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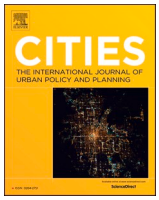

Care as urban policy domain: framing Bogota's District Care System

Catalina Ortiz [a,*], Isabel Duque Franco [b]

[a] University College London, United Kingdom of Great Britain and Northern Ireland
[b] Isabel Duque Franco, Universidad Nacional de Colombia, Colombia

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ABSTRACT

Since the COVID-19 pandemic, debates around care have gained unprecedented visibility in both scholarship and policy. This article argues that care is an emergent and contested urban policy domain—through which cities negotiate responsibilities, reshape spatial governance, and reconfigure institutional arrangements. Latin America has long been a site of feminist theorisation and urban policy innovation, yet the incorporation of care into urban governance remains under-theorised in spatial and institutional terms. We address this gap by analysing Bogotá's District Care System (SIDICU), a pioneering initiative launched during the pandemic that embeds care into the city's planning and service infrastructure. We locate Bogotá's experience within Colombia's decentralised planning model and its trajectory of urban policy experimentation, examining how SIDICU emerged from the convergence of feminist mobilisation, mayoral political will, and the policy opportunity created by the pandemic. Drawing on document analysis, interviews, and field observation conducted between 2022 and 2024, we propose an analytical framework linking relational contexts, institutional design, and spatial strategy to theorise care as a spatialised and politically generative urban policy domain. We argue that SIDICU enacts a territorial politics of care that transforms state presence, reframes infrastructure as reproductive, and inserts care into the urban planning apparatus. At the same time, it reveals tensions between the emancipatory aspirations of feminist actors and the rationalities of state-led policy delivery, as well as the fragility of care initiatives in changing political contexts. The article contributes to debates on feminist urbanism, policy mobility, and the transformation of urban governance in Latin America and beyond.

1. Introduction

> "Together we take care of each other, building, learning from each other, pushing the one who manages to break a barrier, because with that barrier overcome, the rest of us will enter through the same door—all the women of Bogotá, in all the neighbourhoods, the most popular ones…"
> Claudia López, first woman mayor of Bogotá, at the launch of the District Care System (2020).

Since the COVID-19 pandemic, debates around care have gained unprecedented visibility in both scholarship and policy. The pandemic exposed and exacerbated a multidimensional crisis of care (ECLAC, 2022), revealing the inequitable distribution of reproductive labour within and across households, classes, and territories. In response, a wave of policy experimentation has attempted to reframe how states, markets, and communities organise care—raising new questions about the spatial, institutional, and political dimensions of care governance. As cities grapple with post-pandemic recovery and deepening inequalities, care is no longer peripheral to urban politics. It has become a terrain of governance through which new claims, actors, and institutional arrangements are emerging—and through which the limits of state transformation are being tested.

While care has long been central to feminist scholarship and organising (Federici, 1975; Moser, 1989; Tronto, 1993), recent work has called for renewed attention to the city as a crucial site where care is produced, governed, and contested (Gabauer et al., 2021; Kussy et al., 2023; Neely & Lopez, 2022). In urban studies, there is growing recognition that infrastructures, planning systems, and the spatial organisation of services are not neutral, but shaped by and productive of social relations—including care (Darke, 1996; Milligan & Wiles, 1998; The Care Collective, 2020). Latin America in particular has been a powerhouse of care-related theorisation and policy innovation, from the development of national care systems to grassroots mobilisation around reproductive justice and the right to the city (Falú & Segovia, 2007; Batthyány & Coord.)., 2020; Falú, 2022, 2025; Alvarez Rivadulla et al.,

* Corresponding author.
E-mail addresses: catalina.ortiz@ucl.ac.uk (C. Ortiz), miduquef@unal.edu.co (I. Duque Franco).

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2024). Yet, the incorporation of care into urban policy and planning remains analytically under theorised, especially in relation to the local state as a site of both feminist possibility and constraint.

This article takes Bogotá's District Care System (Sistema Distrital de Cuidado, or SIDICU) as a paradigmatic case through which to examine how care is reconfigured as an urban policy domain. Launched in 2020 in response to the pandemic, SIDICU embeds care into the city's planning apparatus through a series of "Care Blocks," which concentrate services for unpaid carers and those who require care. Bogotá's experience reflects a convergence of longstanding feminist mobilisation, mayoral leadership, and a policy window created by the health emergency.

SIDICU has gained wide international recognition. It was named an example of public innovation by the OECD and the Mohammed Bin Rashid Center for Government Innovation (OECD, 2023), and was recognised as a replicable model in the region during the 6th Ibero-American Summit of Local Gender Agendas. The system also attracted global philanthropic interest, winning funding from the Bloomberg Foundation through the Global Mayors Challenge 2021 and receiving support from the Carter Center's 'Informing Women, Transforming Lives' campaign in 2022. In 2023, Bogotá received the Large-Scale Impact Award at the Creative Bureaucracy Festival in Berlin for the system's implementation.

Our aim is to understand how care becomes a governable terrain of public action and to theorise care as a contested and spatialised urban policy domain. Our central question is: How is care framed as an urban policy domain in Bogotá? Drawing on document analysis, interviews, and field observation conducted between 2022 and 2024, we develop an analytical framework around three dimensions: relational contexts, institutional design, and spatial strategy. We argue that Bogotá's model enacts a territorial politics of care that transforms state presence, reframes infrastructure as reproductive, and inserts care into the urban governance apparatus.

Yet the institutionalisation of care also raises critical tensions. How do feminist agendas rooted in social mobilisation navigate the rationalities of local government? What becomes of care's transformative potential when absorbed into bureaucratic structures? How does it reshape the grammar of urban governance, and what frictions emerge when feminist demands for structural change are channelled through state instruments? While SIDICU demonstrates the possibilities of feminist-informed policy, it also reveals the challenges of sustaining transformative agendas amid electoral change, institutional fragility, and competing bureaucratic logics.

