

Strengthening the Capacity of SUN Countries to Scale up Nutrition through Learning Routes: A Pioneer Project in Peru

Systematization Report

Scaling Up
NUTRITION

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MINISTERIO DE DESARROLLO E INCLUSIÓN SOCIAL

Procasur



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Acronyms and abbreviations

ADD: Acute Diarrheic Disease

ANGR: Asamblea Nacional de Gobiernos Regionales (National Assembly of Regional Governments)

ARI: Acute Respiratory Infection

CAE: Comités de Alimentación Escolar (School Feeding Committees)

CCM: Chronic Child Malnutrition

CIAS: Comisión Interministerial de Asuntos Sociales (Inter-ministerial Commission on Social Affairs)

CODECO: Comité de Desarrollo Comunal (Community Development Committee)

CRED: Control de Crecimiento y Desarrollo (Growth and Development Monitoring)

CVR: Comisión de la Verdad y la Reconciliación (Commission of Truth and Reconciliation)

CPVC: Centro de Vigilancia Comunal (Communal Monitoring Center)

ECD: Early Childhood Development

ENDES: Encuesta Demográfica y de Salud Familiar (Population and Family Health Survey)

ENDIS: Estrategía Nacional de Desarrollo en Inclusión Social “Incluir para Crecer” (National Strategy on Development and Social Inclusion “Include to Growth”)

FAO: Food and Agriculture Organization

FONCODES: Fondo de Cooperación para el Desarrollo Social (Cooperation Fund for Social Development)

IDI: Iniciativa contra la Desnutrición Infantil (Initiative against Child Malnutrition)

INEI: Instituto Nacional de Estadística e Informática (National Institute of Statistics and Informatics)

MEF: Ministerio de Economía y Finanzas (Ministry of Economy and Finance)

MIDIS: Ministerio de Desarrollo e Inclusión Social (Ministry of Development and Social Inclusion)

MINCUL: Ministerio de Cultura (Ministry of Culture)

MINEDU: Ministerio de Educación (Ministry of Education)

MINSAL: Ministerio de Salud (Ministry of Health)

MCLCP: Mesa de Concertación de Lucha Contra la Pobreza (Consensus-building Group to Fight Poverty)

PAN: Programa Articulado Nutricional (Coordinated Nutrition Program)

PPR: Presupuestal por Resultados (Budgeting by Results)

PIM: Plan de Incentivos a la Mejora de la Gestión y Modernización Municipal (Plan of Incentives to Improve Municipal Management and Modernization)

PNUD: United Nations Development Programme

RENIEC: Registro Nacional de Identificación y Estado Civil (National Registry of Identification and Civil Status)

SIS: Seguro Integral de Salud (Integral Health Insurance)

SUN: Scaling Up Nutrition

UNESCO: United Nations Educational, Scientific and Cultural Organization

I. Introduction

Latin America and the Caribbean have made significant achievements in eradicating hunger. The proportion of undernourished people went from 17.7% in 1990 to 7.9% in 2011-2013 and Chronic Child Malnutrition (CCM) decreased from 13.7 million in 1990 to 7,100,000 in 2011. While poverty levels have been shrinking, extreme poverty has not had the same level of reduction and there are still important gaps in the region and exclusion situations that have not yet been overcome. An indicator of this reality is the situation of the indigenous population; among them, food insecurity is three times higher than in the rest of the population. In some countries in the region, up to 90% of the indigenous population is poor and 70% live in extreme poverty (FAO, 2014).

FAO indicates that fighting hunger and poverty has to be a main political commitment, as well as understanding problems experienced by the most vulnerable to food insecurity, implementing governance and coordination mechanisms, as well as aligning and coordinating policies, programs and investments. Countries in the region have had different development rates in relation to each of these components. Peru has engaged in international commitments and, at the same time, has succeeded in turning the eradication of CCM into a state policy that has been supported by the last two administrations.

This is evident in the priority given in public budget to the policy on Early Childhood Development (ECD) as well as the formulation of specific strategies, policies and programs aimed at early childhood, implemented through the articulated work between different ministries, and between the national government and regional and local governments.

The Peruvian experience allows learning about different instruments of public policy and incentive mechanisms structured to address CCM thanks to the consensus achieved among political and social stakeholders around this problem. In that sense, the Peruvian experience in the fight against CCM is an opportunity to learn how the State is transforming its operations in order to serve citizens.

Box I: The Learning Route in Peru

A “Learning Route” is a capacity-building tool that aims to share knowledge and promote innovative local solutions, in this case to fight CCM. A Route is a planned journey with specific learning objectives; it makes room for discussions, analysis and reflection throughout a continuous learning process.

The Learning Route in Peru is the result of the active collaboration between the SUN Movement Secretariat, the Ministry of Development and Social Inclusion (MIDIS) and PROCASUR Corporation. The general objective of the Route is to improve understanding and knowledge among SUN countries of the strategies and mechanisms put in place by Peru to fight child malnutrition; to share good practices and successful experiences in nutrition; to facilitate access to practical tools in order to promote nutrition in participating countries and to strengthen partnerships and networks between them.

In order to achieve this objective, the Route has been structured around two thematic axes that participants themselves have proposed: i) institutional coordination –inter-sectorial and inter-governmental as well as between the State and the Civil Society - in order to concert the design and articulation of social policies to address chronic child malnutrition with the active participation of the population; and ii) implementation of financial mechanism in order to link the system of allocation of public resources with goals and outcomes for the service of citizens.

