



BUDGET EXECUTION OF NATIONAL SOCIAL INVESTMENT IN PERSONS WITH DISABILITIES

Data as of December 31, 2021

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Executive Summary

In 2017, the National Institute of Statistics and Census (INDEC) conducted the National Study on the Profile of Persons with Disabilities (ENPPD), whose results published in 2018 showed that approximately 9.4% of the Argentine population has some type of physical or mental disability, so the estimated number of persons with disabilities applying that percentage to the population projections to 2021, is around 4.3 million.

The distribution by age shows that the greatest number of persons with impairments is found in the older age groups (40 years and older), and that this tendency is more pronounced for women.

Most persons with disabilities (60%) have only one type of impairment, with motor impairment being the most common, representing 25% of cases. As for the time of disability onset, 50% occurs in the range between 40 and 64 years of age, coinciding with the last stage of working life.

The promotion and protection of the rights of persons with disabilities is strongly addressed in national legislation, including the ratification and subsequent granting of constitutional hierarchy to the United Nations Convention on the Rights of Persons with Disabilities and other series of provisions, both prior and after the Convention.

In budgetary terms, the National Executive Branch has implemented a system of labeling budget actions to identify those policies that contribute to the promotion of the rights of persons with disabilities, considering it one of the main cross-cutting policies that, together with others, allow identifying the contribution to the solution of a specific issue throughout the budget. Although this methodology stands as a contributory innovation, the extent of the labeling is scarce and contrasts with the numerous regulations that address disability issues.

In addition, the budget disaggregation does not allow for progress in the implementation of this labeling tool, since disability-related issues are mixed with those of other population groups in the programmatic structure. Education, health (within the Ministry of Health), sports promotion and transportation assistance policies for persons with disabilities, among others, are not labeled and cannot be identified since it is not possible to individualize them based on the current budget design.

The expenditure that the National Executive Branch labeled as allocated for persons with disabilities amounted to ARS353,365.64 million in 2021, with an average execution of 98.5% of the current appropriation for the year. Such expenditure represented 3.3% of the total National Government expenditure and 0.8% of the Gross Domestic Product (GDP).

Expenditure on policies for persons with disabilities was distributed among nine National Government agencies with their own Administrative-Financial Service. The National Agency for Disability (ANDIS) concentrated most of the expenditure, accounting for 84.3%, followed by the National Social Security Administration (ANSES) with 13.1%. The remaining 2.6% was distributed among seven other government agencies.

Non-contributory pensions for occupational disability accounted for the largest budget (81% of the total ANDIS budget and 68.7% of total labeled expenditure). Considering that this program alone represents the largest expenditure for persons with disabilities, it can be inferred that the investment made by the National Government for this population group has a welfarist profile, which is not strictly in line with the principles of the Convention on the Rights of Persons with Disabilities.

This situation is aggravated when also considering the expenditures made by ANSES through the granting of family and universal allowances for children with disabilities and the provision of food cards by the Ministry of Social Development to ensure the nutrition of the beneficiaries of the Universal Allowance for children with disabilities.

The role of national hospitals and institutes for mental health and psychophysical rehabilitation stands out. Since the Mental Health Law was passed, these facilities have been gradually changing their service systems, although there is still a persistence of full-time hospitalization when analyzing their physical targets, a situation contrary to the practices promoted by the Mental Health Law, which favor outpatient and ambulatory care.

As for the implementation modality of public policies related to disability by the National Government, it is observed that about 98% of the funds allocated are financial assistance received by persons with disabilities, their families, or legal guardians, which highlights the welfarist profile of disability policy. Promoting social inclusion on equal terms with the rest of the population implies focusing efforts on other types of policies that promote accessibility and effective participation of this population group in all instances of social life.

In addition, the centralism of these policies is clear, since only 0.4% of national funds are transferred to provinces and municipalities or to civil society organizations to complement their own funds allocated to disability-related expenditure.

Introduction

Disability is part of the human condition: almost everyone will experience some form of transient or permanent disability at some point in their lives, and those who reach senility will experience increasing difficulties in functioning. Disability is complex and interventions to overcome the disadvantages associated with it are multiple, systemic and vary by context.

Around the world, persons with disabilities have worse health status, poorer educational outcomes, lower economic participation, and higher poverty rates than persons without disabilities¹.

Considering that Argentina is no exception, this report is intended to provide a comprehensive analysis of the promotion and protection of rights that the National Government grants to persons with disabilities, structuring the report in five sections.

The first section is a general analysis of the regulations in force in Argentina, detailing the principles of the Convention on the Rights of Persons with Disabilities approved by the United Nations in 2006 and ratified by Argentina in 2008. Likewise, this section analyzes the national regulations on disability assistance, such as the Comprehensive Protection System of Persons with Disabilities, the Federal Council on Disability, the National Agency for Disability (ANDIS) and the System of Basic Benefits for the Comprehensive Habilitation and Rehabilitation for Persons with Disabilities.

The second section has a population characterization based on the National Study on the Profile of Persons with Disabilities (ENPPD) conducted by INDEC in 2017, addressing categorizations such as sex, age, time and age of disability onset, possession of Single Certificate of Disability, health coverage, education, livelihood, and work, among other aspects.

The third section, using E-SIDIF (Integrated Financial Management Information System) as a primary source, analyzes budget allocations for policies aimed at the promotion and protection of the rights of persons with disabilities implemented by the National Government, considering those budget actions that the Executive Branch has labeled as "DIS" in the programmatic entries. This section disaggregates the analysis by intervening government agency and for each of them we examine the associated physical targets and the items with the lowest level of disaggregation.

The fourth section analyzes the implementation of the policies on disability identified in the previous section, both at a general level and in each of the government agencies and offices involved: direct monetary transfers to individuals, delivery in kind, decentralization to provinces and municipalities, implementation through own technicians and professionals, among others.

The fifth and last section lists all the main policies related to the principles of the Convention on the Rights of Persons with Disabilities, but which to date have not been labeled by the Executive Branch in the current programmatic entries.

¹ See World Report on Disability. World Health Organization (2011).

Regulatory and conceptual framework

International

Convention on the Rights of Persons with Disabilities

In 2006, by means of a General Resolution of the United Nations General Assembly, the Convention on the Rights of Persons with Disabilities was approved, the purpose of which is to promote, protect and guarantee the human rights of persons with disabilities. Likewise, on the same date, the Additional Optional Protocol to the Convention was approved, establishing a mechanism for individual complaints that are received by a committee created for this purpose with the aim of examining such complaints and making recommendations for their resolution.

The Argentine Republic approved both the Convention and the Optional Protocol in 2008 through Law 26,378, granting constitutional hierarchy to the Convention in 2014, under Section 75, subsection 22 of the National Constitution, through Law 27,044.

In accordance with Article 1 of the Convention, "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others".

Given this definition, persons with disabilities are more likely to experience adverse socioeconomic outcomes, such as less education, poorer health status, lower employment rates, and higher poverty rates².

Barriers to the full social and economic inclusion of persons with disabilities include inaccessibility of physical environments and transportation, unavailability of assistive devices and technologies, non-adapted means of communication, deficiencies in service delivery, and discriminatory social biases and stigmas.

Within this framework, Article 3 of the Convention defines the general principles on which this issue should be addressed:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

The Convention therefore requires States Parties to adopt a series of measures to guarantee the rights of persons with disabilities. In this regard, it places special emphasis on the legislative production and administrative adaptation to ensure compliance with the provisions of the Convention, eliminating all forms of discrimination and promoting accessibility in all its forms for persons with disabilities, encouraging their participation in decision-making in all cases.

² See <https://www.bancomundial.org/es/topic/disability#1>.

Provisions to be adopted by the States Parties

The Convention contains specific sections on women and children with disabilities, population groups that require special attention because they are in a situation of greater vulnerability. It also establishes obligations for States Parties with respect to various fundamental rights that guarantee inclusion and equal treatment in the following aspects: the right to life; equal recognition before the law; liberty and security of person; protection against torture and other cruel, inhuman or degrading treatment or punishment; protection against exploitation, violence and abuse; protection of personal integrity; liberty of movement and nationality; respect for privacy; respect for home and the family; and participation in political and public life.

In addition, there is another series of topics provided for in the Convention that must be addressed by the States Parties to guarantee the rights and freedom of persons with disabilities on an equal basis with others and which, given the issues they address, may imply the need for greater investment:

Accessibility: Adoption of relevant measures to ensure accessibility for persons with disabilities to the physical environment, transportation, information, communications, and other public and private services and facilities open to the public or for public use, both in urban and rural areas.

Access to justice: age-appropriate procedural adjustments to facilitate the performance of the effective roles of these persons as direct and indirect participants, including witness testimony, in all judicial proceedings, including the investigative and other preliminary stages. It also provides for the promotion of appropriate training for those working in the administration of justice, including police and prison personnel.

Living independently and being included in the community: guaranteed opportunity to choose one's place of residence and where and with whom to live. It includes access to a range of home, residential and other community support services, including personal assistance. It also provides for the availability of community facilities and services for the general population to consider the needs of persons with disabilities.

Personal mobility: ensuring the provision of assistance by humans or animals and intermediaries, assistive technologies, technical devices, and quality mobility aids in the form and at the time of their choice at an affordable cost.

