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Aging and Changing World Demographics

Grounding the Social Contract in Childhood:

What does it mean to rethink the social contract from childhood, and what implications follow for Early Childhood Development policy? Lessons from Peru



Daniela Leguía
Economist (Pacific University), Project Manager at Von Hesse Consulting



Selene Mendez
Sociologist (National University of Federico Villarreal), Social Policy Analyst at the Office of Monitoring and Evaluation of the Peruvian Ministry of Social Development and Inclusion



Eduardo E. Haro P
Economist (Andean University of Cusco), MSc in Statistics (National University of Cusco), MPP (LSE), Consultant in Public Policy for the Peruvian Ministry of Production

INTRODUCTION

Investing in Early Childhood Development (ECD) means investing in the future capacities of citizens long before those capacities are visible in schools or labour markets. The first years of life, beginning in pregnancy, are when the foundations of health, learning, and socioemotional development are built, with the first year marking the period of most rapid brain architecture development (Bertman & Pascal, 2016). Early deprivations in health, learning, and socioemotional development undermine educational achievement, economic productivity, and social participation, perpetuating inequality. Given this complexity, as Mulyani et al. (2025) argue, ECD is a multidimensional process that requires coordinated action across sectors to address these deprivations.

This is why ECD is increasingly treated as a form of social investment. Vast evidence shows that interventions in early childhood generate benefits not only for children but also for families and societies. A commonly used estimate suggests that high-quality early interventions can generate returns of approximately USD 4 to USD 9 for every dollar invested, through improved schooling outcomes, better health, and higher productivity (Ramon et al., 2017).

The policy implication is straightforward. A country that neglects the first five years of life will typically pay more later, through higher costs in health, educational remediation, and lost economic potential.

Despite the economic importance, this paper takes a different approach. ECD should not only be justified through returns, but should raise a deeper question about who is entitled to protection and opportunity, and what the state owes to children from the start. When children's life chances depend on circumstances beyond their control, like being born preterm or into poverty, the social contract is tested at the very point where inequality starts. For example, as Schady (2006) notes, early biological vulnerabilities are closely linked to later risks of chronic malnutrition and anaemia, which in turn affect children's development potential and future opportunities. These dynamics are not incidental; they are the mechanisms through which unequal starting points become unequal outcomes.

Peru's ambitious, multidimensional ECD policy architecture, built over the past decade, provides a compelling case through which to examine a central question: what does it mean to rethink the social contract from childhood, and what implications follow for ECD policy? We address this question by analysing policy instruments and the available data.

In November 2025, Peru reached a milestone when the National Agreement Forum approved State Policy No. 36 on Early Childhood Development, establishing ECD as a national priority and committing the state to ensuring that every child has a fair start through access to health, nutrition, identity, care, and early education. Peru's ECD ecosystem includes major programs such as "Cuna Más" (daycare and family accompaniment), "Juntos" (conditional cash transfers promoting service uptake), performance incentives for subnational governments, and cross-sector coordination mechanisms such as "Children First." A key integration tool is the Results-Oriented Budget Program for Early Childhood Development (PPoR DIT), created in 2019 to coordinate and monitor interventions across sectors and levels of government.

The Peruvian case also illustrates a central tension of the "social contract in childhood" agenda because political and fiscal commitment does not automatically translate into improved outcomes. The PPoR DIT budget increased substantially from S/ 2.2 billion (USD 580 million)[2] in 2021 to S/ 6.0 billion (USD 1.6 billion) in 2024 but then fell significantly to S/ 2.5 billion (USD 660 million) in 2025[3]. Meanwhile, key child outcome indicators show mixed progress. Chronic malnutrition among children

2. "S/" stands for "Soles", Peruvian currency.

3. Law No. 32185 – Public Sector Budget Law for the Fiscal Year 2025.

under five fell markedly over the previous decade but has recently stagnated, and anaemia among young children declined until 2021 before rising again by 2024. These patterns underscore a crucial idea that runs throughout this paper: the credibility of a social contract is measured not by plans or allocations alone, but by tangible improvements in children's lives.

To make sense of these dynamics, this paper follows a three part theoretical approach. First, we examine how treating children as subjects of the social contract —rather than passive beneficiaries—implies a shift from protection to recognition. Second, we argue that ECD reshapes inequality at its source by influencing the primary distribution of opportunities, not only compensating outcomes through secondary redistribution. Third, we connect these ideas to intergenerational justice, asking why ECD is a necessary condition for a social contract that claims to be fair across generations. We then break down this framework with respect to Peru's policy architecture, outcomes, and implementation gaps, and close with policy implications and conclusions.

