

## Time for feminist transformative policies: Towards a national care system in Argentina

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The COVID-19 pandemic has eloquently exposed the urgent need for structural changes in order to start to dismantle the basic knots that reproduce inequality. It also has made it clear that public policies are crucial, and that States have the capacity to implement them, as they did in the recent emergency context.

The current crisis also highlighted the centrality of care in sustaining life. From specialized healthcare to unpaid care work at home, intensified to the maximum in contexts of confinement, the pandemic has made visible both the systemic role of care and the unjust way in which the need for it is currently socially addressed.

In this context and going forward, this situation may consolidate, with increased ‘family-ization’ as public provision weakens, or, on the contrary, the pandemic may open up the opportunity to develop integrated care systems centered on public services that

promote social co-responsibility in care.<sup>1</sup>

Argentina, with the advances that are taking place there towards the building of a national care system, offers an interesting example in this regard. This process was not born out of the emergency, as it is the result of years of work on this agenda from academia, civil society, the women’s and feminist movements, and public policy spaces. However, it has been boosted by the situation that led, among other things, to the visibility of the centrality and essentiality of care.

It is with the adoption of a new management structure of the national government, almost coinciding with the beginning of the pandemic, that the project of the construction of an integrated

federal care system begins to take shape. The starting point is the creation of the Ministry of Women, Gender and Diversity, which puts the mechanism for the advancement of women at its highest level of institutional status in history. The care agenda is given priority within the Ministry, with the creation of a National Division for Care Policies under the Secretariat for Equality Policies.

Understanding from the outset that building a care system implies an enormous institutional challenge, given the variety of agencies that would be involved in the provision of care services, in the regulation of the dimensions of care and in its articulation with other benefits within the social protection system, the Ministry set up an Inter-ministerial Commission on Care, bringing together 14 agencies of the National Executive Branch to debate and plan policies that contribute to transforming the social organization of care.

Although its function is not only to lay the foundations for future institutional articulation in the framework of a federal

1 M. Llanerías Blanco and M. G. Cuervo, La pandemia como portal: transformaciones de política que disputan la nueva normalidad, DAWN, February 2021, [https://dawnnet.org/wp-content/uploads/2021/04/La-pandemia-como-portal\\_transformaciones-de-poli%CC%81ticas-que-disputan-la-nueva-normalidad\\_DAWN-Discussion-Paper-32\\_Spanish.pdf](https://dawnnet.org/wp-content/uploads/2021/04/La-pandemia-como-portal_transformaciones-de-poli%CC%81ticas-que-disputan-la-nueva-normalidad_DAWN-Discussion-Paper-32_Spanish.pdf)

care system (for example, it has been key to articulating emergency policies related to care in the framework of the COVID-19 health emergency), it is important to highlight that one of its first results has been the elaboration of a document that seeks to establish “conceptual and operational agreements for the construction of a common language, a framework of meaning and a context of articulation” to guide the work of the commission in order to “redistribute and recognize care as a need, as labour and as a right”.<sup>2</sup>

Another advance in this area is the development of a federal mapping of care, the essential functions of which will include: i) systematizing information on the demand and supply of care, which will make it possible to build a picture of the situation and to identify gaps in coverage; ii) creating the basis of an information management system that will make it possible to monitor the scope and development of interventions. Open access to the first product of federal care mapping – a map of the current supply of care services for children, older persons and persons with disabilities, as well as of sources of care training – has just been launched.<sup>3</sup>

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2 Hablemos de cuidado. Nociones básicas hacia una política integral de cuidados con perspectiva de género, <https://www.argentina.gob.ar/sites/default/files/mesa-interministerial-de-politicas-de-cuidado3.pdf>

3 See: <https://mapafederaldelcuidado.mingeneros.gob.ar>

The other link in this process is the Commission for Drafting a Bill for an Integrated Care System with a Gender Perspective, created in October 2020. This commission brought together a number of experts in the field to propose a law that would provide a regulatory framework for a future integrated federal care system, establish its guiding principles, its components, its governance, the priority population it will seek to serve, the benefits it should include, the providers and the financing mechanisms that should guarantee its operation.

