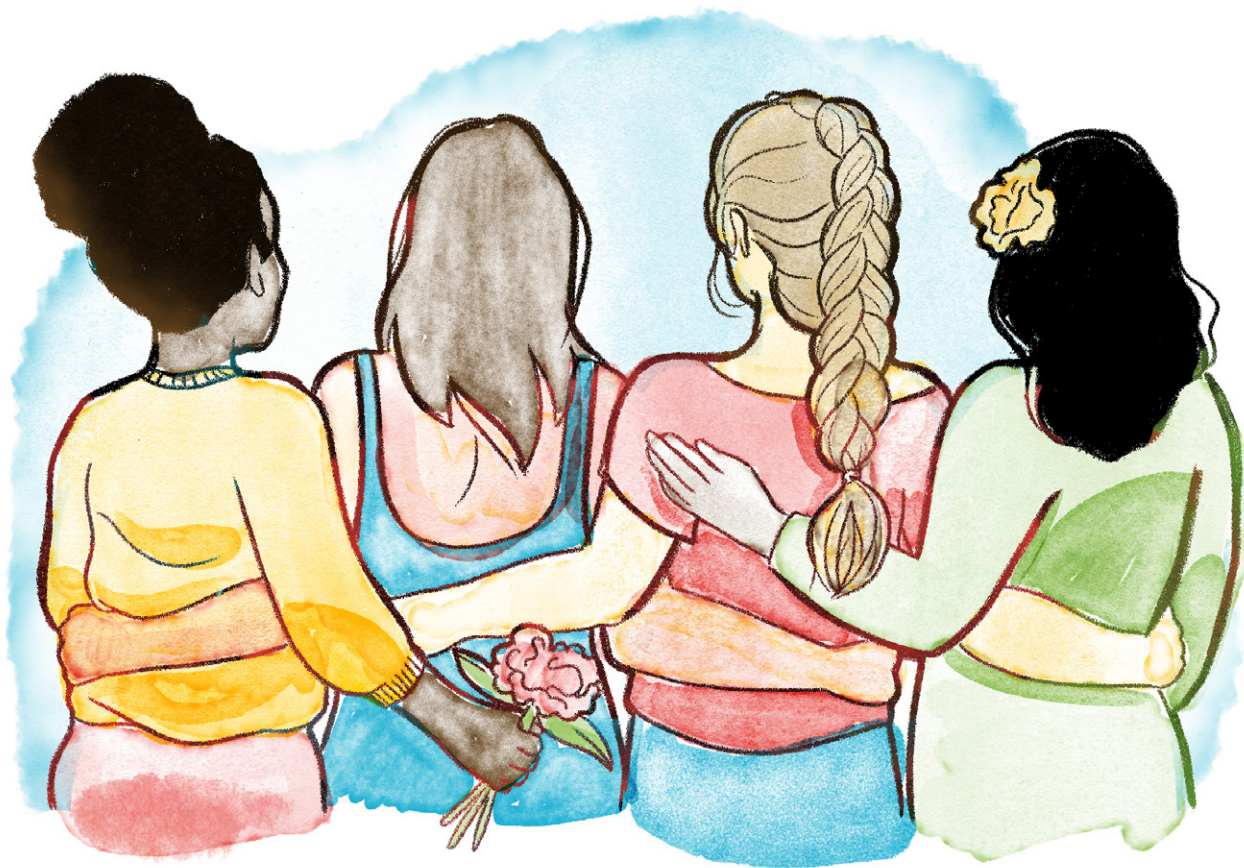


Trenzando Cuidados Triangular Cooperation Initiative



A critical analysis of community care initiatives

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EXECUTIVE SUMMARY



This document presents and analyses eight community care initiatives in Latin America and Spain with transformative potential to contribute to the design, development and implementation of comprehensive public policies on care based on a feminist and intercultural approach.

The study was conducted using a qualitative methodological strategy based on interviews with representatives of the selected initiatives and analysis of available documentation (including websites, official reports, digital media and academic articles) on local and community care experiences to complement the information obtained during the interviews. This report describes and analyses initiatives from CUIDAR, a cooperative providing care to older people in Argentina; La Comadre in Colombia; Acompáñame in Cuba; Alella, Poble Cuidador and Associació Més que Cures in Spain; Musas de Metal and Yo Cuido in Mexico; and the Confederación Nacional de Mujeres Organizadas por la Vida y el Desarrollo Integral (CONAMOVIDI) in Peru.

Based on these initiatives, this report provides insights and highlights key points in the debate on community care and its transformative potential as well as several areas of tension to consider when including these types of initiatives in current and future care systems.

This report underscores the vital role of the community in the selected initiatives, noting that the voices and participation of the community have been fundamental to both the design and implementation of these initiatives. By including the community, the initiatives have been able to integrate feminist, intercultural, intersectional and participatory approaches and respond to the care needs of traditionally excluded populations. These various initiatives make it clear that it is important for States to systematically support community organisations with resources, training and facilities for their formalisation.

The initiatives cover aspects that are not addressed by care policies, such as the centrality of emotional considerations, support in situations of grief and end of life as well as in gender transitioning processes (for transgender people and their families), the recovery of ancestral and identity-based knowledge in care practices, self-care for caregivers, and the specific needs of migrant workers, among others. This contribution is crucial for designing nascent national care systems in the Latin American region.

While all of the initiatives show glimmers of transformative potential, they maintain feminised gendered roles, and in several cases perpetuate the unpaid or precarious work of the women leading the community care responses. Thus, they demonstrate the influence that gender socialisation and the ethics of care still have on shaping women's caregiving identities. This is one of the main challenges identified in the study that needs to be further explored in future research. The professionalisation and substantive improvement of employment conditions in the care sector is a key issue in the initiatives, and one that reflects a change among caregivers who consider themselves as subjects of rights.

The link to the State manifests in different ways, demonstrating the need to include the community in future care systems. The initiatives have shown that it is possible to maintain partnerships that make their activities sustainable without losing autonomy in decisions on care responses and being relegated to playing the role of mere executors of State programmes. Additionally, academia has played a key role in several of these initiatives, not only in caregiver training and in the provision of care but also through theoretical contributions to the necessary transformation of the unjust social organisation of care.

While the initiatives analysed here do face challenges, they all have features with the potential to transform the family-based, feminised and dependency-centred care culture of the Latin American region.

INTRODUCTION: COMMUNITY CARE AND LIFE-SUSTAINING ACTIVITIES



The purpose of this study is to deepen the knowledge of local and community care initiatives with transformative potential in Latin America and Spain in order to contribute to the design, development and implementation of comprehensive public care policies based on the lessons learned from these experiences. To this end, eight social and community-based initiatives are presented and analysed from member countries of the Triangular Cooperation Alliance [Trenzando Cuidados](#): Argentina, Colombia, Cuba, Mexico, Peru and Spain.

Care is a complex, polysemous concept that has become more visible in recent decades, thanks to the struggles of feminist movements and the proliferation of academic studies (Batthyány, 2020), and is being included in the agendas of governments and international organisations. It is an essential part of meeting people's needs and reproducing life, both for societies and for the ecosystems in which they develop.

There are two dimensions to this daily provision of well-being through care: first, the physical or material aspects, and second, the affective and emotional aspects throughout the life cycle. The **physical dimension** refers to all the activities that relate to caring for people's bodies and their physiological needs (food, health, personal hygiene, rest). These care tasks, which require time, effort and skills, should be considered as **work**. The **symbolic dimension** involves the affective and emotional needs people have as well as the activities involved in caring that relate to people's emotional well-being. Both dimensions are inseparable in all care activities (ELA, 2012; 2014). As such, care is also a **necessity**.

In line with a human rights-based approach, the **right to care** has been established and involves direct care of others, care management (which also includes preparing for care) and self-care (Pautassi, 2007).

In sum, care is a necessity, a job and a right. It is a need to be met, because, since we are all interdependent beings, we must be cared for by others and take care of ourselves. Care entails work that must be recognised, remunerated and redistributed (between different stakeholders – the State, families, community and market – and between men and women). Care must also be guaranteed as a right. This means that States, as the main guarantors of rights, have the duty to adopt measures that leverage all available resources to progressively achieve the full realisation of such rights as health, housing, education and work.

Feminist economics also highlights the **economic component** of care (Rodríguez Enríquez, 2007). The act of caring involves work that is generally unpaid, historically carried out in the private sphere and mostly by women, and not made visible because it is not included in national accounts. ECLAC (2022) estimates that in Latin America, women dedicate 19.6% of their time on average to this type of work, while men spend 7.3% of their time on these tasks, and that for the countries that have assigned an economic value to this work, it accounts for 21.3% of GDP on average, with women carrying out 74.5% of this work.

With regard to care recipients, while all people are interdependent, since they give and receive care throughout their life cycles, care needs are not always the same. As will be seen throughout this report, some populations such as children, older people, people with chronic or degenerative diseases, or people with disabilities often require more care.

Community care

Community care in particular has also been conceptualised in various ways. For the purposes of this study, community care will be broadly defined as the activities (direct and indirect) and work that, through various forms of collective organisation, address the needs of populations and territories in a specific way and in so doing help sustain life. In this vision of sustainability, eco-territorial dynamics – and the resources on which they rely – are interwoven with human life (Vega et al., 2021). In other words, care for others, self-care and care for the environment and living beings are considered from an interrelated perspective (Trevilla et al., 2020; Nobre, 2021).

In this respect, as in the definition of care, community care has three dimensions: need, work and right. Care also seeks collective well-being and self-care through the emotional dimension, with symbolic components that involve networks, ties, attachments and support; it can also preserve a cultural dimension by reproducing ancestral knowledge and forms of care that produce cohesion and collective identity.

The community dimension refers to a complex and diverse social fabric, historically rooted in the local area, which plays an important role in the care scenario required by broad sectors of the population (Sanchís, 2020). Community care encompasses activities that address local needs not met by the State. Activities may reflect various forms of militancy and social, religious or political activism and are provided through nurseries and preschools, community kitchens, school tutoring, and the promotion of gender equality, among others. In some cases, community care serves as a substitute for the provision of basic services in the community, such as access to water, gas infrastructure, etc. In others, it refers to the care of natural common goods (e.g. water, forests, parks, native seeds, animals) and the defence of the territory and food sovereignty (López and Cielo, 2018; Trentini and Pérez, 2022; Guerra, 2022).

In communities of Indigenous people and people of African descent, care refers to ancestral practices and knowledge of care for the body, territory and life, which are deeply grounded in relationships of reciprocity and solidarity, and which constitute a space for cultural transmission between generations (Leavy, 2019; Leavy and Szulc, 2021; Jacob et al., 2021; Trentini and Pérez, 2022). What characterises these multiple care practices is that those who give and receive care are collective subjects and that their different modes transcend their conception as mere passive recipients of care (Martínez and Vega, 2021). In many cases, the establishment of this collective subject enables it to become a political subject that calls for a new sustainable way of organising social and environmental care with specific demands on the State.

Community care has been interwoven with the social and popular economy, which reflects both its economic importance and its substantial contribution to the sustainability dimension of life. However, despite the centrality of care, the role of the community in this function is not as visible, nor has it attracted as much attention for study and analysis as other areas and aspects of care.

According to Vega et al. (2018: 24):

“Rather than being a precise copy of something perfect and totally separate from other spheres (families, State and market), the community is organised into hybrid processes in which it ‘interacts’ with public bodies, monetary economies or kinship relations. What is important is that the realisation and design of care is in the hands of a community that takes ownership of its implementation conditions and benefits. We all occasionally support others with care and everyday tasks (picking up children from school, helping out in the case of emergencies and illnesses, lending a hand with errands), but here, we’re focusing on deliberate, regular and self-organised cases on an ongoing basis.”

Community care is performed by people, mostly women, groups or organisations, generally without economic remuneration or in return for symbolic payment, and it goes beyond the household relationships of those who provide it (Fraga, 2022: 12). Thus, although these are valuable initiatives that make it possible to shift care out of the private (or family) sphere and provide a collective solution, due to various structural and cultural reasons stemming from the gendered division of labour, community care is not recognised as work, neither in remuneration nor in labour rights, as it is mainly carried out by women. It is because of these dual sources of tension that this study, from a feminist perspective, seeks to approach the identified initiatives with due caution. This report highlights the qualities that make these initiatives a necessary response to be included in the analysis aimed at future national care policies while also

pointing out the tensions that this type of solution poses for women's rights and their economic autonomy, as well as with respect to efforts to revalue, redistribute and professionalise care.

This report is divided into five sections. The first includes the executive summary. The second section outlines the objectives of the research and the conceptual definition of community care. The third section presents the methodological approach of the study. In the fourth section, the eight initiatives are analysed on the basis of the characteristics, approach and strategies they implement and develop to address the care needs of their communities. The fifth section discusses the main difficulties faced by these initiatives and the lessons they have learned, as well as contributions to the debate that support the design and implementation of comprehensive care policies and systems with an intersectional, gender and territorial perspective.



The study sought to carry out a first survey of social and community care initiatives in member countries of the **#TrenzandoCuidados** initiative: Argentina, Bolivia, Colombia, Cuba, Mexico, Peru and Spain. A methodology involving three complementary strategies was implemented.

1

The first strategy consisted of consultations with the member organisations of the **#TrenzandoCuidados** initiative. Eight virtual interviews were held with representatives of the partner organisations in each of the countries, during which potential initiatives to be considered were identified based on their innovative approach to a predetermined dimension of the research.

Four different types of guiding criteria, established in conjunction with **#TrenzandoCuidados** partners, were used to identify potential initiatives: **(i)** three criteria related to the approach and vision of care; **(ii)** three criteria on the characteristics and organisational structure of the initiatives; **(iii)** criteria related to territorial diversity; and **(iv)** criteria related to the trajectory of the initiative, as presented in detail below:



Criteria related to the approach and vision of care:



Initiatives that reflect the connection between care and inequalities from an intersectional, intercultural and decolonial feminist perspective (which include, for example, women with disabilities, migrant women, girls, adolescents and older women, LGBTI individuals, Indigenous women and women of African descent).



Initiatives that reflect a broad view of care: direct physical and emotional support needs, indirect care with regard to housing, education and food, the environment and ecosystems/territory, self-care, access to water, energy and transport.



Initiatives that promote transformative change from a gender justice and feminist perspective.

Criteria related to the characteristics and organisational structure of the initiative:



Initiatives led and supported by women's networks, feminist organisations or other critical social organisations.



Initiatives arising from the communities in a self-managed way, based on militancy and social activism, which put the well-being of their proponents front and centre (self-care component and recognition of the work they carry out within the framework of the proposal).



