



Community care during pandemic times... and beyond

Norma Sanchís (compiler)

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Asociación Civil Lola Mora, Red de Género y Comercio
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Introduction

Norma Sanchís
Asociación Lola Mora

With the crisis caused by COVID-19, the care of dependent people and vulnerable populations comes dramatically into view. The pandemic context requires a major dedication of the families (especially women) in isolation, and extraordinary community efforts in slums and low-income areas. In all cases, the burden lies on women's shoulders, although it will be necessary to study further whether the quarantine conditions have somehow impacted the gender distribution.

This book focuses on a seldom studied aspect of care work: community work, mostly done by women, in slums and low-income vulnerable areas. The action of community organizing is not as visible nor has it attracted the attention of study and analysis as the rest, partly because it often acts in an inorganic, deinstitutionalized way, in part because it is subsidiary to and subsumed by government policies, and in part possibly also because it's an action that is only aimed at low income, territorially based social sectors and cannot therefore be generalized to higher social strata.

The materials that make up this publication were part of the webinar "Community care during pandemic times... and beyond", held between June 4 and 14, 2020.

Foreword

Ana Falú*

The pandemic has placed care in the center of the agenda. To consider it from a feminist approach allows us to visibilize realities that were veiled, hidden, silenced, albeit highlighted and reclaimed by feminist thought. We learned that care is expressed in the territories at different levels; these must be acknowledged and acted upon from a gender perspective, to account for territorial injustices¹. These levels are the body territory (our first territory on which to decide, made of identities and subjectivities that must be respected), the household territory, the neighborhood territory and the city territory. Each carrying its own complexity, they do not refer to static, segregated categories, but rather to an interdependence relation, and are affected by multiple intersections in the various defined identities as to sexuality, ethnicity, age, disability, among others².

COVID-19 confronts us with uncertainties, with unknown challenges, from a stark observation: it would seem that the pandemic is democratic, that it is affecting everybody equally, and therefore it provokes fear and uncertainty globally. But it is not impacting everybody equally. Feminism has taught us that inequality as a concept is not sufficient, and that we must be aware of the diversities enclosed by inequality. Gender diversity is foremost among them, and it is, in turn, transversed by different identities.

Accumulated work experience in territories and cities allows us to affirm that the virus is making visible what we have long denounced, that is expressed in cities, in overcrowded conglomerates evidencing fragments of extreme and obscene inequalities. Likewise, the pandemic has shown the housing crisis of the living conditions of major sectors of the population, who not only suffer the precariousness of the lack of basic services, but also overcrowding and poverty densities. These populations are the most vulnerable to COVID-19, as shown by the case of the Villa 31 in the city of Buenos Aires. It is in these households that people live, where social reproduction is ensured, where dwellings are the support for life reproduction. The most potent scale of collectiveness is apparently the neighborhood, and in each neighborhood, district or slum, care is a

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1. For example, the seminar-workshop *Mujeres y Ciudades. [IN] Justicias Territoriales* (2017, 2018, 2019), organized by CISCOSA/Articulación Feminista Marcosur www.ciscosa.org.ar/seminario-taller-2019. Also the contributions from other entities such as Grupo de Género y Mujer de la PGDC, international networks of the Huairou Commission and Red Mujer y Hábitat América Latina and Col·lectiu Punt 6.

2. Falú, Ana. *Arraigo y Equidad Espacial: Géneros en los Territorios*. Instituto Patria, in press, May 2020.

central part of the social tapestry where the greater inequalities are expressed, and in particular in the territories where the most vulnerable populations live informally.

Thus inclusive, feminist and located urbanism proposes to place the dimensions of daily life in the center of the cities' agenda and, within it, women and diversities, who are the neglected and undervalued subjects of policies. The pandemic has shown that women are the majority of health care personnel. In the neighborhoods, they are the persons who devote their time and energy to the attention of people with shortcomings, ensuring the canteen to feed them and the provision of hygiene elements to protect collective health. In every household, they attend to older adults, infants and teenagers. These women are transversed by differences, not only of class and economy, but also ethnic, racial, of sexual identity, of living sites and conditions, of the ability to access basic services—and all these conditions deepen inequality gaps.

We must acknowledge the tremendous effort to respond that is being undertaken by the national and provincial governments in the cities harder hit by the sanitary crisis. But when COVID-19 pierces the tangible and intangible walls between wealth and poverty, contagion spreads swiftly, in a country that has managed to flatten the curve and shows a low percentage number of infected and dead as compared to most countries in the region and many other around the world. It is important to signify the feminization of politics. Rita Segato (2020) talks about links, which are central to navigate this pandemic, and reflects on what she calls "the maternal State":

"a feminine perspective on the world: to retie the knots of communal living with its law of reciprocity and mutual assistance [...], to recover the politicity of the domestic sphere, to domesticate governance, to make management equivalent to care, and to have care become its main task."

We must promote the dimension of collectiveness, reciprocity and care—these perspectives enhance the value of the domestic sphere and its political significance.

The pandemic has evidenced the role of women: they are the caregivers in the health system, they are supermarket and food store sales assistants, they are dispensing chemists: always in the frontlines. They have the responsibility for care within the household and the family, and also serve the community as managers of collective activities. They are in charge of canteens, of school support, of seniors in more rigorous isolation. Care work is female, even if some males are joining in, in breach of the androcentric mandate. Care work is "women's work", responding to the sexual division of labor in households and in society as a whole. Time is women's most limited asset, to the extent that they sometimes lack time to take care of themselves. During the pandemic, women continually say "I'm exhausted": they not only feed, manage, clean, but they also provide affective and emotional support, and they teach.

These considerations, showcased by the sanitary crisis, are not limited to the pandemic, but rather extend beyond it and show the way towards the post-pandemic. At the present time, we need to address emergency policies from a social equality and feminist approach, in each and every territory, and with a gender perspective. This implies the acknowledgement of the major efforts undertaken by women to compensate social injustices, and also as regards care work. And to do so we must consider the post-pandemic from a feminist conception of politics.

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This publication provides input aligned with our feminist commitment. It is very relevant, as it visibilizes the most hidden spots of women's contributions to care in the territories and communities, as constant weavers of collective action and the common good. It is also interesting, as it rethinks the models of territorial management. Post-pandemic policies will need to integrate and consider this dimension of women caregivers, to acknowledge their work and their contribution to the social whole. We urgently need to enhance care work, to promote care as a right and the co-responsibility of care, and to understand it is a social asset we all manage and benefit from.

June 12, 2020

01

**Community care from a
conceptual perspective**

Broadening the notion of care: a privilege for the few, or common good?

Norma Sanchís*

1. Care work comes to the forefront

Since the beginning of 2020, in Argentina the actions of the new government showcase something we were not used to: the emergence of the issue of care in the public agenda, promoted by feminists working in state management in every national ministry and many provinces.

In addition to the government's political commitment, this outcome derives from the accumulation of information and scholarly studies on the issue, and from the pressure exerted by the women's movement. It was clearly reinforced by the quarantine situation that implies isolation in households and the cancellation due to the pandemic of on-site activities (education, recreation, social interaction) and, in general, of economic activity. An unprecedented centrality is thus assigned to the family and immediate cohabitation settings.

In fact, with the COVID-19 crisis the issue of care for dependent persons and vulnerable populations has emerged dramatically. The circumstances of social isolation call for a major dedication of families (and women) in higher income sectors, and for extraordinary community efforts and renewed precautionary strategies in low income areas and poverty stricken populations. In each and every case, women remain the protagonists of actions, even though further studies should assess whether quarantine conditions have impacted the gender distribution of care work.

2. Broadening the notion of care

In the literature devoted to the issue of care, diverse notions have overlapped. The idea of care is often interchangeable with unpaid work, domestic work and reproductive work. From some perspectives it is included as a sector of social economy, or else as a component of income transfer policies.

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The sphere of care work refers to a quite indefinite area of activities, services, goods, relations and affections whose aim is to ensure social reproduction and the subsistence of life. With diverse variations, the term “care” indicates the physical or symbolic elements that allow people to survive in society. These elements involve material (e.g. food or medicine), emotional and management dimensions; the latter apply especially when the services of persons or institutions are hired in the market (Rodríguez Enríquez, 2005).

Social sciences have, for a long time, recorded these dimensions, which are essential for personal and social reproduction. More recently, **care work has been linked to the notion of economy, as per the voices of feminist economists alerting about its undeniable capacity of generating economic value. Moreover, these voices emphasize the fundamental supporting role of care for all economic activity: productive processes, the market, and the provision of labor force.**

Some studies establish a difference between “direct” care, i.e. personal and relational care (such as feeding a child, or assisting a dependent person), and “indirect” care activities (such as cleaning or cooking), which are presupposed for direct care (ILO, 2018). Many of these activities can be commodified, that is, can be provided by the market as paid work, except for the affective relationships such as maternal love, for example. But they are also undertaken without remuneration in family settings, diluting and shifting its nature of “work” towards the notion of a loving offering of women to their closest family members. In effect, measurements of use of time by gender around the world confirm that **women make up two thirds of the overall work force devoted to unpaid care work.**

This unbalance in gender relations is based on a structural component: the sexual division of labor. This division, far from being intrinsically genital, is rooted in industrial capitalist economy, which dissociates the public sphere (market) from the domestic private sphere (households). Thus the stereotypes are constructed for a masculinity linked to production (paid work for the market) and a femininity associated to reproduction as unpaid work.

Beyond epochal changes and, above all, the sustained entering of women into the labor market in the last few decades, the model of a male provider of economic resources for the family unit and a female carrier of the ability and responsibility of care and family sustainability persists in the practices and the imaginations of a major portion of all societies around the world. There are obviously women who are the sole and exclusive providers of funds and care for their families, who develop both overlapping activities in nearby spaces, or even at a distance, as is the case of migrant workers who devise strategies to sustain care and simultaneously send remittances for their family’s survival.

In Latin America, notwithstanding the central role of families and women in the provision of care, the household is not the exclusive source of supply. Specialized literature

acknowledges at least other three vertices that complete the “rhombus” where care is generated.

In fact, the State has a fundamental role, through social protection or regulatory policies. During the last decade, Argentina achieved important improvements for the more vulnerable sectors with the “Asignación Universal por Hijo” (AUH) and the pension reform; this reform allowed older people to enter the system even if they had not previously contributed to it, and therefore benefitted homemakers especially. These policies favorably impacted on socioeconomic inequality, even if in the case of the AUH they have tended to reinforce the maternalist notion of child care (Blofield y Martínez Franzoni, 2014). A vast corpus of literature analyzes to what extent, in Argentina and other countries in the region, conditional income transfer programs promote women as beneficiaries while simultaneously reinforcing gender stereotypes.

The most common direct incidence policies on gender inequality foresee the provision of:

A) Time for care: (maternal and paternal leave in remunerated employment). Even though the issue has been (and is) part of the legislative agenda through multiple and diverse projects, the approval of a regulation for change has not yet been achieved. A notorious resistance against increasing maternity leaves keeps them at 12 weeks, i.e. below the ILO-recommended threshold of 14 weeks.

B) Resources for care: these include all free public state services for children (daycare centers and kindergartens), older adults and disabled persons, as well as private sector services (on-site daycare centers or monetary compensation paid by the companies).

C) Regulation of the work of caregivers: the “Régimen especial de contrato de trabajo para el personal de casas particulares” [special work contract regime for personnel in private households] (2013), awards people working at their employers’ households practically the same rights as obtain for other workers, but does not apply to work in community settings.

In addition to the family and the State, the private sector (companies and the market) also offer care services, either through formal employment (in medium to big enterprises) or through the hiring of domestic personnel or care institutions for those sectors with enough income to cover this expenditure.

The fourth vertex of the rhombus is the volunteer care work undertaken by the community, which is also mentioned as a contribution from civil society organizations. It consists of the various forms of social, religious or political activism that meet the unresolved needs in the territory for the care of children in daycare centers, kindergartens, community canteens and school support centers. This is the least analyzed and acknowledged

dimension of care work, pertaining to a complex and diverse social tapestry historically inserted in the territories, and it has a relevant role in the scenario of care work required by vast sectors of the population.

Analytical discrimination of the four vertices of care provision does not preclude the acknowledgment of the fact that, ultimately, responsibility always falls upon women in the family sphere, in a region such as ours where familistic and maternalist notions prevail. In this regard, Antonella Picchio (quoted by Rodríguez Enríquez, 2005) notes: "It may be complemented by paid work in the home, paid work in public and private services, and volunteer social work, but the final responsibility for harmonizing the other forms of work and/or absorbing their insufficiencies continues to rest on unpaid family work".

