Care Justice

Reflections and Recommendations from Feminist Movements

mama cash

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1. Glossary

Care income: An advocacy demand for payment to unpaid caregivers as recognition of their care labour. Care income is different from basic income initiatives as it specifically provides payment for the unpaid labour of care and seeks to address the power imbalance from unequal access to economic resources. It is additional to other social security payments.[1]

Care justice: In a just system of care, caregiving must be voluntary and consent-based, a shared responsibility, and non-extractive for caregivers. Care should enhance collective wellbeing, be recognised as a right, be accessible, flexible and decentralised, and preserve the autonomy and bodily integrity of the care receiver. Additionally, caregiving must encompass polycultures of care.

Care-based philanthropy: This term refers to philanthropy that recognises self-led organisations and movements as experts in their own lives, and trusts them to know where their funding is best used. Care-based philanthropy provides core, long-term, and flexible funding that enables organisations and movements to create sustainable infrastructures to support their communities and address systemic depletions.

Collective wellbeing: A state where all that inhabit the world and are part of our biodiversity, are living as well as they possibly can, as an interconnected whole.[2]

Double depletion: This term refers to the fact that many of the same communities facing a care burden also face a care deficit.

Workfare: A type of poverty-alleviation programme that requires those in need to be engaged in an income-generation activity or training to receive the resources necessary for survival, typically under poor conditions and for minimum wages.[3]

1: For more information, see: https://globalwomenstrike.net/careincomenow/.

2: Adapted from de La Bellacasa, M. P. (2017). *Matters of care: Speculative ethics in more than human worlds* (Vol. 41). U of Minnesota Press.

3: White, S. (2004). *What's Wrong with Workfare?* Journal of Applied Philosophy, 21(3), 271–284. Available at: http://www.jstor.org/stable/24354890 (Accessed on 12 July 2024).

2. Executive Summary

Feminist movements are stretched thin, filling care gaps left by privatised, underfunded, or neglected systems. As they work to heal and sustain communities impacted by climate change, anti-gender forces, and funding cuts, they bear the heavy load of "double depletion"—shouldering both a care burden and a care deficit. Supporting these movements is crucial for repairing harm, restoring wellbeing, building resilient care networks that meet people's needs, and helping communities stay strong in the face of persistent challenges. Without this support, the ability to care is at risk.

Persatuan Sahabat Wanita Selangor (Friends of Women) (PSWS), Malaysia

Towards a Better Understanding of Care

Mama Cash is the world's oldest international women's fund. Our long experience supporting feminist activism has shown us that care is central to the strategies and objectives of the self-led organisations and movements of women, girls, and trans and intersex people that we support. Care is gendered and an issue that cuts across movements, regions, and identities. Care is central to feminist activism, and feminist activism is care.

The advocacy by feminist movements, now and in the past, to address the unequal burden of care on women, girls, and trans and intersex people, and for recognition of and remuneration for care labour, as well as political representation of those who perform it, is well-known.[4] The tireless activism of feminist movements around the issue of care has shifted social norms, reformed national laws, and informed international frameworks. At the same time, the mainstream understanding of care has many limitations, particularly as it relates to the variety of care experiences and types of care labour undertaken by communities with marginalised gender identities and experiences. As a result, many of the strategies that feminist movements employ for care justice remain unappreciated and under-resourced.

Recognising the diverse strategies that feminist movements use to challenge systemic depletions of care in society is crucial, so that funders can resource the labour of these movements in creating caring and sustainable futures for us all. This study, based on the generous contributions of 12 grantee-partners of Mama Cash, aims to better understand the experience of care from different perspectives and develop a framework for care rooted in plurality, justice, and dignity. It uses an intersectional lens that centres the lived experience of feminist activists and pays homage to the diversity and richness of knowledge that exists within feminist movements.[5]

4: Examples include campaigns for a Care Income and the International Labour Organisation's Domestic Workers Convention (C189).

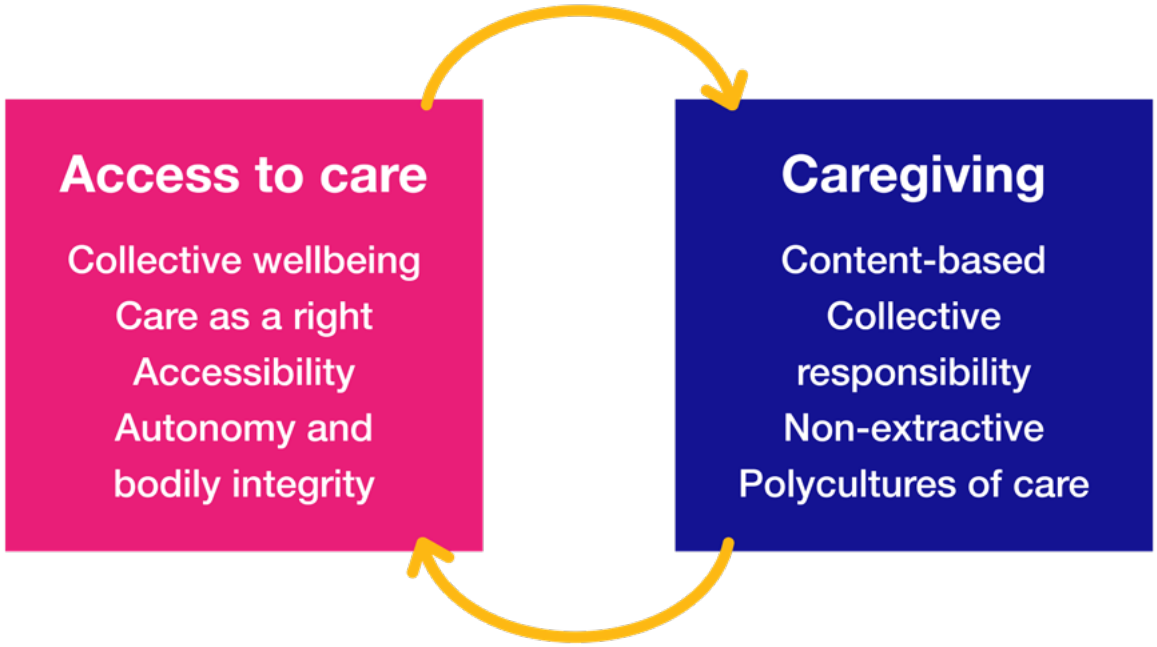
5: Intersectionality refers to how different forms of oppression overlap and interact. These forms can include, but are not limited to, gender, sexual identity and orientation, race, religion, ability, and class. In practice, intersectionality calls on feminists to recognise the varying backgrounds, perspectives, and needs of women in all their diversity and to accept that a singular understanding of feminism will never be sufficient. See: Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: a black feminist critique of anti-discrimination doctrine, feminist theory and antiracist politics*. University of Chicago Legal Forum 140.

Key Findings

Feminist movements have varied vocabularies of care

Feminist movements have different vocabularies of care – various languages, meanings, and ways of analysing the systemic causes of care depletion and proposed solutions. These vocabularies provide us with a rich tapestry of knowledge for understanding what care is and what care does. For the grantee-partners involved in this study, care is seen as fundamental to sustaining social relations and relations with nature. It is both a response to crises as well as an everyday practice. Care is love and kinship – with humans and nature – and a shared struggle to realise common goals. Care also requires a specific politics and ethos – of solidarity, universality, interconnectedness, consent, and autonomy. All these values can and must co-exist to ensure our wellbeing.

Care involves meeting one's biological needs (the maintenance aspect of care), one's emotional needs (the affective aspect of care) and having the agency to set the terms on which care is given and received in a way that recognises our interdependence and biodiversity (the political aspect of care). In a just system of care, care enhances collective wellbeing. It is recognised as a right. It is accessible, flexible and decentralised, and preserves the autonomy and bodily integrity of the care receiver. Equally important, caregiving is voluntary, consent-based, non-extractive,



and a shared responsibility. Care justice entails caregiving that encompasses polycultures of care.

> **'There is no such thing as a single-issue struggle because we do not live single-issue lives.' – Audre Lorde[6]**

Feminist movements are dealing with multiple, intersecting crises, including climate change, rising inflation, authoritarianism and a global pandemic. In the experience of the study's participating grantee-partners, homogenous care systems risk further marginalising those facing systemic oppression, who already experience care depletions and other forms of gender-based violence. Homogenous systems have added to the care burden of already depleted caregivers. Addressing the impacts of today's simultaneous and overlapping crises requires accessible, flexible, and decentralised vocabularies and systems of care, i.e. polycultures of care. Sharing vocabularies of care can build solidarity and equip movements with additional strategies to address the specific depletions that they encounter.

Women, girl, trans, and intersex caregivers face a double depletion

Many of the same communities facing a care burden also face a care deficit. This experience is heavily gendered across different communities and regions, with women, girl, trans and intersex caregivers more likely to face such a double depletion. This depletion of caregivers mirrors our extractive relationship with nature and biodiversity, and is contrary to the feminist vision of care justice and collective wellbeing.