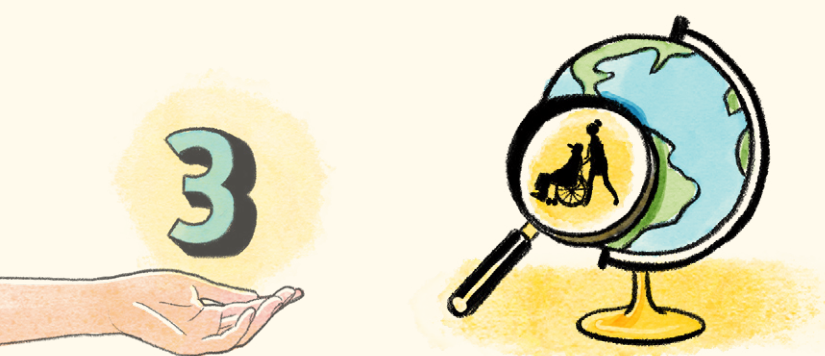
Initiatives that include multi-stakeholder participation and consider the co-responsibility of the State and public-community partnerships, without resulting in a loss of autonomy for women's and feminist organisations.



After this initial survey, eight social and community care initiatives were selected, taking into account the criteria of geographical diversity, the type of care provided and the target populations, so that the initiatives included would allow a greater diversity of contexts, formats, content and meanings of care to be addressed. It is important to note that this study does not attempt to offer an exhaustive characterisation and diagnosis of community care in Latin America and Spain. Instead, the aim is to illustrate some of the trends identified, as well as certain transformative aspects with regard to the inequalities present in the current social organisation of care and points of tension in public care policy design.



Next, eight virtual interviews were carried out with representatives from the selected initiatives (see the interview guide in the Appendix for more details).



Finally, a desktop search (including websites, official reports, digital media and academic articles) on local and community care initiatives was conducted to complement the information obtained in the interviews.

The representatives from each of the initiatives reviewed the description of each initiative and made substantive contributions to its presentation (see list of interviewees in the Appendix).

SELECTED COMMUNITY CARE INITIATIVES FOR A CRITICAL ASSESSMENT OF COMMUNITY CARE



4.1. CUIDAR, A COOPERATIVE PROVIDING CARE FOR OLDER PEOPLE (ARGENTINA)

In 2017, in the Autonomous City of Buenos Aires, several members of a socio-political group called Movimiento Evita – which is part of the UTEP workers' union – decided to enrol in a diploma course for home caregivers organised by the Universidad Nacional de San Martín (UNSAM), in partnership with the Ministry of Social Development. This course was aimed at people from the neighbourhoods and communities who performed or wanted to perform caregiving tasks, with the aim of giving them professional skills and thus helping to improve their working conditions.

At the end of the programme, the 27 women who completed the course decided to set up a cooperative with the goal of creating dignified work opportunities and providing quality care for older people, who until then had been completely neglected or receiving inadequate care. The decision was taken after an analysis of the labour market identified care as a source of “jobs of the future” that will withstand the trends of digitalisation and automation. The decision was also based on information from a document of reflections on care drawn up by the Ministry of Social Development. The cooperative would support the promotion of a “virtuous circle” between caregivers and older people, strengthening both the work dimension of care and the right to care and to be cared for. Among the cooperative's main objectives is to promote the recognition and monetary value of care work. After several months of handling the formalities required by various agencies, the CUIDAR care cooperative for older people was officially created in late 2019.

Description of the initiative

The cooperative provides care for older people in the Autonomous City of Buenos Aires. Most of them are in formal State-run care homes, generally with high degrees of dependency.

Caregivers perform direct care tasks for older people, such as bathing and grooming, keeping them company, and giving them medication. In the case of home and on-site care (e.g. in health centres or clinics), they accompany people during travel and when attending medical appointments.

The work takes place in four neighbourhoods of the Autonomous City of Buenos Aires (Retiro, Villa Soldati, Villa 1-11-14 in Bajo Flores and Villa 21-24 in Barracas). In terms of the facilities where care services are provided, most of the work takes place in residences of the National Directorate for Policies for Older Adults (DINAPAM), an agency of the governing body for the welfare of older adults, known as the Comprehensive Medical Care Programme (PAMI). Home care is also offered, but this represents a minority share of the work, which can be covered by between 4 and 10 members of the cooperative, depending on the timing.

In terms of infrastructure, the cooperative does not have its own facility. Members handling administrative tasks work from home. Movimiento Evita also provides storage space for the cooperative, as well as the possibility of facilitating logistical matters (such as photocopying or organising meetings) at one of its headquarters

Main activities

At present, the cooperative comprises 45 people, with a large majority of women: there are only four men (two young people and two adults) and one transgender person. The care workers come from diverse backgrounds in terms of age, socio-economic characteristics and caregiving experience, although they refer to themselves as “neighbourhood ladies who care”.

With regard to organising the work, the vast majority are engaged in the direct provision of care services, and four of the cooperative members act as coordinators. In addition to handling administrative and supervisory matters, coordinators manage complex situations, coordinate with other stakeholders (e.g. State representatives or health centre professionals) and provide support to caregivers.

The cooperative accepts new members through a referral system. Generally, those who join are people from the neighbourhoods where the cooperative operates. Cooperative members are also leaders of neighbourhoods, community canteens and soup kitchens. The development of a cooperative programme that creates jobs has led several people looking for work to approach the cooperative.

One of the goals of creating the cooperative was to ensure that the unpaid care work performed by these women could be remunerated. In terms of working conditions, members initially received a “complementary social wage”: compensation provided by the State to increase the income of beneficiaries of the **“Potenciar Trabajo”** employment stimulus plan of the Ministry of Social Development who are experiencing significant social and economic vulnerability. Although this process has led to a substantial improvement in their working conditions, it is still recognised that cooperative members do not enjoy all of the same labour rights of those in registered employment.

Resources and networks

In terms of the relationships the cooperative establishes with other stakeholders, its ties with the Ministry of Social Development are noteworthy. Given that members of the movement are now involved in the institutional framework, the Ministry provided them with technical support throughout the process, especially with the procedures for obtaining legal status. The local government of the Autonomous City of Buenos Aires – represented by a different political party than that of the national government – also provides support on financial and banking processes, offered through online and free-of-charge training from its institute for small and medium-sized enterprises (**Instituto PyME**). Far from having confrontational relationships, the cooperative members have forged collaborative ties with the State at different levels. In addition to collaborating with the executive branch, the cooperative has conducted vital work with representatives of the national legislative branch to design a law on a comprehensive care system with the aim of including cooperative organisations by recognising care as work.

The ties between the cooperative and health professionals, both those who work in the care homes and those who work in the neighbourhood health centres, are also indispensable.

The University is another stakeholder that has played an important role: not only did the diploma course the members enrolled in give them knowledge and skills in the social and popular economy, but it was a key driver of the cooperative's creation.

Finally, one of the most important aspects of this initiative is that it does not operate in isolation, but is part of the cooperative movement. Thus, it is involved in an incubator for care cooperatives (**Incubadora de Cooperativas y Mutuales de Cuidado**), which brings together several care cooperatives and popular economy stakeholders, among others, that are in the process of becoming cooperatives. It should be noted that the first national meeting of care cooperatives was held in March 2022.

Achievements and lessons learned

One of the main obstacles identified by the cooperative members was the significant number of administrative procedures required to obtain legal status so they could undertake care work in a formal manner. Another difficulty was that, given the scarcity of care services for the older adult population (both public and private), demand exceeded their capacity. The COVID-19 pandemic, which broke out only a few months after the cooperative was created, also posed a major operating challenge. Not only did the pandemic limit the possibilities of holding face-to-face meetings among members, but it also entailed performing tasks in a situation of high risk to workers' own health and that of the people being cared for, as well as the application of entirely new protocols and procedures.

It is interesting to note the tension mentioned between formal workers (registered, with the option to unionise) and cooperative workers in terms of working conditions. Formal care workers criticise the cooperative mo-

vement as a form of work in which precarious working conditions are perpetuated. While the cooperative movement understands these criticisms, they point out that it is also a way for these workers to find work more quickly and with options that are better suited to their needs.

Finally, one of the concerns relates to how to ensure the sustainability of the work they do. To date, most work comes from agreements with the State, and home care services operate through word-of-mouth referrals. The cooperative acknowledges that developing a marketing and communication strategy would help make their work known to a wider public.

Among the lessons learned, highlighting the value of care work and what it entails for caregivers and the people who receive care was mentioned. In the case of care for older people, this means not victimising those being cared for, but recognising them as subjects of rights who deserve to be cared for in order to satisfy their needs and have decent living conditions. Reference was also made to the importance of networking (with other organisations such as trade unions and social movements, the State, the health system, universities) as a way of offering comprehensive responses to the care needs of the population. The work of the cooperative's coordinators, who provide psychological and emotional support for other colleagues, was also noted. The need for laws and regulatory frameworks that recognise the right to care, as well as its nature as work, was also emphasised.

What was initially viewed as a problem – the decentralised form of work in the neighbourhoods, without a head office – has become one of the cooperative's strengths, as this form of operation has enabled them to meet the needs of the different areas. In addition, this modality allows them to act as a unifying force that, through ties with different stakeholders (State, health centres, universities, the Church), has strengthened the social fabric of the community.

Characteristics with the potential to transform the social organisation of care

The CUIDAR cooperative has several aspects with transformative potential. First, it puts the focus on older people, who have not traditionally been the target of community care practices in the region. As such, it is a groundbreaking experience, and so far the only one of its kind in the Autonomous City of Buenos Aires – the largest urban centre in the country – which means that this initiative has the potential to encourage similar initiatives, as well as to drive change in other locations.

Second, it has a strong community component. The CUIDAR members are women who were already performing various tasks in their communities. Many of these women were neighbourhood leaders, recognised for their previous work, mainly in community canteens and soup kitchens. In this respect, it was the collective efforts of this group and their previous social ties to the community that made a worker cooperative possible.

It is also an initiative that was able to create paid care work for a group of women with few employment opportunities by formalising this activity through a cooperative structure and reaching agreements with the public

sector, although there are still significant challenges to be overcome to ensure dignified work. In other words, this is a successful example where women from working class neighbourhoods were able to capitalise on the training opportunities offered by the State and academia, and boost their income generation in a self-managed way, albeit with State support. They were able to transform work in their neighbourhoods, that was generally performed without pay, into paid work with recognition of certain rights. This initiative also highlights the critical vision and political stance of the cooperative members on the need to continue to expand their rights as care workers.

Source: Cuidar



4.2. LA COMADRE (COLOMBIA)

“La Comadre”, which stands for the coordination of displaced Afro-Colombian women in resistance and which belongs to the AFRODES association of displaced Afro-Colombians, is an autonomous and organised group of women of African descent who have been victims of armed conflict. The women are members of various organisations affiliated with or linked to AFRODES.

La Comadre began in 2015 as a way to develop horizontal coordination that seeks to influence public policies to ensure they incorporate an ethnic and gender-based perspective, in order to guarantee the reparation of the rights that have been violated among Afro-Colombian women as a result of internal armed conflict. Approximately 7,000 women from different regions of Colombia participate through the grassroots organisations that bring them together.

The term *comadre* refers to a second mother of a newborn baby (“god-mother”). It is a word that comes from the local area and symbolises the resistance of the African way of life that the displaced women had within the territory. It means taking care of all the baby’s needs, from feeding

to caring for the baby when ill and providing all other types of support involved in raising children. The *comadres* are therefore caregivers who reclaim and pass on the care practices and knowledge of the Afro-descendant community.

La Comadre is a women's collective that supports, leads, keeps ancestral knowledge alive and makes visible the rights of displaced Afro-Colombian women who experience different situations of discrimination in the cities or places to which they move after surviving acts of violence in their home regions. It seeks to reclaim the practices and customs of Afro-Colombian communities even when living in cities, such as promoting resistance through song, the way of saying goodbye to the dead, ancestral midwifery, the use of medicinal plants in healthcare, and knowledge about physical and spiritual health.

La Comadre is led by women who have a history of defending the rights of the Afro-Colombian population, and its activities aim to:

- Make visible the multiple discriminations of Afro-Colombian women who are victims of armed conflict, forced displacement and gender-based violence (documentation of human rights violations against women in their community).
- Safeguard ancestral customs and traditions as tools for psychosocial support, healthcare and restoration of the social fabric (midwives and traditional healers such as *remedieras* and *sobanderas*).
- Contribute to coexistence and peace-building in Colombia through the healing process, visibility and awareness-raising via theatre, song, poetry and other artistic outlets.
- Engage in advocacy actions to influence public policies so they take the ethnic and gender perspective into account.

La Comadre conducts its activities throughout the country through local coordination offices. It holds fortnightly meetings to work on national and regional issues. These meetings bring together displaced women living in cities who have experienced a wide range of situations, including gender-based violence, work-related issues and sexual violence, since they often live in the most complex and vulnerable areas. This information is then used to produce national reports on the reality of displaced Afro-Colombian women. These meetings also give women a chance to share their knowledge and to pass on *comadreo*, or ancestral heritage, to the younger generations so that they can feel proud of their identity.

Description of the initiative: ancestral midwifery

Within this organisational framework, La Comadre brings together a group of women who work as midwives to safeguard ancestral forms of care. Traditional midwifery reflects community-based knowledge, where the midwife accompanies women, families and the community during pregnancy, childbirth and the postpartum period. In areas where the State is not generally present and where there are no public services, it is the midwives and traditional healers known as *sabedoras* who possess the

knowledge to cure “bodily and spiritual ills”. This traditional knowledge is passed on from generation to generation, thus safeguarding the communities’ ways of life.

Tensions noted with regard to health services (primacy of scientific medical knowledge over traditional knowledge) as well as forced displacements due to armed conflict that uproot midwives from their communities, among other situations, have affected traditional midwifery and thus prompted the loss of this ancestral knowledge in Afro-Colombian communities. La Comadre, through the work of midwives, seeks to reclaim and safeguard this traditional knowledge on health, the use of medicinal plants, songs and dances as a form of resistance that allows for the recovery of ways of life in Afro-descendant communities and territories and, as a result, the pluriculturality of the country.

In this way, midwifery is a form of resistance by midwives to remain in the cities, to be recognised as political subjects because of the culture they represent, and to reclaim and pass on forms, knowledge and practices of care in their communities.

Main activities

One of the activities of this initiative is the organisation of workshops on ancestral midwifery in which preparation for childbirth and the care of the woman-mother and the newborn are addressed, based on ancestral knowledge and drawing from each local area and the respective practices and customs (care of the body, botany, songs). During these workshops, midwives and healers pass on their knowledge to other women.

Midwives accompany women during pregnancy, childbirth and the postpartum period, taking care of the health of women and their babies. They use herbs for care, make beverages, sing songs and perform ancestral soul healing. In general, they work in areas where there are no public services or with women who do not want to go to a health centre and prefer to be treated by midwives because of their connection to the community and respect for their way of life.

Various advocacy actions seek to ensure midwives are present in health centres, that their work in healthcare is recognised, that their knowledge is taken into account alongside modern medicine and that they are available to those who want this ancestral support and guidance.

Resources and networks

At the organisational level, La Comadre has a sustainability strategy based on a system of donations (sponsorship) as well as a shop that sells the products they make in the community.

With regard to ancestral midwifery specifically, although La Comadre has received targeted financial support for its workshops, it does not have the funding to pay for midwifery and *comadreo* activities. This unpaid work is performed by Afro-Colombian women in the different territories and cities where they live.

