



SUPPORTING THE EARLY
CHILDHOOD WORKFORCE AT SCALE

The Cuna Más home
visiting program in Peru

EARLY CHILDHOOD WORKFORCE INITIATIVE

The **Early Childhood Workforce Initiative (ECWI)** is a global, multi-sectoral effort to mobilize countries and international partners to support and empower those who work with families and children under age 8. This initiative is jointly led by Results for Development (R4D) and the International Step by Step Association (ISSA), and supported by a consortium of funders including Bernard van Leer Foundation, Open Society Foundations, ELMA Foundation, and Jacobs Foundation. This study is the first in a series taking a country lens to analyze the challenges and opportunities for achieving a quality early childhood workforce at scale.



This study was a collaborative effort by **Results for Development (R4D)** in Washington, DC and the **Group for the Analysis of Development (GRADE)** in Lima, Peru. For R4D, the work was led by Kimberly Josephson and Catherine Coddington, under the general guidance of Michelle Neuman, Mark Roland, and Nicholas Burnett. For GRADE, the work was led by Gabriela Guerrero. Milan Thomas and Robert Francis carried out the costing work for R4D.

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Acronyms

AT	Cuna Más technical companion (acompañante técnico)
CG	Cuna Más community-level management committee (comité de gestión)
ECD	Early childhood development
IDB	Inter-American Development Bank (Banco Interamericano de Desarrollo)
MEF	Ministry of Economy and Finance (Ministerio de la Economía y Finanzas)
MIDIS	Ministry of Development and Social Inclusion (Ministerio de Desarrollo e Inclusión Social)
MIMDES	[Former] Ministry of Women and Social Development (Ministerio de la Mujer y Desarrollo Social)
MIMP	Ministry of Women and Vulnerable Populations (Ministerio de la Mujer y Poblaciones Vulnerables)
MINEDU	Ministry of Education (Ministerio de Educación)
MINSA	Ministry of Health (Ministerio de Salud)
PNCM	Cuna Más program (Programa Nacional Cuna Más)

I. Executive Summary

Early childhood development (ECD) policies and programs targeting young children and families, such as home visiting interventions, can positively impact a child's development and lead to long-term health, education, and social benefits. These programs employ numerous professionals, paraprofessionals, and volunteers. A growing body of evidence demonstrates that it is essential for this early childhood workforce to be highly prepared and well-supported to ensure that young children have a strong foundation for healthy development and future success. Yet across sectors and countries, inadequate training, burdensome workloads, lack of supervision, poor wages, and other adverse conditions threaten the motivation and capacity of this workforce.^{1,2,3,4} The Early Childhood Workforce Initiative (ECWI) is a global effort to support practitioners. Under ECWI, a series of country studies will examine ways to strengthen and scale up a quality workforce. This first study focuses on Cuna Más, a large-scale ECD program in Peru that operates a home visiting service in rural areas. Home visiting is often used to reach vulnerable young children as well as their caregivers. Interventions typically involve regular, structured visits by a trained individual to a caregiver and child to improve parenting behaviors, the home environment, and impact child outcomes. The Cuna Más home visiting service enjoys relatively high coverage and early results are promising: a recent impact evaluation by the Inter-American Development Bank (IDB) found large effects on children's cognitive and language development. However, operating at scale presents challenges to quality and sustainability.⁵

This study is intended for **home visiting program managers who want to understand the implementation challenges facing the workforce and learn how to overcome them.** The country-level analysis and actionable policy recommendations in the study will be useful also for **policymakers who want to improve the quality and scale of ECD services.**

OVERVIEW OF CUNA MÁS AND THE HOME VISITING SERVICE

Cuna Más is a large-scale ECD program established by the Ministry of Development and Social Inclusion in 2012 on the basis of the former Wawa Wasi program. Cuna Más aims to support the holistic development of children under three living in poverty, improve families' childrearing knowledge and practices, and strengthen attachments between caregivers and children.⁶ A daycare service (*Servicio de Cuidado Diurno*) in marginalized urban areas provides comprehensive care to children aged 6 to 36 months and a home visiting service (*Servicio de Acompañamiento a Familias*) in rural communities delivers individual weekly visits and monthly group sessions for children under three and their primary caregivers, as well as pregnant women.⁷ Cuna Más operates at central, regional, and local levels. Locally, Cuna Más operates under a voluntary, co-management model between the government and communities, where the latter are empowered to participate in program decision-making, monitoring, and general operations.

¹ ILO. (2013). *ILO policy guidelines on the promotion of decent work for early childhood education personnel*. Geneva: International Labour Office, Sectoral Activities Department.

² Jaskiewicz, W. & Tulenko, K. (2012). "Increasing community health worker productivity and effectiveness: a review of the influence of the work environment." *Human Resources for Health* 10(38).

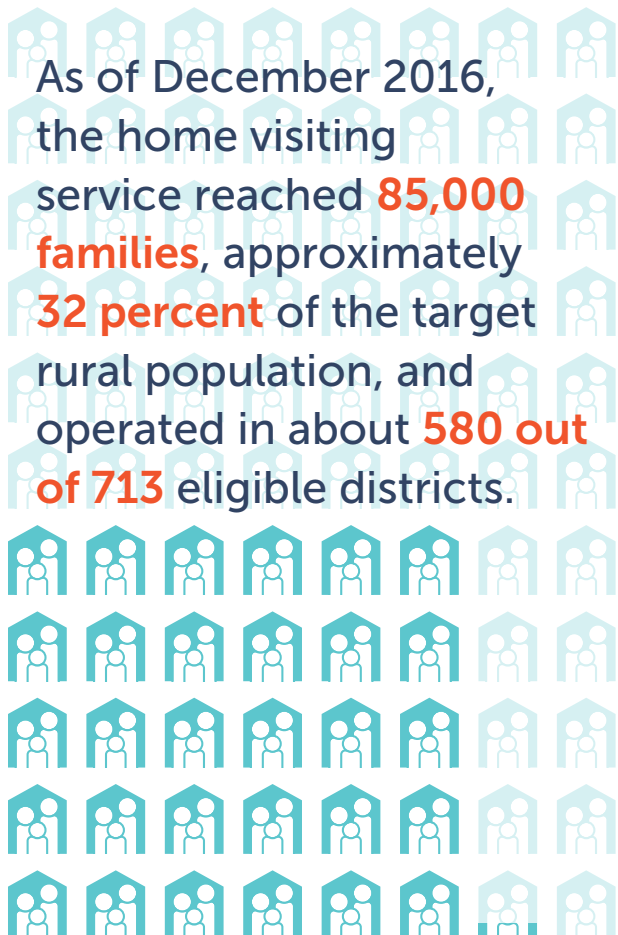
³ Davis, R. (2009). *Human capacity within child welfare systems: the social work workforce in Africa*. Washington, D.C.: USAID.

⁴ Neuman, M. J., Josephson, K., & Chua, P.G. (2015). *A Review of the Literature: Early Childhood Care and Education (ECCE) Personnel in Low- and Middle-Income Countries*. Paris: UNESCO.

⁵ Between 2013 and 2015, the IDB conducted an impact evaluation of the home visiting service to measure its effect on child development, leveraging the program's expansion to randomly assign children to treatment and control groups. Despite positive findings, the IDB did identify ongoing challenges to implementing this program at scale (Araujo et al., 2016). See section IV of the full report.

⁶ "Crean el Programa Nacional Cuna Más." (2012). *El Peruano*.

⁷ PNCM. (2015b). Plan Operativo Institucional (POI) 2016 (Reformulación): Resumen Ejecutivo. Lima: MIDIS.



As of December 2016, the home visiting service reached **85,000 families**, approximately **32 percent** of the target rural population, and operated in about **580 out of 713** eligible districts.

The home visiting service is implemented in rural districts with high incidences of poverty and stunting, primarily in Andean and Amazonian communities. As of December 2016, the home visiting service reached 85,000 families, approximately 32 percent of the target rural population, and operated in about 580 out of 713 eligible districts. Within targeted districts, one or more communities form *comités de gestión* (local management committees) and sign legal agreements of cooperation with the government; these *comités* monitor local operations and administer program resources.⁸ Together with local communities, they nominate individuals to serve as volunteer *facilitadoras* (facilitators) who make weekly, hour-long visits to participating families. For volunteering an average of 10 hours per week, *facilitadoras* receive a monthly

stipend of 380 *soles* (hereafter S/380), or a little more than US\$115.⁹ *Facilitadoras* also assist their supervisors, *acompañantes técnicos* (technical companions), during monthly group socialization and peer learning sessions among families to reinforce information provided during home visits.

Cuna Más operates a cascade model of training and support: central program staff train and monitor professionals at the regional level, these regional staff train and support technical teams and community actors, and community actors work with caregivers and children. Through its cascade model, Cuna Más builds the capacity of its workforce through induction and initial training, continuous training, and technical assistance. This study focuses on those directly responsible for delivering services to children and families, as well as their trainers and supervisors. For Cuna Más, these are community-level volunteers – *facilitadoras* and *comités* – and regional staff – *formadores* (trainers), *especialistas* (specialists), and *acompañantes técnicos* (indicated in blue in Figure 1).

The total cost of implementing the home visiting service was S/129 million in 2016,¹⁰ which equates to S/1,525 or US \$480 per family. The largest cost drivers are salaries and stipends for regional staff and community actors (about 60 percent of the total budget), followed by central program management costs (16 percent), and materials and resources for community actors (13 percent). Training and support costs and overhead for regional offices comprise the remainder of the budget.¹¹

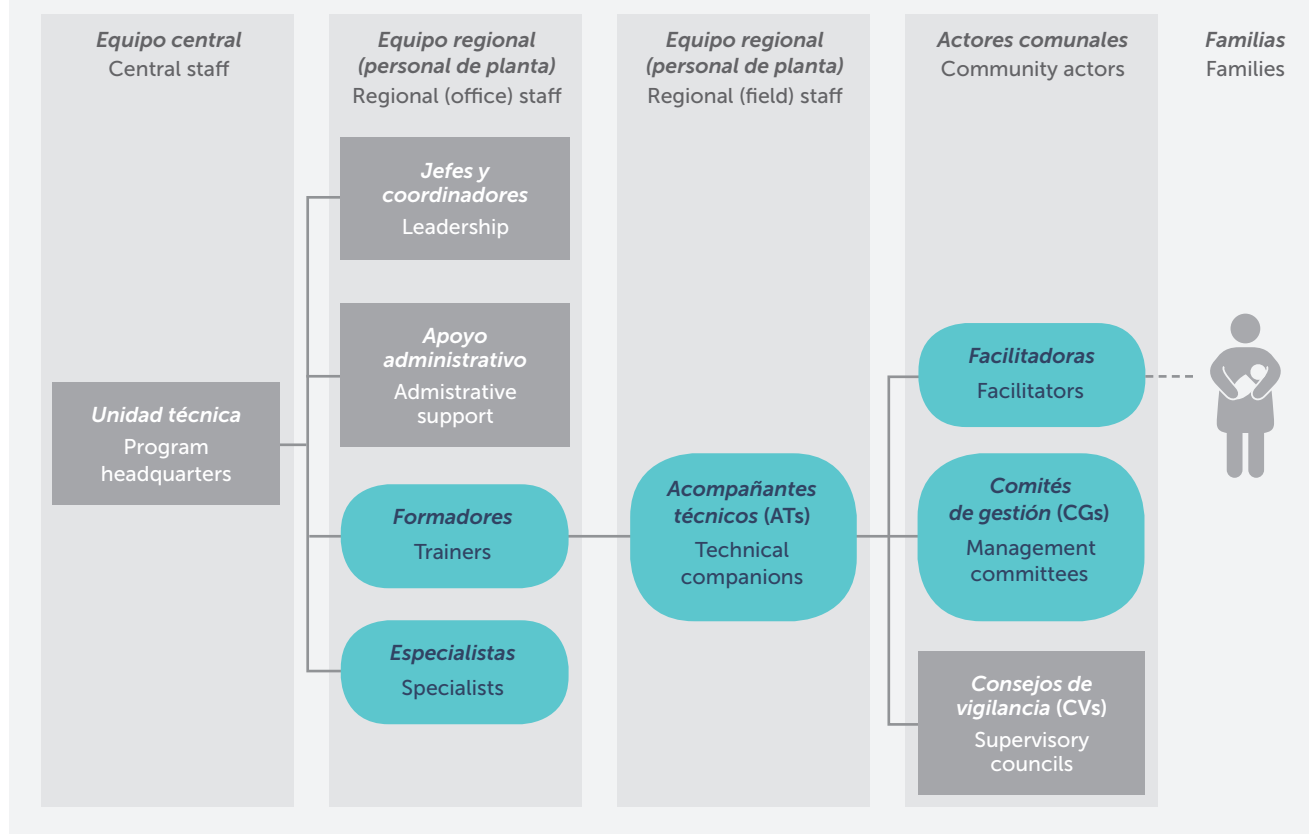
⁸ Local authorities monitor these operations and hold *comités* accountable for their use of program funds. However, when necessary authorities do not exist, communities have the option to form *consejos de vigilancia* (supervisory councils).

⁹ In early 2017, the program approved a small increase in *facilitadoras*' stipends, from S/360 to 380 per month.

¹⁰ Approximately US\$ 40.5 million, based on the World Bank's official 2015 exchange rate (LCU per US\$) of S/3.18 per 1 USD.

¹¹ Correspondence with the program.

EXECUTIVE SUMMARY FIGURE 1.
Structure of the Cuna Más home visiting service & workforce^{12,13}



RESEARCH AIMS AND METHODOLOGY

Difficulties recruiting and retaining qualified members of the Cuna Más home visiting workforce present a threat to sustaining program quality and expanding it to reach all vulnerable families in Peru. High turnover identified at multiple levels of this workforce can contribute to uneven service quality and disrupt the formation of stable and trusted relationships.¹⁴ This study's primary aim was to examine sustainability and scale-up of the home visiting service, with a focus on challenges and opportunities experienced by community actors and regional staff who are central to delivering the program. Based on challenges identified, a second aim was to make policy recommendations to promote and enhance sustainability of impact on a

larger scale. The following research questions guided this study:

What are perceived successes of the program according to these workers? What are challenges to implementation, regarding workforce development?

This study used a mix of qualitative and quantitative methods to address these questions. First, a comprehensive review of existing program documents was conducted. This was followed by in-depth interviews and focus group discussions between October 2016 and January 2017 with 50 workers across central, regional, and community levels, concentrated in two of 22 regions delivering the home visiting service. Following data collection, summaries and transcriptions from all interviews and

¹²For the five main roles studied, this report uses their Spanish titles to maintain fidelity to program terminology, while the author's English translations are used for remaining program terms.

¹³Icon in figure is "Motherhood" by Gan Khoon Lay from the Noun Project.

¹⁴Schodt et al. (2015).

focus group discussions conducted were reviewed. Analysis involved organizing information first by each role (*comités*, *facilitadoras*, *acompañantes técnicos*, and *formadores* and *especialistas*) and then by five themes: motivation and satisfaction, recruitment and responsibilities, workload and resources, training and support, and compensation and incentives. This study also involved an examination of the current costs of delivering the home visiting service and projecting the costs of expansion through 2025, when the program is expected to reach full coverage. This exercise involved three primary components: estimating the size of the eligible population, calculating variable and fixed program costs, and projecting these costs, including various expense scenarios, through 2025.

This study is not without limitations. The sampling framework was not meant to be representative of implementation nationally and, as such, results should be interpreted with caution and not generalized to the entire program. For example, while all available *formadores* and *especialistas* within the two selected regions were interviewed, the participation of *acompañantes técnicos* was more limited, as many were dispersed throughout their regions and located significant distances from program offices (as many as 8 or 9 hours by bus). In addition, for logistical reasons, a limited number of communities were sampled. While much of this study focuses on workforce retention, those who had already left Cuna Más – and could potentially provide rich information as to the main drivers of turnover and useful incentives for reducing this – were not interviewed. Finally, limitations with respect to available cost data may lead to an overestimation of cost projections.¹⁵

FINDINGS

Motivation & satisfaction

- **Across program levels, workers are motivated to do their job and see value and direct impact from their work on the lives of young children and families.** Regional staff and even community actors, who receive little or no compensation, expressed feeling committed to the program despite difficult working conditions.
- **Short-term contracts for regional staff create job insecurity.** Cuna Más staff at central and regional levels are employed with short-term contracts under a policy that applies to all public, social programs. Under this scheme, staff are initially hired under one-month contracts which, if they perform well, can be renewed for longer periods of two or three months. The longest contracts offered by the program are for six months, primarily offered to *formadores* and *especialistas*. For staff with significant workload and demanding objectives, this job insecurity creates significant pressure and has implications for recruitment and turnover.

Recruitment & responsibilities

- **Expanding the professional profile of *acompañantes técnicos*, by relaxing education and work experience requirements, has helped to ensure sufficient applicants and contributed to a more diverse cohort.** The program previously recruited only professionals, primarily in education or social protection, but faced persistent shortages of qualified individuals willing to work in the field or travel significant distances. The program now also hires those with technical backgrounds which, as regional staff shared, has created a more diverse pool of candidates who often have more experience working in rural contexts.
- **Confusing and occasionally overlapping roles and responsibilities at the local level can create a burden for community actors.** Conversations with community actors, and the regional staff who support them, revealed the structure of the program at the local level to be confusing, particularly between *comités de gestión* – who administer program resources and monitor local operations – and *consejos de vigilancia* – an optional body communities can establish to then monitor the *comités*. Given their volunteer status, confusing roles and demands placed on these individuals may have implications for the consistency of local service delivery.

¹⁵See section VII of the full report for more detail on the methodology and limitations of this study.

Workload & resources

- **The heavy workload of community actors, particularly *facilitadoras*, and regional staff can prevent them from fully carrying out their responsibilities or doing so effectively.** *Facilitadoras* work twice the number of hours stipulated by the program, effectively working part-time despite their voluntary status and limited compensation. *Acompañantes técnicos* work long and intensive hours in the field each month, which can hamper their ability to practice with their own families the behaviors they promote in their work. Turnover in this role remains an issue with wide-reaching consequences for other regional staff, who must train replacements or take on additional communities until a vacancy is filled, and community actors, who see a significant reduction in support. Finally, expansion of the scope of *formadores*' and *especialistas*' roles limits the support they can provide. Relying on individuals to continually work extra hours and take on more responsibilities can be problematic for long-term sustainability.
- **Insufficient and/or inadequate materials and resources create challenges and a financial burden for volunteer community actors, especially *facilitadoras*.** Incomplete or deteriorating educational and play materials can lead to *facilitadoras* feeling frustrated, spending additional time making materials from scratch, and even spending their own money on supplies. Together with other limited resources (i.e. weather gear and uniforms), these challenges highlight the importance of relatively small inputs for supporting and motivating community volunteers.
- **Traveling to remote communities is expensive, and paying out of pocket to initially cover these costs creates additional burden for *acompañantes técnicos*.** While *formadores* and *especialistas* receive transportation funds prior to carrying out field work each month, *acompañantes técnicos* must pay out of pocket and submit receipts for reimbursement that account for each *sol* spent, alongside proof they accompanied each *facilitadora* on a visit twice that month. Whereas the program uses these transportation funds as an accountability measure, *acompañantes técnicos* need these resources to carry out their day-to-day work effectively.

Training & support

- **Regional staff and community actors value the training and support model for the rich content and engaging delivery of training sessions, and emphasis on continuous support and supervision.** In addition to standalone training sessions, *facilitadoras* and *acompañantes técnicos* both participate in group planning or refresher sessions each month, and receive individual technical assistance in the field. *Formadores* and *especialistas* participate in in-person workshops that convene staff from different regions and receive both virtual and in-person technical assistance from central program staff.
- **Improvements to the training and support model are still needed.** Community actors, particularly *facilitadoras*, expressed the need for more training and support to onboard new families into the program, as families frequently misunderstand the program's purpose and reject services temporarily or altogether. For regional staff, the frequency of technical assistance in the field can be uneven, and may be reduced by changes to staff ratios and workloads.

