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Who Does Bogotá “Care” for? Care Blocks, Care Workers and the Sustainable Development Goals

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ABSTRACT

This paper critically examines Bogotá’s District Care System within the framework of urban social sustainability and the Sustainable Development Goals (SDGs). Focusing on the Care Blocks (Manzanas del Cuidado), it employs a mixed-methods approach—legal analysis, interviews, testimonies, surveys, and InfoCuidado data—to explore the paradox of a policy that, while innovative and de-familiarizing, simultaneously reproduces the feminization, precarity, and commodification of care. The DCS advances SDG 5 (gender equality) and SDG 11 (sustainable cities and communities), yet reinforces labor precariousness and feminization among Care Block personnel, disproportionately benefits unpaid caregivers, excluding low-income and informal workers, especially paid domestic workers—a sector of over 14 million women across Latin America facing intersecting inequalities and double or triple work shifts. These contradictions hinder progress toward SDGs 5, 8, and 11. The study argues for expanding and restructuring Bogotá’s care system to ensure fair labor integration, gender equity, and spatial justice.

1 | Introduction

The concept of sustainable development has evolved from the Brundtland Report to the UN Agenda 2030, consistently emphasizing local transformation and growing attention to social and equity concerns. Its core aim remains to “meet the needs of the present without compromising the ability of future generations to meet their own needs” (WCED 1987). Within this vision, the Sustainable Development Goals (SDGs) engage directly with social sustainability, composed of two dimensions: social equity and community sustainability (Dempsey et al. 2011). This paper examines its urban expression through Bogotá’s District Care System (DCS), focusing on SDG 5 (“achieve gender equality and empower all women and girls”), SDG 8 (“promote sustained, inclusive and sustainable economic growth, full and productive employment, and decent work for all”), and SDG 11 (“make cities and communities inclusive, safe, resilient and sustainable”) (United Nations 2015; Hofstad 2023).

Within this framework, Bogotá stands out for its pioneering attempt to make care a central pillar of urban policy. Following years of feminist advocacy by figures such as Natalia Moreno, former Mayor Claudia López, and Secretary of Women Diana Rodríguez, the city administration developed the “caring city”—an innovative model that redefines urban justice through the lens of gender and care (Álvarez Rivadulla et al. 2024). Inspired by cities like Barcelona and Vienna, DCS positions care at the centre of urban policy, making Bogotá an agent of redistribution.

DCS core units, the “Manzanas del Cuidado” (Care Blocks), translate this vision into physical and institutional infrastructure. Defined in Decree 893/23 as “limited areas that concentrate and articulate services for people who require care or high levels of support, and for those who provide care, under a criterion of proximity and multifunctionality,” Care Blocks function as neighbourhood hubs offering integrated social services. Their activities fall into three categories: (1) Care for caregivers (rest,

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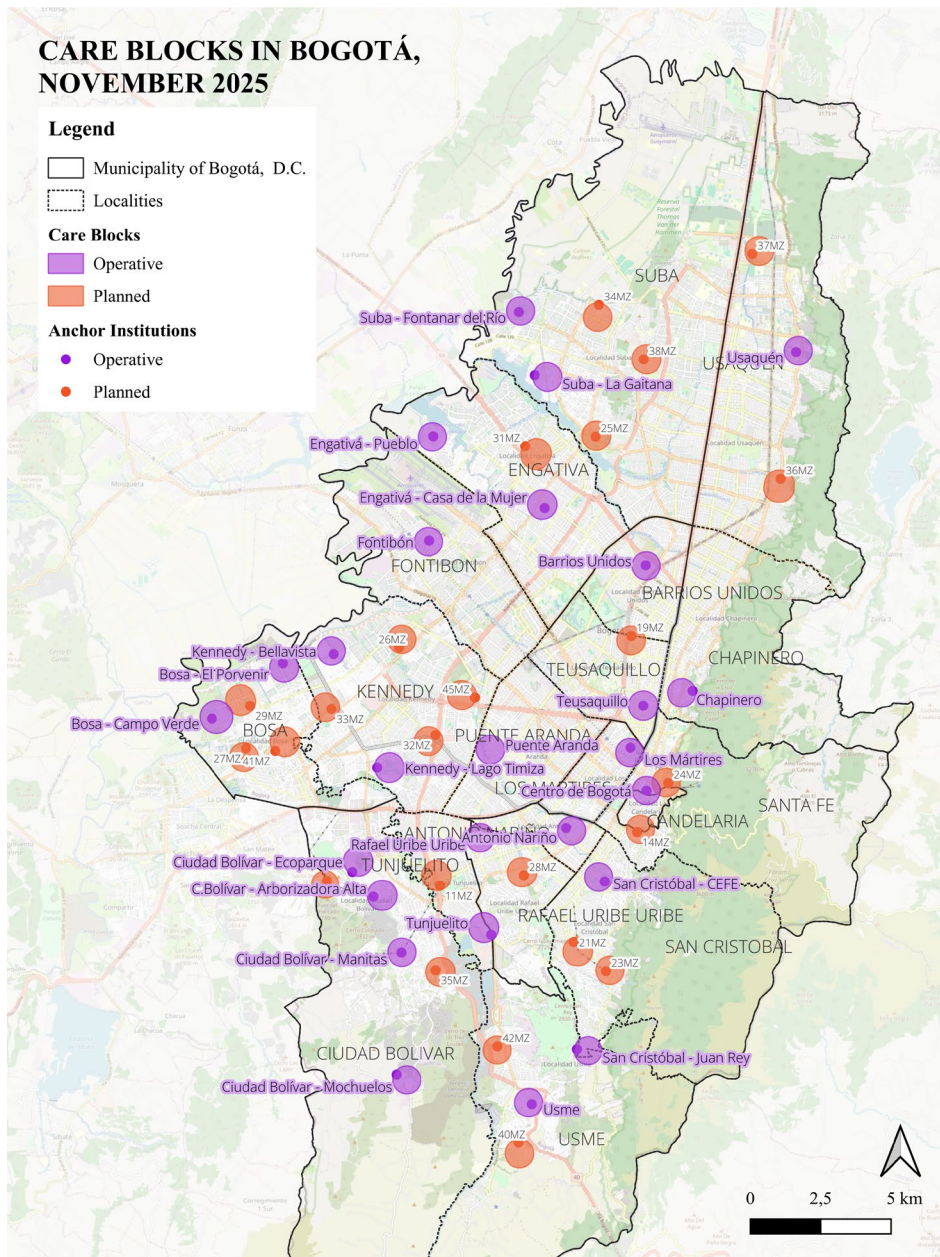


FIGURE 1 | Location of Bogotá's Care Blocks as of November 2025.

education, and income generation); (2) care for children and adolescents under 14 (education, culture, recreation, sports, and temporary or institutional care); and (3) cultural transformation to challenge sexism and promote co-responsible masculinities (Secretaría de la Mujer 2023).

Care Blocks' location criteria reflect a spatialized approach to social equity. They are prioritized based on: (1) care demand, measured by dependency ratios; (2) density of women caregivers, particularly those performing unpaid domestic work or heading single-parent households; (3) poverty indicators, especially in women-headed homes; (4) participatory budgeting results; and (5) gender-based violence risks identified in the city's Territorial Ordering Plan (POT), Article 231. Territorial feasibility and

infrastructure readiness are verified before implementation (Secretaría de la Mujer 2023).

