DAWN DISCUSSION PAPER #36

POLICY
TRANSFORMATIONS

ARGENTINA
THE PATHWAY TOWARDS THE NATIONAL CARE SYSTEM

CECILIA FRAGA
& CORINA RODRÍGUEZ ENRÍQUEZ

FEBRUARY, 2022

Photo | Eric M.V. (ROWDY) from Pexels

DRAFT for discussion

POLICY
TRANSFORMATIONS

REGION:
LATIN
AMERICA

POLICY AREA:
CARE AND SOCIAL PROTECTION

Using a feminist intersectional and interlinkages approach, this project closely examines policy changes that have taken place during the period of exceptionality produced by the pandemic, exploring how they may impact the future in four policy areas: macroeconomics; labour policies and workers' rights; migration and human mobilities, care and social protection.

DRAFT for discussion

©2022 by DAWN under a Creative Commons Attribution-NonCommercial- NoDerivatives 4.0 International license. (CC BY-NC-ND 4.0)

This paper is part of an international research effort by feminist authors from the Global South. The DAWN Discussion Papers are intended to generate wide-ranging debate and discussion of ongoing analysis under different themes on which DAWN works. The papers are made available prior to finalisation as part of our mission to inform, network and mobilise.

This case study was originally written in Spanish and was translated by Magdalena Padrón.

Feedback and comments are welcome and may be sent to info@dawnnet.org. This paper may be used freely without modification and with clear referencing to the author and DAWN.

Fraga, Cecilia and Rodríguez Enríquez, Corina. 2022. Argentina. The Pathway Towards the National Care System. *DAWN Discussion Papers Nº. 36.* DAWN. Suva (Fiji).

ABBREVIATIONS

ASPO	**Social, Preventive and Compulsory Isolation**
ECLAC	**Economic Commission for Latin America and the Caribbean**
ENES	**National Survey on Social Structure**
ILO	**International Labour Organization**
INDEC	**National Institute of Statistics and Censuses**
MMGD	**Ministry of Women, Gender and Diversity**
PTC	**Territorial Parliaments of Care**
OSC	**Social Organisation of Care**

DRAFT for discussion

ABSTRACT

In this article we present the pathway towards a care system in Argentina. To this end, we recover the recent history of the feminist movement and the findings of academic and civil society studies that document the overload of domestic and care work on women and the unjust social organisation of care in the country. We identify the change of government and the creation of the Ministry of Women, Gender and Diversity as an opportunity for the entry of feminism into public institutionality, and then focus on describing and analysing the strategy deployed by the Ministry towards the creation of a care system. Specifically, we refer to: the Interministerial Board on Care, the Federal Map of Care, the Drafting Commission for a Draft Bill for a Comprehensive Care System with a Gender Perspective, and the National Campaign "Caring with Equality". Within the framework of the latter, we pay special attention to the Territorial Parliaments of Care with the interest of investigating the participatory construction of care policies and the strengthening of the community dimension of care. These elements allow us to argue in favour of the transformative potential of the analysed experience, warning about the persistent obstacles and challenges it must face.

DRAFT for discussion

1. INTRODUCTION

This paper is part of the project "The pandemic as a portal: policies transformations disputing the new normal", within the area of research on care and social protection. In particular, it presents an analysis of the case of Argentina and its process of building a National Care System. Based on the conceptual framework developed for the project, we propose to analyse, from a feminist perspective, the characteristics of this process, its potential and its challenges in order to act in a transformative sense.

The most recent advances in the process towards the construction of a care system in Argentina coincide temporally with the occurrence of the COVID-19 health emergency. It was not born out of the emergency, but is the result of years of work on this agenda within academia, civil society, the women's and feminist movement and public policy spaces. However, it is strengthened by the situation that led to, among other things, the visibility of the centrality and essentiality of care, as well as by a context that crudely exposes the basic knots that reproduce inequality, among which the unjust social organisation of care stands out.

Analysing this particular case, we will test the four hypotheses put forward by Llavaneras Blanco and Cuervo (2021), inquiring whether the process we are analysing (a) exposes a stagnation in policies, dependent on previous trajectories; (b) opens space for greater intervention by the private sector, even controlling political processes; (c) increases biopolitical control, amplifying the authoritarian tendencies underway; or (d) is transformative and progressive. Our argument is that the case we study approaches hypothesis (d) (opening up possibilities for a transformative scenario), while facing challenges associated with hypothesis (a) (obstacles posed by previous trajectories and entrenched political, social and cultural dynamics).

The analysis is based on the systematisation of information and literature on the subject (particularly with regard to the context and general framework of the process), and on observant participation in part of the process we describe (particularly in the Territorial Parliaments of Care (PTC)), as well as on access to documents produced by the Ministry of Women, Gender and Diversity (MMGD).

The paper is organised as follows: first, we describe the main characteristics of the social organisation of care (OSC) in Argentina and the main implications of the pandemic context. We then review the socio-historical context that made it possible to

DRAFT for discussion

build a care agenda in the country. Next, we develop the process led by the MMGD for the construction of a care system with an emphasis on the role played by PTCs. In the last section we review the main conclusions, returning to the four hypotheses guiding the analysis.

