



# **Towards a comprehensive care system in Latin America. Legislative processes in the capital cities and at the national level in Argentina and Mexico (2018–2020)**

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*Abstract.* In this article we address the issue of care rights in Latin America, specifically in Argentina and Mexico, focusing in particular on the legislative processes related to comprehensive care systems at the sub-national and national levels. We draw on the cases of Mexico City (2018-2019) and the Autonomous City of Buenos Aires (2019) as well as the national level in each country, where there are ongoing legislative initiatives (2020). We take a comparative socio-historical and gender approach to show the social and political dynamics involved in the legislative processes that lead to the recognition of the rights of caregivers and the cared for in each case, at the subnational levels of the capital cities and the national level of both countries. Our categories of analysis are: the social conditions of gender violence; the social and political actors that participate in the construction of demand for comprehensive care legislation; and the political-cultural and formal-normative components of the legislative proposals presented. We identify differences between cases that we think contribute to unraveling the complexity of the legislative processes related to care rights in Latin America.

*Keywords:* comprehensive care system, Latin America, gender, care rights, gender-based violence.

## Introduction

In this article we address the question of citizens' rights in Latin America—specifically, in Argentina and Mexico, placing particular emphasis on legislative processes related to comprehensive care systems at the subnational and national levels. We focus on the cases of Mexico City (CDMX) in 2018 and 2019 and the Autonomous City of Buenos Aires (CABA) in 2019 as well as the national legislative spheres of their respective countries today.

The selection of the two cases was based on their prominence in the context of the Latin American experience. As we will see, few countries in the region have attempted to create a comprehensive care system. Besides the well-known experience of Uruguay, Argentina and Mexico are two of the countries that have made the biggest strides in this area. At present, the governments of both nations are part of the broad spectrum of so-called progressive regimes (the current Mexican government is considered “moderately progressive” as Modenesi, 2021, has noted). Both nations have a federal structure, and their capital cities are two of the largest urban centers in the region. Historically, these cities have exercised their autonomy by leading the public agenda on social problems. Moreover, as Carla Zibecchi and Vilma Paura argue, it is worth considering the role of subnational governments as a unit of analysis<sup>1</sup> since identifying and characterizing institutional welfare arrangements at this level is “a powerful way of capturing their singularity and diversity, and for discussing and contributing on that basis to a ‘national’ definition that is present in a future research agenda”<sup>2</sup> (Paura & Zibecchi, 2021, p. 28). In both cities there were legislative proposals for comprehensive care systems in 2018–2019 and, in both countries, there are ongoing processes at the national level led by legislators from the same political parties as were responsible for the initiatives at the subnational level. We think that this fact aids understanding of the phenomenon studied here, and it is partly for this reason that we center our analysis on the cases of Argentina and Mexico at these levels.

Our starting point is that legislative initiatives related to comprehensive care systems constitute attempts at reparation for historical gender-based violence in Latin America and, therefore, consideration of the demands of women's and feminist movements is crucial to their analysis. The actions of these movements unfold primarily in the cities that have established themselves as the main stage for activism over the past two centuries (Kern,

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1 The authors refer to the creation of social policies, but the same can be said of legislative processes.

2 All translations from Spanish are by *Apuntes*.

2020). Thus, in this article we explore legislative proposals for comprehensive care systems from a comparative socio-historic and gender-based perspective presented in CDMX and CABA, as well as at the national level of both countries. We approach the study focusing on the social conditions of gender-based violence, as well as the social and political dynamics involved in the construction of demand.<sup>3</sup> We recognize care as a universal right: everyone has the right to care, to be cared for, and to self-care (Pautassi, 2007). Accordingly, states have the duty to act as guarantors for the implementation of care, and are a fundamental actor when it comes to addressing this matter. In this article, we examine the state by way of its legislative branch.

To refer to violence, we revisit the idea that the patriarchal order of gender develops a “project of domination—exploitation by the social category of men [that] requires that their capacity for control be aided by violence” (Saffioti, 2018, p. 585). This is not only physical violence but refers to the broader set of forms of violence encompassed by “the patriarchal hetero-cis framework at the different levels at which it operates (sexual, economic violence, to name but a few)” (Nijensohn, 2019, p. 38-39). The forms of gender-based violence at the base of the capitalist system range “from femicide to sexual or economic violence, among others, understanding that the sexual is but the tip of the iceberg of a whole series of aggressions, among which the economic assumes special importance” (Nijensohn, 2018, p. 43). Within this framework, we understand that care work is accompanied by a particular form of economic violence, but that it is associated with other forms of violence as well.

On the other hand, we now know that care has been historically associated with women and identified as a natural female resource in order to justify its unpaid status (Federici, 2018). This served to delimit the hierarchized sexual division of work, the exploitation, and the consequent violence to women’s bodies. Because no one can survive without care, the task has become a central aspect of human wellbeing and development and, thus, of society (Faur & Jelin, 2013). Employing the concept of “care work” allows us to shift our attention from the naturalization of care as an inherent aspect of the female condition to a perspective that seeks to identify its providers, the particular characteristics of the work, and the rights that underpin it.

Feminists have recently started to develop the concept of the “care economy” as a means of exploring this phenomenon. This concept is used to

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3 We consider NGOs, social and feminist movements, and political parties and groupings as socio-political actors calling for care.

question “the ways in which the distribution of work, time and income are generated to place the production of wellbeing at the center of the analysis” (Esquivel, 2011, p. 23).

As noted, in this article we examine the rights that support care through an analysis of legislative proposals.<sup>4</sup> To this end we adopt the concept of “legislative process,” which refers to the articulation of chronologically ordered acts and procedures for the formation of laws that results “from the correlation between existing social conditions and the available legal system” (Giordano, 2013, p. 26). For our research methodology, we draw on Facio’s (1992) proposal for the “gender-based analysis of the legal phenomenon,” adopting its “political-cultural” (p. 52) and “formal normative” (p. 64) components. The former component refers to the subjects who draft laws, the legal doctrine that serves to underpin these laws, valued traditions, political interests, and the interests of the most influential social groups, among other elements. The “formal–normative” component refers to the text in terms of its literal wording.

We think that care rights have assumed particular importance in the context of the emergency caused by the SARS-CoV-2 pandemic. This situation exacerbated the pre-existing “crisis of care” in that the preventative and mandatory isolation required to curb transmission was sustained by the unpaid care work of women and feminized identities within the home. This is a problematic that must be addressed through comprehensive solutions (Pautassi, 2020).