Since the first Care Block opened in October 2020, the network has expanded to 26 units as of November 2025, with the POT envisioning 45 by 2035 (Figure 1). Legal frameworks and political continuity safeguard its institutionalization across administrations. The DCS has already inspired the design of Colombia's National Care System (NCS) and influenced similar policies in Latin American cities (Figure 1).

However, Bogotá's care system also exposes profound structural limitations. While the DCS seeks to redistribute time, labor, and resources, it often reinscribes traditional gender roles,

positioning women as both the primary beneficiaries and providers of care. Many DCS workers—educators, social leaders, and professionals—operate under precarious, short-term contracts, without social security or paid leave, revealing the feminization and informalization of public care employment. This contradiction echoes what M. A. Durán (2017) and Tronto (2013) identify as the enduring undervaluation of feminized labor, undermining progress toward SDG 8 (decent work).

At the user level, the DCS's focus on unpaid caregivers excludes those who combine paid and unpaid care work, failing to address the reality of double and triple shifts. By privileging women who can access services during standard hours, the system inadvertently marginalizes low-income and informal workers—the very population it aims to support.

Mobility and accessibility further constrain inclusion. Although Care Blocks embody the principle of proximity, they risk reinforcing spatial inequalities. For many women, especially paid domestic workers, geographic and temporal barriers make participation nearly impossible. The International Labour Organization (2021) estimates that nearly 70 million people work in domestic labor worldwide—one in five employed women in Latin America. In Colombia, between 670,000 and 1 million domestic workers are employed (Visbal 2019), approximately 150,000 in Bogotá before the pandemic (DANE). Most are Afro-descendant and Indigenous women, frequently internal or international migrants with limited education, overrepresented in low-paid and informal positions (Esguerra et al. 2018; Montoya-Robledo 2023, 2026). They perform both paid care work and unpaid caregiving at home, facing intersecting gendered, classed, and racialized exclusions, along with time poverty and environmental injustice (Crenshaw 1989; Montoya-Robledo 2024; Montoya-Robledo et al. 2022). For them, participation in Care Blocks entails a trade-off between earning income and receiving care—an exclusion embedded in the very design of the system.

This paper advances two central arguments. First, the DCS represents an innovative and legally grounded model that localizes the SDGs through urban care planning, offering lessons for cities worldwide. Second, its implementation reveals tensions between policy aspirations and lived realities, as it risks reinforcing the feminization, precarity, and commodification of care. These contradictions are especially visible among Care Blocks' personnel and users who navigate both paid and unpaid caregiving—most notably domestic workers, whose exclusion illustrates the system's structural blind spots.

Drawing on an interdisciplinary methodology that combines legal analysis, anthropology, and data interpretation, the study examines these contradictions through: (1) participant observation, interviews, travel diaries, and focus groups with Care Block users; (2) testimonies from a paid domestic worker attending a Care Block; (3) an exploratory survey of 34 domestic workers in Bogotá; and (4) InfoCuidado data from the Women's Secretariat. The analysis highlights the DCS's achievements and its limitations, proposing strategies to enhance inclusion, improve working conditions, and strengthen

spatial justice—toward a more equitable realization of SDGs 5, 8, and 11 in Bogotá.

2 | Literature Review

2.1 | Care: Its Commodification, Precarity and Feminization and the Role of the State

Socialist feminist scholarship has long conceptualized care as labor, fundamental for sustaining both life and society. Fisher and Tronto (1990) define care broadly as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.” Their formulation moves care beyond the domestic or emotional realm, situating it as a political and ethical practice essential to the reproduction of social life.

The social organization of care depends on how responsibilities are distributed among the state, the market, and the family (Esping-Andersen 1990). The literature commonly divides care work into paid care, referring to professionalized services delivered through public and private institutions (the state and the market), and unpaid care, performed within households (the family) (M. A. Durán 2017). This division conceals a hierarchy: unpaid care is often considered “non-skilled,” devalued, and naturalized as women's obligation, while paid care is associated with highly trained professionals in the health, law, and education sectors (Guimarães and Faria Vieira 2020; Tronto 2013). Some scholars propose a third avenue, termed help, happening in contexts of material deprivation, where support is exchanged as a reciprocal favor inside communities (Guimarães and Faria Vieira 2020).

In Latin America, women often navigate all three forms simultaneously: performing paid care in employers' homes under informal arrangements, undertaking unpaid care for their families, and relying on community “help” networks to cover gaps (Fernández-Gallego 2023a). This multidimensional burden illustrates how gender, class, and race intersect in the organization of care. New policies that “socialize” care frequently replicate these inequalities, employing women to provide care under precarious contracts, maintaining the feminization and undervaluation of this work.

In Colombia, legal and academic definitions are relatively restricted to unpaid activities. Law 1413/10, which created the System of Satellite Accounts of Care Work, explicitly limits the “care economy” to unpaid labor, excluding paid care from official economic statistics (Tribín et al. 2023). This legal framing institutionalizes a partial and gendered understanding of care, reinforcing the invisibility of paid caregivers in policymaking and national accounts. The law thus acts as both a tool of recognition—acknowledging unpaid women's labor—and of exclusion, rendering paid care uncounted and unprotected.

The feminization of care remains a structural feature of both the paid and unpaid economy, marked by the disproportionate

concentration of reproductive and domestic labor in women's hands. Despite women's increased participation in the formal workforce, household chores remain unequally distributed. Many women face Hochschild's (1989) "double" or "triple shift," combining paid work, unpaid care labor, and community responsibilities. These overlapping tasks often translate into time poverty, materialized through long working hours or flexible but precarious forms of employment (Del Valle 2000).

A complementary body of literature explores the precarity of paid care workers, especially in domestic service, education, health care, and eldercare. In Colombia, women in these sectors experience higher levels of informality, lower wages, and fewer opportunities for professional advancement than men. Feminist political economists and migration scholars have developed the concept of care chains, wherein women from poorer regions—both internationally and internally—perform undervalued reproductive labor for others, often under exploitative or informal arrangements (Ehrenreich and Hochschild 2002; Boccagni 2013; Pratt 2004; Martínez-Conde et al. 2020; Wright 2006).

In Colombia, this phenomenon manifests internally. Afro-descendant and Indigenous and Venezuelan migrants relocate to cities in search of employment, often in domestic service (Esguerra et al. 2018; Osorio Pérez 2018). Their labor remains devalued and frequently excluded from formal protections. Research across care sectors—from early childhood to elder care—reveals common patterns: unstable contracts, long working hours, emotional exhaustion, and limited career mobility (González Méndez 2013; Stampini et al. 2025). This intersection of law, policy, and social norms perpetuates the commodification and devaluation of care, even if recognized as a public good.

Bogotá's approach seeks to shift the burden away from families—especially women—toward the state, aiming to de-commodify and defamiliarize care. As Moreno, one of the architects of DCS, explains, Bogotá's social organization places a disproportionate share of care work on families, particularly on older women. DCS was thus designed to integrate care into public policy, reframing it as a collective right rather than a private duty (Moreno Salamanca 2021).