Finally, the last central component of this process is the Care in Equality (Cuidar en Igualdad) National Campaign, which has two central objectives: i) to recover existing conceptualizations, knowledge, know-how and practices in relation to care, in order to identify priorities that can inform the formulation of public policy on care; and ii) to promote federal awareness of care practices and policies, from a comprehensive, federal and gender equality approach, promoting greater awareness and collective co-responsibility for the right to care and to receive care.<sup>4</sup>

The main line of action of this campaign is the territorial care parliaments (parlamentos territoriales de cuidado), which are “spaces of confluence and

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4 <https://www.argentina.gob.ar/sites/default/files/campananacionalcuidarenigualdad.pdf>

dialogue of multi-stakeholder logics in the territories of a community, institutional-state, academic and cultural nature” from the exchange of which it is hoped to “generate collective consensus levels that will nourish the public care agenda”. While seeking to raise awareness on the issue, these spaces allow us to learn about the specific demands of care, the conditions in which they are built, the relevant actors and both the consensus and the tensions that may arise when it comes to moving forward with the implementation or expansion of specific policies.

Territorial care parliaments appear as a novel option with great transformative potential, as they enable a participatory process in the definition of priorities and the best way to address them. These parliaments are part of a process that includes two previous stages. In the first stage, a round of presentation of the problems and objectives of the parliaments is carried out at the provincial level. The second stage consists of internal rounds of exchange and reflection and the set-up of multisectoral provincial teams, which are responsible for convening the areas and sectors involved in the social organization of care in each province. The parliaments then take place, followed by a stage of summarizing the experience and the main conclusions and agreements, which are then internalized in the design of the policies themselves.

The meetings are attended by social organizations and institutions that provide care for children, infants and adolescents, the health and education sectors, the elderly and people with disabilities, community care networks of various kinds, feminist associations, provincial and municipal government departments, trade unions and business organizations linked to the different care sectors and also representatives of national bodies in each province. The conversations centre around two questions: How do we care today? How do we want to care and be cared for tomorrow?

The parliaments held so far have made it possible to confirm, with regard to the first question, the normalization of domestic and care work as something that women do, underlining, in this respect, the importance of making diversity visible in the unpaid work domain. It was also made it clear that if women and LGBTI+ people do not do this work, no one else will.

In relation to the second question, it is interesting to note that the need to recognize care as labour, as well as a professional activity was often mentioned. This recognition goes hand in hand with the persistence of social mandates in relation to the preference of caring –and being cared for--at home, particularly in relation to the elderly, which could be an obstacle to public policies that seek to ‘defamily-ize’ care for this population.

A feature that also appears strong in this participatory process of qualifying the current organization of care and imagining care in the future is the space given to community-based care arrangements. This type of care strategy acquired special relevance and visibility in the context of the pandemic and confinement, showing how, in the absence or weakness of public care provision, it is the organized community that resolves day-to-day survival.

This opens up a particularly transformative space if an effective articulation between public policy and community-based care arrangements takes place, in a respectful and non-colonizing way. For example, the State could support such efforts with infrastructure, inputs and even remuneration for care work, while respecting the care arrangement chosen by the community itself.

It is worth highlighting some aspects of the process described above that make it attractive from a transformative perspective. On the one hand, the attempt to consolidate a feminist perspective on care from within the spheres of public policy management, as evidenced by the consensus that care is work, but also a necessity and a right. On the other hand, the advance of an articulated strategy, which operates by integrating different government actors, in order to institutionally address the complexity of care. Also significant is the effort to integrate public policy spaces with civil society, trade unions,

social movements and territorial representatives.

This auspicious process is not without its challenges. One of them is to ensure its continuity, beyond the ups and downs that may occur in the political orientation of the party in government. This will require the consolidation of a regulatory framework with the force of law and a governance structure that can be put into action in the short term. Another major challenge, particularly when expanding the existing public care provision or with the creation of new public care services, is the issue of financing. This requires linking this process to an equally necessary process of expanding public resources within a framework of tax justice.

Finally, as this is a transformation that calls into question traditional arrangements and deeply rooted family-based social values, resistance from conservative sectors is to be expected. Support from the women’s movement for the feminists who are taking responsibilities in the policy arena to ensure this process, the strengthening of social demand for these changes as well as citizen monitoring to ensure that they occur in the desired direction will be essential if this process is not to be a post-pandemic springtime, but rather a founding element of a systemic transformation.