From Recognition to Reward: Competency Certification and Women Caregivers' Trajectories in Early Childhood Programs in Latin America

Multi-Country Study Final Report

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1. Introduction

The social and economic crisis triggered by the COVID-19 pandemic underscored the importance of care-related activities. In Latin America, most of these responsibilities fall on families, particularly on women and girls, who often assume care work without economic or social recognition. Globally, women perform approximately 76.2 percent of unpaid care work, spending more than three times the amount of time that men dedicate to these activities (International Labor Organization [ILO], 2019). In Latin America, women devote between 6.3 and 29.5 more hours per week than men to unpaid care work, totaling around 8.417 billion hours per week (Economic Commission for Latin America and the Caribbean [ECLAC], 2022).

Regarding paid care work, in 2019 there were 47.2 million people employed in this sector in Latin America and the Caribbean, of whom 36.8 million were women and 10.4 million were men. This represented 16 percent of total regional employment and approximately 31 percent of female employment (ECLAC, 2021). Overall, nearly one-third of women's employment in the region corresponds to care-related activities, which often receive low social and economic recognition and retribution (ECLAC, FAO, UN Women, UNDP, and ILO, 2013).

For a long time, governments provided only limited responses to families' and women's care needs. In recent years, however, the care agenda has gained visibility in the region, with debates shifting from framing care as a family responsibility to recognizing it as a social issue. This agenda is structured around five core pillars, commonly referred to as the "5 Rs" of care: recognition of care as essential work and dignified employment; reduction of women's care burden and investment in services and infrastructure; redistribution of responsibilities within and beyond households, including greater participation by men, governments, the private sector, and communities; reward through fair wages, safe working conditions, and adequate protections for care workers; and representation of workers through collective negotiation and professional development (Addati et al., 2019; Elson, 2017; Galián et al., 2023).

Care encompasses direct contact actions that support the physical, emotional, and mental well-being of children, persons with disabilities, and older people, both inside and outside the home. A care system refers to the set of public and private measures designed to attend, assist, and support those who require care and those who provide it (Galián et al., 2023). Care policies therefore consider both individuals who need care and those who deliver it, including access to services, the availability of time and resources to provide and receive care, and the regulation and supervision required to ensure service quality (ECLAC, n.d.).

In the specific case of early childhood care, which is the focus of this study, a dual approach is required. From the perspective of children, services must provide safe and stimulating environments that promote holistic development and reduce inequalities. From the perspective of caregivers, the social organization of care should broaden available options, for example for women providing care at home, and strengthen competencies and working conditions for those who deliver care in organized services (Galián et al., 2023; ECLAC, n.d.).

Building on this dual perspective, focused on early childhood and on those who provide care, this study analyzes the certification of competencies among workers and volunteers in early childhood education and care programs in Latin America, specifically in Peru, Ecuador, and Uruguay.

The certification of competencies is defined as the process of publicly recognizing the knowledge and skills that enable individuals to autonomously address work-related situations and perform effectively within the sector, regardless of how such competencies were acquired (Vargas, 2015). Certification is therefore relevant for employment and training policies, as it constitutes a formal mechanism of recognition that may influence access to training and education opportunities, employment trajectories, and working conditions (Vargas, 2015).

Competency certification programs constitute an alternative pathway for advancing the recognition and professionalization of many occupations. In the care sector, certification has been promoted as a concrete strategy for advancing recognition and reward, by making care work more visible and by strengthening the competencies of those who perform it.

Despite the relevance of these initiatives for a predominantly female and often vulnerable workforce, there is still limited evidence on the extent to which competency certification processes effectively enhance care practices and, in particular, whether they contribute to improving caregivers' working conditions and reducing gender gaps in the labor market. This study seeks to help fill that knowledge gap by examining how certification processes operate in different institutional contexts and how they are experienced by caregivers.

For this purpose, the report is organized into seven sections. Following this introduction, Section 2 presents the conceptual and policy framework for competency certification, with particular emphasis on the care sector. Section 3 outlines the study objectives, Section 4 describes the methodology of the multi-country study, and Section 5 presents the main findings from the country case studies conducted in Uruguay, Ecuador, and Peru. Sections 6 and 7 provide a cross-country analysis and present conclusions and policy recommendations.

2. Certification of competencies in the care sector

Care is a structural component of social protection and welfare systems and is recognized as a right that encompasses the possibility to provide care, receive care, and practice self-care (Pautassi, 2007). From this perspective, care not only sustains social reproduction across the life course but also constitutes an occupational field with specific performance and quality requirements (Piñeiro, 2025).

As outlined in the introduction, the regional care agenda emphasized the recognition of the value of care work and its professionalization, alongside ensuring fair wages, safe working conditions, and adequate protections for care workers. This section develops the conceptual framework of competency certification in the early childhood care sector, specifying its scope, development pathways, challenges, and selected experiences in the region. Attention is given to how certification relates to recognition, educational and work trajectories, and reward within different institutional contexts.

In Early Childhood Education and Care (ECEC) programs, care work is predominantly performed by women with heterogeneous training backgrounds, high exposure to physical and emotional demands, and often limited access to social protection and opportunities for professional development. International literature highlights persistent deficits in continuous training, weak professional recognition, and low levels of union representation, all of which hinder retention and career development in the sector (Early Childhood Workforce Initiative, n.d.; ILO, 2024a; United Nations, 2024; Samman & Lombardi, 2019). These characteristics underscore the relevance of policy instruments that dignify care work and make practice-based knowledge visible.

In this study, labor competency certification is understood as a formal mechanism for evaluating and recognizing demonstrated knowledge, skills, and attitudes in job performance, regardless of how they were acquired. According to the ILO, certification is the process through which skills, knowledge, and capacities accumulated over a person's lifetime, whether through formal education, work experience, or informal learning, are formally evaluated and recognized (ILO, 2024b). Certification involves measuring proficiency against occupational standards and integrating theoretical knowledge with evidence of practical application (Tejada Fernández, 2011; Irigoin & Vargas, 2002).

Although certification systems initially emerged in connection with occupations in the productive sector and employability policies (ECLAC, 2016; Dema et al., 2015), their expansion into the care sector

responds to the need to recognize work that has been historically invisible (ECLAC et al., 2013). In the care sector, the contribution of certification can be understood along three interrelated dimensions. First, the recognition dimension, in which certification makes care work visible and contributes to the social and occupational valuation of caregivers' trajectories. Second, the labor dimension, in which certification can support entry, mobility, and income improvement when it is linked to training pathways and employment frameworks that recognize certified standards. Third, the service quality dimension, in which the alignment of practice with explicit standards can strengthen professional performance and support improved outcomes in early childhood services (Vargas, 2015).

