

Cuna Más: Peru's Home Visiting Program Evolves into a Comprehensive Early Childhood Development Strategy

Introduction

In October 2019, veteran civil servant, Ariela Luna was appointed Peru's Minister of Inclusion and Social Development. By then, Cuna Más, the national home visiting service and one of the Ministry's signature programs, had been in operation for more than seven years. Remarkably, the program created by President Ollanta Humala in 2012,^a had survived two subsequent changes to the Presidency, and a period of unprecedented political tumult.^b

The Ministry of Inclusion and Social Development (MIDIS), a relatively young ministry, also created by Humala, had itself undergone several changes in leadership. Luna was the eighth minister to lead it in as many years. Changes among the top brass of Cuna Más leadership was higher still. Yet, the program had proved both resilient and stable. Having scaled up nationally in its early years, by 2019, it operated in all 24 regions of the country, serving more than 110,000 of the poorest pregnant women and children under the age of three in rural areas.¹

In many ways, social gains made under Cuna Más demonstrated what could be achieved more broadly in the area of early childhood development. Buoyed by the program's success, Luna and other senior officials began to formulate an audacious early childhood development strategy that was at once comprehensive in vision and pragmatic in approach. In a country where one in three children under the age of three grew up in poverty, their goal was to create an inclusive package of services ranging from home visits to vaccinations, and from gestational health to early education. Although the strategy would focus first on poor and vulnerable families, it ultimately aimed to reach every single Peruvian child under

^a Cuna Más has two arms: home visiting in rural areas and day care centers for urban areas. This case focuses primarily on the home visiting service.

^b For an overview of Cuna Más in the early years, see: Anjani Datla and Julie Boatright Wilson, "Cuna Mas: Peru's Early Childhood Program Struggles to Maintain Quality as it Scales Up," Harvard Kennedy School Case, January 29, 2018.

This case was written by Anjani Datla, Senior Case Writer, in collaboration with Julie Boatright Wilson, Harry S. Kahn Senior Lecturer in Social Policy at the Harvard Kennedy School (HKS). Funding for this case was provided by the Bernard van Leer Foundation. We are grateful for translation support provided by Vanessa Espino. HKS cases are developed solely as the basis for class discussion. Cases are not intended to serve as endorsements, sources of primary data, or illustrations of effective or ineffective management.

the age of six.

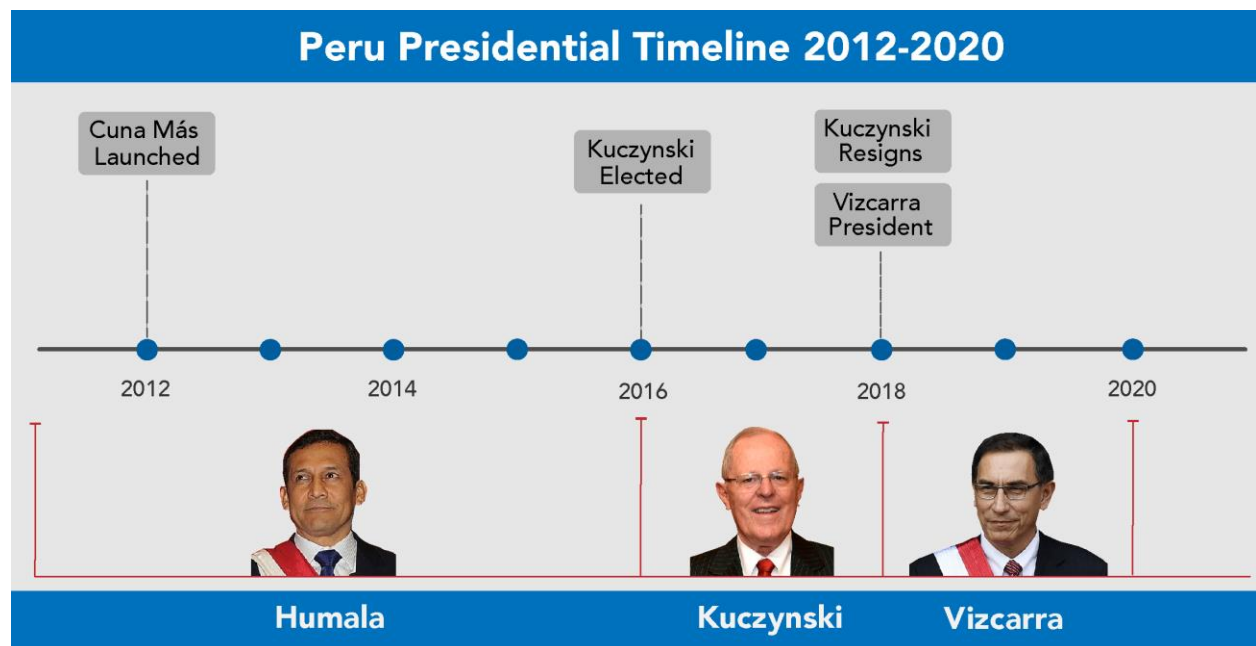
2016 Presidential Election and After

In 2016, former World Bank economist and Wall Street banker, Pedro Pablo Kuczynski replaced Humala as Peru's President. A center-right leader, Kuczynski's economic policies departed from Humala's left-leaning approach, but on the issue of early childhood development Kuczynski was equally committed. Shortly after assuming office, he called for a significant reduction in chronic malnutrition by the year 2021. Notably, Kuczynski chose to keep his predecessor's creations, MIDIS and Cuna Más intact, but home visiting no longer enjoyed the same degree of support from the office of the President.

Less than two years later, however, after being dogged by corruption and vote-buying scandals, Kuczynski resigned. In fact, the largest corruption scandal to rock Latin America would eventually implicate three other Peruvian Presidents. Humala and Kuczynski would both serve jail time for accepting bribes from Odebrecht, a Brazilian construction company in exchange for contracts.

In 2018, after Kuczynski's resignation, Vice President, Martin Vizcarra was sworn in as President. Vizcarra, an engineer by training, with a reputation as a technocrat, pledged to clean up political corruption. But Vizcarra's party held a small minority in Congress and his political agenda was routinely thwarted by opposition groups. Despite these political challenges, Vizcarra's Presidency heralded relative stability for the Peruvian bureaucracy, and a group of senior officials (including Ariela Luna), who had served under Humala, returned to MIDIS and seized on the opportunity to regain lost momentum on early childhood development.