La Comadre estimates that there are currently around 400 midwives, women between the ages of 50 and 80, located in different parts of the country, including Quito, Tumaco, Ríosucio, Soacha, Bogotá, La Guajira, North Santander, Bucaramanga, Valle del Cauca, Buenaventura, Guapi, Timbiqui and Arjona.

Achievements and lessons learned

One of La Comadre's achievements is the safeguarding of knowledge associated with Afro-Colombian midwifery. This activity makes it possible to reclaim and share a vast set of practices, care techniques and knowledge based on the use of medicinal herbs, massages, songs and lullabies as well as knowledge about the body, the emotions and spirituality of women and newborns, the community and the territory.

Over the years, La Comadre has fought to uplift the work of midwives and *comadres* by promoting their symbolic recognition and participating in the various activist initiatives that helped traditional Afro-Colombian midwifery of the Pacific coast achieve official designation as Colombian intangible heritage in 2017, which establishes a framework of protection for this ancestral profession. However, midwifery continues to be unpaid work for the *comadres*, who provide their support and guidance free of charge to the community.

Another challenge is related to the development of processes of passing on knowledge between generations, which is the reason for the workshops on ancestral midwifery. These workshops enable the sharing of ancestral knowledge among Afro-Colombian women from different parts of the country.

Characteristics with the potential to transform the social organisation of care

This community care initiative was chosen as being potentially transformative for the current social organisation of care for several reasons. First, the initiative aims to make visible and recognise an essential social, care-related role played by women in Afro-Colombian communities. La Comadre's political vision seeks to uplift the care work performed by midwives and include it in traditional health and care systems.

It also broadens the traditional notion of care by incorporating an intercultural approach, whereby the care work performed by midwives embraces a form of resistance to promote an Afro-Colombian identity and ancestral knowledge that is threatened by armed conflict, displacement and violence. Through the care practices performed by midwives, the aim is to make visible, recognise and maintain the culture, ways of life, practices and customs of the Afro-Colombian population that has been displaced to cities. Care work is a profession connected to the world view and ancestral customs of Afro-Colombian communities. This initiative thus contributes to public policies on care, which must integrate this knowledge and these practices if they are to be developed based on an intercultural approach that recognises diverse forms of care.

La Comadre also has transformative potential because it is aimed at caring for women who have been victims of triple discrimination due to their gender, ethnicity or race, and armed violence and displacement. The work of midwives seeks to support women in restoring the social fabric, community life and their identity through the possibility of receiving care based on ancestral community knowledge. Ensuring that Afro-Colombian women receive this care and are able to access this assistance in health centres reinforces their physical autonomy; in other words, they are given a chance to make autonomous decisions about their bodies and a stronger guarantee of being able to exercise their sexual and reproductive rights. La Comadre offers a respectful and personal conception and practice of care, which contrasts with the multiple practices of obstetric violence perpetrated on women's bodies and their reproductive lives in the Latin American region.

Finally, this is an initiative in which the community plays a central role given that the people who perform the care work belong to Afro-descendant communities and strive to reclaim the ancestral knowledge about care and related practices in cities, thereby strengthening the community in urban environments.



Source: La Comadre

4.3. ACOMPÑAME. TELECARE SERVICE (CUBA)

The Acompañame telecare service emerged in 2020 as a coordinated social science and community response to the effects and impact of the COVID-19 pandemic. Acompañame is a response to the "attention to care work programme" (Programa de Atención al Trabajo de Cuidados – PATC) designed by the family studies group of the Centre for Psychological and Sociological Research (Centro de Investigaciones Psicológicas y Sociológicas – CIPS) as part of the research project *"Transforming the work of caring for older people with long-term care needs from a family perspective"* (Campoalegre et al., 2020a).

The family studies group supports a holistic approach to care as an epistemic positioning. In other words, it recognises the diversity and complexity of care, combined with a three-dimensional theoretical understanding of care as an inalienable human right, as one of the functions of the family to provide for the well-being of its members, and as a system of social organisation for personal well-being. This is why the telecare service was created based on two basic theoretical-methodological assumptions: first, considering care as a job and a universal right (Batthyány, 2015 cited in Campoalegre et al., 2020a), and second, considering the multi-stakeholder co-responsibility approach that connects the participation of older people as proactive and transformative agents of their own reality together with community stakeholders, the State, families, civil society and the market (Campoalegre et al., 2020b).

One of the findings from the family studies group's research pertains to care in conjunction with public policy (Campoalegre et al., 2021), which has led to the promotion of capacities for change, with legal protection, including a focus on one of the most complex and necessary forms of such work linked to long-term care for older people. The early stages of this study coincided with the global spread of the pandemic and the implementation of the first measures adopted by the Cuban Ministry of Public Health, and it was within this context that the Acompañame service was created.

In addition to their theoretical and methodological experience in care work, the study group members had various tools at their disposal to develop the Acompañame telecare service: a capacity for dialogue and coordination at community level, support for certain problems of daily life and psychological counselling. Other collaborators gradually joined this initial working group; in all, there were six institutions and 15 professionals working on implementing the telecare service, which is characterised by its multidisciplinary and inter-institutional nature. Most of the people involved in this initiative belong to the Cuban network of care studies (Red Cubana de Estudios sobre Cuidados).

Initially, the telecare service focused on people attending the Celia Sánchez Manduley Casa de Abuelos day centre. Subsequently, older people from the El Carmelo and Vedado-Malecón people's councils, both in the municipality of Plaza de la Revolución, who do not belong to social institutions and who, in some cases, care for a family member were included.

The Acompañame service has become not only a strategy to provide assistance and psychosocial support for older adults but also an active inter-institutional and community agent to promote well-being with a feminist, gender- and rights-based approach. Requests for help come from older people in need, from civil society organisations and through the Havana government.

According to Rosa Campoalegre, coordinator of the initiative, the Acompañame project is a co-responsible feminist bridge of love and collaborative support made up of and carried out mostly by professional women. Although it is a social service for older people of any gender, women tend to be the ones requesting assistance and/or willing to be assisted. In 2020,

the telecare service provided support to a total of 100 older people and their caregivers, 91 of whom were women. These individuals included a total of 16 caregivers (15 women and 1 man); 18 people in long-term care (13 women and 5 men); and 66 people living alone/with older spouses/practically alone (63 women and 3 men) (Campoalegre et al., 2020a).

Description of the initiative

Acompáñame is a preventive, informative and psychological counselling social service, implemented through personalised, alternative telecare, developed through community networks. The service includes non-face-to-face support for older people who request it or at the request of civil society organisations and local government agencies. The service provides support to people over the age of 65 who live alone, with their spouses in this same age group, or who are virtually alone in their homes; people over the age of 60 who receive long-term care; and caregivers who provide long-term care to older people.

The service's initial goals were to:

- Provide emotional support to older people who need it.
- Redirect the main concerns, opinions, worries or problems of a social nature to the competent institutions.
- Provide first-line psychological counselling for the people assisted.
- Adequately promote the information provided by the Cuban State on the COVID-19 epidemiological situation.
- Foster a space for the promotion and maintenance of physical and psychological health based on the culture of care and self-care.
- Stimulate community support networks for older people.

The goals were based on the principles of the PACT programme, which goes beyond the deficiency-oriented health approach, which is based on the idea of dependency and the healthcare model. Instead, the design of PACT and the Acompáñame initiative promote a new paradigm of care as social work, with a focus on co-responsibility, gender and rights beyond basic needs.

As part of the work carried out by the CIPS family studies group, the following basic aspects were considered when implementing the service:

- Caregivers are a vulnerable population as they are more prone to experiencing psychological, physical and social impacts due to the work they perform (Flores et al., 2012 cited in Campoalegre et al., 2020a) and these are exacerbated by preventive isolation.
- The feminisation of care, which contributes to the violation of women's rights and overburdens women through their household roles (Campoalegre et al., 2020a).
- The need to address and influence the intersectionality of race, gender and age, which reveals patterns of inequality in care.

Main activities

The Acompañame telecare service is divided into three service areas with specific protocols and clearly established activities for each. The first, an introductory service, welcomes and places people in one of the other two service areas on a preliminary basis. The second, a social service, offers support on issues involving daily life, legal counselling, information, promotion of positive family strategies to deal with COVID-19, prevention of domestic violence and promotion of community support networks for the service. The third, a psychological service, is aimed at promoting and maintaining the physical and psychological health of older people; supporting and recognising people's own resources, strength and ability to cope with their problems; alleviating their distress; and promoting care and self-care.

Finally, counselling for people aged 60 and over who are long-term caregivers was also incorporated, based on the need to include other at-risk populations in times of pandemics. The service's main tool is dialogue-based psychological support and counselling. Due to the isolation measures implemented to mitigate the spread of COVID-19 during the pandemic, the service was accessible via telephone or WhatsApp.

Among the main problems handled by the psychology team is caregiver stress syndrome, which includes irritability, aggressiveness, sadness, physical and mental exhaustion, anxiety, insomnia and feelings of guilt. Other common manifestations include depression, communication difficulties, worries, fears, feelings of loneliness, panic attacks, symptoms associated with the grieving process, mild cognitive impairment, vascular dementia and decreased appetite.

In addition to telecare activities, various training services have been developed, including the following:

- A postgraduate workshop course entitled "Transforming the work of caring for older people from a family perspective", in face-to-face and blended learning modalities. Its goals are to assess general theoretical approaches to care from a feminist, gender- and rights-based, and intersectional perspective; to promote the culture of care and self-care through awareness-raising actions, educational messages, and social and psychological support for older people, their caregivers and their families; and to apply the protocols of the Acompañame service in diverse community contexts. The course is aimed at university professionals and specialists working in the fields of research, education, health, media and social activism.
- A "Building Family Well-being" office that provides consultancy services, community and institutional training, and legal advice on families and care. Its aims are to promote family well-being through the development of inclusive family strategies, with an intersectional, gender- and rights-based approach, and to train public policy officials on working with families, care, violence and social prevention. It offers psychological support and promotes healthy lifestyles for older people and caregivers.

Resources and networks

The Acompáñame telecare service comprises an inter-institutional and multidisciplinary team with specialists from more than 15 institutions: seven professionals from CIPS, three from the University of Havana, two from the National Centre for Sex Education (CENESEX), one from the association of collective law firms, one from the Institute of Anthropology and one from the Finlay Vaccine Institute.

The service relies on the voluntary work of these professionals, who provide an unfunded social service in addition to the paid professional work they do at their institutions. While emotional support is the specific dimension of care addressed by Acompáñame, the initiative itself highlights “affection and love” as one of the main resources available for care.

Acompáñame operates as a network in conjunction with various institutions and handles requests for assistance from the community and the municipal government. Systematic ties have also been forged with various social stakeholders such as social workers to follow up on the assistance provided to older people, especially with regard to care work requirements and expanding this work beyond the family sphere. Strong ties have also been established with the Federation of Cuban Women (Federación de Mujeres Cubanas – FMC) and with the local Defence Councils.

Achievements and lessons learned

One of the achievements of the Acompáñame initiative is its coordination between academia, public institutions and the community. The initiative arose from and was enhanced by scientific contributions related to care, capacity-building for change and ties with the community in a context of a global health crisis, during which innovative networked strategies were developed to support mainly older adults during periods of confinement. As a result of these ties, the initiative has become an active inter-institutional and community agent for the promotion of well-being with a feminist, gender- and rights-based approach. Additionally, it provides services not only for people in need of care but also for caregivers.

Another achievement is that the organisation has fostered a different approach to the care of older people, focusing on what they can do instead of what they cannot and promoting a gender- and rights-based approach to active, productive and positive ageing (Campoalegre et al., 2020a).

Characteristics with the potential to transform the social organisation of care

This initiative was chosen as a potentially transformative community care initiative for several reasons. First, it recognises and defines itself as an initiative that embraces a feminist vision and a human rights-based approach to the issue of care, and it takes a broad view of care needs: the main service is psychological counselling for older people during periods of compulsory isolation.

Second, the initiative’s goals and overall design were developed so as to bring about changes of a transformative nature related to a different

focus and the promotion of ageing in an active way and as a subject of rights on the one hand, and co-responsibility in care on the other.

Third, because Acompáñame is a multi-stakeholder and multidisciplinary initiative, it includes stakeholders from academia, the community and the local government of Havana. Accordingly, it is an initiative that includes multi-stakeholder participation and promotes social co-responsibility and public–community partnerships, without resulting in a loss of autonomy for women’s and feminist organisations. It is also important to note that the bilateral assistance provided via the telecare services to people in need of care also includes caregivers.

One of the notable aspects of the initiative is the centrality of the subjective and emotional dimension as an intrinsic component of care. The importance given to this dimension of the initiative involves creating services for assistance, listening, counselling and support for those who require or provide care with the intention of procuring and caring for their emotional well-being.

Currently, the initiative is being expanded to different vulnerable communities. It is working with children from primary schools to raise awareness about the value of care, highlight intergenerational dialogue and provide training in values of solidarity.



Source: Acompáñame

4.4. YO CUIDO, A GROUP FOR COLLABORATIVE, CARE-BASED ENTREPRENEURSHIP (MEXICO)

In November 2019, a group of unpaid women caregivers organised the first ever [march for the right to care in Mexico City](#) and other cities, both in Mexico and in other Latin American countries (mainly Chile, Peru and Colombia). From that moment, Yo Cuido Mexico, a citizens' initiative that brings together caregivers from different regions of Mexico, began to take shape. It was led by unpaid caregivers, mainly those who were part of mutual support networks and civil non-profit organisations. Many of them were experiencing emotional and physical isolation and extreme precariousness and faced both time and income poverty due to the extreme burden of care in a society that does not take co-responsibility for care.

Yo Cuido Mexico's goals include: (i) the recognition of the right to care as a universal human right and the development of a national care system; (ii) the recognition of the rights of unpaid care workers; (iii) the demand for time and space for care; (iv) women's right to their own time.

A few months after the march, the COVID-19 pandemic arrived in Mexico and signalled a major transformation, one with both negative and positive effects. First, it challenged the nascent grassroots organising effort as caregivers' unpaid care workloads increased and confinement made it difficult to hold meetings. Second, for round-the-clock care workers, it represented an opportunity to strengthen and expand the movement, as virtual modalities opened up wider possibilities for political participation for care workers who provide intensive, extensive and specialised care, and who are always confined to their homes due to their workloads.

Due to the COVID-19 pandemic, on the initiative of one of the organisation's members (with an academic background), a virtual participatory action-research process was promoted to continue nurturing and building the movement and the grassroots organisational effort among unpaid care workers. This research was carried out mainly with women who care for close family and community members who require intensive, extensive and specialised care due to illness, disability or stage of life.