Freedom of expression and opinion and access to information: providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost, encouraging the private sector and the mass media to adopt measures for their access.

Education: ensuring an inclusive education system at all levels, as well as lifelong learning, with access to inclusive, quality, and free primary and secondary education in the community in which they live. It provides for the necessary support for persons with disabilities, within the framework of the general education system, to facilitate their effective training. Education must be provided in the most appropriate languages and methods and means of communication for each person and in environments that allow them to achieve their maximum academic and social development. It also includes provision for the employment of teachers, including teachers with disabilities, who are qualified.

Health: ensuring the enjoyment of the highest attainable standard of health always under the protection of free and informed consent and ensuring access of persons with disabilities to gender-sensitive health services, including health-related rehabilitation. It provides for the provision of free or affordable health care and programs of the same range and quality as for other persons, including sexual and reproductive health, as well as the provision of health and life insurance in a fair and

reasonable manner. It provides for health services needed by persons with disabilities specifically because of their disability, including early detection and intervention and services aimed at preventing and minimizing the onset of new disabilities. These services should be available as close as possible to persons with disabilities' own communities, including in rural areas.

Habilitation and rehabilitation: actions to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social, and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen, and extend comprehensive habilitation and rehabilitation services and programs, particularly in the areas of health, employment, education, and social services.

Work and employment: provision of opportunities to gain a living by work freely chosen or accepted in a labor market and work environment that is open, inclusive, and accessible to persons with disabilities. It provides for the promotion of employment opportunities and career advancement of persons with disabilities in the labor market, as well as the promotion of entrepreneurial opportunities, self-employment, cooperatives and starting one's own business. It urges States to employ persons with disabilities in the public sector.

Adequate standard of living and social protection: actions to ensure adequate food, clothing, and housing, and to the continuous improvement of their living conditions, especially access to public services, social protection programs and poverty reduction strategies. It provides for assistance from the State to cover expenses related to their disability.

Participation in cultural life, recreation, leisure, and sports: access to cultural, recreational and leisure material and offers in accessible formats. It provides for actions to enable persons with disabilities to develop and use their creative, artistic, and intellectual potential. It also includes access to sports, recreational and tourist facilities and the promotion of the organization and development of specific sports and recreational activities and the participation in these activities.

National

There is a wide range of national legislation that addresses the care and rights of persons with disabilities³, both before and after the adoption of the Convention. Notwithstanding the relevance and importance of all of them, the following are those that contextualize the general approach to the issue:

Comprehensive Protection System for Persons with Disabilities

Law 22,431, as amended and derived, created the Comprehensive Protection System for Persons with Disabilities, aimed at ensuring health care, education, and social security, as well as granting persons with disabilities the benefits and incentives to neutralize, as far as possible, the disadvantage caused by their disability and give them the opportunity, through their efforts, to play a role in the community equivalent to that played by other persons.

This Law provides for the issuance of the Unified Disability Certificate, which certifies the disability of the person throughout the national territory and allows access to the following benefits:

- Coverage of 100% of the basic benefits system for persons with disabilities. These benefits include medical treatment, rehabilitation, educational support, prosthesis, among others.
- Free travel on national public transportation of short, medium, and long distance, including trains, subways, and buses.

³ For a detailed review see <https://www.argentina.gob.ar/andis/digesto-nacional-de-discapacidad>

- The international access symbol for free transit and parking.
- Access to family allowances for persons with disabilities (allowance for a disabled child, allowance for maternity of a child with Down syndrome, among others).
- Exemption from some municipal taxes.
- Benefits to purchase automobiles.

In addition, this Law provides that 4% of the personnel employed by the National Government must be composed of persons with disabilities and contemplates benefits and incentives for employers in the non-governmental sector that employ members of this population group.

Federal Council on Disability

Law 24,657 created the Federal Council on Disability, composed by the officials responsible for disability issues at the highest level in each of the 24 subnational jurisdictions, by civil society organizations related to disability, by persons with disabilities representing the different regions of the country, and chaired by the head of the National Agency for Disability.

This Council is a space for dialogue and planning that allows considering the disability issue as a transversal line of action in all policies of national, provincial, and municipal governments. It aims at decentralizing and increasing the capacity for resolution at the local and regional levels and promoting permanent interrelation between governmental entities and civil society organizations involved in disability issues.

National Agency for Disability

The National Agency for Disability (ANDIS) was created by Necessity and Urgency Decree (DNU) 698/2017 within the scope of the Presidency of the Nation as a decentralized agency, successor of the National Advisory Commission for the Integration of Persons with Disabilities (CONADIS). Its function is the design, coordination, and general implementation of public policies on disability, the development and implementation of actions to promote the full exercise of the rights of persons with disabilities and the management of the process of granting “invalidity” pensions⁴ and those arising from Laws 25,869 (persons with hemophilia) and 26,928 (transplanted persons) throughout the national territory.

The Agency is also responsible for evaluating compliance with Law 22,431 on Comprehensive Protection for Persons with Disabilities and other legal instruments, promoting regulatory adjustments tending to the effective exercise of the rights of persons with disabilities, and designing and proposing national programs that contemplate prevention, promotion, assistance, protection, and rehabilitation of persons with disabilities, among others.

System of Basic Benefits for Comprehensive Habilitation and Rehabilitation for Persons with Disabilities

Law 24,901 created the System of Basic Benefits for the Comprehensive Habilitation and Rehabilitation for Persons with Disabilities, listing the basic benefits to be granted to persons with disabilities and describing the specific services provided.

⁴ Although the term “invalidity” is used as it appears in the current regulations, its use is not recommended since it may be considered derogatory. Both the Convention on the Rights of Persons with Disabilities and specialists in the field recommend the expression “disability”, and “person with disability” to refer to individuals in this population group.

In addition, Executive Order 762/97 (Unified System of Basic Benefits for Persons with Disabilities) and Executive Order 1193/98 (regulating the Basic Benefits Law) created the legal and institutional structure necessary for the implementation of the System of Basic Benefits for Persons with Disabilities, giving ANDIS the responsibility of regulating and managing the System.

Furthermore, Resolution 428/99 of the then Ministry of Health and Social Action, later amended by successive updating regulations, approved the Nomenclature of Basic Benefits for Persons with Disabilities, which defines the content and scope of the rehabilitation, therapeutic-educational, educational and assistance services of the Basic Benefits System and establishes the modalities of coverage.

Finally, Resolution 705/00 of the Ministry of Health of the Nation, as amended and derived, approved the basic framework for the organization and operation of benefits and care services for persons with disabilities, which describes the characteristics and scope of the services and defines the basic quality standards to be met to be included in the System, from the perspective of the organization and functioning of the services, the human resources involved, the facilities required and the necessary equipment.

Right to Mental Health Protection

Law 26,657 on mental health is aimed at ensuring the right to mental health protection for all persons and the full enjoyment of the human rights of those with mental disorders who are in the national territory.

This Law lists the rights of persons with mental disorders, among which the following stand out: to comprehensive and humanized health and social care, based on free, equal and equitable access to the necessary services and supplies, with the purpose of ensuring the recovery and preservation of their health; to know and preserve their identity, their groups of belonging, their genealogy and their history; to receive care based on scientific foundations adjusted to ethical principles; to receive treatment and to be treated with the most convenient therapeutic alternative, which least restricts their rights and liberties, promoting family, labor and community integration; in the event of involuntary or voluntary prolonged hospitalization, the conditions thereof shall be periodically supervised by the reviewing body; not to be identified or discriminated against because of a current or past mental disorder; and to be able to make decisions related to their care and treatment within their possibilities, among others.

The approach must be conducted by professionals, technicians and other trained workers duly accredited by the competent authority, through a process of care preferably outside the hospital environment, since hospitalization is considered a therapeutic resource of a restrictive nature.

The Law prohibits the creation of new asylums, neuropsychiatric or single-patient institutions, public or private, providing for the adaptation of the existing ones in accordance with the considerations of the law.

Finally, it provides for the allocation of a minimum of 10% of the total health budget to mental health. Since the Section of the Law providing for that allocation has not been regulated, no methodology has been defined to distinguish and specify the actual expenditure on mental health, preventing in practice the correct calculation of the expenditure and its respective evaluation in terms of compliance with that provision.

Population characteristics

Approximately 4.3 million persons in Argentina have some type of disability. The incidence is higher in women than in men, mainly because of demographic issues, since women have a longer life expectancy and disability is more prevalent at older ages. Motor impairment is the most common type of disability. The main cause of disability is diseases or syndromes, followed by accidents. Ninety-four percent of persons with disabilities attend or attended educational establishments. Sixty percent receive some type of benefit (retirement, pension, or subsidy) and 32% work.

Demographic characteristics

The results of the National Study on the Profile of Persons with Disabilities (ENPPD) conducted by INDEC estimate that 9.4% of the Argentine population living in towns with 5,000 or more inhabitants has some type of physical or mental disability. Considering that several studies show that the prevalence of disability has been relatively stable in recent years (close to 10% of the country's population), the estimated number of persons with disabilities, applying this percentage to the population projections to 2021 based on the 2010 National Census, is approximately 4.3 million.

