

Staff member of PRITE Huancavelica

Integration of the CCD approach in PRITE services encouraged a transformation in the interactions between facilitators and caregivers, which has led to significant progress in building relationships with the families and in their children's development.



Photographs 5 and 6. Transformation of PRITE sessions: Before and after CCD training



Left: A PRITE session at a PRITE centre in Punchana, Loreto, before CCD training took place. Activities were led by teachers who interacted with the children, while caregivers acted as observers.



Right: A PRITE session at the same centre following the CCD training. The interaction between the caregiver and the child is at the centre of the session, while the teacher observes, asks, listens and helps to clarify any doubts.

Source: PRITE Loreto (Punchana). **Photographs:** © UNICEF Perú/2018-2019/Castillo. Photographs taken with a mobile device during the monitoring carried out by the technical team in the intervention areas.

Highlights of implementing the CCD approach in PRITE

In the opinion of interviewees, the CCD training enabled the following:

- Improvements in the articulation and complementarity of work among local service providers across the various sectors and services involved in PRITE.
- Transformation of the practices of service providers, who now focus on empowering caregivers to take a leading role in PRITE sessions, while the service provider observes, listens, asks and helps to clarify any doubts.
- Improvements in the parenting practices of caregivers and families. As a result of incorporating the CCD approach in PRITE, families receive messages that empower and encourage them to promote nurturing interactions that help their young children to learn through play. Implementing CCD has also improved service providers' interactions with caregivers and families.



III. Lessons learned: Success factors and challenges

This section presents a summary of the overall results of integrating the CCD approach into public policies and the training of personnel across various sectors and services in the Peruvian context. It also includes a description of the main opportunities and challenges regarding the

adoption and implementation of the approach. Finally, it provides a series of recommendations to strengthen the implementation of the CCD approach and reinforce its scale-up potential and sustainability in Peru.

3.1. Summary of the main results

3.1.1. Political advocacy strategy and introduction of the CCD approach in practices across various sectors

- UNICEF Peru's technical assistance in the development of the *Childhood First* policy guidelines between 2016 and 2017 provided a window of opportunity to introduce the CCD approach, as it allowed for the implementation and strengthening of ECD programmes and services from a multisectoral perspective.
- In Peru, the importance of early childhood had already gained political capital and acquired broad-based support across various sectors before the CCD approach was introduced. The introduction of CCD built on that momentum and enabled a shift beyond the fight against chronic malnutrition, to establish collective efforts and multisectoral commitment to ECD as a national priority.
- Against this background, authorities adopted the scientific and evidence-based arguments in favour of ECD in their speeches, government programmes and development plans. In turn, this helped to ensure that budget allocation frameworks included multisectoral and intergovernmental impact results and goals based on comprehensive early childhood indicators (for children under 3 years of age).
- This public policy context facilitated the integration of the CCD approach into existing programmes and services. This was an open, flexible and participatory process that took into account both decision makers

and on-the-ground technical teams, who enabled the complementarity and strengthening of ECD interventions to improve their effectiveness.

- The line of work adopted went beyond training to create the optimal conditions for the introduction of CCD across various sectors and at different levels of government. A 'back-and-forth' advocacy strategy was designed for this purpose, encouraging feedback on advocacy efforts at the national level, with capacity-building processes at regional and local levels aimed at empowering and at stimulating demand. Hence, this mixed strategy acted as a bottom-up approach to maintain sufficiently visible and powerful transformations while a national movement provided sustained support – critical to protecting against the lack of stability brought on by continually changing subnational governments.
- The approach to the various CCD training processes helped to strengthen coordination among the various sectors and different government levels (national, regional and local) as the training was aligned with ECD guidelines, programmes and results, necessitating multisectoral and intergovernmental efforts.
- The CCD approach is a concrete tool that can improve programme and service delivery and effectively contribute to ECD. Evidence shows that CCD becomes even more effective when the approach is adapted to the needs of each sector and the objectives of existing services. The contribution of CCD has been more evident in the health sector's CRED service, since this includes a more comprehensive family support approach.