Competencies in early childhood care can be certified through two complementary pathways. The training pathway includes technical or professional studies and structured occupational training programs. The experiential pathway is rooted in situated learning and is typically found in community-based contexts and services with high staff turnover, where practice-based knowledge is recognized through evaluation and certification processes (Piñeiro, 2022; Sladogna, 2014). In contexts where many workers enter the sector due to economic necessity and without formal credentials, the experiential pathway plays a critical role in recognizing accumulated knowledge. However, its effectiveness depends on the existence of clearly defined occupational standards, high-quality assessment processes, and effective articulation with further training and employment opportunities.

Figure 1. **Pathways for Skills Development and Labor Competency Certification.**
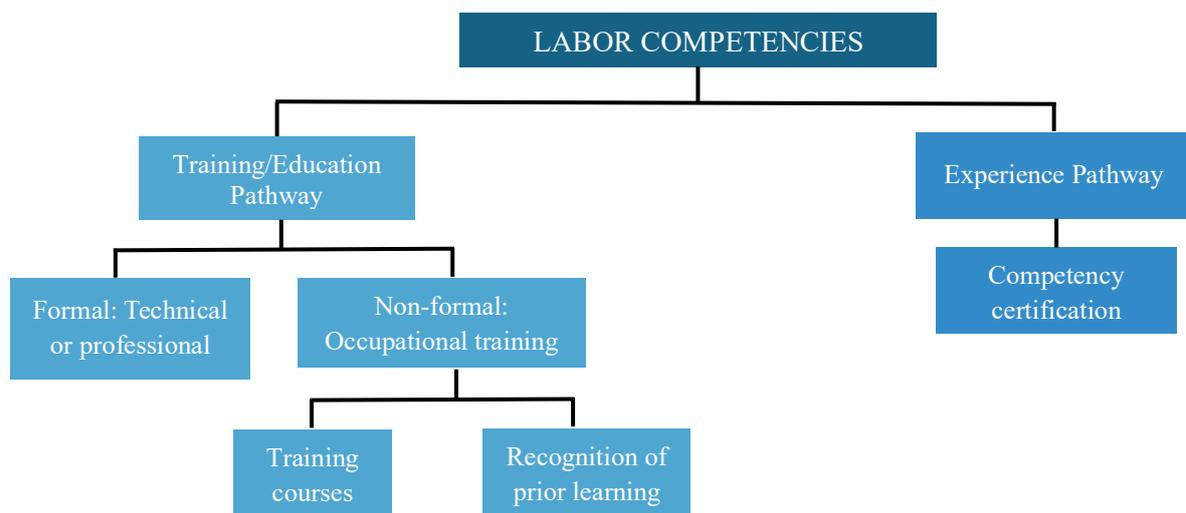
Source: Piñeiro, 2022.

From an institutional perspective, competency certification in the care sector faces recurrent challenges. The occupational definition of care work remains diffused within regulatory frameworks, hindering the development of specific profiles and standards. In many contexts, the absence or limited consolidation of national labor competencies frameworks constrains the articulation between certification, education systems, and labor regulations. Weak coordination among qualification systems, certification bodies, training providers, and labor regulation further limits the potential of certification to translate into improved working conditions. Training provision is heterogeneous and, in some cases, centered on domestic work or elder care profiles, leaving early childhood specific competencies insufficiently addressed. Significant differences persist in evaluation criteria, program duration, and quality, alongside limited incorporation of gender, human rights, and diversity perspectives. In addition, the lack of systematized information on employment conditions, competency profiles, and certification outcomes constrains learning across experiences and the assessment of results (Piñeiro, 2025).

Institutional arrangements for care also vary across countries. While some contexts have developed more integrated care systems that facilitate coordination between training, certification, and employment, others operate within fragmented care sectors, where responsibilities and regulations are

dispersed across programs and institutions. These differences shape the extent to which certification can be connected to educational and work trajectories and help explain variation in outcomes.

To advance the professionalization of early childhood care, the literature identifies three key lines of action. First, harmonizing training and certification standards with clearly defined occupational profiles, thereby reducing technical and territorial fragmentation. Second, strengthening the institutional capacities of relevant actors and ensuring sustainable resources for assessment, monitoring, and regular updating of standards. Third, building effective connections between certification and both training and employment trajectories, so that credentials translate into concrete opportunities for job entry and career progression, in line with a rights-based and socially co-responsible approach to care (Piñeiro, 2025).

Across the region, several experiences illustrate attempts to articulate training and certification. In Ecuador, as in Peru, the Ministry of Economic and Social Inclusion has promoted professionalization processes for early childhood caregivers that combine certification with technical training and work with families and communities, integrating practice improvement with capacity strengthening (GRADE, 2025; Grupo FARO, 2025). In Uruguay, within the framework of the National Integrated Care System, certification requires prior basic training for caregivers in CAIF Centers and Community Childcare Homes (Casas Comunitarias de Cuidado, CCC), delivered through stackable modules that structure progression and support service quality (Garibotto, 2025; De los Bueis, 2019). These experiences highlight the importance of aligning assessment, training, and employment so that certification can have tangible effects on career pathways and service provision.

A recent trend in skills recognition is the incorporation of micro-credentials as a flexible modality for accrediting specific learning achievements of short duration that are formally validated by institutions and, in some cases, employers (OECD, 2023; Gutović & Xia, 2025). Micro-credentials recognize modular forms of learning that can be accumulated or combined with broader programs, supporting training processes that align more closely with labor trajectories (Beverley, 2022; Porto & Presant, 2023). Although their development has been concentrated in higher education, they may be relevant for the care sector where occupational standards and recognition mechanisms are clearly defined. The case of Chile illustrates this trajectory. Participation in initiatives such as the MOCHILA project and reforms aimed at promoting flexible learning pathways have supported the integration of micro-credentials into the National Qualifications Framework, with the objective of strengthening lifelong learning and recognizing diverse trajectories, including those linked to care work. Their relevance for early childhood care depends on the extent to which modular credentials are recognized by employers and connected to training and professional development routes.

In sum, competency certification in early childhood care constitutes a policy instrument with significant potential to recognize care work, improve service quality, and contribute to the professionalization of the sector. Realizing this potential depends on clearly defined occupational profiles, the existence of labor competencies frameworks that support articulation across systems, strengthened assessment processes, and effective connections with training and employment. This conceptual framework guides the analysis of the three case studies and informs the cross-country discussion of certification, trajectories, and reward.

3. Objectives

The objective of this study is to analyze whether and how competency certification processes in Early Childhood Education and Care (ECEC) programs contribute to the recognition and employability of women caregivers, and to identify opportunities and barriers for policy implementation. In this context, the study describes and analyzes how these processes are experienced by women participating in ECEC programs in Peru, Ecuador, and Uruguay.

The evidence generated seeks to inform public policies and civil society advocacy aimed at strengthening recognition, promoting decent work, and reducing gender gaps in the care sector in Latin America.

