



The Guatemala Community Day Care Program An Example of Effective Urban Programming

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Rising rates of urbanization in Latin America, the growing importance of formal sector employment, distance from extended families who can help with childrearing, and the high percentages of female-headed households have increased the demand for nonrelative childcare by working mothers. With higher poverty rates among households headed by women, providing affordable and reliable childcare is crucial to women's participation in the labor force, particularly in the formal sector where returns and benefits are higher. In 1991, the Hogares Comunitarios Program (HCP) was established in Guatemala City as a government-sponsored pilot program to alleviate poverty by providing working parents with low-cost, high-quality childcare. Community-based day care programs similar to this have been popular throughout Latin America but have rarely undergone a rigorous evaluation. This study by researchers at IFPRI was designed in collaboration with the Social Work Program of the Office of the First Lady of Guatemala and the Institute of Nutrition of Central America and Panama/Pan America Health Organization (INCAP/PAHO), and included both operational and impact evaluations.

The specific objectives of the HCP are to facilitate the integrated development of young children of working parents and to provide and promote community participation in the overall development of children. Under the program, a group of parents selects a woman from the local community to care for up to 10 children, seven years old or younger, Monday to Friday, from 6 a.m. to 6 p.m. in her home. During their stay, children receive food (breakfast, lunch, and two snacks), care, affection, and hygiene. They are also involved in early childhood stimulation and socialization activities. The program provides the caretaker with basic furniture, equipment, educational materials, and supplies; initial training; and menus to guide food preparation. Caretakers also receive money to purchase food for the children, to purchase gas and educational supplies, and as compensation for their work. Parents are expected to complement this with a small monthly contribution and to provide monthly

supplies of basic items like sugar, toothpaste, toilet paper, and so on.

OPERATIONAL EVALUATION

The operational evaluation reviewed and evaluated the effectiveness of the program's implementation, the quality of its services, and the perceived satisfaction of implementers and beneficiaries, including their suggestions for program improvements. To this end, structured observations, in-depth interviews, and focus-group discussions were conducted, as well as quantitative surveys comparing groups of participating and nonparticipating households, the latter using alternative childcare arrangements.

The operational evaluation suggested that the HCP is a carefully designed, well-implemented program that is much appreciated by its users and implementers. Nevertheless, delays in receiving cash transfers for food, insufficient cash transfer amounts for food, and lack of parental participation were key operational constraints identified by the evaluation. Service provision in terms of hygiene, safety, and caretaker-child interactions was considered good overall but varied substantially across *hogares*. Caretakers consistently failed to allocate the required amount of time to educational activities, largely because of time constraints but also because they did not feel adequately trained, motivated, or remunerated. Caretakers were generally grateful to the program for the opportunity to work at home and look after their own children (or grandchildren). Beneficiary parents were very positive about the program, appreciating the caretakers' efforts, the support they received, and the program's affordability. Their suggestions included the addition of Saturday care and increased emphasis on preventive and curative health care.

Most of the operational recommendations under this study were accepted by the new administration, which took over the program in 2000. Concrete actions taken include increasing cash transfer amounts, strengthening the provision of health services, hiring educators to ease caretaker

time constraints, and building human resource capacity through training.

IMPACT EVALUATION

The program offers a number of potential benefits to its target population, including children's nutritional and developmental outcomes and school preparedness; economic benefits and improved employment opportunities for parents; and even increased educational attainment for older siblings, who no longer have to miss school to care for younger children. The main objective of the impact evaluation, however, was to assess the effect of the program on children's dietary and nutrient intakes. Other objectives were to assess the program's targeting by comparing selected characteristics of beneficiary mothers with those of working mothers using alternative childcare arrangements, and to characterize the types of alternative childcare available to poor urban dwellers in Guatemala City and compare their costs to those of the HCP.

The study's impact evaluation found a significantly better diet at the place of care among children participating in the HCP compared to those using other childcare alternatives. Children in the HCP consumed on average 20 percent more energy, protein, and iron, and 50 percent more vitamin A than nonparticipants. Moreover, their weekend diets were also slightly more nutritious than those of non-beneficiary children. This confirms that parents were not compensating for the program's benefits by reducing their children's food intake at home. Nevertheless, the program's long-term impact may be weakened because of extremely high turnover among participating children. Dietary improvement only translates to improved nutritional status when maintained for a period of three to six months or more. At the time of the evaluation, more than half the participating

children had been in the program for less than one year, and one-third had participated for less than three months.

The study also found that the program benefited two distinct groups of women. The first group, participating mothers, were young, often single, poorly educated, and living in precarious conditions. They were, however, significantly more likely to have formal employment (and thus access to social and medical benefits) and to earn higher average incomes than comparable mothers using alternative childcare arrangements. The second group of women comprised the caretakers, who were generally older and less educated, and had fewer opportunities to work outside the home. Hence, the program was reaching its target audience, and recipients were obtaining better and more stable jobs than otherwise would have been possible. It should be noted, however, that the program's coverage was very low. Despite offering one of the cheapest childcare programs in the area, only 3 percent of eligible households took advantage of the HCP. While a significant proportion of non-users preferred that their children be taken care of by family members, close to half of the working mothers interviewed expressed interest in the program but were precluded from participating due to lack of available space.

CONCLUSION

The positive overall assessment of Guatemala's HCP attests to the value of such programs in providing high-quality, affordable childcare, while enabling poor working parents, especially single mothers, to pursue stable urban employment. While certain steps have already been taken to strengthen the program, expanded coverage and increased duration of participation per child offer considerable further potential toward reducing urban poverty, food insecurity, and child malnutrition.

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