



Design and implementation of the District Care System of Bogotá

A political, social and fiscal covenant

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Political decision and strategic action: the District Care System of Bogotá

In recent years, cascading crises, including the coronavirus disease (COVID-19) pandemic, have highlighted the unjust social organization of care and the need for a new development model centred on care and the sustainability of life (ECLAC, 2022a).

These crises present an opportunity to design bold policies and to transition to a care society that prioritizes people and the planet (ECLAC, 2022a). In the Buenos Aires Commitment, adopted at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, the member States of the Economic Commission for Latin America and the Caribbean (ECLAC) agreed to transition to a care society, focusing on new areas for a transformative, gender-equal and sustainable recovery. They recognized care as a right to provide and receive care and to exercise self-care. The Regional Gender Agenda calls for the promotion of measures to overcome the sexual division of labour and move towards a fair social organization of care, in the framework of a new development model that fosters gender equality in the economic, social and environmental dimensions of sustainable development. The recognition of care as a right makes it necessary to strengthen the role of States at the national and subnational levels, through care policies and systems based on the principles of equality, universality and social and gender co-responsibility, including coordinated policies on time, resources, benefits and universal and quality public services in the territory.

The present document was prepared in response to the Buenos Aires Commitment, in which ECLAC was instructed to prepare a document on guiding principles for the design of policies, from a gender, intersectional and intercultural perspective and the perspective of territory, within the framework of human rights.

In Colombia, the design and implementation of the District Care System of Bogotá, launched in 2020, represent a pioneering initiative in Latin America and the Caribbean. The System addresses structural challenges to gender equality and the empowerment of women in the region by changing social beliefs about care with a view to recognizing, reducing and redistributing the time that women dedicate to it, and by coordinating services and programmes through “Care Blocks”. It also addresses the role of patriarchal cultural patterns in the persistence of the sexual division of labour, through strategies to effect cultural change, in line with the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (ECLAC, 2017). Georeferenced statistical data with a territorial focus made it possible to identify and analyse care supply and demand from a territorial perspective, in line with the Buenos Aires Commitment (ECLAC, 2022a). Between October 2020 and September 2023, Bogotá implemented 20 Care Blocks and 2 mobile versions –Care Buses– that move around the city.

The implementation of the System relied on collaborative and cumulative efforts to build a strong political, social and fiscal covenant. It builds on more than a decade of work by women’s and feminist movements, whose commitment to the care economy made it possible to reach agreements in conceptual debates, generate social and public support and focus on the challenges of implementation. In addition, the first woman Mayor of Bogotá and her government made the political decision to prioritize care policy. Accordingly, they established the Intersectoral District Care System Committee, which comprises 13 district agencies and is presided over by the District Secretariat for Women; the Office of the District Care System; a technical support unit; and mechanisms for local participation and for advisory and district council involvement and follow-up (Office of the Mayor of Bogotá, 2020a). This political environment facilitated coordination among various entities within the Office of the Mayor and, by extension, effective coordination in the territorial roll-out of the System. This coordination also enabled the increase and reorganization of existing resources to achieve greater efficiency in spending and financial sustainability in the medium-to-long term. International cooperation partners with a range of mandates and resources coordinated with the Mayor’s administration to provide financial and technical support according to the needs identified at each phase of the System’s design and implementation. In addition, private sector firms and stakeholders agreed to provide equipment and infrastructure for some of the System’s programmes.

It was crucial to centre the design and implementation process on women engaged in unpaid care work and to approach the challenge from a territorial and gender perspective. The Office of the Mayor of Bogotá based the System’s operating model on a territorial approach focused on proximity, flexibility and simultaneous delivery of services. This model recognizes that access to care programmes is inherently challenging but made more so by the time and availability constraints that caregivers face. The Office of the Mayor worked with the local care committees¹ to ensure the success of the System’s implementation through its territorial roll-out. In that regard, the System constitutes an innovative, creative and transformative approach to care that takes into account the needs of people who perform unpaid care work in their households.

The System’s most innovative feature in practical terms is its Care Blocks, in which services for caregivers and direct care services, or services to reduce unpaid work hours, are provided simultaneously and in close proximity. The Care Block model coordinates care for children and adolescents, persons with disabilities and older persons with programmes for their caregivers, so that both groups can access services at a single location or through a local, accessible infrastructure of services located within 15–20 minutes’ walking

¹ Local care committees are forums for territorial coordination and connection, formed for the purpose of implementing and overseeing the initiatives of the District Care System. They comprise territorial representatives of each of the sectors involved in the Intersectoral District Care System Committee, and can also include national, district, local or community stakeholders invited by the District Secretariat for Women. Their main objective is to coordinate decisions and measures agreed by the Intersectoral District Care System Committee throughout the territory with a view to ensuring that care services meet the specific needs of each community (City of Bogotá District Secretariat for Women, 2021).

distance. Meanwhile, a mobile version of the Blocks –the Care Buses– deliver services to rural areas of Bogotá where access to infrastructure is difficult or limited. The Care Buses move to a new area every five months to ensure that services reach as many people as possible. Lastly, the Care at Home Programme provides care services directly in the homes of caregivers unable to access either a Block or a Bus.

Comprehensive approach to care in Bogotá

In Bogotá, 9 out of 10 women engage in unpaid care work, which takes up an average of 6 hours and 47 minutes of their time per day, according to the 2020–2021 National Time Use Survey. That figure is nearly three times the 2 hours and 36 minutes that men spend per day. Moreover, according to the same survey, only 7 out of 10 men report engaging in care work (DANE, 2022).²

The design of the District Care System began with an agreement between women’s movements and the Mayor during her candidacy, who committed to creating a system that recognized the inequitable burden of unpaid care on women and would seek to reduce and redistribute that workload. The government plan³ included the implementation of a districtwide care system to efficiently link the institutional services of the District of Bogotá with the needs of its citizens.

At mayoral cabinet meetings, it was agreed that the system’s analytical framework would be based on human rights, in line with the Universal Declaration of Human Rights (United Nations, 1948) and the Inter-American Convention on Protecting the Human Rights of Older Persons (OAS, 2015). This framework fosters progress on the empowerment of women and helps to overcome structural challenges of inequality, in particular the sexual division of labour and the unjust social organization of care (ECLAC, 2017). It also reaffirms the recognition of care as a human right and aligns with Sustainable Development Goal (SDG) 5, in particular SDG target 5.4 on recognizing and valuing unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family (United Nations, 2015).