This article is divided into three sections. The first presents an overview of care rights in Latin America. Our sources are the data available on government websites in the two countries studied as well as those of international organizations. The second part examines the legislative process in CDMX and CABA from a comparative and gender-based perspective. To this end we employ draft legal texts presented, press releases, and specialized literature. The third part analyzes ongoing legislative proposals at the national level. For this purpose we analyze parliamentary sources and press releases. Finally, in the conclusions, we reflect on some of our most compelling findings, which we hope will serve as a contribution to unraveling the complexity of the legal proceedings related to care rights in Latin America.

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4 Other aspects of great importance, if the respective chambers approve the bills, will be the ways in which the laws are translated into concrete actions in terms of policies, how citizens appropriate the law, and how the courts interpret the legal texts.

## **Toward comprehensive care systems in Latin America**

Care work encompasses all activities that are essential to satisfying the basic needs for the reproduction of individuals, providing them with physical and symbolic elements that allow them to live in society (Mesa Interministerial de Políticas de Cuidado [MIPC], 2020). Historically, the unequal distribution of caregiving responsibilities was manifested primarily in two spheres: between households, the state, the market, and community organizations; and between men and women (Rodríguez Enríquez, 2015). In addition, a “familyist” system has historically prevailed that has naturalized a relationship of exploitation and domination whereby care work is unpaid and generally falls upon women (Batthyány, 2015; Centro de Implementación de Políticas Públicas para la Equidad y el Crecimiento [CIPPEC], Programa de las Naciones Unidas para el Desarrollo [PNUD], Organización Internacional del Trabajo [OIT] & Fondo de las Naciones Unidas para la Infancia [Unicef], 2018; Instituto Friedrich Ebert Stiftung [IFES] México, 2019; Giordano, 2012). In recent decades, the crisis of populisms and of state models based on expanded rights has occurred in tandem with greater “over-exploitation of women and a crisis of the social organization of care” (Franganillo et al., 2019, p. 47). To address this critical situation the concept of “care systems” is beginning to emerge, with reference to the following:

A set of intersectoral public and private actions that are carried out in an articulated manner to provide direct attention to people and support families in caring for their family members [...] This is a central component of the social protection system and is founded on the definition of care as a public good, as a right and a dimension of citizenship (Batthyány, 2015, p. 25).

Evidently, state approval of this conception of care depends on multiple factors. At the international level, the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (hereafter, the Montevideo Strategy) expressly states that one of the main obstacles to advancing toward sustainable and egalitarian development is the sexual division of labor and, in particular, the unfair social organization of care. In Latin America, all governments ratified this document at the 13th Regional Conference on Women in Latin America and the Caribbean (Comisión Económica para América Latina [CEPAL], 2016).<sup>5</sup>

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5 The Quito Consensus had already defined care as a human right, in 2007 (Pautassi, 2007).

Because the issue of care rights has only recently entered the agenda, not many countries in the region have comprehensive care systems in place. Notable among those that do is Uruguay, which promulgated a system of this type<sup>6</sup> in 2015 to articulate “policy components for all populations affected by care needs and a strong orientation toward universality, with gradual coverage targets” (CIPPEC, PNUD, OIT, & UNICEF, 2018, p. 130). The lengthy process that led up to this achievement counted on the resolute support of sectors of academia, as well as civil society as a whole. The objective was to involve in care tasks not only families and their communities but also the state and the market, based on the “design and implementation of public policies that constitute a model of solidarity and co-responsibility between families, state, community, and market.”<sup>7</sup> The law stipulates coordination between ten public institutions that come together as the National Board of Care (Junta Nacional de Cuidados).<sup>8</sup> Moreover, it establishes a committee that acts as the guarantor of social participation in the system.

Although Uruguay is recognized as a benchmark, it is worth reiterating that other countries in the region have also made progress on this front. In Colombia, in 2010, Law No. 1413 provided for the creation of the Intersectoral Care Economy Commission (later enacted through Decree No. 2490, 2013), the periodic administration of a national time-use survey (NTUS), and the inclusion of unpaid domestic work in the National Accounts System through a satellite account. The creation in 2015 of an Intersectoral Care Economy Roundtable (Mesa Intersectorial de Economía del Cuidado) was another auspicious initiative. This body is described as follows:

A working group of civil society organizations, academic institutions, political institutions, and state agencies, committed to the formulation of a National Care System and to influencing public policies related to social redistribution of care in the framework of gender justice and rights as a structural factor for sustainable development and peace-building<sup>9</sup>(Mesa Intersectorial de Economía, 2018).

This roundtable has had a full and active agenda. However, to date there have been no specific legislative proposals for a national care system

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6 Law No. 19353. Sistema Nacional Integrado de Cuidados, Uruguay, November 27, 2015. Retrieved from <https://mesaintersectorialdeeconomíadelcuidadocolombia.files.wordpress.com/2018/06/sistema-nacional-de-cuidados-uruguay-ley-19-353.pdf>

7 Ibid. Article 2.

8 Ibid. Article 12.

9 Mesa Intersectorial de Economía del Cuidado. (2018). *Quiénes Somos*. Retrieved from <https://mesaintersectorialdeeconomíadelcuidadocolombia.wordpress.com/>

in Colombia. In Paraguay, in 2016, the Intersectoral Care Policy Driving Group (Grupo Interinstitucional Impulsor de la Política de Cuidados, GIPC) was established, led by the Ministry for Women. The GIPC is part of the Social Protection System (also known as “Vamos”), launched in 2019 by the national government and currently composed of the Technical Unit of the Social Cabinet (Unidad Técnica del Gabinete Social) and another ten state bodies. This project is still ongoing and enjoys the support of President Mario Abdó, according to a news item published on the website of the Social Cabinet of the Government.<sup>10</sup>

In Mexico, a National Care Strategy was designed in order to articulate pre-existing programs and actions, as noted in a report titled “Bases para una Estrategia Nacional de Cuidados” published by the National Institute for Women (Instituto Nacional de las Mujeres, INMUJERES) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). Though a significant development, this care strategy is long predated by the NTUS that Mexico has been administering since 1996; at present, this survey is the responsibility of INMUJERES and the National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía, INEGI). This instrument offers valuable information for the formulation of public policy, by “making visible men and women’s different allocations of time, providing inputs and evidence for public policies on equality in the social and economic spheres” (CEPAL, 2016, p. 5).