Compensation & incentives

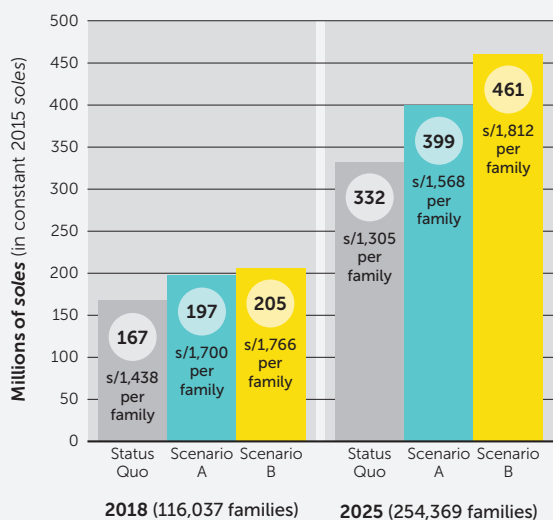
- **Regional staff and community actors perceived compensation to be attractive when first joining the program, but long hours, significant travel, challenging contexts, and job insecurity detract from this initial appeal.** This reveals the limitations of an attractive salary or stipend, which can pose challenges for motivating and retaining a workforce that experiences adverse working conditions.
- **Opportunities for career advancement and professional development are limited.** The program has no clear career ladder for its workforce: no *facilitadora* in either region visited had become an AT and the limited quantity of positions available above the level of AT constrains opportunities for individuals in this role to advance. Within the home visiting workforce, only *formadores* received a one-time opportunity in 2013 and 2014 to complete a diploma with the program. It is important to note that, despite these limitations, regional staff expressed growing both personally and professionally just by working with the program.

RECOMMENDATIONS FOR CUNA MÁS

The Cuna Más home visiting service has reached an inflection point in its development after a few years of rapid scaling and early, positive effects on child outcomes. By further strengthening and supporting the workforce, the program can improve efficiency and sustainability to achieve even greater impact and scale. Many helpful changes may require little or no financial resources to implement, such as:^{16,17}

- Offer regional staff longer contract lengths (six months, the maximum allowed),
- Improve and monitor processes for purchasing educational materials, uniforms, and weather apparel, and
- Provide additional training and support to community actors to clarify roles and responsibilities and improve onboarding of new families.

EXECUTIVE SUMMARY FIGURE 2.
Annual projected costs²²



Scenario A

In the short-term, Cuna Más may choose to focus on easing the workload of overburdened staff, an issue with more immediate implications for sustainability. Specifically, this scenario (“Scenario A”) envisions adopting two reforms with cost implications:

- Reduce the number of *acompañantes técnicos* that each *formador* oversees (from 40 to 25), and
- Reduce the number of *comités* with which each *acompañante técnico* works (from two to one).

Scenario B

A second scenario (“Scenario B”), centers around improving compensation and incentives for the workforce, which in turn makes the program a more competitive, attractive employment option. This scenario envisions reforms that may be logistically complicated for a large, public program such as Cuna Más to enact and best implemented in the long-term. In addition to those considered in Scenario A, this option recommends four recommendations with cost implications:

- Offer scholarships for 50 outstanding *facilitadoras* to study ECD (or a related field),
- Gradually increase *facilitadoras*’ stipends (from S/380 per month) to match those of their peers in non-formal preschools (to S/559 per month)¹⁸
- Raise the starting salary for *formadores* and *especialistas* (from S/2,900 to S/3,300 per month), and
- Establish junior- and senior-level positions within regional staff roles to allow for greater career and salary progression.

Figure 2 depicts the annual financial resources required to implement these scenarios in 2018 and 2025.^{19,20,21}

¹⁶Other recommendations which require little or no financial resources include: improve communication between program headquarters and communities around the intended use and timing of different funds, provide funds upfront for *acompañantes técnicos*’ travel each month, improve communication to regional staff around the evolving training model, and clarify criteria for determining compensation levels for regional field staff.

¹⁷Three recommendations are provided for which costs could not be estimated by the research team: expand partnerships with higher education institutions to accredit trainings and re-establish the diploma opportunity for all three regional staff roles; provide greater administrative support to help *facilitadoras* access volunteer benefits; and develop a system for tracking turnover at regional and community levels.

¹⁸*Promotores* or *animadores* are volunteer educators in PRONOEI (non-formal early childhood education) centers. Using a similar co-management model to Cuna Más, these educators are selected from their community, often in rural or remote areas.

¹⁹For 2025, it is assumed central program costs will remain the same, with increased resources channeled to regional and local levels.

²⁰For the purpose of comparison, projected costs do not account for inflation.

²¹These projections are likely an overestimation given efficiencies that can be gained from reducing turnover and associated costs of recruitment and initial training. Moreover, while official ratios are considered (e.g. 1 AT:10 *facilitadoras* in the “status quo” scenario), this study found regular, and at times significant, vacancies among *acompañantes técnicos*. This may, in part, be due to program or coverage changes. However, significant vacancies may lead to overestimating costs and, over time, contribute to overburdening this workforce.

²²Annual per-family costs are estimated by dividing the projected budget by the number of families reached. Actual costs may be lower as this estimate includes full central program costs and actual spending has historically been lower than budget allocations.

LESSONS FOR POLICYMAKERS AND PROGRAM MANAGERS

As one of few home visiting programs operating – and having been evaluated – at scale in low- and middle-income countries, Cuna Más holds valuable workforce lessons that may resonate more broadly with ECD programs and policymakers seeking to reach young children and families around the world:



Supervision in the field is critical for the home visiting workforce,

particularly in rural contexts where many workers have limited training or experience and work independently much of the time.

Maintaining reasonable workloads (especially ratios of supervisors to supervisees) is critical to ensuring support can be truly continuous.



In addition to delivering important content, **educational materials are critical for empowering community home visitors** who may not have the training or experience to otherwise provide

guidance to young children and families. These materials provide structure and support and, along with uniforms and other resources that may seem like small inputs, can be powerful tools and incentives for a volunteer workforce.



Working in remote contexts can be stressful and present challenges to which early childhood practitioners may not be accustomed, especially for those not from the communities in which they work.

It is important to **identify workers' principal travel-related barriers** and find ways to address these. This can help to improve the motivation of and quality of life for this workforce, and allow them to focus on providing quality services.



An attractive stipend or starting salary is not enough to motivate and retain workers alone; individuals may opt for more stable employment or reasonable hours when faced with challenging

working conditions. However, **career ladders and pay scales can reward both professionals and volunteers** for their dedication, retain and leverage the experience of high-performing individuals, and encourage strong candidates to see working in ECD as a viable career path, rather than temporary employment.

II. Introduction

The Early Childhood Workforce Initiative (ECWI) is a global effort to support those who work with young children and families. Taking a holistic, multi-sectoral approach, this initiative works to strengthen four areas: competences and standards, training and professional development, monitoring and mentoring, and recognition of the profession. Under ECWI, a series of country studies will examine ways to strengthen and scale up a quality workforce. This first study focuses on Cuna Más, a large-scale ECD program in Peru that operates a home visiting service in rural areas. While the program enjoys relatively high coverage and a recent experimental evaluation found promising effects on children's cognitive and language development, operating at scale presents challenges to quality and sustainability.

This study is intended for home visiting **program managers who want to understand the implementation challenges facing the workforce and learn how to overcome them.** The country-level analysis and actionable policy recommendations in the study will be useful also for **policymakers who want to improve the quality and scale of ECD services.**

THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT AND ROLE OF THE WORKFORCE

The period from prenatal stages through a child's early primary school years presents an unparalleled opportunity to invest in and support the development and learning of young children. Early childhood development (ECD) policies and programs that target children and families, such as home visiting interventions, can positively impact a child's physical, cognitive, linguistic, and socioemotional development and lead to long-term health, education, and social benefits.²³ Interventions during this period can also yield greater economic returns than at any later stage in life.²⁴ In contrast, the costs of inaction during early childhood are high: poverty, abuse and neglect, poor health and nutrition, inadequate care and stimulation, and other harmful conditions can have long-lasting and potentially devastating effects.²⁵ The positive effects of high-quality ECD services that are stimulating and provide for children's health and nutrition needs are largest for children from poor and disadvantaged backgrounds.^{26,27} By targeting these children, particularly the youngest children under three, ECD programs have the potential to reduce poverty while promoting equity and inclusion.^{28,29,30,31}

Numerous professionals, paraprofessionals, and volunteers working in education, health, protection, and related sectors help to promote the healthy growth, development, and learning of young children.

²³ Yoshikawa, H., & Kabay, S.B. (2015). *The evidence base on early childhood care and education in global contexts* (background paper for the Education for All Global Monitoring Report 2015). Paris: UNESCO.

²⁴ Heckman, J. J. (2006). "Skill formation and the economics of investing in disadvantaged children." *Science* (312): 1900-1902.

²⁵ Huebner, G., et al. (2016). *Beyond Survival: The Case for Investing in Young Children Globally* (Discussion Paper). Washington, DC: National Academy of Medicine.

²⁶ Britto, P.R. et al. (2016). "Nurturing care: promoting early childhood development." *Lancet* (389): 91-102.

²⁷ Engle, P.L. et al. (2011). "Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries." *Lancet* (378): 1339-53.

²⁸ Yoshikawa & Kabay (2015).

²⁹ Heckman (2006).

³⁰ Engle et al. (2011).

³¹ Woodhead, M. (2014). *Early Childhood Development: Delivering inter-sectoral policies, programmes and services in low-resource settings*. Oxford: Health & Education Advice & Resource Team (HEART).

A growing body of evidence demonstrates that it is essential for this workforce to be highly prepared and well-supported to create quality early childhood experiences and, ultimately, impact child outcomes. Studies of early childhood care and education personnel in diverse countries have found positive impacts of training, professional development, and onsite support on teachers' beliefs and practices, as well as on child outcomes.³² Clear job descriptions, limited and clearly-defined tasks, reasonable population coverage, supervision, and respect from the community can positively affect the productivity of community health workers, who often work with young children and families.^{33,34}

Despite the critical role played by those who deliver ECD services, greater global recognition of the importance of ECD, and improved access to services in recent years,^{35,36,37} there has been insufficient attention to the workforce. Shared experiences across sectors and countries reveal that inadequate training, burdensome workloads, lack of supervision, poor remuneration, low status, and other adverse work conditions threaten the capacity, motivation, and practices of preschool teachers, community health workers, social workers, and other members of the ECD workforce.^{38,39,40,41} These factors can have a negative effect on efforts to recruit and retain qualified workers. In addition to the costliness of these inefficiencies, high turnover in the ECD workforce can interrupt the development of warm, stable relationships among practitioners, caregivers, and children that are critical to quality interactions and services.⁴²

THE EVIDENCE ON HOME VISITING INTERVENTIONS

This study focuses on home visiting, an approach often used to reach vulnerable young children as well as their caregivers. These interventions typically involve regular, structured visits by a trained individual to a caregiver and child to improve parenting behaviors, home environments, and ultimately impact child outcomes.

Evaluations in high-income countries have found positive effects of these programs on children and families. Sama-Miller et al. (2016) assessed the evidence of 19 home visiting models, primarily in the United States, and found that multiple programs positively impacted outcomes in areas such as child and maternal health, child development, juvenile delinquency, and child maltreatment.⁴³ There have been fewer rigorous evaluations of home visiting programs in low- and middle-income contexts, particularly to understand the long-term effects of such interventions. One exception is a randomized controlled trial of a small program implemented in Kingston, Jamaica during the 1980s where trained community health workers provided psychosocial stimulation and nutritional supplementation to low-income, stunted children aged 9 to 24 months. After two years, the intervention closed the gap between these children and non-stunted peers. While the effects of nutritional supplementation alone only lasted until seven years of age, children who received stimulation still demonstrated statistically significant effects at age 22, including higher IQs, reduced prevalence of depression, and 25 percent higher wages than the control group.⁴⁴ This small-scale model has been adapted by low- and middle-income countries, including in Latin America and the Caribbean. In a new home visiting intervention added to an existing cash transfer program in Colombia, stimulation reduced the

³² Neuman, M. J., Josephson, K., & Chua, P.G. (2015). *A Review of the Literature: Early Childhood Care and Education (ECCE) Personnel in Low- and Middle-Income Countries*. Paris: UNESCO.

³³ Jaskiewicz, W. & Tulenko, K. (2012). "Increasing community health worker productivity and effectiveness: a review of the influence of the work environment." *Human Resources for Health* 10(38).

³⁴ Rabbini, F. et al. (2016). "Inspiring health worker motivation with supportive supervision: a survey of lady health worker supervisor motivating factors in rural Pakistan." *BMC Health Services Research* 16(397).

³⁵ Woodhead, M. (2016). "Early Childhood Development in the SDGs." *Young Lives Policy Brief* N. 28. Oxford, UK: University of Oxford.

³⁶ The International Commission on Financing Global Education Opportunity. (2016). *The Learning Generation: Investing in education for a changing world*. The International Commission on Financing Global Education Opportunity.

³⁷ UNICEF. (2016). "World Bank Group, UNICEF urge greater investment in early childhood development" retrieved from https://www.unicef.org/media/media_90863.html.

³⁸ ILO. (2013). *ILO policy guidelines on the promotion of decent work for early childhood education personnel*. Geneva: International Labour Office, Sectoral Activities Department.

³⁹ Jaskiewicz & Tulenko (2012).

⁴⁰ Davis, R. (2009). *Human capacity within child welfare systems: the social work workforce in Africa*. USAID.

⁴¹ Neuman et al. (2015).

⁴² Schodt, S., Parr, J., Araujo, M.C., Rubio-Codina, M. (2015). *Measuring the quality of home-visiting services: a review of the literature*. Inter-American Development Bank.

⁴³ Sama-Miller, E. et al. (2016). *Home Visiting Evidence of Effectiveness Review*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services: Washington, DC.

⁴⁴ Grantham-McGregor, S. & Walker, S. (2015). "The Jamaican early childhood home visiting intervention." *Early Childhood Matters*. Bernard van Leer Foundation.

cognitive gap between poor and wealthy children by nearly one-third.⁴⁵ The Jamaica model also inspired the Cuna Más home visiting program, which was the subject of a recent experimental evaluation that found positive results, particularly on children’s cognitive and language development (see Section III).

With respect to the early childhood workforce, there is significant variation in home visiting programs. Interventions are implemented by health, education, or social services, and can employ professionals (e.g. nurses in the Nurse Family Partnership), paraprofessionals (e.g. community health workers in Jamaica, or Lady Health Workers in Pakistan) and trained community volunteers (e.g. *madres líderes* in Colombia).^{46,47}

ROADMAP FOR THIS REPORT

This report begins with an overview of ECD in Peru, including a comprehensive, multi-sectoral mapping of the key services and programs that target young children and their families. Within this complex and inter-connected system of actors, policies, and interventions, this report situates Cuna Más and profiles the diverse professionals and volunteers tasked with delivering home visiting services. The report then analyzes challenges and opportunities as they relate to the recruitment of these workers, their qualifications and skills, training and preparation, support mechanisms, working conditions, incentives, and the program’s financial resources. This study concludes with a series of recommendations on how the program can better support and strengthen its workforce to improve sustainability and further scale-up.

⁴⁵ Attanasio, O. P. et al. (2014). "Using the infrastructure of a conditional cash transfer program to deliver a scalable integrated early child development program in Colombia: cluster randomized controlled trial." *BMJ* 349.

⁴⁶ Schodt et al. (2015).

⁴⁷ Yousafzai, A.K. et al. (2016). "Effects of responsive stimulation and nutrition interventions on children’s development and growth at age 4 years in a disadvantaged population in Pakistan: a longitudinal follow-up of a cluster-randomised factorial effectiveness trial." *Lancet Global Health* 4: 548-558.

III. Overview of ECD in Peru

THE ECD POLICY ENVIRONMENT

A complex landscape of ECD programs and services implemented at national, regional, and local levels aims to support young children and families in Peru, largely driven by a network of government entities (see Figure 1). Non-formal and formal education and care programs fall under the Ministry of Education (*Ministerio de Educación, MINEDU*). These programs serve young children until primary school begins at age six; basic education begins at three years of age and one year of pre-primary education is compulsory, from age five.⁴⁸ Various interventions under the Ministry of Health (*Ministerio de Salud, MINSA*) play an important role in the provision of health care coverage and have strategic focuses on reducing maternal and infant mortality and child malnutrition.^{49,50,51} A limited number of programs, including Cuna Más, target caregivers and children under three.⁵² The Ministry of Women and Vulnerable Populations (*Ministerio de la Mujer y Poblaciones Vulnerables, MIMP*) is chiefly responsible for policies and programs that guarantee the rights of women, children, people with disabilities, older adults, and migrant and displaced populations and protect these groups from violence and discrimination.⁵³ Peru boasts three extensive social protection programs under the Ministry of Development and Social Inclusion (*Ministerio de*

Desarrollo y Inclusión Social, MIDIS) including a conditional cash transfer program (JUNTOS), a national school feeding program (Qali Warma), and an in-kind food transfer program for food-insecure households (Vaso de Leche). These cross-sectoral initiatives target poor and vulnerable children and families. Inclusion of services and programs in this mapping and overview does not necessarily reflect full coverage of their target populations; while some boast substantial coverage others are significantly more limited. For example, pre-primary net enrollment for children aged three to five is high (over 80 percent), compared to enrollment in nurseries or early education for children under three (five percent).^{54,55}

Apart from the public sector, non-state ECD actors have a more limited presence, often as for-profit institutions and non-governmental organizations (NGOs) that run child care centers and preschools.⁵⁶ Multilateral organizations, notably the Inter-American Development Bank (IDB) and UNICEF, play a key role in providing financial support and technical assistance to national and local governments in the design, implementation, and evaluation of ECD policies and programs. Other international actors, such as the Bernard van Leer Foundation, are important ECD policy advocates and direct supporters of local NGOs implementing ECD programs.

⁴⁸ One year of pre-primary education for children five years old was made compulsory in 2003 contingent on sufficient coverage made available by the government. To date, access is not yet universal. MINEDU. (2005). *Plan Nacional de Educación Para Todos 2005-2015, Perú. Hacia una educación de calidad con equidad*. Lima: Ministerio de Educación; Inversión en la Infancia. (2010). "Un recorrido por la historia de la educación inicial en el Perú." [Blog]. Retrieved from <http://inversionenlainfancia.net/blog/entrada/noticia/164/0>.

⁴⁹ Francke, P. (2013). *Peru's comprehensive health insurance and new challenges for universal coverage*. Universal Health Coverage (UNICO) studies series No. 11. Washington, DC: World Bank Group.

⁵⁰ Ministerio de Salud [MINSA]. (2016b). *Programa Presupuestal Articulado Nutricional*. Retrieved from: http://www.minsa.gob.pe/presupuestales2015/archivos_apelacion/anexo2/1.pdf.

⁵¹ Vermeersch, C., Medici, A.C., & Narvaez, R. (2014). *Peru - Universal health coverage for inclusive and sustainable development: country summary report*. Washington, DC: World Bank Group.

⁵² It is worth noting that children must leave Cuna Más when they turn three but, if they do so after March 31, they cannot enroll in a local preschool center until the following year, creating a gap in coverage for some of the most vulnerable children.

⁵³ MIDIS. (n.d.). *Misión y Visión*. Retrieved from <http://www.mimp.gob.pe/homemimp/mision-vision.php>.

⁵⁴ This does not include children participating in Cuna Más.

⁵⁵ MINEDU. (n.d.). *ESCALE: Portal de la Unidad de Estadística Educativa*. Retrieved from <http://escale.minedu.gob.pe>; INEI. (n.d.). Instituto Nacional de Estadística e Informática. Retrieved from <http://www.inei.gob.pe>.

⁵⁶ Guerrero, G., Sugimaru, C. & Cueto, S. (2010). *Alianzas públicas privadas a favor de la primera infancia en el Perú: Posibilidades y riesgos de su aplicación*. Lima: Grupo de Análisis para el Desarrollo (GRADE).