2. Peru: general development indicators and nutritional situation in the country.

The Republic of Peru is a unitary and decentralized State comprised by 24 departments and a constitutional province, each of them with their own regional governments. Departments are divided into provinces and these last into districts ruled by municipalities. Currently there are 195 provinces and 1838 districts nationwide. In rural areas, districts are divided into villages and populated centers with no level of government. The decentralization process -initiated in 2001- has achieved several breakthroughs in sectors like health and education, which are the main social ministries that have decentralized operations.

Peru is a country of great cultural and geographic diversity. According to the 2007 Census, in Peru, there are over 4 million indigenous inhabitants. This population belongs to 52 indigenous peoples from 18 linguistic families (MINCUL). Although most of the linguistic families are from the Amazon region, most of the population belongs to the indigenous language families Quechua and Aymara originated in the Andean region of the country. Quechua is the second most spoken language in Peru (13%) followed by Aymara (1.7%) (UNESCO, 2006). Indigenous peoples are organized in native communities in the Amazon, and in peasant farming communities in the Andean region, and they have collective land ownership. In relation to administrative and political jurisdictions, peasant-farming communities are territorial areas that are part of districts and are linked to local municipal authority.

This great cultural diversity poses crucial challenges to the Peruvian state due to the exclusion that persists in the country, mainly among indigenous peoples. Although Peru's macroeconomic performance has been quite remarkable in the last decade, placing the country among those with the best economic performance in Latin America, social gaps require more efficient state actions in the provision of services for citizens to ensure the full exercise of their rights and the progressive reduction of inequities.

According to the National Institute of Statistics and Informatics (INEI), in 2012, 25.43% of the population was poor and 15.8% was undergoing the process of

development and social inclusion (MIDIS)¹. According to the Human Development Index, Peru is among the countries with high development and is ranked 82 (UNDP, 2014), yet there are still significant gaps between urban and rural areas, mainly among indigenous population.

In 2005, the prevalence of CCM in children under five was still among the highest in Latin America.

In 2007, the Peruvian government gave priority to this issue and initiated the implementation of coordinated policies that have reduced CCM in children under five years from 28.5%, in 2007, to 17.5%, in 2013. During the same period, in urban areas, CCM decreased from 15.6% to 10.3%, while in rural areas the reduction was of 13.4 percentage points, from 45.7% to 32.3%, according to the Population and Family Health Survey (ENDES). On the other hand, according to the Survey, in 2007, the proportion of children aged 6 to 36 months with nutritional anemia was 56.8% and, in 2013, it dropped to 46.4% (IDI).

These figures are the result of significant achievements in the implementation of effective interventions aimed at pregnant women as well as at boys and girls. Thus, pregnant women that attended to six or more prenatal care checks increased from 76.4%, in 2007, to 87.3%, in 2013, according to ENDES. During the same period, we find other positive figures, such as the increase from 24% to 50.5% of children under 36 months of age with completed growth and development monitoring, as well as an increase of babies under 6 months of age with exclusive breast-feeding, from 68.7% to 72.3%. As of 2013, indicators show the progress of other effective interventions, such as 14.8% of under 36 months of age with ARI (Acute Respiratory Infection) and 13.7% with ADD (Acute Diarrheic Disease); the percentage of children under 12 months with rotavirus and pneumococcal vaccines reached 75.1% and those with complete vaccine 64.3%. Finally, it is important to note that in recent years there has been significant progress in the number of children registered, according to ENDES, 2013; the percentage of children from 6 to 59 months of age without registry at the municipality or at the National Identification and Civil Status Register Office (RENIEC) is 4.2%.

¹ The population in process of development and social inclusion has been defined by the MIDIS as one that meets at least three of the four historical circumstances associated with exclusion in rural areas: ethnicity, residence, low educational level of the woman who heads the home and socioeconomic stratum.



While there have been significant achievements in the last seven years, currently the level of reduction of CCM has slowed down. This is because children with higher risk of CCM belong to the poorest, rural, and more culturally diverse and geographically isolated sectors; it is harder to reach those sectors through State interventions. The Ministry of Development and Social Inclusion (MIDIS) has a fundamental role in the formulation of strategies in order to include these populations into State programs using an intercultural approach. The country faces the challenge of moving toward a more efficient decentralized management, in order to adapt the policies to local realities and locally coordinated the interventions to achieve adequate early childhood development for the most excluded boys and girls.

Box 2: About Ayacucho

Ayacucho region is located in the central highlands and has an approximated population of 612,489, of which 42% live in rural areas and 65% have Quechua as native language (CENSO 2007). It is one of the regions with the highest poverty index (62.6% in 2009, source INEI), and its main economic activity is agriculture; the territory has three geographical areas: high plateaus in the south, mountainous area in the center and jungle-tropical area in the northeast. In Peru, CCM is highly predominant in rural areas and among indigenous Quechua-speaking population like in Ayacucho (UNICEF, 2013). Since 2007, diverse processes have allowed an interesting reduction of CCM from 42.2% to 28.1% in 2013 (ENDES, 2012-2013).

The internal armed conflict that the country suffered from 1980 to 2000, in which armed groups pitted against the Peruvian state, was originated in the region that suffered the greatest impact. According to the Commission of Truth and Reconciliation (CVR), the region of Ayacucho concentrates more than 40% of deaths and disappearances reported by the Commission. The main victims belonged to

peasant population living in rural areas. It should be added that 75% of fatal victims spoke Quechua or other native languages as their mother tongue (CVR).

