

REPORT

**PUBLIC INVESTMENTS**  
**IN THE CARE ECONOMY**  
SANTA FE PROVINCE CASE STUDY

**Santa Fe**  
Provincia



International  
Labour  
Organization



*Public investments in the care economy: Santa Fe province case study.*

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This report was prepared between March and August 2022 in the framework of the joint UN Women - ILO project “Promoting decent employment for women through inclusive growth policies and inclusive investments in the care economy”.

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We are grateful for the support of Noemí Giosa Zuazúa and Brenda Brown in producing this paper, and for comments and suggestions from Gimena De León. This paper benefited from support and contributions from colleagues in Santa Fe province, who worked hard to systematize the information required to carry out the estimates. We are especially grateful for the contributions of María José Gerez, María Eva Bellini, Florencia Ponce, Matías Casaretto and Pablo Piacenza. We liaised with these colleagues on an ongoing basis about the progress of the work, and they made specific decisions on the scenarios to be costed. We are especially grateful for this collaboration, which enabled us to complete this work, which we hope will be useful for managing care policies and for advancing gender equality in the province.

The content and information in this publication may be used as long as the source is acknowledged.

Quote: UN Women (2023). Public investments in the care economy: Santa Fe province case study.

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# INTRODUCTION

Care has become an increasingly prominent issue on the feminist agenda and in public policy in Argentina. Public debate established the need to transform the social organization of care. The issue was analysed and recommendations proposed. Numerous government bills on care emerged from the National Congress, from extending leave to the different dimensions of care systems. In 2022, the government submitted the ‘Care in Equality’ project,<sup>1</sup> proposing reforms of the system of care leave to become more equal, and laying the groundwork for the creation of an Integrated National Care System. At the end of 2022, the 15th regional women’s conference for Latin America and the Caribbean was held in Buenos Aires, with the central theme ‘Towards the Society of Care’.

Promoting a care agenda is important for several reasons. First, because the current form of the social organization of care (SOC) is unjust and plays a critical role in reproducing gender and socioeconomic inequality. Second, because the distribution of care responsibilities is fundamental in explaining women’s continued economic subordination and the way in which their life plans are limited. Third, because the COVID-19 pandemic has helped to highlight the essential nature of care, and the forms of exploitation so often rooted in domestic work and paid and unpaid care. Fourth, because care can be understood as a right of all people (to receive care, to provide care and to choose care arrangements) that should be guaranteed by the state. Fifth, because there is a growing consensus that the expansion of care services can, in itself, be a strategy for economic recovery based on equality. The care sector can function as an economic sector that generates employment, sustains incomes, boosts aggregate demand and, as a result, increases tax revenues.

It is clear that investing in public policies on care not only guarantees the right to care and reduces inequalities, but also generates economic benefits that can even be used to partially finance these policies.

This makes studies particularly relevant that identify what would be involved in comprehensively expanding and strengthening care policies. This report contributes to this field. It presents the case study of Chaco province in Argentina, including the results of an exercise that estimated the gaps in care demands (in terms of coverage, quality and infrastructure), the investments required to address them and the fiscal spending required, and the jobs that these investments could generate.

This paper is part of the joint UN Women–International Labour Organization (ILO) programme ‘Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in Care’ and adapts the methodology developed jointly by the two agencies,<sup>2</sup> based on the targets set by the Sustainable Development Goals (SDGs) for the year 2030.

Completing this exercise at the provincial level is particularly useful, given that a large number of care services in Argentina are managed at this level. Santa Fe province was chosen for the costing exercise because of its progress in extending care services, primarily for early childhood care, one of the most progressive in Argentina.

The following report presents the methodology used, the care subsectors chosen for estimations, the scenarios determined for progress on reducing care deficits and, finally, the results in terms of fiscal spending and employment creation.

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1 “Cuidar en Igualdad” project proposes the reform of the caregiving leave system towards a paradigm of equal leave and lays the groundwork for the creation of an Integrated National Care System. For more information see: <https://www.argentina.gob.ar/generos/proyecto-de-ley-cuidar-en-igualdad>.

2 UN Women and ILO. 2021. A guide to public investments in the care economy. Available in Spanish at: [https://www.ilo.org/employment/Whatwedo/Publications/WCMS\\_782877/lang-es/index.htm](https://www.ilo.org/employment/Whatwedo/Publications/WCMS_782877/lang-es/index.htm).