If the percentages are analyzed by sex, the prevalence of disabilities in women is 10% higher than in men:

Table 1. Persons with and without disabilities by sex

As a %

Condition	Men	Women	Total
With disabilities	9.0%	9.9%	9.4%
Without disabilities	91.0%	90.1%	90.6%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

This difference can be explained largely by demographic issues, since the existence of disabilities tends to be more prevalent in older age groups, where there is a greater presence of women than men given the longer life expectancy.

Table 2. Persons with disabilities by sex and age group

As a %

Age group	Men	Women	Total
0 to 5	4.6%	1.3%	2.8%
6 to 13	8.4%	4.9%	6.5%
14 to 39	23.9%	17.4%	20.4%
40 to 64	32.2%	35.1%	33.7%
65 or older	31.0%	41.3%	36.6%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

The analysis by age group shows that, although in both sexes there are more persons with disabilities in the older age groups, this tendency is more pronounced for women.

When considering the type and number of impairments, it is observed that almost 60% have only one type of impairment and approximately 20% have two or more, with 10% of cases that, although holding a disability certificate, have not declared any impairment in the study.

Table 3. Persons with disabilities by sex and type of impairment

As a %

Type of impairment	Men	Women	Total
Motor only	22.2%	27.7%	25.2%
Visual only	13.7%	13.8%	13.7%
Hearing only	12.1%	10.1%	11.0%
Mental-cognitive only	8.9%	6.4%	7.5%
Self-care only	0.6%	0.8%	0.7%
Speech and communication only	1.5%	0.4%	0.9%
Two impairments	16.8%	19.5%	18.3%
Three or more impairments	11.0%	13.2%	12.2%
Only holds certificate	13.3%	8.2%	10.5%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

The most common type of impairment is motor, followed by visual and hearing.

Although there are certain differences, the distribution by type and number of impairments is relatively similar in both men and women. The most common type of impairment is motor, followed by visual and hearing.

Another of the results that emerged from the study is related to the time of disability onset. For both men and women, most disabilities were developed after birth, although for men, disability onset at birth is more frequent than for women.

Table 4. Time of disability onset

As a %

Onset	Men	Women	Total
At birth	20.1%	13.5%	16.5%
After birth	78.9%	85.1%	82.3%
DK/NA	0.9%	1.4%	1.2%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

For disability onset occurring after birth, the distribution by age range is shown in Table 5.

Table 5. Age of disability onset

As a %

Age of onset	Men	Women	Total
Not yet one year old	1.2%	1.4%	1.3%
1 to 14	18.9%	13.6%	15.9%
15 to 39	22.8%	18.8%	20.5%
40 to 64	49.4%	55.2%	52.7%
65 or older	4.2%	7.1%	5.9%
DK/NA	3.4%	3.9%	3.7%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

The age range of disability onset is usually between 40 and 64 years of age, coinciding with the last stage of working life

A relatively similar distribution is observed between men and women, with almost 50% of disability onset between the ages of 40 and 64, coinciding with the last stage of working life.

As for the causes of disability, the distribution resulting from the study is shown in Table 6.

Table 6. Causes of disability onset

As a %. 2018.

Cause	Men	Women	Total
Accident (traffic, domestic, occupational, sports, etc.)	23.0%	11.5%	16.7%
Problems in childbirth/mother's illness during pregnancy	8.6%	4.8%	6.5%
Problems related to old age	8.8%	17.4%	13.5%
Disease/syndrome	41.7%	47.4%	44.8%
Other cause	12.9%	14.0%	13.5%
DK/NA	4.9%	4.9%	4.9%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

Diseases or syndromes are the main cause, with more than 40% of cases for both sexes, followed by accidents, mainly for men, and problems related to old age, mainly for women.

With respect to disability certificates, 35% of persons identified in the study were in possession of a valid certificate. Although holding the certificate is not mandatory, it is an exclusive requirement for access to benefits.

Only 35% of persons with disabilities held a valid Single Disability Certificate (CUD).

Table 7. Persons holding of disability certificate

As a %. 2018.

Status	%
No certificate	64.8%
Holds a valid certificate and declares disability	24.7%
Holds a valid certificate but does not declare any disability	10.5%
Total	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

Slightly more than 10% of persons identified by the study hold a valid Single Disability Certificate (CUD), but do not declare any type of disability. In addition, almost two out of three persons do not hold a certificate or do not hold a valid one, and only one out of four persons who declared some type of disability holds an updated certificate.

Health care coverage

Finally, in terms of the type of health care coverage received by persons with disabilities, the distribution observed is shown in Table 8.

Table 8. Health care coverage of persons with disabilities by sex

As a %. 2018.

Health care coverage	Men	Women	Total
Social Security/Union-run system	57.0%	61.3%	59.4%
Private insurance	10.6%	9.2%	9.8%
Government health programs	9.1%	9.9%	9.5%
None	23.4%	19.7%	21.4%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

Nearly 60% of persons with disabilities have Social Security/Union-run coverage. However, two out of ten do not have any specific coverage.

Most persons with disabilities have medical coverage through the Social Security/Union-run system (including INSSJP-PAMI). Additionally, one out of ten has private health insurance and one out of ten is covered by government health programs or plans. Nearly 20% of persons with disabilities do not have health care

coverage, so their care depends exclusively on the public health care system intended for the general population.

Education

As for the education of persons with disabilities, the study first surveyed reading and writing skills, thus helping to estimate the level of illiteracy in this population group.

Table 9. Reading and writing skills of persons with disabilities by sex

As a %. 2018.

Reading and writing	Men	Women	Total
Yes	89.5%	92.4%	91.1%
No	10.5%	7.6%	8.9%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

The illiteracy rate among persons with disabilities is higher than in the rest of the population.

Although more than 90% of persons with disabilities know how to read and write, when comparing the 8.9% of those who do not have these skills with the general illiteracy rate at the national level resulting from the National Census conducted by INDEC in 2010, which was

1.9%, there is a significant difference between this population group and the general population.

In addition, the percentage of illiteracy among men is 3 percentage points higher than among women. Although there was also a gap between men and women in the census results, the difference between the two was not as significant (2.0% and 1.9%, respectively) as it is among persons with disabilities.

As for school attendance, the results of the study show that 94% are attending or have attended an educational establishment:

Table 10. School attendance of persons with disabilities by sex

As a %. 2018.

Status	Men	Women	Total
Attending	16.6%	12.0%	14.1%
Not currently attending, but has attended	78.3%	81.2%	79.9%
Never attended	5.0%	6.8%	6.0%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

The analysis by sex shows that women have less schooling than men, where the percentage of women who have never attended educational establishments is 1.8 percentage points higher than that of men in the same condition.

When considering only the universe of persons with disabilities who attend or have attended educational establishments, the population distribution according to the highest level attained at the date of the ENPPD is similar by sex, but some differences emerge when analyzing it by age group:

Table 11. Highest level of education attained by persons with disabilities by age group

As a %. 2018.

Educational level	Age group				Total
	6 to 13	14 to 39	40 to 64	65 or older	
Up to complete primary school	82.7%	25.9%	43.6%	58.1%	47.8%
Incomplete Secondary School	11.5%	32.1%	20.6%	14.7%	20.3%
Integrated education	1.1%	4.3%	0.2%	0.2%	1.1%
Complete Secondary School	0.0%	18.0%	18.6%	12.9%	15.1%
Incomplete and complete higher education (non-university, university, and graduate)	0.0%	13.9%	15.4%	13.5%	13.3%
Does not specify level/unknown	4.7%	5.8%	1.5%	0.6%	2.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

Nearly half of persons with disabilities only attend or have attended primary school. This estimate is not only reflected in the youngest age group (6 to 13 years old), where age correlates with this educational level, but also, for the two older age groups, the percentage linked to this educational level is the most predominant.

Only slightly more than one out of ten persons with disabilities has completed higher education.

Furthermore, slightly more than one out of ten persons with disabilities has completed higher education, and this percentage is relatively stable among the age groups associated with this educational level.

As a general observation, it can be inferred that the older the person is, the lower the level of education attained, which provides evidence that schooling is increasing in younger generations.

Finally, in terms of educational integration, high levels of integration are observed, although there are differences by sex (Table 12).

Table 12. Educational modality for persons with disabilities by sex

As a %. 2018.

Modality	Men	Women	Total
Only regular education	87.1%	92.9%	90.2%
Only special education	9.1%	4.2%	6.4%
Regular and special education	3.1%	1.9%	2.4%
DK/NA	0.8%	1.0%	0.9%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

The ENPPD reports that nine out of ten persons with disabilities who attend or have attended educational establishments, do or did so in regular education. However, when analyzed by sex, it is observed that there is a greater integration of women than men. While the percentage of women who attend or have attended only special education establishments was 4.2%, the percentage of men was 9.1%, which is more than double. The percentage of men who attend or have attended both types of schools (regular and special) was also higher, being 3.1% for men and 1.9% for women.

Livelihood and employment

To determine the possible sources of income, as well as their capacity to insert themselves socially and in the labor market, the ENPPD explores two dimensions: pension or retirement benefits and the development of productive activities.

The study examines whether the person with disabilities receives any benefit, what type of benefit and their employment status.

Table 13. Benefits for persons with disabilities by sex

As a %. 2018.