Figure 1. Peru Presidential Timeline 2012-2020



Cuna Más after Humala

Under Humala, Cuna Más grew at a breakneck pace. By 2016, the program served 85,000 families across the country.² Many of them in the hard-to-reach regions of the Andean mountains and the rainforest. Several factors enabled this initial expansion. “In the early stage, political will was very important,” said Dora Ruiz, a former Cuna Más official. “Political will translates into resources. They told us to go to rural areas, even if it required more resources. Early childhood programs that came before Cuna Más didn’t enjoy that kind of political will or resources. At the same time, the Cuna Más model was built to scale,” and perhaps most important, “we saw that families demanded this service.”³

Yet, along with the rapid growth came concerns that the program was struggling to maintain quality, and that the lack of decentralization impacted its long-term sustainability.^c With the arrival of the Kuczynski government, Cuna Más experienced a couple of years of relative stasis. It was during this time that results of the home visiting program’s independent impact evaluation, commissioned by the Ministry of Economy and Finance, Bernard van Leer Foundation, and others in 2013, were released.

The Impact Evaluation

The scale of Cuna Más and its phased rollout in 2012 and 2013 presented researchers at the Inter-American Development Bank (IADB) with a unique opportunity to design an experimental impact evaluation. Children in municipalities that were randomly assigned to receive home visits in the initial stages were compared to children in municipalities that were randomly assigned to receive home visits at later stages. Lessons from the program would be relevant not just in Peru but for other countries in Latin America and the developing world.

The evaluation was conducted over two years and the sample included more than 5,800 children under the age of two, residing in 180 districts across 12 regions. The districts were predominantly in the rural and remote Andean and Amazonian regions. Of the 180 districts in the sample, 120 were randomly assigned to the treatment group, which received home visits. The remaining 60 districts were assigned to the control group and did not receive home visits. In 2013, before the home visits began, researchers conducted a baseline survey for families in the treatment and control groups. Approximately 24 months later, evaluators conducted an endline survey in the treatment and control groups.⁴ Both the baseline and endline surveys collected data on a host of factors, including the socioeconomic background of the household, quality of the home environment, developmental measures of the child such as weight and height, as well as information on the child’s cognitive, language, social communication, and fine and gross motor skills.

By the end of the study, evaluators found much to be positive about. Cuna Más helped young children make important gains, particularly in the areas of cognitive and language skills. To illustrate the magnitude of these impacts, researchers presented the results with a tool known as the “socioeconomic

^c For more on the program’s early struggles to maintain quality see: Anjani Datla and Julie Boatright Wilson, “Cuna Mas: Peru’s Early Childhood Program Struggles to Maintain Quality as it Scales Up,” Harvard Kennedy School Case, January 29, 2018.

gradient,” which for the purpose of this evaluation, measured the average gap in skills between children in the lowest income group and those in the highest income group. In essence, a measure of the skills gap between the richest and poorest kids in Peru. On average, the impact of the program was roughly equal to a 35 percent reduction in the rich-poor gap in communication skills, and equivalent to an 18 percent reduction in the rich-poor gap in problem-solving skills. When researchers took a closer look at a sub-sample of younger children that had received more frequent home visits (using a different test),^d the program’s impacts were even higher and roughly equal to reducing 65 percent of the rich-poor gap in cognitive skills and equal to reducing 42 percent of the rich-poor gap in language skills. “Despite all the difficulties of implementing a home visiting program at scale, through a government agency, in areas that are hard to reach and culturally diverse, these results document robust impacts on cognitive and receptive language development,” the researchers concluded.⁵

Yet, having observed thousands of home visits over two years, researchers noted that the program faced challenges in areas of implementation and in the quality of home visits. By the end of 2016, the program had reached 580 of 720 eligible districts.^e A staggering accomplishment, especially in a country with the geographic diversity of Peru. But there were operational hurdles, as evidenced by the fact that in the treatment group, less than two-thirds of eligible households received home visits, and of those that did receive them, there was “great heterogeneity” in the number of visits. Evaluators also noted that home visitors needed to be better prepared to serve the needs of children and their families.⁶

Second Stage of the Cuna Más Evolution

The results of the IADB evaluation, which were published in late-2016, helped usher in a new stage in the evolution of Cuna Más. At the time, Kuczynski had been President for just a few months, and even with the coveted validation of a rigorous impact evaluation, home visiting did not carry with it the political cache of other early childhood programs such as nutrition and day care services.

Under Humala, the plan was to expand home visiting by roughly 25,000 families each year, until 2021. Under Kuczynski, however, the program grew at a more modest pace, from 85,000 families in 2016 to 110,000 families by 2019.⁷ In 2017-18, the program budget could have allowed for further increases in beneficiaries, but officials reallocated unspent funds to the urban day care part of the program and focused on reforms to the home visiting service. Alex Rivera, a consultant to UNICEF in Peru and an early childhood expert, was involved in several of these discussions. “To serve a greater

^d The evaluators used two different tests to measure impacts. For the full sample, they administered the Ages and Stages Questionnaire (ASQ-3), and measured skills along 5 domains: problem-solving, communication, fine-motor, personal-social, and gross motor. For the sub-sample, researchers administered the Bayley Scales of Infant and Toddler Development (Bayley-III), which measured skills along 4 domains: cognitive, receptive language, expressive language, and fine motor skills.

^e Districts were selected based on one or more of the following criteria: a) areas where incidence of poverty was greater than 50 percent; b) areas that fell within the scope of Juntos, the conditional cash transfer program; c) areas that had chronic malnutrition greater than 30 percent among children between 0 and 5; and d) areas where 50 percent of the population lived in a rural community.

number of families well, they first needed reform of the service, such as hiring staff that is better skilled,” Rivera said. “They had a lot of discussions on how to do this reform.”⁸

Box 1. Cuna Más Governance Structure

Cuna Más operates at the national, regional, and local levels.

At the national level, staff formulate guidelines, provide technical assistance to regional offices, design training and other materials, and manage finances, etc. Based on eligibility criteria, national staff identify municipalities and number of recipients.

At the regional level, staff supervise home visiting activities, including coordinating with other government partners at regional and local levels, as well as training and supervising home visitors. Field Supervisors are in charge of managing home visitors at the local level and are tasked with monitoring the quality of home visits. In instances where the national team has identified new municipalities to receive home visits, Field Supervisors engage with community leaders to create a local Management Committee. Some regional offices have sub-regional units at the sub-regional (provincial) level.

