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CONTRIBUTE TO THE DEVELOPMENT OF WOMEN
CAREGIVERS THROUGH COMPANIONSHIP

TEJIENDO CERCANÍAS
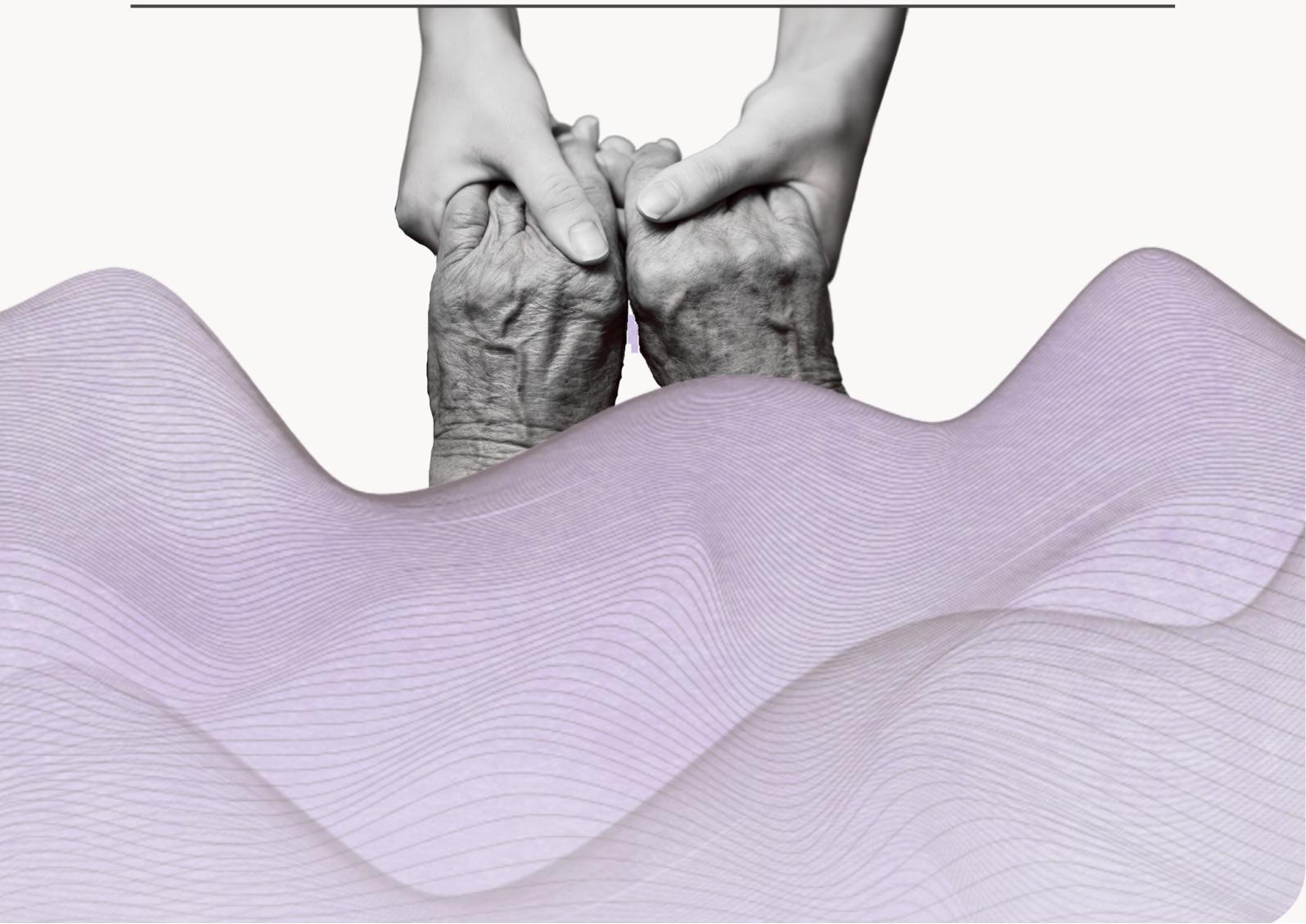
Ana Hernández Morfín, (Guadalajara, 1995)

Is currently studying the MA. in International Cooperation for Development at the Mora Institute and is a graduate in International Relations from ITESO. She has experience in the 2030 Agenda working in the Ministry of Foreign Affairs. Her research focuses on the rights of people with disabilities in order to promote social inclusion and equal opportunities. She considers loneliness as a problem that affects all people differently, depending on factors such as gender, sex, race, age, and disability status, among others; therefore, the solutions to address it must be explored in collaborative ways.

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Political scientist and Social Development Specialist from UNAM, expert in design and implementation of social projects with a focus on gender and intersectionality. She has specialized in domestic work and care work agendas with a research line in economics and labor from a feminist approach. She has worked for the federal government and in national and international non-governmental organizations. As a bisexual and indigenous woman, she has experienced the burden and loneliness, but also the joy and satisfaction of caring, so she has focused her activism on the necessary politicization of carework.

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Has experience in the public and private sector institutional linkage and migration processes. She graduated with a degree in International Studies from the UAS and is a specialist in International Public Law from the Law School of the UNAM. She has collaborated with the INAMI, the Ministry of Foreign Affairs and INAI. She is currently a student of the Master in International Cooperation for Development at Mora Institute and an intern at the Mexican Commission for Refugee Aid. Her line of research is the international framework of Human Rights, migrants and refugees and their integration processes. Her particular interest in the project arises from the conception of the right to care as a fundamental element for development and the current challenges, such as loneliness, in the distribution of care work.

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She has a degree in International Relations from UNAM and is a student of a Master's degree in International Cooperation for Development at the Mora Institute. Her line of research revolves around gender issues with an intersectional approach, specifically analyzing education, indigenous girls and violence. Recently, she is collaborating with the UNDP on gender projects. Her interest in caregiving arose from a family motivation, seeing that her maternal grandmother cared for many of her descendants throughout her life, to the point of never resting, and when she needed it very few cared for her, which generated much sadness and feelings of loneliness in her old age.

ABSTRACT

Care work is essential to sustain life, but how can we sustain caregivers when they face the challenges of loneliness? Care work has been attributed to the private sphere of households, preventing the building of communities and intimate ties among women caregivers and other members of the communities. This project aims to provide a solution for women caregivers of highly dependent people in Mexico City who, due to structural factors, can't address their own care. The Community Care Platform is a safe space for women to interact and lend a hand to each other and also to receive help from other members of the community whose work is not necessarily related to care. They will be able to build a community, increase their time for self-care, learn about the importance of care work in order to recognize the unpaid work they have been doing for a long time and provide help for other women going through similar situations. This Platform and the artivism included in the project are opportunities to not only address loneliness but also to shift the mindset of the community, resignify and redistribute care work and reconsider gender roles.

