

## POLICY BRIEF

# TOWARD A COMPREHENSIVE SUPPORT STRATEGY FOR HOUSEHOLDS BENEFITING FROM THE CONTIGO NATIONAL PROGRAM:

Lessons from two interventions in  
Lima and La Libertad, Peru

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“Initiatives to strengthen care policies in Latin America and the Caribbean”

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## Toward a comprehensive support strategy for households benefiting from the CONTIGO National Program: lessons from two interventions in Lima and La Libertad, Peru

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### 1. Introduction

#### Context

According to the National Specialized Survey on Disability (ENEDIS, 2012), 40.6% of persons with disabilities require support from third parties to carry out activities of daily living. Despite this need, personal assistance services, specific supports, and care systems in Peru still lack comprehensive regulation and a sufficient public supply (CONADIS, 2025). In practice, this work falls on families and, in particular, on women: daughters (29.2%), mothers (26.0%), and spouses (21.8%) are those who primarily provide support (INEI, 2014). In households with children and adolescents with severe disabilities who are users of the CONTIGO National Program, 87.94% of caregivers are women (UNICEF Peru, 2024).

Persons with disabilities represent approximately 5.3% of the Peruvian population (INEI, 2026). This population and their households face greater risks of poverty and exclusion: monetary poverty reaches 17.5% of households with at least one member with a disability, compared with 13.2% of households without members with disabilities (ENAHU, 2024). Women caregivers of persons with disabilities face high levels of physical, emotional, and economic burden, in addition to persistent gender inequalities in the organization of care and limited opportunities for psychosocial support and community coordination (IDEHPUCP, 2024).

Peru still does not have a national care system; therefore, challenges persist in offering comprehensive responses that simultaneously address the needs of persons with disabilities and the conditions of the women who, in practice, assume most care tasks (Vásquez-Encalada et al., 2023).

#### Rationale

The CONTIGO National Program of the Ministry of Development and Social Inclusion (MIDIS) provides a non-contributory pension of S/. 300 soles (approximately USD 87) every two months to persons with “severe” disabilities living in poverty. During 2024, the CONTIGO Program complemented the cash transfer with a Pilot Support Strategy aimed at beneficiary persons with disabilities and their households, which included specific actions with caregivers. This intervention included emotional support, home visits, and the implementation of a Caregiver Training Program, within which the formation of caregiver groups known as “support networks” was promoted. The intervention was carried out in 16 districts of Metropolitan Lima and 21 districts of La Libertad, reaching 503 and 555 users, respectively. During 2025, SODIS, in coordination with Colectiva Yo Cuido Perú, an organization of caregivers, implemented an intervention aimed at strengthening support ties among caregivers and promoting shared responsibility in care.

<sup>1</sup> This document was prepared within the framework of the project carried out by Sociedad y Discapacidad (SODIS), in coordination with the Colectiva Yo Cuido Perú and the National CONTIGO Program.

The development of the Pilot Support Intervention Strategy and the promotion of support networks among caregivers make it possible to analyze the scope, initial results, and limitations of these interventions in relation to the recognition, reduction, and redistribution of care. This study sought to provide evidence on the actual scope of these types of strategies.

### Stakeholders involved

- **CONTIGO National Program (MIDIS):** designed and implemented the 2024 Pilot Support Strategy through its central team, psychology professionals, and territorial managers. It also led the collection of quantitative information from the 2024 intervention, which was later used to analyze its results.
- **Society and Disability (SODIS):** led the analysis of the results of the Pilot Support Strategy (2024) implemented by the CONTIGO National Program. It also designed and implemented the intervention to promote support networks among caregivers carried out in 2025 and led the analysis of its results.
- **Colectiva Yo Cuido Perú:** an organization of caregivers that led the component aimed at promoting family shared responsibility and co-facilitated workshops together with SODIS during the 2025 intervention.
- **Municipal Offices for the Care of Persons with Disabilities (OMAPED):** provided territorial support, physical spaces, and local coordination.

## 2. Description of the study and interventions

### Study objectives

The study sought to analyze the scope, initial results, and challenges of the Pilot Support Strategy of the CONTIGO National Program in Metropolitan Lima and La Libertad, based on a secondary analysis of the quantitative data collected by the Program within the framework of a prior evaluation design, complemented by a retrospective qualitative analysis. It also sought to explore the possibilities for continuity and strengthening of the support networks subsequently promoted by SODIS and Yo Cuido.

Specifically, it aimed to:

- Analyze changes in emotional well-being, perceived burden, and care capacities among participants in the 2024 Pilot Strategy.
- Explore caregivers' experiences regarding the support received, lessons learned, the daily organization of care, and persistent barriers.
- Examine the potential and limits of the support networks promoted in 2025, particularly with regard to their sustainability and the possibilities for redistributing care.
- Identify lessons learned and recommendations for future policies to support caregivers from a gender, disability, and rights-based perspective.

