



POLICY BRIEF

IMPLEMENTATION OF A PILOT PROGRAM TO STRENGTHEN ORGANIZATION(S) LEADING COMMUNITY CARE INITIATIVES IN PERI-URBAN AREAS OF CARTAGENA, BOLÍVAR

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“Initiatives to strengthen care policies in Latin America and the Caribbean”

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Introduction

In Colombia, the Social Organization of Care (SOC) is characterized by a familial and community-based approach, in which caregiving responsibilities primarily fall on households and communities, particularly on women. This is the result of the sexual division of labor, gender stereotypes, and a social protection structure that reinforces these dynamics. Additionally, access to public care services is limited, especially in rural and community settings, further exacerbating social and gender inequalities.

In response, Care Systems have been promoted to consolidate a more equitable and co-responsible social organization of care among the State, communities, families, the private sector, and households. However, the role of community organizations and women in providing community care remains largely unrecognized, despite their historical and material contributions to sustaining life.

In this context, and with the aim of contributing to the strengthening of the National Care System, a participatory action-research project was developed to support organizations—mostly led by women—that promote community care initiatives. The goal was to identify strategies that, from within the framework of the National Care System, would make the needs and inequalities faced by caregivers more visible and strengthen these organizations in peri-urban contexts in Cartagena.

The program incorporated three strategic components:

- i) the development of a Community Care Plan through a participatory diagnostic process carried out by community care organizations;
- ii) implementation of a Strengthening Strategy for three selected organizations;
- iii) a systematization exercise involving the collection of information and analysis of experiences to identify lessons learned and good practices.

About the study

This Policy Brief was developed as part of the project *“Implementation of a Pilot Program to Strengthen Organizations Leading Community Care Initiatives in Peri-Urban Areas of Cartagena, Bolívar.”* The study aimed to make visible, support, and strengthen organizations—

primarily led by women—that lead community care initiatives in peri-urban settings. Through this process, the objective was to generate input for the design of the Community Care Strategy within the National Care System. The information presented in this document was gathered using qualitative and quantitative methodologies and aims to

provide recommendations for the implementation of processes that strengthen community care organizations and ensure their recognition.

About the partnership

This project is the result of a partnership between the Directorate of Care of the

Ministry of Equality and Equity of the Republic of Colombia, OXFAM Colombia Foundation, FUNSAREP, and the Pontifical Xavierian University, with support from the University of Cartagena.

Geographical coverage

The intervention was carried out in peri-urban areas of Cartagena, covering a zone of influence that includes 10 neighborhoods near the Ciénaga de la Virgen, the Caño de Juan Angola, and the Cerro de la Popa. Throughout the process, 22 organizations involved in community care initiatives were engaged.

Community care work

Care is expressed in multiple ways, deeply influenced by cultural, social, and historical contexts. Among the organizations, there is a shared understanding: community care goes beyond attending exclusively to human life. It is a practice that transcends an anthropocentric view, centering instead on sustaining life in all its forms.

In these contexts, community care is understood as a set of collective practices based on relationships of resistance and community resilience aimed at sustaining the commons. These care actions are grounded in relationships derived from worldviews, cultural practices, and ancestral knowledge of both urban and rural communities. They are carried out by individuals, collectives, networks, or organizations under a principle of reciprocity and the dignification of interdependent life in symbiotic territories.

The diagnostic process identified 22 community organizations with community care initiatives

at various levels of organizational development, and confirmed the high feminization of care work. Women are the primary caregivers, comprising 80.2% of those involved, compared to 19.2% men and 0.4% non-binary individuals.

Women are not only the main providers of community care, but also lead and sustain the organizations, handle administrative tasks, secure resources, and ensure sustainability. However, they bear a double burden, as they are also responsible for caregiving in their own homes, exacerbating their overload and limiting their opportunities for well-being, rest, and personal and professional development.

Although men are present in some mixed organizations, their involvement in direct caregiving is minimal. In most cases, they take on administrative or legal representation roles, while women continue to carry out all caregiving tasks.

When men do participate, it is in activities related to environmental or community management, rather than direct care of individuals—reflecting the persistence of gender stereotypes in the distribution of caregiving responsibilities. This pattern reveals how community care work disproportionately falls on women, perpetuating traditional gender dynamics.

Main needs of the organizations

The most urgent need for community care organizations is access to adequate physical spaces, as 96% of them do not have their own infrastructure and must rely on the homes of women leaders. This places an additional economic burden on

these women and limits optimal development. The provision of basic supplies is the second most common need among these organizations, divided into two main categories:

- **Recurring supplies:** These are needed on an ongoing basis but are underfunded due to their consumable nature. The most frequently requested items include personal protective equipment, educational materials, stationery, food, and hydration.
- **Non-recurring supplies:** These include durable goods such as technological tools, specialized equipment (machinery, refrigerators, boats, etc.).

The third most common need is access to training and capacity building spaces for caregivers. Key areas include financial education, project development, work and entrepreneurship, and digital tools (ICT). It is requested that the training be practical and focused on the application of knowledge to improve the planning, sustainability, and visibility of their activities.