Humanguilla District: the district of Humanguilla belongs to the province of Huanta, located in the north of the department of Ayacucho, at 3,796 m.a.s.l. and is predominantly an agricultural district. The district counts with a population of approximately 5,760 inhabitants distributed into 4 peasant rural communities and 18 populated centers. Each of them counts with local authorities and specific organizations. The district was selected because it has achieved an important reduction of CCM, from 34.9%, in 2009, to 20.6%, in 2013, as shown by the continuous assessment carried out in the district; the reduction was achieved through a concerted and articulated process between the State, the Civil Society and the communities. In Humanguilla, we are visiting a Community Development Committee (CODECO), an organization that articulates organizations and authorities in every populated center.

3. Articulation between the State and the Civil Society for nutrition: milestones in recent history

2007 was a milestone in the improvement of child nutrition in the country. Two factors were essential for this achievement: the process of consultation and advocacy held between the State and Civil Society; and, the reform within the State that began that year, aimed at increasing the efficiency of public resources management through the implementation of Budgeting by Results.

3.1. Consultation and advocacy processes with civil society

In early 2000, the country began a movement of democratization. In this context, in 2001, a Supreme Decree created the Consensus-building Group to Fight Poverty (MCLCP by its acronym in Spanish), a new space that allows dialogue and agreement between different ministries involved in social aspects and representatives of Civil Society, aimed at efficiently fighting poverty in the country. This space is currently included in the organizational chart of the Ministry of Development and Social Inclusion and is an interesting instance for horizontal citizens' interaction with government officials.

In the first half of the previous decade, the numbers of chronic malnutrition among children under five years had slightly reduced. In 2000, the percentage of children under five with CCM was 31.0%; by 2005, it dropped to 29.5%. In rural areas, the situation had almost remained the same; in 2000, the percentage was 46.3%; and, in 2005, it remained almost the same at 46.1% (INEI, 2007). The MCLCP identified as main objective giving priority in the public budget to child development and started a campaign "Children first in public budgeting"; in its framework, eleven priorities for child development were defined.

In 2006, presidential election year, the Initiative against Child Malnutrition (IDI) was created. A body of the Civil Society that played a crucial role making visible the issue of child malnutrition, placing it on the public agenda, committing the political will of national, regional and local authorities, in order to articulate social programs to fight poverty (IDI, 2008).

In 2007, through advocacy work within the executive and the legislative, the MCLCP included eleven priorities for child development in the Law of Public Budget. In addition, through a Supreme Decree, child nutrition was declared as one of the mandatory national policies for all State bodies². In this way, the creation of a State policy on child nutrition was started; this has gone far beyond during the two successive administrations and, today, it is still one of the main national and regional priorities.

² Final report of Systematization of the experience of political incidence of the initiative against child malnutrition. Morgan, María de la Luz. 2008.



3.2. State Reform and Modernization

At the same time, as part of the Framework Law on State Modernization (2002), a modernization process is initiated within the State; with the aim of achieving higher levels of efficiency in the state apparatus, this process has ensured better care to citizens, prioritizing and optimizing the use of public resources. In the process of modernization, Budgeting by Results is an essential strategy to improve public expenditure.

To comply with the prioritized policies, it was necessary to change the way of allocating resources, facilitating the coordinated work of different stakeholders in order to achieve joint results. Thus, in 2007, with the inauguration of the Budgeting by Results reform there was a confluence of processes generated by the Civil Society and the driving force of the State towards managing by results focused on citizens. The political commitment towards childhood -including the highest level of government- has permitted to integrate the Budgeting by Results in the Public Budget Act of 2008 and the creation of five budgetary programs, including the Articulated Nutrition Program (PAN), aimed at reducing chronic malnutrition in children under 5 years.

The Budgeting by Results reform initiated by the State meant a major shift in public management. Prior experiences from the Civil Society contributed, turning budgeting programs related to child development improvement into the most successful. This is illustrated by the adoption of UNICEF conceptual framework by the State.

Box 3. Actores de la concertación por la primera infancia

Consensus-building Group to Fight Poverty (MCLCP). The MCLCP was created in 2001; a National Executive Committee –comprised by fifteen ministries and the same number of representatives from the Civil Society- coordinates nationwide. It has three functions: i) coordinate policies; ii) monitoring coordination, and iii) capacity building for its members.

At regional level, there are also regional executive committees formed of an equal number of representatives from the State and the Civil Society, and with the same functions.

The Initiative against Child Malnutrition (IDI) was established late 2005. Currently, it comprises 18 institutions, including national and international NGOs, United Nations organizations, donors and the MCLCP. The government recognizes IDI as a technical reference on the subject and values its coordinating role between the State and Civil Society. It has an active role in the design of public policies on reduction of child malnutrition in the country.

Good practices to coordinate between the State and the Civil Society

1. Influence and agree-upon policy agreements with candidates within electoral processes;
2. Direct dialogue with the President of the Republic to prioritize in the President's agenda the policies and in the law of public budget;
3. Build a horizontal dialogue between the representatives of the State and Civil Society by giving equal weight to all opinions;
4. Equally distribute information among members of civil society and the state.
5. Influence on decisions taken by consensus.

In Ayacucho, we will learn about the experience of the Sub-regional Committee of MCLCP that operates in the city.

