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The “Care Diamond”: Social Policy Regime, Care Policies and Programmes in Argentina

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Overview

This report describes and analyses the current welfare and care regime in Argentina, with a focus on the City of Buenos Aires, examining the “care diamond” through a study of the role that the country’s institutions – particularly the State’s – play in the supply and regulation of social policy generally, and of care services specifically.

The first part of the report examines Argentina’s social policy regime and the changes it has undergone in the last three decades. Based on an analysis of the education, health and pension sectors, it explores the characteristics and central components of the country’s current social policy regime, and the ways in which State, market, family and community services overlap and intersect.

The second part describes and discusses the poverty reduction (or “social protection”) programmes now emerging in Argentina, which take the form of direct transfers (via either cash or food) to poor households. Three major plans are discussed: the Unemployed Heads of Household Plan, the Families Programme and the National Nutrition and Food Plan.

The third part of the report focuses specifically on Argentina’s childcare processes, policies and services. First it reviews the information provided in RR2 with respect to households’ role in childcare. Second, it analyses laws and regulations that assume childcare to be a right associated with work performed by women, and looks at the current, rather weak, enforcement in this area. Third, it explores legislation and regulations, policies and services – particularly those related to education – that concern children’s right to childcare. This includes an in-depth examination of early education services available throughout the country, analysing matriculation rates. The fourth and fifth sections of this portion of the report examine the education available in the City of Buenos Aires, differences between privately and publicly managed schools, and differences between distinct areas of the city. In this context, the report also looks at childcare “alternatives” that target children of poor households – one aspect of social development programmes. In addition, the report analyses, to the extent possible, the dynamics of funding for childcare services in the City of Buenos Aires. The sixth section considers unmet demand for care services in the City of Buenos Aires, and explores the role played by alternative care strategies associated with the privatisation and “familialisation” of care, particularly where domestic workers play a role in these strategies, which are of special relevance among the city’s middle and upper socioeconomic sectors.

The report concludes with a broader, overall analysis. This includes an examination of the complex of care services provided by the State, characterised by a multiplicity of “States” with different “faces”, along with a discussion of how the pillars of the system overlap and interconnect (State with family; State with community) – a situation brought about by the country’s new social policies. Finally, the report analyses the range of care strategies available to households based on their capacity to commodify both their own work and the childcare that their young children require. The report reaches the conclusion that “care diamonds” of various types exist in Argentina and that their principal bias relates to households’ socioeconomic levels and to their disparate access to State-provided and market-generated services.

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access to some of the information on the educational sector analysed here. The author would also like to thank Valeria Esquivel for her comments on a preliminary version of this report.

1. Notes on Argentina's social policy regime

Introduction

It is widely recognised that the welfare of the population depends on resources and services produced through a variety of interrelated processes. Different individuals and institutions participate in these processes, significantly affecting households' capacity to manage the risks and opportunities associated with macroeconomic realities and to address their changing needs throughout the household lifecycle. In very general terms, the following can be singled out as factors in securing the welfare of the people:

- i. Income generated by those participating in the labour market, since a household's total income largely defines the quality of life of its members. Additionally, income may come from returns on assets, State subsidies or cash transfers, or transfers made by persons living outside the household. An individual's ability to participate in the labour market is associated with fluctuations in the labour market itself – which affect access to quality jobs – and with social, institutional and cultural factors that impact the social organisation of care. A woman's potential to participate and remain in the labour market is thus associated with the availability of ways to delegate care responsibilities, which still fall principally on women.
- ii. Availability of – and access to – social services, as a citizen right, a market good or a facet of community strategy. The availability of these services in turn shapes the functions explicitly or implicitly assigned to the institutions and persons involved in providing social protection – including the State, the market, the community and the family.
- iii. Finally, there is a more intangible element of welfare that does not figure in the national accounts, but that is fundamental for social reproduction in general, and for the reproduction of the workforce in particular – one that directly affects the quality of life for everyone. This element is domestic and unpaid care work, carried out principally in the home by women. Although not remunerated, it is a central axis of welfare regimes.

Though these processes involve social institutions of very different types and scope – including the State, markets, households and communities – the role of the State merits special attention. By definition, it not only provides services, but also regulates the context in which the different “pillars” of welfare act and interact, each with its own form of protection from, and prevention of, social risk.

Thus, understanding the way in which social policy has shaped the current welfare regime is a prerequisite to carrying out a concrete analysis of today's childcare regime in Argentina.

Characteristics of, and changes in, Argentina's welfare regime

As has been noted, Argentina was a pioneer in Latin America in developing social policy that was universal in scope. The State began to play a role as a provider of education in the late nineteenth century, when it created a major nationwide network of public schools. In the mid-1940s, the aspiration that this expressed was extended to the health sector. The Ministry of Health was created, and the State assumed a fundamental role not only in providing services, but also in regulating them. The 1940s and 1950s also saw the consolidation of a pay-as-you-go pension regime based on intergenerational solidarity.

Argentina's welfare regime has gone through several distinct stages since the 1940s. The first Justicialist Party government (1945- 1955) established a welfare model based on social protection, with a variety of mechanisms for access. While many of the social benefits were based on adults' participation in the formal labour market, there were also extensive networks of public health and education services, and a systematic policy of protection for the poor. The family's primary role in care and in the daily reproduction of the labour force was always firmly maintained.

The military dictatorship of the 1970s represented a second stage in the development of the welfare regime. In the latter part of the decade, the financial crises and economic shocks affecting the country led to a major erosion of social benefits. The government's response featured policies designed to decentralise financial responsibility for education and health. However, the funding system was not correspondingly decentralised, thus leaving the financial responsibility to fall on the country's highly diverse provinces. Meanwhile, an "anti-labour offensive" emerged, in the form of labour deregulation. These measures began to erode the quality of the social services available to the population, while creating obstacles to access. Such decentralisation, in a country that was far from being a "country of equals", inevitably aggravated long-standing disparities (Anlló and Cetrángolo, 2007). The consequences of the adjustment process, in which households sought to contain the social risk to which they were exposed, included increased responsibility and work.

A third stage began with the opening up of the economy in the early 1990s, under a government determined to reform social policy and make it compatible with the principles of economic liberalisation. The neoliberal elements of the social policy regime were then consolidated through the privatisation of social security, measures to allow for flexibility in labour markets, and further decentralisation of responsibility for education and health, which fell to provincial governments. The reforms of the 1990s aggravated the pre-existing problems, replacing earlier efforts to achieve social equality with a market-based philosophy. In a context of growing social inequality, pauperisation and increasingly precarious labour conditions, the family's growing workload became more and more evident. Impoverished and structurally poor families dealt with the new social risks by working more, while those families with reasonable levels of welfare were forced to allocate more resources to services that were becoming increasingly commodified.

Since the 2002 crisis, we have seen what might be described as a fourth stage, in which old and new models of social policy coexist. There has been an attempt to reprise features of the earlier, protection-based model, especially in terms of recasting a labour-based welfare model as an element of social policy (Cortés, 2007). However, that model now exists within a more segmented labour market, in which nearly 40% of male workers and nearly one half of female workers are subject to precarious labour conditions. Policies designed along the lines of the poverty-targeting policies of the 1990s have been expanded in coverage and deepened in terms of their design. Meanwhile, the quality of services provided by the health and education sectors has suffered, as these sectors have operated under continuing problems of fragmentation and unequal funding from one jurisdiction and subsector to another. The roles of the family and community have increased to the point that they have become "co-responsible" for social policy, especially with regard to poor women.

The following pages analyse the configuration of the central elements of Argentina's social policy regime, examining the functions of the State and identifying other pillars of the regime, such as the market, the family and the community, in relation to three specific sectors: education, health and pension. Based on this analysis, it identifies the principal elements for constructing hypotheses regarding the country's social policy regime and recent changes within it – all of which, in turn, paves the way for an understanding of current trends and approaches to social protection, poverty reduction and social inequality.

The educational system

Historically, Argentina's educational system represented a major extension of the State's role. It produced low illiteracy rates and high rates of coverage for primary schooling. In the mid-twentieth century, high-quality public schools serving children from different social strata represented a promise of equality and social mobility. Since the late 1970s, however, assessments have revealed the inequalities hidden under the banner of social equality (Tiramonti, 2001). High primary school repetition and dropout rates demonstrated the difficulty of achieving high-quality service and effective resource management. In this context, the decentralisation of financial responsibilities and primary school management carried out by the military government in 1978 worsened prospects for equality among the country's different regions: the poorest regions found it impossible to make the investments needed for educational materials, infrastructure and teacher training – areas in which the problems were becoming increasingly critical and which, more than ever, were vital to addressing long-standing inequalities (Anlló and Cetrángolo, 2007).

The reform of the 1990s

The 1990s were a decade of profound change in the educational system's structure, financing, quality and performance. The 1992 Budget Act transferred responsibility for the management, administration and financing of secondary schools and non-university tertiary institutions still dependent on the national government for funding to subnational jurisdictions. The guiding principle behind the decentralisation was the quest for national fiscal balance.

The 1993 Federal Education Act (Law 24.195) changed the structure of the system. This reform extended the span of mandatory schooling to 10 years, beginning with kindergarten at age 5. The goal here was to increase the education of the economically active population in a country that had become dominated by neoliberalism, in which ideas of individual competitiveness and the competitiveness of markets prevailed (Tiramonti, 2001). The Federal Education Act also established common guidelines for basic content, provided for the creation of teacher training programmes and consolidated the decentralised nature of primary education in the provinces.

The reforms also strengthened teacher training programmes by creating a Federal Teacher Education and Training Network, which had significant impact at the provincial level. An unprecedented National System for the Evaluation of Educational Quality was created, and a National Educational Information System was established and began systematically collecting annual data from all of the nation's schools, teachers and students.

These policies were accompanied by a programme entitled the Social Education Plan, which was conceived along the lines of the so-called "compensatory" programmes typical of the 1990s. The principle of targeting the poorest and most vulnerable sectors – as opposed to that of keeping every child in school and improving the quality of educational services for all – gained ground.

Under the reforms, the national government played a supervisory role in primary education, providing assistance to ensure the quality of education, funding compensatory programmes to address regional and social inequalities, and financing and regulating the national university system. The provinces remained responsible for providing and funding all levels of education except at the university level, including one year of kindergarten, nine years of primary school, three years of high school education and three/four years of non-university tertiary schooling. The initial ten years beginning with kindergarten were made mandatory, and teacher salaries, infrastructure, and the

system's management and administration remained the responsibility of the provinces (Becerra et al., 2003, in Anlló and Cetrángolo, 2007).¹

Enrolment in the mandatory kindergarten for 5-year-olds gradually increased, and eventually covered approximately 90% of children nationwide. Efforts to keep adolescents in school longer have intensified in recent years, with results varying from one province to another.

Despite these advances, the educational reform must be described as an approach based on technical thinking – one that ignores pervasive funding, policy and institutional issues within the educational system, as well as in the society as a whole. The reform assumed that the various jurisdictions incurring the burden of decentralisation would have the capacity to invest comparable amounts on infrastructure and personnel in order to implement the reform. However, regional and provincial differences have increased as a result of the country's different political and community cultures; meanwhile, all are under pressure from the national government to implement the reforms while at the same time maintaining fiscal balance at the provincial level (Anlló and Cetrángolo, 2007; Tiramonti, 2001).

In terms of these deep-rooted inequalities, the educational reform not only failed to diminish the gaps in quality between schools, but may also have actually worsened them. Children from poor sectors continued to attend schools of low quality, while those from better-off middle-class families were increasingly able to continue their education to the tertiary level. Thus, while the 1990s left one major group of schools and jurisdictions mired in the “world of need”, the elite private universities expanded – and this in a country where public university education had always been associated with quality, as well as with equality of opportunity (although the latter was somewhat illusory). The reform seems to have been based on a technical operational approach founded on a new educational paradigm that, in reality, deploys technical rhetoric to mask the acute process of fragmentation that it promotes (Tiramonti, 2001).

This paradigm represented a break in the continuity of the educational process. Instead of making secondary school mandatory, it fragmented the educational cycles to ensure that children would stay in school longer, though not designed to ensure that they actually complete their schooling. Although, in the mid-1990s, Argentina had one of the highest average schooling rates in Latin America among the 25+ year-old population (9.44 years of schooling), 13.2% of all children and adolescents were excluded from the system by 2001 (INDEC, 2001). In the new scenario, children from poor homes entered the educational system later than others, attended schools of lower quality, and left school earlier.

New interrelationships in the educational arena

One of the salient features of this reform process has been the attempt to implement policies aimed at restructuring the roles and interrelationships of the different stakeholders in the educational arena. The national government has been regaining certain legitimacy in its educational role by offering basic curricular guidelines, providing evaluations of educational quality and implementing compensatory programmes. At the same time, it finds itself unable to guarantee implementation of the policies it promulgates, even when these take the form of laws passed by the National Congress. The constraints of the national entity designed to regulate educational policy are aptly expressed by the phrase “a ministry without schools”. In attempting to address this problem, the Federal Council of Culture and Education (Consejo Federal de Cultura y Educación, or CFCE) was formed.

¹ The City of Buenos Aires, however, did not subscribe to this change in the structure of the educational system, and maintained its three-level structure: preschool, primary and secondary.

Composed of the ministers of education of each of the country's 25 jurisdictions, the CFCE was charged with responsibility for the most important educational decisions.

Meanwhile, the links between school and community, and between school and family, have become increasingly close. In a scenario of growing economic fragility and worsening poverty, schools require community participation to paint and repair buildings, and to provide basic materials for the most disadvantaged schools. In many cases, families are required to supplement the teaching provided in school, or are blamed for the failures of their children. At the same time, schools are increasingly responsible for satisfying material needs previously met by families – especially nutritional needs, which are addressed through snacks and meals (Tiramonti, 2001; Tenti Fanfani, 1993). At the non-mandatory levels of the system – in particular, in the *crèches* and kindergartens, which accommodate children up to age 4 – the educational system has agreements with civil society organisations that provide physical facilities, while the Ministry of Education hires the teachers. This has led to a blurring of the limits of responsibility for the different “pillars of the welfare regime”.

Primary education today is characterised by high (nearly universal) coverage rates, combined with high repetition and over-age rates. While the national repetition rate for the first six years of primary school is 6.5%, it is as high as 11.5% in some provinces, while it is close to 2.5% in others. Grades 7, 8 and 9 have the highest repetition rates (10.4%), with higher levels in the north-eastern provinces. The repetition rate in the first year of upper-secondary schooling is 11.4%, but is as high as 16.5% at the provincial level. And while the national over-age rate is 35.9%, it reaches levels as high as 53% in the provinces. Finally, the dropout rate for upper-secondary school is 18.9% nationwide, with some provinces recording levels close to 21.5% (UNICEF, 2008).² Grading practices differ so widely throughout the country that they seriously limit subsequent opportunities of children who do manage to remain in school. There are major discrepancies in the educational levels of residents from one province or region to another.³ Among adolescents who work, an average of 25% do not attend school, with this figure reaching 62% in rural areas. At the same time, 43% of working adolescents have repeated grades, versus 26% of their non-working peers (Anlló and Cetrángolo, 2007).

The last few years have seen increasing efforts to provide equal educational opportunity. In 2006, the Educational Funding Act (Law 26.075) was passed. This law seeks to increase investment in education, science and technology by the national government, the provincial governments and the City of Buenos Aires, aiming to reach 6% of GDP by 2010. The law also establishes as a priority objective the 100% matriculation of 5-year-olds, as well as the goal of “ensuring the growing incorporation of children 3 and 4 years of age, with priority given to the most disadvantaged social sectors” (Law 26.075, Article 2).

However, serious fragmentation within the system, deteriorating quality of State-provided education, and the country's persisting and profound social and regional inequalities have created a scenario in which the aspiration of universality and equality of opportunity, once the hallmark of Argentina's educational system, appears to be a constantly receding goal. Moreover, the change in

² The information derives from CGECSE/SsCA/MECyT, based on information from DINIECE/MECyT, Annual Figures, 2003-2004. See: http://www.unicef.org/argentina/spanish/children_11131.htm.

³ In Chaco and Misiones, for example, over 20% of the population between ages 30 and 39 has not finished primary school, and the percentage is in excess of 30% for those over 40. In the rural population, in the provinces of Santiago del Estero, Misiones, Formosa, Corrientes and Chaco, over 50% of those over age 15 have not finished primary school, while the percentage that has not finished secondary school is over 90 % (Chaco 95%, Corrientes 94%, Formosa 93%, Misiones 95%, Santiago del Estero 94%). Among the urban population, among those 15 and over, 72% in Misiones, 65% in Tucumán, 69% in Jujuy, 70% in Río Negro, 74% in Chaco and 71% in Formosa have not finished secondary school (Anlló and Cetrángolo, 2007).

the educational paradigm and in the roles of the various institutions involved in education has done little to strengthen protections against social risk by ensuring that members of the poorest sectors, if they obtain more years of schooling, will benefit from increased welfare. Rather, the most disadvantaged sectors have only the most meagre safety net, while the level and quality of education available to the wealthiest strata of society continue to increase, thus widening the gap between the poor and the non-poor. In the third part of this report, in the section describing the availability of care services, we shall examine the way in which this dynamic takes form at the earliest level of schooling, where the issue of childcare is most relevant.

The healthcare system

Argentina's healthcare system is composed of three service-providing subsectors:

- (a) the public sector, strengthened from the 1940s onward by a State that played a dual role as regulator and service provider;
- (b) the social security sector, associated with a diverse and heterogeneous supply of union-health care⁴ at the national and provincial levels; and
- (c) the private sector, with nearly 150 health maintenance organisations (HMOs).

Eligibility criteria for access to service in these three sectors differ. While the public sector system is based on universal service, coverage through union health care is linked directly with participation in the formal labour market. The private system is based on market principles, i.e., on ability to pay, and is thus limited to those with relatively high incomes. The quality of service in the private sector tends to be directly correlated with clients' ability to pay.

In theory, the system is based on the principle that all have the right to access the public healthcare system, regardless of whether they have other insurance. While in theory this is a desirable feature, in practice it leads to overlapping coverage and lack of rationality in the investment of public and private resources. Thus, although social security coverage has been reduced, some users may contract for private sector HMOs while at the same time enjoying access to union health care through their formal employment. Working-class sectors may be intermittently covered by union health care while resorting to the public hospital system for various purposes.

Thus, the system's stratification is inherent in its structure, and predates the 1990 reforms, although the reforms have aggravated the structural problems. Already in 1973, an official assessment noted: "This tendency on the part of the State to delegate responsibility finds its maximum expression in the *Instituto Nacional de Obras Sociales* (INOS), crystallising the stratification of the population into three groups: the wealthy, the wage-earners (covered by union health care) and the indigent, with a very different level of medical care provided in each of the three cases" (1973 Three-Year Plan, in Anlló and Cetrángolo 2007, p. 414).

The segmented and heterogeneous nature of Argentina's health sector persists, not only as regards access to services, but also in terms of organisation and funding. Moreover, the stratification of access to, and quality of, service is visible not only in the differences among the three subsectors, but within each. Finally, the stratification is gender-based as well as social, as will be seen further on.

⁴ The Argentinean union-health care (in Spanish: *obras sociales*) originated under trade union's control and act as health insurance funds for workers and their dependents. They provide health care to their beneficiaries in two ways: through their own health services and by contracting facilities from the private sector.

Workers in the national public sector, and those formally employed in the private sector, along with their families, are covered by programmes that are national in scope (“national union health care”), while workers in the provincial public sector and their families are insured by “provincial union health care”.⁵ The country’s social security system also includes an institution designed to provide services for retirees and pensioners, and their families, known as the National Institute of Social Services for Retirees and Pensioners, or “PAMI” (for *Programa de Atención Médica Integrada*, or “Integrated Medical Care Programme”).

Historically, the inequality of union health care institutions reflected the differences in workers’ pay. At the time of the reform, in the 1990s, a major portion of the system consisted of roughly 300 union health care providers, most of which were overseen by union organisations, and workers did not have the option of choosing among them (Anlló and Cetrángolo 2007).

In the public sector prior to the reform of the 1990s, the healthcare system had suffered from decades of very low levels of State funding, which had caused a gradual decline in quality and aggravated disparities in service (Stillwaggon 1998; World Bank 1997, in Lloyd-Sherlock, 2007). In 1978, the dictatorship decentralised service and transferred responsibility for the public hospitals to the provinces. This strategy merely made the funding problems more acute. With the transfer of responsibility to the provinces, inequalities in both access and quality worsened.

In terms of impact, it can be seen that although 63.1% of the population was covered in 1991, regional inequalities were already very pronounced. For example, more than 50% of workers lacked coverage in Formosa, Chaco and Santiago del Estero, northern provinces that are among the country’s poorest (INDEC, 1995). The reform of the 1990s thus took place within a structure that was already heavily marked by inequality – being, as it was, highly stratified and uneven – in addition to suffering from serious funding problems.

Reform of the healthcare system in the 1990s

The healthcare reform was based on deregulation of the union health care system, freedom of choice, and self-management by public hospitals. With the reform, the public hospitals, as self-managed units where care had previously been free (Bayón and Saraví, 2001), charged fees to those capable of paying.

Meanwhile, in an environment of increasing unemployment and precariousness in the labour market, the demand for free medical care rose, without a corresponding increase in public health spending. Transferring responsibility for the public hospitals to the provinces generated regional disparities that can be seen in the expenditure levels of provincial budgets. In terms of the system’s organisation, each province created its own reform mechanisms. Thus, each jurisdiction acquired a high degree of autonomy in establishing the budget lines that made up its spending structure. The result has been a wide disparity in the services received by public sector users in different jurisdictions (Gogna 2004).

According to the National Population and Housing Census, 36.9% of the population was without healthcare coverage in 1991 (INDEC, 1991) and 48.1% in 2001. Thus, over 17 million individuals were without access to a union health care or private plan, and were entirely dependent on the public sector, while nearly 2 million who had previously been covered were now without coverage. The growing precariousness of conditions in the labour market during the 1990s was clearly a factor in increasing the size of the population not covered by union health care. The gap was aggravated

⁵ There are approximately 270 national union health care associated with particular areas of economic activity, and 24 provincial institutions, each serving public employees in the individual jurisdiction (Gogna, 2004).

by the reduction in services offered, the increased fees charged in the form of co-payments and deterioration and increasingly uneven public health services from one jurisdiction to another.

The decline in coverage, according to province, along with the differences between provinces, can be seen in the following table.

Table 1. Percentage of population covered by union health care, private medical plan or union health insurance plan, by province. Argentina, 1991 and 2001.

Political/geographic division	Population covered, 1991	Population covered, 2001	Change, 1991-2001
Federal Capital	80.3	73.8	-6.5
Santa Cruz	77.0	70.8	-6.2
Tierra del Fuego	69.2	69.9	0.7
Chubut	67.4	60.5	-6.9
La Rioja	66.0	59.2	-6.8
Santa Fe	71.0	58.0	-12.9
Catamarca	63.2	55.0	-8.3
La Pampa	64.8	54.5	-10.3
Córdoba	62.2	54.2	-8.0
Tucumán	64.7	51.8	-12.9
Entre Ríos	61.5	51.3	-10.1
Neuquén	59.7	51.3	-8.5
Buenos Aires	63.3	51.2	-12.1
Rio Negro	61.2	50.1	-11.1
Mendoza	57.8	49.4	-8.4
San Luis	62.4	48.4	-14.0
San Juan	59.1	47.0	-12.1
Jujuy	56.0	45.8	-10.1
Misiones	50.2	42.2	-8.0
Salta	51.3	39.6	-11.7
Corrientes	51.6	37.9	-13.7
Santiago del Estero	44.6	36.3	-8.3
Chaco	47.8	34.5	-13.4
Formosa	42.7	34.2	-8.6
National total	63.1	51.9	-11.2

Note: The cases in which the presence or absence of coverage was unknown were distributed proportionally.

Source: Gogna, 2004, based on Population Census, 1991 and 2001.

Recent data indicate that in urban areas the public sector covers 43.1% of the total population, union health care 46.7% and private insurance plans 10% (SIEMPRO, 2003, in Gogna, 2004). In terms of private insurance plans, it should be noted that there are close to 150 companies offering such services (prepaid medical care) in the market, of which a mere 10% cover 50% of the subsector's members (Gogna, 2004).

Coverage through the public, private and social security subsectors is significantly correlated with household income. The stratification in metropolitan Buenos Aires can be seen in the table below. More than 50% of the poor population is covered only by public hospitals, while 80% of the middle and middle-high sectors are covered by union health care or HMOs.

Table 2. Population by type of healthcare coverage, according to social stratum (percentages). AMBA, June 2005.

	Union health care plan	HMO or medical emergency plan	PAMI	Public hospital only
Lowest	19.3	0.7	7.3	72.7
Low	28.7	4.7	11.3	55.3
Middle-low	36.9	16.1	10.1	36.9
Poor	27.2	5.8	9.6	57.4
Middle-high 0.564	52.0	28.0	11.0	9.0

Source: EDSA, Observatorio de la Deuda Social. UCA, in Lépre, 2006.

Total health sector expenditure exceeded 9% of GDP in 2000, and this was distributed approximately evenly between the private sector and the public and social security sectors (Table 3) – representing acceptable levels compared with countries that have nearly universal coverage. In terms of the changes in public health expenditure as a percentage of GDP, a rising trend was evident during the 1990s, with a significant decline in 2002 and a slight recovery in 2004, when it reached 4%, slightly above the 3% figure for 1980. As to the composition of the expenditures, the distribution of healthcare spending between the public healthcare system and the social security system was constant from 1980 to 1990. From 2000 to 2004, there was a rise in the share of spending represented by public healthcare at the national level (Anlló and Cetrángolo, 2007).

Table 3. Healthcare expenditure in Argentina as a Percentage of GDP for 2000-2004

	2000	2004
Public expenditure	2.01	1.89
Nation	0.29	0.35
Provinces	1.40	1.24
Municipalities	0.33	0.29
Social security	2.94	2.47
National union health care	1.36	1.27
INSSJP (PAMI)	0.81	0.55
Provincial public union health care	0.77	0.65
Subtotal: public and social security	4.96	4.36
Private expenditure	4.24	n.d.
Total	9.20	n.d.

Source: Anlló and Cetrángolo, 2007, based on Ministry of Health and Ministry of the Economy.

In 2004, the national government provided 50% of the funding for public healthcare, while provincial and municipal governments contributed 43% and 7%, respectively, of consolidated healthcare spending. Local government expenditures rose 20%, with provincial governments in 1980 representing 36% of total public healthcare expenditure and municipalities only 4%. At the same time, there was a reduction in the national government share, which was 60% in 1980 (Anlló and Cetrángolo, 2007).

Under Law 23.660 of 1998, funding for the national union health care comes from workers' contributions (3% of their pay) and contributions by employers (6% of wages paid). A portion of

the contributions is used to fund a so-called Solidarity Redistribution Fund, which is designed to reduce the system's inequalities (Gogna, 2004).⁶

Gender and the healthcare system

Although the percentage of individuals without coverage is slightly greater among men (50.2%) than women (46%), women of reproductive age (15 to 29) are more likely to lack coverage (49.8%) than women in general.⁷

The lack of coverage among women of reproductive age is a serious problem, considering that only since 2002 has Argentina had a national policy to address sexual and reproductive health needs in public hospitals and health centres. Until the passage of the Sexual Health and Responsible Procreation Act (Law 25.673), access to reproductive planning services depended on the willingness of a few provinces to underwrite such services, or on access to public union health care or to private sector services.

The most evident consequence of this failure to recognise women's special needs for health services was a marked social and gender stratification. Thus, women depended on their income, or the income of their partners, to obtain such services in the healthcare market, or required coverage by union health care to obtain them. In most provinces, women were left unserved if they could not meet one of those two conditions.⁸ As of 2008, some provinces have still not satisfied the requirements of Law 25.673, and their public sectors do not offer these services. Nor have efforts been successful at the national level to guarantee a continuous supply of contraceptives for transfer to jurisdictions that do adhere to the law.

With the loss of union health care benefits, came increased coverage from the public sector, which has brought about much heterogeneity in prenatal and natal care. In the last twenty years, most births have occurred in healthcare institutions, whether public, private or union-based (95.1% in 1991 and 98.5% in 2001). In urban centres, 80% of pregnancies were served by the system during the first trimester (SIEMPRO 2001). Of the pregnancies which involved five or more medical office visits, early visits during pregnancy were less frequent for women served only by public hospitals. Thus, in 2001, while 84.9% of all pregnant women met the norm of five or more medical visits during pregnancy, the percentage was 92.5% for women with private or social security coverage (Gogna, 2004).

