PROSPECTS FOR GENDER-SENSITIVE MACROECONOMIC MODELLING FOR POLICY ANALYSIS IN COLOMBIA: INTEGRATING THE CARE ECONOMY

Mieke Meurs, American University
Ana Maria Tribin, Central Bank of Colombia
Maria Floro, American University
Stephan Lefebvre, American University

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*Corresponding author email: mmeurs@american.edu

THE CARE WORK AND THE ECONOMY (CWE-GAM) PROJECT

The Care Work and the Economy (CWE-GAM) Project strives to reduce gender gaps in economic outcomes and enhance gender equality by illuminating and properly valuing the broader economic and social contributions of caregivers and integrating care in macroeconomic policymaking toolkits. We work to provide policymakers, scholars, researchers and advocacy groups with gender-aware data, empirical evidence, and analytical tools needed to promote creative, gender-sensitive macroeconomic and social policy solutions. In this era of demographic shifts and economic change, innovative policy solutions to chronic public underinvestment in care provisioning and infrastructures and the constraints that care work places on women's life and employment choices are needed more than ever. Sustainable development requires gender-sensitive policy tools that integrate emerging understandings of care work and its connection with labor supply, and economic and welfare outcomes.

Find out more about the project at www.careworkeconomy.org.

THE AUTHOR TEAM

MIEKE MEURS

Mieke Meurs is Professor and Chair if the Economics Department at American University and co-director of the Graduate Program on Gender Analysis in Economics (PGAE). Her areas of research include household behavior, firm organization, and local government. She has published extensively on household behavior, and with particular focus on gender issues and rural households. Recent publications include "A data triangulation approach to understanding the behavior of small landholders in Bulgaria," in *Handbook of Research Methods and Applications in Heterodox Economics* and "Doing It All: Women's Employment and Reproductive Work in Tajikistan," *Journal of Comparative Economics*, with Vanya Slavchevska. She holds a Ph.D. from University of Massachusetts, Amherst and a B.S. in Political Science from University of Wisconsin-Madison.

ANA MARIA TRIBIN

Ana Maria Tribin is Senior Economist in the Research Unit at Central Bank of Colombia. She previously worked as the President´s High Commissioner for Women's Equality with the Colombian Government, where she oversaw the chapter to promote gender equality included in the National Development Plan (2018-2022) and approved by the congress as a bill. Her research interests include gender economics, political economy and development. She has published articles in journals such as World Development, Feminist Economics and the Journal of the European Economic Association. Previously, she was a visiting scholar at American University's Program on Gender Analysis in Economics. She has taught courses on political economy, growth and gender economics at multiple universities in Colombia, including Universidad Javeriana, Universidad de los Andes, and Del Rosario University. She holds a Ph.d. and M.A. in economics from Brown University and a B.S. and M.A. from Universidad Javeriana.

MARIA FLORO

Maria S. Floro leads the Care Work and the Economy (CWE-GAM) Project as the Co-Principal Investigator. Floro is a Professor of Economics at American University in Washington DC and co-director of the Graduate Program on Gender Analysis in Economics (PGAE). Her publications include books on Informal Credit Markets and the New Institutional Economics, Women's Work in the World Economy, and Gender, Development, and Globalization as well as monographs and journal articles. She has collaborated with researchers, women's groups and community organizations in Thailand, Philippines, Ecuador and Bolivia in conducting fieldwork on vulnerability, gender and informal employment in urban poor communities. She has worked with several researchers including from national statistics offices of China, Mongolia and Thailand on analysing their national time use data. She has served as IAFFE's Vice-President for Development in 2008-2012 and serves as technical adviser to the Economic and Social Costs of Violence Against Women Project. Floro has a Ph.D. in Food Research from Stanford University, a Master's from Monash University, and BA from the University of the Philippines.

STEPHAN LEFEBVRE

Stephen Lefebvre is expected to earn his Ph.d. from American University in August 2020 with fields in stratification economics, applied microeconomics, and economics of education. He is spending the 2019-2020 academic year completing his dissertation as a pre-doctoral fellow at Ithaca College's Diversity Scholars Program, where he is teaching one course per semester. Previously, he was an adjunct faculty member at Catholic University of America. His research focuses in racial inequality, using casual inference methods and insights from the interdisciplinary field of Latinx Studies. Additionally, he served as a Graduate Fellow at Oxfam and as a research assistant for the Federal Deposit Insurance Corporation (FDIC) and the Center for Economic and Policy Research (CEPR). He is on the Membership & Outreach Committee of the Association for Education Finance and Policy (AEFP) and a member of the International Association for Feminist Economics (IAFFE), the American Society of Hispanic Economists, and the National Economics Association. He received his M.A. in economics from American University in 2018 and a B.A. from Swarthmore College in 2011.

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This paper provides an overview of what is known about the paid and unpaid care economy in Colombia and proposes the development of specific information that would facilitate the development of a gender-sensitive macroeconomic model, focused on the care economy, suitable for policy analysis in Colombia. Such a model would strengthen the capacity of researchers, advocacy groups, policymakers, and government agencies to advance care in the national policy agenda. We review the available data sets in this area, those publicly accessible and administrative data held by the government, and we summarize the latest research aimed at describing how care needs are met in Colombia. We identify gaps in the literature and specify what data is missing. Finally, we identify a new class of macroeconomic models that incorporate the care economy. By combining existing data sources and new data collected to fill the knowledge gaps, these gender-sensitive macro models could be used to estimate the economic benefits of reducing women's care work burden and socializing the costs of care. In addition, the results from the empirical and theoretical analysis will become the support for an agenda of strategic litigation and inputs for cultural interventions to prevent and combating inequality of unpaid labor.

The main findings of the report are:

1) The Colombia Time Use Survey, administered in 2012 and 2016, provides the most comprehensive look at care work nationally and includes a module of questions about perceptions of the relation between unpaid care and domestic work and gender that can be exploited to understand cultural beliefs that reinforce inequality within the home. However, the CTUS has a number of limitations.
    - It is not possible to identify the beneficiaries of such activities as cooking, cleaning, etc. (indirect care), and thus impossible to quantify the true burden of care for children, the elderly, and the disabled, although information on total indirect care could be used to estimate the share for children, elderly and the disabled.
    - The CTUS to date has not followed a time-diary format, leading to imprecise and misleading statistics, including observations where the total number of hours reported is different from 24 hours for a full day, although future surveys are likely to do so.
    - The range of information collected from domestic workers and paid caregivers in the household is very limited, with no information provided on passive care (e.g. minding children while completing other tasks) and without information of the specific beneficiaries of the paid care, particularly in the case of domestic workers, leading to underestimation of the amount of time spent in caregiving.
    - There is a fixed list of activities and no space to add information about activities outside the proposed list.
    - It is very difficult to identify the multitasking activities of each individual, to find

out which tasks allow people to do paid work at the same time and which not.

2) There is relatively more data available about unpaid care work compared to paid care work, and relatively more data available about childcare relative to elder care or care for individuals with disabilities.
3) There is a significant information gap with regard to how ordinary families meet their care needs by combining paid and unpaid care work. A typical family with a child under five years old, or a frail elderly relative, or a person with disabilities who requires assistance, will combine unpaid family labor, contracted services in-home and without, and assistance from government programs. No existing survey collects information from families about these inter-related arrangements. No existing dataset addresses the question of *unmet* care demand.
4) Macroeconomic models that incorporate gender, including Computable General Equilibrium (CGE) models, can be used to estimate how changes in the care economy such as increasing the public provisioning of care may affect female labor supply, fiscal outcomes (via the tax and pension contributions of employed women), labor force productivity, economic growth, poverty, and the distribution of income. Similar models are currently being developed for other countries e.g. South Korea. In the Colombian context, interviews with stakeholders from government agencies, advocacy groups, service providers, and labor unions indicate that a comprehensive policy analysis tool is needed in order to help design and promote gender justice-enhancing policies around the care economy.

2. INTRODUCTION

In August 2018, the office of the President's Commissioner for Women's Equality was asked to produce a Comprehensive Strategy Plan for the Care Economy in Colombia. This follows on the 2010 Law on the Care Economy, which mandates the collection of data on paid and unpaid care work in Colombia "in order to measure women's contribution to the economic and social development of the country and to serve as a key tool for the definition and implementation of public policies" (Márquez 2018, p. 6). The Comprehensive Strategy Plan for the Care Economy has the potential to significantly improve the welfare of caregivers, care recipients and those with unmet care needs in Colombia, as well as to contribute to broader goals of growth and development. However, in order to achieve this potential, Colombian activists, policymakers, government agencies and voters need clear information on the current status of care and on the likely impact of various policies to expand care on care provisioning, as well as employment, government costs and revenues, financing options, and overall growth.

This report provides a review of the current knowledge and data related to the care economy in Colombia and of existing policy tools available for assessing the impact of proposed care policies, including macroeconomic models. In doing so, the report highlights the need for additional data and tools to support the successful creation and

implementation of the Comprehensive Strategy Plan for the Care Economy in Colombia. It proposes the development of specific information and tools that would strengthen the capacity of researchers, advocacy groups, policymakers, and government agencies to advance care in the national policy agenda. This includes the collection of data necessary to adequately map the current state of care and unmet care needs and the development of gender-sensitive, care-focused macroeconomic models for policy analysis.

The macroeconomic models are critical in demonstrating the overall impact of changes in care policy on economic development and human welfare and expected government costs and revenues. By incorporating gendered behaviors with respect to household division of labor, labor supply, savings, and consumption decisions, and incorporating the paid and unpaid care sectors explicitly, these macroeconomic models capture feedbacks and spillovers from policy initiatives, including increased government support for care, onto outcomes such as employment, taxes, pensions, educational attainment and labor productivity. Without such models, it is impossible to evaluate the overall benefits and costs of policies to support care, leaving advocacy groups, policymakers, government agencies and voters without the information they need to determine which policies to advocate for and which to oppose.