4. Establishment of a new institutional framework for the coordination of social policies.

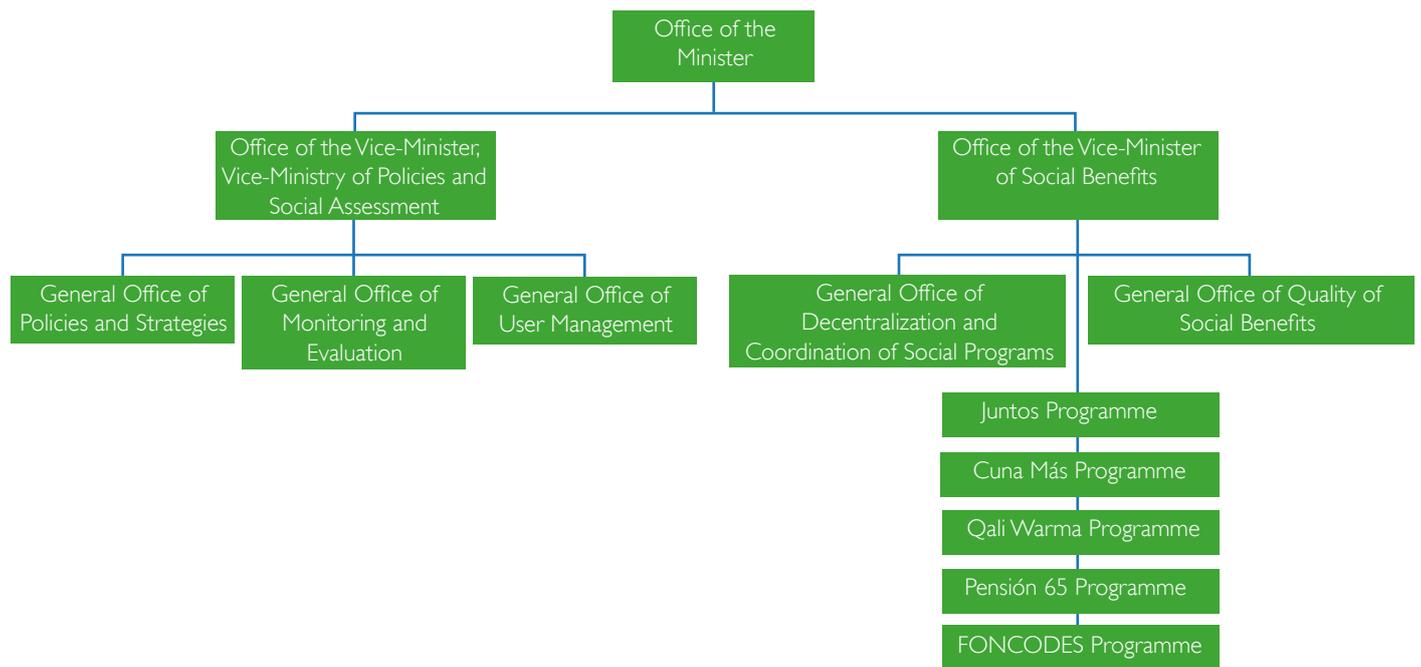
During the last two administrations (2006-2011 and 2011-2016), the Peruvian state took fundamental steps in the fight against Chronic Child Malnutrition. Policies were redefined, and leading institutions in the field were strengthened. Between 2006 and 2011, and in the context of the abovementioned processes, the National Strategy CRECER was designed; it aligns all social interventions on the target population that the Program JUNTOS has given priority, and adds an essential multi-sectoral coordination in order to make possible the execution of the Articulated Nutritional Program (PAN) and other social programs that comprised it (IDI). The Inter-ministerial Commission on Social Affairs and the Presidency of the Council of Ministers were in charge of said strategy, while the operation was in the hands of the Ministry of Women and Social Development – currently Minister of Women and Vulnerable Populations- that, at that time, coordinated most social programs and led food distribution.

In 2011, when the current administration started, social inclusion was set as a priority; in this framework, social inclusion was institutionalized as policy of the Peruvian state and the Ministry of Development and Social Inclusion was established. The new ministry includes a new form of evidence-based management, which emphasizes targeted interventions, coordinates structured inter-sectoral and intergovernmental processes, and evaluates the results.

MIDIS consists of two vice-ministries: The Vice Ministry of Social Policy and Evaluation, and the Vice Ministry of Social Services, which supervises the five social programs: JUNTOS, FONCODES (Cooperation Fund for Social Development), Cuna Más (Cradle Plus), Pensión 65 and Qali Warma.

Simplified Organization Chart of the MIDIS

(Only senior management, social agencies and programs are indicated)



5. New coordinated policies

5.1 Creation of the National Strategy for Development and Social Inclusion “Include to Growth” (ENDIS)

With the objective of establishing a general framework for the policy on development and social inclusion, the current administration created ENDIS by Supreme Decree No. 008-2013. The purpose is to articulate interventions linked to the sector at the three levels of government, organizing and directing them towards priority development and social inclusion goals established for individuals at each stage of life.

The ENDIS notes that the policy on development and social inclusion is part of the social policy that the State implements at universal and at sector level, such as health or education policies. The policy on development and social inclusion gives priority to the poorest and most vulnerable people, which could not be properly covered by the universal social policy. Therefore, it is targeted and temporary, since the goal is to cover all people by sectorial universal policies.

5.1.1 Intersectoral and intergovernmental articulation

To make this possible, it was essential to create instances for intersectoral and intergovernmental coordination. The Inter-ministerial Committee on Social Affairs (CIAS) was implemented to coordinate between different sectors. The main intersectoral topics for the implementation of the strategy are discussed within this Committee, which is led by a Technical Secretariat under the MIDIS. This is also a key mechanism to articulate with multisectoral committees, either temporary or permanent, which was created to implement the axes defined in the strategy.