Women, girl, trans and intersex caregivers who face multiple and intersecting forms of oppression face the highest risk of double depletion, as they are often engaged in low-waged work and less able to opt out of their unpaid care responsibilities. When caregivers are depleted because they are mistreated, unsupported, or their own care needs have been neglected, this depletion can also adversely affect those dependent on them for care and become intergenerational.

Self-led feminist organisations and community activists are themselves a community of caregivers, providing vital and often life-preserving care to the communities they represent and serve. Factors that widen the care gaps for their communities, such as privatisation of care, informalisation of jobs, climate change, the growing influence of anti-gender movements, or a sudden withdrawal of funding, can create additional care burdens on these movements and activists.[7] Even within broader activist circles, much of the necessary care labour is performed by women, girls, and

6: See: https://www.blackpast.org/african-american-history/1982-audre-lorde-learning-60s/.

7: For more information, see: https://gate.ngo/knowledge-portal/campaign/anti-gender-movements/.

trans and intersex people. At the same time that they are depleted, their wellbeing is put at risk through factors such as criminalisation of dissent, increased risk of gendered violence against feminist activists, closing space for civil society, and limited access to financial resources to sustain their activism.[8]

Care as activism and activism as care

Care shows up both within activism, e.g. through holding space for one another and collective wellbeing under stress, and as activism, e.g. through building kinship networks and social movements. Depletion in care has far-reaching consequences in terms of physical and mental health, access to economic opportunities and, most vitally, access to political power. When communities build kinship, networks, and self-led organisations around care, this can help them move beyond individualised responses to care depletion to a collective critique of oppressive systems, joint advocacy, and imagining of alternatives that promote care justice.

Given the close links between depletion in care (both when it comes to receiving and providing care) and political disenfranchisement, self-led political mobilisation by marginalised communities is necessary to address the violence of systemic depletions. Feminist movements are doing much of the necessary work of repairing the harm done to their communities by unjust care systems. They are challenging unjust social norms. They are advocating for decriminalisation of the provision of care to excluded communities and for more inclusive care policies. Feminist movements are also creating and preserving alternative care models that are responsive to the needs of their communities, and providing affective support and political space for the care needs of the populations they represent. Within their contexts, they are embodying the ideals of care justice.

8: For more information, see: https://www.mamacash.org/wp-content/uploads/2022/08/government_talking_points_english_6.pdf; https://www.mamacash.org/wp-content/uploads/2024/02/Standing-firm-report.pdf.

Addressing the double depletion of self-led organisations is necessary to ensure that those who depend on the organisations for their wellbeing have a political voice in challenging the systems that oppress them. In addition, supporting organisations that are at the frontlines of the struggle against repressive policies and actions contributes to preserving the broader collective wellbeing.

Recommendations

Despite the critical role they play in sustaining communities affected by the double depletion and other forms of gendered violence, feminist movements face a funding gap.[9] Increasing the resources available to feminist movements is necessary for addressing the resource inequality, depletions, and violence they and their communities experience, and to ensure that they can continue their work from a place of nourishment and wellbeing.

Resourcing self-led feminist groups that are engaged in replenishing their communities, repairing the harm done by unjust care systems, and creating and preserving alternative care models that are responsive to the needs of their communities is vitally important for creating caring and sustainable futures for us all. To advance the goal of care justice, feminist movements participating in the study urged funders to:

9: For more information, see: https://www.theguardian.com/global-development/2019/jul/02/gender-equality-support-1bn-boost-how-to-spend-it.

10: This was seen as particularly important and thus placed at the top of the list of recommendations.

1. **Recognise movements as experts when it comes to knowledge and practice[10]**
2. **Support self-led organising, particularly those led by women, girls, and trans and intersex people, who are at risk of this double depletion**
3. **Support new and unregistered self-led organisations, and continue to identify opportunities for former grantee-partners**
4. **Support activism with core and flexible funding to fully support the diverse ways in which activists engage with their environment for social change**
5. **Support long-term funding, as changes (and revolutions) take time**
6. **Support co-learning and voluntary cohorts among grantee-partners**
7. **Support network-building and solidarity among grantee-partners**
8. **Assess impact from the perspective of grantee-partners – do they feel better supported in directing resources according to their priorities and needs.**

3. Introduction

Our care systems leave women, girls, and trans and intersex people drained, having to provide care without receiving it. These depletions intensify when intersecting with caste, race, class, or disability, yet their impact is rarely addressed. While care sustains paid work and keeps society functioning, little attention is given to those who care for the caregivers. This report emphasises the need to support feminist movements working to fill these care gaps and create a future where everyone understands that care is essential to justice and dignity.

Grupo Artemisa, Honduras

Feminist movements have long made the case that care is fundamental to our existence and a universal need. At a social level, care can enhance our collective wellbeing, enabling more equitable opportunities and outcomes. But if the provision of care is unequal, it can endanger collective wellbeing by creating or deepening inequality, e.g. in terms of economics, health, political participation, and by causing irreversible damage to the natural environment. Inequality in care can also damage trust in social relationships, which can limit the effectiveness of proposed remedies.

Existing inequalities in our care system, which put the primary burden of care on women, girls, and trans and intersex people, while simultaneously restricting their access to care, has meant that they face depletion without replenishment, mirroring our extractive relationship with the natural environment. These depletions can be heightened when gender identities overlap with structural exclusion on the basis of caste, race, class, and disability, among other factors.[11] The specific ways in which care depletions intersect with other forms of oppression and violence, however, is not widely acknowledged.

While there is increasing recognition of the role care plays in sustaining paid work[12] and ensuring that paid workers are fed, clothed, and emotionally supported to be productive at work, there is inadequate attention paid to who cares for the caregivers. Who ensures that the caregivers are not depleted, that they are living a life of dignity, that they have time for leisure and play? Who makes sure that they can decide when, how, and to whom they provide care? How do we ensure that those who require care have a voice in determining the type of care that they receive to address the specific depletions that they encounter? Answering these questions is vital for ensuring that resources are directed towards addressing systemic care depletions and preventing these depletions from becoming intergenerational – whether it is through State mechanisms or more decentralised and community-led approaches.

11: For an introduction to how intersectionality can affect both experiences of violence as well as organising strategies, see: Crenshaw, K. (1991). *Mapping the Margins: Intersectionality, Identity, and Violence Against Women of Color.* Stanford Law Review, 43(6): 1241–1300.

12: For example, see: https://www.versobooks.com/blogs/news/3555-mapping-social-reproduction-theory.

Based on Mama Cash's long history of supporting feminist movements globally, we know that our current care systems have the tendency to exclude the very populations that face severe depletions and have limited alternatives to enhance their wellbeing. Relying on the extensive expertise of the feminist movements we support, this report highlights the diversity in experiences of care injustice and offers examples of mutuality and nurturing care relationships that can help us imagine new futures where holistic care is recognised as a basic need and central to a life of dignity and justice for all.


PSWS, Malaysia

Data Collection and Methodology

Our approach was guided by an appreciation of the plurality of care. We set out to capture the different 'vocabularies of care', i.e. the various languages, meanings, ways of analysing the systemic causes of care depletion, and proposed solutions.

Mama Cash identified 17 current and former grantee-partners[13] as potential participants in this project based on their existing work and taking into account various regions, backgrounds, identities and/or experiences. Of the 17 invited, 12 expressed interest in participating, including two organisations from Latin America and the Caribbean, two from Africa, one from Europe, and seven from Asia. The 12 participating grantee-partners collectively represented an intersection of identities including but not limited to: women, girls, Lesbian, Bisexual and Trans (LBT) people, factory workers, Indigenous people, disabled people/people with disabilities,[14] paid and unpaid care workers, informal workers, stigmatised workers, and migrants. All 12 groups are self-led groups with a primary focus on the rights of women, girls, and trans and intersex people.

The data collection took place in three phases:

1. online conversations with each participating organisation;
2. online discussions in small cross-organisational groups on selected themes; and
3. an in-person convening to review and validate the findings in The Hague, The Netherlands.

We drew on participatory and popular education methodologies for the research design, particularly for the in-person convening, and created spaces for co-production of knowledge among the participating organisations. All invited groups were given the opportunity to be part of some or all phases of the study and could also choose not to participate. We ensured anonymity of groups who requested it, and deleted transcripts and recordings at the end of the project. Quotes used in the report have been lightly edited for clarity.

We see this research as one point in Mama Cash's and the grantee-partners' journeys on care. For some grantee-partners, it was the first time they considered their work in the framework of care, even though care was very much part of their politics. Others had many years of experience deepening their own vocabulary and praxis of care, but little knowledge of other vocabularies and contexts. The research attempted to capture this variance while also providing a space for knowledge exchange and to build solidarity.

Limitations

Women, girls, and trans and intersex people are the primary focus of the groups that Mama Cash supports. However, not all of these constituents were equally represented in the study, largely because we relied on the self-selection of grantee-partners. The research reflects the specific identities, experiences, and regional contexts represented by the 12 groups that agreed to participate in the research: we have barely scratched the surface of the full spectrum of experiences and identities that are present in feminist movements. Specific areas of further research include the experiences and perspectives on care and holistic wellbeing of trans women and intersex people, as well as those who experience racial and caste-based oppression and other forms of marginalisation in various regional contexts. Participating grantee-partners expressed the need for additional resources and opportunities to explore what self-care means in the context of the specific forms of depletions that feminist activists experience.