2.2 | The "Caring City" From a Social Sustainability Lenses

The spatial dimensions of care are crucial. Feminist urbanists and care ethicists argue that equitable care depends on how the city is organized (England 2017). The "caring city" is envisioned as one of proximity, where education, health, recreation, and care services are accessible within walkable distances and connected through public transport, mixed land uses, and inclusive public spaces (M. A. Durán 2017; Jacobs 1961; Kern 2019; Sánchez de Madariaga 2009; Sánchez de Madariaga 2013). Embedding care into everyday urban life requires decentralizing services and coordinating territory to meet the temporal and spatial rhythms of caregiving (Jirón and Gómez 2018).

Understanding the "caring city" as a city of proximity demands a broader discussion on social sustainability. Rooted in

Elkington's (1994) "triple bottom line," which integrates social, economic, and environmental dimensions, the concept has evolved within urban studies as a focus on inclusion, equity, and participatory governance (Davidson 2009).

The DCS discourse aligns with key literature on social sustainability. Stren and Polese (2000) highlight that socially sustainable cities ensure the "harmonious evolution of civil society," fostering integration and improving collective well-being. Dempsey et al. (2011) and Åhman (2013) signal social cohesion, diversity, education, equity, and sense of place as key indicators. Åhman (2013) further argues that sustainability requires balancing needs-based (developmental) and rights-based (maintenance) agendas, since "a society struggling to survive can hardly afford to focus on the individual's self-fulfilment" (p. 1160).

Shirazi and Keivani (2017) connect social sustainability and decent labor conditions, arguing employment quality as essential to achieving socially sustainable development. They reveal how the precarisation of care work undermines social sustainability, linking labor justice to community resilience. From equality in employment to work's procedural fairness and its impact on community capacity (Cuthill 2010), labor is a foundational dimension and indicator within social sustainability definitions, grounding the concept in tangible rights and material conditions.

Social sustainability also depends on a fair distribution of physical and social infrastructure (Cuthill 2010; Meerow et al. 2019). The correlation between physical infrastructure and social integration is well established: dense street layouts, high-quality public spaces, mixed land use, and visible and accessible community facilities foster social cohesion and capital (Karuppannan and Sivam 2011; Shirazi and Keivani 2017; Hofstad 2023). These elements enhance spatial justice, creating both informal and formal interactions that strengthen community life.

Equally crucial is social infrastructure—the institutions and networks that enable civic participation, political organization, and cultural life (Bacon et al. 2012; Hofstad 2023). For Davidson (2009), meaningful engagement in policymaking is essential to prevent unjust development geographies and to achieve a truly socially sustainable urban future.

Yet two critical limitations remain. First, many informal and low-income women—including domestic workers—do not inhabit this "city of proximity." Persistent patterns of urban segregation in Latin American cities compel them to undertake long, costly commutes between peripheral residential areas and central employment zones. Second, the proximity ideal risks generating what is framed as a "static city", in which residents are circumscribed to localized zones, limiting their mobility and access to the broader urban fabric.

Within this framework, law emerges as a central structuring force toward the social sustainability of care. Legal instruments define who is entitled to care, how it is delivered, and whose labor is recognized. In Bogotá, Law 1413/10, municipal decrees, and the POT institutionalize care as a public responsibility. Yet

by excluding paid care from the legal definition of the care economy, these instruments perpetuate gendered hierarchies. The law thus functions both as a vehicle of recognition and a mechanism of exclusion—upholding the ethics of care while maintaining inequitable labor regimes.

In sum, the literature underscores that realizing socially sustainable and care-centered cities demands integrating law, labor, and space within a framework of gender and spatial justice. For Bogotá, this means not only redistributing care infrastructure but also ensuring the formal recognition, fair employment, and legal protection of care workers—transforming care from an ethical aspiration into a concrete, rights-based practice for all who give and receive it.

3 | Material and Methods

This paper adopts a mixed-methods approach to investigate the advances and shortcomings of Care Blocks from both labor market and user perspectives. The research combines legal, qualitative, and quantitative methods, offering a comprehensive understanding of how the program includes unpaid caregivers and impacts state care workers, informal workers, and paid domestic workers. Five complementary methodological components guide the analysis.

First, primary legal sources at the local level were examined to contextualize the institutional design and regulatory framework of the Care Blocks. The analysis included: the Districts' Development Plan (PDDs) enacted under District Council Agreements 761/20 and 927/24; Decree 237/20 and Circular 001/21 establishing local tables of DCS; the POT under mayor's Decree 555/21, and the Mobility Plan under mayor's Decree 497/23.

Second, qualitative fieldwork was pursued from March to May 2023 at the Bosa-El Porvenir Care Block. A dozen visits and participant observations were undertaken around the neighborhood and care equipment, including attendance to activities. Moreover, 28 female domestic workers that used Care Blocks participated in interviews, travel logbooks, and focus groups. Ten semi-structured interviews inquired participants about their care tasks and quotidian routines; use of services in Care Blocks; mobility patterns related to care, work, and leisure; and opinion of the program. Four caregivers completed travel logbooks or “cultural probes”, as a three-day long exercise of writing information on their trips for a wide variety of travel purposes and transport modes. Two focus groups were organized with a total of 14 users of Care Blocks, featuring social mapping exercises. Additional interviews were conducted with the coordinators of Care Blocks of Bosa-El Porvenir and Ciudad Bolívar-Manitas, academic experts, and representatives from the Women's Secretariat.¹

The data—drawn from InfoCuidado up to May 2025 and a Planning Secretariat (2024)—provides insight into the profile and working conditions of state care workers, as well as the socioeconomic composition of Care Block users. This dataset helps assess how DCS addresses or reproduces existing gendered and class-based inequalities.

Fourth, the study incorporates the testimony of Belén García, a paid domestic worker in Bogotá who attended the Usme Care Block. Her experience was documented in October 2023 in the Invisible Commutes podcast (Invisible Commutes 2023). Belén's narrative details the opportunities and barriers she encountered—limited accessibility, rigid schedules, and the tension between employment and self-care—offering a grounded perspective on how DCS excludes paid domestic workers from its intended benefits. Her participation followed informed consent protocols and extended collaboration through the Invisible documentary (2024), in which she is the protagonist.

Fifth, an exploratory digital survey was conducted in January 2024 among 34 domestic workers in Bogotá to complement qualitative findings. It comprised four sections: (1) socio-demographic data (age, racial and ethnic background, years of service, dependents, residence, and work location); (2) use and frequency of Care Block attendance; (3) barriers to participation—including location, schedules, and transport costs; and (4) recommendations for policymakers. The survey was distributed through a snowball sampling method using social networks and collaborations with the Afro-Colombian Domestic Workers' Union (UTRASD). Though not statistically representative, it offers valuable exploratory evidence based on more than a decade of engagement with the sector.

Results show that nearly 80% of respondents had worked as domestic employees for over 10 years; 44% were between 36 and 45 years old; 65% identified as racialized women; and the majority also performed unpaid care within their own households. Only three respondents had ever attended a Care Block—two of them only once per week—underscoring barriers of time, mobility, and information access.