Care work is essential to sustain life

TABLE OF

CONTENTS

GLOSSARY

CCE: Business Coordinating Council (Spanish acronym)

CDMX: Mexico City

CMN: Mexican Business Council (Spanish acronym)

COLMEX: College of Mexico

COMCE: Mexican Council of Foreign Trade of the West (Spanish acronym)

COPARMEX: Confederation of Employers of the Mexican Republic (Spanish acronym)

DIF: Integral Family Development (Spanish acronym)

ECLAC: Economic Commission for Latin America and the Caribbean

ENBIARE: Encuesta Nacional de Bienestar Autoreportado (Spanish acronym)

ENOE: National Occupation and Employment Survey (Spanish acronym)

ENUT: National Time Use Survey (Spanish acronym)

GENDES: Gender and Development A.C (Spanish acronym)

IDS: Social Development Index (Spanish acronym)

ILO: International Labour Organization

ILSB: Simone de Beauvoir Leadership Institute (Spanish acronym)

IMSS: Mexican Social Security Institute (Spanish acronym)

INAI: National Institute of Transparency, Access to Information and Protection of Personal Data

INAPAM: National Institute for the Elderly (Spanish acronym)

INEGI: National Institute of Statistics, Geography and Informatics (Spanish acronym)

INM: National Institute of Migration (Spanish acronym)

INMUJERES: National Women's Institute (Spanish acronym)

Mora Institute: Dr. José María Luis Mora Research Institute (Spanish acronym)

OAS: Organization of American States

OXFAM MX: Oxfam Mexico

PAHO: Pan American Health Organization

SDG: Sustainable Development Goals

SMBs: Small and medium business

SMEs: Small and medium enterprises

UAS: Universidad Autónoma de Sinaloa

UNAM: National University Autonomous University of Mexico (Spanish acronym)

UNDP: United Nations Development Program

UN WOMEN: United Nations Women

WHO: World Health Organization

INTRODUCTION

INTRODUCTION

Carework is all those activities, relationships, spaces and goods aimed at providing wellbeing to people throughout their life cycle. Carework includes feeding, affection, hygiene, teaching and accompaniment according to the age stage of those who receive and provide it (PAHO, 2020). Care requires infrastructure, time, resources and space. In this sense, care work generates social and economic wealth; morever, it is highly demanding for those who perform it.[1] This work is essential to sustain life, societies and production tasks.

Carework is carried out mainly at home and it is unpaid; it is also inequitably distributed between men and women. According to ECLAC (2022), in Latin America and the Caribbean, women devote more than twice as much time to unpaid care work as men. **In the case of Mexico, women dedicate 26.7% of their day to unpaid care work, while men dedicate only 10.8%.**

Consequently, unpaid women caregivers have fewer opportunities for personal development. The scarcity of available time limits women's ability to participate in politics, continue their education, achieve economic autonomy and exercise their rights on equal terms (ECLAC, 2019). Likewise, confinement within the domestic space and the disproportionate workload limit their possibilities to form solid networks and recreational spaces, making this population particularly vulnerable to the negative effects of loneliness.[2]

This situation is aggravated by the so-called **care crisis.** This crisis implies an increase in the need for prolonged care due to population changes, as well as the overexploitation of unpaid caregivers due to their entry into the labor market (PAHO, 2020). Issues such as the increase in divorce rates and childless couples, the restructuring of the labor market and the pension system, the growing public expectation of family and community care palpable in the reduction of state spending, deepen this crisis (Hancock, 2022).

In this sense, the caregiving crisis negatively affects the well-being of unpaid caregivers and, by extension, the well-being of care receivers. Increased pressures on unpaid caregivers impact on their physical and psychoemotional health, leading to feelings of depression, anxiety and isolation (Carretero et al, 2006). The emotional and physical burden, coupled with financial pressures, gender expectations, the absence of effective public policies around caregiving and the scarcity of time for recreation, **aggravate the situation of loneliness faced by women caregivers.**

Consequently, this project seeks to contribute to the efforts made on different fronts to reduce this situation of inequality and injustice regarding the right to care. To this end, the analysis and responses to the problem focus on the condition of loneliness that affects the welfare of women and girls who perform unpaid care work for people with limited autonomy in Mexico City. Emphasis is placed on the particular conditions of this type of care receivers, since they require more care and are traditionally vulnerable groups due to the inadequacy of

public policies; as a result, their care implies a greater investment of time and resources on the part of unpaid caregivers. This situation produces a difference in the conditions of personal autonomy of these caregivers compared to their peers.

In this context, when we speak of unpaid caregivers, we refer to those women and girls who, without receiving any economic compensation, perform the reproductive tasks of daily care, that which provides well-being to people throughout their life cycle and allows, in turn, the production tasks. When we speak of people with limited autonomy who are recipients of this care, we are referring to people who, for vital or age-related reasons related to the lack or loss of their physical, sensorial, mental or intellectual autonomy, require the help of others to carry out activities of daily living (Council of Europe, 1998). Thus, in this group, we can find early childhood, older adults, people with chronic degenerative diseases and some people with physical or intellectual disabilities.

Due to the characteristics of the population and the problems to be addressed, the project is based on three theoretical and methodological approaches: the intersectional approach, the capabilities approach and the feminist economic approach. It also draws on the Logical Framework Methodology to provide evidence-based solutions.

INTERSECTIONAL APPROACH	Intersectionality is a methodological instrument that allows us to identify the different identities that are part of a person, and how the sum of these identities play a fundamental role in the development and/or access to rights and opportunities. This approach allows us to broaden the planes of injustice that are drawn beyond gender when variables such as skin color or ethnicity are added. In this way, intersectionality envisions mechanisms for the reproduction and perpetuation of inequality that refer to value systems and prejudices linked to the diversity of identities (Creenshaw, 1991).
CAPABILITIES APPROACH	It is a theoretical and normative approach proposed by Martha Nussbaum (2002). This perspective raises the moral imperative to ensure the freedom to achieve human well-being. Under this approach, said well-being is understood from human *capacities* -beings that people can achieve if they choose so. Nussbaum identifies ten core capabilities: life; bodily health; bodily integrity; senses imagination, and thought; emotions; practical reason; affiliation; other species; play; and control over one's environment.
FEMINIST ECONOMIC APPROACH	Feminist economics makes visible the role of domestic work in the generation of wealth and its implications for the oppression of women, giving rise to the concept (in permanent discussion) of the care economy to refer to "all activities and practices (paid and unpaid) necessary for the daily survival of people in the society in which they live, which includes self-care, direct care of other people, provision of the preconditions in which care is performed and care management" (Ferreyra , 2022).

DIAGNOSIS

TARGET POPULATION

In CDMX there are 4.8 million women, 80% of them perform some care task**s** within their homes and spend an average of 46.6 hours a week on this activity, while men spend only 21.9 hours (ENUT, 2019). In other words, 8 out of 10 women in the CDMX dedicate 2 of their 7 days a week to caring for their families and homes, without any remuneration or recognition. The distribution of carework and the use of time allows us to observe the gender gaps of women to access better conditions of well-being by not having enough time for rest, study, recreation or better job opportunities, which can lead to their isolation and increased feelings of loneliness and depression.

One of the carework activities that demands more time is when carework is dedicated to people with limited mobility or with the presence of a chronic, temporary or disabling disease. According to the ENUT (2019):

223,688 women in the CDMX perform this type of care within their homes and also in other homes, dedicating 26 and 18 hours a week respectively to this activity.

This shows the double and triple work shifts that overload their time in activities that are essential for the well-being of families and communities. Even with the increase in the entry of women into the labor market, the economic participation rate of women in Mexico City is 51.6%, while the rate for men is 73.47% (ENOE, 2023). In other words, there are more than 20 percentage points to close the gender gaps in the labor market.