More specifically, the study aims to:

1. Analyze opportunities and barriers in the implementation of competency certification mechanisms in ECEC programs in Peru, Ecuador, and Uruguay.
2. Examine the role of certification processes in relation to recognition, employability, and caregivers' educational and work trajectories.
3. Generate evidence to inform public policies related to care and gender equality in Latin America.
4. Promote learning and knowledge exchange among research teams, public officials, and civil society organizations.

4. Methodology

This study focused on ECEC programs implemented at the national level in three Latin American countries: the Cuna Más National Program in Peru; the Centros de Atención a la Infancia y la Familia (CAIF) and Casas Comunitarias de Cuidado (CCC) in Uruguay; and the Creciendo con Nuestros Hijos (CNH) program and Centros de Desarrollo Infantil (CDI) in Ecuador.

These programs were selected because they have implemented competency certification processes targeting community actors and para-professional workers, with the aim of improving care practices and the working conditions of women caregivers, an area where empirical evidence remains limited.

The multi-country study adopted a concurrent mixed-methods design, combining documentary research with qualitative and quantitative data collection. Documentary analysis and interviews with key stakeholders were used to gather information on the design and implementation of competency certification processes, as well as on the perceptions, expectations, and institutional roles of relevant actors. Qualitative data also explored the personal and professional development opportunities available to women caregivers within and beyond the programs.

As part of the quantitative component, a survey was conducted to certified caregivers to collect information on their participation in the programs and their educational and work trajectories following certification. The survey was conducted in Peru and Ecuador only. In Peru, it was administered by telephone, while in Ecuador it was implemented through an online questionnaire.

Data collection across the three countries includes the following components:

- Document and regulatory analysis, to understand service profiles, certification procedures, and institutional arrangements.
- Interviews with public officials and key stakeholders, to gather information on the design, implementation, and challenges of certification processes.
- Interviews and focus groups with ECEC program workers and volunteers, to understand caregivers' perceptions of certification and its perceived effects on their work, opportunities, and life trajectories.
- A survey of certified caregivers in Peru and Ecuador, targeting both those who remain in care roles and those who no longer do, to document post-certification trajectories.

In Peru, the study was conducted by the Group for the Analysis of Development (GRADE) in the departments of Lima and Lambayeque, with the participation of mother-caregivers and facilitators from the Cuna Más National Program. Qualitative data collection in Peru was carried out in these selected territories, while the survey of certified caregivers was administered nationwide via telephone.

In Ecuador, the research was led by Grupo FARO and carried out primarily in the city of Quito, with the participation of educators from CNH and CDI. As in the Peruvian case, qualitative fieldwork was conducted in the locations mentioned above, whereas the survey was implemented at the national level through an online questionnaire.

In Uruguay, the study was conducted by a national consultant in both rural and urban areas of Montevideo, with the participation of educators from CAIF and CCC centers. Further details on each case study are provided in the corresponding country reports (Garibotto, 2025; GRADE, 2025; Grupo FARO, 2025)

The study incorporated a gender perspective throughout the research design and analysis, highlighting the structural inequalities faced by women in caregiving roles. It considered factors such as age, educational level, ethnic background, household structure, and the limited recognition and remuneration of paid care work carried out predominantly by women, particularly within ECEC programs.

5. Results

This section presents the main findings from the case studies, integrating contextual factors and the results identified in each country. The analysis follows a sequential structure, starting with the case of Uruguay, followed by Ecuador, and concluding with Peru.

5.1. Uruguay: Certification within a national care system

Policy and institutional context
Uruguay constitutes a distinctive case within this study because competency certification for early childhood caregivers is embedded within a national care system rather than operating as a program-specific initiative. The National Integrated Care System (Sistema Nacional Integrado de Cuidados, SNIC), established in 2015, provides the institutional framework through which early childhood services, training requirements, and certification processes are articulated. This system-level anchoring shapes both the design of certification and the possibilities it creates for caregivers.

Early childhood services within the SNIC are delivered through different modalities, most notably the Centros de Atención a la Infancia y la Familia (CAIF) and the Casas Comunitarias de Cuidado (CCC). CAIF centers are long-standing services with a consolidated institutional presence, primarily located in urban areas. CCCs are smaller-scale, community-based services that have expanded more recently, particularly in small towns and rural areas, with the objective of extending coverage to territories where formal services were previously absent.

The SNIC establishes minimum standards for service provision, training requirements for caregivers, and mechanisms for coordination across education, labor, and social policy institutions. Certification is therefore not an isolated intervention, but part of a broader regulatory architecture that includes occupational definitions, training pathways, and collective bargaining arrangements. This system-level design distinguishes Uruguay from the other cases analyzed and helps explain why educational and work trajectories are more clearly articulated.

Design and implementation of certification
In Uruguay, competency certification is linked to defined occupational profiles and training standards aligned with national education and labor regulations. Following the General Education Law of 2007, educators working in early childhood services are required to complete a minimum of 500 hours of formal training. Within this framework, the Basic Training Program for Early Childhood Educators (FBEPI), delivered by CENFORES under the Instituto del Niño y Adolescente del Uruguay (INAU), has become the main reference program.

In CAIF centers, completion of the FBEPI is a minimum requirement for working in services funded by INAU. Certification therefore operates within a relatively formalized environment, where training expectations are well defined and linked to service standards. In CCCs, initial training is also provided through CENFORES and includes core content on child development, educational planning, spatial organization, and work with families. For many CCC caregivers, this introductory training represents the starting point of a longer educational trajectory, with some progressing toward completion of the full FBEPI.

Despite this structure, documentary review and interviews highlight challenges related to the validation and accreditation of non-tertiary private training programs. The absence of clear and updated criteria generates uncertainty regarding which courses are officially recognized, affecting coherence across training provision and limiting transparency for caregivers navigating certification pathways.

Educational and work trajectories
Uruguay is the case where educational and work trajectories linked to certification are most clearly identifiable, although they are not equally accessible to all caregivers.

Educational trajectories differ between CAIF and CCC services. In CAIF centers, many educators began working before mandatory training requirements were established, and formal training and certification were incorporated progressively. In CCCs, created more recently, completion of introductory training is a non-negotiable prerequisite for entry, making certification an integral part of the initial pathway into care work.

Caregivers report that training allows them to integrate prior experience with formal knowledge, strengthening their understanding of their role. One educator explained that through training, *"...you start gaining a bit more confidence and think, well, I know this, I do this because I know this is the right way"* (Interviewee 4).

Work trajectories are particularly visible among CCC caregivers. Certification strengthens their position in territories with limited employment alternatives and, in some cases, enables mobility toward more stable or better-paid positions. Several caregivers reported transitioning from rural CCCs to positions in more urban centers, including CAIF services, after completing longer training pathways such as the FBEPI.

These trajectories are supported by nationally defined competencies and qualifications that provide a shared reference for training institutions, employers, and wage-setting mechanisms. Although not always explicitly framed as a labor competencies framework, this structure underpins the articulation between certification, education, and employment in Uruguay.