As a result, a group emerged for collaborative, care-based entrepreneurship (among other lines of action), with the aim of developing proposals for community care solutions. Within the group, solutions are being outlined and co-constructed based on the needs of caregivers and the people they care for. These include: (i) Mutual support housing cooperatives; (ii) Home care services; (iii) Employment cooperatives that integrate caregivers and young people and adults with disabilities to develop economic autonomy; (iv) Self-sufficient farms for community living, collective care and agroecological lifestyles, linked to popular education projects; (v) Community radio; (vi) Writing from the experiences of caregivers.

This group works in partnership with the research group on the economics of care and economic autonomy (GIECAE) of the National Polytechnic Institute (IPN) of Mexico, and is putting together a learning-teaching process with a long-term commitment to put the focus on caregivers. The initiative seeks to connect these caregivers to the ecosystem of the social and solidarity economy in Mexico. After consolidating the collaborative ventures of the group's participants, various ways to share the lessons learned from the development process will be explored, as well as ways to scale up the solutions and turn them into public policy proposals to coordinate care systems in Mexico.

Description of the initiative

Yo Cuido is an initiative present in several countries: Chile (where it emerged), Colombia, Mexico, Peru and recently Guatemala. In Mexico, it is present in 15 of the country's 32 states.

Participation in Yo Cuido Mexico fluctuates due to its members' care workloads. As of January 2023, it had approximately 77 participants, ranging in age from 31 to 74 years, mainly from urban areas who are able to connect at least with a mobile phone.

In general, these are people in precarious situations: unpaid full-time caregivers who provide intensive, extensive and specialised care and single mothers (heads of household), some of whom are of Indigenous descent who have migrated to the cities. They also include women caregivers who work in public or private sectors with paid jobs and who also provide intensive, extensive and specialised care (i.e. who work double or triple shifts), women with extensive workloads and who also work in paid care sectors, many in precarious conditions and under constant threat of dismissal. These women are subject to threats because of their constant absences due to the medical attention or complications of their care-dependent family members. Others are women with disabilities, either from birth or acquired due to intense and extensive care burdens, who are without access to medical services due to lack of paid employment benefits and who have different levels of education (from primary to postgraduate). Many of them are professional caregivers who were forced to give up their jobs to care for others.

In terms of its operations, Yo Cuido began informally, and over time has developed a series of agreements for its internal operations. Work is mainly carried out virtually, as a significant number of caregivers (especially those caring for people who require intensive, extensive or specialised care from others) are always confined to their homes due to their workloads in the context of a society that does not take co-responsibility for care. A minority of them are in paid employment that allows them to pay for private childcare for children with disabilities. However, there are some local support services (in Mexico City, Jalisco, San Luis Potosí, State of Mexico). They provide internet service and secure communication platforms for day-to-day communications. When hybrid modalities are used, face-to-face sessions are carried out with the support of partner organisations.

Main activities

Following the COVID-19 confinement measures, a first activity consisted in creating podcasts, *Escucha con Cuidado* (Listening with care), which connected the voices, experiences and knowledge of those at the forefront of care relationships. This collaborative effort allowed them to analyse the social organisation of care in Mexico and Latin America; to create spaces in which unpaid caregivers could be heard; and, based on their knowledge and experiences, to fight for care systems and policies that provide quality services and recognise unpaid and paid care workers as subjects of rights.

In short, *Yo Cuido Mexico* promotes a process of continuous learning, action-research and active listening from and for those who are at the forefront of care relationships. During the first stage of the work, the members reflected on their daily experiences in conjunction with the collaborative study of the organisation of care in Mexico. During the second stage, participants deepened these reflections through art (photography and creative writing) and deliberation on an advocacy plan. During the third stage, a series of study circles was held, which addressed topics such as the right to care, self-care, co-responsibility for care, the ethics of care, community and cooperative care solutions, the need to promote local care systems in Mexico, and personal assistance.

Aware of the importance of emotional well-being in achieving social change, *Yo Cuido Mexico* offers a group environment for psychological and emotional support with professionals who have a strong background in working with caregivers, as well as the option of individual therapy for those members who request this type of support. Several members also do important work by participating in management processes with international organisations and governments as well as other national and Latin American collectives, with the aim of making both care as a right and self-care more visible.

The collaborative, care-based entrepreneurship group was built on the idea that time is scarce for caregivers with intensive and extensive care burdens. The group meets every two weeks to coordinate a multidimensional training process. In 2023 this process will focus on consolidating the business plans of each collaborative venture of the caregivers participating in this process. Between sessions, each participant works on their project through a personalised consultancy process. The process is supported by a series of conversations, called “collaborative ventures and cooperative care solutions”, to foment discussions and a network of collaboration between stakeholders creating community-based care solutions in Latin America and other parts of the world.

Resources and networks

Because the initiative needs a material basis to operate, some of the group's members have made efforts to secure resources. Currently, *Yo Cuido Mexico* is receiving substantial assistance from *Fondo Semillas*, a feminist fund that provides resources and support to strengthen grassroots organisations and groups to advance the rights of girls, women and

transgender and intersex people in Mexico, which has agreed to provide support for a five-year period. In addition, the Friedrich Ebert Foundation (FES) Mexico supports the development of various publications and training activities. The Urgent Action Fund–Latin American and the National Network of Women Human Rights Defenders (RNDDHM) in Mexico provide meaningful support in building an emergency protocol and a comprehensive protection and security plan. Likewise, the GIECAE research group of the IPN provides substantial assistance in the training and support processes of the collaborative, care-based entrepreneurship group.

In terms of the group's sustainability, partnerships with the broader women's movement and academia, as a political stakeholder, have helped support and bolster the effort with a long-term commitment. The group also collaborates with government agencies and has not ruled out the possibility of seeking further public support where appropriate.

Yo Cuido Mexico has a total of 17 members from Mexico City and various states of the Mexican Republic. These members take on continual responsibilities in the group's work processes (three general coordinators, three social media managers, two people who coordinate the protection and security activities, seven people who manage the processes for the collaborative ventures group including the GIECAE team, one person who handles the website design, and two people who run the psychological-emotional support area). The vast majority are women, with the exception of two men in the collaborative ventures group. Remuneration is covered by resources from the Fondo Semillas, while a co-investment with the IPN handles payment for the collaborative ventures group. The general coordinators work 24 to 30 hours per week and received symbolic compensation for their first year of work. The other staff members work for approximately four hours per week and continue to receive remuneration, usually symbolic in nature.

The creation of partnerships has been central to Yo Cuido Mexico's development and operation. Thus, ties have been established with the feminist movement and academia as well as with public bodies such as the Public Defender's Institute, the National Human Rights Commission, legislative bodies and the Coalition for the right to decent care and time of one's own (Coalición por el Derecho al Cuidado Digno y Tiempo Propio).

Achievements and lessons learned

In terms of the obstacles faced by the group, the centralised structure of the State is notable, given that a large territory makes it impossible to respond to the care needs of the different communities. Additionally, there have been cuts in care services as part of a general anti-corruption package from the federal government that involved drastic cutbacks in childcare facilities and the full-time school programme. Instead, cash transfers are given to caregiving mothers. Another issue is the context of precariousness and structural violence faced by a significant number of women caregivers, which feeds the vicious cycle of time poverty (as a result of the overload of care tasks) and monetary poverty. Large parts of the country are also increasingly submerged in a spiral of violence due to the power of organised crime that reinforces the reign of dominant masculinity.

To overcome these obstacles, the group has relied on a variety of strategies. One of the most important has been the expansion of partnerships. The group has also supported lifelong learning as a basis for the coordination process and collaborative ventures as solutions for and from caregivers, with the possibility of scaling them up to public policies. To manage time constraints, they plan activities well in advance and develop fewer time-bound activities, which allows for increased participation. Finally, they promote the dimension of self-care by incorporating healing, both on a personal and collective level.

Among the various challenges are the lack of recognition as subjects of rights (especially by the State); the consolidation of a grassroots organisational effort; the identification of solutions to their basic needs, without losing sight of strategic interests; and the inclusion of their voices and knowledge in social, public and academic debates.

In terms of learning, the virtual modality, as a collaborative effort against physical and emotional isolation, was noted as a powerful political dimension, because it can contribute to strengthening organisational efforts among unpaid women caregivers. Thus, despite the intensification of the burdens on those in charge of care relations, the group was able to expand its geographical scope by including caregivers from all over Mexico, mainly in urban areas, through a virtual process of participatory action-research. In this way, the initiative shows that putting care front and centre involves rethinking policymaking to always reflect the voices of civil society organisations. It also exemplifies that recognition of the self-care and healing dimension is a prerequisite to developing alternative models and initiating social change. The group recognises that the knowledge and experiences of caregivers can contribute to wider efforts, and that building alliances is essential.

One key aspect is that this effort connects caregivers from different geographical locations through a common cause – across Mexico as well as from other countries in the region, such as Peru and Chile. By engaging in reflective dialogue between care workers from different geographical locations, who, despite living in very different areas, share very similar experiences, meaningful knowledge is exchanged that is crucial for bringing about profound changes and achieving fairer care arrangements. Another achievement is that grassroots organisations, by drawing on their knowledge and focusing on unpaid women workers, have built alliances and promoted solutions that can be scaled up to be included in the debate and development of care systems.

Characteristics with the potential to transform the social organisation of care

The comprehensive nature of Yo Cuido Mexico makes it an initiative with transformative potential. As such, one of the most outstanding points is its efforts to achieve recognition for caregivers as subjects of rights, together with the right to self-care as an indispensable element. Similarly, Yo Cuido advocates for broad and diverse identities that do not restrict its members to the exclusive role of caregivers, but rather, by promoting their agency, allows them to think of themselves as people with their own life path, spokespersons, cooperative members and entrepreneurs.

It is an initiative that proposes a broad vision of care, which includes the collective and community dimension as a key feature. This vision also links care with the popular economy, recognising its economic impact and the need for a material basis to make care possible. It highlights the forging of partnerships with very diverse stakeholders – from other grassroots organisations to academia – in strengthening the co-construction process.

Finally, it is an initiative with a strong political component, given that it combines tangible care solutions based on local knowledge and experiences, along with the self-care and well-being of its members, with an agenda of advocacy and active participation. It puts the voices and knowledge of those at the forefront of care relations front and centre in social, public and academic debates, especially with regard to the development of a national care system. It also has a regional focus through the development of a network of care cooperatives and community solutions in Latin America.



Source: Yo Cuido México

4.5. MUSAS DE METAL (MEXICO)

Musas de Metal, Grupo de Mujeres Gay A.C., was founded in 1995 with the aim of creating a safe space to support lesbian and bisexual women, transgender people and people with other non-heteronormative identities, with a focus on human rights and humanistic psychotherapy. Its activity is mainly oriented towards the LGBTQIA+ community and family members of transgender people.

The need to form a group arose from a request to host a segment (De Mujer a Mujer: Pregúntale a Pantaleona Levis) on the first gay radio programme in Mexico, for which Pol Martínez Peredo (Musas coordinator) and their partner at the time answered listeners' calls and talked about their experiences. A year later, they created Musas to facilitate face-to-face meetings between lesbian and bisexual women in which to share their own experiences. The group has held in-person meetings since its creation, and from 2020, due to the COVID-19 pandemic situation, these meetings have been shifted to the virtual world (Zoom and WhatsApp). Workshops are also held to support transgender people and their families.

Currently, Musas de Metal holds weekly meetings aimed at lesbian, bisexual, transgender and nonbinary women and their families, during which they share experiences on different aspects of life and support people who want to transition (recurring workshops for LGBTQIA+ women, Trans Acompañamiento and Trans-cribiendo vidas). Those who participate in these workshops can also join a WhatsApp group, which allows for a more daily support and exchange. Various workshops are also held for the LGBTQIA+ population on specific topics (e.g. health, care, old age, body acceptance, sexuality, new diverse identities, psychotherapeutic support for transgender people, employment support). Musas de Metal also produces an internet radio programme, called Identivarias.

Description of the initiative

Within Musas de Metal's activities, two areas in particular stand out. They are mainly aimed at creating a network of assistance, support and care for transgender people: Trans-cribiendo vidas (Trans-cribing lives) and Trans Acompañamiento (Trans support).

Trans-cribiendo vidas is aimed at transgender, nonbinary, gender fluid and other gender nonconforming identities. This is a space where participants can share their experiences with transitions, visibility, sexuality, support for the transitioning process and different situations in their daily lives.

Trans Acompañamiento is aimed at family members and partners of transgender and nonbinary people and seeks to provide a therapeutic, informative and reflective space where they can share experiences about having a transgender or nonbinary child or partner who is starting or going through a transitioning process.

These workshops are open, free and virtual (Zoom and WhatsApp). People participate from all over the country, mainly from the State of Mexico and Mexico City. The purpose is to generate community support for transgender people and their families. These spaces are also a way to disseminate information on self-care for transgender people, medical specialists, procedures, access to available resources and rights, among other topics.

Main activities

Both Trans-cribiendo vidas and Trans Acompañamiento host weekly Zoom meetings during which different themes are covered. Those who attend these weekly workshops can also join one of the WhatsApp groups to be part of a more fluid conversation and share concerns and interests.

Some 80 people participate in Trans-cribiendo vidas. Most are transgender men from all different age groups; the youngest person is 15 years old and the oldest is 54. This helps connect the experiences of both teens and adults. The teenagers joined the group later and a good relationship has been established between both age groups that have different transition rhythms. A series of activities has also been implemented that goes beyond the workshop forum itself (e.g. drawing classes).

Some 160 people participate in Trans Acompañamiento; participants are family members and partners of transgender and nonbinary people, mainly mothers, grandmothers, aunts and female partners, and a few fathers of transgender people between the ages of 6 and 40. In the Zoom and WhatsApp workshops, participants share stories, experiences and anxieties about the transitions of children, grandchildren and couples and the experience of supporting them through the process. Transgender people are also invited to tell their stories and show that they can have a happy life to decrease the levels of distress that are managed as negative indicators. Professionals are also invited to give talks on hormone treatments, surgeries, legally changing birth certificates, how to accompany the process of dysphoria and taking hormones, etc.

All of the groups impose a set of rules to create a safe space for everyone based on the principles of respect, confidentiality and trust so that participants are able to share their experiences and express what they feel without being judged. Accordingly, harassment and reaching out to someone without their permission is forbidden in the groups, and private messages may not be sent without first making a proposal in the forum and being accepted.

Resources and networks

The initiative is self-managed by a multidisciplinary and intergenerational group of 15 volunteers and collaborators who perform their work on a pro-bono basis. The team comprises mainly lesbian, transgender and bisexual women along with one cis man who perform tasks related to coordination, dissemination and awareness-raising. They also facilitate the Zoom and WhatsApp groups. The overall coordination is carried out by a transgender man.

The group has no regular funding to develop these workshops and groups. As noted above, the activities are free of charge and therefore no money is raised from them. Occasional support from organisations (such as Fondo de Mujeres del Sur, Astraea-Fundación Lésbica por la Justicia) helps to cover the fees of the Musas de Metal coordinator and some minimal operating expenses, as well as the voluntary financial support provided by some mothers. Musas receives no State funding or other support, other than referrals to their groups.