FIGURE 1. Mapping of the early childhood system in Peru: Services and programs targeting young children and families

	Pregnancy/ Prenatal	0-12 mo (0-1 yr)	12-24 mo (1-2 yrs)	24-36 mo (2-3 yrs)	36-48 mo (3-4 yrs)	48-60 mo (4-5 yrs)	60-72 mo (5-6 yrs)	6-8 yrs	
Center- and community-based care & education		Formal (escolarizado) early education: Nurseries (cunas)	[1st cycle of basic education]	Formal (escolarizado) early education: Preschools (jardines/centros de educación inicial)	[2nd cycle of basic education]		[3rd cycle of basic education]	Primary education (in traditional primary schools & intercultural bilingual schools)	
		*Non-formal (no escolarizado) parenting and early programs for families and children in home and community-based settings (PRONOEI Cycle I).		Non-formal (no escolarizado) early education in home-based or community-based settings (PRONOEI Cycle II).					
		Non-formal/community-based child care for children in concentrated/urban areas (e.g. Cuna Más Servicio de Cuidado Diurno, Salas de Educación Temprana - SET)							
		Non-formal care and education for children with severe disabilities (e.g. PRITE)						Formal education services for children with severe or multiple disabilities (Centros de Educación Básica Especial - CEBE)	
	*Family development centers (CEDIF) providing support (via child care, parenting programs, etc.) for impoverished and at-risk families.								
Health & Nutrition	Prenatal care (Atención Prenatal I Trimestre)								
	Institutional Birth (Parto Institucional) - Promotion of importance and friendlier practices at health establishments								
		* Identification and treatment of common childhood illnesses through community outreach and education (Integrated Management of Childhood Illness/Atención Integral a las Enfermedades Prevalentes de la Primera Infancia)							
		Monitoring of Growth and Development (Control de Crecimiento y Desarrollo) including nutrition counseling, demonstrations of good practices, and provision of multi-micronutrient supplements) via home visits or in health centers							
		Expanded Program on Immunization (Programa Ampliado en Inmunizaciones) - Ensuring greater coverage of regular immunization schedule including home visits to families who have missed a scheduled vaccination							
	Promotion of/advocacy around breastfeeding (e.g. "Semana de la Lactancia Materna" campaign)								
	Mental health services/Salud Mental (e.g., a community-based modality where volunteer mothers support first-time mothers)								
	Access to safe water and sanitation (including via national programs such as Agua para Todos)								

	Pregnancy/ Prenatal	0-12 mo (0-1 yr)	12-24 mo (1-2 yrs)	24-36 mo (2-3 yrs)	36-48 mo (3-4 yrs)	48-60 mo (4-5 yrs)	60-72 mo (5-6 yrs)	6-8 yrs
Parenting/ caregiving support	*Cuna Más Servicio de Acompañamiento a Familias and other home visiting programs, primarily in rural areas							
	Alternative models (e.g. La Escuela del Aire radio-based ECD program)							
Child protective services	National registry of identification and civil status (RENIEC; birth registration)							
	Outreach and support for children working or living on the street (Programa Nacional Yachay)							
	Preventive services and care for victims of domestic violence and sexual assault (Programa Nacional Contra la Violencia Familiar y Sexual provides a number of services including emergency centers, 24-hour hotline and online chat, shelters)							
Social safety nets for families with young children	Promotion and protection of children's rights by local government (DEMUNA)							
	Alternative care, via public and private residential care centers as well as foster care programs, for children separated from their families (Centros de Atención Residencial-CAR, Acogimiento Familiar)							
	*National School Feeding Program (Qali Warma)							
	Conditional cash transfer program (JUNTOS) to improve access to health/nutrition, education, and protection services for pregnant women and children							
	*In-kind food transfer program (Programa del Vaso de Leche) combating food insecurity and undernutrition							
Mapping format adapted from Denboba et al., 2014 and Britto, Yoshikawa, & Boller 2011. * Programs that could be cross-listed, but are placed where they are based on program documentation.								
Definitions of primary functions:								
<i>Center- and community- based care & education:</i> Direct contact with children, with an education/care focus, in either formal schools/centers with professionals or community spaces with paraprofessionals/volunteers								
<i>Health & Nutrition:</i> Focus on the physical development of the child; direct contact with parents and children; conducted primarily via health professionals or paraprofessionals								
<i>Child protective services:</i> Targeting high-risk families and children via prevention and intervention activities; often working to connect them with education and health services								
<i>Social safety nets:</i> Targeting populations in poverty or extreme poverty to promote the healthy growth and development of young children. Activities often work to improve household economic situation via subsidies (cash, in-kind).								

The multitude of actors responsible for ECD, particularly in government, presents opportunities and challenges for the provision of a continuum of quality services that integrate health, nutrition, education, care and protection. In principle, however, these actors, policies, and programs converge to create a comprehensive, progressive agenda with high-level, multi-sectoral commitments to ECD (see Box 1).

ECD GAINS AND PERSISTENT CHALLENGES

In one decade, economic growth in Peru led to considerable poverty reduction. While more than half of the population was living in poverty in 2004, this share fell to less than one in four by 2014.⁵⁷ Alongside substantial growth, the country has implemented pro-poor policies, expanded access to education, health, and social services, and made tangible improvements in ECD outcomes. From 2005 to 2015, the net preschool enrollment rate for children three through five grew from 60 to 80 percent.⁵⁸ During this same period, Peru became an international example in combatting child malnutrition when it halved stunting rates among children under five from 30 to just over 14 percent (see Figure 2).^{59,60,61}

These gains have not been experienced evenly across this geographically, culturally, and linguistically diverse country, where the population is dispersed throughout the coast, the Andes, and the Amazon. While three-quarters of the population lives in urban areas, some of the poorest people reside in rural areas of the country, particularly in indigenous communities and remote parts of the Andes and the Amazon. Nearly half of indigenous language speakers in rural areas are poor, compared to 14 percent of native Spanish speakers in urban areas.⁶²

BOX 1. "Primero la Infancia" – Guidelines for coordinated inter-sectoral and intergovernmental management to promote ECD

In 2016, national government authorities from numerous sectors ratified a set of ECD guidelines called "Primero la Infancia" (or "Childhood First") which also includes the underlying legal basis and scientific evidence for the guidelines. The guidelines identify seven priority ECD outcomes (and accompanying indicators) for children under 6 years of age: newborn health (including birthweight and other indicators), secure attachment, nutrition (e.g. anemia, stunting prevalence), verbal communication, motor skills (walking at 18 months), self-regulation, and symbolic functioning. To achieve these results, the guidelines prioritize more than 25 different interventions and map them to different results and ages of the child. In addition to MIDIS, which led the development of these guidelines, other signatories included the president and prime minister; the ministers of 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. The guidelines apply to national, regional, and local governments.

Sources: "Aprueban los Lineamientos 'Primero la Infancia' en el marco de la Política de desarrollo e inclusión social." (2016, July 28). *El Peruano*.

⁵⁷58.7% of the population lived below the national poverty line in 2004, in comparison to 22.7% in 2014. World Bank. (n.d.). *Poverty & Equity Data*. Retrieved from <http://povertydata.worldbank.org>.

⁵⁸ INEI. (2016b). *Perú: Indicadores de Educación por Departamentos, 2005-2015*. Lima: Instituto Nacional de Estadística e Informática.

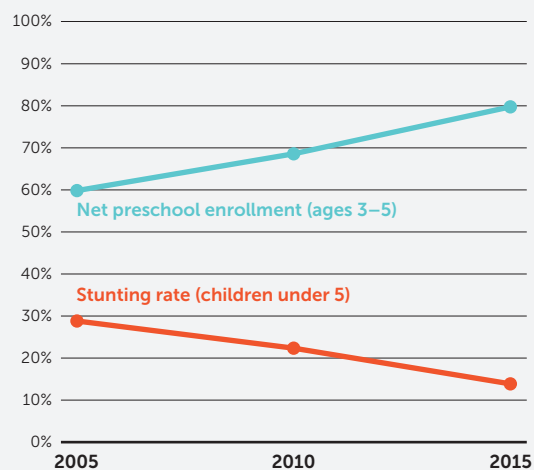
⁵⁹ Collins, D. (2016). "The country that cracked its stunting crisis." *The Guardian*, retrieved from <https://www.theguardian.com/global-development/2016/sep/30/the-country-that-cracked-its-stunting-crisis>.

⁶⁰ According to WHO standard. INEI. (2009). *Encuesta Demográfica y de Salud Familiar 2007-2008: Informe Principal*. Lima, Peru: Instituto Nacional de Estadística e Informática.

⁶¹ INEI. (2016a). *Encuesta Demográfica y de Salud Familiar 2015: Nacional y Departamental*. Lima, Peru: Instituto Nacional de Estadística e Informática.

⁶² INEI. (2015b). *Peru: Perfil de la pobreza por dominios geográficos, 2004-2014*. Lima, Peru: Instituto Nacional de Estadística e Informática.

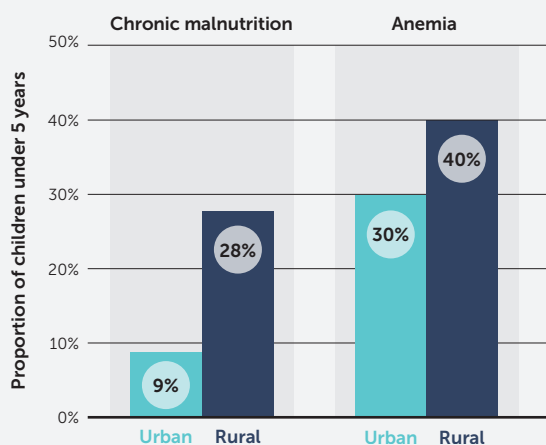
FIGURE 2.
Improvement in ECD indicators
(2005–2015)



Source: INEI (2009, 2016a, 2016b).

Inequality is pronounced among young children, where nearly 60 percent of rural children under five are poor, compared to one in three children nationally. Compounded by scarce resources and limited access to basic services, outcomes for young children who are poor, from rural areas, or both, are of particular concern (see Figure 3). In addition to health indicators, a study of language development among children, ages four to six, in five Latin American countries found that those from rural areas of Peru performed similarly to their peers in Nicaragua, and significantly worse than those in Colombia and Ecuador. These outcomes are

FIGURE 3.
Child nutrition indicators in Peru
(2015)



Source: INEI (2016a).

striking given Peru is a much wealthier country than Nicaragua, and comparable to Colombia and Ecuador.⁶³

Given persistent challenges facing rural and poor children in Peru, as well as near nonexistent coverage of early education services among children under three nationally, Cuna Más has seized a unique opportunity to deliver intensive home visiting services that support the holistic development of thousands of the youngest, most vulnerable children and their caregivers. Critical to the success of this program – to its quality, sustainability over time, and expansion to reach more children in need – is a highly prepared, supported, and stable workforce.

⁶³ Schady, N. et al. (2015). "Wealth gradients in early childhood cognitive development in five Latin American Countries." *Journal of Human Resources*, 50(2): 446-463.

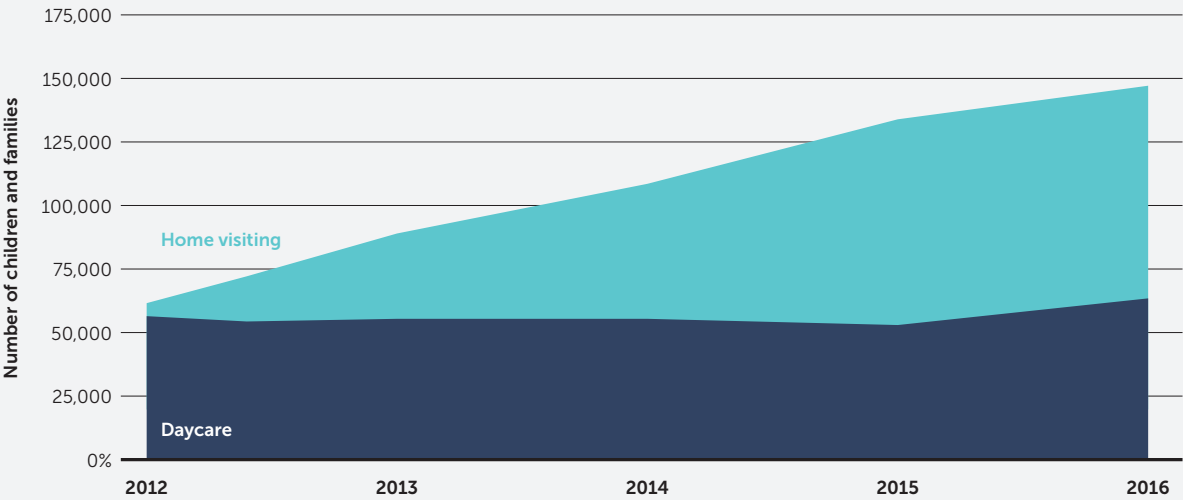
IV. Background on Cuna Más and the home visiting program

OVERVIEW OF CUNA MÁS

Cuna Más is a large-scale ECD program established in March 2012 by MIDIS on the basis of the former Wawa Wasi program.⁶⁴ Cuna Más works with children under 3 years old living in poverty to improve their cognitive, language, physical, and socioemotional development; improve families’ childrearing knowledge and practices; and strengthen attachments between caregivers and children.⁶⁵ The program differentiates its services by geographic context. Building on the Wawa Wasi

model and experience, a daycare service (*Servicio de Cuidado Diurno*) in marginalized urban areas provides comprehensive care – covering children’s basic health, nutrition, safety, protection, play, and learning needs – to children aged 6 to 36 months. In rural communities, a home visiting service (*Servicio de Acompañamiento a Familias*) is implemented via individual weekly visits and regular group sessions among primary caregivers with children under 3 as well as pregnant women.⁶⁶ Cuna Mas reached 62,202 children and families in its first year of operation, primarily through its absorption

FIGURE 4.
Cuna Más program coverage by daycare and home visiting services



Source: PNCM (2015b), correspondence with the program.

⁶⁴ Launched by the Ministry of Education in 1993 before transferring to the then-Ministry of Women and Social Development (*Ministerio de la Mujer y Desarrollo Social, MIMDES*), the Wawa Wasi program partnered with local volunteers to provide daycare services to young children in impoverished, predominantly urban areas. Cueto, S., Guerrero, G., Leon, J., Zevallos, A., & Sugimaru, C. (2009). *Promoting Early Childhood Development through a Public Programme: Wawa Wasi in Peru*. Working Paper No. 51. Oxford, UK: University of Oxford.

⁶⁵ "Crean el Programa Nacional Cuna Más." (2012). *El Peruano*. Retrieved from <http://busquedas.elperuano.com.pe/normaslegales/decreto-supremo-que-modifica-el-decreto-supremo-n-003-2012-decreto-supremo-n-007-2017-midis-1493143-6/>.

⁶⁶ PNCM. (2015b). *Plan Operativo Institucional (POI) 2016 (Reformulación): Resumen Ejecutivo – Programa Nacional Cuna Mas*. Lima: Ministerio de Desarrollo e Inclusión Social.

of more than 57,000 children in former Wawa Wasi daycare centers. Since 2012, the program has largely expanded coverage through its home visiting service. The program reached 149,000 children and families in 2016 across both services (see Figure 4).

CUNA MÁS GOVERNANCE AND FINANCING

Cuna Más operates at three levels: centrally, regionally, and locally. The program's central headquarters are housed within MIDIS, where several advisory, support, and technical teams establish guidelines and protocols, provide technical assistance and quality assurance to regional offices, design materials and training curricula, recruit personnel, manage financial resources, and perform other administrative and strategic tasks. Regional offices (*unidades territoriales*) oversee daycare and home visiting activities within their jurisdictions – including coordinating with relevant public and private actors at regional and local levels, training and supervising technical teams and community actors, and monitoring program operations. Cuna Más currently has 22 regional offices and 9 sub-regional offices (*coordinaciones territoriales*), which are closely managed by program headquarters.⁶⁷ As a social program, Cuna Más regional offices do not enjoy the same financial and administrative autonomy as their counterparts in the education sector, which operate in a more decentralized manner.⁶⁸ Locally, Cuna Más operates under a voluntary, co-management model between the government and communities. This model is meant to empower local institutions to promote and monitor culturally-relevant ECD practices, and requires local communities' involvement in decision-making, monitoring, and general program operations.

Cuna Más is financed using a results-based budgeting approach – alongside dozens of other social policies and programs in Peru⁶⁹ – where the distribution of resources is tied to the achievement of certain targets or outputs. The budget for Cuna Más is controlled by the Ministry of Economy and Finance (MEF) and depends on outputs such as: the number of children and families receiving services, the number of professionals and community actors receiving training and technical assistance, and the completion of several program management, monitoring, and evaluation activities.⁷⁰

STRUCTURE, COSTS, AND ACTIVITIES OF THE HOME VISITING SERVICE

Cuna Más operates a cascade model of training and support where specialists from central program headquarters in Lima train and monitor professionals at the regional level, who then support community actors. In the case of home visiting, these community actors then work directly with children and caregivers to improve parenting practices and child development outcomes. Additionally, under the co-management model described above, participating communities nominate individuals to serve on a local *comité de gestión* (management committee, CG) to support operations, particularly by administering resources. Local authorities monitor these operations and hold CGs accountable for their use of program funds. However, when necessary authorities do not exist, communities have the option to form *consejos de vigilancia* (supervisory councils). The individuals or *consejos* that play this monitoring role do not have decision-making authority.⁷¹ Figure 5 outlines the structure of home visiting program actors, with emphasis on the workforce of focus for this study (in blue).

⁶⁷ Sub-regional offices operate somewhat independently but ultimately report to a nearby regional office. Though they perform similar functions (in terms of overseeing local program operations), they serve much smaller populations and therefore do not warrant the full administrative structure of standard regional offices. Sub-regional offices are overseen by a coordinator rather than a director.

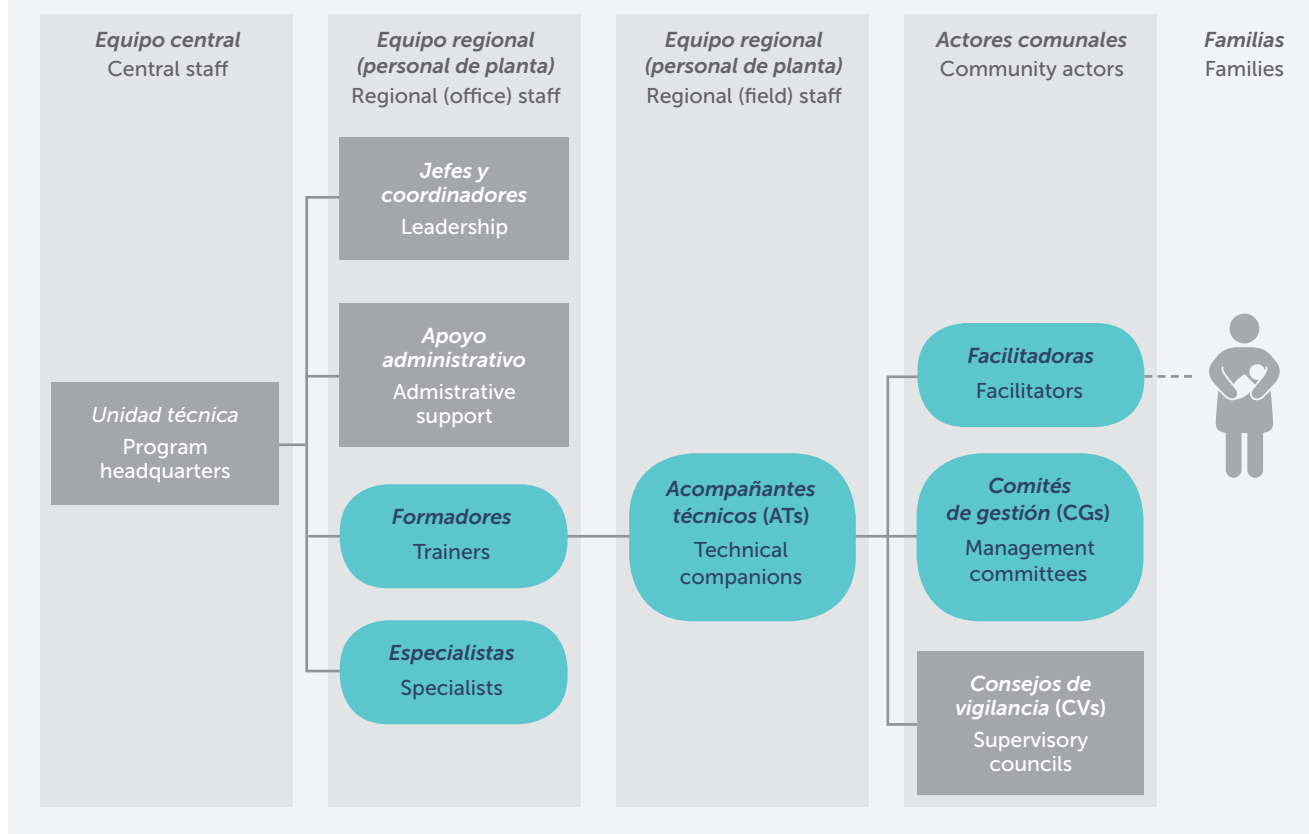
⁶⁸ For example, regional education offices (*Direcciones Regionales de Educación*, DREs) can hire personnel, while these decisions are made at the central level for Cuna Más.