THEORETICAL APPROACH

Childhood and the Social Contract: From Protection to Recognition

The social contract, traditionally associated with adults as the primary subjects of rights and responsibilities, can be transformed by including childhood as an active subject. Recent literature supports a conceptual shift from childhood as an object of protection to childhood as a subject of recognition. According to Acker and Nyland (2024), by involving children in the creation of social norms and values from an early age, a more inclusive and equitable society is fostered. This means that what is taught shapes citizenship, allowing children not only to receive rights but also to help define them.

Rojas Romero et al. (2025) reinforce this approach by arguing that children should be recognised as full holders of rights. Such recognition requires the state to remove structural barriers that impede children's comprehensive development. This perspective goes beyond education to include areas such as health and well-being. Children should therefore be able to influence decisions that affect their lives and surroundings, contributing to social welfare through meaningful participation.

Furthermore, Bertram and Pascal (2016) support this shift by arguing that early childhood development policies should be seen as a strategic investment – not only in academic terms but also as a tool to reduce social inequalities and promote social mobility. In this sense, ECD policies are linked to the construction of citizenship by enabling children to develop fully. In fact, these policies support children's capacity to become active citizens, contributing to a more cohesive and just society. Similarly, Bolaños-Martínez and García-Suárez (2025) emphasize that childhood should not be seen as a waiting period but as a phase in which children can make decisions and shape their environments. Recognising this agency strengthens the idea of children as active subjects in the construction of the social contract and reinforces the case for institutional arrangements that support children's participation and development.

Reshaping Opportunity at the Source: ECD and Primary Distribution

A central point in rethinking the social contract from childhood is to distinguish secondary redistribution from the primary distribution of opportunities. Secondary redistribution is the classic "after-the-fact" welfare function, where taxes and transfers that reduce inequality after market incomes are

generated. In contrast, the primary distribution refers to the opportunity structure that shapes people's earning capacity and life chances before corrective redistribution takes place. In this line, Esping-Andersen and Myles (2011) emphasize that the most interesting effects of the welfare state are its influence on the "'virgin' primary distribution" (Esping-Andersen & Myles, 2011).

From this perspective, ECD is not merely compensatory but pre-distributive. ECD works by altering the initial conditions that later determine educational grades, productivity, and ultimately, wages. Esping-Andersen and Myles (2011) describe this as a response to intergenerational risks, where family background shapes life chances, and argue that the appropriate policies are those that promote equal opportunities. In other words, ECD matters because it weakens the channel through which parental resources translate into children's future outcomes, so the social contract relies less on ex-post compensation and more on building fairer starting conditions.

Esping-Andersen (2007) adds a skill formation argument. Since both cognitive and non-cognitive abilities shape school success and adult opportunities, ensuring a strong start for every child becomes the central policy challenge, and evidence confirms that early childhood is the critical period. Schady (2006) supports this perspective by emphasising the critical role of early childhood development in shaping skills that build on one another and enhance the returns to later education. As early development strongly influences adult income and behaviour, it plays a foundational role in shaping human capital and, by extension, social participation. When ECD is approached as a multidimensional process, it lays the groundwork for children to participate meaningfully in the social contract throughout their lives.

Moreover, the returns to early childhood investments are well evidenced by the literature. In fact, Carneiro and Heckman (2003) find that the rate of return on early interventions rises the younger the child. Given that the standard rate of return to schooling is placed around 10%, "returns to pre-school investments are possibly more than twice this magnitude" (Esping-Andersen, 2007, p. 22). This is precisely what distinguishes ECD from compensatory redistribution. It builds children's skills and readiness, not only disposable incomes.

However, the equalising impact of ECD depends on both quality and access. As León et al. (2019) note, social investment approaches tend to focus on equalising life chances rather than outcomes, and on preparing rather than repairing, positioning ECD as a way to level the playing field by reducing the weight of the accident of birth. Yet León et al. (2019) warn that scaling coverage can put pressure on quality, and therefore, greater ECD coverage is not automatically evidence of effective social investment. Cantillon and Van Lancker also suggest that social investment can become a "trampoline" instead of a "safety net" (Cantillon & Van Lancker, 2013), risking exclusion if services disproportionately benefit better-off, work-attached families. This points to a core trade-off for countries like Peru. Universalism against targeting and quantity against quality should be treated as distributional questions, because ECD only reshapes the primary distribution if it reliably reaches disadvantaged children with high-quality inputs.