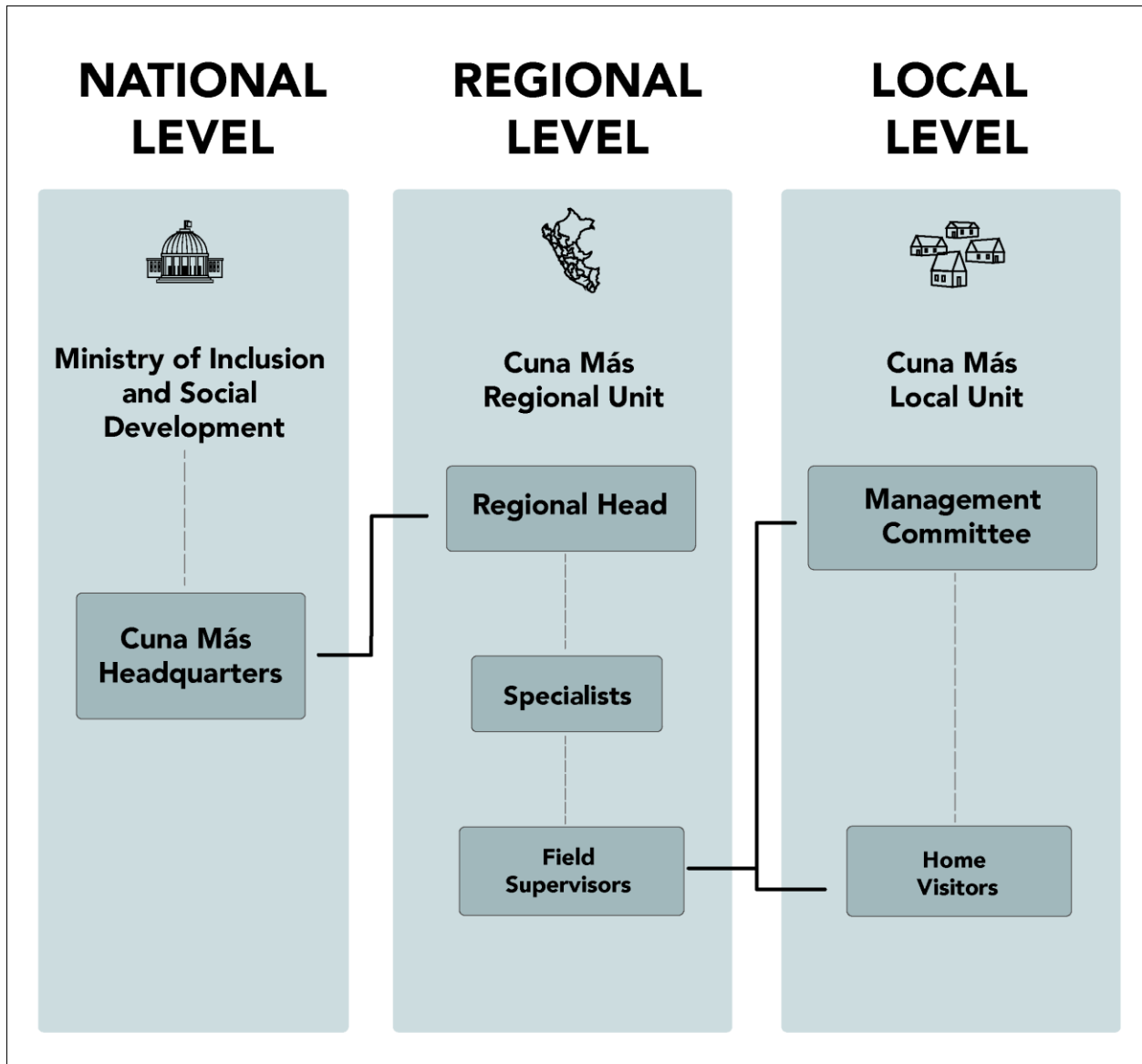
At the local level, a voluntary Management Committee made of 5 community leaders oversees the program and disburses stipends and other materials to home visitors. Home visitors, typically local mothers, who are trained by regional staff, serve 10 families each and work on a part-time basis.

There was broad consensus among government officials and early childhood experts that the key to the program’s success lay with local and regional staff. This was reaffirmed by a 2017 study conducted by a group of researchers in Peru (working at a research organization called GRADE) and Washington D.C., that was funded by the Bernard van Leer Foundation. Findings were based on focus groups and in-depth interviews with staff in the Amazonian region of Loreto and the Andean region of Junin. Researchers found that Cuna Más staff at the regional and local levels were motivated to serve, but their workloads were unsustainable. Home visitors, who received a stipend to work, on average, 10 hours a week, typically worked more than 20 hours. Field supervisors, who were responsible for overseeing home visitors, and were located in regional offices, worked longer hours still, often travelling to distant areas to provide technical and supervisory support. It was not surprising that turnover among staff remained a challenge.⁹ (See summary overview of IADB and GRADE evaluations in Appendix I.)

“Rethinking the incentives and stipend to home visitors is important,” said Gabriela Guerrero, one of the lead researchers of the study. “Recognizing that the home visitors, for example, are not doing a 10-hour a week job, and that they are working part time and need to be paid for that. In the education

sector there are non-formal preschool programs that are also run by a community mother, trained by a teacher. They are paid a lot more than Cuna Más home visitors for a 20-hour workweek and don't spend time travelling between homes. That's also considered volunteer work, but there is recognition that the work takes more time.”¹⁰

Figure 2. Cuna Más Implementation



Note: Other aspects of program implementation, such as administrative and training teams at national and regional levels, are not represented in this figure.

Overstretched and underpaid staff who were unable to effectively fulfill their responsibilities would benefit from more compensation and technical support, the study concluded. Researchers offered several recommendations including, in the short term, increasing the length of contracts for staff,

reducing workloads, specifically for field supervisors, and providing additional training to home visitors. For the long term, they recommended steps to build a cadre of early childhood professionals who were compensated adequately and had the potential to advance in their careers. “By further strengthening and supporting the workforce, the program can improve efficiency and sustainability to achieve even greater impact and scale,” the researchers wrote.¹¹

Administrative Reforms

In 2017 and 2018, bureaucrats at Cuna Más instituted administrative changes in response to calls for improvements. Stipends for home visitors grew from 320 Soles/month to 460 Soles/month (roughly US \$94 to US \$136).¹² In the past, Field Supervisors were required to seek guidance from multiple subject matter “Specialists” (health, education, family engagement, etc.) to better support home visitors. As part of these administrative changes, and in order to streamline operations, teams of field supervisors began reporting to a single specialist, with expertise in all areas of early childhood development. “The recommendation we got was to strengthen the training and the follow-up process,” recalled Rommy Rios, former Director of Cuna Más. “We needed to support the Field Supervisors so they wouldn’t be burdened with the workload. We re-distributed the work at the level of the Regional Unit so that information and expertise could be taken to the field in a more direct way.”¹³ Other changes included providing additional training for home visitors on aspects like nutrition, in keeping with broader state priorities on malnutrition and anemia. The training plan was revised with specific guidance on aspects of development that should be promoted according to the stages of a child’s life. In addition, local management committees were given human and other resources to help reduce the administrative burden of running the program.

Over time, though, it became apparent to observers that reforms to the program during the Kuczynski government would remain incremental in nature, and challenges stemming from an under-prepared workforce and a centralized implementation structure would persist. It would take the fall of the Kuczynski government, the arrival of President Vizcarra, and the return of several key officials including Ariela Luna to usher in large-scale change in early childhood development.

Peru Combats Chronic Malnutrition

In the aughts and early 2010s, Ariela Luna, then working at the Ministry of Health, was one of the officials behind Peru’s successful bid to halve chronic malnutrition (or stunting) in less than a decade.