Benefit	Men	Women	Total
<i>Retirement only</i>	30.5%	29.1%	29.7%
<i>Pension for death of the beneficiary</i>	0.6%	3.2%	2.0%
<i>Retirement and pension</i>	1.9%	12.6%	7.6%
<i>Disability pension only</i>	19.0%	15.4%	17.1%
<i>Other type of pension only</i>	2.1%	5.4%	3.9%
Subtotal - with benefits	54.1%	65.6%	60.3%
<i>Employed</i>	23.5%	15.5%	19.2%
<i>Unemployed</i>	2.2%	1.8%	2.0%
<i>6 to 13 years old</i>	6.2%	3.2%	4.6%
<i>Inactive 14 to 39 years old</i>	5.9%	5.5%	5.7%
<i>Inactive 40 to 64 years old</i>	3.1%	6.3%	4.8%
<i>Inactive 65 and older</i>	0.5%	0.7%	0.6%
<i>N/A</i>	4.6%	1.3%	2.8%
Not receiving benefits	45.9%	34.4%	39.7%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

Four out of ten persons with disabilities do not receive any type of benefit

On average, four out of ten persons with disabilities do not receive any type of benefit. There is also a gap of more than 10 percentage points between men (45.9%) and women (34.3%).

Half of those who do not receive benefits are employed, and the other half are mostly inactive, so it can be inferred that they depend on their families and relatives for their livelihood.

Among those who do receive benefits, half receive retirement benefits and 30% receive disability pensions. In addition, the number of women with disabilities who receive both retirement and pensions (12.6% of the total) stands out, compared to only 1.9% of men.

There is also a significant difference in the number of women with disabilities who receive a pension because of the death of their spouse: 3.2% compared to only 0.6% of men. These differences are explained by demographic issues: women have a longer life expectancy than men, so more women are in a position to receive a pension after the death of their spouses.

As for the development of productive activities, the study classifies the employment status as inactive, unemployed, and employed. As for the latter, it subdivides them into four categories: employer, self-employed, employee and family worker:

Table 14. Employment status of persons with disabilities by sex

As a %. 2018.

Status	Men	Women	Total
<i>Employer</i>	1.8%	0.5%	1.1%
<i>Self-employed</i>	16.4%	10.4%	13.0%
<i>Employee</i>	19.5%	13.1%	15.9%
<i>Family worker</i>	2.7%	1.8%	2.2%
Subtotal employed	40.3%	25.8%	32.2%
Unemployed	4.1%	3.3%	3.7%
Inactive	55.6%	70.9%	64.1%
Total	100%	100%	100%

SOURCE: OPC, based on ENPPD- INDEC.

Just over 40% of men are employed, compared to only 25.8% of women

On average, one out of three persons with disabilities are employed, but there are differences between men and women. Just over 40% of men are employed, compared to only 25.8% of women. Likewise, 55.6% of men declared

to be inactive, compared to more than 70% of women. The level of unemployment (i.e., those who do not have a job but are actively looking for one) averaged 3.7% of the total number of persons with disabilities.

If we consider only the universe of employed persons, 90% were either employees (50%) or self-employed (40%).

Finally, the study analyzed the reasons why those who are inactive are not looking for work, with the percentage distribution shown in Table 15.

Table 15. Main reason for persons with disabilities not looking for work by sex

As a %. 2018.

Reason	Men	Women	Total
Is retired or pensioner	48.7%	49.4%	49.2%
Does not want/does not need to work	8.0%	10.0%	9.2%
Is a student	7.0%	5.0%	5.8%
Is a home caregiver	1.5%	9.6%	6.5%
Thinks he/she will not get a job because of the disability	11.0%	6.1%	8.0%
Has a disability pension and does not want to lose the benefit	5.4%	2.6%	3.7%
Has looked for a long time and did not find a job/got tired of looking for a job	2.3%	0.7%	1.3%
Accessibility problems with roads, transportation, buildings, etc.	1.0%	0.9%	0.9%
Other reason	15.0%	15.7%	15.5%
Total	100.0%	100.0%	100.0%

SOURCE: OPC, based on ENPPD- INDEC.

Aspects directly or indirectly related the disability account for 13.9% of those who decide to stop looking for work

The main reason for persons with disabilities not looking for work is the retirement or pension benefits they receive, accounting for almost 50% of cases. However, it can be observed that aspects directly or indirectly related to their disability account for 13.9%: 8% think that their

condition will prevent them from finding a job; 3.7% fear losing their disability pension; 1.3% have looked for a job but did not find one; and 0.9% have been unable to look for/get a job because of accessibility problems.

These reasons directly or indirectly related to their disability are more frequent for men (19.8%) than for women (10.2%).

National Government public policies related to persons with disabilities

The expenditure that the National Executive Branch labeled as allocated to policies for persons with disabilities amounted to ARS358,787.01 million in 2021, distributed among nine government agencies, with an average execution of 98.5%. This expenditure represented 3.3% of the total expenditure of the National Government and 0.8% of the GDP. ANDIS accounted for the highest percentage, with 84.3%, followed by ANSES with 13.1%. Within ANDIS, non-contributory pensions for occupational disability accounted for 81% of the agency's expenditure, which is 68.7% of the total expenditure labeled as DIS. In general terms, the programmatic entries of the government agencies involved do not supply detailed information on the activities they conduct to contribute to disability care.

Since 2021, disability has been approached by the National Government Budget as a cross-cutting policy, grouping plans and policies implemented by different programs of various government agencies and offices that share the characteristic of being aimed at persons with disabilities, to promote inclusive economic and social development and the overall improvement of the living conditions of this population group. These budget actions are not necessarily aimed exclusively at disability, so they can also be considered as contributing to other cross-cutting policies.

The strategy for approaching budget actions for persons with disabilities includes the use of "DIS" labels in the identified programs, projects, activities or works, as well as the mention of other

actions that, although not having DIS labels, are included in the annexes of the annual budget messages sent by the Executive Branch to the Legislative Branch.

In this context, it is important to highlight that the selection of budget actions made by the Executive Branch does not respond to specific regulatory criteria and does not follow the principles of the Convention on the Rights of Persons with Disabilities since it does not identify the public policies related to each one of them.

Table 16 shows a financial analysis of the policies identified as of December 31, 2021, indicating their level of execution at the end of the fiscal year.

Disability-related expenditure as a share of total National Government expenditure

The current appropriation as of December 31, 2021, for the total budget actions for persons with disabilities identified using the labeling methodology amounted to ARS358,787.01 million and the execution was 98.5%. This expenditure represented 3.3% of the total expenditure of the National Government.

Table 16. Expenditure on persons with disabilities and total National Government expenditure

Millions of ARS and %. As of December 2021.

	Current (12/31)	Accrued (12/31)	Execution %
DIS expenditure	358,787.01	353,365.64	98.5%
Total expenditure	11,000,407.08	10,768,148.26	97.9%
DIS as a share of total	3.3%	3.3%	-

SOURCE: OPC, based on E-SIDIF

Expenditure on persons with disabilities accounted for 0.8% of the estimated GDP for the year

Expenditure on persons with disabilities represented 0.8% of the estimated GDP for the year. The execution percentage was 0.6 percentage points higher than the average execution level of the entire National Government.

Expenditure on persons with disabilities by government agency

The forecast expenditure was distributed among nine National Government agencies with their own Financial Administrative Service. ANDIS was the agency with the largest share, with 84.3% of the amount allocated to persons with disabilities, followed by ANSES with 13.1%.

Table 17. Expenditure on persons with disabilities by government agency

Millions of ARS and %. As of December 2021.

Agency	Current appropriation (12/31)	Accrued/ Consumed (12/31)	Share
National Agency for Disability	302,626.33	298,481.27	84.3%
National Social Security Administration	46,983.00	45,869.15	13.1%
Ministry of Social Development	3,783.80	3,782.51	1.1%
Dr. Manuel A. Montes de Oca National Colony	2,019.79	1,943.24	0.6%
Ministry of Labor, Employment and Social Security	978.51	1,041.15	0.3%
National Network Hospital Specialized in Mental Health and Addictions "Licenciada Laura Bonaparte"	969.46	960.84	0.3%
National Institute of Psychophysical Rehabilitation of the South "Dr. Juan Otimio Tesone"	923.30	804.07	0.3%
Ministry of Culture	502.82	483.42	0.1%
Secretariat of Public Innovation	0.00	0.00	0.0%
Total	358,787.01	353,365.64	100.0%

SOURCE: OPC, based on E-SIDIF

Three ministries included budget actions labeled as contributing to the promotion and guarantee of the rights of persons with disabilities: the Ministry of Social Development, with 1.1% of the expenditure; the Ministry of Labor, Employment and Social Security, with 0.3%; and the Ministry of Culture, with 0.1%. The Secretariat of Public Innovation, although it had an action labeled as contributing to persons with disabilities with initial appropriation, did not have any current appropriation during 2021.

The other institutions with labeled budget actions are decentralized agencies within the scope of the National Ministry of Health, two of them aimed at addressing mental health (Dr. Manuel A. Montes de Oca National Colony, with 0.6% of the expenditure, and the National Network Hospital Specialized in Mental Health and Addictions "Licenciada Laura Bonaparte", with 0.3% of the expenditure) and the remaining one aimed at the psychophysical rehabilitation of patients (National Institute of Psychophysical Rehabilitation of the South "Dr. Juan Otimio Tesone", with 0.3% of the expenditure).