THE INTERGENERATIONAL DIMENSION OF THE SOCIAL CONTRACT

The previous section focused on how ECD shapes opportunities. This section asks at what point unequal starting conditions become lasting disadvantages. As Esping-Andersen (2007) argues, early childhood is where inequality of

opportunity is "locked in." This does not mean that later interventions will not have a positive impact on people's lives,

but rather that early investment in children yields the highest returns for future development.

Different authors support this argument. Wu, Li, and Miao (2024) find that early childhood education can generate between 7% and 10% annual rates of return in China. Baek et al. (2025) estimate a benefit–cost ratio of 5.52 (meaning USD 5.52 in expected lifetime wage benefits for every USD 1 invested) for ECD interventions in Vietnam. Kawarazaki (2023) finds that variation in the expansion of universal early childhood education and care across Japan (1960s–1980s) is associated with higher income by age 50. McCoy et al. (2017) conduct a meta-analysis of 22 high-quality U.S. experimental and quasi-experimental studies (1960–2016) and find that early childhood education participation is associated with lower special education placement and grade retention and higher high school graduation rates.

As Esping-Andersen and Myles (2011) state, investing in children's well-being is one of the strongest ways a welfare state can give everyone a fairer start in life and reduce inequality of opportunity. In this sense, a strong start in early childhood can be a critical window for later success. However, the implications of this critical window go beyond the individual level; they might extend to individuals' offspring. This raises two questions: what kind of intervention is required? can it break the intergenerational cycle?

On the first question, Esping-Andersen (2007) argues that "a policy based exclusively on income redistribution will probably fail," because there are other non-monetary aspects such as parental time, cognitive stimulation, and the quality of the home environment. On the second, García et al. (2021) showed that participants in an early childhood program not only maintained positive effects on physical and mental health through age 54, but that these improvements also translated into better outcomes for their children.

Furthermore, Esping-Andersen and Myles (2011) identify that since social origins influence life chances, the policy response should be directed toward "equal opportunity measures." This framing has a key implication. If life chances are shaped by circumstances that individuals did not choose, then the social contract has an obligation toward those who could not be part of any original agreement. The intergenerational transmission of disadvantage is not a market failure to be corrected but an injustice that the social contract must address at its source.

THE PERUVIAN CASE: ECD POLICY THROUGH A SOCIAL CONTRACT LENS

Policy Architecture: ECD as a National Priority

Peru has built a multi-layered policy architecture for ECD over the past decade. In November 2025, the National Agreement Forum approved State Policy N°36 on Early Childhood Development, the first State Policy dedicated to this area. This policy reflects a broad consensus among government institutions, political parties, subnational governments, and civil society. It establishes ECD as a national priority and commits the state to ensuring that every child has "a fair start" through access to health, nutrition, identity, care, and early education (MIDIS, 2025a). The policy also frames this "investment" as a way to break the intergenerational transmission of poverty.

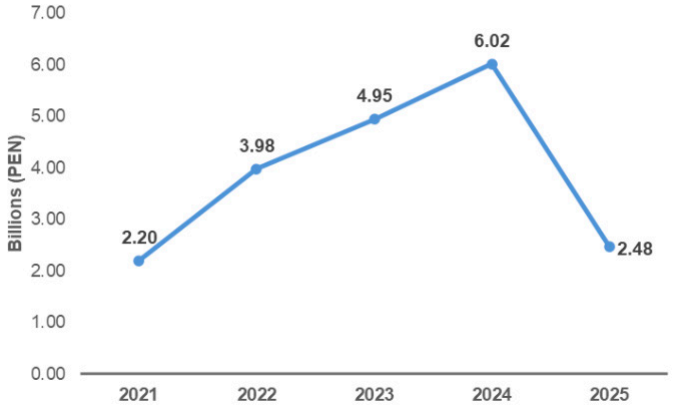
This State Policy builds on the National Policy for Development and Social Inclusion 2030 (PNDIS), approved in December 2022. The PNDIS places ECD at the centre of its social inclusion strategy through Priority Objective 1: "Improve early childhood development to ensure social inclusion." This objective includes six guidelines and eighteen services. The PNDIS also links ECD to Priority Objective 5, which addresses environmental conditions such as basic services, housing, and violence prevention. This

objective includes three guidelines and fifteen services (MIDIS, 2022). By connecting child development with both individual services and household conditions, the PNDIS recognises that ECD requires action across multiple dimensions.