# METHODOLOGY

This paper uses the methodology developed by the UN Women and ILO programme (2021),<sup>3</sup> which proposes estimating gaps in coverage, quality and infrastructure for each of the care subsectors: education, health and long-term care (LTC). Under different scenarios and with different maintenance or improvement targets, the paper estimates the fiscal spending required for public investment that addresses these gaps and determines the impact of this investment on employment creation and on other economic aggregates. When applied at the provincial level, the estimation of impacts is restricted to direct employment creation, given that without an input–output matrix at the provincial level, it is not possible to estimate indirect job creation or other economic impacts (on demand, tax revenue, etc.), as originally foreseen in the methodology.

The methodology follows four phases. The first seeks to estimate existing gaps for each care subsector selected. These were established in terms of coverage (number of people requesting care services in relation to the number of people who actually access the services), quality (determined by technical ratios of type or number of people cared for per caregiver and by salary level), and infrastructure (determined by square metres required in establishments that provide care services).

These gaps are estimated for a set of care subsectors that, in the case of Santa Fe province, included the education subsector and the long-term care subsector.

The baseline situation for estimating gaps was established for the year 2019, the last available year before the COVID-19 pandemic.<sup>4</sup> It was decided that 2019 would be used to avoid the extraordinary circumstances experienced in the two subsequent years, which could create a biased comparison basis.

Once the gaps had been estimated, the second stage involved setting policy objectives for each of the subsectors that address current and future care needs. The year 2030 is taken as the future scenario, which is the Sustainable Development Goals (SDGs) target date.

Based on the methodology adopted (UN Women–ILO, 2021), two baseline scenarios are proposed:

- The *Status Quo* (SQ), where the current situation continues until 2030. In other words, the policy objective would be that the situation achieved in terms of care service coverage, quality of benefits and employment conditions in the care sectors does not deteriorate. In this instance, the care gap would be explained solely by growth of the population potentially in need of care.
- *High Road* (HR), which aims to establish improvements in terms of coverage, service quality, quality of employment and infrastructure. The targets for the HR scenario are established as three types of scenarios:
  - ✓ Minimum scenario
  - ✓ Median scenario
  - ✓ Maximum scenario

<sup>3</sup> The methodological tools can be found at: <https://www.unwomen.org/es/digital-library/publications/2021/04/policy-tool-care-economy>.

<sup>4</sup> The study was conducted between July and September 2022. There could be potential implications from COVID-19 on coverage and quality in the sectors analysed here that could potentially impact the findings.

These targets were set in dialogue with the provincial team, and took into account a balance between desirable targets (close to those proposed by the SDGs) and the enabling conditions in the provincial context.

The third stage was to calculate the investment or fiscal spending required to address the gaps in the different care subsectors, according to the scenarios proposed.

The fourth and final stage consists of estimating direct employment creation resulting from these investments in care.

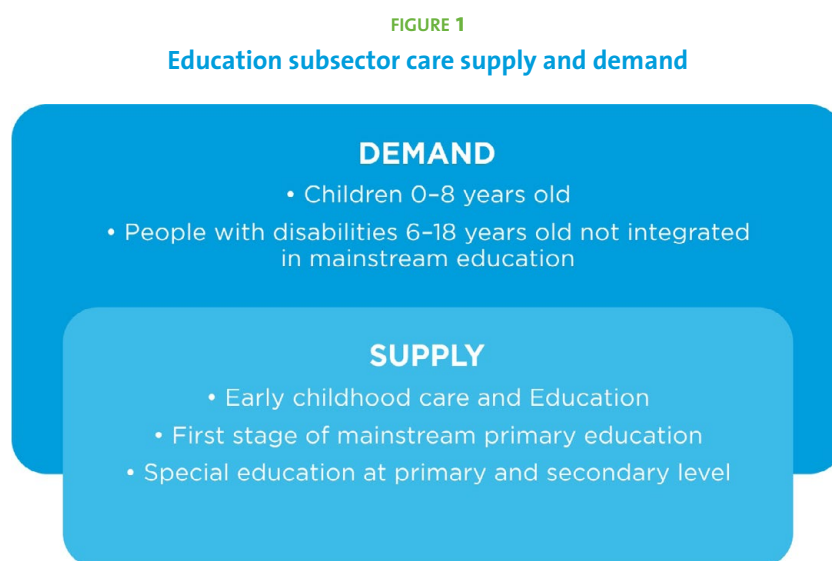
The estimates made and the results obtained are presented below for each subsector.