The article is structured as follows: we first situate our contribution within existing literature on care and urban policy, outlining key debates. We then present our analytical framework and methodological approach. The empirical section analyses SIDICU through the three dimensions outlined above. We conclude by reflecting on the theoretical and practical implications of Bogotá's case, particularly the tensions between emancipatory feminist agendas and the rationalities of state-led policy delivery.

2. Situating the nexus between urban policy and care

To theorise care as an emergent and contested urban policy domain, we engage three interrelated strands of literature: (1) urban policy and policy mobility; (2) care and the city; and (3) the governance of care. While scholars have analysed care as a moral imperative, a feminist claim, or a policy challenge, fewer studies have examined how care becomes operationalised and spatialised in cities. This section situates our contribution within these debates and sets the foundation for the analytical framework developed in the following section.

2.1. Urban policy and policy mobility

Urban policy is a dynamic and relational field shaped by territorial, political, and institutional configurations that evolve. As Cochrane (2019) argues, urban policy is "an elusive category," best understood not as a discrete or static object but as an assemblage of sectoral interventions, spatial logics, and institutional practices that are negotiated across scales and political fields. This framing moves beyond municipal governance or urban design to emphasise the spatialised organisation of state action across overlapping and contested domains (Blanco & Subirats, 2012; Healey, 2007).

Crucially, urban policy is not made in isolation. The policy mobilities literature has reoriented analysis away from endogenous policymaking to highlight the distributed, networked processes through which ideas, models, and instruments circulate, adapt, and reassemble in new contexts (McCann & Ward, 2010; Peck & Theodore, 2015; Robinson, 2015). From this perspective, urban policies are not simply transferred from one setting to another; they are remade through situated processes of translation, contestation, and institutional negotiation. Policy actors draw upon globally mobile knowledge, but their work is embedded configurations of power, infrastructure, and local political culture (Cochrane & Ward, 2012; Stone, 2012).

The circulation of policy ideas is neither frictionless nor linear. Rather than reinforcing a global–local binary, these approaches conceive of urban policy production as multipolar, relational, and shaped by histories of institutional capacity, alliances, and learning (Peck & Theodore, 2015). Cities are not just recipients of policy innovations but active sites of experimentation, where new domains of governance are constituted and contested (Bulkeley & Castán Broto, 2014). Urban governance innovation unfolds less through global best-practice pathways than through relational, situated, and incremental processes of institutional change (McGuirk et al., 2024). These processes also involve the production of space: policies do not merely act upon pre-existing spatial conditions but participate in the making of urban space itself (Dikeç, 2007; Saraiva et al., 2021).

One important insight from this literature is that policy domains, such as housing, transport, or security, are not neutral administrative categories. Rather, they are socially and politically constructed arenas that define what counts as a policy problem, who is authorised to act, and what solutions are deemed legitimate (Burstein, 1991; May et al., 2006; Kelsall et al., 2022). Domains are continuously shaped by institutional routines, power asymmetries, and epistemological frameworks. While they are open to innovation and reinterpretation, they can also harden into rigid boundaries that resist integration or transformation.

2.2. Care and the city

Feminist scholars have long foregrounded care as a vital, though often invisible, dimension of social reproduction that sustains economies, communities, and life itself (Moser, 1989; Tronto, 1993). More than a set of tasks, care encompasses practices of interdependence and responsibility that reveal the ethical and affective underpinnings of social life. In recent years, care has also been mobilised as a political principle, capable of challenging dominant logics of extractivism, productivism, and patriarchal governance (Puig de la Bellacasa, 2017; The Care Collective, 2020). While these debates have helped reposition care within political theory and social policy, the spatial and urban dimensions of care have often remained peripheral to both feminist theory and urban studies.

Recent scholarship has addressed this omission by analysing how care is embedded in infrastructures, routines, and spatial arrangements that organise urban life (Milligan & Wiles, 1998; Power & Mee, 2019; Gabauer et al., 2021). These works trace how care is distributed across spatial and temporal scales—from the home to the neighbourhood to the city—and emphasise how its provision is shaped by race, class, gender, and geography. Urban space is never neutral but reflects and reinforces unequal social relations, including those linked to gendered divisions of labour (Kern, 2020; Beebeejaun, 2017). Feminist urbanism, as a field of inquiry and practice, interrogates how cities have been historically planned around masculinised norms of autonomy, efficiency, and linear

commuting, while proposing alternative imaginaries grounded in care, equity, and the everyday (Falú, 2009; Muxí, 2018).

Foundational to this approach is the critique that urban planning frameworks have long prioritised economic and formal work-related functions, marginalising the reproductive and community-based tasks that sustain daily life. Moser (1989) and others demonstrated how these models overlook the spatial and temporal needs of caregivers and other urban users whose movements and responsibilities do not align with dominant planning assumptions (Darke, 1996; Sandercock & Forsyth, 1992; Muxí et al., 2011; Kern, 2020). Feminist geographers and planners have shown how caregiving trajectories require proximity, accessible mobility, and supportive infrastructure, yet these considerations are often excluded from the design of housing, transport, and public services (Jirón & Gómez, 2018; Jirón et al., 2022; Sánchez de Madarriaga & Zucchini, 2020). From a planning perspective rooted in experience, Muxí et al. (2011) and Muxí (2018) have argued that a gender perspective implies attention to proximate scales and everyday life without losing sight of city-wide planning instruments.

To analyse these tensions, several notions have emerged: "landscapes of care" (Milligan & Wiles, 1998), "carescapes" and "caringscapes" (Bowlby, 2012), which map the emotional and material geographies of caregiving. Cities have also been theorised as "platforms of care" (Power & Williams, 2020), underscoring how housing and mobility constitute infrastructures that enable or constrain care (Jirón et al., 2022; Jirón & Gómez, 2018; Power & Mee, 2019). More recently, the concept of a "planning of care" (Jon, 2020) has expanded this view to incorporate ecological entanglements and relational ethics between human and non-human systems.