Nevertheless, certain biases in these analysis perspectives of the different sources of care must be reviewed, as they presuppose a framework of heteronormativity and ethnocentrism, a nuclear family model with clearly segregated housing units, and the access to remunerated work and, to a great extent, to formal employment. These features do not apply to the experiences and existences of large shares of the population. **In contexts where poverty and precariousness prevail, in settlements where extended families, overcrowding and labor informality are the norm, current notions of care prove to be narrow and insufficient, and require the broadening and reimagining of the margins of the notions of care work.**

A conceptual extension becomes urgent, to question the limit of households as ultimately responsible for social reproduction and the provision of care.

At least two theoretical lines of inquiry are advancing in this sense, identifying alternatives for the deprivatization and collectivization of care (or part of it), to unburden families and women of their exclusive and ultimate responsibility.

*** The interdependence approach:** The imagining of care work refers to a relationship between a dependent person who needs help and an autonomous person able to contain and support such need. Policies have been formulated to promote autonomy, and concrete measures have been established to reinforce self-sufficiency as an ideal to be achieved. But other approaches reject the dichotomy "dependence/autonomy", throwing light on interdependence, fragility and reciprocal needs of different forms and degrees among all individuals. The relationship between an autonomous person and a dependent person inevitably implies a power relation. Insofar as the positions of the care giver and the care receiver are deemed exclusive, and the fact that every person gives and every person receives, has received or will receive care is not admitted, this power relation cannot be questioned. The care giver position, if crystallized, becomes an inescapable responsibility, and may entail ill-treatment or abuse of the care receiver. If this care can be shared, or entrusted in part to somebody else, it will

not only allow the care giver to assume her life project more freely, but it will also contribute to equity as to paid work and will question the sexual division of labor. The complementarity relationship would be replaced by reciprocity relationships.

This proposal, which could formally be, in general, undisputedly accepted, collides with the persistence (both as regards practices and the imagination) of sexual stereotype models that are much more rigid and structured.

This is especially the case when the possibility is posed of deprivatizing and socializing care work, with clear effects of defamilization. The confinement of care-related issues within the private sphere has been a maneuver to sustain the fiction that the citizen is an autonomous, self-sufficient individual able to establish contractual relations within the framework of a system of liberal democracy, according to María Jesús Izquierdo (2004). Communitarianism, on the other hand, centers bonding, solidarity, duty, and shared responsibility. **Freedom and autonomy as an individual ideal is a fiction that disregards the shortages and needs that render us interdependent: individuals are such only to the extent that there is a community to support and contain them.**

This assumption is the basis for the campaigns against COVID-19 that focus on the need of taking care of each other, on shared responsibility not only to preserve our own health but also our social surroundings. Rightwing positions, on the contrary, fly the flag of individual liberty and the right to choose autonomously how to behave and how to take care of themselves.

*** The sustainability of life approach:** On a similar line, several authors reassess care as the creation of possibilities for the sustainability of life, for the reproduction of persons (Pérez Orozco, 2014). From an economic perspective, the offer of labor force is one of the inputs for the production process and the accumulation of capital. Care is essential for the creation of workforce, and it is neither acknowledged nor valued by capital.

From a care work approach, the generation and maintenance of human beings in adequate conditions to work, produce or create are related to the sustainability of life. And life is sustained when there are social, economic and cultural systems (in short, collective structures) to ensure the welfare of the population. It is not an individual or family responsibility confined within households, supported through an unpaid, economically invisible job, nor a reproductive activity for which women are "naturally" endowed.

In fact, care endeavors are not residual activities at the margins of the market, occupying non-profitable niches of the economic system from subaltern positions: they are the indispensable foundations for the conditions of possibility

of life. In this sense, the care of nature is also included, as posed by ecofeminism. Care and life sustainability form the essential basis on which social, economic, political and cultural dynamics are built.

This notion converges with the alternatives to the hegemonic current of neoliberal economy: social economy, feminist economy, care economy, ecological economy, which share the centrality assigned to the sustainability of life above any pretention of prioritizing the markets.

The confrontation of models is actualized by the pandemic context. The concept of care located beyond the private, family and female setting expands, becoming the collective and political responsibility of health care and life sustainability, colliding against the concerns of capital and the defense of profitability at the expense of human life.

Therefore, dichotomies such as "economy or health" and "debt repayment or the welfare of the population" are false. The dead cannot sustain economic activity, much less pay debts.

3. The virus challenges an unfair social organization of care

Argentina is inserted in the most unequal continent of the world, and even if it does not present the most extreme statistics in the region, it shares its social, economic and cultural inequalities with its inhabitants. This inequality structure has fostered and shaped a social organization of care that is also extremely inequitable and unfair.

In a highly stratified society with insufficient free state services, the alternatives for the resolution of care demands vary widely according to each socio-economic stratum. In fact, households with medium and high income levels have a broader range of possibilities than those of low income households, as they can pay for institutions (kindergartens, nursing homes) or hire domestic personnel on which to delegate care whenever they need to. This allows them to undertake their own activities: paid work, studies or recreation. In poor households, these options are either very limited or non-existent, affecting the ability of some member of the family (the mother, an aunt) to earn wages through remunerated work and thus contribute to the household, either due to barriers to their training, to higher-qualification activities or longer working hours, and they are simply prevented from entering the labor market. Thus, a vicious circle is generated that showcases the ability of care work to either mitigate or reinforce inequality.

In medium and high income households, part-time or full-time hiring of domestic service is one of the most usual modalities for the delegation of children and seniors care. Workers mostly reside in the suburban metropolitan area of Buenos Aires, in precarious and marginalized neighborhoods, and have very long travel times. A significant proportion

of them are migrants from neighboring countries, mainly Paraguay and also Peru and Bolivia.

As a consequence of social distancing, mandatory isolation and the fear of contagion, the pandemic that erupted at the beginning of 2020 challenges economic and social life on a global scale, and also challenges care work, which almost by definition involves body proximity and personal exchanges. There are substantive changes in the transfer of care, both as regards social classes and migrant traffic. Moreover, institutions close down and the education system is paralyzed. Due to public transportation limitations, workers can no longer reach their employers' houses and, even if they could, they are more aware of the contagion risks involved. Meanwhile, members of employing families retain their remunerated jobs by digital means; school activities are maintained also through technology with parental supervision. These tasks overlap dramatically with the household chores and care work that were previously assumed by workers.

Thus, there is a breach in the highly consolidated schemes of labor transfer within the family that derives in new realities. To what extent does this unusual overload visibilize the multiple tasks related to personal and social survival? How does it impact on the poverty of workers (most of whom have informal, unregistered jobs)? To what extent is the sexual division of labor questioned? Are intra-gender differences between women of disparate social classes starting to decrease? Are there incipient changes in the conception of care as work? To what extent are previously hidden realities revealed, whose recording was barely formulated by feminist research and analysis? Undoubtedly, the COVID-19 crisis opens a space that must be examined and processed.

In the specific case of migrant workers, additional questions emerge. Migration from poor countries to relatively larger economies is highly feminized: young or middle-age women start their journey attracted by the demand for persons suitable for the care of children and seniors; this demand arises from families and women who need to make their work at home compatible with their work for the market¹.

Migrant corridors are thus formed, linking asymmetric economies: the poorer ones provide caregivers and the richest ones facilitate the remittances to their countries of origin. This movement implies, for women migrants, to leave in their country of origin the demands of their own families, which devolve in general to other women: grandmothers, aunts, neighbors.

1. Thus, migrant corridors are formed such as the one analyzed with Corina Rodríguez Enríquez (Sanchís y Rodríguez Enríquez, 2011) between Paraguay and Argentina, or between Nicaragua and Costa Rica. By the mid-1990s, Spain became an attractive employment market for young women from Latin American countries such as Dominican Republic, Ecuador, Peru, Bolivia and Paraguay (Molano Mijangos et al., 2012).

During the last three decades, this scheme has allowed, to some extent, to simultaneously alleviate the crisis of care work undergone by the richest societies, where women find remunerated job opportunities outside the home, and the crisis of reproduction that affects the more fragile economies, where vast layers of the population lack options for overcoming poverty and for the sustainability of life other than remittances sent to their families by migrant workers.

But the expansion of the pandemic impacts on and dismantles this framework: economic activity slows down and ceases both in central and peripheral countries, unemployment rises, borders and airports shut down, means of transportation are limited, quarantines are declared.

The International Organization for Migration has issued alerts that the **measures adopted to control the outbreak of COVID-19 are affecting migrant workers around the world.**²

Among migrant women workers, those who retain their jobs are in the frontlines of the more intensive care demands: their leaves are curtailed, and they are confined inside their employers' homes, especially when they care for older people.

Testimonies and complaints from the women's movement in Ecuador have multiplied, due to the fierce initial wave of contagion in the area of Guayas provoked by family exchanges with migrants in Spain; Hondurans have reported labor abuse from employers in their countries of destination; Latin and Afro-descendant communities have denounced difficulties of access to health services. All these situations crudely reveal the asymmetry of care chains and the frailty of the weaker links represented by women migrants.³

The breakdown of the economic and care framework that held before the pandemic thus makes visible the double role of women migrant workers as essential support of care work of (and economic contribution to) the richest countries, and as mainstay of the weaker economies through remittances to alleviate poverty. What are the effects of these changes on the lives of women migrants and their families? And how is care work redistributed within families, especially as regards women employers? It will be interesting to assess the post-pandemic sequels of these transnational relations in terms of rearrangements or reformulations.

2. <https://news.un.org/es/story/2020/03/1471372>

3. <https://www.bbc.com/mundo/noticias-america-latina-52076051>

4. Returning to the less visible vertex

If care work as a whole has little visibility, the fourth vertex of the rhombus of the provision of services, that is, the communal dimension, is even much less acknowledged. Its study is incomparably smaller than the rich and vast literature on the action of families and the central role of women. It is also smaller than the analyses on labor market participation through outsourcing and hiring of women from lower income sectors and different geographical origins. It also undoubtedly lags behind the detailed research on the role of the State and the different social policy strategies that impact on poverty and inequality through the social protection (or lack of it) of vulnerable populations. This lack of attention regarding the participation and contribution of community care organizations is partly due to the fact that they often act inorganically and are not institutionalized, and partly due to their subsidiary nature as regards the governmental policies that subsume them; and possibly also because their action is limited to territorially based lower income social sectors, and cannot be generalized to higher social strata.

Nevertheless, **our country has a substantial history of territorial social networking, of solidarities, of organizational forms and leaderships in slums and marginalized communities; and of the noteworthy protagonism of women in those experiences.** These networks emerge forcefully in times of economic or social crises. We might say that economic catastrophes in our continent coexisted with the relevant role of organizations and women's leadership at local levels.

The current COVID-19 pandemic calls for the review of long-standing and persistent practices of communal networking of the low-income sectors in Argentina, with women in the frontlines of resistance during the last 40 years, as recorded by several authors (Barrancos, 2007; Di Marco, 2003 and 2011).

During the 1980s Latin America was hardly hit by the so-called "debt crisis", and this period was therefore known as "the lost decade" due to its extremely negative impacts on productive activities, employment, and social conditions in the region. It was a financial crisis provoked, among other factors, by the unilateral decision of creditor countries to increase interest rates, which derived in the inability of indebted countries to comply with debt repayments, thus triggering the financial disaster of most economies. Popular sectors searched for organizational forms that would allow them to counter poverty and alleviate the suffering of the more distressed populations. Many feminist organizations in the region (such as the Centro Flora Tristán or the Centro Manuela Ramos in Peru) approached popular organizations with support and studies that started to account for the social fabric sustained by women, opening essential pathways for the analysis of these realities.

The study of these kinds of experiences in Argentina highlighted how women were enhanced by their leadership, within their communities, as mediators of public policies and as managers of food resources: they organized canteens, kindergartens, commu-

nal clothing exchanges, school support, etc. At the same time, though, these actions reinforced their role as caregivers beyond the limits of their households, as an extended function projected onto the neighborhood (Sanchís, 1987).

