

Thirty Successful Experiences of Redistribution, Reduction,  
Recognition, Remuneration and Representation in Care Work

---

*Public Service  
with Community  
Participation: **Child  
Development Centers,  
Argentina***

---



## Public Service with Community Participation

### Child Development Centers, Argentina

**Country and/or location of implementation:** Argentina

**Instances and/or legal framework responsible for its implementation:** National Secretariat for Children, Adolescents and the Family under the Ministry of Social Development in Argentina.

Child Development Centers (CDI in Spanish) provide comprehensive care for children between 45 days and four years of age. They are jointly managed by the government (provincial and/or municipal) and community organizations. The responsible authority is the National Secretariat for Children, Adolescents and the Family under the Ministry of Social Development. In addition to providing care, education and meal services, these centers work to ensure that families and the community protect children's rights. They were created in 2007 (*Law 26.233, Child Development Centers. Promotion and Regulation*) and there are currently more than 1,600 CDIs throughout the country (Datos Argentina, n.d.). It should be noted that this is not a childcare service subject to the employment status of mothers or fathers, but a universally accessible service for all families in need of this type of childcare service.

When families are unable to transfer to other actors the provision of the necessary care for children, their members, mostly women within these families, are affected in their availability of time to devote to other paid or training tasks instead of domestic and care tasks. In view of this, the defamiliarization of childcare becomes a priority need to achieve the well-being of families and society in general. However, defamiliarization can take several forms, all of them centered on care institutions and relationships that take place outside the confines of the home. Childcare may be provided by: a) commercial or private care institutions outside the home (day care centers and kindergartens that require payment for access and permanence); b) care centers that operate in the parents' work space; c) those offered by the State, with free public access; and d) those offered by social organizations or the social and solidary economy (day care centers, child development centers, and community kindergartens) (Fournier, n.d.).

Pursuant to the regulation in force, every CDI shall:

1. Implement activities that make a healthy and balanced conciliation of work and family life prevalent in each community, contemplating areas, services, community actions, and workshops that result in ge-

neral containment and the effective social integration of children and their families. Such planning will take into particular account a harmonious distribution of the working hours and days of family members and, especially, of female heads of household, addressing the need to deepen family ties within the homes themselves.

2. Promote activities and adequate spaces that instigate the inclusion of children with special abilities, in order to maximise their integration.
3. Guarantee access to local health services, preferably under the public health system.
4. Ensure the nutritional needs of children are adequately met, facilitating the development of activities and workshops aimed at parents and/or family and community members in order to strengthen parenting skills.
5. Keep an updated file and record containing the results of the periodic monitoring of the growth and development of each child, as well as significant data on the daily life of the child and his/her family group.
6. Agree with each child's parents and/or relatives on the length of the child's daily stay at the center, taking into account the specific needs of the child's developmental stage and family situation, considering strengthened families as a privileged environment for upbringing. They should promote the longest possible period of coexistence of the child within his or her own family environment.
7. Guarantee personalized attention to the children.<sup>12</sup>

Furthermore, these centers are made up of a variety of human resources with different profiles and occupations, such as personnel trained in child development, as well as community child development promoters who are in charge of the care, attention, hygiene, feeding, stimulation and recreation of the children of each age group. There are also community workshop leaders in charge of planning and conducting various creative, expressive, playful, and recreational activities with the children, their families, the community, and maintenance, cleaning, and kitchen staff.

These centers are comprehensively designed to care for children and their families. As they are inserted at the community level, their actions have a positive impact not only on the children who attend, but also on all members of the family. This is especially critical in the areas of highest risk and socio-economic vulnerability. In this sense, the CDIs have an external professional support team, composed of personnel from local social and health bodies

---

12 Article 6, Decree 1202/2008, regulation pertaining to Law 26.233 on Child Development Centers.

with the purpose of curating actions and managing necessary services in each jurisdiction. In other words, the field of action and scope of these CDIs goes beyond the provision of childcare services.