The maternal mortality rate has remained practically unchanged for more than a decade, with no reduction in avoidable deaths. On the contrary, the latest data show an increase of roughly 20% in such deaths, which rose from 39 per 100,000 in 2005 to 48 per 100,000 in 2006 (Ministry of Health, 2007).

In studying healthcare issues, a general analysis of a system's degree of commodification may fail to reveal a number of specific situations that are of special significance to women. Thus, the public system may have a scheme in which access to vaccinations, and even medical visits during pregnancy and natal care, are decommodified, without access being guaranteed for programmes to prevent undesired pregnancy. In addition, abortion is criminalised in Argentina, with the sole

⁶ The fund is composed of 10% of the pay-ins and contributions of those members whose incomes are less than a given figure (currently set at ARS 1,000), and 15% for those whose incomes exceed the threshold. In the case of the public social programmes serving management (whose average income is higher), contributions are also scaled according to income level: 15% for the lower tier, and 20% for the higher.

⁷ Source: National Population Census, 2001 Unfortunately, there is no available data on women covered as dependents or not.

⁸ When a head of household or a spouse has health coverage, the benefit covers the family group.

exception of cases in which a woman with a mental disability has been raped, or in which there is a serious risk to the health of the woman or the foetus. In the public sector, however, even in these cases where abortion is not illegal, it has become increasingly difficult in light of efforts, by those with moral objections, to prevent women from gaining access to free abortion services.

According to some studies of the emerging shape of the health sector, recent changes have created fragmentation in three areas: rights, regulations and territorial disparities. Rights, once again, suffer from stratification, since each sector of the population has a right to a different level of care, based on economic capacity and position in the social/labour system. This fragmentation produces significant inequalities. In terms of regulation, the institutional structure makes the regulation of public union health care the responsibility of the Superintendency of Health Insurance, which has a degree of independence from the national Ministry of Health; PAMI, on the other hand, is a part of the Ministry of Social Development. At the provincial level, union health care varies in the degree to which they are answerable to the provincial government, but they generally are independent of the provincial health ministry, which is responsible for the overall health of the population within the province. Finally, the provincial governments have a great deal of autonomy in the area of health, with national guidelines playing little more than an advisory role (Anlló and Cetrángolo, 2007, p. 430).

Retirement and Pension System

During the 1940s and 1950s, Argentina developed the pay-as-you-go (PAYG) model for the retirement and pension system, a regime based on intergenerational solidarity.

In 1970, the system was consolidated institutionally with the extension of coverage for social services to the entire population of formal employees, through Law 18.610, which made it mandatory for every worker to be a member of the union health care designated for the type of activity involved. The union health care system was extended to retirees and pensioners, and Law 19.032 created the National Institute of Social Services for Retirees and Pensioners (known as PAMI) to provide social services to the older population, with a major implementation effort at the provincial level (Anlló and Cetrángolo, 2007).

Towards the end of the 1970s, the military government eliminated employers' contributions to the pension system, seriously affecting the system's solvency. Attempts to reinstitute such contributions during the 1980s encountered opposition in the legislature, when the tenor of the national government placed it in opposition to the major unions. Meanwhile, the systematic loss of workers' rights led to decreased revenues, while the ageing of the population progressed, and the system became practically unviable financially. The neoliberal policy solution to this problem only worsened the situation.

The reform of the 1990s

The reform of the pension system put a new regime in place, known as the Integrated Retirement and Pension System (Sistema Integrado de Jubilaciones y Pensiones, or SIJP). Approved in 1993 by Law 24.241, the system consisted of a mixed formula. Its two pillars were: (1) a mandatory pay-as-you-go component administered by the State, providing each retiree with very similar benefits known as universal basic benefits (Prestación Básica Universal, or PBU); and (2) a choice between two regimes: (a) a pay-as-you-go regime with defined benefits administered by the State, providing additional benefits (Prestación Adicional por Permanencia, or PAP) in return for remaining in the system; or (b) an individual capitalisation regime with defined contributions, managed by retirement and pension fund management firms known as Retirement and Pension Fund Administrators (Administradoras de Fondos de Jubilaciones y Pensiones, or AFJPs).

The new regime applies to all contributing workers except members of the armed forces and provincial and municipal government employees, who were allowed to keep their own systems, although with the option of joining the new system in the future through special agreements (Huber and Stephens 2000).

The reform placed greater limitations on access to benefits, raising the minimum retirement age and the number of years of contributions required, in order to mitigate the fiscal impact of the system. The conditions established for access to both regimes – individual capitalisation and pay-as-you-go – were retirement ages of 65 for men and 60 for women, and 30 years of cumulative contributions. Given the fact that women have more interrupted “careers” for care-related reasons, they may have to retire at an older age in order to compensate for the “lost” years. Hence, a system within which women are obliged (are they obliged??) to retire five years earlier than men and where years spent caring are not counted as “working”, would be discriminatory in two ways: first, they have fewer contribution years because they are required to retire five years earlier; and secondly, the years they have exited the system are not “counted” as far as the contribution/benefit calculations are concerned.

The SIJP is funded with worker contributions, employer contributions and earmarked allocations from tax revenues. Members of the private regime accumulate their personal contributions in individual capitalisation accounts managed by firms, which subtract a commission for managing the account, along with the cost of a disability and death insurance premium, plus operational costs for administering the plan. The State is solely responsible for collecting the contributions. The State is also responsible for payments to compensate for the contributions made by individuals who participated in the prior regime. These payments (known as the *Prestación Compensatoria*, or PC) apply only to workers who qualify by virtue of age and years of contribution (Cetrángolo and Grushka, 2007).

Public expenditure on pensions in 1980 represented 5.2% of GDP. By 1995 it represented 8.4%, then declining to 7.9% in 2000 and 6.4% in 2006, as shown in the table below. Currently, pension expenditures remain the largest component of consolidated social spending, as well as representing the largest item as a share of GDP.

Table 4. Consolidated public pension expenditure (national, provincial and municipal)

Year	% of GDP	% of consolidated public expenditure	% of public social expenditure
1980	5.2	19.0	40.9
1985	5.5	19.7	42.4
1990	7.9	28.4	49.0
1995	8.4	27.6	44.1
2000	7.9	25.1	41.4
2006	6.4	21.4	34.7

Source: Cetrángolo and Grushka, 2007, based on the National Directorate for Analysis of Public Expenditure and union health care.

Disability and life insurance payments are the same for the two systems, except that members of the individual capitalisation system can choose between two payment modalities: scheduled retirement payments managed by an AFJP, or an annuity managed by a retirement insurance company (Cetrángolo and Grushka, 2007). The legislation establishing the reform was designed to improve the quality of these services by stipulating for the first time that union health care must provide a minimum package of services equivalent to US\$ 40 per person monthly (Lloyd-Sherlock, 2007).

As in other Latin American countries, those supporting the reforms in Argentina’s pension schemes based their position on the adjustment programmes recommended by the International Monetary

Fund, the World Bank and the Inter-American Development Bank. However, the process took on specific characteristics in different countries, based on local political forces. In Argentina, the reform faced strong opposition by certain Peronist sectors, unions and opposition parties, and though the president at the time, Carlos Menem, had a majority in the Senate, he lacked control of the Chamber of Deputies. In Argentina, as in Uruguay, the unions still wielded more political power than in other countries. These factors account for the fact that the system emerging from the pension reform was of a mixed nature (Huber and Stephens, 2000).

The pension reform of the 1990s did not achieve its objectives in terms of financial stability, since, with increases in unemployment and in the number of informal workers, the number of contributors plateaued in absolute terms and declined as a proportion of the economically active population. One aspect of the reform that caused concern was the system's low level of coverage, which was aggravated by more restrictive conditions placed on access to benefits, flexibilisation in the labour market, and employers' failure to make the required contributions. Workers of various types were excluded from the system's benefits. Thus, unregistered workers, rural workers, some domestic workers (the choice in this case being left to the employer) and all unpaid workers were excluded. In 2001, the SIJP received contributions from only 28% of registered workers in the two regimes. According to data from the AFJP Superintendency, the system had 11.5 million members as of June 2003, of which 2.2 million (19%) belonged to the pay-as-you-go regime, while 9.3 million (81%) were part of the individual capitalisation regime.

The reform's impact also varied according to gender. Since women's earnings, and hence their contributions, were less than men's, and since they were more subject to precarious labour conditions, the capitalisation system reinforced existing discrimination. Thus, the reform failed to deal with the income gap between men and women, the importance of reproductive work and the intermittent nature of women's employment, making it particularly difficult for women to accumulate sufficient savings to support themselves during retirement. Even the retirement regime for housewives approved in 1997 was based on capitalisation and savings, limiting access to those who could pay the required monthly contribution (Birgin and Pautassi, 2001).

Recent reforms

The crisis of 2001 began an inflationary process that seriously reduced the purchasing power of the monetary benefits. During the latest Peronist governments, a variety of measures were taken, with three objectives: (1) to recover weakened benefits on a differential basis (e.g. granting a 250% raise for the minimum assets, while those higher than AR\$ 1,000 gained 25%) (2) to make requirements more flexible by establishing a catch-up payment plan that made it possible for more than one million beneficiaries to join the rolls; and (3) to provide the option of returning to the pay-as-you-go regime (Cetrángolo and Grushka, 2007).

In the last term of the Néstor Kirchner government, in a scenario in which social policy was being recast (Cortés, 2007), measures were taken to "refloat" the pay-as-you-go regime and use it as a platform to increase pension coverage. A catch-up payment plan was put forward, for those of retirement age who did not meet the minimum 30 years of cumulative contributions. In addition, the retirement regime for housewives was reformed by presidential decree in December 2005, making them eligible for pension at age 60, even if they did not meet the cumulative contributions requirement. In order to receive the income, the individual was required to register for the catch-up plan for the self-employed and small contributors, with the amount of the catch-up plan subtracted from their retirement payments at a rate not to exceed 20% of the monthly benefit. Thus, the regime also benefited housewives who had never made contributions. The new pension reform also gave workers the right to freely choose a regime – capitalisation or PAYG – and to change that choice at

any time.⁹ It strongly encouraged the PAYG option, and set a cap on the commission charged by private fund managers. This reform also moved nearly one million members of the capitalisation regime into the PAYG regime – specifically, workers who were within 10 years of retirement, whose wages in their capitalisation accounts did not provide for the minimum income that the State provides under the PAYG regime (Cetrángolo and Grushka, 2007).

In terms of impact, the catch-up plan and early retirement increased the number of retirees by 1.5 million, of whom over 85% were women averaging 71 years of age, the other 15% being men averaging 72 years of age (Arrighi, 2007, in Cetrángolo and Grushka, 2007). The average retirement pay of the new retirees as of June 2007 was AR\$ 546/month (US\$ 172),¹⁰ from which the amount of the catch-up plan was automatically deducted (an average of AR\$ 208, or US\$ 66 monthly). The actual income received is thus AR\$ 322/month (US\$ 102), with an additional subsidy of AR\$ 30 (US\$ 9.50) that PAMI provides to its members in most cases. The net fiscal cost of the new retirees' benefits was no more than 1% of GDP for 2007.

Meanwhile, new workers who have not made a decision on their pension system within three months of being hired, automatically enter the PAYG system (as opposed to the lowest-commission AFJPs, as in the past). Thus, membership in the AFJPs fell from nearly 5 million contributors in 2006 to under 4 million in 2008, reducing the number of people thus covered by 27%. At the same time, the PAYG regime tripled its contributors, from 1 million to 3 million, increasing its share from 14% to 44%. It should be noted that the automatic transfer of AFJP members was accompanied by a transfer of their individual capitalisation account balances less than AR\$ 20,000 (US\$ 6,309). Thus, the total transferred from the private to the public regime was AR\$ 10 million (US\$ 3.15 million), including the balances transferred in the case of special regimes, which represented AR\$ 3 million (US\$ 946,372), or 1.2% of GDP (Cetrángolo and Grushka, 2007).

The gender structure of the SIJP contributors continues to show greater participation by men (65.6%) than women (34.4%) – a larger gap than that between the male and female economically active populations and a gap that is present throughout the age brackets.

Table 5. SIJP contributors by age and sex – 2007

Age bracket	Men	Women	Total	Distrib. (%)
Under 20	72,723	28,863	101,585	1.6
20-24	448,437	253,324	701,760	11.4
25-29	623,703	328,837	952,540	15.5
30-34	614,672	302,670	917,343	14.9
35-39	540,042	263,992	804,035	13.0
40-44	484,324	249,304	733,628	11.9
45-49	430,336	244,729	675,065	11.0
50-54	385,803	232,665	618,467	10.0
55-59	294,813	173,087	467,901	7.6
Over 60	148,988	40,173	189,162	3.1
Total	4,043,842	2,117,644	6,161,485	100.0
Distrib. %	65.6	34.4	100.0	-

Source: Cetrángolo and Grushka, 2007.

In terms of the stratification of the system, a special regime for so-called “privileged” retirements is still in effect. This applies to individuals who have occupied elective office (national and provincial legislators and executive-branch office holders), as well as judges, diplomats, some independent

⁹ Previously, the option was exercised only once, at the time the person initially joined. Migration of members occurred within AFPJs, but not between regimes.

¹⁰ US\$ 1 = ARS 3.17

professionals and certain government employees at the provincial level. The benefit granted to these individuals consists of higher retirement pay, the option of earlier retirement and more protection against personal and family risks (Filgueira, 2004).

At the other extreme are the compensatory policies, which seek to provide some type of pension benefits to the poorest population. A programme for older people, known as the Senior-Plus Programme (*Programa Adulto Mayor Más*, or PAMM), was implemented in 2003. It is designed to extend the coverage of the non-contributions-based old-age pension system that had been in effect since 1948, and covers persons over 70 in conditions of extreme socioeconomic vulnerability. To receive this benefit, recipients must demonstrate that they are not covered under any pension system, union health care or healthcare plan, and that they do not have a means of support from family or communal sources. Before this reform, old-age pensions were subject to budget constraints that prevented extension of coverage, and new benefits were granted only when existing ones expired. PAMM changed this system, and currently any person who meets the established requirements may join the system. This makes it possible to extend the benefit to any older person who lacks social protection. The benefit, however, is less than AR\$ 200 (US\$ 65) per month. Moreover, the complexity of the system leads to difficulties in access, since a series of requirements must be met, including an affidavit of income from all members of the applicant's family, as well as numerous other requirements that are problematic for a person without the economic or cultural resources that facilitate this type of process – in short, the system's target population (CELS, 2004).

As the first of these reports showed, public funding for the different social policy sectors and services has undergone major fluctuations over the period being considered. In relative terms, the pension system has constituted the heaviest fiscal burden, although it has not succeeded in providing a decent income for all retirees. Demographic pressures, along with an approach that requires the system to finance itself solely on the basis of contributions from those active in the labour market, have contributed to a chronic deficit in the pension system.

Central components of the social policy regime in Argentina

The welfare model that was in place during a good portion of the twentieth century has been seen as a stratified regime based on the principle of universality (Filgueiras, 2005; Barrientos, 2004). With high levels of social security coverage for workers and their families, practically universal matriculation at the primary school level, and basic coverage by the healthcare and pension regime, this system was a genuine expression of the aspiration of universal coverage, despite the fact that beneficiaries were stratified based on their position on the occupational and social ladder. A corporate regime was put in place, with access to social security linked to formal paid work. The soundness of the social security institutions prior to the reforms was a function of the major political power of unions, which oversaw a large proportion of pension schemes (Barrientos, 2004; Huber and Stephens 2000). At the same time, universal education and healthcare services were strengthened, along with specific protections for the poor.

Social rights were enshrined in the nation's Constitution in the mid-twentieth century as an intrinsic part of workers' rights, expressing the vision of an ideal society in which the typical worker, as head of household, would be employed uninterruptedly, and where his legal spouse and children would have access to systems of social protection. While the constitutional hierarchy of social rights through work can be seen as an important advance in worker protection, it also represented the institutional establishment of social and gender stratification as part of the system of social protection benefits. Thus, the flip side of expanding welfare programmes has been their exclusion of certain sectors of society from receiving benefits. While government and private sector employees in manufacturing and services, along with their families, were given social security and healthcare protection, those working in the informal sector of the economy, such as independent workers, rural

workers, domestic workers and the unemployed, had greater difficulty gaining access to the system, and their benefits were markedly lower. Nevertheless, the social protection system set in place during the first Perón government (1945-1955) was supplemented by services for the poor, through the Fundación Evita. There were also ample opportunities to obtain goods, such as housing, through other individual plans. In this way, the decommodification of welfare was stratified, depending on whether individuals participated in the formal labour market or not, and on whether or not they were poor.

This trend was accentuated as levels of social risk rose in Argentina with the crises of the 1980s and 1990s and the crisis of 2001-2002. As Filgueira (2004: 55) notes, “the universalist, dualist and exclusionary countries no longer fall into the 1970 moulds. New models emerged in Latin America.” Argentina maintained its PAYG pension system, and its educational and health services remained in place, though their quality deteriorated, while access to these services underwent marked stratification. At the same time, the regime’s incorporation of neoliberal components and the expansion of targeting (compensation) as an approach to the needs of poor sectors, created a highly fragmented environment.

In this context, Argentina has been cited as a paradigmatic example of a Latin American country that succeeded in expanding social protection institutions to a major degree, until the reforms of the 1990s shifted the regime toward the “(neo)liberal end of the spectrum, with major components of informality” (Barrientos, 2004). There are, however, other approaches to analysing the developments of the last several years.

As noted above, the changing social policy regime cannot be understood if analysis is limited to the 1990s, nor is “informality” the hegemonic canon of the current regime. Argentina today does not have either a strictly informal, institutional, or corporate regime, but rather is a State with an intricately interconnected combination of these. Some benefits are universal and available to all citizens; others are clearly means-tested – and accessible, to a degree, to the poorest population; others again depend on participation in the labour market, since they are associated with social security, and yet others are directly associated with the market and their participants’ access to economic resources. Thus, we see a sort of “layered fragmentation” in which, in the wake of the reforms, services associated with the “guardian” regime remain, supplemented by new modalities for providing service, with varied forms of participation by the different “pillars of the welfare regime”.

To a notable extent, Argentina’s system is a complex articulation of State regulations on one hand, and public, community, family and private services on the other, with a pronounced overlapping of roles and responsibilities between the different pillars of the system.

Providing Welfare: the role of markets, families and communities

The emerging welfare model in Argentina, in the wake of the neoliberal reforms and the counter-reforms of the last few years, has maintained State services and is recasting social policy, while eliminating a substantial portion of the protections that individuals and families enjoyed. In a society that has become highly unequal, the ability to save, and to pay for the health insurance, education and retirement plans offered in the marketplace, is in part an indication of the neoliberal nature of the change that has occurred in Argentina. However, this scheme coexists with, and relates to, a broad network of State protections offering goods and services of varying quality and scope to the population. In addition, the role of households and community organisations in Argentina has become more and more pronounced, intertwining with publicly managed services, and making the social protection scenario much more complex than was previously the case.

By examining the various links that comprise the major aspects of the welfare regime, one can gain perspective on both the overall care regime and its particular features, as they present themselves in different contexts. Returning to the description provided at the beginning of this chapter, it is worth noting that, while the availability of public services makes possible the *decommodification* and *defamilialisation* of welfare, the possibility of participating actively in the labour market (of *commodifying* work) has become a central axis not only for the welfare of households, but also for women's autonomy.

In terms of the ability to enter the labour market and secure working conditions that ensure income sufficient for the household welfare, while continuing to live an autonomous life – a factor of particular importance in the case of women – the first chapter of this research project (RR1) has suggested a number of lines of thought. Stated briefly, women have entered the labour market in massive numbers in the last 30 years, but under more precarious conditions than men. Not only is their probability of obtaining work in the formal sector perceptibly lower than men's, but the gender gap in total income continues to be on the order of 30%. Thus, the factors affecting access to various social services places women, in principle, in a situation of potential inequality in comparison with men. The greater the extent to which access to a benefit depends on insertion in the formal labour market, the more women will depend on their fate in the labour market, or on their marital relationships. At the same time, women's purchasing power for those services that are commodified will typically be less than men's, as long as the income gap in the commodification of labour persists – a circumstance particularly applicable to women in poorer households.

The attempt to find alternatives for “decommodifying” welfare, as provided through Argentina's current social policy regime, is far from simple, and no simple ranking of commodification is possible. In fairness, one cannot speak of a total absence of public services, or of their being scarce in all sectors. The educational and healthcare systems continue to maintain a network of public services that, though insufficient and of uneven quality, is present throughout the nation.

In general terms, today's social policy regime maintains the aspiration of universal coverage that it adopted in the mid-twentieth century, while showing a tendency to aggravate fragmentation in the services that it provides. For example, resources such as vaccination, prenatal and even natal care, may be decommodified, but the mechanisms needed to guarantee all women the ability to prevent undesired pregnancy do not yet exist (despite a national law governing such services). As indicated above, access to these services, which is of paramount importance to women, still depends on happening to live in a jurisdiction that provides them, or on having access to union health care. In short, the decommodification of sexual and reproductive healthcare is not yet universal in Argentina.

The educational system is highly disparate, as a result of the fact that its financing, in State-managed schools, now depends on the funding capacities of the different provinces. Thus, even where public services exist and require no payment by users, they are of inconsistent quality, and thus fail to remedy existing social inequalities. Private schools, in this context, are, of course, an option for those families that can afford them. It should be noted that there is an additional complexity to the issue of private schooling, since much private education in Argentina is subsidised by the State, thus creating an intersection of the roles of the State and the market in the educational arena.

Finally, the role of families and communities continues to be dominant in the provision of welfare. Here, the social inequality that characterises Argentina is a concrete problem pointing again to the phenomenon of *fragmentation*. To the extent that households have economic resources well beyond the poverty line, some of the responsibilities assigned to families – especially those connected with childcare, eldercare and care of the ill – can be commodified, as we shall see in the next section.

However, for poor or indigent households, care depends exclusively on family or community. In the latter case, it is women who offer their labour to the community, while social organisations take responsibility, for example, for supplying food. Women making this contribution, which is disguised as part of the “offerings” of national union health care, are not necessarily compensated, either monetarily or through such mechanisms as access to union health care.

In short, beyond the major stratification of the social welfare regime in Argentina today, the most worrisome factor is the increasingly pronounced trend toward fragmentation: tenuous social policies concerning the poor that have seen increases in coverage and budget, while at the same time healthcare access and quality are dependent on geographic location, occupational status or socioeconomic position. Added to this are the serious obstacles that the poor face in obtaining a broad range of services to ensure their overall welfare. Thus, a neighbourhood may or may not have a social programme or food programme. Other benefits or services are increasingly limited to specific populations – those that are in a better position to demand their rights (as we shall see below) or to acquire services in the marketplace.

2. Emerging “social protection” programmes: the *familialisation* of childcare in poor households

Since 2002 in Argentina, the segmentation of the labour market and its increasingly informal composition, as well as high levels of poverty and increased social inequality, have inspired the implementation of new cash-transfer programmes for poor families with children under 18. While means-tested, these programmes, have vast coverage, are based on certain approaches to the welfare deficit of the country's households. The principal aims are to ensure a minimum income and food for the household, to encourage children to stay in school, and to provide routine medical visits for children and pregnant women.

These programmes are linked to care policies in many ways. On the one hand, they tend to improve income for poor families which can be spent on education or health care. On the other hand, they strengthen the mothers' role as caregivers. Finally, the nutrition plan transfers a traditionally domestic responsibility to the community, by helping feed thousands of children relying on volunteer work of poor women.

Analysing the design and implementation of poverty reduction programmes elucidates some of the assumptions behind these policies regarding the potentials and capacities of the different actors and institutions involved. The assumptions reflect an implicit definition of the roles of the State, the family and the “community” in overcoming poverty. At the same time, they reflect the role attributed to women, and the social relationships of gender promoted by these programmes.

In Argentina today, three plans are of particular relevance, not only because of their extensive coverage, but because they exemplify the perspective prevalent in poverty-reduction strategies. These are the Unemployed Heads of Household Plan (Plan Jefes y Jefas de Hogar Desocupados, or PJJHD), the Families for Social Inclusion Programme, known in abbreviated form as the Families Programme/Plan (Programa Familias por la Inclusión Social, or Programa/Plan Familias) and the National Food Security Plan, or Food Plan (Plan Nacional de Seguridad Alimentaria/Programa Alimentario). The former two are income transfer and co-payment programmes. The third addresses poor families' food and nutrition deficit by donating resources to community kitchens, a form of social organisation that is widespread in the country and that relies on “voluntary” work by thousands of poor women. The features and scope of these programmes are described below.

Unemployed Heads of Household Plan (Plan Jefes y Jefas de Hogar Desocupados, or PJJHD)

General characteristics

The Unemployed Heads of Household Plan (PJJHD) was the first massive income transfer programme in Argentina. It was designed and initially implemented during the interim government of Eduardo Duhalde in early 2002, as a response to the acute crisis of 2001 that had created unprecedented levels of poverty and unemployment in Argentina.

The plan targeted unemployed heads of household with at least one dependent under 18, pregnant women, and disabled children of any age. Under Decree 565/02, which implemented the plan, beneficiaries under the age of 18 were required to present proof of school attendance and of medical office visits. Beneficiaries over 60 were required to show that they were not receiving any other benefit or pension, and that they were, in fact, unemployed. Access to the plan, broadly speaking,

depended on the beneficiary's not participating in any other national, provincial or municipal employment programme, and on not receiving pension benefits or non-contributions-based pension payments.

Beneficiaries receive AR\$ 150 (approximately US\$ 45) as non-wage economic aid. In exchange, the plan requires recipients to contribute a total of 20 hours per week in either public or civil society organisations. Advisory councils are responsible for assigning the activities, which are organised by local organisations and municipal administrations. As a condition for continuing to receive subsidies, beneficiaries must also present certificates of school attendance and medical office visits for children and pregnant women living in the household.

The PJJHD was an attempt to consolidate the different social programmes into one plan with broad coverage, directly controlled by the national government, in order to "more economically and efficiently manage resources allocated for the operational costs of implementing the system" (Decree 565/02). Thus, the plan absorbed most of the country's existing employment programmes, especially those run by the national government.

The plan's coverage

In its first months of execution, the plan reached over one million beneficiaries, and within a year it had over two million recipients, a wide majority of whom were women. However, coverage declined each year thereafter, and as of May 2003 entry to the plan was no longer permitted. In the following years, there was an attempt to reduce the number of recipients and move recipients to other social plans, such as the Families for Social Inclusion Plan. Since then, beneficiaries have left the plan, but none have joined.

Thus, according to the figures of the Ministry of Labour, Employment and Social Security, the programme's beneficiaries numbered over 1.6 million in September 2004, and had fallen to slightly over 1.2 million two years later, by September 2006.¹¹

Notably, as the number of beneficiaries declined, the proportion of women increased. In the second quarter of 2002, women represented 63% of beneficiaries, in 2004, 67.7%, and in the fourth quarter of 2006, 72%.

The massive incorporation of women may be seen, from the supply side, as evidence of a certain flexibility in the plan's eligibility criteria. Almost half of female beneficiaries were spouses, even though the plan theoretically targeted heads of household. Moreover, the requirement to be unemployed was not enforced. In particular, a significant proportion of the women were economically inactive (Cortés, Groisman and Hosowszki, 2004). On the demand side, it is notable that for women living in low-income households with a large number of children, providing the women regular income based on work performed in their own environment proved to be a more viable strategy than requiring their participation in the labour market – largely because insertion in the labour market requires access to childcare services, while the PJJHD work could be done, for example, through community projects in which the women were already involved.

However, this plan originated as a response to an emergency, and was conceived from the very beginning as one of limited duration. This was explicit when the plan was formulated, in that it depended on yearly renewal of its budget allocation. Furthermore, only months after it was first implemented, a limit was placed on the number of beneficiaries entering the plan. Finally, the plan's

¹¹ Website of MTEySS.

performance indicators are based on PJJHD's assumption that beneficiaries will leave the plan and be incorporated in the formal employment market.

In an attempt to move in this direction, the Ministry of Labour in 2005 presented a typology of beneficiaries, as a basis for distinguishing those with greater/lesser potential for incorporation in the formal labour market. The results of the classification were as follows:¹²

- i. 18.2% were young people with medium-high educational levels and some work skills;
- ii. 20.1% were young adults with medium-low educational levels and no work skills;
- iii. 30.3% were older adults with low educational levels and no work skills;
- iv. 34.4% were economically inactive or over 60 years of age, mostly women.