3. THE CARE ECONOMY LAW OF 2010 AND DATA COLLECTION AND USE

In 2010, Colombia passed the first law of its kind in the region, referred to as the "Care Economy Law" or Law 1413, which mandates the measurement of the care economy through a national time use survey. Law 1413:

- Mandates that the National Administrative Department of Statistics (DANE) and the Ministry of Finance and Public Credit implement the methodological, technical, and administrative processes needed to develop a standalone time use survey (hereafter, Colombia Time Use Survey or CTUS) and include its results in the system of National Accounts. This builds on time use modules included in an annual national household survey in 2006-2010.
- Mandates that the Presidential Commission on Gender Equality coordinate a working group with the participation of government entities, academia and civil society, with the objective of supporting the implementation of the CTUS.
- Directs "the Finance Ministry, the National Planning Ministry, the Central Bank, the National Budget Office, the Comptroller General, and any other government entity that participates in the preparation, implementation, and monitoring of the government budget and the study of the national economy… to include unpaid housework as part of their analyses on economic development of the country." (p. 8, Marquez (2018)

Building on this law, the National Public Policy on Gender Equity for Women 2012-2022 set as a thematic priority "Economic Autonomy and Equality in the Labor Market and in Care."[1] Following this, the National Administrative Department of Statistics (DANE) in Colombia began to develop an extensive set of gender-disaggregated data.[2] To date, however, the existing statistics have not been used systematically in the design of macroeconomic and social policies

Through interviews conducted with policy-makers and community leaders in July 2018, we now know that several factors explain this lacuna.[3] First, the 2010 Care Economy Law emphasizes the measurement of unpaid work, rather than the use of the data to design and evaluate public policies to reduce the care deficit and care burden on women. Some academics and civil society groups, along with a few government staff have argued, however, that the increased visibility of women's unpaid work may serve as a starting point towards the development of a national care strategic plan and the expansion of fiscal space to implement them. The Director of Gender Division at the National Planning Department (DNP) noted that her department is expected to coordinate a National Care System and National Care Agenda,[4] based on the work done by institutions including DANE, and the Ministries of Agriculture, Education, Labor, and Health, the Early Childhood Cross-Sectional Committee, and National Disability System. She noted that the main challenge for the new Colombian administration is to move beyond data collection and develop a policy on care. While DNP has developed some policy guidelines, according to the Director of Gender Division they require funding and support to "do the general equilibrium model or other types of model or instruments…. The desire is to approach the institution (al development) and financing issues simultaneously" (Interviews, July 2018).

Second, the current policy about the care economy promotes the idea that families can (and should) find their own solutions to care responsibilities. This approach ignores the emerging statistical evidence that families need more government support to provide care to their family members, and to free women to participate in the labor market, earn

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[1] Lineamentos De La Política Pública Nacional De Equidad De Género Para Las Mujeres http://www.equidadmujer.gov.co/Documents/Lineamientos-politica-publica-equidad-de-genero.pdf.
[2]Dane Información Para Todos, "Cuenta satélite economía del cuidado." http://www.dane.gov.co/index.php/estadisticas-por-tema/cuentas-nacionales/cuentas-satelite/cuenta-satelite-economia-del-cuidado

[3] Interviews were conducted with the National Planning Department (DNP), the Ministry of Health and Social Protection. Interviews were conducted in Bogota with representatives from the Feminist Economics Roundtable, DeJustica (a tax justice group), ITCE, Central Unitaria de Trabajadores and the UTC, Corporacion Sisma Mujer, Oxfam, Escuela Nacional Sindical (National Union School) and SINTRASEDOM (Union for Domestic Service Workers).
[4]Departmento Administrativo Nacional de Estastíca-Dane "Informe de Gestión" https://www.dane.gov.co/files/investigaciones/boletines/cuentas/ec/11_informe_semestral_Ley_1413.pdf

income, contribute to pensions and develop professionally. It ignores the possible benefits of a system of care in which people trained for this task assume it daily, promoting harmony between unpaid and paid care work for the women and men.

Third, the lack of policy tools to assess the growth, labor supply, and equity effects of public investment in care provisioning has promoted the belief that care issues have little impact on economic development. The Director of Gender Division of the DNP noted that although the Gender Division of the DNP has started to develop an input-output model (based on a model developed for Turkey) and a baseline macroeconomic model, this project has not been completed. "The idea was to develop the model internally (within the Gender Division), in partnership with the Economic Analysis Division of DNP, or seek support from other governmental institutions."[5] The DNP has also consulted on this issue with researchers from several parts of the country (Santander, Cali, Medellin) along with Bogota (Universidad de los Andes, Universidad Pontifica Javeriana, Universidad del Rosario) in a UN Women sponsored- technical workshop on the topic of building tools for policy analysis (Interviews, July 2018).

Fourth, according to Natalia Moreno at the office of Senator Jorge Enrique Robledo, "the biggest challenge for the new government is taxation and government spending" that could support the budget for the care economy. This is seconded by representatives of Feminist Economics Roundtable an organization of Colombian feminist economists. [6] However, lacking adequate tools for policy analysis, tax and spending may appear great, especially in the absence of an ability to accurately estimate the overall benefits of the spending (Interviews, July 2018).

Finally, to date, there has not been sufficient consensus among government agencies and civil society organizations on how to implement the care economy law. Among government agencies, consensus on how to develop care policies has not been developed. Further, while the participation of civil society organizations has been a prominent feature of labor and social policies in Colombia, this has not been the case with the design of the care economy law. Although there has been some consultation between civil society organizations and the DNP, the perspectives of many stakeholders, including domestic workers and low-income working women have not been incorporated into the policy guidelines developed by DNP. The majority of eldercare and childcare services in Colombia are provided at home either by female relatives or by domestic workers, who may not have the information or organizational resources to effectively demand policy change. Moreover, there is a significant disparity between the types of care services available in the rural and urban areas, and between the quality of paid care services

[5] The Deputy Director mentioned that they have been working with the World Bank in examining the demand for care and the supply of care. The Demand for Care report has been completed but not yet been received by DNP. The Supply of Care, however, has not been finished. Domestic workers also need to be included in the analysis but this is under the purview of the Ministry of Labor and the work has not yet been coordinated. A key resource for this work will be ILO (2018), particularly sections 4.2.3 and 4.3.3.
[6] Feminist Economics Roundtable members in FESCOL, Colombia.

received by low-income and those of upper-income households, limiting unity on policy demands. Facilitating such input requires cooperation between government agencies and funding which have, to date, been insufficient. At the same time, without strong support from advocacy groups, the implementation of the Care Economy Law, low policy and political priority will be accorded to childcare and eldercare issues.

Our interviews in July 2018 revealed promising areas to begin work. An active and growing union of domestic workers exists in Bogota and Medellin.[7] In addition, there is a network of 800 grassroots organizations in 28 provinces (out of 32) that comprised the Care Economy Roundtable. Some of these organizations belong to the Political Advocacy Platform for Rural Women in Colombia, which has concrete projects and ideas for developing the care economy in the regions. Another network of advocacy groups is GePaz. Both GePaz and the Care Economy Roundtable have been working together to strengthen the land reform enshrined in the peace agreement and have incorporated care issues into their work. They have yet to be consulted in the development of the National Care Agenda. The rural women's groups are critical in assessing and addressing the care needs of households in regions that have been affected by decades of conflict and have the highest female-headship, poverty, and 'exclusion' rates (Interviews, July 2018).[8]

4. MAPPING THE CARE SYSTEM IN COLOMBIA: WHAT DO WE KNOW?

In the past fifty years, Colombia has followed a trajectory of uneven development. The rural areas suffer from geographical isolation exacerbated by years of conflict, poor infrastructure, and low incomes. While having a fairly young population, with only 11 percent of the population 60 years old or older, this number is projected to increase to 23 percent by 2050, creating new burdens in elder care (Fundación Saldarriaga Concha, 2015). In the context of a heavy care burden, both rural and urban households face difficult choices between paid and unpaid work. A number of authors González Méndez (2014), Pineda Duque (2014) and Urdinola & Tovar (2018) have shown that care burdens contribute to the gap between men and women in labor market outcomes. Women in poor households provide much of the care themselves, while those in affluent households rely heavily on domestic workers, supplemented by paid care in medical facilities, private daycare centers, and nursing facilities.

A recent development in the care discussion in Colombia is migration. According to the most recent report of Migration Colombia, there are a total of 1,408,055 Venezuelans in Colombia, 48% of whom are women. The majority of the migrants are of childbearing

[7] Interviews with the co-founders of SINTRASEDOM Bogota (Union for Domestic Service Workers), Savanna Women's Network, and Cactus Foundation and leader of SINTRASEDOM Medellin
[8] Interview with the Oxfam Program Manager for Equal Rights.

age--40% are 18 to 29 years, while 25% are between 30 and 39. In Colombia, children who are born acquire Colombian nationality, and according to data from the National Registry in Colombia, a little more than 20,000 children of Venezuelan parents have been born in Colombia. This creates additional demand for care. At the same time, many Venezuelan women are working in domestic work and care, adding to the supply of caregivers. These recent dynamics will need to be considered in the formulation of care policy.

A. UNPAID CARE SECTOR

The primary source of data on unpaid in Colombia is its national time use survey (CTUS) which was first implemented as a standalone survey in 2012, and was conducted again in 2016. The first wave of the CTUS surveyed 43,500 households; the second wave (2017) surveyed 44,900 households.