As stated by Zibecchi and Pautassi (2010), social organizations play a key role in the care of children and other dependents in Argentina, especially in the most underprivileged urban areas. Their characteristics vary in terms of infrastructure, size of work teams, economic resources, origins, member training, institutional formality, relative weight of educational and recreational activities vs containment, and the way they are linked to the territory, among other factors. This is a strongly invisible “sector” with a significant presence in the poorer neighborhoods of metropolitan peripheries, and with strategic functions in the promotion of rights and access to minimum welfare standards (Pautassi & Zibecchi, 2010).

According to the 2019 Report on the Information and Monitoring System (SIM in Spanish) of CDIs in Argentina, there were a total of 1,375 CDIs surveyed with 104,719 children attending.

The provinces with the highest number of CDIs are Buenos Aires (503) and Córdoba (190), accounting for 36.6% and 13.8% of the total, respectively. The provinces with the lowest number of CDIs are Tierra del Fuego and Santa Cruz, with 0.22% and 0.65% of the total, respectively. At the national level, 29% of CDIs are managed by municipalities; a similar proportion (28.4%) by provincial governments; almost 17% corresponds to co-management between provinces and municipalities; 14.3% is managed by NGOs; and, finally, 11.3% is co-managed by NGOs and provincial governments and/or provincial and municipal governments (United Nations Children's Fund, 2019, p. 17).

This data shows that in 25.6% of all cases, a non-governmental organization is present in their management.

One key element for the operation of early childhood services is funding, which varies among provinces and is linked to the type of management in each jurisdiction. On this point, the following variables were analyzed: “whether the CDIs receive monetary contributions from the province. Then, whether they receive subsidies from the municipality. Thirdly, if there are CDIs that receive additional monetary donations from companies or civil associations

(NGOs) and then, if they receive other monetary contributions<sup>13</sup> (United Nations Children's Fund, 2019, p.17). 51.9% receive monetary contributions from the provinces, 24.7% receive contributions/subsidies from the municipality, 3.1% receive monetary donations, and 4.9% receive other monetary contributions (United Nations Children's Fund, 2019, p. 17).

[Regarding] the offer of operation in the great majority of jurisdictions, it is only available in the morning, or in single shifts both in the morning and in the afternoon. With regard to the full day, which offers greater possibilities of conciliation to mothers, fathers or persons in charge of raising children who require more extended care services due to labor market demands, it is restricted in most of the country. The exceptions are Tierra del Fuego, Neuquén, Chubut, and Buenos Aires. In more extended shifts (morning and afternoon or morning, afternoon, and evening) only a few CDIs were registered in Catamarca, La Rioja, Chubut, Río Negro, Neuquén, Salta, Misiones, Corrientes, Entre Ríos, and Córdoba. (United Nations Children's Fund, 2019, p. 20).

Regarding the number of days per week on which they offer services to children, the report shows that in all jurisdictions more than 90% of the CDIs are open five days a week. Only 26 centers in the entire country operate fewer than five days a week. On the other hand, there are 16 centers that open their doors six or seven days a week. As for the number of months per year, according to existing data, half of the CDIs operate year-round. In Tierra del Fuego, all the CDIs operate year-round; more than 80% of the centers are open year-round in Río Negro and Tucumán; and 90% in San Luis. 100% of the CDIs in Formosa remain open for 11 months, as well as about half of those in La Rioja, Chubut, Neuquén and Jujuy; and more than half of the CDIs in Santa Fe and Santa Cruz remain open for 10 months. In the remaining jurisdictions, the spaces are heterogeneous. Some offer their services for 10 months, others for 11, and the rest of them year-round (United Nations Children's Fund, 2019, p. 22).

It should also be noted that "90% of the CDIs offer breakfast; 76%, lunch; 64%, a snack; 18%, some other type of meal service; and 3.6% offer a pre-dinner meal. This component's relevance in the CDI service offer is therefore undeniable" (United Nations Children's Fund, 2019, p. 22).

---

13 Non-monetary contributions include the provision of the premises or building in which the center operates; and/or the payment of utilities such as water, electricity, gas, taxes, or fees; and/or the provision of equipment and/or food; and/or the provision of part of the personnel working in each center.