A gender-based analysis of this typology shows, on one hand, that the only case in which the gender of the beneficiaries was identified was that of the economically inactive women, consequently described as "unemployable" and encouraged to join the Families Programme (which we examine below). Inactive women are deemed "unemployable" regardless of educational level or age. On the other hand, the age and educational level of the beneficiaries in the first through third categories are clearly indicated, but not their gender.

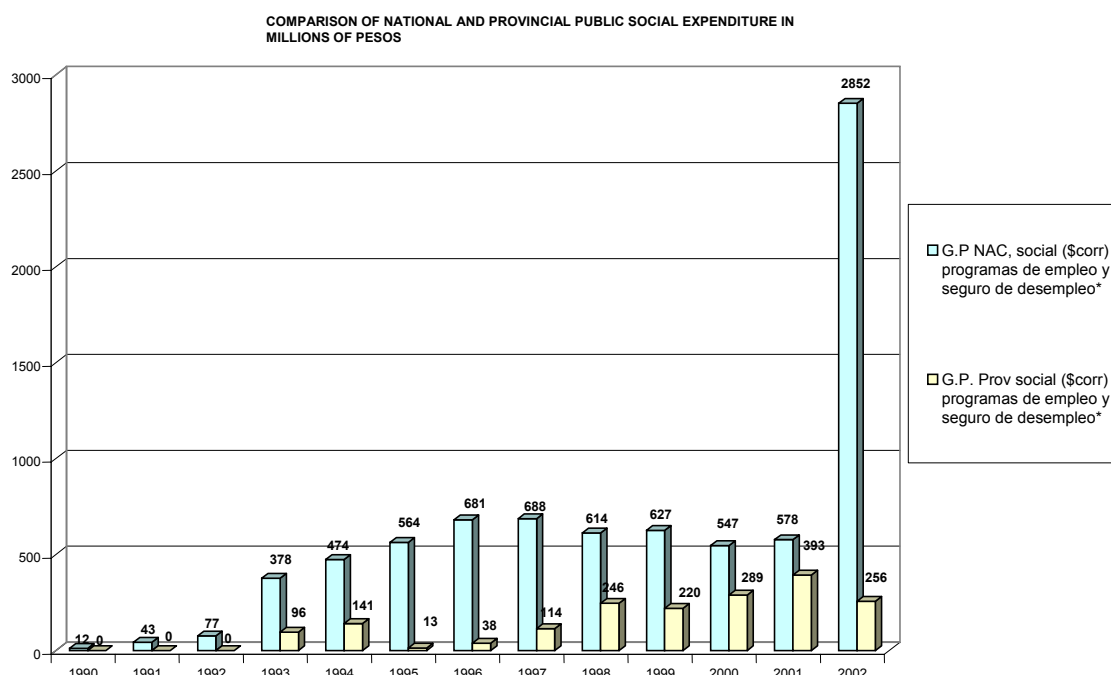
In terms of the beneficiaries' socioeconomic status, the plan was provided on a massive scale to poor households with children. A full 93.3% of recipients were poor, and 57.3% were indigent. In 94% of the beneficiary households, there were children under 18, and in 25% there were at least 4 children under 18. In general, the households whose heads were beneficiaries had more members but fewer income earners than did households not receiving benefits. The average size of households whose heads were beneficiaries was 5.3 persons, in contrast with 3.2 for non-recipient households. Finally, while, in the population as a whole, 52.1% of heads of household had not finished secondary school, the figure was 87% among PJJHD beneficiaries of both sexes (Cortés, Groisman and Hosowski, 2004).

Budget allocations

During 2002, the National Treasury contributed US\$ 800 million, made possible by the consolidation and reassignment of previous social programmes and by tax revenues from foreign trade (export retention). Due to the implementation of the PJJHD, public social expenditure executed by the national government increased massively during the year in which execution of the programme began, as shown in the chart below.

Figure 1. National and provincial public social expenditure, 1990-2002

¹² MTESS (2005) "Segunda evaluación del Programa Jefes de Hogar. Resultados de la encuesta a beneficiarios." Buenos Aires: Subsecretaría de Programación Técnica y Estudios Laborales. Ministerio de Trabajo, Empleo y Seguridad Social.



Source: Faur and Gherardi, 2005, based on data from the MECON (Ministry of Economy and Production) website.

[TRANSLATOR'S NOTE: In above chart, at right, insert text:

Nat. Pub. Expend., social (current pesos), employment and unemployment insurance programmes

Prov. Pub. Expend., social (current pesos), employment and unemployment-insurance programmes]

In 2003, US\$ 1 billion was allocated from National Treasury funds and from a US\$ 600 million World Bank loan (CELS, 2004).¹³ In the subsequent years, the PJJHD budget gradually declined. The 2008 figure for funds allocated for its execution is AR\$ 1,392,570,258, or US\$ 440 million (MTESS, 2008).

Table 6: Changes in PJJHD budget, 2005-2008. In current pesos and in US dollars.

	2005 Executed	2006 Executed	2007 Estimated	2008 Projected
PJJHD budget	AR\$ 2,996,917,259 US\$ 945,399,766	AR\$ 2,496,470,844 US\$ 787,530,235	AR\$ 1,948,064,371 US\$ 614,531,347	AR\$ 1,392,570,258 US\$ 439,296,611

Source: Author, based on Ministry of Labour, Employment and Social Security, 2008.

The strategy adopted by the Kirchner government has been to gradually terminate the plan via two manoeuvres compatible with current social policy guidelines: linking beneficiaries up with employment programmes or with the paid labour market, and promoting the “migration” of female beneficiaries to a plan that only takes into account their status as mothers, eliminating the “unemployed” aspect considered under the PJJHD. The result was the Families Plan for Social Inclusion, which we will examine later in this paper.

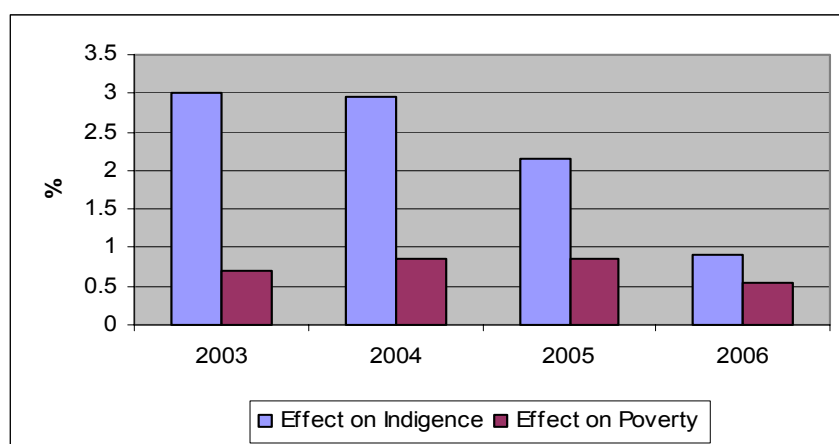
¹³ The source is DGSC data from the Integrated Financial Information System (Sistema Integrado de Información Financiera, or SIDIF).

This strategy has led not only to a systematic reduction of the beneficiary population, but also to a reduction of the plan's budget, both in nominal terms and as a percentage of GDP and consolidated national social spending. Thus, whereas the plan accounted for 2.85% of social expenditure and 0.56% of GDP in 2005, the figures had fallen to 1.84% of social expenditure and 0.38% of GDP by 2006. The 2007 figure accounts for a mere 0.24% of GDP, and thus, in terms of percentage of GDP, has been cut in half.

Impact of PJJHD on household welfare

An evaluation of the impact of the PJJHD on household welfare must take account of Argentina's critical situation at the time it was implemented, and the fact that the recipients of the subsidy were from the population sectors with the lowest household and per capita income. Accordingly, the plan had some impact on indigence levels, which fell 3% during the first two years of implementation. As might be expected, its impact on poverty overall was less pronounced. As the years, and the acute crisis, passed, the impact of the plan on levels of indigence also diminished, while its impact on poverty as a whole remained roughly constant.

Figure 2. Impact of PJJHD on poverty and indigence, by year.



Source: Tabbush, 2007, based on data from INDEC, EPH.

The plan's relatively high impact on indigence levels is related to the fact that over half of the beneficiary households were without income before becoming recipients of the plan. The rest, in 85% of the cases, had income of under AR\$ 250 (US\$ 80) per month (Cortés, Groisman and Hosowszki, 2004). However, the amount of money provided, equivalent to 50% of the minimum wage at the time, was not sufficient to cover the basic food needs of a family, thus its impact, though representing an improvement for beneficiary households, was not decisive. The current amount has not been updated, and inflation has absorbed some of the value: the amount now represents under 34% of the indigence line, which was AR\$ 442 (US\$ 139) as of December 2007.

A further problem of the plan relates to the fact that it restricted the entry of new beneficiaries within months of its inception. Thus, in May 2002, the plan was closed to new beneficiaries, and since then the only new recipients have been the few individuals who have taken action in the courts on the basis that their rights had been violated (CELS, 2007).

As already mentioned, restricting entry to the plan excluded a substantial proportion of households that were in a critical situation at the most acute point in the crisis, when more than 50% of the population fell under the poverty line. Thus, while 24.5% of poor households and 35.5% of indigent

households were beneficiaries, 75.5% of poor households and 64.5% of indigent households remained without coverage (Cortés, Groisman and Hosowszki, op. cit.).

Despite the fact that the PJJHD was a social programme of unprecedented scale for Argentina, its scope was inadequate, since it excluded an extremely large proportion of poor and indigent households. Those who did gain access to benefits did not benefit from a broad range of social protections, but rather received only a monetary payment with no broader entitlements.

In terms of gender, the plan had a notable symbolic effect, by explicitly including, in its title, “unemployed female heads of household”, thus acknowledging that some households are headed by women and, furthermore, that women are not only *women and wives*, but also potential workers, and targets in their own right of a social plan that recognises them as such. It is highly probable that this inclusive form of referring to women was responsible for the large number who entered the plan. For those who joined, most of whom were previously economically inactive – and not unemployed or formally employed – the impact of a monthly income may have been quite significant, even if the amount was small.

Despite these positive aspects, however, the design and implementation of the PJJHD lacked an integral approach to social relationships of gender. Beneficiaries’ work commitments were assigned at the local level, and thus included a wide spectrum of activities, depending on the particular situation. Of the activities performed by beneficiaries, 60% were in community projects, 20% in administrative work, 8% in microenterprises, 6% in completing schooling, 4% in training and 2% in private sector work. The community activities largely attracted women with relatively high educational and income levels. They gave the women an opportunity for community participation, for exchanging knowledge and for broadening their social and community networks. Completing schooling, although it did not involve a large number of beneficiaries, particularly attracted very poor women who had not finished primary school (Tabbusch, 2007). While the work performed by the women represented care responsibilities at the community level, men worked primarily in construction or maintenance of local or community facilities, a division of labour that reinforced deeply-rooted gender stereotypes.

Finally, it should be noted that the PJJHD did not offer either women or families any type of childcare assistance or services. None of the plan’s provisions dealt with this problem, which the State must address if it is to help “unemployed female heads of household” escape poverty. Moreover, no strategy was created to cover these needs through services that might be provided by other plan beneficiaries.

Families for Social Inclusion Programme (or “Families Programme”)¹⁴

General characteristics

In 2004, through the Ministry of Social Development, the national government launched another income transfer programme, entitled Families for Social Inclusion, or the Families Programme (Familias para la Inclusión Social, or Plan Familias). This programme was based on adapting a plan that had been in execution since 1996, the Programme to Serve Vulnerable Groups (Programa de Atención a Grupos Vulnerables, or PAGV). The Families Programme was considered one of the possible routes for exiting PJJHD. Specifically, the hope was that PJJHD beneficiaries who were considered “employable” by the national government would continue to be served by the Ministry of Labour and Social Security. Meanwhile, those beneficiaries – especially women – categorised as

¹⁴ This section draws on information and analysis from a previous study. See Campos, Faur and Pautassi, 2007.

“unemployable” would be encouraged to “migrate” to the Families Programme, pursuant to National Executive Branch Decree 1506/04.¹⁵

The aim was to incorporate a substantial number of PJJHD’s female beneficiaries into the Families Programme. With this move, the symbolic progress achieved earlier by the PJJHD, in recognising women as potential workers, underwent a reversal, with the Families Programme once again addressing poor women in their capacity as *mothers* without a capacity to work, and without needs and rights of their own, i.e., as autonomous persons.

As currently defined, the Families Programme has two components:

(1) *Non-wage income*: a subsidy to families that meet the prerequisites, provided that the household’s total income does not exceed the basic adjustable minimum wage.

(2) *Promotion of family and community*: designed for activities to promote four areas: (i) education; (ii) health; (iii) occupational training; and (iv) community and citizenship development and establishment of networks.

The Families Programme is a national programme that focuses on large urban centres, as defined by the Permanent Household Survey, and places priority on those with the largest populations living under the poverty line.

Instead of a work commitment in exchange for benefits, the Families Programme has requirements regarding the schooling and health of the children of women receiving the subsidy. It targets “families in situations of vulnerability and/or social risk”, with the objective of “promoting their social protection and integration [...] through healthcare, education and the development of capacities, encouraging the exercise of their basic rights” (Ministry of Social Development Resolution 825/05, Article 1).

The Families Programme was preceded by the Programme for Service to Vulnerable Groups (Programa de Atención a Grupos Vulnerables, or PAGV), which was created in 1996 and reshaped after the 2001 crisis by incorporating an income transfer component known as Income for Human Development (Ingreso para el Desarrollo Humano, or IDH). Building on this, the new Families for Social Inclusion programme was defined as follows:

- a. The beneficiaries are poor families with children under 19 years of age or pregnant women, who do not receive unemployment subsidies, family allocations or grants for remaining in school.
- b. The benefit consists of a monthly subsidy calculated in proportion to the size of the family, with a minimum of AR\$ 185 (US\$ 58) monthly per child or pregnant woman, and \$30 (US\$ 9.50) for each additional child, up to a maximum of six children and AR\$ 305 (US\$ 96).¹⁶

¹⁵ The notion of “employability/unemployability”, as well as the idea of “migration” from one plan to another, is a concept used by the Ministry of Social Development itself. National Government Decree 1506-04 established a procedure by which the Ministry of Labour and the Ministry of Social Development are to classify beneficiaries of the Unemployed Heads of Household Programme according to their “employability”. The objective of this reformulation was to take PJJHD beneficiaries (from among those considered “unemployable”) and move them to the programme already being implemented by the Ministry of Social Development. Articles 4 and 5 of Decree 1506/04 established that beneficiaries with possibilities for employment would continue receiving their benefits from the Ministry of Labour, while those not so classified could be incorporated in programmes for vulnerable groups, income improvement and human development “created, or to be created, at the Ministry of Social Development”. See Campos, Faur and Pautassi, 2007.

¹⁶ Ministry of Social Development Resolution 693 of 2007.

- c. The subsidy is granted to, and in the name of, the mothers, who are eligible only if they have not completed secondary school.
- d. In exchange, “the mother or woman responsible for the children under 19 receiving the subsidy must make health and education commitments”. The health commitments consist of medical office visits (with a frequency based on the children’s ages) and presentation of vaccination certificates. The education commitments consist of quarterly certification of school attendance for children between 5 and 18 years of age. The submission of these certificates to the authority executing the programme is a *sine qua non* for continuing to receive benefits.¹⁷

Strictly speaking, the target population is not women, but rather their *families*, although the official recipients are women in their capacity as *mothers*. Fathers or other carers can become beneficiaries only under exceptional circumstances: when the mother “does not reside in the household, is physically and/or mentally disabled or is a under-age woman, or where there is some other valid reason by virtue of which she cannot act as the official recipient”. In such case, the person responsible for the care of the children is designated as beneficiary. This person must be over 16 years of age, must be a permanent resident of the beneficiary family’s household and must be responsible for the children’s food preparation and/or care, and for their attendance at school. If a male PJJHD beneficiary wishes to switch to the Families Programme, he must transfer his status as beneficiary to the woman caregiver, unless there is no adult woman living in the household. Mothers thus appear as resources for, or mediators of, children’s welfare, and must demonstrate their effectiveness in this capacity by providing vaccination and educational certificates for the children for whom they are responsible (Campos, Faur and Pautassi (2007).

Coverage of the programme

In October 2004, when it initiated the programme, the Ministry of Social Development stated that within six months it expected to include 750,000 “single mothers”.¹⁸ However, budget laws passed since then reflect a markedly less ambitious coverage goal. In 2004, coverage was projected at 510,000; in 2005, this was reduced to 294,333; and in 2006, the figure was raised to 420,000. The projection for 2007 was 636,000 families, but only 539,000 were actually served.¹⁹

From one year to the next, the programme has extended its coverage and territorial scope. In 2007, it was active in 22 of the 24 provinces and in 357 municipalities, according to the Ministry of Social Development. However, an essential element of the plan’s eligibility criteria is that beneficiaries must have previously been PAGV or PJJHD beneficiaries, thus making it inaccessible to new beneficiaries.

In 2007, the Families Programme served 539,000 households with over 1.8 million children. This more than doubled its 2005 size, when it reached 240,000 households and 661,000 beneficiaries.²⁰ The targeting of poor and indigent homes was part of the plan’s design, unlike PJJHD, where targeting was based on the unemployed status of the heads of household, rather than on poverty.

¹⁷ The intervention modality described is part of one of the basic operational strategy areas of the Inter-American Development Bank (IDB) in Argentina, which sought, in its own words, to help “contain the loss of social and human capital [...] while creating the foundation for public policy in the social area to address investment in human capital as a poverty reduction strategy for the country’s most vulnerable groups”.

¹⁸ So stated the website of the Ministry of Social Development in October 2004: www.desarrollosocial.gov.ar.

¹⁹ Source: www.mecon.gov.ar.

²⁰ Source: Ministry of Social Development, 2007.

An analysis of the profile of the beneficiaries who opted to move from the PJJHD to the Families Programme shows that, of a total of approximately 97,000 (of whom almost 83% were women) in September 2006, 94% were between 18 and 50 years of age, i.e., of reproductive age. The average number of children living in Families Programme beneficiary households is 3.5. In other words, as in the PJJHD, the beneficiary households are larger than the national median, thus coinciding with the sociodemographic characteristics of the poorest households.²¹ In 2007, 94.4% of beneficiary families were headed by women.

The programme's goal for 2008 is to cover 700,000 families. Thus, almost five years after its inception in October 2004, the programme still does not cover the number of beneficiaries that it expected to cover after six months of operation.

Budget allocation

The Families Programme budget has grown systematically since execution began in 2005. In 2007, it was more than US\$ 300 million, roughly 70% of which was funded by the Inter-American Development Bank (IDB). For 2008, however, the programme incorporated other spending categories in its budget, while extending its goal in terms of number of beneficiaries. Thus, the budget has more than tripled from the programme's inception to the current year of execution.

The Families Programme budget for 2008 is AR\$ 1,658,115,561 (approximately US\$ 535 million), with a goal of reaching 700,000 families.

Table 7. Changes in *Families for Social Inclusion Programme* budget, 2005-2008. In current pesos and US dollars.

	Executed 2005	Executed 2006	Estimated 2007	Projected 2008
Total transfers	AR\$ 497,706,004 US\$ 157,005,048	AR\$ 639,947,553 US\$ 201,876,200	AR\$ 1,127,410,837 US\$ 355,650,106	AR\$ 1,658,115,561 US\$ 523,064,846

Source: Author, based on Ministry of Social Development, Under-secretariat for Cash Transfer Coordination (Subsecretaría de Organización de Ingresos Sociales), 2008.

The Families Programme budget has not only grown in real terms, but has also increased as a share of GDP. Thus, it represented 0.09% of GDP in 2005, 0.1% in 2006 and 0.14% in 2007. As a share of social expenditure, it remained at 0.47% through 2006.

Impact of Families Programme on household welfare

First, it should be noted that this is a programme for transferring income to indigent families and, as such, can at best endeavour to improve family income and alleviate – not overcome – poverty. Although this is an important contribution, it does not substantially improve a family's welfare or that of the women who receive the income, since it does not guarantee comprehensive protection of their social rights.

²¹ For 2004 to 2006, see Campos, Faur and Pautassi (2007). The information derives from the response of the Ministry of Social Development to a request for information from CELS. For 2007, Ministerio de Desarrollo Social. Informe de ejecución.

The positive aspects of this programme, as compared with PJJHD, include the fact that it provides income of greater nominal value than that provided by PJJHD. Moreover, the subsidy is calculated on the basis of household size, varying with the number of the beneficiary's children, an advantage that PJJHD does not offer. Thus, the larger the household, the greater is the income received. Furthermore, the income may be received although there is other family income, provided that the latter is less than the basic adjustable minimum wage, as defined by national government decree (CELS, 2007).

Despite this monetary advantage, the amount that households receive is systematically eroded by the inflation affecting the country, and is not adjusted with the frequency required to maintain whatever improvements in welfare the programme has achieved. Thus, only in the case of households with more children was the real value of Families Programme transfers in 2007 equivalent to the initial benefit provided through PJJHD, as the table below shows.

Table 8: Amount of income transferred by PJJHD and Families Programme (current and deflated in relation to 2002/2007 values), according to composition of family group.

Number of children under 19 in family group	PJJHD benefits (January 2002)	Families Programme benefits	Families Programme benefits (April 2007, in January 2002 pesos)
1	AR\$ 150	AR\$ 155	AR\$ 70
2	AR\$ 150	AR\$ 185	AR\$ 84
3	AR\$ 150	AR\$ 215	AR\$ 97
4	AR\$ 150	AR\$ 245	AR\$ 111
5	AR\$ 150	AR\$ 275	AR\$ 124
6+	AR\$ 150	AR\$ 305	AR\$ 138

Source: Campos, Faur and Pautassi, 2007, based on the value of the basic food basket, as calculated and published by INDEC.

Considering that the value of the basic food basket, as calculated by INDEC for a family of two adults and three children, was AR\$ 465.64²² (US\$ 147) in April 2007, it is clear that the amount of the transfer does not even guarantee that beneficiary families will escape indigence. This deficit is even greater in light of the value of the basic basket of goods (representing the goods and services needed to be above the poverty line), which was AR\$ 996.48 (US\$ 314) for the same period.²³ Thus, the cap – set by the Ministry of Social Development at the minimum wage level (AR\$ 800, or US\$ 252 for the period in question) – makes the subsidy insufficient to lift a household out of poverty.

Moreover, the women receiving the stipend must assume “commitments” to the State. Specifically, they must sign a “letter of commitment” in which they acknowledge that the transfers are contingent on other requirements with regard to the children's education and healthcare. They also agree that the transfers will cease if certificates are not submitted, and that they will have no right to any appeal if removed from the programme. This is tantamount to waiving a citizen's basic right to lodge a complaint or appeal.

²² Source: www.indec.mecon.gov.ar, value as of April 2007.

²³ Source: www.indec.mecon.gov.ar, value as of April 2007.

This mode of intervention is clearly, if not explicitly, based on the assumption that a commitment on the part of poor men and women must be constructed in order to overcome their own and their families' poverty. This ignores the more complex challenge of rethinking the budget allocation and social policy offerings, increasing access to school from the early-education level, and improving health services. Rather, it makes women responsible for the education, health – and, more generally, the care – of their children.

In terms of the perspective from which the beneficiary women are viewed, the initial distinction that the Families Programme made between “employables” and “unemployables” is problematic in two ways. First, to characterise a person as “unemployable” poses serious theoretical problems. It assumes that the capacity to enter the labour market is a “condition” that can be attributed to individuals, who are thereby stigmatised as *unemployable* or *employable*, rather than being seen as a condition related to the structure of a labour market that is highly segmented by sex and social class, or to the different gender-biased responsibilities linked to unpaid domestic work – responsibilities that seriously limit poor women's access to the labour market. Thus, the emphasis is placed on the characteristics of the labour supply – in a narrowly defined form – rather than on the segmented structure of the labour demand. Nor does this definition take account of the state and availability of supplementary care services that would expand the possibilities for women to participate in the labour market.

The second problem in the characterisation of the plan's beneficiaries as “unemployable” is its discriminatory implications. According to decree 1506/04, the Ministry of Labour and Employment and Ministry of Social Development “classify” recipients according to their potential or lack of potential to enter the paid labour market. The flaw in this definition is that the classification takes for granted different types of investment by the State, and thus consolidates different possibilities of access to rights, and different requirements for beneficiaries to provide something in exchange, according to the particular social programme in which a person participates. Symbolically, these conditions and this stigmatisation by the State are, from a human rights perspective, in themselves questionable at the very least (Campos, Faur and Pautassi, 2007). Despite the original intention, the programme was not able to attract PJJHD beneficiaries on a massive scale, and had to consider the possibility that women could choose whether to participate in the programme.

In terms of the gender dimension, it is clear that this programme's very definition of its beneficiaries contains a traditional bias. First, by classifying potential beneficiaries in terms of their capacity to obtain work, the Ministry of Labour determined that among PJJHD recipients, “the inactive beneficiaries, especially women responsible for children and elderly individuals”, were to be addressed through social policy rather than labour policy (MTESS, 2005).

Moreover, women do not appear as persons with their own rights, but rather as a resource for the State's social policy, which, building on a maternalistic vision of assistance, incorporates women as mediators in the relation between the State and their children. This approach contradicts the CEDAW Committee's recommendations to Argentina at its 31st session, where it noted that:

“While welcoming the adoption and implementation of social and economic policies and programmes aimed at offsetting the impact of the crisis in the country, including the National Plan for Food Security, the National Plan for Local Development and Social Economy, the Family Plan, the Economic Emergency Law, the Emergency Health Law, the National Programme on Food Emergency and the Unemployed Heads of Household Programme, the Committee is concerned that women are mainly beneficiaries of these measures rather than being equal participants and actors in their design and implementation. The Committee is concerned that this approach will perpetuate stereotypical views of the

role of women and men rather than effectively support women's political and economic empowerment.”²⁴

In this context, it should be noted that the type of intervention involved in this programme is associated with poverty reduction programmes funded by international lending institutions, and that although they have been reformulated in their presentation, they do not seem to have been reformulated as to the basic principles of compensatory policies targeting the population subject to the most extreme social vulnerability. Thus, the programme is based on the assumption that the income provided to the women directly affects the “welfare” of their children. And this presumption is taken by the State to constitute a successful measure in terms of gender, rather than a reinforcement of the maternalistic and essentialist view of women that does not even ensure that the households receiving the transfers will be able to move out of poverty.

From this point of view, it is clear that the State’s social policy does not take account of women’s contribution as workers and caregivers. They are categorised in terms of production/reproduction, but are not systematically provided with opportunities to improve their ability to reconcile the two responsibilities, even where access to sexual and reproductive health are concerned. Thus, while the human rights rhetoric is extended and banalised, the maternalistic bias of social assistance programmes is reinforced.

National Nutrition and Food Programme

General characteristics

A third social programme of major scope, the Food Programme, merits analysis. It does not involve cash transfers, as do the PJJHD and the Families Programme, but directly targets the nutrition of the poor population. Thus, it involves a transfer of another type of resource – food – that has high impact in terms of the population’s care and welfare.

The Food Programme was created in 2003 by Law 25.724, in order to “promote access to appropriate and sufficient nutrition, with the State coordinating the integral and intersectoral actions needed to facilitate the process of improving the population’s food and nutrition” (Regulatory Decree 1018/2003, Article 1).²⁵

The programme emerged after the collapse of 2001, in a context of acute crisis, when poverty affected over half the population. One distinctive characteristic of that crisis was the increase in food prices, particularly for those foods primarily consumed by poor households, for while overall prices of goods rose 44.5% in the two years following the devaluation of the peso, the price of basic foods rose 69%.²⁶ This is, without doubt, what triggered the sharp rise in the poverty and indigence lines, and it was in this context that the communications media warned of situations of critical malnutrition in a number of the country’s regions, thus placing the issue on the public agenda.

The background of the law that created this programme was a campaign for signatures, known as “El hambre más urgente” (“The Most Urgent Hunger”), organised by a group of NGOs (Red Solidaria, Poder Ciudadano and Vox Populi), citizens of various political affiliations and the

²⁴ A/59/38, *Informe del Comité para la Eliminación de la Discriminación contra la Mujer*: 30th and 31st sessions, United Nations, 2004, p. 372, available at:

<http://daccessdds.un.org/doc/UNDOC/GEN/N04/462/80/PDF/N0446280.pdf?OpenElement>.

²⁵ See: www.desarrollosocial.gov.ar/planes/pa/default.asp.