Following its initial deployment, Mexico’s NTUS was administered as part of the National Household Income and Expenditure Survey (Encuesta Nacional de Ingresos y Gastos de los Hogares) on two further occasions, 1998 and 2002. Since 2009, it has been applied every five years as a special independent tool. It should be noted that the surveyed population includes indigenous peoples, which is crucial to measuring the influence of ethnic and racialization factors as part of the analysis of care in a country like Mexico, in which a high proportion of the population is indigenous and which has a history of subordination and exclusion of these groups.<sup>11</sup> Another valuable mechanism available to the Mexican state is the Satellite Account of Non-remunerated Work in Mexican Households (Cuenta Satélite del Trabajo No Remunerado de los Hogares de México). This instrument is

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10 Gabinete Social del Gobierno de Paraguay. (November 6, 2020). *La Política de Cuidados del Paraguay es prioridad dentro del Sistema de Protección Social Vamos*. Retrieved from <https://www.gabinetesocial.gov.py/noticia/931-la-politica-de-cuidados-del-paraguay-es-prioridad-dentro-del-sistema-de-proteccion-social-vamos.html#.X60zQdt7nMI>

11 Instituto Nacional de Estadística y Geografía. *Encuesta Nacional sobre Uso del Tiempo*. Retrieved from <https://www.inegi.org.mx/programas/enut/2019/>



used to estimate the economic value of unpaid household work (involving domestic and caregiving activities) and its share of the national economy.<sup>12</sup>

Argentina is another country that has legislated for or taken legislative steps toward a comprehensive care system. The presidential victory of the Frente de Todos candidate, Alberto Fernández, on December 10, 2019 marked a decisive shift in government policy from that of his predecessor, Mauricio Macri, and his party Cambiemos (2015–2019). As far as policies specifically referring to social protection are concerned, the Fernández administration has returned to the measures put in place by the governments of Néstor Kirchner (2003–2007) and Cristina Fernández de Kirchner (2007–2011 and 2011–2015) of Frente para la Victoria. That is, the government now supports policies of inclusion and a universalist and integrated approach, breaking with the targeted ethos of the previous government. In addition, the Fernández administration favors a comprehensive care perspective.

The main actions implemented in Argentina in relation to the care agenda include the creation of an Interministerial Care Policy Roundtable in July 2020 (Mesa Interministerial de Políticas de Cuidado [MIPC], 2020), which recently led to the formation of a Drafting Committee for the Draft Bill to Create a Comprehensive Care System with a Gender Perspective (Comisión Redactora del Anteproyecto de Ley para Crear un Sistema Integral de Cuidados con Perspectiva de Género) (Boletín Oficial de la República Argentina, 2020). The first meeting of this committee took place in November 2020 and was chaired by the Minister for Women, Gender, and Diversity, Elizabeth Gómez Alcorta (Télam, 2020).

Now, these initiatives have a direct antecedent in the NTUS that was included as a module in the Annual Urban Households Survey (Encuesta Anual de Hogares Urbanos, EAHU) of 2013, during the presidency of Cristina Fernández de Kirchner. This was an initial attempt at a change of perspective in how the state concerns itself with care-related matters, and a first step on the path to a comprehensive approach. On December 20, 2019, Argentina's official gazette published a notice of the Senate's enactment of Law No. 27532, which provided for the creation of the NTUS.<sup>13</sup>

Section B of the corresponding article calls for public policies that promote equitable distribution of paid and unpaid work between men and women.

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12 Instituto Nacional de Estadística e Informática. (December 11, 2018). *Cuenta Satélite del Trabajo no remunerado de los Hogares de México, 2017*. Retrieved from <https://www.inegi.org.mx/contenidos/saladeprensa/boletines/2018/StmaCnntaNaI/CSTNRH2017.pdf>

13 The bill was first introduced in 2016, during the presidency of Macri, by Frente para la Victoria as a continuation of the 2013 NTUS module.



The objectives of the NTUS include measurement of the economic contribution of unpaid domestic and care work based on a breakdown of the data by gender and age.<sup>14</sup> The survey will be administered for the first time in 2021.

### **Legislative processes related to comprehensive care systems in Mexico City and Buenos Aires.**

Both the Montevideo Strategy and Uruguay's experience of creating its National Care System served as precursors to greater emphasis on the issue of care in Latin America. These two developments have informed the preparation by other countries in the region of various reports intended to organize the available data on the matter. Argentina and Mexico have made considerable progress to this end. In the case of Argentina, for instance, CIPPEC, UNDP, ILO, & UNICEF published a report on the current outlook for care policies (2018); while in Mexico, the Instituto Friedrich Ebert Stiftung (2019) issued an important publication on the care policy situation. Moreover, between 2018 and 2020, legislative proposals were set in motion in the capital cities of both, with repercussions for the national level in each case. CDMX and CABA are two of the largest urban centers in the region, and their governments have historically exerted considerable influence on the state agenda for tackling social problems.

Argentina, like other countries in the region, presents high levels of gender-based violence, as well as high rates of femicide, transvesticide, and transfemicide (Ministerio de las Mujeres, Géneros y Diversidad, 2020). But unlike Mexico, the numbers have not increased markedly in recent years.<sup>15</sup> Throughout 2020 and early 2021, during Argentina's Mandatory Preventative Social Isolation (Aislamiento Social Preventivo y Obligatorio, ASPO) measures in response to the SARS-CoV-2 pandemic, the frequency with which femicides were recorded—and the contrast with the rates of other forms of crime, which fell considerably—gave cause for alarm (Latfem, 2020). Therefore, in June 2020, the Ministry for Women, Genders, and Diversity launched a National Action Plan Against Gender-based Violence (Tiempo Argentino, 2020), the main aim of which is to prevent, tackle, and eradicate gender-based violence. As an innovation, its scope extended to LGBTIQ+ identities. This measure attests to the state's active role in the

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14 Law No. 25532. Encuesta Nacional sobre Uso del Tiempo, November 20, 2019. Retrieved from <http://www.saij.gob.ar/27532-nacional-encuesta-nacional-uso-tiempo-Ins0006789-2019-11-20/123456789-0abc-defg-g98-76000scanyel>

15 According to the National Register of Femicides of the Argentine Judiciary (Registro Nacional de Femicidios de la Justicia Argentina), in 2019 there were 268 fatalities due to gender-based violence (Plan Nacional de Acción contra las Violencias por Motivos de Género, 2020).

fight against gender-based violence, as well as the translation into public policy of feminist claims and demands that, since the first demonstration organized by the Ni Una Menos collective in 2015, had foregrounded the urgent need to eradicate all forms of gender-based violence and femicide (Ni Una Menos, 2015).

