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## **Sustainable Development Goals and Early Childhood in Argentina: Gaps and priority actions to leave no one behind**

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## Executive summary

Early childhood is a crucial stage for the physical, cognitive and emotional development of people. All children have the right to achieve the full development of their capabilities and potentialities; yet in Argentina, in spite of significant progress, the rights of children are still being undermined.

The current state of affairs reveals that during the last decade Argentina has experienced an 'infantilisation' of poverty, as in spite of a decline, over 44% of children live in poverty. In addition, malnutrition has increasingly become a concern for public health, due to unhealthy and nutrient-deficient diets, and it is more prevalent in the most vulnerable sectors of society.

Moreover, in Argentina, the State provides universal healthcare and there is a high share of the population that resorts to alternative healthcare providers. Nonetheless, maternal and infant mortality are still pending matters of attention, access to sexual and reproductive health services is not guaranteed, and the adolescent fertility rate remains high.

It is also worth noting that female poverty is the counterpart of the infantilisation of poverty. The households with more children are also proportionately more feminine. One of the reasons for this is the unequal distribution of upbringing and care between genders. This also impacts on women having fewer possibilities of accessing and staying in the labour market, which impedes poverty alleviation.

What this reveals is that social protection floors are not guaranteed for all. One of the main obstacles for this is the lack of follow-up, monitoring and evaluation in policy implementation.

This document, prepared for CIPPEC's participation at the United Nations ECOSOC'S High Level Political Forum in 2017, describes Argentina's situation, the existing regulations and the public policies implemented, and provides policy recommendations that can contribute to the achievement of the SDGs.

The 2030 Agenda and the Sustainable Development Goals, to which Argentina subscribed in 2015, are a unique opportunity for advancement.

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## Presentation

Recently, Argentina has made significant progress in terms of regulations and social policies that prioritise early childhood. In 2016, the National Government highlighted the need to design policies that focus on families with young children, and it is in this context that it developed the National Plan for Early Childhood, which aims to expand the offer of childcare and early education services. However, significant challenges persist. It is imperative to reduce inequities so that children can effectively exercise their rights regardless of the socioeconomic and labour status of their parents, and the place where they are born and raised.

One of the main obstacles in this process is the lack of follow-up, monitoring and evaluation in policy implementation. Against this backdrop, the 2030 Agenda and the Sustainable Development Goals (SDGs), to which Argentina subscribed in 2015, are a unique opportunity for advancement. For this purpose, CIPPEC's Social Protection Programme will monitor the SDGs linked to early childhood, within the framework of the strategic project "Early Childhood, First Priority".

Since 2014, CIPPEC's Social Development Area has pushed forwards projects on early childhood matters to strengthen public policies from a rights and comprehensive perspective, considering Argentina's different sectors, government levels and contexts. During 2014 and 2015, CIPPEC has worked on the project "Early Childhood in the Agenda", which aimed at establishing early childhood as a key issue in the public debate and the political agenda. This work also contributed to introduce the topic in the presidential debates of the 2015 presidential campaign. The project "Early Childhood in Public Management", implemented during 2016, tried to capitalise on previous work to promote a universal and rights-based approach in policy-making, supporting governments through workshops and other concrete tools. Currently, CIPPEC's Social Protection Programme is also working on three main areas related to early childhood, maintaining a comprehensive and federal perspective: health and nutrition; parental leaves and transfers; and early education and child care.

In this context, the Social Protection Programme will work on monitoring the implementation of early childhood policies. In its Voluntary Report, Argentina's National Government has linked its main objectives with the 2030 Agenda Goals and it has listed the indicators that it will consider to track progress. CIPPEC will evaluate the degree of achievement of the SDGs related to early childhood that Argentina has adapted to its national context, starting from a given baseline, following the variables proposed by the government when available and monitoring other relevant indicators. Thus, this study aims to describe Argentina's current situation, the existing regulations and the public policies implemented, as well as to provide policy recommendations that can contribute to the achievement of the SDGs.

For all the policies and recommendations considered, social protection floors as stated in ILO's Recommendation 202 will be taken into account as a vital right that needs to be ensured for all children. Nowadays, children's rights are violated, as millions of them live in poverty, do not have an adequate nutrition, enjoy limited access to healthcare services, or are socially discriminated due to their gender. Social protection floors are a useful tool for identifying gaps and priorities from a universal perspective. In this context, this document evaluates what needs to be done in order to guarantee a basic level of social security for the youngest members of our population and their families.

Argentina's voluntary review on the SDGs in 2017 is an excellent opportunity to present this information. CIPPEC's analysis complements the Argentinian government's report by tracking

progress on additional indicators, focusing particularly on the situation for early childhood and providing recommendations for the attainment of the 2030 Agenda.

## Introduction

Early childhood, defined as the period that goes from pregnancy to four years old, is a crucial stage for the physical, cognitive and emotional development of people. All children have the right to achieve the full development of their capabilities and potentialities; yet in Argentina, families with children exhibit the highest levels of poverty.

Prioritizing early childhood is the best decision that a country can take, for it allows to achieve equity and efficiency simultaneously. This has a positive impact not only on the future of children, but also on society as a whole. There are several arguments that support this view.

First and foremost, as stated in the Declaration of the Rights of the Child (1959) and its subsequent Convention (1989), all children have the right to achieve the full development of their potentialities. This paradigm requires adults to ensure children's access to their rights and the States must be the ultimate guarantors of the fulfilment of these rights. In this sense, public policy must address children issues for their current rights and not for their future potentiality (López and D'Alessandre, 2015).

Second, neuroscientific studies highlight the importance of the first years of life and the prenatal phase in brain development: during this period, 40% of an adult's mental capabilities are attained (Araujo y López-Boo, 2010). Children need a stimulating environment, which implies quality care, nutrition and motivation, together with stress-free and unpolluted environments. Evidence shows that children raised in poor physical and human environments have higher possibilities of achieving a lower cognitive development and a worse academic performance, exhibiting an antisocial behaviour, earning lower wages, experiencing mental health problems and chronic diseases such as diabetes and hypertension (Baker-Henningham y López-Boo, 2013; Grantham-McGregor, 2009; Barker, 1999). All of this, in addition, contributes to perpetuate the intergenerational transmission of poverty.

Third, early childhood issues are also connected with the gender agenda, given that children are in great need of care. Domestic and care work are mostly performed by women and this unpaid work allows reproduction and the early socialization of children (Repetto, Díaz Langou y Aulicino, 2012). In this context, it is essential to analyse the way in which the care services offer is structured and the alternatives for women to participate in the labour market and access social rights (Faur, 2009). In general, the countries that have experienced a reduction in child poverty in the long term are those that have ensured the participation of mothers in the labour force (Esping-Andersen, 2004).

Moreover, investments in early childhood prove to be highly cost efficient, in terms of their high returns for the society as a whole, as well as for the cost that insufficient investments could imply: studies estimate that US\$ 1 invested has a return of up to US\$ 17 (UNICEF, 2010; Alegre, 2013), while lack of adequate investment in early childhood could entail a global cost of \$1 trillion annually (Barnett, 2009).