In 2006, Peru had one of the highest rates of stunting in Latin America. Despite having enjoyed rapid economic growth in the previous decade, the rate of stunting hovered around 28 percent. But in a remarkable turnaround, by 2016, the country had reduced the rate to 13 percent.¹⁴ During the same timeframe, other countries such as Senegal and Vietnam had also made advances in tackling chronic malnutrition, but the magnitude and rate of reduction in Peru far outstripped that of other nations. “We are the country that has reduced chronic malnutrition the fastest in the world,” said Luna. “The Peruvian model is being looked at by a lot of people in Africa, in Asia.”¹⁵

The model included several key elements.

1. Political Will

Between 2006 and 2016, four consecutive governments—running the gamut of political ideologies—prioritized reduction of chronic malnutrition. Civil society advocates first issued the clarion call on the dangers of stunting, and through concerted lobbying, elevated what was once an “invisible problem” in Peru to an important campaign issue in the 2006 election and each election thereafter.^f “Stunting became a sustained political priority and was treated as a serious human development issue. It was recognized as a social, economic, and health challenge. Successive governments showed their commitment to tackling the problem by setting a series of new and ambitious targets,” wrote the World Bank.¹⁶

2. Multisectoral, Results-Based Incentive Structure

Only interventions that had proven effective and were backed by rigorous evidence were chosen as part of the new strategy to combat stunting. Existing feeding programs that had not demonstrated results were either cut or combined with other services. Evidence that multisectoral approaches had shown results prompted the government to bring together the Ministries of Health, Education, and Social Assistance and others in a broad-based, multi-pronged strategy.

An important vehicle of service delivery called CRED (Control of Growth and Development for Infants and Children in Peru) was created. Operating through health centers, CRED supported parents in tracking a child’s development milestones through routine check-ups, etc., and providing home visits or center-based counseling on matters such as breastfeeding and handwashing. In addition, by leveraging services such as Juntos, the conditional cash transfer program, and tying cash payments to mothers taking children for vaccinations etc., the government was able to reach the most vulnerable families across the country.

Under a results-based budgeting mechanism introduced by the Ministry of Finance, regional governments were offered financial incentives to achieve targets by increasing provision of services. At the same time, the MEF aligned regional budgets based on rates of incidence. For example, Huancavelica, a region in the Andes, which historically had the highest rates of chronic malnutrition, for the first time, was allocated a budget commensurate to the challenge it faced.

3. Robust Information Systems and Focus on Communication

A clear roadmap for achieving goals was supplemented by robust and up-to-date data and monitoring systems at all levels of government. From conducting comprehensive surveys on child health

^f Civil society advocates banded together as part of the *Initiative against Chronic Infant Malnutrition*, a group of 18 Peruvian and international NGOs led by UNICEF, CARE Peru, and the Pan American Health Organization.

indicators, to creating a national registry for children under the age of six, information played a vital role. Similarly, a sustained communications campaign with the support of civil society and international partners helped increase awareness among parents.

In its decade-long push, Peru's fight against stunting was careful to remain agile and innovative. After Cuna Más was created, for example, both the home visiting and day care services were folded into the broader strategy to fight chronic malnutrition.^g

In March 2019, on the heels of her successes at the Ministry of Health, Ariela Luna, returned to MIDIS as Vice Minister, under the Vizcarra government. From her latest perch, it was clear the time to apply lessons learned from beating chronic malnutrition toward a comprehensive early childhood development strategy had arrived.

Childhood First: A Comprehensive Early Childhood Package

During this time, MIDIS Minister Paula Bustamente also returned to assume the position she had held between 2014 and 2016 under Humala. Five years earlier, in 2014, Bustamente, Luna, and other officials at MIDIS had embarked on a lengthy consultative process with other ministries on a topic close to their hearts: early childhood development. At the time, "we created a multisectoral commission on early childhood development because we saw a need," Bustamente recalled. "For example, we could have a situation where a parent went to his child's day care and the teacher said that the child was delayed walking. But when the parent took the child to the health center, he was told the child had no developmental delays... We realized that what we needed was agreement on the results we should see for every single child between the ages of 0 and 6, anywhere in the country."¹⁷ The result was a theory of change that outlined how to achieve a comprehensive and inclusive set of early childhood skills that were causally linked and backed by rigorous evidence from around the world.

Days before Humala left office, in July 2016, MIDIS succeeded in bringing together 11 other ministries and government entities to sign onto a series of guidelines for early childhood development known as "Primero la Infancia" (Childhood First).^h

1. Healthy birth
2. Secure attachment
3. Adequate nutrition
4. Effective verbal communication
5. Ability to walk alone
6. Self-regulation of emotions and behavior
7. Symbolic functioning—or cognitive ability to picture objects not in sight

^g This, for example, included targeting area where rates of chronic malnutrition were high and later adding elements on nutrition to the home visiting curriculum.

^h Ministries included MIDIS, Health, Education; Economy and Finance; Women and Vulnerable populations; Labor and Employment; Energy and Mines; Culture; Justice and Human Rights; and Housing, Construction, and Sanitation. Other government entities included offices of the President and the Prime Minister.

But soon after, Bustamente and others were replaced by other officials in the Kuczynski government. “When Kuczynski came in, those seven guidelines were ignored,” Bustamente noted. Among the first things Bustamente did upon returning as Minister in 2019, was to dust off *Childhood First*. “When I came back, I presented the guidelines to President Vizcarra,” she said. But this time, there was a big difference, she added. “We got not just the earlier 11 ministries, but also regional and local governments to sign on to the guidelines. That was very important because we could now have in a single territory; the mayor, Cuna Más, the health sector, the education sector and everybody else speaking the same language on early childhood. That was something we never had before.” As a result, local and regional leaders signed onto the *Territorial Agreement* on early childhood, which laid out the institutional framework for a decentralized and coordinated early childhood package of services to be implemented at all levels of government.

Together the regulations, *Childhood First* and the *Territorial Agreement*, signaled a broad-based willingness to make early childhood development a priority at all levels of government. In interviews with government officials and civil society partners on the consultative process that led to *Childhood First*, Gabriela Guerrero, an early childhood researcher found that the “focus on evidence not only gave solidity to *Childhood First*, but also helped resolve many discrepancies between sectors, because the guidelines were not about one particular sector, but about what the evidence suggested. Similarly, a participatory process, in which it was necessary to work intensively, and during which all sectors were committed, seems to have contributed to a sense of ownership of these guidelines,” Guerrero wrote. “Although the process was led by MIDIS, technicians from other sectors of the state such as the Ministry of Education or the Ministry of Health also felt represented.”¹⁸

Crucially, *Childhood First* identified more than 40 interventions (that spanned several ministries) associated with the seven results, as well as a robust set of indicators for monitoring and evaluating them. In order to establish a baseline and monitor progress on these indicators, Peru’s National Institute of Statistics expanded its annual Demographic and Family Health Survey to include specific data on early childhood so far not collected, but that had been identified as a priority under *Childhood First*. “This might have been one of the biggest national surveys in the world in regard to early childhood development,” Luna said. “For the first time we have a national baseline. Data on safe attachment; chronic malnutrition; chronic anemia; vocabulary and communication disorders; motor skills; emotional regulation; symbolic function, everything.”