2. THE OSC'S CONTEXT IN ARGENTINA AND THE IMPACT OF THE PANDEMIC

The social organisation of care in Argentina is characterised by several dimensions[i]. First, a vision that, with nuances (by social class, by territorial area, by dimension of care) still retains a largely familist and feminised matrix of care, that is, care is concentrated in families and, within them, in the work of women. Second, a persistent gender gap in unpaid care and domestic work time. Third, a marked socio-economic inequality in access to care services that stems from insufficient public provision and market provision that is markedly segmented according to the purchasing power of the population. Fourth, although still deficient, there is more public provision of care services for children than for the elderly and disabled. Public provision of care is concentrated in the school system, with very high levels of basic schooling in Argentina. Initial education services (for children up to 5 years of age) have much lower coverage. This type of public provision of education and care for children and adolescents is complemented by another, more welfare-oriented type, focused on meeting the care needs of lower-income households. This provision, in the form of child development centres or early childhood spaces, is usually articulated between the State (which provides funding for the salaries of the workers and the maintenance of the infrastructure) and civil society organisations, which in many cases already provided these services previously. This dimension of public care provision is characterised by its diversity and its distance (in terms of content and quality) from the care provided in school environments. Fifth, a highly unregulated market provision of care services of very uneven quality, concentrated in large cities. Sixth, precarious employment conditions for paid care workers, particularly for those who carry out domestic and home care work. This employment sector is characterised by its feminisation and the high percentage of migrant workers in it. It is also characterised by low wages and high levels of informality, although these have been decreasing since the enactment (in 2013) of new legislation regulating work in the sector, in line with ILO Convention 189.

DRAFT for discussion

Each of these dimensions of care is expressed differently in larger urban centres compared to smaller cities or rural areas. They are also strongly segmented by the socio-economic status of the population. In the case of households living in more socially vulnerable environments, a key aspect in meeting care needs are community arrangements. The community dimension of care focuses on a little-studied aspect of care work (Sanchís, 2020) and involves consideration of the actions of community organisation, and offers fertile ground for analysis and reflection on networks as support schemes for the provision of care (Pérez Orozco, 2014).

What we now call community care is linked to the ways in which unprotected sectors in Argentina have resolved to meet their needs. The most recent antecedent dates back to the economic, social and political crisis in 2001 and 2002 and the strategies to obtain or give continuity to work as the organising axis of the life projects of individuals and groups: self-management projects, participation in the popular, social and solidarity economy, experiences of exchange and barter, recovered enterprises, cooperative projects, among others. From the academic and social field, the debate revolved around the degree of autonomy of these experiences with respect to the State and political parties or social movements, as well as the emergence of workers without bosses (Rebón, 2005).

The current reflection on the community dimension of care is nourished by these experiences, which may or may not include labour insertion strategies. For example, the community dimension of care has been studied in relation to the satisfaction of food needs, education and play activities for children in the Conurbano Bonaerense, in which the role played by women stands out (Fournier, 2017). The care work carried out by women in community settings has also been documented, making it a key factor in understanding care provision in vulnerable spaces in the Metropolitan Region of Buenos Aires (Zibecchi, 2014). It has also been argued that it is necessary to look at care provision in the context of the popular economy as an alternative for self-management of jobs that could be strengthened as a post-crisis recovery strategy.

The COVID-19 pandemic and the actions taken to deal with it had significant implications for the organisation, timing and work of care work. In Argentina, the first case of infection was identified at the beginning of March 2020 and by the 20th of the same month the first drastic measures to contain the pandemic were already in place,

DRAFT for discussion

including the closure of schools and a rather strict Social, Preventive and Compulsory Isolation (ASPO) in the first weeks.

The OSC was substantially affected in this context, and the pressure on care clearly increased. In Argentina, this situation was built on top of one that, as mentioned above, evidenced the burden of care on women. As stated at the time (2013) by the module on unpaid work surveyed by the National Institute of Statistics and Censuses (INDEC), even before the pandemic, in the country's urban households, women spent twice as much time as men (6.5 hours compared to 3.5 hours on average) on these tasks[ii]. It was also noted that women living in households in the first income quintile (8 hours a day on average) spent significantly more time on unpaid care and domestic work time than women in households in the top twenty per cent of income brackets (4 hours a day on average).

With the measures taken to deal with the pandemic, which implied the closure of schools and care facilities, the impossibility of private household workers to attend their places of employment, the greater care generally required by the context and people staying at home, the unpaid care and domestic work time increased.

A survey carried out by INDEC indicates that 65.5 per cent of the households surveyed had to increase the time spent on domestic chores. Those households with children and adolescents did so to a greater extent (72.5 per cent) than the rest of the households (60.5 per cent). The highest percentage of increase in domestic chores (cleaning, food preparation and shopping) is registered in households whose heads have a higher level of education, which are households where these tasks, prior to the pandemic, tended to have greater participation of domestic service. The study also reveals that the time spent on school support tasks in households with school-age children increased in 66.1 per cent of cases (INDEC, 2020).