Lastly, investing in early childhood is also relevant from a demographic point of view, as Argentina is currently in the midst of the window of demographic opportunity and this will last for only 30 more years (Filgueira y Aulicino, 2015).

## **Brief Methodological Note: Selected SDGs, Targets and Indicators**

Argentina, as a member of the UN, has committed to comply with all the goals of the 2030 Sustainable Development Agenda, which have been adapted to the national context and the political priorities. For the term 2015-2019, the government has established ending poverty as one of its key priorities and, in line with this, Argentina has subscribed to a voluntary review on the 2030 Agenda in 2017, year which focuses on “Eradicating poverty and promoting prosperity in a changing world”. The National Government has recently produced a voluntary report, which highlights the targets to be emphasized and establishes the baseline for the corresponding indicators to be tracked. In this context, it is highly relevant to evaluate the country’s progress in the selected SDGs for early childhood. This section analyses Argentina’s performance on goals 1, 2, 3 and 5, with a particular focus on early childhood matters, and whether the level of compliance of these objectives is in line with the existence of social protection floors.

For this purpose, the indicators proposed by the UN are examined and contrasted with the data available for Argentina; the situation regarding each goal is briefly outlined below, differentiating by sex, socioeconomic status and other characteristics whenever possible. This task introduces a big challenge, since the credibility and legitimacy of the Argentine statistics have been severely questioned during the previous government (IMF, 2013; World Bank, 2017) and this hinders the strengthening of a long-term evaluation policy (Aquilino, 2015). Currently, some existing statistics for Argentina are limited in terms of representativeness, updates, accuracy and reliability. Moreover, certain populations are made statistically invisible, such as indigenous groups whose situation and needs may differ from those of the general population.

Whenever possible, the indicators proposed by the National Government are complementarily considered to monitor progress. Nevertheless, not all indicators are publicly available, which implies the need to build on open data strategies and access to public information. In those cases, this document’s analysis was based solely on alternative sources of data.

For the first goal, ‘End poverty in all its forms everywhere’, four main indicators are considered: proportion of children living below the national moderate and extreme poverty lines, proportion of children protected by social protection systems, proportion of children living in households with Unsatisfied Basic Needs (UBN), and distribution of social public spending. Unfortunately, multidimensional poverty indicators are not consistently available for Argentina. While the indicators broadly coincide with those selected by the government, this study draws on additional sources depending on data availability.

Turning to Goal 2, which aims to ‘End hunger, achieve food security and improved nutrition and promote sustainable agriculture’, Argentina faces a huge challenge since the last National Survey on Nutrition and Health dates from 2005 and the data employed by the government to establish the baseline is not public. The information from that survey was updated using other sources when possible to cover the variables considered to illustrate this issue are the prevalence of wasting, stunting, malnutrition and anaemia among children under 5 years of age, the prevalence of food insecurity, weekly consumption of different food groups, and the nutritional status of pregnant women. As a caveat, it must be acknowledged that the dates of the alternative sources considered might differ from that of the baseline established in Argentina’s Voluntary Review.

To ‘Ensure healthy lives and promote well-being for all at all ages’, as stated in the third SDG, the analysed indicators are the following: maternal mortality, infant mortality, use of contraceptive methods, healthcare coverage, adolescent fertility rate and proportion of births attended in health

centres. While Argentina's voluntary report includes other indicators for the whole population, it also considers the ones selected for this analysis and they are obtained from the same sources.

Lastly, the progress in SDG 5, 'Achieve gender equality and empower all women and girls', is assessed in terms of the proportion of time spent on unpaid work, the existence of legal frameworks to promote gender equality, and women's access to sexual and reproductive health care, information and education, yet a special focus will be put on the distribution of care and unpaid work. The official report also refers to these indicators, while it includes additional data. During the last years, Argentina has clearly progressed on introducing gender issues in the public agenda, yet as it will be described there is still a long way to go.

The voluntary review of the 2030 Agenda can be a key opportunity for the country to advance in data availability and production, and in monitoring and evaluation practices, both at the national and subnational level. Developing an effective information system would require a multidimensional and coordinated approach in the design of data collection criteria and progress, and this would be an essential step to monitor progress in the SDGs.



## Argentina's Situation in Early Childhood in selected SDGs

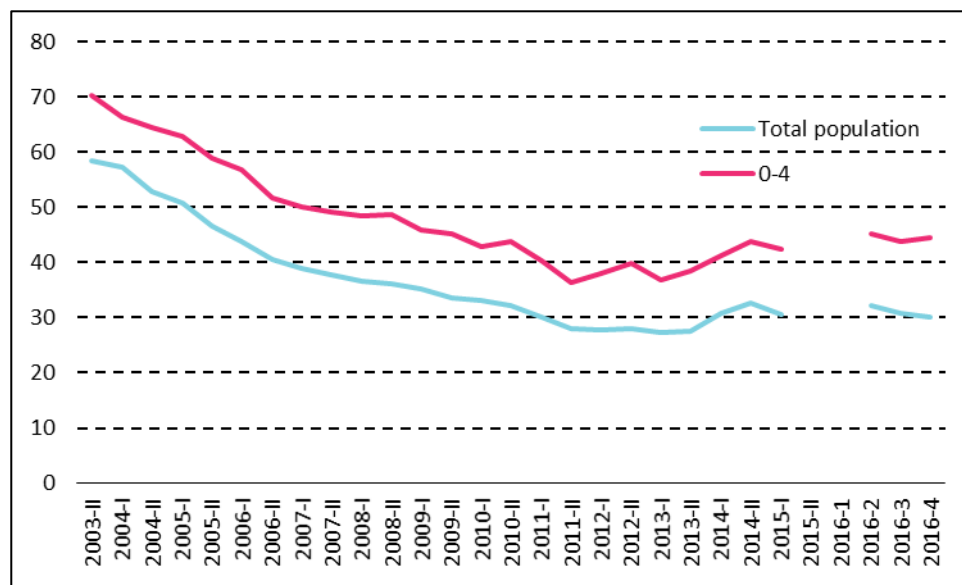
While the evidence strongly underscores the relevance of early childhood, in Argentina the rights of the younger children are being undermined. Although progress has been made regarding social inclusion, early childhood matters are still an outstanding public debt; there is a wide gap between the norms that guarantee children's rights and their effective enforcement. There is a great challenge ahead in terms of reducing inequities so that all children can effectively exercise their rights, regardless of the socioeconomic and labour conditions of their family, and the place where they are born and raised.

### Goal 1: End poverty in all its forms everywhere

Since 2003, Argentina has experienced a significant reduction in poverty levels. While the proportion of the population living in moderate poverty peaked to 58.5% in 2003, this rate has decreased to a still high proportion of 30% of the population living in poverty in 2016, following estimates that consider the national poverty line. The same trend is observed in extreme poverty, which decreased from 19.7% to 5.7% in the same period. Yet this declining trend has been reversed in the last years, as poverty rates have registered an increase since 2012. Additionally, the national rates disguise regional disparities: the Cuyo, Northwestern and Northeastern areas exhibit moderate poverty levels above the country mean (36.35, 32.2% and 31.9%), while the Patagonian region reveals the lowest moderate and extreme poverty levels (25.9% and 3.1%).