The reforms and adjustment policies in the 1990s involved the curtailment of social expenditure, and the withdrawal of the State as provider of many benefits. The absence of the State tended to be compensated by social and community organization: parishes, clubs, political parties, school cooperatives. For example, in the educational sphere (which was severely compromised by the consolidation of a decentralized, underfinanced educational system) children care organizations increased in response to neoliberal structural adjustment. In our review of the impacts of the 1990s policies on care services, we approached the role of social organizations with interviews to key informants. Thus we learned that Caritas, in the Northern area, grew from 11 daycare centers and kindergartens in 1994, to 36 in 2006. The Red El Encuentro in José C. Paz increased the number of daycare centers and kindergartens from 7 to 19 some years later, and their services extended from 800 children in 1990 to 4,000 in 2006; the number of people working in those daycare centers and kindergartens also showed a sharp growth, from 42 to 300 workers, 95% of whom are women (Sanchís, 2007).

As from this matrix of social and communal participation experiences, the crisis of 2001 in Argentina multiplied women's spaces and participation strategies, not only in low-income neighborhoods with picket lines and barter clubs, but also in urban medium-income sectors through neighborhood assemblies and *cacerolazos* [pot-banging protests] and in rural areas through their productive activities of family agriculture. At the World Social Forum that met in Argentina at the height of the crisis, different women's networks and organizations held a space for the sharing of these resistance experiences (Red de Género y Comercio, 2002), recounted by María Moreno some days later in the newspaper *Página/12/LAS12*:

"From the decision on what food to buy for their children, to the vision of barter as production, through the protests that allow them to ensure education and nutrition, everything makes these women certain that their practices contain political roots. This is why they have transformed the word "testimony" in something different from the popular, rhetorical and emotional biography that is expected from those whom ideologists usually construct as fetishes of the real world."⁴

The decided participation of women in face of the crisis, and the active organizing of women members of social, religious, feminist or political organizations, gained new meanings in light of the conceptual advances of social and solidarity economy (Caracciolo y Foti, 2010), which started to coordinate with converging principles of care economy and the sociology of care.

4. <https://www.pagina12.com.ar/diario/suplementos/las12/13-321-2002-08-30.html>

As mentioned earlier, the invisibility of this collectivization of care, which surpasses the limits of households and families, possibly results from the fact that these are practices and experiences pertaining to extremely impoverished and overcrowded social strata⁵.

A frequent denominator of community care is the denial of its character as work. In a capitalist economy, every non-monetary exchange is placed outside the labor market, and therefore is not characterized as work. But even in cases of neighborhood or local provision of services with some kind of remuneration for women in the framework of social policies, our fieldwork finds a permeating feeling of undervaluation (“it is not a real job”). To a great extent, they assume the stigmatizing disqualification from higher-income strata who call them “*planerxs*” [“welfare queens”, people living off State programs] and “bums”, thus misrepresenting the retribution of their community work as if it were an undue, fraudulent exaction.

The State and its public policies have yet a long way to go towards extending social recognition of community caregivers, resignifying their work and strengthening the identity of workers. Community caregivers need to reinforce their identity as workers, and they require a society that acknowledges and values their contribution. To build organizations and generate spaces for collective negotiation are substantive and useful ways for them to acquire rights as workers.

5. Concluding thoughts

- * Conspicuously invisibilized, unacknowledged and undervalued, care work is indispensable for the welfare of people and society. It supports social and economic organization, and ensures the sustainability of life.
- * The persistent social and gender inequalities in Latin American societies are expressed in an unfair social organization of care work. The pandemic currently scourging our countries and the whole planet challenges this consolidated organization of care, and questions its stability and immutable reconstruction in the future.
- * The collectivization of care work undertaken by popular sectors in times of economic and social crises may prescribe more fertile and equitable ways of achieving gender equality and fairer societies.

5. Nevertheless, we should also identify other care collectivization experiences that are taking place now among women of medium-income sectors (many of whom are professionals). They are forming groups for exchange and mutual assistance in social media, among mothers (no males are recorded) in post-partum and early childhood rearing situations, shaping horizontal spaces for “care among caregivers” on the basis of interdependence, solidarity and reciprocity (testimonies from groups in Lanús y La Plata).

- * Social and solidarity economy, feminist economy and feminist sociology may contribute alternative visions to individualistic, meritocratic capitalism that pursues economic profitability as its main goal, distorting the real axis of the welfare of the population and the sustainability of life as objective and ultimate reason.
- * The COVID-19 pandemic has revealed emerging conflicts and struggles, dismantling (even temporarily) seemingly fixed and unmovable values linked to the persistent sexual division of labor and the unacknowledgment of women's contribution to care work. But it also evidences the dispute between conservative notions of the family as the irreplaceable primary setting for care and education, and a wider communal perspective.
- * Finally, the pandemic activates the struggle for of the interest of public good vis a vis the individual interest, and of equality, justice and the valuation of like over capital profitability and corporate gain.

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When what really matters is common life: intersections between social economy, community care and feminism

Marisa Fournier*

1. Introduction

The pandemic, the outbreak of COVID-19 and its rapid global spread, has evidenced the fragility of human life. It has also revealed at least three things: a) that we are co- and interdependent (as the deceleration of viral replication demands everybody's commitment); b) that care work is undoubtedly of utmost importance for the reproduction of human life (health, education and nutrition are three of the nodal links currently in the center of the public stage); and c) that solidarity and cooperation are efficient relational modalities for the preservation of life.

It would seem that, at least in this short period of time, society in general starts to perceive that the reproduction of our own life and that of others is not a given, not something that simply happens, but is rather the product of a series of activities conceptualized as care; that this care work implies specific knowledge, requires inputs, consumes time, and carries an ethic full of valuations, emotional affectations and subjectivizing processes. In a sense, the pandemic has forced us to reevaluate (at least in the symbolic and political spheres) the centrality of care and the consideration of welfare as a common issue, in which the other's existence is a condition for our own.

On a different track, but with the same planetary relevance, by mid-2019 we received another jolt which is difficult to process, and whose approach is both urgent and strategical. I am referring to the simultaneous fires along the whole line of the Equator that highlighted the irrationality of modern individualizing and instrumental reason pertaining to orthodox economic theory¹. The images of thousands of green hectares on fire, of fleeing animals, or of dead animals. The native communities denounced the fire as a consequence of corporate encroachment and state complicity related to the

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1. I refer to the paradigmatic principles of neoclassical or orthodox economics.

pillage produced by highly concentrated economic interests intervening on the land, on the communities, on minerals and water. Scientific voices focused on climate change and atmospheric warming, among many utterances that attempted to explain the horror. With this event, which also was global, it became clear that despising nature and biodiversity has lethal consequences for humanity as a whole. The planet creaked, and we had to listen to it. Ecofeminists such as Vandana Shiva (India), Wangari Maathai (Kenya) and Mary Daly (USA) have been posing for decades the intrinsic articulation of patriarchy, violence against women, wars, anthropocentrism, capitalism and environmental degradation as part of the same development model for which life *does not matter*. Other feminist theorists also announce the existence of an international crisis of life reproduction, albeit emphasizing the dimension of interpersonal care. For them, said crisis has demographic, socio-labor, cultural, political and economic roots: the unequal distribution of income, time and wealth provokes the destitution of enormous human contingents (Ezquerro, 2011; Borderías, Carrasco y Torns, 2011).

Polanyi (2003) stated it early and clearly: there is an intrinsic contradiction between capital and life. In his book *The Great Transformation*, published in 1944, he asserted that the commodification of bodies and land, together with the emergence of egotist, maximizing, competitive and profit-driven subjectivities, menaced human sustainability. Hinkelammert (2001) synthesized how uncondusive capitalism is in the image of a person (man) who cuts the tree branch on which that same person (man) is sitting.

In any case, what is at stake today, and has been at stake for a long time, is the reproduction of life. To say that "it is at stake" is not a minor issue. Current capitalism is jeopardizing the reproduction of human life, of nature and of biodiversity.

We are exposed to a fragility that derives from a variety of factors inherent to the processes of material pillaging and cultural colonialism, among which: a) the implantation of profit and accumulation as guiding criteria for what is considered a successful economy; b) multiple human alienation: of people among themselves, regarding themselves, in their relation with nature, in their relation with their own time and the products of their work; c) the notion that only that which has a selling price within the market is "productive"; d) heteropatriarchal cissexism as social organizational form, and the subalternization of everything that is not "male, white, middle-class and European" and/or the reduced heterosexual family headed by a male; and e) the disparagement or devaluation of all that is not presented as technically viable or economically feasible or, in other terms, whatever touches upon the terrain of dreams, of utopian desires, as if utopias did not precisely provide for our vital movement.

The encounter between social economy and care economy, and also the encounter between social economy and feminism, are relatively recent. There are points of congruence and also disagreements (Esquivel, 2015).

One of the issues that render social economy an attractive corpus of ideas and practices for feminists is the recovery of domestic units as economic units, and the notion that all the activities necessary for the expanded reproduction of life are “work”. Also relevant is the positive recovery of rationalities that are not necessarily instrumental, and the centrality awarded by this school of economic thought to democracy and deliberation for decision-making in self-managed and autonomous settings. Social economy aims at identifying and promoting associative, deliberative and democratic work scenarios based on self-management, whose strategic orientation is the expanded reproduction of the life of its members and of society as a whole (Coraggio, 2018).

Nevertheless, within the academic field, the more renowned writings on social economy or social and solidarity economy usually suffer from a certain indifference towards gender, or even gender blindness. This is made evident by the prevailing disregard of structural issues such as: a) the sexual division of labor within the field of social economy; b) the unequal distribution between genders of power, resources and institutional/organizational representation; c) the double or triple working day of women participating in social enterprises and ventures, cooperatives, etc.; and d) the presence of sexist violence, sexual discrimination and other misogynist expressions within associations.

Back in 2011, Angulo, Caracciolo, Foti and Sanchís affirmed:

For capitalist economy to ignore the different work inputs and the unbalances in the distribution of resources and benefits within the homes is understandable, as the economic sphere is limited to market relations. But it cannot be justified within the framework of social and solidarity economy, which values domestic units and takes into account not only commercial exchanges and profit as the main objective, but also the fulfillment of basic needs for the full-fledged development of the lives of people caring for the environment that sustains them (2011: 7).

Later they add:

Nevertheless, precisely in the light of these experiences, and of thousand others in which women are central, we observe the issue of gender. If it is frequently determined that women produce preferably within their homes, with no segregation of spaces between domestic and care work and the productive tasks of goods or services that are a simple extension of their domestic work with almost no added value; if they are the sole bearers of the burden of care work in the household; if they can only avail themselves of intermittent and restricted time periods for production because they are simultaneously fulfilling their traditional tasks; if they constitute the majority of workers in a cooperative but have no representation in the management board; if they have no time to get training; if they are subject to different kinds of situations such as

domestic violence or unwanted pregnancies; then we may conclude that women are at a disadvantage and their circumstances are inequitable. If such things happen, we cannot consider that a social and solidarity economy is effectively being built (ibidem: 38).

Feminist and/or gender economies also feature a variety of positions regarding how to consider society, and which issues should be modified in order for welfare to be possible and egalitarian. Such differences notwithstanding, the sexual division of labor, the sexual hierarchies associated to said division, the tension between work within and outside the household, the visibilization of women's contribution to the reproduction of life and of society as a whole, the acknowledgement, redistribution and compensation of care work (or domestic work, or reproductive work) are recurring themes in feminist approaches to economy (Concha, 2011; Esquivel, 2012; Pérez Orozco, 2014; Rodríguez Enríquez, 2015).

The current crisis of social reproduction broadens the interest on feminist economic studies, and on the "compound of activities and relationships thanks to whom our life and our labor capacity are daily rebuilt" (Federici, 2013:18), i.e. on care work.

This article aims to contribute to conceptual political reflection on the position of children and youth community care organizations (and their workers) in the field of social economy, from a feminist and popular approach. This assessment derives from a series of empirical research that evidenced the essential role played by these associations and their women workers for life reproduction in social vulnerability contexts. It is a multiple, heterogeneous universe, with different quality levels as to the services they render, and different degrees of politicization of the actions they undertake.

2. Methodological notes

Part of the findings in this article is the result of successive researches starting in the late 1990s, in which I participated as a member of teams led by colleagues of the Universidad Nacional de General Sarmiento, as director, and also as a member of international teams of inter-university collaboration.² The last project that furthered the study this article derives from was "Análisis de las organizaciones comunitarias de cuidado desde la perspectiva feminista y de Economía Social" [analysis of community care organizations from a feminist social economy perspective], within the framework of the international project "Feminist analysis of solidarity economy practices: views from Latin America and India" directed by Christine Verschuur from the Graduate Institute of International and Development Studies, Geneva. The most intensive field work was done from 2015 through 2018.