# RESULTS

This paper estimates the gaps in financial resources for the provision care, in each care subsector selected. Figures in each section show the groups of people who demand care and how that care is supplied.

## 1. Education subsector

This paper establishes the group of people who demand care in the education subsector. This is made up of two groups (**Figure 1**):<sup>5</sup> children aged 0 to 8 years old and people with disabilities aged 6 to 18 not integrated in mainstream education.



Source: Compiled by the authors.

The supply of care services in the education subsector is in the following forms:

- **Early Childhood Care and Education (ECCE):** ECCE includes care for children under the age of 5 (informal provisions – especially common in non-compulsory education between 45 days and 3 years old – through social care provision, and formal education. Although research was carried out on ECCE, the information collected was not representative enough to be used. For that reason, this paper only includes information on the supply of nurseries and kindergartens (0–5 years) within the formal education system.
- **First stage of mainstream primary education (first three grades):** Primary education is limited to formal education, managed publicly or privately. In Santa Fe province, this lasts seven years, until 7th grade, and in the public system is only provided on a half-day basis (four hours long). Given the almost universal coverage of primary schooling on a half-day basis (lasting four hours), this study considers the extension of the school day (on a full-day basis) in the first stage of primary school (1st, 2nd and 3rd grades).

5 Both the definition of the groups to be included in the subsector and the identification of the devices that currently meet this demand were carried out jointly with the provincial team.



- **Special education at primary and secondary level:** Special education is an education system category designed to guarantee the right to education for people with temporary or permanent disabilities, at all levels and modes in the education system, and according to the principle of inclusive education (Law 26.206, Article 42).

The characteristics of the current supply of care services for these population groups are summarized in **Table 1**. The main coverage gaps are observed at the nursery level, where formal education reaches at least 1 in 10 children aged between 0 and 3, and in special education, which caters for at least 60 per cent of the population with disabilities aged between 6 and 18 who are not integrated into mainstream education. Coverage is universal for kindergarten (ages 4 and 5) and in the first stage of primary school. However, only 13 per cent of the population are able to access a full day in primary schools.

Quality is determined by the ratio of number of people cared for per direct care worker compared with staff wages. The average number of people that each worker cares for in the province exceeds the national average. In terms of salaries, although teacher salaries come close to the level of remuneration needed to stay out of poverty,<sup>6</sup> they are still below the national average income. This is partially explained by the shorter working days in education; most of which are worked as half-days.

**TABLE 1**  
**Supply of Care Services in the Education Subsector (2019)**

Provision	Coverage	Quality	
		Ratio (Santa Fe) cared for/caregiver	Pay (Santa Fe province)
Nursery	8.2% of the population aged 0–3	15 students per teacher	\$41,348/month
Kindergarten	100% of the population aged 4 and 5	16 students per teacher	
1st stage of primary school (1 <sup>st</sup> Stage)	100% of the population aged 6–8 (of whom 13% attend an extended/full day)	12 students per teacher	\$36,667/month
Special education	57.3% of the population aged 6–18 with a disability (not integrated into mainstream mode)	2 students per teacher	\$41,038/month

Note: All figures in this report refer to Argentinean pesos (ARS).

Source: Compiled by the authors based on the province’s population structure census by age alone (2010), INDEC population projections by province, Santa Fe Province Ministry of Education.

## 1.1 Setting deficit reduction targets in the education subsector

Taking into account the low coverage and the gaps in the supply of care in the education subsector, improvements are proposed for expanding coverage and improving the quality of service – by reducing the groups of people cared for by each worker and by improving working conditions in the sector. **Table 2** summarizes the targets for the minimum, median and maximum improvement scenarios.

<sup>6</sup> Compared to the basic basket of goods for a typical family (two adults and two children), which in December 2019 costed about \$39,000.

The scenarios for improving the observed parameters envisage that the additional care services required are government-funded and publicly provided. To propose the high road scenarios, the following points were taken into account:

- **Coverage**

In all subsectors, scenarios of gradually increasing coverage are proposed, until achieving universalization of the maximum scenario.

In early childhood care and education, increases in coverage prioritize universal formal classroom education from the age of 3, fulfilling the commitments made by the provinces in the Federal Education Council. As a maximum, in addition to universal classroom education from age 3, achieving coverage of 50 per cent for children aged 0 and 2 is expected.