Governmental articulation is still under implementation. MIDIS is a decentralized ministry; it acts in the territory through Regional Liaison Teams; Territorial Units of the Social Programs plan and coordinate with said teams with a focus on territorial development, promoting intergovernmental collaboration. One of the first steps in terms of intergovernmental coordination has been the signature of the “Joint National Commitment to Fight Chronic Child Malnutrition” by the Regional Presidents that are part of the National Assembly of Regional Governments (ANGR) declaring the eradication of CCM as a priority in the social agenda of the country.

5.1.2 Thematic axes

ENDIS proposes that the policy on development and social inclusion should have three time horizons: for the short term, the effort is focused on households' temporary relief through direct assistance programs. For the medium term, the emphasis is placed on capacity building aimed at improving household access to basic infrastructure and services and increasing their autonomy in terms of revenue generation and financial inclusion. In addition, for the long term, interventions aim at creating opportunities for the next generation with emphasis on the promotion of Early Childhood Development, which means a reduction of CCM.

The strategy, based on a life cycle approach, identifies five axes: i) Child Nutrition; ii) Early Childhood Development; iii) Comprehensive Development of Children and Teenagers; iv) Economic Inclusion; and v) Protection of the Elderly.

The final result of the first axis is to reduce the prevalence of Chronic Child Malnutrition in children under 3 years, through the achievement of three intermediate results: i) reducing incidence of low birth weight; ii) reducing the morbidity index of Acute Respiratory Infections and Acute Diarrhea Diseases in under 36 months; iii) increasing diet quality (micronutrients) of under 36 months.

5.2 Focus on early childhood and guidelines for early childhood development

In 2013, the government decided to give a more comprehensive formulation to the policy aimed at early childhood development and, for that reason, the first two axes of ENDIS were integrated. Later that year two important facts contributed to make effective this change in strategy: first, the signature of the Intersectoral Agreement to promote Early Childhood Development with the participation of five sectors (Development and Social Inclusion, Health, Education, Housing, and Women and Vulnerable Populations) and representatives of the decentralized bodies (the National Assembly of Regional Governments, the Association of Municipalities of Peru and the Network of Urban and Rural Municipalities of Peru). The agreement includes following goals:

- By 2016, reduce to 10.0% child malnutrition, children ages 0 to 5;
- By 2016, reduce to 20% girls and boys suffering from anemia, 6 to 36 months;

- By 2016, increase to 85.0% attendance to regular basic education, children ages 3 to 5;
- By 2016, increase to 85.0% households with access to safe water and sanitation.

Second, in December 2013, a temporary Multisectoral Commission was created. The Commission reported to MIDIS; its purpose was to provide guidelines for the coordinated intersectoral and intergovernmental management, in order to promote Early Child Development; the guidelines were called “Primero la Infancia” (Childhood First). A Plan of Integrated Actions for the period 2014-2016 was also created in the framework of the policy on Development and Social Inclusion (approved by the resolution RS N° 413-2013-PCM). This Commission included ten sectors: Education, Health, Housing, Women and Vulnerable Populations, Justice, Economy and Finance, Energy and Mines, and Culture.

The purpose of the guidelines “Primero la Infancia” is to ensure early childhood development through coordinated intersectoral action. Its overall objective is to establish guidelines to achieve results and interventions in order to ensure early childhood development. In June 2014 this work culminated, and the guidelines and the action plan for Early Child Development were finalized; however, they have not been enacted yet. The guidelines state the vision for children in Peru and identify seven outcomes:

- Babies born between 37 and 41 weeks of gestation and with appropriate weight;
- Children at 12 months have secure attachment;
- Children learn to walk before they are 2 years old;
- Children at 36 months have adequate nutritional status (without malnutrition or anemia);
- Children communicate verbally and properly at 3 years of age;
- Children between 2 and 5 years regulate their emotions and behaviors;
- Children between 2 and 5 years acquire the symbolic function (represent their experiences).

These results are going to be achieved through the implementation of 41 effective interventions. Outcomes 1 and 4, related to Early Childhood Development, have achieved highest progress. Most of the proposed interventions are in the process of consolidation: 5 of them have everything established, 33 are being partially

developed, 3 have no action at all from the State, 17 have a regulatory framework in line with the evidence, 16 have budget, 26 have established the mode of delivery, 5 have measurable indicators.

6. Improvement in budget allocation for Early Childhood Development with emphasis on Chronic Child Malnutrition

Budgeting by Results is a strategy for public management that the Peruvian state is implementing in order to link the allocation of resources to measurable products and outcomes in favor of the population. It aims at changing the management approach that focused in the institutions in charge of its execution by an approach focused on citizens.

Thus, the main strategy used by managing by results are the Budgeting Programs that define the results to be achieved for the benefit of citizens, and identify effective interventions to be included in the Budget. Moreover, the Budgeting Program organizes management from the perspective of users, identifying the budgeting requirement and controlling inputs. Finally, the programs include results and outputs indicators, as well as resources available.

Another important tool of Budgeting by Results is the financial incentive mechanism. This mechanism was implemented thanks to Agreements of Budgetary Support to Budgeting Programs signed between public entities and the Ministry of Economy and Finance (MEF). The objective was to optimize the use of public resources in order to achieve results of budgetary programs; cash transfers worked as incentive once the management commitment was fulfilled.

