



Working for transformation:

Comparative analysis of the development of care roundtables, platforms and networks in Latin America.

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GLOSSARY OF ACRONYMS AND ABBREVIATIONS



ECLAC: Economic Commission for Latin America and the Caribbean

CIEDUR: Interdisciplinary Center for Development Studies

COSEC: Coordinadora Social por la Economía del Cuidado
(coordinator for the social economy of care)

CUT: Central Única de Trabajadores (central union of workers)

FES: Friedrich Ebert Foundation

FESCOL: Friedrich Ebert Foundation in Colombia

IACHR: Inter-American Commission on Human Rights

INEGI: Instituto Nacional de Estadística y Geografía (Mexico)
(national Institute of Statistics and Geography)

MEF: Mesa de Economía Feminista Bogotá
(roundtable for feminist economy)

MIEC: Mesa Intersectorial de Economía del Cuidado
(intersectoral care economics roundtable)

ILO: International Labour Organization

NGO: Non-Governmental Organization

UN Women: United Nations Entity for Gender Equality
and the Empowerment of Women

ORMUSA: Organización de Mujeres Salvadoreñas por la Paz
(organization of Salvadorean women for peace)

NICS: National Integrated Care System

UNFPA: United Nations Population Fund

UTL: Unidad de Trabajo Legislativo (legislative work unit)

EXECUTIVE SUMMARY



The purpose of this study is to analyse cases of care roundtables, platforms and networks in Latin America. It involves civil society entities created to influence care-related policies.

Based on systematizing experiences and reconstructing the processes followed by these entities, we are giving visibility to experiences that are valuable for influencing care policies and identifying lessons learned. The techniques used are document review and interviews with key participants.

The first section explores the origins of the care roundtables/platforms/networks, and reveals interesting similarities. Afterwards, the report addresses the conceptual frameworks of these organizations. In some cases they do not coincide, and in some cases they coincide on a basic level but have different emphases. Then we review the process and path followed by the roundtables/platforms/networks and attempt to identify and explore the keys to their continuity.

Additionally, we identify the instruments they use to operate, and we show that in all cases these entities face a recurring dilemma, as they are obliged to try to strike a balance between being free and flexible enough not to lose their grassroots movement essence, on the one hand, and structured enough to be effective and able to meet their goals, on the other. Then we examine facilitators and alliances. This section looks at how different types of resources are optimized and, more particularly, the role of international cooperation.

Likewise, we examine the civil society entities' positive milestones and achievements, which are quite significant considering that most of the roundtables/platforms/networks are very young. Some of their achievements include training processes, integrating care in development plans, legal reforms and working with the civil service, among others.

The report goes on to mention the difficulties encountered, which are relatively few and include issues related to the entities' internal management and also external factors. However, in no case do they represent insurmountable obstacles. Nonetheless, this does not mean that these entities do not face significant challenges that are fundamentally related to their own internal management and developing their work with society and the government. To this end, this section includes a series of warning signs/alerts for their future work.

Lastly, the concludes with a final summary that reveals these entities' common aspects and highlights the important lessons learned for the care roundtables/platforms/networks themselves and international cooperation.

INTRODUCTION



This study is presented in the context of the [Trenzando Cuidados](#) Triangular Cooperation Initiative funded by the European Union's ADELANTE Window 2022. The initiative aims to share the knowledge, experiences and lessons learned from the Alliance entities in order to jointly develop solutions aimed at building and consolidating care roundtables, accompanied by advocacy strategies in transformational public policies with a participatory, gender and territorial approach. This report supports this process by analysing **the most emblematic cases of care roundtables/platforms/networks or similar processes in Latin America.**

This is with the understanding that these roundtables/platforms/ networks represent a unique strategy for providing transformational public care policies, making it possible for feminist organizations and movements to play a leading role in deliberating, designing and launching care policies. In some cases, these are diverse feminisms integrated into academia, institutions and grassroots organizations, while in others, alliances have been made with other social agents, including community leadership.

Within the framework laid out and following the Terms of Reference, the **specific objectives** of this consultation are:

- 1.** To give visibility to valuable experiences that can influence care policies through the cases of these care roundtables/platforms/networks, in order to strengthen and respond to the learning needs of the Alliance entities (aimed at improving their advocacy strategies and their political recommendation proposals). To this end, the processes followed by the different roundtables/platforms/networks were systematized.
- 2.** To identify the lessons learned, the strategies implemented and the tools in order to assess tactical elements and policy proposals that enable the Alliance to make progress on its own advocacy roadmap towards transformational care policies.

Additionally, in accordance with the Terms of Reference, the following guiding questions were asked:

- What is the origin and make-up of these roundtables/platforms/networks?
- Have they put strategies in place for political advocacy?
- Do they have an intersectional perspective?
- Do the experiences cover territorial diversity and go beyond the urban scope? I.e. are there different levels of government and experiences in rural and peri-urban areas?
- Have they worked on proposals for transformational public policies?

The analysis covers the care roundtables/platforms/networks of Bolivia, Colombia, Cuba, El Salvador, Mexico and Uruguay. These countries were selected because they have a civil society organization that works on studying, coordinating and advocating care policy issues.¹

The techniques used are document review and interviews with key participants. The annexes include the list of documents that were analysed, including reports, minutes, policy proposals, diagnoses and other documents prepared by the care roundtables/platforms/networks or that were published by the care entity together with another organization.

The interviews were carried out with members who have participated in these entities since they were founded or formed. In exceptional cases, some of the people interviewed were not part of the entities from their inception, but they joined shortly afterwards, so they were able to provide information on the entities' background and continuity process. Fourteen interviews were conducted. The annexes include the list of people interviewed and the interview guidelines.

The literal quotes taken from the interviews, that is, the literal transcription of the words of the persons interviewed appear in *italics* [translator's note: the italics have been maintained in this translation from Spanish]. Non-literal quotes do not appear in italics, but a reference to the person providing the information is always included in parentheses. References to the documentation analysed are included as bibliographic citations (author, year and, if an exact quote, the page number).

This study aims to help inspire the formation of care roundtables, platforms or networks in other countries and strengthen existing ones by highlighting their work and identifying challenges and lessons learned.

¹ These experiences may inspire other organizations and provide an incentive for the development of initiatives that are in planning stages, such as in Peru, or make it easier for people and civil society organizations to take advantage of government-created entities, as in the case of the Dominican Republic.

ORIGINS OF CIVIL SOCIETY ENTITIES



This section attempts to cover the inception of the care roundtables, platforms or networks, keeping in mind that their origin conditions their development to a certain extent. In this sense, both the context and the objectives of the people and institutions that form a care-related group may explain why some roundtables/platforms/networks are sustainable and others stop functioning.

The civil society networks that study, provide training on, promote and advocate care issues in Latin America date from the last decade. The first one was created in Uruguay and represents a regional icon. The Red Pro Sistema Nacional de Cuidados (national pro care system network) was formed in 2013 under the auspices of the Red Género y Familia (gender and family network), formed in the 1990s, which has concentrated on care policy demands and advocacy since 2007. This process served as an inspiration for other countries, as shown in the following table:

Entity name	Country	Year formed
Plataforma de Corresponsabilidad Social y Pública del Cuidado (platform for social and public co-responsibility of care)	Bolivia	2018
Mesa Intersectorial de Economía del Cuidado (MIEC)	Colombia	2014
Red Cubana de Estudios sobre Cuidados (Cuban network of studies about care)	Cuba	2020
Coordinadora Social por la Economía del Cuidado (COSEC)	El Salvador	2015
Red de Cuidados en México (care network in Mexico)	México	2017
Coalición por el Derecho al Cuidado Digno y al Tiempo Propio de las Mujeres (coalition for the right to decent care and free time for women)	México	2020
Red Pro Sistema Nacional de Cuidados	Uruguay	2013 (but with the Red Género y Familia process starting in 2007)

In **Bolivia**, the motivation for founding the Plataforma de Corresponsabilidad Social y Pública del Cuidado was to have a coordinating entity, avoid duplicating efforts, and work in an organized way on care policy advocacy. The platform's charter was signed by 31 organization representatives and individuals, including feminist women's organizations, NGOs working on gender issues, universities, UN agencies and international cooper-

ation organizations, such as Oxfam and We Effect. It is currently made up of 22 institutions and nine individual members.

The Platform was created 'with the commitment to build a society that reassesses care and puts it at the heart of its development; several institutions established the Plataforma de Corresponsabilidad Social y Pública del Cuidado, which aims to deepen the understanding of care in its multiple dimensions, create spaces for analysis and debate, collectively formulate proposals, develop strategies for political and social advocacy aimed at the State and society, and strengthen the collective action of civil society for the sustainability of life (Plataforma de Corresponsabilidad Social y Pública del Cuidado, 2018a, p. 1)'.

It was constituted as a plural, non-denominational, non-governmental and non-partisan space (Plataforma de Corresponsabilidad Social y Pública del Cuidado, 2018b).

In **Colombia**, the Mesa de Economía Feminista (MEF Bogotá), created in 2011, was the forerunner of the Mesa Intersectorial de Economía del Cuidado (MIEC). Although there are some sparse references for previous years, in Colombia, the care economy topic gathered force between 2008 and 2010. In 2010, the International Association for Feminist Economics congress was held in Argentina, where it represented a milestone for strengthening the topic in that country. In July 2014, convened by the Central Única de Trabajadoras (CUT), FESCOL, parliamentarian Angela Maria Robledo's Unidad de Trabajo Legislativo (UTL) and the MEF Bogotá, an event was organized in Parque de las Nieves in Bogotá and the Mesa Intersectorial del Cuidado en Bogotá (intersectoral care roundtable in Bogotá) was born. Proposed as a roundtable for institutions – not individuals like the MEF – the University of the Andes (UNIANDES) and the Escuela Nacional Sindical (National Union School) joined immediately. Little by little, other institutions joined also (interview with Ana Isabel Arenas).

The MIEC came into being with the initial goal of monitoring law 1413/2010 on the care economy, and subsequently, it was decided to lay the foundations for a care system. This law was written following recommendations from the Economic Commission for Latin America and the Caribbean (ECLAC) on the measurement of unpaid work, but went no farther (interview with Ángela María Robledo).

At a second stage, the Mesa considered moving forward on the national care system – which now has a context in the current government (2022–2026) in the Ministry of Equality – while also laying the groundwork for local care systems (interview with Ángela María Robledo).

Based on the Bogotá care roundtables' work, support was provided from 2018 to launch independent and allied territorial roundtables and feminist economy roundtables, – including the care economy – made up of feminists in the Cauca and Valle del Cauca departments. Support was also provided to set up care roundtables with institutional representation in Nariño and Antioquia, as well as in Chocó, within the framework of the Red Departamental de Mujeres Rurales Chocoanas (Chocoanan rural women's department network).

In **Cuba**, the Red Cubana de Estudios sobre Cuidados brings together professionals and academics from more than 16 universities in Cuba, Cuban civil society organizations and international NGOs that work around care. It currently has 143 members.²

In Cuba, the systematization of the studies on the subject (Romero, 2021) led by a group of feminist academics and the support from international cooperation (Oxfam, FES, UNFPA) marked the beginning of the network in 2020, and academia's relevance within it. This study's objectives were to map the most significant contributions of these ideas in the national context, assess the particularities of the approaches and theoretical-conceptual frameworks chosen, and identify the gaps and paths to follow.

The Red Cubana de Estudios sobre Cuidados came into being with the aim of generating a forum for exchanging information and laying the foundations for influencing the design of the national care system.

In **El Salvador**, the Coordinadora Social por la Economía del Cuidado (COSEC) assumed its present form in 2015 as the result of the transformation of a space created in 2014 to defend the rights of paid domestic workers.