2. A relevant portion of my research trajectory on these issues was shared with my dear colleagues: Analía Gosgorschidse and Erika Loritz.

The investigation was located in marginalized territories of the urban periphery of the Buenos Aires metropolitan area. It showed us the robustness and the persistence in time of community organizations as regards the resolution of basic needs of the general population and, above all, the role they play in child care, the articulation of resources, the detection of and approach to difference expressions of gender and institutional violence. They are central actors in territorial fabrics where the rights of citizens in general and children in particular are rarely (if ever) implemented.

The interweaving of popular feminisms, social economy and care economy derived in the delimitation of the universe of child and youth community care organizations as nuclei of research and dialogue, within the framework of a process that adopted elements of participatory action research (Ebis, Fournier y Mutuberría, 2009). In our conceptual reflections, we referred to the centrality acquired by the voice of women community workers, to the conducting of meeting and workshops to discuss, ratify, rectify and complexify the research outcomes, to the enhancement of their experiences and knowledge, to the formulation of shared actions once the study ended, among others. The joint problematization of inequalities transformed the starting point both of researchers and actors, generating a mutual implication in the process under study (Damaris, 2001).

For the sample delimitation the following characteristics were considered: that the organizations were structured as per their child and youth care work, that they had a sustained development in the urban periphery of the Buenos Aires metropolitan area for at least 20 years, and that they received resources from state policies for their daily activities.

We made successive approaches, from organizations with high degrees of association to organizations working with their direct beneficiary population. We started from the exploration of a net of networks formed by 6 networks encompassing 187 child and youth community care organizations. Then we focused specifically on one of those networks, composed by 15 community care centers, and finally we deepened the analysis of one of these centers.

At every level, interviews were conducted; we had access to institutional documents, and participated in activities organized by the institutions themselves. In the Centro Comunitario Belén, in addition to interviews and workshops jointly held with popular educators, we accessed 171 family records of children and youth, and we interviewed 22 mothers of children attending this community center.

3. The approach to care work in social economy (SE)

All over the world there are innumerable associative experiences oriented by reciprocity and redistribution principles, whose aim and sense is the expanded reproduction of life, in the best possible conditions. Within the broad and heterogeneous field of SE

we find mutual associations, cooperatives, recovered factories, fair commerce or solidarity finance networks, social currency, barter networks and agroecological vegetable gardens, among many others.

Both as regards research and the generation of public policies in support of this sector, there is a higher development of the nodes traditionally understood as “economic”. Political interest and scientific production concentrate on the finance sector (e.g. solidarity finance, social banking, communal banking); productive and public services experiences (recovered factories, social enterprises, various associative ventures, work cooperatives, public services cooperatives, etc.); initiatives regarding marketing (social markets, fairs, fair commerce) and consumption (responsible consumption, solidarity consumption, etc.); there are also developments in cooperatives for housing and habitat.

Interest on care issues, as a sector to be developed within social economy, or the connections between “productive work”, “reproductive work” and “social reproduction”, is fairly recent. Also recent is the questioning around differential participation by gender in SE experiences, or the valorization of gender non-conforming people within these initiatives. Studies deployed from feminist economy do not usually focus on SE experiences. And the approaches from SE do not make the (political/epistemological) leap towards researches and/or public policies centered on the non-market, non-marketable dimension of economy. In my view, SE harbors the illusion of reciprocity and sexual equality within the framework of volunteering associationism and, moreover, is highly influenced by the economic tradition in which “productive” is closely linked to the production of exchange value products, unless we are dealing with rural scenarios where the economic substrate of production for self-consumption is more clearly recognized. A clear indicator in this issue is the residual position of care work in empirical SE researches, and the weight of discussions on “economic” sustainability in the short, medium and long term.

Pioneering studies in Argentina were led by colleagues from the Asociación Lola Mora inquiring on the links between gender, social capital and local development (Caracciolo y Foti, 2005, quoted in Angulo et al., 2011), or directly focusing on care activities (Sanchís, 2007, quoted in Angulo et al., 2011). The book *Economía Social y Solidaria. Políticas Públicas y Género* (Angulo et al., 2011) is one of the most thorough works on the reconstruction of social interventions around social economy and the participation of women both in rural and urban settings, and in municipal, provincial and national governments.

During the last few years more interest is shown towards the analysis of the promotion of care cooperatives, or the cooperativization of care workers. Studies focus both on potential markets for this kind of services (study of demand), and on the implications (be they subjective, material, of access to rights, or for professionalization) of the formation of cooperatives for those who offer these services. The issue is usually approached prioritizing the care of older adults, or of people with disabilities and mental health problems. Around 20 care cooperatives for the care of older persons have been recorded in Argentina; they provide their services for a fee agreed with the beneficiaries.

3.1 Child care community organizations as social economy actors. Community work as practice and as disposition towards collective work³

Unlike care cooperatives, child and youth community care organizations are non-commercial institutions of social economy. They are associative webs emerging from the self-organization of women from urban working-class sectors to address nutritional, educational and care needs of children and young people in their neighborhoods.

We affirm they are part of social economy, as they are **collective and associative experiences based on deliberative self-management that solve socially relevant and significant needs as per the implementation of their know-hows, the work capacity of their members, and the pooling of different kinds of resources.**

The initial impulse for the formation of these associations is quite diverse. In some cases they were launched by the diocesan Caritas, in others they emerged from neighborhood councils or from soup kitchens, or else from the joint action between soup kitchens and targeted policies to attend extreme poverty. There are also cases of women who opened their homes to neighborhood kids for afternoon meals and later contacted established organizations who supported and oriented them in the development of their task and the institutionalization of their experience. Other initiatives resulted from organizations that split from their original organizations due to ideological (religious or partisan) reasons. Group deliberation and collective autonomy are positively valued as legitimized guiding principles. The intervention of the Catholic Church or of political parties, and their claims at leading the organizations from outside their networks, are deemed incompatible with their institutionalized custom of debate and collective resolution of the best way forward. Evidently, as in all institutional settings, the group functions simultaneously as a space for collective thought and as regulatory body.

Organizers' narratives tend to emphasize the diversity of situations and experiences. Diversity, invoked as a positive principle, coexists with a strong community identity. We might think that the valuation of the communal derives from the existence of diversity: totally homogeneous experiences would prevent the appearance of the communal, even as something to be elaborated. Commonality is a search, a construction. It is the identification of particular needs that have become the object of shared work.

Communal disposition, or the communal as a disposition towards the collective and the meeting with others, led to the swift association of child and youth care organizations to share experiences and to demand resources from the State. By the end of the 1990s, thematic and territorial networks were created to address the care needs of children in the Buenos Aires metropolitan area.

3. We refer to longstanding community organizations with consistent institutionalization processes

Narratives feature recurring stories of women helping each other, sharing information, and enjoying these activities. *"I knew Iris from the El Ceibo community center; she guided us, because we didn't know how to set up a kindergarten. Iris showed us the way, she is like our great godmother."* The time devoted to meetings, to bonding, chatting and listening, the drinking of mate, the rituals of daily group work to prepare food for 150 or 200 kids are part of the culture and of the construction of community institutionality.

To visit the organizations, sharing time and attending their parties, and to get involved in the dynamics of these spaces, allow for another kind of approach: the sociological recording of their activities, of their perception of their tasks, of available resources and envisioned projects configure a multiform map of diverse reliefs and surfaces. The institutional structure is mobile and flexible, and its foundations and mortar have been created by women of urban low-income sectors.

The stabilization or institutionalization of territorial organizations is probably linked to their capacity for adaptation/transformation: a way of facing the challenges posed by their context; these challenges do not depend from the will of subjects, but presuppose transformation, inventiveness, invigorating dynamism. This, and the commitment to life of community women workers, explain their current response to the COVID-19 pandemic.

3.2 Community workers, essential tasks... But...

In the array of networks that form Interredes there are approximately 2,700 community workers pertaining to 287 territorial organizations. A vast majority (90%) are women, half of whom are under 35 years old.

Similar proportions obtain in the Red El Encuentro and its 17 community centers. As regards formal educational levels, most of them have some degree of secondary schooling, and a minor percentage of workers have completed higher studies (tertiary education or university). Education and training are highly valued, and systematic training courses are part of the institutional planning of these organizations. The relations they establish through their networks with universities in the area are extremely relevant.

Throughout the history of community care spaces, the profile of women educators has changed: *"They used to be mums, now they are educators studying for their teaching diplomas who also leave their kids at the center."* Most educators live in the neighborhood, or in areas nearby. Some of them used to attend the community centers when they were young, and now they are part either of the same organization or of other groups belonging to the same network.

Even if male participation in these organizations is scarce, tasks are not assigned according to marked gender stereotypes. Nevertheless, while women tend to perform different activities with ease in the various areas of the community centers, men usually have more specific tasks. The new generations of educators are beginning to problematize and criticize the sexual division of labor and demand from the few males

participating in these spaces more involvement in the care of younger children, or that they bear the brunt of work at specific times such as the *Paros de Mujeres* [women's strikes], the *Ni Una Menos* [not one woman less] demonstrations, or the *Encuentros Regionales y Nacionales de Mujeres, Lesbianas, Travestis y Trans* [regional and national women's, lesbians' and trans' caucuses]. These events are already part of the calendars of these organizations, and have generated the internal questioning of male behaviors, leading to the creation of WACHXS, a group of 15 young men from 20 to 35 years of age that meet to analyze and review their *machista* privileges and practices. Most of them have completed the *Diplomatura en Géneros, Políticas y Participación* [undergraduate degree on genders, politics and participation] at the Universidad Nacional de General Sarmiento, an openly feminist training facility.

The high turnover of women educators is one of the main problems affecting the centers as regards workers. This is due to the low incomes perceived (under the modality of "incentive") and the lack of labor protection regulations. Nevertheless, participation in these spaces is usually very stimulating. Most people working there expand their networks of personal bonds, develop new expectations, and usually take up professional careers. The labor precariousness of community centers and the low wages workers receive are not sufficient to cover the material needs and life expectations of the more educated leaders. The vast majority of those who have migrated to other educational or public management spaces usually participate in certain activities, or collaborate occasionally by contributing their new trajectories and know-hows. As one of the protagonists said, "*You always want to come back, the community center is part of your life, it's like a second skin.*"

The main source of income of community centers comes from the Programa Provincial Unidades de Desarrollo Infantil (UDI) [provincial program for child development units], followed by the el Programa Nacional de Seguridad Alimentaria [national program for food security] and the Plan Nacional de Primera Infancia [national program for early childhood]⁴. These resources are usually combined with occasional private contributions, which allow for the expansion of their scope of action. Resources are pooled, and all educators are paid the same amount per hour worked. Coordinators receive a slightly higher percentage per hour. Low income and high degrees of labor precariousness are

4. The UDI program is an assistance policy for the support and reinforcement of municipal (community or religious) child development centers. It is one of the three intervention areas that structure work in community care organizations: food, education and socio-communal development. It is implemented in four modalities: a) *Centros de Atención Integral* [integrated attention centers] for the care of children from 0 to 14 years old, with three components (nutritional, pedagogical and sanitary); b) *Jardines Maternales Comunitarios* [community day-care centers] for children from 45 days to 5 years old; c) *Casa del Niño* [children's home] for children from 6 to 14 years old, with 4 hours of activities complementing formal school, to support those who are not enrolled and to promote their reinsertion; d) *Centros Juveniles* [youth centers] to support young people from 14 to 18 years old, recently established through pressure from Interredes and the acknowledgment of work with teenagers already underway.

the major problems for these centers, and for other social economy organizations. The tax scheme most frequently used is the “monotributo social” [social monotax], which is a low-cost, simplified procedure. Being a monotax payer has several disadvantages, among which labor instability, low-quality medical services, lower pensions and no paid vacations or leaves.

For years, Red El Encuentro and Interredes have been searching for the most representative or adequate juridical scheme for what they are and what they do. In 2015 they publicly submitted the “Ley del Trabajador Sociocomunitario” [bill for socio-communal workers], in order for the State to recognize the work they do and guarantee all labor rights pertaining to their daily tasks, without affecting their institutional autonomy.