A remarkable phenomenon during this period of significant poverty reduction was the deepening of the "infantilisation" of poverty: while moderate and extreme poverty affected 30% and 5.7% of the total population in 2016, 44.4% and 8.2% of the children from 0 to 4 years old lived in poverty, respectively. Although poverty levels declined for both groups since 2003, the gap between groups increased; in 2003, according to the international poverty line, children under 4 years of age were 1.4 times more likely to be living in moderate poverty than the general population. In 2014, this likeliness had increased to 1.7.

**Figure 1. Moderate poverty rate (national poverty line). Argentina, semester, 2003-2016.**

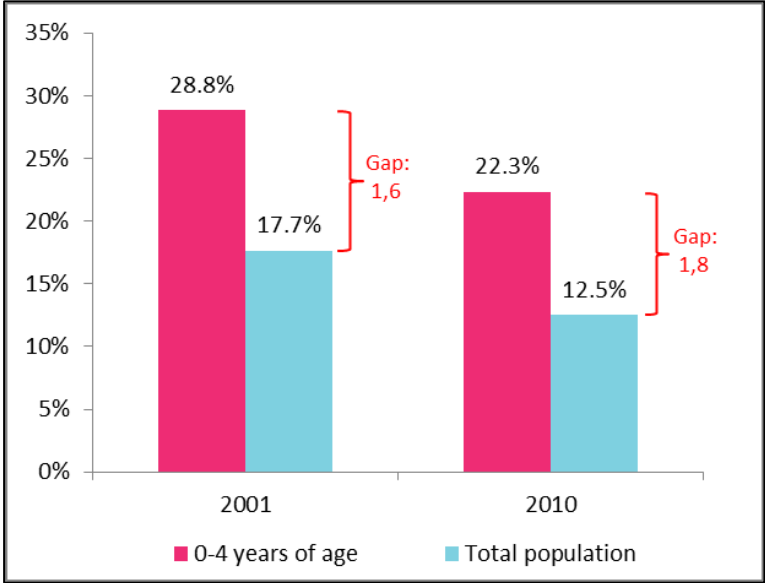


\*The National Household Survey was not carried out during the first quarter 2016, thus the data for 2016 refers to quarters and not semesters.

Source: CIPPEC, based on CEDLAS and INDEC.

The infantilisation of poverty can also be observed in indicators other than income poverty rates. In the absence of data on multidimensional poverty, an indicator of Unsatisfied Basic Needs (UBN) based on census data is analysed. In line with the trend in income poverty, the proportion of people living with UBN has decreased between 2001 and 2010 (last two years in which censuses were carried out), yet the decline has been proportionally higher for the population as a whole than for children 0-4 years old.

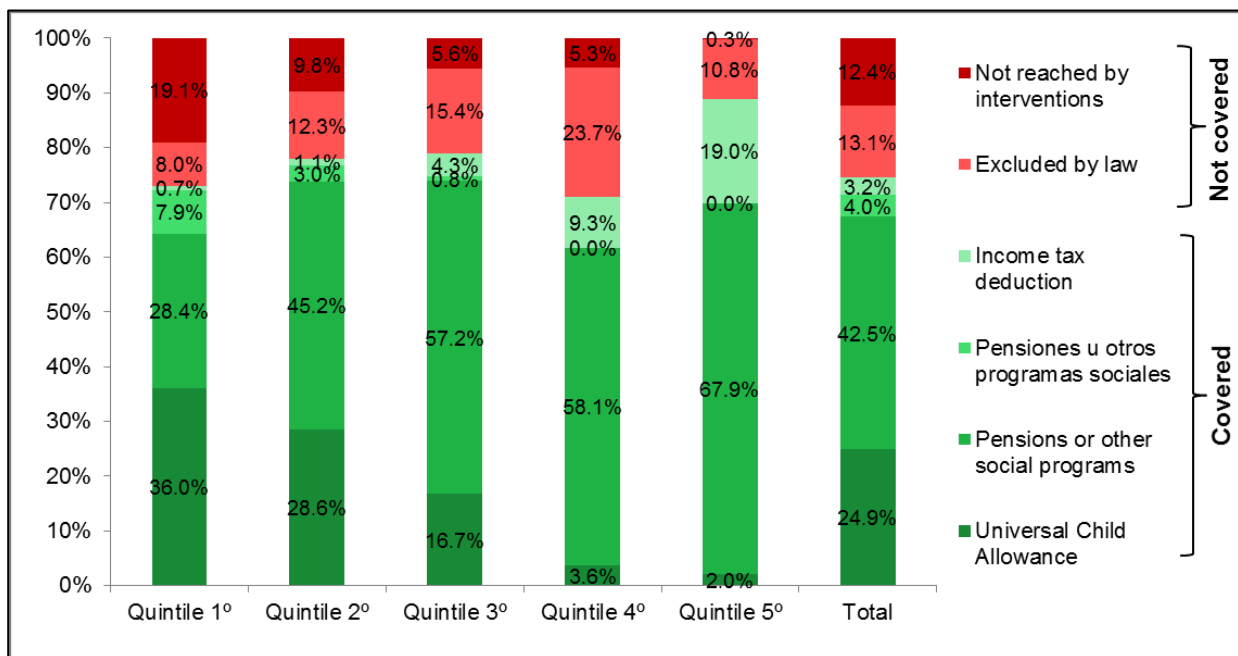
**Figure 2. Share of the population living in households with UBN. Argentina, total population and children 0-4 years of age, 2001 and 2010.**



Source: INDEC, National Population, Household and Housing Census 2001 and 2010.

During this period of declining poverty, there were significant changes in social policy. Previously restricted to formal workers, since the dawn of the 2000s social protection has been expanded to other sectors of the population. Focusing on the youngest cohort, according to the National Social Protection and Security Survey (ENAPROSS I), in 2011 12.4% of the total population under 18 years of age was eligible but did not receive any type of monetary transfer, illustrating how coverage is not yet universal and social protection floors are not guaranteed. This proportion was higher for the lowest quintile of the population, in which 19.1% were not reached by social protection. According to Argentina’s Voluntary Review, in 2016 69.3% of children and teenagers under 18 years of age benefited from some kind of social protection.

**Figure 3. Cash transfer coverage by income quintile and type of transfer. Population under 18 years of age, urban areas. 2011.**



Source: CIPPEC, based on ENAPROSS I (2011), MTEySS.

If we observe the data for households with children, other striking features can be noticed. First, social protection coverage differs by region; while in the Greater Buenos Aires 11.2% of households do not receive any kind of cash transfer, this proportion is reduced to 5.3% in Catamarca (ENAPROSS II, 2015). Second, there is a significant share of families in which some children receive transfers but others do not; this proportion reached 9% in Corrientes in 2015, while it represented 4.1% of households in Chaco. Whereas this may mean some children and youngsters do not benefit from social protection by law, it might also depict certain intra-household dynamics that prevent only some of them from receiving transfers.