Value attributed to training
Educators assign high value to the content and methodologies of the training they receive, particularly in relation to child development, educational planning, spatial organization, and work with families. Training enables caregivers to deepen their theoretical and methodological understanding, which they report as directly relevant to daily practice. One participant noted that training helped her "*better understand children's developmental processes.*"

Supervised practical experiences are especially valued. Technical accompaniment and feedback allow caregivers to translate theory into practice and to reflect on their professional development. One educator described this experience emotionally as *"It's like a little gift for the soul..."* (Interviewee 1), while another reflected on her situation prior to receiving training, stating, *"I didn't know what I was doing. I was just there, doing what I could"* (Interviewee 4).

Contributions to recognition

Certification contributes to recognition at personal, professional, and institutional levels. In CAIF centers, educators reported feeling "*more confident*" in their work after completing certification, particularly in interactions with families and technical teams. Some noted that families increasingly sought advice on child-rearing and related issues, reflecting greater trust and professional legitimacy.

In CCCs, recognition is closely linked to professional validation within the community. Caregivers highlighted certification as *"an important opportunity…"* (Interviewee 9) particularly in contexts with limited employment options. For many, certification formalized work that had previously been carried out informally, providing greater legitimacy and stability to their roles within their communities.

Across both modalities, certification reinforces a shared professional identity and aligns individual practices with nationally defined standards within the care system.

Reward and its limitations
Despite clear contributions to recognition and more articulated trajectories, material reward remains limited. Wage-setting in early childhood services is governed by collective bargaining agreements. While wage councils agreed that completion of qualifying training and certification should be accompanied by salary adjustments, implementation has been uneven.
In CAIF services, the agreed wage increase was ultimately limited to educators with post-secondary qualifications, leaving many certified caregivers excluded. Several interviewees reported that *"the increase was not applied"* (Interviewee 6 and Interviewee 10). Divergent interpretations regarding the equivalence of CENFORES training contributed to persistent gaps between certified caregivers and those holding tertiary degrees, affecting both remuneration and access to higher-ranking positions such as supervisory roles.

In CCCs, certification has had more tangible economic relevance, given the initially precarious conditions under which many caregivers entered care work. For these caregivers, certification and progression along training pathways have, in some cases, translated into improved income and greater job stability.

Territorial access and implementation challenges
Territorial inequalities shape access to training and certification. Educators in rural areas reported significant barriers to attending in-person courses, with some having to travel long distances or up to 30 kilometers to complete training. These constraints, combined with family responsibilities and limited time availability, affect the continuity of educational trajectories.

Virtual learning expanded during the pandemic and improved access for some caregivers. However, its effectiveness depends on institutional support, connectivity, and access to devices, which are unevenly distributed across territories.

Additional challenges include heterogeneity in training provision and the absence of an integrated national registry of certified caregivers. Fragmented information systems limit the ability to track trajectories, plan territorially, and assess outcomes across the care system.

Case-specific insights
The Uruguay case shows how embedding certification within a national care system supports clearer educational and work trajectories and strengthens recognition of caregivers as part of a regulated occupational field. At the same time, it highlights persistent gaps between recognition and material reward, particularly in CAIF services, where wage-setting mechanisms have not fully incorporated competency certification. Addressing these gaps, improving information systems, and reducing territorial barriers emerge as central issues within the Uruguayan context.

5.2.   Ecuador: Certification as professionalization centered on skills and practice

Policy and service context

Ecuador's early childhood policy is implemented primarily through two service modalities under the Ministry of Economic and Social Inclusion (MIES): Creciendo con Nuestros Hijos (CNH) and Centros de Desarrollo Infantil (CDI). While both aim to promote early childhood development, they differ substantially in their modes of service delivery, workforce organization, and the trajectories through which educators enter and remain in care work. These differences are central to understanding how competency certification is experienced and what it enables for caregivers.

CNH is a community- and home-based modality that operates largely in rural, peri-urban, and geographically dispersed areas. Educators in CNH typically work through home visits and group activities with families and pregnant women. Many entered care work through community engagement, volunteer roles, or informal arrangements before formalizing their participation through CNH. CDI, by contrast, provides center-based care in more structured institutional settings. Educators work in teams, follow daily pedagogical routines, and operate within physical spaces designed for group care. However, a large share of CDI services function through cooperation agreements, which often result in temporary contracts and annual renewals.

As of the most recent reporting period, CNH and CDI together served more than 250,000 beneficiaries nationwide, supported by a workforce of over 15,000 educators and coordinators. Roughly half of these workers are employed directly by the state, while the remainder work through partnership agreements. This institutional configuration shapes working conditions, access to training, and the scope of trajectories that certification can realistically enable.

Design of certification and training processes

Ecuador has implemented competency certification processes for early childhood educators since 2014, with two main certification cycles documented in the country report. The first cycle, implemented between 2014 and 2021, relied on national competency standards to recognize practice-based knowledge. A second cycle, initiated in 2022, introduced updated instruments and placed greater emphasis on pedagogical strengthening.

Certification is complemented by training pathways, most notably the Basic Training in Early Childhood (FB-PI), as well as other accredited educational routes. Importantly, the country report makes clear that certification was conceived primarily as a professionalization and quality-improvement tool, as well as a nonmonetary incentive for educators, rather than as an instrument aimed at reforming labor relations or employment conditions.

Survey data included in the report show high participation in professionalization processes. Around two-thirds of educators have completed FB-PI training, and a similar share hold a competency certification. Among those who have not participated, barriers include cost, lack of information, and logistical constraints, with 12.4 percent reporting insufficient information about available opportunities.

Educational and work trajectories in CNH and CDI

The Ecuador case illustrates how certification enables different types of educational and work trajectories depending on the service modality and caregivers' starting points.

In CNH, educators' trajectories are often rooted in long-standing community engagement. Many began as volunteers or informal caregivers before joining CNH. In this context, certification enables formal recognition of competencies developed through years of practice and strengthens educators' professional identity within the program. As one educator expressed, *"I started as a volunteer, and now this acknowledges me"*. Certification does not typically mark the beginning of a new career path, but rather consolidates an existing trajectory by providing institutional validation and opening the possibility of further training.

In CDI, educators usually enter through more institutionalized settings with defined pedagogical responsibilities, team coordination, and daily routines. Certification in CDI enables consolidation of professional practice within the center and supports alignment with pedagogical standards. As one educator noted, *"Here at least we have a team"*. For CDI educators, certification is more closely associated with strengthening practice and legitimacy within the workplace than with mobility across roles.

Across both modalities, the report is clear that certification alone does not define work trajectories. While survey data show that 49.5 percent of educators perceive that certification improved their employment opportunities, this perception is not consistently matched by changes in contracts, job stability, or pay. Certification enables educational trajectories by motivating participation in further training and, in some cases, higher education. However, work trajectories remain constrained by contractual arrangements and the broader organization of employment in the sector.