⁶⁹ Since 2007, Peru has progressively introduced results-based budgeting to improve the efficiency and transparency of public spending. MEF, MIMP, MIDIS, MCLCP, & UNICEF Peru. (2014). *Gasto Público en las Niñas, Niños y Adolescentes en el Perú: Metodología y Seguimiento*. Lima, Peru: UNICEF Peru.

⁷⁰ PNCM (2015b).

⁷¹ PNCM (2015e).

FIGURE 5.
Structure of the Cuna Más home visiting service & workforce⁷²



The home visiting service is implemented in predominantly rural districts with high incidences of poverty and stunting, particularly in Andean and Amazonian communities. As of December 2016, the home visiting service reached 84,491 families, approximately 32 percent of the target rural population (264,431 families in 2016).⁷³ The program operates in approximately 580 districts in Peru, out of 713 eligible districts,⁷⁴ with the following workforce (Table 1):

TABLE 1.
Size of the home visiting workforce

<i>Formadores</i> (July 2016)	50
<i>Especialistas</i> in family engagement and community management (July 2016) ⁷⁵	36
<i>Acompañantes técnicos</i> (July 2016) ⁷⁶	934
<i>Facilitadoras</i> (Dec. 2016)	8,838
<i>Comités de gestión</i> (Dec. 2016)	1,518

⁷²For the five main roles studied, this report uses their Spanish titles to maintain fidelity to program terminology, while the author's English translations are used for remaining program terms. Icon in figure is "Motherhood" by Gan Khoon Lay from the Noun Project.

⁷³Cuna Más counts one family as either a pregnant woman or a child and caregiver; therefore a family with two children under age three may be counted as two families.

⁷⁴According to program criteria, to be eligible for the Cuna Más home visiting service, districts should meet all four criteria: (i) be rural, (ii) have a poverty rate of 50 percent or higher, (iii) have a stunting prevalence of 30 percent or higher, and (iv) be a district targeted by the JUNTOS conditional cash transfer program. However, there have been exceptions, particularly for communities in the Amazon that may meet some, but not all criteria (Correspondence with the program, PNCM 2015b).

⁷⁵In July 2016, *especialistas* in health, nutrition, and child development did not yet work in the home visiting service.

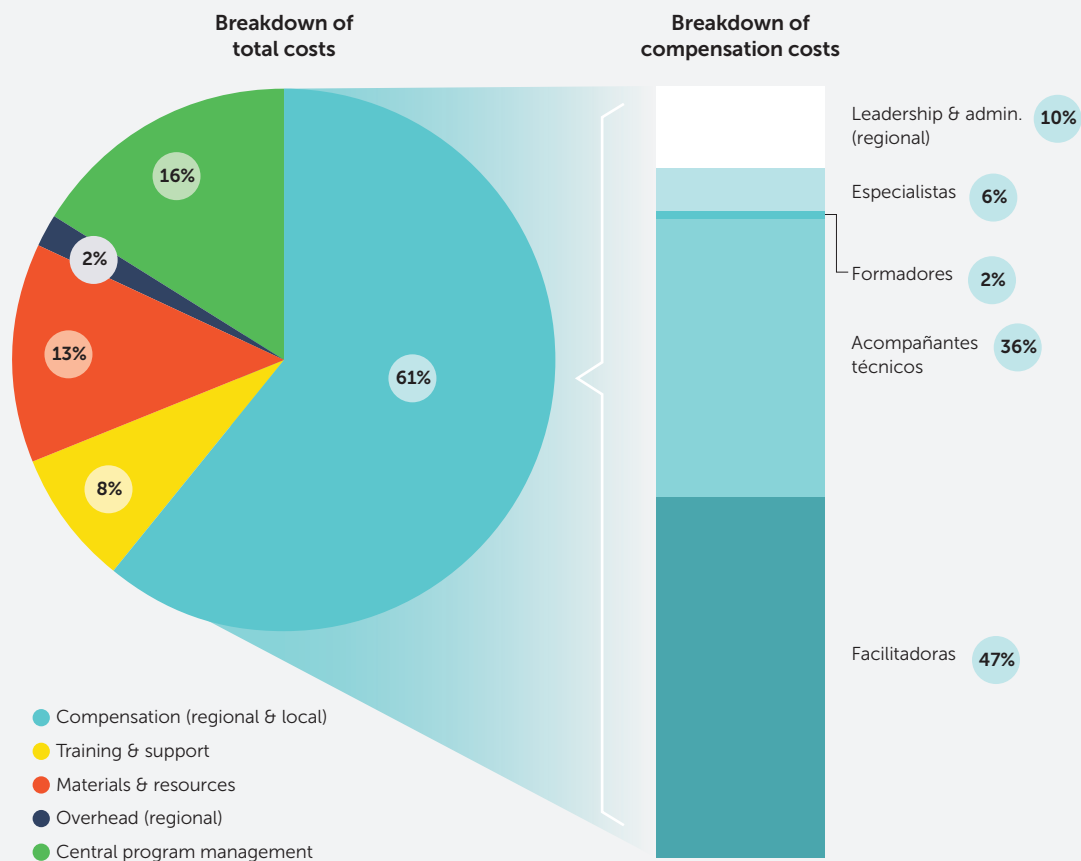
⁷⁶In July 2016, 934 individuals were employed as either *acompañantes comunitarios* (ACs) or *acompañantes técnicos* (ATs); the roles of ACs and ATs have since merged (see section IV). While 934 individuals were employed in mid-2016, the program needed 1,122 ATs to meet coverage needs. Challenges regarding recruitment and high turnover created this shortage (Correspondence with the program).

Cuna Más will expand to 24,480 more families by the end of 2017, reaching about 110,000 in total. After 2017, Cuna Más will add 20,000 more families between 2018 and 2020, and in 2021 begin adding about 25,000 families each year to the home visiting service.⁷⁷ At this rate, the home visiting service can expect to reach all eligible households by 2025.⁷⁸ The total cost of implementing the home visiting service was 129 million soles (hereafter S/ 129 million) in 2016,⁷⁹ which equates to S/1,525 or US \$480 per family. The largest cost drivers are compensation (salaries and stipends) for regional staff and community actors, followed by central program management costs,⁸⁰ and materials

and resources (including education and play materials, weather apparel for community actors, and resources for CGs). Training and support costs (primarily related to travel) and overhead for regional offices comprise the remainder of the program budget (see Figure 6).

Home visiting activities are carried out at the community level. Within Cuna Más targeted districts, one or more communities (depending on population size) form CGs and sign legal agreements of cooperation with the government. Once the service is established locally, CGs, with the support of local communities, nominate individuals to serve as volunteer *facilitadoras* (facilitators)

FIGURE 6.
Cuna Más home visiting costs (2016)⁸¹



⁷⁷Correspondence with the program.

⁷⁸ Estimated by the authors. The approach for determining this is detailed in Section VI. Methodology and in Annex 2.

⁷⁹ Approximately US\$ 40.5 million, based on the World Bank's official 2015 exchange rate (LCU per US\$) of S/3.18 per 1 USD. Program budget calculated using data provided by Cuna Más.

⁸⁰ Note: Costs associated with central program headquarters in Lima cover both daycare and home visiting services. While a breakdown of costs at this level is unavailable, it is assumed that costs would remain comparable in the absence of daycare-related costs, given the integrated approach the program takes at the central level.

⁸¹Correspondence with the program.

who make weekly, hour-long visits to participating families (see Box 2). For volunteering an average of 10 hours per week, *facilitadoras* are provided a monthly stipend of S/380 (a little more than US\$115).⁸² In addition to weekly home visits, each month *facilitadoras* assist their *acompañantes técnicos* (technical companions, ATs) in running group socialization and peer learning sessions among participating families. Over approximately 90 minutes, ATs reinforce information provided during home visits and motivate caregivers to reflect on and further develop their knowledge and practices. While caregivers take part in these sessions, *facilitadoras* supervise children's play.

IMPACT OF THE HOME VISITING SERVICE

Between 2013 and 2015, the Inter-American Development Bank (IDB) conducted an impact evaluation of the home visiting service to measure its effect on child development, leveraging the program's gradual expansion to randomly assign children to treatment and control groups. The study found large effects on children's cognitive and language development, and small but significant effects on personal-social and fine motor skills.⁸³ According to the researchers, the impact on children in the treatment group is equivalent to reducing the socioeconomic gradient in problem-solving and communication skills by 18 and 35 percent, respectively.⁸⁴ Despite positive findings, the IDB identified ongoing challenges to implementing this program at scale, particularly around inconsistent delivery. Of the children originally identified for the treatment group, less than two-thirds ultimately received home visits; among children who did receive the service, the dosage, or number of visits received, varied. The authors also cited the need to better prepare *facilitadoras*. Given these opportunities to strengthen implementation and achieve even greater impact, this study complements the IDB evaluation by leveraging the perspectives and experiences of Cuna Más professionals and volunteers, particularly through in-depth discussions, to identify mechanisms for better supporting this workforce.⁸⁵

BOX 2.

The Cuna Más home visiting curriculum

During a family's first two months in the program, ATs and *facilitadoras* analyze the home environment and parenting practices and seek to build a trusting relationship with the family, responding to their needs, questions, and concerns. During this phase, families are encouraged to create a safe, comfortable space dedicated to child play and exploration.

From the family's third month in the program until the child turns three years old, *facilitadoras* spend weekly visits observing caregivers' routines, monitoring children's development, and promoting positive care and education practices. *Facilitadoras* follow a standard, detailed curriculum with content and activities specific to the age of the child, covering topics such as play, communication, warm and stimulating interactions, oral hygiene, handwashing, micronutrients, exclusive breastfeeding and complementary feeding, and non-violent discipline. A typical visit follows a sequence of five activities:

1. *El saludo a la familia*: Welcome and greetings, discussion on how the family and child are doing, and activities over the past week
2. *Vida en familia*: *Facilitadora* observes and chats with the caregiver during his/her daily routine, and provides encouragement and guidance, promoting adequate health and feeding practices in the home
3. *Jugando aprendo*: Play session divided into free play and structured play between the caregiver and child
4. *Cuéntame un cuento*: Storytelling or songs
5. *Cierre*: At the end of the visit, the *facilitadora* provides feedback to the caregiver, and they establish a goal for the upcoming week before saying goodbye

Cuna Más provides *facilitadoras* with kits that contain materials to use with caregivers and children. These kits include activity cards, storybooks, dolls, and other educational and play materials. While materials are the same for all regions, details or decorations may differ (e.g. a doll's dress or illustrations) from communities in the Amazon to the Andes. Families also receive small kits with a few items (e.g. ball, doll, puzzle).

Sources: PNCM (2013b, 2013c, 2013d, 2014a, 2016a)

⁸² In early 2017, the program approved a small increase in *facilitadoras*' stipends, from S/360 to 380 per month.

⁸³ The main child development tool used for this evaluation was a locally-adapted version of the Ages and Stages Questionnaire-3 (ASQ-3). The study did not find significant effects on children's gross motor skills. A subset of children was also evaluated using an adapted version of the Bayley Scales of Infant and Toddler Development (Bayley-III).

⁸⁴ The authors calculated the socioeconomic gradient using regression analysis. The gradient corresponds to the coefficient of a dummy variable equal to 1 if the child is in the wealthiest quintile (and 0 if in the poorest quintile) and is interpreted as the distance in standard deviations (SD) of the score between these two quintiles. The impact of the program is expressed as percentages of this gradient.

⁸⁵ Araujo, M.C., Dormal, M., & Rubio-Codina, M. (2016). *Resultados de la evaluación de impacto del Servicio de Acompañamiento a Familias del Programa Nacional Cuna Más*. Documento preparado para el Gobierno del Perú [unpublished].

V. The Cuna Más home visiting workforce

This study defines the early childhood workforce as those directly responsible for delivering ECD services to children and families, as well as those who train and support these individuals. For Cuna Más, this translates to volunteers identified at the community level, and professionals employed by regional offices (indicated in blue in Figure 5). As *consejos de vigilancia* are optional, this study does not directly consider these members. Moreover, while recognizing their critical role to the overall functioning of the service, this study does not focus on those in administrative or leadership positions at the regional or central levels.⁸⁶ Table 2 describes the regional staff – *formadores* (trainers), *especialistas* (specialists), and ATs – and community actors – *facilitadoras* and CGs – that are the core workforce of focus for this study.

Since late 2015, Cuna Más has undergone structural changes that directly impact this workforce. These changes were created in part to streamline operations amid rapid expansion, as well as to take a more integrated approach to service delivery. The first change included the elimination of the *acompañante comunitario* (community companion, AC) position. Previously, ACs worked alongside ATs in communities, training and supporting local CGs while ATs did the same for *facilitadoras*. Since the elimination of this role, ATs are now responsible for overseeing approximately 10 *facilitadoras* (and their families) as well as one to two CGs (and local operations). Many former ACs were re-hired as ATs. Second, whereas *formadores* and *especialistas* were previously assigned to either the daycare or home visiting service, these actors now work across both services, supporting regional field staff (ATs) in both areas. Finally, the program increased the number of ATs that each *formador* supervises, from 25 to 40. This led to a reduction in the number of *formadores* needed across the program.^{87,88}

Through its cascade model, Cuna Más builds the capacity of its workforce in three ways: induction and initial training, continuous training, and technical assistance. Inductions and initial trainings are in-person and range from two to 10 days (with community actors receiving shorter initial trainings than regional staff). These sessions typically provide a program overview, an introduction to key guidelines and protocols, explanation of the actor's role, information on ECD and education and care practices, and more specific content depending on the role.

Continuous trainings are offered once or twice each year and take place in-person (with *formadores* and *especialistas* traveling to Lima or a regional capital). Continuous trainings offer the opportunity to discuss ECD and aspects of the program in greater depth, including the application of various tools and instruments. In addition to continuous training workshops, both ATs and *facilitadoras* participate in regular group training sessions: *Formadores* convene monthly refresher trainings for all ATs in each region, while ATs hold biweekly planning meetings among *facilitadoras* in each community. The frequency of these sessions allows their supervisors to cater the content to local needs.

Each member of the home visiting workforce also receives technical assistance and ongoing support from their supervisor. For *formadores* and *especialistas*, this can be virtual (via videoconference) or in-person throughout the year, while ATs usually receive technical assistance in the field once or twice each year. ATs accompany *facilitadoras* on home visits twice each month, and provide support to CGs as needed. Annex 1 provides more detail on how the frequency, intensity, and content of training and support varies for each actor.⁸⁹

⁸⁶ Leadership at the regional level includes both office directors and service coordinators for both daycare and home visiting. Administrative support includes administrators and technicians.

⁸⁷ Many previous *formadores* were transferred internally to fill vacant *especialista* positions, primarily in health and child development.

⁸⁸ PNCM (2016b), correspondence with the program.

⁸⁹ Quintero de Albarracín et al. (n.d.), PNCM (2013a)

TABLE 2.
Profiles of the home visiting workforce

Role	Function	Composition & competences	Main responsibilities	Official ratios
REGIONAL STAFF				
Formadores ⁹⁰ Trainers	Strengthen and support the capacity of field staff (ATs)	Professionals with at least a bachelor's or teaching degree, generally teachers, nurses, psychologists, social workers, or other education or health professionals. <i>Formadores</i> have experience in social programs, ECD, and/or in rural or marginalized urban areas. They are good communicators and organized, work well in teams, can promote dialogue and participation, and can evaluate program activities, results, and the performance of local actors.	<ul style="list-style-type: none"> Design, conduct, and evaluate trainings (initial and continuous) and monthly refresher sessions for ATs (in coordination with central and other regional staff) Monitor and provide ongoing technical assistance in the field to ATs Apprise regional office leadership of overall program functions in their jurisdiction 	Responsible for approximately 40 ATs (across daycare and home visiting).
Especialistas ⁹¹ Specialists	Contribute specific technical content to trainings and support of field staff and community actors.	Professionals with a minimum of a bachelor's or teaching degree. <i>Especialistas</i> bring specific training and/or work experience in one of five content areas: health, nutrition, child development, community management, and family engagement.	<ul style="list-style-type: none"> Contribute specific technical expertise and content to trainings and monthly refresher sessions that <i>formadores</i> conduct for ATs Provide ongoing technical assistance in the field to both ATs and community actors (<i>facilitadoras</i> and CGs) within their area of expertise 	Each health, family engagement, and community management <i>especialista</i> covers 3,000 families ⁹²
Acompañantes técnicos (ATs) ⁹³ Technical supervisors	Strengthen and support the capacity of community actors. As the program's field staff, ATs perform the most direct oversight of day-to-day activities and ensure delivery of quality services.	ATs hold professional or technical degrees in diverse areas such as education, social work, psychology, nursing, medicine, or anthropology. ATs may have some limited work experience in ECD, community development, or related topics in diverse cultural contexts. They are good planners and coordinators, can empower community actors, and are analytic and systematic in tracking and reporting results.	<ul style="list-style-type: none"> In new communities: <ul style="list-style-type: none"> Target new communities and introduce program to local authorities Analyze local ECD context prior to establishing program service in new communities With/alongside CGs: <ul style="list-style-type: none"> Establish new CGs and train members Assist in managing financial resources Coordinate with relevant local institutions/programs and encourage community support for <i>Cuna Más</i> Select <i>facilitadoras</i> With/alongside <i>facilitadoras</i>: <ul style="list-style-type: none"> Train <i>facilitadoras</i> Help <i>facilitadoras</i> plan for weekly visits Accompany each <i>facilitadora</i> on visits twice per month to provide feedback and support Lead monthly group sessions with families (per CG) Collect/update program data on children and families 	Responsible for 1 or 2 CGs and approximately 10 <i>facilitadoras</i> (and their 100 families).