In this context, it turns out relevant to analyse the main characteristics of social spending. According to the Under-Secretariat of Macroeconomic Planning, in 2015 social expenditure represented the biggest share of total expenditure at the national level, reaching 63%. Of the total amount, only 4% was allocated to cash transfers, while more than three quarters were spent in social security (54%) and health (22%). In spite of the expansion in social protection during the last decade, safety nets represent only a small share of total social expenditure. In contrast, Argentina has one of the highest per capita expenditures of Latin America in public health.

A key social policy introduced during the last decade has been the Universal Child Allowance (AUH, its acronym in Spanish), a conditional cash transfer (CCT) created in 2009 to address current poverty and its inter-generational transmission. An important aspect of this policy is that it equated the rights of children, regardless of the labour status of their parents. Yet while more than 3.7 million children received the transfer in March 2017, it is estimated that around 1 million more could be benefited but are not reached, meaning they are not guaranteed a minimum social protection floor.

In sum, since the beginning of the century, Argentina has made significant progress in reducing poverty and improving its social protection system. Yet from a 2015 baseline, it is evident that there are still several challenges ahead to eradicate poverty. In spite of the advances, Argentina still has a

significant share of the population living in moderate and extreme poverty, and this proportion almost duplicates for children. Additionally, while safety net coverage has expanded, there is still a significant number of children that do not benefit from cash transfers. While the figures described above conform the baseline concerning poverty, it must be underlined that the National Government has not proposed a specific target for these indicators. Progress in poverty reduction will be measured by CIPPEC following targets 1 and 2 of SDG 1.

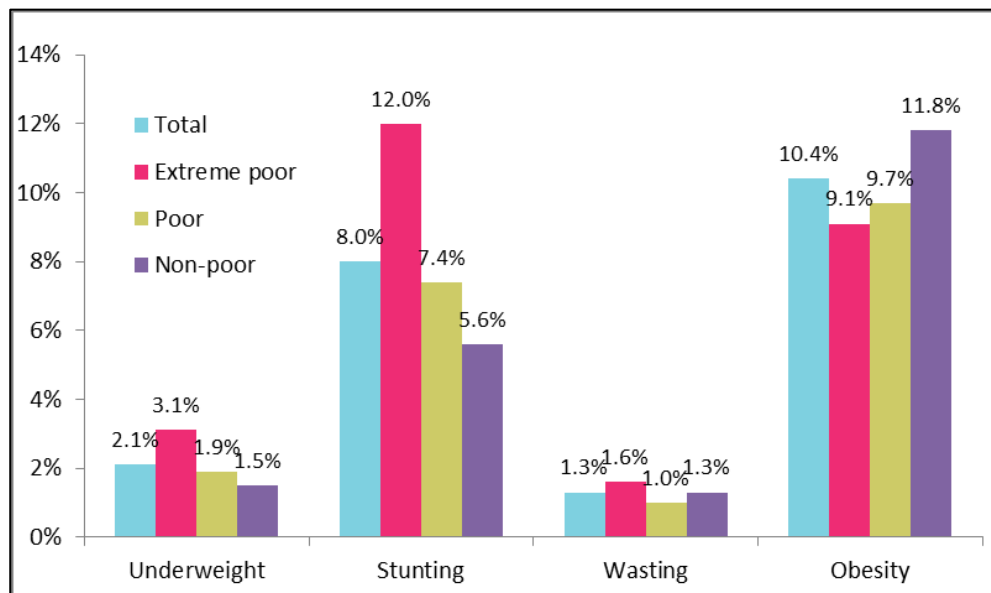
**Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

Insufficient and inadequate nutrition may be the result of a variety of social, economic and environmental factors and it can have a long-lasting impact on people’s health and their possibilities to develop to their fullest. This effect is particularly significant in early childhood, given the importance of this period of life for the cognitive, emotional and physical development. Thus, hunger and malnutrition affect children’s right to develop all their potentialities. In Argentina, while starvation does not represent a widespread issue, malnutrition has increasingly become a concern for public health, due to unhealthy and nutrient-deficient diets, and it is more prevalent in the most vulnerable sectors of society.

According to a study by Salvia (2017), food insecurity has remained fairly constant since 2010, in spite of some fluctuations. In 2016, 12.5% of urban households reported food insecurity, while 4.5% suffered it in a severe way.

Turning to the different aspects of malnutrition and focusing on children, data from the National Survey of Nutrition and Health (2005) revealed that 1.3% of children of 6-60 months old suffered from wasting, also defined as ‘acute malnutrition’. This condition was more prevalent in children living in extreme poverty, as for them the proportion raised to 1.6%, while those living in moderate poverty were below the national mean (1.0%). Disparities were also significant at the regional level: in Cuyo, the general proportion of children that suffered from wasting reached 2.7%.

**Figure 4. Child malnutrition estimates (% of children 0-5 years old). Argentina, 2005.**



Source: ENNyS, 2005.

Graph 4 illustrates other ailments that may indicate malnutrition. In Argentina, according to 2005 official estimates, 8% of children up to 60 months old were shorter than expected and this condition was more prevalent for children living in extreme poverty (12%). The North-western area presented the highest share of children with stunted growth, with reached 10.5%. In the Voluntary Review, Argentina established 11.3% as a baseline in 2013; given that this source is not available for consultation, it is not possible to define whether the difference with the 2005 estimate is partly explained by a methodological difference or it is a simple increase. In the Report, the National Government sets a target of 8% for 2020 and 5% for 2030.

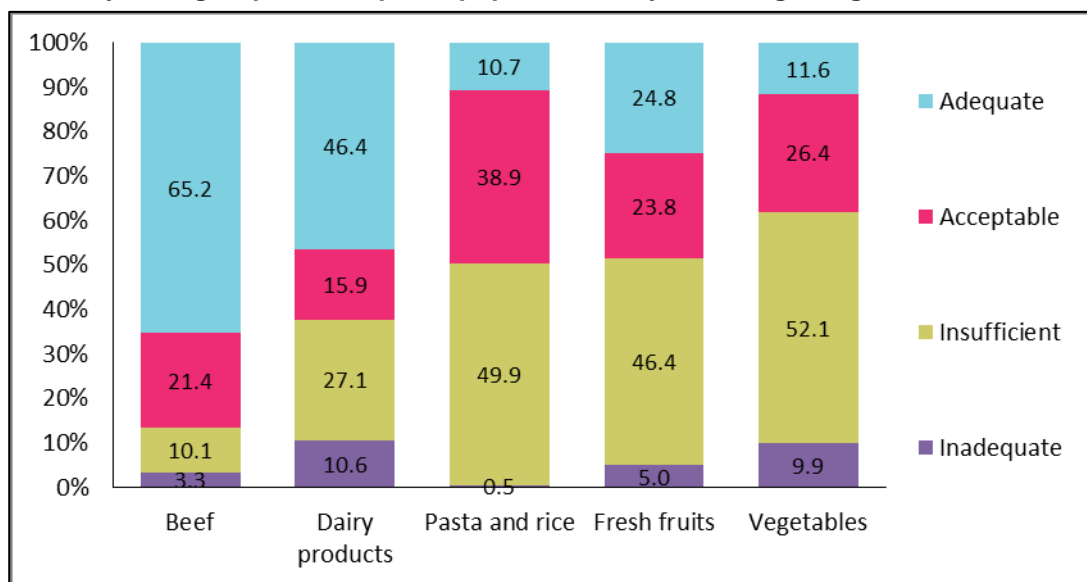
Weight-for-height also indicates malnutrition. In 2005, 10.4% and 2.1% of children under 5 years of age suffered from overweight and underweight, respectively. While the latter was more prevalent for those living in extreme (3.1%) and moderate (1.9%) poverty, the opposite was true for those above their expected weight. Thus, malnutrition is a general concern regardless of the socioeconomic conditions of households. The 2013 baseline for overweight and underweight was set in 11.6% and 1%, respectively, and the specific targets are 9.9% and 0.5% in 2020 and 8% and 0% in 2030.

