

# The Bogotá CARE System: How a city is reorganizing itself for women

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**THE PROBLEM:** Care work is rarely paid nor properly recognized as productive work. The burden of unpaid care also disproportionately affects women.

**WHY IT MATTERS:** The unequal burden of unpaid care deepens gender inequality and translates to lost political participation by women, the entrenchment of inequality at home and beyond, and lost economic gains for society.

**THE SOLUTION:** To free up women's time, Bogotá developed the CARE System to bring the city and its services to caregivers.

Of a female population of 4 million in Bogotá, 3.6 million carry out unpaid care work and 1.2 million do so full-time. That is 30 percent of the female population of the city whose lives have become dictated by their responsibility to care for loved ones.

Women's critical contribution to the well-being of their families, and of society in general, has mostly been invisible, unrecognized, and unshared with other able-bodied members of their family. If such care work were paid, it would represent 13 percent of Bogotá's GDP and 20 percent of Colombia's GDP.

A study done by Bogotá's Secretary of Women found that among full-time caregivers:

- 70 percent do not have the opportunity to pursue secondary school;
- 33 percent are deprived of free time for self-care;
- 21 percent have diagnosed illnesses;
- 90 percent are low-income; and
- 0 percent have economic autonomy.

Due to their role, caregivers cannot always travel far from home to attend to their personal and professional needs. The COVID-19 pandemic has exacerbated these challenges for caregivers.

To address inequality in unpaid care, the government of Bogotá decided to bring the city and its services to caregivers and integrate these services into one space through Bogotá's city-level CARE System—the first-ever in Latin America. Implementing this radical “ease-of-access” model required reorganizing how the city was planned and operated to cater to the needs of the most invisible yet most critical parts of society's fabric: Women who provide unpaid care for their families.

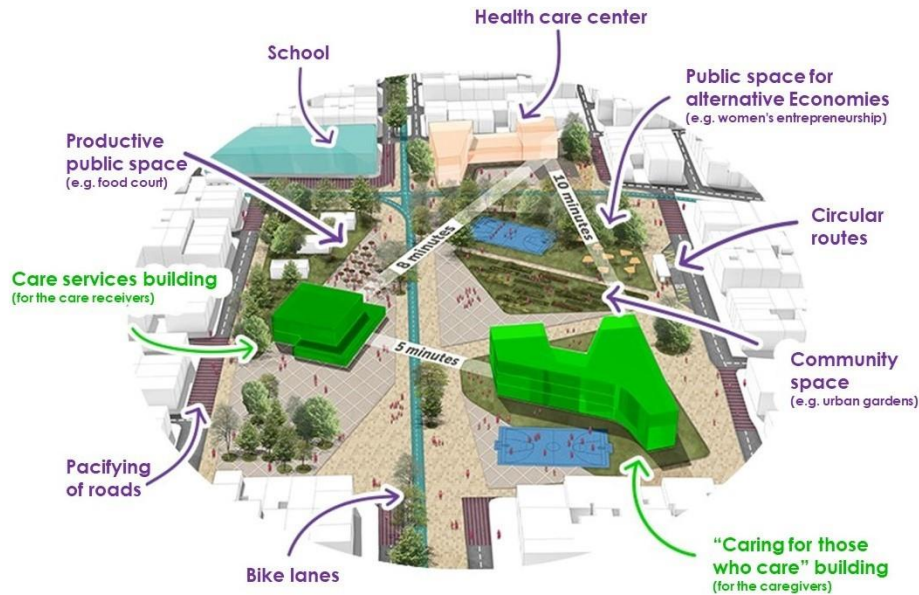
## What are the components of the CARE System?

At the center of the CARE system, CARE Blocks are areas where caregivers and those they care for can access city services. The CARE System's main innovations are its ease of access and its simultaneous provision of services for caregivers and care-receivers.

These services for caregivers are: i) Professional and skills training; ii) wellness promotion; and iii) income-generating activities. Services for care-receivers include professional care and recreational activities.

CARE Blocks are located within a 15- to 20-minute walk for most potential users—often within an 800-meter vicinity—eliminating the need for cumbersome transit (Figure 1).

**Figure 1. The ideal CARE Block**



Source: City of Bogota

With the support of the UN Economic Commission for Latin America and the Caribbean (ECLAC), we developed a prioritization index to determine locations for CARE Blocks in the city. The index has the following variables: Demand for care (25%), Caregiver density (25%), Poverty (25%), and Participatory budgets (25%).