On the other hand, precarious labor conditions and low wages are also an obstacle to achieving economic autonomy for women in the CDMX, since 42.39% of economically active women in the CDMX receive up to one minimum wage and only 1.44% receive more than 5 minimum wages. In the case of men, the percentage is 33.44% and 4% respectively. These precarious conditions and low wages will significantly affect female-headed households, which in the case of the CDMX represent 40% of households, a higher value than the national estimate of 33% of female-headed households in Mexico (CENSO, 2020).

According to statistics, there is a relationship between women's low economic participation and the increase in the number of hours dedicated to care work. Women with no income perform up to 16 hours more unpaid work per week than women who have their own income, and in Mexico, 1 out of every 3 women has no income of her own, that is, one third of women depend on others for subsistence. This can generate oppressive dynamics that prevent them from breaking cycles of violence within the family, or from being able to opt for other activities besides caregiving.

The oversaturation of their time and the burden of being the economic and care provider in their homes can lead to conditions of stress and anxiety that affect their quality of life. The CDMX is the state with the lowest average life satisfaction (average of 8) and 50% of women in the CDMX have symptoms of anxiety and 16% have symptoms of depression (ENBIARE, 2021).

On the other hand, the CDMX is beginning to have an aging population pyramid, since in 2000 the average age of the population was 27 years old and the dependency ratio was 48, by 2020 the average age was 35 years old and the dependency ratio decreased to 41 (INEGI, 2020). 11% of the population in the CDMX is over 65 years old, making it the city with the highest proportion of elderly people in Mexico. The population trend in the state indicates an inevitable increase in the need for carework for the elderly, and if there are no alternatives to the redistribution of carework, it will be women who will have to continue subsidizing the demand for care with their time.

> **50%** OF WOMEN IN THE CDMX HAVE SYMPTOMS OF ANXIETY AND **16%** HAVE SYMPTOMS OF DEPRESSION (ENBIARE, 2021).

TERRITORIAL ASPECT

Mexico is a highly family-oriented country (Oxfam Mexico, 2019), in which a sexual division of labor is perpetuated that causes unpaid care work to be feminized. Men dedicate on average 4 hours less to this work, and this effort of women is made invisible, precarious and performed for free (Oxfam Mexico, 2019), highly impacting gender inequality and the country's development. Therefore, this vision permeates within its federative entities, being Mexico City (CDMX) one more example of the large gender gap in unpaid care work.

Mexico City is home to 9,209,944 people (INEGI, 2021) distributed in 16 municipalities. Within which, 64% of women perform unpaid household work, while only 36% of men do so (ENUT, 2019). Women in the Benito Juárez municipality spend the least number of hours per week on care work (33), while women in Milpa Alta municipality spend the most (48.8) (Inmujeres CDMX, 2015). This data is related to the Social Development Index (IDS)**3** of the CDMX, where the former is classified in the Very High range, and the latter in the Very Low range, so the burden of care is closely related to social inequality.
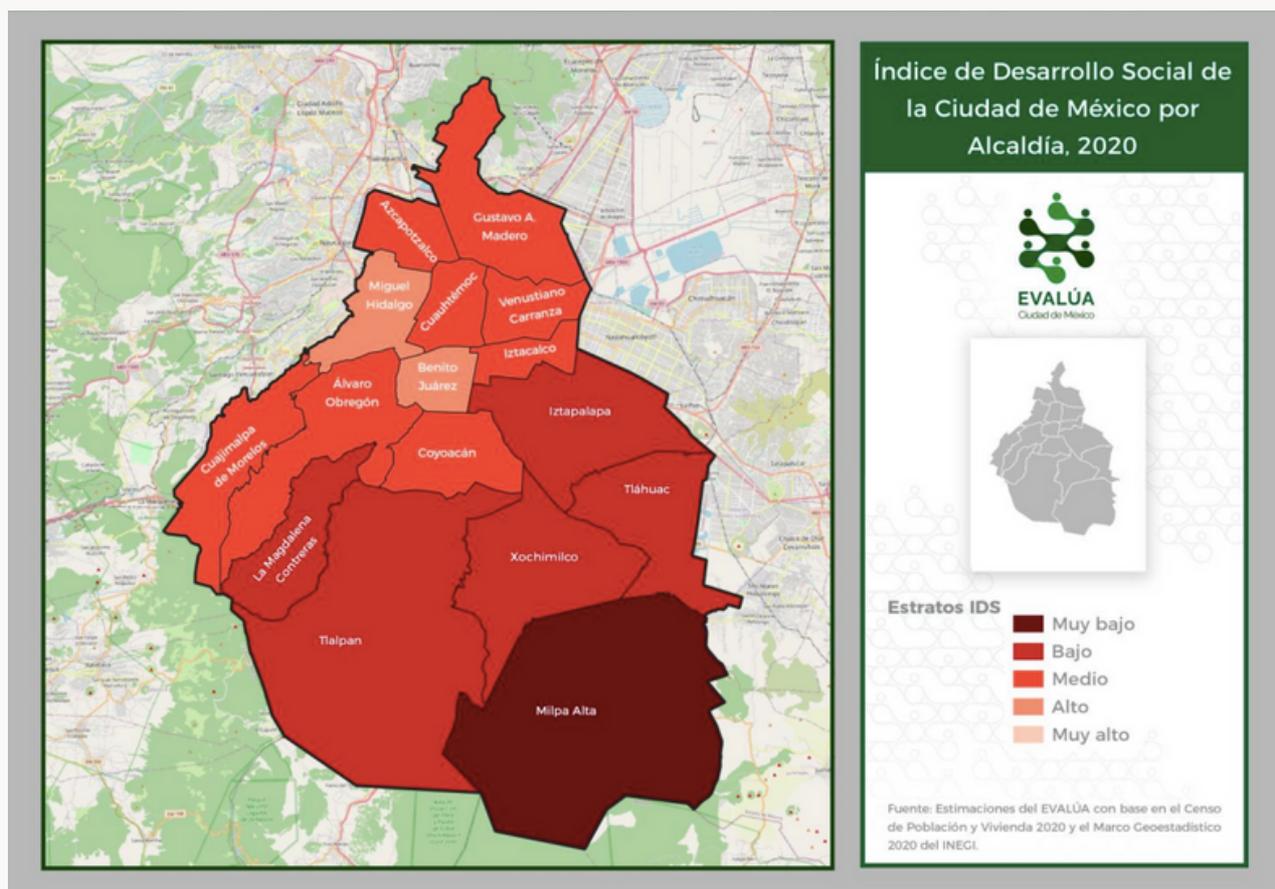
Fuente: Evalúa Cd. México, 2021

3 The IDS is calculated on the Unsatisfied Basic Needs method, which is part of the Integrated Poverty Measurement (MMIP), the official method adopted by the Evaluation Council to measure poverty in Mexico City. (Evalúa Cd. México, 2021, p.5)

The IDS uses information regarding housing quality and space, access to sanitation services (water, drainage and toilet), energy adequacy, internet access and telephone availability (fixed or cellular), as well as educational backwardness, access to health services and social security. (Evalúa Cd. México, 2021, p.4)

Dependent persons may be in a specific age range or with some type of disability. The most recent data from INEGI's Population and Housing Census (2021) indicate that in the CDMX the total number of people of dependent age is 2,674,878 (boys and girls between 0 and 14 years old and elderly people aged 65 and over). While people with disabilities -who perform daily activities with great difficulty or are unable to do so- reach 493,589 (INEGI, 2020). However, according to the ENUT (2020) only 1,064,711 women aged 12 and over are the ones who perform and manage unpaid work in support of households, so the care crisis within the territory is evident.