13: Hereafter the term grantee-partners will be used to denote both current and former grantee-partners of Mama Cash.

14: Different grantee-partners use identity-first or person-first language, so both have been included here. Identity-first language has been used for readability from here onwards.

Because this was a global research study operating under resource and time constraints, only selected members of the participating grantee-partner organisations were involved in the interviews and in-person convening. To mitigate power imbalances, a package of materials will be developed to enable the participating individuals to share the findings of the report with their wider communities and membership, and for distribution to other interested grantee-partners. Some participating grantee-partners expressed the need to continue their learning on this topic, and a study circle on care has been initiated. Participating grantee-partners have received an additional Mama Cash accompaniment grant to implement initiatives based on their learnings from this process.

National Indigenous Disabled Women Association-Nepal (NIDWAN), Nepal

4. Vocabularies of Care

There are many definitions of care, but across cultures and languages, all are rooted in the ideas of support and connection. This report uncovers the diverse ways care is experienced, highlighting how feminist activists see it as an everyday act of solidarity that is essential for both individual dignity and community strength. More than simple kindness, care is fundamental to wellbeing and asks us to reimagine systems that truly support everyone.

PSWS, Malaysia

For feminist activists, the idea of care has diverse meanings and associations. Yet among the participants in the study, there was broad consensus on what care is – some form of support, such as looking after someone or paying attention to someone, which highlights the importance of care as interpersonal and relational. In the case of receiving care, or what care does, the activists used affective emotions such as feeling accepted, appreciated, and being able to express one's identity in all its diversity.

> **'Care for me…is intrinsic to one's being – you need care in the form of love, compassion, empathy, from your people who see you and understand who you are as a person. Not just how one can get care, but also how one uses it to feel validated and loved and to feel seen. As a queer person it signifies all of this to me.' – Sappho for Equality, India**

Feminist activists who participated in the study described the politics of care in relation to their communities and activism. One activist shared that the words used to convey the idea of care are political, as some words signify more agency to the caregiver and care receiver than others. Another asserted that care was an everyday practice, and not just an occasional act or a problem-solving mechanism. Care is an act of empathy, it is seeing connectedness in struggles, and solidarity against oppressive actions, contexts and circumstances that result from discriminatory social norms and/or the political environment.

Some activists insisted that care is not a privilege or luxury, but a right and a basic need. Care involves making sure that everyone has the respect and dignity they deserve, and are equipped with the tools they need to live and for self-development. Care manifests itself in mental and physical wellbeing as an end in itself, not just as a means to becoming a more efficient or productive member of the workforce.

Others highlighted that care should be seen as something not only between humans, but also in our interdependent relationship with the natural environment, where a harmonious, sustainable existence with nature and other beings was the objective of our caring relationships.

The feminist activists involved in the study collectively arrived at the understanding that care is relational, involving all those activities that contribute to preserving or enhancing our collective wellbeing. This involves meeting one's basic biological needs (maintenance aspect of care) and emotional needs (affective aspect of care). It also includes having a voice in how we give and receive care, while recognising our interdependence

with each other, and nature and biodiversity (political aspect of care).[15] It also involves ensuring that adequate care is available for those who are experiencing temporary or systemic depletions, so that we can collectively thrive. This idea of care embodies relationships where neither the caregiver nor the care receiver are depleted, and where our individual and collective wellbeing are not in conflict, but reinforce each other. In this sense, care is the opposite of extractivism, which enables the wellbeing of some at the expense of depleting others.

This broad understanding of care requires us to reconsider what we mean by care infrastructure. A collective care infrastructure includes systems, institutions, and physical spaces that affect how we give and receive care, and on what terms. This can include hospitals, schools, roads, affordable housing, but also clean air, water, and electricity. It can include laws and policy frameworks, as well as the social norms that influence how we engage with each other. It also includes biodiversity, of which we are a part. By untethering care from its role in capitalist economic relations, we were able to recognise care and care-based relationships that have been given less prominence in mainstream discourses on the topic.

Emphatic Communication Training, Sappho for Equality, India

15: Puig de la Bellasca: 2017, pp. 5-7.

5. Justice in Access to Care

Feminist activists face a persistent deficit of leisure, rest, and unstructured time, often due to overlapping demands of paid work and caregiving, compounded by class, migration status, and discrimination. For these activists, collective wellbeing depends on acts of love and solidarity, the right to leisure, and safe spaces for joy and connection. This report emphasises the need for care as a right, not a privilege, advocating for accessible, decentralised care systems that respect autonomy and bridge existing care gaps for communities that have been pushed to the margins of society.

KUICHI - Red de Mujeres por la conservación del oso de anteojos, Colombia

The issue of access to care for women, girls, and trans and intersex people has been given relatively less attention in literature, especially when it comes to receiving care outside the medical care infrastructure. The feminist activists involved in the study had rarely been given the time and space to articulate their own care needs, even as they provided care for their households, kin, and communities. A discussion on how they spent a regular day revealed that *all* participants faced a deficit of leisure, rest, or unstructured time where they were not undertaking paid work or caring for others. Their narratives left no doubt that this was a gendered experience, but also a factor of, among other things, their class positions, or experiences of migration, stigma, or discrimination. They drew attention to how their identities affected the terms on which care was given, in addition to determining the types of care that were accessible to them.

What values must be present in the care infrastructure to eliminate care gaps and advance equity and dignity in access and receipt of care? The feminist activists involved in the study insisted we should not strive for the 'lowest common denominator', but rather nothing less than care systems that enhance our collective wellbeing, where care is recognised as a right, care infrastructures are accessible, flexible and decentralised, and the autonomy and integrity of the care receiver is preserved.

PSWS, Malaysia

Collective Wellbeing

For the feminist activists participating in the study, two key concepts are important to collective wellbeing. The first is acts of love and solidarity – for the self and for others, including animals and our environment. The second is leisure, where one has the time to enjoy activities to replenish oneself and feel joy. These concepts are linked to the feeling of pleasure – in the activities that we do, as well as in our social relationships. Safe spaces, for people to love and feel loved, is also an important aspect of collective wellbeing.

> **'Care is to reach out to each other – to people we see as chosen family and our support system, those that are with us in hardship and who love us for who we are…. Care is eating together, watching a film together, going on trips trips, eating puchka together. Care is to hug [someone] and tell them the day was wretched, to lie down in the lap of the person you love and have them brush your hair with their hands.' – Sappho for Equality, India**

Affective aspects of care are considered necessary for a life of dignity, and go beyond meeting one's basic biological needs. One activist shared an example of the high risk of suicide among queer people, even among those who had their basic needs met but faced bullying, harassment, or violence in online and offline spaces. They emphasised the need for anti-discrimination legislation to consider the othering and harassment experienced by LGBTQIA+ communities. In other words, the maintenance aspects of care cannot be delinked from the affective or political aspects of care, and all three must be present for care to ensure wellbeing.

Mainstream care infrastructures are, however, often built on the premise of resource constraints and therefore offer the bare minimum care. This creates additional burdens on caregivers to fill these essential gaps, while preventing care receivers from participating fully in society and living a life of dignity. For instance, those engaged in low-waged work tend to use any spare hours to take on extra paid work to meet the rising costs of living. This does not necessarily mean that they are able to opt out of unpaid work tasks for the household and community. Rather, they are forced to deprioritise their own leisure, rest, and wellbeing.

> **'Migrant workers are always looking for ways to earn extra money. [They have to] sacrifice their leisure, free time, friends…. If they have Sundays off, they take on another …. job, because the cost of living is high, they cannot earn enough, cannot send home enough money. They take on other part-time jobs, like domestic work.' – Persatuan Sahabat Wanita Selangor (Friends of Women) (PSWS), Malaysia**

When primary caregivers do not have access to the leisure and rest they need to replenish themselves, this can also lead to a decline in the quality of care for their dependents, creating a multiplier effect that increases care deficits within already under-resourced communities and households.

The link between wellbeing and political power is not new. For centuries, people have been denied the time and means to challenge the systems of their exploitation: leisure and non-productive activities are political in their own right and have been a site for many oppressed communities to resist their dehumanisation.[16] Reclaiming ideas of love and pleasure are a big part of how feminist activists visualise the idea of a care infrastructure that enhances their wellbeing.

Mainstream care infrastructures deplete certain communities more than others, which is antithetical to the idea of collective wellbeing. Indigenous feminist activists involved in the study provided examples of how individual and collective wellbeing are interrelated. One is not possible without the other. They also highlighted the importance of cultural practices as integral to their wellbeing. When emotional and political aspects of care are recognised as interlinked with one's biological needs, our care infrastructure can be designed in a way that addresses existing care deficits and prevents further harm, marginalisation, and violence.

16: Stevens, 1995.

Rainbow carnival: Sappho for Equality, India

Care as Right

Feminist movements assert that access to the care needed to live and thrive is a basic need. It is therefore a right that everyone should have, regardless of their economic privileges, physical abilities, or utility to capitalist modes of production. In this sense, it can also be considered a public good. This insight is a significant contribution to the political aspects of care, grounding care in an approach to collective wellbeing, as opposed to an investment in economic productivity at the individual or societal level. However, this is far from the reality that Mama Cash's grantee-partners experience, where care tends to be treated as a scarce resource, provided to some and withheld or withdrawn from others.