'In 2014, with the technical, political and financial support of the Friedrich Ebert Foundation (FES) El Salvador, a social space was created for training and advocacy that addressed the desire of several Salvadorean civil society organizations to work for the rights of paid domestic workers. It arose as a space for training, dialogue, lobbying, resistance and social mobilization for political advocacy and building alternatives supporting the care economy and respect for the human rights of women in El Salvador (COSEC, 2018, p. 2).'

Of all the organizations analysed in this report, COSEC has the most diverse, plural make-up, including feminists, trade unions, sex workers and independent workers, in addition to paid and unpaid domestic workers. The organization stopped functioning one year ago. At this time, it had 14 organizations, although in periods of greater activity it had as many as 19.

Aside from its more plural composition, it also stood out for its singular agenda. It did not come into being with a specific focus on questions of care, but rather on the labour rights of paid domestic workers, stemming from a forum for dialogue about ILO social protection floors. This debate gave rise to the one on care; in other words, the COSEC's was originally focused on domestic work and then all paid and unpaid care work.

Mexico has two civil society organizations: the Red de Cuidados en México and the Coalición por el Derecho al Cuidado Digno y al Tiempo Propio de las Mujeres.

The Red de Cuidados network is an initiative that arose in 2017 as a multi-actor group based on activism, the feminist and gender agenda, academia, collectives of women who take care of their family members and, according to Luz Galindo (a network member), specialists interested

² It is the largest of the entities analysed, with 119 women and 24 men.

in building a gender equality and social justice agenda to achieve fairer social organization of care. The network conducts studies, promotes advocacy in public policies and generates content to transform social mindsets on care, which leads to a redistribution between genders and generations, as well as the shared responsibility of the government, the market, communities and households. Its scope of action has four lines of work: i. Advocacy in public policies and communication, ii. Production or dissemination of its own knowledge, iii. Coordination and alliances, and iv. Strengthening the network. It currently has 25 members, including activists, civil organizations, collectives of women caregivers and women academics, among others (interview with Alma Colin).

The Coalición por el Derecho al Cuidado Digno y al Tiempo Propio de las Mujeres came into being in 2020 and it is important to mention that at least six representatives from the Red de Cuidados en México belong to it. It consists of 16 members: social organizations, women caregivers, feminist activists, women legislators, academics and researchers, who work to promote shared responsibility of care in Mexico. Its goal is to make contributions that build an inclusive path towards recognizing the human right to care and implementing mechanisms to ensure this, always taking into account that a national care system cannot be built without civil society's participation.

The Coalición arose within the framework of the constitutional reform process that recognizes the right to decent care in Article 4, and the right to decide how one's own time is used, in accordance with people's needs and interests. The Coalición actively participated in the spaces for dialogue and debate promoted by the 64th Legislature of the Chamber of Deputies, which led to the reform being approved by that legislative body on 18 November 2020³. Since then, it has worked on the comprehensive bill for the national care system anticipated in the constitutional reform and has been fighting to ensure that said system is collective, wide-ranging, intercultural and interdisciplinary, with people, collectives and key actors who have promoted the agenda for the right to care in Mexico for several decades (Coalición por el Derecho al Cuidado Digno y al Tiempo Propio de las Mujeres, 2022a).

In short, the Coalición arose as a working group for a legal initiative in the midst of the pandemic and became a coalition during the constitutional reform process, specifically during the approval phase. Although it arose with the clear goal of getting the reform passed (interview with Elisa Gómez), it is still being used as a space for dissemination, information exchange, dialogue and training around the care agenda in the country.

In **Uruguay**, the Red Pro Sistema Nacional de Cuidados was formed in July 2013 so there would be a united voice with which to address the State when proposing and negotiating relevant agreements. It is made up of feminist and mixed organizations, including the different receptor groups, family associations, retirees, nurses, academics, etc. (Salvador, 2022).

³ At the time of writing this report, its approval in the Senate is still pending.

This network arose on the initiative of the Red Género y Familia, a civil society organization that had been driving the participative construction of proposals to build a care system. This is how Clara Fassler, its founder and coordinator, describes it:

In 2013 we realized that even though the President of the Republic said in his first speech that the care system was his flagship, the administration worked on it, we were fairly close and contributed to the work during the initial years; but then it stopped because funding began to fail. When that happened, at Red Género y Familia, which consisted of four or five people at the time, no more, and some people who came and went because it's volunteer work... So, when we saw that there was no money and things were going backwards, we said: 'we are going to have to join together with others so we can put the pressure on.'

(interview with Clara Fassler)

The Red Pro Sistema de Cuidados was formed in light of these events, and it absorbed the Red Género y Familia. In accordance with its statutes, these are the objectives of the Red Pro Sistema de Cuidados:

- To drive the implementation and development of the National Integrated Care Systems (NICS).
- To promote co-responsibility for care among genders and generations and intervene so that the State guarantees this at the core of the NICS.
- To help raise awareness among the public so that they assume and internalize the right to receive and provide care in decent conditions.
- To promote the strengthening of civil society in order to have it become a significant actor in care policies.
- To participate in the diverse information and exchange entities whose goal is to design, implement, evaluate and monitor public policies on the care system.
- To organize activities aimed at fulfilling the proposed objectives (events, seminars, workshops, awareness campaigns, etc.)

The organizations' origins and objectives are summarized in the following table:

Country	Origin of the organization	Objective(s)
Bolivia	<p>At the time of the <u>recent approval of the municipal care economy law</u> in Cochabamba, the organizations involved in promoting this law considered it best to create the platform to not duplicate actions and squander efforts, and do so at the national level.</p> <p>At the same time, care-related issues were incorporated into departmental women's agendas and the National Women's Agenda. In addition, since 2016 the Centro de Promoción de la Mujer Gregoria Apaza (Gregoria Apaza centre to promote women) has identified the budget for care co-responsibility in each of the country's municipalities and the national public budget. Also, the studies by national specialists and the Postgraduate Course in Development Sciences of the Higher University of San Andrés (CIDES/UMSA) provided background material.</p>	<p>To generate a space for coordination to avoid duplicate actions, optimize resources and carry out political advocacy and training activities.</p>
Colombia	<p>The UTL of Congresswoman Angela Maria Robledo, FESCOL, the Mesa de Economía Feminista and the CUT, joined by the University of the Andes and the Escuela Nacional Sindical, considered it necessary to create this agency to bring together organizations in the context of the <u>recent approval of the care economy law</u>.</p>	<p>To monitor the care economy law (an initial objective that was expanded).</p> <p><i>The MIEC is a team of civil society organizations and academic and political institutions that maintains an ongoing dialogue with State entities, committed to developing a National Care System. It is based on a framework of gender justice, rights and feminist economy for sustainable development and peacebuilding (MIEC infographic).</i></p> <p>To generate knowledge and provide training on the subject of care and promote a national care agenda.</p> <p>To give visibility to and disseminate the care economy using a feminist approach.</p> <p>To carry out political advocacy around public care policies and systems on a national and territorial level.</p> <p>To support the creation of territorial civil society agencies for political advocacy in care matters.</p>
Cuba	<p>The systematization of studies on care in the country gave rise to a workshop from which the Red emerged. The beginning of its activities was marked with a face-to-face meeting before the onset of the pandemic. Shortly afterwards, in a pandemic context, the essential nature of care was highlighted .</p>	<p>To create a space for exchange and information, accompany public policies, lay the foundations to design a national care system.</p>
El Salvador	<p>The FES initiative arose in the context of the campaign for the approval of the ILO Convention on domestic work (189) and in the framework of the space generated by the ILO that engaged in debate over social protection floors.</p>	<p>Beyond the approval of the aforementioned Convention, no specific objectives were defined, but a clear desire for training and political advocacy could be observed.</p>

Country	Origin of the organization	Objective(s)
México (Red)	The network emerged from debates within an autonomous group of colleagues who had been questioning and studying care and who decided to issue a broad call for activists, collective organizations of women caregivers, and women academics.	<p>To collect evidence on the current social organization of care and its effects on different types of social inequalities and population groups.</p> <p>To give visibility to the social inequalities generated by the current social organization of care.</p> <p>To observe, assess and monitor the actions and policies aimed at making the full exercise of the right to care effective.</p> <p>To develop public agenda proposals on care, stemming from an intersectional perspective of care and a transformational vision of the structural elements that create inequalities linked to caregiving.</p> <p>To influence public policies and budgets, as well as regulatory frameworks on a local and federal level to promote a co-responsibility agenda and the fair distribution of care work.</p> <p>To provoke exchange and feedback on the evidence and actions generated by the Red with care-related academia, civil society organizations, collectives, trade unions and public actors.⁴</p>
México (Coalición)	The coalition arose in Mexico City in a context in which there was a push to elevate the right to care as a constitutional right. It began as a work roundtable and one month before the reform approval it defined itself as a coalition.	<p>To promote the passing of the constitutional reform with the recognition of care as a right and with the legislative initiative that created the National Care System.</p> <p>Reflection, exchange, training and political advocacy.</p>
Uruguay	The Red Género y Familia felt it was necessary to form this other specific care-related network that would have more actors, in a context in which the government expressed its willingness <u>to create the care system</u> .	<p>To have a civil society interlocutor with the State.</p> <p>To monitor the implementation of the NICS.</p>

⁴ Red de Cuidados en México presentation document. Unpublished document.

THE CONCEPTUAL FRAMEWORK AND THE EMPHASES



From the care roundtables, platforms and networks' documents and interviews, we can observe that each case has different conceptual emphases. However, in most cases, we can perceive a somewhat umbrella on a conceptual, theoretical and value level.

In the case of the Plataforma de Corresponsabilidad Social y Pública del Cuidado in **Bolivia**, as recognized in its founding document, care is seen as a paradigm and as a right, under the principles of gender equality, depatriarchalization, sustainability of life, pluralism, solidarity and interculturality (Plataforma de Corresponsabilidad Social y Pública del Cuidado, 2018a). It also states that the contributions of the care economy are included, that it seeks sustainability of life and of the planet, and that it questions the country's development model.

With this common framework, emphasis has been placed on different aspects. Thus, the Coordinadora de la Mujer (women's coordinator), one of the Plataforma's members, addressed care with women's economic independence as the focal point, and assuming the interdependence of the different dimensions of women's autonomy, such as the impact of having control over one's own body on economic independence, for example. For Ciudadanía, on the other hand, the emphasis lies in care as a right with effects on other economic, social and cultural rights, and as a pillar of the welfare state. The founding document includes both perspectives. Additionally, both approaches adopt *feminism as a founding principle that connects perspectives and efforts and keeps the platform together regardless of more or less State, more or less decentralization* (interview with Jaqueline Garrido).

The women's organizations mainly adopted a conceptual framework based on unpaid work rather than care. For its part, the Plataforma proposes a change in focus and is making a different analysis of care, even with regards to its politicization (interview with Fabiola Rojas).

The feminist economy has also always been a common focus.

In **Colombia**, the interviews also revealed that there were significant points in common that do not, however, conceal some differences:

The four Rs of care... Common topics such as how care is an ethical, political question, a paradigm for thinking about how we inhabit our territory, a different view that intertwines production and reproduction, caring for the home and for the planet, strengthening the rule of law and the role of the State. The roundtable is very deliberative; due to its configuration, it reflects on the care economy but I am a psychologist and I have been suggesting that the roundtable should work on cultural transformation and start working more qualitatively.

(Interview with Ángela María Robledo)

In addition, it is recognized that not all the member entities *are feminist; however, it has been accepted that feminism is among the foundations. Because they are entities that work on that issue. Some of us emphasize that we work on the care economy, not on care in general, and there are some differences there, seeing as we highlight aspects such as access to one's own income and time* (interview with Ana Isabel Arenas).