Along the same lines are the findings of UNICEF (2020), which note the additional pressure on women's unpaid care and domestic work time. In this survey, fifty-one per cent of the women interviewed expressed that they felt a greater overload of household chores, the causes of which include cleaning the house (thirty-two per cent), the burden of care (twenty-eight per cent), preparing food (twenty per cent) and helping with homework (twenty-two per cent). According to this source, homework support is also

DRAFT for discussion

mainly provided by mothers (sixty-eight per cent), compared to support from fathers (sixteen per cent).

Just as the unpaid care and domestic work time increased in the context of the pandemic, paid care workers suffered severe consequences as they were first prevented from working and subsequently forced to work in conditions of enormous insecurity. In Argentina, although at the very beginning of the confinement when the government established that people employed in domestic service should enjoy paid leave until the activity was reinstated[iii], the high level of labour informality and the characteristics of the occupation implied a high loss of jobs. The sector's trade union, the Domestic Helpers' Union (Unión del Personal Auxiliar de Casas Particulares, UPACP), estimated that between 50,000 and 55,000 domestic workers lost their jobs during this period. In addition, among those who were able to retain their jobs, there was a loss of income. According to Wlosko et al. (2020), eighty-two per cent of the workers did not attend work, but only thirty-three per cent continued to receive remuneration, although in some cases for lesser amounts.

For those who continued to work because of some exceptional condition (for example, in care activities for dependent persons) or because they were employed on a live-in basis and remained in isolation living with the employer household, or because they were forced to do so, there was an increase in the intensity of the work, longer working hours and the loss of weekend breaks. In addition, these workers were confronted with higher risks, either because the necessary safety and prevention measures were not implemented in those homes, or because they had to assume greater risks in care activities of sick people. Many of these workers saw their rights violated during this period due to a lack of sufficient information, while at the same time the situations of violence to which they are usually exposed increased, all of which presumably occurred with greater intensity among migrant workers (López Mourelo, 2020).

Finally, the pandemic context has also exposed how in emergency situations, and where conditions are more extreme and deprivation more marked, it is the community networks that guarantee the daily reproduction of life. In particular, women in poor neighbourhoods in urban centres were the ones who sustained care in articulation with the solidarity mechanisms promoted by schools, clubs and promotional institutions. The community responds where the State does not reach, or does so with great deficiency (Rodríguez Enríquez, 2020).

DRAFT for discussion

It is in this context that the care agenda, which had already been strengthening in the country for several years, accelerated.

3. THE CONSOLIDATION OF A CARE AGENDA IN ARGENTINA

The issue of care has been discussed in Argentina since 2005. Under the protection of the commitments made by the country when it ratified the Beijing Platform for Action 25 years ago, and subsequently, the successive consensuses resulting from the Regional Women's Conferences of Latin America and the Caribbean[iv], as well as the drive of academic sectors committed to the issue and the growing attention that women's and feminist activism has been giving to the issue, a care agenda has been consolidating in Argentina.

In the first instance, this agenda favoured the generation of information to strengthen existing diagnoses. Three sub-national time-use surveys were carried out (two in the Autonomous City of Buenos Aires, in 2005 and 2016, and one in the city of Rosario in 2010), and a module on unpaid work in the framework of the INDEC's Permanent Household Survey, which was surveyed during the third quarter of 2013 and which produced, albeit precariously, information on time use at the national urban level (which we cited above)[v]. Subsequently, the National Survey on Social Structure (ENES) conducted between 2014 and 2015 included research on care strategies, and provided new information with a good degree of representativeness[vi]. The information cited above on the impacts of the COVID-19 situation on care arrangements shows how the topic is already part of the usual interests of public statistics and social research.

DRAFT for discussion

The gradual visibilisation of the unfair form of OSCs in Argentina allowed them to gain ground on the legislative agenda. A decade later, there were countless bills in the national parliament that proposed everything from the extension of care-related work leave to the construction of federal care systems for early childhood, as well as strategies for the recognition, valuing and even remuneration of unpaid care and domestic work time[vii]. However, none of the bills managed to advance beyond committee discussion.

Additionally, care issues were addressed in the framework of collective bargaining, in some cases, clauses recognising the burden of care responsibilities and establishing commitments to facilitate the conciliation of work and family responsibilities, including

the provision of care services (or the payment of wage components to purchase these services in the market), as well as the extension of parental leave beyond the provisions of the employment contract law[viii]. In the same vein, several sub-national jurisdictions partially extended parental leave or implemented parental leave.

Recently, the care agenda in Argentina has gained more strength due to a combination of three processes: i) the expansion of the feminist movement; ii) the change, at the end of 2019, of the party in the national government, assuming a more receptive management of some of the feminist demands; and iii) the aforementioned impact of the COVID-19 pandemic in making visible the essentiality of care and the implications of its unjust social organisation.