To put these commitments into practice, the Peruvian Ministry of Social Development and Inclusion (MIDIS) develops different programs at the national level. Cuna Más provides family accompaniment and daycare services for children living in poverty and extreme poverty. JUNTOS, a conditional cash transfer program, promotes access to health and education services, with special attention to children under one year old. The Performance Incentive Fund (FED) gives monetary incentives to regional governments that meet service coverage targets. The Municipal Seal program recognises local governments that improve service delivery. "Children First" creates mechanisms for coordination across sectors and government levels, including territorial segmentation and nominal tracking of children (MIDIS, 2025b).

The Results-Oriented Budget Program for Early Childhood Development (PPoR DIT), created in 2019, is the main tool for integrating and monitoring these interventions. The PPoR DIT includes 29 products organised into five categories: i) health and nutrition, ii) household conditions, iii) childcare and learning, iv) protection systems, and v) family accompaniment. Of these, 24 are currently implemented through six budget programs. The design requires coordination across eight ministries and three levels of government, reflecting the understanding that child development is multidimensional by nature (MIDIS, 2025b).

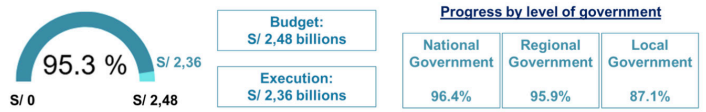
FIGURE 1. EVOLUTION OF THE BUDGET OF THE RESULTS-ORIENTED BUDGET PROGRAM FOR EARLY CHILDHOOD DEVELOPMENT, 2021–2025 (BILLIONS OF PERUVIAN SOLES)



MIDIS (2025c).

The fiscal dimension shows both commitment and volatility. As Figure 1 shows, the PPoR DIT budget grew steadily from S/ 2.2 billion (USD 580 million) in 2021 to S/ 6.0 billion (USD 1.6 billion) in 2024. However, in 2025, the budget fell to S/ 2.5 billion (USD 660 million), a reduction of nearly 59% from the previous year. Despite this reduction, budget execution remained high at 95.1%, with the national government executing 96.4%, regional governments 95.9%, and local governments 87.1% (see Figure 2). The largest share of the 2025 budget (64%) went to Maternal-Neonatal Health, followed by Rural Sanitation and Mental Health (MEF, 2025).

FIGURE 2. OVERALL PROGRESS OF BUDGET EXECUTION



MIDIS (2025c).

This architecture has clear strengths. Its multidimensional approach integrates health, nutrition, protection, and learning within a single results-oriented framework, recognising that child development cannot be addressed through isolated sectoral interventions. Leach (2025) supports this approach, arguing that effective ECD requires combining essential inputs such as health, nutrition, protection, stimulation, and education into a coherent service delivery model.

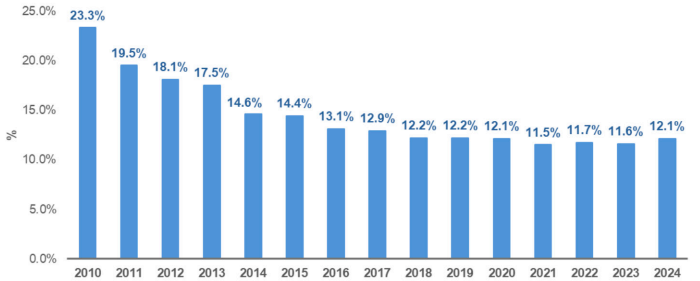
Yet this same complexity creates risks. Coordination across eight ministries and three government levels requires sustained political will and strong governance mechanisms. Without these, regulatory complexity can impede effective implementation. Nharara (2025) highlights that many early childhood centres struggle to meet quality standards due to unclear legislative requirements, which ultimately affects the quality and accessibility of services.

The sharp budget cut in 2025 raises concerns about fiscal sustainability. Moreover, although execution rates are high, they reflect the capacity to spend resources rather than the quality of services, a distinction that will be assessed in the following section through outcome indicators.