INEGI projected that by 2023 the aging population will reach 20% of the total population (Inmujeres CDMX, 2015), causing an increase in the number of people in need of care. Likewise, the urbanization of the capital city, which is causing an accelerated inclusion of women in paid work within an unequal care system, will aggravate the crisis surrounding this work. The political constitution of Mexico City (2017) recognizes the right to care, and is therefore obliged to guarantee it. On this basis, an equitable distribution within the private space is necessary, accompanied by collective solutions promoted by the government and its institutions in alliance with strategic actors.

INTERNATIONAL, NATIONAL AND LOCAL REGULATORY FRAMEWORK

"The right to care, understood as the right to receive care, to care and to self-care, is part of the human rights already recognized in international covenants and treaties, which every person enjoys, regardless of their situation of vulnerability or dependence, and which, based on the principles of equality, universality, progressiveness and non-regression, and social and gender co-responsibility, make possible the sustainability of human life and care for the planet" (UN WOMEN and ECLAC, 2022).

The recognition of the right to care still has a long way to go. Such right, for example, appears for the first time in 2015 in the Inter-American Convention on the Protection of the Human Rights of Older Persons (Güezmez and Vaeza, 2023). Prior to that convention, the content of that right is developed from different declarations and conventions mentioned below, but which have not succeeded in getting countries to establish the necessary regulations to overcome the problems and disadvantages faced by caregivers:

INTERNATIONAL LEGAL FRAMEWORK

Universal Declaration of Human Rights, 1948. United Nations.	Convention on the Rights of the Child, 1981. United Nations.	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará), 1994.
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979. United Nations and general recommendations.	Convention on the Rights of Persons with Disabilities, 2007. United Nations.	Inter-American Convention on the Protection of the Human Rights of Older Persons, 2015.

Note: Own work

At the national level, Mexico has a general law draft for the creation of a National Care System that seeks to reduce the negative burden of excessive unpaid care work imposed on women and girls to ensure their rights and autonomy (Güezmez and Vaeza, 2023). In order to present Mexico City local legal framework related to the right to care, a brief table is shown below.

MEXICO CITY LOCAL LEGAL FRAMEWORK

Political Constitution of Mexico City, 2017:	Constitutional Law on Human Rights and their Guarantees of Mexico City, 2019:
Article 9. Subparagraph B. Right to care. Every person has the right to care that sustains his or her life and provides him or her with the material and symbolic elements to live in society throughout his or her life. The authorities shall establish a care system that provides universal, accessible, relevant, sufficient and quality public services and develops public policies. The system shall give priority attention to people in a situation of dependency due to illness, disability, life cycle, especially childhood and old age, and to those who, in an unpaid manner, are in charge of their care.	**Article 56.** The right to care includes the right of all persons to take care of themselves, to care for themselves and to be cared for; it consists of ensuring that all persons have a set of basic activities aimed at guaranteeing the daily fulfillment of the living conditions that allow them to feed, educate, be healthy and live adequately, which includes both material care, which implies work with economic value, and psychological care, which involves an affective bond. The Social Development Law will establish the modalities that this right will have in plans, programs and policies.

JUSTIFICATION

Unpaid care work is fundamental to the function of societies and their economies. In Mexico, unpaid care work represents 26.3% of the GDP (INEGI,2020), and yet it continues to be undervalued. This causes the consequences towards caregivers, who are mostly women, to not be addressed. Nevertheless, carework has been finding its way onto international agendas, where recognition, remuneration, and redistribution are being advocated. The roadmap that guides countries towards common goals, the 2030 Agenda for Sustainable Development, clearly states:

RECOGNIZE AND VALUE UNPAID CARE AND DOMESTIC WORK THROUGH PUBLIC SERVICES, INFRASTRUCTURE AND SOCIAL PROTECTION POLICIES, AND BY PROMOTING SHARED RESPONSIBILITY IN THE HOME AND FAMILY, AS APPROPRIATE IN EACH COUNTRY (SDG 5.4)

The reality in Mexico is complex: "Women spend two-thirds of their time (67 percent) on unpaid work in the home and 31 percent on work in the labor market. While men, 69 percent of that time is spent on labor market work and only 28 percent on unpaid household work" (Kánter, 2020, p. 1).

Caregiving is an indispensable task for societies, "as a whole, it constitutes a very physically and emotionally demanding job, which requires infrastructure, time and resources, and is carried out uninterruptedly" (PAHO, 2020, p. 1). Therefore, it is a determinant in the lives of women and their well-being, both for their access to employment and the economy, as well as for their emotional integrity through manifestations of anxiety, depression and, of course, feelings of loneliness (Carrillo et al., 2022), mainly because it is an activity that is performed in the isolation and is undervalued.

In Mexico City, in addition to being a human right, the right to care is guaranteed in the constitution. It integrates both: the right to receive care and the right to choose to care. However, this is not put into practice, because, in addition to a strong crisis of care, the work is not distributed equally among the entire population, falling on women and affecting their development. For this reason, the project identifies that the main problem is the prevalence of feelings of loneliness among unpaid caregivers of people with limited independence in Mexico City.

INTRODUCTION

For the proposal we have used the logical framework methodology. It is a project management tool used in the design, planning, execution and evaluation of solutions with social impact. It is widely use in the field of international cooperation and international development since 1969. This methodology understands projects as a set of interrelated parts in which activities lead to components, the components to objectives and the objectives to goals. It's tools, such as the problem and objective trees and the alternative analysis have helped us find concrete solutions to address the problem of loneliness among women caregivers in Mexico City. The following pages explain the process in detail.

PROBLEM TREE DESCRIPTION

The objective of this project is to attend to the prevalence of the feeling of loneliness in women of Mexico City who are dedicated to unpaid care within their homes. The feeling of loneliness can imply conditions of vulnerability for female caregivers due to multiple factors. In the problem tree, we identified the following five causes that can amplify feelings of loneliness in women and that we will seek to address in the project components.

1. Prevalence of gender roles that assign caregiving tasks to women in the private sphere

Historically and systemically, women have dedicated themselves to unpaid carework due to the sexual division of labor that dichotomously assigns and divides productive and reproductive activities, the former assigned to men in the public space and the latter to women in the private space (Maffía, 2016). The problem lies in the fact that these differences designate reproductive activities less value, and even make them invisible, which has paradoxically generated disregard for activities that are essential for sustaining life, resulting in conditions of greater vulnerability for women and the lack of public policies that allow the redistribution of care in all social actors; such as the community, the public sector and the private sector.

The unfair distribution of care isolates and subjects women to long working hours in the privacy of their homes, limiting their possibilities for personal development in public spaces, such as political participation, professional development (UN Women, 2015) and, above all, the impossibility of weaving networks and community that allow them to socialize and reduce the feeling of loneliness.