Since its inception, Musas has coordinated with different LGBTQIA+ organisations and groups, both in Mexico and in other countries. They are currently part of the coordination team of the **Network of Lesbian and Bisexual Women's Organisations of Latin America and the Caribbean (LESLAC)**. They also conduct social service activities in conjunction with the National Autonomous University of Mexico (UNAM) and have worked with a private university.

Achievements and lessons learned

In the nearly three years that Trans-cribiendo vidas and Trans Acompañamiento have been operating, the group has managed to build a community among the groups' participants, making it a safe place and a

“chosen family” in which to support each other throughout the different moments in their lives. Participation in the groups gives people self-care tools for transgender or transitioning people to help lower their anxiety and be more comfortable.

Digital technologies (Zoom and WhatsApp) have made it possible to broaden participation and communicate and connect with people from different parts of Mexico and even abroad. One of the lessons learned over the years has been to adapt face-to-face meetings to a virtual format without losing the dialogue between the participants and without transforming the workshops into “faceless little squares”. To this end, shifting to weekly workshops (instead of every three weeks for in-person workshops) has made it possible to sustain the community-building process.

The use of technologies has also been a challenge, as some people are reluctant to participate in virtual modalities due to difficulties of use or because they do not feel safe.

Characteristics with the potential to transform the social organisation of care

The Trans-cribiendo vidas and Trans Acompañamiento initiatives are innovative experiences with transformative potential because of the meaning they give to care and the virtual format in which care is provided. Trans or transitioning people need specific care, and in general do not receive sufficient information or support. Musas de Metal creates safe spaces in which care and self-care are a central concern. Although still in its infancy, the discussion on care in general is included in the groups for transgender people as well as in the family groups. Musas de Metal is currently conducting a care survey among workshop participants. The coordination team is also holding workshops on the subject.

The aim of Musas de Metal is to inform care policies by ensuring they reflect the reality and needs of the transgender population. The initiative seeks to raise awareness around the fact that transgender people or those who are transitioning require other types of care. For example, a transgender child requires different kinds of care than a cis child; the same goes for people with disabilities who are transitioning.

Source: www.musasdemetal.org



4.6. CONFEDERACIÓN NACIONAL DE MUJERES ORGANIZADAS POR LA VIDA Y EL DESARROLLO INTEGRAL (CONAMOVIDI) (PERU)

During the economic crises of the 1960s and 1970s, numerous community kitchens emerged in Peru as a way of responding to the unmet food needs of a large part of the population. These community kitchens were gradually consolidated to become one of the largest networks of the social and solidarity economy to guarantee food in working-class neighbourhoods. As part of this broader movement, the National Confederation of Organised Women for Life and Integral Development (CONAMOVIDI) was created in 2005. It is a women-led organisation based on the experiences of solidarity and work in self-managed community kitchens.

By networking with self-managed community kitchens, CONAMOVIDI promotes the defence of fundamental rights such as food, health, education, work and the right to exercise individual and collective citizenship. It also participates in the implementation of public policies that contribute to the country's development. Members are also involved in small-scale agriculture, handicrafts, community mapping and environmental advocacy.

At present, CONAMOVIDI brings together 556,000 people – nearly all women – and has a significant presence across the country in both urban and rural areas: it operates in 36 regions and 55 provinces. To meet the needs of the different communities and take into account their idiosyncrasies and world views (e.g. the inclusion of ancestral knowledge in rural care), CONAMOVIDI has adopted a decentralised working approach in the different territorial levels of its governance structure:

- The first level is in the neighbourhoods (community kitchens and other groups) that are officially registered in the municipalities.
- The second level is the provincial level.
- The third level is the national level, which is registered as a legal entity with the National Superintendency of Public Registries (SUNARP).

At all levels, the organisations are represented by a board of directors and have statutes that set out their organisational operations with regard to the context, legal representatives and a board of directors. Furthermore, all levels have general assemblies and adopt their own organisational structures and methodologies.

Thanks to its efforts and actions in the social and political spheres, CONAMOVIDI has managed to position itself as a relevant stakeholder on the national stage. It actively participates in actions for older people and the recognition of domestic and unpaid care work performed by women, especially in these community forums. The importance of these tasks for sustaining life became evident during the COVID-19 global health crisis, during which women were on the front lines of the response.

Description of the initiative

CONAMOVIDI is an initiative with ties to the popular economy, led and managed by women who handle care situations in their homes and communities (mainly for children and older people). It is a social organisation at national level, made up of provincial- and district-level organisations that connect and represent community kitchens and other local organisations that develop social and productive activities (violence prevention, health promotion, economic enterprises).

Initially, CONAMOVIDI emerged as an offshoot of the federation of community kitchens, with support of these kitchens being one of its main activities. It gradually diversified its lines of work beyond food provision, adding others such as: (i) political participation in decision-making forums (e.g. participatory budgeting, oversight of resources); (ii) gender-based violence (legal guidance and protection of women defenders and activists); (iii) climate change; (iv) health promotion.

In terms of the role of care, initial efforts were focused on the work in community kitchens. Faced with a lack of State-provided care services, CONAMOVIDI members identified the need for a community response. Childcare solutions were developed, which allowed them not only to meet the children's needs but also to continue with their activities. Recognising their role as caregivers, they then began working to raise awareness about the visibility, acknowledgement and economic value of these tasks.

Along the same lines, in recent years they have begun to work on the self-care dimension, recognising that they had long neglected their own health (physical and mental) and well-being. The COVID-19 pandemic and the resulting exacerbation of care burdens on women, both in the home and in community spaces, highlighted and made members more aware of the importance of self-care for themselves and their work. In this context, they secured funding from the Canadian government and developed a school for women advocates against violence.

CONAMOVIDI's relationship with the State is mainly characterised by its rights advocacy work. The State currently provides the group with inputs (mainly food) for the community kitchens. However, the group claims that this is not enough, and has drafted statements calling for an increase in the available budget and more equitable distribution of food and goods. One of CONAMOVIDI's main lines of action is to call on the State to recognise and give resources to women who perform care work in the home and in the community through training, resources and, above all, a salary.

Main activities

Although one of the initiative's main activities is feeding vulnerable families through the community kitchens, over the years CONAMOVIDI has expanded its activities, including:

- **Political advocacy:** CONAMOVIDI develops different strategies for participation in public decision-making, such as oversight of resources for community kitchens, involvement in participatory budgets and advocacy on different issues on the political agenda related to vulnerable populations such as women, children and older people.
- **Health training:** Many of the women participating in CONAMOVIDI have been trained (by the State, universities, civil society and feminists) as health promoters. This line of work has been ramped up since the COVID-19 pandemic to give them tools to provide care and to develop self-care strategies.
- **Climate change-related strategies:** This line of work incorporates care for the land and the environment. Through various actions, CONAMOVIDI has helped people who have suffered losses due to natural disasters. It also includes women farmers, who are the people who care for the land and crops.
- **Gender violence and protection of women community defenders:** In the area of violence, together with other organisations, actions have been developed to protect women community defenders. During the pandemic, a protocol for their work in the context of the health crisis was developed and approved.

Networks and resources

A substantial share of CONAMOVIDI's activities is possible thanks to coordination with other stakeholders, and specifically universities, training centres, and feminist and women's organisations. At the university level, partnerships have made it possible for CONAMOVIDI members to study for diplomas and degree courses, generally through scholarship programmes (full and partial).

Support from women's and feminist organisations (including Flora Tristán, Manuela Ramos and DEMUS) has enabled the women of CONAMOVIDI to access training and forge ties with advocacy stakeholders. In turn, CONAMOVIDI has helped enrich the work and actions of these organisations thanks to its local presence and experiences.

Access to economic resources has long been a challenge. To overcome this issue, CONAMOVIDI has created ties with different stakeholders and organisations (international cooperation, foundations, religious congregations), which has enabled the group to gain access to institutional facilities, an auditorium, facilities at local and provincial levels, and resources for travel. They also develop some fundraising activities (such as community dinners known as *polladas*) and other ventures (e.g. selling handicrafts and regional products in rural areas) to earn more income.

Achievements and lessons learned

The CONAMOVIDI initiative shows how women in organised communities have managed to consolidate and sustain their work over time despite the crises and socio-political instability that have marked the country. This is due to multiple factors, including the organisation's growth (in terms of geographical scope and number of members) and the broadening of the thematic agenda and the rights it defends. Thus, for example, with regard to care, CONAMOVIDI takes a broad approach that is not limited to the right to care only for care recipients; it also advocates for the right to self-care for women, as well as care for the environment and natural ecosystems.

One of CONAMOVIDI's main achievements is its positioning as a relevant stakeholder in the national political discussion. Over time, the direct provision of care services has been complemented by advocacy activities and the assertion of the right of women to be part of decision-making processes. CONAMOVIDI is now able to influence the country's political-institutional agenda and has contributed to the passing of various laws, including Law No. 25307 on food distribution, which also gave the organisation the opportunity to sit on decision-making committees and gain recognition for CONAMOVIDI's women as managers of the food they receive. During the COVID-19 pandemic, the group also succeeded in getting a regulation passed to include women in the response committees, and for the State to equip community kitchens with biosecurity solutions (vaccines, health checks for women, masks, hand sanitiser).

In the same vein, CONAMOVIDI has been recognised not only by national government bodies (such as the Ministry of Social Development) but also by international organisations such as the Pan American Health Organization (PAHO) for its work with mothers and pregnant women, and the Food and Agriculture Organization of the United Nations (FAO) for its work on the environment, among others.

However, the process of institutional growth and consolidation has not been straightforward, and the group has faced a number of challenges. While access to funding was one of the most significant challenges early on, the need to support the growth in membership and reach with "soft" strategies later became a bigger issue, especially in terms of management and institutional capacity-building.

Characteristics with the potential to transform the social organisation of care

This initiative was chosen as a potentially transformative community care initiative for several reasons. First, CONAMOVIDI has been led and supported for several years by crucial social organisations and women's networks.

Second, the confederation's experience and the services it provides are managed in a self-sustaining way and with a strong component of militancy and social activism whose impact has extended beyond its local area. By promoting demands and advocacy actions in public debates,

CONAMOVIDI has helped effect change for the population as a whole through its contributions to public policy design and partnerships with various stakeholders.

Third, it is an initiative with transformative potential because it promotes a broad vision of care, which includes the defence of fundamental rights such as food, health, education, work and the right to exercise individual and collective citizenship. It also promotes the right to care for women caregivers – through initiatives to make unpaid care work visible and economically valued and through strategies for self-care – as well as through the defence and care of the environment.

Fourth, CONAMOVIDI, through its operational strategy and decentralised organisational structure, promotes multi-stakeholder participation, including in its approach the co-responsibility of the State and public-community partnerships, without reducing the autonomy of women's and feminist organisations.

4.7. ALELLA, POBLE CUIDADOR (SPAIN)

This initiative is based in the town of Alella, located in the Maresme county of the province of Barcelona. It emerged in late 2020 following the proposal of a local resident with significant civil society experience on the issue. Starting from the principle that the current care model is unfair, especially for women, the proposal takes an intersectional approach to promote co-responsibility and the reduction of gender and social inequalities. The initiative is part of the “caring cities” movement, which seeks to foster care and support initiatives from and by the community that are sustained in a self-sufficient way.

The first activity consisted of a presentation and training workshop for a future community care network, which was attended by a dozen organisations and some 40 residents of the municipality. A consensus was reached on the network's vision, mission and objectives, as well as its management and governance bodies, including their duties and composition. Following the workshop, an agreement was made to set up the network. The agreement was initially signed by 14 public and private organisations in Alella and 21 local residents. In December 2020, the manifesto “Alella, Poble Cuidador” (Alella, Caring City) was unanimously approved and was promoted at the time by the neighbourhood of Alella, various entities and the town council. In the following months, the network's 2021 action plan was approved and made public, and a volunteer group was set up.

The project has adopted a community approach and is open to all stakeholders in Alella. Its intervention methodology is participatory and based on co-creation, transparency, continuous assessment and accountability. The community network has been structured around a governance group and an operational group, where citizens, public institutions and private entities that wish to join the project are represented. The operational group is coordinated by a support officer, the only newly created paid position.

Description of the initiative

Alella, Poble Cuidador is a community network comprising public institutions, private entities and the citizens of Alella that promotes the coordination of collective action to care for and support the people of the municipality throughout the life cycle, with special attention paid to people who are lonely, have a chronic illness or are at the end of life, and their families.

The project prioritises care for older adults, people who are lonely, and socially vulnerable individuals and families. It has three components: (i) care and support, (ii) capacity-building and (iii) education and awareness-raising. Participation comes from three sources of support: public institutions, businesses and other entities, and neighbours.

They provide home care or care in participating centres, training for family caregivers, mutual help groups and bereavement therapy groups, end-of-life support workshops, mental health and self-care workshops, training for teachers in schools and protocols for action in educational communities when dealing with bereavement and situations requiring care.

Local businesses also participate by providing advice to neighbours and referring them to the project leaders and by maintaining a caring attitude, such as remaining attentive and alerting the relevant services if days go by without seeing neighbours who usually come every day.

Main activities

The initiative operates in three areas of intervention: care and support, capacity-building and education and awareness-raising. For each area of intervention, a set of resources has been created (families, social and health centres, educational centres, businesses, etc.) to promote the development and use of personal and community skills and resources for care and support. The project's actions aim to have an impact on three types of changes: in ideas and beliefs about care, in care practices, and in public care policies. So far the initiative has had an impact on 1,200 people in the different areas of intervention (approximately 12% of the population).

Activities include care and support for vulnerable people; group meetings for bereaved people and caregivers; training for caregivers and for social and health professionals; support preparing advance decisions (living wills); creation of intergenerational meeting places; scientific theatre plays; training for teaching and non-teaching staff in educational centres; and care workshops with children and adolescents.

Resources and networks

The project has received financial support from the La Caixa Foundation, Barcelona Provincial Council, Alella Town Council and Oxfam Intermón. A significant portion of the resources has been allocated to developing a digital platform, which is an essential project management tool that can simplify direct coordination between the various network members (team of volunteers with caregivers and the health facilities where they provide support) and streamline dissemination and communication tasks.

In terms of non-financial resources, the project relies on the work of a group of 30 to 40 people who have continuously supported the various activities. The support volunteer group works on an unpaid basis. The project also works with a group of professionals who provide specific and time-bound services on a contractual and remunerated basis. Community members also work on the governance team, the operational team or one of the working groups (they may be unpaid or work for the project as part of their jobs, such as in the case of town councillors and technical staff, or people working in educational or health centres in the community). Finally, the project has a support officer for the community care network, which is a specific, paid position to stimulate and coordinate the community care network.

Citizens of the municipality can participate in the network by registering, free of charge, to benefit from the services offered; by becoming a member of the network and participating in the working groups; by becoming a network volunteer; by providing monetary donations; or by following the network's news and updates.

The network does not yet have a systematised profile of those being cared for; a trend of more women over 65 years of age receiving care has been observed, although the project's coverage is not limited to this population.

The people who provide home care belong to the volunteer group, which has 29 members who work on an unpaid basis. A total of 90% are women between the ages of 30 and 82.