OUTCOMES AND GAPS: WHAT THE EVIDENCE REVEALS

The policy architecture described above can be assessed through two types of evidence: i) social indicators that track child outcomes over time and ii) impact evaluations that measure the effects of specific programs. Both reveal a mixed picture of progress and gaps. Figure 3 shows the evolution of chronic malnutrition among children under five years old. The indicator fell from 23.3% in 2010 to 11.5% in 2021, a reduction of nearly 12 percentage points over a decade. Since then, progress has stalled. The rate was 11.7% in 2022, 11.6% in 2023, and rose slightly to 12.1% in 2024 (MIDIS, 2025c).

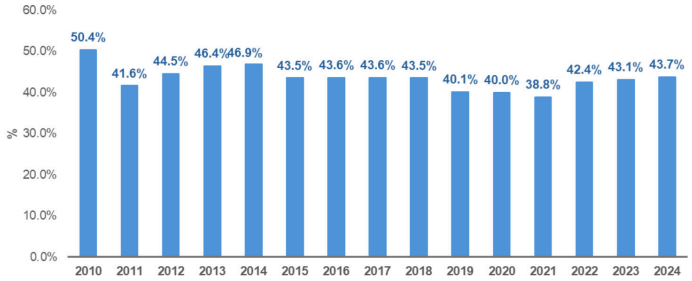
FIGURE 3. PERCENTAGE OF CHILDREN UNDER 5 WITH CHRONIC MALNUTRITION



MIDIS (2025c).

Figure 4 shows a pattern of stagnation for anaemia among children aged 6 to 35 months. Prevalence declined from 50.4% in 2010 to 38.8% in 2021, but then reversed course. By 2024, the rate had climbed back to 43.7%, almost 5 percentage points higher than the 2021 low (MIDIS, 2025c).

FIGURE 4. PERCENTAGE OF CHILDREN AGED 6 TO 35 MONTHS WITH ANAEMIA



MIDIS (2025c).

Other indicators show similarly mixed results. The proportion of children walking independently at 12-18 months fell from 65.3% in 2018 to 61.5% in 2024, while adequate verbal communication at 9-12 months remained relatively stable with no improvement (MIDIS, 2025c).

Despite resource allocation and good fiscal execution, the social contract responds to measurable improvements in children's lives, not to monetary advancements. Chronic malnutrition has responded to structural interventions that accumulate over time, such as water, sanitation, and food security. Anaemia reduction, however, requires sustained adherence to supplementation protocols and continuous contact between health services and families. As Mulyani et al. (2025) highlight, while nutrition-specific and nutrition-sensitive interventions have shown effectiveness, the slow progress in reducing chronic malnutrition (stunting) reflects the complexity of implementation. Stunting is influenced by various determinants, including maternal and child nutrition, poor sanitation, and socioeconomic challenges, which require integrated, multisectoral strategies for long-term impact.

Impact evaluations of specific programs add nuance to this context. A 2024 evaluation of Cuna Más found no average effects across the full population served. However, children who remained in the daycare service for at least four months showed reductions in anaemia prevalence of 3 to 4 percentage points, and those with eight or more months of participation showed improvements in motor development of 9 to 10 percentage points (Castro et al., 2024). A 2017 evaluation of JUNTOS by the Ministry of Economy and Finance (MEF) found that the program increased compliance with child growth and development checkups (CRED) by 17 to 19 percentage points, but did not produce measurable impacts on nutritional outcomes such as chronic malnutrition or birth weight (MEF, 2017).

A 2025 report from the Ministry of Health (MINSA) on the implementation of PPoR DIT identified several obstacles related to policy design and outcomes. These include high turnover of technical staff at the regional level, delays in procurement processes, limited supervision of health facilities, and vaccine hesitancy among families (MINSA, 2025). The distance between a well-designed policy and its effects on the ground depends on institutional capacities that remain uneven across regions and levels of government.

The evidence reveals two structural challenges. First, programs produce positive effects mainly when implementation quality and participation duration reach certain thresholds. Second, the current design concentrates the most intensive interventions on children in poverty, which is a reasonable prioritisation given fiscal constraints; however, focalisation leaves gaps in the broader population.

Finally, an outstanding issue on the national agenda is the Care System, a pathway through which the previously mentioned challenges could be addressed. A care system is conceived as a set of integrated public policies that recognise care as a right, distribute responsibilities among the state, families, and society, and value both paid and unpaid care work. This approach is being promoted internationally as part of the transformation

of care systems to achieve sustainable development and gender equality, emphasising that care should be guaranteed as a human right and not solely assumed as a family or female responsibility (United Nations, 2024).