For primary education, the improvements proposed relate to extending the school day to a full-day basis. According to Article 28 of the National Education Law (26.206), primary education should be provided on an extended or full-day basis. To achieve this objective, scenarios were proposed that gradually increase the school day, reaching 25 per cent of children aged between 6 and 8 in the minimum scenario, extending coverage to 50 per cent in the median scenario and with universal coverage of full school days in the maximum scenario.

In special education, targets were set with the aim that gaps compared with the other provinces could be closed. Coverage in the minimum scenario comes close to that observed in the national average, and in the median scenario to that observed in the three provinces with the highest provincial sustainable development index (IDSP), according to UNDP (2017). In the maximum scenario, the parameter observed for the jurisdiction with the highest sustainable development is reached.

- **Infrastructure**

Estimates are based on the spatial parameters observed in the province's Ministry of Education infrastructure department for the construction of new schools, i.e. 6.3 m<sup>2</sup> per student per school at pre-school level and 5.2 m<sup>2</sup> per pupil per school in the other provisions.

- **Cared-for/caregiver ratio**

This parameter was used to aim to close gaps between the different provinces: a minimum scenario was proposed in which Santa Fe province achieved the same values observed in the national average; a median scenario in which it achieves the same ratios that, on average, are observed in the three provinces with the highest provincial sustainable development index (PSDI), according to the UNDP (2017), and, as a maximum scenario, reaching the same ratio observed for the province with the highest PSDI.<sup>7</sup>

- **Pay and employment conditions**

In establishing the pay parameters, the aim was to improve the sector's working conditions and put the sector's pay on an equal footing with that of wage earners in the private sector.<sup>8</sup> Accordingly, in the minimum scenario the aim was for the average gross pay in education to reach that of registered female wage earners in that sector; in the median for it be equivalent to the average pay for both men and women in the province; and in the maximum scenario that it reach the level of men's gross pay, in order to close the gender pay gap

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7 Ratios were prepared based on the national education ministry's education statistics yearbook for 2019, for the national average and for the provinces with the highest provincial sustainable development index (CABA, Chubut and Mendoza, in that order).

8 According to pension system (SIPA) data for June 2019.

TABLE 2

Minimum, median and maximum *High Road* objectives: education subsector (2030)

Provision	Minimum		Median		Maximum	
	Coverage (% of target population and infrastructure)	Quality (cared for/ caregiver and pay ratio)	Coverage (% of target population and infrastructure)	Quality (cared for/ caregiver and pay ratio)	Coverage (% of target population and infrastructure)	Quality (cared for/ caregiver and pay ratio)
Pre-school Level (0 to 5 years)	<b>Coverage:</b> Nursery: 10% of those aged 0 and 3, prioritizing classroom education from 3	<b>Ratio:</b> Nursery: 11 students per teacher	<b>Coverage:</b> Nursery: 25% of those aged 0 and 3, prioritizing classroom education from 3	<b>Ratio:</b> Nursery: 7 students per teacher	<b>Coverage:</b> Nursery: Universalization of classroom time from age 3 + 50% between ages 0-2	<b>Ratio:</b> Nursery: 6 students per teacher
	<i>Pre-school:</i> 100% of those aged 4 and 5	<i>Kindergarten:</i> 13 students per teacher	<i>Pre-school:</i> 100% of those aged 4 and 5	<i>Kindergarten:</i> 9 students per teacher	<i>Pre-school:</i> 100% of those aged 4 and 5	<i>Kindergarten:</i> 8 students per teacher
	<b>Infrastructure:</b> + 88,015 m <sup>2</sup>	<b>Pay:</b> \$51,318/ month	<b>Infrastructure:</b> + 304,501 m <sup>2</sup>	<b>Pay:</b> \$64,627/ month	<b>Infrastructure:</b> + 840,662 m <sup>2</sup>	<b>Pay:</b> \$66,358/ month
1st stage of primary school (1° Ciclo) (6 to 8 years)	<b>Coverage:</b> Extension of the full day to cover 25% of the target population	<b>Ratio:</b> 13 students per teacher	<b>Coverage:</b> Extension of the full day to cover 50% of the target population	<b>Ratio:</b> 10 students per teacher	<b>Coverage:</b> Universalization of full days	<b>Ratio:</b> 9 students per teacher
	<b>Infrastructure:</b> + 176,414 m <sup>2</sup>	<b>Pay:</b> \$51,318/ month	<b>Infrastructure:</b> + 407,644 m <sup>2</sup>	<b>Pay:</b> \$64,627/ month	<b>Infrastructure:</b> + 870,104 m <sup>2</sup>	<b>Pay:</b> \$66,358/ month
Special Education (PCDs aged 6-18 not integrated into mainstream education)	<b>Coverage:</b> 60% of target population	<b>Ratio:</b> 2 students per teacher	<b>Coverage:</b> 80% of target population	<b>Ratio:</b> 2 students per teacher	<b>Coverage:</b> Universalization of special education	<b>Ratio:</b> 1 student per teacher
	<b>Infrastructure:</b> + 3,872 m <sup>2</sup>	<b>Pay:</b> \$51,318/ month	<b>Infrastructure:</b> + 15,125 m <sup>2</sup>	<b>Pay:</b> \$64,627/ month	<b>Infrastructure:</b> + 26,379 m <sup>2</sup>	<b>Pay:</b> \$66,358/ month