Working conditions shaping the scope of trajectories
Working conditions emerge as a binding factor shaping how certification is valued and what it can enable. Across CNH and CDI, educators report long working hours, high workloads, and frequent use of personal resources. According to survey data, 62.1 percent work more than 40 hours per week, and 69.9 percent report using their own resources to carry out their work.

In CNH, workloads are shaped by extensive travel, dispersed territories, and sustained emotional engagement with families. One educator described the toll of this work, stating, *"Sometimes we return very tired because we hear everything"*. Travel time and itinerant schedules extend the working day beyond compensated hours and limit the feasibility of participating in longer training programs.

In CDI, workloads are concentrated within centers and shaped by the physical and organizational demands of group care. An educator captured this experience by noting, "*There are many children and only one of us, so you end up very tired*". Administrative demands have increased in both modalities, reducing the time available for direct work with children. As one educator explained, *"Now we have more reports, and that takes time away from the children"*.

Job stability is perceived as low across the sector. More than 40 percent of surveyed educators rated their contractual stability between 1 and 3 on a ten-point scale. This perception is particularly pronounced in CNH, where short-term contracts and annual renewals are common, but it is also present in CDI due to the prevalence of partnership agreements.

Access to training and progression constraints
The Ecuadorian early childhood workforce is relatively experienced and formally educated. The report indicates that 80 percent hold a tertiary-level degree, the average age is 38, and more than one-third have over ten years of experience. At the same time, salaries range between USD 470 and USD 585, which the report notes are lower than those of early childhood educators within the Ministry of Education performing comparable functions.

Access to training and progression opportunities is shaped by modality-specific constraints. In CNH, geographic dispersion and travel time limit sustained participation in training. One educator explained, *"Sometimes I don't make it because I have to walk a long distance to catch the bus"*. In CDI, center-based organization can facilitate coverage during training, but rigid schedules and physical workload continue to constrain availability.

Survey data show strong demand for flexible training modalities and support mechanisms. Only 7 percent of educators prefer fully in-person training, while many request support for transportation and childcare. These constraints matter because they condition whether certification can effectively enable educational trajectories that extend beyond initial training.

Meanings attributed to certification

Certification carries different meanings depending on educators' trajectories and service modalities. In CNH, certification is strongly associated with formal recognition after years of community-based work. One educator stated, *"Before, we were not taken into account; now we have a document that shows what we know"*. Certification affirms educators' roles and strengthens their legitimacy within communities and institutions.

In CDI, certification is more often interpreted as institutional support for professional practice. As one educator noted, *"With the certification, I feel more supported"*. Certification reinforces pedagogical organization and provides a shared framework for practice within the center environment.

The country report also highlights effective coordination among MIES, the Ministry of Labor, and SENESCYT, which has encouraged some educators to pursue further studies, including undergraduate and postgraduate education. These linkages demonstrate that certification can enable educational trajectories when institutional articulation is present. However, this articulation has not been accompanied by parallel changes in employment arrangements.

Case-specific insights

The Ecuador case shows how certification and training have contributed to the professionalization of early childhood educators by strengthening pedagogical competencies and providing institutional legitimacy to practice-based knowledge. Differences between CNH and CDI are central to interpreting outcomes. In CNH, certification enables the formal recognition of community-rooted trajectories and motivates further training, while in CDI it supports pedagogical organization and professional practice within institutional settings.

At the same time, the case highlights a persistent tension between professional recognition and material conditions. Certification enables educational trajectories and strengthens professional identity, but work trajectories remain constrained by contractual arrangements, workloads, and limited job stability. Time, cost, travel constraints, and increasing administrative demands further shape educators' capacity to pursue training and progression. These dynamics define the scope of what certification can enable within Ecuador's early childhood care sector and inform the cross-country analysis presented in subsequent sections.

5.3. Peru: Program-linked certification within a volunteer-based care model

Program and institutional context

Peru presents a distinctive case within this study because competency certification is linked to a large-scale early childhood program that operates through a community co-management model and relies on volunteer caregivers rather than formal workers. The Cuna Más National Program (Programa Nacional Cuna Más, PNCM), under the Ministry of Development and Social Inclusion, has operated since 2012 with the objective of improving early childhood development outcomes for children under three years of age living in poverty and extreme poverty.

The program delivers two complementary services. The Day Care Service (Servicio de Cuidado Diurno, SCD) provides center-based care for children aged 6 to 36 months, while the Family Accompaniment Service (Servicio de Acompañamiento a Familias, SAF) supports caregiving practices through weekly home visits. Both services are implemented through a community co-management model in which community committees organize service provision and manage resources, while the state provides technical supervision and guidance.

Service delivery is carried out by community members. In the SCD, caregiver mothers provide care for eight hours per day, Monday to Friday. In the SAF, facilitators conduct weekly one-hour home visits with up to ten families. Both roles operate under a voluntary arrangement and receive a monthly stipend rather than a salary. At the time of the study, stipends ranged between approximately PEN 460 and PEN

510 per month, equivalent to roughly USD 120 to USD 135, depending on role and length of service. This voluntary status is a defining feature of the Peruvian case and conditions the design, scope, and implications of certification.

Design of the competency certification process
The PNCM began implementing competency certification processes in 2020 and had completed three certification rounds by the time of the study, with a fourth underway. The initial rounds focused on SAF facilitators, as SCD services were suspended during the COVID-19 pandemic. From 2023 onwards, caregiver mothers from the SCD were also included.

Certification targets community caregivers who have completed secondary education and have at least twelve months of experience in their role. Program authorities deliberately framed the process as certification of competencies rather than labor competencies, in order to avoid any implication of an employment relationship between the program and caregivers. This distinction is explicit in institutional discourse and shapes how certification is governed.

The competency standard was developed and approved in 2020 by the National System for Evaluation, Accreditation and Certification of Educational Quality (SINEACE). This was the first competency standard approved in the care sector in Peru. The PNCM was accredited by SINEACE as an Entidad Certificadora Acreditada (ECA), which authorizes the program to carry out evaluation and assessment processes. However, certification itself is granted by SINEACE, not by the PNCM. This institutional arrangement is central to understanding the Peruvian case, as it separates assessment functions, carried out within the program, from certification authority, which remains at the national level.

The PNCM opted to work with SINEACE because the Ministry of Labor and Employment Promotion did not have an occupational standard aligned with early childhood care, and because the voluntary nature of caregivers' roles made coordination within a labor certification framework particularly complex. SINEACE oversees evaluator certification, quality assurance, and regulatory compliance, while the PNCM is responsible for operational implementation.