THE PERUVIAN CASE THROUGH A SOCIAL CONTRACT LENS

Recognition

The Peruvian normative framework embraces the child as a rights-holder. State Policy N°36 commits to ensuring a "fair start" for all children, and the PNDIS 2030 positions ECD as a policy priority. Although this commitment is aligned with the recognition of children as subjects of rights rather than merely objects of protection (Acker & Nyland, 2024; Rojas Romero et al., 2025), the results show a wide gap between design and implementation. Cuna Más relies on a volunteer facilitator model to deliver family accompaniment services. While this community-based approach may enhance cultural relevance, the limited training and compensation of facilitators raise questions about the quality of interactions they can provide (Castro et al., 2024). The MINSA (2025) evaluation on the implementation of PPoR DIT identifies high staff turnover and limited supervision as persistent obstacles, conditions that undermine the sustained, responsive relationships that recognition-based approaches require.

The pattern of program effects offers further evidence of this gap. Castro et al. (2024) found that positive effects on child development emerged only among children with at least four months of sustained participation, and motor development improvements required eight months or more. This duration-dependent pattern suggests that brief or inconsistent contact does not constitute meaningful recognition of the child's developmental needs (MIDIS, 2025b). Programs may be reaching children without truly seeing them as subjects deserving sustained, quality engagement.

Coverage Without Transformation

Following Esping-Andersen and Myles (2011), ECD operates as a pre-distributive mechanism when it alters the initial conditions that shape life trajectories. The key question for Peru is whether its programs reconfigure baseline opportunities or merely compensate for deficits.

The evidence suggests that Peru may be caught in what León et al. (2019) characterise as a high-coverage, low-quality equilibrium. Budget allocation for ECD programs grew substantially from S/2.2 billion in 2021 to S/6.0 billion in 2024, with execution rates reaching 95.1%. Yet outcome indicators tell a different story. Chronic malnutrition, which fell from 23.3% in 2010 to 11.5% in 2021, has stagnated at 12.1% in 2024. Anaemia, after declining to 38.8% in 2021, rose again to 43.7% in 2024. Motor and verbal development indicators show similar patterns of stagnation or regression.

According to the theoretical framework, ECD equalises opportunities only when disadvantaged children receive high-quality inputs (Esping-Andersen, 2007; León et al., 2019). The Cuna Más evaluation offers direct evidence on this condition. The absence of average effects across the full population, combined with positive effects only for children with sustained participation, indicates that coverage expansion without quality assurance does not produce pre-distributive transformation (León et al., 2019).

The targeting design introduces additional concerns. Both Cuna Más and JUNTOS focus on households in poverty, which is a reasonable prioritisation given resource constraints.

However, following Cantillon and Van Lancker (2013), targeted programs risk leaving gaps. Children in vulnerable but non-poor households, or those in areas with high aggregate deprivation but individual households above poverty thresholds, may fall outside program reach (MIDIS, 2025b). The pre-distributive promise of ECD requires not only reaching the poorest but ensuring that the quality of intervention is sufficient to alter developmental trajectories at scale.

Intergenerational Justice

The intergenerational justice framework posits that ECD can interrupt the transmission of disadvantage when interventions are early, sustained, and of sufficient quality (Esping-Andersen, 2007; García et al., 2021). The Peruvian evidence provides a partial test of this proposition.

The JUNTOS evaluation (MEF, 2017) illustrates a critical limitation of cash transfers alone. The program successfully increased CRED health check attendance by 17-19 percentage points, demonstrating that conditionalities can modify service utilisation behaviour. However, this increased contact with health services did not translate into improvements in malnutrition or birth weight outcomes. As Esping-Andersen (2007) argues, cash transfers alone cannot break intergenerational transmission because they do not change what happens inside households: the quality of stimulation, interaction, and early environments.

The sustainability of Peru's ECD commitment faces structural challenges. The volunteer-based delivery model in Cuna Más, while cost-effective, depends on the continued availability of community members willing to provide services with limited material compensation (Castro et al., 2024). High facilitator turnover, documented in the MINSA (2025) evaluation, disrupts the continuity required by intergenerational interventions. The sharp budget reduction from S/6.0 billion in 2024 to S/2.5 billion in 2025 raises further questions about the strength of the state's sustained commitment to breaking intergenerational cycles of disadvantage.