The concept builds on the foundation laid down by academia, women’s and feminist organizations and the commitments and agreements made at the regional and international levels. The System’s design was based on a framework proposed by Diane Elson, which entailed recognizing, redistributing and reducing unpaid care work performed by women (Elson, 2017), with a view to transforming the unjust social organization of care as proposed in the Regional Gender Agenda:

- **Recognize.** Measuring, quantifying and raising awareness about care in order to raise its visibility and ensure the recognition of its value in society.
- **Redistribute.** Ensuring fairness and co-responsibility in the provision of care by social stakeholders (e.g. State, market, communities and households).
- **Reduce.** Decreasing the time that women spend on unpaid care work so as to overcome time poverty and improve their autonomy.

² In the previous National Time Use Survey (2016–2017), 9 out of 10 women in Bogotá reported spending 5 hours and 9 minutes a day on unpaid care work, while 6 out of 10 men spend 2 hours and 22 minutes on such work. This represents a statistically significant increase of 1 hour and 38 minutes a day for women and 14 minutes a day for men, over a three-year period that included the coronavirus disease (COVID-19) pandemic.

³ The District Development Plan adopted in June 2020 defines a “caring Bogotá” as a Bogotá that is caring, welcoming and respectful and that deliberately manages the distribution of collective wealth. It includes: (i) building confidence between citizens and institutions; (ii) free exercise of rights and performance of duties; (iii) protection of women, children and other vulnerable or marginalized groups; (iv) recognition, redistribution and reduction of unpaid care work performed by women; (v) regulation of labour informality; and (vi) reduction of illegal and criminal activity (Office of the Mayor of Bogotá, 2020b).

The System defines direct and indirect care as proposed by ILO (2018). Indirect care refers to such tasks as cooking, cleaning, household maintenance tasks, laundry, organizing, delegating and supervising household tasks, shopping, paying bills and other household administrative tasks, as well as household repairs. Direct care, meanwhile, is the care provided to those who require a certain level of support in day-to-day life. The System was designed with the principal aim of addressing the most invisible form of care –unpaid care work– from a gender perspective, placing caregivers at the centre of public policy.

From the outset, the Office of the Mayor of Bogotá pursued a strategy that recognized the co-responsibility of the various stakeholders. To that end, the Intersectoral District Care System Committee was established to work in strategic coordination with academia, the private sector, the social and solidarity economy and civil society organizations. The major challenge was to transition from a model that assigned care responsibilities to women to a system that redistributes those responsibilities among the State (public services, regulation and institutional coordination); the market (firms that respond to the care needs of their employees and view care as a productive sector); communities (social structures that respect collective and individual rights); and households and families (encouraging equal the participation of men and women in care work).

With an eye towards synergy, the District Secretariat for Women, as leader and coordinator of System implementation, launched various technical cooperation projects to identify the supply of care and care services available, their geographical locations and the possible financing options.

Initially, 92 care services were identified, categorized according to the System's three target populations:

- (i) **Caregivers.** Education services, professional training, respite,⁴ health and self-care, and income generation for caregivers.
- (ii) **Care recipients.** Professional care services and recreational activities for children, adolescents, older persons and persons with disabilities.
- (iii) **Community.** Workshops and public service campaigns to effect social change and promote a new masculinity, fomenting a culture shift towards equality in care work.

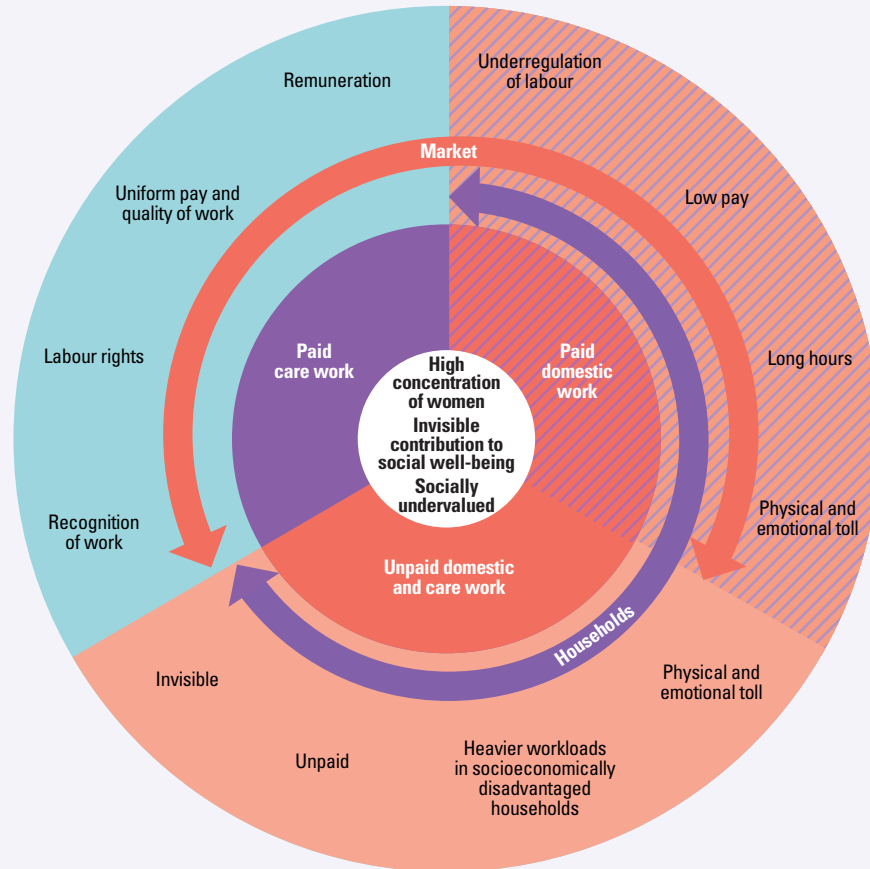
Existing services were modified, coordinated and synergized with a range of new services. The aim is to coordinate the services that the State provides and regulates to reduce the current burden of care borne by women. The System's focus on proximity and flexibility aims to reduce travel time between caregivers' homes and the establishments where care services are provided, and to extend the operating hours of State services (to before 8 a.m. and after 6 p.m., as well as weekends). In addition, services are synchronized so that they are simultaneously provided to both caregivers and their dependants.

The design and implementation of the System has been a nonlinear learning process, involving over three years of debate, adjustments and lessons. The strategy of the District Secretariat for Women included the early roll-out of pilot programmes and the convening of participatory forums with women and local organizations to better understand their needs. The System was then adapted on the basis of the knowledge and understanding generated. The design and learning process laid a solid foundation for the future establishment of an institutional framework for the System and of continuous feedback mechanisms.

⁴ Respite refers to personal time that caregivers can spend resting or away from routine care work to then return to their work with renewed energy.