Another indicator that highlights the malnutrition problems that Argentina faces is the incidence of anaemia. Following the aforementioned source, in 2005 34.1% of children between 6-23 months old had anaemia, rate that dropped to 8.9% for those 24-60 years old. This condition was more frequent among children living in moderate and extreme poverty, or belonging to households that had at least one UBN. The North-eastern region was the one with the highest share of children with anaemia (45.7% and 11.2% for both age groups, respectively). As this variable is not considered in the official review, no specific targets were set.

Prevalence of anaemia does not only affect children directly, but also through their mothers before they are born. In 2005, 30.5% of pregnant women were iron deficient, a proportion that increased significantly for women living in moderate (36.3%) and extreme (33.5%) poverty. Furthermore, according to official estimates, only 31.1% of pregnant women had a normal weight. In contrast, 35.3% of the ones living in extreme poverty suffered from obesity and more than 50% of those in moderate poverty suffered from obesity or overweight.

Turning back to children, undernourishment is also visible when examining food group consumption. According to research by Indart Rougier and Tuñón (2015), more than 50% of children between 2 and 5 years old have an insufficient or inadequate consumption of pasta and rice, fresh fruits and vegetables, while they have a mostly acceptable or adequate intake of meat and dairy products.

**Figure 5. Weekly food group consumption, population 2-5 years of age. Argentina, 2014.**



Source: Indart Rougier and Tuñon, 2015.

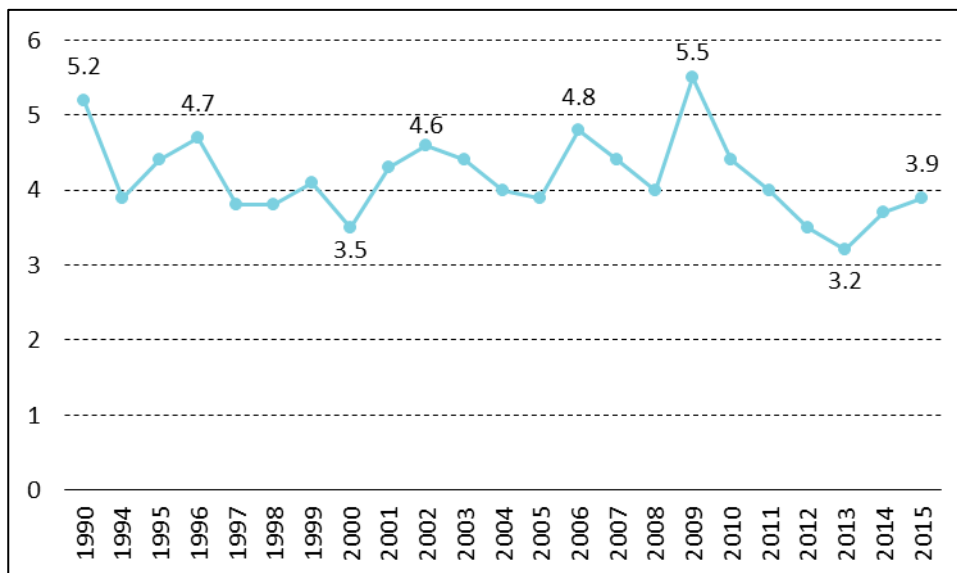
In 2013, Law 26,873 was approved to promote breastfeeding. This law aims to increase public awareness on the importance of exclusive breastfeeding for children less than 6 months old, and complementary breastfeeding for children under 2 years of age. While this is an important aspect of improving nutrition during early childhood, additional measures are required to ensure continued adequate alimentation and wellbeing. Therefore, policies need to be designed to address these issues, together with the formulation of specific targets to be met in the context of the 2030 Agenda.

### **Goal 3: Ensure healthy lives and promote well-being for all ages**

Through time, substantial progress has been made in Argentina in increasing life expectancy, preventing evitable deaths and diseases, and improving well-being for all. Yet a closer look on the situation for children and pregnant women reveals that there are still many challenges ahead.

First, maternal mortality is still a pending matter of attention. Between 1990 and 2015, Argentina failed to comply with only one of the Millennium Development Goals: n°5 that called for a significant reduction in the maternal mortality rate. While it decreased by 1.3, it did not meet the target of a 75% decrease, in 2009 it registered the highest level since 1990 and it has been on the rise since 2013. In 2015, 3.9 women died per 10,000 live births. Although the national rate is below the current SDG target for 2030 (7 deaths per 10,000 deaths), the data shows that ten provinces were above that level in 2015; Salta, the province with the highest ratio, reported 8.8 deaths per 10,000 live births.

**Figure 6. Maternal mortality rate (deaths per 10,000 live births). Argentina, 1990-2015.**



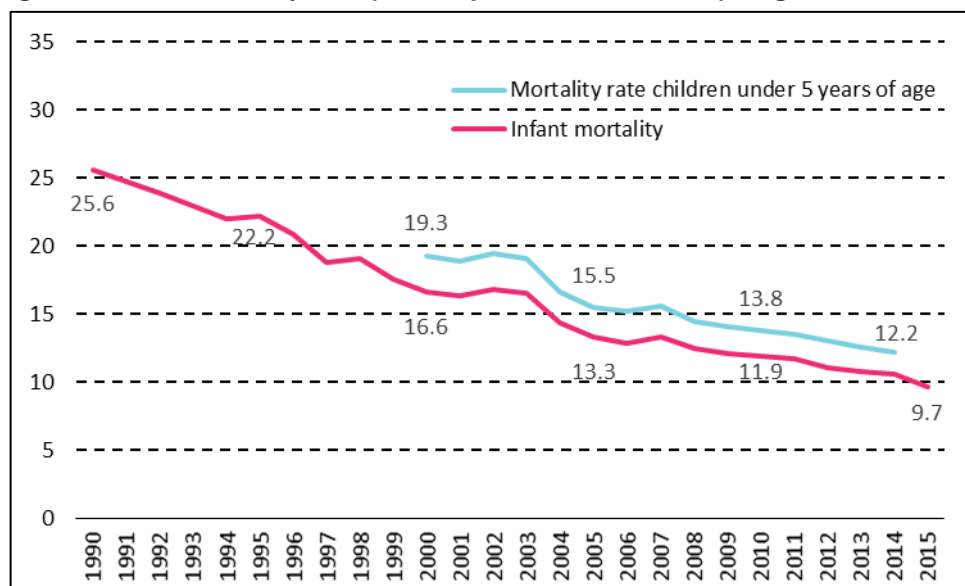
Source: Direction of Health Statistics and Information, Ministry of Health.