Results-Oriented Services

With the regulatory structure in place, Luna and colleagues set in motion a plan to implement *Childhood First and the Territorial Agreement* by enlisting the Ministry of Economy and Finance (MEF), their longtime partners in the fight against chronic malnutrition.

In 2019, MEF began consultations with government partners to prioritize a subset of programs and interventions identified in *Childhood First*. “In countries like ours, the main challenge is to link the public budget to results, especially when we're talking about interventions with little political capital,” said

Lucho Cordero, a retired official and one of the architects of the MEF's results-based incentive budget tool.¹⁹

To Cordero this reality became evident when he was working on the campaign against chronic malnutrition. "On the one hand we had vaccinations that had a lot of political capital and on the other we had CRED, which was basically education, and didn't have political capital. This is when we realized that the MEF had an important part to play. Budget rules, for example, are very important and can be used for interventions that don't have much political capital. The first objective of aligning budgets with results is to achieve better allocation of resources."

But Peru soon learned that better allocation of resources alone was not enough. "Realigning the budget was just the first part," Cordero added. "It didn't address the implementation challenge. That's why the second objective in our logic of aligning budgets to results is to connect the budget to implementation." Under CRED, for example, regional health centers received incentives for better management of resources as well as incentives for increasing coverage. "It's designed as a prize rather than a punishment," he explained.

Cordero, serving as a consultant to the MEF was tasked with adapting the results-based incentive methodology to the comprehensive early childhood package. This time, however, the mandate was bigger in scope than the campaign against chronic malnutrition. It called for a greater degree of multisectoral coordination, better coordination of services and programs across 11 ministries, reduction or elimination of programs that were not effective, as well as the potential creation of new programs and services. For 2020, based on inter-ministerial consultations, the MEF identified 15 of the 40 *Childhood First* interventions, with a combined annual budget allocation of 2 Billion Soles (roughly \$500 million) as the first phase of the new early childhood budgetary framework. Over time the framework would grow in size to cover a greater number of early childhood evidence-based programs, with the eventual goal of serving every child under the age of 6 in Peru. In late 2019, MEF awaited Presidential approval of the budgetary framework, after which it would become a permanent feature of the nation's annual budget and relatively immune to drifts in political priorities.

"Our strength is in the marriage with the MEF," said Ariela Luna, Minister of MIDIS. Overall, policymakers agreed that a partnership with the MEF offered the comprehensive package two distinct advantages. First, the convening power of Ministry of Finance, and second the precondition that partners engage in a rigorous results-oriented methodology could help tear down typical obstacles to multisectoral coordination. "The real benefit of working like this is the multisectorality," said Lina Arenas at the MEF. "It is the portfolio that allows you to carry out multisectoral programs. I'm not saying it's easy for the MEF, but it is easier than if other ministries were to do it."²⁰

Cuna Más Receives a Face Lift

In the MEF-led inter-ministerial consultations, an important element of the decision-making revolved around the idea of a primary ministry for each intervention. "We need to ensure there is coordination between all sectors," said Arenas at the MEF. "Sometimes for one service, there can be

more than one sector involved. In order to align and not duplicate tasks, we need to coordinate with all of them.” For home visiting, an integral part of the comprehensive early childhood package, it was determined that MIDIS would be responsible.

In many ways, MIDIS was the clear choice. Cuna Más, the biggest home visiting service in the country, had reached more areas than any other social program, with a track record of good results and cost-effectiveness. “Cuna Más was like a laboratory,” said Patricia Balbuena Vice Minister of Social Programs at MIDIS. “It was where we designed the home visit model, where we tested it, and where we proved that it works.”²¹

Under the requirements of the comprehensive package, however, Cuna Más would undergo an overhaul in order to incorporate two requirements. The first called for a fundamental shift to the original model and achieving the second had proven challenging from the program’s early days.

1. The program would have to integrate elements from other home visiting services operating under the Ministries of Health and Education, etc., into a unified, consolidated service.
2. The program planned to eventually serve all pregnant women and children under five, anywhere in the country through a decentralized governance structure. In the medium term that would call for scaling up from 110,000 families to more than 1 million families living in poverty, in both rural and urban areas.

An Integrated Home Service

Box 2. Typical Cuna Más Home Visit

Home visitors follow a standard and detailed curriculum with age-specific activities to cover topics including play, communication, stimulation, hygiene, nutrition, breastfeeding, other feeding, and non-violent discipline.

A typical visit includes the following:

1. Welcome and discussion on how family and child are doing and recap of past week’s activities;
2. Home visitor observes caregiver and provides guidance and encouragement on healthy feeding practices etc.;
3. Play session between caregiver and child;
4. Storytelling or songs; and last,
5. Home visitor provides feedback to caregiver and establishes goals for next week.

The new home visiting model would have to revise the curriculum to integrate other critical elements on health, education, sanitation, etc., while ensuring the total length of each visit remained an hour long.

Discussions on the elements an integrated home visiting model would include quickly turned into one of the most contentious issues in the inter-ministerial discussions. Peru had a long history of home visiting programs. The government alone ran a variety of home visits through three different ministries: MIDIS, the Ministries of Health, and Education. “Imagine a territory that that is served by the Ministry of Health as well as Cuna Más,” said Alexandro Saco Executive Director of Health Promotion at the Ministry of Health. “A Cuna Más visitor sees a family and the Health Ministry visitor sees the same family. The family basically receives two visits. The health visitor cares that the child is healthy. Cuna Más operates on a different logic; they look at care and at attachment. That’s where there was disagreement, because each Ministry has its own institutional goals and organizational culture.”²²

Six sectors were involved in the design of an integrated home visit: Health, Education, MIDIS, Culture, Housing, and Vulnerable Populations. “What we want to see is that only one person from the government is going to a child’s home,” said Ariela Luna. “That person is working on various aspects, for example, drinkable water, anemia, and language development.”

Despite initial hurdles, by the end of 2019, there was agreement on the frequency of the visits. The new comprehensive home visit would support pregnant women and children from the ages of 0 to 36 months. For the first 12 months of the child’s life, visits would be once a week. Between 12 and 24 months, visits would take place once every two weeks and between the months of 24 and 36, visits would be conducted once a month. Process decisions, including what would be included in the content of the home visit etc., were, however, still under debate. “Cuna Más has its own visitors, Health has its own visitors, and Education its own,” said Laura Veramendi at the Ministry of Health and one of the officials involved in negotiating home visit content. “Which ones are going to continue, and which ones are not going to continue? Those decisions will translate into budget, into staff, into training, and supplies.”²³

With differences in stipends, staff profiles and implementation models, consolidating multiple home visiting models promised to be a complex process. “One of the biggest tasks is going to be to change the mindset of people implementing the program,” said Dora Ruiz former Cuna Más official, “They have already been trained in a methodology and they have a different way of thinking. Changing the methodology implies retraining the people that have already been trained.” Still, many were excited about the opportunity to create a truly comprehensive, evidence-based home visiting strategy, that built on Cuna Más’s successes. The revamped program had the potential to become the “star product” of the comprehensive package, Ariela Luna noted.