▪ **Box 1**
The recognition of care work in the care economy

Care work is a social function that involves those who receive and provide care. Caregivers take on responsibility for others, performing physical, mental and emotional labour and creating strong bonds with those in their care.



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's autonomy in changing economic scenarios* (LC/CRM.14/3), Santiago, 2019.

Despite the importance of care work in sustaining life and well-being, the traditional economy has relegated activity that forms the very bedrock of the global economy—for example, the economy of care and the conservation of the environment—to a position of reduced importance. However, the feminist economy has challenged traditional ideas that limited and defined what could be considered “productive”, introducing the concept of the care economy and highlighting its role in not only complementing but sustaining production in the market. The fact that this concept encompasses both unpaid care work in the home and paid care work in the labour market underscores its considerable economic and social contribution.

In Latin America and the Caribbean, the uneven social distribution of care work among men and women, far from helping to overcome poverty, serves instead to reinforce it. In families, care responsibilities are disproportionately assigned to women, with insufficient State participation and a limited and fragmented market supply. Providing quality care services could contribute to the redistribution of care, freeing up women’s time and advancing their economic autonomy. However, the care sector suffers from high levels of job insecurity, with conditions that often reflect the degree to which care work is undervalued.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's autonomy in changing economic scenarios* (LC/CRM.14/3), Santiago, 2019.

Citizen participation in designing the District Care System of Bogotá

Recognizing that local governments are uniquely positioned to understand and respond to community needs, the District Secretariat for Women implemented a series of participatory initiatives in the design of its the district care policy.

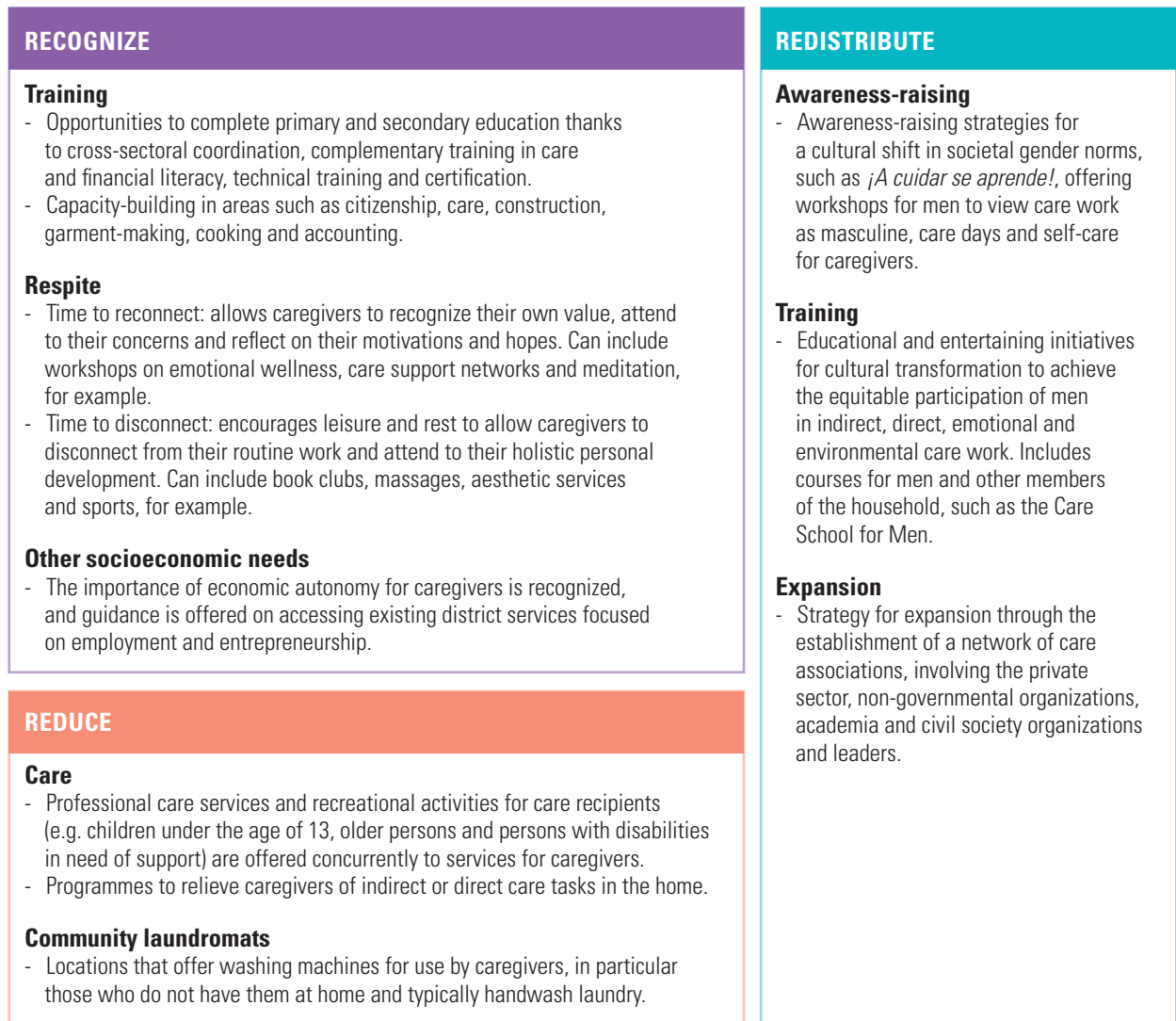
This process built upon existing mechanisms and created new forums for meaningful dialogue with district communities. For example, it made use of the existing community mechanisms for citizen participation, such as participatory budgeting processes. Interviews, discussion groups and dialogue forums were held, supported by local teams who were in contact with community leaders, and building on existing local efforts. These mechanisms made it possible to identify the needs and priorities of caregivers and those in need of care. Services were then designed to meet caregivers' daily needs.

The Care Blocks incorporated time-saving services, such as public laundromats or the *Arte de Cuidar-te* programme for children. As time is one of women caregivers' most limited resources, the new services were designed to reduce time spent on indirect care activities with a view to increasing time-use efficiency, incorporating complementary training and leisure activities. Placing caregivers at the centre of the district care policy reaffirmed that recognizing their contribution and social value and redefining what constitutes care work are worthy pursuits. On the basis of the information gathered during the process, it was determined that the System would offer training, personal time, and income-generation services to increase women's access to the labour market and to their own income, and to improve the well-being of women engaged in unpaid care work as their main activity.