²⁶ <http://www.rlc.fao.org/prior/segalim/pnsa.htm>.

newspaper *La Nación*. The proposal became a popular initiative and attracted more than a million signatures, according to the press, and eventually became law. Thus, a community initiative gave rise to the National Food and Nutrition Programme, expressed in Law 25.724, whose initial objective was to guarantee the right to food and food security for the entire population.²⁷

Enforcement is the responsibility of the Ministry of Health and the Ministry of Social Development (Article 3, Law 25.724). In this connection, the law also recognises the importance of the Ministry of Education and the Secretariat of Agriculture and Livestock, Fishing and Food and of the Ministry of Labour. The provincial and municipal governments, schools and health centres, along with national and international NGOs, the national, provincial and municipal Food and Nutrition Commissions and the community – particularly where there is interaction between community organisations and the different levels of government specified in the programmes’ design – all play a role in overseeing the programme.

The programme includes a battery of differentiated strategies for implementation, ranging from support for community and school kitchens to promoting gardens for individual consumption and encouraging families to eat meals together. Another element of the programme is designed to provide the beneficiary population education on nutrition, as well as on hygiene and childhood development.

The beneficiaries of this programme, according to the Ministry of Social Development, are “families living in socially disadvantaged situations and situations of nutritional vulnerability”. Under the law, the programme is designed to cover the nutritional requirements of children up to 14 years of age, pregnant women, disabled individuals and individuals 70 years of age and over living in poverty. The law also emphasises pregnant women and children up to 5 years of age (Law 25.724, Article 2).

The task of reducing the number of plan beneficiaries is assigned to social entities in the municipal, provincial and national governments, and is supervised by local advisory councils – the operative approach being that this downsizing would take place once the crisis was past.

At the local level, part of the responsibility of the municipal governments is to implement what is defined as:

“a network to distribute resources and to encourage families to eat meals together at home or, when this is not possible, at one of the various community kitchens that offer food, as part of ensuring compliance with (...) the present law. Such a network shall be composed of educational and health institutions, church organisations, armed forces and security forces, duly accredited intermediary entities, qualified volunteers and selected beneficiaries of the PJJHD or other similar programmes” (Law 24.724, Article 8c).

Thus, the “family meals” strategy, and the launching of a network with participation by multiple stakeholders serving as “volunteers” or discharging PJJHD-beneficiary work commitments, represent the Food Programme’s most notable innovations. The starting point is the idea that it is desirable for children to eat at home with their families, rather than in community kitchens. This assumes that there is an adult (most likely female) available in the home at lunch or snack time, who can provide the food and perform the domestic work necessary for the children to eat there.

²⁷ *Políticas Sociales en la emergencia pública; Emergencia alimentaria, sanitaria y ocupacional*, Working document for Volume 2, Dirección de Información Parlamentaria del Congreso de la Nación, <http://www1.hcdn.gov.ar/dependencias/dip/documentos/El.013.02.03-1.2.pdf>.

In operational terms, according to information from the Ministry of Social Development:

1. The Food Programme provides funding for projects focused on provinces, municipalities and civil society organisations, to serve families with members exposed to health risks as a result of social factors.²⁸ Funding is also provided for civil society organisations seeking to make their community kitchens into “productive projects”.
2. The programme provides food by granting vouchers for basic foods, or by delivering bulk foods to organisations that provide food locally;
3. Food services in schools that are at social/educational risk are provided with dietary support and with equipment for school and community kitchens.²⁹
4. Self-sustainable nutrition is promoted through technical and financial assistance to small producers, in order to promote the production of fresh foods and the preparation of food products for community consumption.
5. Training and technical assistance in nutrition and food preparation are provided in order to promote more advantageous use of foods and to educate people about food and nutrition.

Coverage of the programme

The programme’s coverage cannot be described simply, since the intervention is based on a range of mechanisms that serve different types of beneficiaries (e.g., individuals, civil organisations, school kitchens) and employ different units to measure achievement or physical goals. For example, the Ministry of Social Development’s management report cites the following achievements, in 2006, of the National Food Security and Nutritional Education Plan:³⁰

1. It reached 7,332,000 individuals with 2,712,632 individual rations, 876,439 family food modules, 545,652 breakfasts, snacks and glasses of milk, 440,041 tickets or vouchers and 72,000 kilos of powdered milk;
2. provided 28,100,000 kilos of food delivered to different governmental and non-governmental organisations;
3. reached 570,000 family, school and community gardens, benefiting 3,400,000 individuals;
4. organised 960 food and nutrition education activities, in which 15,000 individuals participated;
5. held 58 meetings and activities to build awareness and provide training, involving 1,100 technical and professional workers and facilitators, 300,000 individuals in 2,000 community kitchens and 1,300,000 students attending 11,455 school kitchens; and
6. sponsored 700 projects, associated with community kitchens, where people prepared their own food.

The diversity of elements catalogued here is evident: projects, kilos of food, training workshops, rations and persons served. In more concrete terms, we have an assessment for 2007 indicating that 318,000 persons were served (members of 210,00 families) at 1,763 community kitchens provided by 963 organisations. According to the Ministry, the vast majority (91%) of the beneficiaries attending these kitchens are children between the ages of 2 and 14.

²⁸ Maladies associated with food disorders: celiac disease, diabetes, low weight and nutritional risk.

²⁹ For 2008, the Ministry of Social Development plans to cover breakfast or snacks for all children enrolled in schools receiving assistance.

³⁰ From http://www.desarrollosocial.gov.ar/pdf/INFORME_2005.pdf.

Budget allocation

The Food Programme's total budget for 2008 is AR\$ 946,222,850 (US\$ 300 million). This is distributed among the plan's subprogrammes as follows:

Table 9: 2008 Food Security Programme Budget, by specific activities. In current pesos and US dollars.

Component	Budget (in Argentine pesos)	Budget (in US dollars)
Food aid and promotion of production	AR\$ 530,449,960	US\$ 167,334,372
Food supplements	AR\$ 97,301,570	US\$ 30,694,501
School kitchens	AR\$ 153,177,600	US\$ 48,321,009
Community kitchens	AR\$ 141,114,585	US\$ 44,515,641
Assistance to PROHUERTA programme	AR\$ 22,979,135	US\$ 7,248,938
Comprehensive nutritional training	AR\$ 1,200,000	US\$ 378,549
Total	AR\$ 946,222,850	US\$ 298,493,013

Source: Ministry of Social Development, 2008.

The Food Programme's budget has increased slightly in the last two years, but the nominal increase does not necessarily represent a greater capacity to purchase food, since inflation is likely to have affected the real value of the amounts allocated.

Table 10: Changes in Food Security Plan Budget, 2006-2008. In current pesos and in US dollars.

Year	Executed 2006	Executed 2007	Projected 2008
Total budget	AR\$ 741,360,794 US\$ 233,867,758	AR\$ 913,948,561 US\$ 288,311,849	AR\$ 946,222,850 US\$ 298,493,012

Source: Author, based on Ministry of Social Development, Budget Execution Reports for 2006 and 2007, and 2008 Budget.

The National Special Fund for Nutrition and Food was created to finance this programme. The Fund is composed of items allocated annually in the national budget, plus specific contributions and funding that the national government secures from international organisations and institutions or countries (Law 24.725, Article 9). The major part of the credit provided to the programme, however – AR\$ 905,397,250 (US\$ 285,614,274), out of a total of AR\$ 946,222,850 (US\$ 298,493,013) for 2007 – comes from the national treasury, with external or international cooperation resources playing a relatively minor role in the execution of this programme.

Finally, the criterion for allocating the budget among the different provinces is based on a composite indicator: 55% federal co-participation, 35% dependent on the indigence line in the different provinces and 10% based on the jurisdictions' infant mortality rates.

Impact of the Food Programme on household welfare

The programme is considered to have very significant impact for those to whom it provides food on a daily basis, either by attendance at community kitchens or in the form of “lunchboxes” at the programmes’ dispensing sites. As indicated above, however, it is not easy to estimate the impact quantitatively, given the diversity of interconnected variables cited in the evaluation of the programme.

One feature worth highlighting is the way in which the programme operates through civil society organisations. Community networks and groups make their facilities available, while the work of their leaders is also a factor in making the kitchens possible. This strategy takes very different forms in different localities (municipalities). While some recognise women’s work in the kitchens, and offer an unemployed head of household subsidy in exchange, others simply draw on “volunteers”. In the latter case, there are hundreds or thousands of women who spend long days serving food to groups of approximately 100 persons, without receiving even a minimum wage for their work. What drives their participation is the opportunity to obtain food for their own homes. It is not the “family” in this case, but the “community” that is invited to collaborate with the social programme. This rationale and the use of “volunteer” labour thus take advantage of the female workforce, which cooks (and provides care) for dozens of children in the women’s communities. In this way, the programme also propagates the notion of poor women as a nearly inexhaustible resource at the service of the State’s social policy.

Old and new approaches to social protection: the refamilising of childcare

In the wake of the 2002 crisis, compensatory policies became an intrinsic part of State policy, with specific funding generated by retentions from export earnings (Cortés, Groisman and Hosowszki, 2004). This does not mean that massive social policy has abandoned the traditional assistentialist approach which prevailed in the 1990s, nor does it mean that it has been “successful” in overcoming poverty, although it did effectively alleviate the most critical situation.

The three programmes analysed here target different critical problems in the population in an interrelated way:

1. The rationale for the PJJHD is the problem of *unemployed* heads of household. The critical issue here is viewed as one of employment among poor households, and the plan is designed to alleviate the problem through cash transfers, which, after six years of programme execution, have clearly lost value in real terms.
2. The Families Programme seeks to achieve *inclusion* of poor families, which are described as *excluded*. There is a strong emphasis on the education and health of children and pregnant women, and there is no positive reference to employment among the beneficiaries. The adult women – in their capacity as mothers – are thus seen as the principal parties responsible for providing needed care, in exchange for which they receive an income. Thus, this incorporates women more as a *resource* for family welfare than as persons with their own rights. Is it possible that the “inclusion” cited in the plan actually refers to inclusion of children in the educational system?
3. The Food Programme places the food and nutrition of poor families at the centre of its activity. Its idea is not so much to expand community kitchens as to strengthen a social and community network that promotes “family meals”, i.e., the act of the family “eating together”.

While the first two programmes require a direct work commitment on the part of their beneficiaries, either in the form of public work, as in the case of the PJJHD, or in the form of work in private

settings, as in the Families Programme, the Food Programme does not explicitly require any work in exchange from its beneficiaries. Nevertheless, the women whose work largely sustains the community kitchens receive no pay. Thus, one might conclude that the women's own access to the food service depends in part on their participation in the kitchens. Clearly, from their point of view the motivation to participate is not simply "solidarity", but rather the opportunity to obtain food to feed themselves and their families. Furthermore, the fact that the beneficiaries prepare and serve the food at home presupposes, once again, active intervention by the families in the daily care of their children. The family-oriented cast of these plans is clear. Their unvarying appeal to mothers' responsibility, to community "solidarity" and to the need for commitment, as prerequisites to obtaining the minimum resources needed for subsistence from the State, reflects a relatively novel criterion for social policy. Meanwhile, poor women must demonstrate their commitment to family and community as part of an exchange for the benefits that they and their families receive.

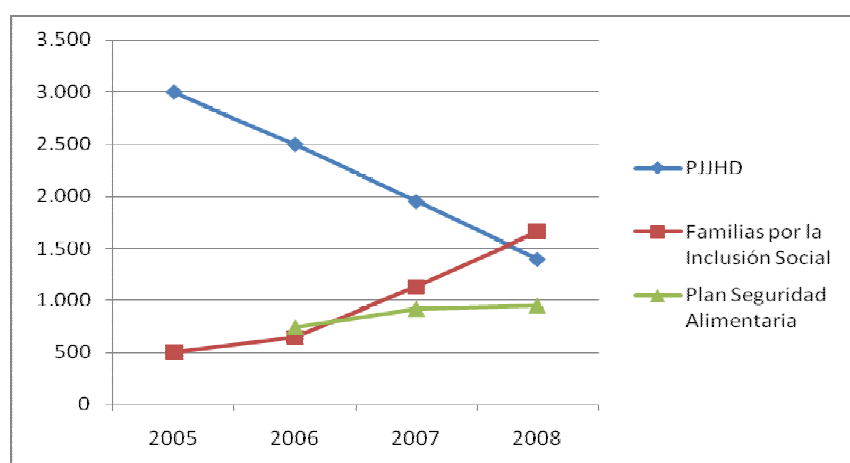
In general terms, the ever more entrenched logic of the *work commitment* does not seem to commit the State to extending its network of social services, in either the educational or health fields. The State provides income or food, while the recipients demonstrate *care* in exchange – care that is part of attending to the education and health of the children, or that takes the form of domestic work, as women cook for and feed their own, and other, children.

The educational requirement begins with children 5 years old, which is the age of mandatory school attendance. However, these plans make no explicit reference to the more general problem of childcare for children under 5 as a complementary aspect of the problem of work for adult women and men. Thus, it is clear that the social programmes do not aspire to universalise access to care services or venues, but rather to provide greater – though scant – monetary resources and food to ensure that families, and within them women, continue to provide care for the children.

The major feminisation of the PJJHD, as its impact declined, suggests the hypothesis that when childcare needs, which prevent poor women from entering the labour market, are ignored, men may be the most obvious beneficiaries, as they are the ones able to leave the Heads of Household plan and engage in fulltime work. Meanwhile, the women, who mostly are economically inactive, remain in a sort of "barely subsidised inactivity". Thus, the problem is not simply the difference in "employability" between men and women as a personal attribute (or deficiency), but rather the conditions that encourage, or make it impossible for, women to work while meeting their domestic and family care responsibilities. This perspective points to the social and policy structure of childcare services, which is reviewed in the following pages.

Finally, in terms of the reach of social policies in Argentina, there is a tendency to strengthen the Families Programme to the detriment of the Unemployed Heads of Household Programme, while the Food Programme remains in place and stable. A systemic analysis of the above-described changes in the budgets of the three programmes reveals a systematic decline in the PJJHD budget, as the resources allocated to the Programa Familias increase and the Food Programme budget remains stable.

Figure 3. Changes in PJJHD, Families Programme and Food Programme budgets. In millions of current pesos.



Source: Author, based on Ministry of Economy, Ministry of Social Development and Ministry of Labour, Employment and Social Security.

[Translator's note: In the above chart, insert (at right, top to bottom):

PJJHD

Families for Social Inclusion

Food Security Plan]

The Families Programme budget is not only growing in nominal terms, but also as a share of GDP and public social expenditure, as shown in the following table.

Table 11. Changes in PJJHD, Families Programme and Food Programme budgets. Total, and as percentages of GDP and public social expenditure. In millions of current pesos.

Social programme		Year			
		Executed 2005	Executed 2006	Estimated 2007	Projected 2008
PJJHD	Total	2,997	2,496	1,948	1,394
	% GDP	0.56	0.38	0.24	--
	% Public social expenditure	2.85	1.84	n.d.	--
Families for Social Inclusion	Total	498	640	1,127	1,658
	% GDP	0.09	0.1	0.14	--
	% Public social expenditure	0.47	0.47	n.d.	--
Food Security Plan	Total	n.d.	741	914	946
	% GDP	n.d.	0.11	0.11	--
	% Public social expenditure	n.d.	0.54	n.d.	--

Source: Author, based on Ministry of Economy, Ministry of Economy, Ministry of Social Development and Ministry of Labour, Employment and Social Security.

The Ministry of Social Development programmes have become marginal in terms of budget, as was the case until the 1980s, given that they were (as described at the start of this chapter) an element of public social expenditure at that stage of the welfare regime.

From a gender perspective, the strengthening of the Families Programme signals a clear trend toward the familialisation and feminisation of childcare as an aspect of social policy, especially

where poor women are the targets of the policy. The design of these programmes seems to be based on an assumption that the right to work and even the autonomy of women are at odds with the health and education of their sons and daughters. As we have indicated, one of the programme's most problematic assumptions is that which reinforces women's role as "mothers", bearing principal responsibility for the conditions in which their children live. Thus, they are also seen as persons with a reduced possibility of participating in the paid work arena. The programme's design seems to imply a conflict between women's possibility of obtaining paid work, and the care of their children. The existence of this conflict can probably be confirmed in women's actual lives, especially among the poorest. However, it is striking that social policy, rather than appealing to a conception of integral and simultaneous promotion of the rights of women and their children, should opt to resolve the tension by pigeonholing women and making them responsible for their children's access to education and healthcare, as if that access depended more on them, or on their families, than on the supply and quality of the health and education services provided by the State.

Thus, what was received, under the PJJHD, as a personal benefit to an "unemployed female head of household" becomes, in this plan (and for the women who "migrate" to it), a subsidy whose true beneficiaries are not women, but rather their families. The ultimate purpose of the plan is to bolster household income as a means of addressing a probable educational and health deficit on the part of the children. This perspective, presented as an "integral" approach to childhood issues, is nevertheless based on the assumption that, in order to receive the new subsidy, women must relinquish their few rights as beneficiaries of previous subsidies by signing a "letter of commitment" that renounces the previous subsidy and promises to take no administrative or judicial action should they prove to be ineligible for health and education services for the children under their care (CELS, 2007). Thus, the priority is placed on childhood welfare, while women are incorporated as resources, or as an intervening variable, but not as persons whose rights must also be protected in an integral manner.

The general objective of the Families Programme itself cites the "development of capacities" and "exercise of basic rights", referring to Ministry of Social Development Resolution 825/05. However, despite the rhetoric, it is clear that, from the perspective of "capacities" as developed by Amartya Sen, the plan's design is, at the very least, problematic. Clearly, an objective as broad as "development of capacities" cannot be covered by a single social plan or with a system of convergent social policies. Moreover, there is also a specific problem in the way the plan addresses women's capacities. If we consider that, from Amartya Sen's perspective, the development of capacities is not achieved by simply reaching a certain minimum level of welfare, but rather depends on the freedom to seek such welfare (Sen, 1993), then by ignoring the employment problem faced by poor women, and its very significant relationship with care responsibilities, an inconsistency is created. *Equity* and the overcoming of poverty appear to remain outside the cognitive and policy framework of the current welfare and care regime.

3. Childcare in Argentina

In all, there are over 4 million children between 0 and 5 years of age in Argentina. Approximately 2 million are under 2 years of age, and 1.3 million are 3 or 4 years old, while more than 714,000 are 5 years old, according to the last national population census.

Table 12. Population by sex (grouped in age brackets) and country total, 2001.

Age	Total
Total population	32,260,130
0	677,115
1	627,790
2	693,044
0-2	1,997,949
3	670,597
4	680,732
3-4	1,351,329
5	714,495
0-5	4,063,773

Source: INDEC. Household, Housing and Population Census

Who is it that cares for the more than 4 million children in these age brackets? To what extent do households participate in the care? Who, within the different households, has principal responsibility? What specific childcare services are available in the country, and in the City of Buenos Aires? How are such services regulated? Who has the right to obtain them? What role do different public sector, market and community institutions play in providing care? In the following pages, these questions, which are central to the present research, will be examined. The extent to which institutions constitute a care alternative, in light of the new complexity of social relations and given the increasing incorporation of women in the labour market, will be posed as a question. First, a review of some of the most relevant findings of the second report in this series will be undertaken, in order to consider the role of households in overall care, and childcare in particular. Second will be a description and analysis of the country's childcare services, with an emphasis on the City of Buenos Aires. Lastly, some final considerations will be outlined for characterising the different "care diamonds" that arise, based on the differing importance of the various pillars involved in childcare as they affect distinct social groups.

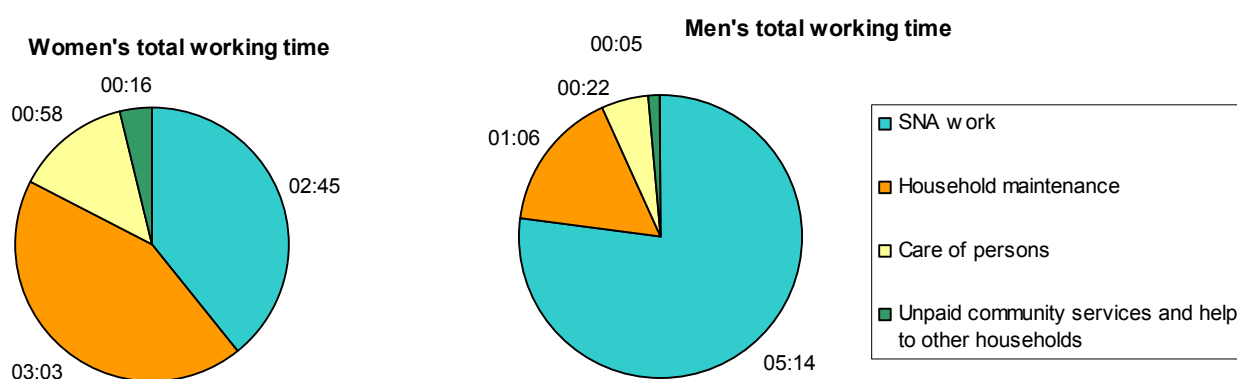
*The role of the household in childcare*³¹

Households play an especially significant role in the care of persons in general, and in childcare in particular. They provide daily care activities as a part of unpaid domestic work, which is often invisible. Because of this, analysis of the results of the Time Use Survey carried out in the City of Buenos Aires makes it possible to distinguish the ways in which the different members of the household participate in care and in other productive activities.

Both in work in the marketplace and in domestic and care work, there are significant differences in the relative participation rates of men and women, and in the time that they devote to these activities. In the City of Buenos Aires, the labour market participation rate is 36% for women and 58% for men. Levels of participation in unpaid domestic and care work are very high for both men and women, with 94% of women and 72% of men devoting at least some of their time to such activity.

In general terms, the total time devoted to work (in the marketplace, as well as to unpaid domestic and care work) does not vary greatly between men and women. In hours and minutes, the time occupied in productive activity is 7:02 for women and 6:48 for men. However, gender differences emerge in the internal structure of productive activity, since women and men distribute their workloads differently.

Figure 4. Composition of total working time (24-hour day) by sex



Source: Esquivel 2008, based on DGEyC

As the above figure shows, nearly 75% of average working time for men is devoted to paid activity. For women, only one third of average working time is market-oriented. The average time that women devote to maintaining the home, caring for persons and performing unpaid community work is three times that of men.

Naturally, not all men and women devote the same amount of effort to the different types of activity. The amount of time devoted to market work and to unpaid domestic and care work varies depending on a number of factors. One of the most significant is directly related to the subject of this study: the presence of children in the home, which increases the total workload for both sexes.

Table 13. Mean time spent in SNA work, Unpaid Care Work and Care of Persons³², by sex and presence of children in household (24-hour time)

³¹ This section in its entirety draws on RR2, written by Valeria Esquivel as part of this project.

	SNA work			Unpaid Care Work			Care of Persons		
	Total	Women	Men	Total	Women	Men	Total	Women	Men
TOTAL	03:52	02:45	05:14	03:04	04:18	01:33	00:41	00:58	00:22
<i>In households with...</i>									
<i>At least one child of 5 or under</i>	04:11	02:32	06:27	04:44	06:27	02:22	02:34	03:23	01:26
<i>Children between 6 and 13</i>	03:53	02:19	05:58	03:50	05:28	01:40	01:13	01:39	00:39
<i>Adolescents (14-17)</i>	02:46	01:58	03:56	02:38	03:28	01:23	00:15	00:24	00:03
<i>No children or adolescents</i>	04:00	03:07	04:59	02:29	03:29	01:21	00:06	00:07	00:04

Source: Esquivel, based on Buenos Aires Time Use Survey 2005.

Note: There is no overlap between the categories “households with at least one child 5 or under”, “households with children 6-13” and “households with only adolescents (14-17)”.

Thus, in the presence of children, particularly those 5 years old or younger, the mean population time devoted to work, whether for the market or in the form of unpaid care work, is nearly 9 hours for men and women alike.³³

Table 14. Mean time per participant and participation rate in care of persons, by sex and presence of children in the household

	Care of Persons					
	Women			Men		
	24-hour time per participant	Full-minute time per participant	Part. rate (%)	24-hour time per participant	Full-minute time per participant	Part. rate (%)
Total	03:07	04:07	31	01:52	02:30	20
<i>Simultaneity ratio</i>	<i>1.32</i>			<i>1.33</i>		
<i>In households with...</i>						
<i>At least one child 5 or under</i>	03:44	05:06	91	02:01	02:33	72
<i>Children between 6 and 13</i>	02:41	03:25	62	01:35	02:14	41
<i>Adolescents (14-17)</i>	01:49	02:03	22	00:39	00:53	9
<i>No children or adolescents (*)</i>	02:22	02:50	5	02:29	04:00	3

Source: Esquivel, 2008, based on Buenos Aires Time Use Survey 2005.

Note: There is no overlap in the categories “households with at least one child 5 or under”, “households with children 6-13” and “households with only adolescent children (14-17)”.

* Special cases: fathers and mothers who do not live with their children most of the week, thus their children are technically not members of their households.

These averages are attributable both to the greater participation in care of persons in these homes and to the greater amount of time devoted by those who participate. Thus, it is in households with children 5 or under that the participation rate in care of persons is greatest: 91% for women and 72% for men. In these cases, the greatest care time occurs when there are children 5 or under: 5:06 for women, and 2:33 for men. In general, the amount of time devoted to care of persons is greater

³² “Care of persons” is a subset of “unpaid care work”.

³³ In these cases, surprisingly, the average time that men devote to work in the labour market is equal to the average time that women devote to unpaid care work. The converse is also true: the average time that men devote to unpaid care work is nearly the same as that devoted to work in the labour market by women.

among women who participate in the activity than among men who do so (4:07 vs. 2:30). For both men and women, the time devoted to care of persons decreases as children grow older. This shows that, despite gender differences, the high level of involvement required by the presence of a child 5 or under requires the participation of both men and women in care-related activity.

Table 15. Rate of participation and full-minute time per participant devoted to unpaid childcare (children of the household), by sex, type of household and children's age

	Women		Men	
	Full-minute time per participant	Part. rate (%)	Full-minute time per participant	Part. rate (%)
<i>Persons providing</i>				
<i>unpaid childcare for their household</i>	04:17	27	02:34	18
One-person households (*)	00:29	0.3	02:04	4
<i>Complete nuclear-family households</i>				
At least one child 5 or under	05:50	92	02:30	86
At least one child 6-13	03:41	62	02:06	47
At least one child 13-17	01:24	19	00:28	4
At least one child 13-17 (*)	-	0	24:29	0.9
<i>One-parent (**)</i>				
At least one child 5 or under	04:25	100	01:45	100
At least one child 6-13	02:31	76	03:24	30
At least one child 13-17	01:42	11	01:00	29
<i>Extended</i>				
At least one child 5 or under	03:21	80	03:02	32
At least one child 6-13	02:13	46	02:39	34
At least one child 13-17	02:52	22	01:30	24
<i>Complex and other (***)</i>				
At least one child 5 or under	05:38	100	00:30	100
At least one child 6-13	07:12	100	-	0

Source: Esquivel, 2008, based on Buenos Aires Time Use Survey 2005.

* Special cases: fathers and mothers who do not live with their children most of the week, thus their children are technically not members of their households.

** 2% of the total population (3% of women and 1% of men).

*** Less than 1% of the total population.

Childcare is directly related to the age of the children, as well as to type of household: 90% of women and 86% of men in nuclear-family households with at least one child 5 or under participate in the child's care, and this percentage is 100% in single-parent households and extended households with children of that age. (However, the population living in such households is only 1% of the total.) Similarly, in households with non-male potential caregivers, men's level of participation in the care of children 5 and under is lower.

The number of hours devoted to the care of children 5 and under is, in almost all cases, high, and is above the average for both women and men. For example, 92% of women in nuclear-family households with children 5 or under devote time (an average of 5:50) to childcare, while 86% of men do so (an average of 2:30).

Position in the household also influences the amount of time spent in childcare. Wives participate most (37%) in the care of children (up to 17 years of age), spending an average of 4:38. Female heads of household who participate in childcare (20%) spend one hour less (3:48) than do wives.

Among males, it is the children who devote the greatest time to childcare (4:16), although their participation rate is among the lowest (6%). Nearly one fourth of male heads of household participate in childcare, devoting an average of 2:24 to the activity.

Table 16. Rate of participation and full-minute time per participant devoted to unpaid childcare (own household children), by sex and position in household

	Women		Men	
	Full-minute time per participant	Participation rate (%)	Full-minute time per participant	Participation rate (%)
Unpaid childcare for household	04:17	27	02:34	18
Head of household	03:48	20	02:24	23
Spouse or partner (*)	04:38	37	02:11	16
Daughter/son (**)	02:26	9	04:16	6
Other	03:22	20	02:43	14

Source: Esquivel, 2008, based on Buenos Aires Time Use Survey 2005.

* Less than 2% of the total male population.