In this context, it is worth to highlight that, in 2015, 99.5% of births occurred in official health centres, which exposes a high degree of institutionalized deliveries. Formosa, which depicts the lowest level in the country, carried out 98.4% of births in health institutions.

According to the Voluntary Review, Argentina aims to reduce the number of deaths per 10,000 births to 1.3 in 2020 and to 1 death in 2030, which signals an ambitious target to be met in the next three years.

Turning to infant mortality, this ratio registered a remarkable drop between 1990 and 2015, when it fell from 25.6 to 9.7 deaths per 1,000 births. Nevertheless, the national infant mortality ratio hides notable regional differences: while in 2015 the rate was 6.4 in Buenos Aires City, in Corrientes it was 14.5. For 2020, Argentina aims to reach an average rate of 6 deaths per 1,000 births and a subsequent drop to 4.2 in 2030.

**Figure 7. Infant mortality rate (deaths per 1,000 live births). Argentina, 1990-2015.**



Source: Direction of Health Statistics and Information, Ministry of Health.

A declining trend is also registered in mortality of children under 5 years of age, as it fell from 19.3 deaths per 1,000 births in 2000 to 12.6 in 2014. According to the Voluntary Review, the target for 2020 is to reach 9.8 deaths per 1,000 births and then 9.5 for 2030.

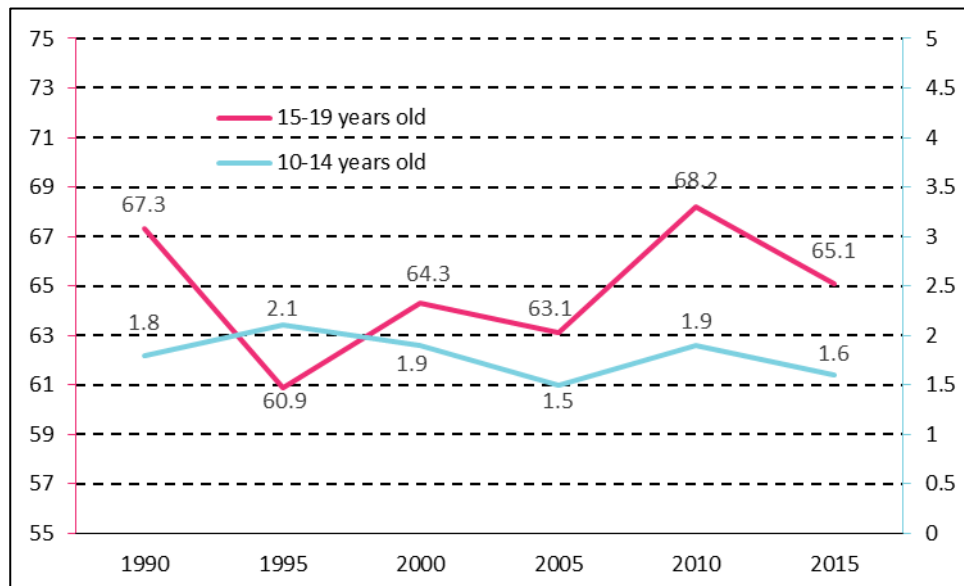
As stated in one of the SDG targets, another vital step towards ensuring children and maternal well-being, as well as to improve gender equality, is to guarantee universal access to sexual and reproductive health services. Data provided by the Ministry of Health (2015) shows that there is widespread use of contraceptive methods among women in reproductive age: in 2013, more than 81% declared to use some type of birth control, and this percentage reached 90% for teenagers (14-19 years old). Nonetheless, the level of awareness and use of contraception greatly differs among provinces, and it decreases for the lowest socio-economical levels.

The target set for 2020 is that 85% of women in reproductive age use contraception, and out of these 15% use long-term birth control methods. For 2030, the aim is to reach 90% of women and that the share of these using long-term methods increases to 25%.

Another relevant indicator to verify access to reproductive and sexual health services is the fertility rate for the youngest age groups. Since the 1990s, the adolescent fertility rate has remained fairly stable above 60 per 1,000 live births for the cohort 15-19 years old, and even peaked to 68.2 in 2010, in contrast to the declining global fertility rate. For the 10-14 year-old group, it has fallen slightly from 1.8 in 1990 to 1.6 in 2015, with some fluctuations in between.



**Figure 8. Adolescent fertility rate by age group (number of births per 1,000 live births). Argentina, 1990-2015.**



Source: CIPPEC, based on UNICEF, INDEC and DEIS.

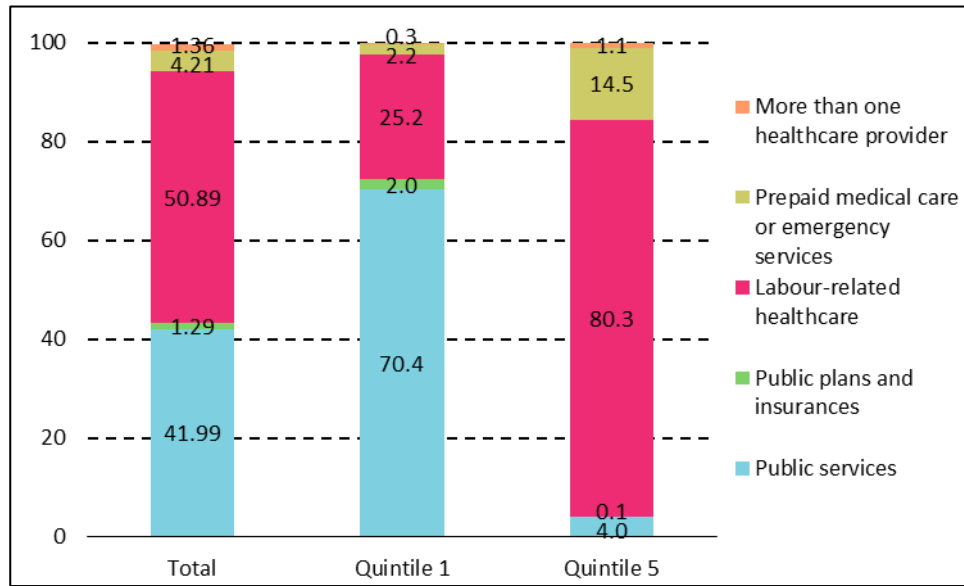
Given the 65.1 and 1.8 baseline teenage fertility rate in the 15-19 and 10-14 age cohorts, Argentina’s Voluntary Review sets the 2020 target in 63 and 1.5, respectively. For 2030, the aim is to reach a fertility rate of 55 per 1,000 live births for the 15-19 group and a rate of 0.8 for the youngest teenagers.