Role	Function	Composition & competences	Main responsibilities	Official ratios
COMMUNITY ACTORS				
Facilitadoras ⁹⁴ Facilitators	Conduct home visits with participating families.	Volunteers (often women) nominated by their communities. Candidates are generally 21 years of age or older, have completed their primary (and ideally secondary) education, can read and write, speak the local language, and may have some experience working with children and/or families. <i>Facilitadoras</i> should be service-oriented, organized, good verbal and non-verbal communicators, encouraging and supportive, observant, work well in groups, and have at least a basic understanding of ECD.	<ul style="list-style-type: none"> Visit individual families in their homes weekly for about one hour each, working with both the primary caregiver and child (or pregnant woman) During each visit, monitor the development of the child, provide guidance around early childhood care (e.g. feeding, handwashing) and learning practices (e.g. play, communication), and facilitate play sessions. Assist in monthly group sessions by supervising children's play Maintain program kits that include activity cards and educational materials and toys to use with families 	Responsible for approximately 10 families.
Comités de gestión (CGs) ⁹⁵ Management committees	Administer program resources and engage communities in program delivery.	Three to five representatives – often local authorities or well-respected individuals – who volunteer to serve as president, treasurer, secretary, or spokesperson. CG members are selected for a term of two years, after which they can be replaced or renewed for one additional term. CG members should be observant, organized, and demonstrate leadership to promote actions that support young children in their communities.	<ul style="list-style-type: none"> Monitor ECD indicators for participating families (e.g. prenatal care coverage, anemia prevalence) Administer financial resources (transferred monthly from the program) to cover <i>facilitadoras'</i> stipends, educational materials, repairs to local community centers, transportation, and related operational costs incurred Keep broader community informed of program progress and challenges Invite families to participate in the program Nominate, along with the community, individuals to serve as <i>facilitadoras</i> Coordinate with and advocate to other public, private, and civil society actors on ECD issues 	One CG generally covers 5 to 12 <i>facilitadoras</i> (and 50 to 120 families). One CG can comprise one or more communities (depending on population size).

⁹⁰ PNCM (n.d.a., 2014a)

⁹¹ PNCM (2016a, b)

⁹² A Nutrition *especialista* covers approximately 2,000 children, however, these professionals primarily work with the daycare service given the program's provision of daily meals to children. At the time of this study, child development *especialistas* were a relatively new position and no program criteria were available yet for the ratio of these *especialistas* to children/families.

⁹³ Quintero de Albarracín (n.d.), PNCM (n.d.b., 2016b)

⁹⁴ PNCM (2015a), Quintero de Albarracín (n.d.)

⁹⁵ PNCM (2014b, 2016a)

VI. Research aims

Despite indications of the program's positive impact on the development of young children,⁹⁶ difficulties recruiting and retaining qualified members of the Cuna Más home visiting workforce present a threat to sustaining program quality and expanding it to reach all vulnerable families in Peru. High turnover identified at multiple levels of this workforce can contribute to uneven service quality and disrupt the formation of stable and trusted relationships.⁹⁷

This study's primary aim was to examine sustainability and scale-up of the Cuna Más home visiting service, with a focus on challenges and opportunities experienced by community actors (CGs and *facilitadoras*) and regional staff (*formadores*, *especialistas*, and ATs) who are central to delivering the program. Based on challenges and opportunities identified, a second aim of this study was to make policy recommendations to promote and enhance sustainability of impact on a larger scale. The following research questions guided this study:

1. What are the perceived successes of the program according to various actors?

- a. Which features of the program (e.g. training, curriculum) contribute to these successes?

2. What are challenges to implementation, particularly regarding workforce development?

- a. What are program actors' workloads? What resources (financial or other) do actors receive to carry out their work?
- b. What training and supervision do different actors receive? Are they sufficient to prepare and support actors at community and regional levels?
- c. What professional development and career advancement opportunities are offered? Are they satisfactory for this workforce?
- d. What is the relationship among compensation, recruitment, and retention of qualified workers?
- e. What incentives (and disincentives) affect workers' job satisfaction and motivation?
- f. What are the costs of training and supporting this workforce?

⁹⁶ Araujo et al. (2016).

⁹⁷ Schodt et al. (2015).

VII. Methodology

Using a mix of qualitative and quantitative methods to address these research questions, a comprehensive review of existing program documents was conducted, followed by in-depth interviews and focus group discussions with a cross-section of home visiting actors. This study also involved an examination of the current costs of delivering the home visiting service.

SAMPLING STRATEGY

Participants were 50 individuals involved with the home visiting service across central, regional, and local levels. Based on criteria established with central program staff, two of 22 regions (including two out of 9 sub-regions) delivering the home visiting service were sampled. The selection of these regions, while not representative of all regions, was intentional to be inclusive of each of the program’s two target rural geographies: Junín (the Andes) and Loreto (the Amazon). This study, in consultation with the program, also considered those regional offices that had been implementing the home visiting service for more than one year and employed staff with sufficient time in the program to be able to speak to its operations in detail. In each regional office, all available regional office leadership, *formadores*, and *especialistas* were interviewed, and focus group discussions were conducted with a subset of ATs. A district in each region was also visited, with all available CG members and *facilitadoras* interviewed.⁹⁸ In total, 15 semi-structured interviews and six focus group discussions were conducted (see Table 3).⁹⁹

The majority of interview and focus group participants were women (80 percent) and most had worked with the program for at least one year (85 percent), but ranged from three months to five years (since the Wawa Wasi program). Participants’ education levels varied dramatically from incomplete primary education to holding graduate degrees. Central and regional level

TABLE 3.
Number of actors interviewed by program level and type

Program level	Actor type	N. actors
Central	Program headquarters staff member	3
Regional	Regional office leadership (directors and coordinators)	4
	<i>Formadores</i> and <i>especialistas</i> ¹⁰⁰	10
	<i>Acompañantes técnicos</i>	9
Community	<i>Comité de gestión</i> members	7
	<i>Facilitadoras</i>	17
Total		50

staff had more education on average when compared with community actors, holding bachelor’s or master’s degrees, although there were cases where community actors had completed a tertiary education.

PROCEDURE

This study involved a comprehensive review of Cuna Más program documents to understand its evolution, structure, activities, and to gain a thorough understanding of how the home visiting workforce is composed, trained, supported, monitored, and compensated.¹⁰¹ To complement the information gathered from this document review, in-depth interviews and focus group discussions, varying in length from 45 minutes to more than two hours, were

⁹⁸ Districts were selected in consultation with the program. Proximity and accessibility to the regional office were considered, as well as the district’s tenure in the program.

⁹⁹ All interviews and focus group discussions were recorded with the consent of participants.

¹⁰⁰ Most *formadores* and *especialistas* were interviewed together due to their similar responsibilities and logistical constraints.

¹⁰¹ The full list of documents examined, both publicly available and provided by the program, can be found in the references section of this report.

TABLE 4.
Themes for analysis

Theme	Sub-themes	
Motivation & satisfaction	<ul style="list-style-type: none"> • Job satisfaction • Retention and turnover 	<ul style="list-style-type: none"> • Terms and conditions of work
Recruitment & responsibilities	<ul style="list-style-type: none"> • Recruitment and selection processes • Professional profiles • Core competences 	<ul style="list-style-type: none"> • Personnel or performance standards • Workforce composition • Main tasks
Workload & resources	<ul style="list-style-type: none"> • Catchment areas and work ratios (number of individuals or families managed) 	<ul style="list-style-type: none"> • Hours worked • Commutes and distances • Adequacy of materials and resources
Training & support	<ul style="list-style-type: none"> • Induction and initial training (content and duration of orientations and/or initial trainings) 	<ul style="list-style-type: none"> • Continuous training and ongoing support (content, duration, and frequency of trainings and technical assistance, supervision, monitoring, performance evaluation mechanisms)
Compensation & incentives	<ul style="list-style-type: none"> • Compensation (wages, stipends) • Financial incentives (travel expenses) 	<ul style="list-style-type: none"> • Terms and conditions of work • Non-financial incentives (in-kind support, professional development, career advancement)

conducted with participants between October 2016 and January 2017. All interviews and focus group discussions were audio-recorded and a subset were then transcribed for analysis.¹⁰² During all interviews, including the subset that were transcribed, detailed notes were taken and revised based on audio recordings.

ANALYSIS

Following data collection, summaries and transcriptions from all interviews and focus group discussions were reviewed. Analysis involved organizing information first by each role – CGs, *facilitadoras*, ATs, and *formadores* and *especialistas* – and then by theme (see Table 4). Within these, similar ideas were grouped before synthesizing across themes and roles to identify cross-cutting findings. To maintain the confidentiality of participants, any direct quotes included in this report are not attributed to specific individuals; this study indicates only the participant’s job title (e.g. *formador*).

COSTING

The costs of program expansion were projected through 2025. This exercise involved three primary components: estimating the size of the eligible population, calculating variable and fixed program costs, and projecting these costs, including various expense scenarios, through 2025 when the program is expected to reach full coverage.¹⁰³ First, a top-down method using national demographic and poverty figures was used to estimate the total number of families that will need to be served by the Cuna Más program. The expected program growth rates were applied to this population estimate to approximate future levels of coverage.

Second, the ingredients method was used to calculate total program costs, which are composed of variable and fixed costs. Variable costs include training and support (primarily travel costs), materials and resources, stipends for *facilitadoras*, and salaries for ATs, *especialistas*, and *formadores*. These costs were translated into a total per-*facilitadora* cost, which relied on official ratios between staff and these community actors. Fixed costs were calculated by adding central

¹⁰² The recordings of Interviews with regional leadership as well as focus group discussions (with *formadores* and *especialistas*, ATs, and *facilitadoras*) were transcribed.

¹⁰³ A complete description of the costing methodology can be found in Annex 2.

program management costs in Lima, other regional staff costs (e.g. administrative support and regional leadership), and overhead from regional offices. Total program costs were then calculated by multiplying *facilitadora* unit costs by the total number of *facilitadoras* required to serve the participating families (a ratio of one *facilitadora* to 10 families), and adding fixed costs to this figure.

Finally, these costs were projected through 2025 using expected levels of coverage growth. Additionally, projections were made to quantify the additional expenditure necessary to incorporate various reforms, which include raising wages, hiring more staff, and providing scholarships to outstanding *facilitadoras*.

LIMITATIONS OF THE STUDY

The current study is not without limitations. The sampling framework is not meant to be representative of implementation nationally. As such, results should be interpreted with caution and not generalized to the entire program. For example, selection criteria for the two regional offices included meant that those with relatively lower turnover rates were prioritized, rather than those regions facing some of the most significant workforce challenges, since the objective was to speak with individuals who had in-depth knowledge of the program. While all available *formadores* and *especialistas* within these two regional offices participated in the study, the participation of ATs was more limited, as many were dispersed throughout their regions and located significant distances from regional

offices (as many as 8 or 9 hours by bus). In addition, for logistical reasons, the districts visited within each regional jurisdiction were located closer to urban areas than many communities participating in the program. It is possible that the local experiences represented in this study are more positive than average, given better access to social services and proximity to regional offices. While much of this study focuses on workforce retention, those who had already left Cuna Más – and could potentially provide rich information as to the main drivers of turnover and useful incentives for reducing this – were not interviewed.

For the costing exercise, most data were derived from 2015 and 2016 budget information that preceded changes in program structure; unit costs also varied between years and are likely to continue to evolve between 2017 and 2025. Moreover, calculations assume full staffing and do not account for vacancies which, at times, are significant. Full central program management costs are used with the assumption that they would be comparable in the absence of the daycare service, given the integrated approach at this level of the program, and would not grow according to regional and local expansion. In addition to these limitations which may lead to an overestimation of cost projections, calculations assumed all families identified by the program indeed received services, despite the IDB's finding that nearly one in three families identified for the treatment group did not ultimately receive visits. Cost savings that may result from reducing turnover are not included in these scenarios.

VIII. Findings

This section presents findings, according to the workforce themes identified, based on interviews and focus group discussions (summarized in Table 5).

TABLE 5.
Key findings, by theme

Theme	Findings
Motivation & satisfaction	<ol style="list-style-type: none"> 1. Across program levels, actors are motivated to do their job, and see value and direct impact from their work on the lives of young children and families. 2. Short-term contracts for regional staff create job insecurity.
Recruitment & responsibilities	<ol style="list-style-type: none"> 3. Expanding the professional profile of <i>acompañantes técnicos</i>, by relaxing education and work experience requirements, has helped to ensure sufficient applicants and contributed to a more diverse cohort. 4. Confusing and occasionally overlapping roles and responsibilities at the local level can create a burden for community actors.
Workload & resources	<ol style="list-style-type: none"> 5. The heavy workload of community actors, particularly <i>facilitadoras</i>, and regional staff can prevent them from carrying out their responsibilities or doing so effectively, or even practicing with their own families the behaviors they promote in their work. 6. Insufficient and/or inadequate materials and resources create challenges and a financial burden for volunteer community actors, especially <i>facilitadoras</i>. 7. Traveling to remote communities is expensive, and paying out of pocket to initially cover these costs creates additional burden for <i>acompañantes técnicos</i>.
Training & support	<ol style="list-style-type: none"> 8. Regional staff and community actors value the training and support model for the rich content and engaging delivery of training sessions, and emphasis on continuous support and supervision. 9. Improvements are still needed to ensure community actors have the capacity to onboard new families, and regional staff receive sufficient field support.
Compensation & incentives	<ol style="list-style-type: none"> 10. Regional staff and community actors perceived compensation to be attractive when first joining the program, but long hours, significant travel, challenging contexts, and job insecurity detract from this initial appeal. 11. Opportunities for career advancement and professional development are limited; yet regional staff expressed growing both personally and professionally just by working with the program.

MOTIVATION & SATISFACTION

FINDING 1:

Across program levels, actors are motivated to do their job, and see value and direct impact from their work on the lives of young children and families.

Despite difficult working conditions and other challenges discussed later in this section, community actors and regional staff in both regions visited expressed feelings of commitment and passionate for the program. Diverse actors saw that their work was improving children's and families' lives, which encouraged them to persist (see quote). Even community actors, who receive little or no compensation, enjoyed their work because they could visibly see changes among children and families: "we don't earn anything, but we enjoy all that we have here within the CG." When asked about specific changes they had seen, many community actors referred to reduced anemia rates, increased coverage of proof of identification for children, and children being more outgoing and less scared. More than one *facilitadora* lamented that the program had not existed when their own children were young, as they recognized the substantial progress children in the program were making. Especially among regional staff, many are willing to go above and beyond job requirements because of a commitment to the program's mission. ATs in one region, for example, mentioned frequently supporting families during emergencies with a sick child. This shared intrinsic motivation speaks to the importance of observing and experiencing the tangible gains that participating children and families can make as a key motivator for the early childhood workforce.

"I think that we are part of a change, now or in 20 years, but it doesn't matter. There's already a generational change, an opportunity we haven't had. These children deserve that opportunity. Above all, when you go to [community] where there's absolutely nothing, not even a plate to eat off of, and the child is bathed waiting for the facilitadoras. From that point of view, you see this and it's a big change for us and it's something to take note of. Already after the application of the [child development tool] I've realized that other bigger changes are happening for children, and that encourages us."

- Especialista

FINDING 2:

Short-term contracts for regional staff create job insecurity.

Cuna Más program staff at central and regional levels are employed with short-term contracts (*Contratos Administrativos de Servicio, CAS*), a policy that applies to all social programs in the public sector. Under this scheme, regional staff are initially hired with one-month contracts which, if they perform well, can be renewed for longer periods of two or three months. The longest contracts offered by the program are for six months, primarily offered to *formadores* and *especialistas*. The nature of these short-term agreements means that ATs, *formadores*, and *especialistas* must continually renew their contracts with regional office leadership, who have frequent opportunities to informally evaluate staff performance and let staff go by simply not renewing the terms of the agreement. For staff with significant workload and demanding objectives to meet, this job insecurity can create substantial pressure. This has implications for recruitment and turnover: respondents shared that staff may opt for more stable job opportunities, even those with lower pay, such as teachers who can receive one-year contracts and work towards tenure (see Finding 10).¹⁰⁴

RECRUITMENT & RESPONSIBILITIES

FINDING 3:

Expanding the professional profile of *acompañantes técnicos*, by relaxing education and work experience requirements, has helped to ensure sufficient applicants and contributed to a more diverse cohort.

For the first few years of operations, Cuna Más recruited only professionals with a minimum of two years of work experience, primarily in education or social protection, for the positions of ATs. Regions faced persistent shortages of professionals willing to work in the field or travel significant distances, which led the program to relax certain education and work experience requirements and expand the profile for ATs. This change, in addition to ensuring sufficient qualified candidates, has also contributed to a diverse cohort of ATs that increasingly reflect the holistic

¹⁰⁴ At the time of this study, regional staff (ATs, *formadores*, and *especialistas*) earned between S/2,700 and 2,900 per month while, in comparison, teachers and school directors with tenure earned between S/1,500 and 2,000. In March 2017, the Ministry of Education approved a 15 percent increase (retrieved from <http://www.elperuano.pe/noticia-mas-235000-profesores-recibiran-aumento-sueldo-53480.aspx>).

nature of the home visiting service. In regions visited, ATs held master's, bachelor's, and technical degrees and came to Cuna Más from careers as primary and secondary teachers, sociologists, psychologists, nurses, midwives, and social workers. While central program staff implemented this change to address recruitment challenges, regional staff shared an added benefit of diversifying the pool of candidates: this has led to hiring those with technical backgrounds, who may have more experience working in rural or challenging contexts (see quote).

"I don't see [lowering the terms of reference and hiring technicians] as bad, the technicians come more from the field, I have various technicians working for us [...] They're very good [...] and here in [region] there are many institutions that train or educate technicians, technicians in health, in education, or another type."

-Especialista

FINDING 4:

Confusing and occasionally overlapping roles and responsibilities at the local level can create a burden for community actors.

According to program documents, *consejos de vigilancia* are an optional body, established at the discretion of communities to monitor CGs' use of financial resources and the participation of both *facilitadoras* and families to ensure home visits are conducted. Conversations with community actors, as well as the regional staff who support them, revealed the structure of the program at the local level to be confusing and, at times, redundant. In practice, when a *consejo* is established, community actors may not fully understand or distinguish between their role and that of the CG, leading to an overlap in responsibilities. While *consejos* were not specifically interviewed for this study, individuals served in both groups in the communities visited. Shared membership makes it difficult to assess where the CG's responsibilities end and the *consejo's* begin, and complicates the ability to objectively monitor service delivery and the CG's use of program funds.

Moreover, members of both bodies reported accompanying each *facilitadora* one to two times per month, essentially providing daily oversight. If both CGs and *consejos* are accompanying *facilitadoras* frequently on home visits, this creates potential undue burden for families who receive multiple visitors (including ATs, *formadores*, and *especialistas* on occasion), or

for *facilitadoras* who must accommodate this added coordination and oversight. In addition to providing oversight of service delivery, CGs are tasked with advocating to and coordinating with other ECD-related actors and programs in their communities, but CG members interviewed did not invest significant time doing this beyond occasional communication with the local health center.

In smaller communities, finding different actors to fulfill each of these roles can be challenging, especially given the volunteer nature of these roles. As they do not receive stipends like *facilitadoras*, regional staff expressed difficulty recruiting, retaining, and motivating these members. In one community, two CG members said they took on their role because no one else would volunteer, and that it may be difficult to find replacements once their two-year agreement ends. Overall, given the volunteer status of community actors, and in many cases lower education levels and limited work experience, excessive demands placed on these individuals or confusing roles may have implications for the consistency of service delivery and sustainability of the program at the local level.

WORKLOAD & RESOURCES

FINDING 5:

The heavy workload of community actors, particularly *facilitadoras*, and regional staff can prevent them from carrying out their responsibilities effectively, or even practicing with their own families the behaviors they promote in their work.

For *facilitadoras* and regional staff interviewed, actual workload is substantially higher than what they expected based on program standards and guidelines. While many actors expressed a shared commitment to the program that motivated them to do their work, the volume or expansive scope of their work remains a concern as relying on individuals to continually extend themselves and commit extra hours can be problematic for the long-term sustainability of this workforce.

- a) *Facilitadoras* work twice the number of hours stipulated by the program, effectively working part-time despite their voluntary status and limited compensation.

Facilitadoras are responsible for 10 families, on average, and make weekly visits of about one hour to each family. In many communities, *facilitadoras'* stipends

(S/360 per month at the time of this study) may be reasonable for what appears to be a few hours of work. Yet, in addition to conducting hour-long visits for each family, *facilitadoras* spend time on numerous other activities including: travel to families (which can be up to 60 minutes), participation in bimonthly planning meetings, meetings to make educational materials (see Finding 6), and assisting ATs in monthly group socialization and peer learning sessions. Together, home visits and these additional activities total approximately 18 to 20 hours per week, equivalent to part-time employment.