The care services are free of charge for participants. The activities are mostly free of charge. Payment was requested for two training workshops to the extent that people could afford to pay, and grants were always available for those who could not.

The proposed model emphasises community management. The network is a initiative from the community, which focuses on the community and which must be sustained by the community to ensure its continuity over time. To this end, the methodological tools developed include the creation and implementation of self-sustainability plans. As a result of the project, Alella has a stronger, denser and more capable community fabric. Both sectoral and cross-sectoral ties have been established. The project has been a catalyst for Alella, which is now in a better position to face challenges that may require a collective response.

Achievements and lessons learned

According to an external assessment (Baobab, 2021), the key success factors of the initiative were: (i) political support from the town council and the fact that most of the local social and health entities believed in the initiative; (ii) the involvement of a group of neighbours with the capacity to promote the initiative, and the creation of a group of highly committed volunteers; (iii) the coordination and promotion work carried out by the support officer; (iv) and rigorous, transparent management procedures based on co-creation, continuous assessment and accountability, which have helped to establish the initiative's credibility.

One of the project's key strengths is the development of its own model of care based on consensus among the participants. An instrument was developed to measure the quality of care and support for people with chronic and advanced illness, centred on eight principles: respectful communication; preservation of autonomy; privacy; adequate control of physical symptoms; attention to psychological, social and spiritual considerations; family, community and social support; respect for values, beliefs and personal preferences; and kind and compassionate treatment.

With regard to possible improvements, the external assessment recommends expanding the volunteer group to respond more effectively to demand and to include more young people and more men, given that the group is mostly made up of women. The assessment also recommends valuing the unpaid care work that this initiative requires to make it visible and raise awareness (Sánchez, 2021)

Creating ties with the State and future national care systems

From the beginning, the proposal sought to strengthen joint management between the public sector and the community, which means the network is not institutionalised within a public body. An association with a legal status was created, made up of public institutions, private entities and neighbours. This approach ensures continuity beyond changes of government. The association allows neighbours and entities to become members and participate in a general assembly that approves plans and budgets and chooses the board of directors and the support officer. By actively engaging the community, the association builds partnerships with the public sector and private entities, so that their involvement in a care system can take place without inconveniences and according to the principle of social co-responsibility that these systems seek to promote.

Characteristics with the potential to transform the social organisation of care

This initiative has a remarkable conceptual approach, as it is based on the need to change the current social organisation of care and its social and gender injustices. Its commitment to promoting fairness, citizen participation and solidarity and reducing inequalities is notable. In this sense, the project seeks to effect change in terms of beliefs, practices and public policies that contribute to all people in the community being able to care for others and feel cared for and supported.

The initiative promotes social co-responsibility in care by having the various social stakeholders work together, where the role of the community and thus of each person in care work is enhanced. The association does this through a coordination and institutional mechanism that allows public bodies, the community and private entities to participate in and draw up joint agreements. Through an innovative methodology, it has succeeded in reaching consensus on good care in the community and ways to measure and ensure it.

It also pushes the boundaries of traditional definitions of care, bringing in new needs related to loneliness, end of life and bereavement that can enrich the nascent care systems still being developed.

Although it is an initiative based on unpaid work, mostly provided by women, the group is aware of the need to shift this reality and get men involved. It is also mostly women who received care through this project, which offers a response to the group of older women who tend to have greater care needs and fewer resources.

It is considered an intergenerational initiative, aimed at all people in the community, regardless of their age, and seeks to create spaces where people of different ages can come together, especially young people and older people. The project takes a cross-cutting approach by involving different community stakeholders to make care work visible and provide it in the many different areas where people live: public squares and streets, homes and communities, social and health centres, schools, shops and workplaces, and public institutions.

Another noteworthy aspect is the importance given to listening to those receiving care through focus groups to ascertain their interests and needs. This makes it possible to gain insights into the issues that interest them most and to gather their ideas and suggestions.

Finally, it is an initiative that is being developed in a small town with a population of around 10,000, which could be a model to be replicated and scaled up in similar environments. To encourage replicability, an association called Pobles que cuiden (Cities that care) has been set up, emphasising the need to think about models of care based on respect and dignity.



Source: Alella, Poble Cuidador

4.8. ASSOCIACIÓ MÉS QUE CURES (SPAIN)

This initiative stems from a collaborative project on the social economy of care, through the support and self-organisation of a group of migrant women who perform domestic and care work, and who live in the Poble-sec neighbourhood in the city of Barcelona. As a result of its community work, an association called Associació Cooperasec identified the need to organise these women caregivers through a legal entity, in order to uplift their work and economic situation.

The Associació Més que Cures (More than cures association) was founded in 2018, after an intensive process of months of training and support for an initial group of nine migrant women from the Poble-sec neighbourhood, who until then had been working in an irregular way in a precarious and vulnerable environment.

Cooperasec supported the organisation of this women's group, with resources subsidised by the Barcelona City Council. Through a call for proposals issued by Barcelona Activa (the City Council's economic development agency), which had already promoted a programme for collective and social-based initiatives called "Impulsem el que fas" (the aim of which was to fund projects that stimulate the neighbourhood economies in the city of Barcelona), resources were allocated to Cooperasec to develop the Més que Cures project in the Poble-sec neighbourhood.

This funding was used to provide professional training and education for these women on the care economy and the values of the social and solidarity economy, and to help them to set up a legal association for women working as home caregivers and cleaners. Thus, the Associació Més que Cures was launched with the following objectives:

- To be a non-profit association of migrant women, caregivers and domestic workers.
- To foster respect for the care market through support for self-organisation and collective entrepreneurship.
- To foster respect for the field of care by providing quality and fairly priced home-based services.
- To guarantee the social and labour rights of women workers, as members of the association.
- To guarantee the quality of the care and domestic service provided, thanks to professionally trained staff and respectful, person-centred care.
- To provide support services for dependent people and cleaning services in homes, offices, building common areas, etc., and to offer childcare solutions for events.
- To work in line with the principles of responsible consumption and according to the community-based values of the social and solidarity economy.
- Description of the initiative

Since its inception, the Associació Més que Cures has sought to uplift, socialise and democratise home care and cleaning work. Its action is centred on dignified care that is respectful of people and the environment, care work that is recognised and person-centred, and care that takes into account the wishes and capacity of the care recipient in order to foster their autonomy.

The initiative is led by women who work in home care and cleaning in the city of Barcelona, and who are mostly of migrant origin, who are supported to improve respect for their situation in the community, based on the recognition of their work and the guarantee of their labour rights. The association currently has 20 women members who are workers, 16 of whom are of foreign origin – mainly Latin American and Moroccan – and four Spanish workers, who joined the association because they were in a vulnerable socio-economic situation due to age discrimination in the workplace. These are women over 60 years of age, who are professional caregivers with many years of experience and who, due to the special regime for domestic work in which they have been registered with the Spanish Social Security office for years, have not paid in enough contributions to receive a decent pension at the end of their career. For this reason, they must continue working.

The association has a horizontal organisational structure and is moving towards self-management. All decisions are taken by all the members and, increasingly, they collectively handle the organisation's management tasks, such as customer service, invoicing, relations with the tax and labour authorities, marketing, project development and management, and community advocacy.

The services offered by Associació Més que Cures are aimed at people and families who require home care services. Clients must agree to a minimum of two hours of service according to the following procedure. First, the interested parties apply for the care service by calling the customer service line; the budget is discussed and a personal appointment is scheduled during which the tasks to be carried out are determined and they meet the potential worker. This provides an opportunity for the parties to get to know one another and the work environment, and determines whether the service demand can be met.

If both parties reach an agreement, a contract is signed between the Associació Més que Cures and the client, which stipulates the tasks to be carried out, the duration of the service per day, and the monthly cost of the service, plus the client membership fee. Next, the Associació Més que Cures hires the professional worker under the general social security regime, thus guaranteeing their labour rights like any other worker in Spain, and they become a working member of the association (paying a monthly fee as well). Thus, the Associació Més que Cures is able to guarantee a professional, continuous service, where the client knows that they are using an ethical service that hires workers under decent conditions.

With regard to working hours, the organisation tries to ensure that all workers benefit from and opt for at least a part-time working day. It also tries to place them by zone and service profile so as to reduce transport time and ensure the worker's health and emotional and physical stability as much as possible.

To carry out its community work, the Associació Més que Cures has created Racó de les Cures (the care corner) as a place to welcome, inform, refer, train and empower all caregivers, professional or not, who live in the neighbourhood. Racó de les Cures is a space for the empowerment of people working in home care and cleaning, open to the community of the Poble-sec neighbourhood and the city of Barcelona. It supports participation and encourages a shift in the way these tasks and the people who do them are perceived, something they consider essential for society to function in a more humane and egalitarian way. Care workshops are held (aimed at caregivers, whether professional or not) during which basic tools are provided for physical and emotional care, from a self-care perspective and with a view to professionalising care activities.

Similarly, the Associació Més que Cures manages the Punt d'Informació del Pla de Barris (neighbourhood information centre). This is a project of Foment de Ciutat, a municipal company of the Barcelona City Council, which has entrusted the association with the coordination of the centre based on its experience of welcoming women at the Racó de les Cures. The main goal was to have a physical location to help the community, especially undocumented migrant women who work in home care and cleaning, who live in precarious, invisible and vulnerable conditions, who lack knowledge about their labour rights, and who face serious difficulties in getting established in the neighbourhood due to a lack of information and empathetic and respectful attention to their migrant status.

The aim was to provide a single place where people could obtain information on the availability of services and resources that the neighbourhood and the city provide to the residents of Poble-sec (including undocumented migrant women). From February to September 2022, 58 migrant women from very diverse backgrounds were assisted, most of them with an irregular administrative situation. Some 68% of the workers served by the initiative are between the ages of 30 and 50 (28% are over 50). They have various unmet basic needs such as food, housing and clothing. They also need advice on regularising their migrant status and professional training.

Main activities

The Associació Més que Cures offers home care and cleaning services for dependent people. The association is responsible for hiring the workers and for the working arrangements with the clients of the care services. As a result, workers enjoy guaranteed labour rights (social security contributions, wages, replacement coverage, dismissals, etc.). The Associació Més que Cures ensures professional and continuous service provided by professional and legal workers for families who want to hire a care worker, cleaner or babysitter. Of the people who receive care through the Associació Més que Cures, 90% are older people, and given that the association is registered in the Register of Social Entities, Services and Establishments (RESES, accreditation granted by the Generalitat de Catalunya), it is authorised to provide support services, as set out by Spain's dependency law.

In addition to care and cleaning services, the association provides training for migrant women on the professionalisation of care, self-care, self-organisation and empowerment. The Racó de les Cures and the information centre provide advice to domestic and care workers on the regularisation of their migrant status, public entities, services and resources that are available in the neighbourhood and the city to help them solve their migration and precariousness problems. These workers are connected to community activities and to the mental and emotional health services provided by Barcelona City Council.

The association works hard to raise awareness among those who hire care services, especially regarding the importance of paying fair wages and formalising the employment status of care workers, as well as advocating at the community and state level to change the current model of care towards one that brings dignity to this work.

Resources

The economic activity carried out by the Associació Més que Cures allows it to cover the costs of the workers' wages and social contributions and guarantee a fund for holidays and replacement coverage (when necessary). The revenue from membership fees of working members, client members and volunteer members covers part of the management hours paid to the project's steering group, which comprises four working members, since the current stage of the project is focused on the self-management process.

To finance the initiative and strengthen the project's commercial and financial structure, the Associació Més que Cures receives grants from the different levels of government administration (the District, the City Council, and the Generalitat), which are managed by the association itself with the support of Cooperasec. As a result, the association has access to public resources to strengthen the association itself, its structure and economic growth, and also to cover the project's reproductive work hours. It is also supported by the membership fees of the members (20 workers) and the fees of the people who use the services (approximately 60).

To promote community involvement, training, workshops, protest days, etc., the association makes use of the resources and facilities provided by organisations in the neighbourhood and the city. As a result, ethical trade and inter-cooperation between entities is encouraged and use is made of the public resources available in the neighbourhood. Cooperasec has provided the association with a physical location to set up the Racó de les Cures, which is also where the Pla de Barris information centre is located.

To fund the Pla de Barris information centre, the first phase was financed by the Barcelona City Council as part of a nine-month pilot plan, which made it possible to hire workers on contract. Since the pilot plan ended, care activities have been funded through the resources of the Racó de les Cures. Reception services are provided by one of the Associació Més que Cures workers, on an unpaid basis, three days a week and for one hour a day. From February 2023, the second phase of the information centre will begin, which will last for a year, once Pla de Barris approves the budget presented by the Associació Més que Cures, which will allow work to resume with contracted workers.

The Associació Més que Cures is a women-led initiative. As mentioned previously, it has 20 female care worker members, four of whom also handle the organisation's management tasks. To work as caregivers, a certificate of training in care or proof of experience and regularisation of their migrant status are required.

The initiative incorporates the Proyecto Cura Digna (Dignified care project) with other organisations involved in care – mostly by migrant women – to make the management of the services they provide more efficient.

Achievements and lessons learned

The experience of the Pla de Barris/Associació Més que Cures information centre has made it possible for migrant care workers to meet other women who have been in the same situation and who have managed to regularise their situation and obtain formal work. The association helps them draw up a two- or three-year action plan, depending on their length of stay and city registration, in order to regularise their migratory situation once they meet the requirements of the Spanish law on foreigners.

This Foment Ciutat project in the neighbourhood has improved relationships between entities and between the women assisted, who are able to come together and use this information centre as a point of reference and a place of welcome and support. Women who have visited the information centre generally rate it positively and recommend the service to other women, saying it increased their confidence and gave them information and tools to understand their rights and find out about the services they can turn to in the neighbourhood.

The main challenge identified by the association is maintaining a self-management structure. It needs more resources to have people trained in management, administration, project generation, accounting and human resource management. Those who handle the management are also care workers, which complicates both tasks and does not allow for efficient self-care work among the colleagues in the management group. Participating in the Xarxa de Cura Digna (Dignified care network) project allows the association to discuss challenges and create new forms of collaborative work in training and the design of management tools and joint marketing activities, which reduces the need for resources for the dissemination of dignified care.

Another challenge that was identified is the older average age of the members, as there are services that they cannot perform because it requires a lot of strength. The association also lacks support equipment for home-based care. In such cases, the cost for those in need of care is high, because two caregivers or another type of intervention is required. In these cases, the clients are referred to other entities that have adequate equipment, patient lifts or chairs. The association has not been able to bring on young women because, according to feedback it has received, they are used to providing a more institutional type of care, while the Associació Més que Cures provides personalised attention that is tailored to each person. Young women are also looking for full-time work, an option that the association cannot currently offer.

Characteristics with the potential to transform the social organisation of care

This initiative aims to make care work more dignified (i.e. ensure it is recognised and improve working conditions), and is targeted at a group that is vulnerable – migrant women in informal work. The association's focus is on paid care workers, who are not usually part of institutional care policy actions.