The survey includes modules on: housing, household information, household composition, health, care of children under five years of age, education, labor force participation, and time use. The time use module collects significant information on care use, providing a rich resource for understanding unpaid care work. Specifically, the module asks about both active and passive care of children under five years of age, including detail about how many hours were spent in paid care and at home, and about the identity (roster ID number) of the care providers. The module asks about health problems and disabilities of each individual family member and records the household ID number of each individual who provides elderly, sick and disabled members with care. In addition, the CTUS provides information on the number of hours of contracted care for children and other household members.

Still, there are some limitations in using the CTUS data to provide an accurate estimate of unpaid care work. For many activities, such as shopping or cooking or, what is referred to in the ILO (2018) report as indirect care, we know only if this was done for "household members" or "members of another household," but this may not necessarily include dependents e.g. children under 5 years or elders, for example. Care work estimated from time-use data includes only time reported directly as care work—including bathing, feeding, playing, conversing, and accompanying young children or frail elderly. These concerns suggest that CTUS -based estimates are likely to provide a lower bound estimate of time in unpaid care. However, the absence of a time diary approach to the data collection creates the possibility that the reported time spent in such activities may be either overestimated or underestimated by the respondent. A time diary can be used to ensure that all of the reported activities totals to 1440 minutes in a given day. Below we describe the picture of the unpaid care sectors in Colombia that can be drawn from existing CTUS and other data.

In Colombia, unpaid care work is overwhelmingly done by women. This overrepresentation of women in unpaid care work—and the overrepresentation of men in paid work—is a finding repeated in every study done on unpaid care work in Colombia (Urdinola and Tovar 2018). Historically, Colombian women's participation in paid work is lower than men's, but this gap has been closing over the second half of the twentieth century remaining around 54% in 2012 to the date. The increase in women's labor force participation has been accompanied by other trends, including a decreasing fertility rate, an increasing number of single-mother households, the integration of many more women and girls into the education system, economic crises causing stagnant or decreasing real wages, and Colombia's civil war, which in some ways facilitated greater female autonomy and/or heightened the economic necessity for women to earn income. The dramatic increase in women's paid work was not accompanied by a significant increase in men's unpaid work. The result has been a double burden, or double-day, for women.

Most of the research using the CTUS is focused on the totality of unpaid work (including both care and other unpaid work). Villamizar García-Herreros (2011, 13-14, 42) reports a heavy female burden, with average weekly hours dedicated to household chores reported as 16 hours for poor households and 13 hours for non-poor households. For childcare, but in both urban and rural areas, it is over 10 hours per week. The disproportionate burden falls not only on women, but also on girls. Seventeen percent of individuals ages 12 to 17 report not attending school, and in the week before the survey 17.3 percent of girls in that age range reported doing housework for more hours than they were at school, while the same statistic for boys was 7.8 percent (Holguín Higuita and Medina Hernández 2015).

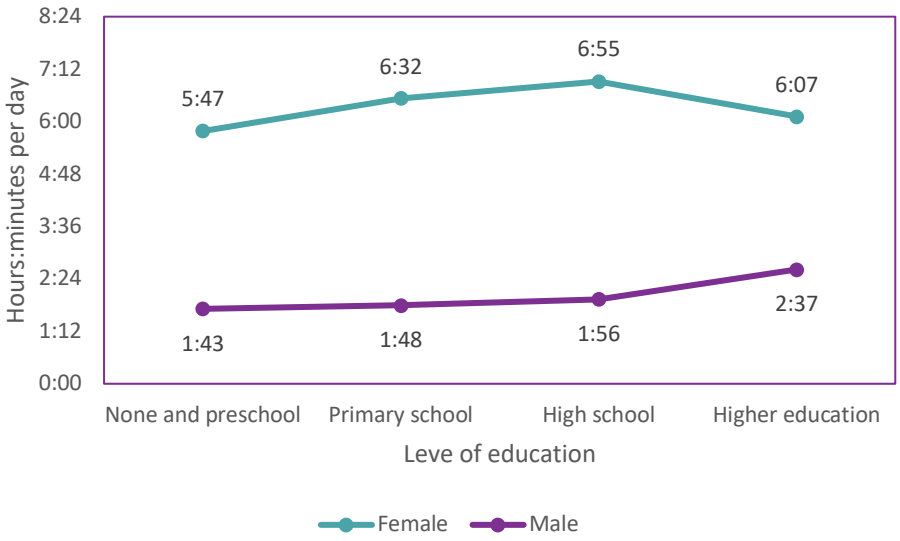
Poverty is closely related to the unpaid care burden. Not having sufficient resources to purchase care services in the market, or lacking available service providers, poor and rural women often must care for children or elderly family members at home themselves. This curtails their employment opportunities, making it less likely that they will eventually have enough resources to purchase care services in the future. Consistent with this idea, Monroy Mejía and Olarte Delgado (2015, 135) show that unpaid work hours for women decrease with income, all else equal, because of differential access to paid care and also differential access to labor-saving appliances.

Colombia has a significant rural population, with about one in four Colombians living in rural areas, and on average, rural women have a higher fertility rate than urban women, 2.1 versus 3.4 births per woman (Pérez 2007, 10). Poverty is more prevalent in rural areas, over twice as high as in cities and towns (UNDP 2011, 63). Rural women are thus affected by a triple disadvantage due to care burden, poverty, and greater exposure to Colombia's internal conflict. Hincapié Aldana and Parra García (2015) find that the 56.4 percent of urban women not officially in the labor force report doing 6 or more hours of all types of unpaid work, while 66.9 percent of rural women do that much unpaid work. While rural women and urban women work about the same number of total hours, a larger proportion of those hours are unpaid for rural women (Peña and Uribe 2013, 9).

A few studies consider the unpaid care burden specifically. Initial studies of unpaid care work used the General Household Survey (abbreviated GEIH after its name in Spanish). This is the main annual household survey in Colombia, which included one question pertaining to unpaid care work from 2006 to 2008 (Villamizar García-Herreros 2011). Respondents were asked whether they performed any of a series of unpaid tasks and, if yes, how many hours they spent on those tasks in the previous week.

Later research on unpaid care work is almost exclusively based on the CTUS. Using this data, Osorio Pérez and Lucia Tangarife (2015) find that unpaid care burden is much greater for women than men, and that it is quite consistent across women with different levels of education (Figure 1). Those women with higher education work more outside the home than women with less education, but the time spent on care does not change much. In total, Osorio Pérez and Lucia Tangarife (2015) estimate that women's unpaid care work in Colombia is equivalent to 16.3% of GDP in 2012, while that of men is equivalent to 4.1%.

Figure 1. Hours of unpaid work, including care work, by education level.



Source: Osorio Pérez and Lucia Tangarife (2015)

i. CARE OF CHILDREN UNDER FIVE YEARS OF AGE

In the CTUS, information on care of children under five years is limited to time in paid care outside the home, paid care by a contracted employee in the home and, regarding unpaid care, the response to the question: "On [...], which of the following activities did ...perform without being paid with household members less than five years old?" To which individuals can respond: play, count or read stories, take to the park, none of the previous, or there are no household members less than five years old. Additional questions ask about

bathing, feeding, accompanying to medical appointments, as well as passive "minding" that benefit an identified household member, including children. Urdinola and Tovar (2018), using the CTUS, show that direct unpaid care focuses mainly on children under five years of age, and that women spend four times as much time as men caring for children of this age. Care in the home may include some paid care by domestics and nannies, and this may be difficult to separate from unpaid care by household members.

As noted above, the CTUS asks about hours in paid care by contracted employees in the home, but passive and even direct care provided by a domestic hired mainly for another purpose (housekeeper, for example) may not be reported. And if both the mother or grandmother and a domestic worker are at home, it may not be clear how to allocate the passive "minding." Interviews or participant observation with household domestic workers are needed to understand how to best use the existing data to estimate unpaid family care in these situations.

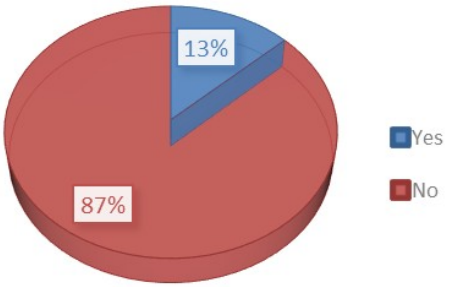
An additional resource for understanding child care in Colombia is the Quality of Life Survey (abbreviated ECV after its name in Spanish). This survey does not collect data on hours in various types of care, but instead asks about the type of usual care for every child under five (Mateo Díaz and Rodriguez-Chamussey, 2013). The most comprehensive analysis of child care use data from this survey (Peña-Parga and Glassman 2004).[9] Using 2003 ECV data, the study indicates t that 54% of children under the age of five were usually cared for by parents, while 12 percent of children under five were usually cared for by non-parent individuals, which may include a mix of unpaid care by, for example, grandparents, and paid care by neighbors or friends (but not formal paid care).

ii. CARE OF THE ELDERLY

According to DANE projections for 2018, the population over 60 years of age in Colombia is expected to be around 5.9 million people, which represents approximately 12% of the Colombian population.[10] Figure 2 shows that 13% of this population suffers some type of disability, which makes them more likely to need special care.