In this sense, as can be found in the documents analysed: 'The MIEC is based on a framework of gender justice, rights and feminist economy for sustainable development and peacebuilding (Mesa Intersectorial de Economía del Cuidado, n.d., p.1.)'.

It goes on to state that it seeks:

- The fostering of women's economic and political independence.
- Distribution of care responsibilities.
- Recognition and redistribution of the care work that happens in the home.
- Improved conditions for caregivers.
- Assignment of resources to good-quality care services and infrastructure.

And it promotes:

- 'Care as a universal right and social necessity.
- Recognition, redistribution and reduction in unpaid care work, domestic work and personal assistance, among all sectors: State, market, household and community.
- Suitable remuneration, with guarantees of decent working conditions, and the advance of collective bargaining processes for those who are paid caregivers.
- The creation of a public National Care System, with a territorial, gender and feminist approach, that coordinates the care economy in the market, community and unpaid areas, in consultation with social organizations, academia and the private sector (Mesa Intersectorial de Economía del Cuidado, n.d., p.16)'.

In **Cuba**, the very systematization of the 'research on care in Cuba', a founding study of the Red, brought together works by many people and organizations that are members of the Red Cubana de Estudios sobre Cuidados and showed that different conceptual aspects can be emphasized, even if the predominant focus is that of co-responsibility. There is clear awareness of the fact that 'including the contribution of the sciences is of vital importance to bring co-responsible care to the public policy level. Identifying the gnoseological contributions in this matter constitutes the first step for building a national research agenda that focuses its efforts on those gaps and aspects that are vital for progress (Romero, 2021, p.3)".

The focus on co-responsibility can also be seen in the publication *Los cuidados en la ruta hacia la equidad en Cuba* (Alfonso González and others, 2021), prepared by the Red together with other feminist organizations and women academics in the network. It also features a broad diversity of emphases and approaches, but with significant common aspirations and categories (sustainability of life, redistribution, feminist economy).

There was debate over the conceptual framework in the workshops, because it is considered crucial... It took time for us to reach a care consensus that would underpin the foundations of the Cuban care system.

(Interview with Magela Romero)

Another woman interviewee expressed much the same point:

Initially everyone had their position, with different approaches, but over the years we have managed to lay a common foundation, both theoretical and methodological, and to speak the same language... This doesn't mean that there aren't people who lean more towards one approach than another... She added that: We do share the feminist care theory framework.

(Interview with Yelene Palmero)

For **El Salvador's** COSEC, the common framework is based on the most economic perspective, we share a common conceptual framework because the group began with the COSEC. There are different emphases, for example, for indigenous women and their world view and the topic of the sustainability of life, and the relationship with non-anthropocentric nature (interview with Carmen Urquilla).

The initial consensus revolved around recognizing the value of paid and unpaid care, and since 2015 lines of work on the sustainability of life and caring for life have been included (interview with Iliana Álvarez).

In **El Salvador**, the situational nature of care is particularly present, and they speak, for example, of care in contexts of violence (Reyna, 2021). In the Salvadorean context, the link established between abortion and care is also particularly relevant, given that abortion is completely illegal and is punished under any circumstances and without exception (García, 2021).

In general, the documents published by the FES that include the COSEC stamp have an intersectional approach and the vision of care as a right prevails, together with a focus on co-responsibility.

Mexico is the only case where there is more than one civil society organization⁵ in addition to the territorial care roundtables/platforms, in a context of diverse voices that nonetheless coincide on many points. For example: 'Favouring gender equity, substantive equality and the exercise of women's rights; guaranteeing care as a human right; generating conditions so that caregivers and the persons cared for can have a decent life; improving the working conditions of domestic workers (men and women); promoting the social co-responsibility of care for social well-being (Villa et al, 2021, p. 138)'.

The conceptual proposal of the Red de Cuidados 'is to analyse care, caregiving and care work from a structural perspective that combines economic, political, social and cultural aspects that determine people's contexts and life projects. Our approach is based on a broad economic perspective in which work is more than what is seen as being directly related to the market, giving visibility and value to care work as a fundamental part of social reproduction and the sustainability of life.'⁶

The Coalición por el Derecho al Cuidado Digno y al Tiempo Propio de las Mujeres is a network of networks, which includes Red de Cuidados representatives, as mentioned. It has agreed on five key points regarding the National Care System:

1. It should promote people's autonomy and independence, based on the right to care and on interdependence of both human rights and peoples' rights. It is specified, moreover, that care proposals based on dependency do not alter the patriarchal system.
2. It should be based on law and legislative harmonization. In this sense, the Coalición has a model bill.
3. It should be presided over by civil society through a body within the system having a proactive, advisory and consulting character. A Committee for Public and Community Participation is proposed (Comité de Participación Ciudadana y Comunitaria).⁷

⁵ Red de cuidados de México, the Coalición por el Derecho al Cuidado y al Tiempo Propio de las Mujeres, and Yo Cuido México.

⁶ Red de Cuidados en México presentation document, 2021. Unpublished document.

⁷ Based on the analysis of this document, it is clear that the 'presided over' may contradict with the Committee's advisory, proactive, consultative role.

4. It must have sufficient resources, including progressive tax reform, based on redistributive justice, considering that the economic losses and the social and intergenerational welfare costs of not having a care system are greater than the monetary investment required to finance it with public resources.
5. It must have differentiated powers and be based on co-responsibility; that is, with a guarantor State, a regulated market, and participating, co-responsible families and communities. Co-responsibility appears as one step towards a care democracy, which assumes care as a public asset and demands a redistributive agenda with no extractive reasoning, having a contextual and territorial outlook. The social co-responsibility of care implies a transformation in the social distribution of care, markets, social security and health rights associated with the figure of the employee in the labour market, policies and the gender divide in work.

However, these common principles do not mean that there are not also differences in the conceptual arena, as expressed by the interviewees cited below.

We need more clarity on the conceptual framework. In principle, we share one because we have remained united, but during the preparation of the system bill proposal... these differences started to arise... We define ourselves as a feminist organization, but there are individuals and organizations that are members who are not and they have another, non-feminist outlook... There are some who emphasize the right to care, there is a subtle difference there... Others give more emphasis to feminist economy... This thinking, on the right to care, puts a lot of emphasis on intersectionality. We are trying to elaborate this conceptual framework to not leave anyone out.

(Interview with Elisa Gómez)

There are internal arguments about some points; for example, the topic of the autonomy of people with a disability... If you go so broadly... the law becomes untenable... We are stretching ourselves so far, each fighting for our own agenda... Whether it is work or a job: that's another argument right there... Another is the monetization of care. I believe that care work is the Trojan horse of feminisms, because it looks harmless, but in essence it is the redistribution of time, it is the redistribution of power relations and it is a change in the economic system... So, I feel like sometimes we talk about a lot of ideals, but in reality I say, well, if we mostly talk about companies in the care agenda as companies funding care and they are not addressed as the axis of labour exploitation that means that capitalism continues to impose impossible schedules where none of us can take care of ourselves, we are making a mistake, aren't we? In other words, companies are not funding the very system they promote. Companies should be regulated.

(Interview with Friné Salguero)

It is also important to mention that the five key points cited were preceded by a statement of inalienable principles that was formulated in the Red de Cuidados en México⁸ but crystallized during the Coalición's advocacy work. This statement is applicable to the demands made of the State and shares certain foundational principles that are developed conceptually in more than one document and define a minimal conceptual framework:

1. Care at the core (of life and politics)
2. Defeminization and defamiliarization of care
3. Depatriarchalization and democratization of time
4. Construction of a (self-) sustainable economy
5. Recognition, redistribution, remuneration, reduction, representation, relationships of affection,⁹ regulation, rupture with the patriarchy (the 8Rs)
6. Social co-responsibility
7. Decent care and the right to one's own time as a human right and legal right
8. Care perspective (that care is a central element in the responses to the most pressing problems of our times)
9. Autonomy before dependence. Reference is made here to the requirements for women's autonomy, and the implications of exercising the right to care that can sometimes mean protecting the rights of one group at the expense of those of another. Additionally, the principle becomes more complex by treating interdependence as a social value greater than self-sufficiency.
10. Policies should come from the field to the desk, not the other way around
11. Taxation for life care

The Red also identified differences, with the presence of diverse outlooks. On the one hand, there is a structural view based on the feminist economy, with the clear aim of putting all population groups on the same level, avoiding opposing rights groups, and with the sexual division of labour as a central theme. On the other hand, there is a view that corresponds more to identity agendas, or with groups that demand care and do not always consider the care agenda from a feminist standpoint. However, the points of agreement lie in the following guidelines of its work programme:¹⁰

⁸ The document of unalienable principles for a comprehensive care system in Mexico is the result of multiple reflections initiated with members of the Red de cuidados en México. There is an earlier document written by Margarita Garfias and Jana Vasileva. "24/7. De la reflexión a la acción, por un México que cuida". Retrieved from <https://library.fes.de/pdf-files/bueros/mexiko/17157.pdf?fbclid=IwAR3mosa5srVMXAJ5NYxuLJ0zNwUVtn7HtDRQphMqTOANZSK1UMDQQGPGNuk>

⁹ This refers to how affection is involved in different emotional levels of care work. Relationships of affection generate different situations and conditions in daily life in relation to care.

¹⁰ Presentation document of the Red de Cuidados en México, 2021. Unpublished document.

- To contribute to promoting the social reorganization of care work to build a fairer system, based on law and co-responsibility.
- To consider and contribute to the debate around caregiving, care and care work based on perspectives outside the hegemonic role of development that indicates economic growth based on the exploitation of resources, towns, communities and people, particularly women.
- To prove that care work is key for individual, collective and social development, breaking down the false private-versus-public dichotomy.
- To keep analysing care from a non-anthropocentric standpoint, considering both symbolic and material elements at the level of the community and the sustainable, individual dimension that moves towards a new social pact.
- To generate political and public advocacy through promoting the integration of care into the framework of public policies, based on a human rights and gender approach.

In **Uruguay**, the view that care is a right clearly prevails and the State's corresponding responsibility materialized in a system (Red Pro Sistema Nacional Integrado de Cuidados, 2014). This is how Clara Fassler recalled it:

Yes, after the group formed initially, this was a fundamental condition, they were able to define some basic principles that we are not going to stray from, that can be interpreted differently but not... The new government with its (bad) plan claims to maintain the principles. Universality, non-fragmentation or stratification, coordinated institutionality... That's why we talk about a system, access and quality not linked to the ability to pay, territoriality. This is part of the 'Network's Conceptual Agreements' (Acuerdos conceptuales de la Red).

(Interview with Clara Fassler)

Clearly (there are different conceptual frameworks). In fact, that is why we work in committees on gender and I would say that the one on children initially saw the most discussion... Maybe in matters regarding older adults it made a difference that the person who came (to the Red) was involved in the topic (of caregiving). She then pointed out that the differences are more evident on disability issues, since exclusion is more visible in this population group and there is some confusion, given that the concept of care is so broad that it intersects with other rights of people with disabilities. For example, this is corroborated by the fact that representatives of this group of people would prefer not to talk of 'caregivers' but rather 'personal assistants'.

In summary, the following points of convergence and divergence are identified in the conceptual approaches and starting points of the organizations analysed:

Country	Conceptual consensuses declared as such	Tensions
Bolivia	Care as a paradigm and a right, under the principles of gender equality, depatriarchalization, sustainability of life, pluralism, solidarity and interculturality. Feminism and feminist care theory.	Different emphases that do not go so far as to create tensions because they are opposing.
Colombia	Care economy, more recently, the right to care. Permanent emphasis on women's own income and time. Gender justice and peace as values. 4Rs of care.	Conceptual tensions have not been identified despite the fact that not all organization and individual members consider themselves feminists. It is clear that, due to their institutional heterogeneity, there are differences on some issues, although fundamentally agreements have been reached within the MIEC.
Cuba	Co-responsibility approach. Feminist care theory.	Different emphases do not lead to tensions because they are complementary.
El Salvador	Care economy and intersectionality, co-responsibility, care as a right.	Care as part of an autonomous system versus a social protection policy matter (tension was not identified by the interviewees, but were found in this document).