Latin America has played a key role in advancing care frameworks, with feminist urbanists exposing the gap between market-driven development and the realities of unpaid and precarious care work. This scholarship highlights locally situated approaches where intersectionality, proximity, and collective knowledge shape planning agendas (Batthyány & Coord.)., 2020; Falú, 2009; Rico & y Segovia, 2017; Dalmazzo, 2017; Zárate, 2021). Informal and collective infrastructures such as community kitchens, shared transport, and childcare have sustained social reproduction amid institutional neglect, often led by women through grassroots organising (Falú, 2022; Ortiz, 2020; Ortiz & Millan, 2022). While gender mainstreaming became a policy tool, it frequently fell short, operating as a depoliticised mechanism (Moser, 2006, 2021). Feminist urbanism instead advances participatory and affective methods, co-design with marginalised groups, and recognition of feminised infrastructures that support everyday life (Sandercock & Forsyth, 1992; Falú, 2009; Muxí et al., 2011; Kern, 2020), aligning with placemaking through care frameworks that reclaim urban space for solidarity, accessibility, and ecological repair (Zárate, 2021).

2.3. Governing care in the city

The growing institutionalisation of care as a policy concern raises critical questions about the role of the state in supporting, regulating, and potentially transforming care relations. Neoliberal articulations of statehood have marketised and individualised society's welfare functions, thereby displacing care responsibilities onto families and communities (Daly & Lewis, 2000; Razavi, 2007). From a political perspective, care has been framed as an entangled regime of rights and responsibilities shared across households, states, markets, and communities (Esquivel, 2015; Batthyány & Coord.)., 2020). This uneven configuration reflects a broader imbalance in access to well-being, shaped by the absence of a fully developed welfare infrastructure in many Southern contexts.

Tronto (1993, 2011, 2013) has long advocated for an expanded ethics of care that breaks the historical association between femininity and unpaid labour, instead reframing care as a universal political obligation. From this perspective, care involves not only the provision of support and assistance but also the struggle for recognition and the redistribution of rights and responsibilities. As Massey (2004) and McEwan and Goodman (2010) remind us, care is also about negotiating the terms of inclusion and exclusion within public life.

The Care Collective (2020: 59–65) argue that the state's foremost responsibility is to construct and maintain sustainable infrastructures of care, transforming not only modes of delivery but the logics underpinning them. Batthyány and Coord.). (2020) further contends that the state's role is qualitatively distinct from other actors because it is uniquely positioned to define, distribute, and coordinate care responsibilities. Yet, as she notes, most states still resist this mandate. Particularly in Latin America, the provision of care is fragmented and partial, shaped by incomplete welfare systems and overlapping crises of social reproduction.

Recent policy innovations—often inspired by feminist and multilateral agendas—have sought to rebalance this configuration. The 3Rs framework *-recognise, reduce, and redistribute-* proposed by Elson (2017) remains an influential guide. It calls for the recognition of care as socially valuable work, the reduction of unpaid burdens through public investment, and the redistribution of responsibilities across genders and institutional domains. More recently, the International Labour Organisation has introduced the "5R framework for decent care work", adding to the 3R the notion of *reward* and *represent* paid care work by promoting decent work for care workers and guaranteeing their representation, social dialogue, and collective bargaining (UN Women, 2022). However, while this framework has gained traction in policy circles, its spatial and urban implications remain underexplored.

In Latin America, feminist mobilisations have politicised care and shaped its institutionalisation, with recent activism expanding networks of solidarity and protest around femicide, abortion, racial injustice, and economic precarity (Ortiz, 2022). These intersectional coalitions act as 'policy communities' (Macaulay, 2021), linking grassroots, civil society, and formal politics, while navigating the long-standing debate between 'institucionales', who engage the state, and 'autónomas', who resist co-optation (Vivaldi & Sepulveda, 2021). In practice, movements combine oppositional and collaborative strategies to influence discourse, norms, and governance, building on over 35 years of feminist urbanism that reframed the 'right to the city' through a gendered lens (Falú, 2022). The rise of new municipalism has opened space to embed these visions in urban policy, with experiments in 'feminising politics' shifting political cultures toward care, interdependence, and everyday life (Zarate, 2020; Thompson, 2020). Roth and Baird (2017) identify three dimensions of this shift—parity, policies challenging patriarchal norms, and cultures grounded in relationality—while care remains an unstable and contested policy domain shaped by political struggles, institutional limits, and spatial strategies.

We position care as an emergent and unstable policy domain whose boundaries, operational forms, and institutional logics are actively negotiated through urban processes. Unlike more established domains, care remains cross-cutting and fragmented, spanning sectors such as health, education, social policy, and housing, without always being recognised as a coherent urban policy field. This ambiguity opens space for innovation but also exposes care to risks of depoliticisation or technocratic reduction. Recognising care as a spatialised and political field of intervention requires tracing how it is assembled across policies, actors, and infrastructures, and how it is anchored in specific territorial logics and institutional agendas.

3. Tracing care as urban policy domain: analytical framework and methodology

Our central question is: How is care framed as an urban policy domain in Bogotá? To analyse how care is constructed, institutionalised, and spatialised through Bogotá's District Care System (SIDICU), we developed an analytical framework structured around three interrelated dimensions: **Relational Contexts**, **Institutional Design**, and **Spatial**

Strategies. These dimensions enabled us to capture the multiple registers in which care operates as a political demand, an institutional agenda, and a spatial practice and to interrogate the tensions and contradictions involved in implementing a feminist care system through municipal governance.

The framework was applied through a methodologically plural approach (DeLyser & Sui, 2014), combining qualitative tools to illuminate both formal structures and situated practices. Between 2022 and 2024, we conducted thirteen semi-structured interviews with current and former officials from the Secretaría de la Mujer and affiliated agencies, focusing on SIDICU's design, implementation, and coordination. We complemented this with document and media analysis of development plans, territorial ordering documents, internal reports, regulations, institutional websites, audiovisual materials, and archived meeting records. Field observation included site visits to Care Blocks and participation in public events where care featured as a central theme. We also reviewed materials from feminist organisations such as Fundación AVP, the Bogotá Feminist Economics Roundtable, and the Bogotá Women's Advisory Board, which helped trace how feminist narratives shaped the policy's discursive and institutional trajectory.