Meanwhile, the prevalence of discriminatory, violent and patriarchal cultural patterns—structural challenges of gender inequality—reaffirmed that a cultural shift was critically needed in order to eliminate the gender stereotypes that hinder progress towards equality. In other words, the recognition of the need for action to transform relations between men and women in the home and in society, by creating new narratives around gender roles, is a fundamental part of the System and the Care Block activities. For example, *¡A cuidar se aprende!* is an educational programme for men aimed at effecting a cultural shift. The purpose of the programme is to recognize and redistribute unpaid care work in the home among men and women in Bogotá, which arose from the coordinated efforts of the District Secretariats for Women, for Culture, for Recreation and Sports and for Social Integration, among others.

The creation of forums for local participation helped to identify needs so that services could be adapted to the requirements and sociodemographic characteristics of each community. The programmes in each area are implemented within the aforementioned recognition, redistribution and reduction framework (see diagram 1).

▪ **Diagram 1**
Services provided by the District Care System of Bogotá



Source: Prepared by the author on the basis of <https://www.manzanasdelcuidado.gov.co/cuidado-a-cuidadoras/> and <https://www.manzanasdelcuidado.gov.co/a-cuidar-se-aprende/>.

▪ **Box 2** Women-informed policies for women

Community participation in decision-making is critical for ensuring the utility of policies and services at the local level that are adapted to the specific needs of each community. The participation of caregivers and the broader community in designing the District Care System of Bogotá helped to identify specific needs and adapt services accordingly. For example, in an area with a high proportion of women migrants, women expressed a preference for group activities that would help to rebuild social ties, whereas women elsewhere preferred individual psychological care. In another area of Bogotá, when it became clear that services offered at 7 a.m. or 8 a.m. were not being used, the services were rescheduled to between 2 p.m. and 6 p.m., a time better aligned with the community's routines.

This illustrates one of the advantages of the decentralized model, which enables a range of services to be located in and adapted to each neighbourhood. Unlike a centralized model, which can be generalized and disconnected from the local reality, the decentralized model enables differentiation and specificity, taking into account the needs of each community.

Source: Prepared by the author on the basis of Entrevista a Diana Rodríguez Franco, "Bogotá's Care System", Council of Urban Initiatives [online] <https://www.youtube.com/watch?v=AdlNk0adDAk>.

Territorial response to care needs

The territorial and proximity approach was key in designing the District Care System of Bogotá. It helped to remove barriers to inclusion by clustering services in each area to reduce caregivers' travel time between their homes and care facilities. This approach meant taking into consideration the socioeconomic, demographic and geospatial characteristics of each local context and ensuring that the policy was aligned with other territorial interventions.

With support from ECLAC, the District Secretariat for Women created a georeferenced map of the city, taking into account a set of indicators relevant to the System. Various local public information sources were reviewed, including surveys and administrative records, and new codes were generated to identify public and private care services and georeference them on the map.⁵ In addition, complementary information on the needs of citizens was compiled from the results of the city's participatory budgeting process. The combined information improved the understanding of the territorially differentiated needs of caregivers, care recipients and the care economy.

The mapping exercise identified different types of needs according to population density. On that basis, the decision was made to implement and coordinate the services in three separate but interconnected modalities:

- (i) **Care Blocks.** These are areas of approximately 500–800 square metres in which care services, programmes and activities are clustered and coordinated to meet the needs of caregivers and care recipients. The Blocks offer services for both groups simultaneously. Designed with a focus on proximity, the Blocks ensure that services are located within 20 minutes' walking distance of the target population. They also represent an opportunity to improve public spaces, making them safer, more accessible and more inclusive, and incorporating a gender perspective with a view to attending to the specific needs of women and ensuring their autonomy.

⁵ Part of the challenge was to recode the International Standard Industrial Classification of certain [economic] establishments necessary to the exercise, as the Classification does not as yet clearly define which activities constitute care services.

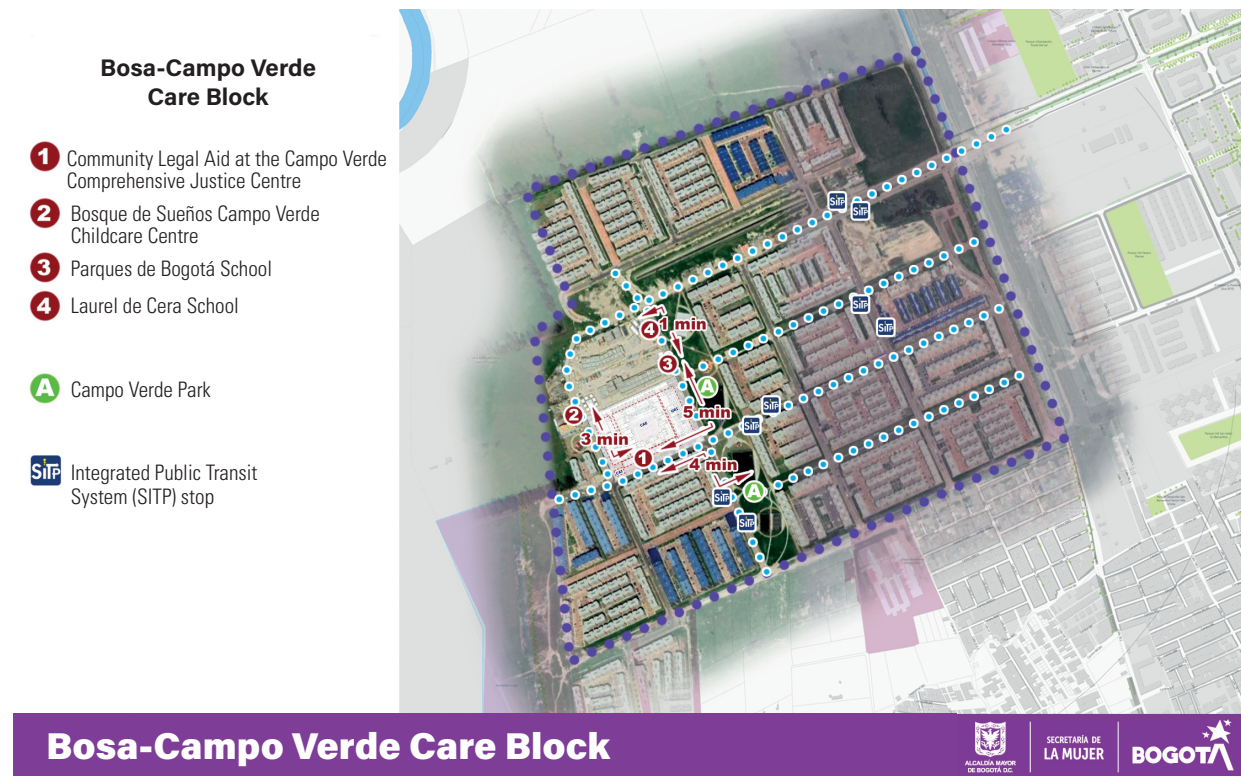
- (ii) **Care Buses.** These are a mobile version of the Care Blocks, delivering services to women living in lower-density areas, such as rural neighbourhoods. The purpose of the Buses is to expand the care supply in accordance with the reality of each geographical area of the city, given that rural land accounts for 75% of the District of Bogotá. The Buses are fully equipped to deliver services focused on training, rest, respite and well-being in difficult-to-access rural and urban parts of the city. They operate in much the same as the Blocks, but with services adapted for delivery from vehicles.
- (iii) **Care at Home Programme.** An initiative aimed at relieving caregivers of those requiring significant levels of support, such as persons with severe dependency. The purpose of the Programme is to reach caregivers who cannot access the Blocks or the Buses, by delivering training, respite and well-being services directly in the home.