Country	Conceptual consensuses declared as such	Tensions
México (Coalición)	Care as a right, people's autonomy as a focal point, role of the State as a guarantor, redistribution and co-responsibility, change of economic system.	<p>Not all people and organizations consider themselves feminists and therefore do not embrace the principles of feminism. Some place more emphasis on law, while others place more on the care economy.</p> <p>Monetization of care.</p> <p>Care as work or as employment.</p> <p>The extent of care and the risks of its dissolution.</p> <p>The autonomy of people with disabilities and the visibility of their care needs, as well as the rights of their caregivers.</p> <p>The role of the market and companies and the transformation of the economic system.</p>
México (Red)	<p>Right to care.</p> <p>Defeminization, defamiliarization, democratization, depatriarchalization of care.</p> <p>Social co-responsibility, care at the core, taxation of care, autonomy before dependence, policies from the field.</p>	Feminist economy that assumes the fight against the sexual division of labour as central and, on the other hand, the identity-based perspective of groups that require care.
Uruguay	Care as a right and the State as a guarantor of this, with principles of the system (universality, coordinated institutionality, territoriality, non-dependence on payment capacity) and the gender perspective as a transversal element.	Broad definition of care and lack of awareness of gender inequality; clash with population groups' rights, most evident in people with disabilities, who demand their rights and services, but prefer 'personal assistants' over 'caregivers' , as a sort of rejection of their need for care.

PROCESS AND SUSTAINABILITY



This section examines the keys to the entities' continuity and the threats to them disbanding or ceasing operations.

The accounts of the key participants who we interviewed and –to a lesser extent – the analysis of the documents reviewed yielded important lessons learned. Key elements for the continuity of processes and entities are: dialogue among different people or institutions; internal democracy; the role of a smaller group of people or institutions in each case that works more intensely to keep the care networks/platforms/roundtables alive; and taking ownership of the topic and demands deriving from it. There are also important, easy-to-maintain tools, such as WhatsApp groups, which are quite numerous in the countries included.

In **Bolivia**, it is felt that the Plataforma has been taking shape, and that the accumulated collaboration of the individual and institution members and had been working on the topic facilitated the organization's development. Likewise, its continuity is related to the coordinating committee's work (made up of the Centro de Promoción de la Mujer Gregoria Apaza, Ciudadanía, la Coordinadora de la Mujer and the Instituto de Formación Femenina Integral-IFFI), and considering the possibilities of the members in the different departments of the country.

The horizontal, democratic dialogue held to date is also identified as key for continuity, and maintaining it represents a challenge.

The role of one of the organization members, which is part of the coordinating committee, was also highlighted as a driver for continuity:

The activities we have been carrying out were cut short by the pandemic and the lack of economic resources that it provoked, with the resulting change in priorities. Ciudadanía was the entity that continued to push forward, so that this could go on as we have all dreamed.

(Interview with Fabiola Rojas)

As with all entities and processes, there are periods of more work and exchange and others that are less intense, influenced by the workloads of the individual and organization members.

In **Colombia**, one of the Mesa founders said: *There has been a lot of learning along the way, but at the beginning we didn't have the aspirations that we do today* (interview with Ángela María Robledo).

The MIEC combines voluntary work in informal organizations with institutional work in organizations that include care among their goals; together with the events and initiatives supported by the co-financing entities listed above, this has favoured continuity. In addition to dissemination and political advocacy, the fact that internal training is part of its lines of work was favourable as well. For its members, working on topics of interest, having people with know-how and for everyone to be engaged and share what they know was also key to it being sustainable.

It can be said that in **Cuba** the process's leitmotiv was the annual workshops offered by the Red Cubana de Estudios sobre Cuidados. In fact, the Red itself arose from an initial workshop under the aegis of the University of Havana. The second workshop, this time organized by the Red itself, represented a consolidation of the Red and the approval of its social media strategy and other practical aspects such as its visual identity. Moreover, it enabled debate on substantive issues such as identity, who they are and with whom they should coordinate efforts, as well as agreements on their annual programming.

For its part, the third workshop carried out an evaluation of what had been done in two years and built the planning and discussion around the foundations of the national care system being demanded. The Red's contributions to the project on unpaid work being carried out by the Ministry of Labour and Social Security were also presented on this occasion. The meetings with decision makers also represented a process of learning, exchange and training (interview with Magela Romero).

In Cuba, during its first months, the Red was committed to preparing a set of proposals to work with the State, contemplating the debate, development and application of these proposals as a process that would be carried out in the medium and long term, as they are advances that require time and maturation.

In addition, five aspects relevant to its functioning and continuity were identified:

1. Attempts were made so that the individual agendas could adapt to the network's core themes and objectives.
2. A WhatsApp group was created in which information is shared continuously.
3. Considering the core areas of work was essential for getting organized and thinking about the future (and, therefore, giving the network continuity).
4. The network's work in areas of advocacy.
5. The commitment of the people and organizations that make up the network.

Currently, the Red Cubana de Estudios sobre los Cuidados is working with the Ministry of Labour and Social Security as the governing body of a macro-programme (new way of operating for public institutions based on the coordination of various ministries), called '*Human development, equity and social justice*'. This programme coordinates the care-related public services and the Cuban Care System works within its framework.

In **El Salvador**, in previous years they managed to maintain the organization through annual planning. For example, they had five regular training programmes, public forums, generated documentation, had a WhatsApp group, successfully kept the COSEC alive online during the pandemic. However, the pandemic stalled their momentum and the COSEC has now been inactive for one year, although the FES has an agenda to reactivate it (interview with Iliana Álvarez).

In the opinion of another respondent, the COSEC's ceasing operations may have been due to FES's funding ending, the pandemic, the socio-political context and the persecution of the organizations. This meant that priority was given to the meetings, spaces and roundtables that were addressing the issues they are currently experiencing, such as public safety (interview with Carmen Urquilla).

The COSEC, as has been mentioned previously, began by addressing matters of labour law and social protection, even from its creation, before becoming involved in the subject of care itself (COSEC, 2018). This beginning poses several questions. Could this origin have conditioned not only the conceptual aspects addressed in the space, but also have had an influence on diluting the way care was handled? Did the diversity of individual and organization members have any relevance in it ceasing operations? Could one of the causes be that not all of the individual and organization members include care in their agenda, even when they add their strength to the COSEC in the demands around care? These are hypotheses that are left up in the air and are added to the explanation offered by the interviewee quoted above.

Mexico's Coalición is like a network of networks that does not attempt to co-opt, does not attempt a common project or to become institutional; it is a freer space... And there are, let's say, there is work done together but never with the participation of all the members, nor on the same... So, the fact that this space is free makes me believe that that gives the Coalición greater sustainability.

(Interview with Friné Salguero)

Furthermore, the WhatsApp group has played a role in the network's continuity. It was promoted by the FES representative and used in a fairly practical manner providing information that keeps individual and organization members interested.

In the **Red de Cuidados en México**, sustainability is associated with it continuing to be a space that benefits the members, with training, information and exchange. It survives although there are differences, which are also present in the Coalición and which have been well handled. Above all, these differences involve different conceptual approaches and the characterization of the care agenda. The Red's sustainability has also been supported by its self-management, with regular, rotational organizational processes where experiences and know-how are shared in addition to the management of the knowledge that is produced through different studies and the community work, and the multiple alliances with actors that also promote the care agenda.

In the case of **Uruguay**, the oldest entity amongst those studied, continuity should not be measured from the Red Pro Sistema Nacional de Cuidados's foundation – nine years ago – but based on the work of its predecessor: the Red Género y Familia, which initiated academic dialogue, coordination with civil society, training and political advocacy.

There have been key figures along the way, as one of the participants explained: The rocks of continuity have been the founders, the Red Género y Familia that no longer exists as such, and CIEDUR, and then some people... We were working quite closely together until 2020, but now I'm not so sure how far they have included the subject of gender. She gave the example of the loss of a benefit for children with Down's Syndrome, which caused their mothers to become mobilized, while they would not be usually.

(Interview with Soledad Salvador)

The Red Pro Sistema de Cuidados is currently made up of individuals, not institutions. In other words, whether or not these individuals are part of care-related institutions, they are in the Red because of personal interest and engagement. In light of such, the decision was made to create a more informal space called Articulación and search for institutions with similar interests with which to form a space for negotiation and agreements to dialogue with the State, so that it could operate via two channels. One of the people interviewed noted that they are currently undergoing a revival like they did between 2007 and 2010, and dialogue roundtables are being created (interview with Clara Fassler).

OPERATIONAL INSTRUMENTS



This section summarizes the interviewees' observations about the instruments that the care roundtables/platforms/networks have, which were developed to address different types of needs or to anticipate potential future problems. In this sense, the interviewees were asked about the relevance of having a legal status, internal regulations, planning instruments, statutes, rules for accepting member entities, conflict resolution mechanisms, session quorums and an organization chart or other tools.

For this particular issue, the development and use of these instruments is interesting, as perhaps in other cases, they could be part of the bureaucracy or formalisms, since all of these entities must strike a balance between having the minimal structure needed to operate and the freedom of grassroots movements that intentionally do not want to become something more rigid or regulated.

In the case of **Bolivia**, the Plataforma de Corresponsabilidad Social y Pública del Cuidado has no regular meeting schedule. Moreover, meetings have been held in a such way that they do not interfere with the work of the individual and organization members, and in accordance with their possibilities. The Plataforma has no statutes or legal status. It does have an annual plan. This entity functions with a steering committee made up of four institutions.

As in other cases, the Plataforma has been provided with a minimal operating structure, so as not to take away the freedom inherent in a grassroots movement. As Plataforma member, Miriam Suárez of the Casa de la Mujer, said at one of the events: they do not want this entity to become a project.

The Plataforma has a founding document and a statement of principles, which are the instruments that govern the entity's operations and the inclusion of new people and organizations. Furthermore, it has been emphasized that individual and organization members should adhere to clearly explained basic ethical guidelines, such as:

- Participation on behalf of the Plataforma, after receiving the free and informed consent of each of the institution, organization and individual members.
- Each individual and organization member agrees to comply with the collectively adopted decisions.
- Each individual and organization member agrees to the principles, objectives and strategic lines, ensuring the Plataforma's political independence.
- Members must work with openness, transparency, equality and accountability.
- Members must defend women's human rights, especially the right to care, recognizing the characteristics of each context.
- Members must act against all forms of discrimination, exclusion and oppression that undermine women's rights in the context of care.
- Members must exercise a trustworthy leadership and responsibly manage the Plataforma, ensuring that the principles are applied.
- Decision making is carried out collectively with the delegation of tasks and representatives that express agreements among the platform's individual and organization members.
- Members must be open to critical assessment of the platform's impact with regard to its objectives.
- Plataforma members are free to deliberate in a plural context within the framework of its objectives.
- Political autonomy, which means, among other things, the non-inclusion and non-interference of party-based representations or military or government organizations (Plataforma de Corresponsabilidad Social y Pública del Cuidado, 2018b).

In **Colombia**, the Mesa Intersectorial de Economía del Cuidado has no legal status. As a result, it does not receive economic resources; support and assistance come directly in kind, such as renting a venue for an event, for example, or mobilizing people for conferences. In some cases, it receives support from the Mesa de Economía Feminista, which is not formally constituted either because of the ongoing costs this would imply, and which managed to reach an agreement with another entity to handle the economic resources it has received. The MIEC agrees to hold regular monthly meetings and has a planning instrument.