These three analytical dimensions structured both our data collection and interpretation. They informed our interview protocols, guided the selection of documents, framed our fieldnote strategies, and shaped our thematic coding process (Baxter, 2020). Below, we summarise each dimension and the empirical insights it enabled.

Relational Contexts: This dimension examines the actor configurations and alliances that brought care into the policy arena. It focuses on how feminist groups, municipal officials, and civil society organisations framed care as a political issue, negotiated priorities, and navigated tensions between collaboration and autonomy. Through interviews and analysis of organisational materials and public events, we traced how feminist demands entered institutional discourse, how ideas circulated across spaces of mobilisation and policy, and how competing visions of care were debated or aligned. This allowed us to situate Bogotá's system within broader circuits of feminist organising and policy experimentation, without treating it as a self-contained initiative.

Institutional Design: This dimension addresses how care was formalised within Bogotá's governance architecture. It focuses on the organisational structures, mandates, and instruments used to implement SIDICU, and the ways these reflect both feminist aspirations and bureaucratic constraints. We analysed planning instruments (e.g. the Development Plan and Territorial Ordering Plan), regulatory texts, and internal reports, complemented by interview data highlighting tensions in inter-agency coordination, metric development, and political continuity. This helped illuminate how care was translated into institutional language — and where that translation generated frictions, trade-offs, or new governance forms.

Spatial Strategies: This dimension explores how care was territorialised through planning and service delivery. It examines the distribution and design of infrastructures such as Care Blocks, spatial logics of proximity and integration, and how these were experienced in practice. Site visits and planning document analysis enabled us to assess how the spatial configuration of SIDICU reflects, and sometimes reproduces, urban inequalities. We also observed how spatial decisions mediate between technocratic design and lived needs, especially in areas marked by informality or limited state presence. This dimension foregrounds care as a territorial project shaped by spatial politics as much as by service provision.

By combining these dimensions with a layered methodological approach, we generated a grounded and multi-scalar account of Bogotá's care system. Rather than treating SIDICU as a static model, the framework enabled us to trace it as an evolving institutional experiment shaped by relationships, structured through governance mechanisms, and made visible in urban space.

4. Contextualising Bogotá's urban policy culture

Bogotá, Colombia's capital and largest city, is home to over 8 million people and generates nearly a quarter of the country's GDP, making it the economic and political powerhouse of the nation (DANE, 2024). While the city has demonstrated economic resilience, surpassing pre-pandemic indicators, these gains mask persistent and deeply rooted inequalities. As of 2024, 3.6 % of residents live in extreme poverty, and unemployment remains at approximately 10 %, with the city registering the highest Gini coefficient (0.55) in the country (DANE, 2024). Socio-spatial segregation remains a defining feature of Bogotá's urban landscape. A dual pattern has long structured the city, with upper-income populations concentrated in the north and marginalised communities largely residing in the south. This spatial divide continues to reproduce disparities in access to collective goods, mobility, and public services (Mayorga & Ortiz, 2020). Informality is not simply a residual feature of urban growth but an organising logic of urbanisation: an estimated 25 % of the city's built environment has emerged through informal processes, while intensifying densification in already consolidated areas further strains infrastructure, public space, and quality of life (Camargo Sierra et al., 2024).

Bogotá's governance architecture is shaped by Colombia's 1991 Political Constitution, which ushered in a model of political-administrative decentralisation that significantly empowered urban centres. As a Capital District, Bogotá holds a unique legal status with extensive executive authority granted to the mayor. The mayor is elected via direct vote for a single four-year term and wields substantial autonomy from the District Council, which serves as the local legislative body and is elected concurrently. The city is further divided into 20 localidades (localities), each with its own appointed local mayor and elected local council, reflecting a decentralised structure designed to bring governance closer to residents. In practice, however, coordination between district-wide and local-level governance remains uneven and often politicised, shaping the implementation and reach of urban policy.

The 1990s and early 2000s marked a pivotal period in Bogotá's urban trajectory. Emerging from an era plagued by corruption, insecurity, and fiscal crisis, the city underwent significant institutional reform. These changes were propelled by the end of power-sharing between the mayor and council, the rise of technocratic and reform-minded leadership, the influx of fiscal resources, and a shift in political culture that emphasised transparency and results-oriented governance. During this time, Bogotá garnered global attention as a paradigmatic case of urban transformation in the Global South (Gilbert, 2006). Initiatives such as *cultura ciudadana* (citizenship culture) (Duque Franco, 2011), the TransMilenio Bus Rapid Transit system (Montero, 2016; Wood, 2014), and ciclovía (Montero, 2017) were framed as models of democratic urbanism and exported globally through networks of policy mobility. These interventions were underpinned by a strong narrative of reclaiming public space, promoting civic responsibility, and reshaping urban life through behavioural change and infrastructural innovation.

However, the city's momentum slowed in the following decade. The reform legacy weakened amid governance failures, corruption scandals, and administrative inertia. As Gilbert (2015, p. 665) observed, “Bogotá lost its shine.” Subsequent mayors struggled to sustain the vision and coherence of earlier reforms, and public confidence in municipal institutions declined. This period revealed the fragility of policy gains in the absence of long-term institutional safeguards and participatory accountability mechanisms. Yet the city continued to serve as a contested terrain where competing visions of urban development, mobility, security, and inclusion played out.

The election of Claudia López in 2019 marked a potential inflection point in Bogotá's political landscape. As the first woman and openly lesbian mayor in the city's history, López's candidacy carried strong symbolic and political weight. A public intellectual and prominent anti-corruption advocate, she entered office amid high expectations, promising to deepen democratic governance and social equity (Alvarado,

2019; Torrado, 2019). Her administration's flagship initiative—the District Care System (Sistema Distrital de Cuidado, SIDICU)—brought the ethics and infrastructure of care to the heart of the city's policy agenda. With SIDICU, gender equity was no longer confined to a sectoral policy but became a transversal axis for rethinking social reproduction, urban space, and municipal responsibility.