- CCD implementation varies by sector and programme/service, which may be due to various factors:
 - All sectors and programmes/services are organized according to specific priorities, which materialize in interventions with corresponding scopes and purposes.
 - Furthermore, each sector responds to specific legal, governance and financing structures, which translates into different arrangements to delegate vertical responsibility (decentralize). Every case is different. Consequently, the responsibilities and capacities of decision makers at regional and local levels vary across individual sectors and programmes/services, influencing the CCD implementation processes in each case.
 - At the regional and local level, some sectors lack the staff profiles required to provide comprehensive ECD programmes and services, and this affects the incorporation and implementation of the CCD approach. For example, in one of the Peruvian regions of focus, participation in the Training of Trainers in Early Childhood Development diploma course by officials from the Special Protection Units (Unidades de Protección Especial; UPEs) of the Ministry of Women and Vulnerable Populations (Ministerio de la Mujer y Poblaciones Vulnerables) has not led to changes or improvements in the protection service. This is because the UPE teams in question do not include educators who work with children. Elsewhere, the important role of the educator in the unit is well understood:

“The educator is vital for us, since she has direct contact with children and when a child is admitted to the UPE, she will remain there throughout the day. Moreover, much of the information that we use results from the trust between the educator and the child When children enter the UPE, they do not want to talk to anyone, so they start isolating themselves, but in the children’s room, they start to play, interact, and as they play and interact, they start to speak with the educator, then the educator can get some reference information ... the name of an aunt or uncle So for us, the source is the educator ... the first to take the diploma course was the educator because she is in direct contact with the child, she’s the one who spends most time with the child.”

Officer of the Special Protection Unit of Loreto

- Finally, the five years of the most recent UNICEF Country programme in Peru (2016–2021) have been critical in ensuring the provision of coherent, relevant and continuous technical assistance to the various sectors. This is certainly the case for CCD implementation in the CRED service, in the health sector. All sectors and programmes/services do, however, follow different work trajectories in terms of their partnership with UNICEF Peru.

In summary, the contextual conditions and the dynamics of the state and each sector, as well as the sectors’ different trajectories of work with UNICEF, have influenced the implementation of the CCD approach in Peru to date, since some sectors and programmes/services have more favourable conditions than others.

3.1.2. Training processes

- Training events to introduce the CCD approach in Peru relied on alliances with academic institutions. These events helped to enhance the legitimacy of the approach and build on the openness of Peru's social service institutions to establish evidence-based dialogue and discussion. The training processes were thus not only a means to present the CCD approach but also a strategy for its implementation.
- The CCD training approach, which is supported by appropriate adult education and learning methodologies, enabled the knowledge of national-level decision makers to be expanded and the practices of regional- and local-level officials and operators to be improved. Such advocacy and capacity-building programmes must, however, be articulated alongside programmatic efforts that support change initiatives and which are sustainable.
- Developing the Training of Trainers in Early Childhood Development diploma course with an academic institution was beneficial in terms of learning – for both UNICEF and the Faculty of Education at UPCH – for the following reasons:
 - The university absorbed the evidence in developmental neurosciences as well as the conceptual and methodological foundations of the CCD approach. This exercise also led to a review of the Faculty of Education's programme curricula. The diploma was held three times.
 - This alliance made it easier for UNICEF and the sectors involved to become familiar with the latest adult education strategies and methodologies.
 - Capacity-building strategies of this type have the potential to support the scaling up of training processes in other Peruvian regions.^{xvi}
 - Finally, the alliance with UPCH allowed course participants to receive a diploma certificate recognized and endorsed by a quality academic institution.
- The Core Group of National Trainers helped to select regional and local participants to be invited to participate in the training processes launched at the national, regional and local level. This was critical to ensure the participation of individuals with the right profiles, thereby contributing positively to the impact of the initiative:
 - Firstly, the selection criteria restricted the participation of high-level managers appointed for political reasons. Secondly, officials, managers and implementers at the regional and local level were strategically selected, to preserve the commitment of the Core Group of National Trainers. In turn, this group remained involved in the diploma course and in the subsequent monitoring and support processes. Likewise, the involvement of regional and local authorities, such as the regional coordinators of Child's Life Stage and the Cuna Más National Programme, helped to strengthen support and resource mobilization to promote changes.
 - Lastly, the Core Group of National Trainers played a vital role in ensuring that the newly acquired knowledge and skills remained in the institutions where the selected participants work. This proved critical given the highly unstable Peruvian context at the time, characterized by a high turnover of public officials at the managerial level.
- Practical activities during CCD training events were highly appreciated by the participants. Interviewees agreed that visits to centres and other practical activities had brought them closer to other key services that had been unfamiliar to many – despite also being part of the early childhood sector. As an interviewee belonging to the Core Group of National Trainers put it:

“The information we received had conceptual elements as well as evidence, and there were also opportunities to see how the approach operates, and we also had the opportunity to engage in collective discussions”

Core Group of National Trainers Representative

 - The content of the training events was also positively evaluated. Interviewees highlighted that the CCD approach introduced useful and easy-to-apply learning as well as new perspectives on previously known issues.
 - Training participants valued the critical work with families that is promoted by the CCD approach. As one member of the Core Group of National Trainers explained:

“The course made us reflect on parents’ participation in playing with the child. That supports the work that we have been doing – I really liked fathers’ and mothers’ roles in play.”

Core Group of National Trainers Representative

- In turn, the CCD training events highlighted the approach’s emphasis on promoting play and communication practices using materials that are easy to find at home.

“The CCD broke paradigms. This approach suggests that the nurturing care perspective can be carried out in very simple or daily actions – in the bathroom; the simple act of taking your child to a check-up; looking at him, listening to him; even not invading his space, his time. It’s interesting, a challenge, and we are deciding how we should include this approach in the service we provide.”

Member of the Core Group of National Trainers

Most interviewees highlighted the service provider’s role as facilitator of the interactions between caregiver and child, and how this allows the provider to promote comprehensive child development. CCD is successful in increasing caregiver sensitivity to the parenting and development process. This is a critical element of the *Childhood First* strategy but had not been clearly established in its policy guidelines and practices.

- The training strategy made it possible to better position the relevance of the CCD approach among various groups of actors across sectors and levels of government.

“I liked it that this training included actors working across different services for children. Individuals from PRITE, Cuna [Más] and CRED were there, and this enabled everyone to leave their own space and see the whole context. That enabled articulation. Also sometimes only the director is invited, and the knowledge stays with them; here the operators were included with the commitment to replicate. This allowed them to have contact with other people and make the childcare circuit work.”

Member of the Core Group of National Trainers

The training processes brought together individuals from different sectors, programmes and services to develop a shared perspective and vision within a common articulation framework.

The CCD training modality and methodology enriched the capacity building of staff working in early care services for families, providing them with practical tools that improve and transform training processes, for example, into large-scale and high-impact services such as the CRED service.^{xvii}

- The Training of Trainers in Early Childhood Development diploma course was developed in line with the early childhood public policy frameworks, recognizing and including concepts derived from Peruvian definitions of ECD, which had in turn enriched the *Childhood First* public policy commitment. The development of the course occurred at just the right time, as it served to revive the national debate on the relevance of promoting the *Childhood First* policy guidelines and territorial management strategy introduced in 2019 (Ministerio de Desarrollo e Inclusión Social, 2019b). The diploma course thereby reaffirmed the need for multisectoral and inter-governmental work based on a shared approach.

3.2. Opportunities and challenges

There are several relevant opportunities and challenges related to the implementation, scaling up and sustainability of the CCD approach in the policies and practices of various sectors and levels of government. All actions undertaken in this direction should take advantage of existing conditions and promote changes that support the continued scaling up of the CCD approach in Peru.