In contrast, in CABA the Juntos por el Cambio government (a political coalition originally created as Cambiemos) led by Horacio Rodríguez Larreta (of Propuesta Republicana), reduced the city's budget for policies related to tackling gender-based violence. Analyzing the data for 2020, the allocation rose by 11.8% which, given the inflation rate of 29%, was equivalent to a cut of 17.19% to the budget of the CABA Directorate for Women (La Izquierda Diario, 2020). Moreover, in December 2020, officials at the directorate staged a series of strikes over their precarious work situation (La Izquierda Diario, 2020). As we will see later, these decisions by the Juntos Por el Cambio administration in CABA differed from the policies of Frente de Todos at the national level, and are an expression of the gulf between feminisms and the city government.

Mexico, in recent years, has witnessed a rise in femicides, in tandem with the state's drift away from social affairs. Campaigners have therefore tended to organize themselves around the fight against this phenomenon, identifying the state as the main figure of blame but also the great absentee. While Mexican feminist movements exhibited both "a conscience for human rights and the performance of citizenship in the public space to defend them" (Miller & Ortega, 2017, p. 258), the state repeatedly ignored their demands. Therefore, "state and civil society in Mexico are taking diverging and even opposite paths in the face of the crisis of violence against women that is occurring in Mexico" (2017, p. 258). In CDMX, even though the mayor, Claudia Sheinbaum, identifies as a feminist, this divergence of paths is replicating and reinforcing the distance between social movements and the state at the subnational level as well.

The tensions between Sheimbaun and the feminisms have been nowhere more evident than in government repression of a march on September 28, 2020 (Infobae, 2020), and in the mayor's denunciation of the activists as being chiefly responsible for the violence in the streets on that occasion.

These conditions underlie the legislative processes of CDMX and CABA. In the case of the 2019 bill in CDMX the issue of violence is explicitly mentioned in the text, while in CABA the issue is framed as part of a broader agenda of the defense of human rights with a gender perspective. Indeed, the Frente para la Victoria legislator Carlos Tomada, sponsor of the bill presented in the Buenos Aires legislature in 2019, gave the first

presentation of the initiative at the headquarters of the Permanent Assembly for Human Rights (Asamblea Permanente por los Derechos Humanos, APDH).<sup>16</sup> Besides Tomada himself, the panel was composed of the APDH president, María Elena Naddeo; lawyer and feminist Nelly Minyersky, also president of the Women's Parliament within the CABA legislature; and Victoria Montenegro, another legislator representing the same party as Tomada and, until December 10, 2015, coordinator of the National Unit for the Prevention, Attention, and Eradication of Violence against Women at the National Women's Council (Unidad Nacional para la Prevención, Asistencia y Erradicación de la Violencia Contra las Mujeres del Consejo Nacional de las Mujeres) (Infobaires 24, 2019).

As we will point out later, the text of Tomada's bill makes no explicit reference to gender-based violence but rather refers to the human rights of persons who need care and of those who provide it. However, in our view, the composition of the panel for the public presentation of the bill supports the idea that we explore here of upholding care rights as a form of reparation of gender violence—something that the ties between Tomada and the feminisms also demonstrates.

As to the social and political dynamics, in the case of CABA it is worth stressing the high level of mobilization of women and feminisms which, after a prolonged struggle, managed to organize and exploit the channels to set the agenda at the level of the state. In particular, it is notable that, in recent years, “alongside human rights organizations, and under the populist imprint, feminists inscribed their slogans and claims—like never before—in the popular sphere.” As a result, many feminist demands began to be articulated within Peronist and Kirchnerist alliances and groupings (Barros & Martínez, 2019, p. 47). New collectives also emerged based on the joint tradition of Peronism and feminism, such as Mala Junta (within the Frente Grande party), Mumalá (Libres del Sur), and others.

The strong mobilization in CABA can trace its origins to March 25, 2015, when a read-a-thon under the motto of “Ni Una Menos” (Not One Less) brought together cultural feminists and relatives of femicide victims to raise awareness about the rise in gender-based violence (Ramacciotti & Zanganaro, 2019). This foundational event was followed in 2016 by a national feminist strike, and then, on March 8, 2017, by the International

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16 Asamblea Permanente por los Derechos Humanos. (April 16, 2019). *Presentación del proyecto de ley: Sistema Integral de Cuidados de la Ciudad de Buenos Aires*. Retrieved from <https://www.apdh-argentina.org.ar/actividades/presentacion-del-proyecto-de-ley-sistema-integral-de-cuidados-de-la-ciudad-autonoma-de>

Women's Strike, with the Ni Una Menos collective playing a leading role in both. The purpose of these protests was to call out gender inequalities in the world of work and to demonstrate the importance of the work that women do in all its domains, both public and private. More specifically, the demonstrations underlined the number of hours that women dedicate to unpaid reproductive work, especially in caregiving tasks.

As well as the fight against gender-related violence, the 2016 strike incorporated political and economic demands. This occurred at a conjuncture of confrontation against the policies implemented by the right-wing Macri administration (Alessandro, 2017; Latfem, 2018), which openly betted on the deepening of social and gender inequalities. The main effects of the measures applied by this government included a drop in investment in public policies that benefited the most disadvantaged sectors, 100% currency devaluation during the first two years, rises in unemployment and inflation, and budgetary reductions for programs intended to combat violence against women, among others (García Delgado, 2018; Carbajal, 2019). This precipitated a significant increase in poverty, so much so that the number of people below the poverty line in Argentina went from 27.3% in the first half of 2018 to 35.4% one year later. Women bore the brunt of this increase, accounting for 62.5% of the near 40% of Argentina's population classed as low income (El Canciller, 2019). The new wave of mobilization occurred at the crossroads between the expansion of rights ushered in by the preceding Kirchnerist governments and the severe restrictions, budgetary strangulation, and hollowing out of the state during the Macri administration. As a common enemy, "Macrism" served as the binding force for the different feminist actors, who rose up as "a force in opposition to the neoliberal and anti-popular measures of the government [of Mauricio Macri]" (Nijensohn, 2019, p. 79).

In its preamble, the bill presented by Tomada in the CABA legislature in 2019 recognizes the importance of the abovementioned factors, and refers expressly to the gender inequalities that impact the pay gap and form part of the "glass ceiling" that women face in the job market.<sup>17</sup>

As noted, Tomada presented the bill on behalf of the Frente para la Victoria, the governing party during the presidencies of Néstor Kirchner and Cristina Fernández de Kirchner. This legislator has a long trajectory of participation in the Peronist ranks, later aligning with Kirchnerism and even serving as a cabinet minister under Cristina Fernández. Thus, when

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17 CABA-969-D-2019. Draft law sponsored by Carlos Alfonso Tomada: Sistema Integral de Cuidados de la Ciudad Autónoma de Buenos Aires, 2019.