The final identified need is access to financial resources to sustain their work in the long term. Organizations emphasize that their purpose is not profit-driven and that caregiving should not be associated with direct monetary transactions (care in exchange for money). Nevertheless, all recognize the urgency of generating collective income to sustain their activities and reduce dependence on personal contributions, which are also limited.

Methodology

The strengthening strategy implemented within the framework of the project

was structured around two complementary lines of action, developed based on the needs identified during the diagnostic and participatory characterization phases.

Line of Action 1, aimed at all participating organizations, focused on general capacity-building through training sessions organized around three key areas: tax and accounting education, project development, and community care. These sessions were designed to respond to the organizations' main organizational and operational needs.

Line of Action 2, with a more specific scope, targeted three prioritized organizations (FUNDECCP, Fundación De Lina con Amor, and Fundación Casa Mangle). It involved the design and implementation of personalized strengthening plans. These plans were developed in a participatory manner and included the provision of necessary supplies and resources to support and enhance their community care activities.

Main Findings

The pilot project enabled a comprehensive understanding of community care as a political, relational, and territorial practice, deeply rooted in the popular sectors of Cartagena. In these territories, community care emerges as an organized response to the structural absence of the State, sustained primarily by women who, without institutional support or stable funding, take on the task of sustaining life in all its dimensions: they care for people, territories, common goods, and social bonds.

One of the most relevant findings was the confirmation

that these initiatives do not operate from a fragmented logic, but rather from a holistic perspective that articulates care as a form of resistance against dispossession, precarity, and exclusion. Through participatory methodologies, the diagnostic process identified several structural needs, including the lack of adequate physical spaces, scarcity of supplies, and the limited availability of relevant and accessible training opportunities.

Although the organizations did not explicitly express the need to redistribute care responsibilities, the analysis revealed a clear overrepresentation of women in these roles, reaffirming the urgency of incorporating gender approaches that challenge the normalization of caregiving roles.

The process also highlighted key strengths. The organizations demonstrated deep territorial knowledge, strong community legitimacy, self-management capabilities in precarious contexts, and a strong spirit of collaboration.

However, significant tensions were also identified during the strengthening strategy. In some cases, access to resources increased the workload for caregivers without a real redistribution of responsibilities. This underscores the need to design strategies that include mechanisms to prevent caregiver overload, properly assess demand, and promote shared responsibility.

Despite the limited scope, the impact assessment suggests significant transformations in caregivers' self-perception and in the critical reflection on gender norms. The communities involved now recognize community care as essential

to sustaining life. Nevertheless, despite this high level of recognition, caregiving remains a deeply feminized task.

The findings also confirm that strengthening community care organizations not only enhances their operational capacity but also drives processes of collective empowerment and social participation—although this has not yet translated into an effective redistribution of caregiving responsibilities.

Finally, the project contributed concrete inputs for the formulation of the National Care System. The recent approval of the National Care Policy, which explicitly recognizes community-based and collective forms of care, represents an unprecedented regulatory milestone. This breakthrough reaffirms that community care is neither subsidiary nor charity based, but rather a strategic practice to sustain life and build social justice from the grassroots. Its strengthening requires political will, public investment, and a sustained commitment to care workers.

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Policy Recommendations

- The State must take an active and co-responsible role in the provision of care services, expanding its institutional presence in the territories where community organizations operate. This involves strengthening the public care offer and integrating these organizations as strategic partners in the design and implementation of care policies, recognizing their knowledge and respecting their autonomy.
- Barriers limiting the exercise of rights for community caregivers must be removed, ensuring their preferential access to health services, education, continuous training, rest spaces, and institutional support. This contributes to building a public, community-based, and equitable care system.
- Recognize and address the feminization of community care: It is essential to design strategies that acknowledge the feminization of caregiving and address the physical, emotional, and economic burden placed on women. It is recommended to promote shared responsibility with active participation of men, provide self-care spaces with an intersectional approach, facilitate the participation of caregivers through training near their communities, and recognize the costs associated with caregiving in the home.
- Strengthen the political, social, and institutional recognition of community care: Community care must be made visible as essential work. This includes awareness campaigns, formal inclusion in the National Care System, and the development of data and indicators to support its relevance and impact.
- Incorporate a comprehensive approach in diagnostics and strategies: Processes must be participatory and context-specific, taking into account the material, symbolic, and organizational dimensions of care. It is vital to recognize its diversity (environmental care, emotional care, etc.) and work in coordination with community leadership.
- Strengthen organizational capacities with continuous training and a gender perspective: Training is needed in key areas such as administrative management, financial sustainability, ICT, and women's leadership. Methodologies should be practical, participatory, and adapted to local realities.
- Ensure adequate material conditions for community care: Strategies must include the provision of dignified spaces and appropriate supplies (both recurring and non-recurring), as well as resources for installation and maintenance, guided by sustainability and quality criteria.
- Promote economic sustainability without commodifying care: It is recommended to support collective productive projects, establish institutional support funds, and provide technical assistance to design sustainable models tailored to each organization's context.
- Foster networks and strategic alliances: Collaborative work between organizations, institutions, and allied entities strengthens capacities, increases visibility, and facilitates access to resources, learning opportunities, and political advocacy.
- Strengthening must be continuous and built on trust: It is essential to develop accessible, non-bureaucratic evaluation tools and maintain transparent communication about objectives, limitations, and progress.