The care provided to people with limited mobility or chronic illnesses is one of the cares with the greatest demand for time (Baltar, 2019), which is why this project aims to weave spaces between the caregivers themselves, in order to break the harsh divisions between public and private.

2. Economic and Political System that reduces and privatizes access to social welfare

With the economic policies that neoliberalism brought, the thinning of the welfare state and the loss of social rights such as access to social protection were privileged (Engster, 2015). In Mexico, access to social security is contingent on formal work, which excludes more than half of the population that is employed in the informal sector and does not have access to public care services such as nurseries, medical services, licenses maternity or paternity leave and will not be entitled to a pension system in old age (Pautassi, 2018).

This has generated that homes, and the women within them, continue to subsidize the absences of the State in terms of care. In the problem tree, we identified that, given the saturation of women's time, it is more difficult for them to recognize themselves as subjects of public policy and to coordinate actions to demand their right to care that equally contemplates the well-being of those who do carework as those who require care, including demanding the right of not to care (Pautassi, 2016).

3. Excessive burden demanded by paid and unpaid work among caregivers

The excessive demand on the time of women who do carework means that self-care cannot be a priority, their time is very reduced and activities such as rest and recreation along family and friends are not compatible with their schedules; physical pain, as well, is not attended, as the care of others is more prevailing. Care is usually given in solitude and the fact that they do not have the right to be cared for, even by themselves, causes burnout and the aggravation of physical ailments due to not having timely medical assistance (Baltar, 2019).

4. Belittlement and undervaluation of caregiving work in society

As mentioned in point one, the so-called sexual division of labor and a patriarchal system that gives less value to those characteristics associated with the feminine such as care activities, makes social precariousness prevail in professions such as housework, cleaning service, nurses and teachers, professions that are also highly feminized (OIT, 2019).

This condition affects the self-perception of caregivers, affecting the lack of self-esteem and recognition that the work of caring also has a positive social and economic impact. This perpetuates the normalization of a system that favors the exploitation of women's unpaid work.

5. Overrepresentation of women in informal and precarious work due to the incompatibility of working hours with care work

In Mexico, almost 60% of women work in the informal job sector (ENOE, 2023) due to the incompatibility of care schedules with formal work schedules, not to mention the stigma and discrimination of many workplaces considering that care time is a loss for the company, when it turns out to be the other way round.

On the other hand, 40% of households are headed by women (INEGI, 2020), which highly implies households with insufficient income, since 42% of economically active women in CDMX receive one minimum salary in their monthly income (ENOE, 2020), an insufficient income to be able to cover the basic needs of a home. This can produce stress and anxiety for women as they are unable to meet basic needs for their homes, or depend on someone else to survive financially, affecting their economic autonomy.

PROBLEM TREE

Hindrance to the personal development of unpaid caregivers from the capabilities approach

Limited opportunities to build a sense of belonging in the community	Limitations to the comprehensive exercise of care rights	Significant drop in quality of life for caregivers and care receivers	Perpetuation and normalization of the systemic exploitation of caregivers	Difficulty improving their economic autonomy
Fewer opportunities to build relationships with others outside of the private sphere	Limitations to the ability of caregivers to politically organize themselves and defend their priorities in the public agenda	Risk to experience health effects of loneliness, such as disease, chronic pain and burnout	Difficulty seeking well-being for themselves	Feelings of stress and anxiety due to financial burden in the family unit

Prevalence of feelings of loneliness in unpaid women caregivers of people with limited independence in Mexico City

Care activities carried out in the isolated space of home	The absence of a universal care system and insufficient care policies for caregivers	Limited or no time for personal activities such as rest, recreation, medical atenttion or study	Unpaid work that limits the personal autonomy of caregivers and produces feelings of self-insuffiency	Dependence on precarious family income
Prevalence of gender roles that assign caregiving tasks to women in the private sphere	Economic and political system model that reduces and privatizes the welfare state	Excessive burden demanded by paid and unpaid work among caregivers	Belittlement and undervaluation of caregiving work in society	Overrepresentation of women in informal and precarious work due to the incompatibility of working hours with care work

OBJECTIVE TREE DESCRIPTION

Based on the five causes identified as factors that generate and potentiate feelings of loneliness among unpaid caregivers, the central objective of the project will be to increase the feeling of companionship and congeniality among unpaid caregivers of people with limited independence in Mexico City through five fundamental objectives:

1. Equity in the social distribution of caregiving tasks

The aim is to contribute to an equal distribution of carework among all members of the family within households and the community. In this way, the project will address the loneliness caused by the performance of this activity by a single person in the private sphere of the home, so caregivers will also have the opportunity to build networks and increase the sense of belonging in the community.

2. Economic and political system model that prioritize life-sustaining

The aim is to assist the consolidation of a universal care system and solid public policie for caregivers. To this end, it will be essential for caregivers to organize politically with the purpose of prioritizing their needs in the public agenda to ensure that the right to care is fully and effectively guaranteed for them.

3. Fair distribution of paid and unpaid work

Productive (paid) work is intended to be compatible with reproductive (unpaid) work to avoid overexploitation of caregivers, who will have space for rest, leisure and educational activities. These recreational activities will generate positive effects on the mental and physical health of caregivers, as well as generating congeniality, emotional well-being and stress reduction.

4. Care work valued and recognized by society

The aim is that society understands the value of care work, so that caregivers increase their autonomy and self-esteem by considering their work as important, and thus generating the need to procure their wellbeing. In this way, the system of exploitation that has assumed that care work is not valuable is eliminated.

5. Women caregivers have access to decent work with work-life balance

The aim is for caregivers to have a decent job that promotes a balance between professional and family life. This gives them the possibility of accessing a fair income for their financial stability, while at the same time ensuring family unity. Finally, caregivers will be able to improve their economic autonomy.

OBJECTIVES TREE

Barriers to the personal development of unpaid women caregivers are reduced from the capabilities approach

Strenghting sense of belonging to the community	Full exercise of care rights	Increase in quality of life for caregivers and care receivers	Abolishment of the systemic exploitation of caregivers	Improve in the economic autonomy of caregivers
More spaces and opportunities to build relationships and networks	Caregivers are politically organized and their priorities are placed in the public agenda	Experience of positive mental and physical health effects of congeniality, such as emotional wellbeing and reduced stress	Hability seeking well-being for themselves	Feelings of wellbeing due to financial stability in the family unit

Increase feelings of companionship and congeniality in unpaid women caregivers of people with limited independence in Mexico City

Care activities are not limited to the private sphere of homes	Existence of a universal care system and strong care policies for caregivers	Personal time for activities such as rest, recreation or study	Caregivers work enhances their personal autonomy and self-esteem	Fair family income
Equity in the social distribution of caregiving tasks	Economic and political system model that prioritize life-sustaining	Fair distribution of paid and unpaid work	Care work valued and recognized by society	Women caregivers have access to decent work with work-life balance

ALTERNATIVES ANALYSIS

Given the aforementioned objectives, the following strategies were envisioned. Then, we evaluated their pertinence with the defined criteria based on the intersectional and capabilities approaches and some of the best practices of public management.