Tomada put forward the comprehensive care system proposal in the Buenos Aires legislature, he did so as a member of the opposition, given that the CABA government was in the hands of *Juntos por el Cambio* and Horacio Rodríguez Larreta (Macri's successor as mayor). Consonant with the Peronist–Kirchnerist ideas of expansion of rights, Tomada's plan was the first to approach the question of comprehensive care in this legislature.

In the case of the draft laws presented in CDMX in 2018 and 2019, the social and political actors involved in building the demand for citizens' rights are quite different. In CDMX the starting point of the new wave of mobilization of women and feminisms can be identified as the events of Sunday April 24, 2016, when thousands of women marched through the streets of Mexico City and other major cities in the country to express their opposition to the violence that they had suffered, historically and dramatically. Their main intention was to say "enough" to the femicides committed systematically and in large numbers in Mexico, particularly over the last quarter-century (Miller & Ortega, 2017).

As noted earlier, *Ni Una Menos* in Argentina was also articulated around the fight against femicide, but expanded its scope to other ideals: "They not only focus on gender-based violence, but also address the critical issue of inequality: the distribution of household tasks, the pay gap and autonomy over their bodies" (Palumbo & Azparren, 2020). And unlike in Mexico, the movement in Argentina achieved rapprochement with the state (Alcaraz & Goldman, 2021). Notable examples of this linkage include the creation of the Ministry for Women, Genders, and Diversity, currently led by Elizabeth Gómez Alcorta (an activist from the feminist collective *Mala Junta* within *Frente Patria Grande*),<sup>18</sup> and the establishment of the General Directorate of Comprehensive Care under the Ministry of Social Development, occupied by Carolina Brandáriz (Gender Secretary at the Education Workers' Union, and feminist activist in the *Evita* collective).

In addition, two leading Argentine feminists were brought close to the structure of national government: Dora Barrancos, with her lengthy political, academic, and feminist track record, became an unpaid advisor to the president; and Ofelia Fernández, a young activist with *Vamos*,<sup>19</sup> was elected

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18 *Frente Patria Grande* is an Argentine progressive, "popular left" political coalition that was established in 2018. Led by political activist Juan Grabois, it is composed of various political and social organizations.

19 The *Vamos* front was formed in 2018 and is made up of *Unidad Popular*, the *Movimiento Evita*, *Libres del Sur*, the *Partido del Trabajo y el Pueblo*, and other political groupings. It is part of *Frente Patria Grande* (a grouping that is now itself a component of the *Frente de Todos* governing coalition).

to the CABA legislature as a member for Frente de Todos, the governing party at the national level.<sup>20</sup>

The establishment of the Ministry for Women, Genders, and Diversity under the current presidency stands out as a key achievement by the feminist movements, as well as a nod by the Alberto Fernández administration toward the integration of feminism into state policy. In an interview, Minister Gómez Alcorta celebrated the ministry's creation as a triumph for the street mobilizations of the feminisms since 2015 (Alcaraz & Goldman, 2019). With regard to care, it is possible to discern that "the Alberto Fernández administration gave numerous signals in relation to the importance it places on care as a task and as a distinctive value of the new government" (Svampa, 2020). These signals included the creation of the General Directorate of Comprehensive Care under the Ministry of Social Development, and the Care Directorate under the Ministry for Women, Gender, and Diversity as fundamental actions that respond to the demands of feminisms.

Indeed, Svampa (2020) notes that officials faced the challenge of implementing public policies that address care, health, and the environment all together. In part, the future of the ongoing national-level legislative process related to comprehensive care systems will attest, in its advances or setbacks, to how this challenge was met.

This is a very clear difference from the situation in Mexico, where feminisms remain pitted against the state and tethered to the fight against violence (Palumbo & Azparren, 2020). In the case of the bill presented in April 2018, it was none other than the head of government of CDMX, Miguel Ángel Mancera Espinosa, who submitted a draft decree for the Comprehensive Care System Law to the Federal District's legislative assembly. Amalia García Medina, Secretary of Labor and Job Promotion in the government of Mancera Espinosa (from the Partido de la Revolución Democrática) and Teresa Incháustegui Romero, director general of INMUJERES-CDMX, participated in the formulation of the proposal.

García Medina is a woman with a long history in the struggle for women's rights and gender and sexual diversity in Mexico. Moreover, she is a politician from the leftist tradition (an ex-member of the Partido Comunista Mexicano, the Partido Socialista Unificado de México, and the Partido Mexicano Socialista). She was president of the CDMX federal

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20 Of course, the political involvement of Argentina's feminist movements is not limited to these two figures, who we single out for their political proximity and connections with the government. Nonetheless, we think that referring to these activists is sufficient and important to indicate the coalition's inclusion of feminisms and the president's firm commitment to their demands—some of which, such as the legalization of abortion in 2020, even go beyond the limits of the party base.

assembly's Security Committee from 1991 to 1994, during which time she promoted the law that created the first Human Rights Commission in the city. Moreover, as a deputy (1988-1991), she promoted a new penal law for the recategorization of rape, domestic violence, and sexual harassment as serious offenses. These antecedents are clear evidence of her commitment to a gender rights agenda.

However, it was not the political ideas or the political trajectory of García Medina that was the decisive factor in the draft bill presented by Mancera Espinosa to the legislative assembly, but a series of other factors that proved more important. First, it was presented by Mancera Espinosa, who had previously led the signing of a memorandum of understanding with UN Women (through which the Commission of Care Economy and Labor Equality was also conceived). There was also the collaboration of the ILO, the Economic and Social Council of CDMX, the Instituto de Liderazgo Simone de Beauvoir, the Facultad de Estudios Superiores Aragón at the Universidad Nacional Autónoma de México (UNAM), and the National Care Secretariat of Uruguay.<sup>21</sup>

The first reading of the proposal coincided with the end of García Medina's term and her departure from the Partido de la Revolución Democrática (PRD). This coincided with Mancera Espinosa's taking an indefinite leave of absence from the mayoralty to take part in putting together a platform for the coalition between PRD and the Partido Acción Nacional (PAN) to compete in the national elections taking place in July 2018. García Medina did not support this coalition,<sup>22</sup> and the draft decree therefore stalled.