With regard to the expansion of the feminist movement, 3 June 2021 marked the 6th anniversary of the first *Ni una menos* (*Not One [Woman] Less*), a spontaneous call for a public demonstration that launched thousands of people, mostly women and among them mostly young women, onto the streets, renewing the national feminist movement. The struggle against gender violence converged with the longer-term demand for the legalisation of the voluntary interruption of pregnancy by the National Campaign for the Right to Legal, Safe and Free Abortion[ix]. Thus, violence against the bodies of women and girls, and the right to decide about one's own body, monopolised the debates of feminists, mass media, civil servants and society in general.

These demands were articulated with other demands made, among other spaces, at the National Women's Meetings[x]. From these spaces, women's double and triple working days and the tensions between work and family life began to become visible. In 2016, a national one-hour paid and unpaid work strike was called, and in 2017, as part of a global action, women from several countries organised general strikes and mobilisations against gender violence in what was the International Women's Strike on 8 March. This was followed by international strikes promoted by the feminist movement in Argentina and Spain under the slogan *"if our lives are worthless, produce without us"*. In this way, the urgency of situating care as a problem of public order and rights was highlighted.

The care agenda in Argentina has also gained strength due to the change in the national government towards one that is more receptive to some of the feminist demands. Gender institutionality is strengthened with the creation of the MMGD. This Ministry has put care on the public policy agenda, drawing on academic research on the subject,

DRAFT for discussion

proposing definitions and starting points: recognising care work as a transmitter of inequalities, making its importance for the sustainability of the social and economic system visible, noting the form of the sexual division of labour that permeates it, and the need for a fairer distribution of care, both in the practices that take place within households, as well as between the State, families, the market and social and community organisations. Based on this understanding of care, institutional spaces are created within the MMGD, such as the National Directorate of Care Policies under the Secretariat for Equality Policies, with the aim of promoting cultural changes and making resources available to transform the distribution of time, work and care responsibilities.

4. TOWARDS THE CONSTRUCTION OF A NATIONAL CARE SYSTEM

As discussed in the previous section, the care agenda in Argentina did not emerge with the pandemic. However, it is with the creation of the MMGD, which coincided with this context, that the possibility of concretely promoting care policies within the framework of the construction of an integrated federal care system began to take shape. From the outset, on the priority of "working for a fairer redistribution of care tasks", one of the first measures carried out by the Ministry was "the creation of the area of Care, with the understanding that it is necessary to translate the political will to promote this cultural change into concrete and tangible resources. The next step was the elaboration of a Federal Map of Care, for which ECLAC (Economic Commission for Latin America and the Caribbean) provided support".[xi]

The Ministry decided to form the Inter-ministerial Board on Care, on the understanding that building a care system implies enormous institutional challenges. This is because of the variety of agencies that would be involved in care services, in the regulation of care dimensions and in the articulation with other benefits within the social protection system.[xii] This body brings together fourteen agencies of the National Executive Branch[xiii] with the aim of debating and planning policies that contribute to transforming the social organisation of care.

Although its function is not only to lay the foundations for the future institutional articulation in the framework of a federal care system (for example, the board has been instrumental in articulating care-related policies in the framework of the COVID-19

DRAFT for discussion

health emergency)[xiv], 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 board in pursuit of "redistributing and recognising care as a need, as a job and as a right"[xv]. The document thus develops a brief conceptual framework that establishes consensus around the notion of care, the right to care, OSCs, and results in a first systematisation of existing policies (or those that are planned to be developed in the short term) by each of the institutions that make up the board.

Previous work in the construction of this agenda, the Ministry's leadership in coordinating the process within the executive branch, and the presence of feminists committed not only to the MMGD but also involved in other areas of government have been key to this initial consensus on the definitions and basic principles around which to build a care system. Nevertheless, as the process goes forward into more specific aspects differences and contradictions will have to be overcome, and it remains to be seen how these will be resolved.

Another advance in this area is the construction of a Federal Map of Care, which seeks to: i) provide information for the management of public policies, identifying potential solutions to care demands within the existing supply; ii) inform the demand and supply of care, to facilitate their meeting; and iii) lay the foundations for a future information system.

Open access to the first care mapping product was launched on 22 July 2021. It is a geo-referenced federal map of the current supply of care services for children, the elderly and people with disabilities, as well as of training spaces for care[xvi].

The other link in this process is the Drafting Commission for a Draft Bill for a Comprehensive Care System with a Gender Perspective, created in October 2020, which brought together a limited number of experts in the field with the mission of proposing a law that would provide a regulatory framework for a future 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. This commission recently completed its work and submitted a draft bill to the Minister of the MMGD, initiating a process of

DRAFT for discussion

consultation and adjustment of the bill with other areas of the national executive branch, for its subsequent submission to the national parliament for discussion.