Under López's leadership, Bogotá regained international visibility as a site of policy innovation, particularly within feminist and care-centred urban governance (OECD, 2023; UN Women, 2024). While still in development and fraught with implementation challenges, SIDICU has positioned Bogotá as a testbed for advancing integrated, territorialised approaches to care—at a moment when cities worldwide are grappling with post-pandemic recovery, climate vulnerability, and rising inequality. The following sections analyse how this initiative emerged, how it has been operationalised, and the tensions that shape its evolving institutional life.

5. Framing Bogota's district care system: relational contexts, institutional design, and spatial strategies

The case of Bogotá's District Care System (SIDICU) offers a unique lens to understand how care is being redefined as an urban policy domain. As one of the most ambitious municipal experiments in feminist governance, SIDICU reveals how the political language of care is translated into planning instruments, territorial strategies, and administrative practices. It highlights the tensions between transformative agendas and bureaucratic routines, while showing how care is spatialised through service delivery and infrastructure. In a context shaped by informality and inequality, SIDICU illuminates how institutional logics and grassroots demands converge, and sometimes clash, in shaping care as a collective urban responsibility. We analyse the case using the framework outlined in section III.

5.1. Relational contexts: feminist mobilisation, political will, and policy windows

The institutionalisation of care in Bogotá did not emerge solely from technocratic innovation or top-down state reform. Rather, it was assembled through long-standing feminist mobilisation, transnational policy circulations, and a convergence of conditions of possibility at both the local and global levels. The SIDICU, launched in 2020 under the leadership of Mayor Claudia López, represents the product of a relational process one that wove together decades of advocacy, municipal activism, and international commitments to gender equality and social justice.

At the global level, feminist calls to recognise care as a universal right (Batthyány & Coord.)., 2020) have gained momentum through multilateral instruments such as CEDAW (1982) and the Beijing Platform for Action (1995). More recently, frameworks such as the 2030 Agenda for Sustainable Development and the New Urban Agenda (UN-Habitat, 2016) have strengthened calls for gender-responsive urban planning. SDG 5 specifically recognises the need to value unpaid care and domestic work, while SDG 11 promotes inclusive and sustainable cities. Similarly, Latin America's Regional Gender Agenda, developed through the Regional Conference on Women in Latin America and the Caribbean, has positioned the care economy as a public policy priority (Rico & y Segovia, 2017; ECLAC, 2022). The CEPAL (2016) named the inequitable social organisation of care as a structural barrier to equality and called for comprehensive care systems that redistribute responsibility across the state, communities, households, and markets.

Global and regional discourses shaped Colombia's national commitments and legitimised local experimentation. In Bogotá, feminist actors used the 2030 Agenda, ECLAC declarations, and regional feminist frameworks strategically in policy and advocacy. Yet SIDICU's emergence cannot be explained by global influence alone, as it built on decades of feminist activism embedding gender equity into the city's institutions (Fuentes, 2009). The Women's Consultative Council (WCC), created in 2004, became a key platform for dialogue with the city government, where policy proposals, consultations, and advocacy by the WCC and allied movements advanced recognition of care work and the transformation of gendered urban structures (Dalmazzo, 2017; Dalmazzo & Rainero, 2022).

This mobilisation intersected with a unique political moment. Claudia López's, 2019 election as the first woman and openly lesbian mayor of Bogotá signalled a symbolic and programmatic break from past administrations. Although López did not come from grassroots feminism, her campaign embraced gender equality and recognised care as a fundamental right (López, 2019). Interviewees described how this created an opening, a policy window, that feminist actors quickly seized.

> "Feminist organisations had been insisting for years on the need to make care work visible. What changed was that someone in City Hall finally wanted to listen." (Feminist policy advisor, October 2023).

The COVID-19 pandemic further deepened this opening. As public life ground to a halt, the unpaid labour of caregiving women — especially in Bogotá's peripheral neighbourhoods became unavoidably visible. Feminist organisers used this moment to highlight how care sustains urban life, often without recognition or support.

> "The pandemic showed who keeps the city alive. And it's not those in offices. it's those who feed, clean, heal, support." (Feminist leader, 2021).

The context of uncertainty unleashed by the pandemic also affected the timing and decision-making process for the formulation and implementation of the policy. As the former leader of the Care Blocks territorial strategy indicated, "women were the most affected by the pandemic, we could not spend four years formulating a public policy to leave to caregivers, we had to do, implement, implement and then give institutional stability" (former territorial leader of the Care Blocks strategy, May 2023). In fact, the first two Care Blocks were inaugurated in 2020, at the height of the pandemic and as part of early recovery phases that were defined as a 'new normal'.

Crucially, many of the actors shaping SIDICU operated at the intersection of civil society and state institutions. Feminist activists held technical or advisory roles within the Women's Secretariat, allowing them to embed movement demands into bureaucratic processes. This institutional embeddedness enabled agile translation of feminist language into actionable policy but also created tensions.

> "Claudia didn't come from grassroots feminism. Her vision was more institutional, more technocratic. But the movement pushed her to adopt the language of gender justice." (Activist, March 2024).

> "The institution has co-opted our struggles. There's a risk that care becomes an empty word if there is no real transformation." (Feminist organiser, November 2023).

Such tensions reflect broader dynamics of co-optation, compromise, and relational fatigue. As SIDICU moved from agenda-setting to implementation, some feminist actors became disillusioned with the institutional constraints that limited transformative ambition.

This relational terrain became more fragile after 2023. Following the election of a new mayor less committed to gender equity, several feminist advisors were reassigned, and funding delays disrupted SIDICU initiatives.

> "We're back to proving why care matters. Every meeting is a negotiation to defend what we had already achieved." (SIDICU coordinator, April 2024).