### Intervention 1: Pilot Support Strategy (2024)

Implemented by the CONTIGO National Program over three months in urban and rural areas of 16 districts of Metropolitan Lima (503 users) and 21 districts of La Libertad (555 users).

It included three components:

- **Emotional support:** three individual remote sessions provided by six psychology professionals from the central level, aimed at identifying the emotional situation, establishing commitments, and following up on them.
- **Home visits:** three visits by territorial managers to develop and follow up on goal plans aimed at reducing social risk and promoting access to health and education services.
- **Caregiver Training Program:** nine in-person sessions (92 hours) in three modules—basic care and safety; comprehensive care and family participation; and self-care—organized together with the OMAPED. At the end, 27 caregiver groups were formed in Lima and 20 in La Libertad, referred to as “support networks.”

### Intervention 2: Mutual support networks among caregivers (2025)

Between August and December 2025, SODIS and Yo Cuido worked with six caregiver groups formed during CONTIGO's Pilot Support Strategy and selected by the Program: La Esperanza and Florencia de Mora (urban) and Julcán (rural) in La Libertad; Independencia and Rímac

(urban) and Huaral (rural) in Lima. The intervention sought to strengthen ties among participants and promote the functioning of these groups as mutual support networks, through meeting spaces, exchange of experiences, and recognition of support resources available in their communities. It also included individual and group actions aimed at emotional well-being, recognition of care work, and family shared responsibility.

This intervention combined:

- **Individual strategies:** characterization of care dynamics, telephone-based emotional support (three sessions using the Psychological First Aid methodology), and support to promote family shared responsibility, led by Yo Cuido.
- **Group strategies:** participatory workshops to make care visible as work, reflect on shared responsibility, strengthen support ties among caregivers, and identify community resources and services that could contribute to the collective organization of care.

A total of 120 caregivers participated in the group workshops, and 30 of them received individual psychological support (structured in 3 sessions).

### 3. Methodology

#### Secondary analysis of quantitative data from the Pilot Support Strategy

A secondary analysis was conducted of data collected by the CONTIGO National Program through a difference-in-di-

ferences (DiD) design, which compares the evolution of treatment and control groups before and after the intervention. The initial sample consisted of 2,010 participants, selected through non-probability convenience sampling. To establish comparability between groups, the Program considered ubigeo, area, sex, age range, and authorization status for receiving the payment.

Three instruments were applied:

- **Zarit Caregiver Burden Scale:** Caregiver burden level.
- **I-SPANAS-SF Scale:** emotional well-being (positive and negative affectivity).
- **Socio-Family Assessment Scale (TSO):** socioeconomic conditions and social risk of the household.

#### Descriptive analysis of the promotion and implementation of support networks (2025)

An entry and exit survey (pre-test–post-test), without a comparison group, was administered to 60 caregivers from the six intervention territories who completed both measurements. Five dimensions were measured: caregiver well-being, care dynamics and shared responsibility, knowledge and support networks, group sustainability, and perception of respite spaces.

#### Retrospective qualitative analysis

The retrospective qualitative analysis aimed to analyze the experiences and assessments of participating stakeholders regarding the 2024 Pilot Support Strategy and the 2025 support

network intervention. In-depth interviews and focus groups were conducted with 37 participants: 23 caregivers from urban and rural areas of both regions, as well as directors and staff of the CONTIGO National Program, territoriales managers, OMAPED officials, and the SODIS team.

#### Limitations

Initial differences between groups and non-probability sampling limit the causal interpretation of the 2024 analysis. The 2025 measurements do not include a comparison group and use a non-validated instrument, so the observed variations do not constitute evidence of impact. The qualitative evaluation included only caregivers who participated in both interventions, so it does not capture the experiences of those who dropped out of the process. Therefore, the results are not representative of all program users nor can they be attributed as impacts of the intervention.

### 4. Main findings

The findings from both interventions focus mainly on recognition, particularly on valuing caregivers' roles, validating their experiences, and the perceived reduction of isolation, with mixed results regarding emotional well-being during the 2025 intervention. No changes were verified in the reduction of time or care responsibilities, nor in a sustained redistribution of these tasks.

#### On the Pilot Support Intervention Strategy implemented by the CONTIGO National Program (2024)

• **Emotional Support:** the secondary analysis of quantitative data suggests favorable variations in participants' emotional well-being, reflected in a reduction in negative affectivity and an increase in positive affectivity. Qualitative testimonies are consistent with a positive assessment of the support received and report feelings of relief and reduced isolation; however, participants themselves link these perceptions to the overall support experience and not directly to the Emotional Support component.