By integrating legal analysis, personal narratives, ethnographic fieldwork, survey data, and institutional statistics, this study constructs a multidimensional understanding of Bogotá's Care Blocks. The mixed-method design reveals how progressive legal frameworks and localized infrastructure coexist with persistent inequalities in access, employment, and recognition. It illuminates both the transformative potential and structural limitations of Bogotá's care policy, particularly for state-employed caregivers, informal workers, and paid domestic workers, whose experiences expose the contradictions between policy ideals and lived realities within the city's pursuit of gender equality, decent work, and sustainable urbanism.

4 | Results and Discussion

4.1 | Global Implications of This Policy

DCS has positioned Bogotá as a pioneer and global reference in integrating care into urban governance and planning, advancing the principles of SDG 5 and 11. The mobilization of international cooperation resources was crucial to DCS's early success and to legitimizing Bogotá's image as a “caring city” (CEPAL 2024). Financial, technical, and institutional support came from development banks such as the World Bank and Inter-American Development Bank; bilateral agencies including USAID; philanthropic organizations such as the Open Society Foundation and

Save the Children; and UN agencies like UN Women, CEPAL, UNICEF, and UNDP.

Bogotá's commitment to gender-sensitive planning further gained international visibility through its leadership of Metropolis (2022–2023) and its hosting of major events like the Smart City Expo 2023 on “Caring Cities: A Systemic Approach to Urban Innovation.” DCS and its Care Blocks have received multiple recognitions, including the Wellbeing Cities Award-2021, the Bloomberg Global Mayors Challenge-2021, and acknowledgment at the Edge of Government Summit (Barrero 2023).

Besides ensuring the continuity of DCS across subsequent administrations, Bogotá's model has transcended its borders, inspiring care system initiatives across Latin America. Within Colombia, the city has provided technical guidance to Medellín, Cali, Cartagena, and Barranquilla, which are now piloting their own care systems grounded in the principles of recognizing, redistributing, reducing, representing, and rewarding unpaid care work. These include the creation of intersectoral commissions and institutional coordination mechanisms led by Women's or Social Development Secretariats (Alcaldía de Medellín 2023; Alcaldía de Santiago de Cali 2023; López 2024; Observatory of Public Sector Innovation n.d.).

Regionally, Bogotá's Women Secretariat has advised San Pedro Garza García, Mexico, to reduce time poverty among unpaid caregivers. This collaboration, under the Global Alliance for Care led by UN Women, illustrates the scalability of Bogotá's model and its growing regional influence (Reyes 2022). DCS has also been disseminated through international networks and high-level platforms such as CHANGE, the Observatory of Public Sector Innovation, the UN SDG Action Campaign, and the Brookings Institution.

Nationally, Bogotá's experience directly informed the creation of NCS—a core proposal of President Gustavo Petro's platform. In January 2023, Law 2281 established the Ministry of Equality and Equity, with a mandate to implement NCS under Article 86 of the National Development Plan (2022–2026). Mirroring DCS, NCS appointed former DCS Director Natalia Moreno as its manager, created an Intersectoral Commission chaired by the Ministry of Equality, and prioritized caregivers as primary policy beneficiaries (Presidencia de la República 2023; Vargas 2022). However, the Constitutional Court's Decision C-161/24 declared Law 2281 unconstitutional, mandating the Ministry's dissolution by 2026. In response, a broad participation process culminated in CONPES 4143/25, institutionalizing a National Care Policy that, for the first time, explicitly recognized paid care and domestic work.

Further progress on national care policies includes Colombian Constitutional Court decision T-124/25, which for the first time formally recognized that caregivers have the right to provide care under dignified conditions. The Court affirmed that the right to care can only be fully realized when the well-being of both the care recipient and the caregiver is guaranteed. Since NCS still lacks an organic legal framework, translating this recognition into law remains challenging; hence, the Court's call on the State to adopt measures that dignify all forms of care

and ensure caregivers' access to work, rest, health, and social protection.

Together, these developments demonstrate how DCS has served as a policy laboratory and discursive benchmark for care-centered governance. Yet, enduring challenges lie in ensuring that recognition of care as a public right is matched by its recognition as formal labor—securing dignified, equitable, and sustainable working conditions for those whose care sustains the very foundations of the caring city.

4.2 | Unpaid Care Workers as Targets of the District Care System

DCS follows the feminist and welfare literature on the defamiliarization of care, transferring caregiving responsibilities from families—mainly women—to the state. It is part of Bogotá's long-term urban strategy established in the POT, designed to govern city development for at least a decade. The POT significantly empowers unpaid care workers, envisioning Bogotá as a caring city that recognizes the essential, yet historically invisible, work performed primarily by women.

The territorial ordering objectives (Art. 5) of the POT explicitly foster a more caring and solidarity-oriented city through social infrastructure, accessible public spaces, and an extensive mobility network. DCS and the Social Services System fully integrate into this legal instrument (Art. 94, Subchapter 3; Art. 489), mandating the creation of sufficient, close, walkable, and equitably distributed care facilities across Bogotá.

Former Mayor Claudia López's District Development Plan (2020–2024) adopted under City Council Agreement 761/20 defines DCS as a coordinated set of services, policies, and institutional actions aimed at recognizing, redistributing, and reducing care work. It differentiates between indirect care—domestic work such as cooking, cleaning, maintenance, and errands—and direct care, involving caring for dependents such as children, the elderly, people with disabilities, or pets.

Article 15 of the PDD designates the Women's Secretariat as the leading entity for DCS. Through the Intersectoral Care Commission, it coordinates with other Secretariats, public agencies, academia, the private sector, as well as civil society.

Building on this foundation, the subsequent administration under Mayor Carlos Galán and the City Council enacted Decree 927/24, reaffirming DCS as a key strategy for social inclusion. However, Article 255 again centers on unpaid caregivers, overlooking paid domestic workers—an exclusion that mirrors the limitations identified in the POT and in Law 1413/10, which restricts the legal definition of care to unpaid activities.

DCS operates through four main programs: (1) Care Blocks; (2) Care Buses reaching remote and underserved areas; (3) home-to-home assistance for those requiring intensive support; and (4) complementary units like day-cares (Moreno Salamanca 2021).

Care Blocks operationalize the “caring city” envisioned in the POT by clustering education, health, recreation, and

social services in accessible neighbourhood hubs. The Bosa-El Porvenir Care Block, inaugurated in late 2020 as a pilot, exemplifies this model and remains one of the largest in terms of users, with more than 13,000 participants benefiting from its services (Fernández-Gallego 2023d). Situated on the city's western periphery—one of Bogotá's most densely populated zones, and home mainly to residents in social strata 1 and 2 (Observatorio de Desarrollo Económico de Bogotá 2019)—it is anchored in a Community Development Center (CDC), connected to nearby facilities such as parks, schools, a District University campus,

and a sports complex, forming a dense social infrastructure network.

As discussed by Karuppanan and Sivam (2011) and Shirazi and Keivani (2017), coupling compact urban form with accessible public spaces, mixed land use, and strong community facilities strengthens social sustainability. In El Porvenir, the location and design of the Care Block as an agora of encounter attract diverse users, demonstrating how investment in inclusive physical infrastructure can directly enhance social cohesion (Figures 2 and 3).