When care is not framed as a universal right, this has implications for public spending on care infrastructure. It leaves it open to the State to decide who is deserving or undeserving of care, based on prevailing social norms, however unjust they may be. In some contexts, the State has receded from its duty of care altogether, curtailing essential political freedoms or criminalising certain identities.[17] Thus, care can also be withdrawn or dispensed sparingly where it might create threats to powerful interests or prevailing social norms. In many contexts, care is still linked to waged work and provided under a system of workfare in which access to the resources for meeting one's basic biological needs is provisional upon participation in the economy through paid work.[18]

Women Workers Protection Union, Turkey

In most of the world, access to health insurance and pensions continues to be linked to formal work, excluding many informal paid workers, unpaid caregivers, and those unable to engage in paid work. Childcare facilities are often tied to recognised, formal occupations, and unavailable to the children of those who undertake livelihood options that are informal, carry stigma, or are criminalised – all of which are strategies that women, girls, and trans and intersex people are known to pursue in response to their economic and social exclusion. For those in stigmatised situations, such as people seeking abortion, people in prison, drug users, sex workers, and people living with HIV, inaccessible care infrastructures combined with poverty, social stigma, and State violence can expose them and those in their care to high-risk situations and unsafe alternatives.

'There are many workers who are … leaving their children under the bed, or something like that, while they are working. There are a lot of accidents happening, and also there are frequent raids by the police.… The worker is … taken into custody while the child remains under the bed.' – Women Workers Protection Union, Turkey

Reimagining care as a right is a claim that entails a shift in social norms toward recognising that all beings have value, regardless of the nature of their economic contribution.

17: For more information, see: https://www.hrw.org/world-report/2024.

18: White, 2004.

Accessibility of Care Infrastructure

Given that the maintenance, affective, and political aspects of care are essential for us to thrive collectively, addressing accessibility gaps in our care infrastructures becomes necessary for achieving care justice. Under the current system, care resources are more easily accessible where they are most profitable, not where the deficits are most extreme. This became clear during the COVID-19 pandemic, for example in the widely documented racial inequalities in access to vaccines.[19]

Care infrastructures tend to be designed to meet the care needs of what are imagined to be normative bodies, identities, and experiences, at the exclusion of others. One feminist activist participant described how LGBTQIA+ people tend to face othering and discrimination in healthcare settings, which leads to many of them dropping out of the formal care system. For instance, in-patient care wards and toilets tend to reflect a gender binary. Violent social norms around trans and intersex bodies are also perpetuated through the public health infrastructure. These injustices stem from an understanding of care that is rooted in patriarchy, neoliberalism, colonialism, and ableism. Physical inaccessibility of care, such as by locating hospitals or schools only in urban centres or not designing childcare facilities around barrier-free access principles, for example, exclude people who live in non-urban areas or have different care needs.

> **'Disability is so varied. There are people with wheelchairs and there are those who move in different ways but freely. We need accessible places. We have to acknowledge that adaptation implies a lot of financial support and they don't want to waste money for disabled people. In Madagascar, 90% of infrastructure is not accessible. Disabled women have to make double the effort to do the same task.' – l'Association des Femmes Handicapées de Madagascar (AFHAM), Madagascar**

Even when accessibility is taken into consideration, it tends to be very limited in scope and treated with exceptionalism, as opposed to acknowledgement of the diversity of care needs that exist in society. This can prevent broader solidarity around issues of care. For instance, when accessibility of care infrastructure is seen only as a concern of disabled people, resourcing for accessibility becomes a political demand that is only associated with disabled populations. In fact, access to care is a concern for a broad range of people, including but not limited to those with different language needs, those without primary caregivers, low-income groups, those living outside of major cities, undocumented people, or LGBTQIA+ people.[20] Demanding accessibility, therefore, is one of the major political claims many of Mama Cash's grantee-partners make around care.

A homogenous, centralised system of care that focuses on maintenance, rather than collective wellbeing, is also inflexible when care needs change. When access to (mainstream) care systems is contingent on forced integration into homogenous and inflexible care systems, it can amplify the care gap between majority and minority populations with different cultures of care.

> **'When it comes to Indigenous and non-Indigenous communities, there is a difference. We live in different geographical terrain and in a collective way of life. The care needs and concerns can be different. Even language is a barrier for us. Our accent is not accepted. We cannot speak our own mother tongue and this affects what we can demand and what care means for us and what livelihoods mean for us.' – National Indigenous Disabled Women Association-Nepal (NIDWAN), Nepal**

Indigenous women who were interviewed for this research – who consider themselves caretakers of the land and territories on which they depend – shared how their relationship with nature is one of reciprocity, where each takes care of the other. This relationship was considered inextricable from their own mental and physical health, and spiritual identity and wellbeing. These care systems seemed to enjoy a high degree of trust,

19: For more information, see: https://www.ohchr.org/en/press-releases/2022/06/un-expert-urges-states-end-vaccine-apartheid.

20: LGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer, intersex, asexual people, and the entire spectrum of gender and sexual identities.

as they were built on empathy, and learning and sharing from elders in their communities, which is often lacking in homogenous, centralised, and paternalistic care models.

For many of our grantee-partner's constituencies, the birth family is not a source of support. In the worse cases, birth families are a site of violence. There is a need to acknowledge and support care infrastructures that create alternative spaces where those in situations of abuse or neglect can access the resources and safety needed for their wellbeing. Self-led organisations of women, girls, and trans and intersex people, and chosen families were identified as examples of such spaces of care and support. Having multiple types of systems provisioning care, including autonomous, decentralised, and community-led models, can reduce the care gap for those whose needs are not being met through mainstream care infrastructure.

Association des Femmes Handicapées de Madagascar (AFHAM), Madagascar

Autonomy and Integrity of the Care Receiver

A significant aspect of wellbeing and self-fulfilment is access to care on one's own terms, which many women, girls, and trans and intersex people are excluded from. This underlies the question of who can make political claims around care. Care can become conditional on a person meeting certain normative standards of social acceptability, even when it is in direct opposition to their sense of autonomy and integrity. For instance, an Indigenous feminist activist involved in the study noted how stigma attached to Indigenous cultural practices has a direct impact on wellbeing.

> **'We have different practices, according to our culture and customary practices…. We connect them with our lives, livelihoods, and way of life. But such activities are seen in a racist way or not in a normalised way…. We cannot promote and strengthen our culture, practices, and way of life in the way that we want, so we are not in a situation to care for ourselves and … mother earth, … which is connected to our life and care. This humiliation is very minute and invisible for others, but for us it makes huge sense and most often we're silent as our values are not respected and we don't engage in those livelihood activities because of this.' – NIDWAN, Nepal**

When care systems deny the autonomy and integrity of those seeking care, they can push them into unsafe situations, or they may drop out of the care system altogether. In many cases, these have also been linked to higher morbidity among those in need of care.

> **'There is tonnes of research on what happens when access to abortion is limited, or what happens when people are denied abortions... If there is no easy access, people will have abortions anyway with unsafe methods, which carries a risk to health and life, morbidity and mortality – around 40,000 people die per year from unsafe abortions. This is documented. Society would rather see these people harming themselves or dying than allowing them control over their own bodies. It is a punishment. This in itself connects to violence, and State violence.' – Abortion Dream Team, Poland**

Many States deny the autonomy of people to change their legally recognised sex or gender identity on official documents, which can create circumstances for both physical, mental, and emotional violence for those affected.[21] This exposure to neglect or conditional care is not restricted to the State or private care infra-structure but can start in the birth family itself, with long-term consequences. As one study participant explained, lesbian, bisexual, and trans individuals often experience care within their birth families as conditional upon them denying their sense of self. This experience has also been linked to forced migration among queer populations.[22]

> **'Absence or withdrawal of care from [birth] families has a long-term consequence, which is disbelief in everyone. Lots of people come to us and take shelter with us. They don't have enough trust in human beings, they are so hurt by this behaviour. They have extreme distrust and anger towards the system – it is very natural [for them] to have that.' – Sappho for Equality, India**

Elsewhere, intersex groups have drawn attention to the genital mutilation that they experience as infants, often with the active consent of their birth families, as a result of the gender/sex binary that formal health care systems and social structures dictate and enforce.[23] Thus, care can be used to discipline bodies that are deemed unruly the medical establishment. These practices are a violent infringement on their bodily autonomy and integrity, which is critical for their wellbeing.

The formation of self-led organisations and movements has been one of the most significant ways in which communities facing care deprivation have advocated for care infrastructures that

21: For more information, see: https://outrightinternational.org/legal-gender-recognition-FAQ.

22: For example, see: https://www.sapphokolkata.in/public/media_pdf_file/1681735321.pdf.

23: For example, see: https://www.mamacash.org/resources/meet-intersex-nigeria/.

are appropriate for their situation and context. Working with these organisations and movements in the design of care infrastructures is essential to ensure that care interventions do not end up excluding those they intend to support. This is also necessary to counter the breakdown of trust among communities when it comes to paternalistic approaches to care, which have often violently overridden the autonomy and integrity of care receivers.