In the July 2018 election, the winning candidate was not from any of the parties that had dominated the political scene in previous years: the Partido Revolucionario Institucional (PRI), PAN, and PRD were all unsuccessful. Rather, it was the Movimiento Regeneración Nacional (MORENA) that triumphed, led by Antonio Manuel López Obrador (popularly known as "AMLO"). To win the elections, MORENA entered into a pact with the Partido Encuentro Social (PES), which has Evangelical roots and openly rejects abortion and same-sex marriage. This partnership was established not only with a view to competing in the elections, but also to draw on PES's

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21 Ley del sistema integral de cuidados. Secretaría de las Mujeres (Gobierno de CDMX), March 21, 2018. Retrieved from <https://www.semujeres.cdmx.gob.mx/comunicacion/nota/impulsa-gcd-mx-ley-del-sistema-integral-de-cuidados>

22 The Mexican political system was historically dominated by the PRI until the triumph of the rightist PAN in the 2000 elections brought an end to its 70-year period as the country's sole governing party. PAN's alliance with PRD (a party set up by the left in 1989 in an attempt to challenge PRI's hegemony) meant a strong conservative turn in Mexican politics, and was one of the reasons why García Medina distanced herself from the party.



cultural, moral, and spiritual values (Animal Político, 2017). During his term in office so far, López Obrador has been criticized for strengthening his links with Evangelicalism at his own discretion; in one notable case, religious leaders were found to have been paid for services to the government (Forbes, 2019). These actions caused a deep schism with the feminist and women's movements.

López Obrador assumed the presidency on December 1, 2018. A few months earlier, on September 17, there had been a significant reform of the CDMX Constitution that included the addition of an article establishing care as a right. Under these circumstances, on April 4, 2019, legislators Paula Soto Maldonado and Temístocles Villanueva Ramos, members of MORENA in the CDMX Congress (which had replaced the constitutional assembly as a result of the reform) presented a new bill for the creation of a comprehensive care system in this jurisdiction.

Soto Maldonado was the president of the Gender Equality Committee of this congress and Villanueva Ramos a member. Maldonado had previously led the Department of Social and Political Participation within INMUJERES, from where she promoted gender equality and the creation of the Observatory of Women's Political Participation. Villanueva Ramos also has a track record of commitment to gender equality. Between 2012 and 2018, he occupied the post of Secretary of Sexual Diversity at MORENA. The bill was presented to Congress under the mayoralty of Claudia Sheinbaum, also of MORENA. During her term, Sheinbaum launched a proposal for a gender-related warning protocol to confront the problem of femicides and strengthen equality in the workplace. Her public declarations regarding the gender perspective have been emphatic:

For me, a public policy, when it is the responsibility of a woman, it is not enough that it is a woman in that role. A woman who achieves an elected position has to take responsibility for women. If not, she becomes a reproducer of a culture of machismo (El Heraldo, 2018).

In this context, MORENA presented itself as an alternative, albeit a moderate one. Its position was weakened by the ensuing polarization and concentration of opposition parties within a single bloc. Moreover, at time of writing Soto Maldonado and Villanueva Ramos's bill had not gone beyond the committee hearings, during which a heated debate ensued between MORENA lawmakers and their counterparts from the rightist PAN over extending the scope of the law to palliative care, among other matters.

One can observe a diversity of actors in CDMX's legislative process, indicating the importance of NGOs and international bodies in formulating

demands to place before the state. Indeed, Mexico is characterized by the continuity of neoliberal policies, which privilege these forms of mediation over party-political ones (Ansaldi & Giordano, 2012). Women with links to the UN structures and their offshoots, to feminist NGOs, and to international bodies have featured prominently in these legislative proposals.<sup>23</sup> In the case of CABA, with respect to the political–cultural component of the legislative proposals, popular mobilization is one of the “most valued traditions” of Kirchnerism.

Moreover, many of the young people who have swollen the ranks of Argentina’s feminisms also rallied around this political tendency. Indeed, one of the key factors behind the reemergence of feminisms in 2015 is the particular form that youth politicization took under Kirchnerism (Nijensohn, 2019), the legacy of which is considered fundamental to understanding the connection between feminisms and the human rights movement (Barros & Martínez, 2019). Conversely, in Mexico there is no political culture of articulation between popular and party movements, and nor is the state an actor that coordinates demands by way of an inclusive perspective. Indeed, the presentation of Soto Maldonado and Villanueva Ramos’s bill in CDMX occurred against the backdrop of a serious clash between the MORENA-run city government and the women’s and feminist movements, which had taken to the streets.

Another important political–cultural component is the impact of existing laws when it comes to informing legal doctrines. In the case of CABA, it is worth noting that the care system proposal was drafted by a lawmaker who had previously been Minister of Labor, Employment, and Social Security during Cristina Fernández’s second term as president. In 2013, on the initiative of the executive and under the auspices of this ministry, Tomada drafted and implemented the law that determines the Special Employment Contract Regime for Private Household Workers.<sup>24</sup> This ethos of social protection and expansion of rights is also at the heart of the draft care system law that Tomada presented to the Buenos Aires legislature in 2019. As to the established laws that influenced the plan presented in CDMX in 2019, a notable example is the reform of the City Constitution on September 17, 2018. Through this reform, an article was added that establishes care as a right:

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23 Among the entities represented are UN Women, Fundación Frederick Herbert México, Instituto de Liderazgo Simone de Beauvoir (ILSB), Iniciativa Ciudadana y Desarrollo Social (Incid Social), Red de Cuidados México, and Las Constituyentes Feministas.

24 With regard to care, it is notable that the Domestic Employment Law takes into account the role of caregiver (MIPC, 2020), making this one of the first instruments to recognize caregiving activities as a form of work subject to specific rights.