Source: Compiled by the authors, based on the proposals agreed with provincial technical team.

## 1.2 Estimation of fiscal spending required and care jobs generated in the education subsector

Based on the situation observed and the targets set, the necessary investments in the subsector, and the benefits that would be obtained were estimated. These include: (i) direct employment generation, i.e. jobs created; (ii) the number of additional beneficiaries who would access the coverage; and (iii) the increase in installed capacity in terms of additional infrastructure built.

As regards the necessary fiscal spending, this is broken down into (i) ordinary expenditure to sustain benefits, including payroll and the general expenses associated with provision of the service, and (ii) the necessary investment in infrastructure.

**Table 3** summarizes the results for the different scenarios proposed until 2030. The calculations of these costs were made at 2019 prices, and are expressed in terms of the Gross Regional Product (GRP) for that year, assuming that the sector's relative weight in the economy would remain stable over time.<sup>9</sup>

**TABLE 3**  
**Fiscal spending required to address gaps in the education subsector in each scenario by 2030 and estimated benefits**

Results		Status quo	Minimum	Median	Maximum
Benefits	Direct job creation <i>(additional jobs created in the care subsector)</i>	2,365	8,056	32,324	70,074
	New beneficiaries <i>(additional people covered by the service provision)</i>	23,453	48,641	129,635	305,839
	Installed capacity <i>(m<sup>2</sup> of additional infrastructure)</i>	132,826	268,301	727,271	1,737,145
Fiscal cost <i>(% of GRP)</i>	Ordinary <i>(Pay + overhead)</i>	0.07%	0.71%	1.70%	3.23%
	Infrastructure	0.26%	0.52%	1.41%	3.37%
	Total	0.33%	1.23%	3.11%	6.60%

Source: Compiled by the authors.

As shown, maintaining the coverage and quality parameters currently observed until 2030 would entail fiscal spending of 0.33 per cent of the GRP, of which almost 80 per cent would be dedicated to constructing the infrastructure required to cater for new beneficiaries. Maintaining the current situation would generate almost no increase in jobs.

The improvements in coverage and quality proposed in the minimum scenario would require quadrupling fiscal spending (1.2 per cent of GRP) but would result in job creation with better working conditions, incorporating more than 8,000 workers into the education sector.<sup>10</sup>

The median scenario, in which the quality of service is improved and one in four children aged between 0 and 3 in nurseries is catered for, the school day extended for the first stage of primary school, and special education is provided to 80 per cent of children with disabilities aged between 6 and 18 entails fiscal spending of 3.11 per cent of GRP, which is almost equally divided between ongoing investments and infrastructure. In this scenario, more than 32,000 direct jobs are created, and more than 700,000 m<sup>2</sup> of social infrastructure is generated. This would also have a catalyst effect on the economy in terms of activity and employment.

The universalization of coverage for all population groups, the closing of regional gaps regarding the ratio of people cared for per caregiver, and the closing of gender pay gaps in salaries would have a fiscal cost of 6.6 per cent of GRP, divided equally between infrastructure investments and running costs (wages

9 The large inflation rate in Argentina (which was 120 per cent annually by October 2023) made this calculation very difficult.

10 This would have a high potential impact on the creation of employment opportunities for women, given the fact that in Argentina 9 out of 10 primary school teachers are women. See M. Alu et al. 2023.

and overhead from service provision). This maximum scenario generates more than 70,000 direct jobs, adds 305,000 beneficiaries under care provision and generates more than 170 hectares of additional social infrastructure.