FIGURE 2 | Entrance to El Porvenir Community Development Centre (CDC) (Fernández-Gallego 2023a).



FIGURE 3 | User of the Care Block strolling around El Porvenir park and public school (Fernández-Gallego 2023a).

Within the Care Block, caregivers enjoy free access to a wide range of activities tailored to their well-being: primary and secondary education, vocational training and certification, psychosocial and legal assistance, laundry service, medical consultancy, and a community canteen. While caregivers engage in these activities, dependents—children, elderly persons, and people with disabilities—participate in nursery programs, tutoring sessions, and adapted gymnastics workshops. This conditional design ensures that caregivers can rest, learn, or work while their relatives are simultaneously cared for.

This model of integrated services has been identified as the main facilitator for accessing the program (Guevara-Aladino et al. 2024). This model enhances social sustainability by integrating intergenerational needs and maximizing community participation (Karuppannan and Sivam 2011) (Figures 4–6).

Fieldwork in El Porvenir reveals the transformative impact of Care Blocks. Participants frequently described their experience as “life-changing.” For many women, attending the Care Block provided a therapeutic space—a temporary escape from the mental, physical, and emotional demands of caregiving,



FIGURE 4 | Dance class at the CDC as part of the Care Block programme (Fernández-Gallego 2023a).



FIGURE 5 | Secondary education course for adult care givers at the Care Block (Fernández-Gallego 2023a).



FIGURE 6 | Entrepreneurship fair organized by users of the Care Block (Fernández-Gallego 2023a).

economic strain, and domestic violence. Women reported a renewed sense of purpose, improved mental and physical health, reduced loneliness, and greater emotional resilience through the psychosocial assistance provided (Guevara-Aladino et al. 2024). Moreover, participation in activities fostered new friendships, trust among neighbors, and stronger attachment to place—key indicators of social cohesion and quality of life in sustainable urban settings (Karuppannan and Sivam 2011).

Beyond well-being, DCS directly contributes to SDG 5 by expanding women’s access to education and employment. Many participants highlighted the opportunity to complete formal studies or obtain professional certifications as vital to achieving their “life projects” (Fernández-Gallego 2023d):

Studying is the best thing that ever happened to me. Before I came here, to the Manzana, I lived locked up and depressed. And then, when I came here, I took another direction in life. Now, I have a purpose, a project, a series of goals.

(Fernández-Gallego 2023b)

Education also enables financial independence, helping some escape abusive relationships—a concrete advance toward SDG 5, giving women equal rights to economic resources by easing the earning of their own salary while fostering the elimination of all forms of violence against them (United Nations 2015). As Åhman (2013) argues, education is a tool for facilitating self-realization, political participation, and democratic vitality.

Care Blocks have, likewise, nurtured women’s political participation, ranging from grassroots activism within the LGBTQ+ community to formal neighborhood leadership. Guevara-Aladino et al. (2024) document the self-organization of support networks and feminist collectives formed within Care Blocks.

As one participant explained: “Women are becoming more empowered and taking on the role of taking care of ourselves. Of learning to value one’s work. Of self-recognizing one’s rights and duties” (Fernández-Gallego 2023c).

This empowerment reflects what Hofstad (2023) terms “socially just accessibility,” wherein physical and social infrastructure enable fuller civic participation. By expanding women’s agency, Care Blocks advance SDG 5.5, promoting women’s full participation and equal opportunities for leadership in political, economic, and public spheres.

Research also shows that Care Blocks align closely with the mobility patterns of many unpaid caregivers (Fernández-Gallego 2023a). Their “star-shaped” mobility—a pattern of short, repetitive trips between home and care-related destinations such as schools, clinics, and markets—reflects the hyper-local geography of women’s lives. Coordinating these routines with external institutions’ rigid schedules and the unpredictable demands of dependents often forces caregivers to remain unemployed or in precarious, home-based work, reinforcing their confinement to localized spaces.

Within this context, the Care Block becomes an additional but essential destination, easily integrated into women’s existing mobility patterns. Designed for proximity, most caregivers reach their local Care Block within 10–40 min on foot, spending several hours participating in educational, recreational, and empowerment activities. The POT’s Article 231 explicitly grounds the caring city in principles of proximity, walkability, accessibility, and affordability, ensuring that non-remunerated caregivers can access spaces for self-fulfillment that were previously inaccessible (Fernández-Gallego 2023a).

This spatial approach concretely advances SDG 11 by fostering inclusive, safe, and resilient neighborhoods, where caregiving

and self-care coexist within accessible urban networks—translating sustainability into a lived social experience.

Nevertheless, DCS also reveals critical limitations for both state-employed care workers and program users, detailed in the following sections. First, it re-feminizes care work, employing predominantly female staff under precarious contracts, thereby reproducing the gendered division of labor and perpetuating the feminization of poverty. Second, it exposes the persistent mismatch between policy models conceived for European contexts and the lived realities of Latin American cities, reinforcing what we called “the static city”. As Åhman (2013) notes, “international guidelines are seldom able to be effectively operationalized in a local setting.” This helps explain the challenges Bogotá faces in adapting frameworks such as the 15-Minute City (Moreno et al. 2021) and the Mobility of Care (Sánchez de Madariaga 2013)—concepts originally designed for compact, highly walkable European urban fabrics—to the scale and complexity of a Global South metropolis of over 8 million inhabitants. Fieldwork in El Porvenir illustrates these contradictions. Although the Care Block improved local accessibility, it could not overcome broader structural barriers: Caregivers often spend entire days accompanying relatives to specialized hospitals concentrated in northern Bogotá, sometimes facing commutes of up to 3 h by public transport. Likewise, the current territorial deployment of DCS can undermine either the accessibility or the income of low-income and informal workers, particularly paid domestic workers, whose extended work hours and long-distance mobility patterns exclude them, by design, from accessing the system’s benefits.

4.3 | The Feminization and Labor Precarisation of State Care Workers

Although Care Blocks are legally designed to de-familiarize care by positioning it as a public responsibility, their current implementation reveals that care remains underpaid, informal, and feminized. According to data from InfoCuidado (May 2025), none of the people working within Care Blocks are employed under formal labor contracts. The data lists 29 leaders, three territorial links, nine thematic supporters, 27 educators, six staff members working with ethnic groups, 26 lawyers, one nurse, and 27 social workers. Despite their varying qualifications—from community leaders to professionals—all of them operate under precarious contractual arrangements. As contractors, they fall outside the Labour Code, lacking entitlements to social security, service bonuses, paid leave, and other benefits. This informal employment status undermines their welfare, income stability, and long-term security—mirroring the vulnerabilities that constrain women’s economic empowerment in both the private care sector and the domestic sphere.

The same data reveals that all but one of the 126 workers in Care Blocks are women. While this could be considered an affirmative action, offering income opportunities in diverse public roles, it simultaneously reproduces a highly gendered division of labor. Whether as direct caregivers, educators, or professionals, women are reinstated as the primary care providers, now within

state institutions. Thus, although Care Blocks intend to reduce and redistribute the care burden, in practice they risk reinforcing the association between care and women’s work, limiting their potential to become truly egalitarian spaces where men also engage in caregiving roles.