These women also face triple discrimination due to their gender, migrant status and class. By bringing greater dignity to care work, the association raises awareness and transforms care practices in families, seeking to guide them towards creating decent, formal and well-paid work.

The transformative political vision of the initiative is also notable, as the association is aware of the need to reform the current unjust social organisation of care, with an emphasis on migrant women and their difficulties in earning their own income through formal employment.

It is an initiative led by women, who, in addition to their care work, handle the organisation's management tasks of the organisation, for which they are remunerated.



Source: Més que cures

CONCLUSIONS

Based on the initiatives analysed in this report, this section provides insights and highlights key points in the debate on community care and its transformative potential as well as several areas of tension to consider when including these types of initiatives in current and future care systems.



The role of the community

All the initiatives analysed share a common feature: the central role played by the community. This does not mean that the initial drive must always come from the local area (some have a background in party politics, such as the CUIDAR cooperative, or are initiated by the State through research centres or academic entities such as with Acompañame). But what is clear is that the voices and participation of the community have been fundamental to both the design and the implementation of these initiatives.

One of the guiding premises of this type of initiative is that existing care policies and services are not only insufficient, but that they are developed from a centralist perspective and with a top-down logic (i.e. designed by politicians and decision-makers), without including communities and their specific needs. In contrast to this model, in the community initiatives analysed, members are responsible for determining their needs and for proposing and analysing possible solutions to meet them. They also adopt mechanisms for participation and decision-making in line with their culture and forms of organisation, thus contributing to the development of an intercultural, intersectional and participatory approach.

The role of the community becomes fundamental and practically the only possible option to address the care needs of traditionally excluded populations, such as LGBTQIA+ people or Afro-descendant communities. In these cases, in the absence of State intervention, care is handled within the communities themselves, often by the very people in need of care.

A broad concept care

Another lesson learned from the analysis of these initiatives has to do with adopting a broader concept of care. The selected initiatives go beyond the traditional definition of care, which focuses on meeting the daily needs of people who are dependent. States are nowhere near providing a universal, quality service for this type of care, and this is where the nascent care systems in the region are trying to make progress, which is why these experiences add new dimensions to be taken into account in these processes.

The initiatives provide dimensions of care that enhance the systems being developed by including an intersectional and intercultural perspective that recognises the specificities of care work and the care needs of diverse populations. The following aspects of these initiatives are especially noteworthy: the inclusion of the experience of LGBTQIA+ people as subjects of care and caregivers by Musas de Metal, as this brings visibility to a specific need for care for this group and their families (e.g. supporting families through transitioning processes); care for migrant caregivers who are in extremely vulnerable situations and face specific conditions that make support from traditional State institutions difficult (Associació Més que Cures); the recognition of care provided through ancestral knowledge such as that possessed by Afro-Colombian caregivers (and which is limited as a result of displacement and violence), which should be included as part of the care services for those who ask for it to acknowledge the different ways of addressing care needs that must be recognised and validated (La Comadre).

Similarly, two of the initiatives (Acompáñame and CUIDAR) focus on older people, a population that has not been prioritised in the public care policies in Latin American countries. The inclusion of care needs linked to loneliness, bereavement and the support of chronically ill relatives or people at the end of life is also important to note, as are efforts to extend such care to people who are not necessarily in a situation of dependency and to consider families as subjects of care (Alella, Poble Cuidador).

The need for care goes beyond home or in-person support. The COVID-19 pandemic situation made it necessary to adopt new strategies for care and create solidarity networks during periods of confinement and restricted mobility. As a result, initiatives that implemented care solutions through social networks and digital platforms that have continued beyond the pandemic (Musas de Metal, Yo Cuido, Acompáñame) are noteworthy. Care in these cases does not necessarily involve direct, face-to-face contact, but instead is provided through a virtual community.

Additionally, some of the initiatives advocate for the recognition of the right to care for the population in general, and not restricted exclusively to their communities, mainly through advocacy work (Yo Cuido, CONAMOVIDI, CUIDAR).

Feminisation and unpaid or precarious work

The initiatives presented in this document were mostly created by women, which is to be expected for any provision of care in societies where such work is still considered an almost exclusively female responsibility. In some cases, these initiatives rely heavily on women's unpaid work, a typical feature of community-based care that poses challenges for its integration into future care systems.

While community care seeks to break away from the individualisation and privatisation of care, instead making it a shared responsibility and appealing to the civic duty of everyone and the need for cooperation throughout our life trajectory (Martínez-Buján and Vega, 2021), when women are the only ones offering to do unpaid work to support the community's well-being, this is a warning sign that this type of work needs to be redistributed. Accordingly, even with their transformative potential, several of the initiatives continue to involve costs for women in terms of the use of their time for non-income generating activities, which impacts their economic autonomy, as well as costs on their health and tensions related to simultaneously juggling unpaid work along with family responsibilities and paid work.

As Martínez-Buján and Vega (2021) point out, the challenge lies in exploring the possibilities of public support for community care that promotes collective care without placing the responsibility on vulnerable women working in jobs without rights or decent conditions. Socialising care should not imply a lack of State or male responsibility (Martínez-Buján and Vega, 2021).

With regard to the absence of men in these initiatives, it is worth mentioning here the role of the ethics of care in how women become primary caregivers. Ethics of care means that women, through gender socialisation and by taking on care work from a very young age, develop a particular empathy for the care needs of others and feel more responsible than men for addressing those needs.

As Tronto (1993) argues, having an ethic of care involves a certain moral disposition towards care. Tronto defines an ethic of care as that of people who have a moral experience based on the work of caring for others. While not exclusive to women, this work is generally performed by women and there are expectations around it, such as for women to be good they must take care of others, and that this type of work is women's work. Accordingly, for Tronto, the ethic of care is not a moral disposition specific to women, but is a result of the subordinate social position related to the performance of care activities.

Setting aside any essentialist or biologicistic views, it is undeniable that the women behind these initiatives organise themselves to address care needs because they share this ethic of care, which the vast majority of men have not yet integrated into their world views. Apart from providing direct care, the women who participate in these initiatives (which are mostly led by women and women's organisations) take on other positive roles, such as those related to decision-making, management and

public visibility. By doing so, they increase their recognition as political subjects and as pillars of community well-being. Moreover, some of them do not limit their influence to the community sphere, but seek to impact the design and implementation of public care policies, as is the case for Acompáñame; CUIDAR; Alella, Poble Cuidador; and CONAMOVIDI. These women thus become agents of change and bolster their autonomy in decision-making on public care policy.

Recognising and revaluing care as dignified work

In other cases, the initiatives aim to make care work visible, to have it recognised and to improve the working conditions and social status of paid care workers. Such is the case with Associació Més que Cures, CUIDAR, Acompáñame, CONAMOVIDI and Yo Cuido Mexico, which all focus their actions on care workers. This is noteworthy given that community initiatives have traditionally been designed to respond to the direct care needs of the dependent population without setting goals or actions for the women who work as unpaid caregivers.

In the latter cases, the main goal is to gain recognition of care work as a job with the same status as any other and increase awareness of the need to reduce precariousness in terms of income, formal working conditions and guaranteed rights. However, this goal has not yet been achieved, because wages are not paid or remain low, because not all labour rights have yet been acquired, and because women workers are not guaranteed full-time hours that would ensure their economic autonomy. However, it is worth highlighting that those who are leading these initiatives are aware of the importance of making progress in this area.

Self-care

The right to care includes the care needs of those who require care, the conditions in which care is provided, and the right to self-care (Pautassi, 2007), especially for the women, whether paid or unpaid, who perform these tasks. Many care workers are overburdened with responsibilities and activities and as a result do not have enough time for leisure, rest and other activities related to self-care.

Traditionally, community care initiatives have focused almost exclusively on the people receiving care. The lack of self-care is not only linked to the overload of work and the balancing of work, family and activist obligations, but also at times to the risks that these workers often take when providing collective care in contexts of violence, displacement and drug trafficking, and even the risks of contracting COVID-19 during the global health crisis.

However, recently there has been a shift that takes the needs of women caregivers into account as an important pillar in the development of these initiatives. Through their actions, most of the initiatives included in this study develop activities and strategies to promote self-care, especially for community workers and women human rights defenders. For example, with Associació Més que Cures, in addition to the services they provide for migrant women care workers, they also offer support and training in self-care, self-organisation and empowerment. The Acompáñame ini-

tiative also provides telecare services for caregivers with psychological counselling and support during times of extreme exhaustion. In the case of CUIDAR, the cooperative's coordinators are responsible not only for supervising and providing technical assistance to the workers but also for providing emotional support, such as in the event of the death of the person being cared for.

As for the Yo Cuido initiative, the group specifically dedicates its activities to strengthening the capacities and ties between unpaid caregivers, developing self-care actions for care workers and promoting community care solutions. Musas de Metal also develops its main activities related to self-care by providing support to transgender people and their families who are in the process of transitioning. Similarly, CONAMOVIDI has developed a self-care programme for women human rights defenders and activists.

Coordination with the State and possible inclusion of initiatives in comprehensive care systems

As the literature on community care notes, many of these initiatives have emerged as a way of addressing unmet care needs, largely due to the absence of or a deficient response from the State. Martínez-Buján and Vega (2021) discuss conventional social services that are too overwhelmed to handle new social risks (those that have emerged from the social and economic changes of recent decades: precarious situations, ageing, work-life balance, social care [Zalacáin, 2013]), and the limits of public programmes to respond dynamically to social needs (e.g. palliative care and loneliness, among others).

Although the lack or scarcity of a State response was a key factor in the development of certain initiatives (Musas de Metal, La Comadre, CONAMOVIDI), the analysis shows that ties with the State can take different forms. Both the Spanish (Associació Més que Cures; Alella, Poble Cuidador) and Argentinian (CUIDAR) initiatives have a consolidated coordination, where inclusion into a national care system appears to be feasible in the short term.

It is also possible to identify other initiatives where coordination with the State is fundamental for their operations, as when the State provides resources such as training (Acompañame) or funding (CUIDAR, CONAMOVIDI). In other cases, such as Yo Cuido, although there is currently no coordination with the State, once the initiative is consolidated, the organisation plans to establish ties with State stakeholders as well as to participate in the design of care policies, especially in the national care system.

To sum up, it can be said that the figure of the State is always felt (either through its absence, opposition, or coordination, whether actual or aspirational) in the configuration of the community initiatives.

Coordination and partnerships

One noteworthy aspect of the community care initiatives analysed here is that they have not been developed exclusively by the community, but in coordination with different stakeholders. Ties between academia (whether through research centres, training programmes at universities or working groups) and socio-community needs and demands are im-

portant, and these made it possible to coordinate efforts in a way that fostered and strengthened the initiatives' development. In the case of CUIDAR, the women who decided to set up the cooperative met through a training programme promoted by a national university through an agreement with the State social development agency. In the case of Acompañame, the development, design and promotion of the telecare strategy stemmed from a study group and research project. For Yo Cuido, at the initiative of one of the organisation's members, a participatory action-research process was developed to continue nurturing and building the movement and the grassroots organisational effort.

In all three cases, support from the academic world allowed for the promotion of experiences based on a human rights approach and a feminist perspective, as well as on the scientific knowledge produced on care issues. Meanwhile, the Alella, Poble Cuidador initiative was driven forward by a stakeholder with training and experience in the issue of care from their work in civil society. This experience supports the observation that, in several of the initiatives, the role of knowledge about care and its unfair social organisation, promoted by feminist academics, can be seen as a decisive factor in the implementation of transformative care solutions.

Several of the initiatives also strive to establish partnerships, especially in terms of institutional strengthening and support. In the case of CONAMOVIDI and Yo Cuido, the support of feminist and women's organisations for developing organisational skills is worth mentioning, as is support from the national and local government authorities for CUIDAR. In terms of financial resources, both Musas de Metal and Yo Cuido are funded by foundations and women's and diversity funds. For La Comadre, the group's fundraising/sustainability strategy is based on citizen support through a system of donations (sponsorship) and a shop that sells products made by the community.

Obstacles and lessons learned

Among the main obstacles identified in the initiatives is access to resources (economic, human, educational), which has consequences on day-to-day operations and on the possibilities of scalability and sustainability.

Ties with the State were also identified as a challenge. For some initiatives, this aspect is characterised by tense relationships, while in others there are no ties, mainly due to indifference on the part of the State or mistrust on the part of the communities themselves.

A predominant obstacle is the lack of social recognition of unpaid care work. Additionally, where remuneration has been achieved, the difficulty lies in transforming the work into decent jobs.

Among the lessons learned, one that comes up consistently could be summed up as "things are not always what they seem". For example, several initiatives (such as Musas de Metal, Yo Cuido and CUIDAR) first experienced the COVID-19 pandemic as a threat, but it later became a factor that allowed them to reach a wider geographical range (a larger number of communities) and to get people to attend who previously did

not have the time or resources to participate in face-to-face activities. What had emerged as a temporary strategy (virtual modality) was kept in place beyond the pandemic.

Similarly, within the scope of the pandemic, new initiatives emerged (such as Acompañame) which, due to the conditions of social isolation, resulted in new strategies for psychological support through a teleservice based on scientific contributions from the academic community. As such, virtual care stands out in several of these initiatives as the main form of care, which opens up new challenges for national care systems and broadens the very notion of care.

IDEAS FOR DEBATE

Based on the various points of convergence and synergies between these transformative initiatives, the following ideas should be considered when creating, sustaining and supporting socio-community initiatives as part of comprehensive care systems, both for State stakeholders and for civil society initiatives that promote this agenda.

A broad concept care

- Recognise that there is no single way of resolving forms of care to fit all communities, and that it is therefore essential to include traditional knowledge and forms of care in care policies.
- Recognise virtual modalities as an alternative way to provide care that allows for emotional support, the dissemination of useful care information and community building.
- Recognise new care needs that are not necessarily tied to dependency, such as support during transitions for transgender people and their families, or support in bereavement or for those at the end of life (beyond life cycles and physical needs).
- Broaden the concept of the needs and subjects of care by including people and groups that have generally been invisible in public care policies, such as LGBTQIA+ people and their families, women victims of armed conflict, migrant women, people at the end of life and people going through bereavement.
- Offer care services and facilities from an intersectional perspective, adapting them to the needs and characteristics of the different populations requiring care.

Recognising and strengthening community care

- Help strengthen community care experiences in their various forms (cooperatives, organisations, groups, associations) through support and training programmes (e.g. professionalisation in management tasks), as well as support in legal and financial procedures.
- Promote the effective participation of communities and their voices in multi-stakeholder care initiatives promoted by the State, as well as in actions promoted by universities and civil society and feminist organisations.

Undoing the gendered divisions of and redistributing care work

- Encourage shifts in the socio-cultural patterns that maintain gender inequalities and perpetuate the role of women as the main caregivers; put forward concrete proposals to foster gender co-responsibility in communities and to actively involve men in caregiving actions (promote caregiving through a lens of masculinity and care as a civic duty).
- Maintain a critical and vigilant eye on the possible reproduction of gender, class and ethnic inequalities in

the socio-community care initiatives that are integrated into care systems, recognising the value of these experiences without romanticising them, and focusing on the redistribution of care.