## 2. The long-term care subsector

Long-term care (LTC) refers to the provision of a wide range of services to support people ‘who are limited in their ability to function independently on a daily basis over an extended period of time, due to mental and/or physical disability’ (Ilkharacan and Kim, 2019). Two population groups noted as requiring this type of service are people with disabilities (PCD) and severe dependency,<sup>11</sup> aged between 6 and 64 and, due to the high prevalence of disability in older ages, elderly people (PAM) – aged 65 or over – with basic dependency.<sup>12</sup> Although LTC requires some medical care, this care also has a non-medical component – the provision of support for day-to-day living activities.

**FIGURE 2**  
**Long-term care subsector supply and demand**



Source: Compiled by the authors.

Within the supply of care services in this subsector, described in **Table 4**, two types of care are identified: in-home and institutional care, and the provision can be public, private or through prepaid healthcare.<sup>13</sup> Paid domestic care can be provided by workers in the home, or by specialist caregivers. Institutional care refers to care provided outside the home, with or without hospitalization or residency. Within the first group, for example, there are Long Stay Residences in which elderly people stay and, in the second, day centres, which provide outpatient care for people with disabilities.

<sup>11</sup> Although there is no exhaustive definition of severe dependency, this is viewed as when people have more than one disorder or, if they have only one disorder, it is mental or cognitive, according to the 2018 national study on the profile of people with disabilities conducted by INDEC.

<sup>12</sup> The incidence of severe dependency was calculated by following the national elderly persons’ quality of life survey conducted by INDEC in 2012, in which basic dependency is considered to be a limitation or limitations that make it difficult to perform essential activities, such as: eating in a reasonable time, including cutting food, filling glasses, etc.; dressing or undressing, including tying laces; bathing, including entering or exiting the shower or bath; lying down in or getting out of bed; walking from one side of the house to another; and going up and down stairs.

<sup>13</sup> In Argentina, prepaid healthcare (*obras sociales*) refers to contributory health insurance.

TABLE 4

## Supply of care services in the long-term care subsector (2019)

Provision		Coverage	Quality	
			Ratio cared for/caregiver	Pay
In-home care (PAM with basic dependency + PCD with severe dependency)		22.6%	1 person cared for per state-subsidized worker	\$18,364/ month
Institutional care	Outpatient care (PCD with severe dependency)	17.8%	2 people in public institutions per public sector worker	\$35,289/ month
	Residential (PAM with basic dependency)	3.7%	8 of people in public residences per public sector worker	

Source: Compiled by the authors based on the provincial population structure census per age alone (2010), INDEC population projections by province, the National Survey on Elderly Quality of Life (INDEC, 2014), National Census of People with Disabilities (INDEC, 2018), Ministry of Social Development's directorate for elderly people, the Undersecretariat for the inclusion of people with disabilities at the provincial Ministry of Health, the Federal Register of Healthcare Facilities (REFES, April 2022) and Roqué et al. (2014).

As shown in **Table 4**, in terms of coverage, it is estimated that only 1 in 5 people requiring care receive it as in-home care.<sup>14</sup> At the same time, 17.8 per cent of people with disabilities and severe dependency receive outpatient care, and 3.7 per cent of elderly people reside in care institutions. This makes a total of 40 per cent of PCDs with severe dependency, and just over 25 per cent for PAMs with basic dependency.

As regards quality, although the ratio for the number of people cared for per caregiver exceeds the regulatory minimum ratio at public establishments, the overall level of pay is low, especially in in-home care. Those employed in institutional care do not manage to cover the basic basket of goods required for a family of four to stay out of poverty<sup>15</sup> and pay in domestic services barely exceeds the sliding minimum living wage (SMVM<sup>16</sup>).

## 2.1 Setting deficit reduction targets in the long-term care subsector

As with the education subsector, considering the supply starting point, a series of improvements for expanding coverage of provisions and quality of service are proposed. **Table 5** summarizes targets for the minimum, median and maximum improvement scenarios. The scenarios for improving the observed parameters envisage that the additional care services required are government-funded and publicly provided. To propose the high-road scenarios, the following points were taken into account:

<sup>14</sup> According to the national survey on elderly quality of life (EnCaViAM), the task of helping people with some basic dependency falls mainly to their immediate family (77.4 per cent). The same task, but performed by non-family member caregivers, falls to the remaining 22.6 per cent. It is assumed that in-home care coverage for PCDs and severe dependency is similar to that of PAMs with basic dependency.

<sup>15</sup> Which in December 2019 amounted to some \$39,000 for the month.

<sup>16</sup> In October 2019, the SMVM was set at \$16,875 as a monthly wage.