With regard to structure, the Mesa has a Technical Secretariat, initially funded by UN Women and currently funded by Oxfam, FESCOL, Open Society and sometimes by the Escuela Nacional Sindical. However, this is not a permanent position; it depends partially on funding possibilities. This Secretariat gives the Mesa capacity and speeds up processes, as it can spend time doing things that individual and organization members would have otherwise done more slowly. At any rate, it is important to keep in mind that *the Technical Secretariat cannot replace the organiza-*

tions... The Mesa is the responsibility of its institutions... Project coordination is very different from a technical secretariat. A technical secretariat has to support a group in charge; we entities are in charge of the Mesa (interview with Ana Isabel Arenas).

The Mesa also has three committees. One manages knowledge, another handles political advocacy and a third handles communication and dissemination.

There are also certain norms agreed upon that shape the ways the Mesa normally does things, although they are not necessarily in writing. For example, when someone is going to represent the Mesa at an event, they must discuss what they will say with the other members. Another example is that three members is considered a quorum for the meetings, which are monthly and last about two hours (the first hour is always dedicated to knowledge management issues). Before the pandemic the sessions were in-person; during the pandemic, they were taken online and now they are returning to in-person sessions. Meetings are held at the FESCOL headquarters with breakfast included; special meetings are also held to address specific topics.

The **Red Cubana de Estudios sobre Cuidados** has an annual planning tool that includes core ideas, actions and owners. This tool is the result of the collective work carried out each year in its national workshops, which have been held for the past three years. The planning tool includes workshops, panels, symposia, awareness campaigns, political advocacy actions and publication preparation. The progress made based on the planning is reviewed at each annual meeting and the main challenges are identified.

With regard to structure, the Red has three regional coordination bodies and its general coordination. It is a network that belongs to the University of Havana, which in turn answers to the Cuban Ministry of Higher Education. Like the other cases, it has no regulations or statutes but it does have a statement of principles, which has been a useful guide and has helped address dilemmas that have arisen and includes some principles of an ethical nature.

Most meetings are held in the framework of the consulting team of the Ministry of Labour and Social Security. This team is ***directly linked to the unpaid labour project led by this ministry. The group meets monthly and reviews the programme we are following; I think we achieve more direct advocacy there. In turn, this discussion is relayed to the Red*** (interview with Magela Romero).

In **El Salvador**, when the COSEC was operating it had a two-year plan and met monthly and held extraordinary meetings when needed. It never discussed the need or suitability of a quorum or regulations because it did not seem necessary. However, there were certain criteria to join the COSEC.

In **Mexico**, although the Coalición does not have structured plan, it is developing a public policy advocacy strategy as a common project, where a model law on care for Mexico is proposed. Other programme or legal

instruments have not been found necessary, as it is a fairly free coordination instrument (interview with Elisa Gómez). It does not have a meeting calendar and meetings on specific topics are announced by WhatsApp.

For its part, the Red de Cuidados en México had strategic plan on two different occasions, which gave rise to its work programme. Regarding structure, it has a central group that organizes and convenes, and its composition is rotational. Eight people make up this central group and other people's participation fluctuates, although the Red is still working on its membership rules. It also has a communication committee that works considerably with social media (interview with Alma Colin).

The Coalición has a statement of key points and a statement of inalienable principles, while the Red has a work programme. In both cases, these documents, which were discussed in the conceptual framework section, can function as criteria to which new people and organizations seeking admission must subscribe.

In **Uruguay**, the Red Pro Sistema de Cuidados holds regular fortnightly meetings that used to be in person and then went online. They are held at CIEDUR, which used to be the physical headquarters of the Red Género y Familia. They have an UNFPA-funded staff member who manages social media and tracks care-related topics in the press, prepares reports and sends them out to all members.

The Red does have legal status, which it obtained so that it could opt for projects and funding. It has an annual work plan, explicitly established objectives and some rules on incompatibility. For example, civil servants cannot be members, as the Red would lose its questioning function and independence. Admission to the network is decided in a plenary session in accordance with internal regulations, which outline the member categories and state that those who stop participating are no longer part of the network. There is no management or steering committee; there is simply coordination that serves as secretarial support. There are no quorum rules either. As with the Mesa in Colombia, the role of the plenary is decisive:

Until now we have been functioning in plenary with an executive coordination group, but the decisions are made in plenary and, as in all democratic processes, it is a little long-winded, but it is a safeguard for us (interview with Clara Fassler).

In conclusion, the table below compares the similarities and differences among the entities analysed with regard to the way they work, their structure, instruments and key founding and planning documents:

Country	Structure	Planning tool	Founding document/ regulations	Legal status	Statement of principles/admission criteria
Bolivia	Steering committee of four organizations	YES, Annual	YES	NO	YES
Colombia	Technical Secretariat and three committees (knowledge management, political advocacy, communication and dissemination)	YES, annual and monthly	NO	NO	General criteria related to the MIEC objectives
Cuba	One general and three regional coordination bodies	YES, annual	NO	NO	YES
El Salvador	Facilitator/coordinator	YES, every two years	NO	NO	YES
México (Coalición)	In practice, facilitator/coordinator	YES	NO	NO	YES
México (Red)	Communication committee and central group (comprising eight people/organizations)	YES (twice before)	Yes (and a document to recover the Red's historical process is still being prepared)	NO	YES
Uruguay	Responsible for social media and press	YES, annual	YES	YES	NO

FACILITATORS AND ALLIANCES



As will be seen in this section, 'facilitators' refer to characteristics of the care roundtables/platforms/networks themselves, in addition to processes or actions and specific aid, especially financial aid, that have enabled them to start-up and develop.

In **Bolivia**, the Plataforma came into being thanks to a facilitator and one of its founder's (Ciudadanía) alliance with We Effect. Initially, there was a channelling of resources that facilitated the platform's creation. In a second stage, alliances with Oxfam and the Basque cooperation were also significant. In addition to resources, these funders provide impetus on the subject of care and a seal of approval that opens different doors when it joins international organizations such as UN Women. This seal of approval, together with the prestige of the platform's member components, provides certain legitimacy.

There were also important lessons learned in Cochabamba through the experience of preparing a municipal care law.¹¹ Motivation for such was to declare a Care Work Day in Cochabamba, an action promoted by the Red Nacional de Mujeres Emprendedoras (Bolivian network of women entrepreneurs) and the Plataforma de Mujeres por la Ciudadanía y la Equidad (women's platform for citizenship and equity). This process acted as an internal facilitator, as did the strong links between the Coordinadora de la Mujer, IFFI, the Centro de Promoción de la Mujer Gregoria Apaza, Ciudadanía and other organizations.

Another internal facilitator is the experience and knowledge acquired by the platform's individual and institution members, which were popularized.

In **Colombia**, the Mesa earned trust because it represents an alliance between academia, NGOs and international organizations, and people from different government agencies also attend. This trustworthiness acts as a facilitator for pedagogical processes and the actions taken.

Another facilitator has been the support received with economic resources: *the funding for the technical secretariat; we would still exist without the secretariat but it brings additional dynamism* (interview with Ana Isabel

¹¹ This refers to the Municipal Care Economy Law, passed in 2015 and later repealed and replaced in 2019 by Municipal Law No. 380 on co-responsibility in unpaid care work.

Arenas). Along the same lines, the support from UN Women, Oxfam and FESCOL has been a facilitator since the Mesa's inception.

Another element worth highlighting is the personal accompaniment provided to strengthen the people representing the roundtable. Women who have more public-speaking experience or who are highly skilled in certain areas accompany other women with less skills, training them for these activities.

In **Cuba**, the Red has had volunteers with notable professional and personal skills, and has had the support of international cooperation, which has been used above all to promote public and institutional debate (workshops, training campaigns, subject-specific publications and other advocacy actions).

The alliance with the FES, through an agreement with the University of Havana, has enabled an exchange with people from the region. Other strategic allies have been UNFPA, which provides a space annually for the network's work, and Oxfam Cuba, which was also present from the initial studies and the first workshop, and which has promoted actions for caregivers. **All three are important, but the alliance with the FES has been the most institutionalized and enabled us to coordinate with the region, which Oxfam is also doing now with ADELANTE** (interview with Magela Romero).

Likewise, the alliance with ministries, civil society organizations, academic networks and university chairs is also worth noting.

In **El Salvador**, FES's support was essential. In fact, it was the COSEC's driving force and paid for a permanent facilitator. **The support was administrative or logistical. The COSEC lost this support in 2022, before going face-to-face again; and the COSEC stopped functioning around the same time because working virtually did not work, it wasn't as attractive or lacked engagement.** Other important alliances came into being with the Instituto Centroamericano de Estudios Fiscales (Central American Institute of Fiscal Studies, ICEFI), Oxfam and academia, which provided spaces, time and training (interview with Iliana Álvarez).

Additionally, the interest of the feminist organizations themselves in shaping this space acted as a facilitator, as did the alliance with the Central American University and with media outlets such as Brújula and Alharaca (interview with Carmen Urquilla).

In **Mexico**, similarly, the FES resources were facilitators. With these resources, in the words of its representative in the Coalición: **we set the table and invite people to have a seat at the table.** Another point identified is the dialogue with diverse political actors. **As we originated during the pandemic, all work began in a virtual format and this was maintained. It was a facilitator because there are members in different states. Plus, there is the resource of information, expertise and legitimacy contributed by Yo Cuido** (interview with Elisa Gómez).

With regard to alliances, one notable connection is with Alianza Global por los cuidados, which is a multilateral, tripartite entity with a governmental emphasis led by the Mexican government.

Having a model law prepared by the Coalición was another facilitator.¹² It represents a strategic factor for specific tasks, as it makes it easier to speak with the legislative branch (interview with Friné Salguero).

For the Red de Cuidados en México, the role of organizations such as Oxfam México as a source of funding was important because, for example, it contributed a key staff member who promoted certain infrastructure, the regularity of the monthly meetings, work agenda, website, etc. This meant that reconstructing and systematizing the network's history could be done. The Red enjoyed Oxfam's support for its first three years of existence. Additionally, an academic from El Colegio de México provided the meeting space. *Since 2018, the relationship with the (federal) government has not been as fluid; alliances with different civil society organizations have been clear and important, as well as with national and regional universities.* Also important is the participation of the Red in the alliance with the Coalición por el Derecho al Cuidado Digno y al Tiempo Propio de las Mujeres, where there is a very strong line of work in political advocacy (interview with Alma Colin).

In **Uruguay**, alliances with ECLAC and UNFPA were fundamental, particularly with the latter, *'which was a little driving force'*. UN Women is identified as well, but to a lesser extent, not because of a lack of will but due to a lack of resources (interview with Soledad Salvador).

From another perspective, it was noted that it was not a question of having many (facilitators) but for them to be significant. The first, overall, was the leftist government, with the allocation of resources for social policy and the intention to combat poverty. The second was ECLAC's thinking, which coincided with Quito 2007,¹³ which basically supports the same things that we were saying... (In the 15 years that I was part of the Beijing follow-up commission, I could not include anything on the issue of care and it is still difficult with feminists). The level of influence of international thinking is significant. Third, UNFPA support, which with very little money was key.

(Interview with Clara Fassler)

In fact, in the most paradigmatic case, that of Uruguay, alliances were also a key element, particularly the alliance with academia. That is what Salvador says in her document (2022), which relates the advocacy strategy implemented by civil society in alliance with academia to put the subject of care on the public agenda in Uruguay. At the same time, the Red Pro Sistema Nacional de Cuidados was founded to influence a specific public policy – to set up a care system – and it presented a series of proposals, incipient at the beginning (Red Pro Sistema Nacional Integrado

¹² It should be clarified that this model law project exists parallel to the official initiative.