All persons have the right to care that sustains their life and provides them with the material and symbolic resources to live in society throughout their life. The authorities will establish a care system that provides universal, accessible, relevant, sufficient and high-quality public services, and that develops public policies. The system will prioritize the care of persons in situations of dependency due to illness, disability, or life stage, especially childhood and old age, as well as those who are in their unpaid care. (Political Constitution of Mexico City, 2018, Art. 9, Sec. B)

Turning to the formal–normative component, in the preamble to his CABA proposal Tomada stresses the need to declare the social and economic function of care as a means of dismantling “the fundamental machinery of the system in which our society operates.”<sup>25</sup> The bedrock of this system is the sexual division of labor whereby women are assigned the tasks that assure the reproduction and survival of those who are not part of the economically active population.<sup>26</sup> In promoting recognition, redistribution, and remuneration for these tasks, the basis of the plan is to break up gender inequalities and, in more general terms, social inequalities. It is in this context that Tomada links gender-based violence with the economic violence caused by the glass ceiling, a phenomenon associated with the reproduction of the feminization of carework. In CDMX, the bill presented by Soto Maldonado and Villanueva Ramos was also notable in formal–normative terms: “The sexual division of labor is the foundation on which carework is built, which results in an unjust social organization of care with negative consequences for women and girls in terms of rights and the achievement of their autonomy.”<sup>27</sup> The same document also asserts that the lack of policies addressing this situation leads to the “persistence of discriminatory sociocultural patterns, which continue to reproduce inequality and violence against women.”<sup>28</sup>

In sum, both cases confirm the idea that a comprehensive care policy stands as a form of reparation of gender-based violence. Now, in our analysis we have identified a crucial distinction that we think affects the way in which the proposals dealing with this issue are being processed

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25 CABA-969-D-2019. Draft law sponsored by Carlos Alfonso Tomada: Sistema integral de Cuidados de la Ciudad Autónoma de Buenos Aires, 2019.

26 *Ibid.*

27 Ley de Sistema de Cuidados de la Ciudad de México. Draft law sponsored by deputies Paula Soto Maldonado and Temístocles Villanueva Ramos, 2019.

28 *Ibid.*

at the national level: the pattern of mediation between the state and civil society.

### **Legislative processes related to a comprehensive care system at the national level in Argentina and Mexico**

Let us recall that, in CABA, Tomada unveiled the plan for a comprehensive care system before the city legislature in April 2019, during the mayoralty of Horacio Rodríguez Larreta of the Juntos por el Cambio coalition, which is currently the largest opposition grouping at the national level. In the presidential elections that October, the partnership of Alberto Fernández and Cristina Fernández for Frente de Todos proved a winning formula. In his inaugural speech, the new president referred to the care economy agenda as a priority and to feminism as the main driving force. In an interview, the sociologist Virginia Franganillo remarked that the care committee of the Partido Justicialista (PJ) had made overtures to Alberto Fernández to secure the inclusion of this matter on his presidential agenda. On that same occasion, Franganillo acknowledged how important the public demonstrations by the feminist and women's movements were to placing care on the national agenda (Paz Frontera, 2019).

It was in this context, in December 2019, that the Ministry for Women, Gender, and Diversity was created at the initiative of the national government, of which Elizabeth Gómez Alcorta, lawyer and leader in the fields of feminism and human rights (as well as an activist in the Mala Junta collective within Frente Patria Grande), was placed in charge. Soon after taking the post, at the XIV ECLAC Regional Conference on Women in Latin America and the Caribbean, in Santiago, Chile, Gómez Alcorta announced that her ministry would devise a Federal Care Map for Chile with the aid of this international body. The minister also asserted that the proposal was “a first step on a public policy agenda for care that the ministry will promote and that will respond to a historic demand by feminist movements, labor unions, and a great many women who carry out these tasks every day without recognition” (Paz Frontera, 2020).

In February 2020, Argentina set up an Inter-ministerial Care Policies Board to formulate initiatives oriented toward gender equality within a rights-based approach (MIPC, 2020). The ultimate aim was to outline a federal care system. On October 28 of that same year, the Ministry for Women, Genders, and Diversity announced the formation of a committee to draft a bill for a comprehensive care system with a gender perspective, and set a period of eight months for the preparation of the proposal (Boletín Oficial de la República Argentina, 2020). The draft bill sets out the following aims:

Guarantee an integrated and federal care system that promotes gender equality and equity; contribute to greater recognition, redistribution, socialization, and remuneration of care, where applicable; consider the diversity of needs of persons who require care, especially children, older persons, and persons with disabilities, as well as the diversity of persons who provide care (MIPC, 2020).<sup>29</sup>

We think that the proposal to set up a care system, by identifying as primary beneficiaries of social policies the women and feminized identities that historically took charge of caregiving tasks, can contribute to going beyond the hybrid welfare model (Paura & Zibecchi, 2021, p. 23). From the point of view of social rights, this type of welfare model—which characterizes Argentina—reproduces gender inequalities in that the historical beneficiaries of the main forms of social security are workers (the majority of whom are men), thus perpetuating a “*de jure* and *de facto* gender differentiation for women.”<sup>30</sup>

On December 29, 2020, the Argentine Senate legalized the voluntary termination of pregnancy up to the 14th week (the session continued into the early morning of December 30). This measure was introduced as part of the Law for Comprehensive Health Care and Treatment during Pregnancy and Early Childhood. The passage of the law was cited as evidence of “the feminist mainstreaming that flows through the presidential palace and Congress” (Alcaraz & Goldman, 2021). It should be noted that the notion of comprehensive healthcare was at the heart of this law, since all the needs of persons with the capacity to gestate must be taken into consideration when they opt for an abortion. These imperatives are often linked to the care responsibilities with which feminized identities are burdened.

However, in the days leading up to the law’s promulgation by the Senate, this proved the most controversial point and, ultimately, a bargaining chip

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29 As we were finalizing this article, an event occurred that we would like to recount briefly. On March 15 2021, the senators Daniel Lovera (La Pampa) and Alfredo Luenzo (Chubut) of Frente de Todos presented a bill for a federal care system. The text argues that its creation “acts as a mechanism for the prevention of violence against women,” and goes on to state that: “The fight against violence towards women [...] must be articulated with efforts to improve unequal distribution of care tasks.” As well as Lovera and Luenzo, María de los Ángeles Sacnun and Silvina García Larraburu feature as authors. 402/21. Draft law sponsored by Daniel Lovera and Alfredo Luenzo: Sistema Integral Federal de Cuidados, 2021.

30 Future research could analyze whether the implementation of care systems—which, in the cases studied here, are still in the drafting stage—can give rise to a new welfare model that, as Pautassi (2007) notes, at a time when Latin American job markets are depressed, links social security to citizenship status so that access to rights does not depend on employment.

with which to attract the votes of undecided senators<sup>31</sup> who complained that, under the present formulation, any request for abortion could be granted (Avena, 2020). As a result the Argentine government, in order to ensure the law's approval, committed to partially vetoing two sections (4 and 6) so as to eliminate the word "comprehensive" from the legal texts (Página 12, 2020).