Many interviewed originally found the volunteering opportunity attractive because its flexible schedule allowed them more time with their families than other jobs. In practice, *facilitadoras* frequently work on weekends to carry out these additional activities, or when families ask to reschedule their visits (a commonly mentioned occurrence). Many *facilitadoras* interviewed reported having small family farms and trading or selling crops at weekend markets, which can take priority over carrying out their voluntary responsibilities (see quote). Additional hours of work, especially when they conflict with income-generating activities, may negatively impact the motivation and, ultimately, the retention of this volunteer workforce.

“Every Saturday I go to the market, there’s a market that takes place every Saturday no matter what. I earn money there and I don’t receive a salary from Cuna Más, it’s like a tip they give me for doing visits. Now, if it were a salary, a job, a contract, I would come [...] it’s voluntary to come and I have to prioritize my household.”
-Facilitadora

b) ATs work long and intensive hours in the field each month, ultimately hampering their ability to practice with their own families the behaviors they promote in their work.

In performing numerous and diverse tasks related to program operations, community engagement, training, supervision, and data management (as detailed in Table 2), ATs work extensive hours and spend most of their time in the field. It is not uncommon to stay overnight when supporting very remote communities, even staying in *facilitadoras*’ homes or community centers when other lodging is unavailable. They often work weekends supervising home visits, planning with *facilitadoras*, or conducting group sessions with families to accommodate the needs and schedules

of community actors and families. Multiple ATs also described providing impromptu support – on the phone or in person – to *facilitadoras* and families during emergencies. Difficult hours and travel detract from time with their own families, creating a contradiction between the guidance they provide families around the importance of quality time and interactions with children, and the time and energy they are able spend with their own children (see quote).

“There are ATs who are mothers, they have children, some have young children. And as the job we’re carrying out is one focused on results, and therefore under pressure, we’re in the field 20, 21, 22 days [per month]. We come back from the field and once again go to the office for the entire day [...] There’s no time nor space for family. In what time? So, I think that we’re not seeing that we promote that the family should be together and, [what about] us? [...] I’ve been here three and a half years, always giving 100% every month to the program. It’s been a long time and I’m getting tired already. I was already looking for other prospects to not have to travel anymore [...] And [to the ATs that] are very good at committing themselves [to their work], how do we reward them? By giving them more work.”
- Acompañante técnico

Changes to the program model over the last year eliminated the role of ACs and expanded ATs’ role to include training and supervising CGs in addition to *facilitadoras*. Former ACs, in addition to oversight of CGs, had to spend significant time getting to know *facilitadoras* and families (see quote), while for ATs, new community management activities detracted from the intensive support they previously provided to *facilitadoras*. The challenge of expanding AT responsibilities and simultaneously performing these previously distinct roles caused some to consider leaving the program during the first few months of this shift.

Another contributor to significant hours and travel is the program definition of AT workload, currently determined by the number of families served (100, on average). To reach this number of families, ATs can be assigned either one CG comprising a few communities or, in less-populated areas, two CGs covering six or seven smaller communities in total. While ATs in both scenarios may work with the same number of *facilitadoras* and families, this does not capture the variation in workload that results when ATs serve multiple CGs – and therefore more communities.

“We have to go talk to the health center, with the municipality, with all of the institutions who, for many, early childhood isn’t important, isn’t of interest, or they don’t care about, so we have to use all necessary means for them to give us access to the clinical history, for them to give us height and weight information [...] I imagine it’s been shocking for those who were ATs before, shocking to take on the tasks of ACs, because the CG isn’t like a *facilitadora* [...] and now, for us as ACs, it was also a little shocking because we didn’t have that connection with families and suddenly we had to go to their houses, share with them, you know? Something we didn’t do before.”

-Former AC, now AT

Twice the number of CGs can mean twice the number of health centers with which to coordinate, community authorities to engage, biweekly planning meetings with *facilitadoras*, and monthly group sessions with families. Moreover, working with more communities requires more travel. ATs explained that forging relationships with multiple community and municipal actors is time-consuming, especially considering each community’s unique context. Following the fusion of AT and AC responsibilities over the last year, the variation in workload is even more pronounced between those who serve one versus multiple CGs.

c) Expansion of the scope of *formadores*’ and *especialistas*’ roles has led to more burdensome workloads that limit the support they can provide, creating uncertainty as to how they can be effective in their work.

Since July 2016, *formadores* have seen an increase in the number of ATs they supervise from 25 to 40, on average (though some had as many as 50 ATs). New program standards expect *formadores* to visit all ATs every eight months yet, considering their varied responsibilities (see Table 2) and significant dispersion between communities, *formadores* interviewed found it difficult to visit the five ATs each month that this would require. Some discussed needing to prioritize visits for those in greatest need rather than providing equal dosage to all ATs.

Especialistas, especially those working in family engagement or community management, face a similar situation in being assigned to approximately 3,000 families: they focus their time on communities most in need. One *especialista* emphasized that much of their work is to ensure the achievement of certain results or coverage targets so the program can receive funding; this encourages them to concentrate efforts on registering families with the program, for example, over other tasks. This raises questions around results-based financing, as it may lead to deemphasizing important activities that are not explicitly tied to financial resources.

Moreover, *formadores* and *especialistas* now support both daycare and home visiting services. At the time of this study, approximately six months after this change, these staff continued to grapple with how best to balance their time across both services. For those originally hired for the daycare service, this change was substantial: in addition to learning the activities and content of the home visiting service, they had to adjust to the nature of work in rural and remote areas. Several program staff saw the challenge, particularly for *formadores*, in having to respond to the needs of both services while continuing to provide sufficient technical assistance in the field to ATs.¹⁰⁵

d) Turnover of *acompañantes técnicos* remains an issue and can amplify the workload of other actors.

Between January and July 2016, turnover of ATs and ACs was about 25 percent, implying an annual turnover rate of 50 percent.¹⁰⁶ In November and December 2016 when data were collected, many respondents considered AT turnover to have improved in 2016. However, both regional and central program staff still recognized this as a key workforce-related challenge for the program. When asked why ATs usually left the program, common responses included maternity leave, other work opportunities with higher pay, returning to posts in the education sector,¹⁰⁷ and the stress and challenges of fieldwork (see quote). Due to ATs’ extensive responsibilities and the connecting role they play between community actors and regional program operations, turnover can have wide-reaching consequences, affecting program actors and even families.

¹⁰⁵ It is worth noting that, at the time of this study, salaries were still unequal between *formadores* and *especialistas* from daycare compared to those from home visiting – with the latter earning more – despite ostensibly performing the same job.

¹⁰⁶ Due to the different times at which regional offices eliminated the role of ACs, turnover data for the current AT role are not yet available. This rate does not distinguish between ACs and ATs who left for voluntary vs. involuntary reasons. Turnover data should be considered with caution, as they capture one six-month period and reflect a program structure that changed substantially in mid-2016 (Correspondence with the program).

¹⁰⁷ In Peru, public teachers who receive tenure are granted two years of unpaid leave to gain further professional experience, whether via coursework or other employment. There are various examples of individuals who have received teacher tenure and, during these two years, join Cuna Más as ATs (and to a lesser extent, *formadores*).

“One of the big problems that we have is high staff turnover. We have ATs that last months [...] They spend money on transportation, often they don’t live in the community, or sometimes they stay because it’s more convenient, but they have to rent a room, they eat in the area, they don’t eat well, their quality of life diminishes, so that affects them a lot, in terms of having opportunities for other work they go. So we have very high rates of people leaving. There aren’t incentives.”

- Central program staff

Formadores, who invest significant time in preparing and supporting ATs, must “start from scratch” each time someone quits, as one *especialista* explained. *Especialistas* may see their work responsibilities in community management or family engagement heightened when there is an AT vacancy. Other ATs may be impacted the most by turnover as regional offices frequently respond by having existing ATs cover those unattended communities, essentially doubling one’s workload for this period. Both *facilitadoras* and CGs see a significant reduction in support when an AT leaves. These challenges are compounded by protracted, bureaucratic recruitment processes that take two to four months to replace an AT.¹⁰⁸ To fill these openings quickly and temporarily, regional offices occasionally hire interim ATs under terms that are less stable than standard program contracts. These temporary contracts do not provide benefits, cannot be renewed, and do not subject the program to the same legal employment responsibilities as standard contracts. Ultimately, turnover can also be difficult for families who take time getting accustomed to program actors entering their homes and may not be comfortable with new ATs. As one AT explained, a level of trust must be carefully – and often slowly – developed before families are willing to let actors into their home, let alone accept guidance and suggestions on parenting.

Overall, while turnover was frequently highlighted as a concern, regional office leadership and staff had difficulty citing exact numbers of those who had left and needed to be replaced. At the time of this study, rich data were being collected at local and regional levels – primarily by ATs – but were not uploaded or accessible in real time for program decision makers, making it hard to understand the exact magnitude of turnover.

¹⁰⁸ When an AT quits, numerous steps must be taken by various actors and government authorities – including regional offices, central program staff, MIDIS, MEF, and the Ministry of Labor – to approve the hiring of a replacement, publish a call for applicants, review applications, and interview candidates.

FINDING 6:

Insufficient and/or inadequate materials and resources create challenges and a financial burden for volunteer community actors, especially *facilitadoras*.

Facilitadoras interviewed highlighted incomplete kits or deteriorating educational and play materials as one of the most significant challenges they face in their day-to-day work. The kits provided by the program are often incomplete, missing materials referenced in the weekly activity cards that are central to *facilitadoras’* visits. Moreover, the kits *facilitadoras* do receive deteriorate easily in their daily use with families. After one year, for example, the backpacks *facilitadoras* use to carry their materials are no longer useable. Books, puzzles, and crayons are easily broken or missing pieces, and toys must be repaired with packing tape. This is not necessarily surprising: “children are children” one *facilitadora* described.

Inadequate materials present a challenge for the motivation and confidence of *facilitadoras*, as these materials create structure for each visit. *Facilitadoras* expressed feeling frustrated and limited by their materials as continually reusing the same ones bored some of the children. One *facilitadora* said that if “you arrive to work with children without materials, you don’t do anything.” One central program staff member shared similar concerns that the conditions of certain materials may interfere with their work. In addition to motivation, *facilitadoras* expressed that the conditions of these materials had a direct effect on workload. *Facilitadoras* in both communities spent additional hours each month making materials, often as a regularly scheduled group activity, to replace worn-out items or create something missing from their kit. In addition to working extra hours, *facilitadoras* regularly use a portion of their stipend to purchase supplies for these materials. While educational materials are intended to enhance *facilitadoras’* work with families, a lack of materials or deteriorating conditions can be limiting for these volunteers who generally have minimal training or experience in ECD.

“Sometimes we lack materials. For example, some things we make ourselves, we do it with the little money we make, it’s minimal, you know? It’s not enough.”

-Facilitadora

While CG funds are intended, in part, to cover the cost of supplies or materials for *facilitadoras*, they are often not enough to meet *facilitadoras*' needs. Moreover, CG funds were also reported as insufficient to replace weather gear (e.g. rainboots, umbrellas) that deteriorates quickly in arduous climates. While the program budgets funds annually for each CG to purchase weather gear and uniforms (such as polos, vests, or jackets with the Cuna Más logo), actual execution of these funds can be inefficient, making uniform and weather gear replacements infrequent, at every one and a half to two years.¹⁰⁹ Cuna Más uniforms are highly valued at the local level as they help community actors feel a sense of belonging to the program and families see them as legitimate representatives. For communities or individuals who join Cuna Más between purchases, or for existing communities with deteriorating resources, actors who want these items must pay out of pocket. In addition to creating a financial burden for these volunteers, this can also create inconsistency when some *facilitadoras* are unwilling or unable to pay for their own uniforms, as families may question why they do not wear the same apparel as their peers.

One principal responsibility of CGs is to administer monthly funds transferred by the program for *facilitadoras*' stipends and local operations. Among interviewees, CGs as well as community management *especialistas* who support them described the financial burden that withdrawing these monthly funds can present, as CG members must travel to the city where the bank is located. In addition to the costs of this travel, CG members from very remote communities – where distance and infrequent transportation options can mean multiple days of travel – must often stay overnight. Some *especialistas* reported hosting CG members in their homes. According to interviews with central program staff, a separate amount (in addition to monthly funds) is provided to CGs depending on their distance from the city. This amount is meant to cover members' transportation, lodging, and food. The disconnect between the funds the program reportedly transfers and the actual funds that CG members' (and *especialistas*) claim to receive reveals that CGs may not be receiving the full resources necessary to carry out their work.

These challenges highlight the relative importance of inputs like educational materials, weather gear, uniforms, and transportation resources for motivating and empowering community volunteers.

FINDING 7:

Traveling to remote communities is expensive, and paying out of pocket to initially cover these costs creates additional burden for *acompañantes técnicos*.

Until late 2015, ATs paid for their own transportation to travel to and within their assigned communities. The program, perceiving this as contributing to high turnover, introduced funds to cover ATs' travel-related costs each month (S/250 per AT, on average). However, rather than receive these transportation funds prior to carrying out field work each month as *formadores* and *especialistas* do, ATs must pay out of pocket and submit receipts for reimbursement that account for each *sol* spent. One AT explained that they set aside S/500 each month (about 20 percent of wages) to cover these costs. In some of the most remote communities, regional staff said that securing receipts for transportation or food can be next to impossible. There is also little flexibility in the type of expenses that can be reimbursed, which can be limiting when ATs spend significant time alongside volunteers in poor communities, where it can be polite or culturally expected to cover small expenses (see quote).

*"You go with the *facilitadoras*, you go with the CG, and if you want to drink something, you have to offer it to them, too. If you get, for example, a ride, you have to pay for them [...] and they do give us funds now for accompanying [*facilitadoras*] and they tell us it's for that but the truth is that sometimes it's not enough to cover what we do."*
- *Acompañante técnico*

While ATs must pay out of pocket and submit receipts for reimbursement, interviews with central program staff revealed that funds are available within regional office budgets from the start of each month and, in theory, could be distributed before ATs go into the field. Both central program staff and regional office leadership explained that requiring ATs to submit

¹⁰⁹ In 2013, the program provided jackets to all community actors. However, given the varied climates in which communities are located, the program now transfers funds to CGs to decide what type of clothing is most appropriate for them (e.g. polos or t-shirts in warmer climates, jackets in colder regions).

reimbursements has the added benefit of ensuring they complete their work each month, as they must submit, alongside receipts, details of all activities conducted and proof that they accompanied each *facilitadora* on a visit twice that month. Whereas ATs see transportation funds as an essential prerequisite for carrying out their day-to-day work effectively, which consists of travel 75 to 80 percent of their time, the program views funds as an accountability measure.

TRAINING & SUPPORT

FINDING 8:

Regional staff and community actors value the training and support model for the rich content and engaging delivery of training sessions, and emphasis on continuous support and supervision.

In addition to standalone training sessions, the Cuna Más model is centered around continuous support and supervision. Both components appear highly valuable for both community and regional program actors. ATs hold biweekly group planning meetings with *facilitadoras* and, each month, provide individual feedback and guidance after accompanying each *facilitadora* on two home visits — where ATs take time to reinforce any areas for improvement. *Facilitadoras* also participate in one to two trainings each year, which provide opportunities to learn more about health, nutrition, and child development, as well as any program changes. *Facilitadoras* clearly expressed the value of receiving constant support and training from ATs during these two activities, which allowed them to keep improving in their work; one *facilitadora* shared, “we’re continually polishing our craft.”

ATs receive two to three trainings per year, monthly refresher sessions, and technical assistance in the field from *formadores*, with the support of *especialistas*. ATs interviewed in both regions spoke highly of these opportunities and the quality of the content delivery, with one AT describing *formadores* as “super, they do [their jobs] so dynamically so that you don’t get bored, so that you understand during the training.” They highlighted the usefulness and flexibility of monthly refresher sessions which take place the first few days of each month before visiting communities and can be used to respond to recent problems witnessed during field visits or to inform ATs about new tools or pertinent program changes. Monthly sessions also allow ATs to revisit certain topics and socialize with their peers after weeks traveling independently. With ATs spending

much of their time in communities, the supervision and support they receive in the field from *formadores* and *especialistas* is essential and, as expressed in interviews and focus groups, highly valued. Visits allow ATs to demonstrate what they have learned and receive more individualized feedback than in other training and refresher sessions (see quote).

Formadores and *especialistas* expressed appreciation for their training opportunities, particularly in-person workshops that convene staff from different regions. *Formadores* and *especialistas* in regional offices also receive virtual and in-person technical assistance from central program staff to reinforce certain topics and provide guidance around their work with ATs and communities.

“Field assistance for me is very rewarding, because one thing is that they show you, they tell you, and another is that they see your work in the field [...] they don’t intervene at all. They let you do your work, you do your work and at the end of the day [...] they have time to chat with me [...] and I have the opportunity to also say to them, ‘you know what, look, I have a weakness in this, how do I do it? Can you explain this to me again?’ ”

-Acompañante técnico

FINDING 9:

Improvements are still needed to ensure community actors have the capacity to onboard new families, and regional staff receive sufficient field support.

“The first question [the families] ask you is about money and, regarding that, you have to be clear with them because when they hear the name of the government, they think that the community is going to see a lot of money [...] they always gave us the example of how JUNTOS gives us money and Cuna Más gives us nothing [...] the *facilitadoras* also come to us with this information: ‘Miss, this family can’t receive visits because we don’t give them anything.’ ”

- Acompañante técnico

Community actors expressed the need for more training and support to onboard new families into the program as families frequently misunderstand the program’s purpose and reject services temporarily or altogether. They often expect cash or material goods (such as those provided by JUNTOS, Vaso de Leche, and other social programs implemented by

MIDIS), and do not sufficiently understand the benefits offered by the program (see quote). Others refuse to let the program into their home, feeling ashamed for being targeted because they are poor. While most *facilitadoras* convinced families to participate after some time, these initial experiences in trying to earn families' trust were described as "shocking", "one of the most difficult moments in [their] lives", and compared the process to going into battle. Difficulty earning families' trust also has implications for when there is *facilitadora* turnover, as they must adapt to a new person entering their home each week. Multiple ATs recounted cases when families had refused a new *facilitadora* after the previous one had quit, saying they did not want visits from anyone else. Families' misconceptions about the program and reluctance to participate are likely to be common challenges as the program expands to new families and continues to scale nationally. This need for increased or more intensive preparation of *facilitadoras* to adapt to different family situations and challenges was similarly identified by the IDB in its impact evaluation of the program (as mentioned in Section IV).

For ATs, the frequency of technical assistance in the field can be uneven, and is being reduced by *formadores*' increased workloads across both daycare and home visiting services. Some ATs raised the concern that those working in the most remote communities receive less frequent field visits than their peers whose communities are located closer to the regional office. This differential attention from *formadores*, and to some extent *especialistas*, based on proximity to the regional office is worth assessing further as it is likely those who work with the most remote communities need the most support, yet receive the least. In one region, ATs previously received monthly visits from their *formador*, while ATs in another region received a handful of visits each year. However, these *formadores* calculated that it would be difficult for them to visit ATs more than once per year given this increased workload.

Among *formadores* and *especialistas*, a reduction in the number of trainings for 2017 (from three to two for *formadores*, and two to one for *especialistas*) is perceived negatively given the helpfulness of these workshops. These trainings, which take place over multiple days in Lima or a regional capital, convene *formadores* and *especialistas* from multiple regions.

Central program staff explained that this change is meant to shift more time and resources to in-person technical assistance for regional offices in need of additional support. Given significant changes to the program over the last year, these trainings can be helpful in aligning staff from diverse regions, and create opportunities for peer learning that individual support does not provide. In December 2016, for example, a national training in Lima allowed all *formadores* and *especialistas* from daycare and home visiting to better familiarize themselves with the other service with which they would increasingly work. That these trainings take place in-person and bring together all staff was preferable to a videoconference, as one *formador* described, because they could share experiences with colleagues and more easily discuss issues with central program staff.