▪ **Image 1**
Schematic of an ideal Care Block



Source: Office of the Mayor of Bogotá, District Secretariat for Women.

- **Image 2**
Map of the Bosa - Campo Verde Care Block showing travel time between locations



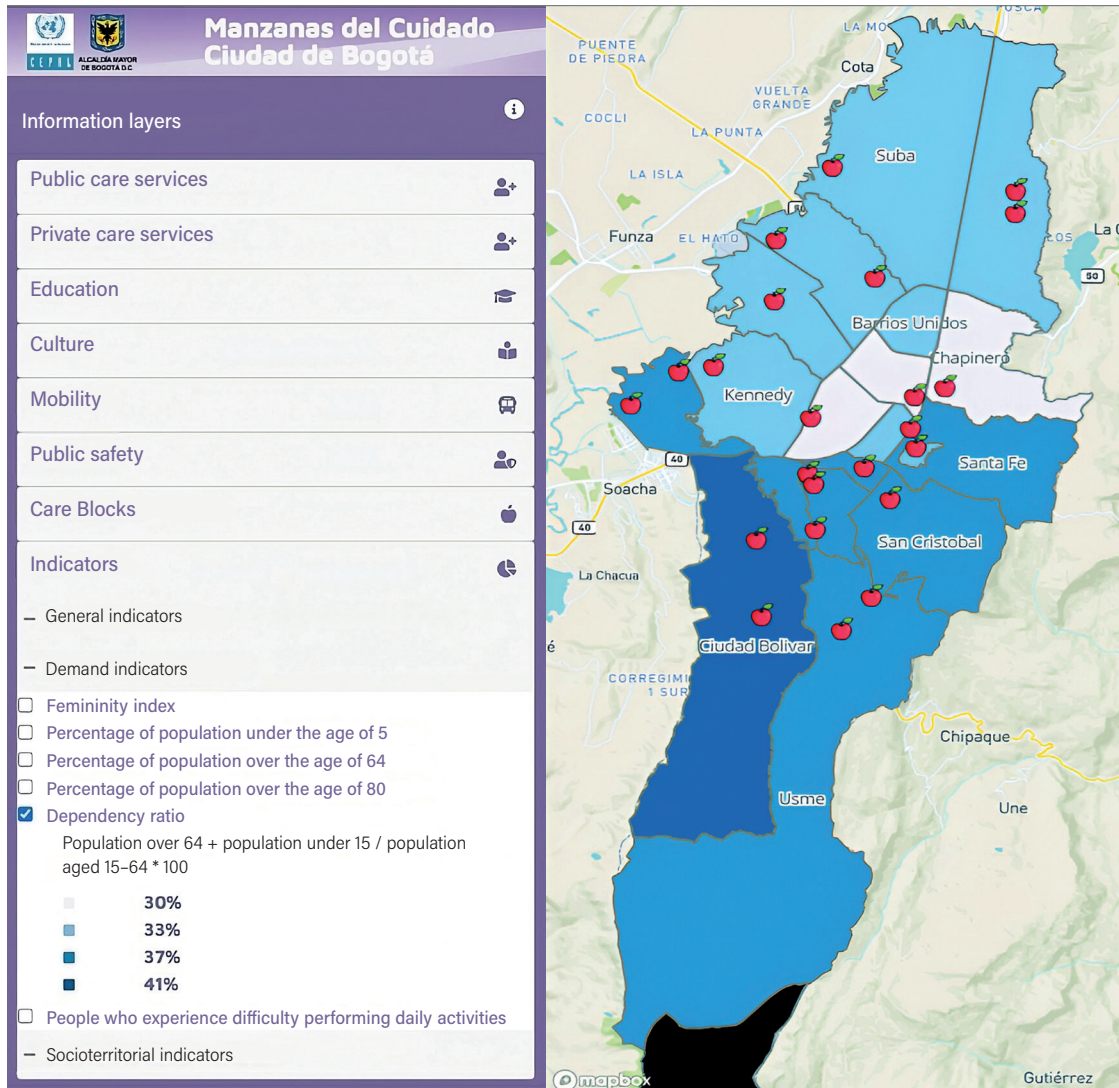
Source: Office of the Mayor of Bogotá, District Secretariat for Women.

The mapping exercise also informed decisions about where to establish the first Care Blocks. In that regard, socioterritorial aspects of care supply and demand were analysed, and an index and georeferencing system were created on that basis, enabling the prioritization of specific locations for the implementation of the System throughout the territory. This analysis also helped to identify areas of the city where services were not available, as well as underutilized pre-existing infrastructure that could be repurposed in the new framework. The tool was designed to provide updated information to facilitate agile decision-making with a view to the continuous optimization and improvement of public policy.

The 2022-2035 Land-use Plan and the strengthening of the System further illustrated the territorial approach of the Office of the Mayor of Bogotá.⁶ The Plan represents another pioneering step in Bogotá. It enshrines care as one of the city's central pillars and gender as a fundamental organizational value. The Plan territorializes, strengthens and institutionalizes the functional structure of the District Care System of Bogotá and integrates the recognition, redistribution and reduction of the time that women spend on care work into the territorial organization of cities. Under the Plan, the Care System is seen as a long-term strategy and its coverage is intended to be progressively expanded, with a commitment to establishing 45 Care Blocks by 2035, including the construction of new infrastructure.

⁶ The Land-use Plan is an instrument for the regulation and protection of land use in the city, approved by the Bogotá District Council in its capacity as the District's legislative body. It serves to guide strategic decision-making of future district administrations (Office of the Mayor of Bogotá, 2021).

- **Image 3**
Georeferenced information system and prioritization index for Care Blocks



Source: Office of the Mayor of Bogotá, “Care Blocks Ciudad de Bogotá” [online] <https://geo.cepal.org/geo-dag-bogota/> and District Secretariat for Women, 2021.