Budget actions for persons with disabilities

National Agency for Disability (ANDIS)

ANDIS was the agency of greatest significance in budgetary terms among those identified as contributing to the promotion and protection of the rights of persons with disabilities, since it is the agency responsible for the development, articulation, and implementation of public policies on disability from a comprehensive perspective, aimed at promoting the access of persons with disabilities to the overall set of tools provided by the National Government in this field. In its programmatic entry it had six budget programs, all of them contributing to those purposes.

The budget allocation and execution of the six ANDIS programs with their respective activities as of December 31, 2021, are shown in Table 18.

Table 18. ANDIS public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Core Activities	Direction and Management	866.24	573.22	66.2%
	Institutional Communication	5.14	0.00	0.0%
Actions for the Integration of Persons with Disabilities	Actions for the Integration of Persons with Disabilities	1,660.35	1,463.98	88.2%
	Coordination, Supervision and Administration	42.01	31.05	73.9%
	Protection of Rights and Inclusion of Persons with Disabilities	19.73	11.50	58.3%
	Development of Persons with Disabilities	41.03	42.56	103.7%
Territorial Approach	Aids and Assistance	0.00	0.00	-
	Territorial Devices	20.00	13.25	66.3%
	Training and Research	0.00	0.00	-
Non-Contributory Pensions for Occupational Disability	Coordination, Supervision and Administration	731.01	591.02	80.9%
	Non-Contributory Pensions for Occupational Disability	246,793.78	244,065.83	98.9%
Health Care for the Beneficiaries of Non-Contributory Pensions	Coordination, Supervision and Administration	234.35	189.95	81.1%
	Health Care for the Beneficiaries of Non-Contributory Pensions	51,464.94	50,888.85	98.9%
Prevention and Control of Disabilities	Prevention and Control of Disabilities	483.04	345.34	71.5%
	Coordination, Supervision and Administration	264.71	264.71	100.0%
Total		302,626.33	298,481.27	98.6%

SPURCE: OPC, based on E-SIDIF

The first program is "Core Activities", which includes articulation, planning and strategic coordination services to improve the Agency's management, as well as the design of public policies within the framework of international treaties and national regulations on the subject.

The purpose of the program "Actions for the Integration of Persons with Disabilities" is to provide advice to persons with disabilities and civil society organizations for their inclusion. Within its framework, it coordinates with other national agencies, with the different levels of government and with various civil society organizations for the formulation of assertive policies on disability issues.

This program concentrates the activities of dissemination, training, promotion, and control of accessibility in all its forms for persons with disabilities and includes the targets shown in Table 19 to be achieved during 2021.

Table 19. Physical targets of the program "Actions for the integration of persons with disabilities"

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Training	Trained Person	Aggregate	1,350	1,211	89.7%
Technical Assistance Services	Organization Assisted	Aggregate	90	110	122.2%
Rehabilitation with Sports Techniques	Services Provided	Aggregate	75,000	545	0.7%
Guidance to Persons with Disabilities	Person Assisted	Aggregate	64,000	37,874	59.2%
Subsidies to Individuals and Institutions	Person Assisted	Aggregate	600	159	26.5%
Subsidies to Individuals and Institutions	Institution Assisted	Aggregate	460	374	81.3%
Subsidies to Persons with Disabilities	Person Assisted	Average	3	1	33.3%
Financial Assistance for Recreational and Sports Accessibility	Project Promoted	Aggregate	6	0	0.0%

SOURCE: OPC, based on E-SIDIF

As of the third quarter of 2021 (latest available data), training, technical assistance services and assistance to institutions have an execution rate of over 80% in relation to their annual programming. At the other extreme, rehabilitation with sports techniques shows an execution of only 0.7%, with the institution reporting that because of the pandemic this policy was implemented since the middle of the year, receiving a low level of enrollment in the half-year period in which it was in operation.

The program "Territorial Approach" is intended to bring the National Agency for Disability closer to different provinces and municipalities, with the purpose of developing an articulated work with local agencies to open spaces for territorial management that guarantee access to procedures, services, and programs for persons with disabilities throughout the national territory. During 2021, this program did not have any physical target.

The program "Non-contributory pensions for occupational disability" had the largest budget, being 68.7% of the total expenditure labeled as DIS.

Additionally, the program "Non-contributory pensions for occupational disability" had the largest budget (81% of the total ANDIS budget), and its purpose is to provide financial assistance by granting non-contributory pensions to persons in social vulnerability, with no property, resources or income to ensure their livelihood

and who present a percentage of disability equal to or higher than 76% and to persons who had an organ transplant, are registered in the National Registry of Procurement and Transplantation or are on the waiting list for transplants of the National Procurement and Transplant System of the Argentine Republic (SINTRA), with permanent residence in the country.

Considering that this program alone represents the largest expenditure for persons with disabilities (68.7% of the total labeled expenditure), it can be inferred that the investment made by the National Government for this population group has a welfare-type profile, which is contrary to the principles of the Convention on the Rights of Persons with Disabilities.

The program provides for the granting of more than one million pensions per month on average, as well as subsidies to close to 500 individuals.

Table 20. Physical targets of the program "non-contributory pensions for occupational disability"

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution – 3rd quarter 2021	Execution %
Pensions for occupational disability	Pensioner	Average	1,091,772	1,073,224	98%
Subsidies to individuals	Person assisted	Average	494	495	100%

SOURCE: OPC, based on E-SIDIF

The execution of both physical targets during the third quarter of 2021 was close to the expected average value.

The program "Health care for beneficiaries of non-contributory pensions" is also known as "*Incluir Salud*", which arose as a replacement of the Federal Health Program (PROFE) that provided health coverage for beneficiaries of non-contributory pensions. The program covers persons who do not have other health care assistance, such as social security/union run insurance or prepaid health insurance, and who voluntarily enroll in the program.

In 2018, by means of several administrative acts, different functions that were under the scope of the Ministry of Health were transferred to the National Agency for Disability (ANDIS), including the *Incluir Salud* Program. This situation was originally intended to be temporary, but after successive extensions, by Resolution 1079/2021 of the National Agency for Disability, the program was permanently transferred to its orbit. However, since the program includes health care for all types of pensions and not only disability pensions, ANDIS exceeds its original functions.

The program is implemented by contracting services through direct agreements with providers and through agreements with all jurisdictions. As of August 2021 (latest available data), according to information provided by ANDIS, the program had 980,458 beneficiaries enrolled, which represents approximately 75% of the total number of non-contributory pensions beneficiaries.

The distribution by type of original pension is shown in Table 21.

Table 21. Beneficiaries of the *Incluir Salud* Program by type of pension

Quantity and %. As of August 2021.

Type of pension	Beneficiaries	
	Quantity	%
Disability	774,578	79.00%
Mother of 7 or more children	180,019	18.36%
Ex gratia pension granted by Congress	23,837	2.43%
Old age	1,743	0.18%
Relatives of disappeared persons	182	0.02%
Others	99	0.01%
Total	980,458	100.00%

SOURCE: OPC, based on ANDIS.

The program "Health care for beneficiaries of non-contributory pensions" provides health coverage not only to persons with disabilities but also to all types of non-contributory pensions beneficiaries, and therefore exceeds the original authority of the ANDIS.

Incluir Salud provides health coverage not only to persons with disabilities but also to all types of non-contributory pensions beneficiaries; therefore, this program exceeds the original authority of the ANDIS.

The physical targets of the program are analyzed in Table 22.

Table 22. Physical targets of the program "Health care for beneficiaries of non-contributory pensions"

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Health Care Coverage to Pensioners and Family Group	Beneficiary	Average	1,265,132	977,260	77.2%
Hemodialysis Coverage	Beneficiary	Average	6,454	5,177	80.2%
Hemophilia Coverage	Beneficiary	Average	282	337	119.5%
Gaucher Disease Coverage	Beneficiary	Average	106	88	83.0%
Disability Coverage	Beneficiary	Average	61,454	31,761	51.7%

SOURCE: OPC, based on E-SIDIF

Although the current annual programming is higher than the actual number of beneficiaries, the average execution in the third quarter reflected in the E-Sidif is close to the data provided by ANDIS.

In addition, the physical targets show the coverage granted for specific issues (such as hemodialysis, hemophilia, Gaucher's disease and other benefits), although in budgetary terms this distinction cannot be observed since all expenditures are channeled through a single budget line.

The last program of ANDIS is "Prevention and Control of Disabilities", which is aimed at promoting the full inclusion of persons with disabilities and their families in social life, observing their human rights. Among its most essential functions is the administration of the Single Disability Certificates (CUD) and the control of establishments that provide services to persons with disabilities.

Within this framework, the program includes the physical targets shown in Table 23.