COMPENSATION & INCENTIVES

FINDING 10:

Regional staff and community actors perceived compensation to be attractive when first joining the program, but long hours, significant travel, challenging contexts, and job insecurity detract from this initial appeal.

"The stipend is very little because we work more, because we're making materials...In other words, the 10 hours they tell you... we don't work 10. If they added a little more [to our stipend], we wouldn't look for other options."

-*Facilitadora*

Facilitadoras' tasks easily amount to more than the 10 hours per week that the program estimates (Finding 5) and, given this reality, their financial compensation is limited (see quote). In fact, *facilitadoras* ultimately work similar hours to their peers in PRONOEI centers (non-formal preschools) in their communities, who have comparable education requirements, earn monthly stipends that are more than 50 percent higher,^{110,111} and work fixed schedules (i.e. only weekday mornings). Moreover, *facilitadoras* incur unforeseen costs in carrying out their program duties, such as for

¹¹⁰ PRONOEI *promotores* or *animadores* are volunteer educators in non-formal early childhood education centers. Using a similar co-management model to Cuna Más, these educators selected from their community, often in rural or remote areas. In 2015, the Ministry of Education raised their monthly stipends from S/320 to S/559 ("Autorizan Transferencia de Partidas en el Presupuesto del Sector Público", 2016).

¹¹¹ For the purpose of comparison, the minimum wage in Peru is S/850 per month ("Remuneración Mínima Vital será de S/850", 2016).

local transportation when it floods, supplies to make educational materials, child care while they work, or for lunch when spending the entire day carrying out visits. One *facilitadora* said they occasionally share their stipends with families they visit if a child is sick or hungry because, while their whole community might be poor, *facilitadoras* at least receive some compensation and see themselves as relatively better off than these families. Limited data challenge the ability to determine the exact magnitude of *facilitadora* turnover, but when asked for common reasons *facilitadoras* quit, both regional staff and community actors cited low pay and challenging work schedules. This turnover can damage relationships that the program builds with families. While a national Law on Volunteerism guarantees community volunteers access to certain benefits – such as certified trainings, access to public health insurance (*Seguro Integral de Salud, SIS*), and special consideration for scholarship programs¹¹² – few, if any, *facilitadoras* are currently receiving these benefits due to limited information and support from the program on how to register themselves and track their hours.

Regional staff experience a similar shift in how they perceive their salaries. As long hours, significant travel, and expanding roles continue to weigh on this workforce, other employment opportunities become more attractive, even when they have lower salaries than Cuna Más (Finding 2). As one *especialista* described, “Many are going to prefer to leave Cuna Más and go to some school because they can work half a day and not have to travel anywhere, they’re there in just one village.” Even other social programs run by MIDIS (such as JUNTOS or Qali Warma) were mentioned as attractive alternatives given better travel funds and access to motorbikes or cars,¹¹³ even though these programs offer comparable pay and the same short-term contracts. This situation reveals the limitations of a competitive or relatively attractive salary or stipend, which can pose challenges for motivating and retaining a workforce that experiences heavy workloads, significant travel, and other adverse conditions.

ATs, *formadores*, and *especialistas* raised additional concerns about their salaries relative to those of their colleagues. There are two different salaries for ATs, with the slightly higher one offered to those in more remote or challenging locations. In practice, ATs did not have

a good understanding of how the program determines who receives these different rates, especially when they considered their own workloads and commutes to be comparable; they also considered increases in their workload to deserve increased wages (see quotes). *Formadores* and *especialistas* explicitly noted that, despite overseeing ATs and being considered a higher position in the program, they earn comparable salaries.¹¹⁴

“I now have two CGs, what’s the budget situation going to be? I even talked to administration and they told us that the budget was the same, and since I had already signed the contract and everything else [...] If the workload is heavier then, wasn’t it obvious that the salary should go up?”
- *Acompañante técnico*

FINDING 11:

Opportunities for career advancement and professional development are limited; yet regional staff expressed growing both personally and professionally just by working with the program.

In both regions visited, there were a few examples of former ATs who had gone on to become *formadores* or *especialistas*, or a *formador* or *especialista* who had advanced to regional leadership positions. Despite these examples, the program has no clear career ladder for regional staff and community actors and limited opportunities for advancement. No *facilitadora* in either region visited had become an AT, and interviews with central program staff and regional office leadership indicated that developing a way for community actors to become regional staff was not a current priority. One *facilitadora* who had comparable education and work experience to other ATs did not see it as a desirable option, as she regularly observed ATs working 10 or 12 hours a day. While approximately 1,000 ATs were employed at the time of this study, less than 50 *formador* and about 100 *especialista* positions existed nationwide. The limited quantity of positions available above the level of AT constrains opportunities for advancement. In addition, for those ATs that do advance, salary increases are minimal at best (Finding 10), despite increased responsibility.

¹¹²“Decreto Supremo que aprueba el Reglamento de la Ley N° 28238, Ley General del Voluntariado.” (2015). *El Peruano*.

¹¹³Central and regional program staff revealed that Cuna Más is the only MIDIS program where regional offices do not have their own transportation.

¹¹⁴Salaries for ATs are S/2,700 per month or S/2,900 for those the program determines to work in more challenging locations. *Formadores* and *especialistas* earn S/2,900 per month.

In regards to professional development, only *formadores* (and some regional office leadership) received an opportunity in 2013 and 2014 to complete a diploma in ECD, designed by Cuna Más in partnership with Universidad Católica and supported by the Bernard van Leer Foundation. This opportunity was very positively received by participants, and seen by a central program staff member as a good incentive and way to recognize *formadores* for their work. Since 2014, no similar opportunity has been provided. Recently, however, the program partnered with a teacher training institution for *formadores* to receive academic credit for their trainings. *Especialistas* do not receive this same credit. According to central program staff, this distinction is due to the content of *formadores*' work with ATs as more pedagogical in nature than the work of *especialistas*. *Especialistas* and ATs emphasized their desire to receive similar certifications for the trainings, and *formadores* recognized their relative fortune in receiving this over their colleagues.

A few ATs interviewed were either completing, or had at one point attempted to complete, an online course or diploma, doing so in their spare time and with their own money. However burdensome workloads

"This year I'm doing a specialization course that has cost me sweat and tears, for my Saturdays and Sundays."
- *Acompañante técnico*

(Finding 5) limit these opportunities, or make the experiences challenging (see quote). One AT explained that they must make themselves available for the job's demanding hours, in comparison to more standard work schedules that may leave time for coursework in the evening or on weekends.

It is important to note that, despite limited professional development opportunities, regional staff expressed learning a substantial amount just by working with the program. In addition to gaining expertise in areas such as child development and in designing and conducting trainings, a few staff members interviewed highlighted the personal, enriching knowledge they had gained (see quote).

"While it's true the program doesn't offer you a document, a paper [for your trainings], knowledge they do give us. That knowledge in some way has particularly helped me to learn more in relation to child development, parenting [...] the program has given me a lot, not only as a professional but also as a person [...] So I believe that Cuna Más, at least personally, has contributed substantially to life skills, for the future, for a more practical life that I am going to apply in the long run."
- *Especialista*

Both explicit pathways to advance within Cuna Más as well as opportunities to develop professionally and personally were seen as highly desirable and motivating for this workforce, particularly regional staff members.

IX. Recommendations and resource requirements

Representatives of all workforce roles in this study revealed a common passion for the mission of Cuna Más. Even after years with the program or when facing challenging work conditions, the home visiting workforce shares an intrinsic motivation to do their work well and achieve results that improve the lives of vulnerable young children and families. This demonstrates the program's success in recruiting not only qualified, but dedicated individuals. This study finds that key to leveraging and channeling this workforce's dedication is a holistic training and support system that embraces a model of ongoing, supportive supervision. Actors at multiple levels of the program deemed the content and delivery of initial and continuous trainings to be both enjoyable and informative. Technical assistance in the field is seen as rewarding and helpful in strengthening the day-to-day work of community actors and regional staff members according to their context and individual needs. These strengths are notable given the scale of the program and relatively few years of operation.

The Cuna Más home visiting service has reached an inflection point in its development after a few years of rapid scaling and early, positive results for young children. By further strengthening and supporting the workforce, particularly around workload and incentives, the program can improve both efficiency and sustainability to achieve even greater impact and scale. This section includes specific program and policy recommendations for Cuna Más central program headquarters to consider in supporting its workforce,¹¹⁵ followed by the resource requirements (Table 6) necessary for enacting these suggested reforms.

RECOMMENDATIONS

Motivation & satisfaction

1. **The program should allow ATs, *formadores*, and *especialistas* to secure six-month contracts**, the maximum duration allowed by MIDIS after completing an initial, shorter trial period, which may help them to

see Cuna Más a long-term employment option and thus improve their retention in the program.

Recruitment & responsibilities

2. **The program should clarify the local structure of the program to community actors**, more explicitly differentiating between the roles of CGs and *consejos de vigilancia* and emphasizing the optional nature of the latter. Finding ways to ease the burden (administrative, financial, or other) for community actors to deliver the home visiting service may be key to sustaining it in the long-run, as well as establishing it in new communities (see additional recommendations around resources). This may be done alongside additional or more intensive training suggested in the training and support recommendations below.

Workload & resources

Facilitadoras, ATs, *formadores*, and *especialistas* all experience heavier workloads than expected, which can detract from their effectiveness, job satisfaction, or the attractiveness of their stipends and salaries.

3. **Improve the materials purchasing process to ensure communities receive timely and complete kit replacements each year**; this can help reduce the additional time *facilitadoras* spend creating materials from scratch. While the most efficient option may be to transfer funds to regional offices to complete these purchases, this may not be possible given the limited financial and administrative autonomy of these bodies (as mentioned in Section IV). Given communities' limited capacity and perhaps limited supply of adequate vendors from whom they can purchase materials locally, the program should consider returning to the previous model of purchasing materials centrally and work to find ways to make it as efficient as possible.

¹¹⁵These recommendations are numbered in the text to correspond with their listing in Table 6.

4. **The program should also work to improve and closely monitor the execution of funds to ensure uniforms and weather gear are purchased and made available each year.**
5. **Clarify to CGs the intended use and schedule of different types of funds transferred from the program (i.e. for transportation and lodging) to avoid community actors paying out of pocket.** Currently, there seems to be confusion around what resources CGs should expect to receive and how often.
6. **Assign each AT to a maximum of one CG to reduce both travel time and work hours.** Given the significant travel associated with ATs' work, the increased role they have taken on within communities over the last year, and the central role they play in the program, reducing turnover should be a priority.
7. **Moreover, provide transportation funds before ATs complete their monthly field work to mitigate some of the financial stresses associated with significant travel.**
8. **Lower the number of ATs that each *formador* oversees (from 40 back to 25).** As *formadores* are grappling with two significant changes that have increased the volume and scope of their work, this reduction can help them work effectively across both services and has the added benefit of ensuring more frequent technical assistance in the field for ATs. Given the small number of *formadores* required relative to the size of the program, this change would have small financial implications.

Training & support

9. **All regional staff and community actors, especially *facilitadoras* working with new families, should receive more specific training on how to articulate the benefits of the program in order to convince families to participate.** It may be useful for *facilitadoras* to learn how to share with new families data about the program's results for children: for example, sharing the reduction in anemia, malnutrition, or improvements in language development in a specific community may be motivational and help generate participation without raising expectations regarding material incentives.
10. **For *formadores* and *especialistas*, the program should improve communication around the evolving training model.** For example, when announcing a reduction in the number of annual training workshops, this should be accompanied

by specific information about increased technical assistance in the field (a schedule for the next six months, criteria for receiving more assistance, etc.).

Compensation & incentives

11. **The program should prioritize helping *facilitadoras* to access benefits guaranteed to them as volunteers, which may involve providing more intensive and ongoing support to help *facilitadoras* register and log their hours.** This may take the form of regional administrative staff traveling to communities or better leveraging data that ATs already collect. For *facilitadoras*, both non-financial and financial incentives are critical for attracting and retaining high-performing individuals, which in turn ensure more stable, trusted relationships with families.
12. **Raise *facilitadoras*' monthly stipends to match those received by PRONOEI promoters.** This can also ensure Cuna Más is a competitive opportunity in communities. Given the significant increase this would entail, the program may consider implementing an incremental raise each year.
13. **Establish or better clarify criteria for determining which ATs receive the lower and higher salary options.** This presents a low-effort way to address these actors' concerns and promote greater transparency.
14. **Raise *formadores*' and *especialistas*' starting salaries a small amount to better differentiate their remuneration from ATs and better compensate them for the supervisory role they play.** This can additionally incentivize ATs who wish to remain and advance within the program.
15. **Find mechanisms within the public sector, such as through the National Program of Scholarships and Educational Credit (*El Programa Nacional de Becas y Crédito Educativo*, PRONABEC) to offer scholarships to 50 outstanding *facilitadoras* each year to study an ECD-related field, so that they can later become ATs.** Supporting this career path can leverage *facilitadoras*' unique contextual knowledge, rich experience conducting home visiting (an area in which many ATs had no prior experience), and understanding of how community actors are best supported.
16. **For ATs, *formadores*, and *especialistas*, establish junior- and senior-level positions and salaries so that staff with more experience in the program can progress within their role.¹¹⁶**

¹¹⁶This would have an effect similar to that of a pay scale. Given limitations in the types and lengths of contracts Cuna Más can provide employees, establishing an actual pay scale is not a possibility.

- 17. Expand partnerships with higher education institutions to accredit trainings and re-establish the diploma opportunity for all three regional staff roles. This opportunity can be tied to staff's duration or performance in the program.**
- 18. Develop a system for tracking turnover at regional and community levels in real time to help quantify the impact and cost implications of turnover and allow for timely and evidence-based decision making.**

RESOURCE REQUIREMENTS

Most of these reforms require little or no financial resources, and can be implemented by improving communication or program processes, for example, providing funds for ATs' travel prior to their fieldwork each month. While adopting all proposed reforms may help to improve program efficiency and sustain quality at scale by reducing turnover rates, this will require some time and resources. Table 6 below indicates the

TABLE 6.
Proposed reforms and estimated resource requirements for 2018¹¹⁷

Reform	Absolute cost (S/ 1,000,000)	Relative cost (share of budget)
(1) Allow ATs, <i>formadores</i> , and <i>especialistas</i> to secure 6-month contracts, after trial period	-	-
(3,4) Improve and monitor processes for purchasing materials, uniforms, and weather apparel ¹¹⁸	-	-
(5) Clarify to CGs the intended use and schedule of different types of program funds	-	-
(6) Assign ATs to one CG, maximum ¹¹⁹	29.02	17.40%
(7) Provide travel funds upfront to ATs each month	-	-
(8) Reduce the number of ATs each <i>formador</i> oversees (from 40 to 25)	1.44	0.86%
(2,9) Provide additional training/support for community actors to clarify roles and responsibilities, and improve onboarding of new families	-	-
(10) Improve program's communication to regional staff around evolving training model	-	-
(11) Provide administrative support to help <i>facilitadoras</i> access volunteer benefits	N/A	N/A
(12) Gradually increase <i>facilitadoras</i> ' stipends each year to match PRONOEI stipends by 2025 ¹²⁰	3.12	1.87%
(13) Clarify criteria for determining which ATs receive lower and higher salaries	-	-
(14) Raise <i>formadores/especialistas</i> ' starting salaries ¹²¹	1.29	0.77%
(15) Offer scholarships for 50 outstanding <i>facilitadoras</i> to study ECD ¹²²	1.86	1.12%
(16) Establish junior- and senior-level positions and salaries so that ATs, <i>formadores</i> , and <i>especialistas</i> can progress within their role ¹²³	2.78	1.67%
(17) Expand partnerships with higher education institutions to accredit trainings and re-establish the diploma opportunity for all three regional staff roles ¹²⁴	N/A	N/A
(18) Develop system for tracking turnover at both regional and community levels	N/A	N/A

¹¹⁷The projected 2018 budget is S/167 million.

¹¹⁸ This reform assumes the total budget amount allocated for educational materials would remain the same.

¹¹⁹Currently, ATs are assigned to approximately 10 *facilitadoras*, while there is one CG for every 6 *facilitadoras* (on average). To reduce the ratio of ATs to CGs, this model matches the CG to *facilitadora* ratio by reducing the ratio of ATs to *facilitadoras* from 1:10 to 1:6.

¹²⁰ The recommendation is to begin raising *facilitadoras*' stipends in 2018 by about S/22 (per month) each year until reaching the target S/559 in 2025. The projection shown here (S/3.12 million) illustrates the absolute and relative cost for implementing this in 2018. By 2025, the cost of this stipend increase would amount to S/54.64 million, or 16.47% of the 2025 budget.

¹²¹This assumes a base salary increase from S/2,900 to 3,300 per month. *Coordinadores*' salaries are also increased (from S/3,500 to 4,000) to continue to distinguish their salaries from those in more junior positions.

¹²² This cost projection accounts for two to three *facilitadoras* per region to study early childhood education, nursing, nutrition, midwifery, medicine, psychology, or social work at a public institute or university. In addition to tuition costs, this projection includes estimates for transportation, school supplies, and food (based on Beca 18 amounts for students studying in their region). Costs retrieved from www.ponteencarrera.pe and www.pronabec.gob.pe/.

¹²³ This cost projection considers a junior- and senior-level position created for each role, where the latter receives a monthly wage that is S/200 higher. To determine what proportion of regional staff will have the experience for each junior- and senior-level position, this exercise assumes turnover rates based on program data for January through June 2016.

¹²⁴ According to the program, the 2013-2014 diploma opportunity did not incur costs for Cuna Más as it was supported by the Bernard van Leer Foundation. Current costs are not available.

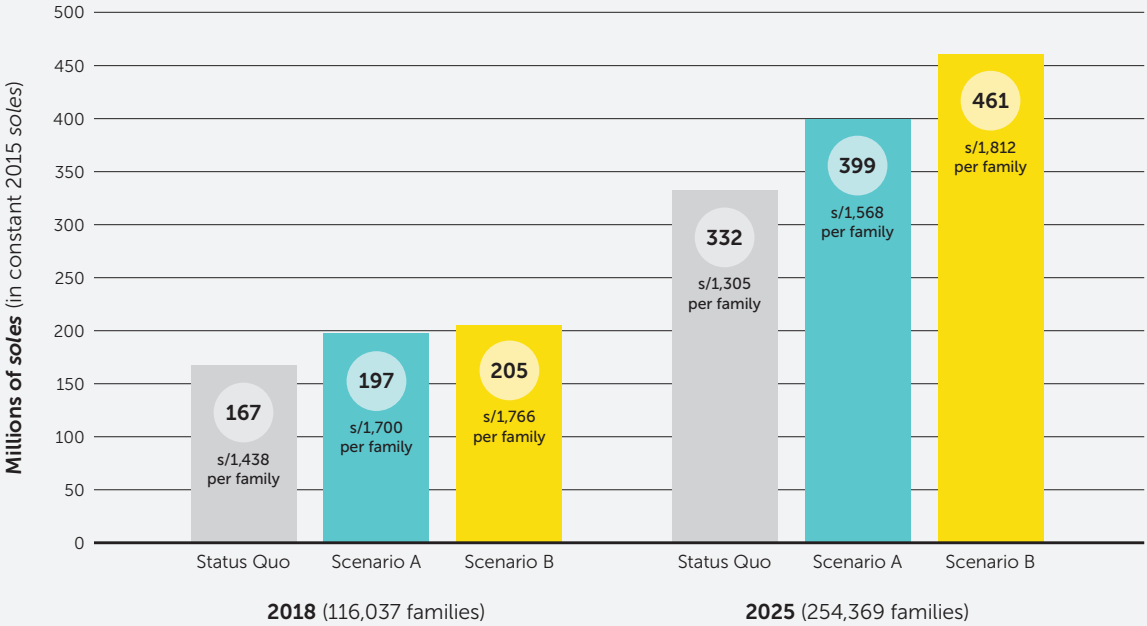
absolute and relative cost implications of each reform for 2018 to illustrate the resources necessary to apply them individually. Some reforms entail additional, relatively low resources, such as raising the starting salaries for *formadores* and *especialistas*. Finally, a few reforms necessitate substantial resources, given the quantity of actors they affect, such as reducing the number of CGs (and, therefore, communities and actors) each AT oversees. While more expensive, these reforms (or some variation) are worth considering as they may have the most direct impact on the workforce closest to the delivery of quality services to young children and families.