The certification process also revealed governance tensions. The Ministry of Labor filed a jurisdictional claim asserting authority over competency certification linked to productive activities, which resulted in a temporary suspension of the process. Following legal resolution, SINEACE resumed authorization, and certification activities continued. In parallel, the Ministry of Labor and the International Labor Organization initiated the development of an occupational profile for early childhood care, with PNCM participation.

Evaluation and certification process
Evaluation is conducted through SIGICE, SINEACE's digital platform for certification processes. Caregivers register, complete personal data, and upload evidence, including a video demonstrating caregiving activities. The PNCM determines the number of available evaluation slots based on operational capacity, evaluator availability, and the pool of eligible candidates. Slots are allocated by Territorial Unit.

Caregivers receive support from technical assistants and guide caregiver mothers in preparing digital portfolios. Evaluators certified by SINEACE review the submitted evidence, often in addition to their regular program duties. One facilitator described the importance of this support: *"[The guide caregiving mother] helped us a lot . . . to send the videos, to do this, to do that. (...) She helped us a lot with the recording and sending it, guiding us on what we were going to say"* (Interview with certified facilitator, Lambayeque).

The process involves significant challenges. These include unclear selection criteria at the local level, technological barriers related to recording and uploading videos, limited access to digital devices and connectivity, and a limited number of certified evaluators. Time demands are substantial for both

caregivers and evaluators and often extend beyond regular program hours. Certification rates are lower among SCD caregiver mothers, reflecting higher turnover and budgetary constraints.

Caregivers assessed as competent receive a diploma and formal certification issued by SINEACE. Public ceremonies are organized in some Territorial Units, while in others certificates are delivered during training sessions. Caregivers value public ceremonies as spaces of visibility. One facilitator noted, *"Yes, I would have liked a public ceremony, so they could see that every day we are improving and achieving our certification"* (Interview with certified facilitator, Lambayeque). Delays in certificate delivery, in some cases exceeding a year, generate frustration and weaken trust in the process.

Perceptions of role, recognition, and commitment
Survey results show very high levels of satisfaction with caregiving roles. Ninety-eight percent of facilitators and 96 percent of caregiver mothers report being satisfied with their work. Motivations include enjoyment of caregiving, opportunities for learning, and contributing to the community. For SCD caregiver mothers, access to services for their own children is an additional benefit.

At the same time, caregivers identify persistent constraints. Approximately 70 percent report that the stipend is insufficient, more than 60 percent report lack of insurance and employment-related benefits, and over half report limited recognition. Program officials acknowledge that the voluntary model restricts access to labor protections. One official observed that the program's strong focus on children has often overshadowed the situation of caregivers themselves, many of whom face deepened poverty and for whom monetary incentives are insufficient.

Despite these constraints, caregivers demonstrate strong identification with their roles and a high level of commitment to the program.

Perceived value of certification and trajectories
Caregivers overwhelmingly perceive certification as valuable. More than 85 percent report that it strengthens their commitment to caregiving and improves their knowledge and skills. Certification is widely seen as validating experience, and over half believe it supports continuity in educational processes.

Certification contributes strongly to personal validation and self-confidence. Nearly all facilitators and caregiver mothers report positive changes in how they value their own abilities. One facilitator described how certification resonated within her family: *"Especially my children tell me, 'mom, look, you managed to get certified; with just your secondary education, imagine if you continued studying"* (Interview with certified facilitator, Lambayeque).

Recognition is most strongly perceived within the family sphere and among technical staff. Recognition at the community level remains limited. Regarding future employment, a majority believe certification could help them access paid work in early childhood services, including programs such as PRONOEI or private childcare centers. However, concrete opportunities depend heavily on formal educational credentials. One caregiver mother explained: *"They told me no, because I need to study. I have to finish my studies and complete early childhood education formal training"* (Interview with certified caregiver mother, Lambayeque).

These findings indicate that certification enables recognition and educational aspirations, but does not, on its own, define work trajectories beyond the program. The absence of clearly articulated educational and labor pathways connected to the certificate limits its portability outside the PNCM.

Case-specific insights
The Peru case illustrates how competency certification can be implemented within a volunteer-based care model as a mechanism for skills recognition, personal validation, and strengthened commitment to caregiving roles. Certification is program-linked and institutionally regulated through SINEACE, but deliberately decoupled from labor relations.

Beyond the volunteer status of caregivers, several of the main constraints observed in Peru are linked to implementation and governance challenges. These include limited dissemination of the certification process, resource constraints that restrict the number of evaluation slots, unclear selection criteria at the local level, and credibility risks associated with the PNCM's dual role as program implementer and accredited assessing entity. Barriers related to connectivity, access to devices, and delays in certificate delivery further shape caregivers' experiences and perceptions of fairness.

Certification in this context primarily enables recognition within families and the program and supports educational aspirations, but it remains weakly articulated with educational and work trajectories beyond Cuna Más. This is reinforced by the absence of a consolidated national labor competencies framework for care occupations and by an institutional focus centered more strongly on child outcomes and service quality than on caregivers' trajectories. The Peruvian case thus highlights that the limits of certification stem not only from the volunteer-based model, but also from how certification is implemented, governed, and positioned within the broader care policy landscape.

6. Cross-country analysis and discussion

The country case studies reveal important similarities and differences in how competency certification is designed, implemented, and experienced by women caregivers in early childhood programs and some potentialities and challenges that these processes face in general. Moving beyond descriptive comparison, this section develops a cross-country analysis that examines certification as a policy instrument within the care sector and explores how different policy entry points shape outcomes related to recognition, educational and work trajectories, and reward.

Drawing on evidence from the three cases, the analysis mainly shows that certification contributes most consistently to recognition, while its capacity to generate reward depends on whether it is embedded within clearly defined educational and work trajectories for certified caregivers. The existence, or absence, of broader institutional architectures in the care sector plays a central role in shaping these trajectories.

Rather than treating certification as a uniform intervention, this section conceptualizes the three models as care policy instruments with distinct entry points: system coordination in Uruguay, and service quality improvement and nonmonetary incentives in Ecuador and Peru. The implications of these designs for recognition, reward, and mobility emerge primarily from implementation rather than from their original policy intentions.

6.1 Policy entry points and institutional arrangements

The three countries illustrate distinct policy entry points for certification, which strongly condition whether educational and work trajectories are articulated and accessible to caregivers.

In Uruguay, certification and training are embedded within the Sistema Nacional Integrado de Cuidados (SNIC). Certification is anchored at the system level, alongside formal training standards, occupational definitions, and collective bargaining mechanisms that recognize training and credentials within wage setting frameworks. This institutional architecture creates the conditions for defining both educational and work trajectories. However, outcomes differ across programs. Caregivers in CCC often perceive clearer benefits from certification, partly because CCC operates at a smaller scale, particularly in small towns, where caregivers typically begin their trajectories in very small centres and can move gradually into more formalized roles. In contrast, CAIF operates primarily in urban contexts and at a much larger scale, where certification adds less marginal value for caregivers who are already embedded in consolidated institutional settings. In both cases, the translation of certification into improved conditions depends on implementation capacity, financing, and enforcement. Uruguay should not be interpreted

as evidence that certification produces clearer trajectories or improved outcomes. Rather, it illustrates what certification can enable when it is embedded within a national care system that includes defined occupational profiles, coordinated training provision, and negotiated labor regulation.