Decentralized Implementation

As part of the comprehensive package, local governments would receive funding directly from MEF to deliver early childhood services, compelling a shift in Cuna Más’s implementation structure.

Cuna Más, like most other social programs in the country, was financed by the same results-based budgeting mechanism which made funding conditional on achieving specific targets. But funds flowed from MIDIS at the national level to the Management Committees at the local level. The Management

Committee served as a voluntary unit that operated with the cooperation of the municipal government, but, for example, was not directly run by the local mayor.

In the early days of the program, when Cuna Más was looking to grow, MIDIS attempted to involve local governments. “We contacted about 80 to 100 districts,” recalled Dora Ruiz, who served at MIDIS during that time. “Maybe three or five answered. Most were not interested.” Yet, pressure to scale up quickly prompted Cuna Más to develop a “co-management” model, which enabled rollout in districts without having to rely on local governments to undertake implementation.¹

Critics had long argued that one of program’s biggest impediments to scale was the lack of closer cooperation with local governments. “For the program to be decentralized, it would have to talk to all levels of government,” said Rommy Rios, former Director of Cuna Más. “In Cuna Más, the central government is the one that makes the plans, sets the goals, chooses where the staff will operate. The Regional unit and Management Committees just administer what the central government tells them,” without necessarily coordinating with their government counterparts. “Decentralizing the program would mean touching all the levels of government and having them talk with each other.”

According to Luna, Cordero and other senior officials, locating the comprehensive package within local governments was likely to strengthen the home visiting intervention’s ability to target beneficiaries and foster better conditions for scale. For example, Cuna Más monitoring data indicated that less than 1 percent of children receiving home visits were under three months old.²⁴ In addition, families that were located in more remote areas were less likely to receive the service. “Our conclusion was that Cuna Más was arriving too late for interventions like attachment or interventions that have to do with exclusive breastfeeding,” Cordero said. “What we needed was better implementation to identify children and better implementation to reach more remote locations.” By empowering local governments with the authority to hire staff, manage funds, and determine how it would increase coverage, the architects of the comprehensive package were looking to circumvent prior challenges to scale and implementation seen under Cuna Más.

Testing the Hypothesis

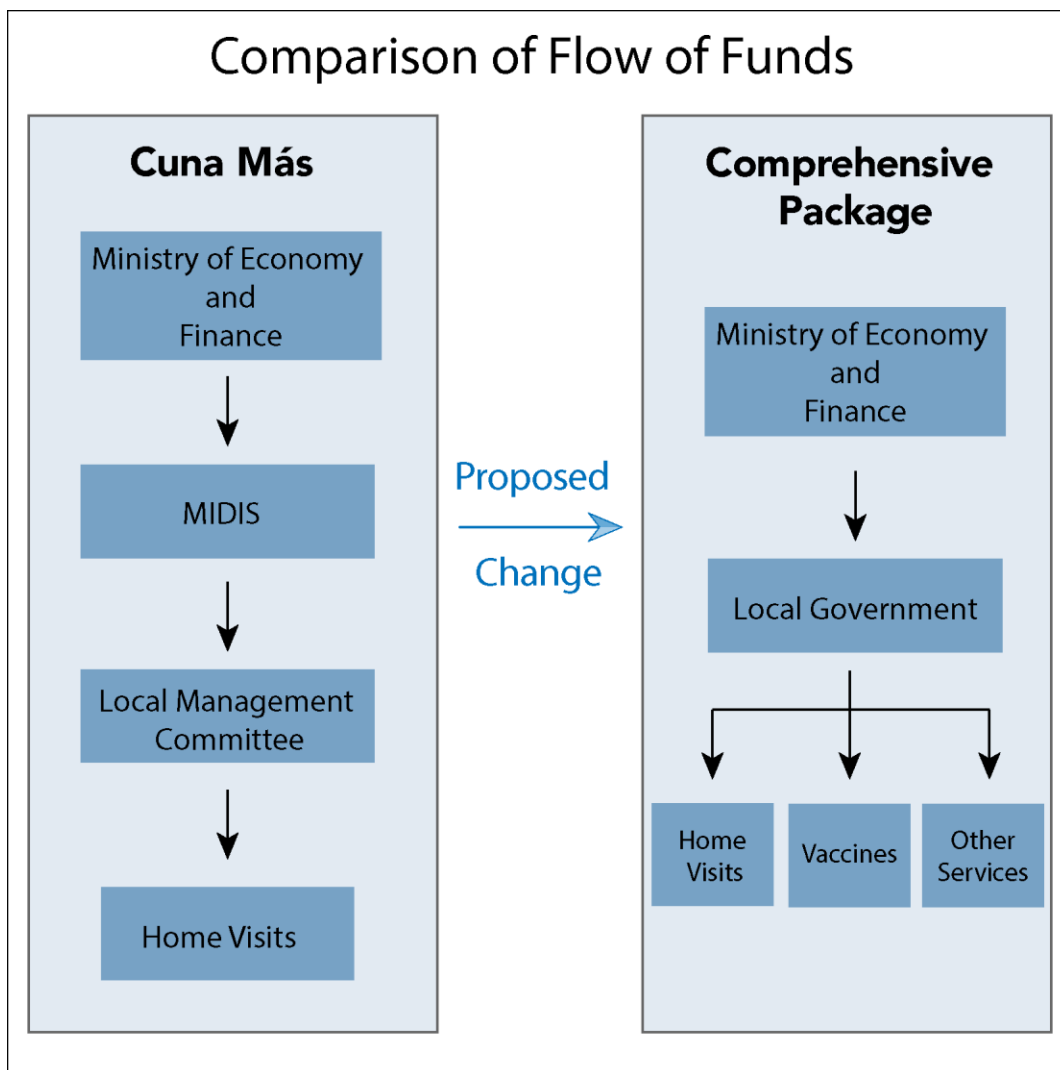
Before mandating large-scale restructuring, though, Cordero and MEF wanted to test the hypothesis that local governments were better suited to implement home visits. Leveraging President Vizcarra’s focus on anemia, Cordero et al. designed a short-term targeted home visiting program to deliver iron supplements. In early 2019, the Ministry of Health mandated that local governments hire and train home visitors to serve all children under the age of one, living in poverty. Once a week a health worker would arrive at a child’s home and administer the supplement. The program was launched in 865 municipalities (rural and urban) across the country.²⁵ Local governments received funds from MEF to

¹ Such “co-management” models were more common in MIDIS, unlike in the Ministries of Health and Education, where programs were implemented directly through regional and local governments.

achieve prespecified targets, along with a points-based financial incentive mechanism designed to increase coverage. In essence, a prototype for the comprehensive early childhood package.