Table 23. Physical targets of the program "Prevention and control of disabilities"

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Training	Person trained	Aggregate	1,841	546	29.7%
Technical Assistance Services	Institution assisted	Aggregate	395	455	115.2%
Inpatient Care for Children and Adolescents with Severe Disabilities	Inpatient	Average	62	43	69.4%
Granting of Benefits to purchase Automobiles	Benefit granted	Aggregate	105	42	40.0%
Guidance to Persons with Disabilities	Person assisted	Aggregate	2,900	15,799	544.8%
Categorization and Recategorization of Service Providers	Service evaluated	Aggregate	120	134	111.7%
Granting of the International Access Symbol	Symbol granted	Aggregate	0	49,017	-
Disability Certification (CUD)	Certificate granted	Aggregate	800	487	60.9%
Evaluation of Field Boards	Audit conducted	Aggregate	20	18	90.0%
Distribution of CUD Forms	Form provided	Aggregate	300,000	209,100	69.7%

SOURCE: OPC, based on E-SIDIF

The execution of physical targets shows a wide variability. The implementation of the international access symbol in digital format was approved after the annual programming of targets, which is why the current annual programming is nil while the execution is higher than 49,000. This development required a greater focus on persons with disabilities for its implementation, thus explaining the large positive difference in the respective target. On the other hand, as reported by ANDIS, the physical targets not achieved are explained by the restrictions and isolation measures in the context of the COVID-19 pandemic.

National Social Security Administration (ANSES)

ANSES is a decentralized agency under the Ministry of Labor, Employment and Social Security created by Executive Order No. 2,741/1991, whose mission is to manage and implement national Social Security benefits and services in the Argentine Republic.

Its functions include the payment of Family Allowances to active workers, unemployed, retirees and pensioners, as well as the management and payment of the Universal Child and Pregnancy Allowances for Social Protection, among others.

These allowances have no age limit for persons with disabilities⁵. The authorization to receive the allowances for children with disabilities requires a form which includes the data of the disabled person, the person who will receive the payments (if the disabled person is of legal age, a medical certificate certifying that he or she is in the care of another person is also required) and the employment status of the person who will receive the allowance. It is also necessary to submit a valid Disability Certificate (CUD).

The allocation and budget execution of family and universal allowances for children with disabilities as of December 31, 2021, is shown in Table 24.

⁵ Allowances for other persons are paid until the age of 18.

Table 24. ANSES public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Family and universal allowances *	Family Allowances Active, Inactive, National Public Sector and Universal Allowances	46,983.00	45,869.15	97.6%

* The disaggregation by programmatic entry is not shown since there is no detailed data available for its display. Estimated value is based on number of beneficiaries and amounts per allowance.

SOURCE: OPC, based on E-SIDIF y ANSES

The level of execution was similar to the average of the National Government and slightly lower than the average of cross-cutting policies on disability.

Based on ANSES records, the average monthly number of beneficiaries receiving allowances for children with disabilities is 330,812, distributed by type of allowance as shown in Table 25.

Table 25. Beneficiaries of allowances for children with disabilities by type of allowance

Average number of beneficiaries. Third quarter 2021.

Type of benefit	Monthly average number of beneficiaries
Employment relationship and Simplified Regime taxpayers (<i>monotributistas</i>)	143,241
Unemployment Insurance	4,438
SIPA*, non-contributory pensions and Malvinas Veterans Law	133,712
Universal Child Allowance for Social Protection	49,422
Total	330,812

* Argentine Integrated Pension System

FUENTE: OPC en base a ANSES

Family allowances for economically active and inactive persons with disabilities account for 85% of the beneficiaries, compared to 15% for universal allowances

Family allowances for economically active and inactive persons with disabilities account for 85% of the beneficiaries, compared to 15% for universal allowances.

On the other hand, the number of allowances for children with disabilities received by economically inactive persons (133,712) is comparable to the number of allowances received by economically active persons (143,241); a situation that contrasts with the total number of child allowances. Whereas an average of 748,499 allowances are granted to economically inactive persons (who usually have children of older ages), of which 17.8% are for children with disabilities; an average of 3,662,131 allowances are granted to economically active persons (who usually have children in all age ranges), of which 3.9% are for children with disabilities.

An analysis of the physical targets included in the budget reflects the values shown in Table 26.

Table 26. Physical targets for family allowances

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Allowance for children with disabilities (economically active)	Beneficiary	Average	132,472	136,432	103.0%
Allowance for children with disabilities (economically inactive)	Beneficiary	Average	134,186	134,710	100.4%
Allowance for children with disabilities (National public sector)	Beneficiary	Average	10,676	10,960	102.7%

SOURCE: OPC, based on E-SIDIF

Although the values are similar to the public records of ANSES, they do not match. Also, unlike the rest of the child allowances, the physical targets of the Universal Child Allowance (AUH) do not include an entry for children with disabilities.

Ministry of Social Development

The Ministry of Social Development is responsible for the implementation of policies for assistance, promotion, care and social inclusion and human development, food security, poverty reduction, development of equal opportunities for the most vulnerable sectors, particularly for persons with disabilities, children and adolescents, women, and older adults.

As a main guideline of its social policy, the Ministry of Social Development has undertaken the *Argentina Contra el Hambre* Plan (PACH) (Resolution 8/2020 of the Ministry of Social Development) which has the purpose of guaranteeing food security and food sovereignty for the entire Argentine population, with special emphasis on the most economically and socially vulnerable sectors.

The main component of this plan is the *Alimentar* Card, for the purchase of food by families in vulnerable situations. The recipients of this benefit are mothers or fathers with children up to 14 years of age who receive the Universal Child Allowance (AUH) or the non-contributory pension for mothers of 7 or more children, pregnant women after 3 months of gestation who receive the Pregnancy Allowance, and persons with disabilities who receive the AUH.

The budget allocation and execution of the *Alimentar* Card for persons with disabilities as of December 31, 2021, is shown in Table 27.

Table 27. Ministry of Social Development public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Food policies *	Alimentar Card (PPG)** (NNA)*** (DIS)	3,783.80	3,782.51	100.0%

* Estimated value based on the number of beneficiaries and benefit amount.

** Children and adolescent's budget

***Gender-responsive budget

SOURCE: OPC, based on E-SIDIF y ANSES

The execution level of this policy was practically 100%. Neither the physical targets nor the public records of the *Alimentar* Card distinguish the type of beneficiary. However, given that it is a requirement for receiving this benefit that persons with disabilities are beneficiaries of the AUH, it is inferred that the number of persons benefiting from the *Alimentar* Card are the same 49,422 as the average number of persons receiving the AUH.

Ministry of Labor, Employment and Social Security

The Ministry of Labor, Employment and Social Security is responsible for the elaboration, design, administration, execution, and supervision of policies for the different aspects of labor and employment relations, job training and social security.

Within this framework, the Ministry has a department responsible for the development of actions aimed at promoting the employment of persons with disabilities, that is, the Coordination of Employability of Workers with Disabilities. These actions are implemented within the program "Employment Actions" and has both a budget line and a specific target.

Table 28 shows the budget allocation and execution of the labor insertion activity for persons with disabilities, as of December 31, 2021.

Table 28. Ministry of Labor, Employment and Social Security public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Employment actions	Assistance for the Insertion of Workers with Disabilities (DIS)	978.51	1,041.15	106.4%

SOURCE: OPC, based on E-SIDIF

The execution percentage was higher than the current appropriation at the end of 2021. This situation usually occurs for budgetary reasons, where program appropriations are not distributed among the activities that comprise it, linking them to the number of beneficiaries.

The physical target related to this policy showed the values displayed in Table 29.

Table 29. Physical targets for labor market insertion of persons with disabilities

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Assistance for the Labor Market Insertion of Persons with Disabilities	Monthly benefit	Aggregate	200,000	134,247	67.1%

SOURCE: OPC, based on E-SIDIF

The cumulative figure for the third quarter of 2021 showed that two-thirds of the planned coverage was achieved, slightly below the 75% expected for that period.

Ministry of Culture

The mission of the Ministry of Culture of the Nation consists of the formulation and execution of public policies aimed at stimulating and promoting cultural activity in all its forms, in accordance with the guiding principles of recognition of cultural and gender diversity, and the democratization of access to cultural goods and services at the federal level.

Through the labeling system, two budget programs with three actions that contribute to address disability stand out. The program "Development and Promotion of Citizen Culture and the Creative Economy" provides for the strategic planning of cultural activities aimed, among other things, at persons with disabilities. Likewise, another action of this program is based on the promotion of cultural innovation, seeking inclusive methods and modalities in cultural proposals.

In addition, the program "Promotion and financial support to community libraries" is aimed at bringing inclusive reading materials to the communities and broadening their access to information.

The budget allocation and execution of the Ministry of Culture's labeled activities for persons with disabilities in 2021 is shown in Table 30.

Table 30. Ministry of Culture public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Development and Promotion of Citizen Culture and the Creative Economy	Promotion of Cultural Innovation (DIS)	4.60	0.13	2.9%
	Strategic Planning (PPG) (NNA) (DIS)	3.06	0.15	5.0%
Promotion and financial support to community libraries	Actions for the Promotion and Financial Support of Community Libraries (PPG) (NNA) (DIS)	495.16	483.13	97.6%
Total		502.82	483.42	96.1%

SOURCE: OPC, based on E-SIDIF

The activities under the program for the "Development and promotion of citizen culture and the creative economy" showed minimal execution, whereas the program for the "Promotion and Financial Support to Community Libraries" executed practically its entire budget.

The physical targets linked to these programs do not include specific actions or beneficiaries among persons with disabilities.

Dr. Manuel A. Montes de Oca National Colony

The Dr. Manuel A. Montes de Oca National Colony is an institution that provides comprehensive care to persons with intellectual disabilities and other mental health problems, promoting their habilitation and rehabilitation, within the geographical area of influence and within the framework of social-community integration.