3.2.1. Variation between sectors regarding ownership and adoption of the CCD approach

Although processes to strengthen and develop capacities in CCD have triggered promising changes in some programmes and services, an analysis of available information shows that adoption of the approach varies across the sectors and programmes/services offering early childhood care.

The health sector has made the greatest advances in incorporating the CCD approach. Continuous support from UNICEF, the Ministry of Health and the Regional Health Directorates has enabled progress in the implementation of some important national programmes, such as the CRED service for children under 5 years of age, delivered in health facilities.^{xviii} Specifically, the successful inclusion of CCD in the CRED service is based on three fundamental pillars: (1) the alignment of the new Technical Health Standard with CCD precepts, which reinforces and makes more visible the Early Development Care sessions; (2) the transformation of nurse practices in caring for children's families, as well as the adaptation of consultation rooms; and (3) the CCD training strategy promoted by the Ministry of Health, which consists of organizing internships and exchanges for nursing professionals from different regions, together with actions to monitor implementation of the new approach in the CRED service.

This example illustrates the relevance of having support mechanisms in place during both the adoption and implementation of the CCD approach. In the case of the health sector, this allowed for CCD to be integrated into a national universal coverage programme. Consequently, the challenge is to bring this experience to all CRED nursing professionals in the country's health facilities. Doing so quickly and effectively can be difficult,

however, given resource limitations and the time it takes to complete the training. Nonetheless, a robust group of facilitators have completed the CRED training, and there is also a relevant virtual course from the Ministry of Health and the National School of Public Health, and these two factors could be fundamental to scaling up the process. Having evidence of the effectiveness of the CCD approach to enhance child development is therefore critical in the Peruvian context.

3.2.2. A public policy context favourable to CCD implementation

In December 2019, the Government of Peru achieved the approval of the Results-based Budget Programme for Early Childhood Development (PPoRDIT). This provides an opportunity to continue promoting the relevance of the CCD approach in programme implementation to achieve expected results.

Although the multisectoral approach has been included in the *Childhood First* strategy since 2016, PPoRDIT promotes a budget planning framework specifically aimed at achieving intersectoral rather than sectoral results. As such, 30 priority outputs requiring coordinated and multisectoral work were defined. Of these priority outputs, the Ministry of Health is responsible for 16 outputs, the Ministry of Women and Vulnerable Populations for 4 outputs, the Ministry of Development and Social Inclusion for 2 outputs and the Ministry of Education for 1 output. Of the various types of care required during the first 24 months of life, it was determined that, as a priority, all children in Peru must: (1) receive a complete CRED service appropriate to their age; (2) be fully immunized; (3) receive family support; and (4) receive special attention if suffering from anaemia.

The training processes supported by UNICEF Peru have made it possible to create a CCD-based conceptual framework that enhances intersectoral work. To ensure the sustainability of this approach, it is necessary for training processes to encourage the exchange of experiences among sectors and programmes or services. This will ensure that the CCD approach is included beyond policy formulation, such that it is operative throughout policy implementation and monitoring processes.

3.2.3. The commitment of human capital to the CCD approach

Besides positioning ECD in the public policy agenda, PPOORDIT illustrates the commitment to ECD among technical teams across various sectors. Strengthening the capacities of officials in this regard has proved critical to the introduction of CCD in Peru; ultimately, it is they who influenced the inclusion of the principles of the approach in public policy. Furthermore, as evidenced by the findings of this case study, these officials are also convinced that family orientation invigorates, enriches and favours the effectiveness of institutional services.

This represents an opportunity to support the sustainability and scaling up of the CCD approach among teams from different sectors and programmes or services at the national, regional and local level. It is important, however, to take steps to ensure the ongoing dissemination and integration of the approach despite high staff turnover and other changes experienced in sectors and programmes/services.

Finally, the implementation of PPOORDIT poses enormous challenges for the Peruvian State, which call for the strengthening of political commitment as well as additional technical, human and financial resources.