CRITERIA	Community Care Platform	Care debtors registry	Political advocacy strategy	Sensibilization by social artivism	Institutionalization of care as work	Linkage with the private initiative for a job offer sensitive to caregivers
Lower implementation costs	2	2	2	4	4	1
Direct impact on loneliness	5	1	1	5	3	2
Positive effects in more than one area	5	2	3	3	4	3
Technical feasibility	2	5	4	5	3	2
Intersectionality	4	2	5	5	5	3
Lower resistance from the population	3	1	2	4	2	3
Short-term results	5	3	2	5	2	1
Greater temporal and budgetary sustainability	3	3	4	4	5	2
Total	**29**	19	23	**35**	28	17

Scale: 1= Very negative | 2= negative | 3= neutral | 4= positive | 5= very positive

SOLUTIONS DESCRIPTION

1 COMMUNITY CARE PLATFORM (CCP)

This a strategy that aims to be a meeting virtual place specifically for unpaid caregivers of people with limited autonomy or chronic illness. The platform will offer content that helps caregivers to inform themselves about self-care and other topics of interest that help them to recognize that carework should not be an activity carried out in isolation.

The CCP is meant to be an accessible and safe space for members to interact with each other and learn from each other's experiences. Therefore, there will be a forum for participants to express their testimonies, learn about each other's life situations and build community through fellowship. We will have a first phase of registration and diagnosis that will allow us to adapt the content of the platform according to the needs of the audience.

This space will also enhance the formation of political networks, as a basis for further community care work activities outside the CCP. Additionally, the platform aims to reach the largest number of women caregivers in the community, regardless of their socioeconomic status, so promotional actions will be carried out through social networks to raise awareness of this platform.

An important component of the CCP is The Time Bank, which is a proposal that makes it possible to manage the supply and demand of services through people's time; in other words, the unit of exchange is not money but the time invested in the activity to be carried out. By this way, when offering a service, the profit would be the number of hours performed, the same hours that can be accumulated and exchanged to receive another service.

Time banks are strategies that can have a positive impact on the creation of community by encouraging communication between people with similar interests, developing trust and allowing the exchange of services not only by money but with time, as an important option for families and households with limited income (INESEM, 2023).

Finally, taking into account that not all people have the possibility of interacting with a platform, the following is a complementary proposal that is framed in the streets and community spaces and that contributes to achieving the project's overall objectives.

2 SENSIBILIZATION BY SOCIAL ARTIVISM

Artivism is a form of creative expression that combines art and politics to advocate for justice and inspire positive change in the society. In addition, it provides a meaningful space to incentivate grassroot participation, social catarsis and community-building.

As a result, this form of political expression operates in two levels. Firstly, it produces the chance to build networks, compashionship and frienships, thus reducing the feeling of loneliness among its participants. Secondly, it provides a powerful mean to incite reflection around social inequalities and injustices in a community.

In that effect, the strategy selected through the criteria detailed above aims at benefitting from the positive effects of artivism to promote social change, to empower unpaid caregivers and to build a sense of optimism and companshionship among this group that is particularly vulnerable to the negative effects of loneliness.

Starting from the tradition of Mexican muralism, this strategy seeks to socialize this visual technique among women caregivers and feminist artists through the intervention and appropriation of public space. The objective is to create a space for dialogue and emotional bonding that allows the narrative construction of the life stories of the participating women and the centrality that unpaid care work has had in their life trajectory.

Likewise, it seeks to encourage reflection in the rest of the community to recognize the value of carework and the impact that its unfair distribution has on the social fabric and individual corporality. In this respect, this strategy seeks to take carework from the private spehere to the public sphere -symbolically and literally.
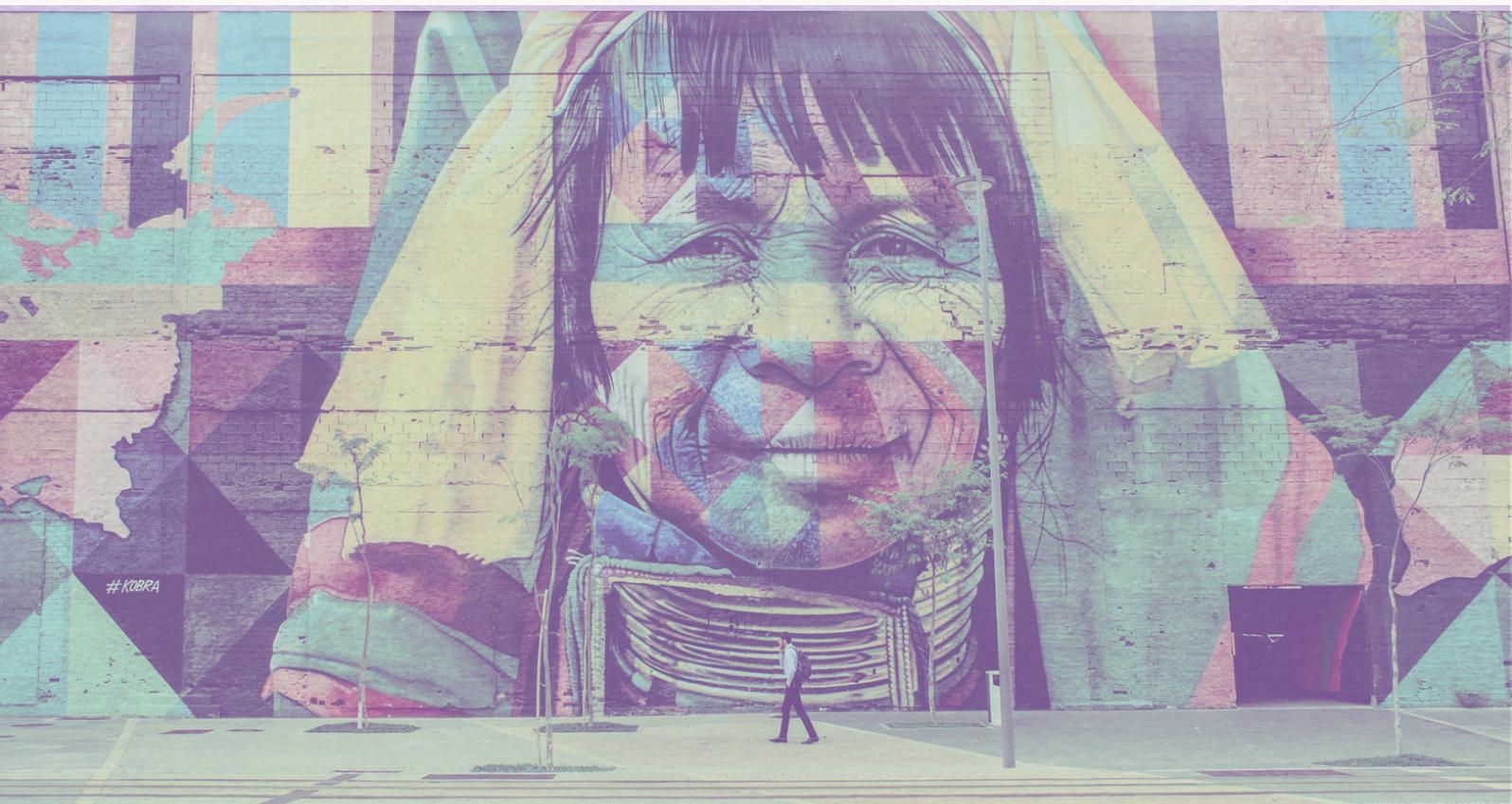
LOGIC FRAMEWORK MATRIX