In 2015, 15% of live births were from mothers under 20 years of age. This ratio exhibits remarkable discrepancies among provinces, as it ranges from 6% in Buenos Aires City to 24% in Formosa. Additionally, women under 20 register the highest proportion of unintended pregnancies (68.1%), out of which more than 80% occurred in women that did not use contraceptive methods. According to the targets set in the Voluntary Review, the National Government aims to reduce the share of unintended pregnancies for the 15-19 age group to 65% by 2020 and to 60% by 2030.

Against this backdrop, it is worth to highlight that while most young women report having knowledge and using contraceptive methods in their first intercourse, which generally occurs between 15 and 19 years old, access to free contraception is limited among the surveyed women. In addition, the level of material deprivation and the level of education of women seem to be associated with different degrees of awareness about contraception and with different incidences of unintended pregnancies. To address these issues and the jurisdictional differences that prevail in the country, the State is designing a National Plan for Unintended Teenage Pregnancies.

Finally, access to health insurance is paramount to guarantee the wellbeing of all. In Argentina, the State provides universal healthcare coverage and there is a high share of the population that resorts to alternative healthcare providers. In 2016, household survey data showed that 70% of the total population had some healthcare provider other than public services; yet this share dropped to 58% for children under 4 years of age. There are remarkable discrepancies depending on the economic status of the household: only 4% of children in the richest fifth of the population depended on public health services only, compared to 70% of children in the poorest quintile.

**Figure 9. Healthcare coverage by type and by quintile, population 0-4 years of age. Argentina, 4<sup>th</sup> quarter 2016.**



Source: CIPPEC, based INDEC (2016).

An important policy aimed to improve access to universal healthcare coverage has been *Plan Sumar*, which currently benefits around 20% of the population. In the context of early childhood, one of its main goals is to contribute to a reduction in maternal and child morbidity and mortality. Following the information provided by the Ministry of Health, in 2017 15% of *Plan Sumar* beneficiaries are children under 5 years of age, although again there are huge regional differences; in the Central region of the country, children covered as a share of total coverage reaches 60.8%. This programme is inserted in the Universal Healthcare Coverage, a strategy that aims to formalise the access to public health services and with which the National Government intends to reach the whole population by 2030.

The AUH and the Universal Pregnancy Allowance (AUE, its acronym in Spanish) have also played a role in improving children wellbeing, as a part of these transfers is conditional on the recipient providing proof of annual health checks and compulsory vaccinations. Concerning the latter point, the National Programme of Vaccine-preventable Diseases was also designed to achieve 95% vaccine immunisation across the whole country.

As for individuals' sexual and reproductive rights, the Sexual Education Programme was established in 2006 to promote children and teenagers' access to sexual education. Currently, a national plan is being designed to address unintended teenage pregnancies.

### **Goal 5: Achieve gender equality and empower all women and girls**

During the last years, the gender agenda has significantly gained momentum in Argentina. In spite of the increased debate in women empowerment and gender issues, the country still has a long way to go. In the patriarchal Argentine society, a gender-based division of labour has mostly confined women to the private and domestic sphere, while men took the role of the family's provider. In this sense, as cultural norms have historically considered children as their mothers' responsibility,

progress in gender equality can have significant implications for children, especially in their first years of life.

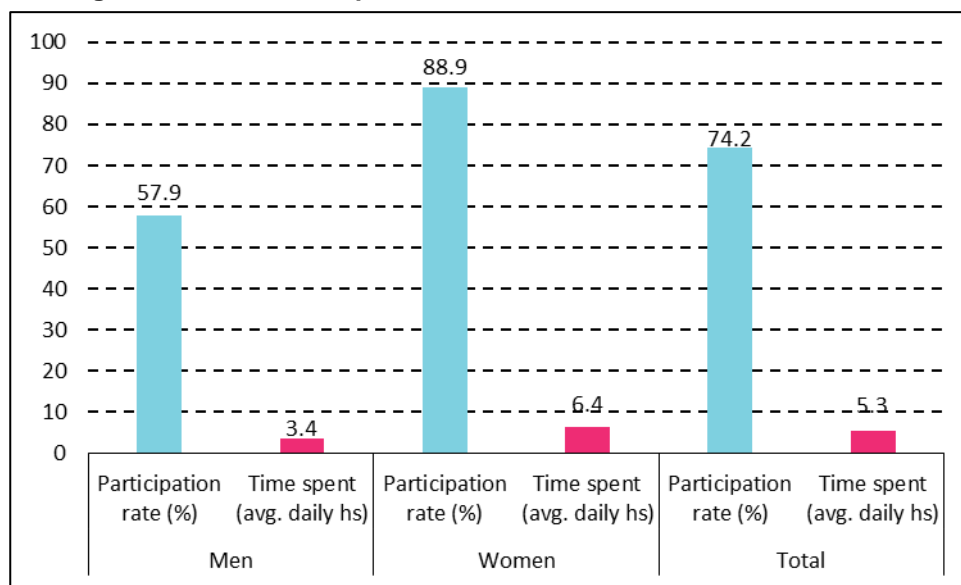
Improving access to sexual and reproductive health information, education and services is an essential facet of this problem. While this topic has been treated in more depth for Goal 3, it is important to highlight that Argentina has adhered to the Convention on the Elimination of All Forms of Discrimination Against Women and it has also approved laws regarding Humanised Childbirth (Law 25,929), a National Programme for Sexual Health and Responsible Parenthood (Law 25,673) and Comprehensive Sexual Education (Law 26,150), among others.

Additionally, another vital step towards women empowerment has been the creation of the National Women Council, which aims to promote a socio-cultural transformation based on full and equal female participation in the social, political, economic and cultural life of the country at all ages.

Female poverty is the counterpart of the infantilisation of poverty. The households with greater proportion of children (especially young ones) are also proportionately more feminine. One of the reasons for this is the unequal distribution of upbringing and care between genders. This also impacts in women having fewer possibilities of accessing and staying in the labour market, which impedes poverty alleviation. A key aspect to improve female participation in the labour force is therefore to ensure an adequate provision of care services for early childhood. This would not only have a positive impact on gender equality, but it could also contribute to poverty reduction and economic growth.

In 2013, official estimates revealed the disproportionate burden of care and domestic unpaid work that women performed compared to men. While 88.9% of women stated they were involved in these tasks, only 57.9% of men did. Moreover, women spent on average 6.4 hours per day on domestic chores, almost twice as much as their male counterparts (3.4 hours). Both male and female participation in unpaid work increases for every child under 6 years of age they may have, yet participation levels and increase remain higher for women.

**Figure 10. Unpaid and domestic work: participation rate and average daily hours, by sex. Population above 18 years of age. Urban areas. 3<sup>rd</sup> quarter 2013.**



Source: INDEC, 2014.

The participation of women in unpaid work does not show significant variations depending on their educational level, yet more educated men do have a higher participation than those with fewer years of education. Furthermore, even when women's working hours augment, their participation in unpaid work does not decrease, while the opposite is observed for men.