- **Box 3**
Use of georeferenced information with a territorial focus

The Economic Commission for Latin America and the Caribbean (ECLAC) and the District Secretariat for Women of the Office of the Mayor of Bogotá jointly established technical criteria and gender-based indicators to identify prioritization criteria.

The first step in that regard was to build a platform to integrate information from all parts of the territory, including by georeferencing existing services. The second step was to develop indicators with a direct impact on the care economy that could also be incorporated into the platform and inform decisions. The indicators fall into three categories:

- (i) **Indicators on demand for care.** These concern the identification of care needs of different population groups with specific requirements, and the stakeholders in this sector, including those involved in early childhood care, and care for persons with disabilities and older persons.
- (ii) **Indicators on the supply of care.** These indicate the public and private goods, services and provision that are available in the territory to meet the demand for care.
- (iii) **Socioterritorial indicators.** These describe the factors that have a direct impact on care work, increasing or complicating the burden and unfair distribution of such work within. These indicators, which help to identify measures suited to territorial requirements and, ultimately, optimize the relationship between supply and demand in care, are, in turn, categorized as:
 - Indicators on household characteristics. Housing materials, improved sources of water, improved sanitation, and domestic appliances for refrigeration and cooking.
 - Indicators related to the care economy. Women who work exclusively in the household, households with people in a permanent or temporary dependency status.
 - Indicators on income/employment. Unemployment and the monetary poverty of women.
 - Indicators on the physical landscape. Travel time to access care services, transportation hubs or other services, and infrastructure-related characteristics, such as unpaved roads or damaged sidewalks.

Taking into account indicators on household characteristics, for example, is useful in estimating the amount of time spent on collecting drinking water or on manual tasks that could be performed by household appliances. Indicators on the physical landscape, meanwhile, provide a better understanding of the time that caregivers spend in transit and the challenges that they face in that regard, given that they tend to be most dependent on public and non-motorized means of transport and are often travelling with children and carrying various loads.

Without an approach that fully reflects the sociodemographic, infrastructural and geographical characteristics of each area and their concrete impact on the care economy, care policy could end up reproducing or even increasing the inequalities that it seeks to address.

Source: Prepared by the author.

Institutional frameworks, cross-sectoral coordination and financial sustainability

To ensure the long-term viability of the district care policy, its design must crucially address possible strategies for financial sustainability and cross-sectoral coordination mechanisms capable of creating fiscal and institutional space that would transcend the Mayor's term in office.

The financing model for the pilot programme included resources from the public and private sectors, as well as from international cooperation. It allocated temporary resources for ad hoc funding needs related to the implementation of the System, and resources that could be secured on a more permanent basis within the budget structure for longer-term needs.

The System is part of the 2020-2024 District Development Plan of Bogotá, which includes five coordinated objectives with short-, medium- and long-term targets. It falls under the objective of creating a new social contract that provides equal opportunities for social, productive and political inclusion. Accordingly, the System operates on the Development Plan's four-year budget cycle.

Securing public funding for the System entailed designating new resources and restructuring or setting aside existing resources. This approach increased cost-efficiency by integrating previously fragmented care services into the broader effort to achieve the targets of the district care policy. This funding strategy also strengthened the political viability of the initiative.

International cooperation funding, meanwhile, was mobilized to meet specific needs during the various design and implementation phases of the district care policy. Given the nature of those resources, their allocation for clear and well-defined objectives was critical, such as initial investment in the development of the georeferencing system or in the first Care Buses. Collaboration with various international cooperation agencies lent legitimacy to the System, both domestically and abroad. The United Nations system, in the form of its various agencies, funds and programmes, as well as the Secretariat, through ECLAC, provided key resources that facilitated rapid access to innovative solutions, as well as technical assistance and support in the design and implementation process. By leveraging their information and knowledge, these entities helped to catalyse dialogue among governmental and nongovernmental stakeholders.

Strengthening the System and making definitive progress towards a care society depends on enhancing these collaborative strategies, for example through public-private partnerships that recognize the co-responsibility of all stakeholders.

The System's financial sustainability is contingent upon a fiscal covenant involving a variety of sectors, including the private sector, to convert care into a productive activity that also generates economic returns. In that regard, a comprehensive effort is needed to stimulate the care economy as a sector with the potential to increase women's participation in the labour market and generate quality, higher-salary jobs with access to social security.

The long-term viability of the district care policy relies on the institutions and frameworks that were established, such as the Intersectoral District Care System Committee, the technical support unit and the mechanisms for participation, as well as Ordinance No. 893 of 2023 establishing the institutional framework of the System and Decree No. 415 of 2023 establishing its regulatory framework, in accordance with the commitment enshrined in the 2022–2035 Land-use Plan (Office of the Mayor of Bogotá, 2023a and b). In March 2023, the Bogotá District Council unanimously approved Ordinance No. 893 establishing the institutional framework for the District Care System, ensuring its continuity and permanence over the course of time and successive administrations.

The above-mentioned cross-sectoral institutional framework is underpinned by coordination among various government stakeholders at the national and subnational levels with regard to not only resources and financing but also redesigning and aligning programmes and initiatives. This collaboration reflects the cross-cutting nature of care policy and the need for a coordinated cross-sectoral approach.

▪ **Box 4** Cross-sectoral coordination of caregiver training

One of the caregiver needs that emerged in the participatory information-gathering process was the need for educational training. Many caregivers expressed a desire to complete basic or intermediate education. In response, courses were scheduled to accommodate caregivers' availability and enable them to complete education cycles, and care services were provided simultaneously to their dependants. They also identified a need for courses and training to develop skills both for care work and for future job opportunities.

The response of the Office of the Mayor required coordination with the District Secretariat for Education and the development of new modalities better suited to the caregivers' reality. This included modifying the services provided by the Secretariat to include courses with flexible modalities and unconventional schedules that would enable caregivers to complete the education cycle, in both the Care Blocks and the Care Buses.

The delivery of complementary training was also coordinated with the National Apprenticeship Service to provide technical and technological training as well as certifications. Certification serves to recognize the skills and knowledge of caregivers and to provide them with more opportunities for paid work in the labour market.

Source: Prepared by the authors on the basis of <https://www.manzanasdelcuidado.gov.co/cuidado-a-cuidadoras>.