[9] Some childcare information drawn from the 2011ECV survey is given in Mateo Díaz and Rodriguez-Chamussy (2015) as well.
[10] Dane Información Estratica; Gobierno de Colombia https://www.dane.gov.co/files/investigaciones/poblacion/proyepobla06_20/proyecciones-nivel-nacional-departamental-por-sexo-y-edades-simples-hasta-80-anos-y-mas.xls

Figure 2. Percentage of people over 60 years old with some type of disability (2012)

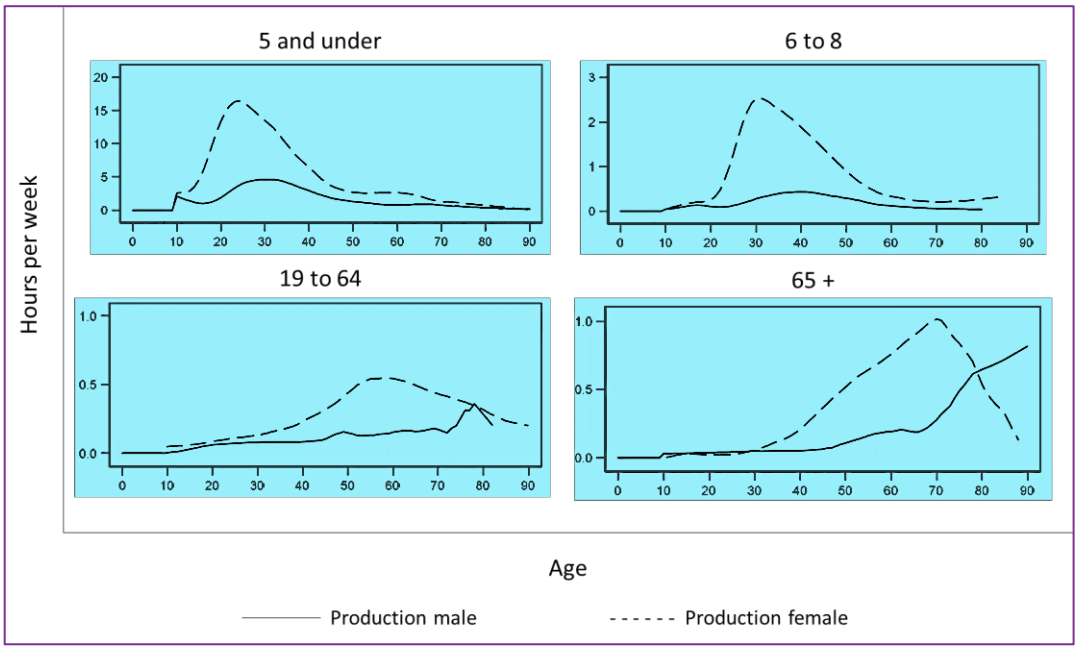


Source: Fundación Saldarriaga Concha (2015)

The situation of the elderly in Colombia is precarious since a large majority of them do not have access to pensions or the few government programs for precarious seniors. Pineda (2014) shows that coverage for subsidized assistance in Bogota is 7.6% for people over 65 and 21.5% for people over age 75. This leaves families responsible for support; and as a result, reportedly about 90% of elder care takes place in private homes (Friedemann-Sánchez, interview, 2018).

Still, the CTUS data suggest that both men and women spend little time caring for older adults (under 1 hour per week) (Figure 3) (Urdinola and Tovar, 2018). This may result from analyzing only the time reported directly in the care of older adults which, as noted above, includes only feeding, bathing, accompanying, conversing with, helping to administer medicine and "passive minding," but is not suitable for estimating time in cooking, laundry and cleaning related to eldercare. Further, caregiving is deeply embedded in social norms regarding gender roles that some respondents may not even consider some caregiving tasks as work activities per se, but merely a part of their responsibility and may, therefore, fail to report it. While the CTUS does ask about time in activities for members of other households, including time specifically in elder care, it is not always possible to determine who is the recipient of this care. Further, it is unclear how or whether care activities carried out at home but for someone in another household, for example, preparing a meal to take to an elderly relative living nearby (which is a significant activity according to one study of agro-industrial workers, see Friedemann-Sánchez, 2012a), would be recorded. Still, additional information on elder care in Colombia might be drawn from the CTUS, using the questions on which household members need care and who provides it, and this information can be used both to validate (or not) the data on time in direct care, as well as provide information on how to improve the collection of data on unpaid eldercare. Additionally, participant observation and interviews/focus groups may be used to suggest improvements.

Figure 3. Care Production (Time) depending on the age of the caregiver and the care recipient, (2012-2013).

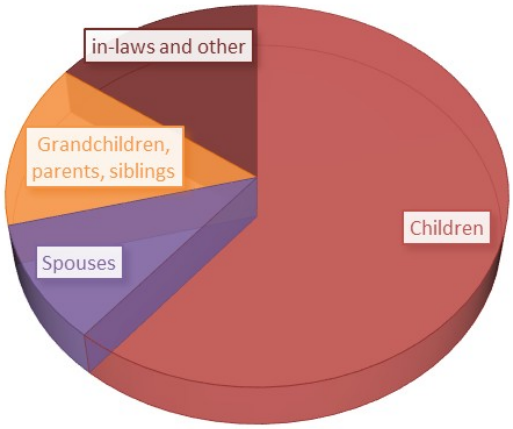


Graphs from Urdinola and Tovar (2018)

One alternative source of data on eldercare is the small National Study on Health, Welfare, and Ageing, a survey of 1,141 family caregivers in both rural and urban areas conducted in 2015. According to this survey, 83.9% of caregivers are women, their average age is 49, but 16.7% are over 60 years of age themselves. This survey suggests that 76% of caregivers of elderly live with the older adult they care for, again highlighting the need to collect information on care provided to individuals in other households (perhaps living alone). As shown in Figure 4, the majority of caregivers are the offspring of caregivers (61%). The main care activities reported are helping with daily living tasks such as shopping, visiting the doctor, and administering medication, activities captured by the CTUS; however, 12.5% are in charge of specialized care such as catheter handling. Two-thirds of caregivers are simultaneously employed in other jobs. Half of the male care providers were employed, while women caregivers mainly also did domestic work. Seven percent of caregivers receive some salary, reward, or financial support for their care (Ministry of Health, 2015), [11] and Friedemann-Sánchez reports that one example of such a reward is living rent-free in the caregiver's parent's house (2012a).

[11] It is not clear whether this number includes paid, non-family caregivers, but the document suggests not.

Figure 4. Caregivers disaggregated by familiar relationship



Data source: Ministry of Health - SABE Colombia 2015

This distribution of eldercare is in line with a Colombian perspective, often mentioned in interviews with policymakers and government officials, which regards the family as the appropriate provider of elder care (Interviews, July 2018). There is a concerted effort, both direct and subtle, by the centers and private organizations such as the Antioqian Cultural Association to emphasize filial obligations and to promote the primary role of women as housewives and caregivers.[12] Entrepreneurship based at home, such as handicrafts or home-based child care centers, is encouraged as employment for women to facilitate combining paid work with care.[13] Members of the Feminist Economics Roundtable point out that this gender ideology ignores the difficulties faced by many households in meeting the care demands, exacerbated by the aging population and legacy of the conflict which left many wounded and disabled, especially among the low-income and vulnerable segments of the population (Interviews, July 2018).

iii. CARE OF THE POPULATION WITH DISABILITIES

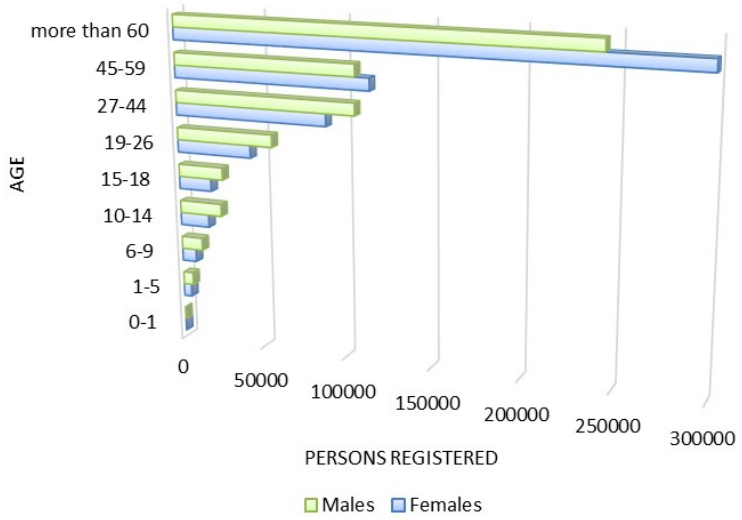
The armed conflict lasting more than 50 years increased the number of people living with disabilities in Colombia. Pérez and Tangarife (2015) note that data on this population, its characteristics, and who cares for this group is unreliable and often missing. According to the 2005 Census, an estimated 6.3% of the population is permanently disabled in Colombia. According to Pérez and Tangarife (2015), this is equivalent to approximately 2.5 million people, most of whom are over 60 and thus overlap with those needing eldercare (Correa-Montoya and Castro-Martínez, 2016) (Figure 5). However, the Colombian Constitutional Court provides a higher estimate--15% of the population is disabled,

[12] Interviews in both Bogota and Medellin.
[13] Interviews with Antioqian Cultural Association and City of Medellin Women's Secretariat.

equivalent to 7.2 million people with disabilities (Correa-Montoya and Castro-Martínez, 2016).

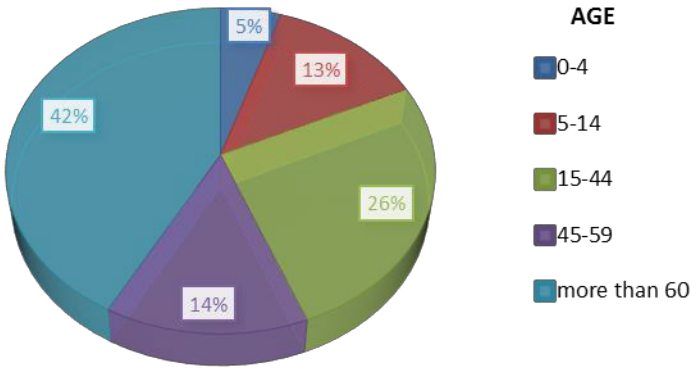
Time spent on the care of sick and handicapped people is available in the CTUS for the same activities as for elder household members--feeding, bathing, accompanying, conversing with, helping to administer medicine and "passive minding," but as with eldercare not cooking, laundry and cleaning specifically associated with care of disabled or handicapped household members. It appears that, to date, no work has been done using this data to estimate unpaid time use for sick and disabled care. As was the case with elder care, additional information on unpaid time spent in care of sick and disabled people in Colombia might also be drawn from the CTUS by using the questions on which household members need care and who provides it, and that this information might be used both to validate (or not) the data on time in direct care, as well as provide information on how to improve the collection of data on unpaid sick and disabled care. As with elder care, participant observation and interviews/focus groups are needed to improve data collection on sick and disabled care.