3.3 Beneficiary families of child and youth care work. An approach from the Centro Comunitario Belén⁵

Meeting the families who take their children to the community center helps to understand the contributions of community organizations towards life sustainability in these territories affected by multiple scarcities. To deepen our knowledge of these families, 171 registration files were systematized, and 22 mothers were interviewed.

The image of the reduced, heterosexual, male-headed family has little to do with the families of children attending “the Belén”. Households of mothers with children from different unions are quite frequent, and the paternal role does not always coincide with the biological paternity of all the children in the family.

There are also **families** in which children live with their mothers and other relatives (grandparents, aunts and uncles, cousins, etc.). Some families include a male parent, but others do not. A minor proportion are the **monomarental families** formed exclusively by mothers and their children, which are the most critical case within the universe of families. These are the women who have the most difficulties to meet their daily livelihood needs. They are the sole wage earners, and they not always have the help of other people to raise their children. It is thus of vital importance for them to have educational, food and affective support services for their offspring.

As regards the socioeconomic situation of families, most of them have temporary informal jobs. Only 3 out of 10 have social security, and this fact indicates clearly the degree

5. The Centro Comunitario Belén was launched in 1984 as per the initiative of a group of neighborhood women who had no place to leave their children at during their working hours. It is located in a low-income area of the municipality of José C Paz. It is an underprivileged neighborhood with few kindergartens and daycare centers, where the mobility of women with children is hindered by defective streets and lack of sidewalks. In addition to educational and food services, it has a library and a community radio station. The work team consists of 27 women and 5 men. According to diagnostics from the center itself, the children who attend come from complex family situations. Except for this center, there are no other initiatives in the area to provide recreation or training for children and young people where they might develop their abilities and potentialities.

of labor precariousness they live in. They all receive the “Asignación Universal por Hijo”⁶, and most of them have complementary income from some other state social program. For this population, state social policies are of utmost importance, as they provide their few recurring incomes. Lack of employment, the existence of several children in the household and mobility difficulties (streets in disrepair, insufficient and expensive transportation services) are some of the barriers that hinder their mobility in general and their access to well-paid jobs in particular.

When asked about care work and domestic work, all interviewed women replied that they do that work themselves. Half of them stated that they have help from other women in the family (grandmothers, aunts, women neighbors and older sisters). A minority mentioned that their (hetero) partners “collaborate” with housework when they are not otherwise occupied.

Women/mothers who work outside the household usually have a “double working day”: after their paid job, they take care of the chores at home that benefit all members of the household. They also have more responsibility as regards child rearing. Employment precariousness and a double working day are a major burden for neighborhood women. They are very young women, whose personal projection horizons and development opportunities are in no way guaranteed.

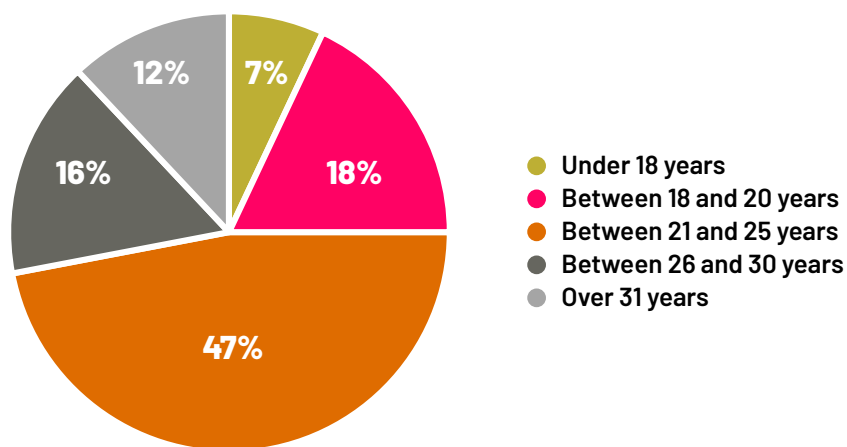
These women highly value the contribution of the Centro Comunitario Belén, not only because of its impact on their children’s quality of life, but also because it allows them to undertake activities which would otherwise be impossible and unthinkable.

Women, young mothers...

In all family types, the persons who take care of children are mainly women/mothers. Figure 1 shows how community centers help alleviate young women’s care burden: 72% of the mothers of children attending the Centro Comunitario Belén are under 25 years of age.

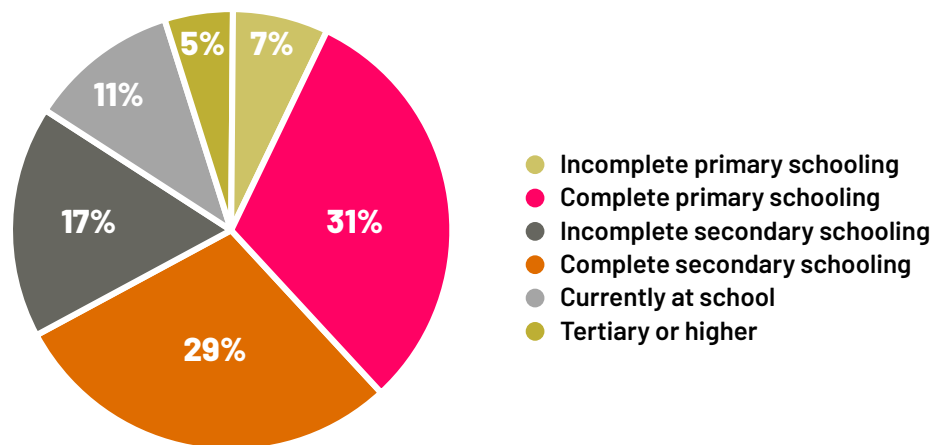
6. The Asignación Universal por Hijo para la Protección Social (AUH) is an allowance paid for each child under 18 (no age limit if disabled) to vulnerable families who have no social coverage, up to a limit of 4 children per family group. To receive and maintain this allowance, records of sanitary controls and schooling must be presented. The national social security administration ANSES created a booklet which functions as a control instrument for the fulfillment of the AUH requirements.

Figure 1: Age of mothers of children attending the Centro Comunitario Belén



Regarding their levels of education, most of them have completed elementary school (31%) and high school (29%); 17% of these young women have not finished high school. This means that 55% of them have not completed their secondary education. Sixteen young women are currently attending school (11%).

Figure 2: Educational level of mothers of children attending the Centro Comunitario Belén

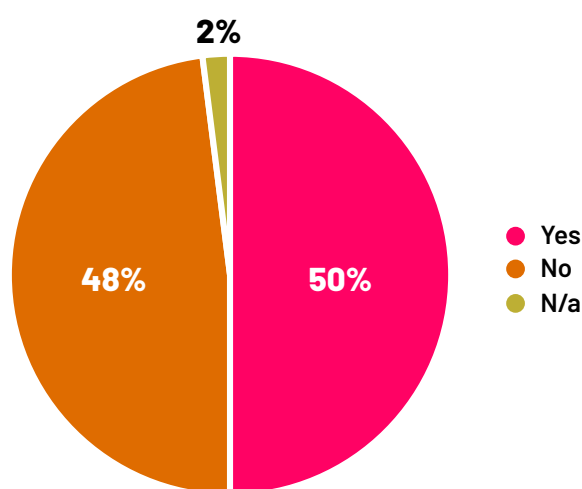


As will be discussed later on, one of the things they value most about the Centro Comunitario Belén is the fact that they can leave their children at a place where they know they will be well taken care of. Do these young women need to undertake other activities, to complement their maternal role?

Dads: not all of them father their children, and the situation worsens when they live apart from them

When talking about child-rearing, people tend to think about the mothers and not about the fathers. This implies women are disproportionately burdened. Fathers need to be integrated in child-rearing, and in the affective and material support of their offspring. That they share responsibility for children has become a necessary and urgent issue. As per this concern, we looked in particular into the situation of fathers in the lives of children. The first piece of information is that almost half the children attending the Belén do not live with their fathers.

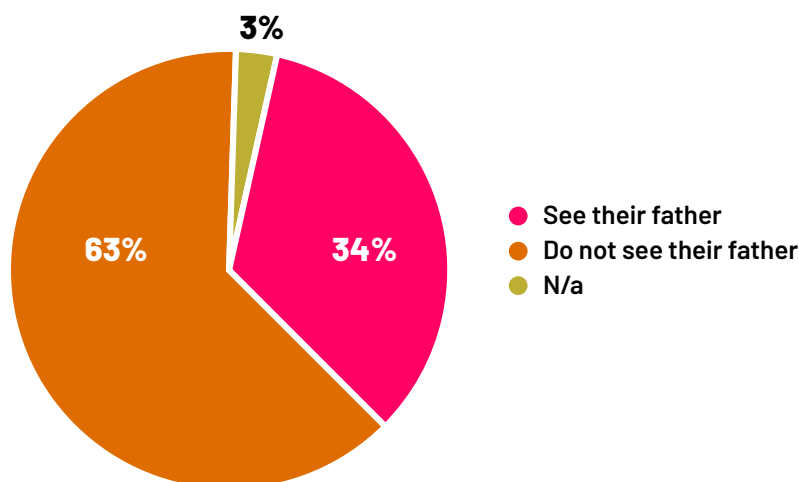
Picture 3: Children who live with father and mother



Nevertheless, the fact that fathers do not live in the same household should not necessarily imply that they ignore their offspring, their problems, their economic needs, and their mutual relationship.

Research work showed us that when fathers no longer live with their children, they walk away from their care and sustenance responsibilities, further burdening women with this task. Of the 68 families in this situation, only 3 out of 10 children not living with their fathers meet them periodically. The remaining 64% never see them.

Picture 4: Father presence in the lives of children when they do not live together



The opinion of mothers of children attending the Centro Comunitario Belén

We interviewed 22 mothers of children attending the Centro Comunitario Belén: they all expressed high appreciation of the center’s work, based on a series of benefits for their children, their families and themselves.

They said that children have improved both in the personal and the relational sense: they are more confident, more open and respectful; they acquire good habits and manners. They also emphasized the schooling support children receive, which improves their performance at school. Another factor is food and nutrition: the fact that the children are fed is considered an enormous help for the family as a whole.

Others statements describe the Belén as a source of help and support in critical family and personal circumstances. They acknowledge that educators care for the whole family and not just for their children. Testimonies were abundant: *“I was ill and they helped me”, “I suffered violence and they helped me”, “We had no food and they gave me food to take home”*.

The Centro Comunitario Belén is extremely relevant in the day-to-day lives of these women. This relevance goes far beyond food: they know they can go out to work without the stress of worrying about their children, because they know they are well taken care of and that they are schooled. The attention provided by the Centro is therefore comprehensive, encompassing the food aspect but not limited to it. Narratives express educational aspects, affectivity and trust as main axes covering two fundamental needs: care for the children, and relief for themselves. To be able to work outside the home allows them to have an additional income besides the monies transferred by social programs, and removes them from the domestic scenario. Moreover, the fact that children are fed at the center implies that food expenses are covered, and frees women from the daily task of planning and preparing meals.

3.4 Community care in terms of feminism and social economy? The right to autonomy and self-management. Considerations towards new politics for the post-pandemic "new normal"

In the search for clues or indications showing alternative ways of organizing in terms of social economy, we propose child and youth community care organizations as relevant actors in this field. Such proposal derives from several observations: their centrality as to the reproduction of life; their organizational modes based on self-management and deliberation; the increasing empowerment processes they generate in women; the timid advancements they foster for the configuration of non-sexist masculinities; and their potentiality for the approach of childhood in ways that transcend patriarchal maternalism.

From the standpoint of social economy, the productivist economic bias that prevails in this policy field must be reviewed. This tendency is strongly evident in programs oriented towards the support and promotion of this sector, and in the actors themselves, who acknowledge themselves as part of Argentine social economy.

The hegemonic view that associates nutrition, affective support and popular education with assistentialism must also be reviewed. From the feminist perspective of care economy, to educate, feed and give affective support are productive, economic and value-generating tasks, and they should be so conceived. This applies both to policies and to the caregiving actors themselves, and also for the set of actors pushing for the creation of democratic, environmentally sustainable alternatives.