In Ecuador, certification was introduced primarily as a service quality improvement tool and a nonmonetary incentive for caregivers. Competency standards are clearly defined, and the policy explicitly includes the intention to articulate certification with further training and higher education opportunities. The case study shows, however, that these linkages remain only partially developed. While certification contributes to professional recognition and skills validation, educational and work trajectories are not yet consistently articulated or accessible for all caregivers, and their practical relevance varies across modalities and institutional contexts.

In Peru, certification was introduced as a nonmonetary incentive within a volunteer-based care model. Program authorities consistently emphasize that caregivers (madres cuidadoras and facilitadoras) are volunteers rather than workers, and accordingly, frame certification as competencies certification rather than labor competencies. Institutionally, certification is program-linked and regulated through SINEACE, with Cuna Más authorized to conduct assessments while certification authority remains at the national level. This entry point positions certification primarily as a mechanism for recognizing caregiving practice within the program, rather than as an instrument for structuring labor market integration. As a result, the design foregrounds validation and commitment within the volunteer framework, while leaving largely undefined the educational and work trajectories that could follow certification beyond the program. The Peruvian case is analytically valuable because it clarifies what certification can and cannot enable when labor relations are intentionally excluded from policy design.

6.2 Recognition across contexts

Across the three cases, certification consistently contributes to recognition, although the form and reach of that recognition vary.

In Peru, certification generates strong personal and symbolic recognition, particularly when it is publicly disseminated in ceremonies. Caregivers report increased self-esteem, pride, and a stronger sense of contribution to child development and community well-being. Recognition is most visible within households and families, while community-level recognition is more stable and labor market recognition remains limited and conditional.

In Ecuador, certification produces professional recognition, even though this was not its primary objective at the time of design. Caregivers report greater legitimacy and confidence in their role, and certification strengthens professional identity. Recognition differs by modality, with CNH legitimizing experiential and community-based trajectories, and CDI reinforcing institutional organization and pedagogical standards.

In Uruguay, certification reinforces an already institutionalized professional identity within the care system. Recognition is strongest at the institutional and occupational levels, particularly within CAIF. For CCC caregivers, certification often plays a more significant role in supporting access to formal employment opportunities, especially in small towns and rural contexts.

Across cases, recognition by itself emerges as a necessary but insufficient condition for improving caregivers' material conditions.

6.3 Trajectories as the link between certification and reward

A central cross-country finding is that certification affects reward only when it is embedded in clearly articulated educational and work trajectories that caregivers can realistically access.

Educational trajectories refer to how certification connects to further training, recognition of prior learning, or formal qualifications. Work trajectories refer to how certification is recognized in recruitment processes, contract types, wage scales, and opportunities for progression.

In Uruguay, educational trajectories are more clearly defined within the care system, but work trajectories are unevenly enforced and vary across programs. In Peru, certification is meaningful within the program but offers limited and highly individualized pathways to further education or paid employment. Where such pathways exist, they depend heavily on prior schooling and personal resources. In Ecuador, policy intent to articulate certification with higher education exists, but practical access to these pathways remains uneven.

The limits observed in linking certification to work trajectories should not be read as a failure of certification design. Rather, they reflect the absence of institutional mechanisms that translate skills recognition into structured educational and employment pathways. Where certification is embedded in a national care system, trajectories are more readily defined; where it operates within fragmented care sectors, certification remains weakly articulated with labor and training pathways.

Table 1. **Certification models, trajectories, and outcomes across three countries**

Country	Policy entry point	Institutional anchoring	Educational trajectories	Work trajectories	Recognition[a]	Reward[b]
Uruguay	System coordination within the National Integrated Care System (SNIC)	Care system level, linked to training standards and wage-setting mechanisms	Clearly defined within the system, though unevenly accessed across programs	Partially defined and unevenly enforced, varies between CAIF and CCC	High, mainly institutional and occupational	Uneven
Ecuador	Service quality improvement and nonmonetary incentives	Care sector and program level	Explicit policy intent to link certification to further training and higher education, but partial implementation	Weakly articulated and not systematically linked to contracts or wage scales	Medium to high, mainly professional	Low
Peru	Nonmonetary incentive within a volunteer-based care model	Program embedded, explicitly non-labor framing	Limited and individualized, dependent on prior education and personal resources	Absent by design within the program	Medium, mainly personal and symbolic	Limited by design

Note:
[a]Recognition refers to symbolic, professional, or institutional valuation of caregiving work.
[b]Reward refers to material outcomes such as wages, employment stability, or working conditions.

6.4 Reward and its constraints

Across the three cases, improvements in wages, employment stability, or working conditions remain limited, albeit for different structural reasons.

In Peru, constraints on reward and recognition are a consequence of a volunteer-based care model embedded within a policy framing that defines caregiving as voluntarism, albeit with a stipend and a regular working time schedule, rather than as work. By explicitly positioning caregivers as volunteers rather than workers, the program precludes the possibility of conceiving caregiving as a form of socially valuable labor that warrants fair remuneration and labor protections. Within this framing, certification can recognize competencies and strengthen commitment, but adequate reward is largely removed from the policy horizon.

In Ecuador, certification strengthens competencies and professional identity and is articulated with training opportunities, but it is not systematically connected to employment arrangements, contract types, or remuneration. In Uruguay, certification is embedded within a national care system and linked

to training standards that inform wage-setting mechanisms, yet pay-through remains uneven, particularly for frontline caregivers and across program modalities.

Taken together, these findings indicate that limited reward outcomes reflect how care work is institutionally framed and how educational and work pathways are defined and enforced, rather than shortcomings of certification as a policy instrument in itself

6.5 Digital delivery of training and certification: access–quality trade-offs

Across the three countries, digital technologies have become an increasingly central component of both training and certification processes in early childhood care. Their use reflects pragmatic responses to constraints of scale, cost, and geographic dispersion, as well as efforts to standardize procedures and expand coverage. Rather than being a purely operational choice, the adoption of digital modalities represents a policy design decision that shapes how certification is accessed, how learning takes place, and how competencies are assessed. In doing so, technology introduces trade-offs that cut across institutional contexts and influence how certification processes are experienced and valued by caregivers and institutions.