Figure 5. Persons registered with disabilities disaggregated by sex and age, 2015



Data Source: Correa-Montoya and Castro-Martínez (2016)

Figure 6. Percentage of people with disabilities who need permanent attention disaggregated by age



Source: Gómez and Gonzalez (2010)

In addition to data from the CTUS, information on unpaid care of disabled and chronically ill persons comes from the Registry for the Location and Characterization of Persons with Disabilities (RLCPD). In 2010, 37% of such registered persons required permanent assistance from another person to carry out daily activities (Gómez and Gonzalez, 2010). Most of this assistance takes the form of unpaid labor--83.7% of the people who assist them are members of the household, suggesting a potentially heavy household burden. Another 3.6% are non-employed outsiders, and 1.9% are other persons, while 4.6% are specialized persons hired to perform these tasks. According to the Registry data, 75% of caregivers are women, 15.3% are men, and 9.7% do not report (Gómez & González, 2010). We are not aware of any additional sources data on care to individuals need less than part-time care.

iv. SUMMARY OF CURRENT DATA LIMITATIONS

Although the CTUS presents a significant step forward in collecting data on care work, providing a rich resource for understanding unpaid care work, the current survey design has some important limitations. While the CTUS asks specific questions about a wide range of unpaid care and other household activities, the survey is highly structured, and is not open-ended in such a way as to capture all possible activities (Peña and Uribe 2013, 21). Further, a time-diary format has not been employed in the 2012 and 2016 surveys, so individual responses may not be accurate as they are not constrained to add up to 24 hours per day (and 168 hours per week), although currently there is a plan to move to diary-format collection of the data in the next survey.

Where paid caregivers are present in the home at the same time as unpaid caregivers, it is unclear how to distribute passive care between paid and unpaid caregivers. Further, paid

domestic workers may contribute to care even when they are not specifically hired to provide care, and this contribution may not be measured with the current survey instrument, which asks only about individuals hired to provide care.

Fieldwork, including interviews, pilot surveys, focus groups, and possibly participant observation, may contribute to a better understanding of patterns of caregiving and thus better survey design. In addition, better use can be made of current data. On the most basic level, time use for some categories of care, like sick and disabled care, has not yet been analyzed. Further, by using questions about which individuals need care and who provides it, we can validate estimates of direct care, and also estimate currently unmeasured care time. For example, by comparing time in cooking and cleaning of individuals caring for children under five years old or elderly individuals with a total time of similar individuals who are not providing child or elder care, we may be able to estimate time in those activities attributable to child or eldercare.

B. PAID CARE SECTOR

The paid care sector is complex and is managed by many different entities including the central government, local governments, and diverse agents in the private sector.[14]

i. CARE OF CHILDREN UNDER FIVE YEARS OF AGE

Bernal (2014) reports that in 2014 in Colombia there were nearly 3.2 million children under five years of age, and that the Colombian government estimates that 2.4 million of these children are in conditions of socioeconomic vulnerability. Partly in connection with the increased attention to care work, and partly in response to children's nutrition needs), congress passed a law in 2016 called *From Zero to Forever* that institutionalized a comprehensive state policy for early childhood development (the program itself began in 2011). The law mandates a coordinated effort from multiple government organizations (health, education, social protection, culture, planning, family welfare, among others) at different levels of (national, departmental and municipal), with the aim of improving early childhood development.

The Colombian Family Welfare Institute (ICBF) leads the public sector provision of educational and care services for children from the most vulnerable and disadvantaged populations under the program. Out-of-home care services are provided in two modalities, institutional and community, through the subsidized state-run programs Center for Pre-School Child Care (CAIP) and Community Welfare Homes (HCB, all abbreviations based on proper names from Spanish). The institutional centers provided specialized care of children under 6 years of age, including early education and nutrition, in an 8-hour day,

[14] Although some of the government-run care services may be highly subsidized, or even free, to the users, the care providers are paid.

caring for 236,145 children in 2014. This program also includes some centers run by trained community personnel, which offer somewhat more flexible hours (Perotti, 2000). The community program modality offers the largest program, Community Mothers (MC). These gradually replaced the CAIP in the early 2000s (Peña-Parga and Glassman, 2004. The MC offers a home-based childcare program using local resources, to provide both care and basic needs, including nutrition, health, protection, and psychosocial development of children. By 2014, 628,102 children were being served in this program. Bernal et al. (2009) argue that both coverage and quality of MCs are low, however, especially in rural areas, where coverage is only one-third of that in urban areas. Since 2014, community mothers are government employees who earn minimum wages and social benefits, which may help to raise the quality of care in the MC. There is also a modality of surrogate mothers, who live with around three children who need housing and permanent care. These surrogate mothers are still considered informal workers, and their situation has not been regulated.

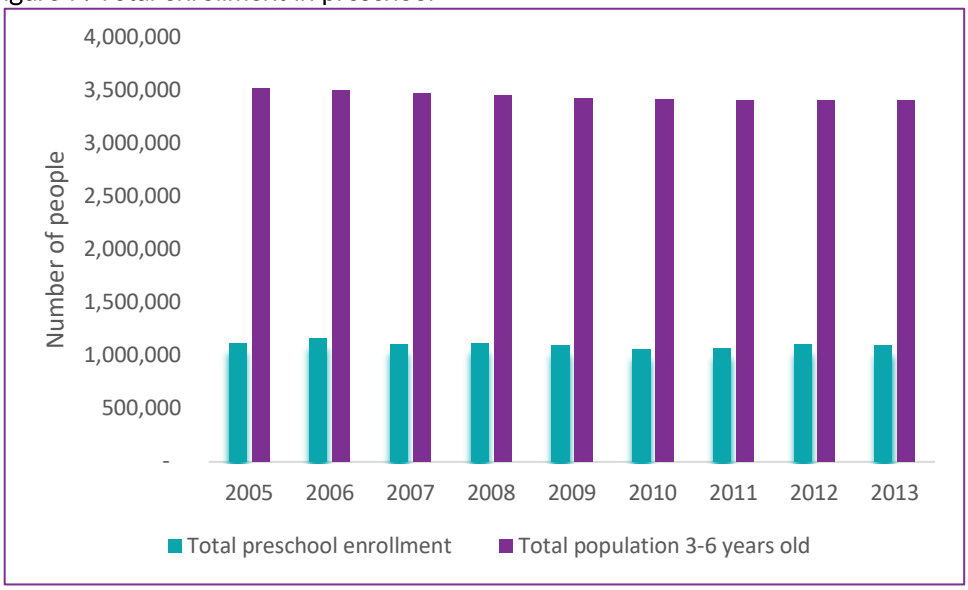
The central government initiatives are supplemented by other centers. Local governments may provide childcare/ kindergarten /preschool for children under six years of age, as is the case in the capital city, sometimes competing with central government programs. There are also private preschools and daycare centers (Peña-Parga and Glassman, 2004, and paid in-home caregivers (domestics, nannies).

As would be expected, children are increasingly likely to attend childcare centers as they get older. According to the ECV 2011, 17% of children under three were cared for in centers, but 58% of children three to five years old (Mateo and Rodriguez-Chamussey, 2015). Children in rural areas are one-third less likely to attend formal care, in part because in less populated areas it may be difficult to collect the number of children required to start an MC. In rural areas, households in one study reported spending an average of 43 minutes, and up to 60 minutes, traveling to the child care center, compared to an average of 11 minutes for urban dwellers (Attanasio and Vera-Hernández, 2004). In contrast to some other countries, the use of formal care did not differ radically by income level, perhaps because of the importance of state-subsidized care in Colombia (Mateo-Diaz and Rodriguez-Chamussey, 2015).

A later and alternative measure of overall paid care use by children five and under comes from Bernal (2014), who uses data from the Colombian Longitudinal Survey of the University of the Andes (2010 and 2013), a nationally representative longitudinal survey. She shows that paid care for children aged 0-5 increased from 43% to 53% between 2010 and 2013, indicating that the new policy helped increase coverage by approximately 300,000 children. The data also show that in contrast to the 2003 finding by Peña-Parga and Glassman (2004) care under the ICBF has been transitioning from home- and community- based providers of care services to more institutional care (child development centers) during the period 2010 to 2013. Using data from DANE, Pérez and Tangarife (2015) show that less than half of all children aged 0-6 in 2014 used ICBF care (979,973) (similar to the finding of Bernal, 2014), however, more (1,272,950) were enrolled in other

public preschools run by the Ministry of Education, while 2,318,774 children remained out of formal care and early childhood education (Pérez and Tangarife, 2015) (Figure 7).

Figure 7. Total enrollment in preschool



Source: Perez and Tangarife (2015)

Interviews in a childcare center in Bogota revealed that there is a large unmet demand for public childcare centers, as indicated by the long waiting list and parents leaving their children beyond the hours of operation. The director of the childcare center also noted the difficulties faced by Venezuelan migrants in enrolling their children in the daycare centers due to the government requirements for children's eligibility (Interviews, July 2018).