In the framework of a colonial capitalist system that undervalues and disregards care work, that tends to the privatization of life and promotes individualistic, egoist subjectivities, to include child community care organizations and conceive that tasks linked to nutrition, recreation and education of children and young people *are not assistential services* implies a theoretical challenge and a political issue. Moreover, the meanings and orientations assigned by working-class organized women to the work they undertake must also be integrated. In this sense, **the impact of care collectivization on workers themselves is quite remarkable.** As studied elsewhere, to care for others at home (either in their own households or somebody else's, as paid or unpaid labor) is quite different from caregiving in specifically designed institutions. Further differences obtain between private, state and community institutions.

The phenomenon of popular female associativity regarding care (of people, territories, nature, and the most immediate reproduction of life) appears in other Latin American countries, and has been one of the origins of women's popular organization. **To associate in order to give collective care outside the homes produces extremely important transformations in their biographies; redefines the more traditional notions of what is conceived as work; positions working-class women within the struggle for the public acknowledgement of the tasks they undertake; and frees other women in their settings from care-devoted time.** These processes are affected by contradictions and

tensions. Moreover, collectivization potentially fosters collective care experiences that include males. The emergence of WACHXS may be indicating a way to be explored, multiplied, shared and deepened.

In Argentina there are social and political groups and movements approaching this issue. *Gender and care inequalities* are, for example, part of the agenda of the Confederación de Trabajadoras y Trabajadores de la Economía Popular (CTEP) [popular economy workers' confederation]. The solid participation of women in this space, its creation of a gender committee, and the increasing politicization of women in and outside CTEP, have raised the need of institutionally addressing the care of workers' children. Thus, in some of the Polos Productivos⁷ [productive nodes] promoted by CTEP, the Espacios para la Primera Infancia (EPIs) [spaces for early childhood] were created. These spaces produced (very insufficient) incomes derived from the complementary social salary for the women activists in charge of their management, who had to be trained in early childhood issues; and they also allowed for their co-workers to have more time available for other activities in other areas of the productive node, i.e. vegetable garden, chicken farm, textile workshop, cultural workshops, etc. The experience of the EPIs within the Polos Productivos is a good minimum-scale articulation model between activities and sectors of social economy linked around community care. At the San Isidro CTEP production node, food for the EPI proceeds from their own vegetable garden and chicken farm; infrastructure is built and maintained by workers of their trade workshops, and the clothes for children and educators were made by a textile cooperative (Fournier y Loritz, 2019).

Following this line of thought, it is at least tempting to conceive the inclusion of community care organizations in territorial value schemes, as understood by Mercedes Caracciolo:

The value scheme is composed by a set of endeavors articulated horizontally among peers, vertically with their input suppliers and buyers, and diagonally with financial support services and technical support services (new technologies that profit from their work), on a common basis (the territory), to generate higher economic added value per worker, per endeavor, and therefore also per territory. (Caracciolo, 2010)

7. The Confederación de Trabajadores de la Economía Popular (CTEP) is a labor organization that groups popular economy workers and their families. It is a tool for the demand for the acknowledgment of popular economy, conformed by national social movements such as Movimiento Evita, La Poderosa, Patria Grande, La Dignidad, Movimiento Campesino Indígena, Movimiento de Trabajadores Excluidos, Seamos Libres, and Los Pibes. The Polos Productivos are territorial spaces fostered by the CTEP that undertake multiple activities; said activities vary from node to node according to the specificities of location, leadership, access to resources, etc. They usually include organic vegetable gardens, chicken farms, trade workshops, community pharmacies, fairs, cultural activities and, more recently, UPIs [first childhood units].

The value scheme proposed by this author could be rendered more complex through the introduction of specific support centered on the provision of child community care (complementing formal school hours). This service should operate diagonally, like technical and financial services. Moreover, each point or node in the scheme could include other social economy actors. The incorporation of community care services can potentially generate associative work on the basis of socially relevant needs, significant also from a gender perspective, as they would enable the participation of the main caregivers (in general, women/mothers) in the different nodes.

This is a hypothesis. These are well-meant theoretical musings that may be applied and effected in policy trials. Evidently, as regards gender, in order to advance respectful and egalitarian relationships the material vectors that produce sexual inequality and their sustaining subjective configurations must be reviewed and dismantled. Awareness raising and training in gender perspective should be a mainstream topic across all initiatives and in every space.

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02

Community care from the caregivers' perspective

Caring for the neighborhood kids: community work of caregivers, politicization expectations and horizons in the context of the pandemic

Carla Zibecchi*

Introduction

This paper examines the key role of caregivers in community spaces and the complexity of their daily care work. Care work in community spaces is considered a complex and specific task that includes, among other things, different social procedures (such as obtaining medical appointments, school placements and subsidies). This places caregivers in a central role of mediation between the State and the communities they serve. Moreover, the paper deals with two cores of experiences built around the act of caregiving which, with different intensities and nuances, are part of the repertoire of meaning. On the one hand, caregivers' expectations of obtaining skills and/or hierarchization for their work, frequently linked to the possibility of attaining employment stability (i.e. for it to become a lasting, income-earning job). On the other hand, the meaning assigned to the act of caregiving in the territory together with other women (collective work), which leads to the hypothesis of new forms of politics around care. Finally, we will reflect on the specifics of care work undertaken in crisis contexts such as the current COVID-19 pandemic (which calls for a more intense and complex dedication to community care), in order to propose issues to build an agenda for community care in pandemic and post-pandemic times. Empirical analysis is based on the outcomes of fieldwork conducted from 2012 through 2015 in a series of interviews of women undertaking caregiving work in social and community-based organizations in the areas of highest concentration of poverty in the metropolitan area of Buenos Aires, and an updated bibliographic survey of empirical research on the subject.

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1. The offer of community care and its caregivers

The offer of community care features a strong territorial inscription, with the participation of diverse and renewed actors: women as providers of care and services, families, state bureaucracies, community organizations of various backgrounds, political and religious groups, and social movements, among others. Mostly led and self-managed by women, this offer is highly varied and uneven, as regards for instance the institutional degree achieved, their resources, their financial sources, the kind of performances and services they provide, the identity redefinition processes they go through, and the way in which families participate. There are also differences as to the particular ways in which they engage with the community and the territory, whether they network with other organizations or more independently. Thus, this offer of caregiving shapes a highly heterogeneous map: spaces of care that depend from religious organizations, civil society organizations, self-managed neighborhood women leaders, social movements (cooperatives, or groups of tenants or the unemployed), or independent and/or networked community kindergartens, among other.

As highlighted by other authors (Label, 2017), it is impossible for the adopted designation to express the plurality of options. For the purposes of this article, which aims to focus on the main actors (caregivers, teachers, leaders), this plurality of options will be designated as “community organizations” and/or “offer of community care”, acknowledging that said plurality translates also into a map of community organizations that is highly heterogeneous and uneven in the different districts and provinces (Faur, 2017; Visintín, 2017).¹

Nevertheless, they all share a common feature: these are highly feminized spaces; these initiatives were generated, fostered and upheld by the collective endeavors of many women, through their care work. Undoubtedly, **women have been performing a central role in the territories for several decades**; women have sustained soup kitchens and other initiatives with a strong territorial inscription: the neighborhood.² Depending on the case under review, these organizations feature an almost exclusively female presence as caregivers and/or educators; even in decision-making spaces, women act as territorial leaders and organizers.

1. As pointed out by Visintín (2017), the community space encompasses multiple institutions, from those shaped and organized almost similarly to official kindergartens, to services whose organization, resources and financial support are linked to the possibilities of the community or social organization they depend from. In 2007 the bill for the creation of child development centers (Ley 26.233) was approved, aiming at the organization of spaces devoted to the comprehensive care of children up to 4 years of age; these spaces may be managed either by the State or by NGOs. A map of these initiatives by province shows their high diversity, even in their naming: there are centers for early childhood, centers for childhood development, and units of childhood development. For greater detail see Visintín (2017) and Faur (2017), among others.

2. Women have developed diverse practices at neighborhood level (soup kitchens, canteens, communal shopping, food distribution) in Argentina (Feijoó, 1993; Garrote, 2003) and in Latin America (Molyneux, 2001).

Studies on the issue differ slightly: some date the emergence of these community caregiving organizations during the 1980s, with our country's the return to democracy; others note, instead, that there were precedents since the beginning of the 1970s linked to the activity of grassroots social organizations (ecclesial, for instance). The historical moment of their inception notwithstanding, there is a consensus regarding the fact that the times of emergence of this offer of community care are connected in great measure to the social and economic crises undergone by Argentina: a relevant portion of these initiatives arose in response to hyperinflation in 1989; others appeared during the mid-1990s in the face of unemployment and impoverishment and are linked to the movements of the unemployed. Finally, other community organizations emerged within the context of the 2001-2002 crisis and its sharp deterioration of the main social indicators.³ Other factors have influenced their rise as well: (i) the dynamics of welfare social policy and regulatory transformations that have influenced the transformation of community space through different modalities; (ii) the demands for care from families and diverse family situations which account for the unequal and asymmetrical forms of organizing care depending on the socio-economical stratum and the territory they live in; (iii) the lack of state educational offer for younger children (especially from 0 through 4 years of age), among other.⁴

The current scenario affected by the COVID-19 pandemic challenges the offer of community care and, in particular, those who perform this task (the protagonists, those who build and sustain daily the community organizations) from different angles; it forces us to **revise both old and renewed problems always marked by social and gender inequality vectors, reinforced now by the recent pandemic scenario.**

What are the special characteristics added by this new context to daily activities undertaken by the organizations' caregivers? To approach this question, a key point is to understand the whole set of tasks carried out by women in the community space in their entire complexity and specificity, that is, without reducing them to a homogeneous whole or to linear conceptions (for instance, considering that these tasks are just makeshift ways of meeting basic needs). To enter the world of territorial organizations and the daily activities sustained and driven by women implies also to comprehend the complex fabric of existing relations among themselves and with their collective organization, with the care receivers (children, older adults), with diverse neighborhood organizers, and with the State and its agencies. Undoubtedly, this fabric of relationships also carries multiple meanings.

3. A portion of the cases gathered during fieldwork and of those presented by other authors (Redondo, 2012; Forni, 2002; Ierullo, 2013; Fundación C&A 2008; Label, 2017; among others) pertain to this time period.

4. For further elaboration, see Paura y Zibecchi (2014).

2. To give care in the territories and during the pandemic

A key to the comprehension of the daily work of women caregivers is to consider care as a generic activity comprising everything we do to maintain, perpetuate and repair our "world", in order to live as well as possible. And this world encompasses our bodies, ourselves and our environment as life sustainer (Fisher y Tronto, 1990: 40). Different studies on gender, feminism and domesticity have shown that this care work has been historically carried out by women and other socially marginalized and disenfranchised people. Thus, people performing care work are in their overwhelming majority women, poor persons and/or immigrants (or belong simultaneously to the three categories) (Hochschild, 2004; Molinier, 2018).

Now then, what do we know about the trajectories of women workers in community spaces in Argentina? As noted elsewhere (Zibecchi, 2014), their itineraries record unpaid care work since very early ages, through kinship networks (care of younger siblings, nieces and nephews) or mutual aid networks operating at territorial level (neighbors' children, neighborhood friends, godchildren, etc.).

As regards their participation in the labor market, they have earlier worked in households, i.e. doing domestic service generally paid generally as "live-in" work. Others instead have worked in businesses or factories as maintenance, cleaning or unskilled workers. Not unfrequently, these care and domestic work activities alternated with the performance of other informal and precarious employment (such as street vending), or with collaboration in a family venture. Also significant is the relationship with conditioned social assistance programs: they have received different state social programs ("Servicios Comunitarios", "Plan Jefes y Jefas de Hogar Desocupados", "Programa Familias por la Inclusión Social", "Asignación Universal por Hijo", "Ellas Hacen", among others).

Their trajectories, in general, are markedly intermittent due to changes in the family (break-ups, divorces, pregnancies, birth of children) or to the structural instability and precariousness of this type of work (Zibecchi, 2014).

What are the actual activities performed within their organizations? How are these activities affected by the pandemic scenario? Authors like Joan Tronto (2020) provide theoretical clues for the analysis of the complexity of care work: care processes are complex; they require *caring about*, *caring for*, *care giving* and *care receiving*. They also demand attention, reflection on responsibility, competence as to the *care giving*, and the correct response to be offered both to the care receivers and to the effective care process itself.

Tronto (2020) also highlights the fact that care is contextual and non-essentialist. This implies that, even though every human being has basic needs, there are no two persons, two groups, two cultures or two nations that practice and understand care needs in the same way; therefore, careful attention must be given to the situation and the context where the care process develops.