As for the personnel working in CDIs, there is a predominance of women, which highlights the high degree of feminization of care work, even outside the home. The 2019 program evaluation report cited almost 13,000 people performing different functions in the 1,375 CDIs analyzed. Of that total, 94.7% are women. In terms of the age of those working in the CDIs, the national average is close to 40 years old (39) (United Nations Children's Fund, 2019, p. 51). In a qualitative study, Fournier (2017) finds, in the daily work of these childcare centers, the women who work there learn to organize themselves, to manage, to teach, to position themselves affirmatively before actors with greater relative power, and to utilize the comparative advantages of each community center linked in a network. Fournier states that this is one of the most relevant features of the organizations they visited for their research: the appeal to a new way of doing things that develops into a way of knowing and of being that differs markedly from the figure of the devoted mother. This is a very revealing finding of the impact of both external recognition and self-knowledge of the women who work in these spaces as community care workers.

It is possible to affirm that, with the creation and implementation of the CDIs in coordination with civil society organizations operating at the community level, the availability of public childcare services for families is increased and improved, particularly for those who experience greater socioeconomic vulnerability. This policy promotes concrete actions to better reconcile personal, family, and work life. Its creation and operation are determined by national legislation which, in turn, promotes regulatory frameworks or legal amendments to guarantee the right to care and be cared for, and recognizes the rights of caregivers and those receiving care, in particular the right to care for children. Likewise, co-management between government and civil society organizations strengthens community care practices with positive effects on the personal empowerment of community workers.

In terms of obstacles or challenges in the implementation of this policy, they are diverse and wide-ranging. Firstly, the economic sustainability of each of these centers is a constant challenge. Since these are centers with participation and financing from different sources, which are also variable and subject to other conditions, there is generally no predictability. In particular, the labor situation of the people who work there is highly precarious and informal, which puts the continuous provision of services at risk.

At the national level, 38% of the personnel are appointed (they have job stability); 42% are contracted or under contract; 12.6% are on scholarship; 13.3% have an

alternative status (for example, they are members of a work cooperative); and 6.6% work on a voluntary basis. [...] If we consider that the lower the proportion of appointed personnel, the greater the labor precariousness, practically all jurisdictions have a large number of CDI personnel hired under highly precarious labor conditions. [...] It is difficult to demand quality and compliance, and to invest in training, when the starting working conditions pose significant challenges with regards to the formalization of hiring. [In addition], the condition of hiring is associated with the form of management. The highest percentages of appointments correspond to centers managed by municipal governments. In turn, contracts are also concentrated in public managements and NGOs. (United Nations Children's Fund, 2019, p. 55).

In addition, the COVID-19 pandemic further exacerbated this situation. Although these community centers had to close due to compulsory isolation measures, the Argentine Ministry of Social Development reinforced meal assistance to school canteens and community centers. As meals were a key function of the CDIs, a system of meals or food delivery was organized. Respecting the precautions of social distancing, delivery was arranged, and a committee was set up to monitor the situation in the community centers (Inter-ministerial Roundtable on Care Policies, 2021). In addition, this year, within the framework of the development of a federal plan for the promotion of CDIs, the national geo-referencing and the preparation of a Federal Map of Child Development Centers and Early Childhood Spaces began. In 2020, President Alberto Fernandez announced the investment of eight billion Argentine pesos for the construction and equipping of 300 new Child Development Centers. The new Child Development Centers will provide comprehensive care and will be aimed at developing the capacity (including nutritional assistance and early stimulation) of 28.8 thousand children between 45 days and four years of age from the most vulnerable social sectors. They will be distributed across the 23 provinces and the Autonomous City of Buenos Aires according to the Early Childhood Inequality Index.

Finally, it is important to emphasize that this type of policy reduces the burden of care performed by families within the home, i.e., it contributes to the defamiliarization of care work. Simultaneously, it seeks to improve the quality of life for children in need of care, for caregivers, and also—albeit to a limited extent—the working conditions of those employed in care services.

**For more information, visit** [www.argentina.gob.ar/justicia/derechofacil/ley-simple/centros-de-desarrollo-infantil](http://www.argentina.gob.ar/justicia/derechofacil/ley-simple/centros-de-desarrollo-infantil)