To date, there is no information on when the executive branch will submit the final bill to the Congress. The prospect generates uncertainty given the recent electoral defeat of the government coalition in a primary instance of the mid-term legislative elections. It is to be expected that in this new electoral context, the government will lose its majority in the parliamentary chambers and will find it more difficult to pass its own bills. Another factor that raises doubts is the recently appointed Chief of Staff of a provincial governor who is openly opposed to women's rights. Even though the president has expressed his support for the Women's Minister and his commitment to the gender equality agenda, this is still a worrying sign.

Finally, the last component of this process is the National Campaign “Caring with Equality”, which has two central objectives: i) to recover, from a federal territorial perspective, pre-existing conceptualisations, knowledge, know-how and practices in the different territories in relation to care that will allow the identification of priorities that will feed into 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 perspective, promoting greater awareness and collective co-responsibility for the right to care and to receive care[xvii].

The main line of action of this campaign is the Territorial Parliaments of Care (PTC), which are "spaces of confluence and 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 that will nourish the public agenda of care". While seeking to raise awareness of 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 could arise when it comes to moving forward with the implementation or expansion of specific policies.

The PTCs are a novel experience and an attempt to compose a participatory process rooted in the territories. They constitute the third of five stages of the intervention at the provincial level of the National Campaign “Caring with Equality” for Equal Care[xviii]. They are carried out once the stage corresponding to the Internal Rounds of Exchange and Reflection, in which representatives of various sectors in each province participate,

DRAFT for discussion

has been concluded; so this stage is reached with the conclusions of a dialogue already underway. Social organisations and institutions for the care of children, the elderly and the disabled, the health and education sectors, community care networks, feminist organisations, provincial and municipal government departments, trade unions and business associations linked to care sectors, representatives of national bodies involved in the issue, universities and legislative representatives participate in the Rounds.

The implementation of the PTCs is organised according to three axes of intervention: political, cultural and communicational. The dynamic consists of 5-minute interventions by a spokesperson for each thematic area of care, who presents the conclusions reached in the Rounds around two questions that guided the exchange in the PTCs from the MMGD: How do we care today? How do we want to care and be cared for tomorrow? It should be noted that these are not decision-making instances, therefore there is no need for voting mechanisms or the adoption of resolutions. This also allows for the coexistence of different and even contradictory positions, which are recorded in the systematisation of the meetings. Like any participatory process, it is not exempt from controversy, derived both from the process of determining who participates and who does not (even if it is intended to be as inclusive as possible), as well as from the unequal power of the voices (actors, institutions) involved[xix].

One aspect that has emerged in all the PTCs carried out so far as a diagnosis and starting point is the naturalisation of domestic and care work as something that women and feminised bodies do, underlining the importance of making diversity visible in this unpaid work. Also, the certainty that if women and LGBTI+ people do not do this work, no one else will. This would indicate that there is no widespread social perception of the State as an actor present in OSCs, nor does it emerge clearly as a valid interlocutor to demand measures for a more equitable OSC. This perception does not prevent the intervention of the State for a more equitable OSC from happening on certain occasions: in sectors with trade union organisation and in specific demands, such as parental leave. In view of the limited presence of the State, PTC participants offer a detailed description of their daily lives, full of obstacles, where the ways in which care needs are resolved involve the presence of family and community networks.

There is an issue relevant to the aspects of OSC that we noted at the outset that emerges here. On the one hand, the familiarisation of care and the need to expand the provision of adequate care services to alleviate the burden of care in households. Also the

DRAFT for discussion

challenge imposed by social mandates around care (also evident in the narratives of different actors in the PTCs), such as, for example, that related to the idea of the family as the preferred setting for the care of older people. In this sense, it is interesting to note the different narratives that appear in the PTCs of the different territorial areas, which present marked cultural differences. For example, the PTC in Patagonia (southern part of the country) emphasised issues related to the provision of services and the professionalisation of care work. In the northwest region, emphasis was placed on the need to articulate the care provided by extra-domestic services (for example, in child development centres) with that provided by families, reflecting a cultural view that still continues to place care in families, although at the same time it demands actions to redistribute this care within them.

On the other hand, there is the importance of the community dimension of care. In particular, the need to financially support and remunerate the work of women and LGBTI+ people in soup kitchens and community kitchens were underlined, especially due to the increase of work in the context of the pandemic and the arrival of more children and older people. This presents an interesting challenge when it comes to thinking about how public policies can strengthen and support this space, perhaps in conjunction with other social policies such as income support. A challenge for the State is to move forward without colonising visions of care that violate the communities' own forms, but at the same time favouring equity and guaranteeing rights.

Another emerging issue in the PTCs is the need to recognise care as a job and a profession. It would seem that care practices related to children, older people and people with disabilities offer fertile experiences for the meaning of care as work. There is a concrete demand for technical and emotional training for caregivers, highlighting the lack of such tools and skills. There are also requests to address the mental health of caregivers, linked to care situations that were not chosen, and the importance of generating support networks to contain this situation. The recognition of care as work is in line with the principles that the MMGD itself and the inter-ministerial board have set out.