	PROJECT DESCRIPTION	INDICATORS OF ACHIEVEMENT	MEANS OF VERIFICATION	ASSUMPTIONS
GOAL	Contribute to reducing barriers to personal development of unpaid women caregivers through companionship and community building	Average life satisfaction reported by women caregivers in Mexico City	National Time Use Survey (ENUT, spanish acronym), INEGI	Feelings of companionship and congeniality reduce the negative effects of loneliness in unpaid women caregivers, which favors their personal development
		Number of hours that women caregivers spent on study activities	ENUT (INEGI)	
		Average number of women caregivers who are satisfied with the time they spend doing what they really enjoy	ENUT (INEGI)	
PURPOSE	Feelings of companionship and congeniality in unpaid women caregivers of people with limited independence in Mexico City are increased	Average number of women caregivers who are satisfied with the time they spend with family and friends	ENUT (INEGI)	The caregiving platform and artivism strategies favor the creation of community among unpaid women caregivers, which generates feelings of companionship and congeniality
		Number of hours spent on recreational and social activities	ENUT (INEGI)	
		Average number of women caregivers who self-report being happy or very happy	ENUT (INEGI)	
OUTPUTS	1. Community Care Platform (CCP)	Average number of hours per week that women caregivers dedicate to the care of persons with limited independence in Mexico City	ENUT (INEGI)	Women caregivers and the community has internet access, interact and register in the CCP and are interested in joining the activities of the Time Bank tool.
		Satisfaction survey on platform use and viability	CCP data base (project team)	
	2. Sensibilization by social artivism strategy	Average evaluation obtained in the artivism activities	Evaluation survey (project team)	
		Testimonials from the participants	Testimony file (project team)	
ACTIVITIES	1.1. Registration, diagnosis tool and content creation for the platform	Number of publications produced	CCP data base (project team)	The target population has internet access, is aware of the CCP and the Time Bank tool existence, evaluates the activities positively and has time to participate in them and benefits from the opportunity to carry out caregiving tasks in a accompanied manner, reducing feelings of loneliness.
		Number of registered women caregivers	CCP data base (project team)	
	1.2. Management of the Time Bank project to exchange time and accompaniment in care	Number of hours that have been exchanged in the Time bank	CCP data base (project team)	
	1.3. CCP forum for understanding and exchange of experiences	Number of monthly interactions in Forums	CCP data base (project team)	
		Testimonials from the participants	Testimony file (project team)	
	1.4. Formation of political networks	Number of activities organized by the political network	Network activities registry (project team)	
	1.5. Actions to disseminate the platform among women carers	Number of people reached	Social media outreach and field diary (project team and social media statistics)	
	2.1 Call for local artist caregivers	Number of applicants	Project registry (project team)	Approval is obtained from local authorities or in private property to intervene in the public space and the call is attractive for the community and for the local artists to participate.
		Number of participants	Project registry (project team)	
	2.2 Urban murals project	Number of neighborhoods with at least one artistic intervention	Project registry (project team)	

SCHEDULE

1. Community Care Platform (CCP)

Outputs and activities	2023 (8–12)	2024 (1–12)	2025 (1–12)	2026 (1–7)
1. Community Care Platform (CCP)				
1.0. Platform design				
1.0.1. Diagnosis research	8			
1.0.2. Functionality, UX and UI design		3		
1.0.3. Development of technical architecture	11			
1.0.4. Front-end and back end development		2–3		
1.0.5. API development		4		
1.0.6. Quality testing		6		
1.0.7. Deployment and infrastructure set up		7		
1.0.8. Security and privacy design		7		
1.0.9. Launching		8		
1.0.10. User feedback and iteration		8–12	1–3	
10.0.11. Maintenance and updates		8–12	1–12	1–7
1.1. Registration, diagnosis tool and content creation				
1.1.1. Content creation		1		
1.1.2. Registration form and diagnostic questionnaire development		1		
1.1.3. Diagnostic questionnaire and registraton form testing		8		
1.1.4. Metrics report		8	10	6
1.1.5. Register database maintenance		8–12	1–12	1–7
1.2. Time Bank Project				
1.2.1. Best practices exchange with similar projects	8			
1.2.2. Operation rules for user registration	9–10			
1.2.3. Risk evaluation	10			
1.2.4. Survey with potential participants		1–5		
1.2.5. Pilot launching		8–9		
1.2.6. User feedback		8–9		
1.2.7. Launching		12		
1.2.8. Partnerships with the private sector		8–12	1–12	
1.2.9. Monitoring		8–12	1–12	1–7
1.2.10 Metrics report		8	10	6
1.3. CCP forum project				
1.3.1. Moderator training		8	10	
1.3.2. Monitoring and content creation		8–12	1–12	1–7
1.3.3. Call for life testimonies		8	10	
1.4. Formation of political networks				
1.4.1. Diagnosis field trip	9–10			
1.4.2. Contact with neighborhoods and neighborhood assemblies	9–12	1		
1.4.3. Node formation and articulation on the CCP		1–4, 8	1	
1.4.4. Empowerment and leadership workshops for caregivers		8	1, 10	1–7
1.4.5. Companionship and technical assistance		8–12	1–12	1–7

Page 2

Outputs and activities	2023 (8–12)	2024 (1–12)	2025 (1–12)	2026 (1–7)
2. Sensibilization by social artivism strategy				
2.1. Call for local artist caregivers				
2.1.1. Call design		1		
2.1.2. Strategic partnerships development		2–3		
2.1.3. Call launch		5–6		
2.1.4. Selection of participants		7		
2.1.5. Empowerment workshops for local artists and caregivers		8	1	1
2.2. Urban murals project				
2.2.1. Group formation		8		
2.2.2. Spot mapping		9–10		
2.2.3. Obtaining permits from local authorities		11	3	
2.2.4. Life-story and artivism workshop		11	3	1
2.2.5. Public space interventions			1–12	1–7
3. Communications strategy				
2.3.1. Develop brand voice and tone	8–12			
2.3.2. Develop key messages and content plan		1	8	1
2.3.3. Campaigns		5	3	1
2.3.4. Metrics report			8	1
2.3.5. Closure communications				1
4. Evaluation			6	1

FINANCING STRATEGY

A mixed financing scheme is proposed for individual donors, corporate donors and institutional donors, with a customized strategy for each of them.

Type of donor	Strategy	Roadmap
Individual donors	Donation	1. Integrate a donation button into the CPP.
		2. Fundraising activities in the public space with volunteers.
Corporate donors	1. Exposure on CPP	1.1. Mapping of socially responsible enterprises that share our mission and vision about carework and its linkage with loneliness as a public health issue.
		1.2. Development of a paid advertising system within the CPP.
		1.3. Promotion of advertisement spaces among potential corporate partners.
	2. Partnership agreements	2.1. Mapping of socially responsible enterprises that share our mission and vision about carework and its linkage with loneliness as a public health issue.
		2.2. Negotiation of parternership agreements aim at providing services and donations to CPP bank-time users.
Institutional donors	Participation in institutional financing calls	1. Mapping of financing calls and review of compliance with requirements.
		2. Application to calls according to the project and the actors involved.