- Include the affective or emotional dimension of care as a benefit, but without deviating from one of the central objectives of any feminist care system, which is the redistribution of material care work that reduces women's hours of unpaid work.

Women caregivers as subjects of rights: enhancing the role of self-care

- Promote care policies that focus not only on the needs of care recipients but also on caregivers' needs.
- Include tools on emotional management and self-care in training for caregivers.
- Provide support and safe spaces for caregivers in communities, especially those at high risk (e.g. due to armed conflict, displacement or working during natural disasters).

Coordination with the State and possible inclusion of initiatives in comprehensive care systems

- Provide a flexible financial contribution from the State to strengthen community-based organisations and their care initiatives, thereby responding to the needs of the communities and guaranteeing the sustainability of said initiatives.
- Ensure the inclusion and visibility of the community level as a provider and recipient of services and as a leading stakeholder in the regulatory framework governing care systems.
- Involve communities and caregivers in the co-construction of care policies and systems. This means that communities should be not considered exclusively as care recipients, or as executors of policies in which they do not make decisions; there must be channels for active participation in policy design, implementation and monitoring.

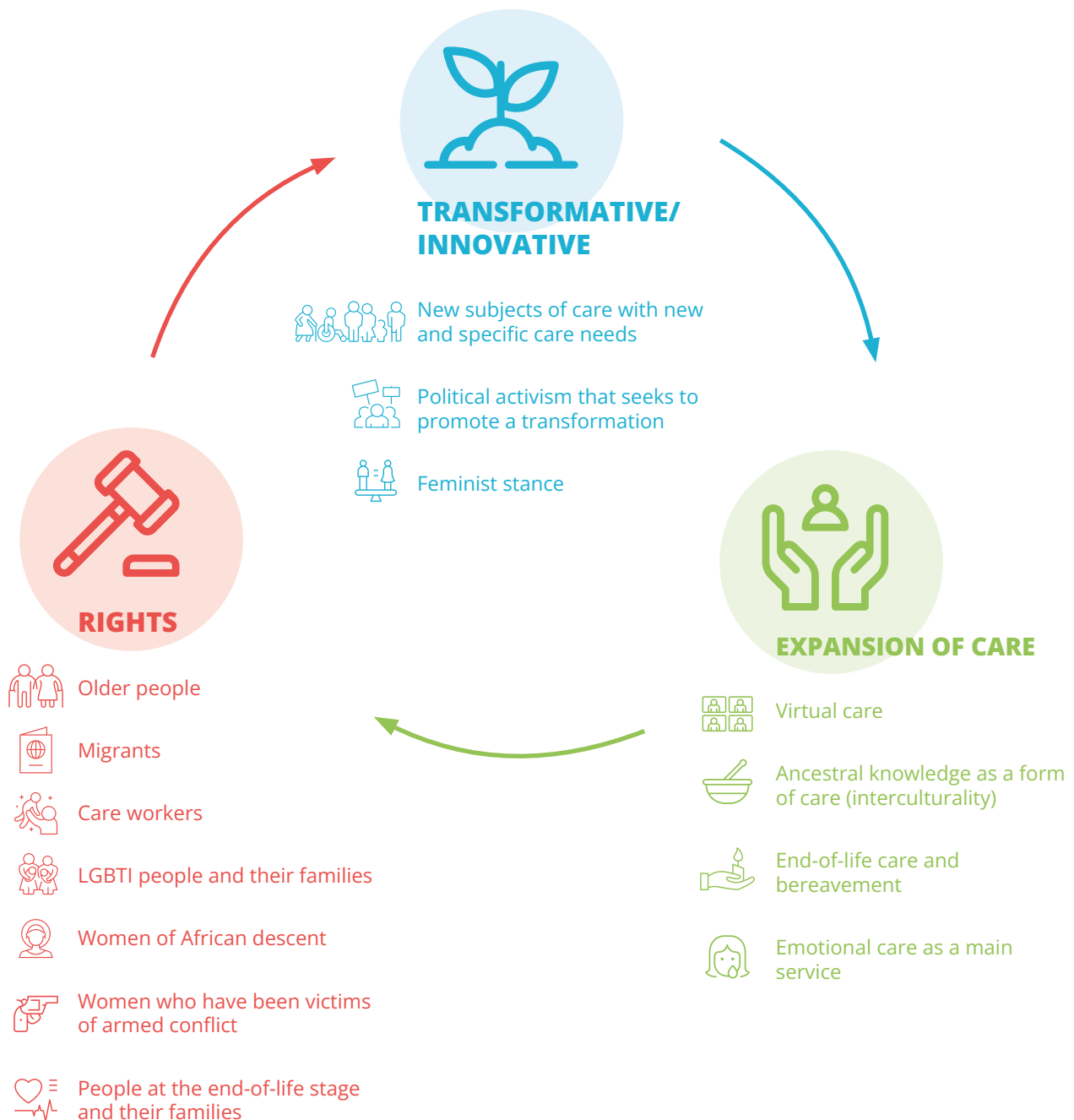
Promoting care as dignified work

- Provide training opportunities, sponsored by the State in conjunction with civil society organisations and universities, to strengthen caregivers' skills and capacities and thus contribute to their professionalisation.
- Provide official certification and recognition by the State (including, in addition to formal training, certification of caregiving skills) to give caregivers access to dignified work.
- Promote changes in the design of public care policies, moving from what may initially be a welfare-based approach (e.g. delivered through social assistance or subsidies) to one whose objective is to create decent employment.

Committing to the collective: promoting coordination and partnerships

Build bridges between the community, caregivers, the private sector, academia and the State, with the aim of achieving comprehensive care systems in which the various stakeholders that comprise the social organisation of care participate.

Figure 1. Main contributions of the community care initiatives that were analysed



Source: Created by the authors

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APPENDICES



LIST OF INSTITUTIONS AND PERSONS CONTACTED

Contacts and interviews with partners in the #TrenzandoCuidados Initiative

Country	Institution	Person(s) interviewed
Perú	<ul style="list-style-type: none"> • Oxfam Peru • Flora Tristán • Pontificia Universidad Católica del Perú 	<ul style="list-style-type: none"> • Carolina Oviedo • Gina Chacón, Cecilia Olea • Raysa Díaz
Cuba	<ul style="list-style-type: none"> • Universidad de La Habana – Representing the Red de Estudios Cubana sobre Cuidados and Oxfam Cuba 	<ul style="list-style-type: none"> • Yohanka Valdés, Magela Romero and Yelene Palmero García
Mexico	<ul style="list-style-type: none"> • Equidad 	<ul style="list-style-type: none"> • Denisse Vélez • Alma Colin
España	<ul style="list-style-type: none"> • Oxfam Intermón • Ajuntament de Barcelona 	<ul style="list-style-type: none"> • Cristina Rovira • Raül López
Bolivia	<ul style="list-style-type: none"> • Coordinadora de la Mujer 	<ul style="list-style-type: none"> • Tania Sánchez and Gabriela Murillo
Colombia	<ul style="list-style-type: none"> • Mesa Economía Feminista Colombia 	<ul style="list-style-type: none"> • Ana María Granda Moreno • Ana Isabel Arenas • Diana Milena Ávila-Moreno
Colombia	<ul style="list-style-type: none"> • Mesa de Economía Feminista del Cauca • Mesa de Economía del Cuidado en Nariño 	<ul style="list-style-type: none"> • Cristina Ramírez • Daniela Casanova
Argentina	<ul style="list-style-type: none"> • Ministerio de Desarrollo Social de la Nación 	<ul style="list-style-type: none"> • Federico Demiryi

NB: Interviews conducted between December 2022 and January 2023

Interviews with the community care initiative representatives

Country	Initiative	Person interviewed
Spain	• Alella, Poble Cuidador	• Alex Prats
Spain	• Associació Més que Cures • Ajuntament de Barcelona	• Amelia Campos • Nuria Borrut Valdivias
Colombia	• La Comadre	• Angela Ramírez
Argentina	• Cooperativa CUIDAR	• Claudia Carrillo
Mexico	• Musas de Metal	• Pol Martínez Peredo • Luz Galindo
Mexico	• Yo Cuido	• Jana Vasileva
Peru	• CONAMO VIDI	• Luz Medina
Bolivia	• Coordinadora de la Mujer/Programa para Defensoras de Derechos Humanos	• Alejandra Franco

NB: Entrevistas realizadas durante diciembre de 2022 y enero de 2023

INTERVIEW GUIDES

Interview guide for Alliance staff and partner organisations

Name of the initiative

Country/City

Organisation you work for

1. *Could you tell us about your connection to the selected initiative: How did you hear about it? How and how long ago did you come into contact with the people developing it?*
2. *Do you support or work with this organisation/initiative in any way? If so, can you tell me what your work entails? (Volunteering, technical support, economic support, etc.)*
3. *What other stakeholders are involved in this initiative? (Third sector organisations, private sector, State, international organisations)*
4. *Why did you select this initiative over other community care initiatives?*
5. *Why do consider this as a transformative community care initiative?*
6. *What do you see as the main achievement of this initiative? And its main difficulty?*

7. *Do you think this initiative has the potential to be considered a good practice, with the possibility of being replicated in other places? If so, how do you think this could be done?*
8. *From your perspective, what would be the best way for a care system to integrate this initiative, and how could it be connected to the State, the market? What should be regulated or strengthened?*

Interview guide to community care initiatives

Name of the initiative

Country/City

Contact name and title

Background

1. *How long has it been operating?*
2. *How did the initiative come about?*
3. *Who was the driving force behind it? Associations, movements or networks that promoted it*
4. *What problem/situation did you seek to address? Why did you choose this proposal to meet the identified need?*
5. *Does this initiative have any precedent?*
6. *Has it operated continuously over time?*

Description of the initiative:

1. *Who is it for? Age groups? Sex/gender? Dependency status? Specific ethnic or racial group?*
2. *How many people usually participate?*
3. *How are participants selected? Is there any unmet demand (waiting lists)?*

Place(s) where activities take place:

1. *Which regions, towns, villages does it cover?*
2. *Where do activities take place (physical location)? Does it have its own facility? Is it in a public space? Rented? On loan?*
3. *What services are available? (Electricity, water, gas, sewer, internet)*

Main activities

1. *What activities are carried out?*
2. *On what days and at what times does it operate? Do people come all the time?*
3. *What does a typical day look like?*
4. *How do you determine the activities to be carried out?*

5. *Do you have a commission, a board or an assembly that decides what to do and how to do it? How often do you meet? What is the organisational structure? What is the ratio of women to men? How are decisions taken?*
6. *Are families involved? In what way? In which activities? Do women and men participate?*
7. *How does the community participate? In which activities? Do women and men participate?*
8. *Do you incorporate traditional/community knowledge?*
9. *Do you incorporate care for the environment/local area?*

Resources

1. *Do you have your own financial resources and/or those from a cooperative agreement or other donors (private, public)?*
2. *If so, what are they?*
3. *How is sustainability and transparency ensured?*

Workers

4. *Who works?*
5. *Are they paid or unpaid workers?*
6. *Do the workers have a contract? What type?*
7. *How many hours do they work per week?*
8. *How many people are there? How many women and how many men?*
9. *What is the background of caregivers? What training do they have?*
10. *Have they received any training?*
11. *Do they all perform the same tasks? How is the work divided? Who performs which tasks?*

Networks

1. *Do you have ties with other organisations or community care networks?*
2. *Do you coordinate activities with other centres or institutions?*
3. *Do you have ties with governmental stakeholders and/or institutions? If so, are they national or subnational?*
4. *Do you receive State support? What type? Is it sporadic or permanent?*
5. *Have you applied for any support?*

Achievements and lessons learned

1. *What are the main challenges you have faced over the years?*
2. *What have been the main obstacles? Have you experienced any resistance from the community? What strategies have you employed to overcome obstacles?*

3. *What are the main lessons you have learned over the years?*
4. *What do you see as the main achievements of this initiative?*
5. *What do you consider to be the most important change or transformation achieved within your community, based on the proposed objectives? And for women in the community?*
6. *Do you think that the initiative has effected change in the community's modes of care? What kind of changes?*
7. *Do you plan to expand the initiative? In what way?*
8. *Do you see this initiative as different from other community care experiences? Why?*

Ties with the State and future national care systems

1. *How do you think the State should support this initiative? With what resources or actions?*
2. *Have you heard about the national care systems that are being proposed for different countries in Latin America?*
3. *Do you think these community experiences should be part of them, how do you think they should be integrated?*

Information

1. *Do you have any reports or materials on the initiative that you can share with us?*
2. *Any other contacts to interview who can tell us about the initiative?*
3. *Can you share with us up to five photos that are representative of the initiative?*

SUMMARY TABLE OF INITIATIVES

Name of the initiative	Country	Place	Target population	Community care activity
CUIDAR	Argentina	Buenos Aires	Older people	Direct care tasks for older people, such as bathing and grooming, keeping them company, and giving them medication. In the case of home and on-site care (e.g. in health centres) accompanying people during travel and when attending medical appointments.
La Comadre	Colombia	The entire country	Afro-Colombian women (victims of armed conflict)	Ancestral midwifery education and training. Support and care during pregnancy, childbirth and postpartum. Advocacy for and recognition of traditional knowledge and ancestral midwifery.

Name of the initiative	Country	Place	Target population	Community care activity
Acompañame	Cuba	Havana	People over age 65 who live alone, with their spouses in this same age group, or who are virtually alone in their homes; people over age 60 who receive long-term care; and caregivers who provide long-term care to older people.	Preventive, informative and counselling social service implemented through personalised telecare, developed on the basis of community networks during the period of compulsory isolation during the COVID-19 pandemic.
Yo Cuido	Mexico	Mexico City	Mainly women who perform unpaid care work, caring for close family and community members who require intensive, extensive and specialised care due to illness, disability, or stage of life.	Building capacities and ties between unpaid women caregivers. Self-care for caregivers. Designing community care solutions
Musas de Metal	Mexico	The entire country, mainly Mexico City.	Transgender people and their families.	Workshops and support groups. Information and (self-)care tools for transgender people or people who are transitioning. Awareness-raising.
CONAMOVIDI	Peru	The entire country, mainly in the south.	Families in situations of food vulnerability, women, children, older people. Community care workers.	Community kitchens for vulnerable families.
				Training and actions related to violence, the environment and health.
				Health promoters, especially during pandemics.
				Active advocacy and political participation.
Alella, Poble Cuidador	Spain	Alella, Barcelona (town with a population of less than 10,000).	General population, mainly older adults, people at the end of their lives and caregivers.	Support and home care. Training of professionals and caregivers. Awareness-raising among the population and building a care network.
Associació Més que cures	Spain	Poble-sec neighbourhood, Barcelona.	Paid care workers	Ensuring dignified working conditions for women workers.
			Dependent people	Training in care and self-care for women workers.
				Home care for dependent people.



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For more information about the initiative:

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

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