## Coverage

- **PAMs with basic dependency:** The minimum scenario proposed is that 40 per cent of the population is covered with public provision, with 30 per cent being cared for by in-home provision and 10 per cent through residential institutional provision. The median scenario increases that coverage to 70 per cent, with 50 per cent as in-home provision and 20 per cent institutional provision. The maximum scenario makes this universal coverage, reaching 100 per cent, providing 70 per cent of coverage as in-home care and the remaining 30 per cent as institutional care.
- **For PCDs with severe dependency:** The minimum scenario proposed is 50 per cent of the population to be covered by public provision, with 20 per cent being cared for by in-home provision and 30 per cent through outpatient institutional provision. The median scenario increases that coverage to 70 per cent, with 30 per cent as in-home provision and 40 per cent institutional provision. The maximum scenario proposes reaching 100 per cent coverage, dividing coverage equally between home care and institutional care.
- **Infrastructure:** 14.2 m<sup>2</sup> per person was estimated for long-term care residences, taking into account Decree 2091/1980 of Santa Fe province, and 7.6 m<sup>2</sup> per person for outpatient provision, according to Resolution No. 858/2021 INSSJP (PAMI) referring to the Agreement on Parameters for Day Centre Contracts concluded with the Ministry for Regional Development and Housing.

## Cared-for/caregiver ratio

- **In-home care:** Due to the nature of the task, it was assumed that one worker would only be able to care for one person in their home.
- **Institutional care – outpatient and residential:** The priority was on maintaining the parameters observed in the status quo, since they exceed the standards established by regulations (Resolution 858/2021 INSSJP (PAMI) and collective agreement No. 122/75 of the Federation of Argentine Healthcare Worker Associations for female senior citizen care workers).

## Pay and employment conditions

The aim was to equalize the pay of male and female workers for different types of provision, and to project that this type of work would be highly valued and professionalized in the long term, especially after the experience of the pandemic. For the minimum scenario, a criteria of sufficiency were prioritized, and the aim was for pay to reach the value of the basic family basket.<sup>17</sup> In the median and maximum scenarios, the aim was to reduce pay gaps in the sector compared with other sectors of the economy. In the median scenario, an average monthly pay of \$51,318 was projected, equivalent to the average gross pay for a female worker registered in the private sector, while in the maximum scenario this amounted to \$64,627, equivalent to the average private sector pay for men and women.<sup>18</sup>

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<sup>17</sup> Corresponding to a household with two adults and two children that, in the month of December 2019, needed a minimum monthly income level of about \$39,000 to stay out of poverty.

<sup>18</sup> According to pension system (SIPA) data for June 2019.

TABLE 5

Minimum, median and maximum *High Road* objectives for the Long-term Care Subsector (2030)

Provision	Minimum		Median		Maximum	
	Coverage (% of target population and infrastructure)	Quality (cared for/ caregiver and pay ratio)	Coverage (% of target population and infrastructure)	Quality (cared for/ caregiver and pay ratio)	Coverage (% of target population and infrastructure)	Quality (cared for/ caregiver and pay ratio)
In-home care	<b>Coverage:</b> PAM with basic dependency: 40% PCD with severe dependency: 50%	<b>Ratio:</b> 1 caregiver per person cared for	<b>Coverage:</b> 70% for PAMs with basic dependency and PCDs with severe dependency	<b>Ratio:</b> 1 caregiver per person cared for	<b>Coverage:</b> 100% for PAMs with basic dependency and PCDs with severe dependency	<b>Ratio:</b> 1 caregiver per person cared for
		<b>Pay:</b> \$38,960/month		<b>Pay:</b> \$54,267/month		<b>Pay:</b> \$64,627/month
Institutional care	<b>Infrastructure:</b> <i>Outpatient:</i> +80,322 m <sup>2</sup> <i>Residential:</i> +50,275 m <sup>2</sup>	<b>Ratio:</b> <i>Outpatient:</i> 2 people cared for per caregiver <i>Residential:</i> 8 people cared for per caregiver	<b>Infrastructure:</b> <i>Outpatient:</i> +139,776 m <sup>2</sup> <i>Residential:</i> +126,749 m <sup>2</sup>	<b>Ratio:</b> <i>Outpatient:</i> 2 people cared for per caregiver <i>Residential:</i> 8 people cared for per caregiver	<b>Infrastructure:</b> <i>Outpatient:</i> +199,230 m <sup>2</sup> <i>Residential:</i> +203,223 m <sup>2</sup>	<b>Ratio:</b> <i>Outpatient:</i> 2 people cared for per caregiver <i>Residential:</i> 8 people cared for per caregiver
		<b>Pay:</b> \$38,960/month		<b>Pay:</b> \$54,267/month		<b>Pay:</b> \$64,627/month

Source: Compiled by the authors.