** The high mean participant time among sons is due to a special case that emerged in the survey.

All of these variables are strongly affected by poverty, which also influences the differential in the time that men and women devote to childcare. Insofar as income is also an indicator of the capacity to *commodify* a portion of care, either by hiring domestic help or by paying for outside care services or education, it is also a factor affecting the difference between poor households and others in terms of childcare workload: participation rates for childcare differ substantially, depending on whether a household is poor or not. Participation rates in childcare in the poorest households are *twice* the rate of other households. Clearly, households that are not poor are able to contract in the marketplace for a portion of the needed care and sometimes have better opportunities to make use of care or educational services provided by the State. The result is striking: 6 out of 10 poor women devote over 5 hours a day to childcare, while over one third of poor men participate, devoting nearly 2 hours a day to the activity. Multi-dimensional analysis shows that a household's being poor increases childcare time *regardless* of gender, demographic factors or type of household (Esquivel, 2008).

Table 17. Rate of participation and full-minute time per participant devoted to unpaid childcare (own household children), by sex and household in conditions of absolute poverty

	Women		Men	
	Full-minute time per participant	Part. rate (%)	Full-minute time per participant	Part. rate (%)

Persons who cared for children for

<i>their own household and declared income (*)</i>	04:18	29	02:37	18
<i>Poor</i>	05:19	60	01:54	34
<i>Non-poor</i>	04:11	27	02:43	17

Source: Esquivel, 2008, based on Buenos Aires Time Use Survey 2005.

* Three percent of the population participating in child caregiving for own household did not declare income.

Unpaid work, whether related to household maintenance or direct care of persons, has a clear economic value. The estimate given in Esquivel (2008) indicates that the value is between 7% and 12% of GDP for the City of Buenos Aires. Using the median generalist wage, unpaid domestic and care work represents 10% of GDP. If the investment made in care-related sectors (education, social services, healthcare, community services and personal and household services), which represent

11% of GDP, is added to this, the care economy accounts for approximately 21% of the total economy of the City of Buenos Aires.

Externalising a portion of care work through different services requires a direct investment in resources or services, by either households or other institutions, such as the State, private sector or community. The following section will analyse the breadth, eligibility criteria and coverage of various services offered for the care of children up to 5 years of age. The information is grouped according to two main dimensions, which relate to the eligibility criteria involved in care services. Thus, first there will be an examination of childcare as a protected right of women workers; following this will be a consideration of regulated and provided services, based on care as a children's right.

Childcare as a right of women workers

Legal framework³⁴

The first attempt to regulate childcare occurred in the context of paid work. The regulations were highly specific in terms of gender, assigning rights and responsibilities differently for men and women. While men were entitled to “family allocations” and constituted the nexus for the provision of social rights such as health insurance and pensions for families, women were granted other types of rights, related to (a) job protection during pregnancy and the neonatal stage; (b) maternity leave; and (c) availability of childcare services in the workplace.³⁵

Here, we shall analyse the regulatory framework that is applicable to private sector, at the national level and as concerns the City of Buenos Aires – as set forth in Law 20.744, the Work Contract Act (Ley del Contrato de Trabajo, henceforth LCT) – as well as few exceptions to the current law. While Argentina does not have a Labour Code articulating the different rules and provisions governing labour relations, it does have a series of presidential decrees and standards in this area (Pautassi, Faur and Gherardi, 2004)³⁶. Thus, there is an important heterogeneity in labour legislation which is not necessarily reflected in next analysis.

The LCT includes a special section regarding working women (Articles 172-186), with particular emphasis on maternity protections. The law is applicable to employees, excepting national, provincial and municipal government employees, domestic workers and agricultural workers, who are covered by special statutes.³⁷

i. Maternity and paternity leaves

For the period immediately following birth, the LCT is the only legal instrument governing the availability of time and money for care of the newborn, which is a right granted to women employees, but with various exceptions, as noted above. Strictly speaking, the LCT prohibits women for working for a period of 90 days after giving birth. However, workers may request a reduction of the prenatal leave (to no less than 30 days) and may apply the rest of the leave to the

³⁴ Here, we follow the results of a study by Pautassi, Faur and Gherardi (2004).

³⁵ It is interesting to note that maternity rights are not exclusively associated with married women, but are based on the relationship between mother and child.

³⁶ Included are: Law 20744 of 1974, “Labour Contract” (language mandated by Decree 390 of 1976); Law 24013 of 1991; Law 24465 and Laws 24467 and 24557 of 1995; Law 25013 of 1998; and Law 25250 of 2000.

³⁷ There are government workers who are governed by their own regime, and workers covered by the Labour Contract Act (when a collective agreement is in force).

post-birth period.³⁸ During maternity leave, the worker's pay is replaced by a family allocation in the same amount. Thus, the cost is not assumed directly by the employer, but instead by a social security programme, which pays 100% of the usual salary, with no cap.³⁹

Once the period during which work is prohibited has passed, the woman has the following options: (a) continuing to work as before; (b) giving up her contract and receiving 25% of her monthly wage as compensation for each year of service; and (c) remaining on voluntary unpaid leave for at least 3 months and no more than 6 months.⁴⁰ Once this period has elapsed, she may return to the job that she held before the birth or, by mutual agreement with the employer, "to a higher or lower position".

If the woman's job is not returned to her at the end of the voluntary leave period, the law requires that she be compensated as if she had been fired without just cause, unless the employer demonstrates that it is impossible to reinstate her, in which case the employer pays only 25% of the compensation that would be due for unjustified severance. Thus, the employer has the discretion to give the job to someone else in the case of a woman who has given birth and opted for the voluntary extra leave.

Law 24.715 extended the leave period for workers with Down syndrome children. Under this law, workers receive an additional amount, which consists of a family allocation equal to the remuneration she would have received if she had worked, to cover the six months following the end of the maternity leave. In such cases, the special allocation is paid by the State, not the employer.

Interestingly, however, fathers are invariably excluded from the right to the extended birth leave and from taking advantage of the voluntary leave provision available to women, thus reinforcing the traditional division of tasks and responsibilities within the home. Fathers are entitled to only 2 days of leave for births, and this is treated as a special leave.⁴¹

ii. Workplace childcare

The practical possibility of entering and remaining in the labour market after giving birth depends to a great extent on childcare policies. Historically, a provision mandating childcare services in workplaces with women workers was an effort to address this issue.

Article 179 of the 1974 Work Contract Act (Law 20.744) stipulates that:

³⁸ In the case of premature birth, the portion of the leave not used before the birth is transferred to the post-partum period, such that the 90-day period remains intact.

³⁹ The maternity allocation is equal to the worker's salary and is paid during the legal leave period. To be eligible for this, a worker must have held the job continuously for at least 3 months (Law 24.714/96, Article 11).

⁴⁰ Articles 183-186 of the LCT. To have access to options b and c, the law requires the worker to have at least one year's tenure in the firm.

⁴¹ Article 158 of the Labour Contract Act. On 4 December 2003, the National Chamber of Deputies passed a bill providing for paternity leave of 15 consecutive days after the birth of the worker's child, whether biological or adoptive. In the latter case, the leave begins once the father is notified of the granting of custody for the purpose of adoption. The bill has not yet been considered by the Chamber of Senators, but if it is approved, the leave period will be increased to 30 consecutive days after 3 years and, within 6 years, to 45 consecutive days. The bill also states that "in case of the death of the wife of the worker's child, the leave period is to be 45 consecutive days from the birth of the child or the granting of custody for the purpose of adoption". This law also gives adoptive mothers the same post-partum leave rights as biological mothers, i.e., 45 days. Within 3 years of passage of the law, the leave will be increased to 30 consecutive days. Furthermore, the father, whether adoptive or biological, is protected from being laid off within the seven and a half months immediately preceding or following the birth of the child, or preceding or following the date of the granting of custody for the purpose of adoption.

“In establishments with the minimum number of workers specified by regulation, employers must provide crèches and daycare centres for children up to the age, and under the conditions, established by regulation.”

Regulations under Title VII, Article 179 of the Work Contract Act (Law 20.744) set 50 as the minimum number of women workers over 18 that make it mandatory for an employer to provide crèches.

Some collective labour agreements recognise workers' right to a childcare facility or, where not provided, to economic compensation.

Subsequently, Law 20.582, of 1973, provided for the installation of district crèches. However, none of these provisions has been implemented through actual regulatory provisions, and they are not linked in a coordinated fashion. Hence, in practice, no system has been developed to ensure that childcare services will be available to women workers during the workday.

Public sector workers are covered by the Framework Law Regulating National Public Employment (Law 25.164 of 1999) and the collective labour agreement for national government workers reflected in National Decree 66/99. These make no mention of daycare centres or crèches. In the public sector, however, regulations regarding daycare centres exist through the collective agreements, although the scope of these regulations is unclear. In short, although there is some legislation in this area, the lack of regulation vitiates it.

iii. Other provisions relating to childcare as a right of women workers

Besides the (unregulated) obligation to provide childcare facilities in women's workplaces, there are two other childcare provisions that should be mentioned.

Article 179 of the Work Contract Law (Law 20.744) states that any nursing mother is entitled to two half-hour nursing breaks during the workday. This applies during a period not to exceed one year after birth, unless it is necessary for medical reasons for the mother to nurse the child for a longer period.⁴²

The same law provides for reimbursement for the costs of daycare centres or crèches used by workers with children up to 6 years of age, when the firm does not have such facilities (LCT, Article 103 bis, section f).

This provision is part of the chapter devoted to “social benefits” for workers, including “legally mandated social security services that are not remuneration, do not take a monetary form, cannot be accumulated as, or replaced by, money, and that the employer provides directly or through a third party in order to improve the quality of life of the worker or of the worker's family”.

Thus, for example, the General Collective Labor Agreement for National Public Administration (Convenio Colectivo de Trabajo General para la Administración Pública Nacional) provides for reimbursement of a sum up to the amount set for payment to the daycare centre or crèche attended by the child. Article 112 (Crèches) of the decree that contains this provision states that:

“Personnel with dependent children between age 45 days and 5 years as of June 30 of each year, and who incur costs for their care in daycare centres or crèches, shall receive a

⁴² According to Rial (1993), under some collective agreements, these two breaks may be replaced by a shortening of the work day, which may begin later or end earlier.

monthly reimbursement for such expenditures of up to one hundred (100) pesos, if their total monthly income is not over one thousand five hundred (1,500) pesos. Said reimbursement shall be received by only one of the parents, guardians or caregivers when both parents are employees.”⁴³

Another example of such a provision occurs in the collective labour agreement governing the personnel of the legislature of the Autonomous City of Buenos Aires (Decree 308/VP/2004 – Annex I),⁴⁴ which establishes a subsidy for each child up to the age of 5:

“Personnel with dependent children between age 45 days and 5 years as of June 30 of each year, and who incur costs for their care in daycare centres or crèches certified by the relevant authority, shall receive a monthly amount calculated by multiplying the amount set for each module unit under Article 36 by thirty (30) modules, on a temporary, non-remunerative, monthly basis [...]. The beneficiary must demonstrate the right to receive said benefit by providing to the Directorate General of Human Resources the child’s birth certificate, an affidavit of family allocations and proof of registration in a daycare centre or crèches, duly stamped and signed by an authority at said facility” (Article 51).

A rapid examination of Argentina’s labour legislation points to a number of issues. Childcare would appear to be a right only for women working in the formal sector of the economy, thus excluding the mass of workers outside the formal economy. Moreover, the near absence of regulation of these policies renders the rights effectively nonexistent for formal or informal workers, as well as for men. Thus, in practice, their exercise depends more on agreements established through collective bargaining than on enforcement of existing legislation.

Further, it is notable that childcare rights apply overwhelmingly to women workers, with little application to men, thus reinforcing the assumption that the woman, as mother, is responsible for the care and rearing of children, even when she is active in the paid labour market. This clearly reflects a persisting bias in how labour legislation assigns responsibilities between men and women, a system in which notions of masculinity largely ignore men as family caregivers (Faur, 2006).

This approach is in contradiction with the commitment that Argentina assumed in ratifying ILO Convention 156, which deals with equal treatment and opportunity for workers with “family responsibilities”. The agreement dates from 1981, when it represented a new advance in the international arena, containing at least two innovations: (1) the persons whose rights it addresses are not only women, but also male workers with family responsibilities; and (2) it widens the notion of family responsibilities, recognising that both children and other family members require specific forms of care. This agreement has yet to receive widespread ratification, with only 36 countries, to date, having signed on (9 of them in Latin America). More significantly, its provisions have yet to be reflected in Argentina’s labour legislation.

For the moment, the nation’s legal canon seems designed to soften the collision between two realities: on the one hand, women’s income and ongoing presence in the paid labour market and, on the other, the reproduction and care of young children (Faur, 2006).

It is also important to understand the position of the State on this issue, as set forth in the national Constitution and the Constitution of the City of Buenos Aires. The institutional changes that

⁴³ Agreement as provided under Decree 66/99.

⁴⁴ Enforcement of this agreement is the responsibility of the Legislature of the Autonomous City of Buenos Aires. The personnel covered by the agreement includes both permanent employees and other personnel. Excluded from this legal regime are: (a) deputies; (b) secretaries of the Office of First Vice President; (c) undersecretaries of the secretariats; and (d) directors general and/or equivalent-level functionaries (Articles 1, 2 and 3).

accompanied the restoration of democracy substantially modified the place of women in the family and the working world, granting them responsibilities and rights equal to those of men – while at the same time extending such rights to *all* women. The Constitutional reform of 1994 made international human rights treaties part of national law by reference, requiring legislative adjustments as needed to conform to treaty obligations, thus widening recognition of the rights of women, children and adolescents. In the context of the concerns being examined here, the Constitution makes it an obligation of the State to guarantee all women workers maternity leave, as well as to guarantee social services for parents (CEDAW, Article 11; Constitution of Argentina, Article 75, section 22).

The Convention on the Rights of the Child (CRC), which recognises that both parents must meet childrearing obligations equitably, and that they must have childcare services when they work, has also been given immediate force. This convention goes beyond CEDAW by making the State responsible for providing assistance to parents for the childrearing function (CRC, Article 18; Constitution of Argentina, Article 75, section 22).

Enforcement of the Laws

An analysis of the enforcement of these laws may be approached from different angles, and poses various challenges. First, it should be noted that labour legislation is effective only for those employed in the formal sector of the economy. As we have seen, this includes only half of Argentina's women workers, and only slightly over half the workers of both sexes. Hence, only women working "above the table" are covered by maternity-rights protections and maternity leave.

In terms of childcare facilities, the problem is even greater, particularly because, beyond the question of restrictive criteria for access to these services, Argentine firms are *not legally obligated* to provide the service, since no regulatory structure has been established to translate relevant provisions of the law into practice. Enforcement thus depends on negotiation through collective bargaining or, in the worst of cases, on the discretionary will of the employer. Thus, there are firms that provide the service, but only for women workers and not for men (Berger and Szretter, 2002). This, again, reinforces the notion that the need for childcare is an exclusive right of women workers, rather than a children's right.

In the public sector, the provision of childcare facilities is more extensive than is generally the case in the private sector, with the exception of certain privatised enterprises. As was observed above, the provision of childcare is not limited to the provision of physical spaces in the workplace; some agreements and firms opt to offer partial or total funding for workers' children to attend an outside facility.

Estimating the extent of the services thus provided involves additional problems, since there are no statistics or studies that systematise the childcare coverage provided by firms and other organisations in Argentina. Nor is coverage a known quantity from the demand side. Thus, the percentage of registered women workers receiving childcare services is unknown, with only very limited unsystematised data available.

Based on data from the 1990s, one study examined 215 collective and other agreements between firms and workers, as well as consulting 3 additional firms (Berger and Szretter, 2002) regarding these issues. The types of economic activity selected for the study expressly excluded sectors with a high presence of male workers (e.g., agriculture, construction, mining, port and maritime activities, and certain others).

The study highlighted the small number of collective and other agreements providing women workers with childcare or equivalent payments. Only 34 out of 218 firms (16%) had in place agreements regarding childcare facilities or reimbursed workers for childcare expenditures.

Table 18: Norms governing childcare services in collective labour agreements, Argentina, 1999.

Economic sector	Number of collective agreements		Duration of service (in age of children)		Monthly amount recognised (in US dollars)		Cases of full payment
	Number analysed	Number with provisions	Range	Average	Range	Average	
Manufacturing	61	10	2-5	4	35-138	90	3
Electricity, gas and water	26	9	4-6	5	80-220	150	2
Commerce, restaurants and hotels	22	--	--	--	--	--	--
Transportation, warehousing and communications	72	10	4-6	4	50-100	90	--
Banking, insurance, real estate and business services	25	5	4-6	5	80-250	200	--
Services	12	--	--	--	--	--	--
Total	218	34	2-6	4	35-250	125	5

Source: Berger and Szretter, 2002, based on texts of agreements and interviews with firms.

There is a relatively high proportion (9/26) of agreements in the electricity, gas and water utilities sectors, which were privatised in the 1990s, and there are also numerous agreements in manufacturing, transportation, communications, banking, insurance and other services, although they represent less than 20% of the cases analysed. In the commerce, hotel and restaurant sector, which has a large proportion of female workers, no agreements regarding childcare were found. This shows that there is little correlation between the presence of female workers and the inclusion of clauses in collective agreements obligating firms to share responsibility for childcare.

One reason cited for the lack of voluntary participation, on the part of firms, in accommodating childcare needs is the high cost of providing such services (or offering a corresponding pay-out), particularly given that an average 4 years of care is involved. Still, the above table suggests that the average annual cost of reimbursement for female employees' expenditures for daycare centres or crèches would be around US\$ 1,500 per year, or US\$ 6,000 for four years.

Although there are no systematic data available, these cases reveal that the average investment made by firms for childcare is very low. Where it does exist, the service is an important benefit for women workers. However, its scarcity leaves most workers to seek other public or private services or resort to family and community networks. Thus, in the absence of enforcement, the law, though theoretically binding on large firms with a large number of female employees, is in practice a mere declaration of good intentions.

Childcare as a children's right

Legal framework

Argentina has a number of provisions regarding childcare outside the sphere of labour regulations, which treat childcare as a right of workers (particularly women workers). These form a part of the legal structure governing the educational system at the national level, based on the notion that early education and childcare constitute a *children's right* (National Laws 26.206 and 20.061).

This section describes existing provisions regarding care for children of preschool age. An initial analysis of current legislation related to the national government and the government of the City of Buenos Aires provides a preliminary idea of the regulations that are in place in these two jurisdictions, the initial age at which children are required to attend school, the obligations the State assumes for the care of children under that age, and what provisions exist (or do not exist) governing the specialised personnel providing such care. Thus, we begin with an exploration of the role that the State carves out for itself, and how it is linked to other welfare institutions to ensure the right established in the regulatory framework. The analysis that follows is an initial attempt to address these questions.

In December 2006, the National Education Act (Law 26.206) was approved and entered into effect, replacing its predecessor, which dated from 1993. While the 1993 law had made preschool mandatory from the age of 5, the new law incorporated a number of changes of special importance for children under 5, which could contribute to establishing a framework for childcare activities.

Law 26.206 defines the initial level of the educational system as a “special pedagogical unit” for children 45 days to 5 years of age (Article 18). It distinguishes two sublevels: (a) *crèches*, which “serve children from the age of 45 days through 2 years”; and (b) kindergartens, which cover ages 2 to 5 (Article 24).

It also states that “other organisational forms” may be developed for the educational care of children between the ages of 45 days and 5 years, varying in their characteristics according to the particular context in which they are implemented. This leaves room, for example, for the creation of programmes for children of mixed ages in both rural and urban areas, as well as “playrooms and other types of facilities that may be created” pursuant to regulations under this law (Article 24). Thus, Article 24 of the law provides for adapting educational services to particular contexts, calling for the establishment of regulatory provisions that have yet to be approved.

Finally, the legislation states that the extension of the school day and the provision of “complementary health and food services” for children in this age range are to be governed by ad hoc regulations addressing “the needs of children and their families”.

The new education law thus establishes a regulatory framework that is highly favourable to the establishment of childcare programmes. However, only in few cases (specifically, for children over 5) do these general criteria translate into explicit responsibilities for State entities in terms of financing, making the contemplated services universal, and monitoring the protection of the right in question. Below is an examination of the information that serves as a basis for this new framework.

i. Regulation of *crèches*

As indicated, the *crèches* are the mechanism contemplated in the recent education act (Law 26.206) for providing educational services to children between 45 days and 2 years of age.

Article 22 of Law 26.206 provides for the creation of mechanisms to articulate the relevant governmental organisations of the nation, the provinces and the City of Buenos Aires. In particular, it refers to the need for articulation and/or collaborative management involving the Ministry of Education, the Childhood and Family Division of the Ministry of Social Development, and the Ministry of Health. Efforts to implement childhood development strategies in cooperation with other areas of government ultimately seek to:

“ensure enforcement of the rights of children established in Law 26.061 [...] to provide integral care for children between the ages of 45 days and 2 years, with participation by families and other social sectors” (Article 22).⁴⁵

With the same objective, Law 26.602 recognises the implementation of “other childhood development strategies” *of a non-formal type* outside the sphere of formal education. The law not only mentions articulation and/or management involving different areas of government as an aspect of implementing these services, but also expressly refers to the possibility of involving “families and other social actors” (Article 22).

In general terms, the institutions responsible for enforcing these provisions are those run by the State, associated not only with government education agencies, but also with other governmental agencies and privately managed organisations. Other actors are also recognised as sharing responsibility for the implementation of this law. Among them, the law mentions non-profit institutions, civil society organisations, trade associations, unions, cooperatives, non-governmental organisations, and neighbourhood and community organisations, etc. (Article 23).

Who, then, is to be responsible for providing and supervising early-education services? According to legislation currently in effect, all pedagogical activity is to be performed by *certified teaching personnel*, as legally defined in each jurisdiction. In this way, the supervision of the service comes under the responsibility of the educational authorities of the provinces and of the Autonomous City of Buenos Aires (Article 25).

This provision, which is highly important in that it delegates the responsibility for teaching to specialised professional entities, nevertheless leaves the “other childhood development strategies” authorised by Article 22 of the law without protections. For example, by placing them in the framework of *non-formal education*, Article 22 permits the creation, in some regions, of community programmes without specialised personnel, while in others, crèches must have certified teachers. Thus, the guarantee of *equal* quality of service in programmes using these “strategies” and in crèches is not guaranteed, but rather is dependent on how the “strategies” are implemented through specific social policies.

Similarly, the law does not create mandatory criteria for the programmes established by the different jurisdictions, or for the resources that are vital in effectively protecting the right to access crèches – leaving this to regulation by the various jurisdictions.

In terms of the City of Buenos Aires, the city’s Constitution recognises the obligation of the State at the local level to ensure childhood education starting at the age of 45 days. It explicitly states that:

⁴⁵ Law 26.061. Integral Protection of the Rights of Girls, Boys and Adolescents. System for the Integral Protection of the Rights of Girls, Boys and Adolescents. Administrative Entities for the Protection of Rights and Financing. Passed on 28 September 2005. Promulgated on 21 October 2005. Published in the *Boletín Oficial* 30.767 on 26 October 2005.

“The city assumes the nondelegable responsibility of guaranteeing and funding free secular public education at all levels and in all of its various forms, from the age of 45 days to the tertiary level” (Constitution of the Autonomous City of Buenos Aires, Article 24).

Although the city has provided publicly run crèches, as we shall see in the next section, the obligation to “ensure the availability of educational services from the age of 45 days” under the Constitution of the Autonomous City of Buenos Aires is not yet being enforced.

ii. Regulation of kindergartens

The 1993 Federal Education Act (Law 24.195) introduced mandatory school attendance starting at the age of 5.⁴⁶ The National Education Act, approved in December 2006, reaffirmed this. In contrast with the situation regarding regulation of crèches, the mandatory nature of the 5-year-old level of educational care reaffirms the obligation of the State at all jurisdictional levels to provide universal and free means (infrastructure and funds) for children at this age level to attend:

“Mandatory schooling throughout the country applies from the age of 5 years to the end of secondary school. The Ministry of Education, Science and Technology, and the relevant authorities at the subnational level shall enforce mandatory attendance through institutional and pedagogical mechanisms and mechanisms for the promotion of rights, as appropriate in the context of local and community requirements in both urban and rural areas, through actions that permit the achievement of results of equivalent quality throughout the nation and in all social situations” (Article 16).

Law 26.206 also incorporates two important innovations with respect to the previous law: (1) recognition of early education as a pedagogical unit for children as of the age of 45 days, as detailed above; and (2) recognition of the need to make kindergartens *universal* for children from the age of 4 years (Law 26.206, Article 19).

Thus, the State is also specifically obligated to provide free public schooling for children starting at the age of 4. Though the decision to exercise the right to this service will depend ultimately on families, since attendance is not mandatory at age 4, this provision does establish the State’s obligation to provide the service.⁴⁷

In terms of implementing these advances, however, the rather vague concept of *gradualness* is invoked, and the text of the law offers no further directives in this regard.⁴⁸ Strictly speaking, the prospect of universal kindergartens from the age of 4 remains, for the time being, an aspiration rather than a right, since the law leaves unclear how much time is to be allowed to elapse before the right to this service is guaranteed for the entire population. Moreover, while the new legislation provides for kindergartens for ages 2 to 5, only starting at age 4 is this made mandatory.

⁴⁶ Article 10 of Law 24.195 specifies “Early education, consisting of kindergartens for children from 3 to 5 years of age, the last year being mandatory.”

⁴⁷ The Deputy for Entre Ríos, Osuna, clarified this point in the parliamentary debate on the law: “Age 4 has been made universal. In other words, the State is obliged to provide programmes for 4 year olds in city schools throughout the country, so that families can opt to send their children to them. From the point of view of the families, parents and guardians, the choice is optional, but with respect to the State it is clear that the State is responsible for providing the programme for 4 year olds, while enforcing mandatory attendance at the 5-year-old level.” Parliamentary debate on National Education Act in Buenos Aires, 14 December 2006, at 2:55 p.m. http://www.vanossi.com.ar/actividades/Intervenciones/14_2_07edu1.doc.

⁴⁸ Article 66 specifies “the gradual implementation of the mandatory aspect and compliance with attendance for children at the early education level, in special education, and in mandatory basic general education”.

Thus, for the moment, the provision of kindergartens for children under 5 is not a universally protected right, but is explicitly subject to discretion by different jurisdictions, which may offer or decline to offer this service to children under 5. The extension of the universal requirement to the 4-year-old level still requires regulation to establish the specific time periods within which the provincial governments must provide this educational service for the entire population.

In relation to the legal framework of the City of Buenos Aires, it should be noted that the city's Constitution makes school mandatory from the age of 5 years and "until 10 years of schooling have been completed, or such longer period as may be defined by law" (Article 24, Constitution of the Autonomous City of Buenos Aires).

As a general matter, early education regulations underline fundamentally the major difference between a right that derives from the age of the child on the one hand, and a legally protected right, in the strict sense, on the other. Thus, the mandatory nature of early education from the age of 5 implies the effective provision of public resources to give practical reality to the right to attend educational establishments. However, under this scenario, what is to happen with regard to resources for children under 5?

An initial examination indicates significant heterogeneity of regulations, reflecting the difference that the protected right acquires as a function of whether or not it is a binding obligation for the State. Thus, at the age of 4, the various jurisdictions of the State are supposed to make crèches universally available, but no timeframes are established for realising this goal, and no regulatory agencies or forms of funding are established. Meanwhile, in terms of children between the ages of 45 days and 2 years, as well as those 2 and 3 years old, there are executing entities for both formal and non-formal education, but no specification of responsibilities on the part of those providing the services.

Analysis of the regulation of childcare as part of the educational system reveals two distinct forms of protecting this children's right. The first relates to care beginning at the age of 45 days, which is not a State obligation but rather depends on the discretion, decision-making and investment capacity of the individual jurisdictions. The second relates to provisions covering the early education system (kindergartens), which begins when children reach the age of 3 but only becomes mandatory at age 5, while it is to be universally available from the State from the age of 4. How effective, then, is this legislation in actually guaranteeing this protected right?

Access to early education services

Inasmuch as it is one of the first environments in which socialisation takes place and in which children become part of the country's institutional structure, it is an important strategy for families in addressing their childcare needs. The children who attend crèches or kindergartens may spend several hours a day there, and the younger they are, the greater is the extent to which this is a mode of care and affection. At these early levels, social relations overlap with care and with what are clearly pedagogical components. This combination is particularly in evidence at the 3-year-old level.