Feminist activists involved in this study highlighted autonomy – financial autonomy, bodily autonomy and integrity, as well as cultural autonomy – as an essential value for inclusive care systems. In line with restorative justice approaches, they saw preservation of one's individual autonomy as consistent with the idea of our inter-dependence with other beings and nature.[24] They are demanding polycultures of care that are accessible, flexible, decentralised, and centre collective wellbeing.

Abortion Dream Team, Poland

24: For more information, see: https://www.elevenjournals.com/tijdschrift/TIJRJ/2019/2/IJRJ_2589-0891_2019_002_002_001.

6. Justice in Caregiving

Care labour often goes unrecognised and undervalued. Particularly under capitalist systems that prize productivity, the State and employers are steadily reducing support, leaving caregivers—especially women, girls, and trans and intersex people—with increasing, unpaid responsibilities that impact their wellbeing. Our vision for care justice centres on shared, voluntary care rooted in consent, with community-led infrastructures that respect autonomy. Treating care as a fundamental need, not an afterthought, is critical to reducing inequalities that strain caregivers and communities alike.

NIDWAN, Nepal

Feminist activists insist that care labour is life-sustaining labour and essential for our collective wellbeing. Care for oneself and other human and non-human entities can be a mutually enriching experience, under the right conditions. Collectively establishing and contributing to caring relationships that centre our wellbeing are also necessary for reproducing a society that recognises and values the central role of care in enabling all other activities that we do.

Given the centrality of care in our lives, public resources should be directed towards alleviating the care burden of caregivers and allowing space for caregivers to replenish themselves. However, the gradual withdrawal of support for caregiving by the State in many contexts (e.g. by reducing public funding available for health and transport) and by many employers (e.g. by increasing reliance on informal jobs without contracts or social security) has resulted in a depletion of care infrastructures, thus increasing the burden on households and community networks to fill the gap. This burden is decidedly gendered – unequally borne by women, girls, and trans and intersex people.

The dominance of capitalism worldwide has meant that much of the caregiving that contributes to our overall wellbeing remains undervalued and unpaid, and often economically invisible. Policy frameworks often demean care labour as unskilled work, which has meant that women, girl, trans and intersex caregivers are devalued in both paid and unpaid care domains.

The activists involved in this study have a vision of a just system of care in which care-giving must be voluntary and consent-based, a shared responsibility, and non-extractive for caregivers. Additionally, to flourish, caregiving must encompass polycultures of care. When these conditions are not met, caregiving becomes a burden.

Women's Workers Protection Union, Turkey

Equal Distribution of Care Labour

Who gets to opt in and opt out of caregiving? And how does this shape our vision for care justice? When it comes to distribution of care labour, there are two factors at play. First, as mentioned above, State withdrawal or even absence from investment in care has placed more responsibilities on households and communities to make up the care gap, which particularly impacts those with fewer resources and those who require frequent and/or specialised care. Second, in what is referred to as the gendered division of labour, women, girls, and trans and intersex people are doing most of this essential form of labour. This is true within households, as well as in workplaces and activist collectives. Women, girls, and trans and intersex people thus bear an unequal burden of State withdrawal from care, or when the State and private interests (e.g. for-profit health services) make care systems inaccessible.

> **'As in many countries of the world, there has been a difference in our country between the State policies during the existence of the Soviet Union and the State policies afterward. Back then, many factories and cooperatives had child and elderly care, supported with assisted living, even though Turkey has never been a socialist country. After the Soviet Union collapsed, things changed. If someone could not pay for private care work, then it became the job of the women of the household.' – Women Workers Solidarity Association, Turkey**

Among other things, assumptions about care responsibilities affect employment opportunities, as well as opportunities for advancement. In an environment where many public goods are privatised, and wages are necessary to meet most basic needs, it is often considered financially practical for men to take up paid work and accumulate financial resources by 'opting out' of caregiving tasks. Because these tasks are essential, they cannot be neglected, and end up falling on the shoulders of women, girls, and trans and intersex people, often at the expense of their own aspirations and wellbeing.

> **'I would like to emphasise the consequence of the fact that women are overrepresented when it comes to care. The care is unpaid, so we cannot meet our financial needs or have agency in the family context. We cannot invest in projects that we want, since we have no financial independence. When it comes to land – what to invest in, which crops to grow – those decisions are made by men. We can give our opinions, but not make decisions. We don't get any return for the labour that we put in.' – KUICHI - Red de Mujeres por la conservación del oso de anteojos, Colombia**

Discrimination in the economic domain and the gendered division of labour are deeply intertwined and can be mutually reinforcing. They can create a care burden for some and care relief for others. For example, a feminist disability rights activists noted:

> **'One colleague, who is a graduate and aware of her rights, is living with family who are employed. She is not able to get a job [because of discrimination] and she is at home, so all the household chores are her responsibility. Her brother and sister-in-law are not recognising her work or treating her respectfully. You face double, triple, multiple burdens in the public and private sphere….' – NIDWAN, Nepal**

Another activist highlighted how women, girls, and trans and intersex people are also taking up the majority of care responsibilities at the community level, including within activist spaces, and that this labour is not adequately valued, recognised, or equitably distributed.

> **'In activism, it is expected that people who are assigned female at birth will be the care-givers and they should never be on the receiving end. I feel that even as activists – this is what we do full time, we [care].... We are constantly dealing with people with anxiety and depression and other needs…. Our [care] work is not valued. More value is given to those with academic papers that back their theories about people, rather than our lived experience and what we see every day.' – Sappho for Equality, India**

Even when women, girl, and trans and intersex caregivers take up paid work, this rarely comes with better sharing of care responsibilities within

households, since the gendered division of labour is commonly the social norm. Such caregivers are expected to use their time outside of paid work to continue to perform most, if not all, of the unpaid care work for the household, with no time for their own leisure and replenishment.

> **'Apart from going to work, women have to take care of literally everything in the family. They are the breadwinner, they look after [the] husband, children, husband's brother. They look after the mother or father-in-law if they are sick.... She is heavily burdened. She is cooking, washing clothes physically. There is no support or contribution from the spouse for these women.' – Anonymous grantee-partner**

It is important to note here how class intersects with gender and other social categories in the distribution of care in society, and not all women, girls, and trans and intersex people have the same relationship to caregiving. Those with more financial resources can 'opt out' of unpaid care tasks by passing them on to others as paid work. However, given that care labour remains one of the lowest paid and most insecure livelihood options, those who perform it cannot themselves afford to 'opt out' of unpaid care tasks. This contributes to a leisure deficit.

Another aspect of the unequal distribution of care was highlighted by Indigenous feminist activists, who shared how they are doing the majority of the work in preserving biodiversity, when it should be a shared responsibility.

Women's Workers Protection Union, Nepal

> **'If you look in a holistic way, we, as Indigenous women with disabilities, coexist – our life is connected with land, environment, and mother earth. We are custodians. The way we respect and protect our resources is not understood. We are only 6% [of the population] globally, and we are protecting 80% of biodiversity globally. We have a direct connection to mother earth. The way we are protecting nature is directly and indirectly violated in different ways.'**
> **– NIDWAN, Nepal**

Activists representing those who face systemic exclusion are often carrying the burden of collective wellbeing by being on the frontlines of the struggle for care justice. They are not only providing care to those whose needs are unmet by homogenous, centralised, and inaccessible care infrastructures, they are also working to make care infrastructures more accessible, flexible, and decentralised. When civic space or our biodiversity is threatened by the actions of State and private actors, this creates additional burdens on these same organisations, movements, and individuals. However, their labour in holding the line against regressive policies remains undervalued. They are often struggling for resources to continue these vital, and often life-preserving, interventions. Better sharing of care responsibilities, at the household and community level, as well as on issues that perpetuate broader social injustices, are necessary to ensure that women, girl, trans and intersex caregivers are not depleted.

KUICHI, Colombia

Consent in Caregiving

As noted above, respecting the autonomy of care receivers is a significant political dimension of care. It is also vital in care-giving. Feminist activists participating in the study strongly emphasised the role of consent in caregiving. This is critical for determining whether caregiving enables the wellbeing of those giving and receiving care. Consent entails actively opting in to take care of others and being able to opt out, for example when it becomes detrimental to one's wellbeing.

Many women, girls, and trans and intersex people are expected to perform care responsibilities without their express consent, as it is seen as their 'natural' role. These norms around caregiving are rooted in patriarchal and capitalist world systems, and replicate the discrimination and privileges in the economic domain.

> **'If I care for someone, it is something I should want to do, not something I am expected to do. How can a 7-year-old assume responsibility for taking care of another child? Care needs to be consensual, not an obligation or a responsibility someone needs to take on.' – Grupo Artemisa, Honduras**

When public care infrastructure is inaccessible, and care responsibilities are not shared, the ability of caregivers to opt out of caregiving is limited. They may be unable to opt out even when caregiving has an adverse impact on their own wellbeing. Non-consensual – and/or unpaid – care responsibilities can have serious consequences on both caregivers and care receivers. It may lead to psychological stress for caregivers or put care receivers at risk of neglect or abuse.

