

PERU

A multi-pronged approach to making health services more nurturing



STRENGTHEN SERVICES



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A nurse counsels parents on responding to their new baby's cues. Making eye contact, talking and responding are all important ways for parents to bond with young children and provide responsive care, from pregnancy onwards.

Over the last decade Peru has prioritized the holistic development of all young children, with special consideration for girls and children from vulnerable families. The Ministry for Social Development has taken the lead role of coordinating action on this agenda. These efforts have resulted in the development of the national “Childhood First” guidelines (2016), which outline a multisectoral approach to early childhood development (ECD). The implementation of the guidelines is supported by a results-oriented budget programme for ECD, which was developed and embedded in Peru’s 2019 Public Sector Budget Law.

Despite these advances in policies and programmes, a significant proportion of boys and girls are still at risk of not reaching their full developmental potential, and obstacles remain around ensuring that policies and programmes for young children include elements of responsive care and early learning in addition to health and nutrition.

This case study describes Peru’s efforts to build on its significant progress, in order to improve the coverage of existing services and make them more nurturing and holistic.

Starting in 2018, the United Nations Children’s Fund (UNICEF) and local partners took advantage of the growing interest in strengthening support for investments in ECD as part of Peru’s public policy agenda. Specifically, UNICEF Peru provided technical assistance to build capacity in a holistic approach to ECD for a wide range of stakeholders, including national and local advocates, public administrators and front-line workers, in all relevant sectors (e.g. health, education, social services and child protection). This strategy has made it possible to both strengthen multisectoral collaboration and improve the quality of services and programmes in various sectors.



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT



Actions

This section describes the steps taken at national and local levels to engage a wide range of stakeholders in adopting, contextualizing and embedding early learning and responsive caregiving within existing services and across multiple sectors.



Securing buy-in and common understanding at national level.

A one-week sensitization and training session was organized for national representatives of four relevant ministries (Health, Education, Development and Social Inclusion, and Women and Vulnerable Populations), the National Comprehensive Programme for Family Welfare, local academic institutions and civil society organizations. During the training, participants developed a common understanding of why the early years matter, learned about the five components of nurturing care, practised counselling families using the tools in the *Care for Child Development* (CCD) training approach (see Box 1) and identified existing entry points that could be used to promote early learning and responsive caregiving. The group committed to forming a National Core Group of Trainers who would guide the adaptation of the CCD approach for use across relevant sectors.

Developing a diploma course for trainers.

Building on the CCD approach, UNICEF and the Universidad Peruana Cayetano Heredia, with other partners, developed a diploma course on ECD. The course was offered to over 100 practitioners and service providers in relevant sectors (e.g. nurses, teachers, social workers, psychologists, midwives) who are in a position to use the knowledge gained to strengthen service provision and train other colleagues. Upon graduation, they were better able to guide families with young children (0–3 years) to create nurturing home environments, expand opportunities for early learning, and provide responsive care. Content on nurturing care and CCD was also integrated into the basic foundation course for all students in the Universidad Peruana Cayetano Heredia, increasing the sustainability of this initiative. By the end of 2019, four cohorts of students had graduated from this course.

BOX 1

Care for Child Development (CCD)

CCD is an evidence-based approach to the promotion of child development, co-developed by UNICEF and the World Health Organization (WHO). It seeks to strengthen the capacities of parents and caregivers to play and communicate with young children and thus promote their socioemotional, physical and cognitive development. The approach recommends age-appropriate play and communication activities and empowers caregivers to provide responsive care to their children.

These caregiving skills contribute to the survival, as well as the healthy growth and development, of young children. The CCD approach can be adapted for use in existing programmes and services across sectors, such as health, nutrition, education, child protection, social development and disability care services.

CCD contributes to the operationalization of the *Nurturing Care Framework*, as it enables service providers to support caregivers' capacities to provide responsive care, build stronger relationships with and provide early learning opportunities for their children.

In the Latin American region, CCD (in Spanish *Cuidado para el Desarrollo Infantil*) has been contextualized for use in more than eight countries.



Achievements

Nurturing a cycle of positive change at national and local levels.