The programmatic entry does not include a disaggregation into activities and only includes one activity and four infrastructure works (Table 31).

Table 31. Dr. Manuel A. Montes de Oca National Colony public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity/Work	Current (12/31)	Accrued (12/31)	Execution
Patient Care (DIS)	Patient Care (DIS)	2,000.51	1,928.42	96.4%
	Rehabilitation of the Internal Electrical Network of Pavilions (DIS)	0.00	0.00	0.0%
	Rehabilitation of Gas Installation (DIS)	3.18	1.91	60.0%
	Extension of Electrical Network Infrastructure (DIS)	0.00	0.00	0.0%
	Refurbishment of Central Laundry (DIS)	16.10	12.91	80.2%
Total		2,019.79	1,943.24	96.2%

SOURCE: OPC, based on E-SIDIF

Patient care in Montes de Oca Colony showed an execution close to the maximum of its current appropriation, but two infrastructure works were not started, and two others were not executed as planned

Patient care showed an execution close to the current appropriation, but the infrastructure works were not started, and two others were not executed as planned.

The programmatic entry does not provide detailed information on the distribution of resources for the different actions conducted in the institution. However, the institution reports the services listed in Table 32 as physical targets.

Table 32. Physical targets of the Dr. Manuel A. Montes de Oca National Colony

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Rehabilitation and Assisted Outpatient Care	Percentage	Aggregate	22	0	0.0%
Outpatient Care	Professional consultation	Aggregate	20,000	17,509	87.5%
Disability Certification	Certificate granted	Aggregate	300	151	50.3%
Permanent housing for Persons with Mental Disabilities	Patient assisted	Average	400	398	99.5%
Rehabilitation in Day Centers	Patient assisted	Average	90	107	118.9%
Outpatient Housing for Rehabilitation and Social Reinsertion	Patient assisted	Average	80	75	93.8%
Financial Assistance for Social Insertion	Patient assisted	Average	53	42	79.2%
Pedagogical Workshops	Patient assisted	Average	420	457	108.8%

SOURCE: OPC, based on E-SIDIF

In general terms, the execution percentages were high. It is worth noting that, in accordance with the national mental health regulations, permanent housing should only be an exception, so that both the programming and its respective execution should not be considered beforehand or necessarily as positive data.

National Network Hospital Specialized in Mental Health and Addictions "Licenciada Laura Bonaparte"

The National Network Hospital specialized in mental health and addictions "Licenciada Laura Bonaparte" conducts actions aimed at the prevention, protection, and health care of the population in the different manifestations of subjective disorders, as well as the manifestations of consumption pathologies, through an approach that prioritizes the reinforcement, restitution, or promotion of social bonds.

The programmatic entry of the Bonaparte Hospital is more disaggregated than the other National Hospitals specialized in disability issues

Unlike the Dr. Manuel A. Montes de Oca National Colony, the programmatic entry of the Hospital is more disaggregated and includes four activities.

The budget allocation and execution of the Hospital's activities, as of December 31, 2021, is shown in Table 33.

Table 33. National Network Hospital Specialized in Mental Health and Addictions "Licenciada Laura Bonaparte" public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Comprehensive Assistance and Prevention of Drug Addiction (DIS)	Direction and Coordination (DIS)	397.30	386.47	97.3%
	Comprehensive Assistance (DIS)	544.69	546.83	100.4%
	Prevention and Social Reinsertion (DIS)	16.35	15.02	91.9%
	Social Research and Training (DIS)	11.11	12.52	112.7%
Total		969.46	960.84	99.1%

SOURCE: OPC, based on E-SIDIF

Execution levels are consistent with the date of analysis. The physical targets are defined in terms of training provided and prevention, care, and assistance actions.

Table 34. Physical targets of the National Network Hospital Specialized in Mental Health and Addictions "Licenciada Laura Bonaparte"

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Technical Professional Training	Person trained	Aggregate	7,000	5,492	78.5%
Technical Professional Training	Training activity	Aggregate	190	187	98.4%
Prevention Actions in the Community	Person assisted	Aggregate	1,500	1,400	93.3%
Prevention Actions in the Community	Group activity	Aggregate	3,000	3,316	110.5%
Assistance to Full-Time Inpatients	Patient assisted	Average	110	108	98.2%
Spontaneous Demand Service	Patient assisted	Aggregate	6,000	5,618	93.6%
Outpatient Care	Service provided	Aggregate	35,000	29,206	83.4%
Intensive Outpatient Care in Day Hospital	Patient assisted	Average	90	63	70.0%
Accompaniment in Outpatient Care	Patient assisted	Average	30	17	56.7%
Outpatient Financial Assistance	Patient assisted	Average	25	23	92.0%

SOURCE: OPC, based on E-SIDIF

The execution percentages are higher or equal to what was expected for the third quarter. Trained persons, outpatient care and outpatient accompaniment, targets with the lowest level of execution, have been impacted by the COVID-19 pandemic as reported by the Hospital.

National Institute of Psychophysical Rehabilitation of the South Dr. Juan Otimio Tesone

The mission of the National Institute of Psychophysical Rehabilitation of the South Dr. Juan Otimio Tesone is to comprehensively rehabilitate persons with motor, cognitive, and visceral cardiorespiratory disabilities, to promote programs that encourage the promotion, prevention, rehabilitation, and integration of persons with disabilities, and to train human resources.

Its programmatic entry does not allow for a complete analysis of the budget allocations for the different activities the Institute conducts, since it is only disaggregated into its internal administration, its main function, and an infrastructure work. The budget allocation and execution of the Institute's activities, as of December 31, 2021, are shown in Table 35.

Table 35. National Institute of Psychophysical Rehabilitation of the South “Dr. Juan Otimio Tesone” public expenditure

Millions of ARS and %. As of December 2021.

Program / Subprogram	Activity / Work	Current (12/31)	Accrued (12/31)	Execution
Assistance to Persons with Psychophysical Disabilities (DIS)	Direction and Coordination (DIS)	787.10	718.85	91.3%
	Prevention and Rehabilitation (DIS)	136.20	85.21	62.6%
	Expansion of Second Ramp and Emergency Exit Upper Floor (DIS)	0.00	0.00	-
Total		923.30	804.07	87.1%

SOURCE: OPC, based on E-SIDIF

A low execution of its main activity is observed, which barely exceeds 60%. In addition, the infrastructure works did not have budget appropriations for their execution in 2021.

The physical targets include a more detailed description of the different actions conducted in the Institute, which include hospitalization, rehabilitation, surgery, transportation, care, and home hospitalization services:

Table 36. Physical targets of the National Institute of Psychophysical Rehabilitation of the South “Dr. Juan Otimio Tesone”

Quantity. Third quarter 2021.

Target	Unit of measurement	Type	Current Annual Programming	Cumulative execution - 3rd quarter 2021	Execution
Hospitalization, Rehabilitation and Surgery	Patient/Day	Aggregate	22,000	7,071	32.1%
Rehabilitation of Persons with Disabilities	Service provided	Aggregate	165,000	60,285	36.5%
Patient Transportation	Transfer	Aggregate	9,500	1,986	20.9%
Outpatient Rehabilitation Services	Medical consultation	Aggregate	32,000	10,926	34.1%
Home Hospitalization	Patient/Day	Aggregate	8,000	5,028	62.9%

SOURCE: OPC, based on E-SIDIF

Low levels of execution are observed, not even reaching 50% in four of its five targets. According to the information provided by the Institute to the Secretariat of Finance of the Ministry of Economy, this situation was a consequence of the COVID-19 pandemic.

In conclusion, although in regulatory terms there is a broad development and treatment of disability in all its dimensions, in budgetary terms the programmatic entries and their associated physical targets, as they are currently formulated, do not allow for a direct and complete distinction of forecast expenditures for all aspects related to this issue and its population group.

In addition, although the labeling tool is an important progress that brings disability to the public agenda, it is not sufficiently comprehensive to date, since it does not include all the disability-related actions undertaken by the government. Proof of this is the lack of labels in the programmatic entries of, for example, the Ministries of Health (central administration) and Education, vital sectors for the promotion and guarantee of the rights of persons with disabilities.

Implementation of public policies for persons with disabilities

The implementation of policies for persons with disabilities is mainly welfarist in nature, with financial assistance to persons accounting for 97.7% of expenditure. Only 0.4% of the disability budget is executed in a decentralized manner. As for hospitals for persons with disabilities, the most significant expenditure is for wages of doctors, nurses, and other personnel.

Public policies identified by the National Executive Branch using the labeling system can be analyzed by considering, as a starting point, their classification by purpose of expenditure to understand how the government implements them.

For this purpose, seven categories of expenditures have been defined which, in addition to describing the specific modality of execution of public policies, allow evaluating whether the National Government implements them in a centralized (categories 1, 2, 5 and 7) or decentralized (categories 3 and 4) manner, also contemplating other associated expenditures that facilitate their execution (category 6).