Paid childcare can also occur in the home, provided by both nannies, directly contracted to provide childcare, and other domestic workers who may be combining childcare with other activities. While data on care by contracted individuals is available in the CTUS, information on care provided by multitasking domestic workers will need to be collected. Participant observation, interviews or focus groups with domestic workers may provide enough information to allow time to be estimated based on the presence of such a worker in the home.

While data from the ECV, Colombian Longitudinal Survey of the University of the Andes or, alternatively, from the institutions themselves, offer information about enrollment in different types of care, these do not provide information on actual time spent in this form of care. As noted by Mateo-Diaz and Rodriguez-Chamussey (2015), enrollment data documents use of a predominant form of care, but the information does not detail how often the child is in this type of care, or how long s/he spends in that type of care, and what happens when the child is not in that main form of care. Many children probably spend time in multiple forms of care in a given week. Data from the CTUS are a more

promising source of data on paid childcare, collecting information for each child on the number of hours spent in a variety of types of care. An additional problem will be how to estimate paid care time in the home. Additional survey or interview work will be needed to estimate this paid care time.

ii. CARE OF THE ELDERLY

To date, the national government does not have any comprehensive policy on the care of elderly people. In addition, there do not appear to be any nationally representative large household surveys/data sets that include questions on this issue, although the upcoming census will collect data on individuals with disabilities.

Since 2004, two types of institutions for adult care (Senior Citizen Welfare Centers and Day Centers) are run by non-profit institutions through agreements with municipal governments. But the supply is inadequate, and there are often long waiting lists. In Bogota, a visit to a center revealed that vulnerable elders can only go once a week to a daycare facility. The local government maintains that they want most of the care to be done by the family (Interviews, July 2018).[15]

Little is known about the use and quality of private eldercare centers. According to the Social Integrity Secretariat, some of these are very expensive, and most state pensions are not adequate to meet the costs. There are no price regulations, service guidelines or protocols covering eldercare centers. The lack of monitoring and regulation leaves open the possibility of care centers with very low quality (Interviews, July 2018).[16] Further, the lack of regulation complicates the collection of data needed to estimate the extent of care provided by these institutions.

Two government programs address the needs of the elder population in situations of extreme poverty. The program of Social Protection for the Elderly (PPSAM) consists of an economic subsidy in cash and/or in social services (accommodation, food, and health). The National Program of Food for the Elderly provides supplementary food by means of a lunch 250 days a year to 400,000 elderly adults in conditions of extreme economic and social vulnerability (Salvador, 2007). Regarding these institutions, Act 1315 of 2009 establishes the minimum conditions that dignify the stay of elderly people in protection centers, day centers, and care institutions. Act 1276 of 2009, amended from Act 687 of 2001, establishes new criteria for the comprehensive care and protection of the elderly in the lowest socioeconomic conditions according to SISBÉN[17] in residential centers. However, according to the study performed by Fundación Saldarriaga Concha (2015), the presence of these two institutions is insufficient, as it is people in urban areas and major

[15] Social Integrity Secretariat.
[16] Ibid.
[17] The SISBÉN is the System for Identifying Potential Beneficiaries of Social Programs that classifies the population according to their socioeconomic conditions.

cities who have the greatest access to them. Vulnerable people living in rural areas have little access.

As suggested by the above, people using paid out-of-home eldercare fall into two extreme categories. "Abandoned" indigent elders in need of substantial care, and households in which the care presents an extreme economic burden (loss of income), may qualify for municipal government provided subsidized nursing home care in a government-run facility for the cost of the individual's pension (Friedemann-Sánchez, 2012b). These institutions are mandated by Law 100 of 1993, which establishes conditions for improving the care of elders and sets out state responsibility for helping to cover the costs of health care and complimentary services for elders. It is unclear from the available literature how many people are served by such institutions nationally, and how many of these are daycare centers or residential homes.

The second group of people using out-of-home elder care are middle and upper-class elders or their households, who use institutional care for those who cannot be cared for at home or whom they prefer not to care for at home. In one small study, Osorio Bayter and Salinas Ramos (2016) interviewed 60 people who used the services of 27 adult care homes, both daycare centers and residential institutions in Cali, Colombia, and their families, in 2013-2014. The authors report that out-of-home providers are mainly small organizations managed by their founder, operating as both for-profit and non-profit entities. They found that these institutions serve mainly men who are not on good terms with their families, many having a history of domestic violence and abuse. Even in these institutions which serve upper-class families, the authors find that conditions are poor and that "no one chooses to live in these places." It is therefore clear why elder care is delivered mainly in the home in Colombia and that is unlikely to change in the immediate future.

In some cases, paid care of elders is done by domestic workers, as noted above. The CTUS provides data on whether a contracted worker provides care for an individual elder household member, but no information on the amount of time provided and the type of activities performed by domestic workers are collected. We are not aware of any other data or surveys which would indicate the extent of care provided by paid, in-home assistants. Therefore, the extent to which paid care by domestic workers substitutes for/complements care by family members will be difficult to estimate without additional data. The use of a pilot survey (with structured questions) and interviews/focus groups could provide additional information on this question and provide the basis for future collection of survey data. In one small study of domestic workers in Cali, Colombia (general domestic workers, not workers specifically focused on elder care), researchers sought to interview 60 daily (not live in) domestic workers in 3 upper-middle-class districts. Visiting 496 households, they found 186 live-in workers and 60 daily workers (Meleis and Bernal, 1995). The authors note how difficult it was to identify households

where daily domestics were employed and to interview them. Interestingly, these workers did not mention care work at all when discussing their daily tasks.[18]
Estimation of paid time in care for elders in Colombia is a challenge. The national government may have a list of all local institutions, which might provide enrollment data although, as with childcare, enrollment data may not provide detail on the number of hours an elder attends each week. Private sector provision seems even more difficult to estimate, given the weak regulatory environment and the likelihood that non-specialized domestic workers provide care as part of their daily routine. A combination of participant observation, interviews or focus groups with domestic workers and families with elders may facilitate some estimation from current data. Eventually, a specifically targeted survey or the addition of a question to the CTUS, parallel to that about the use of childcare services, could provide more nationally representative data.

iii. CARE OF THE POPULATION WITH DISABILITES

Data on paid care for disabled persons in Colombia is currently very limited. As noted above, an estimated 2-7 million disabled people live in Colombia (Pérez and Tangarife, 2015). Thirty-seven percent of these are registered as requiring permanent assistance and, for these individuals, 4.6% of caregivers are specialized persons hired to perform these tasks (Gómez & González, 2010). We did not locate any information on sources of paid care for individuals requiring only part-time assistance. There is, however, a directory of institutions that provide care for the disabled (public and private institutions and non-governmental organizations at the national, departmental, and municipal levels) including training, habilitation, rehabilitation, and labor integration, and this might be a starting point (in addition to data on time use by domestic workers) for collecting data on paid care work for this population.[19] Some additional information is available from the CTUS which, as noted in section III. B. ii., provides data on individuals who receive care from a contracted worker, although this has not yet been analyzed.

Children with disabilities rely heavily on unpaid care because, as Correa-Montoya and Castro-Martínez (2016) report, 90% of children with disabilities do not attend basic school, and only 27.4% of disabled children ages 6 to 11 have access to the education

[18] The authors list organizations which might be partners for future research in this area: "In Cali, [the Center for Coordinated Activities for Women] (CAMI) [is] an institution which counsels women about their labor rights and duties, assists them through the judicial process when necessary, and provides assistance regarding their health. In Bogota, the Colombian capital, [the Colombian Association for Population Studies] (ACEP) has supported the production of several brochures to educate employers and employees on their rights… [The Domestic Worker's Labor Union] (SINTRASEDOM) is a national union that has struggled for many years to be recognized and legitimized by the government, and has been instrumental in improving the working conditions of domestic workers… In Cali another group called [The Union of Home Workers] (UTRAHOGAR) has been organized by the domestic workers themselves to enroll domestic workers in the social security system" (Meleis and Bernal, 1995).
[19] This directory can be found at: http://www.discapacidadcolombia.com/index.php/directorio-discapacidad/160-directorio-nacional-discapacidad.

system. Educational exclusion has a greater impact in the most remote areas of the country--in 2015, the departments where the lowest percentage of children with disabilities were linked to the education system were Amazonas, Arauca, and Vaupés. In 2008 there were 4,743 trained persons registered to provide schooling for all persons with disabilities, a small number in comparison with the total number of disabled people, and they are concentrated in the main areas of Bogotá, Antioquia, Magdalena, and Nariño (p. 116). Some efforts to address this problem followed the 2010 Ministerial Directive 15, after which the Ministry of Education increased the resources given to each territorial entity to hire support staff by 20% (e.g. sign-language interpreters), basic teacher training, provision of equipment (teaching materials), and adaptation of the educational infrastructure for disabled children. Further, local resources depend on the number of disabled students registered, creating an incentive to start registering more people with disabilities.

As with other care needs, there is debate in Colombia regarding who is responsible for care of the disabled. During the interview by the PGAE faculty at the Ministry of Health and Social Protection, the issue of who is principally responsible for the disabled and frail elderly was raised. "Some government officials and members of the public believe that the family should take full care of those with functional dependency; others argue that the state should take care of them. A third view is to have a mixed system where both the state and the family share the responsibility. There is also a proposal that the market should provide the care, as in the case of the private SURA health insurance plan in Medellin for people with some degree of functional dependency" (Interviews, July 2018).

iv. SUMMARY OF CURRENT DATA LIMITATIONS

As noted in this section, time in paid care for children, elders and sick and handicapped individuals is not simple to estimate. The most complete set of data is available on childcare due to the comprehensive questions as part of the CTUS on hours in care of various types and additional enrollment data from state programs and local government institutions that may be fairly accessible from government ministries and useful for combining with the individual data. One area where additional data is needed in on paid care by non-specialized domestic workers, to understand what share of their time is spent in child care.