These developments resonate with regional trends of democratic backsliding and gender backlash. As Alvarez Rivadulla et al. (2024) notes, Latin America has witnessed a "rightward drift and erosion of feminist statecraft," threatening institutional gains and narrowing the

space for gender-responsive policymaking.

In sum, SIDICU was not simply "implemented." It was relationally constructed, shaped by decades of feminist mobilisation, transnational agendas, political openings, and bureaucratic negotiation. Its development reveals the delicate balance between aspiration and compromise, between structural transformation and institutional survival. As Bogotá's care agenda moves forward, its sustainability will depend not only on legal and technical frameworks but on the continued vitality of feminist alliances, both inside and outside the state.

5.2. Institutional design: building the architecture of care policy

The institutional design of the care policy has taken place through two complementary strategies: the design of an institutional architecture for the functioning of the care system and the creation of a regulatory framework that guarantees the continuity and sustainability of the policy regardless of changes in government. Regarding the first strategy, institutionalisation did not imply the creation of new entities, but rather a change in the working dynamics of those that already existed. According to the former Secretary of Women's Affairs 'the innovation was more on the administrative and organisational side - to reorganise and give purpose to services the City provides (…) We did not specifically invent anything new' (quoted OECD, 2023). These innovations consisted of overcoming the eminently sectoral and fragmented character of urban policies (Kelsall et al., 2022), generating spaces for inter-institutional coordination, and assuming care as a transversal field of government. In this sense, a former official of the Women's Secretariat pointed out:

> "What Claudia (López) did was not to leave this issue only to the Women's Secretariat, because with the budget and the capacity of the Secretariat to set up a care system was not enough…So she mainstreamed the care approach to all the services and programmes that the district already had…She sat all her secretaries down and told them that this (care) is not a problem only of the Women's Secretariat, the care system is a problem of all the secretariats" (interview, former official Secretariat of Woman, May 2023).

To coordinate across sectors and ensure system governance, an institutional architecture was designed with political, technical, operational, and participatory levels (Fig. 1). Although it aims for articulation

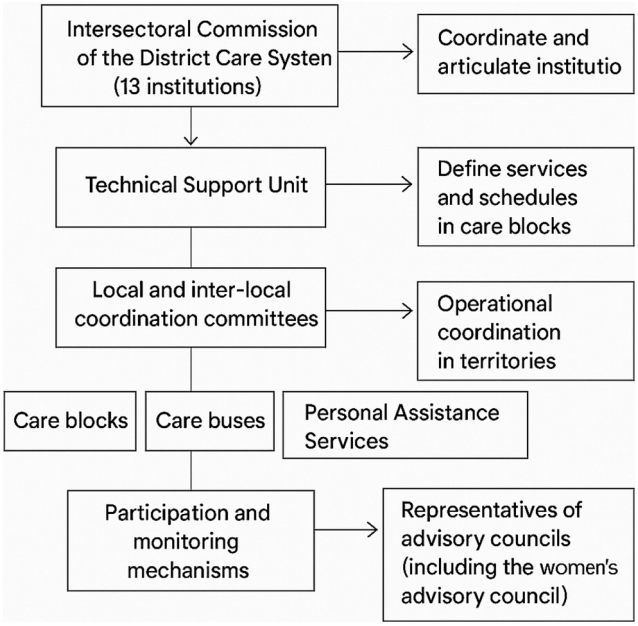

Fig. 1. Institutional structure of SIDICU.

across and between these levels, in practice its functioning shows inconsistencies. The principle of co-responsibility remains a challenge, as involvement from other government levels, the private sector, academia, and social organisations in the Commission Intersectorial is limited. Private sector engagement is mostly occasional, such as providing washing machines for care units or job offers for caregivers (Ramírez-Bustamante & Camelo-Urrego, 2023). Community organisations, historically central in poorer neighbourhoods, are not clearly integrated: some initiatives have been marginalised, others co-opted for activities like promoting care services and cultural change campaigns. These organisations demand recognition, strengthening, and preservation of their autonomy from the city government and its care policy (Secretaría Distrital de la Mujer, 2022).

> Institutionally, SIDICU represents both innovation and constraint. While it introduces tools for intersectoral planning and territorial equity, interviews revealed persistent frictions around budgeting, coordination, and mandate alignment. The Women's Secretariat, though normatively strong, lacks enforcement power. Many implementing departments remain siloed, with limited training or buy-in regarding care policy.
>
> "They ask us to coordinate, but without a budget there's no way to deliver."
>
> *(City official, January 2024)*

The translation of feminist concepts into bureaucratic systems has also led to frustration and loss of political force. Concepts such as *care as a right* or *the social organisation of care* are often reduced to performance metrics or operational indicators. As one former Women's Secretariat official noted:

> "The discourse of care became overly technocratic. It lost some of its political strength when it entered the logic of performance metrics." *(December 2023)*.

Others pointed to capacity gaps and uneven engagement across departments. In practice, the coordination burden often falls disproportionately on the Women's Secretariat, despite its limited operational resources. Still, some officials described SIDICU as a milestone in institutional accountability:

> "It's the first time care has been treated as a city-wide responsibility. That's no small thing." *(Planner, Department of Social Integration, February 2024)*.

Creative adaptations have begun to emerge in response to these constraints. Some departments piloted "care liaisons" (*enlaces de cuidado*) to bridge silos and improve communication. Others introduced gender-sensitive budgeting templates to ensure better alignment between mandates and resources. These workarounds suggest that feminist agendas can rework bureaucratic tools, but doing so requires sustained leadership, political commitment, and trust across sectors.

The second major strategy for institutionalising the policy was the regulation of the care system through the inclusion of care in the POT (Spanish acronym for the Strategic Spatial Plan) and the enactment of the Agreement by the Municipal Council that 'institutionalises' the Care System. These norms and subsequent regulations are intended to guarantee the sustainability, consolidation and financing of the policy in the medium and long term. According to one of the former officials of the Women's Secretariat interviewed:

> "The mayor was clear that it was necessary to give it (SIDICU) institutional stability over time, that it could not just be the programme of one government and that was achieved with the approval of the Bogotá Council and with the POT, which is the biggest long-term commitment, because it is to make care the axis of urban development" (interview, former official Secretariat of Woman, May 2023).