In contrast, within the PTCs, the perception of care as a right did not emerge, which is in line with the lack of identification of the State as a guarantor of care. However, reference was made to linking care to other rights such as access to water, health and education.

DRAFT for discussion

Finally, the importance of working on masculinities for the construction of a fairer social organisation of care was reiterated. This is indicative of a social perception that emphasises the cultural component of gender in order to move towards a redistribution of care. While this idea could be contradictory to the perception of the existence of a naturalisation of the feminisation of care, it could also indicate that PTC participants present more progressive visions than those that circulate in the social, work and family environments in which they live their lives. It would be important to consider this possible bias of PTC participants with a view to the construction of public policies in the territory.

A final aspect to highlight, which arises from the considerations of the MMGD itself in its reflection on the experience of the PTCs, is how much these operate in the territories in terms of acknowledgment and strengthening of the voice of the actors. In this sense, a positive implication is the strengthening of the capacity of gender areas at sub-national levels, based on their interaction with other areas of government in the organisation of meetings prior to the PTCs. In this sense, the legitimacy given by a process supported by the national government allows, in some cases, to give recognition and more power to this voice, which may favour the promotion of actions and narratives beyond the care agenda.

DRAFT for discussion

Given the embryonic nature of this process, we have no elements to asses to what extent the demands and visions that have emerged in the PTCs will actually permeate the design and implementation of care policies. Much will depend on how the political balances within the governing coalition are resolved, and on the support and demands of civil society and citizens in general. Recent electoral events and a certain apathy on the part of citizens in relation to party projects raise doubts in this respect. We have hope in the strength of the feminist movement to continue to be an active and demanding actor, and in feminists to resist in decision-making spaces and remain loyal to this mandate.

5. CONCLUSIONS: TRANSFORMATIVE POTENTIAL WITH PERSISTENT CHALLENGES

The process towards the construction of a care system was largely due to the presence of feminist women in public institutions who, based on the knowledge produced in Argentina also from feminism - or that incorporates the gender perspective - built a consensus about the existence of an unjust OSC. This dialogue between academia,

social organisations and political actors, together with the pandemic situation, helped to move from the perception of injustice to public management. This feminist imprint on the process analysed is, in itself, a transformative element.

The process described allows us to recognise the consolidation of a care agenda in Argentina and the strengthening of a path that aspires to build a system of public policies that enable the recognition and redistribution of care work, the expansion of care services, the improvement of the conditions of care workers and the cultural transformation around care arrangements.

Two elements of the process appear to have the greatest transformative potential. On the one hand, the experience of the PTCs as a way of building the foundations for social change driven or strengthened by public policies. These spaces amplify the voice of diverse actors and allow them to dialogue with each other. Not exempt from tensions and errors of inclusion, the PTCs are a novel experience with great potential. Their scope will only become apparent when the process matures sufficiently to see how many and which of the issues raised by the PTCs actually crystallise into policies.

The other aspect concerns the recognition of the place of community care arrangements in OSCs and how they can themselves be a locus of transformative care practices. In fact, the PTCs account for voices and experiences from the territories and inform the existence of networks that involve some instance of reflection and collaboration that opens a wedge for the entry of logics that do not rely primarily on the market to meet care needs.

A challenge ahead will be to find ways of articulating public policies and community care arrangements that simultaneously strengthen rights and bring about cultural and social transformations, while respecting the wishes and aspirations of people and communities in the territories.

In summary, the transformative hypothesis (hypothesis (d) in the introduction) seems to be verified in the case analysed for Argentina, given the feminist and participatory approach given to this process from the sphere of the MMGD, which includes the recognition of the existence of the community dimension of care, and a concern to collect information and experiences on the modalities that this type of care specifically acquires at the federal level. In this sense, it would seem that the PTCs are a space for the State to listen. However, it is not clear to what extent this knowledge and feelings

DRAFT for discussion

from the territory will be incorporated into the regulatory framework and policies that make up the national care system in Argentina.

At the same time, it would appear that political-partisan logics persist that hinder long-term strategic planning and the identification and sustaining of innovative policy and programme options over time (hypothesis (a) in the introduction). The current political electoral moment in Argentina casts some shadows over the possibility of sustaining transformative impulses.

The other two hypotheses (advance of the private sector (b) and bio-political control (c)) do not seem to be verified in the specific case of the process analysed (although they could be recognised in other political and policy processes in the country and in the current situation). For example, although lockdown implied a control of mobility in the context of a process of job insecurity and increasing poverty in the country, the focus does not seem to be on the promotion of generalised authoritarian bio-political practices by the State in the sense of an exercise directed towards the control of populations, bodies and the curtailment of people's political rights. However, the context of restrictions has given rise to specific situations of institutional abuse.

In short, political processes such as the one analysed in this paper are complex and dynamic. For this reason, citizen and feminist monitoring is essential to preserve what has been achieved and to overcome the obstacles that persistently re-create themselves in the search for the expansion of rights and the reduction of inequalities.