## 2.2 Estimation of fiscal spending required and care jobs created in the long-term care subsector

**Table 6** summarizes the analysis. As shown, sustaining the current coverage and quality in the future would generate around 3,000 jobs and require investment of only 0.7 per cent of GRP, mostly allocated to meeting ongoing costs.

The investment required to reach the minimum scenario is equivalent to 1.19 per cent of GRP, where coverage is increased to 40 per cent for PCDs and to 50 per cent for PAMs, and sufficient employment income is projected to cover a basic family basket. This fiscal spending would create more than 10,000 sector jobs with better conditions, and incorporate more than 130,000 m<sup>2</sup> of social infrastructure.

Making progress towards the median scenario in coverage (covering 70 per cent of the policy's target population groups) would require almost tripling the minimum spending and mobilizing funds at 3.14 per cent of GRP, but the dividends in terms of job creation would increase more than proportionately, since not only would the level of pay improve, but almost 38,000 new jobs would also be created.

Achieving universal coverage of the service, guaranteeing pay for the sector that is at least equal to the average national income (maximum scenario) requires an investment of 6.25 per cent of GRP by 2030 and would result in the creation of 75,000 jobs. Almost 90 per cent of the investment would be spent on paying wages and overhead costs. Less than one percentage point of GRP would be required to establish the infrastructure needed to expand the provision.



TABLE 6

**Job creation and fiscal spending required to address gaps in the long-term care subsector  
in each scenario by 2030**

Results		Status quo	Minimum	Median	Maximum
Benefits	Direct job creation <i>(additional jobs created in the care subsector)</i>	3,240	10,365	37,934	75,387
	New beneficiaries <i>(additional people covered by the service provision)</i>	3,375	18,262	50,064	89,689
	Installed capacity <i>(m<sup>2</sup> of additional infrastructure)</i>	9,890	130,597	266,525	402,454
Fiscal cost <i>(% of GRP)</i>	Ordinary <i>(Pay + overhead)</i>	0.05%	0.94%	2.63%	5.48%
	Infrastructure	0.02%	0.25%	0.51%	0.77%
	Total	0.07%	1.19%	3.14%	6.25%

Source: Compiled by the authors.

# CONCLUSION

This paper shows that it is possible to use a policy tool to determine the opportunities for and challenges of expanding access and improving the quality of care provision, including in sectors where the relevant information is lacking. This includes estimating the amount of resources needed.

The investigation shows that the fiscal spending required to maintain the current situation is almost negligible, but that achieving improvements will require significant investments. However, it also shows that these investments will bring benefits, some of which are concrete, including generating quality jobs and closing gender equality gaps in women's access to decent and quality employment, and some which may be harder to perceive but are valuable and necessary, including improving the lives of people who require care and the lives of their families.

The methodology used and exercises proposed indicate that a strategy can be designed for gradual progress towards set targets for determining short, medium and long-term priorities for substantive or more partial improvements.

Overall, it seems that the care agenda can be advanced at the provincial level. The paper provides the basis for dialogue on care provision between institutions. Some of the investments envisioned could be national government initiatives or shared between the state and provinces.

When there is political will and commitment, work that is coordinated between different government departments, and between governments and international bodies, can be very beneficial. This can ultimately lead to progress in public policies that enhance the enjoyment of rights, reduce inequality gaps and improve people's daily lives.

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**Care is an economic sector that creates jobs, sustains income and fuels aggregate demand. and fuels aggregate demand and, as a consequence, tax revenues. In this context, studies that approximate concrete dimensions of the of what it would mean to expand and strengthen care policies in a comprehensive way.**

This report presents the results of the estimation of the fiscal effort required to invest in public necessary to invest in public policies to reduce the deficits in the provision of care in the province of Santa Fe in terms of coverage, quality and infrastructure.

In addition, it calculates the employment that would be generated as a result of this investment based on three possible scenarios (minimum, average and maximum), depending on the coverage that the Provincial State intends to achieve.

This paper is part of the joint project of UN Women and the International Labour Organization (ILO) “Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy” and uses a methodology developed jointly by ILO and UN Women, which is based on the targets set in the Sustainable Development Goals (SDGs) for the year 2030.



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