Different research studies identify and describe the tasks undertaken daily by community caregivers. What follows is a description of this empirical knowledge, contextualized within the pandemic scenario, and a reflection on its nuances.

2.1. To care for and feed

Community caregivers undertake simultaneous tasks linked to the whole process of food management: obtaining food through diverse strategies (donations from neighborhood stores, reception and management of state social programs, collections); diet planning (menu planning, rationalization of foodstuffs); preparation (cleaning, cooking); canteen management (serving); management of food packs.⁵ Day-to-day practice intertwine caregiving and food assistance strategies, in point of fact, **because in poverty contexts the demands for care and for food are absolutely integrated.** Thus, the analysis of statements from organizers, educators and caregivers shows that their work is marked by high flexibility, that is, the capacity to adapt to the issues imposed by a poverty-stricken medium and to the urgent needs affecting the families, including childcare and nourishment.⁶

All these tasks also involve codes and conducts of food eating⁷ in a public space (specific time schedules for eating, ways to sit at the table, specific spatial organization, shared conversations and manners). They are therefore **highly complex tasks; caregivers elaborate their strategies and make decisions in order to “feed”; they have their own assessments regarding this action; and they define needs and demands with different criteria, with more or less restrictions and/or possibilities according to their own context.**

2.2. To care for and support

Some territorial organizations diversify their direct activities of care of younger children and also give schooling support and follow up on absenteeism or desertion, as per demands received from the formal educational system itself. Depending on the organization's institutional level and its workers' background, these tasks are undertaken either by the caregivers themselves and/or other people they engage (learning support teachers, volunteers, etc.). They also organize recreational activities for children and teenagers during school holidays (Ierullo y Maglioni, 2015; Pautassi y Zibecchi, 2010).

5. Ierullo y Maglioni (2015) show that of the 34 territorial organizations grouped in the network “Coordinadora de Jardines Maternales Comunitarios de La Matanza”, almost 97% provided some form of food aid (canteen and/or foodpack delivery), 46% gave schooling support, and 94% had initiatives to generate leisure and recreation activities.

6. For instance, reinforcing breakfast for those who “come without having breakfasted”; setting up intermediate snacks for “kids who have no dinner at home” or for “those who come in at 6 am”; providing a special menu on Mondays because they have had nothing to eat during the weekend; organizing food packs made up of canteen surplus for them to take home to their siblings (Pautassi y Zibecchi, 2010).

7. Cf. Colabella (2012).

As per the analysis by Marisa Fournier, **a huge portion of the work of community care centers functions as a complement to state educational services**, particularly for groups below 6 years of age, but this support work may also extend to young people up to 18 and 20 years old (Fournier, 2017: 89). Thus, the assistance periods for children and the time schedules for these spaces of care are organized as per the families' situations and demands (Label, 2017). The caregiving tasks undertaken by these women depend therefore on the time of the year, on the needs of the people in the neighborhood and/or on different eventualities imposed by the social context.

2.3. Managing: another precondition for care work

Community organizations and those who work there receive support from state social programs of different kinds and institutional origin (national, provincial and/or municipal): grants and subsidies for the organizations, programs for the reinforcement of civil society organizations, for food, for educational training and refreshment, of conditioned income transfer, for schooling inclusion, and for the support of young children, among others.⁸ The intervention of these state programs correlates with different relational dynamics that women caregivers establish with the municipal, provincial and national states. Beyond the specificities of each situation, the permanent mediation work of these organizations between the states and the population they serve, plus the work of organizers and caregivers in their territorial spaces, is foremost.

For example, as regards primary health care, documentation in earlier studies (Zibecchi, 2019) shows that community caregivers engage with effectors (neighborhood emergency clinics, community health centers, municipal hospitals) through different joint actions: vaccinations and prevention campaigns; links to different professionals related to community health care (social workers, pediatricians, psychologists) to conduct periodical medical check-ups (especially weight and nutrition controls) and attend to specific issues (abused children).

Frequently, moreover, it is community caregivers who apply for health or vaccination certificates, who send parents to the health clinic for updated documentation if they detect that a child is sick. When training is provided, it is thanks to the initiatives of caregivers and organizers themselves, through their personal contacts with specialists and professionals (Zibecchi, 2019: 48-50).⁹

8. For a description of the main social assistance programs implemented during the last few years, see for example Faur (2017), Ierullo y Maglioni (2015) Zibecchi (2015) and Santillán (2016).

9. The same applies to education: depending on the coverage level (kindergarten groups or elementary school grade, according to the age groups), children must attend preschool or first grade of mandatory elementary schooling. In this context, the links established by women organizers or coordinators with public kindergartens becomes indispensable. For an elaboration on this issue, see Zibecchi (2019).

The intense relational work included in the care activities they undertake, i.e. foreseeing the conditions to make the care action possible, has positioned them in a new relationship with state institutions that was previously non-existent as such (Rodríguez Enríquez, 2012).

The practical management know-how of poor women, the investment of their time and their caregiving work are key to the comprehension of the way social policies take effect at the local level and, at the same time, become the background for the mix of bureaucratic practices and interpellations to achieve rights and protections (Schijman y Laé, 2010). This practical know-how translates in their handling of codes and a specific language, their knowledge of administrative, bureaucratic and judicial procedures, their acknowledgement of the value of documents, their ability to organize files and fill in paperwork (so that families can be awarded social programs, for instance), their face-to-face relationships with public sector professionals, their devising of their own accounting systems and administration of the resources that reach their organization. As will be seen later, this correlates with the way in which they engage with other organizations and with the State, and how they experiment new forms of politics.

Notwithstanding the state aid transferred to organizations and families in low-income neighborhoods, the context of social (alimentary, sanitary) emergency and of mandatory preventive social isolation due to the COVID-19 pandemic imposes a complex and stressful scenario on caregivers: there is a higher demand from families; the need for increased hygienic measures as regards the manipulation of foodstuffs in locations lacking basic infrastructure (clean water and sanitation); greater attention given to children and/or older adults due to social isolation measures; schooling support due to school closings; specific measures taken to deal with social isolation (for instance, the need to organize time schedules for groups and other strategies to minimize crowding); new initiatives to protect children from overcrowding in the home.

Likewise, dealing with state agencies (as interlocutors) may become still more complex, precisely due to the increased transfer of benefits (particularly alimentary provisions), or the more intense collaborative work with health centers (to report new contagions, identify the higher risk population, follow protocols, etc.).

3. Experiences and meanings constructed around community care

To approach the world of senses and meanings around the work undertaken by women caregivers is a complex task: they are symbolic aspects intimately dependent from the case under analysis. This implies inquiring into the trajectories of the caregivers themselves, their life experiences, the reasons that led them to launch community care centers and/or participate in them, as well as into their organization's specificities: its origins, whether it is framed within a broader project (e.g. a territorial social movement, a religious institution), the kind of services provided (e.g. whether they have become

a community kindergarten or it is a caregiving space that complements a community canteen), whether they function separately or participate in a network of organizations, among other things. These elements always vary and fluctuate, and they also allow us to understand that meanings do not precede concrete experience: rather, they are shaped and informed by it.

We may consider two clusters of experiences built around the act of caring that, with different intensities and nuances, is part of the repertory of meanings. On the one hand, the expectations of obtaining skills and/or hierarchization for their work, frequently linked to the possibility of attaining a certain employment stability (i.e. for it to become a lasting, income-earning job). On the other hand, the meaning assigned to the act of caregiving in the territory together with other women (collective work), which leads to the hypothesis of new forms of politicized care around caregiving.

3.1. Expectations around the obtention of skills and hierarchization for care work¹⁰

As underscored by Esquivel and Pereyra (2017), the analysis of “caregiving occupations” has, during the last few years, become increasingly relevant for the feminist agenda. They are highly feminized occupations, generating employment opportunities for many women. Nevertheless, labor conditions are precarious (deficient and low-income), while care work is usually linked to supposedly female skills that are socially undervalued vis à vis “genuine work”. **The assessment of care work as real work has been one of the achievements of feminist critique, in its endeavor to build adequate conceptual tools to understand the specificities of a major part of the daily activities undertaken by women** (Arango Gaviria, 2010).

In central countries, male and female caregivers have been defined as wage-earning employees whose occupation implies the rendering of “a personal contact service improving the human capacities of the receiver” (England et al., 2002: 455). Thus, care occupations under analysis include medical practitioners, nurses, preschool, elementary and high school educators, therapists, etc.

Nevertheless, in Latin American caregiving occupations, trades and activities have certain specificities that should be taken into account. Among the various differences as regard central countries, we may highlight the inclusion of paid domestic service, i.e. household workers (Esquivel, 2012)¹¹ and the various caregiving activities developed by assignees of state social programs as they fulfill health and education conditionalities, or else their workfare through “volunteer” jobs (Zibecchi, 2013).

10. This section summarizes findings further elaborated in Zibecchi (2014).

11. From a conceptual viewpoint, the inclusion of this activity is based on the notion that care work (especially care work in households) encompass both direct care and the preconditions for the provision of such care (Esquivel, 2012).

The lack of recognition and hierarchization for and the invisibilization of care work are not only linked to the naturalization of these activities as inherent to women, which derives from the dominant discourse that poses the spontaneity of such tasks; they are also due to the profound ignorance of, and the low valuation awarded to, the know-how, competences and abilities acquired by women in different settings. We can therefore affirm that women put into action interpersonal and emotional know-hows and competences that are not socially recognized as such, but contribute to the training in tasks, trades and professions related to caregiving (Arango Gaviria, 2010). With different degrees of intentionality and awareness, one of the most relevant endeavors of women workers in care tasks and trades has been the pursuit of a professionalization that allows for the dissociation of know-hows and competences embedded in care work from women's "natural qualities", so that their abilities may be identified as qualifications (Arango Gaviria, 2010).

In the face of such invisibilization, caregivers deploy a variety of strategies to capitalize previous experience (the know-how of caring for others in the family sphere), and also to learn and get further training. Thus, they condense knowledge intimately related to their own qualities; they call this "life experience", "knowing how to be a mother", "I know this not from books, but from having raised children". The valorization of their knowledge and competences, acquired within the family sphere¹², leads them to training expectations (to finish high school, start teaching education, attend courses on childcare and early childhood, etc.).

Driven by these initiatives, and according to the institutional level and resources of their organization, caregivers have had access to the completion of elementary and high-school education, and/or trainings to enhance their care and educational work. In this sense, offer is as diverse as the actors involved: the State, NGOs, national universities in the Buenos Aires suburban area (especially those near the community organization's own territory), labor unions. In some cases this higher education and training emerged as a demand posed by the women themselves to organization coordinators, in other cases, organization coordinators stimulated them. In fact, they no longer imagine their work and their future without training. An interviewee explains: "You have to get training all the time; you grow, you learn, there is no other way. With this, I imagine myself in full growth..." (Sabrina, caregiver at a civil association kindergarten).

This also impacts on these women's subjectivities. Their narratives notably feature the sensation of **having found their calling, apart from the fact that it is the beginning of their eventual professionalization** (i.e. to become teachers). Obstacles notwithstanding (lack of time, demands from their families, the need to improve their meager incomes), they wish to continue their training and education, to "profit from all the possibilities we

12. These expectations are particularly intense in young women still lacking the "credits" and "positive attributes" derived from motherhood.

are offered here”, as stated by Fabiana, a caregiver in a community kindergarten set up by a human rights organization.

Evidently, this core of life experiences around the possibility of continuing their studies and training is linked to two central issues: on the one hand, the possibility of reinforcing the specificity of community care; on the other, the eventuality of future prospects.

3.2 Politics, care work and territory

How can “politics” be linked to the care practices carried forward by women? What is the role, in these processes, of the neighborhood and the territories they inhabit? To what extent does the indefinite nature of care allow for its forms of resolution to be politicized as from the protagonists’ own life experiences?