From an access perspective, digital delivery has enabled broader reach but has also introduced new forms of exclusion. In Peru, certification requires the submission of digital portfolios and video evidence through national platforms, which can pose barriers for caregivers with limited access to devices, connectivity, or digital skills, and shifts part of the logistical and technical burden onto participants themselves. In Ecuador, virtual training has facilitated expansion beyond specific localities and reduced geographic barriers, yet persistent gaps in connectivity and digital capacity, particularly outside urban areas, continue to shape who can participate and complete training. In Uruguay, the expansion of virtual courses following the pandemic has improved access for caregivers outside major urban centers, making participation more feasible across territories.

At the same time, stakeholders in all three cases point to quality-related concerns associated with digital modalities. Remote training can reduce opportunities for interaction, peer learning, and sustained accompaniment, while distance-based assessment raises questions about the objectivity, standardization, and institutional credibility of competency evaluation. These tensions are most explicitly acknowledged in the Uruguayan case, where discussions emphasize the need to balance expanded access with the preservation of training quality and meaningful assessment, often pointing to hybrid delivery models as a pragmatic response. Taken together, the cases suggest that technology is not neutral: while it can enable scale and access, its design and implementation shape how training and certification is delivered and perceived.

6.6 Gendered constraints and access to trajectories

Gendered constraints shape caregivers' ability to access certification and, more importantly, to move along educational and work trajectories after certification. Across the three cases, caregivers' participation in training and progression opportunities is conditioned by the way their caregiving responsibilities within programs intersect with unpaid domestic and care work in their households, as well as, in some cases, with other income-generating activities. These overlapping responsibilities limit the time, flexibility, and energy available to engage in training, pursue further education, or take advantage of employment opportunities linked to certification.

These constraints do not operate only at the individual level but are also closely connected to how early childhood programs are designed and prioritized. In contexts where care policies focus primarily on child outcomes and service quality, without an explicit and parallel focus on caregivers as subjects of care policy, the burden of reconciling caregiving work, training demands, and household responsibilities falls largely on women caregivers themselves. This is particularly evident in Peru and

Ecuador, where certification processes are introduced without systematically addressing how caregivers can realistically sustain participation in training or translate certification into improved trajectories.

By contrast, in Uruguay, the integration of caregivers within a national care system creates more favorable conditions for addressing these constraints at the policy level, although gendered inequalities in workload and access to advancement persist in practice. Without a gender-responsive approach that explicitly incorporates caregivers' responsibilities, life circumstances, and trajectories into policy design, certification risks reinforcing existing inequalities by primarily benefiting those caregivers with greater flexibility or support to navigate available pathways.

7. Conclusions and recommendations

This section synthesizes the main findings of the multi-country study and translates them into conclusions and policy-relevant recommendations. Drawing on the comparative analysis of Peru, Ecuador, and Uruguay, it reflects on what competency certification enables for women caregivers in early childhood programs, and under what institutional conditions these effects materialize. The section emphasizes that certification is not a uniform or self-sufficient intervention, but a policy instrument whose contribution to recognition, educational and work trajectories, and reward depends on how it is embedded within care systems or care sectors. Building on this analysis, the recommendations focus on the institutional arrangements required for certification to support more equitable and meaningful opportunities for women caregivers, particularly through the articulation of trajectories and the reduction of gendered barriers.

7.1 Conclusions

- Certification consistently advances recognition across diverse care policy contexts, but its capacity to generate reward depends on the existence of articulated educational and work trajectories. In contexts where caregiving is institutionally framed as volunteer activity rather than as work, the possibility of reward is not only constrained by weak pathways but effectively removed from the policy horizon.
- Policy entry points matter. Certification introduced through system coordination, service quality improvement, or non-monetary incentives generates different possibilities and limits for caregiver mobility.
- Professionalization can occur in the absence of labor reform. The cases of Ecuador and Peru show that certification can legitimize care work and strengthen professional identity without altering employment conditions.
- Reward requires enforceable work trajectories, financing, and implementation capacity, even in contexts where certification is embedded within a national care system and linked to formal training standards.
- Digital delivery introduces access–quality trade-offs that shape how certification and training are experienced and valued. These trade-offs do not invalidate digital approaches, but they underscore that technology choices influence how certification functions in practice and how its legitimacy is perceived by caregivers and institutions.
- Gendered constraints limit the possibilities of converting certification into opportunity, underscoring that trajectory design and policy prioritization are central to advancing gender equality in the care sector.

7.2 Recommendations

- **Strengthen national labor competencies frameworks.**
  Clearly establishing educational and work trajectories for certified caregivers requires, as a first step, the development or consolidation of national labor competencies frameworks. These frameworks provide shared agreements on the competencies associated with specific occupations and guide education, training provision, and career pathways. The Peruvian case highlights the

absence of such a framework as a key constraint, while experiences in countries such as Uruguay, and regional references such as Chile, illustrate how national competencies frameworks can support clearer trajectories.

- **Define educational and work trajectories explicitly.**
  Building on labor competencies frameworks, countries should clearly articulate and communicate what educational and work opportunities certification enables and make these pathways transparent to caregivers.

- **Strengthen educational pathways linked to certification.**
  Link certification to modular training, recognition of prior learning, and access to further education, including higher education where feasible. Educational pathways should be accessible to caregivers with diverse educational backgrounds and life circumstances.

- **Align certification with work trajectories where employment relationships exist.**
  Where caregivers are employed, ensure certification is recognized in recruitment processes, contract types, wage scales, and progression frameworks. In volunteer-based care models, clarify the scope and limits of certification while creating optional and credible bridges to further education or formal employment opportunities outside programs.

- **Balance digital access with safeguards for training and certification quality.**
  When using digital modalities for training and certification, policies should explicitly balance expanded access with measures that protect learning quality and the objectivity, standardization, and credibility of assessment processes. This may include hybrid delivery models, clear evaluation protocols, adequate supervision, and targeted technical support for participants. Without such safeguards, digital delivery risks undermining the perceived value and legitimacy of certification, even while expanding coverage.

- **Address gendered barriers to accessing trajectories.**
  Efforts to strengthen educational and work trajectories linked to certification must explicitly address the constraints faced by women caregivers in balancing program responsibilities, unpaid domestic and care work, and, in some cases, other income-generating activities. Beyond logistical barriers, this requires recognizing caregivers not only as providers of care, but as subjects of care policy with their own rights, needs, and trajectories.

  Where early childhood programs prioritize child outcomes and service quality without an explicit and parallel focus on caregivers' trajectories, gendered constraints tend to be reproduced rather than mitigated. Policies should therefore incorporate measures that reduce time and organizational barriers, including flexible training schedules, recognition of prior learning to shorten training pathways, access to childcare or care support during training, and financial assistance to cover transportation, materials, or foregone income. Without such measures, certification and related pathways risk benefiting primarily those caregivers with greater flexibility or support, reinforcing existing inequalities rather than expanding opportunities.

- **Track trajectories and outcomes over time.**
  Invest in longitudinal tracking of certified caregivers' educational and work trajectories to assess whether certification translates into meaningful opportunities over time and to inform future policy design.

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