In its first month alone, the program reached 20,000 children across the country, roughly 15 times greater than Cuna Más’s coverage for the same age group.²⁶ “What we wanted to see was if local governments can achieve larger coverage and can reach kids earlier,” Cordero said. “And we proved that they could.”

Figure 4. Comparison of Flow of Funds between Cuna Más and the New Comprehensive Package



View from the Ground

For government officers serving at the regional and local levels, a comprehensive early childhood package was both exciting and daunting. Officials in the Andean region of Huancavelica and the Amazonian region of Iquitos agreed that while the issue of early childhood development had galvanized

provincial and district leaders, several implementation challenges would need attention to ensure sustainability.²⁷

- **Governance Capacity:** In order to deliver the package of early childhood services, the capacity of municipal governments to administer programs and coordinate with their regional counterparts would need to be strengthened, officials said. While local mayors might be attracted to the results-based incentive budget, community leaders would also have to prioritize early childhood development, they said. “We need local leaders to understand how important early childhood development is,” said Pedro Yauri, Director of Health Promotion and Territorial Management in Huancavelica. “Until then, they will keep investing in infrastructure, sport venues, and things that are more visible.”²⁸

In addition, a comprehensive package that by its design required multisectoral coordination, would place new demands on already overstretched local and regional staff, officials said. Regional governments, in particular, would benefit from additional resources and training to facilitate multisectoral coordination at the regional, provincial, and municipal levels.

- **Human Resources:** Peru’s longstanding challenge of lack of human resources, especially in rural and remote areas would pose additional challenges. Reforms made to Cuna Más in 2017-18, such as decreasing the workload of field supervisors and increasing stipends for home visitors had helped reduce turnover, but for municipalities to serve all poor and vulnerable children, more qualified staff with comprehensive knowledge of early childhood was critical, the officials noted. Many experts, for example, advocated for creating career pathways for home visitors. A trained and certified home visitor was likely to enhance the quality of home visits but would also impose additional burdens on the budget (see Box 3 on Cost Effectiveness²⁹).

Box 3. Cost Effective Home Visits

Cuna Más, in large part because of the results-based budgeting mechanism, had remained cost-effective. In 2019 with an annual budget of 150 Million Soles, the program served 110,000 children and families. At an average cost of 1360 Soles/family or roughly US \$400.

Longtime challenges of improving quality and increasing training were still being addressed. Hiring more trained staff, for example, would require additional resources, as would any new mechanisms established to ensure quality.

Under the MEF’s budgetary framework, the new home visiting model would serve poor and vulnerable families all over the country but demands to be cost-effective were likely to compete with requirements to deliver an effective model. Among the cost-saving measures under consideration were conducting visits for children two and older in groups at community centers.

- **Information Systems:** Accurate data and reporting systems were critical for the results-based budgeting system, officials said. In particular, the registry of children under 6, on which all early childhood programs depended, was notoriously unreliable. Known as the Nominal Registry (*Padron Nominal*), the census database for young children was created in 2012 to improve targeting for vulnerable children. Since then, several incentives offered by the Ministry of Health and MIDIS prompted widespread use of the registry and facilitated increased capture of data on families that lacked national identification. Local governments were responsible for updating the registry, but over the years, lack of funding and training often meant the registry was not updated on a regular basis. Discrepancies in the registry were of greater concern in urban areas where high rates of mobility among poor families made it difficult to establish initial contact and provide ongoing home visits.

Similarly, each ministry was home to complex information systems, but there was little interoperability between them. Databases maintained by the Ministry of Health could prove useful for MIDIS to eliminate leakage or duplication, for example, but there were no mechanisms yet to facilitate intersectoral information sharing.

Cuna Más's own monitoring systems were also potentially not up to the task, officials noted. While the program collected robust data on the families served and milestones met, technical staff did not yet have the ability to record information on quality of home visits.

Covid-19 Rocks Peru

Luna et al. conceded that more work remained at all levels of government—from awareness raising workshops to facilitating multisectoral collaboration. In 2020 the plan was to pilot the comprehensive package in 100 districts, before expanding to the rest of the country.³⁰

But in March that year, the government was forced to switch gears as it braced for the impact of the novel coronavirus known as Covid-19, a pandemic tearing through countries at astonishing speed. President Vizcarra was one of the first Latin American leaders to take swift and efficient action to combat Covid-19. In mid-March, on the heels of the first confirmed case, he announced the strictest lockdown in Latin America and coupled it with a generous economic package designed to encourage Peruvians to stay home and prevent the spread of the virus. At the same time, his administration ramped up testing, increased the number of hospital beds and ventilators, and made health data easily accessible. Public health experts in Peru and around the globe lauded Vizcarra's timely actions. Yet, within weeks the country emerged as one of the biggest virus hotspots, with the highest Covid-19 related mortality rate.³¹ As the nationwide lockdown continued, the economy underwent a significant downturn, but infections and deaths continued to rise and many urban poor, unable to make ends meet, began to flout lockdown rules and return to their rural home communities, creating an additional humanitarian challenge. "Results haven't been exactly what we expected," Vizcarra noted in May. "This isn't just a health or sanitary crisis, but a social and economic crisis without precedent."³²

Public Policy to Stay the Course

Among other things, Covid-19 compelled Peru's ministries to abruptly halt their ambitious plans for the comprehensive early childhood development strategy and focus on mitigating the negative consequences of a rapidly spreading virus among poor and vulnerable families. For example, when unable to conduct their regular home visits, Cuna Más home visitors pivoted to providing personalized guidance to mothers and children on everything from nutrition to preventing Covid-19 via phone calls and WhatsApp messages. In addition, MIDIS introduced a new Covid-19 related cash transfer for those living in extreme poverty and enlisted Cuna Más frontline staff to distribute food baskets to communities in need. Other ministries similarly modified programs in an attempt to stem related health, food, security, and learning crises.

After several trying months, there was somber recognition among policymakers that the pandemic had already turned back the clock on Peru's fight against poverty. The Covid-19 pandemic was expected to plunge millions more into poverty. To further complicate matters, in November 2020, political brinkmanship gripped Peru's corridors of power. The popular President Vizcarra was impeached by an opposition-led Congress on charges of corruption. Leader of the Congress, Manuel Merino was appointed interim President, but within a week Merino resigned and was replaced by Francisco Sagasti, another Congressman, who was expected to serve until elections slated for April 2021.

