

Thirty Successful Experiences of Redistribution, Reduction,
Recognition, Remuneration and Representation in Care Work

District Care System, Bogotá, Colombia



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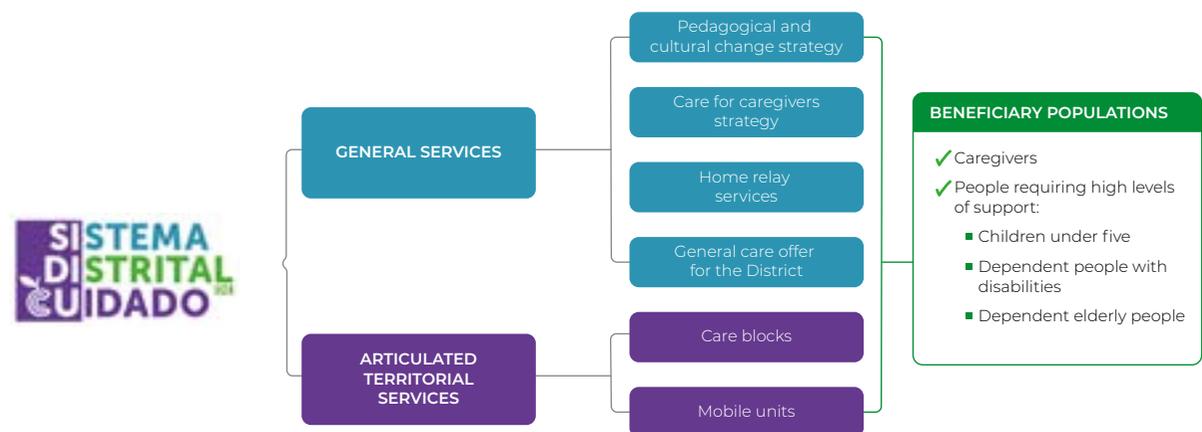
Country and/or location of implementation: Bogotá, Colombia

Instances and/or legal framework responsible for its implementation: District Care System of Bogotá, in coordination with the District Secretariat for Women, the District Secretariat for Social Integration, the District Secretariat for Education, the District Secretariat for Health, the District Secretariat for the Environment, the District Secretariat for Habitat, the District Secretariat for Culture, Recreation and Sports, the District Secretariat for Economic Development, the District Secretariat for Government, and the General Secretariat of the Office of the Mayor of Bogotá.

In turn, the District Care System is coordinated with academia, the private sector, the social and solidary economy sector, and civil society organizations.

The District Care System (SIDICU in Spanish) is a set of services, regulations, policies, and technical and institutional actions responding to the care demands of Bogotá's households in a co-responsible manner between the District, the nation, the private sector, civil society, communities, and between women and men. Its objective is to recognize, redistribute, and reduce unpaid care work, understanding it as a necessary social function in the daily life of people and for the func-

Figure 4. Components of the SIDICU



Source: Image from the Office of the Mayor of Bogotá and the Secretariat for Women, n.d., p. 6

tioning of society. In its formulation, care is conceived as all activities necessary to guarantee the survival and normal reproduction of people. Care can be paid for when there is compensation (payment), or unpaid, insofar as the caregiver does not receive any kind of compensation. Both forms of care have been devalued and made precarious, the latter being the most invisible, and, therefore, the focus of intervention of the District Care System (District Council of Economic and Social Policy of the Capital District, 2021, p. 146).

The SIDICU is aimed at caregivers, people who require high levels of support (such as children under five years old), people with disabilities, and elderly people. The objectives of this policy are to:

- Recognize care work and those who perform it.
- Redistribute caregiving work between men and women.
- Reduce unpaid care work time for caregivers (District Care System, n.d.)

These objectives are achieved through the curation of new and existing services to meet the demands of caregiving under a dual care model: while caregivers themselves are cared for, the people they care for receive care. Services for caregivers range from complementary training and certification of knowledge to validate their experience in caregiving, to respite and rest through activities such as yoga, aerobics, and Zumba. Psychological and legal assistance is also provided. In addition, the services for people in need of care, provided by the district, aim to promote autonomy through recreational and pedagogical activities for children, the elderly, and people with disabilities. All the work to implement the system is accompanied by the Pedagogical and Cultural Change Strategy, a project initiated in 2020 with the goal of transforming the perception society has of care work, and modifying stereotypes through workshops and large scale campaigns for cultural transformation. (CIDEU Blog, 2021).

To recognize, reduce, and redistribute unpaid care work, SIDICU provides three types of interventions:

1. Strengthen and expand the supply of care services for the population with higher levels of functional dependency, including meal support, and care for early childhood, the disabled population, and the elderly.
2. Develop a strategy that values and re-signifies care work, implementing empowerment processes for caregivers through rest and recreation services, as well as training and certification spaces, including for elderly women who are caregivers, community leaders, pet caregivers,

rural, indigenous, peasant, black, Afro-Colombian, Raizal, Palenquero, and Rrom.¹⁷

3. Implement a strategy of cultural and pedagogical change in the district regarding co-responsibility in the performance of care work in homes and communities, in order to redistribute this work between men and women, promoting the development of new masculinities. (District Council of Economic and Social Policy of the Capital District, 2021, p. 147).

In turn, the District Care System has a territorial strategy, which, through care blocks and mobile units of care services, provides care by means of an intersectoral offer of services to different populations that require care services and provide care in conditions of inequality. (District Council of Economic and Social Policy of the Capital District, 2021, p. 148)

Care blocks (Manzanas del Cuidado)

“Thinking about urban planning for women is another of the system's commitments, which is why the Care Blocks (Manzanas del Cuidado) were created, the first model in Latin America that integrates tactical urban planning, care, and a gender approach” (CIDEU Blog, 2021).