¹³ This refers to the 10th Regional Conference on Women in Latin America and the Caribbean, which gave rise to the Quito Consensus.

de Cuidados, 2014) and more elaborated later, always including work by academia and the support of international organizations.

Country	Alliance with international organizations and cooperation	Internal facilitators	Others
Bolivia	Facilitated the initial impulse. Financing that makes face-to-face meetings possible. Payment for products identified as necessary.	Studies and the sharing of experiences developed by the founders and academia. Pedagogical result of the Cochabamba process.	Common basket of Coordinating Committee institution resources.
Colombia	Funding for the Technical Secretariat.	Trustworthiness deriving from being a nexus of NGOs, academia, international organizations and individuals with authority. Those who have more experience personally accompany those who have less. Technical Secretariat for support.	
Cuba	Enabled exchange with experts and with experiences of the region.	Clarity of the Red's objectives. The Red's publications, workshops and communication campaigns enabled its positioning.	Alliance with ministries, civil society organizations, academic networks, university chairs.
El Salvador	The call to form the entity came from cooperation elements. Funding for a facilitator.		Press that gave coverage at the time and a university that promoted the issue.
México (Coalición)	Resources for maintenance. Political resources.	Model law that facilitates processes.	Alianza Global por los Cuidados as an information platform.
México (Red)	Financing, structure, legitimacy.	The collaboration of each Red member with different inputs.	
Uruguay	Resources for social network and media tracking staff. Alliances were like a 'little driving force'. Positive influence of international thought, especially that of ECLAC.	Spokesperson's legitimacy and prestige.	Government that takes demands on board.

POSITIVE MILESTONES AND ACHIEVEMENTS



Milestones may be situations not involving the roundtables/platforms/networks but that generated a response from them, or sought-after events that marked the organizations' development. The achievements are clearly positive results obtained, with an emphasis on the question of advocacy.

In **Bolivia** there are no milestones per se, but rather achievements resulting from collective, ongoing work over the four-year period. In this sense, the Plataforma has a set of proposals for policy guidelines, which includes identifying state agencies called upon to act. These guidelines were developed over the course of a year in three workshops, and the different inputs that the entity and its members generated were also used.

Additionally, a campaign was implemented on social media and the radio about gender stereotypes in care and a TikTok contest was held. Courses on care were also held in partnership with the Higher University of San Simón.

Another achievement of the Plataforma is to have united the voices of the departments ... It is starting to establish guidelines so that others can work, we are jointly generating knowledge and managing it. The inter-departmental exchange of experiences and the replications of progress, especially in the case of the example of Cochabamba.

(Interview with Fabiola Rojas)

In addition, talks will soon begin with the Servicio Plurinacional de la Mujer y de la Despatriarcalización 'Ana María Romero' (pluri-national service for women and depatriarchalization 'Ana María Romero')¹⁴ to publicize the proposals developed in a participatory way by the Plataforma, which assume the format of policy guidelines as well as some diagnostic elements on the social distribution of care that some members have been created, with a view to contributing to the construction of a comprehensive care system.

¹⁴ Mecanismo Nacional para el Adelanto de las Mujeres (national mechanism for the advancement of women) in Bolivia.

In **Colombia**, the Mesa's achievements are also milestones for the entity itself. For example, care being included in the national development plan marks a turning point and is one of the Mesa's achievements. Others include the issue of care being mentioned in all presidential campaigns and more resources for research. All of them are the result of the work of the Mesa Intersectorial de Economía del Cuidado.

Now the care system is included in the Ministry of Equality; we succeeded in contributing to support the Vice President and the Department for Women's Equity so that the care system is prioritized there, because it is not just a women's matter ; it is also important for the poorest people. Indigenous and Afro-descendent people assume the most care work , where the State is not strong or is absent. This will be done next year in a participatory process. We are contributing to ensure that the care system is not limited to social protection, but for it to be autonomous. In the current version of the Plan pending approval, it is among the rights components.

(Interview with Ana Isabel Arenas)

Another interviewee expressed something similar, adding that the training of the roundtable members is also an achievement in itself:

...the qualification of the roundtable members, the capacity for political advocacy, the process continuity... that advocacy work is achieved in the current process, that care will be a right in a coordinated care system and not a risk under social protection.

(Interview with Angela María Robledo)

As noted above, the Mesa recently managed to integrate the issue of care into the National Development Plan and succeeded in getting care to appear as an autonomous right and not within the framework of social protection policies, after winning a debate in which care was even expected to be included as a risk. In this regard, the development plan establishes the implementation of a national care system that must be created by the Ministry of Equality and Equity, which must serve caregivers and people receiving care. Although it is believed that the wording put a lot of emphasis on services, it is considered a great victory, to which the Mesa contributed. The great challenge, which is achieving influence in public policies, will be for it to be implemented.

The existence of five territorial care roundtables outside Bogotá, on feminist economy/care, is a great achievement of the two Bogotá roundtables (MEF and MIEC), and contributes to proposals more in line with local populations. These are autonomous care roundtables, that work with each other in projects and processes.

In **Cuba**, the first national workshop was a great milestone, as it served as the basis for coordinating the actors. The second major milestone involves achieving participation in designing and implementing the unpaid work project headed by the Ministry of Labour and Social Security, which was created based on the results of the studies by network members, their findings and systematized recommendations (interview with Magela Romero).

Additionally, including care in the Family Code, installing the Care Commission inside the National Commission on Attention to the Demographic Dynamic and in the National Programme for Women's Progress in Cuba are concrete achievements from the dynamics created by the Red in its short life (interview with Yelene Palmero).

The Red de Cuidados de Cuba has a series of proposals for policies recorded in the diverse documents produced (included in the annexes) by some of its members or commissioned by entities, such as Oxfam or the FES for the Red. These proposals derive, in turn, from different diagnoses and have been worked on in a coordinated way by the Red and the government:

'The alliances established in the last five years between Cuban academia and officials of various ministries working on the implementation of the package of measures attending to the population dynamics has been crucial and a greater consolidation of these is anticipated for the next period' (Romero and Rodríguez, 2020, p.16). Another outstanding point is the strategic alliance with the Federación de Mujeres Cubanas (Cuban women's federation), which offered its political support from the outset, as well as specific spaces for the Red's programming, such as the 'Cuidados con equidad' (care with equity) project.

In **El Salvador**, one success was the set of recommendations that the COSEC presented for the document on care policies of the previous government, where, for example, the commodification of care is questioned. In the same sense, some municipalities were approached (San Salvador and Santa Tecla) as was the Secretariat for Planning and the parliamentary platform, also during the mandate of the previous government.

The care economy qualification is considered a success as well. The knowledge was replicated by the members of the COSEC among the organizations with whom they work. They also highlight having been able to understand care in its multiple dimensions and assume awareness of the crisis of the sustainability of life, specifically in El Salvador, in addition to being able to map out care needs.

In **Mexico**, the achievements of the *Coalición por el Derecho al Cuidado Digno y al Tiempo Propio para las Mujeres* include: **1)** Coordinating social organizations, women academics, women caregivers, women activists and women politicians to recognize the right to care in Mexico, serving as interlocutors with multiple actors (government, international organizations, civil society, academia); **2)** actively participating in the drafting of one of the three initiatives to make the right to care a constitutional right, as well as in its discussion and approval in November 2020; **3)** formulating its own draft bill for a general law to guarantee the right to decent care through the creation of a National Care System, which has facilitated a constant dialogue with authorities from different national and sub-national agencies, as well as with legislative offices. This was a collective effort, based on research, internal and external mentors, and contributions from individual members; and it attempted to capture the highest standard that the Coalition could identify and translate into a law, independent from political negotiations (*Coalición por el Derecho al Cuidado Digno y al Tiempo Propio para las Mujeres*, 2022).

Holding a work session with the National Institute of Statistics and Geography (INEGI) also stands out as a notable achievement, as does being invited to directly learn the content of the relevant sections of the National Care System Survey (ENASIC) before it was published. This is the first source of statistical information designed to understand the demand for care in the home and the people who are caregivers, with the goal of supporting the decision making and design of public policies to shape a National Care System. This was a remarkable achievement because it reflects the legitimacy and authority the Coalition has attained in care. As a result, it has been invited to participate in other statistical products, such as the creation of an inventory of care infrastructure and the georeferencing of available care services.

Another achievement identified is how the coalition continued for a couple of years and that people still belong to it and participate in a space of dissemination, information exchange, dialogue with different actors, legislative advocacy and in specific policies, as well as the shaping of the country's care agenda. Lastly, another outstanding success is the participation in training processes for civil society and government. One example is the qualification on care practice and theory 'Haceres y Saberes del Cuidado' imparted by coalition members.

It is important to highlight that the Red de Cuidados representatives in the *Coalición* have a leading role in all the activities listed as coalition achievements. Considering this context, the Red de Cuidados is also a reference for international organizations and has become a counterpart for them, which is an achievement in and of itself. This translates into various members of the Red being invited by international organizations, such as UN Women and the progress mechanism for women and the Instituto Nacional de las Mujeres (national women's institute), to take part in studies and different activities aimed at increasing knowledge. The Red has also succeeded in bringing the subject of care to the public domain: there is a clear contribution with an agenda and diversity of voices. Other achievements that should be noted are the preparation of a care diction-

ary, promoted by Oxfam; as well as alliances with universities to drive initiatives and the Mesa de Economía del Cuidado de Antioquia (Antioquia's roundtable on care economy) (interview with Alma Colin).

In **Uruguay**, the achievements are notable and represent positive milestones in themselves: **1)** The Red Género y Familia's decision to work on care (which dates back to 1993), when care was just one of many issues, and manage to turn it into a central issue; **2)** that it has become considered socially as a public issue and not a family and women's issue; **3)** that the paradigm has changed and care is accepted as a right and, as such, as a State guarantee; **4)** that it is on the agenda of the political parties with parliamentary representation; **5)** that the President of the Republic considered it a flagship issue, although later his words were not borne out in reality,¹⁵ but the change in discourse represents a milestone; **6)** the beginning of system implementation (interviews with Clara Fassler and Soledad Salvador).

¹⁵ So much so that as the government continues, the drastic slowdown of the care policy is considered a negative milestone.

DIFFICULTIES ENCOUNTERED



In this section, countries and care roundtables/platforms/networks are not individually mentioned and interviewees are not quoted to avoid causing upset, exposing people or creating conflicts. Thus, the difficulties identified are presented in a general way.

The problems that the roundtables/platforms/networks have faced or been able to overcome are multiple. The main ones involve: coexistence and the ways differences are resolved, agreeing on common conceptual frameworks and in-depth discussions, the entities' sustainability or continuity, and the lack of funding. These difficulties crop up in a context in which these entities must always strike a delicate balance between being sufficiently free and flexible so as to not lose their essence, yet have the minimal essential structure to be efficient and fulfil their purposes. This balancing act is a constant in all the entities analysed.

There is a block of difficulties linked to having to go back and review the agreements, proposals and diagnoses already worked on; reviews that are believed to possibly be due to a question of funding (there is funding for certain topics, population groups, emphases and there are people who have or may have access to funding), politics, or even prominence and concerns that can eventually distract some entities from what is essential.

Other problems mentioned concern efforts that were not made and opportunities that were not seized in the local scope. In this sense, it should be *accepted that it is possible to work on a territorial level even with an adverse national government in place and in spite of not having much funding.*

The more or less explicit political partisanship of the care roundtables/platforms/networks, or the attempt to make them so, has proven to be a difficulty in some cases that generates a series of differences and can cause entities that were originally non-partisan civil society groups to lose their essence, or complicate dialogue with the State. Even when this partisanship is tempting in cases of similar ideas, there is always a risk of the roundtable/network/platform becoming institutionalized.

Also mentioned, in just one case and as something exceptional, was the non-fulfilment of tasks or commitments by individuals or members. The mention of workload imbalances in the roundtables/platforms/networks came up more frequently.