Criteria such as availability of care equipment, existence of mobility megaprojects, prioritized projects in the Urban Master Plan, and land availability are also considered. The placements of the 45 Care Blocks proposed in the “2035 Bogotá Master Urban Plan” are being studied by a group of researchers from New York University to ensure their optimal location and placement.

Since approximately 75 percent of Bogotá is rural with hard-to-reach areas and a shortage of public services, we created CARE Buses—the mobile version of the CARE Blocks. They use the same characterization as the CARE Blocks and change their location up to every five months to offer access to as many people as possible.

For the 14 percent of full-time caregivers who can access neither a CARE Block nor a CARE Bus because they can seldom leave their homes (due to the conditions of the persons they care for), Bogotá developed the CARE Home Delivery to provide services directly in the homes of caregivers.

As of July 2022, the CARE System has provided up to 160,000 services. We have operated 10 CARE Blocks across the city, having provided 138,907 services in the CARE Blocks, 11,988 services in the CARE Buses, 2,000 homes impacted in three programs for CARE Home Delivery, over 6,159 caregivers trained, and 6,827 persons trained in workshops for cultural change (SDMujer data).

## The underlying factors of success of Bogotá’s CARE System

### 1. Shifting community attitudes in the long run

Gender norms that assign unpaid care work to women are deeply rooted in Colombia. The CARE System cannot keep providing direct services to caregivers and care-receivers without seeking to transform the cultural biases that make this

problem pervasive in the first place.

To achieve long-lasting societal change and more equal share of the burden of care across genders, the CARE System includes a “CARE School for Men.” This provides courses for men and other members of the household, so they not only learn skills to manage household chores but also learn to appreciate and see care work as a meaningful and worthy responsibility.

## **2. Cooperating with the private sector and international partners**

To last, such an ambitious undertaking must be rooted in a vibrant network of committed partners across society. We built the CARE Alliance, a growing network of private sector actors to generate exchange and collaboration around the pedagogy of care and redistribution. The Alliance also catalyzes action to reduce paid and unpaid care work, insert caregivers into the labor market, and ensure caregivers have a voice.

This network works jointly with NGOs, academia, and civil society organizers and leaders. Through the CARE Alliance, we have offered cultural transformation workshops at universities and private companies in Bogotá. We have also received in-kind support, such as Whirlpool donating washing machines and dryers for the first-ever public laundry facility in the city, placed in a CARE Block.

Finally, we have partnered with UN Women and the Government of Sweden, Open Society Foundations (OSF), International Finance Corporation (IFC) of the World Bank, UN Development Programme (UNDP), UN ECLAC, among others, to define the operating and financing model, which allows refining the services to be offered, displays their costs, and develops a territorial model that considers the care needs of different segments of the population based on the locations the beneficiaries inhabit.

## **3. Mainstreaming gender equity and the SDGs in urban planning**

Bogotá’s incumbent Mayor Claudia López Hernández—the first woman to be elected mayor of Bogotá—has passionately advocated to transform Bogotá into a “caring City.” Before the end of her administration in 2023, the city plans to run 20 CARE Blocks, the CARE buses, and the CARE Home Delivery, to reach at least one million women.

The mayor’s priority is also to ensure that the CARE system remains beyond political cycles. In 2020, the legislative body of Bogotá approved the CARE System unanimously across political parties, budgeting it as part of the City Development Plan 2020-2024.

Philanthropic resources and support strengthen the durability of the CARE System. This initiative received prizes from international stakeholders such as OSF (\$1.3 million) to implement the piloting of the first two CARE Buses, the 2021 Bloomberg Global Mayors Challenge award (\$1 million), and the Carter Center Transforming Lives Campaign (\$50,000).

Additionally, the durability of the CARE system is reinforced by the alignment of Bogotá’s long-term commitments to gender equity and the Sustainable Development Goals (SDGs). For the first time, Bogotá’s 2021 Urban Master Plan includes and budgets for 45 CARE Blocks by 2035, reflecting a vision for an equitable and safe city for women and people in all their diversity.

The CARE System directly aims to achieve the SDGs to attain “gender equality and empower all women and girls” and to “recognize and value 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 as nationally appropriate.”

Ultimately, the goal is to embed the CARE System so deeply in the city’s vision and systems of government that it becomes a permanent and essential part of Bogotá’s services regardless of the priorities of the future leaders of the city.