The priorities of these commitments were: i) operational programming; ii) logistical support for procurement and distribution of inputs; iii) organization for the production and delivery of products; and, iv) supervision, monitoring and evaluation.

Taking these priorities into consideration, a mechanism for regional incentives was designed and implemented to encourage the achievement of results proposed by ENDIS with emphasis on Early Childhood Development, as well as a mechanism for local management.

6.1 Incentive Fund for Performance and Achievement of Social Results (FED)

In December 2013, the FED was created to drive ENDIS' goals, improving the provision of services, specifically for Early Childhood Development, and promoting intersectoral and intergovernmental coordination for childhood. The Fund was established with resources amounting S/. 100 million Nuevos Soles (approx. US\$ 35 millions) and is managed by the MIDIS together with the MEF. Currently, additional S/. 70 million Nuevos Soles (approx. US\$ 24.7 millions) have been allocated to extend coverage.

This Fund is implemented thanks to Agreements on Performance-based Allocation between MIDIS, MEF and the Regional Government. Priority has been given to regions with higher prevalence of CCM, anemia, lower performance in reading and mathematics, and with less access to clean water and sanitation. In the first phase, one of the priority regions is Ayacucho.

Prioritized regional governments committed on two types of goals under the Agreement on Performance-based Allocation. The first type corresponds to the multi-year coverage targets, which aims at increasing the coverage of packages of integral services for pregnant women and for children up to 5 years. The second type comprises management commitments aimed at improving management, streamlining processes and addressing bottlenecks in order to achieve a more efficient delivery of services for the target population.

6.2 Coordinated Nutritional Program (PAN) of the Ministry of Health

The Coordinated Nutritional Program (PAN) was created in 2008, and is the main budgeting program that follows the concept of Budgeting by Results; it comprises products related with effective interventions that help to reduce CCM and anemia. It also encloses a set of coordinated interventions between the Ministry of Health, the Ministry of Women and Social Development, the Presidency of the Council of Ministers, the Comprehensive Health Insurance Scheme, Regional and Local Governments. The Ministry of Health leads this strategic program.

According to the logic of budgeting by results, the Health Center has to manage the budget used to provide service to citizens. At this Center, the needs have to be determined and the requirements established. As

the Ministry of Health is a decentralized sector, the Implementing Units in the territory have to execute the budget and provide inputs for the Health Center through efficient processes.

In order to achieve this result, the PAN has set the following intermediate goals:

- Reduce incidence of low birth weight.
- Reduce morbidity of Acute Respiratory Infection and Acute Diarrheal Disease among other prevalent diseases.
- Improve food and nutrition for children under 36 months.

In 2012, there is a change in the Budgeting by Results methodology and PAN was implemented by sectors, posing new challenges to the coordination (MCLCP, 2013). Currently, only one sector - the Ministry of Health - runs the budgeting lines of the program that was previously shared by the sectors involved in the implementation of different interventions.

6.3 Incentive Plan to Improve Municipal Management and Modernization (PIM)

As the MEF points out, the Incentive Plan (PIM for its acronym in Spanish) is another instrument of Budgeting by Results, whose main objective is to promote reforms in order to achieve growth and sustainable development for the local economy, improving its management as well as competitiveness in the context of the decentralization process.

One of the objectives of the PIM is to reduce chronic child malnutrition in the country. The PIM means conditional transfers of resources upon achieving goals by municipalities over a determined period. One of the goals of the PIM is the creation of Community Centers to Promote and Oversee Integrated Care for Mothers and Children.

7. Implementation of Policy on Early Childhood Development

7.1 Social Programs implemented by the MIDIS

Under a life cycle approach, MIDIS has two social programs that target children under five years and are aimed at Early Childhood Development: i) “Cuna Más” (Cradle Plus) and; ii) JUNTOS, National Support Program for the Poorest.

These programs operate through territorial units, working in coordination with Health and Education sectors in order to achieve the expected results in early childhood. At the same time, they operate with a co-management approach that promotes community involvement in monitoring the achievement of results.

7.1.1 JUNTOS – National Support Program for the Poorest

Created in 2005, JUNTOS Program was dedicated to conditional cash transfers. It targets pregnant women, children / teenagers and youth up to age 19 from poor households primarily in rural areas. Its main goal is to support pregnant mothers, children and teenagers living in poverty in rural areas providing access to public services in education and health through conditional cash transfers: 200 Nuevos Soles (US\$ 70) every two months.

In order to receive the transfer, beneficiaries have to meet some conditions.

Conditions related to health are the following (Correa, 2013):

Attendance to grow and development care checks:

- Newborn: twice the first month
- 0 to 12 months: once a month
- 1 to 2 years: once every two months
- 2 to 5 years: once every three months
- 6 years and up: once a year

Care checks for pregnant women:

- Before 5 months: twice
- Before 6 months: once
- Before 7 months: once
- Before 8 months: once
- Before 9 months: once
- Postnatal: two care checks the first 42 days

Conditions related to education are the following (Correa, 2013):

Children 6 years old or aged 6 as of 30 June every year:

- Once a year, verification of school enrollment
- Tolerance of 15% of school days absence per term

Children from 6 to 14 years:

- Once a year, verification of school enrollment
- Tolerance of 15% of school days absence per term

By the second term 2014, the program had 753,831 affiliated households in 1,097 districts.