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3.3. Recommendations to ensure continuity of the CCD approach in Peru

3.3.1. Strengthen CCD implementation through monitoring and evaluation of ongoing initiatives

At the time this case study was prepared, the Cuna Más National Programme services, the first cycle of education and the CRED service each had monitoring and follow-up instruments. In the latter case, UNICEF has supported the participatory creation of an instrument that serves as an observation guide to monitor the performance of CRED nurses trained in the new NTS and CCD approach. This instrument also promotes self-reflection among health personnel

to autonomously and consciously assume the commitments and changes to improve their practices and the quality of services.

On the other hand, implementing a strategy with a stronger emphasis on monitoring and evaluating CCD implementation – perhaps through a new version of the Training of Trainers in Early Childhood Development diploma course – could be critical to provide continuous, up-to-date training. This is necessary both to update previously trained officials and to train new officials, whether in the same or different regions, from scratch. Strengthening training in monitoring and evaluation is helpful for operators to continue learning and improving on their practices, and contributes to the sustainability of their efforts.

3.3.2. Provide training and/or technical assistance to address PPoRDIT implementation challenges

With the approval of PPoRDIT, Peru is preparing to embark on a series of profound changes in all sectors, programmes and services aimed at young children and their families. This work implies breaking with the 'sectoral logic' and definitively establishing a comprehensive and multisectoral approach to ECD across public policy design, implementation, and monitoring and evaluation.

PPoRDIT defines a set of interventions for each of the seven results set out in the *Childhood First* policy guidelines. These interventions are to be carried out through 30 interventions, most of which were already in existence (some required minor adjustments)⁸. It is necessary to finish adjusting the rules and procedures so that the interventions are developed in accordance with PPoRDIT. To ensure the relevance of the CCD approach throughout this process, it is recommended that a suitable support strategy is put in place, whether this takes the form of training or technical assistance.

3.3.3. Build on the integrative potential of CCD to support PPoRDIT in promoting multisectoral work

Based on the information collected in the interviews, the Cuna Más services under the Ministry of Development and Social Inclusion have gained more ground than the early childhood programmes and services implemented by the health and education sectors. This is due to the fact that Cuna Más has from the start promoted continuous quality improvement processes and encouraged a more comprehensive and multisectoral approach.

Yet the contributions of the CCD approach have been more clearly evidenced in the Ministry of Health's CRED service, which includes a more comprehensive perspective and prioritized support to families. Some interviewees pointed out, however, that the service simply seeks to integrate the two types of existing home visits: visits carried out by community facilitators hired by the municipalities and financed by the health sector to fight anaemia, and visits carried out by the Cuna Más SAF care modality.



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⁸ A few interventions have yet to be created, based on the results of the available scientific evidence.

There are plans to work with PPORDIT to define a single strategy for home visits that applies to both the Ministry of Health and the Ministry of Development and Social Inclusion. This would overcome the fragmented approaches and would help to ensure that the visits become universal. It is anticipated that the manual will incorporate the CCD approach, including the technical elements and materials developed in the Cuna Más pilot project, and tools to promote play, stimulation and communication.

It is recommended that technical assistance is provided for the formulation of the manual for home visits, to ensure the inclusion of the CCD approach in this programme. Moreover, it is critical to monitor the quality and results of the approach, as reflected in the training and practices of those who conduct the visits. Such monitoring will provide evidence to strengthen the home-visiting programme as well as participants' competencies (personnel).



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3.3.4. Generate evidence on the effectiveness and impact of ECD services that integrate the CCD approach

Conducting research to increase the available evidence on programmes and services that apply the CCD approach is essential for the institutions involved and for the country in general. The most relevant types of research include the following:

- Evaluating the experience and impact of the CRED service in Peru. Rigorous research along these lines would enable an assessment of the impact of the contributions of the CCD approach and the outcomes achieved through the *Childhood First* policy framework and PPORDIT. Given that ample data on child development, health, nutrition and family care practices are collected in each CRED consultation, the findings would provide key evidence to improve ECD services. Relevant empirical explorations could also be carried out to determine the impact of introducing the CCD approach. Moreover, results related to the CRED service could be of interest to both the Ministry of Health and also the Ministry of Economy and Finance, given that the latter has increased its support to the CRED training strategy through the internship initiative. Such an evaluation could be appropriate since the scaling up of training in the new Technical Health Standard and in the CCD approach among qualified CRED nurses and medical staff remains limited. It is therefore necessary to identify the key elements to accelerate CRED team training.
- Evaluating the impact, on improving parenting practices, of the caregiver guidance disseminated during PRITE sessions, CRED consultations, home visits or Early Development Care sessions (or other subsidiary CRED services).
- Evaluating the impact of the new work guides for families and Cuna Más play and learning kits, whether on improving childcare practices, reducing violence, transforming caregiver interactions with their children, or ECD indicators.
- Evaluating the effectiveness of the intercultural approach in the provision of culturally appropriate PRITE guidance and support services.



Appendix

Methodology

As part of the field trip preparations, meetings were held in three regions – Lima, Huancavelica and Loreto (Iquitos) – to adjust and validate the interview protocols for the various participant profiles.

The information collection process took place from 30 January to 7 February 2020. Forty-four interviews were conducted with UNICEF Peru Country Office staff and decision makers from the national government. Further interviews were carried out in the regions with members of the Core Group of National Trainers, civil society allies, front-line workers and representatives of regional and local governments responsible for supervising and supporting Care for Child Development (CCD) implementation.

Interviews took the form of semi-structured individual interviews and focus group discussions. A suggestion was made to conduct interviews with high-level decision makers or heads of areas who were engaged in the formulation of ECD public policies. CCD training participants who were available for interview were invited to join the focus group discussions with others in their sector.

UNICEF Peru internal documents, policy guidelines and related technical standards and materials provided by UNICEF staff were reviewed in an effort to enrich the documentation process and better understand the context.

In the weeks after the field trip, all of the interviews and field notes were transcribed and reviewed. Systematic coding (Miles et al., 2019) was used in the analysis of the interviews; codes were defined, and deductive and inductive coding were combined as part of this process. The analysis placed a particular emphasis on UNICEF advocacy with the Government of Peru and other stakeholders; the key aspects of the experience; and the challenges and lessons that resulted from the process. Dedoose, a qualitative analysis software package, was used to perform the analysis.

Methodological limitations

First, it is necessary to mention that this is an exploratory study, with a general scope. This sets it apart from conventional evaluative studies that assess the object of enquiry to provide inputs for future studies and in-depth evaluations. For example, this study delves neither into aspects related to financing and budget allocation, nor cost-effectiveness and budgetary analyses to adopt and scale up the CCD approach in Peru. Yet this work nevertheless allows us to explore the extent to which decision makers and other stakeholders, including UNICEF staff, perceive the adoption of the CCD approach as costly. And it also allows an understanding of whether these costs are compensated by the reported benefits of CCD in improving existing programmes and services.

Second, we may say that the CCD approach was introduced recently, when compared with the 15-year-long process involved in the promotion of comprehensive development in early childhood. It is still difficult to anticipate the impact of the CCD approach on a vibrant and constantly changing public policy agenda. Indeed, many of the transformations and changes expected following the introduction of CCD are still in the process of unfolding. To understand their real benefits, further evaluation will be needed in the future.

Finally, given how the introduction of the CCD approach in Peru has evolved, and the history of UNICEF cooperation in the country, the collected information and documentation of progress to date place a stronger emphasis on health than on either education or social development. Moreover, at the time of data collection, the school holidays were in progress, making it difficult to schedule interviews or visits with officials or beneficiary families of education services such as the Cuna Más National Programme, Early Education or the Early Intervention Programme.

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Final notes

I. It is suggested that the various government sectors and levels of government ensure that their development and social inclusion interventions are coordinated and articulated in favour of the poorest and most vulnerable populations, to reduce the inequalities that set these groups apart from the rest of the population. The Include to Grow strategy follows a life cycle approach and considers the home the centre of all actions. It comprises five central components: Infant Nutrition; Early Childhood Development; Children and Adolescents' Comprehensive Development; Economic Inclusion; and Protection of the Elderly.