> **'It's difficult. Women are engaged in the majority of care work, which impedes their self-development. This opinion is shared by women in the area where we work. We sacrifice our own wellbeing and emotions, out of love. We lose our identity, give up who we are. Women tend to die before our spouses. We sacrifice our own health so our families will be ok.' – KUICHI, Colombia**

On the issue of consent in caregiving, participating feminist activists highlighted the relevance of access to abortion services. In most contexts, restrictive State policies and social norms create situations where those seeking an abortion are compelled to either undergo illegalised, sometimes unsafe, abortion, or to give birth when they do not wish to become a parent.

The caregiving role of women, girls, and trans and intersex people can sometimes be enforced through disciplining strategies, such as social stigma for non-conformity to gender roles. It can also be met with explicit forms of violence, both within and outside the household, or criminal charges, as in the case of those seeking abortion services in many jurisdictions. Women, girls, and trans and intersex people may be disciplined for undertaking activities that are assumed to take time away from caregiving within their household, such as leisure, paid work, or activism.

> **'Many women workers want to be a member of the union, but if they can't convince their family … they can get in trouble. It can mean psychological violence and also physical violence. They cannot get permission [from their family] to work anymore. [Or] they can work, but they cannot fight for their rights. If they fight for rights through the union or association, their family could cause them trouble.**
>
> **[One woman activist's] first husband was also an activist. All was fine at the beginning, but when [she] made a place for herself in the activist communities and started to spend a lot of time with them, the husband said, "Are you the man of the house?" He locked the door of their house and did not let her get into her own flat. Men don't make space for women to be active. You should do what they say. It's not unusual, but it's not acceptable.' – Women Workers Solidarity Association, Turkey**

Recognising the need for caregiving to be voluntary thus requires that caregivers can choose freely and opt in to take on these roles, and also opt out. The latter must be possible without endangering those being cared for, which requires care to be a collectively shared responsibility. When it comes to girls and trans and intersex children, their wellbeing needs to be prioritised and resourced through a collective care infrastructure.

Women Workers Solidarity Association, Turkey

Non-Extractive Care Labour

It is well-established that care labour – a gendered activity – makes wage labour possible. Economic relations are not just shaped in workplaces, but also in homes, schools, hospitals, kitchens, and care facilities, through a myriad of activities that enable others to engage in wage work.

> **'Those of us who work in the kitchen and with children, we provide care. It is thanks to us that the children are cared for when someone needs to work outside the home. Today, if you don't take domestic workers into consideration, the world may not stop, but it would not have the same meaning. We provide this cohesion. It is necessary work, but undervalued. [It is] viewed as a type of work where violence [is acceptable and] doesn't have to be punished. A domestic worker is viewed as less than human. Their rights must be respected and acknowledged but unfortunately they are not, especially when the victims [of violence] are women and young girls, and it is a sector that is made of women and young girls.' – Association de Défense des Droits des Aide-ménagères et Domestiques (ADDAD), Mali**

Although academics and organisers have spent some time exploring who replenishes the wage-earning worker, inadequate attention has been paid to the replenishment of unpaid care-givers. One of the main questions is who cares for the caregivers? As previously noted, the feminist activists involved in the study repeatedly drew attention to the care deficits and increasing care burdens they experience – a double depletion of care – which leads to deep physical and mental exhaustion at an individual level, while also depleting the communities to which they belong. The double depletion experienced by caregivers constitutes a specific form of gender-based violence and presents risks to collective wellbeing. The causes include reduced public funding available for social protections, privatisation of care, the destruction of the natural environment, and other attacks on collective care infrastructures.

The connection between high unpaid care burdens and pension gaps has been documented.[25] This same care deficit also exists among paid care-givers, such as domestic workers or healthcare workers, many of whom come from structurally excluded communities. Care work is often classified as unskilled labour and is among the lowest paid, most unsafe, and least secure forms of employment. For example, domestic work is still not recognised as work in many contexts and domestic workers are commonly excluded from social protections (e.g. pensions, parental leave, etc.). These conditions affect the physical and mental health of caregivers, but also have knock-on effects on their households and communities.

> **'You are irritated when you go home, you don't feel right. You spend the whole day under this pressure, [so] the energy you have for your family is not right. You are traumatised, physically and psychologically tired. When [you are] living under this pressure, it drains all your energy. When you are continuously violated, you are not going to shout at your boss, but your family. This is happening non-stop. This is affecting our households. This is affecting your husband, your sister. You judge yourself.' – Association de Défense des Droits des Aide-ménagères et Domestiques (ADDAD), Mali**

Most grantee-partners are developing programmes to provide care to their communities and address exclusionary gaps in the State-led and private sector-led care infrastructures. Given their position as self-led organisations, they are acutely aware of their communities' unmet care needs and risks to their wellbeing. However, they also described being depleted of resources and exhausted by a system that continued to create gaps and exclusions in care provisioning.

In addition to resource constraints, grantee-partners addressing care gaps face other threats.

> **'Legal harassment [is] something that we have been observing very much in the last couple of years…. It's a new reality. I want to mention it because it takes a lot of resources to handle it. And [it causes] a lot of stress. One of us even had a criminal court case that was going on for a year. We continue to**

25: For example, see: Coffey, et al., p. 33.

work and maintain the operations. But the exhaustion, my god. It has really, really cost us a lot as a group.' – Abortion Dream Team, Poland

In many contexts, union-busting is an everyday occurrence, creating additional care depletions and care burdens for those organising to improve working conditions. Nevertheless, worker-led organisations continue to organise their communities, often at great cost to themselves.

'The main challenge as a worker leader [involved] with any kind of union or NGO is that inside the factory they will be targeted. [They may be given] a production target. Or any kind of harassment or illegal termination may happen. This is the main challenge we are facing here. And also, if we lose a worker leader, it means we need to train a new one, which will take some more time.' – Anonymous grantee-partner

As participating activists described the extent of their depletion and the consequences on their mental and physical health, and on their communities, it was evident how this mirrors the degradation and depletion of nature that results from extractivism and capital accumulation.

'There is a broken line between nature and humans, and nature and care. The government in my country is selling territory to foreigners with more money. They want a big piece of land to build their mansions. We are losing those territories. The women are really the last stronghold protecting those territories. But we as women have to face so many challenges in order to fight against this system that is trying to take everything away from us. Apparently money is stronger than everything, apparently money is above everything. Taking care of women, taking care of nature, and taking care of humans – this is not really happening at the moment.' – Grupo Artemisa, Honduras

Resourcing of self-led movements is vital to ensure that excluded communities can make political demands for the type of care they need for their wellbeing. Self-led groups are among the last to opt out from their caregiving role, even when they are criminalised, when attacks on human rights defenders are on the rise, access to resources is limited, and the space for civil society is constricted. They are also at the frontlines when it comes to challenging unequal structures and holding State institutions and the private sector accountable, which is in everyone's collective interest. The political consequences of the depletion of these organisations and movements go beyond the communities directly dependent on them for survival. Replenishment of these depleted communities, particularly caregivers from these communities, is essential for a vision of care justice that is grounded in collective wellbeing.

Abortion Dream Team, Poland

Embracing Polycultures of Care

State-led and private sector care infrastructures are largely focusing on the maintenance aspects of care, with little consideration for the affective and political dimensions necessary for collective wellbeing. Even within the framework of maintenance, these structures are built for homogeneity, around a narrowly defined conceptualisation of care that excludes many people. Civil society organisations provide crucial support to communities that face exclusion or lack access to care infrastructures. This was made obvious during the COVID-19 pandemic, as civil society organisations provided life-saving support to communities in their networks.

> **'In COVID days, we had a lot of difficulty, since there was no work. We could not feed family members and children. We had to depend on the relief distributed by NGOs, not the government. This was a very dire situation for us.' – Women Workers Protection Union, Nepal**

Many grantee-partners of Mama Cash provided critical emergency aid to their communities, without which many more people would have suffered. In addition to addressing maintenance aspects through provision of food and medical supplies, these alternative structures also focused on affective care needs, such as the need for social interaction, and political aspects, such as mobilising for vaccine justice and to secure payment of wages when workplaces closed. Feminist activists participating in the study insisted that our response to concurrent crises – such as global pandemics, climate change, growing authoritarianism, and violent border regimes – cannot be homogenous. Meeting the diverse needs of our communities and ensuring replenishment in relation to multiple, inter-connected crises requires polycultures of care.

Participants in the study noted how alternative caregiving relationships – care provided by others than birth families, the State or private sector – are not recognised, and this depletes the wellbeing of such caregivers. They stressed the need to move towards more diverse care infrastructures. One clear example of this was the framework of chosen families. Those who have experienced violence in birth family households often find shelter with queer communities, and build chosen families that recognise and respect their autonomy and bodily integrity. Self-led and chosen communities are thus crucial in providing political platforms for excluded communities to shape care systems that meet their needs, on their terms.

For some, preserving care infrastructures that take an ecosystems approach and have biodiversity at their core is considered vital to ensure their political, cultural, material, and spiritual wellbeing. At the same time, such cultures of care also

Women Workers Protection Union, Nepal

provide valuable lessons in designing non-extractive care systems for collective wellbeing.