7.1.2 National Program “Cuna Más” (Cradle Plus)

In 2012, the program “Cuna Más” (Cradle Plus) was created under a prior program active for more than one decade, called Wawawasi, aimed at improving child development for children under the age of 3 in zones classified as poor or extremely poor, in order to close gaps in their cognitive, social, physical and emotional development.

The Program offers two types of services. The first one is the “Day Care Service”, for children aged 3 whose parents work and / or study. The service is offered in centers implemented by the Program, Monday to Friday, from 8:00 am to 4:00 pm. The service includes:

- Food and nutritional support: three daily servings that cover 100% of protein required by children.
- Comprehensive child health care: supervision and monitoring of growth and development of children, diseases prevention and health promotion and protection.
- Infant learning: learning experiences for the optimal development of children in the following dimensions: cognitive, social, motor and emotional.
- Work with parents: in order to strengthen the families’ capacities to promote the integral development of children.

The second service is the Support Service to Families, which provides practical guidance on children care, supervision and monitoring of children growth and development, as well as the quality of the physical, social and emotional environment at home, among other activities.

The services are implemented through Management Committees composed by members of the community that administrate the services.

Its strategic objectives are the following:

- Design and implement quality and relevant services for the integral development of poor and extremely poor children under 3 years of age, involving their families in planning and implementing the activities.
- Involve the community, civil society, private sector and government agencies in the management and financing of programs on comprehensive early childhood care, mainly in areas of poverty and extreme poverty.
- Expand the coverage of early childhood services focused on areas of poverty and extreme poverty.

This service has national interventions in 331 districts in urban and rural areas, in poor and extreme poor zones.

7.2 Interventions promoted by the Ministry of Health (MINSA)

The inter-institutional work between MINSA, MIDIS and MEF strengthened the following actions: growth and development monitoring, counseling on healthy practices (hand washing, preventive supplementation with multi-micronutrients) and monitoring of multi-micronutrients use. Likewise, it has achieved universal health insurance coverage of pregnant mothers and children under 5 years; it has initiated the universal supply of multi-micronutrients (including iron) to children between six months and three years; and, anemia dashboards have been prepared in order to monitor the development of indicators, coverage, production, supplies, logistics, programming and budget implementation.

Following, we present a budget program prepared under the Budgeting by Results framework; and two local interventions under the framework of Plan of Incentives to Improve Municipal Management and Modernization, with goals set for the health sector.

7.2.1. Community Centers to Promote and Monitor Integrated Care for Mothers and Children.

The Communal Monitoring Center (CPVC) is a physical space, where healthy practices are promoted for the appropriated growth and development of children under 36 months. The centers were implemented under the Program of Healthy Municipalities and Communities created in 2005, in order to foster the commitment of municipal authorities and the participation of organized communities in the design of healthy public policies (MINSA).

The Plan of Incentives to Improve Municipal Management and Modernization (PIM) included as one of its goals the creation of CPVC in order to contribute to the reduction of CCM; as of 2012, there were 1,469 centers.

The objective was achieved through three actions:

- Education on healthy practices: is the interaction and exchange of experiences between families, community, health workers and health personnel, through educative sessions and demonstrations, as preparing food for pregnant women and children, hand washing techniques, breastfeeding, tooth brushing, and educational sessions for mothers and children.
- Monitoring actions: monitoring of basic favorable practices in the community for pregnant women, such as nursing care during pregnancy, tetanus vaccines, iron supplement and related educational package; as well as health care for children under 36 months, assuring children have the national identification number; receive vaccines and iron supplements, monitoring of growth and nutrition and the programed educative package.
- Decision-making: monthly or bi-monthly meetings with representatives of the community, the health sector and the municipality, in order to review the information that has been collected and make decisions in order to improve results.

These actions are implemented thanks to the active and coordinated participation of community health workers, community leaders, local and municipal authorities and health personnel.

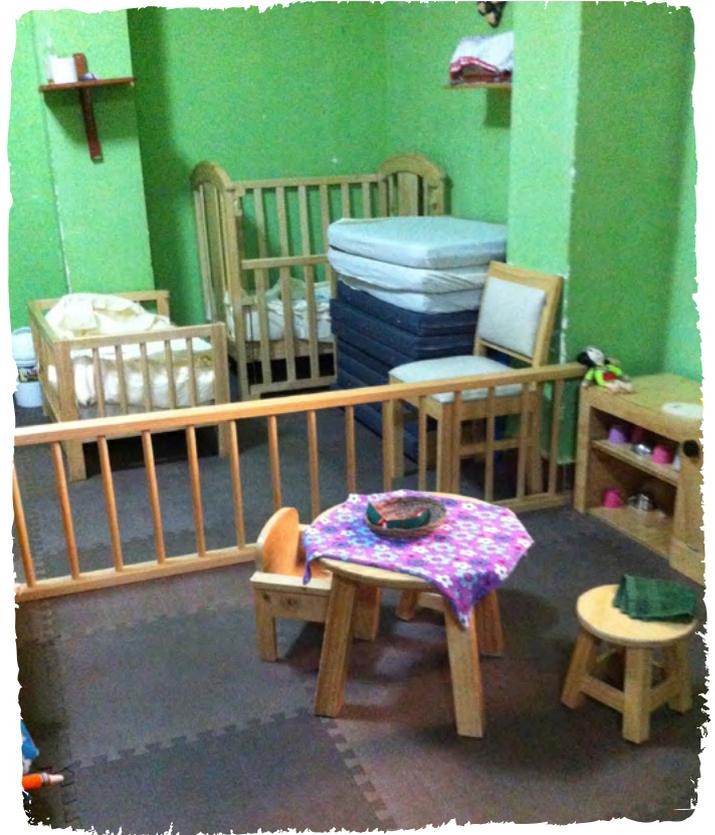
Box 4. Local conditions in the implementation of programs and interventions

At local level, it is interesting to observe how national policies are adapted to the particular community. In Huamanguilla district, we will be able to observe how local processes driven by the municipality and other international cooperation projects have received the feedback of new national policies that are being implemented since 2007.