Historically, the initial level was characterised by (1) public services that did not seek to be universal, and centred on assistential aspects or on the development of pedagogical techniques for a small social group; and (2) privately provided services aimed at addressing the learning and childhood development aspirations of the country's middle and upper classes. In the last few years, particularly since school became mandatory for 5-year-olds, educational issues have come to the forefront in terms of the issue of the State's role in providing services at this level.

Kindergartens throughout the country function in a variety of venues. Some have their own management and building, while others are annexed to a primary school and are directed by the head of that school. Among the independent crèches and kindergartens there are also crèche and kindergarten “clusters” – groups of facilities in different locations managed and administered from a central location. Of the country’s crèches and kindergartens, 55% are independent, while 45% are attached to schools. The “cluster” facilities represent only 4.5% of the total number, and are principally located in rural areas (DINIECE, 2007). The structure of the offerings in the City of Buenos Aires has some peculiarities compared to the nation as a whole, featuring a significant proportion of crèche and kindergarten clusters (73/193).

Within the crèches and kindergartens, classrooms may be organised in different ways: with separate rooms for each age, as multiple-age rooms, or in multi-level systems where the early-education children are grouped with primary-level children. While 83% of facilities are age-separated, 13% are multi-age and 4% multi-level. The latter strategy addresses the needs of regions with low population densities, small groups of students and diverse ages – situations that tend to occur in rural areas (DINIECE, 2007).

In the City of Buenos Aires, early education offerings take various organisational forms. Publicly managed establishments include a range of types of crèches and kindergartens, some serving children from the age of 45 days, others from the age of 3. Some provide half days, others full days. All of the full-day crèches and kindergartens, but only some of the half-day ones, provide meals. These differences in turn affect the specific care covered.

Establishments serving children from the age of 45 days and older include:

- a. Crèches (*jardines maternas*), which offer educational services for children from 45 days to 2 or 3 years old, according to the establishment, with full days (8:45 a.m. to 4:15 p.m.).
- b. Nursery schools (*escuelas infantiles*), which serve children from 45 days to 5 years old for a full day. Some establishments provide services into the evening.

Establishments serving children from 3 years of age upward include:

- c. Half-day pre-schools (*jardines de infantes comunes*), which provide two half-day shifts (8:45 a.m. to 12:00 noon and 1:00 a.m. to 4:15 p.m.). Some offer lunch.
- d. Full-day pre-schools (*jardines de infantes integrales*), which offer a full day (8:45 a.m. to 4:15 p.m.). All of these provide lunch.
- e. Associated pre-schools (*jardines de infantes nucleados*), which have headquarters at a primary school, and additional sites at other schools in the same school district. Some of these facilities offer full days, others half days.

Of a total of 193 State-run facilities in the City of Buenos Aires, only 31 have programmes for the youngest children (45 days old and upward). The other 162 serve children starting from 3 years of age. As will be seen, this deficiency is even more critical in other parts of the country, where the availability and coverage of crèches is even more limited.

Both the public and private sectors play a role in early education, but private schools -whether for-profit or non-for-profit- are significantly intertwined with the State. In the country overall, 77% of educational units are State-run. These serve roughly 70% of early education students. Private schools with financial subsidies from the State account for 40% of the country’s private pre-schools, with distribution that varies from province to province (Albergucci, 2006). Yet private schools, included in the statistics, encompass diverse categories: religious schools (which are

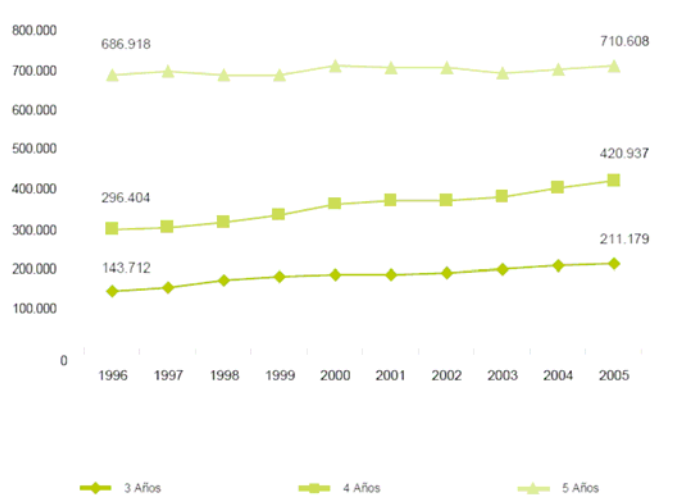
mostly Catholic), bilingual schools and small neighbourhood pre-schools. Most receive subsidies from the State.

Public school is free of charge. Eligibility is determined by geographical residence, parents' place of work, or having enrolled siblings, but the main hurdle is limited vacancies, especially for non-compulsory ages. In those cases, the parents' skill and initiative to demand a vacancy (sometimes well in advance) is crucial in their needs being met. In contrast, private schools are open to anyone who can afford tuition.

Coverage of kindergartens at the national level

During the last 20 years, the availability and coverage of early education services has gradually increased as a result of specific educational policies. This change in policy is evident, among other places, in the extension of mandatory schooling to the 5-year-old level – the age bracket with the greatest coverage within early education. However, the number of children served by programmes for 4-year-olds has also increased, though it is still far from the coverage in the 5-year-old age bracket.

Figure 5. Changes in enrolment in basic early education. Country total. 1996-2005.



Source: MECyT, 2007, based on MECyT - DINIECE Annual Figures, 1996 – 2005.

[TRANSLATOR'S NOTE: In above chart, insert at bottom, left to right:
3-year-olds, 4-year-olds, 5-year-olds]

Despite these advances, the country's early education system shows important biases in investment and expansion of early education that have created inequalities. The problem is more acute at those levels of the system that are not mandatory.⁴⁹

For 2006, enrolment among 5-year-olds was close to 90% for the country as a whole. Although the percentages have increased significantly in the programmes for 3- and 4-year-olds, they still remain at only 30% and 60%, respectively (DINIECE, 2007).

⁴⁹ In 2001, census data showed a highly disparate structure in terms of attendance by children between the ages of 3 and 5, reflecting inequalities in access as a function of both children's age and their place of residence.

As may be seen, the differences in early education coverage are associated not only with the age of the children, but also with differences between jurisdictions. To a great extent, these differences are shaped by the social and economic inequalities between jurisdictions and within the population. Thus, differences reflect certain impacts of the above-mentioned fragmentation of the educational sector and its inequalities from province to province.

Nationwide, the public sector serves a majority (nearly 70%) of early education enrolment. However, in jurisdictions such as the City and province of Buenos Aires, the private sector also plays a significant role. Private coverage in the city accounts for over 50% of enrolment, while the percentage for the province is nearly 40%, and higher in the Greater Buenos Aires Metropolitan Area. Thus, the private sector has a greater presence in the wealthier jurisdictions and in larger urban centres.

Table 20. Estimated number of students in basic early education establishments (public and private) and percentage of total served by the State sector by jurisdiction and nationwide. 2006.

Political-territorial division	Total	State	Private	% State
Nationwide	1,354,606	930,107	424,499	69.3
Buenos Aires	589,831	366,751	223,080	63.3
• <i>Greater Buenos Aires Metropolitan Area</i>	326,248	186,772	139,476	57.2
• <i>Rest of Buenos Aires</i>	246,306	175,485	70,821	71.2
Catamarca	11,086	8,446	2,640	76.2
Chaco	32,155	28,891	3,264	89.8
Chubut	17,507	14,129	3,378	80.7
City of Buenos Aires	91,244	42,424	48,820	46.4
Córdoba	102,660	76,285	26,375	75.4
Corrientes	34,647	28,699	5,948	82.8
Entre Ríos	38,968	27,156	11,812	69.7
Formosa	16,483	13,493	2,990	81.8
Jujuy	21,486	17,585	3,901	81.8
La Pampa	7,049	5,926	1,123	84.1
La Rioja	12,741	10,832	1,909	84.7
Mendoza	43,900	33,847	10,053	77.2
Misiones	33,230	25,964	7,266	78.1
Neuquén	18,148	15,642	2,506	86.2
Río Negro	20,965	16,769	4,196	80.0
Salta	35,479	29,089	6,390	82.0
San Juan	19,794	14,484	5,310	73.2
San Luis	15,049	12,108	2,941	83.0
Santa Cruz	9,203	7,734	1,469	84.0
Santa Fe	104,134	70,124	34,010	67.3
Santiago del Estero	32,991	28,668	4,323	86.9
Tierra del Fuego	5,624	4,300	1,324	76.5
Tucumán	40,232	30,761	9,471	76.0

Source: Author, based on data from the National Directorate of Information and Evaluation of Educational Quality. Annual Figures, 2006.

The figures on educational enrolment at the kindergarten level reveal major differences between jurisdictions, related both to the extent of educational offerings and to the populations of the different jurisdictions. Thus, roughly 75% of enrolment in the 3-year-old programmes is concentrated in the province of Buenos Aires, and slightly over 10% in the City of Buenos Aires, while provinces such as Santa Fe also show significant enrolments. However, other jurisdictions show infinitesimal levels of enrolment at the 3- and 4-year-old levels, reflecting the sharp inequalities masked by the general enrolment data and national averages.

Table 21. Basic early education enrolment and percentage per cycle by jurisdiction. 2006

Jurisdiction	Number of children enrolled	% in First cycle (3-year-olds)	% in Second cycle (4-year-olds)	% in Third cycle (5-year-olds)
Buenos Aires	572,554	26.2	33.5	40.3
City of Buenos Aires	91,080	25.5	34.3	40.2
Catamarca	11,086	2.9	27.2	69.9
Chaco	32,155	5	28	67
Chubut	17,507	13	35.4	51.6
Córdoba	100,639	2.6	39.6	57.8
Corrientes	34,642	6.2	22.4	71.4
Entre Ríos	38,968	6.6	29.8	63.6
Formosa	16,435	3.2	25.7	71.1
Jujuy	21,486	8.8	25.6	65.6
La Pampa	7,049	-	21.5	78.5
La Rioja	12,455	9.6	35.1	55.3
Mendoza	43,693	2	28.2	69.8
Misiones	33,230	2	14	84
Neuquén	18,148	9.1	33.8	57.1
Río Negro	20,965	6.9	37.1	56
Salta	35,479	4.1	18.4	77.5
San Juan	19,794	1.7	20.4	77.9
San Luis	14,147	4.7	36.9	58.4
Santa Cruz	9,203	2.1	46.4	51.5
Santa Fe	104,043	14	35	51
Santiago del Estero	32,991	8.8	37.5	53.7
Tierra del Fuego	5,624	17.6	39.2	43.2
Tucumán	39,149	2.1	13.9	84
Country total	1,332,522	16	31.9	52

Source: Author, based on information from the National Directorate of Information and Evaluation of Educational Quality. Annual Figures, 2006

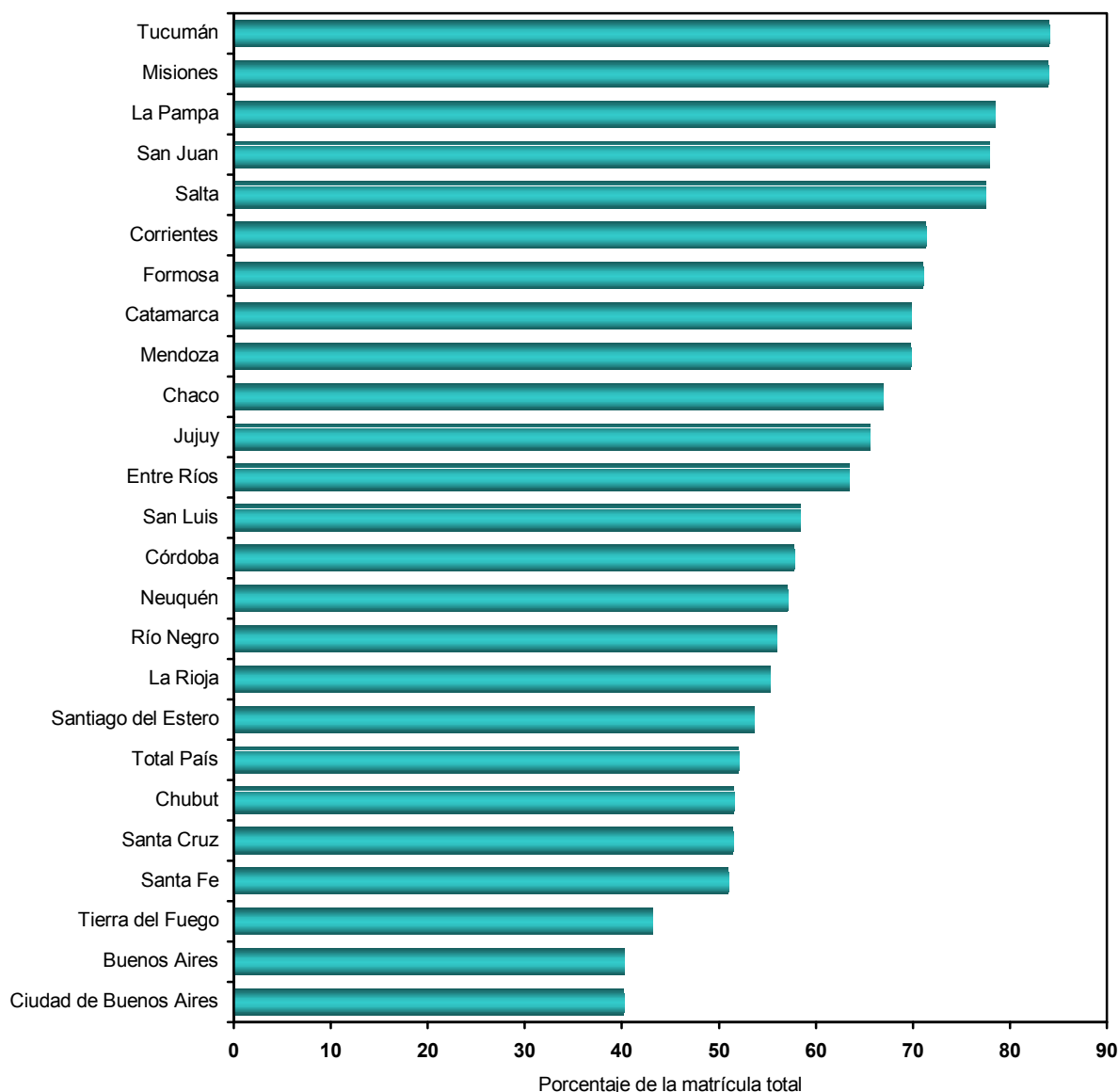
As has been indicated, the differences in educational coverage are shaped by social and economic inequalities in the Argentine population. From this perspective, the expansion of mandatory schooling to the 5-year-old level proved advantageous, especially for children living in provinces with low coverage or in poverty.

As evident from the graph below, however, the data indicate that some jurisdictions have opted to cover almost exclusively the 5-year-old population. In jurisdictions such as Tucumán and Misiones, it can be seen that nearly 80% of early education enrolment is in this cycle, while the figure for the City and Province of Buenos Aires, at the other extreme, is around 40%.

Again, in the wealthiest jurisdictions, where the State and private sectors have invested most (such as in the City and Province of Buenos Aires), more services are available for the youngest children. In many of the poorest jurisdictions, in contrast, only the mandatory services are available.

Information on the percentage of total enrolment accounted for by the 5-year-old cycle clearly shows this. As the graph below indicates, in 11 of the provinces, over 70% of enrolment is in this cycle.

Figure 6: Percentage of early education enrolment accounted for by 5-year-old cycle. Total basic education by jurisdiction, 2006.



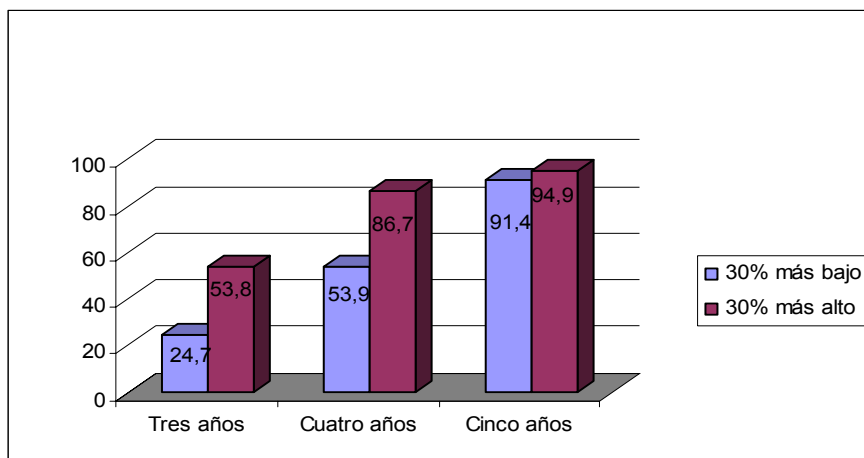
Source: Author, based on information from the National Directorate of Information and Evaluation of Educational Quality. Annual Figures, 2006.

[TRANSLATOR’S NOTE: In above chart, replace Ciudad de Buenos Aires (at bottom left column) with “City of Buenos Aires”. At bottom, replace text with “Percentage of total enrolment”.]

Meanwhile, the attendance rates for children under 5 reveal major differences correlated with per capita household income, even within large cities. The greatest inequalities of access are at the earliest ages. Thus, although there is only a small gap between the attendance of the poorest and wealthiest children at the 5-year-old level, the attendance of 3-year-olds among the wealthiest 30% of households is more than double the attendance recorded for children of the poorest households.

At the 4-year-old level, the enrolment of the poor increases significantly, but the gap remains high, as shown in the following graph.

Figure 7: Attendance rates by age and per capita household income. Large cities, first half of 2006.

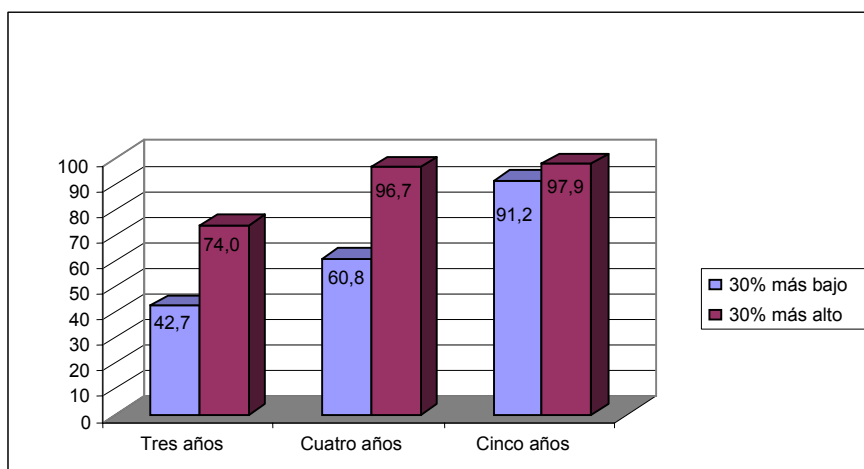


Source: Author, based on EPH-INDEC, 2006.

[TRANSLATOR'S NOTE: In above chart, insert at right, top to bottom: "30% lowest", "30% highest". At bottom, insert: "3-year-olds", "4-year-olds", "5-year-olds". In body of chart, change commas to decimals.]

Disparities in the attendance of children between the ages of 3 and 5 are slightly lower in the Greater Buenos Aires region, which includes the City of Buenos Aires and parts of the Greater Buenos Aires Metropolitan Area that are in the province of Buenos Aires. However, this is not a pronounced improvement, though participation in the educational system by all age groups is on the increase, thus signalling that the availability of services leads to increased use of the resources.

Figure 8: Attendance rates by age and per capita household income. Greater Buenos Aires, first half of 2006.

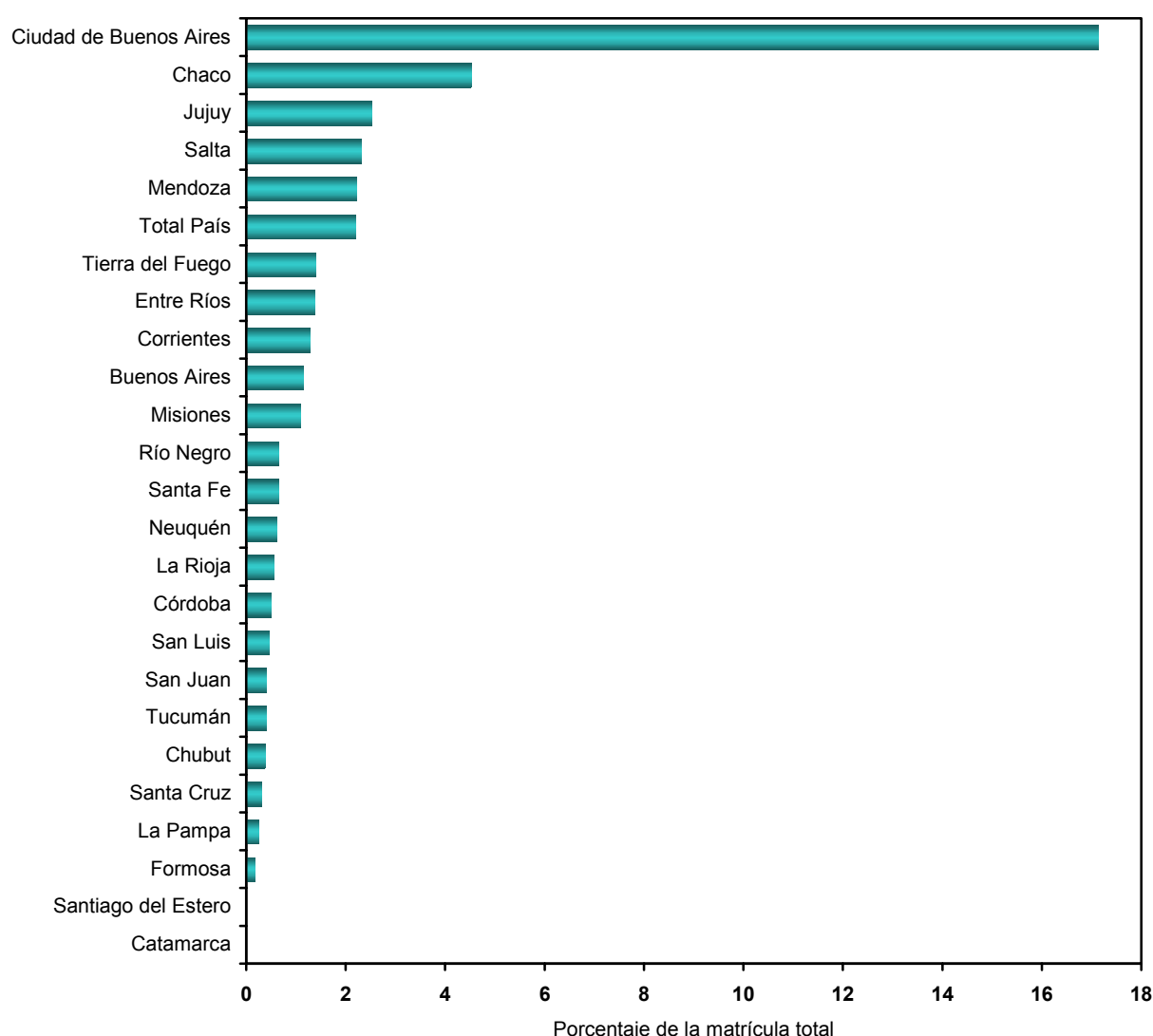


Source: Author, based on EPH-INDEC, 2006.

[TRANSLATOR’S NOTE: In above chart, insert at right, top to bottom: “30% lowest”, “30% highest”. At bottom, insert: “3-year-olds”, “4-year-olds”, “5-year-olds”. In body of chart, change commas to decimals.]

In examining the proportion of childcare (measured in hours per day) covered by educational services provided to the youngest children, it is instructive to analyse the coverage of full-day programmes at the early education level. For the country as a whole, the proportion of enrolment in full-day programmes is particularly low, and almost none of the country’s jurisdictions shows enrolment in full-day programmes covering more than 2% of students. The highest figure in this respect is for the City of Buenos Aires, which will be examined in more detail below. The situation is shown in the following graph.

Figure 9: Percentage of early education enrolment served by full-day programmes.
Total basic education by jurisdiction. 2006



Source: Author, based on information from the National Directorate of Information and Evaluation of Educational Quality. Annual Figures, 2006.

[TRANSLATOR’S NOTE: In above chart (left column at top), replace text to read “City of Buenos Aires”. At bottom, replace text to read “Percentage of total enrolment”.]

Crèches: supply and coverage at the national level

The supply of crèches, which cover a portion of the childcare demand for the youngest children (starting at the age of 45 days), is still very limited in the country overall. Of a total of 15,738 early education units providing half-day programmes, only 1,529 (less than 10% nationwide) provide such programmes, and only 110 institutions provide full-day programmes for children under 3. Over 50% of half-day establishments (880 units) are privately run. This relationship is reversed in the case of full-day facilities, the majority of which are run by the State, though in this case there are only 70 units nationwide.⁵⁰

Enrolment in crèches also reflects the insufficient supply of publicly provided service in most jurisdictions. Over 60% of all enrolment in these facilities is in private programmes, and over half of the publicly provided programmes are in the Province or City of Buenos Aires, though even in these jurisdictions the majority of the supply is in the private sector. Thus, in the Greater Buenos Aires Metropolitan Area, 90% of children attending a crèche attend a private institution.

Table 22. Enrolment in basic education crèches, by province, according to sector, 2006.

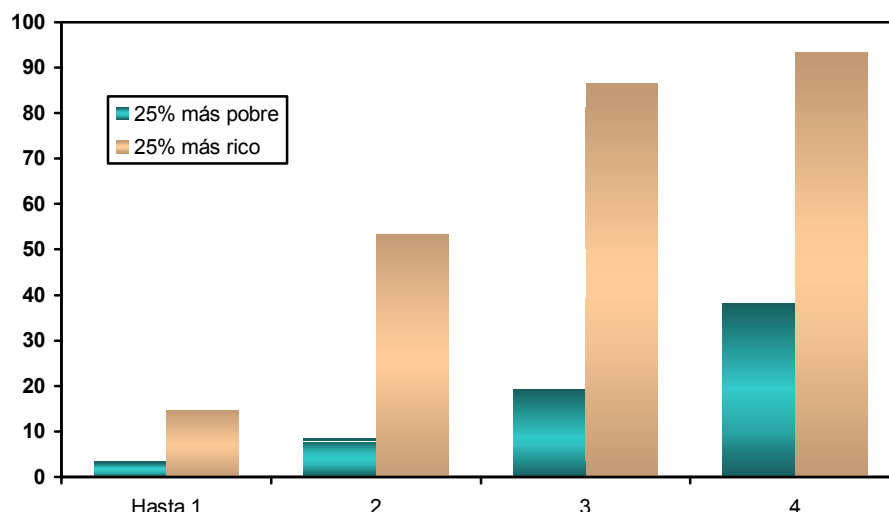
Political-territorial division	Total crèche	% State crèche	% Private crèche
Country total	42,982	33.8	66.2
Buenos Aires	21,399	25	75
Greater Buenos Aires Metropolitan Area	11,817	9.9	90.1
Rest of Buenos Aires	9,582	43.5	56.5
Catamarca	54	-	100
Chaco	617	19.8	80.2
Chubut	1,436	56.3	43.7
City of Buenos Aires	9,709	33.9	66.1
Córdoba	162	-	100
Corrientes	2,308	79.8	20.2
Entre Ríos	1,354	68.4	31.6
Formosa	199	16.6	83.4
Jujuy	1,235	59.1	40.9
La Pampa	-	-	-
La Rioja	215	60	40
Mendoza	294	-	100
Misiones	340	55.6	44.4
Neuquén	212	18.4	81.6
Río Negro	833	58.6	41.4
Salta	555	50.5	49.5
San Juan	-	-	-
San Luis	85	-	100
Santa Cruz	69	-	100
Santa Fe	1,314	23.8	76.2
Santiago del Estero	225	-	100
Tierra del Fuego	341	-	100
Tucumán	26	-	100

Source: Author, based on DINIECE figures, 2006.

⁵⁰ Information based on special tabulations of the Ministry of Education – DINIECE, based on figures for 2006.

Again, this inequality is reflected in the attendance rate for children 0-4 living in households that fall in the upper and lower quartiles. There is a significant gap, as observed in the findings of the 2004 National Child Labour Survey.

Figure 10: Attendance rates for children 0-4 years of age, by per capita household income, and total, 2004.



Source: Author, based on EANNA. INDEC, 2004

[TRANSLATOR’S NOTE: In above chart, insert in box: “25% poorest, 25% wealthiest”. At bottom, left, replace “Hasta 1” with “0-1”.]