Data on paid care for elderly, sick and handicapped individuals is more limited. The CTUS collects data on specialized domestic ("contracted") workers who provide such care, but there appear to be no surveys that collect data on the use of government or private care programs, either part-time or residential. Institutional enrollment data may be available for government-run programs, but it is not likely to provide a complete picture of time spent in paid care. Additional data will need to be collected via pilot surveys, interviews, focus groups, possibly participant observation, and, eventually, nationally representative surveys.

Estimates of unmet care need might start by using the ENUT data on household members in need of assistance for various tasks, perhaps combined with data on the need for assistance and care use in other countries, where various forms of care are better developed.

A related issue is the working conditions of paid caregivers. For this sector to develop in Colombia, working conditions will need to be improved and regulated. Collecting additional data on this issue is important when expanding supply.

5. MACROECONOMIC MODELS

While the micro-level data described above is key in estimating the paid and unpaid care sectors, there are data gaps as mentioned in the preceding section. Moreover, there is a need for documentation or mapping of the different care arrangements and the interconnection between paid and unpaid care, as well as the extent of unmet care need in Colombia. Some of the special survey data have been used to identify direct relationships between specific policies (e.g. subsidies for child care) and specific outcomes (e.g. women's time in paid labor). In Colombia, a number of researchers have begun to address these questions (Peña-Parga and Glassman, 2004; Attanasio and Vera-Hernández, 2004).

In order to understand ways that the policies "spillover" into other parts of the economy, a social accounting matrix (SAM) database that incorporates the paid and unpaid care sectors needs to be created. Such a database is key for developing empirical macroeconomic models. Longitudinal micro-level database can also be used in macro-econometric models. Empirical macroeconomic models such as dynamic Computable General Equilibrium (CGE) models make use of SAM for conducting policy simulations. CGE models, for example, can help trace how public investment in eldercare and child care services affect female labor force participation. The above-mentioned changes in labor force participation then affect fiscal outcomes (via the tax and pension contributions of employed women), labor force productivity, and economic growth, because such models can capture the feedback effects between the direct policy targets and the rest of the economy. Macroeconomic models are essential to demonstrate to policymakers the synergistic links between policies to support care and gender equality, on the one hand, and other economic and development goals, as well as to highlighting unintended consequences and costs of a proposed policy. The results produced by gender-sensitive macroeconomic models thus provide key resources for advocacy groups in their lobbying and organizing efforts.

To date, no macroeconomic models used in policymaking in Colombia have incorporated the care economy or disaggregated economic variables and behaviors by gender. Recent

years, however, have fostered a very rich discussion among international feminist economists about ways in which gender differences could and should be incorporated into macroeconomic models. To list just a few examples: occupational segregation by sector and sector of investment can be specified, leading to more accurate predictions about labor demand, care demand, wage, tax and pension impacts of specific investment (or export promotion) policies (Seguino, 2019. Investments in human capacity, through care, can be included in investment functions, to better identify benefits (and thus net costs) of such investments (Braunstein, Van Staveren and Tavani, 2011. The relationship between subsidies for care, women's labor supply, and wages in female-dominated sectors can be specified, improving predictions regarding the aggregate benefits of such policies (and thus again, their net costs) (Lofgren, 2018). This recent flourishing of macroeconomic gender analysis has set the stage for integrating these relationships into macroeconomic models used for policymaking.

While models such as the Dynamic Stochastic General Equilibrium (DSGE) models are currently common in academic circles and are often used by Central Banks to predict aggregate growth, Computable General Equilibrium (CGE) models have become one of the standard tools for investigating macroeconomic outcomes of policy (Sinha and Sangeeta, 2000). Countries such as Colombia consider CGEs as part of their policy toolkit, making GEs "probably the most utilized tool globally for development planning and macroeconomic policy analysis" (Mitra-Kahn, 2008). One reason for this is that they are tractable and can easily be calibrated to incorporate the specific disaggregation/sector/policy that the policymaker is interested in analyzing. The development of the MAMS (Maquette for MDG Simulations) (Lofgren, 2018) by the World Bank has further enhanced the accessibility of these models for policy analysis, by providing a basic template that policymakers can adjust to examine the issue of interest. As with other models, the usefulness of CGEs for policy analysis depends heavily on whether the underlying assumptions, closures and the extent to which the disaggregation of sectors and the interactions between sectors i.e. households, firms, and government meaningfully capture the operations of the economy.

Few economists have actually used CGEs to predict the outcomes of gender policy. Gender has been incorporated into a handful of models, including Sinha and Sangeeta (2000), who used a CGE to look at the impact of structural adjustment policies on women workers, Terra, Bucheli and Estrades (2011), who looked at the differential impact of trade openness on women and men, and Fontana and Wood (2000), who examined gender-specific impacts of trade openness in Bangladesh, in both paid and unpaid work. However, research to date has not focused on demonstrating the macroeconomic impacts of policy aimed at promoting gender equality, or at the impacts of changes in unpaid work and care work on broader economic outcomes.

Over the past 18 months, a team of researchers funded by the William and Flora Hewlett Foundation and led by Professor Maria Floro has been engaged in exactly such a project. A pilot version of a gender-sensitive CGE for policy analysis, focused on demonstrating

links between care policy and macroeconomic outcomes, is being developed using data from South Korea.

A similar model could be developed for Colombia with proper support. A Social Accounting Matrix (SAM) and CGE have already been developed for Colombia using data from DANE, for use by the Colombian Central Bank (Velasco and Cárdenas Hurtado, 2015), and the CGE model has been used recently to study the impacts of changes in the tax system on growth, welfare and income distribution (Botero García and Correa Giraldo, 2018). However, this model does not include gender-relevant disaggregation and sectors (paid and unpaid care). Expanding the model to include such detail and developing a MAMS, using the World Bank template, would provide an accessible tool for policymakers and analysts.

Developing such a macroeconomic model would require a significant, but feasible, level of support. Support is needed to:

1) upgrade the necessary micro-level data as detailed at the end of Section III and use this data to estimate paid and unpaid care use and other related gender-disaggregated inputs for the model. The experience gained from constructing a care-focused, gender-aware SAM for South Korea under the Care Work and the Economy (CWE-GAM) Project provides useful lessons for collecting additional information in building a similar SAM database for Colombia. Hans Lofgren (2018) has demonstrated that useful results can be produced with quite basic on the size and make-up of the unpaid sector. But to the extent that the data can be improved, more complex questions can be asked, and results are likely to be more accurate and informative,
2) support the development of the gender-sensitive CGE model for Colombia with gender-relevant disaggregation, and
3) support the training of a cohort of analysts with specialization in gender economics, including groups of individuals able to understand and produce the data required for the model, use the MAMS to address relevant policy questions, and leverage the results in the advocacy and policymaking community.

6. CONCLUSIONS: MAIN POLICY CHALLENGE AND PROPOSED RESPONSES

A key challenge facing Colombia today is to develop gender-sensitive macroeconomic policies that are comprehensively and systematically grounded in the following principles:

1) gender-equitable distribution of unpaid work,
2) reduction of the level of unpaid care and commitment to the shared

responsibility of care among families, the government and the private sector,
3) balance of paid work with family life,
4) recognition and guarantee of labor rights for care workers, and
5) professional, decently paid, and nurturing forms of care (of children, sick, disabled and elderly).

Colombian policymakers have made significant strides in addressing these issues, mandating and funding the collection of relevant gender-disaggregated data under the 2010 Care Economy Law, significantly expanding state-subsidized child care services, particularly for poor households, and in 2018 mandating the office of the President's Commissioner for Women's Equality to produce a Comprehensive Strategy Plan for the Care Economy in Colombia.

To build on these important initiatives, and to ensure the success of key gender-sensitive economic and social policies, more support is needed. In particular, additional resources are needed to produce appropriate data and models, for use in illustrating the overall costs and benefits of proposed policies, including important spillovers, beyond the specific targeted outcome. In addition, training is needed for advocacy groups, policymakers and government officials in the development and use of these data and models.

A collaborative research project could contribute to this outcome by:

a) implementing projects to collect missing data on care use, particularly on paid care for elders, sick and disabled people, and on the role of non-specialized domestic workers in providing all types of care. Such data could be collected using methods piloted in South Korea, with funding support from donors and government agencies, or using other methods including participant observation, interviews, focus groups and surveys. At the same time, data should be collected on the working conditions of care workers, and the quality of care provided to children and frail elderly,
b) using this data to develop measures of care use and the care economy, including services provided by paid and unpaid caregivers in unorganized or organized settings, and
c) using this information to develop a gender-aware tool for policy analysis such as a care-focused CGE macroeconomic model and, beyond that, promoting broader social discussions about gender divisions of labor and gender equality.

Such a project could answer the following questions:

1) What is the size of the care economy in Colombia? How is care provisioning distributed across the different sectors (households, private sector, governments, NGOs)?
2) How do changes in the distribution of care work impact the labor market, labor productivity, fiscal balances, human development outcomes, and the overall level of economic activity?
3) Which macroeconomic policies can most effectively help reduce women's unpaid care work burden and promote women's labor force participation while simultaneously addressing the care needs of society?

To effectively impact outcomes, alongside the research project there is also need to advance the capacity of home-based workers' and domestics, family caregivers, and gender advocacy groups in Colombia to participate in debates about the development of care policy and to support gender-aware economic policies that prioritize investment in care provisioning. These different stakeholder groups will introduce key, but often ignored, perspectives on issues of care provisioning. Policy change and reforms will not be successful or sustainable without strengthening the capacity of advocacy groups to ensure decent work and to mobilize in demanding gender-aware economic policies.