Intergenerational justice requires policy horizons that extend beyond electoral cycles (Oropilla & Ødegaard, 2021). The Peruvian case shows advances in establishing formal commitments (State Policy N°36, PNDIS 2030), but the 2025 budget reduction and persistent workforce turnover suggest that these foundations remain precarious.

An Incomplete Social Contract

The analysis confirms that Peru's social contract for childhood is unfinished. The state has advanced in political commitment, establishing ECD as a policy priority through multiple instruments. Fiscal effort increased substantially between 2021 and 2024. Yet the gap between commitment and outcomes persists.

The recognition dimension shows that formal rights language does not automatically translate into implementation practices that treat children as subjects of sustained, quality engagement. On primary distribution, the evidence confirms that fiscal effort alone does not equalise opportunities. Quality and delivery capacity are necessary conditions. On intergenerational justice, JUNTOS provides evidence that increasing health check attendance without improving developmental outcomes does not break transmission cycles. What matters is what children actually experience, not institutional contact.

POLICY RECOMMENDATIONS/IMPLICATIONS

To renew the social contract through ECD, Peru's approach must move beyond a narrative of "smart investment" toward a

rights-based commitment with verifiable conditions. A social contract grounded in childhood is not validated by plans or budget allocations alone, but by whether every child, regardless of birthplace, language, or family context, actually enjoys a minimum set of conditions that protect development and enable equal opportunity. This shift has four interdependent implications: equity, quality, governance, and the empowerment of community actors as partners in service delivery.

First, equity requires making universality real. Rather than narrowing eligibility, the Peruvian state should keep universal entitlements. It should concentrate additional resources and operational capacity on districts and groups facing the hardest barriers to access, such as rural and Indigenous communities, peri-urban places, and other vulnerable areas. The policy focus should strengthen outreach and case management for families who do not connect to services by default, and adjust intergovernmental financing and incentives so that they reward reductions in territorial gaps.

Second, quality must be treated as the core mechanism through which ECD reshapes opportunity at the source. Peru should define a small set of enforceable quality standards for its ECD programmes in health, nutrition, and early education and care. Policies should avoid a high-coverage/low-quality equilibrium that weakens equalising effects. Quality measurement should go beyond attendance to include service readiness and the quality of interactions that drive developmental gains.

Third, governance must establish a territorial monitoring system linking the Results-Based Performance Framework (Marco de Resultados por Desempeño) to an explicit ECD minimum package that tracks coverage, quality standards, and outcomes (nutrition, anaemia, etc.). Performance agreements with subnational governments should combine incentives with problem-solving support, rewarding progress in closing gaps. Integrated data systems that follow the child across services can turn rights into enforceable expectations and strengthen the credibility of the social contract.

Fourth, empower community actors through a co-management model with support from the private sector and civil society, including Local Public-Private Partnerships. This model comprises Management Committees and Oversight Councils, which assume responsibility for managing resources and ensuring the proper functioning of services in exchange for both monetary and non-monetary incentives. The state, for its part, designs the model, finances the interventions, and provides continuous technical support. This approach can serve as a reference for exploring new forms of ECD service delivery, taking into account the role of civil society and the public sector. Public-private partnerships—through scholarships, recognition strategies, and other incentives—can strengthen communities' commitment and capacity as key actors in ECD, thus contributing not only to efficient service implementation and sustainability, but also to promoting inclusion and respecting cultural diversity.

CONCLUSION

This paper examined what it means to ground the social contract in childhood, using Peru as an empirical case. The theoretical framework identified three dimensions: i) recognising children as subjects of rights, ii) reshaping opportunity through primary distribution, and iii) addressing intergenerational justice. Peru has made progress on the first dimension through formal commitments like State Policy N°36 and the PNDIS 2030. However, the evidence reveals a persistent gap between policy design and child outcomes.

The Peruvian case shows that budget allocation and high execution rates do not guarantee results. Chronic malnutrition

has stagnated, anaemia has increased, and developmental indicators show no improvement. Programs like Cuna Más produce effects only when participation is sustained, and quality is ensured. This confirms that coverage without quality does not transform opportunities.

The main lesson we draw from this analysis is that a social contract built from childhood cannot be validated by policy documents or budget figures, but only by whether children actually experience better conditions. As long as a child born in a remote area still faces worse developmental chances than one born in the capital, the contract remains unfulfilled.

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