DRAFT for discussion

REFERENCES

Alonso, V. and G. Marzonetto (2019) “El cuidado de personas con dependencia: Diagnóstico de situación y oferta de servicios estatales para adultos mayores y personas con discapacidad en la Argentina”. Buenos Aires: Ciepp. DT 102.

Aulicino, C., F. Gerenni and M. Acuña (2015) “Primera infancia en Argentina: políticas a nivel nacional”. Buenos Aires: CIPPEC, DT 143.

Brugo, N. (2019) “Encuentro Nacional de Mujeres” en Susana Gamba (coord.) *Se va a caer.* POPOVA, Argentina.

ELA – UNICEF (2020) *Apuntes para repensar el esquema de licencias de cuidado en Argentina*. Buenos Aires: ELA-UNICEF.

Faur, E. and F. Pereyra (2018) “Gramáticas del cuidado”. In: Piovani, J. I. and A. Salvia (eds) *La Argentina en el siglo XXI: Cómo somos, vivimos y convivimos en una sociedad desigual: Encuesta Nacional sobre la Estructura Social.* Buenos Aires: Siglo XXI Editores.

Fournier, M. (2017) “La labor de las trabajadoras comunitarias de cuidado infantil en el conurbano bonaerense ¿Una forma de subsidio de “abajo hacia arriba”? In *Trabajo y Sociedad*, n°28, Santiago del Estero, Argentina.

ILO – UNICEF – UNDP – CIPPEC (2018) Las políticas de cuidado en Argentina. Avances y desafíos. Buenos Aires: ILO-UNICEF-UNDP-CIPPEC.

INDEC (2020) “Estudio sobre el impacto de la COVID-19 en los hogares del Gran Buenos Aires. Primer informe de resultados”. Buenos Aires: INDEC.

Laya, A. (2015) “El Derecho al Cuidado en los Convenios Colectivos de Trabajo del Sector Privado. Análisis comparativo de Convenios Colectivos en las ramas de actividades con mayor índice de feminización del sector privado”. Buenos Aires: ELA-CIEPP-ADC. Public Policy and the Right to Care Working Paper Series No. 5.

Laya, A. y F. Rossi (2015) “Aportes para la discusión legislativa sobre reformas necesarias en materia de cuidado”. Buenos Aires: ELA-CIEPP-ADC. El cuidado en la agenda DT 6.

DRAFT for discussion

Llavaneras Blanco, M. and Cuervo, M.G. (2021). The pandemic as a portal: policy transformations disputing the new normal. DAWN Discussion Paper, #32. Available at: https://bit.ly/3CPztvy

López Mourelo, E. (2020) "COVID-19 and domestic work in Argentina", ILO-Argentina.

Ministry of Women, Gender and Diversity (MMGD) (2020) "Encuestas relativas a cuidados, violencia y situación de trabajadoras de casas particulares en tiempos de pandemia." Buenos Aires: Minger.

Pérez Orozco, A. (2014) *Subversión feminista de la economía. Sobre el conflicto capital-vida.* Traficantes de sueños, España.

Rebón, J. (2005) "Trabajando sin patrón. Las empresas recuperadas y la producción." Working Paper n° 44, IIGG-FSOC-UBA.

Rodríguez Enríquez, C. (2015) "El trabajo de cuidado no remunerado en Argentina. Un análisis desde la evidencia del módulo de Trabajo no Remunerado." Buenos Aires: ELA-CIEPP-ADC. Public Policy and the Right to Care Working Paper Series No. 2.

Rodríguez Enríquez, C., Marzonetto, G. and Alonso, V. (2019). "Organización social del cuidado en la Argentina. Brechas persistentes e impacto de las recientes reformas económicas". *Estudios del Trabajo*, N.º 58, pp. 1-31.

Rodríguez, C. (2020). «Perspectiva feminista en la pandemia y más allá». En J. P. Bohoslavsky (ed.), *Covid-19 y derechos humanos. La pandemia de la desigualdad.* Buenos Aires: Editorial Biblos.

Sanchís, N. (2020) (compil.) *El cuidado comunitario en tiempos de pandemia…y más allá.* Asociación LolaMora, Red de Género y Comercio. Investigación y Capacitación para la Acción, C.A.B.A.

Unicef (2020) "Encuesta de Percepción y Actitudes de la Población. El impacto de la pandemia Covid-19 en las familias con niñas, niños y adolescentes." Tercera ola. Results Report. Argentina.

Wlosko, M, V. Casas and H. Palermo (2020) "Encuesta a trabajadore/as de casas particulares y su situación laboral en el contexto de aislamiento por la pandemia de

DRAFT for discussion

Covid19 en Argentina." Buenos Aires: Ceil-Conicet and Universidad Nacional de Lanús. *Research materials* 6.

Zibecchi, C. (2014) "Cuidadoras del ámbito comunitario: entre las expectativas de profesionalización y el "altruismo" En *Íconos. Revista de Ciencias Sociales.* n°50, FLACSO-Ecuador.