There are different pathways for implementing these reforms that Cuna Más may consider. The first scenario (“Scenario A”) focuses on easing the workload of overburdened staff, an issue with more immediate implications for sustainability. Specifically, this scenario envisions adopting all recommendations in Table 6 with no costs, as well as two main cost drivers: a reduction in the number of ATs overseen by *formadores*, and in the number of CGs overseen by ATs. A second

scenario (“Scenario B”), centers around improving compensation and incentives for the workforce, which in turn makes the program a more competitive, attractive employment option. This scenario envisions reforms that may be logistically complicated for a large, social program in the public sector to enact and best implemented in the long-term. In addition to those reforms considered in Scenario A, this option adopts four additional cost drivers: offering scholarships to 50 outstanding *facilitadoras* each year, gradually increasing *facilitadoras*’ stipends, raising the base salary of *especialistas* and *formadores*, and establishing junior- and senior-level positions within regional staff roles to create, in effect, a pay scale. Table 7 and Figure 7 depict the annual human and financial resources required to implement scenarios A and B at two points in time: 2018 and 2025.¹²⁵ Per-family costs accompany these budget projections.

It is important to note that these projections are likely an overestimation given efficiencies and savings that can be gained from reducing turnover and the associated costs of recruitment and initial training. For

FIGURE 7.
Annual projected costs¹²⁶



¹²⁵ For 2025, it is assumed that central program costs will remain the same each year, with increased resources channeled to regional and local levels.

¹²⁶ For the purpose of comparison, projected costs do not account for inflation.

TABLE 7.
Projected home visiting workforce requirements

	2018			2025		
	Status quo	Scenario A	Scenario B	Status quo	Scenario A	Scenario B
<i>Formadores</i>	29	46	46	64	102	102
<i>Especialistas</i>	174	174	174	382	382	382
<i>Acompañantes técnicos</i>	1,160	1,934	1,934	2,544	4,239	4,239
<i>Facilitadoras</i>	11,604	11,604	11,604	25,437	25,437	25,437
<i>Comités de gestión</i>	1,934	1,934	1,934	4,239	4,239	4,239
	116,037 families			254,369 families		

example, if turnover were reduced for ATs (from 47 to 33 percent) and *formadores* (from 33 to 20 percent), this would save approximately S/242,000 in initial training costs during 2018 alone. More significant than training costs, these projections do not consider the significant knowledge and experience that can be leveraged by reducing turnover. Moreover, while official ratios are considered (e.g. one AT per 10 *facilitadoras* in the “status quo” scenario), this study found regular,

and at times significant, vacancies among ATs (and to a lesser extent, *formadores* and *especialistas*). This varies between regions and may, in part, be due to changes in program structure or coverage that necessitate additional staff. However, significant vacancies may lead to overestimating costs in the status quo scenarios and, over time, contribute to overburdening this workforce.

X. Lessons for policymakers and program managers

As one of the few home visiting programs operating – and having been evaluated – at scale in low- and middle-income countries, the Cuna Más model holds valuable workforce-related lessons that may resonate more broadly with ECD program managers and policymakers seeking to reach vulnerable young children and families, regardless of country context:



Supervision in the field is critical for this workforce, particularly in rural contexts where many actors have limited training or experience and work independently much of the time. Maintaining reasonable workloads (especially ratios of

supervisors to supervisees) is critical to ensuring support can be truly continuous.



In addition to delivering important content, **educational materials are critical for empowering community actors** who may not have the training or experience to otherwise provide guidance to young children and families. These materials provide structure and

support and, along with uniforms and other resources that may seem like small inputs, can be powerful tools and incentives for a volunteer workforce.



Working in remote contexts can be stressful and presents challenges to which many actors may not be accustomed, especially for those not from the communities in which they work. It is important to **identify workers' principal travel-**

related barriers and find ways to address these. This can help to improve the motivation of and quality of life for this workforce, and allow them to focus on providing quality services.



An attractive stipend or starting salary is not enough to motivate and retain workers alone; individuals may opt for more stable employment or reasonable hours when faced with challenging working conditions. However,

career ladders and pay scales can reward actors (both professionals and volunteers) for their dedication, retain and leverage the experience of high-performing individuals, and encourage strong candidates to see working in ECD as a viable career path, rather than temporary employment.

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Annexes

ANNEX 1: TRAINING AND SUPPORT FOR THE HOME VISITING WORKFORCE¹²⁷

Role	Induction & initial training	Continuous training	Technical assistance & ongoing support
REGIONAL STAFF			
Formadores	<ul style="list-style-type: none"> • Induction: Via program materials given to staff to review • Initial training: Conducted in-person by central program staff over 8 to 10 days. • Selected topics: program overview (strategies, mission, objectives, structure, roles of different actors); guidelines and protocols; adult learning and training resources; educational materials, activities and spaces for early learning; the role of the adult in ECD 	<ul style="list-style-type: none"> • Training workshops: Two in-person workshops per year (3-5 days each), where <i>formadores</i> convene in Lima or regional capitals.¹²⁸ Sample topics: cultural diversity, performance of field staff and community actors, administrative tasks, monitoring ECD outcomes, training plans, effective communication, risk management, social protection for at-risk children, care for children with disabilities, strategies for strengthening family care practices • Additional content and documents are provided virtually (e.g. training plans, ECD dimensions and characteristics, nutrition, etc.) 	<ul style="list-style-type: none"> • Continuous technical assistance from central program staff, via videoconference and in-person visits
Especialistas	<ul style="list-style-type: none"> • Induction: Via program materials to review • Initial training: Conducted in-person by central program staff or a <i>formador</i> in their region • Selected topics: program overview, guidelines and protocols, content-specific documents,¹²⁹ effective communication skills, and area-specific topics (e.g. healthy child care practices, requirements for obtaining identification documents) 	<ul style="list-style-type: none"> • Training workshops: One workshop each year (3-5 days), in Lima or regional capitals.¹³⁰ Sample topics: content-specific guidelines and instruments, mapping of social actors, implementing services in new territories, communication skills for community management, activity planning with community actors, monitoring tools • Additional content and documents are provided virtually (e.g. status of children nationally and locally, social protection for at-risk or abused children, evaluation instruments, education and care practices, <i>facilitadoras</i> selection process) 	<ul style="list-style-type: none"> • Continuous technical assistance from central program staff, via videoconference and in-person visits
Acompañantes Técnicos (ATs)	<ul style="list-style-type: none"> • Induction: In-person orientation conducted by <i>formador</i> over 3 days • Initial training: In-person training delivered by <i>formador</i> over 4-5 days • Selected topics: program overview, ECD, home visits and group sessions, selection of <i>facilitadoras</i>, community targeting and diagnostics, local monitoring of the service and ECD, data collection instruments, education and care practices, care for children with disabilities, adult learning 	<ul style="list-style-type: none"> • Training workshops: At least two trainings per year (3-5 days each), delivered by <i>formadores</i>, with support from <i>especialista(s)</i> as needed. Selected topics: intercultural communication, characteristics of ECD, evaluating trainings, monitoring child development, data collection and analysis • Refresher sessions: Monthly sessions (2-3 days each) delivered by <i>formadores</i>, in coordination with <i>especialistas</i>, before ATs visit their communities. The objective is to reinforce certain content areas or guidelines, according to the local need. Specific content is often based on recent field visits and program updates/changes. 	<ul style="list-style-type: none"> • Technical assistance in the field, provided by <i>formadores</i>, can be planned or without warning, and typically involves accompanying the AT throughout their daily routine and afterwards providing feedback. ATs receive, on average, one field visit per year.¹³¹

¹²⁷ Quintero de Albarracín (n.d.), PNCM (2013a)

¹²⁸ At the time of this study, *formadores* received three in-person trainings per year. For 2017, however, Cuna Más decreased the number of annual trainings to two workshops.

¹²⁹ For example, health *especialistas* are given copies of cooperation agreements between the program and health services as well as related data collection and monitoring instruments, while family engagement *especialistas* receive a conceptual framework detailing intervention strategies, indicators, and results.

¹³⁰ At the time of this study, *especialistas* received two in-person trainings per year. For 2017, Cuna Más decreased the number of annual trainings to one workshop.

¹³¹ Prior to program changes in July 2016, each *formador* supervised approximately 25 ATs, allowing them to visit each AT a few times each year. Now, *formadores* oversee 40 ATs and are expected to visit the entire cohort over a period of approximately eight months.

Role	Induction & initial training	Continuous training	Technical assistance & ongoing support
COMMUNITY ACTORS			
Facilitadoras	<ul style="list-style-type: none"> • Induction/initial training: These sessions are typically combined and delivered in-person by ATs over 2-3 days. • Selected topics: program overview, educational kit materials, onboarding of new families, home visiting role play, group sessions, hygiene practices, promoting exclusive breastfeeding, education and care practices, early warning signs, communication skills 	<ul style="list-style-type: none"> • Training workshops: Two trainings per year (3 days each), delivered by ATs. Select topics: program instruments (registration cards, schedules, printed materials, health forms, field notebooks), planning for home visits, home visit curriculum and activity cards, ECD, stress management, complementary feeding, observing family and child behaviors, the importance of play and storytelling, working with expecting and new mothers • Planning meetings: Bimonthly meetings (duration varies) of all <i>facilitadoras</i> for a CG, led by ATs. During these meetings, the AT and <i>facilitadoras</i> analyze progress with their families, discuss any challenges or needs, and develop plans and practice using materials for upcoming visits 	<ul style="list-style-type: none"> • <i>Facilitadoras</i> are accompanied by their AT on two home visits per month (either planned or without warning). A reflection session follows each visit, where the AT provides feedback and suggestions. <i>Facilitadoras</i> may also receive support, as needed, from <i>especialistas</i> (particularly family engagement <i>especialistas</i>)
Comités de gestión (CGs)	<ul style="list-style-type: none"> • Induction/initial training: Takes place during the CG's first three months of operations, delivered in-person by ATs over 2-4 days. • Selected topics: program overview, community supervision and social participation, ECD and early warning signs, role/function of the CG, communication skills and working in teams, instruments for monitoring ECD, status of ECD 	<ul style="list-style-type: none"> • Training workshops: Two trainings per year (2-4 days each), delivered by ATs with support from <i>formadores</i> and <i>especialistas</i> as needed. Selected topics: developing action plans, home visit and group session procedures, local institutions and spaces for participation, administrative tasks/justifying expenses, supervision procedures 	<ul style="list-style-type: none"> • CGs receive support from ATs and <i>especialistas</i> (particularly community management <i>especialistas</i>) as needed

ANNEX 2: COSTING METHODOLOGY

Cost Estimation Summary

To estimate the cost of expanding the home visiting component of *Cuna Más*, we draw on the methodology found in UNESCO-UIS (2015, Chapter 4). Expenditure and cost data¹³² are analyzed to estimate the target population of the program in each year, uncover the unit costs of major components of the home visiting program, and project the annual cost of expanding *Cuna Más*.

1. Estimating the Target Population

The home visiting service (Servicio de Acompañamiento a Familias, SAF) target population consists of children under the age of three who live in poor households in rural areas. Part of this exercise included estimating the size of this population and projecting population changes in order to identify the point at which full program coverage would be reached and the corresponding costs of scaling the program. A top-down approach was used to project the change in the total target population. Demographic and population data from Peru's Instituto Nacional de Estadística e Informática (INEI) and World Bank data on urbanization and poverty incidence were used to estimate the poor, under-three population.¹³³ Data from the 2016 target population estimates in the *Cuna Más* Plan Operativo Institucional (POI) were used to estimate the proportion of this population that is rural.

In December 2016, SAF covered 84,891 families. SAF is expected to expand coverage by 24,480 families by the end of 2017. Between 2018 and 2020, SAF is expected to increase coverage by a total of 20,000 families. Beginning in 2021, SAF coverage is predicted to grow by 25,000 families annually. Given this rate of expansion and the projected size of the target population, we estimate that full coverage will be reached in 2025.

2. Calculating Program Costs

Program costs are categorized as either fixed or variable costs. Fixed costs include management and overhead expenses at the central and regional office (UT) levels, while variable costs include personnel, material, and training costs of the field and support teams. We translate all variable costs into per-*facilitadora* unit costs, so that those unit costs can be scaled by the ratio of *facilitadoras* to families to estimate total program expenditure with the growth of coverage. It is assumed that the workforce increases in line with growth in coverage. Total program costs are calculated for any given year by multiplying the per-*facilitadora* unit cost with the number of *facilitadoras* required to serve participating families, and adding to this figure the total fixed cost.

The per-*facilitadora* unit cost includes all expenses that will grow proportionally with the expansion in coverage, and is calculated based on the officially mandated ratios between *facilitadoras* and other staff. For example, program policy calls for one *acompañante técnico* (AT) for every 10 *facilitadoras*, so AT-level wages and training costs are divided by 10 to arrive at per-*facilitadora* costs. This is done for wage, training, and material costs for *comités de gestión* (CGs), ATs, *formadores*, administrative assistants, and *especialistas* in health, family engagement, nutrition, and community management. *Facilitadora* kits are also included in variable costs. A limitation of the ratio-based costing method is that it assumes full staffing and staffing that is consistent with the program-mandated staff ratios when, in reality, many positions are vacant. Some of the variation between ideal and actual staff ratios are likely a result of recent changes to staff requirements, and current disparities occur because certain new positions had not yet been filled at the time the data were collected. We assume that personnel will quickly reach their mandated ratios.

Training costs are composed of initial training, continuous training, and ongoing technical assistance in the field by higher-level staff. The unit costs for continuous training and ongoing technical assistance, which are provided to all personnel at most levels, were calculated by dividing the training cost by the number of personnel in that training category. Initial training costs account for new personnel, either from

¹³² Primary sources of data are the World Bank, IMF, UN Population Division for macro data on Peru, 2016 *Cuna Más* Plan Operativo Institucional, the Peru budget transparency portal (<https://www.mef.gob.pe/es/portal-de-transparencia-economica>), the 2016 *Cuna Más* Manual de Operaciones, and correspondence with the program around budget and coverage data.

¹³³ No assumptions about poverty reduction between 2018 and 2025 have been made for two reasons. First, *Cuna Más* program criteria additionally considers stunting rates and district participation in the JUNTOS conditional cash transfer program. Second, it is unclear whether the government will focus on absolute poverty (in which case the target population may fall drastically as the standard of living in Peru improves) or shift focus to relative poverty (in which case the target population will remain close to its current level).

turnover or program growth. Turnover rates for most positions were calculated based on monthly personnel data between January and July 2016, although data on turnover rates for *facilitadoras* was unavailable, and a 33 percent annual turnover rate was assumed. Total initial training costs for 2015 were divided by personnel growth from 2014 to 2015 and new staff introduced through turnover over the same period to calculate the initial training unit cost. For each subsequent year, the initial training unit cost was multiplied by the number of new personnel and divided by the total number of *facilitadoras* to calculate the per-*facilitadora* cost. In 2016 many initial and ongoing training sessions were combined, meaning that their costs were not disaggregated. In these cases, costs from 2015, which disaggregated pre- and in-service training sessions, were used.¹³⁴

Material costs include uniforms and weather gear for *facilitadoras* and CG members, kits for *facilitadoras*, and monthly program transfers for CGs for general operating costs. Funds for uniforms and weather gear are budgeted annually, and we assume an average of four members in each CG. Each family is allocated one kit for the extent of the program, and every 10 *facilitadoras* are given 11 kits each year to allow for replacement.¹³⁵

Fixed costs include all expenses which are not expected to grow in proportion to SAF's coverage rate, including central program management costs, UT overhead, management wages and training at the UT level, and UT-level support staff. The 2016 budget (presupuesto institucional modificado, PIM) for central program management was roughly S/ 20.6 million. We assume that this figure will not change with the program's growth. While Cuna Más program management covers both home visiting and daycare, we assume that most, if not all central staff positions (e.g. human resources, budget and planning) would be required to manage SAF in the absence of daycare. Therefore, the full central management costs of Cuna Mas are applied to the SAF cost projections. Included in total fixed costs are personnel positions that remain constant regardless of program coverage. There is one jefe, one *especialista* for user support, and one position dedicated to IT support and administrative support for each UT. Each UT and sub-regional office (CT) has one coordinador and one *especialista* for child development.

3. Reform costs

Parameters in both the targeting and unit cost sections of the model can be modified to generate detailed aspirational scenarios that the program may wish to aim for. This could include changing input ratios, replacing materials more frequently, increasing the frequency of continuous training, and so on. In line with the recommendations arrived at through this study, six distinct reforms have been included as aspirational changes to the unit costs. These include:

1. **Increase the ratio of ATs to CGs.** The ratio of ATs to *facilitadoras* is 1:10 while the ratio of CGs to *facilitadoras* is 1:6. This reform increases the number of ATs so that the ratio of ATs to CGs is 1:1 (and effectively, one AT per 6 *facilitadoras*).
2. **Increase the ratio of *formadores* to ATs** from 1:40 to 1:25.
3. **Raise the *facilitadora* stipend** from S/380 per month to S/559 per month between 2018 and 2025 by increasing by S/22.38 per year in order to reach S/559 by 2025.
4. **Raise the *formador, especialista, and coordinador* starting salaries.** *Formador* and *especialista* salaries are increased from S/2,900 to S/3,300 per month, while the coordinador salary is raised from S/3,500 to S/4,000 per month to ensure this position is compensated sufficiently for playing a supervisory role over *formadores* and *especialistas*.
5. **Establish junior- and senior-level positions for regional staff roles (in effect, pay scales).** In AT, *formador*, and *especialista* roles, any employee with greater than two years of experience would be eligible for the senior position, and this model assumes all those eligible would apply and be accepted. Each senior position would receive S/200 more per month than the junior position salary (e.g. a junior *especialista* would earn S/3,300, and a senior *especialista* would earn S/3,500). The weighted average wage of all personnel in each position is calculated based on the proportion of personnel with over two years of experience, which depends on the annual turnover rate (47% for ATs and *especialistas* – rounded to 50% for simplicity, and 33% for *formadores*).

¹³⁴ There is a large amount of inconsistency in training costs between 2015 and 2016, indicating that the derived unit costs may be inaccurate, or may change significantly year to year.

¹³⁵ The costs of kits in Amazonian and Andean regions differ significantly, but because we do not know the proportion of districts which are in each region, we simply average the two kit costs and use that figure in the costing.

6. **Facilitadora scholarships:** With this reform, 50 *facilitadoras* are awarded a scholarship each year to study an ECD-related degree. The cost of tuition, in addition to monthly stipends for food, transportation, and materials, are included in each scholarship. An average tuition cost was derived by averaging the cost of degrees in early education, nursing, nutrition, medicine, midwifery, social work, and psychology in public universities and institutes by region, and multiplying this figure by two for each of Peru's 25 regions.¹³⁶ Food, supplies, and transportation costs were derived from the program Beca 18 rates for studying in the student's region of residence.¹³⁷

These six reforms are incorporated into two expense scenarios. A scenario focused on reducing workload ("Scenario A") includes reforms 1 and 2. A long-term scenario ("Scenario B") that additionally includes improvements to compensation and incentives includes all six reforms.

4. Generating the Cost Projections

Projections of total program costs between 2018 and 2025 are made for three expense scenarios, including expenses maintained at their current level and expenses increased under moderate and aggressive reforms.

Nominal costs are generated by multiplying a coverage estimate for a given year by the ratio of *facilitadoras* to families (1:10) and by the per-*facilitadora* variable cost for that expense scenario and year, and then adding to this figure the total fixed costs, which do not change from year to year.

¹³⁶ Data retrieved from <http://www.ponteencarrera.pe/>

¹³⁷ Data retrieved from www.pronabec.gob.pe/



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