Table 37. Classification of disability-related expenditures

Categories

Category		Description
1	Financial assistance to households with persons with disabilities	Includes money allocated to assist persons with disabilities, which may be granted directly to the person or to family members, guardians, or relatives
2	In-kind assistance to households with persons with disabilities	Includes material goods provided to assist persons with disabilities, which may be given directly to the person or to family members, guardians, or relatives.
3	Policies on disability implemented through transfers to provinces, municipalities, provincial agencies or agents	Includes transfers made to provinces or municipalities with the purpose of complying with public policies related to disability
4	Policies on disability implemented through transfers to non-governmental institutions and organizations	Includes transfers made to non-profit organizations, cooperatives, or other types of institutions whose purpose is to implement public policies related to disability
5	Policies on disability implemented by government agencies through their own agents or contractors	Includes the services of personnel (permanent or contractor) whose function is the direct implementation of public policies on disability
6	Direct operating expenses on public policies related to disability	Includes startup and operation of premises, materials for use or distribution and all other expenses necessary for the implementation of policies related to disability
7	Investment in infrastructure (construction)	Includes all direct investment made by the National Government for the construction or refurbishment of premises used for the implementation of public policies on disability

SOURCE: own elaboration.

The distribution of the ARS353,457.73 million allocated to policies for persons with disabilities during 2021 based on the listed categories is shown in Table 38.

Table 38. Execution of expenditures related to persons with disabilities by category

Millions of ARS and %

Category		Accrued (12/31)	Share
1	Financial assistance to households with persons with disabilities	345,342.14	97.7%
2	In-kind assistance to households with persons with disabilities	381.60	0.1%
3	Policies on disability implemented through transfers to provinces, municipalities, provincial agencies or agents	831.01	0.2%
4	Policies on disability implemented through transfers to non-governmental institutions and organizations	808.14	0.2%
5	Policies on disability implemented by government agencies through their own agents or contractors	4,550.52	1.3%
6	Direct operating expenses on public policies related to disability	1,529.49	0.4%
7	Investment in infrastructure (construction)	14.82	0.0%
Total		353,457.73	100.0%

SOURCE: OPC, based on E-SIDIF.

Nearly 98% of the expenditure is for financial assistance, which highlights the purely welfarist profile of disability policy

Nearly 98% of the expenditure allocated to policies for persons with disabilities consists of financial assistance granted to persons with disabilities, their family members, or legal guardians. This highlights the purely welfarist profile of the disability policy implemented by the National Government.

Although financial assistance is of vital importance to guarantee minimum levels of livelihood for this population group and, based on the results of the ENPPD, only slightly more than 60% of persons with disabilities receive some type of benefit or subsidy, it is necessary to promote social inclusion on equal terms with the rest of the population by focusing efforts on other types of policies that promote accessibility and effective participation of this population group in all spheres of social life.

In addition, there is a strong centralization of these policies implemented by the Nation, since only 0.4% of the funds are transferred to provinces or municipalities (category 3, with 0.2%) or to civil society organizations (category 4, with 0.2%).

If the expenditure classification (Table 37) is applied to each of the nine government agencies that are responsible for policies labeled as being aimed at persons with disabilities, we obtain the funds distribution shown in Table 39.

Table 39. Execution of expenditures related to persons with disabilities by category and government agency

Millions of ARS

Category		National Agency for Disability	National Social Security Administration	Ministry of Social Development	Ministry of Labor, Employment and Social Security	Ministry of Culture	Secretariat of Public Innovation	National Hospital Lic. Laura Bonaparte	Dr. Manuel A. Montes de Oca National Colony	National Institute Dr. Juan Otimio Tesone	Total
1	Financial assistance to households with persons with disabilities	294,585.27	45,869.15	3,779.34	1,036.20	-	-	21.05	35.28	15.86	345,342.14
2	In-kind assistance to households with persons with disabilities	3.08	-	-	-	-	-	42.54	302.70	33.28	381.60
3	Policies on disability implemented through transfers to provinces, municipalities, provincial agencies or agents	829.96	-	-	1.06	-	-	-	-	-	831.01
4	Policies on disability implemented through transfers to non-governmental institutions and organizations	415.73	-	57.95	3.52	330.94	-	-	-	-	808.14
5	Policies on disability implemented by government agencies through their own agents or contractors	1,940.69	-	-	-	126.91	-	704.93	1,159.95	618.03	4,550.52
6	Direct operating expenses on public policies related to disability	660.30	-	118.42	0.37	25.56	-	178.67	413.69	132.49	1,529.49
7	Investment in infrastructure (construction)	-	-	-	-	-	-	-	14.82	-	14.82
Total		298,435.02	45.869,15	3,955.70	1,041.15	483.41	0.00	947.19	1,926.44	799.66	353,457.73

SOURCE: OPC, based on E-SIDIF.

Financial assistance predominates in the agencies with the largest share of the budget allocated to persons with disabilities

The category related to financial assistance to individuals predominates in four of the nine agencies: in ANDIS, through non-contributory disability pensions; in ANSES, through family and universal allowances; in the Ministry of Social Development, through food cards; and in the Ministry of Labor, Employment and Social Security, given

that assistance for labor market insertion includes monetary transfers to persons with disabilities.

However, the labor insertion policy implemented by the Ministry of Labor, Employment and Social Security is not a welfare policy, but a policy of insertion and access to the labor market: it consists of temporary financial incentives to public and private employers for the hiring of persons with disabilities.

The Ministry of Culture is the only one of the bodies involved that implements its policies mostly in a decentralized manner, since transfers to civil society organizations predominate (68% of total expenditure on disability allocated to the Ministry).

Centralization: only 0.4% of funds for disability were transferred to provinces, municipalities, or civil society organizations

As for hospitals (Bonaparte, Montes de Oca, and Tesone), the execution modality of policies is mostly implemented through their own agents (74.4%, 60.2% and 77.3%, respectively). This situation is explained by the payment of wages and other necessary supplements to doctors, nurses, and other staff.

On the other hand, only ANDIS and the Ministry of Labor, Employment and Social Security made transfers to provincial or municipal governments, so that decentralization at other levels of government is not only low, but also limited to two agencies.

In addition, infrastructure works have only been executed in the Montes de Oca Colony, with no other government agencies having planned or executed works within the framework of their budgets during 2021.

Public policies for persons with disabilities without budget labelling

In addition to the public policies identified through the labeling method implemented by the National Executive Branch, there are other policies that, although they contemplate persons with disabilities from their regulatory origin, have not yet been identified by this tool.

These policies are not easily identified in the current programmatic entries, either because they are not properly identified as an activity or work, or because they do not have associated physical targets that allow distinguishing the specific funds allocated policies for persons with disabilities within the total amount.

Therefore, we provide a non-exhaustive identification of the main policies that, to date, have not been labeled but that in the short term it would be useful if they were labeled:

Education policies

Educational management: the Ministry of Education of the Nation, through its educational management policies, includes actions oriented to special education, as well as to educational integration. It also has a department for this purpose in its organizational structure.

Grants: the regulation of the various grant systems offered by the Ministry of Education provide for special consideration of persons with disabilities, either by giving them priority, guaranteeing them quotas or eliminating some access requirements (for example, the maximum age to apply).

Health policies

Perinatal Health: the Ministry of Health provides for a program of care during pregnancy and in the period after birth that includes, among other things, the detection of congenital anomalies and rare diseases that may lead to disability.

Mental health: as part of the prevention and treatment of specific pathologies, the Ministry of Health provides for actions to support and promote mental health.

Disability coverage for the Social Security/Union-run health care system: within the distribution mechanisms of the Redistribution Solidarity Fund managed by the Superintendence of Health Services, there is a procedure called "integration" (Executive Order 904/2016), which finances the coverage of health care benefits provided for in the Nomenclature of Basic Benefits for Persons with Disabilities to all social security/union-run health insurances that have members belonging to this population group⁶.

Access to Justice policies

Accessibility: the Public Prosecutor's Office promotes policies and actions to guarantee accessibility for persons with disabilities to the justice system and within the Public Prosecutor's Office, both for its members and for users of the justice service.

Justice: the Ministry of Justice and Human Rights has among its functions to help and strengthen effective access to justice for persons with disabilities under equal conditions, through assistance and support mechanisms, as well as to strengthen technical assistance at the national, provincial,

⁶ The funds do not come from the Treasury, but from the social security/union-run health insurances, which the Superintendency only manages and redistributes.

and municipal levels, and to civil society organizations, in their relations with persons with disabilities⁷.

Access to transportation policies

Infrastructure works: the Ministry of Transportation makes improvements in the infrastructure of bus stops and shelters to ensure accessibility for persons with disabilities or reduced mobility.

Access to goods policies

Import of products: the Ministry of Productive Development promotes regimes for the import and acquisition of goods with special characteristics, intended for persons with disabilities.

Development of accessible goods: promotion and subsidy to producers that develop accessible products for persons with disabilities, implemented by the Secretariat of Domestic Trade.

Access to content policies

Audiovisual Communication Services: the Office of the Audiovisual Communication Audience Defender provides for special attention and consideration of the rights of persons with disabilities to access audiovisual content.

Observatory on the Rights of Persons with Disabilities

Creation of the Observatory: the creation of the Observatory on the Rights of Persons with Disabilities is being developed within the Legislative Branch in accordance with the provisions of the Convention on the Rights of Persons with Disabilities.

⁷ The budget in force during 2021 provided for a physical target for training on access to justice for persons with disabilities, but without distinction or labeling in the programmatic entry.

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