Nonetheless, institutional fragility remains a risk. As Alvarez Rivadulla et al. (2024) warns, feminist policy gains are always vulnerable to rollback particularly when technocratic governance becomes detached from gender justice commitments. In Bogotá, the inclusion of SIDICU in the CMP (2022–2035) and its unanimous approval by the City Council offer a layer of institutional protection. But the system's long-term viability depends not only on formal mandates, but also on continued mobilisation, political will, and embedded feminist expertise.

5.3. Spatial strategies: territorialising care through urban planning

A core innovation of Bogotá's District Care System lies in its spatial strategy, an effort to embed care provision into the everyday geographies of women's lives. Rather than delivering services in centralised or ad hoc formats, the system seeks to reorganise urban space around the principle of social reproduction. This territorial approach is operationalised through a network that includes mobile units, in-home services, and most visibly, Care Blocks (*Manzanas del Cuidado*). Care Blocks are delimited areas with a diameter of approximately 800 m, where both existing and new services for caregivers and those requiring care are concentrated and coordinated. Inspired by the 15-min city concept (Moreno et al., 2021), the model aims to reduce travel times by bringing care infrastructure closer to caregivers' homes. It responds to the recognition that women, particularly full-time caregivers, tend to move through the city on foot or by public transport, in short, time-constrained trips (Jirón, 2017; Sánchez de Madarriaga & Zucchini, 2020; Jirón et al., 2022).

Each Care Block brings together a range of facilities, including childcare centres, schools, health centres, libraries, parks, recreation centres, equal opportunity houses, and centres for the care of older adults and people with disabilities. The spatial grouping of these services allows caregivers not only to access support for those they care for but also to pursue their own personal and professional development. As Mayor Claudia López explained:

> "A Care Block is a place where we take care of those they care for and take care of them as well, providing respite activities for them to rest, watch a movie, read a book, study, and complete their high school education. They can also learn digital skills, receive training in technical, technological, or professional careers that enable them to generate income, find a job, or start their own business." (Alcaldía Mayor de Bogotá, 2021).

The spatial logic of Care Blocks is underpinned by three core principles: proximity, to reduce travel times and ease time poverty for caregivers; flexibility, with extended hours that accommodate caregivers' complex schedules and simultaneity, ensuring that while caregivers access services, the individuals they care for are also supported (Secretaría Distrital de la Mujer, 2021).

As of 2024, 23 Care Blocks are operational, out of the 45 planned by 2035, according to the City Master Plan (CMP) (Fig. 2). Crucially, most of the active Care Blocks have been implemented through the adaptive reuse of existing urban infrastructure rather than new construction. This decision reflects a strategic shift in implementation that privileges immediacy and pragmatism over ideal design. As a former coordinator of the system, explained:

> "This was a short-term strategy because we couldn't just wait for a building to be constructed before doing something... we had to take advantage of and integrate everything that already existed." *(pers. comm., May 24, 2023)*.

This quote encapsulates both the urgency and the constraint that defined SIDICU's early phases. The use of pre-existing infrastructure allowed for rapid rollout, but also produced spatial unevenness, particularly in peripheral and informal areas where service access was already limited.

The selection of where Care Blocks were located was guided by a spatial index that prioritised localities with high care needs. The index weighted four factors: the population of children under five and adults over eighty, the number of women caregivers, the level of female poverty, and allocations for care in local participatory budgets (Secretaría Distrital de la Mujer, 2021). This approach concentrated new Care Blocks in historically underserved areas, where they are expected to reduce not only gendered time poverty, but also broader territorial imbalances in access to services (practitioner, pers. comm., May 8, 2023).

However, the implementation process has exposed tensions between planning ideals and infrastructural realities. In areas such as Ciudad

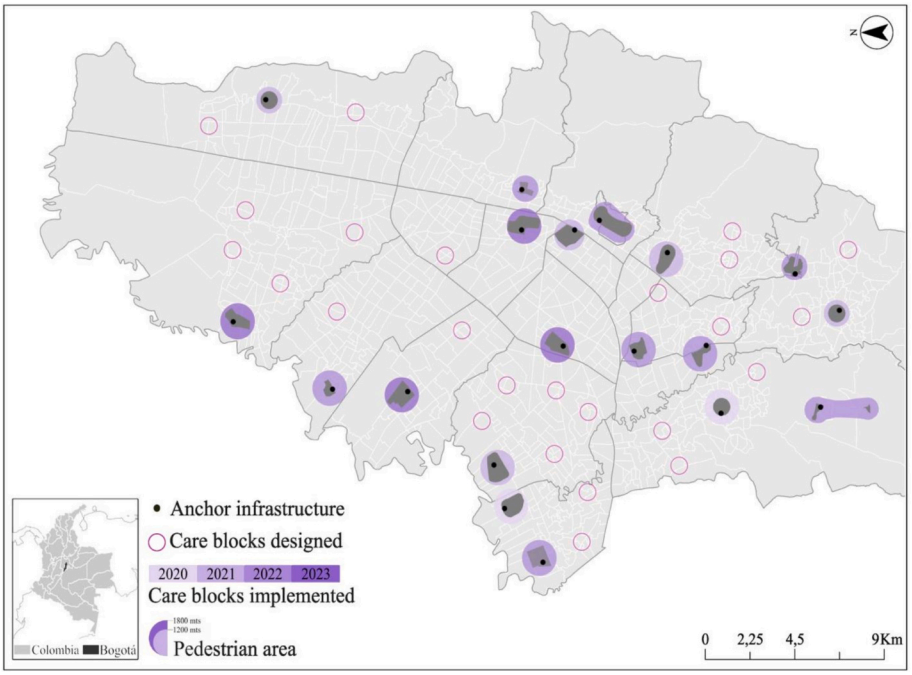

Fig. 2. Spatial distribution of the Care Blocks. Source: The authors.