• **Caregiver training:** The data suggest a reduction in perceived burden among participating caregivers and a positive assessment of the content on care practices. In some cases, greater appreciation of the autonomy and capacities of persons with disabilities was also reported. However, no verifiable changes in the redistribution of care were identified.

• **Home visit:** the secondary data analysis does not report significant changes in socioeconomic conditions or in the level of social risk of the family environment. At the qualitative level, caregivers were found to value these home visits positively because they represented institutional presence, provided individualized

support, and offered periodic guidance. One possible explanation is that the socio-family conditions assessed are difficult to modify in the short term through an intervention of this nature.

### **On the implementation of mutual support networks formed by the CONTIGO National Program**

This intervention also suggests some positive results, with greater emphasis on recognition. However, it revealed the multiple barriers that obstruct the redistribution of care tasks at the family and social levels.

• The findings show that, during the period analyzed, the groups did not become consolidated as autonomous support networks, understood as a set of family and non-family relationships that offer different forms of help that may contribute to alleviating the burden of care and protecting the health of those who provide it (Arias, 2009; Sluzki, 1996). The intervention generated some initial conditions for moving toward the formation of networks (establishing links among participants, creating basic communication channels and, in some groups, identifying leadership). More favorable conditions were ob-

served in urban groups, while in rural territories geographic distances, connectivity difficulties, and limitations on meeting represented additional barriers.

• Heterogeneous results on well-being were identified across the different sources and territories. The qualitative evaluation reports perceptions of relief, positive assessment of the support received, and reduced isolation. However, the descriptive results show territorial variations and, particularly in Lima, do not show improvements in emotional well-being. In addition, although participants reported greater appreciation of self-care, limits were identified for putting it into practice in contexts where there are no alternatives to relieve care tasks.

• The discussion of shared responsibility and community organization made visible deeply rooted material, cultural, and institutional barriers in the contexts where the intervention took place. Economic precarity, the absence of family support networks, the lack of services, and distrust toward some state services show the limits these initiatives face in promoting an effective redistribution of care at the family and social levels.

## Recommendations

### Intervention design

Clearly define the target population and the purpose of the strategies that make up the intervention. This implies effectively incorporating gender and disability approaches, promoting the autonomy and participation of persons with disabilities, and addressing the conditions of burden and isolation experienced by caregivers.

### Strengthening support aimed at caregivers

Strengthen support and Emotional Containment strategies, assessing their sustainability given the current centralization of service provision. It is relevant to explore complementary modalities in partnership with local governments, universities, and/or from a community-based approach through peer groups.

Reframe the objectives of home visits and their evaluation instruments, given their informational potential, integrating coordination and moving beyond an approach centered on monitoring the individual fulfillment of goals, where the burden continues to fall on the primary caregiver.

### Strengthening the territorial and community relevance of interventions

It is recommended to strengthen multisectoral coordination between the CONTIGO National Program and strategic partners at the three levels of government (Health, Education, OREDIS/OMAPED) to foster connections with services that help mitigate the burden of care.

It is suggested to strengthen spaces for the exchange of experiences among caregivers, especially in urban areas. Support should develop actions for the implementation of support networks and/or organizational spaces, given their potential to provide support, contribute to comprehensive well-being, and generate mobilization. This strategy can be coordinated jointly with OMAPEDs and the Citizen Participation Offices of local governments. In rural areas, adjustments to the support strategy are suggested. To this end, alternative mechanisms for follow-up and community linkage should be explored, not necessarily mediated by peers but by neighbors, neighborhood boards, and local governments, among others.

It is suggested to make content and methodological adjustments to the Caregiver Training Program: i) include information aimed at optimizing the time devoted to care, ii) promote the autonomy of persons with disabilities, iii) explicitly problematize the so-

cial organization of care. Methodologically, it is necessary to verify that the content is consistent with the socioeconomic situation of caregivers and that the ARDE educational methodology is promoted.

### Strengthening information, monitoring, and evaluation systems for future interventions

To generate evidence for future interventions, it is suggested to have information, monitoring, and evaluation systems that make it possible to understand and measure the changes and effects produced by this type of intervention.

Develop instruments to characterize the care and support needs of persons with disabilities and the way in which this care is provided by caregivers, including the type of activities, hours devoted to care, family care dynamics, and support needs of persons with disabilities.

### Promote the development of care support services and the recognition of care as a component of social protection

Promote support and care services throughout the life cycle, considering persons with disabilities as active subjects. These should include respite services, home assistance, and independent living centers for persons with disabilities, at both the local and national levels.

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