Naturally, the pandemic is frequently mentioned as a problem, its impact interrupted the activities and efforts to influence policies, even though its effect on care's visibility as a strategic priority in the framework of public policies was also mentioned.

In a couple of cases, the loss of political or media momentum meant that individual and organization members lost some interest.

Lastly, the lack of funding was given as the reason that some activities cannot be carried out or are reduced in scope. Here, all entities share one ambition: they do not want to have their own funding, but rather obtain funding for activities (workshops, for example), processes (training and generating grassroots demand) and products (studies, reports, audio-visuals, social media time and management).

As can be seen, there are not many problems, nor are they crippling. However, they do pose challenges that are addressed in the next section. Even in the case of the COSEC in El Salvador, which has not operated in the past year, the cause was not a specific problem but rather a whole series of factors.¹⁶

¹⁶ Government smearing of human rights organizations that discourages participation, a change in the priorities of organization and individual members, dependence on cooperation, lack of maturity in the care demand.

CHALLENGES



The challenges presented below do not correspond to all the entities and therefore some of them are more applicable to certain roundtables, networks and platforms than others. At any rate, they are lessons to be considered for the future development and sustainability of these valuable civil society initiatives.

Internally:

1. Improving entity governance

In the cases where there is coordination, a committee or management (formally established or that functions as such in practice), information and participation channels need to be improved. This can happen through simple actions such as disseminating activities using email lists or WhatsApp groups.

It is also important to disseminate the processes' preparatory stages. For example, if a cooperation organization or

international body places an order for some care network/roundtable/platform product or funds an organization as a component of the entities, all of them should be informed and then the product should be disseminated.

Governance also means thinking about what topics are decided by coordination bodies/committees/management and which are decided in the plenaries. In turn, this question of the leadership's decision making competencies brings us to another question that represents a challenge itself, and it is this:

2. Giving the plenary a leading role as the democratic expression of the networks/platforms/care roundtables

This very relevant challenge is an important lesson from the most veteran experiences, which are those of Uruguay and Colombia. Assigning the plenary a decisive role means that the decision making is democratic and prevents decisions being made by whoever has the most resources, as often happens in other spheres (politics, the world of employment, NGOs and companies) that feminisms question so much.

In some cases, this challenge is also related to maintaining the horizontality and participation achieved to date.

3. Building on what has already been achieved. Keep working on inclusion and looking at ways to maintain the members and commitments

When the representatives of international bodies and civil society organizations change in these entities, people turnover represents a challenge when it affects the continuity of the work or when they bring their own agendas or claim to be unfamiliar with what has already been agreed upon or worked on.

The challenge is to advance based on what has already been built and keep adding to it, instead of taking away from it and not being familiar with or ignoring what has gone before.

4. Integrating paid domestic workers and other paid women workers from the care sector

This challenge is shared by several of the entities mentioned in this document. The members of the care roundtables/platforms/networks are aware of this shortcoming and its relevance, and how they need to reinforce the values that this integration contributes. In other words,

this means giving visibility to and strengthening different social actors and their connections in order to share a common care-related agenda.

In some cases, such as that of Bolivia, unsuccessful attempts have been made to meet with the domestic worker trade unions. These attempts must continue, and they must try to identify ways to facilitate their participation (meeting days and times, for example, could be a key factor).

5. Including more voices and outlooks, and not getting stuck in academicism

This challenge can be addressed together with another one mentioned later that refers to work on a territorial and local level. Academicism is a value in the care roundtables/platforms/networks, but their work and outlook must not be limited to academia.

6. Being diverse, though not so much to give anti-feminists a platform, and being aware of regressive views around the topic of care

The trends around 'intrauterine care' or 'caring for others is caring for oneself' should be taken as a warning, as should approaches in which care is so broad and supreme that it is no longer seen as work. Along the same lines, we find the opposition from rights groups, where we women always lose (the most visible case is that of people with disabilities versus women caregivers), and a budding conservative discourse on care linked to the healthcare sector.

On the one hand, the idea is to be aware of the proliferation of anti-rights and fundamentalist groups that are outside the roundtables/platforms/networks but can

co-opt and distort the subject, and, on the other hand, be alert to ensure that there are no actors inside the entities themselves who are really incompatible with the groups' objectives.

Moreover, in broader terms, the idea is not for care to become a new market niche, co-opted by the private sector. This is another trend that should be considered a warning and a challenge, especially when it is present even within organizations that are more in tune with feminist thinking. For example, in the recent Regional Women's Conference¹⁷ this door was opened in a certain sense and companies were looked at above all as potential funding sources, rather than subjects to be regulated by the State.

¹⁷ This is a reference to the 15th Regional Women's Conference held in Buenos Aires in November 2022.

7. Diversifying the care agenda based on an intersectional and intercultural approach to identify the problems and demands of diverse groups of women (indigenous women, Afro-descendent women, sexually diverse women, young women, etc.)

There are cases where the intersectional perspective is presented more clearly, such as in El Salvador, perhaps because the COSEC is more diverse or the people who make up the entity had this outlook more assimilated. In the other cases, there is awareness of its importance but they encounter more difficulties when putting it into practice.

8. Avoiding partisanship and the political instrumentalization of the care roundtables/platforms/networks

This means overcoming biased interests related to the country's political life, being aware of the roundtables/platforms/networks that do not stay on the side-lines of political life and partisanship.

Partisanship is a risk because it makes the dialogue, debate and work less diverse and plural and may undo the work with the government in power. Also, the roundtable, network or platform – along with its original political ideas – may become instrumentalized.

9. Generating or maintaining regular meetings and an annual face-to-face meeting

Some entities do not hold regular meetings, only subject-specific meetings or extraordinary meetings to discuss a particular situation. This dynamic seems to reduce the vitality of the care networks/platforms/roundtables. Most of them have regular meetings, and normally one annual in-person meeting, due to the paid and unpaid workloads of their members. The challenge in these cases is to maintain the sessions and the exchange.

10. Obtaining funding without becoming a project or an NGO and without becoming dependent on cooperation

Funding is necessary to defray the costs of advocacy processes, training, pay for studies, workshops, travel, and maintain activities on a sub-national level. The challenge is to obtain funding without the roundtables/platforms/networks having to adopt more rigid structures.

In work with society and the State:

1. Working on the local and territorial level

It is felt that deepening the understanding of care and its associated demands, including understanding territorial diversities and going beyond the state role, is an unresolved challenge. Also, another challenge is reach-

ing beyond feminist circles and making care a grassroots demand (Trenzando Cuidados – Adelante, 2022).

Organizations also feel that they want to be more than a coordination entity and be advocacy entities at different territorial levels. Addressing this challenge also implies avoiding the centralism mentioned in almost all the cases examined.

2. Strengthening political advocacy with the authorities to succeed in getting the agenda of the roundtables, platforms and networks included more and more in the governmental agenda

This is an ongoing challenge that requires more work in the face of changes in government procedures and it must be addressed at different government levels (national, state, provincial, municipal, etc.).

3. Laying the foundations for care systems, working on these plans with civil society that is not necessarily represented in the roundtables/platforms/networks

To a greater or lesser extent all the entities included are pursuing national care systems. Therefore, this challenge has different timelines, depending on the case. Here, we have the valuable Uruguayan experience as well as the work experience in Colombia. Both refer to the importance of the processes; the objective is important but so is the way it is reached. In this regard, time is important (i.e. not rushing), as are participation and appropriation as requirements for the sustainability of the future achievements.

4. Having a clear idea of what is being asked of each government agency

This challenge, identified in various cases, in turn, requires a training process within the care roundtables/platforms/networks, as it implies having an understanding of the legal framework, how advocacy strategies are elaborated, and the way the State functions.

5. Continuing to work on strengthening grassroots care demands and generating a critical mass, especially among feminisms

This challenge is an indispensable requirement, not only for the legal and advocacy work and to generate participative public policy proposals, but also for the sustainability of the achievements attained in those public policies, as mentioned. This is with the firm understanding that a public that has assumed ownership of the demands and the right to care will put up resistance to government changes that do

not maintain the advances achieved under previous governmental management.

The challenge of reaching the public and consolidating grassroots demand for care was identified in the *Trenzando Cuidados* meeting in Cali: 'One of the challenges identified to strengthen care systems and their policies lies in increasing public demand for care. This poses questions on how to connect with other civil society organizations, trade unions or other groups that have a greater influence on the social base. It is linked to the need to think of pedagogies and other ways to communicate care that situate it as a right and a real need felt by the general public.'¹⁸

¹⁸ Systematization of the meeting *Trenzando Cuidados: aproximaciones para unas políticas públicas transformadoras de cuidado*. First Seminar, held in Santiago de Cali, Colombia, September 2022, p. 15. The major seminar mentioned aimed to recognize care experiences and narratives in the interest of strengthening the discussion on the implementation of care policies in Latin America.

Conclusion: final summary and lessons learned

Beyond certain divergences, the **origins of** the tables/platforms/networks reveal striking similarities. These entities arose after a legislative victory (Colombia, Mexico and Bolivia) or to become the official interlocutor with the government (Uruguay and, to a certain extent, Cuba). El Salvador is the only case with a slightly different origin.

The **common goals** are political advocacy, training, coordination and to lay the foundations for a care system. Even the entities that came into being with a more specific objective (the case of the Mesa Intersectorial de Economía del Cuidado de Bogotá) have expanded until they cover the different objectives that have been mentioned in this document.

The **conceptual frameworks** are elements subject to greater debate and reveal the divergent objectives that coexist within the roundtables/platforms/networks. Tensions arise with non-feminist members of these entities. The most visible case is that of women caregivers of people with disabilities or representatives of this population group. Among the feminist members of the roundtables, platforms or networks, there may be differences of emphasis in conceptual frameworks or even disciplinary approaches (more economics, less sociology, more law, less subjectivities and psychology, to put it one way), but there is a clear, shared, underlying cause.

The section on the care roundtables/platforms/networks' **achievements** shows that they are all **valuable experiences in terms of advocacy on care policies**, internal training, coordination, and that they are working to generate proposals for new policies.

Achievements included the topic of care reaching the public sphere or advancing in this sense; specific laws; integrating the demands or topics related to care in state development plans; winning over some feminisms that previously distanced themselves from the subject of care; having proposals for aligning policies or lists of demands; becoming established as authoritative interlocutors on the subject, whether with governments or academics and international cooperation.

We have also seen that the **difficulties** experienced are not serious and that these entities have managed to overcome them. Moreover, by giving them visibility, we aim to help pinpoint warning signs that should be taken into account.



Here are some of the interesting **points they had in common:**



Minimal, flexible organic structures that enable the entities to work efficiently but without becoming a project or an NGO.



All the entities are active in advocacy and as such they respond to the situational context. This is a tremendous capacity that the networks/platforms/roundtables have known how to develop and deploy through actions as diverse as: making statements in the media or on social media in specific situations, campaigns or sustained work involving processes underway (State planning processes or others involving legal or constitutional reforms), meetings with local or national authorities in response to an invitation, a need or in response to a request by the roundtables/platforms/networks themselves. It could be said that this is an advocacy strategy common to all the cases studied: reacting to the situation. Moreover, in Bolivia and Cuba there are policy alignment proposals that constitute an advocacy tool in and of themselves; in Uruguay there were also propositions for alignments at the time the NICS was born; while in El Salvador there was a list of demands and in Mexico there is a model law project.



These working methods have ensured progress in the right-to-care agenda.



Having some operational instruments for decision making, member admission and above all a statement of principles. Only one case (Uruguay) has a legal status, due to operational and funding requirements.



These civil society organizations do political work, but their instrumentalization by political parties could be harmful. Along these lines, in most cases, political parties are forbidden from joining care roundtables/platforms/networks.