ENDNOTES

[i] Current diagnoses on the situation of the social organisation of care in Argentina, with a strong focus on the survey of existing policies and a propositional component, include: Aulicino et al (2015), Faur and Pereyra (2018), ILO et al (2018), Alonso and Marzonetto (2019), Rodríguez Enríquez et al (2019), ELA and Unicef (2020).

[ii] For information on this module, see: https://www.indec.gob.ar/uploads/informesdeprensa/tnr_07_14.pdf

[iii] During 2020, through successive decrees of necessity and urgency, the national government established restrictions based on the health situation. In this framework, paid leave was established as the responsibility of the employer. For more information on Resolution 202/2020 of the Ministry of Labour, Employment and Social Security on the suspension of the duty to attend the workplace: http://servicios.infoleg.gob.ar/infolegInternet/verNorma.do?id=335675

[iv] The issue was taken up and revitalised at the Quito conference (2007) and specific agreements were included for the first time in the Consensus signed by the countries.

[v] For a critical observation of the characteristics of this module and an analysis of its results, see Rodríguez Enríquez (2015).

[vi] For an analysis of the ENES data on the dimensions of care, see Faur and Pereyra, (2018).

[vii] For a compilation of legislative bills on care, see Laya and Rossi, (2015).

[viii] Laya (2015) presents a systematisation of the inclusion of care clauses in collective agreements.

[ix] The passing of the Law on the Voluntary Interruption of Pregnancy (IVE) was achieved on 30 December 2020. Law No. 27.610 was enacted on 14 January 2021.

[x] They have been held every year in different cities since 1986 and have brought together increasing numbers of women from all over the country and from the most diverse social backgrounds. For more information on these meetings, see Brugo, (2019).

[xi] https://www.argentina.gob.ar/generos/cuidados

[xii] https://www.argentina.gob.ar/generos/cuidados/mesa-interministerial-de-politicas-de-cuidado

[xiii] The agencies that make up the inter-ministerial board include the following: Ministry of Social Development; Ministry of Labour, Employment and Social Security; Ministry of Education; Ministry of Health; Ministry of Economy; Ministry of Productive Development and the agencies: National Institute

DRAFT for discussion

of Social Services for Retired and Pensioners (PAMI); ANDIS (National Disability Agency); ANSES (National Social Security Administration); AFIP (Federal Administration of Public Revenues); INDEC (National Institute of Statistics and Census), INAES (National Institute of Association and Social Economy), and the National Council for the Coordination of Social Policies.

[xiv] The issue of care was explicitly present in the government's responses to the pandemic. On the one hand, in the framework of the initial lockdown measures, care work was explicitly considered as essential work, and therefore exempted from the restrictions. In particular, the movement of people engaged in paid direct care work was allowed, as was the movement of people providing unpaid care to others outside their homes. In addition, in the face of school closures, paid leave was established for workers with dependent children in the public service. It was also determined that workers in private homes were exempted (in the context of the ASPO) from attending their workplaces, but that their salaries had to be maintained (something that, as we have mentioned, occurred in a very disparate manner due to the high level of informality in the sector, the asymmetry of power between the contracting household and the worker, and the difficulties of supervision by the authorities).

[xv] "Let's talk about care. Basic notions towards a comprehensive care policy with a gender perspective" (https://www.argentina.gob.ar/sites/default/files/mesa-interministerial-de-politicas-de-cuidado3.pdf)

[xvi] This map can be viewed at: https://mapafederaldelcuidado.mingeneros.gob.ar. In articulation and dialogue with the other instances of this process towards the construction of a care system, the mapping can be supplied with inputs and bring information.

[xvii] https://www.argentina.gob.ar/sites/default/files/campananacionalcuidarenigualdad.pdf

[xviii] The first stage consists of a round of introduction; the second stage consists of rounds of exchange and the formation of multi-sectoral provincial teams in charge of convening the sectors involved in the OSC in each province. The third stage consists of the implementation of the PTCs. The fourth stage consists of a systematisation of the experiences and the fifth stage replicates the experience of the PTCs in a scaling-up and/or targeting exercise. For further information: "Notes on care. Material for rounds of exchanges and reflection towards Territorial Parliaments of Care". (MMGD, 2020)

[xix] It should be noted that the PTCs were conceived as face-to-face activities, organised regionally. This implies, in practice, a selection mechanism derived from the different physical possibilities for people to mobilise to the meeting points, which may be especially relevant in regions with a large geographical extension and a higher proportion of dispersed population. However, due to the pandemic context, many of the PTCs were conducted virtually, which may have facilitated participation in some cases. There are currently no studies that analyse these dimensions of participation.

DRAFT for discussion

DAWN DISCUSSION PAPER #36

2022 BY DAWN UNDER A
CREATIVE COMMONS ATTRIBUTION-
NONCOMMERCIAL-NODERIVATIVES
4.0 INTERNATIONAL LICENSE.
(CC BY-NC-ND 4.0)

WWW.DAWNFEMINIST.ORG