The CCD approach was adopted at the right time to support the implementation of policies and offer practical elements to enhance existing services, responding to the needs of the most vulnerable populations.

As a result of this multi-pronged strategy, a reinforcing cycle of positive change has been achieved (see Figure 1). The strategy created national-level champions who advocated for the integration of early learning and responsive caregiving into a range of policies and services for young children and their families. It also generated a grassroots movement of practitioners and service providers across sectors who are committed to ensuring that services supporting families and their young children are nurturing and meet the needs of young children and their families.

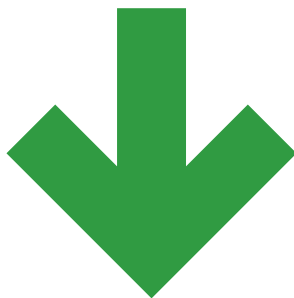
The CCD approach also enabled greater multisectoral work and deepened understanding among stakeholders of the need to promote the holistic development of children by working directly with families to provide nurturing care.

Play is critical for child development and is at the core of the CCD approach. Here a caregiver plays with her son during a counselling visit.



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Figure 1. Supporting adoption of the CCD approach at national and local levels.

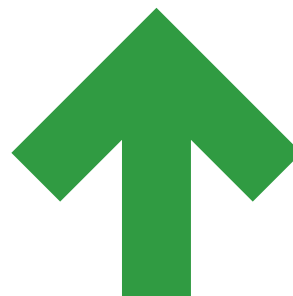


ADVOCATE at the national level

Use global evidence on ECD and experiences from implementing the CCD package to advocate for strengthened policies and enhanced services for young children and their families.

IMPLEMENT at the local level

Use the CCD approach to make existing services “more nurturing”, to promote early learning and responsive caregiving. This creates grassroots evidence and demand for programmes and services that support early childhood development.





Box 2 illustrates how CCD was used to strengthen existing services, such as the national Growth and Development Check-Ups programme.

BOX 2

How CCD enhances the Ministry of Health's national Growth and Development Check-Ups programme

The national Growth and Development Check-Ups programme (CRED in Spanish) is part of the Child Life Stage strategy of the articulated budget for nutrition in the Ministry of Health (MINSa). The check-up sessions are provided in all public and private health facilities across the country and are carried out by a nurse or doctor.

The previous Technical Health Standard for the Growth and Development of Children Under Five (2011) focused almost exclusively on growth. Many professionals and parents believed that the sole purpose of the check-ups was to weigh and measure their child. These standards were recently revised in order to maximize the impact of the CRED programme, by expanding its focus from reducing chronic malnutrition to a more holistic childhood development approach. This change was led by a group of government officials, several of whom were part of the above-mentioned National Core Group of Trainers.

The new standards were integrated into the diploma course provided by the Universidad Peruiana Cayetano Heredia. This helped to operationalize the standards and transform the services provided. Participants reported that the new course helped broaden their understanding of the positive impacts gained by empowering caregivers to provide responsive care and engage in playful interactions with their young children.

As a result of all of these efforts, several key changes were made to the growth monitoring check-ups to make them more nurturing. Family meetings were added to routine check-ups, with a specific focus on activities that promote holistic development. Appointments were extended to last on average 30–45 minutes per child. Responsive care practices for caregivers were modelled during visits: nurses call children by name, make eye contact, and try to anticipate, react to and explain children's behaviour. While doing this, they can engage caregivers in conversations about their child's development and the importance of play and responsive care. And health services were made more child-friendly, allowing children space to play and explore. Materials and toys are no longer stored away but left accessible to children visiting for health services.

These service delivery changes also increased the motivation and job satisfaction of health providers. For example, nurses reported feeling more empowered to provide nurturing care to young children, as well as to counsel and support caregivers/parents, including by actively engaging them in the sessions.



Photo credit: ©UNICEF Perú

Before using CCD, nurses interacted with babies while parents watched (left). After CCD training, nurses focused on modelling responsive practices and encouraging caregivers to play and interact with the child during visits (right).



Success factors

Cultivating multisectoral and multi-stakeholder engagement for ECD at national level. This high-level buy-in for enhancing existing services made it possible to develop pathways for multisectoral capacity building at subnational levels.