Bolívar and San Cristóbal, marked by steep topography, informality, and poor transport, caregivers continue to face significant obstacles to access. As one caregiver explained:

> "The closest Care Block is an hour away by bus. I work from home and can't just leave my mother alone that easily."*(Caregiver, Ciudad Bolívar, August 2023)*.

Insecurity compounds these access challenges:

> "It's not just the distance. It's fear. Many women won't go out at night because there's no lighting or there's drug dealing." *(Community organiser, San Cristóbal, July 2023)*.

Some Care Blocks also operate at full capacity, and facilities are often overstretched or constrained by limited investment in complementary infrastructure such as transit, lighting, or disability access. These gaps reveal the limits of a strategy rooted in short-term pragmatism and the urgent need to invest in purpose-built care infrastructure in future phases of expansion.

Despite these challenges, the symbolic and political importance of spatialising care remains strong. Care Blocks are highly visible markers of the state's presence in neighbourhoods often marginalised from public investment. As one planner put it:

> "We wanted women to feel that the state was present in their neighbourhoods not just with police or taxes, but with something that recognises their work." *(Municipal planner, 2023)*.

The system also actively revalues previously underutilised urban services. New components such as communal laundries, flexible education, or digital literacy training have created opportunities for rest, learning, and autonomy. As a local manager noted, "while we wash their clothes, they can study or engage in sports" (May 2023). These micro-transformations anchor SIDICU in the everyday lives of women and reconfigure how urban space is experienced and used.

Although the inclusion of care in Bogotá's spatial planning is an advance it reinforces a restricted view of care. Both in the City Blocks and in the Care networks, the prominence given to facilities as the epitome of care infrastructure denotes a fixed and static approach to care (Jirón et al., 2022). Facilities are conceived as containers of activities and services, ignoring the socio-material nature of care and the diverse ways in which care is interwoven into everyday life involving both physical and social infrastructures (Traill et al., 2024). This way of conceiving and planning the spatialities of care is also inconsistent with the fact that care operates at and across various contexts, spaces and scales (Jirón et al., 2022). The spatialities of care defined by the policy are primarily institutional; housing as pivotal infrastructure of care, which cares and is also the object of care (Ortiz, 2020) or community, alternative or non-institutional care infrastructures (Alam & Houston, 2020) are not part of the policy. These absences contradict the principle of co-responsibility that the policy advocates, which should involve the state, but also the private sector, communities and households.

In this sense, Care Blocks are more than a service delivery innovation. They represent a territorial and political reimagining of urban planning, grounded in feminist principles of recognition, redistribution, and everyday justice. Yet their transformative potential will depend on sustained political will, adequate financing, and a shift from reactive adaptation to proactive investment, particularly in the city's most precarious territories.

6. Conclusion

In this article we have argued that care is an urban policy domain. Considering the 'integrative properties' of policy domains (May et al., 2006) we have shown that care as an emergent urban policy domain assembles a series of mutually constituted components. First, a wide range of actors with various interests (political, academic, social and institutional) move at different scales and claim rights and authority over care, through several means. This includes activism and advocacy; the production of knowledge and technical expertise around care; the consequent formation of an epistemic community of care experts; or building strategic coalitions around common objectives.

Second, in line with the above, care as a policy domain has been socially constructed and is therefore highly political. This is evident in the way in which the trans-scalar feminist mobilisation— such as the women's advisory board —has shaped the regional, national, and local agendas regarding gender equality and, with it, centred care in the public policy realm. But also in the narrative constructed around the care system that presents it as the product of a political agreement between the former mayor and the women of Bogotá. A narrative that, moreover, has been crucial in the legitimisation of the policy, its institutionalisation and circulation.

Third, care is not just another sector or policy issue but involves and crosses different existing sectors. As the transverse nature of care policy and its complex institutional landscape shows, there is a reframing of sectors more broadly and systematically. The sectors interact and juxtapose each other to produce care as a problem and to establish possible solutions and ways of addressing them. Lastly, the urban condition, rather than a scale or scope of application of a social policy, alludes to the spatial character of the policy, to its capacity to transform the urban form and, more broadly, to care as a structuring element of urban space as established in the strategic spatial plan (POT).

Our contribution shows how care is being constituted as an urban policy domain through the institutionalisation of SIDICU in Bogotá, where feminist actors shaped its language, structures, and priorities while facing risks of depoliticisation, co-optation, and bureaucratic inertia. Care emerges as a field of political struggle where values, responsibilities, and institutional logics are constantly negotiated and contested, even as it opens emancipatory possibilities by rethinking planning and infrastructure through social reproduction and embedding gender justice into territorial strategies. Yet questions remain about sustaining feminist ethics of interdependence, autonomy, and collective responsibility within state apparatuses, about the frictions that arise when demands for structural transformation are channelled through formats favouring incrementalism and technocratic legitimacy, and about how care can be reimagined as a terrain for radical democracy rather than reduced to service provision.

These questions are especially urgent in the wider regional climate, where the resurgence of right-wing politics and patriarchal statecraft threatens feminist gains, leaving care systems vulnerable to ideological backlash, budgetary erosion, and administrative dismantling. Institutionalisation is therefore not an endpoint but a fragile and reversible achievement requiring continual mobilisation, vigilance, and negotiation. We theorise care not as a fixed sectoral policy but as a dynamic, spatialised mode of governance that brings new actors, infrastructures, and values into the urban arena. SIDICU offers both a benchmark and a provocation: it shows what feminist mobilisation can achieve in shaping urban governance, while reminding us that embedding care in the city demands constant struggles to defend policy gains and radicalise democracy from the ground up.

CRediT authorship contribution statement

Catalina Ortiz: Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Isabel Duque Franco:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors do not have any conflicts of interest to disclose.

Data availability

The data that has been used is confidential.

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