> **'Though mother earth and the forests are trying to preserve us, we are not getting the protection we need. We are interrelated and are caring for each other. But it is triangular relationship. The State and other stakeholders also have a role and responsibility to respect, protect, and invest in our knowledge, [which we have] held for centuries.' – NIDWAN, Nepal**

The State has a key role to play in decriminalising and destigmatising the operations of alternative types of care infrastructure. In addition, the State can learn from their evidence-based approaches and reform its own care provisioning structures. Lastly, the State can ensure that these alternative care infrastructures have access to the necessary resources to serve those who depend on them for their wellbeing. This is critical to ensuring that care remains accessible and care inequalities are not reproduced.

NIDWAN, Nepal

7. Replenishment of Resistance

Care is a fundamental part of life and resistance, especially within systems that undermine it. Feminist activists address care injustice by building support networks, chosen families, and community care infrastructures that empower groups that have been sidelined from mainstream society. Through solidarity, advocacy, and new care models, they are working to challenge restrictive social norms and advocate for fairer policies. Their work offers strategies for a caring economy and a reimagined vision of care justice that sustains everyone.

Women's Workers Protection Union, Nepal

Care injustice is a form of structural violence rooted in patriarchal and capitalist systems. Challenging such injustice requires activism that builds resilience and collective power, and reveals and challenges the structural foundations of care injustice.[26] Given the close links between depletion in care and political exclusion, self-led political mobilisation by marginalised communities is critical for addressing the violence and systemic depletions faced by these communities.

The self-led feminist movements interviewed for this research are doing much of the necessary work of repairing the harm done by unjust care systems. They are creating and preserving alternative care models that are responsive to the needs of their communities, and addressing injustices in the existing care system by providing support and political space to the populations they represent. This section offers insights into their strategies.

AFHAM, Madagascar

26: For example, see: https://www.blackwomenradicals.com/blog-feed/the-power-of-pan-african-feminism-a-conversation-with-jessica-horn.

Community-Building, Chosen Families, and Intentional Webs of Care

For many of Mama Cash's grantee-partners, creating chosen family structures based on shared identities, relationships of reciprocity, respect, and consent is a necessary political strategy for their wellbeing, and even survival. Such structures create resources for addressing depletion caused by birth family neglect, as well as for replenishment against ongoing violence in other settings, such as workplaces and hospitals. Within such intentional communities, women, girls, and trans and intersex people rely on each other to provide care on their own terms.

> **'Whenever the police raids are occurring, family support is not there. The husband, in-laws, etc. cannot help. Only friends can help. This is also a bonding moment. The friends maintain privacy and look after each other…. Sometimes friends need support. If they have to go to hospital, then they request the help of their friends for looking after their children. It is an even bigger problem if the police take them into custody for a few days. It is friends who are taking the kids to them for breastfeeding, or for visits. Friends take food for them. Friends also organise themselves to put together a bail amount, as they don't have money.' – Women Workers Protection Union, Nepal**

Some grantee-partners are advocating for the recognition of chosen families and alternative forms of kinship as part of their care infrastructure, as these are essential in preserving their autonomy and wellbeing. This can be crucial when important decisions are taken about one's health, for instance, or when it comes to inheritance. However, in most contexts, such families are still not recognised by the State as legitimate care providers.

> **'The understanding of family is very [limited] in the minds of the State…. They don't see alternative forms of family, like chosen families that one can create out of love, empathy, care. When we were asking for decriminalisation of [homosexuality], we were also asking for recognition of partners, not just in marriage, but also alternative forms of care and kinship for individuals.' – Sappho For Equality, India**

Forming collectives and communities that are based on shared identities and experiences within societies that otherwise isolate and individualise such identities and experiences, is in itself an extraordinary and revolutionary act. From a place of safety, women, girls, and trans and intersex people can experience love and joy, and articulate their shared political goals.

Women Workers Protection Union, Nepal

Solidarity and Network-Building

Solidarity and network-building involves building connections with other communities, organisations, and regions for shared political goals, and is an important source of political power for marginalised communities. One grantee-partner is mobilising women garment workers in South Asia and collaborating with several State, national, and international organisations active in the garment sector, including the Asia Floor Wage Alliance (AFWA).[27] Organisations cooperating with AFWA are part of an advocacy network demanding a region-wide living wage for garment workers, as opposed to the minimum wage formulation offered by most national governments. AFWA is demanding wellbeing for garment workers, instead of survival. It recognises the commonality in systems that are oppressing garment workers in different contexts, and is building solidarity among garment workers on the basis of this shared understanding.

Supporting struggles of women worker organisations and building solidarity with them can be a way to deepen connections within the feminist movement and mobilise for justice, especially when confronted with State or corporate power.

> **'The resistance at Agrobay[28] [a Lidl supplier], where women agricultural workers were dismissed owing to their union activities, continued for the past 12 months. Standing in solidarity with them, we joined and closely monitored their march to the capital city of Ankara on the 210th day of their struggle. As we spotlighted their struggle with news reports on our platform, the women's march resulted in various gains for women workers. We have remained in touch with women whose legal cases are ongoing and we keep on supporting them.' – Women Workers Solidarity Association, Turkey**

Any strategy supporting care justice must necessarily consider the wellbeing of paid care workers, such as domestic workers. Many domestic worker-led groups supported by Mama Cash have made significant strides in building international networks. ADDAD, Mali, a domestic worker organisation, has been instrumental in organising domestic workers in West Africa. Starting from Mali, the network has grown to include 10 countries in the region. The organisations that are a part of the network support each other, actively share information with each other on migrant domestic workers, and share strategies for formalising domestic worker contracts, as well as for the ratification of ILO convention 189. Other national domestic worker organisations that Mama Cash supports are part of the International Domestic Worker Federation, which is organising domestic workers globally, and engaged in national and international advocacy on decent work for domestic workers.

This study itself has resulted in a cohort of grantee-partners who are continuing to engage with each other and learning from each other's practices on the topic of care. For example, a grantee-partner representing women factory workers in South Asia is advising a group of entertainment sector workers in a neighbouring country on advocacy for creches and childcare in their workplaces.

27: For more information, see: https://asia.floorwage.org/.

28: For more details on the context of the struggle, see: https://www.business-humanrights.org/en/latest-news/turkey-workers-of-a-lidl-supplier-protest-against-miserable-working-conditions-and-demand-implementation-of-the-supply-chain-act/.

Women Workers Solidarity Association, Turkey

Advocating for Changes in Law and Policies

In terms of care justice, the State has a clear role to play in directing public resources towards care infrastructures, including enacting enabling laws and policies, enforcing measures that protect communities from harm, and repealing harmful laws and measures that are creating care deficits among specific populations. These are also necessary to alleviate and redistribute the care burdens that are currently falling on household, community, and activist caregivers.

Feminist movements are building political momentum and engaged in sustained advocacy to improve the wellbeing of their communities. For instance, some grantee-partners are advocating for the decriminalisation of livelihood strategies such as sex work, as criminalisation drastically increases the risks and violence they face from clients and from the police.[29] Alongside decriminalisation, they are demanding formal contracts that address the specific forms of violence and risks that their community may encounter and access to care infrastructure available to other recognised workers. This type of strategy is affirming, takes into account the lived experience of sex workers, and provides clear recommendations for action that reduce harm and contribute to sex workers' wellbeing.

'They should be provided with a contract, not just hired on a verbal basis. They should [know] how much salary they will receive and when. And since they are working late hours during the night, when they go home, they should be provided with transportation. This will automatically reduce the [risk of] violence. They will be facing a lot of violence during their work and it's very important for them to have regular check-ups. They should be provided with sick leave….' – Women Workers Protection Union, Nepal

Other grantee-partners are advocating decriminalisation of same sex relationships and abortion. As a result of the long history of advocacy work by the Abortion Dream Team, a Mama Cash grantee-partner in Poland, there is widespread political support for decriminalisation of abortion under the new administration (albeit only in the first 12 weeks of pregnancy). While this is a major step forward, the group noted that they will continue to challenge harmful proposals for implementation, such as those that limit the autonomy of the person seeking abortion or proposals that focus on medicalisation and centralisation of care, or use the discourse of safety to control access to abortion. Such measures circumscribe access to care for the person seeking abortion, as well as their choice to opt in to be a caregiver – conflicting with the core values of care justice.

The work of many grantee-partners also involves mobilising to hold the line against regressive changes to laws and policies that would add to the care burden of their communities, or lead to situations that threaten their wellbeing. For instance, one grantee-partner worked to resist an amendment to increase legal working hours in the industrial sector to 12 hours a day, which would deplete already underpaid workers by allowing them even less time for replenishment. It would also affect the wellbeing of those dependent on these workers for their care needs. Although the amendment passed, the mobilisation of worker leaders ensured that the impact of the legislation was widely known and could be challenged in other states in the country.

29: For more information, see: https://www.nswp.org/sites/default/files/decriminalisation_cg.pdf.