To attempt an answer to these questions implies, in the first place, to understand that caregivers build sociability mainly through so-called “**territorial inscription**”, whose **organizational center is the neighborhood that sustains collective actions** (Merklen, 2005). Taking into account the foundational moment of the different organizations, we observe that they are always intimately linked to the territory: “to help the neighborhood families”, “to take care of the neighborhood kids”, “we already had a neighborhood canteen, but there was no kindergarten”. Community organizations themselves, and their organizers, value “neighborhood” women precisely because they have certain characteristics: “neighborhood moms”, “neighbors from the area”, “women who know the neighborhood’s problems”. Likewise, women are strongly disposed to participate in these organizations because “they are nearby”, “they belong to the neighborhood”, “they do not need to spend money on bus or train fare”, or because organizers “are known to us, they belong to the neighborhood” (Zibecchi, 2014).¹³

In this same sense, Fournier (2017: 89) notes that, in the genealogy of organizations and the people who create and promote them, there is a crisscross of neighbors, family members, friends, parish churches, previous struggles, meetings and godmotherships. **These initiatives are created “from the bottom up” (in the territories, in the neighborhood), with a strong collectivizing impulse.**

In turn, the indefinite character of territoriality accounts for the fact that community care practices are neither neutral nor mechanical, and are not a response to social demands from the neighborhood due to the lack of care infrastructure, or to programs and regulations that “are brought down” into the territory. On the contrary, they adopt specific configurations and forms in line with the caregivers’ practices, their notions

13. For Cravino (2006) the neighborhood is a space built as per multiple social relationships established by diverse social actors, and it includes heterogeneous and diversified identitary, social and affective valuations. Following Santillán (2010: 926), we believe these are spaces that may be “frequented and lived” as any social space, according to the material living conditions of those inhabiting them, but also linked to the experiences, social relations and meanings that subjects bring into play.

around upbringing, and their trajectories, their migration experiences and their ethnic origins, among other specific founding characteristics of these spaces.¹⁴

On the other hand, **the politicized processes experimented and produced by women as protagonists are linked to the possibility of integrating individual experiences (taking care of offspring, taking care of others in the domestic sphere) into a broader collective project.** Not unfrequently, their life experiences are deemed a break with their “former life” in the private and domestic world: they have left their homes to take care of other people with other women from the neighborhood. It is thus a politicized that is anchored in experience, in practical endeavors, that may position itself as regards the public sphere: how to take care of younger children, or what resources the organization needs to solve a certain problem within the neighborhood, among other instances. Therefore, as highlighted by Fournier (2017:98), we may say that **care work assumes public traits.**

According to various research findings, **it is almost impossible to separate the experience of caregiving in community spaces from political action.** In the first place, because “to go out to care for others in the organization” breaks the logic of care as given solely and exclusively within the domestic sphere and the families. In the second place, because the different forms of resolution of community care undertaken by women as from the territories they inhabit are strongly linked to subsistence experiences: to be assigned a social program of income transfer, to fulfill workfare, to form a cooperative, to recover a factory, among others. This was documented in studies that stated that women participate in social activities such as the “glass of milk” as recreation, as a way of getting out of their house or of feeling helpful (Colabella, 2012).

Likewise, the “fulfillment” of the workfare imposed by state transfer programs has also allowed them to “get out” of their domestic seclusion and approach different social organizations, which in turn implied broadening their horizon and rethinking their own future (to get a better job, to be trained)(Zibecchi, 2013).

The research on the creation of specific care spaces led by women within the processes of takeover and recovery of textile factories shows that they are essentially linked to women-led struggles (Fernández Álvarez, 2006). As highlighted by Fernández Álvarez (2016), women caregivers frequently identify with this “*doing together*” that is daily defined and negotiated in creative albeit contentious ways. Such is the case of women that were assigned social programs and needed to find modes for the collective resolution of care work within the framework of the program “Ellas Hacen”: they have orga-

14. For example, it has been observed that certain community care practices undertaken by Peruvian migrant women in neglected urban neighborhoods are key for the sustainment of the migratory project (Magliano, 2017), and that certain modes of collective organization of care work linked to state social programs are built and deployed around a *qom* style of upbringing, precisely due to the ethnic origins of the program assignees (Sciortino, 2017).

nized as a cooperative.

As per the studies on care practices that allow for collective organization, they let them “go out to work” (Sciortino, 2018), and do not constitute a differentiated space *vis à vis* the central aspects of women’s lives that are commonly deemed “political” (such as access to a state program, or neighborhood activism), thus revealing that care practices developed by women are closely related to “politics” (Pacífico, 2019).

The diverse experiences of various social movements and issues certainly evidence these politicized processes. Nevertheless, the case of community care work records certain specificities to be considered, because care is a process that permeates life as a whole, surpassing (and even eliminating) the divisions between public and private, rights and duties, love and work (Fisher y Tronto, 1999). **Community care is better understood as a continuum that dilutes the frontiers between need and work**, where the collective character of the caregiving subject is acknowledged (Pérez Orozco, 2006).

4. Considerations regarding an agenda for community care

The specifics of community care work undertaken in crisis contexts such as the current COVID-19 pandemic calls for a more intense, risky and complex dedication to community care work, due to the increased demand derived from community isolation and overcrowding of living spaces, higher nutritional needs of the care receiving population, schooling support due to school closings, the handling of information and sanitary prevention, additional hygienic measures and the following of protocols, among other issues that have not yet been assessed.

Territorial organizations linked to care work evidence diversity but also inequality in their offer of care and education as regards the social organization of care for younger children (Label, 2017) and the situation of women caregivers. As to the latter, we know that said situation depends fundamentally on how caregiving services are organized: the characteristics of each sector, the extension of the service, its location (organizations, homes), the degree of unionizing, and even its social valuation. All these dimensions contribute to workers’ situations (Esquivel y Pereyra, 2017).

As per these premises, the reflection on possible post-pandemic scenarios is imperative, in order to reinforce the work of the organizations and the women who undertake it. The aspects that may be addressed by public policy and may have positive effects in two intimately related senses are, on the one hand, a substantive improvement on the employment situation of women caregivers; on the other, a more robust offer of community care, ensured by the employment stability of caregivers (the possibility of remaining within the organization, the time allotted to the task, the living standards of workers, their satisfaction *vis à vis* their undertakings, a higher degree of political organization, etc.). In other words, **to improve the working and living conditions of the**

women driving these community care initiatives is a strategic “gateway” to devise a caregiving system featuring better quality, more provisions, and easier access.

Thus, what follows is a series of issues, problems and questions that may be considered when building an agenda for community care work.

Training and/or hierarchization of care work. As noted, women caregivers in the various social organizations highly value their training opportunities. These initiatives may involve diverse actors: the State, national universities, NGOs, and people from the labor sphere (unions, companies). They may acquire features and modalities according to each worker’s and organization’s circumstances: for some caregivers, this will give them the possibility of finishing mandatory schooling (elementary and high-school education); for others, it may mean attending specific courses (popular education, kindergarten teaching assistance, early childhood).

The aforementioned desires and projection horizons of caregivers and the organizations pushing for a higher hierarchization of their activity are key elements to avoid the dilution of claims and demands, as well as to establish the specificity of community care and the tasks they undertake. The aim is towards **reinforcing specific training actions that allow for the social appreciation and hierarchization of caregivers through the certification and promotion of their work.** These initiatives may also provide institutional capacities for the organizations involved.

Economic compensation. The employment situation of women caregivers is quite heterogeneous and unequal: they undertake other informal jobs (street vending, domestic service in households “by the hour”), are assignees of social programs for conditioned income transfer and “Asignación Universal por Hijo”, or enter the social regime for small taxpayers (“*monotributo social*”).

In some cases, they receive economic compensation from the organization they belong to. This income is strongly conditioned by the various financing sources tapped by the organization (such as state social programs, donations from foundations, small contributions from families, production and marketing of commodities within the framework of social economy projects, etc.).

These sources of income are frequently complementary. In the current context of the COVID-19 pandemic, the fact that several of these sources may be affected and impaired must be taken into account. For instance, the vast majority of families work in the building industry, in waste recovery activities, or in petty commodity production. All these economic activities have been severely affected. Moreover, many household domestic workers have suffered a sharp deterioration of their income.

Beyond the initiatives set up by the national government through different measures of income transfer implemented within the context of preventive and mandatory social

isolation¹⁵, the current situation underscores the importance of discussing **the imperative need of awarding economic compensation for caregiving activities** for those working in the neighborhoods, both due to the major impact on their living conditions and to the high economic and social value of their daily caregiving work.

Production of registers and specific records on community care work and its workers.

Except for some initiatives linked to the capacity and endeavors of networks of community organizations¹⁶, structures set up with national universities¹⁷, and specific albeit partial surveys undertaken by the State¹⁸, no records are available to allow for the measuring and quantification of the number of institutions and organizations, of workers and their employment situation, the number of people receiving care (Fournier, 2017), and the various kinds of performances already mentioned in this article. The availability of registers and information would also allow for the forecast of care demands in specific territories.

Legal situation of women caregivers. The legal situation of people doing care work is varied, due to the complexity of the regulatory framework for social organizations.¹⁹ As regards "staff", regulations are complex and show legal gaps and ambiguities. For example, regarding the staff profiles of community centers for early childhood, Faur (2017) points out that they vary markedly from one jurisdiction to the next, and even between administrations in the same district.

Moreover, caregivers also have different profiles: in some cases they are teachers and educators who have had some type of training, or else they are women from the community. Even though many have received training over the years, in the beginning, in fact, most of them were community women with no qualifications. Thus, tensions may be observed as regards regulatory norms, what actually happens in their performances,

15. For example the "Ingreso Familiar de Emergencia" (IFE) awarded to social program assignees, "Asignación Universal por Hijo" (AUH) or "Embarazo" (AUE) assignees, social small taxpayers, informal workers, etc.

16. For instance, since 2014/2015 the organizations linked to Inter Redes located in the Buenos Aires suburban area have carried out strategies to visibilize, count and elaborate their own proposals, thus generating techno-political tools (Fournier, 2017).

17. Such as registers produced by the teams of UBACyT projects led by Adriana Clemente, and the Programa de Fortalecimiento y Capacitación a Organizaciones Sociales y Comunitarias (PCOC) of the Facultad de Ciencias Sociales, UBA.

18. These are initiatives based on self-registering of organizations, such as the one undertaken by the Centro Nacional de Organizaciones de la Sociedad Civil (CENOC), and by the Comisión de Promoción y Asistencia de los Centros de Desarrollo Infantil Comunitarios (CoCeDIC) and the Secretaría Nacional de Niñez, Adolescencia y Familia (these last two pertain to the Ministerio de Desarrollo Social de la Nación). Their usefulness is limited due to biases (as they depend on the ability to count and self-register of the organizations themselves), data aggregation (which does not allow for the specification of those devoted in particular to care work), and lack of consistency.

19. The reconstruction of intervening regulations is complex: they include among other the national education law (Ley de Educación Nacional N° 26.206/2006 which acknowledges social organizations as a relevant actor in education), volunteering laws, specific laws regulating elementary schooling, laws promoting and regulating childhood development centers, and international legal frameworks. For elaboration on this issue, see Faur (2017), Ierullo y Maglioni (2015), and Zibecchi (2015).

and the needs and subjectivities of women caregivers. Improving the legal situation of many organizations (for example, the recognition of their legal status) would also help them to secure resources and financing, and provide more formal employment stability for their workers.

Continue the drive towards the creation of a National Care System. During the last few years, different actors from the political, labor and academic spheres (and feminists in particular) have encouraged the proposal for the creation of a National Care System similar to systems implemented in other countries of the region.²⁰ It is a set of public and private actions involving different actors, who work articulately across sectors to provide direct care benefits and to support families in their care of family members; it also includes schemes for the attention and professionalization of caregivers (Salvador, 2015).

Within the pandemic scenario, the importance of the creation of a device for community care is foremost; it may be considered a subsystem or a component of a future National Care System. Such a system would allow for responses to a series of interlocking issues: the volume of caregiving responsibilities absorbed by various sectors (in this case, the community), the abandonment of the idea that care is a private problem, the situation of women caregivers. Simultaneously, the elaboration of such a policy would be beneficial in advancing more integral approaches to the different forms of resolution of care, avoiding dichotomies such as “assistance/education”, “pedagogics/education” and proceeding with more comprehensive care proposals.

These are just some of the issues on which consensus must be built.

20. For further information on the experiences of the Sistema Nacional de Cuidados de Uruguay, see Batthyány (2013) and León (2018), among other authors.

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In this context of crisis caused by COVID-19, the present book focuses on a seldom studied aspect of care work: community work, mostly done by women, in slums and low-income, vulnerable areas.

Canteens, day care centers, educational and health centers operate throughout the year and support the reproduction of life where it is most needed.

Community care during pandemic times... and beyond proposes a reflection emerging from the academy, public policies, and the experience of the protagonists themselves.