The contrast with Mexico is clear. As noted earlier, President López Obrador has a conflictive relationship with the women's and feminist movements, and is implacably opposed to the decriminalization of abortion. Recent events most closely linked to the conflict were, first, in September 2020, the occupation of an office of the National Human Rights Commission (CNDH) by mothers of femicide victims protesting the lack of a state response to the rise in this type of crime (Forbes, 2020); and second, state repression during the International Women's Day march in CDMX on March 8, 2021 (Latfem, 2021). Meanwhile, the relationship between feminists and the women who coalesced under the political umbrella of MORENA, as noted earlier, was marked by friction. Although some of the women, such as Sheimbain and Nadine Gasman, the INMUJERES director, were self-proclaimed feminists, they are estranged from the actions of the movement. These differences are exemplified by Gasman who, justifying her support for President López Obrador, stated that it is important to back the "fourth transformation" that is tearing down obsolete structures (Morán Breña, 2021).

Moreover, the director general of the National Commission for Preventing and Eradicating Violence against Women, Fabiola Alanís, openly defended the latest government measures by stressing the 65% increase in the funding allocated to the Centers for Women's Justice (Morán Breña, 2021).

Although each of the ongoing legislative proposals for the establishment of comprehensive care systems were presented and encouraged by feminist members of MORENA's parliamentary grouping, the feminisms in the streets continued their clashes with López Obrador and the feminist women in his party. Thus, on the one hand, there are those who think it impossible to bring about large transformations via the state; and on the other, there are the feminists aligned to MORENA who recognize that transformations can in fact originate within and in coordination with the state.

Such differences are also apparent in Argentina, but it is in Mexico that the correlation of forces incline toward a deadlock between the president

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31 These include Alberto Weretilneck (senator for Río Negro, representing Juntos Somos Río Negro) and Edgardo Kueider (Frente de Todos senator for Entre Ríos).

(Modonessi, 2021) and his opponents, given a government that is too weak to lead the gender agenda. In November 2020, The Mexican Chamber of Deputies unanimously approved the reform of Articles 4 and 74 of the National Constitution, whereby the right to care was enshrined as a human right. Moreover, the chamber ratified the state's obligation to create a general care law (to which, unlike federal laws, the individual states are required to ascribe) that provides for the creation of a national care system. Since then, the proposal has been awaiting the endorsement of the Senate.

In the Chamber of Deputies the proposal was overseen by MORENA legislators, among which Wendy Briceño Zuloaga, president of the Gender Equality Committee, played a leading role. In the Senate it was the feminists Patricia Mercado (Movimiento Ciudadano) and Marta Lucía Micher Camarena (MORENA, president of that chamber's Gender Equality Committee) that spearheaded the initiative. That same month, November 2020, Mexico's INMUJERES and the Senate signed a cooperation agreement to advance the gender agenda. This has created expectations for swift legislative action on a care system law.<sup>32</sup> It remains to be seen whether there will, in fact, be any innovations.<sup>33</sup>

## Conclusions

In this article we studied legislative proposals related to a comprehensive care system for CDMX in 2018 and 2019 and for CABA in 2019, as well as ongoing legislative proposals at the national level in both countries. Taking a process-based conceptual approach, we have argued that these legislative initiatives constitute attempts at reparation of historical gender-based violence in Latin America.

We approached this research with a focus on the social conditions of gender-based violence, and on the social and political dynamics involved in the construction of demand for care rights. In our analysis we observed that the way in which legislative proposals related to comprehensive care systems are projected on the national level is not far removed, in both countries,

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32 Transcript of the signing of the agreement available at <http://comunicacion.senado.gob.mx/index.php/informacion/versiones/49775-version-estenografica-de-la-firma-del-convenio-de-colaboracion-entre-el-senado-de-la-republica-que-preside-el-senador-eduardo-ramirez-y-el-instituto-de-las-mujeres.html>

33 Senator Marta Lucía Micher Camarena has publicly stated her decision to take charge of this issue in 2021. In addition, on March 30 of the same year, Martí Batres (Senate president, representing MORENA) announced that senators would prepare a reform to establish a national care system (Senado Morena. (March 30, 2021). *Senadores perfilan reforma para establecer Sistema Nacional de Cuidados en breve, anuncia Martí Batres*. Retrieved from <https://morena.senado.gob.mx/2021/03/30/senadores-perfilan-reforma-para-establecer-sistema-nacional-de-cuidados-en-breve-anuncia-marti-batres/>).



from the pattern of relationships between the state and civil society, and from the linkages between women's and feminist movements.

As to the social conditions of gender violence, in both cases on the subnational and national levels, one can observe the model of mobilization of women and feminisms who denounce violence and, in particular, care as a problem related to the system of violence. Thus, in general terms, the formal–normative component of the comprehensive care system bills call into question the distribution of care tasks as unfair and unequal, and is based on the recognition that it is these injustices and inequalities that produce and reproduce gender-based violence.

As to the social and political dynamics, in both cases there is continuity between the agenda proposed in 2019 by the parties of Tomada (Frente de Todos) and Maldonado and Villanueva (MORENA) in their respective cities, and the agenda of these same parties at the national level, where they are currently in government. In the case of Argentina, the articulation promoted by the Fernández administration between Frente de Todos and the social and feminist movements augurs well for swift results, given the institutional framework established recently to this end. In Mexico, on the other hand, the more cautiously progressive character of the López Obrador government and the conflicts that have ensued between it and the feminisms are somewhat less auspicious. Indeed, care had already achieved robust institutional status and comprehensive care rights were already recognized in Argentina before the present government, whereas in Mexico the ongoing proposals have been bogged down by a polarized government and a president reluctant to entertain demands for profound transformation. And though the Fernández administration in Argentina has plainly not brought each and every one of the women's and feminist movements under its banner, it did accommodate various tendencies by way of the coalition that propped up the president's candidacy. In Mexico the demands that women's and feminist activists made of the state have been overlooked, and there have even been clashes between the feminists from MORENA and other expressions of feminism. Here, the mediation of NGOs and international bodies is a factor that has historically fragmented the feminisms by undermining their means of expression in the party–political context.

With regard to the political-cultural dimension of the ongoing projects and proposals, in both countries valued legal traditions and the current laws stand out. In Argentina it is worth highlighting the tradition of expansion of rights that is a long-standing cornerstone of Peronism–Kirchnerism. Mexico, in turn, demonstrates the weight of its constitutional framework

at both the sub-national level and national levels, in that comprehensive care proposals were preceded by key constitutional reforms.

We think that the differences that we have noted between the two cases contribute to a more nuanced understanding of the issue of care rights in Latin America. Although preliminary, the results presented in this article can contribute to the study of a hugely important phenomenon in the context of the pandemic: the creation of comprehensive care systems in the countries of Latin America.

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