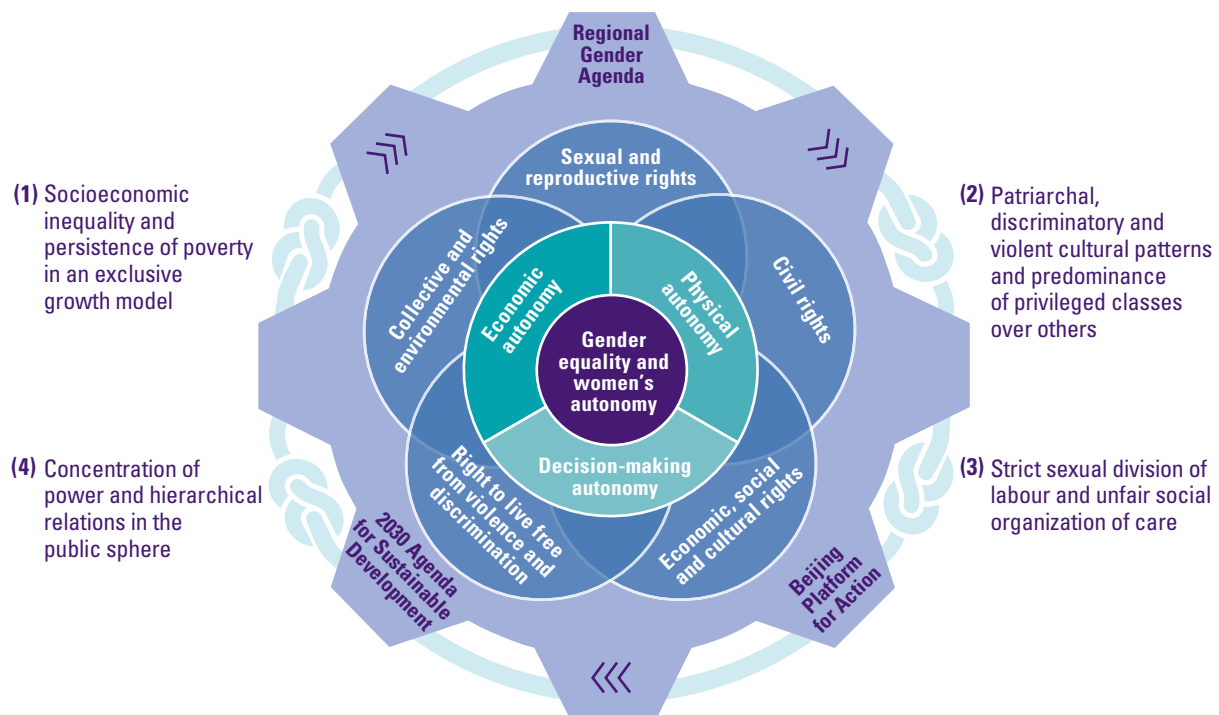
Regional Gender Agenda: agreements to move towards a care society

The commitments adopted by the Regional Conference on Women in Latin America and the Caribbean have affirmed the need to strengthen State gender institutions, increase funding for policies to achieve equality, and mainstream a gender perspective in all public policy measures. For more than 45 years, a wide range of subjects have been addressed, such as violence against women, sexual and reproductive rights, gender inequality and discrimination, migration, the sexual division of labour and unpaid work, and the participation of women in decision-making processes. From its inception, the Regional Gender Agenda identified care as a central focus of progress towards gender equality. In the past 15 years, the region's governments have adopted a series of fundamental agreements on the design, implementation and monitoring of care policy from a gender perspective.

At its thirteenth session, held in Montevideo in 2016, the Regional Conference adopted the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030. The Strategy identifies four structural challenges of gender inequality in Latin America and the Caribbean: socioeconomic inequality and the persistence of poverty; patriarchal, discriminatory and violent cultural patterns; the sexual division of labour and unfair social organization of care; and the concentration of power and hierarchical relations in the public sphere. To address these challenges, the Strategy proposes measures set out in 10 implementation pillars, ranging from the regulatory framework to cooperation and accountability.

▪ **Diagram 2**

Regional Gender Agenda: commitments on overcoming the structural challenges of inequality to achieve gender equality and women's autonomy

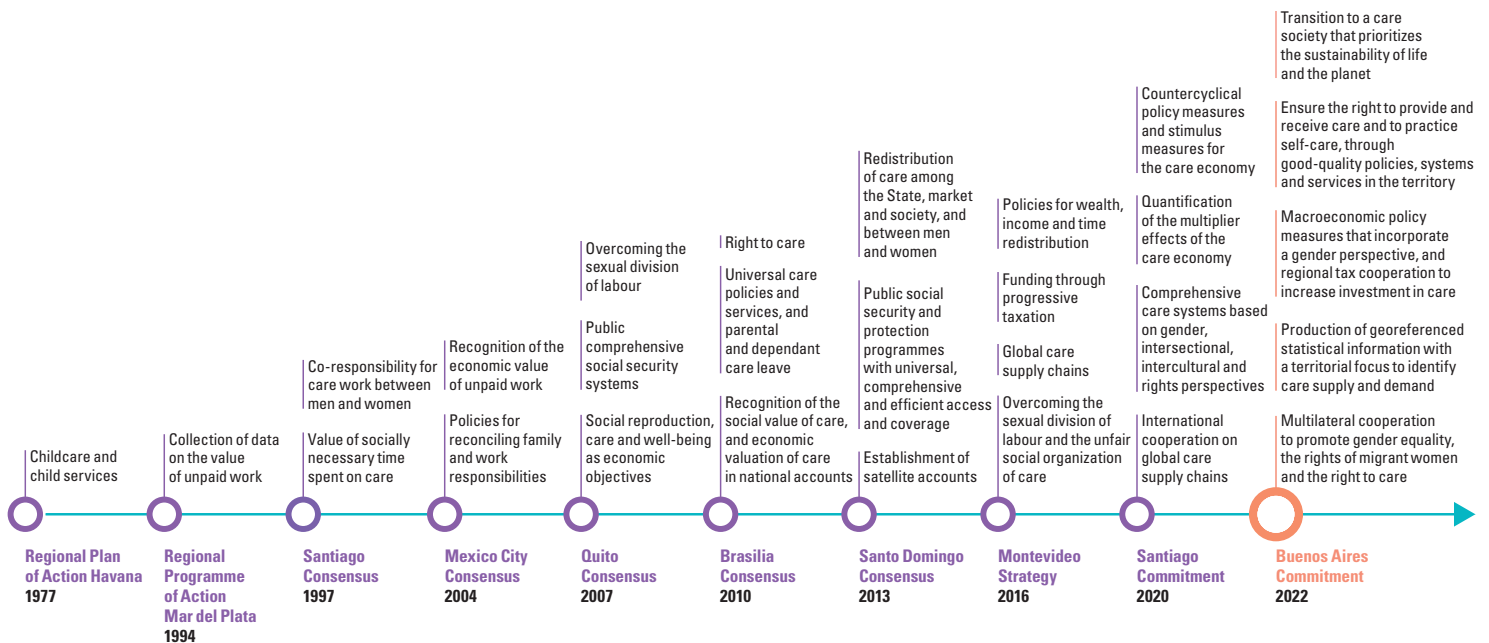


Source: Economic Commission for Latin America and the Caribbean (ECLAC).