During another bout of political upheaval, in December 2020, the government announced its annual budget allocations for 2021, where it prioritized education, health, and social protection programs to combat the short and long-term effects of Covid-19, including a significant allocation for early childhood interventions.³³ In the midst of a devastating pandemic and political chaos, it was perhaps easy to forget that within the span of a decade, a group of committed officials had paved the way for early childhood to become an integral part of Peru's development policy. Despite the pandemic induced setback, and whatever the outcome of Presidential elections, there was little concern among officials that commitment to early childhood would wane. On the contrary, early childhood development was seen as key to sustaining and building on the country's hard-won social and health gains. "The difference between now and when Cuna Más first started is that we have a lot more information on early childhood development now," said Regina Morimozato, founder of Red Suma a nonprofit supporting capacity building of local governments. "We know what works and it's going to be very difficult for any government to say that they are not going to focus on early childhood."³⁴

Appendix 1. Cuna Más: Summary of IADB Evaluation and GRADE Report

IADB Evaluation	
Research Questions	What are the impacts of Cuna Más home visits on cognitive, language, and social development of children under two years of age?
Evaluation Method	Compared children in communities that had randomly received home visits with children in communities that did not. Findings based on baseline and endline surveys in treatment and control groups.
Sample Size	<ul style="list-style-type: none"> • 5,800 children under the age of two • 180 communities; 120 in treatment and 60 in control
Regions Covered	Amazonian and Andean regions: 12 in total
Timeframe	2013-2015 (approximately 24 months)
Findings	<ul style="list-style-type: none"> • Impact of Cuna Más was roughly equal to reducing the rich-poor gap in communication skills by 35% and equal to reducing the rich-poor gap in problem-solving skills by 18%. • Researchers found “robust impacts on cognitive and receptive language development,” but reported challenges in implementation and in quality of home visits.

GRADE Report	
Research Questions	<p>Examine sustainability and scale up of home visiting service, with focus on challenges and opportunities experienced by regional and frontline staff who deliver the program.</p> <ul style="list-style-type: none"> • What are perceived successes of the program according to workers? • What are challenges to implementation in relation to workforce development?
Research Method	In-depth interviews and focus groups of regional and frontline staff. Additional literature review of program documents, etc.
Respondents	50 regional and frontline staff including home visitors, technical, and supervisory staff in regional units.
Regions Covered	1 Amazonian region and 1 Andean region; 2 in total
Timeframe	Interviews and focus groups conducted in 2017
Findings	<ul style="list-style-type: none"> • Staff motivation high but noted feeling overworked and turnover was high. • Researchers recommended increasing length of staff contracts, reducing workloads, and providing additional training to home visitors. They also recommended improving monitoring to ensure adequate materials and supplies and additional training to clarify roles and responsibilities among community actors.

Endnotes

¹ Data provided by Cuna Más.

² Ibid.

³ Unless otherwise stated, all quotes attributed to Dora Ruiz were drawn from an interview with the author on December 6, 2019.

⁴ M.C. Araujo, M. Dormal, & M. Rubio-Codina, *Resultados de la evaluación de impacto del Servicio de Acompañamiento a Familias del Programa Nacional Cuna Más*, 2016, available at: https://www.mef.gob.pe/contenidos/presu_public/ppr/eval_indep/informe_resultados_cuna_mas.pdf, accessed on April 2, 2020.

⁵ Ibid.

⁶ Ibid.

⁷ Data provided by Cuna Más.

⁸ Unless otherwise stated, all quotes attributed to Alex Rivera were drawn from an interview with the author on December 6, 2019.

⁹ K. Josephson, G. Guerrero, and C. Coddington, *Supporting the Early Childhood Workforce at Scale: The Cuna Mas home visiting program in Peru*, Washington, DC: Results for Development, 2017.

¹⁰ Unless otherwise stated, all quotes attributed to Gabriela Guerrero were drawn from an interview with the author on December 3, 2019.

¹¹ K. Josephson, G. Guerrero, and C. Coddington, *Supporting the Early Childhood Workforce at Scale: The Cuna Mas home visiting program in Peru*, Washington, DC: Results for Development, 2017.

¹² Ibid.

¹³ Unless otherwise stated, all quotes attributed to Rommy Rios were drawn from an interview with the author on December 3, 2019.

¹⁴ A. Marini, & C. Rokx with P. Gallagher, *Standing Tall: Peru's Success in Overcoming Its Stunting Crisis*, World Bank, 2017.

¹⁵ Unless otherwise stated, all quotes attributed to Ariela Luna were drawn from an interview with the author on December 5, 2019.

¹⁶ A. Marini, & C. Rokx with P. Gallagher, *Standing Tall: Peru's Success in Overcoming Its Stunting Crisis*, World Bank, 2017.

¹⁷ Unless otherwise stated, all quotes attributed to Paula Bustamente were drawn from an interview with the author on December 3, 2019.

¹⁸ G. Guerrero, *Perú: Informe de Progreso de Políticas de Primera Infancia. Grade and El Dialogo*, 2019, available at: Guerrero_PrimerInfancia_DialogoGRADE.pdf, accessed on March 18, 2020.

¹⁹ Unless otherwise stated, all quotes attributed to Lucho Cordero were drawn from an interview with the author on December 11, 2019.

²⁰ Unless otherwise stated, all quotes attributed to Lina Arenas were drawn from an interview with the author on December 11, 2019.

²¹ Unless otherwise stated, all quotes attributed to Patricia Balbuena were drawn from an interview with the author on December 3, 2019.

²² Unless otherwise stated, all quotes attributed to Alexandro Saco were drawn from an interview with the author on December 3, 2019.

²³ Unless otherwise stated, all quotes attributed to Laura Veramendi were drawn from an interview with the author on December 11, 2019.

²⁴ Data provided by Cuna Más.

²⁵ Data provided by Ministry of Health.

²⁶ Data provided by Cuna Más.

²⁷ Based on interviews with officials in Iquitos and Huancavelica serving in Cuna Más, Ministry of Health and Regional Government offices.

²⁸ Unless otherwise stated, all quotes attributed to Pedro Yauri were drawn from an interview with the author on December 9, 2019.

²⁹ Data provided by Cuna Más.

³⁰ Data provided by MIDIS.

³¹ UNICEF Peru COVID-19 Situation Report No. 8, October 31, 2020, available at: <https://reliefweb.int/report/peru/unicef-peru-covid-19-situation-report-no-8-31-october-2020>, accessed December 1, 2020.

³² Mitra Taj and Anatoly Kurmanaev, "Virus Exposes Weak Links in Peru's Success Story," *New York Times*, June 12, 2020.

³³ "Gobierno promulgó presupuesto del 2021 por S/ 183,029 millones," *El Peruano*, December 7, 2020, available at: <https://elperuano.pe/noticia/110352-gobierno-promulgo-presupuesto-del-2021-por-s-183029-millones>, accessed December 7, 2020.

³⁴ Unless otherwise stated, all quotes attributed to Regina Moromizato were drawn from an interview with the author on December 6, 2019.