COMMUNICATION STRATEGY

1 **Difussion activities:** A specific identity is created for the platform in order to easily identify its purpose.

After the creation of the project graphic identity, an avatar for the platform, and a promotional video of the project will be created to encourage the participation of caregivers and the community in general and to position the project as attractive for the participation of the private sector and national companies.

Within the **difussion** activities, two **promotional campaigns** are planned, the first one in July for the dissemination of the day of care, whose importance within the project is essential, taking into account that our purpose is to raise awareness of those involved and not involved in the work of care, this day represents a visualization of the efforts that traditionally in Mexican society has not given the importance they deserve.

2 **Social networks**: As part of the development of the project, we plan to create our own profiles for Facebook, Twitter and Instagram. Prior to the launching of the Platform, a campaign will be carried out to disseminate its activities through its own social networks and the aforementioned promotional video.
As part of the strategic alliances, the Mexico City government will position the platform's image at least two months prior to its launch date.

3 **Final Report:** A report will be prepared every six months in order to regularly communicate the progress of the project to all the target audience and participants. It is proposed that the content of the final report be as follows:

- Period covered
- Total number of stakeholders involved in the period
- Degree of progress
- Limitations or problems encountered
- Budget execution
- Scope of dissemination
- Areas of opportunity
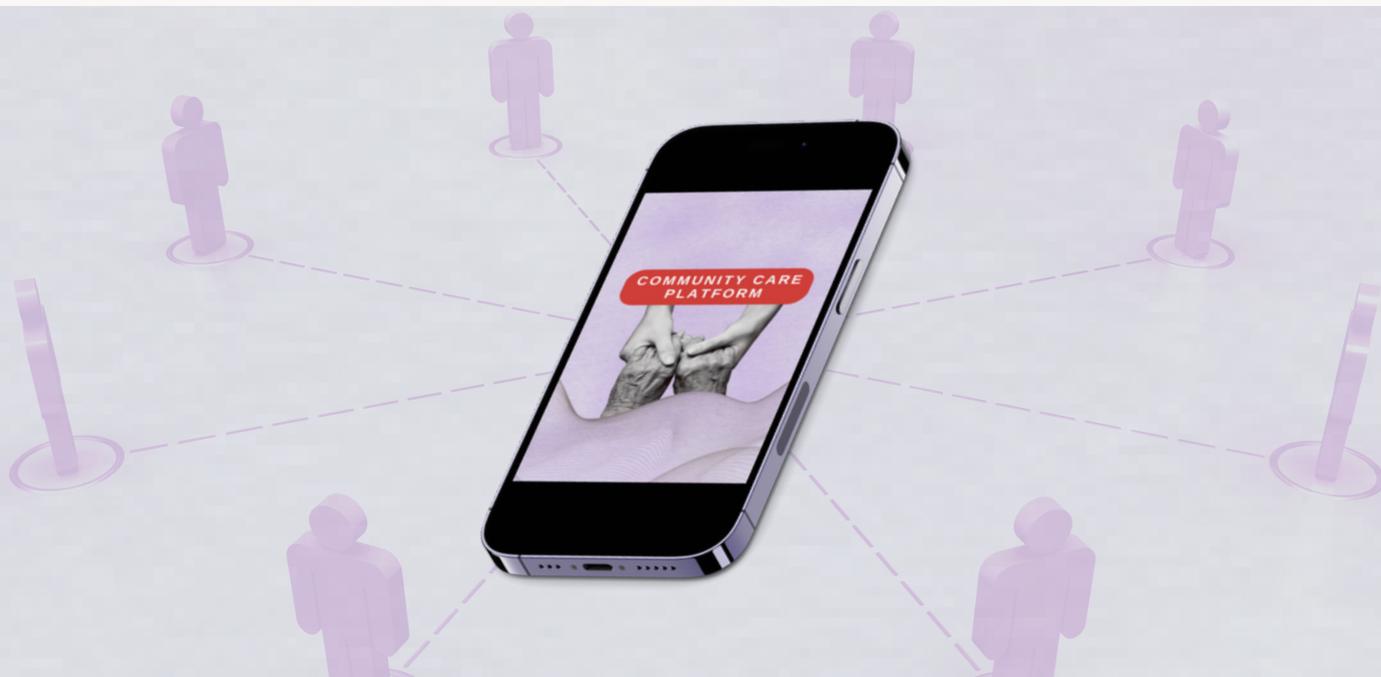
EVALUATION

MID-TERM AND FINAL EVALUATION

To achieve a comprehensive evaluation of the project, a mid-term and a final evaluation are proposed. The objective of the first is to consider whether the activities should continue as planned, whether there is a high probability of realizing the important assumptions and whether there are prospects of achieving the objectives.

The mid-term evaluation will involve a representative of each of the caregivers using the platform, through a forum, and an external evaluator team, to be conducted in the first year of the platform's operation and thereafter over a six-month period.

It is proposed that the content of the mid-term evaluation be based on the evaluation criteria proposed by the Japan International Cooperation Agency (2004): relevance, effectiveness, efficiency, impact and sustainability.

A final evaluation is also proposed with the participation of the representatives of the activities included in the CCP and an external evaluator. The results of the final evaluation will be included in the final report provided to the project participants and to the companies interested in joining in the platform.

Included in the final evaluation are: relevance, efficiency and effectiveness based on the actual situation and results. Impact and sustainability are also examined based on the achievements and status of activities up to that point, and also in relation to future trends and feasibility.

CONCLUSION

CONCLUSION

In this project, we study the causes and possible solutions to loneliness within a particularly vulnerable group: unpaid female caregivers. We start from an understanding of loneliness as a public health problem, with systemic causes and community-based solutions.

Based on the elaboration of a theoretical and case study, we identified the causalities and effects that the inequitable burden of care work produces in women and their communities, situating the project in the specific reality of Mexico City. We found that loneliness among unpaid caregivers is fueled by feminization, excessive workload, lack of recognition, and the confinement of care work to the private domestic sphere.

In this sense, we identified a series of objectives and alternatives based on the logical framework methodology. We found as possible solutions the political advocacy, a care debtors registry, the institutionalization of care as work and the linkage with the private initiative. Nonetheless, we found that the best solution, based on the intersectional and capabilities approach, were the Community Care Platform and a sensibilization by social artivism strategy. Both strategies provide a balanced, effective, and feasible solution for women caregivers in Mexico City who experience solitude. Its simultaneous application allows a positive incidence in four realms.

Firstly, this approach facilitates an impact on the digital realm, promoting the building of companionship and friendship among unpaid caregivers on cyberspace. Secondly, it allows the formation of networks of incidence and trust in the physical environment, escalating caregivers' needs to the public sphere, while encouraging unity against adversity.

Thirdly, both solutions, altogether, promote the strengthening of self-esteem and pride, empowering women that otherwise would endure a troublesome situation in solitude and silence. Finally, these strategies clear the way for a conversation about justice at the community level, encouraging transformations in our material and corporeal reality.

At last, the possibility of finding funding for projects related to carework makes a difference in the overall future. It is unsustainable to continue improving other areas of life, when the life itself is being sustained by women who are being left behind. This is why the 2030 Agenda sets an essential goal: to recognize and value unpaid care work.

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