These care blocks are one of the ways in which the District Care System operates in the territory. They are areas that concentrate care services, new and existing, with a proximity criterion that allows people to access them without having to walk more than 20 minutes. Their purpose is to package services close to the homes of caregivers and those requiring care, and to provide them simultaneously: while the caregiver has access to training or respite, the person requiring care is in spaces designed for well-being and capacity-building. In addition, the blocks are a new form of territorial planning in Bogotá, which places the needs of caregivers at the center of urban planning (District System of Care, n.d.-b).

A block is an area of the city of no more than 800 meters, where care services such as schools, kindergartens, play centers, hospitals, cultural centers, and

17 The Raizal people are the native population of the islands of San Andres, Providencia, and Santa Catalina; the Palenqueras are women from San Basilio de Palenque, the first free town of liberated slaves in the Americas; and the Rrom or gypsy people are consolidated and strengthened as an ethnic group that is part of the ethnic and cultural diversity of the Colombian nation.

sports and recreational parks, among others, are concentrated around an anchor entity, for example, a Community Development Center. Its objective is to provide caregivers and people requiring care with services in a walkable radius of no more than 20 minutes, with a view of women-centered futuristic urban planning (CIDEU Blog, 2021).

Defining each block involved a research process. In 2020, the District Secretariat for Women, in partnership with the Economic Commission for Latin America and the Caribbean (ECLAC), conducted a geo-referencing study to define four variables:

1. Demand for care
2. Density of caregivers
3. Poverty index
4. Participative budgets¹⁸

During 2020, two Care Blocks were inaugurated, the first in Ciudad Bolívar and the second in Bosa. According to official estimates, the first block located in Ciudad Bolívar will have a positive impact on 48,021 people living in the area and more than 48,021 caregivers in the locality. In this area, one of every two households contains people who require care. It is the locality with the fourth highest concentration of people with disabilities. This block contains services from eight district entities that include training for women caregivers, psychosocial support for women from all walks of life, listening centers for women, the Bicycle School, occupational orientation workshops, the care school for men, and others. The second block is located in Bosa, a locality with 100,832 women caregivers who perform these activities without any remuneration, and has the second highest concentration of people in need of care in Bogotá. There will be 18,721 people living within the perimeter of the Block who will benefit from about 33 care services (Castiblanco, 2021).

According to the information available on the SIDICU website, five Care Blocks are currently operating (Los Mártires, USME, San Cristóbal, Bosa, and Ciudad Bolívar).

¹⁸ The ECLAC is working on the construction of geo-referenced maps and supporting the design and implementation of the District Care System of the Office of the Mayor of Bogotá. The geo-referencing can be accessed through the link http://geoespacial.ar/dgenero_bogota2/

Mobile Units

The mobile units are the itinerant strategy of the District Care System. They are vehicles fully equipped to provide care services in rural and urban areas of the city that are difficult to access and where there are no Care Blocks. Their objective is to expand the supply of care services by adjusting to the geographic particularities of the city, and to generate dynamics in the community oriented to the recognition, redistribution, and reduction of unpaid care work (District Care System, n.d.-c).

At the time of this research (2021) and according to the information available on the website, two types of mobile units are currently operating: the Rural Mobile Unit that provides services in Sumapaz, Usme, and Ciudad Bolívar; and the Urban Mobile Unit that provides services in Engativá, Suba, and Rafael Uribe (District Care System, n.d.-c).

The twice weekly services provided by these units are classified in three categories:

1. For caregivers: these include flexible education to complete basic and secondary education, complementary training, legal and psychosocial guidance and counseling, physical activity, and collective health prevention and promotion.
2. For people in need of care: physical activity for people with disabilities and the elderly, as well as recreation and play services.
3. For the general public, workshops such as: *¡A cuidar se aprende!* (“You can learn to care!”) and *Cuidamos a las que nos cuidan* (“We care for those who care for us”).

Implementation, evaluation and economic-financial sustainability

Additionally, a participation and follow-up mechanism is planned for integration by representatives of the Consultative and District Councils, including the Women’s Consultative Council, the District Disability Council, the District Council of Wise Men and Women, the Bogotá Consultative Commission of Black, Afro-Colombian, Raizal and Palenquero Communities, the LGBT Consultative Council, organizations of caregivers, etc. (Secretariat for Women, n.d.).

This Commission has twelve specific functions, including the duty to promote co-responsibility for caregiving in households, the community, and between the State, the private sector, civil society and community organizations, and others. It is chaired by the District Secretariat for Women, an entity that has the duty to make the sectoral, intersectoral, regional, and national coordination, as appropriate, implement all services of the District Care System (*Decree No. 237 "Whereby the Intersectoral Commission of the District Care System is created", 2020*).

So far, there is no evaluation of the results of implementation. However, it should be noted that Bogotá has been named the 2021 Well-being City (*Well-being Cities Award*¹⁹) thanks to the implementation of the District Care System (Semana, 2021). It is worth mentioning that monitoring and evaluation by the Intersectoral Care Commission is contemplated in the policy design. Among its 13 functions are the design and methodology of the monitoring and information system of the District Care System, as well as the design and coordination of a methodology for the formulation of indicators, evaluation, and follow-up of the District Care System, with a gender focus (Office of the Mayor of Bogotá, 2020, p. 7).

The main source of funding for the District Care System in Bogotá comes from the District Secretariat for Women, with a total cost of the alternative of \$37,088,737,000.00 Colombian pesos (National Planning Department, 2020). It should be noted that the implementation of the mobile care units was made possible thanks to a donation of USD one million from the private organization *Open Society Foundations*. 85% of the total amount was allocated to this

19 This award convenes cities around the world who transform urban living and place well-being at the center of their policies and planning.