Training people from multiple sectors promotes complementarity of services across sectors. The national training and the diploma course offered at subnational level were deliberately structured to include practitioners and service providers from multiple sectors. Bringing people together from different sectors to engage with the CCD approach has enabled a better understanding of what each sector does and fostered consistent messaging to families across the sectors.

“I liked that the training involved different actors in the care path for children... allowing each to see the whole context.”

Training participant

Using evidence from the subnational level to maintain attention on ECD services despite political transitions. Work at the subnational level illustrated the transformations happening in service delivery and was instrumental in weathering political transitions at the national level. Programme coordinators noted that, in selecting training participants, it was important to ensure that trainees have the capacity and will to enhance their respective services and programmes, and that they will remain in training institutions and services despite political transitions.

Applying a multi-pronged approach. Both national and subnational bodies advocated for greater inclusion of early learning and responsive caregiving in policies and services for young children and their families.

Working with local institutions to facilitate adaptation and accreditation. Developing the diploma course in collaboration with the Universidad Peruana Cayetano Heredia was very beneficial in terms of contextualizing the approach to the realities of the country. It also allowed all components of nurturing care to be embedded into existing pre-service training programmes. This partnership not only improved cost-efficiency but also created a sustainable pathway for future training of practitioners in nurturing care.

Barriers

Timing. Although extending the duration of consultations has improved quality of care, in some cases it has also led to longer delays in getting appointments and wait times for caregivers. However, once parents experience the new approach, they know what to expect from future appointments. Providers are working to improve coordination and scheduling of these longer visits.

Sustainability. Maintaining the momentum and investment in the CCD approach can be challenging. To address this, the CCD approach and nurturing care were integrated into the basic course for pre-service professionals at the Universidad Peruana Cayetano, ensuring that, even without intensive training programmes, service providers will learn about responsive care and early learning during their education. Additionally, some of the health centres where CCD has been adopted have become demonstration centres which professionals can now visit to learn first-hand about how to integrate responsive care and early learning into health services.



Photo credit: ©UNICEF Perú / Hildebrandt C.

A nurse supports new parents in playing with their baby during a family group session.



Enhancing scope. The revisions of the Ministry of Health's technical standards related to the Growth and Development of Children Under Five are promising, but more work is needed to support implementation of these new standards and to make sure that existing services promote nurturing care. This will require continuous learning and collaboration between policy makers, planners, and service providers.

Scalability. This programme was initially implemented in four provinces within Peru so the impacts have been limited to those regions. The aim is to extend the programme in future through learning partnerships in the remaining regions. The new Growth and Development Standards are currently being expanded to incorporate CCD as a part of the check-ups and group sessions with all families. The new standards should be approved in mid-2021 and will be applied in health facilities across the country.



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Conclusion

The simultaneous engagement in multisectoral advocacy at national level and strengthening of capacity (using the CCD approach) at local level was essential for creating a mutually reinforcing cycle of change. This approach strengthened existing services by making them more nurturing, such as the Growth and Development Check-Ups Programme. These achievements are paving the way for identifying additional services that could be enhanced/leveraged to further promote nurturing care (e.g. early intervention programmes for children with disabilities).

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Visit <https://nurturing-care.org/country/peru/> for more information on the activities and documents mentioned in this case study.

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Acknowledgements:

This case study summarizes key lessons learned from an in-depth case study on the CCD approach in Peru developed by Yannig Dussart, Adriana Valcarce, María Paula Reinbold (UNICEF Latin America and Caribbean Regional Office - LACRO) and Juan C. Reyes (external consultant) and carried out with the generous support of the LEGO Foundation.

Incalculable thanks to Maria Elena Ugaz and Milagros Castillo of the UNICEF Peru office for providing much of the information. Thanks also to other members of the UNICEF Peru office, the external consultants of UNICEF Peru, LACRO and HQ, as well as the Peruvian government, its allies and nongovernmental organizations who provided valuable information.

Additional thanks to Svetlana Drivdal (PATH) and Betzabe Butron (PAHO) for their kind review as well as Ana Nieto (UNICEF), Radhika Mitter (UNICEF), Maya Elliott (consultant) and Sheila Manji (WHO) for contributing to the development of this study.