This combination of precarious labor conditions and the persistent gendered labor segmentation contradicts the principles of SDG 8, which calls for inclusive and sustainable economic growth, full and productive employment, and decent work for all. By maintaining an almost entirely female workforce in informal arrangements, DCS undermines its own transformative mandate, delegitimizing the state’s leadership role in promoting shared responsibility for care. Ultimately, this dynamic constitutes a dual setback: It hinders SDG 5 by perpetuating structural gender inequalities and SDG 8 by failing to guarantee decent, formal employment within the very program that aspires to advance women’s rights and empowerment.

4.4 | The Trade-Off Between Income and Access for Low-Income and Informal Workers

Care Blocks’ implementation reveals a tension between income and access to care for low-income and informal workers. According to InfoCuidado data from March 2021–May 2025, 351,008 people have attended Care Blocks, acknowledging that one person may have visited multiple sites. On average, 70% of users are women, 25% are men, 0% identify as intersex, and 5% lack this information. Nearly 85% of services are provided on weekdays (Monday–Friday), while only 15% are provided on Saturdays.

A small percentage of attendees are employed (around 10% or 34,233 people) as employees, independent or informal workers, or sex workers. These figures reveal a persistent imbalance: Although DCS is formally grounded in the POT and the PDDs to support all unpaid caregivers, in practice it targets unpaid care workers, while excluding those engaging in double or triple shifts, leaving informal and low-income women—those combining paid and unpaid caregiving—largely outside the program’s reach.

Two critical insights emerge. First, the limited attendance on weekends underscores a temporal mismatch between policy design and the lived realities of working women. The assumption that those employed during weekdays can attend Care Blocks on Saturdays does not hold in practice. As M. A. Durán (2008) notes, weekends are often viewed through a masculine lens as a period of rest, whereas women’s weekend time is largely consumed by intensive domestic work. This unequal distribution of time explains, partly, the low Saturday attendance among women with paid jobs.

Second, the vast majority of users are unpaid caregivers, while those in informal or low-income employment must often choose between attending Care Blocks or earning an income. This exclusion reveals a fundamental contradiction within the program: a system designed to empower women risks deepening gendered inequalities by forcing them to choose between self-care and economic survival. By requiring users—most of them women—to choose between accessing Care Blocks and earning

an income, DCS may unintentionally discourage labor participation. Such reinforcement of time poverty and the feminization of poverty limits women's opportunities for economic independence, undermining key objectives of SDG 5 and SDG 8.

Moreover, the POT envisions a city of proximity, where Care Blocks are located within 15–20 min of caregivers' homes. However, a 2024 impact evaluation by the District Planning Secretariat revealed a gap between planning and practice: the average trip time to a Care Block is 25 min, with users in Tunjuelito (41 min), Suba (38), and Santa Fe (36) experiencing the longest commutes, and those in Engativá (18), Chapinero (17), and Fontibón (10). Regarding transport modes, 72% of users walk, 23% use public transport, and only 5% travel by bicycle or scooter. Fieldwork in the Bosa-El Porvenir Care Block confirmed similar findings: interviewees walked anywhere from 10 to 60 min to reach the site. For bus users, transportation costs add a hidden financial burden, straining already limited household budgets.

These findings illuminate persistent inequalities in urban accessibility, particularly affecting women. They expose a disconnection between urban policy design and the lived geography of care. While the POT's planning framework and DCS implementation seek to advance the inclusive urbanism of SDG 11, the uneven spatial and temporal accessibility of Care Blocks undermines the goal of creating inclusive, safe, and equitable cities.

Moreover, this gap underscores how the legal and institutional design of DCS, by defining the target population narrowly as unpaid caregivers living near anchor institutions, replicates a partial vision of the care economy and of those who sustain it, failing to engage with the full diversity of caregiving realities. This approach inadvertently reproduces the very inequalities that feminist policy aims to redress: the spatial segregation of low-income women, the under-recognition of paid care, and the economic invisibility of informal work. By overlooking those who combine paid and unpaid care, DCS reinforces the commodification and feminization of care, rather than dismantling it. To fulfil its promise and advance the interconnected aspirations of SDGs 5, 8, and 11, DCS must expand its scope, recognizing all forms of care work, securing decent labor conditions, and embedding accessibility and equity at the heart of its legal and territorial design.

These intersecting inequalities are most acutely embodied in the experiences of paid domestic workers—a group standing at the crossroads of care, labor, and informality. Despite their pivotal role in sustaining the city's care economy, they remain structurally excluded from DCS. Their realities exemplify the contradictions of a policy that recognizes care as a public good yet continues to undervalue the labor that sustains it. The next section explores this paradox in depth, focusing on how paid domestic workers navigate, resist, and are often excluded by the spatial and institutional boundaries of the “caring city.”

4.4.1 | The Trade-Offs for Some Domestic Workers

As an example of informal and low-income workers, paid domestic workers are absent from Bogotá's legal and policy definitions

of care. In InfoCuidado, “domestic work” does not appear as a formal job category, despite specifically being a care job; hundreds to thousands of women perform it, and an exploratory digital survey of 34 domestic workers illuminated systemic barriers faced by the entire sector. The data reveal that only three respondents had ever attended a Care Block, and only two did so more than once per week.

This pattern reflects three structural causes. First, domestic workers are explicitly excluded as beneficiaries under both the POT and the PDDs, which reference unpaid care. Second, the geographical location of Care Blocks—primarily in low-income peripheral neighborhoods—renders them inaccessible from the areas where domestic workers are employed. Third, the operating hours of Care Blocks overlap with domestic workers' long working days and commutes. Consequently, if domestic workers wish to participate, they must forgo paid work, risking their economic survival.

Although the POT promotes Bogotá as a caring city, it fails to acknowledge that both paid and unpaid care structure the everyday lives of domestic workers. Indeed, 30 out of 34 survey respondents reported performing unpaid care at home in addition to their paid caregiving job. This omission reinforces the narrow legal framework in which the care economy—as defined by Law 1413/10 and replicated in local instruments—includes only unpaid work, resulting in a public policy that only addresses care rhetorically as a right.

Awareness of DCS among surveyed domestic workers remains minimal: 69% of respondents reported not knowing about the program. For many, the only contact with DCS occurred when they were mistakenly identified as unpaid caregivers. As Belén, a domestic worker, explained:

I got there because once I received a phone call from the mayor's office where they told me I had been selected for a district's program called ‘Social Troop’. To access that service, that was a subsidy, the program targeted unpaid care workers, people who had devoted themselves to care. The essential requirement was to take one of the courses at the Care Block.

(Invisible Commutes 2023)

Belén's experience reflects the blurring of paid and unpaid boundaries in care work: although her labor is remunerated, its informality prevents the state's formal recognition. Thus, even as Bogotá's legal framework claims to value caregiving, the women performing it for a living remain invisible within it.