During the visit to the Municipality and to the Health Center, we will be able to see some success factors, such as the role of local government when establishing priorities to reduce CCM; the role of local consensus that allows coordinating various interventions, both public and private in the district; and the role of the Health Center that is essential in CCM reduction.

We will also visit the Monitoring Center that is used for “Cuna Más” during the day. This center is run by mothers who are also in charge of monitoring healthy practices for pregnant women as well as children.

We will also visit homes of healthy families promoted by MINSA and the local government.



The Registry is a list of children under six years of age, built upon 36 variables (MINSA) generated by the Health Center that provides the care service: the identification of the child and his/her affiliation to any type of insurance; affiliation to social programs, if any; the relationship and identification with mother and father and their poverty level. Currently, there is a computer application created by the National Registry of Identification and Civil Status (RENIEC) to fill out this information and link with other databases.

This intervention mainly depends on MINSA RENIEC and MEF. However, for its implementation, coordination with different entities that play a role in population registration, or that have databases, is essential. Among them: MINEDU, SIS, RENIEC, MEF, INEI, district municipalities and MIDIS, which has a Household Targeting System (SISFOH) to design its programs.

7.2.2. Creation of a Nominal Registry for children under 6 years

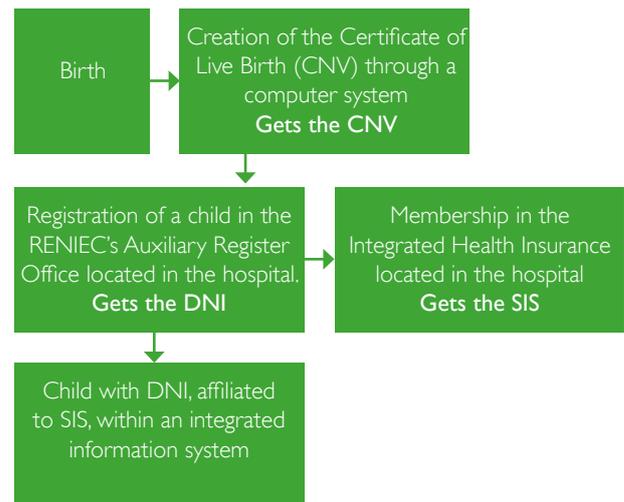
Under the framework of Budgeting by Results, the state requires information about the beneficiaries -who, how many and where- in order to deliver the products that will generate expected changes. To fulfill these requirements, the Plan of Incentives to Improve Municipal Management and Modernization (2013) created a Registry, in order to identify -through IDs- children living in the district, facilitating access to services provided by the State, contributing to the exercise of fundamental rights and the reduction of inequalities.

Box 5. Registry circuit at birth and stakeholders.

The National Registry of Identification and Civil Status (RENIEC) is the independent body responsible for identifying Peruvian citizens, provides the national identity document, registers the following: births, marriages, deaths, divorces and other acts that modifying a civil status.

The identity is the first step to access the rights we all have as citizens. In the past decade, efforts to combat undocumented have deepened, mainly in excluded areas, and children have access to an identity card since birth. The Registry emerges as a strategy to approach people to the bodies responsible for registration. Another strategy is the creation of Auxiliary Registry Offices in hospitals, which allows registering babies at birth and obtaining the ID; and with this document affiliate to the Integral Health Insurance (SIS) within the same hospital.

In the city of Ayacucho, we will visit the hospital and we will see the circle of children registry.



8. Conclusions

- In the past seven years, Peru has achieved a significant reduction in CCM thanks to the confluence of advocacy processes, coordination with civil society, a reform of public administration within the State, including modern and innovative strategies and instruments such as the Budgeting by Results, and new management approaches that are citizen-oriented.
- Commitments has been made at the highest levels of national and regional governments, to turn Early Childhood Development into a state policy; said policy has remained along two political administrations as a priority that counts with public budget and coordinated action of key social ministries.
- Policies on development and social inclusion have been institutionalized through the creation of MIDIS, the leading agency in this area. This is a major step towards the reduction of gaps, recognizing cultural diversity in the country and implementing targeted programs for the most vulnerable. Furthermore, the MIDIS coordinates with other sectors national and territorial effective interventions.
- It is necessary to improve and adapt the strategies and interventions in order to reduce CCM in the most excluded areas with less access to public services.
- There are management tools in place: guidelines, strategies and plans, which allow identifying ordered, coordinated, evidence-based interventions, which may be subject to monitoring and evaluation.
- Financial mechanisms have been created to encourage regional and local governments to meet both early childhood development as well as reduction of chronic child malnutrition goals.
- Progress has been made in the creation of information systems that enable the identification of children in coordination with the Integrated Health System, in order to ensure registration and affiliation at birth.
- At local level, programs are adapted to the context and have acquired local characteristics. Successful experiences show that coordination and articulation at district and communal level is essential for the effective use of resources, as well as strong leadership of mayors, in order to raise public awareness about the importance of investing in early childhood and adopt new healthy practices at household and community level.

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