In this context, the National Government estimates the baseline gender gap in unpaid work in 1.88 for 2013. The aim is to reduce this gap 10% by 2023 and a further 20% by 2030.

Against this backdrop, it turns out of utmost relevance to ensure an adequate and sufficient offer of care services. In 2007, the Law 26,233 was passed to promote and regulate Child Development Centres (CDC) at the national level. Most recently, in 2016, the National Plan for Early Childhood was designed as a tool to ensure children's full development, especially for those living in vulnerable environments, and it aims to expand and improve the offer of caregiving services. Yet regarding the 'time to care', policy-making is lagged behind: the maternity leave regime depicts a clear gender imbalance and maternal bias, as fathers are only given two days of paternity leave and there is not parental leave option. Additionally, the different family conformations are not considered and access to the leave regime is conditional on the socio-economic situation of parents.

## **Recommendations for the Attainment of the Selected SDGs**

The above section described the situation for early childhood and the challenges that persist for children to see their rights fulfilled in Argentina. As the data revealed, social protection floors are not guaranteed for all, in a context in which poverty and inequality affect a significant share of the population, especially women and children. In this section, this study digs into the policies and reforms that are needed in order to guarantee the rights of children and to contribute to the attainment of the SDG targets.

### **Goal 1: End poverty in all its forms everywhere**

As data shows, in spite of the decline in poverty rates, the last years depict an infantilisation of poverty in Argentina: while the share of people living in poverty has decreased for all age groups, this decline has been less pronounced for early childhood.

Recent reforms have expanded cash transfer coverage in the country, as formal self-employed workers can now benefit from contributory family allowances. Yet the cash transfer regime still shows two major weaknesses. On the one hand, it is fragmented, as the different types of transfers depend on the labour condition of adults, instead of on the rights of children and teenagers. On the other hand, it is inequitable, as the amounts received by the beneficiaries can be regressive and the criteria to grant them is heterogeneous.

In this context, CIPPEC highlights the need to expand cash transfer coverage. To begin with, it is essential to reach the households with children that, in spite of meeting the eligibility criteria to receive the AUH, are not reached by the intervention. Additionally, the amount of the grants should be modified: to make the system more progressive, the amount of the AUH should be increased for early childhood, while the contributory transfers such as family allowances and income tax deductions should not surpass the AUH's sum. Lastly, it is also necessary to bear in mind that nowadays different co-responsibilities are required for the grant of contributory and non-contributory transfers, and this affects negatively the equity of the transfer regime.

### **Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

In previous sections, it has been unveiled that starvation can be a concern in certain communities, yet it is not extensive in Argentina. In contrast, malnutrition has become a serious issue across the country, and its impact can be especially significant in early childhood.

To address the spread of nutritional ailments among children, it is necessary to design policies that focus on food choices, physical activity and people's lifestyles. In this sense, it is vital to develop strategies to promote healthy food choices and physical education at schools, so healthy habits are encouraged from an early age. Moreover, industry regulations and incentives should be provided to foster the production, availability and consumption of healthy food products.

Given its key role in children's health and development, the importance of exclusive breastfeeding for babies up to 6 months old should also be underscored, together with complementary breastfeeding for children up to 2 years of age. For this purpose, it is necessary to raise public awareness on the matter, following Law 26,873.

### **Goal 3: Ensure healthy lives and promote well-being for all ages**

To guarantee the wellbeing of children, public policies need to address infant and maternal health, as well as women's sexual and reproductive health.

Regarding the first issue, it is necessary to create a national strategy for pregnant women, childbirth and new-borns' care. *Plan Sumar* – previously known as *Plan Nacer* – has been an important step in this direction, as it provides medical care for pregnant and postpartum women and children, aiming to reduce morbidity and mortality rates. The expansion of AUH and AUE coverage could also contribute to improve children wellbeing, as the beneficiaries are required to provide proof of health checks and compulsory vaccinations.

As for sexual and reproductive health, it is of utmost importance to raise awareness on the need to prevent and reduce unintended teenage pregnancies, which data shows it is more prevalent in vulnerable environments. For this purpose, it is necessary to enhance sexual education and to improve access to contraceptive methods and sexual and reproductive healthcare services. In addition, policies need to be strengthened in order to prevent sexual violence and abuse and to provide effective access to the termination of pregnancy for the cases that are legally allowed. In this context, the National Plan for Unintended Teenage Pregnancy can become an essential tool to address these issues.

### **Goal 5: Achieve gender equality and empower all women and girls**

The increasing presence of gender issues in the agenda has been an essential step towards more equality between men and women in Argentina. Still, active policies need to ensure the topic moves from words to concrete action.

While measures needed to guarantee sexual and reproductive rights for women have been described above, care policies are another key facet of the issue. Providing access to quality care and education services for early childhood is one way to contribute to children's wellbeing and gender equality, as it favours the insertion of women in the labour market.

Another key measure, and for which CIPPEC has been persistently advocating during the last years, is the gradual reform of the maternity and paternity leave regime, in a way that can make it universal, equitable and co-parental. Given that the current system exhibits a significant maternal bias, it is essential to increase the length of the paternity leave and create a parental leave, with incentives for fathers to take it, in order to make the distribution of domestic and care unpaid work more even between men and women. Additionally, a new regime needs to bear in mind the different types of family conformations and the extension of the benefit to informal workers.

Finally, it is also important to highlight that unpaid work, while essential for people's wellbeing and development, occurs outside of the market and it is therefore invisible from an economic perspective. Its visibility turns out paramount for the proper design of public policies and strategies that address the unequal distribution of unpaid work and improve gender equality. In this context, in order to achieve SDG 5, it is crucial to carry out periodic time use surveys and measure and value the contribution of care and domestic activities to the national economy.

## Conclusion

In spite of the progress made regarding vulnerable groups in Argentina during the last years, rights are still not guaranteed for all. Due to the need to leave no one behind, it is necessary to focus on the universalization and progressivity of social policy so that everyone can effectively exercise their rights. The infantilisation of poverty observed highlights the need to put a particular emphasis on early childhood.

While different policies have been implemented, statistical deficits and the lack of monitoring and evaluation in policy implementation create obstacles towards the fulfilment of children's rights. In this context, Argentina's voluntary review on the 2030 Agenda presents a key opportunity to advance on data production and policy follow-up. With this study, CIPPEC aims to contribute to this advancement, by analysing the baseline, tracking progress and recommending measures for the achievement of the SDGs related to early childhood.

In this context, it is essential to stress the need to ensure social protection floors for all, as these are an effective and useful framework to enable the fulfilment of human rights. All children need to be guaranteed a universal basic income that allows them to access goods and services such as health, nutrition, education and quality care, regardless of the socio-economic situation of their family. To achieve this, it is critical to improve coordination between different government sectors and levels, create partnerships with the private sector and civil society, generate comprehensive information systems, and implement progressive and sustainable financing structures. Only with a holistic, multidimensional and coordinated approach will be possible to meet the objectives of the 2030 Agenda, so that this can contribute towards building strong, resilient societies.

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