Clearly, the lack of public offerings in this age bracket significantly affects access to services by children living in the country’s poorer households. The majority of the offerings are in the private sector, though they are supplemented by initiatives of other State entities, such as the Ministry of Social Development, as well as community organisations. Unfortunately, however, no national information on these initiatives is available.

The following section analyses the supply and coverage of early education services in the City of Buenos Aires, to round out analysis of the jurisdiction that is of primary concern here.

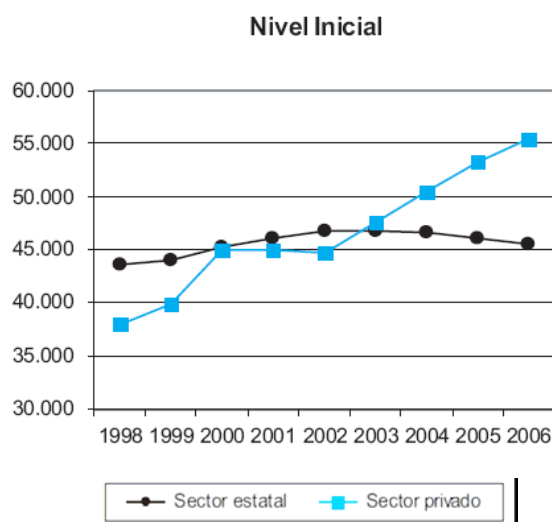
Early education services in the Autonomous City of Buenos Aires

The City of Buenos Aires is a unique jurisdiction in terms of early education offerings. It has the highest school attendance rates in the country, and offers services from the earliest age, with establishments that provide full-day coverage. Thus, it is a jurisdiction of special interest in terms of the sector’s capacity to meet the childcare needs of the city’s population and the relative weight of different institutions in providing service.

Total early education enrolment in the City of Buenos Aires is slightly over 100,000 children, of whom 45.1% attend State-run institutions, while the remaining 54.9% attend private institutions. Thus, the majority of enrolment at the early education level in the country’s capital is in the private sector – a situation that has become more pronounced in the last 5 years. Indeed, there has been

practically no change in the amount of State-run services provided, while private sector supply has increased, absorbing a significant amount of the emerging demand. This trend has become more acute with the socioeconomic recovery of 2003 that followed the 2001-2002 crisis.

Figure 11. Changes in enrolment in basic early education, according to school management sector



Source: Annual Figures, 1998-2006, in “Panorama Educativo con Información del Relevamiento Anual 2006”, Ministry of Education, City Government of Buenos Aires

[TRANSLATOR’S NOTE: In above chart, at top: Early Education. At bottom, left to right: State Sector, Private Sector. Note: At left, change decimals to commas.]

It is interesting to note the distribution of enrolment in the different cycles, as between public and private programmes. While slightly over 55% of children enrolled in early education programmes attend privately run crèches or kindergartens, enrolment at the mandatory level (5 years of age) is relatively even between the two sectors (approximately 18,000 children in each). However, the structure of the younger enrolled population is different in the two sectors, with greater gaps in the enrolment between the two sectors in the younger groups (45 days to 4 years) and with more of these children being absorbed by the private sector (Table 23). Of the total number of children 45 days to 2 years of age, 65% attend private sector establishments.

In the public sector, 39.1% of the children attending State-run schools are in the 5-year-old cycle and only 7.9% in the 45-day to 2-year-old bracket. In the private sector, the distribution is somewhat more even. While 33.7% are enrolled in the 5-year-old cycle, nearly 30% are in 4-year-old programmes, 25% in 3-year-old programmes and 11.9% in the youngest bracket. In other words, there is a pattern of inequality in the City of Buenos Aires similar to that present at the national level between poor and less poor provinces, with access to early education being more limited for children in households that do not pay for the service.

Table 23. Enrolment according to programme cycle, and management sector, City of Buenos Aires, 2006.

Public sector					Private sector				
Enrolment by programme age level					Enrolment by programme age level				
Total	45 days to 2 years	3 years	4 years	5 years	Total	45 days to 2 years	3 years	4 years	5 years
45,551	3,528 7.8%	9,315 20.4%	14,886 32.7%	17,822 39.1%	55,397	6,577 11.9%	13,865 25%	16,280 29.4%	18,675 33.7%

Source: Author, based on 2006 Annual Figures, Statistics Department, Directorate of Research. DGPL, Ministry of Education, G.C.B.A.

Given that this is the jurisdiction with the highest full-day coverage, it is worth examining further the distribution of enrolment by length of day served by the respective establishments, in order to estimate the educational system's potential for childcare services. First, one sees that the majority of the enrolment (82%) is concentrated in half-day institutions, which offer sessions lasting 3 hours and 15 minutes. Full-day (7½ hours) establishments account for only 18% of the enrolment. New data emerge once one looks at the distribution of children by type of day, management sector and location. Within the half-day enrolment, 64% is private sector and over 40% is in the northern part of the city, which includes the middle and high income areas, revealing a significant pattern of geographically based exclusion. This trend is seen in the structure of the private sector, which concentrates its expansion in the northern part of the city, whereas the public sector is distributed more equally throughout the city.

While the public sector accounts for close to 40% of enrolment at the 4- and 5-year-old levels, it does not achieve similar scope for the younger ages. Thus, the half-day programmes for infants and toddlers (45 days to 2 years) are principally in the private sector, accounting for 85.5% of the enrolment and weighted toward the city's wealthier neighbourhoods. The same is true at the 2-year-old level, where private enrolment begins to rise, covering over 5,500 children and accounting for 84.4% of enrolment at this age level. Total half-day enrolment figures increase significantly at the 3-year-old level, still with more in the private sector and in the city's wealthier areas, despite the expansion also seen in the public sector, which covers 32.1% of the 3-year-old enrolment overall (12.8% in the southern areas of the city) (Table 24).

Table 24. Basic early education enrolment by programme cycle, by school management sector, and area of City of Buenos Aires (north/south). Half-day programmes. 2006. Percentage and total.

		Half day					
		45 days to 2 years	2 years	3 years	4 years	5 years	Total
Private	<i>Northern area</i>	58.6	64.9	43.5	38.2	37.4	34,369 41.6
	<i>Southern areas</i>	26.9	19.5	24.4	23.2	23.2	19,211 23.2
State*	<i>Northern area</i>	4.3	9.8	19.3	18.6	18.5	14,781 17.9
	<i>Southern area</i>	10.2	5.8	12.8	20	20.9	14,303 17.3
Total		994 100	6,561 100	20,023 100	25,884 100	29,202 100	82,664 100

Source: Author, based on 2006 Annual Figures. Statistics Department, Directorate of Research. DGPL. Ministry of Education. Autonomous City of Buenos Aires.

*Note: Half-day programmes include evening session programmes with enrolment of 106.

Although full-day enrolment is significantly smaller than half-day enrolment, the State sector accounts for a greater percentage of the enrolment, representing 90% of all children enrolled (Table 25). In the State sector, 30% of children attend full-day programmes, a fact that reflects a significant State effort. However, access is limited, principally due to the limited number of spaces available for younger children.

A majority of the public sector enrolment in the 45-day to 2-year-old bracket (crèches and nursery schools) in the City of Buenos Aires is full-day, which certainly increases the ability to organise work activity for these parents (parents of slightly over 2,300 children). On the other hand, most of the children attending crèches in the private sector do so for a half day, reflecting these families' access to other types of childcare, most likely involving domestic help to cover the hours in which the children are not in school, in cases where the mothers work.

In general, there is very little full-day enrolment in the private sector, although it increases at the 5-year-old level, where it represents 13.4% of enrolment. Finally, full-day enrolment in the public sector is higher in the southern parts of the city, as the following table shows.

Table 25. Enrolment in basic early education programmes, by programme cycle, according to management sector and area (north/south) of City of Buenos Aires. Full day, 2006. Percentage and total.

		Full day					
		45 days to 2 years	2-year-olds	3-year-olds	4-year-olds	5-year-olds	Total
Private	<i>Northern area</i>	7	5.2	6.2	6.2	12.4	1,583 8.6
	<i>Southern area</i>	1.5	1.4	2.2	1	1	234 1.3
State	<i>Northern area</i>	40.9	35.2	37.9	38.2	38.8	7,015 38.4
	<i>Southern area</i>	50.6	58.2	53.7	54.6	47.8	9,452 51.7
Total		1,361 100	1,189 100	3,157 100	5,282 100	7,295 100	18,284 100

Source: Author, based on 2006 Annual Figures. Department of Statistics. Directorate of Research. DGPL. Ministry of Education, G.C.B.A.

Finally, it should be noted that children enrolled in State-run crèches and kindergartens receive meals, thus relieving families of responsibility in that respect. In the City of Buenos Aires, breakfast and snacks are offered in more cases than is lunch. However, the figures indicate that food is provided in all full-day programmes, in the form of either lunch or a snack, supplied by the State at a subsidised price.⁵¹

Table 26. Number of daily rations (= children) for each type of food service (breakfast/snack, lunch/snack) for children in State-run basic early education programmes, May 2008.

	Lunch and snack	Breakfast and snack
Northern area	6,599	19,867
Southern area	12,086	28,753
Total	18,685	48,620

Source: Author, based on data from the Department of Nutrition, DGPYSE.

⁵¹ There are grants for those unable to pay for the meal service. The State covers the snack and breakfast.

Alternative childcare services: articulation of the public and community spheres

There are public sector alternatives for childcare besides the preschool and crèches run by the city's Ministry of Education – namely, services organised by the city's Ministry of Social Development that focus on poor households, and initiatives that the Ministry of Education carries out in conjunction with other institutions. These include agreements with civil society organisations and other public sector entities, as well as “community groups” that operate in and have less institutional structure than the kindergartens and preschools.

Jointly managed (public/private/CSO) institutions

A number of the city's institutions have agreements with educational authorities. Thanks to an agreement between the education and health sectors, there are crèches on the premises of hospitals, run by the Health Secretariat of the City of Buenos Aires.⁵² The Ministry provides teachers, auxiliary personnel and lunch, while the hospital provides and prepares the physical space. A certain percentage of the enrolment is earmarked for children of hospital employees, while the rest is open to the community.

Also falling in this category are facilities run under agreements between the city's Ministry of Education and civil society organisations. These are part of a modality of *joint management with social organisation*, which provide activities for children from 45 days to 4 years of age. The Ministry of Education evaluates the facilities, counsels on infrastructure, appoints and trains teachers, provides teaching materials as well as hot or boxed lunches. The social organisations provide the physical space and assume the maintenance costs.

The civil organisations participating in such agreements are of various types. They include the Occupants and Tenants Movement (Movimiento de Ocupantes e Inquilinos, or MOI), with an enrolment of 20 children; the *Margarita Barrientos* organisation called “Piletones”, with an enrolment of 50 children; the Salesian order, *Padres Salesianos*, with an enrolment of 110; the construction workers' union (UOCRA); the *piqueteros* (picketers) organisations (Movimiento Teresa Rodríguez and La Voluntad del Cielo); and the armed forces, among others. The data on enrolment given above cover the students in these institutions, who are actually few.

Childhood development centres of the Secretariat of Social Development

The Municipality of Buenos Aires also runs childcare centres provided by the Secretariat of Social Development, rather than by the Ministry of Education, targeting low-income families. These institutions are not counted in the enrolment data, as they are not integrated to the official education system. The objective of the Secretariat's Childhood Development Division is to ensure “the proper development of children's personalities, skills, and mental and physical capacities”. The most important institutions devoted to achieving these objectives include Family Action Centres,

⁵² There are crèches or kindergartens of this type in the following hospitals in the city: Hospital G. Alvarez; Hospital C. Argerich; Hosp. S. M. Borda; Hosp. G. A. Durand; Hosp. M. I. Elizalde; Hosp. M. I. Gutiérrez; Hosp. G. A. Penna; Hosp. G. A. Piñero; Hosp. G. A. Pirovano (outside the hospital); Hosp. G. A. Ramos Mejía; Hosp. G. A. Rivadavia; Hosp. R. P. Rocca (outside the hospital); Hosp. M. I. Sardá; Inst. Rehabilitación Psico-física; Hosp. G. A. Santojanni; Hosp. S. M. Tobar García; Hosp. G. A. Tornú; Hosp. G. A. Vélez Sarsfield. The crèches and daycare centres operating at the neuropsychiatric hospitals (Hospital Borda and Hospital Moyano) fall outside the authority of the education authorities, and it is thus impossible to monitor and enforce the quality of the teaching there. See Informe de la Defensoría del Pueblo de la Ciudad de Buenos Aires, 2007.

Childhood Development Centres (Centros de Desarrollo Infantil, or CDIs), Centres for Children and Adolescents,⁵³ CooPA,⁵⁴ *Talleres Bajo Flores*,⁵⁵ and *Juegotecas*.⁵⁶ The first two of these are of particular interest in that they provide services Mondays through Fridays.

Childhood Development Centres are devoted to the integral care of children from the age of 45 days through 3 years. Their mission is primarily assistance oriented, providing the youngest children with stimulation and encouraging their development. Children receive breakfast, lunch and a snack, along with structured educational activities. Information from the municipal government of Buenos Aires defines the centres' mission as that of:

“supplementing the integral development of boys and girls through an institutional programme that recognises the primary responsibility of parents and/or family members in childcare and childrearing”.⁵⁷

There are 20 Childhood Development Centres providing service from 8:30 a.m. to approximately 4 p.m. Except for three centres that also function on Sundays and holidays, all operate on a Monday through Friday schedule.⁵⁸

The beneficiaries of this service are defined as children under 4 “belonging to families living in poverty, and/or socially vulnerable, in the City of Buenos Aires”. Thus, it is explicit that access to crèches is less a universal right for the city's youngest children than a benefit provided on a priority basis for the poorest, or for those whose parents work in the jurisdiction.

The eligibility requirements are that one must: (1) live or work in the City of Buenos Aires; (2) present the child's birth certificate or other document proving identity and parenthood, along with vaccination certificates. Although this service targets poor households, no proof of income is required. However, under Law 114 which deals with children's rights in the City of Buenos Aires, institutions may accept children without these documents, and then subsequently facilitate the process of obtaining them.

Activities carried out in the Childhood Development Centres include (1) daily full-day care for infants, including nursing and non-nursing infants; (2) age-appropriate educational and recreational activities; (3) breakfast, lunch and snacks; (4) medical and dental care and monitoring for the

⁵³ These are participatory workshops and projects for children and adolescents alternating educational and other activities.

http://www.buenosaires.gov.ar/areas/des_social/ninez_adolescencia/programas/casa_del_ninio.php?menu_id=15785

⁵⁴ Occupational training courses and workshops.

http://www.buenosaires.gov.ar/areas/des_social/ninez_adolescencia/programas/coopa.php?menu_id=17257

⁵⁵ Training in job skills and in forms of cooperative organisation.

http://www.buenosaires.gov.ar/areas/des_social/ninez_adolescencia/programas/talleres_bajo_flores.php?menu_id=17258

⁵⁶ Facilities where neighbourhood children meet to play with others of their age. Children between the ages of 3 and 13 participate.

⁵⁷ http://www.buenosaires.gov.ar/areas/des_social/ninez_adolescencia/des_infantil/jardines_maternales.php.

⁵⁸ The following Childhood Development Centres operate in the city: Agronomía (M-F, 8:30 a.m. to 3:30 p.m.), Albarellos (M-F, 8:30 a.m. to 3:00 p.m.), Bam Bam (M-F, 6:00 a.m. to 4:00 p.m., Sundays and holidays 8:00 a.m. to 8:00 p.m.), Copello (M-F, 8:30 a.m. to 3:00 p.m.), Creciendo (M-F, 8:00 a.m. to 4:30 p.m.), Chacabuco (M-F, 8:00 a.m. to 3:00 p.m.), Dientito de Leche (M-F, 8:30 a.m. to 5:00 p.m.), Espora (M-F, 8:00 a.m. to 3:30 p.m.), Fantasías y Garabatos (M-F, 8:00 a.m. to 5:00 p.m.), Andrés Ferreyra (M-F, 8:00 a.m. to 5:00 p.m.), Herrera (M-F, 8:30 a.m. to 3:30 p.m.), Mi Mundo Feliz (M-F, 8:30 a.m. to 3:30 p.m.; Sat., Sundays and holidays 8:00 a.m. to 8:00 p.m.), Patricios (M-F, 8:00 a.m. to 4:30 p.m.), Piedrabuena (M-F, 8:00 a.m. to 4:00 p.m.), Pringles (M-F, 8:00 a.m. to 3:30 p.m.), Quinquela Martín (M-F, 8:00 a.m. to 4:00 p.m.), Saavedra (M-F, 9:00 a.m. to 4:00 p.m.), Tutzo Bonifacio (M-F, 8:00 a.m. to 4:00 p.m.), Vera Peñaloza (M-F, 8:00 a.m. to 4:00 p.m.), and Rayitos de Sol (M-F, 10:00 a.m. to 4:00 p.m.; Saturdays, Sundays and holidays 11:00 a.m. to 6:00 p.m.).

children; (5) family health protection and preventive care; and (6) strengthening the family through social and psychological care and counselling for the families.

One of the notable features of this service is that the caregivers in the programme are not teachers, and the conditions under which they are employed are not comparable to those of personnel in the educational system. According to the programme's coordinator, the goal is to hire people who have *"a social orientation. This does not mean that they ignore the pedagogical aspect. The personnel working with the children are given training. [...] The workers are not certified as pre-school teachers. It is different here – a question of money, of budget"*.⁵⁹

Even in the case of non-"teaching" assistance-oriented services whose target populations are poorer children, there is a striking dearth of positions available in the Childhood Development Centres run by the Directorate General of Children and Adolescents, part of the Ministry of Human and Social Rights of the Government of the City of Buenos Aires. According to the City of Buenos Aires Office of the People's Advocate, 827 children are enrolled in these Childhood Development Centres, while 1,307 remain on the waiting list.⁶⁰ On the other hand, the coordinator of the centres claims that the total number of children under age 3 being served is 1,200, and that roughly the same number are turned away as are accepted.

Thus, there are peculiarities in the very design of the Childhood Development Centres, whose mission is to supplement the crèches but provide a special focus on the poorest neighbourhoods and children. For both those providing care at these centres and those receiving the services, this programme clearly represents relatively minor investment and dedication on the part of the public sector.⁶¹

Family Advancement Centres (Centros de Acción Familiar, or CAFs)⁶²

Family Advancement Centres are "institutional facilities for community promotion, situated in the poorest neighbourhoods, that cooperate in the full, integral development of children and adolescents". They provide daytime care for children from age 45 days to 4 years, alternating education, recreation and sports, for children ages 5 to 12, as well as community activities for adolescents and adults. There are seven establishments in shantytowns and disadvantaged neighbourhoods. Most of these operate from the morning until around 4 p.m., while two operate on Saturdays, and one on Saturdays, Sundays and holidays.⁶³

These centres serve children from 45 days to 12 years of age, as well as adolescents, young adults and adults. The number of children up to age 5 in attendance fluctuates between 500 and 700. Waiting lists are upwards of 150. Priority is given to children living in the City of Buenos Aires who reside close to the particular facility. As a condition of access, birth certificates or other documents proving identity and parenthood must be presented, along with vaccination certificates.⁶⁴

⁵⁹ Telephone interview with Lilia Conte, Coordinator of Childhood Development Centres, 2 June 2008.

⁶⁰ See Defensoría del Pueblo de la Ciudad de Buenos Aires, 2007.

⁶¹ This difference between the institutions of the Ministry of Education and those of the Ministry of Social Development is also present in the vacation "colonies" provided by the city (starting from the age of 3).

⁶² http://www.buenosaires.gov.ar/areas/des_social/ninez_adolescencia/des_infantil/centros_accion_fliar.php?menu_id=19449

⁶³ Simón Bolívar (M-S, 8:00 a.m. to 3:00 p.m.), Bartolomé Mitre (M-F, 8:00 a.m. to 4:00 p.m.), CEMAI (M-F, 9:00 a.m. to 4:00 p.m.), CAF no. 8 (M-F, 7:30 a.m. to 4:00 p.m.), CAF no. 27 (M-F, 7:00 a.m. to 6:30 p.m.; Sat., 12:00 noon to 2:00 p.m.), CAF no. 3 (M-F, 8:00 a.m. to 10:00 p.m.; Saturdays, Sundays and holidays, 9:00 a.m. to 9:00 p.m.), CAF no. 6 (M-F, 7:30 a.m. to 7:00 p.m.; Saturday, 10:00 a.m. to 1:00 p.m.).

⁶⁴ It is possible to enter the programme without documentation, in which case the institution subsequently assists in the process of obtaining appropriate documentation.

With the family as the focal point, the services offered are: (1) daytime care for nursing and non-nursing infants; (2) interspersed educational support in use of the library, and literacy skills; (3) cultural workshops; (4) opportunities for teen-agers to participate in informal peer discussions; (5) workshops on the promotion of rights; (6) sports and recreational activities; (7) meals (breakfast, lunch, snacks, and boxed lunches for families); (8) health, medical and dental checkups; (9) diagnosis, treatment and counselling with families regarding social issues; (10) promotion of community activities; and (11) workshops for women.

According to the coordinator of the Family Advancement Centres, the personnel providing the care are certified preschool teachers and other personnel who have completed secondary school or have university training in social issues – primarily trained teachers and social workers.

Community crèches

Finally, the city government has a Project for the Strengthening of Community Crèches, which takes place in the community facilities of some of the poorest districts (3, 21, 1, 19, 4 and 20). In total, there are 46 community facilities in the city receiving subsidies (monetary and/or food) from the agency responsible for food policy within the city government. The programme's objective is to "Promote participatory management and encourage mutual support through material contributions and technical advice to community organisations whose activities are designed to address the needs of the community of which they are a part." The philosophy behind the programme is one of community participation, with "mothers/caregivers" who feed and care for the children, most of whom come from families living in shantytowns. A total of 474 children attend these facilities in the city (Office of the People's Advocate of the City of Buenos Aires, 2007). Though some of the women involved in this work receive a cash-transfer plan as a recognition of their work, most of them are volunteers, who join the programme in order to get "free" food for themselves and their children.

Funding of childcare services

The amount that the public sector invests in early education is unknown, as is the amount allocated to care programmes by the Ministry of Social Development. However, early education services are clearly a complex mix of public, private and community organisations. On one hand, there is an ample supply of private sector early education services – representing 55% of total enrolment. As has been noted, the offerings on the market have characteristics different from those provided by the public sector.

The private sector serves a greater number and proportion of children under 4 than does the public sector, and is concentrated in the wealthier parts of the city, offering primarily half-day programmes. One feature of the relationship of the State and the market in the provision of these services is the high level of subsidy to nursery and preschools, which are largely State subsidised. Thus, over half of the privately run establishments receive subsidies from the Autonomous City of Buenos Aires.

Of a total of 477 privately run establishments, 267, or 56%, receive subsidies, and 49% of private crèches or kindergartens receive between 50% and 100% of their funding from the municipality (Table 27). Many of these facilities are parish or parochial schools that can then charge an accessible fee thanks to State subsidies. This not only results in a relatively regressive system, but

also strengthens religious education, making it affordable for low/middle-income families. A total of 210 crèches and kindergartens receive no public funds. Thus, even if they charge fees, private establishments receive public funds, demonstrating a close relationship between the market and State spheres in this area. Unfortunately, there is no information on the national government's budget allocations for private early education establishments.

Table 27: Private basic early education units, by percentage of State subsidy received, City of Buenos Aires, 2006.

Total	Recipients of State subsidy					No subsidy
	Up to 25%	25% to 50%	50% to 75%	75 to 100%	100%	
477	2	27	57	64	117	210

Source: Author, based on Annual Figures, 2006, Department of Statistics, Directorate of Research, DGPL, Ministry of Education, G.C.B.A.

At the same time, the jointly managed institutions depend on investment by the organisations providing the care. Thus, civil society and community organisations provide in-kind work or contributions to create and maintain alternative services, although the budgets they devote to this are unknown. Where the market is not active and the public sector is insufficient to meet the care needs of the city's poorest population, these types of agreements fill a gap, although they do not cover the needs of all children whose families seek alternatives to intra-family childcare.

Unmet demand for early education in the City of Buenos Aires

Despite the relatively favourable situation in the City of Buenos Aires compared to other jurisdictions in the country, and the guarantee provided in the city's Constitution, the care available, especially in the education sector, is far from universal. Year after year, thousands of children are unable to find places in programmes. The demand for space in such programmes has increased in recent years. Given the relative stability of the services provided by the State, some of the new demand, as has been seen, was absorbed by the private sector. For those unable to pay for the education or care of their young children, however, the long waiting lists for a place in a State-run crèche or kindergarten are evidence of the increasing demand that remains unsatisfied. Between 2002 and 2006, the "excess" of children increased by 1,654, this being the number of children on waiting lists for crèches or kindergartens who, at mid-school year had not been accommodated. This represents an increase of 37% over the period in question. Thus, in June 2006, the total deficit in individual spaces was 6,047. These numbers clearly demonstrate the unmet demand for early education, which is equivalent to 6% of all enrolment and over 13% of the enrolment in State-run facilities.

Table 28. Changes in unmet demand (deficit) for early education, City of Buenos Aires, 2002-2006.⁶⁵

Year	2002	2003	2004	2005	2006
Deficit	4,393	4,970	5,299	6,116	6,047

Source: City of Buenos Aires Directorate of Early Education, quoted in Lawsuit: “Interpone acción de amparo. Solicita dictado de medida cautelar urgente”, ACIJ.

According to the Office of the People’s Advocate of the City of Buenos Aires, 71% of the unmet demand is in districts in the southern part of the city (Office of the People’s Advocate, 2007).

The deficit of coverage in early education is also evident at the 5-year-old level, despite the fact that attendance is mandatory. Here, over the last four years, waiting lists ranged from 170 to 470 children, with 82% of the unserved children in the 5-year-old bracket residing in the southern part of the city. “The greatest demand for places is for children from 45 days to 3 years of age from neighbourhoods of high vulnerability”, according to the Office of the People’s Advocate of the City of Buenos Aires.

The deficit of public early education offerings led to collective legal action by the Civil Association for Equality and Justice (Asociación Civil por la Igualdad y la Justicia, or ACIJ), alleging a violation of the right to education,⁶⁶ autonomy, equal treatment and non-discrimination, as well as citing the jurisprudence of the city’s administrative courts in this area.⁶⁷ Thus, the ACIJ requested a court injunction, asking that the court issue the following order:

“(1) The Government of the City of Buenos Aires is hereby ordered to meet its undelegable Constitutional obligation to ensure and fund access to early education for the city’s children (Article 24, CCABA). This obligation has been systematically ignored during school years 2002, 2003, 2004, 2005 and 2006. (2) The GCBA is hereby ordered to design and execute urgent measures that – even if temporary – will work toward remedying the lack of space in early education by the beginning of the 2007 school year, during which time the evidence for the present case is to be presented. To this end it must be borne in mind that thousands of children each year were excluded due to lack of space in the system over the last five years.” (Lawsuit: “Interpone acción de amparo. Solicita dictado de medida cautelar urgente”, ACIJ, 2006).

⁶⁵ The data refer to the total number of children who attempted to attend an early education institution but were not admitted due to lack of space. They reflect public establishments for infants, toddlers, and 2-, 3-, 4- and 5-year olds for the 2002-2006 period, up to June of each year.

⁶⁶ As indicated, Article 24 of the Constitution of the Autonomous City of Buenos Aires states that “The City *assumes the undelegable responsibility of assuring and financing public, secular, free education* for all levels and modalities, *as of the age of 45 days* through the secondary level, making it mandatory from preschool until the completion of ten years of schooling, or such longer period as may be determined by legislation.”

⁶⁷ In the case, “Pérez, Diego Ricardo c/ GCBA s/ Amparo”, the father of Damián Pérez sought an injunction to provide for a place for his son in a facility for four-year-olds, and the court granted the injunction sought by the *petitioner*. The Court of Appeals upheld the ruling. (Juzg. Cont. Adm. y Trib. N° 5, “Pérez, Diego Ricardo c/ GCBA s/ Amparo”, 25 March 2002 and Cám. Cont. Adm. y Trib., Sala I, “Pérez, Diego Ricardo c/ GCBA s/ Amparo”, 23 May 2002). In the case “Tumbalobo Casallo, Magda Ynés c/ GCBA s/ Amparo”, the mother of Sol Inés Medina sought an injunction to provide a place for her daughter in a facility for three-year-olds, and the court granted the injunction. (Juzg. Cont. Adm. y Trib. N° 5, “Tumbalobo Casallo, Magda Ynés c/ GCBA s/ Amparo”, 13 April 2004). Cited in Lawsuit: “Interpone acción de amparo. Solicita dictado de medida cautelar urgente”, ACIJ, 2006.