All the entities have or have had a plan that guides their actions, but with the flexibility required by political advocacy work.

Lessons learned

The experiences analysed in this document represent a great asset for the strengthening of the gender agenda in the region, and to a large extent, these roundtables/platforms/networks have shaped the care agenda in their countries. These entities have been able to channel knowledge and desires into reaching their objectives, and they provide lessons that may be useful for these same cases and for other care-related processes that are developing in Latin America. Below is a list of some of the lessons learned:



Making the most of the lessons learned from successful experiences

and also of the limitations identified in the policies underway, such as those developed in Cochabamba, Bogotá and Mexico City, and on a national level in Uruguay.

The advocacy processes highlighted above, some representing significant successes, demonstrate the importance of implementing care policies that are intersectional and tailored to the territory, with a participative logic, both for their strengths and their limitations, as well as the consequences arising from the lack of participation in policy design.¹⁹

¹⁹ For example, some services are not used because they are not adapted to the demand characteristics in the case of Bogotá, as described in the territorial roundtable meeting held in Santiago de Cali within the framework of *Trenzando Cuidados*, September 2022.

Participation and appropriation

Incentivizing the participation of the greatest possible number of individual and organization members, without losing sight of the fact that the organizations and people have their own paid and unpaid workloads and that giving networks a certain amount of freedom is also key to their sustainability.

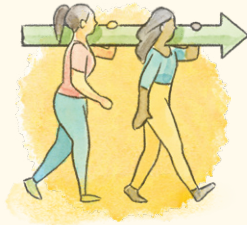
For example, if in addition to seeking their own means of funding (for themselves), the organizations also have to seek funding for the network, roundtable or platform, at some point the workload they accumulate may become dysfunctional for the networks (interview with Friné Salguero).

Likewise, there needs to be a distribution of tasks and responsibilities, even if they are relatively small tasks. We understand there is always a core group that is more active, because this way *people feel they are participating and proud of their roundtable* (interview with Ana Isabel Arenas).

Working more to generate grassroots demand for care

One of the lessons from the Uruguayan case is that **more efforts need to be made to raise awareness** on the right to care and demand that the State fulfil this right, seeing that this could prevent the system from shrinking or disappearing. This also means that civil society and academia have to succeed in implanting the subject throughout the country (Salvador, 2022).





Having clear proposals

Proposals are a goal to work towards. Having clear, agreed-upon proposals makes it easier to decide how to achieve them. The Cuban experience is an example of this. Even when it is understood that the proposals will not be achieved in the short term, and being aware that something is lost in every political negotiation process, it is good to have a clear objective, and this, in turn, leads us to the next lesson.

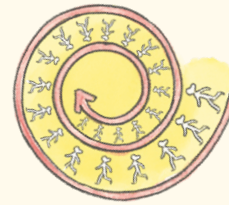
It is also important to be clear on what the proposals lack and be conscious of this as something unresolved. For example, the specificity of peri-urban areas, different rural contexts or rural-urban contexts. It must be remembered that Latin America is the most urbanized region in the world, with 80% of its population living in cities,²⁰ which means that thinking about urban policies and caregiver cities is necessary. These shortcomings may have something to do with the fact that the territorial dimension of the care proposals is being developed and has not yet advanced enough. These are roundtables/platforms/networks have a more national character, with the exception of Colombia and the more recent case of Bolivia, where there are territorial roundtables.

²⁰ UNFPA estimate



Lessons for financial sustainability and international cooperation

In different cases, the interviews allude – with different words – to the fact that funders have been more than funders. They mention that funders do not only provide money but also some structure and political and methodological resources. They also mentioned how an alliance with cooperation agencies or international entities lends weight to an announcement. These pluses are related to how personally committed international cooperation civil servants are to the subject of care, but also a way of operating that allows a certain flexibility and enables the roundtables/platforms/networks to continue being grassroots movements and not become a project or an NGO.



The overview of the process considering the sustainability of the successes attained

The policy proposals prepared by the care roundtables/platforms/networks are transformational and therefore they imply transformations in the State and in the markets (in addition to those corresponding to families). This requires having an overview of the process, not rushing, and continuing step by step to really achieve sustainable results.



The importance of preserving the care roundtable/platform/network's unity

This lesson suggests valuing the diversity of views, working on possible internal conflicts and ensuring that the initiatives that arise are linked to existing entities instead of generating new ones.



Having a statement of principles or admission criteria

The care roundtables/platforms/networks have demonstrated the importance of having these agreements reflected in some document, both to clarify a dilemma at certain times, or to make decisions regarding new individual and organization members joining. This latter aspect is particularly relevant to address the challenge mentioned in the previous section about being diverse and plural, but not to the point where a platform is given to anti-feminists.

This point already represents an important lesson learned: the role of flexibility in the way cooperation is carried out and the importance of the commitment of the people involved. Flexibility could take the form of the requirements that the international cooperation counterparts must meet to gain access to funding, which are difficult for the entities analysed to fulfil. For example, being legally registered or having legal status. Of the cases analysed, only the Uruguay case meets this requirement. In the other experiences, a decision was made not to have formalities of this type, as has been mentioned in this document.

In effect, for international cooperation in general, the care roundtables/platforms/networks can contribute important lessons. It could also be argued that providing support without hogging the limelight is a major contribution and another lesson learned. Support can be provided through know-how, logistics, organization, putting infrastructure and government contacts at the group's disposal, in addition to financial support. These forms of support may entail a risk of the cooperation assuming a role that goes beyond that of support, overshadowing the organizations that make up the roundtables, platforms and networks.

Avoiding this risk is related to another lesson learned, which is preventing dependency. For example, dependency could be if a roundtable, platform or network is managed and can operate thanks to a single funder and over time it becomes obvious that without this support there would be no activities. This can be avoided, as stated earlier, by promoting and supporting them but not stealing the limelight.

Likewise, stopping funding from being concentrated in a single organization in the care network/roundtable/platform also seems to be important. This proves to be another lesson from these processes: if several organizations have resources this also favours a better distribution of power within the entities.

It is clear that this (lack of concentration) makes cooperation more difficult, particularly funding. One option is to directly fund a particular care roundtable/platform/network organization and attract funding for another one or, for example, support specific activities, such as workshops, travel, training processes or website maintenance.

ANNEXES



ENTITIES AND COUNTRIES INCLUDED

Bolivia

Plataforma Nacional de Corresponsabilidad Social y Pública del Cuidado

Colombia

Mesa Intersectorial de Economía del Cuidado de Bogotá

Cuba

Red Cubana de Estudios sobre Cuidados

México

Red de Cuidados en México

Coalición por el derecho al cuidado digno y al tiempo propio de las mujeres

El Salvador

Coordinadora Social por la Economía del Cuidado (COSEC)

Uruguay

Red Pro Sistema Nacional de Cuidados

DOCUMENTS ANALYSED

Bolivia

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El salvador

- Castro, K. (2020). *Población LGTBQ ante el COVID. Vulnerabilidades por falta de acceso a los cuidados y a la protección social*. FES- COSEC- Servicio Social Pasionista- SSPAS.
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Regional

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Persons interviewed

The persons listed here (with the exception of the UN Women representative in the Global Alliance for Care) have been part of the care roundtables/platforms/networks since their inception, which is why they are able to talk about their development, difficulties encountered, strategy or proposal construction processes and the keys to the entities' sustainability.

1. **Jaqueline Garrido**, Ciudadanía – Plataforma de Corresponsabilidad Social y Pública del Cuidado, Bolivia
2. **Fabiola Rojas**, Casa de la Mujer, Plataforma de Corresponsabilidad Social y Pública del Cuidado, Bolivia
3. **Ángela María Robledo**, Mesa Intersectorial de Economía del Cuidado de Bogotá– Colombia
4. **Ana Isabel Arenas**, Intersectorial de Economía del Cuidado de Bogotá, Colombia
5. **Magela Romero**, Red Cubana de Estudios sobre Cuidados, Cuba
6. **Yelene Palmer**, researcher, Centro de Estudios de la Mujer Federación de Mujeres Cubanas, Red Cubana de Estudios sobre Cuidados, Cuba
7. **Friné Salguero**, Instituto Simón de Beauvoir, Coalición por el Derecho al Cuidado Digno y el Tiempo Propio de las Mujeres, México
8. **Elisa Gómez**, FES, Coalición por el Derecho al Cuidado Digno y el Tiempo Propio de las Mujeres, México

9. **Alma Colin**, Equidad de género, ciudadanía, trabajo y familia, Red de Cuidados en México
10. **Carmen Urquilla**, Programa Justicia Laboral, Organización de Mujeres Salvadoreñas por la Paz, Ormusa, COSEC
11. **Iliana Álvarez**, Economist, Universidad Centroamericana Simón Cañas, El Salvador - COSEC
12. **Clara Fassler**, Red Género y Familias, Red Pro Sistema Nacional de Cuidados Uruguay. Ex-coordinator and founder of both networks
13. **Soledad Salvador**, Centro Interdisciplinario de Estudios sobre el Desarrollo-CIEDUR- Red Pro Sistema Nacional de Cuidados, Uruguay
14. **Patricia Cortes**, global Coordinator Global Alliance for Care, UN Women, New York

Interview guidelines

Name:

Institution or individual membership:

Year joined the care roundtable/network/platform:

Year the care roundtable/network/platform was created:

Country

1. How did the care roundtable/network/platform come into being? Was it upon the initiative of one person or institution? What was the first meeting you had and how did it come about? What was the socio-political juncture or context in the country?
2. What was its purpose?
3. Would you say that there is a shared conceptual framework in the care roundtable/network/platform? What is it? Are there different emphases?
4. Describe how the roundtable/network/platform's care agenda coexists alongside the agendas of the individual and institution members.
5. What has been the care roundtable/network/platform's process and progress to date? How have you achieved continuity over time? In other words, how has the entity survived, given the work overload of the individual and organization members?
 - a. What do you think is the key to the care roundtable/network/platform's continuity?
6. Have you had any facilitators, financial support, experience from other roundtables, or support of another kind?
7. What alliances do you have? Are they strategic?
8. Do you meet on a regular basis? Do you have a planning system?

9. Do you have:

- I.** Legal status
- II.** Internal regulations or statutes
- III.** A statement of principles
- IV.** Rules for admitting new people or institutions as members (or for expelling them)
- V.** Rules on conflict resolution
- VI.** Rules on session quorums
- VII.** An organization chart
- VIII.** Agreements with institutions
- IX.** Other instruments

10. With regard to the previous question:

- a.** Have the instruments indicated in the previous question been useful? Do you think others are needed, or what modifications would you make?
- b.** If you have not had any of the instruments indicated in the previous question, do you think any operations-level regulation of some kind is needed?

11. Have you defined a political advocacy strategy or have you worked on this? Does this strategy include coordination at different levels? (i.e. civil society/ community/State or levels of State administration)**12.** Would you say that the group has an intersectional perspective? How is this perspective manifested? What are some examples?**13.** Have you worked on public policy proposals? Have you got any consolidated documents?**14.** What milestones would you say the care roundtable/network/platform has reached?**15.** Where applicable, if the milestones are linked to achievements, please specify the following points:

- a.** Were the achievements on a national or sub-national level?
- b.** Do they include rural and peri-urban areas?

16. What problems have you had to endure or are you currently facing?

- a.** Internal operation problems
- b.** Problems for goal achievement

17. Challenges**18.** Future plans**19.** Please, if possible, include a list of the instruments indicated in question 6 and a list of the care roundtable/network/platform members**20.** Please, if possible, also include any documentation that reflects the care roundtable/network/platform's origin/progression/achievements



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For more information about the Initiative:

<https://www.adelante2.eu/en/initiatives/ict-285-22/56>

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