Such research and collaboration are key to supporting policy that promotes public investment in care provisioning services, advances gender equality and women's empowerment by reducing the burden of unpaid care work and generating decent employment in the care sector, and generates inclusive sustainable growth. The visibility of unpaid and paid care work is vital to enhancing policymakers' recognition and understanding of women's economic contributions, and the essential role of care in our lives and the economy. The proposed models can be used by government planners in ministries already promoting gender equality and/or concerned with growth in women's labor force participation and the promotion of gender-equitable outcomes, such as the Ministry of Finance and the Economic Planning Council. In addition, by better describing economic dynamics, the models can be used more broadly by policymakers to support enhanced economic growth and reduced income inequality. They will become part of policy toolkits for designing macroeconomic policies that are capable of provisioning human needs and enhancing both women's and men's capabilities.

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APPENDIX: CARE ECONOMY LEGISLATION IN COLOMBIA

The following is the principal legislation that regulates Care Economy in Colombia.

Law 75 of 1968 which dictates the norms and regulations on filiation and establishes the creation of the Colombian Family Welfare Institute (CFWI) (*Instituto Colombiano de Bienestar Familiar*). The latter has the essential purpose of providing protection to children and improving the stability and welfare of Colombian families.

Act 27 of 1974 Which dictates norms on the creation and sustenance of integral Attention Centers at the preschool level for children of employees and workers of public and private sectors.

Decree 88 of 1976 Which restructures the educative system and reorganizes the Ministry of National Education.

Article 4: Inclusion of preschool as the first level of the formal education system.

Act 7 of 1979 Which dictates the norms for childhood protection, establishes the National System of Family Welfare (NSFW) (*Sistema Nacional de Bienestar Familiar*) and reorganizes the Colombian Family Welfare Institute. The NSFW, among others, establishes the norms for the protection of children, for the promotion of family integration, and for the guaranty of rights for children.

Decree 1002 of 1984 Which establishes the Study Plan for preschool education, including concepts of integral attention to children and family and community participation.

Act 89 of 1988 Creation of Community Welfare Homes: This law allocated monetary resources to CFWI with the purpose of developing the Community Welfare Homes program. This program seeks to provide care to children from vulnerable families, to guarantee their physical, cognitive, and emotional development; furthermore, it seeks to encourage women labor participation. (González & Durán, 2012)

Act 12 of 1991 Approval of the Convention on the Rights of Children adopted by the General Assembly of the United Nations. Among others, States Parties undertake to ensure child protection and care, taking appropriate legislative and administrative measures, such as giving appropriate assistance to parents or legal guardians and ensuring the standards and norms of the institutions in charge of taking care of children.

Act 100 of 1993 Establishment of the Comprehensive Social Security System.

Article 166 Maternal and infant care The Mandatory Health Plan (MHP) (*Plan Obligatorio de Salud*) will provide health services in prenatal control, delivery care, postpartum control, and in matters related to breastfeeding. For children under 1 year of age, the MHP will cover education, information and promotion of health, as well as the promotion of breastfeeding, monitoring of growth development, and prevention of disease.

Agreement 019 of 1993 (CFWI) CFWI agreed to organize Community Kindergartens in which children in preschool ages from vulnerable population groups receive care.

Act 115 of 1994 General Law of Education Article 11 Formal Education is organized in three levels:

1) Preschool – at least one level.
2) Basic Education, divided into two cycles, primary school (5 years) and secondary (high school) (4 years).

Decree 2082 of 1996 Parameters and criteria for the provision of educational services to the population with special education needs are established.

Resolution 3165 of 1996 Adopts health care guidelines for people with disabilities and handicaps.

Act 715 of 2001 Government-allocated monetary resources for school food in educational facilities to children in preschool ages.

Act 731 of 2002 Determines labor guarantees for women belonging to the care economy. Rural women, without having labor links or if their labor is not recognized by State Measurement Systems, will be affiliated to the occupational risk system.

Decree 1850 of 2002 Determines that for preschool levels, hourly studying intensity will be 20 hours per week, (i.e., 4 hours per day). This amount of time is too short for working families.

Resolution 2565 of 2003 Parameters and criteria for the provision of educational service to the population with special educational needs is established. Among others, this resolution specifies that personnel responsible for the education of persons with

disabilities must have at least two years of training or experience in the care of this population.

Constitutional Judgment T-089 of 2003 Families have the duty of giving the necessary accompaniment required for the recovery of handicapped elderly. Affective and emotional stimuli included, also help and support with doctor appointments and therapies.

Act 1091 of 2006 Recognizes the "*Colombiana and Colombiano de oro*" (adults aged +65) and establishes their right to preferential, agile, and timely attention, as well as their right to access the healthcare system.

Article 11 - Act 1098 of 2006 CFWI provides care services and assumes the attention of children from gestation to age 6. This age coverage is stablished considering that at age 6 every child in Colombia should begin primary school.

Act 1098 of 2006 Code of Childhood and Adolescence, which seeks to guarantee the children their full development, while dictating norms for the protection of underage individuals and recognizes them as persons in their right, for which they must have special protection and care.

CONPES 109 of 2007 Set strategies, goals, and allocated monetary resources to the Ministry of Social Protection with the purpose of guaranteeing comprehensive attention to early childhood.

Act 1145 of 2007. The National Disability System was established. This law seeks to boost the development and execution of public policy on disability based on the coordination between public entities, organizations for people with disabilities, and civil society.

Act 1151 of 2007 (National Law for the Development Plan) Determines that the Ministry of Social Protection is in charge of carrying out the definition and development processes of the aging and elderly policies.

Act 1251 of 2008 Seeks to protect, promote, restore, and defend the rights of older adults, as well as to guide policies that take into account the aging process and ensure that older adults are part of society.

Act 1295 of 2009 Which seeks to improve the quality of life of pregnant mothers and girls and boys under 6 years of age with levels 1, 2 and 3 of the system, through an inter-institutional articulation that obliges the state to food, nutrition, initial education, and comprehensive health care.

Decree 366 of 2009 Regulates the organization of the pedagogical support service for the care of students with disabilities and with exceptional abilities or talents within the framework of inclusive education.

Act 1346 of 2009 The Convention on the Rights of People with Disabilities adopted by the General Assembly of the United Nations is approved.

Act 1306 of 2009 Norms for protection of People with Mental Disabilities. Protection of People with Mental Disabilities lies on society as a whole, but it is to be executed preferentially by parents and people designated by them, spouses or permanent companions, people designated by judges, and by the State through officials and qualified institutions.

Act 1315 of 2009 seeks to guarantee the attention and provision of comprehensive quality services to the elderly at the institutions of accommodation, care, welfare, and social assistance.

Act 1276 of 2009 seeks to provide comprehensive attention to their needs and improve the quality of life of seniors of levels 1 and 2 of the system.

Act 1448 of 2011 (article 13) Describes the principle of differential approach in the context of reparation to the victims of internal armed conflict. The government will offer special guaranties and protection measures to population groups exposed to a greater risk of violations derived from the armed conflict. These groups include among others, women, young, elderly people, handicaps, peasants, and social leaders.

Act 1413 of 2010 The inclusion of care economy in the system of national accounts is regulated in order to measure the contribution of women to the economic and social development of the country and as a fundamental tool for the definition and implementation of public policies.

Decree 4875 of 2011 Creates the Intersectoral Commission for the Integral Attention of Early Childhood (*Comisión Intersectorial para la Atención Integral de la Primera Infancia*) and the Special Monitoring Commission for the Integral Attention of Early Childhood (*Comisión Especial de Seguimiento para la Atención Integral a la Primera Infancia*). This commission has the purpose of coordinating and harmonizing policies, plans, programs, and necessary actions for the execution of comprehensive attention to early childhood.

Act 1595 of 2012 The Convention of Decent Work for Domestic Workers (from OIL) is approved. Related to Community mothers, this convention seeks to ameliorate these worker's labor conditions and to provide them with the minimal guarantees for developing their life project in order of attaining upward mobility inside the economy.

Act 1616 of 2013 Mental health law. The purpose of this law is to ensure the effective exercise of Mental Health Right to Colombian population.

Statutory Act 1618 of 2013 Establishes the stipulations to guarantee the full exercise of the rights of people with disabilities. This law seeks to guarantee and ensure the effective exercise of rights of people with disabilities through the adoption of social inclusion measures, affirmative actions, and eradicating every form of discrimination by reason of someone's disabilities.

CONPES Document 166 of 2013. National Public Policy of disability and social inclusion. This CONPES Document seeks to redesign the previous public policy plan exposed in CONPES Document 80 of 2004. The redesign was made considering that the concept of "disability" had developed significantly during the last decade. It also took an approach based on rights instead of having a focus on the social management of risk.

Decree 289 of 2014 Community mothers will be labor-related by means of a work contract signed with the administrative entities of the Welfare Community Household Program (*Programa de Hogares Comunitarios*) and will have all the rights and guarantees enshrined in the Substantive Labor Code.

Act 1804 of 2016 Establishment of the State Policy for the comprehensive development of early childhood *De Cero a Siempre*, which seeks to fortify the institutional framework for the recognition, protection and guarantee of the rights of pregnant women and children between 0 and 6 years of age.

Act 1850 of 2017 Some articles of Acts 1251 of 2008, 1315 of 2009, 599 of 2000, and 1276 of 2009 are modified, and the interfamily abuse by abandonment towards the elderly is penalized.

Articles 411, 413, and 414 of the Colombian Civil Code (Act 57 of 1887) Legitimate children, extramarital and adoptive children have the duty of providing their elder parents with housing, food, health, and other social rights. If there are no children, grandchildren have to take care of their grandparents.