The City of Buenos Aires courts ruled that the State was acting in detriment of “the Constitutional rights of its constituents in regard to equality and non-discrimination in education⁶⁸ and the public policy priority accorded to children”. The broad ruling includes references to human rights – in particular, economic, social and cultural rights – and international treaties. The ruling granted the request, and stipulated that the government of the City of Buenos Aires must “remedy its failure to ensure and guarantee access to early education for children 45 days to 5 years of age”. For this purpose, the government was ordered to: “(a) within 30 business days of this ruling’s becoming final, submit details of measures being implemented; (b) within 90 business days of this ruling’s becoming final, submit the plans for the new measures needed to satisfy the educational demand of children between 45 days and 5 years of age; (c) before the end of the 2007 school year, submit to the court a plan clearly specifying the measures that it will adopt to ensure that by 2008 the children in question will have access to early education establishments.”⁶⁹

The government appealed the sentence, but on 19 March 2008 the Court of Appeals upheld the ruling in its entirety. On the problem of space for the children, the magistrates of the higher court stated that “It emerges clearly and eloquently that a high number of children 45 to 5 years of age [...] in fact do not enjoy their Constitutional right to early education”.

Besides the unsatisfied demand for places in facilities within the formal educational system, there is significant unmet demand for care “alternatives”, whether provided by other municipal government entities such as the Ministry of Social Development or by community facilities.

Who, then, are the children who do not attend kindergartens or other childcare facilities? While the distribution of children living in the city differs according to per capita household income, with few children in the highest quintiles, the highest proportion of non-attending children is concentrated in the lower income strata.

Table 29: Attendance at educational institutions of children up to 5 years of age, by per capita household income, expressed in percentages City of Buenos Aires, 2005.

PCHI income	Age and attendance status				Total
	0-2 Attending	0-2 Not attending	3-5 Attending	3-5 Not attending	
1	12.3	42.2	36.8	79.2	37.8
2	23.4	22.8	21.4	13.3	21.9
3	25.8	15.9	14.6	6.5	16.2
4	22.4	12.0	16.4	1.0	14.6
5	16.0	7.1	10.8	0.0	9.4
Total	100	100	100	100	100

Source: Author, based on Annual Household Survey, 2005.

⁶⁸ The right to education is construed in a collective sense: “At issue is not the right of a particular child to receive early education, but rather the intent to impel the authorities to implement a public policy, established by the constituents, regarding the universalisation of such a right, beginning with early education.” Exp. 23.360/0 “Asociación Civil por la Igualdad y la Justicia contra GCBA sobre Amparo.”

⁶⁹ “Asociación Civil por la Igualdad y la Justicia contra GCBA sobre Amparo ART. 14 CCABA”, EXPTE: EXP 23360/0.

Childcare Privatisation and Familialisation

Who cares for those children not served in childcare facilities? Data from the Child Labour Survey are highly enlightening regarding the elevated presence of mothers in this role: mothers are the principal caregivers of 80% of children not attending childcare facilities, and the percentage is 82.5% for the poorest households (Table 30).

When the main person responsible for care is not the mother, significant differences can be seen between different social groups. In higher-income households, over 14% of childcare is performed by domestic workers, and 4% by other family members or neighbours, since the market plays a greater role than family networks for this sector. In the poorest households, the role of siblings (most likely sisters), whether older or younger than 15, is the second alternative to maternal care, representing slightly over 10% of care. The presence of the father as the principal caregiver for children not attending a childcare facility is low in both groups, but somewhat higher in the poorest homes (5.5%) than in the wealthiest (3%).

Table 30. Principal caregiver for children not attending childcare facilities, according to per capita household income quartile,⁷⁰ and country total, 2004. In terms of percentage.

	25% poorest	25% wealthiest	Total
Mother	82.5	77.3	80.4
Father	5.5	3.0	4.6
Other family members or neighbours	1.8	4.0	3.0
Domestic employee	0.0	14.3	1.6
Siblings under 15	1.9	0.6	1.2
Siblings over 15	8.2	0.7	8.9
Other	0.1	0.1	0.2
Total	100.0	100.0	100.0

Source: EANNA-INDEC, 2004.

In the *Greater Buenos Aires Region* -including the City of Buenos Aires as well as the Greater Buenos Aires proper- the structure of care is similar to what it is nationwide, with high participation by mothers at both ends of the social spectrum (even higher, indeed, than nationwide), with greater participation of siblings in poor households, and a greater role for domestic help in wealthier households.

⁷⁰ The data from the Survey denotes with whom a child not attending a crèche or kindergarten spends the most hours in a day.

Table 31. Principal caregiver for children not attending childcare facilities, according to per capita household income quartile, Greater Buenos Aires Region, 2004.

	25% poorest	25% wealthiest	Total
Mother	86.4	81.8	83.0
Father	4.9	0.0	4.7
Other family members or neighbours	0.0	4.7	2.1
Domestic employee	0.0	13.5	1.3
Siblings under 15	0.3	0.0	0.3
Siblings over 15	7.9	0.0	8.4
Other	0.4	0.0	0.2
Total	100.0	100.0	100.0

Source: EANNA, INDEC, 2004

The impact in terms of time devoted to care of children under 5 by principal caregivers is very significant when children do not attend a care facility. Data from the City of Buenos Aires Time Use Survey indicate that in such households, time devoted to childcare increases by 1.2 to 2.1 hours, where at least one child under 5 does not attend a childcare facility, compared to households in which childcare facilities are used. The greatest difference occurs when there is only one child under 5 in the household, with a reduction in this figure when there are more children – a phenomenon that could indicate a sort of economy of scale in care.

Table 32: Adjusted average time devoted to household care of children under 5, according to household's access to care services.

	Exclusively 1 child under 5		Exclusively 2 or more children under 5		At least 1 child under 5, and other(s) older	
	Attends	Does not attend	All attend	At least one child under 5 does not attend	All attend	At least one child under 5 does not attend
<i>Childcare time – Total households with children up to 5</i>	3.5	5.3	4.2	5.2	3.7	4.7
Childcare time for nuclear-family households with at least 1 child under 5	3.5	5.7	4.2	5.4	3.3	4.9

Source: Author, based on City of Buenos Aires Time Use Survey, 2005.

Domestic help

The importance of domestic help in the wealthiest sectors of the population is clear. For the wealthiest households, it is a perfectly natural strategy to cover both daily domestic work needs and the care of children and older people. In most cases, domestic services are provided through live-out

arrangements. Nationwide, only 6% of domestic workers live at their employers' home; over two thirds work less than 35 hours per week; and 80% work for a single employer. The City of Buenos Aires and the outlying areas within the Greater Metropolitan Area represent 54% of the country's total for domestic services (Ministry of Labour, no date).

In the City of Buenos Aires, the Annual Household Survey shows that in 98.6% of the households with live-in domestic workers, adult women in the household work in the labour market. Thus, one of the strategies that make it possible for middle- and upper-class women to work is the ability to hire other women – in this case, from the poorest sectors – to cover household responsibilities that are still seen by the majority of the population as female responsibilities.

Table 33: Households with live-in domestic help, according to working woman in household, City of Buenos Aires, 2005.

Working woman in household	Households without domestic help	Households with domestic help	Total
No	46.0	1.4	45.5
Yes	54.0	98.6	54.5
Total	100.0	100.0	100.0

Source: Author, based on Annual Household Survey, 2005.

The particular paradox of this situation lies in the fact that domestic workers, whose presence enables many middle-class and educated women to participate in the labour market, are those with the least access to work-related rights. Not only is domestic work in Argentina governed by legal provisions that are accorded less importance than those in the Labour Contract Act, but regulations permit workdays up to 50% longer than in other activities, and with salaries lower than the minimum wage for other workers. Finally, domestic workers have no right to maternity leave (Pautassi, Faur and Gherardi, 2004).

Thus, the existing institutional realities reproduce the special class and gender discrimination to which the poorest women are subject, deepening not only the gender gap in working-class sectors, but also the social gap within the highly diverse universe of women in a country with acute inequalities.

In short, the information reviewed in this report reveals a striking disparity in the services available, and consequently a disparity of care strategies available, to households in different social strata. The less feasible it is for households to contract for commodified services, or to obtain access to publicly provided services, the greater is the extent to which the increased workload falls on the shoulders of women, with this being most applicable to the poorest households. Thus, it is difficult to argue that Argentina has a *single* care regime – one comprised of the four pillars of a “care diamond”: the State, the market, the family and the community (Razavi, 2007). This point will be highlighted in the conclusions presented below.

Final considerations: a variety of *childcare diamonds*

This study describes the configuration of Argentina's welfare and childcare regime, with a focus on the City of Buenos Aires. Introducing the concept of care has permitted us not only to explore a specific problematic area previously largely unexplored in the Argentine context, but also to obtain a better understanding of the form and nature of the present-day welfare regime (Daly and Lewis, 2000).

Throughout this report, we have examined the role of the State in regulating and providing care services, as well as the role played by households, the market and, to a lesser extent, social and community organisations. Our starting point is the observation that the State not only provides care but also regulates the way in which the other "pillars" of the system – such as families, markets and community – do so. From this perspective, we have analysed assumptions about the roles and responsibilities of different persons and institutions as these assumptions are embodied in legislation, social policy and childcare activities. We have also explored real levels of coverage, and enforcement of protected rights. We find that class and gender inequalities pervade State regulations and services in specific ways, and hence are also pervasive in the scenarios that dictate how households and their members structure their care strategies.

As we have indicated, a transformation of Argentina's social policy regime began in the late 1970s under the military dictatorship. The process later went through various stages, responding in a fluctuating fashion to economic shocks and crises. The 1990s and the implementation of neoliberal policies deepened the inequalities in terms of the existence of, and access to, social rights, giving renewed emphasis to the role of markets and households in providing for people's welfare. Nevertheless, the welfare regime in Argentina cannot, in our view, be construed as unambiguously informal in nature. Argentina today does not have either a strictly informal, institutional, or corporate regime, but rather is a State with an intricately interconnected combination of these, resulting in a sort of "layered fragmentation" in the supply of services and resources, affecting the welfare of the population in disparate ways.

Some benefits are universally available; others are clearly of a means-tested type, available (to a limited extent) to the poorest population; still others depend on participation in the labour market, while yet others are directly associated with the market and with users' economic resources. The welfare model emerging in the wake of the 2001-2002 crisis has maintained the supply of State services, while recasting a labour-based model of social policy. Under this scheme, a broad network of State protections remains in place, although the goods and services that it provides are fragmented and of varying quality. At the same time, individuals and families are deprived of a significant portion of their protections. Thus, the role of households and community organisations has assumed increasing importance, not only in terms of what they offer as "pillars of the welfare regime", but, above all, as a function of their deepening interconnections with social policy and publicly provided services, a situation that greatly increases the complexity of the social protection landscape. We therefore see important interconnections in how the various pillars of the regime contribute to household welfare, and in the behaviours that each of these institutions manifests, based on whether it is dealing with poor or non-poor households.

An analysis of the services that currently play a role in Argentina's welfare regime reveals no real alternatives capable of equalising the resources available to different social groups. This is true not only in the areas of health and pensions, but also in childcare programmes and services, including educational services.

Thus, it seems inaccurate to speak of a single “care diamond” in Argentina, since the situation is one in which different “diamonds” can be characterised, and in which the specific weights borne by the different pillars – State, market, family and community – differ and overlap according to whether poor households or others are concerned.

The “States” in relation to childcare: regulation, policy and provision of services

There are three central mechanisms for structuring the social and policy-driven organisation of childcare: “time to care, money for care and care services” (Ellingsaeter, 1999: 41). Argentina does not have any systematic childcare policy that regulates and effectively provides the time, economic resources and services required for care. The existing offerings are structured differently in the country overall and in the City of Buenos Aires, representing alternatives that in some measure affect the consolidation of care models, with care being part of the family dynamic that differs from one type of household to another based on the degree of access families have to the labour market and to public or private care services.

What this investigation found may be described as a fragmentation of services and programmes that are not necessarily focused on childcare, but rather, in one way or another – by action or omission – provide it or govern the way in which it is provided.

Within the legal and regulatory framework analysed here, guarantees of time and money for care are linked to the maternity and paternity leaves mandated in labour legislation, which place special emphasis on mothers in their capacity as workers. Nevertheless, there is a limitation on accessing this right, inasmuch as half of Argentina’s female workers – including domestic workers – work in the informal sector. Moreover, the above-mentioned leaves cover only three months of the newborns’ lives, a period insufficient for women to balance work and family responsibilities. In addition, the legislation contains major gender biases, since it does not provide paternity leaves, which would promote shared male responsibility for childcare. Fathers receive only two days of leave, as compared with ninety days for mothers.

In terms of the availability of childcare services, relevant regulations are present both in labour law and in the educational legislation passed in 2006. However, the coverage provided by labour law is very narrow. First, childcare services are mandated only for women in the formal sector working in firms with over 50 female workers. Second, and more serious, a regulatory structure has yet to be created under this legislation, thus leaving women’s access to the mandated services dependent on the agreements reached between their labour associations and the business sectors involved, or on the goodwill of employers. Thus, it is not a protected right that women are able to demand.

With the establishment of a new social policy paradigm, which we have described as an overlapping of old and new models, certain features of the guardian model are being revived – a fact that may bode well for increasing women workers’ rights to care services. However, the revival of this model is occurring in the context of a more fragmented labour market, with precarious conditions affecting nearly 40% of male workers and close to half of female workers. Furthermore, even during the period in which it provided the greatest protection, the model did not cover the care needs of workers’ children. While childcare was regulated almost exclusively as a right of women workers, the lack of a regulatory structure to implement legislation on the provision of childcare facilities in the workplace has historically prevented such services from becoming widespread. In the last several decades, the impediment has become more severe, as women’s growing participation in the labour market has been accompanied by more precarious labour conditions. Thus, in practice, few women and families can count on access to the care services mandated by the country’s labour laws.

From this perspective, the appearance of legislation establishing childcare service as a *children's right*, rather than as a parents' right, is a positive development. In theory, this change in perspective paves the way for making these services universal, since it potentially expands the entitlement from working mothers to all of the country's children. In the educational system, however, although legislation recognises the need for childcare services starting from the age of 45 days, it does not require provincial governments to meet this need, since attendance is mandatory only from the age of 5, and only for children beginning at age 4 is the service required to be made available. To aggravate matters further, no timeframes are established for achieving these objectives. This results in a great disparity in services, since the service provided in State-run schools depends entirely on the funding capacities and policy priorities of the province. In the wealthiest jurisdictions, such as the City of Buenos Aires, ample services are available in the marketplace. The high proportion of total enrolment covered by the private sector allows the State to offer a larger proportion of double-shift early education establishments for children in crèches and kindergartens. Thus, whether and to what extent the rights become a reality depend on random factors, such as the particular jurisdiction in which the child is born.

Examination of early education services offered nationwide reveals a number of indicators of unequal access. First, nearly half of the provinces focus on serving the 5-year-old population. Second, a majority of the country's crèches are private sector establishments. Third, even in the City of Buenos Aires, available early education services do not manage to meet the demand. Year after year, the number of children excluded from the system constitutes approximately 13% of the enrolment in State-run establishments and 6% of total enrolment. Thus, the goal of expanding the access to childcare by making it a children's right has yet to be translated into reality.

Given this fragmented supply of educational services, with problems of unequal financing by different jurisdictions and unequal financing between public and private sector establishments, "alternative" policies and services are emerging in the public sector, as part of an approach intended to target poverty. Bearing the traces of their neoliberal heritage, these services make availability and access conditional on the active participation of the beneficiaries.

The municipal government of Buenos Aires is establishing alternative modalities for providing educational and care services for children. Some of these are being implemented by the Ministry of Social Development, focusing on poor households, while others are joint initiatives between the Ministry of Education and a variety of institutions, some within the public sector (e.g., the city's hospitals) and others in the community. Thus, care services are provided under agreements with civil society organisations, with government agencies and with "community groups" that operate in working-class neighbourhoods and shantytowns. These have less of an institutional structure than do the kindergartens.

In most cases, these services are presented as "community promotion" or "childhood development" measures. However, by focusing on poor children, the State in a certain sense legitimises the fragmenting of care services and the failure to make them universal pursuant to education legislation. Thus, for example, personnel may be social workers, and are not required to be teachers. Nor is this type of programme presented as a model that might eventually be made universal throughout the city; on the contrary, targeting these services to the poor is framed as an achievement of social policy, rather than as addressing a deficiency – one more example of how the State's social policy deepens social inequalities from the earliest stages of life. At present, there is a limited number of Childhood Development Centres, covering less than half of the demand in the city's poorest neighbourhoods.

Where community actors are involved, either in providing facilities (as in the case of the jointly managed institutions mentioned above) or through the use of women from the community to provide the various services, the approach reinforces the idea that the poor must “participate” in supplying services if they are to enjoy access to them. This extremely romanticised notion ends up aggravating fragmentation and inequality, since, in the crèches and kindergartens run by the Ministry of Education, no type of work commitment is required from fathers, mothers or any other community members. Thus, civil society organisations cannot even be considered to be a pillar independent of the State, nor can the State be considered to play a role independent of these organisations. On the contrary, State and civil society influence each other. In some cases, civil society activities are actually created and shaped by the State (Acuña, Jelin and Kessler, 2006).

In the City of Buenos Aires, the variety of public offerings, drawing on a wide range of different actors, shows that even when there are public services that do not require a contribution from beneficiaries, access to the services is unequal, as is the quality of the services, thus doing little to address the prevailing social inequalities.

As is the case with the health sector, higher income households have a sort of “excess coverage”, or at least “excess supply” of services. Those who are able to pay for education and childcare have various options in terms of public and private sector educational services, as well as in terms of family or hired domestic help. At the same time, the wealthiest sectors are in the best position to select and make use of free services available in the city, e.g., crèches and kindergartens.

Adding to the complexity of the situation is the fact that a significant portion of private education in Argentina is subsidised by the State, while at the same time, the State funds various community and civil society programmes, thus blurring the line between State and market in the educational arena. The range and quality of services offered by these various institutions differ depending on the social group being served. Thus, there is a multiplicity of “States” – or a multiplicity of “faces” and services that the State presents to the population. One cannot help wondering whether the disparities in quality and the fragmentation of care services is due to lack of investment or to the underlying logic of the system’s design, which ultimately legitimises a differentiation of services based on social class.

Finally, it is striking that while labour legislation makes special provisions for the rights of women workers, as the sole parties responsible for childcare, the educational system designates its care facilities for young children (crèches) as “*jardines maternas*”, emphasising the maternal element. Thus, the Argentine culture’s continued emphasis on childcare being a nearly obligatory female responsibility filters into its institutions, legislation and social policies.

Family and community care in exchange for cash transfer programmes

Social policy at the national level also affects the forms of care occurring in families and communities, reflecting specific gender and class biases. Thus, the plans and programmes examined in this report (the Unemployed Heads of Household Plan, the Families for Social Inclusion Programme and the National Nutrition and Food Plan) function as means of legitimising poor women’s responsibility for caregiving, reinforcing a “familialistic” logic.

In general terms, the current welfare and care regime show significant change, not only in their way of conceiving the “protection” of poor households, but also with regard to the investment dedicated to that end. Thus, the programmes of the Ministry of Social Development have moved from having a marginal budget up until the 1980s to constituting, in the present welfare regime, a fundamental component of the State’s social spending. At the same time, the massive social programmes currently in place have serious limitations in their capacity to overcome poverty, as well as

suffering from class biases that, in their quest to alleviate the scars of poverty, aggravate gender inequalities.

The income transfer programmes examined here, such as the Unemployed Heads of Household Plan and the Families Programme, require direct contributions from their beneficiaries, either in terms of public work, as in the PJJHD, or in terms of work in a private setting, as in the Families Programme. Such participation is required for access to the economic benefits offered. The Food Programme does not require an explicit contribution from beneficiaries; however, the women whose work sustains the community kitchens participate, in the best of cases, as part of their PJJHD contribution, and in many other cases without receiving any income in exchange. Thus, one might conclude that their own access to the food service depends in part on their participation in the kitchens. From the perspective of the women, the motivation to participate is clearly not mere “solidarity”, but rather is driven by the opportunity for obtaining food to feed themselves and their families. The fact that the beneficiaries prepare and serve the food at home presupposes, once again, active intervention by the families in the daily care of their children.

The “familialistic” cast of these social plans is clear. Their constant appeal to mothers’ responsibility and community “solidarity, and their demand for a commitment in exchange for obtaining these minimum subsistence resources from the State, represent a relatively new criterion in social policy. Thus, social policies exist not to “defamilialise” welfare, but rather the contrary. Poor women are required to demonstrate their family and community commitment in exchange for the “benefit” of an income that does not even suffice to cover their own and their families’ basic food needs – a benefit that provides no opportunity to escape even from situational, much less structural, poverty.

The increasingly entrenched logic of the *work commitment* is not accompanied by a corresponding commitment by the State to extend its network of social services in either education or health. The State provides income or food, while the recipients reciprocate with *care* – care that is part of the process of assuring the education and health of the children or that takes the form of domestic work, as women cook for and feed their own and other children in community kitchens.

To receive benefits under these programmes, families of children age 5 and older are required to demonstrate attendance at educational facilities – this being the mandatory age for school attendance. However, the programmes make no explicit reference to the more general problem of childcare for children under 5, or to its relevance and importance to working men and women. Thus, these social programmes, rather than reflecting any true attempt to make access to care services or facilities universal, are limited to providing greater – though scant – monetary resources and food to ensure that families, and specifically women, continue to provide care for their children, with little possibility for other activity.

Finally, in terms of the reach of social policies in Argentina, there is a clear trend toward strengthening the Families Programme to the detriment of the Unemployed Heads of Household Programme, while the Food Programme remains in place and stable. Thus, there has been a systematic decline in the PJJHD budget, while the opposite trend is seen in the Families Programme budget, which now exceeds that of the PJJHD. The Food Programme budget, meanwhile, has remained level.

From a gender perspective, the strengthening of the Families Programme signals a clear trend in social policy – particularly as regards poor women – toward the familialisation and feminisation of childcare. Thus, the design of these programmes appears to be based on the assumption that women’s right to work, and even their autonomy, is at odds with the health and education of their children.

In summary, notwithstanding the State's provision of services and its investment in social programmes, it is clear that, at this stage of the welfare and care regime, the central problem is less a matter of stratified access to social security than the trend toward more pronounced *fragmentation*. While precarious social policies regarding the poor population continue to expand in scope and budget, education and health services, along with a narrow range of care services, are dependent on users' geographic location, occupational position or socioeconomic status. The resulting public childcare scheme is one characterised by disparities and fragmentation. For the poor, this means serious limitations on access to equal and sustainable levels of protection, eligibility for a social plan, the presence of a nearby community kitchen, or availability and space in a nearby crèche. Meanwhile, the quest for a comprehensive guarantee of rights is increasingly limited to non-poor populations – populations better positioned to demand their rights or to acquire services in the marketplace.

The privatisation of childcare and related class biases

Availability of, and access to, care services directly affect women's ability to enter and remain in the labour market, and hence households' ability to enhance their welfare. In terms of the children, access to educational services from an early age can narrow the huge gaps between the wealthiest and poorest sectors. However, the relative scarcity of free early education and childcare services suggests that childcare is still overwhelmingly a private strategy for Argentina's families. Our analysis of the City of Buenos Aires has shown that even in the jurisdiction that enjoys the widest range of services in the country, demand is not being met. Thus, families must resort to contracting for care services or rely on the women to provide for such care through their own unpaid domestic labour. This, in turn, limits women's ability to participate in the labour market or leads to an excessive workload.

Indeed, demand for childcare and the provision of care through family, the State, communities or the market are influenced by class and gender. Even when care, and particularly childcare, is assumed to constitute a distinctive feminine responsibility by all income groups, there is an enormous variety in the way care is provided by women and families, the amount of care commodification families can afford, the demands on State care provision and the ways women and families resort to informal care networks.

Analysis of the relative importance of the different pillars of the welfare regime indicates that households continue to play a central role in childcare. However, although both men and women with young children participate in their daily care, it is the women who devote a major part of their day to the activity, spending less time on performing paid work. Meanwhile, the respective positions of men and women in the household strongly affect the time they devote to work in the marketplace versus domestic and care work, with married women spending the greatest proportion of their day in childcare. Finally, *in poor households, the time devoted to care is substantially greater than in other households, and is much greater when the children do not attend early education programmes*, as has been shown here.

Thus, the specific weight borne by the different pillars in the “care diamond” varies as a function of whether poor or non-poor households are at issue, leading to what is in fact a multiplicity of “diamonds”. Aside from the symbolic dimension of this configuration – in which men and women with lower educational levels are likely to perceive care more traditionally, as a family – and specifically a female – responsibility, the growing demand for care services shows that an economic and institutional dimension is also at play in this inequality.

For the present, the family, the market and the community continue to bear the major burden of childcare. In this respect, Argentina's social inequality is at the epicentre of the problem, highlighting once again the issue of *fragmentation*.

For households with economic resources well above the poverty line, some of the responsibilities assigned to families can be commodified by contracting for private sector educational services, by delegating the burden to domestic employees, or by a combination of these two strategies. Thus, the market plays a strong role in childcare nationwide, as well as in the City of Buenos Aires, where a vast majority of the children attending crèches attend privately run establishments.

Higher income sectors have a multitude of ways of organising their welfare and care strategies; the "oversupply" in such services specifically benefits the most advantaged sectors. As seen in our examination of the health sector, some families have various strategies available, and can select those that best suit them in terms of quality of service, cost, availability, proximity, schedule, etc. Since more flexible options are available to them, they can opt for a high-quality public school or pay for a half-day private facility, and complement this with the services of a domestic employee. In these sectors, the market is the predominant pillar, playing as large a role as – or even larger than – the family. Here, the community does not play a significant role, while the State, whose services are used only when they are deemed to be useful, has only a marginal presence.

For formal workers in the middle-income sectors, having a certificate of employment in the city can facilitate access to full-day public care services, even in cases where the worker does not live in the city. Thus, insertion in the formal labour market can be important in accessing services beyond merely employer-provided ones, which, as we have seen, are at best marginal. Other possibilities include private facilities, and even hourly domestic help during working hours. In this particular diamond, State, market and family overlap in a variety of ways.

Meanwhile, in the City of Buenos Aires, working-class families struggle to find spaces in kindergartens and Childhood Development Centres, while many provinces are completely lacking in this type of public service. Children who do manage to be accommodated by existing capacity encounter uneven quality of service. A substantial number of children under age 4 are served by programmes designed exclusively for the poor, with no teaching personnel involved. In many cases, such as the community facilities, it is neighbourhood women who care for and feed the children. The only alternative to this option is care provided within families by adult female members, or at times by older brothers and sisters. For these sectors, assigning the care burden to family members is the only option, given the State's limited and fragmentary services. In many cases, the State creates programmes whose services are designed to be implemented by the community, in effect "creating" civil society. In the case of this diamond, the market plays no role.

In summary, the Argentine system manifests a complex articulation of government regulations with public, community, family and private sector services, a configuration in which the roles and responsibilities of the different pillars of the welfare regime overlap and interconnect in the childcare process. For most of the population, the scarcity of alternatives to care within the family or in the marketplace hinders the development of capacities, since such development depends on having the freedom to undertake the quest (Sen, 1993). The failure to address the problem of poor working women and the major relationship this has to care responsibility casts serious doubt on prospects for overcoming poverty in Argentina.

The care environment reproduces social inequalities. Thus, while working-class women are limited in their options for participating in the labour market, due to a lack of guaranteed free care services, middle and high income sectors enjoy a range of childcare alternatives that make it possible for women to commodify their own labour, though they still have to reconcile family and work

responsibilities. In the current stage of Argentina's social policy regime, any attempt to provide childcare alternatives exclusively in the context of formal employment (alternatives associated with the paradigm of care as a *right of women workers*) would inevitably be a half-measure; moreover, it would further fragment the options for access, given the low percentage of women – particularly poor women – with formal employment. From this perspective, the attempt to expand the availability of care by treating it as a children's right would appear to be the best approach to broadening equality within the context of a democratic State. For the time being, given that such an attempt is little more than a remote possibility, it would seem inaccurate to characterise Argentina's care and welfare regime as being one based on "a care diamond". Rather, the regime comprises a variety of care diamonds characterised by inequalities that, at this point, are largely taken for granted. *Social and gender equality* appear to continue to lie outside the cognitive and policy framework of the current welfare and care regime.

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