The geographical distribution of Care Blocks compounds this exclusion. By law, they are placed in peripheral areas where the percentage of unpaid caregivers is highest (Tribín et al. 2023). The POT envisions these facilities within 15–20 min of caregivers' homes to advance a “city of proximity”, but as aforementioned, testimonies and survey data reveal that this vision often fails (Ramírez et al. 2023).

Moreover, while most surveyed domestic workers are employed in the middle- and high-income districts of Chapinero and Usaquén, the Care Blocks within these localities are predominantly situated in their low-income peripheries, disconnected

from main bus routes and lacking adequate pedestrian infrastructure. Therefore, domestic workers must traverse the city to access services originally conceived for proximity. This spatial paradox reveals that DCS, by design, organizes care around residential geographies rather than the lived geographies of labor and mobility. Thus, it overlooks the rhythms and routes that define workers' daily lives and thus falls short of embodying the vision of a truly “dynamic city”—one responsive to movement, temporality, and the lived realities of those who sustain it (Figures 7 and 8).

Temporal barriers reinforce this spatial exclusion. Care Blocks currently operate during standard public hours (8 a.m. to 5 p.m.), overlapping with domestic workers' shifts, which typically last 48 h or more per week (DANE 2022). As Pineda Duque et al. (2025) note, irregular and extended work hours define domestic work in Colombia, leaving little time for self-care or training. Although DCS has discussed expanding operating hours, this has not been implemented. Hybrid learning pilots at the Bosa Care Block allow users to attend classes online during the week and in person on Saturdays (Fernández-Gallego 2023e), yet these still demand temporal flexibility and digital access that many domestic workers lack.

Belén's testimony captures this tension vividly:

I tried it. I left at twelve to go to work. [...] I arrived almost at 2 pm and obviously I had to leave around 7 pm. So, I thought it was too hard, so no, the schedule does not allow you. (Invisible Commutes 2023)

She described the dilemma as follows:

It is very good [...] but when the money was over there were two working days when I did not receive any payment. You might lose your job because no employer is willing to say, ‘go to the course and when you finish it or when you want you can return to work.’

(Invisible Commutes 2023)

This testimony on the persistent trade-off between survival and self-care illustrates how, for domestic workers, the right to be cared for collides with the need to care for others to survive.

The exclusions reveal deeper contradictions in Bogotá's legal and planning frameworks. While the POT and PDDs legally enshrine DCS as a transformative social infrastructure, they continue to operate under a restricted conception of care that privileges unpaid caregiving. Consequently, the policy framework fails to align with SDG 8, demanding inclusive and decent employment; with SDG 5's objective of equal rights and economic resources for women, including paid caregivers; and with SDG 11's call for equitable access to urban services.

Moreover, the spatial logic of the caring city, based on the idea of proximity, does not fully accommodate the geographies of mobility and labor that define the lives of domestic workers who spend hours commuting. For these women, the city is neither compact nor equitable; rather, it is fragmented by distance, class, and time. The current design of Care Blocks reinforces what we

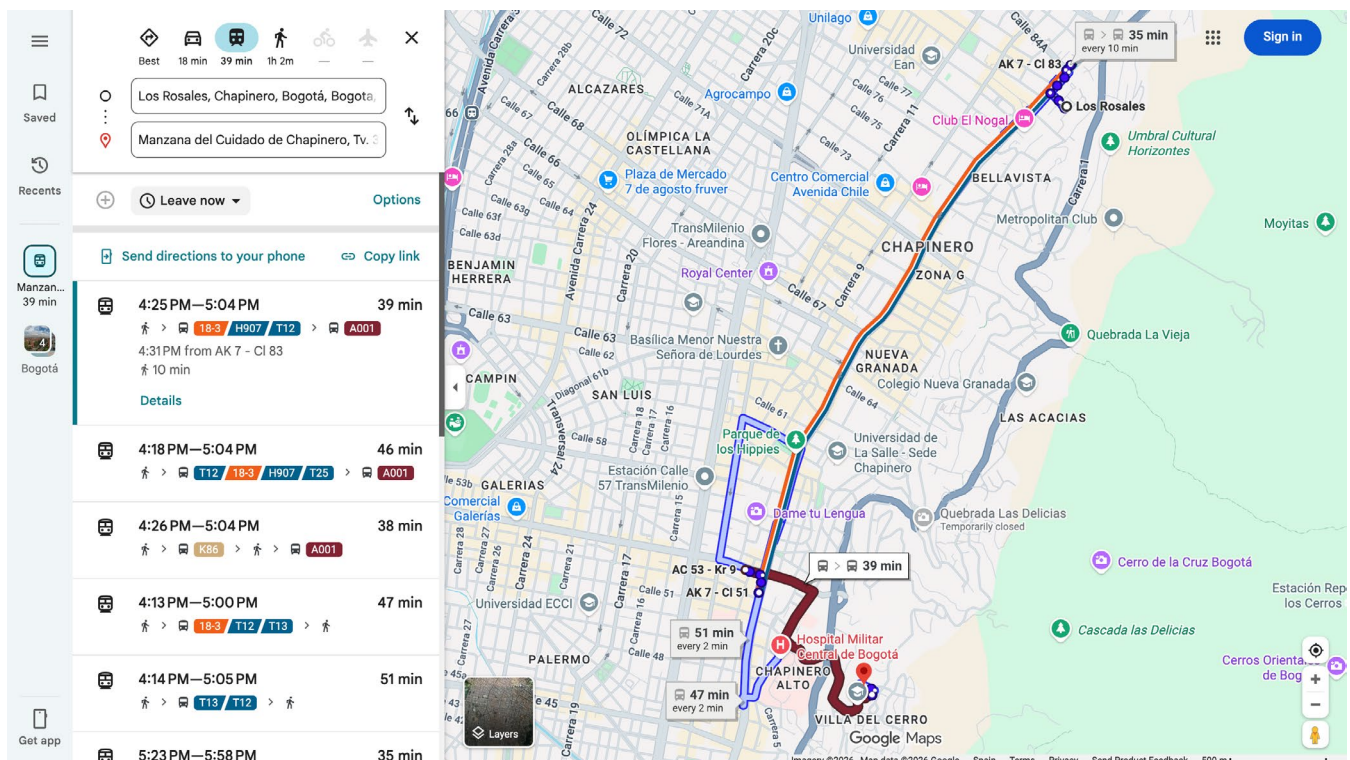


FIGURE 7 | Trip from high-income neighborhood of Los Rosales to Care Block in Chapinero. On foot, this trip would take over an hour. Source: Google Maps.