II. The CCD approach is being applied in the CRED service in many more regions in the country. It could be said that CCD has been adopted in all those regions that have trainers who have completed the internships in which Early Development Care sessions are promoted. In total, Peru has 108 Regional Health Directorate/ Regional Health Management interns, spread across the following regions: Amazonas (4); Ancash (6); Apurímac (2); Arequipa (3); Ayacucho (1); Cajamarca (6); Cusco (2); The Freedom (7); Huancavelica (6); Huánuco (10); Ica (1); Junín (9); Lambayeque (5); Lima (6); Lima/Cosale (2); Lima/H. Naval (1); Loreto (4); Moquegua (2); Mother of God (2); Pasco (2); Piura (6); Puno (11); San Martín (7); Tumbes (2); and Ucayali (1).

III. The *Childhood First* policy guidelines articulate the points of view and responsibilities of different sectors and promote results-based management. The guidelines provide an evidence-based definition of a set of seven results, plus effective interventions that are necessary to ensure that children under 6 years of age develop their full capacities and to their full potential. The results are: (1) healthy birth; (2) secure attachment; (3) adequate nutritional status; (4) effective verbal communication; (5) walking independently; (6) regulation of emotions and behaviours; and (7) symbolic function. This set of seven results and the related interventions must be promoted at the national and regional level.

IV. PPORDIT seeks to strengthen articulated action through intersectoral and sectoral interventions that jointly respond to the seven results of the Childhood First policy guidelines. PPORDIT includes a logical intervention framework that defines which child development conditioning factors should be addressed first and what are the priority interventions required to achieve 30 results. The Ministry of Development and Social Inclusion will lead the implementation of PPORDIT and it is expected that some of the defined actions will start to be implemented in 2021. PPORDIT is the result of eight months of work carried out by a multisectoral working group, in which more than eight sectors participate. Technical content has been developed and work "has been carried out based on the best (scientific) evidence available to date. It includes decision-making based on how to understand the priority result, the causal factors that influence it and the interventions that work to address these factors, what specific results are going to be achieved, how results are going to be measured, what outputs are necessary to achieve results" (Grupo de Trabajo Multisectorial encargado de desarrollar los contenidos técnicos del Programa Presupuestal Orientado a Resultados para el Desarrollo Infantil Temprano, 2019, p. 9).

V. For example, the proportion of the population living below the poverty line fell from 58.7 per cent in 2004 to 20.5 per cent in 2018, and the rate of chronic child malnutrition fell from 25.4 per cent in 2000 to 12.2 per cent in 2019 (INEI and Macro International, Inc., 2001; INEI, 2019).

VI. Secure attachment is defined in the Childhood First policy guidelines as "the bond of trust and affection between children and their mother, father or significant adult, which is established on the basis of them recognizing the child's signals, and providing appropriate and timely care to the child.

VII. In the Sierra and rural Selva, vulnerable families are often functionally illiterate, with Spanish their second language. According to the 2017 Demographic and Family Health Survey (Encuesta Demográfica y de Salud Familiar), the prevalence of anaemia is higher in families whose first language is other than Spanish (Observatorio de Anemia, n.d.). These families typically live in isolated rural areas, which hinders their access to information and services that would otherwise allow them to actively participate in their children's early development.

