

Uruguay's *programa de acompañamiento familiar*

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Since starting in September 2012, the *acompañamiento familiar* ('family accompaniment') programme of 'Uruguay Crece Contigo' ('Uruguay Grows with You') has worked with over 10,000 households in situations of health-related or social risk. This article explains the programme's ways of working, results and remaining challenges for public policy on early childhood in Uruguay.

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While income inequality is lower in Uruguay than in many Latin American countries, economic growth has not overcome intergenerational inequality and child poverty remains significant. More than one in five children aged under 4 is below the poverty threshold (20.9%), compared to fewer than one in ten (9.1%) for the rest of the population (Uruguay Crece Contigo-MIDES, 2015).

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A series of public policies have been implemented to address this situation, notably through the 2008 *Plan de Equidad* (Equity Plan). This created an index to measure multiple dimensions of family poverty, and a programme of non-contributory transfers for those under a certain threshold. It has steadily increased the coverage of early childhood education and the education levels of children aged 4 and 5. Through an integrated national health system, it has expanded health coverage and benefits for pregnant women and children under 4.

Growing out of the integrated approach of the Equity Plan, Uruguay Crece Contigo was launched in 2012 by the President of the Republic of Uruguay to help create a comprehensive protection system for early childhood, guaranteeing the integral development of children from a perspective of rights, equity and social justice. It includes a *programa de acompañamiento familiar* that works with families, pregnant women and children under the age of 4 who are in situations of health and social risk. In 2015 Uruguay Crece Contigo became a National Directive in the Ministry of Social Development (MIDES).

The programme works through early childhood development interventions that emphasise family support and community work and are delivered through coordination among different institutions. The programme's structured counselling provision is intended to strengthen family capacities related to:

- healthcare during pregnancy and guidelines for parenting, feeding and development
- access to social programmes and services
- children's growth and development, attendance at medical check-ups, vaccinations and iron supplements for children and pregnant women



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- delivery of educational materials and support for parenting
- promotion of interactions that stimulate the development of children
- emergency care.

Family support is provided by pairs of professionals: one from the health sector and one from the social sector, who give support in areas such as nutrition, psychomotricity, nursing, medicine, obstetrics, social work, psychology and social education. These pairs provide in-home assistance on a regular schedule for between six months and two years, establishing a bond of trust and respect.

Families in the programme are given materials including toys, a baby mobile, CDs of songs and books of stories; materials on nutrition, newborn care, sexual education and parenting guidance; a floor mat, food utensils, blankets, and a crib where the sleeping situation is considered to be unsatisfactory. Assistance includes individual meetings, group work, accompanying parents to access services, and networking with other relevant institutions – especially necessary in cases involving violence, trafficking, sexual abuse, mental health problems, addictions, imprisonment or housing needs.

Results and challenges

From the beginning of Uruguay Crece Contigo in September 2012 until the start of 2016, the teams worked with 10,138 households including 13,735 children and 4,924 pregnant women. Improved indicators include the following:

- The incidence of anaemia in children dropped from 33% to 12%.
- The proportion of children receiving a balanced diet rose from 38% to 51%.
- The proportion of children not meeting developmental milestones – measured against the Ministry of Public Health (2010) National Guidelines for Monitoring Child Development – dropped from 45% to 33%.

Furthermore, women with whom the programme worked during pregnancy had rates of low birthweight (9%) and premature birth (10%) in line with the national average – an encouraging result given their high-risk situations.

Nonetheless, enormous challenges remain in improving public policies on early childhood in Uruguay. These include changes in family structures, community life, labour markets and new consumption patterns– all influencing the lives of children and their opportunities for social inclusion with equity. Meeting these challenges will require:

- 1 Integrating the various sectors involved in child development, such as healthcare, education, recreation and socio-educational. This entails moving away from fragmented models based on single disciplines, and towards shared actions, goals and resources with a single contact point for families.
- 2 Integrating models of service delivery to take into account the culture of childrearing in terms of how responsibilities are shared by individuals, families and communities. The impact of public policies depends on support at all those levels.

Given the diverse needs of different territories and populations in Uruguay, the design of early childhood policies and services will also require locally tailored approaches, and systems of monitoring and evaluation that allow for revision according to lessons learned.

References

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