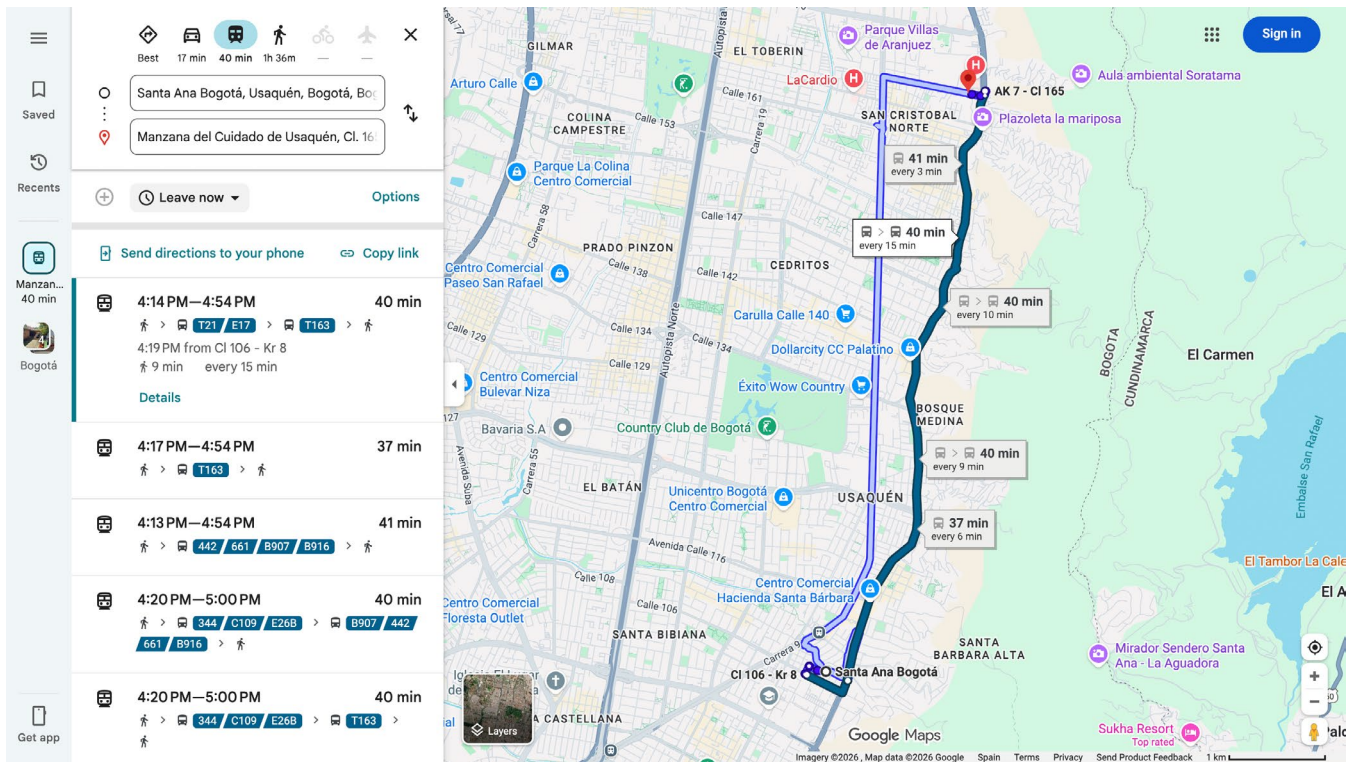


FIGURE 8 | Trip from high-income neighborhood of Santa Ana to Care Block in Usaquén. Walking would take over 90 min. *Source:* Google Maps.

call the “static city”—a spatial regime that assumes immobility and locality, ignoring the realities of those whose labor sustains urban life.

Furthermore, domestic workers’ exclusion from DCS reproduces what feminist economists identify as the commodification of care: care remains labor without rights, sustained by women in precarious conditions. Paradoxically, the same system that seeks to empower women by recognizing care as a public good also perpetuates their dependence by failing to provide pathways to economic autonomy, directly contradicting SDG 8 and fragmenting the very social fabric it aims to strengthen.

One respondent captured this contradiction poignantly:

We are single mothers and we need to work, but we also need to distract ourselves with routines beyond work.

Another added that she would love to attend Care Blocks with her son but cannot afford to lose a day’s wages. Their experience epitomizes the dilemma at the heart of Bogotá’s care policy: the right to care cannot come at the expense of the right to work.

The challenges faced by paid domestic workers illustrate that the legal and spatial frameworks of DCS, while progressive, remain incomplete. As currently designed, the system perpetuates structural inequalities in recognition, distribution, and accessibility. If Bogotá’s care agenda is to truly advance social sustainability, it must reconcile what Åhman (2013) calls the needs-based and rights-based dimensions of sustainability:

addressing the material conditions of marginalized women while safeguarding their right to self-fulfillment and participation.

Accordingly, the exclusion of paid caregivers represents a dual failure of distribution and recognition. Distributionally, care resources remain geographically concentrated and temporally limited; in terms of recognition, the law and policy still do not acknowledge the full spectrum of care work as both labor and right. This neglect risks reproducing the same inequities that SDG 5, SDG 8, and SDG 11 jointly aim to dismantle.

Ultimately, domestic workers’ well-being—and of Bogotá’s care system as a whole—should not depend on financial possibility or geographic happenstance. Following the relevant literature, achieving social sustainability requires not only equitable distribution but also recognition of structural inequalities, including systemic sexism, racialization, and precarious employment regimes. Only by acknowledging and addressing these intersecting barriers can DCS fulfil its potential as a transformative urban policy, advancing the integrated agenda of SDGs 5, 8, and 11 toward a city that is not only caring but also just.

5 | Conclusions

The literature on care work and the policies implemented through Bogotá’s DCS demonstrate meaningful progress in recognizing the social and economic value of unpaid caregivers, yet they expose enduring gendered, economic, and spatial inequalities. DCS and its Care Blocks, embedded in the

POT and the PDDs, have grounded the “caring city” in urban planning. By providing localized, free services for education, health, and empowerment, they have advanced the principles of SDG 5 (Gender Equality) and SDG 11 (Sustainable Cities and Communities), positioning Bogotá as a global reference for feminist urbanism.

Yet, the system also reproduces the very inequalities it aims to dismantle. Women, the overwhelming majority employed within DCS—leaders, educators, social workers, and professionals—work under precarious, short-term contracts, lacking social security or paid leave. This feminization and informalization of public care employment, echoing M. A. Durán (2017) and Tronto (2013), illustrate the undervaluation of feminized labor and contradict SDG 8.

Moreover, DCS's spatial and legal design excludes informal and low-income workers, whose realities defy assumptions of free time and proximity. As Åhman (2013) and Shirazi and Keivani (2017) emphasize, social sustainability requires balancing needs and rights—a balance Bogotá has yet to achieve. Unpaid caregivers benefit most, while those who rely on daily income—street vendors, informal laborers, and especially paid domestic workers—remain marginalized.

Domestic workers embody this paradox. Central to Bogotá's care economy, yet invisible within its legal framework, they face long commutes and overlapping schedules making access nearly impossible. Their exclusion deepens the feminization of poverty and the “static city” model that privileges proximity over the dynamic geographies of mobility and labor.

As Davidson (2009) argues, genuine social sustainability demands a “radical repoliticization of the economy.” For Bogotá, this means coupling redistribution with legal recognition, formal employment, and spatial inclusion. Expanding the legal definition of care, guaranteeing formal employment for Care Blocks' personnel, building Care Blocks in high and middle-income areas, extending hours, improving transport, and offering financial support would align the DCS with SDGs 5, 8, and 11. Only by dignifying care as labor and ensuring that those who sustain the system are themselves protected and empowered can Bogotá fulfill its promise of becoming a truly inclusive and feminist caring city.

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Conflicts of Interest

The authors declare no conflicts of interest.

Endnotes

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