Challenging Unjust Social Norms

Challenging unjust social norms – how care is or is not provided, who has access to it, and who is able to opt in and opt out of caregiving – is an important area of intervention for feminist movements. For example, many grantee-partners are challenging gender norms around the division of care responsibilities through direct interventions with families and communities. Recognising that care deficits in childhood have long-term impacts on the mental and physical health of an individual, grantee-partners are sensitising parents of girls, young women, and young LGBTQIA+ people. They offer workshops with children and young people aimed at preventing internalisation of stigma, discrimination, and violence. This is considered vital for workshop participants to see themselves as deserving of care and having a voice in setting the terms on which they receive care.

> **'Who is teaching [young women and girls] to care for themselves?... People don't like [young women and girls] to have access to these tools and this power [to care for themselves].' – Grupo Artemisa, Honduras**

One grantee-partner works with the parents of young girls to advocate for their access to education. This was seen as a necessary step towards building political power to challenge care deficits and burdens they might experience,

Grupo Artemisa, Honduras

as well as other kinds of violence that they may encounter at different stages of their life.

> **'We want [parents] to know the importance of school, about forced marriages and conditions under which girls are living. Most girls who come [to work as domestic workers] are underage and they don't know to read or write. When you have some means, you can handle yourself. But when you haven't been to school, you can't even write or read your own name, and would not know your rights. This is very difficult. This has a link with domestic violence. We want to spread awareness in the community about the importance of the association and of schooling.' – ADDAD, Mali**

Grantee-partners are also involved in providing affective support for those in their communities who have experienced neglect or violence in their birth homes. Replenishing them in this way was seen as an important intervention where negative stereotypes regarding their identities has resulted in care exclusion.

> **'We need good examples – strong women who are independent, who leave their home to build a new life – then we can talk about change. We will share this change and these examples, through public speaking. We can influence the women who face difficulties, when they see the examples of strong women who go out, who have "blooming energy", who express themselves.' – Anonymous grantee-partner**

Alongside the work with their own communities, grantee-partners are advocating for broader social change to address stigma and discriminatory attitudes. For example, grantee-partners working on disability rights have succeeded in getting some employers to invest in accessible infrastructure by raising awareness about barriers to disabled women's employment as a matter of accessibility, not capability.

One major way in which feminist movements are shifting social norms is around the idea of care itself. Grantee-partners from Indigenous and peasant movements provided numerous examples of moving beyond human-centred models of care and recognising our interdependence with nature. They highlighted how care for the natural environment is also self-care, which challenges the consumerist self-care discourse.

> **'We believe that the connection is two-way: nature takes care of humans and we humans have the responsibility to take care of nature. This connection with nature is part of self-care. We women have an important and main role because, especially in rural areas where we live and work, in Indigenous territories and Afro territories, the actions of capitalism and patriarchy, the use of irrational cultivation, all these farming methods have broken the relationship between care and nature, and between humans and nature. Indigenous women, urban women, rural women – we are all together fighting against these negative consequences of human action. We have to become friends with nature again. And we are trying to build that awareness.... We women are that engine, that power that tells society that you have to go back to nature.' – KUICHI, Colombia**

In contexts where State-led care infrastructure is inaccessible or discriminatory, several community-led models have paved the way for care that centres the autonomy and integrity of care recipients.

> **'[We are] trying to introduce a new model of caring for each other that is not based on you having to come and give me [the caregiver] proof, so I can control and judge, but actually based on … radical trust, radical empathy…. We do not need to know why people want to have an abortion, or put any kind of judgement…. It's your body, and every reason is valid enough, and we don't even need to know [the reason]… So there is no policy of interrogation. If the need is there, it's unquestionable.' – Abortion Dream Team**

By positioning care in this way, feminist activists are demonstrating a model of deep trust, acceptance, and empathy with the care receiver.


ADDAD, Mali

Caring Economies

For many women, girls, and trans and intersex people, the issue of care responsibilities and needs is interwoven with that of livelihoods. Caring economies involve accessible livelihood options that preserve or enhance the wellbeing of those engaged in this work. As such, feminist movements' demands can cover issues as wide-ranging as protection of the commons, the right to organise and demonstrate without retribution, effective municipal service and welfare provisioning, addressing unequal access to care infrastructure, decriminalisation of livelihoods, and protection of bodily autonomy.

Organising for caring economies involves ensuring that community-led responses have space to flourish. Livelihood strategies that centre joy and pleasure, and give people more decision-making control over how their time is spent is an important strategy. Some of Mama Cash's grantee-partners, for instance, are working on interventions that improve the economic wellbeing of their constituencies, as a step towards addressing the inequity in the distribution of resources in society, but also as a means towards self-fulfilment and enhancing their own wellbeing.

> **'Autonomy gives women a better chance to delegate responsibilities and to have more time to do something that [they like], for example studying – not only taking care of the house. At KUICHI, we try to make sure that the women enjoy being women. If they have economic autonomy, they have control over their time, they have control over their bodies, they have control over their lives. So we try to find ways for them to generate financial autonomy, if they are interested in learning something, in working somewhere. If the rural women want to grow herbs and then sell them, or want to share their products with tourists, or [show them]… how they grow the plants, for example, we support them…. We want women to enjoy what they are doing. It's not just about making money, it's about enjoying what they do….' – KUICHI, Colombia**

KUICHI, Colombia

Other grantee-partners are exploring cooperative structures that provide accessible livelihood alternatives. Such structures can provide an alternative to extractive models of accumulation that deplete caregivers and nature, as well as those dependent on their care.

8. Recommendations for Funders: Resourcing the Fight for Care Justice

Feminist movements are tackling urgent care gaps but face persistent funding shortages. Funders need to see themselves as part of the care infrastructure, providing flexible, long-term support that trusts these movements as experts. Such funding allows feminist groups to respond to immediate needs, strengthen community care, and build sustainable support systems. Key recommendations include supporting grassroots organisations, fostering solidarity networks, and aligning funding with the real priorities of those engaged in care justice.

PSWS, Malaysia

Despite the critical role they play in sustaining communities affected by the double depletion and other forms of gendered violence, feminist movements face a funding gap.[30] Recognising the diverse strategies that feminist movements use to challenge systemic depletions of care in society is crucial. Justice and feminist activism is care: care is at the core of feminist movement-building and activist practice. Increasing the resources available to feminist movements is necessary for addressing the resource inequality, care depletions, and systemic violence that they and their communities experience, and to ensure that they can continue their work from a place of nourishment and wellbeing.

Funders should engage in care-based philanthropy and embrace their role as part of the care infrastructure for self-led feminist movements. Care-based philanthropy entails, first and foremost, recognising that self-led organisations and movements are experts in their own lives. It means trusting movements to know where the money they receive is best used. Core, long-term, and flexible funding gives movements the resources to create sustainable infrastructures to support their communities, e.g. by hiring paid staff or renting an office, or responding to unexpected care gaps and burdens created by events like the recent pandemic. Such funding is necessary to ensure that resources can go where they are most needed to facilitate the building of sustainable and resilient care infrastructures, as opposed to restricting groups to homogenous models and strategies through pre-conceived programmatic funding. The funding modality is equally important to ensure that resources address systemic depletions and do not contribute to resource inequalities.[31] Some donors, including Mama Cash, have made the shift to participatory grantmaking, involving social movements in their grantmaking decisions. Other donors are supporting this shift indirectly, by funding participatory grantmakers and women's funds.[32]

Resourcing self-led feminist groups that are engaged in replenishing their communities, repairing the harm done by unjust care systems, and creating and preserving alternative care structures that are responsive to the needs of their communities, is vitally important for creating caring and sustainable futures for us all. To advance the goal of care justice, feminist movements participating in the study urged funders to:

- **Recognise movements** as experts when it comes to knowledge and practice.[33]
- **Support self-led organising**, particularly those led by women, girls, and trans and intersex people, who are at risk of this double depletion.
- **Support new and unregistered self-led organisations**, and continue to identify opportunities for former grantee-partners.
- **Support activism** with core and flexible funding to fully support the diverse ways in which activists engage with their environment for social change.
- **Support long-term funding**, as changes (and revolutions) take time.
- **Support co-learning and voluntary cohorts** among grantee-partners.
- **Support network-building and solidarity** among grantee-partners.
- **Assess impact from the perspective of grantee-partners**, i.e. do they feel better supported in directing resources according to their priorities and needs?

30: For more information, see: https://www.theguardian.com/global-development/2019/jul/02/gender-equality-support-1bn-boost-how-to-spend-it.

31: For more information, see: https://www.mamacash.org/resources/report-moving-more-money-to-the-drivers-of-change/.

32: Participatory grantmaking encompasses a range of models and practices that cede and/or share 'decision-making power about funding – including the strategy and criteria behind those decisions – to the very communities that funders aim to serve'. Gibson, Cynthia. 2018. *Deciding Together: Shifting Power and Resources Through Participatory Grantmaking* (pp 7). Edited by J. Bokoff. Grantcraft, Foundation Centre. Available at: https://grantcraft.org/wp-content/uploads/sites/2/2018/12/DecidingTogether_Final_20181002.pdf (Accessed on July 13 2024); For more information on Mama Cash's participatory grantmaking approach, see: https://www.mamacash.org/resources/sharing-power/.

33: This was seen as particularly important and thus placed at the top of the list of recommendations.

KUICHI, Colombia

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