VIII. From 2011 to 2016, UNICEF Peru supported and promoted four streams of training programmes. This experience was documented in 2018 in the UNICEF report *Strengthening Ourselves for Early Care: The systematization of early training programmes in early childhood development*. This report highlights the four training programme streams: (1) a continuous training programme for health personnel, delivered by UNICEF in Ayacucho, Amazonas, Apurímac, Cusco, Iquitos and Ucayali; (2) the Training of Trainers in Early Education Programme of the Ministry of Education, Asociación Espacio para la Niñez and UNICEF, for those working in health, education and the Cuna Más National Programme; (3) continuous training programmes for health and education personnel carried out by ECD trainers from the Regional Directorates of Health, Regional Directorates of Education and UNICEF; and (4) training programmes for universities and higher pedagogical institutes, to provide diploma courses, specialized studies and improvements to the content of undergraduate programmes, with Universidad Nacional de San Cristóbal de Huamanga (Ayacucho) and Universidad Nacional Intercultural de la Amazonía (Ucayali). The latter involved the development of a diploma course in health, nutrition and ECD with an intercultural approach, aimed at operators of early care services in the Ayacucho and Ucayali regions. This experience with the Regional Health Directorate of Ayacucho was highly successful: According to interviewees, it was a critical precursor to the development of the Training of Trainers in Early Childhood Development diploma course in 2018.

IX. The four regions are: Loreto, Ucayali, Huancavelica and Lima, in Carabayllo. The seven districts are: Nauta and San Juan (Loreto), Callería and Masisea (Ucayali), Huancavelica and Acoria (Huancavelica), Carabayllo (Lima Norte). While professionals from other districts have participated in the Training of Trainers in Early Childhood Development diploma course, it was possible within these seven priority intervention areas to have a stronger influence and to provide more solid support for the process.

X. The University Law of 12 July 2014 (art. 43.1) defines diploma courses as short courses of professional development in specific areas.

XI. The remote approach involves virtual courses with cross-sector components, but these components do not include all ECD-relevant services.

XII. Technical Health Standard for the Control of Growth and Development of Children under five years of age - NTS N° 137-MINSA/2017/DGIESP, Ministerial Approval Resolution N° 537-2017-MINSA, dated July 10, 2017.

XIII. The Care for Child Development Backpack (or Kit) is an educational kit that all participants receive during the CCD training. It contains materials such as plastic bowls, cups, wooden spoons, clothes pegs, a doll and a puzzle. These materials are objects that can easily be found at home. Participants use the kit during the clinical practices included in the training, in which they put into practice family orientation skills to support caregivers during simple play and communication activities with their children.

XIV. The Cuna Más National Programme is working with UNICEF to update the catalogue with a list of all of the play materials available to equip SCD and SAF. This updated catalogue includes the CCD approach to integrating play and communication materials.

XV. Technical Regulation of Provisions to regulate the creation, organization and operation of the Program of Early Intervention (PRITE) of Special Basic Education, Vice-ministerial Resolution of Approval No. 188-2019-MINEDU, of July 26, 2019.

XVI. UPCH has already carried out another diploma course with this same approach in Puno, in conjunction with an NGO. The Training of Trainers in Early Childhood Development diploma course was delivered in 2020 to the third cohort to take the course.

XVII. At the end of 2019, the Ministry of Economy and Finance allocated resources to expand Ministry of Health training, recognizing internships as a successful strategy, through the following activity: Internships for Training of Regional Facilitators in CRED with an ECD Approach, within the APENDIS framework (budgetary support for the National Strategy for Development and Social Inclusion): “This budget support is part of the Results-Based Budget and is aimed at contributing to greater efficiency and effectiveness of public spending by linking public resources allocated to the expected outputs and results to support the population through the budgetary programs related to the four components of the National Development and Social Inclusion Strategy in the Articulated Nutritional Program (0001)” (Ministerio de Desarrollo e Inclusión Social, 2019b). Budgetary assistance was focused on the Amazon area, and in particular on the Amazonian indigenous communities which suffer the largest social inequalities (quintiles 1 and 2) among all prioritized regions (including Amazonas, Junín, Loreto, San Martín and Ucayali).

XVIII. Although officials from many other sectors and/or programmes/services have been trained in the CCD approach, its implementation has been described in detail only in relation to the CRED service and Cuna Mas. For example, PRITE could implement a less intensive and highly decentralized version of the CCD approach with diploma course participants and without the endorsement of national-level policies. It was decided, however, to present the two initiatives with the potential to produce the greatest impact, and which have also received support from national-level decision makers, as this ensures their replication on a national scale.

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