The Santiago Commitment, adopted by the ECLAC member States in January 2020, established several key agreements on care, including the design of comprehensive care systems from gender, intersectional, intercultural and human rights perspectives. It called for systemic change in the approach to migration and displacement caused by the global care supply chains. It also advocated the implementation of countercyclical measures to revitalize critical economic sectors, including the care economy, and emphasized the importance of quantifying the effects of the care sector as an economic force (ECLAC, 2020).

The Buenos Aires Commitment, adopted in 2022, represents a shift to a development model that emphasizes the care society. The Commitment enshrines the right to care, calling for quality policies, systems and services and highlighting the importance of addressing care with a territorial focus. In addition, it underscores the need for information to achieve statistical and georeferenced data integration to identify the supply of and demand for care in each area. It also emphasizes the need to implement macroeconomic policies with a gender perspective and to foster regional tax cooperation with a view to sustainably strengthening investment in care (ECLAC, 2022).

▪ **Diagram 3**
Care at the centre of the Regional Gender Agenda



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

In recent years, the countries of the region have made significant progress on measuring, designing and implementing care policies or systems, both at the national and subnational levels (ECLAC, 2023).

The Regional Gender Agenda reaffirms the principles of universality and progressiveness aimed at ensuring access to quality care services for all, and the importance of co-responsibility for the redistribution of work both between men and women and among the State, the market, communities and households (ECLAC, 2017 and 2021, 2022). It also emphasizes the importance of achieving financial sustainability, which requires long-term economic commitments and the incorporation of care objectives in macroeconomic and fiscal policies. In addition, the agreements approved by the governments emphasize the importance of the role of the State and the essential need for a cross-sectoral, intersectional and territorial approach

and for coordination among government institutions at the national, subnational and local levels. These principles seek to ensure access to quality care services, foster gender equality and recognize care as a right to provide and receive care and to exercise self-care.

City-led transition to a care society: lessons and challenges

Recent crises around the globe and in Latin America and the Caribbean have exposed deep structural inequalities in the current development model. This juncture presents a unique opportunity to move towards a care society that prioritizes people and the planet, in accordance with the Buenos Aires Commitment (ECLAC, 2022). Amid rising demand for care, intensified by population ageing, epidemiological trends and changes, and the effects of climate change, there is a clear need to view care as part of the economy, expanding traditional definitions of productivity. The care economy is a key driver of growth, labour market access for women and the reduction of gender inequality. The District Care System of Bogotá has emerged as an innovative model for the redistribution and recognition of care work, demonstrating the role that governments can play at the subnational level to design policy from territorial, feminist and intersectional perspectives.

The Care Blocks are built on collaborative efforts to achieve broad and robust political, social and fiscal agreements. For more than a decade, women's and feminist movements have laid the conceptual groundwork for the care economy. This sustained, cumulative effort paved the way for conceptual agreements, generating social and citizen support from the beginning of the Mayor's administration. Her decision to prioritize care and the measures that her administration has taken in that regard made it possible to pilot a comprehensive care system, which would eventually be included in the Land-use Plan, changing the understanding of urban planning in Bogotá. The political landscape encouraged collaboration among various institutions within the Office of the Mayor, ensuring the effective coordination of the System's territorial roll-out. This social and political covenant created the space for a fiscal pact, based on increasing and reorganizing resources for greater efficiency in spending and long-term sustainability. It also opened doors to international financial and technical assistance and agreements with the private sector to secure resources for the System. The aforementioned social, political and fiscal agreements, the product of collaboration between feminist movements, women, families, communities, local government and international cooperation, have enabled the recognition, redistribution and reduction of the unpaid work performed by women. The agreements have been crucial for the effective and sustainable implementation of the Care Blocks. They constitute significant progress in the transition to a care society in urban areas, in which care responsibilities are recognized and redistributed in a model that champions co-responsibility between the genders and among social stakeholders.

From the beginning, the System was designed to lay the foundation for a comprehensive care system incorporating gender, intersectional and intercultural perspectives, in accordance with the Regional Gender Agenda. This process involved the active participation of women at the local level and in the broader community, using existing strategies and new forums for dialogue. The needs and priorities of caregivers were identified through these processes, directly influencing the design of services offered and resulting in a territorial operating model focused on reducing the unfair burden of care and prioritizing the empowerment of women.

In addition, georeferenced statistical information on the different areas of the district enabled the identification of the supply of and demand for care, which helped to map what services were already available and analyse them from a territorial perspective. This territorial approach helped to develop solutions that considered

travel time and clustered care services, whether in the form of the Care Blocks or the Care Buses. The challenge ahead will be to keep information systems up to date and develop monitoring processes and support mechanisms to modify programme design as needed and measure impact on people's quality of life, and quantifying the multiplier effects of the care economy. Statistical advances in that regard could lead to the establishment of national standards.

The Office of the Mayor of Bogotá took on the task of transforming patriarchal cultural patterns that reproduce the sexual division of labour and the unfair social organization of care, and addressed the need to simultaneously tackle the various structural challenges to achieve gender equality in the region, as stressed in the Montevideo Strategy (ECLAC, 2017). The adoption of strategies to reduce the time that caregivers spend on unpaid work and redistribute the burden of care among the State, the market and households also led to initiatives for cultural change. Such strategies, including *iA cuidar se aprende!*, aim to transform relations between women and men both in the home and society at large. Their inclusion in the System's activities highlights the need to challenge and overhaul entrenched cultural and patriarchal patterns. The transition to a care society will require fostering a cultural shift towards valuing care as a collective and shared responsibility, rather than a task to be performed by women, and creating new narratives that challenge and overhaul current beliefs.

Lastly, rapid implementation, with a strategic pilot phase to determine scalability, was key to the System's success. The System was launched with the resources that were available at the time, even as work continued to build a sustainable institutional and fiscal framework, including the Intersectoral District Care System Committee, the technical support unit and the participation mechanisms, as well as in the commitments enshrined in the 2022–2035 Land-use Plan and in Bogotá District Council Ordinance No. 893. Although the initial political decision taken by the Mayor was crucial to the launch of the System, its sustainability over time will depend on collaboration and coordination among the various stakeholders and on the incorporation of the care economy as a central component of strategic planning for the future.

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