

Knitting a Care Network in the City: Social Actors in Grassroots Organizations and Local Governments

Agustina Frisch^{1,2}  and María Mercedes Di Virgilio^{1,2} 

¹ Gino Germani Research Institute, University of Buenos Aires, Argentina

² CONICET, Argentina

Correspondence: Agustina Frisch (agustinafrisch@sociales.uba.ar)

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Abstract

This article examines the interaction between grassroots care organizations, street-level bureaucrats, and local public policy as a key interface in the construction and sustainability of local welfare infrastructures. The analysis focuses on the experiences and everyday practices of women leading community-based care organizations in a suburban district of Greater Buenos Aires, Argentina. These networks have emerged through local policies that link self-managed grassroots initiatives with municipal governments, mediated by the day-to-day practices of street-level bureaucrats. The resulting care infrastructure produces a spatialized network that is dense in some areas and sparser in others, due to variations in community needs and local concentrations of social vulnerability. Most organizations are led and sustained by women from lower-income groups who seek to address basic needs unmet by both the public care system and the labor market. This article centers the voices of these women, illuminating their role not only as care workers but also as political actors mediating between communities and the state. Drawing on one-on-one interviews conducted remotely during 2021, this research explores the tensions, capacities, and potential of these care networks as vehicles for building transformative forms of social organization and community-based welfare governance. The study also addresses how gender shapes differences in organizational leadership and management dynamics. Lastly, it reflects on current political and media debates in Argentina that call into question the autonomy of grassroots organizations and the future direction of state-society relations in care provision.

Keywords

Argentina; care; grassroots organizations; street-level bureaucrats; welfare; women

1. Introduction

In the context of what Nancy Fraser describes as a “crisis of social reproduction,” contemporary systems of social provision are increasingly marked by the erosion of care resources and the displacement of life-sustaining labor onto vulnerable sectors of society. In this context, care is no longer merely a private concern, but a central site of political contestation and urban governance. This article explores the role of grassroots women-led care organizations in constructing local welfare infrastructures in San Martín, a suburban district in Greater Buenos Aires, Argentina. In a context marked by structural inequality, state fragmentation, and persistent gendered hierarchies, this study asks how care practices—often unpaid and predominantly carried out by women—become spatially embedded in networks that articulate the provision of welfare on the urban periphery.

Drawing on Latin American feminist scholarship on welfare regimes (Araujo-Guimarães & Hirata, 2020; Arriagada, 2020; Blofield & Martínez Franzoni, 2015), this article examines care not only as a set of practices but as a form of governance. By conceptualizing these arrangements as “territories of care” (*territorios del cuidado*), we argue that care work constitutes a spatialized political act that produces a specific urban infrastructure where formal state presence is fragmented or nonexistent (Celiberti, 2022; Zibecchi, 2015). As Martínez Franzoni and Sánchez-Ancochea (2014) argue, care in the region remains largely hidden, sustained by unpaid and under-recognized labor. However, in San Martín, these practices have transitioned from the domestic sphere into the public-political arena.

In San Martín, these care-centered infrastructures take the form of organized care networks: an assemblage of cooperatives, soup kitchens, educational initiatives, and emotional support structures coordinated largely by women from low-income neighborhoods. These initiatives are rooted in survival strategies developed in response to cycles of economic crisis and state retrenchment. Over time, many of these grassroots organizations have become mediators between socially vulnerable communities and the state. A key tension explored here is the somewhat fuzzy boundary between formal state agents and grassroots leaders. We argue that the latter—the majority of whom are women—effectively function as street-level bureaucrats; while often lacking formal public office, these actors exercise discretionary power and perform the relational labor necessary to make public policies “land” on the ground.

Methodologically, this article is based on in-depth, semi-structured virtual interviews conducted in 2021 with women who coordinate key care organizations. These testimonies shed light on how these actors keep their organizations afloat amid overlapping crises. More importantly, they reveal the emotional, cognitive, relational, and material dimensions of care work (Aguirre, 2011; Batthyány, 2015), and how this labor reproduces value beyond the household, making urban life possible in contexts of deep inequality.

By foregrounding these women’s experiences, this article advances two main arguments. First, it demonstrates how care networks function not merely as sites of service provision but as agents of spatial governance, co-producing welfare through everyday negotiation with the state. Second, it explores how these networks challenge neoliberal assumptions that separate the provision of care from citizenship, framing care as a socially necessary, collective, and political endeavor. Considering current political debates in Argentina that seek to dismantle social policy “intermediaries,” this research highlights the democratic and compassionate potential of community-based initiatives (Prieto, 2025). We argue that a sustainable “care

future” depends not on bypassing these networks, but on recognizing them as a vital, professionalized infrastructure of a collaborative welfare state.

The following sections elaborate on the theoretical and empirical frameworks of care within the Latin American context, followed by the methodological approach used to triangulate qualitative interviews with spatial data. We then present a mapping of the “geography of care” in San Martín, identifying how residential segregation drives the formation of specific network typologies. Finally, the analysis moves to the narratives and everyday challenges of the women who lead these networks, concluding with a discussion of the implications for future care policies and state-society relations.

2. Literature Review: Care, Territory, and Local Governance

This research is situated within global debates on the “crisis of social reproduction” (Fraser, 2016), which posits that the current capitalist organization of the economy systematically undermines the very social processes on which it depends (caregiving, education, and emotional support). Feminist scholars in Latin America have argued that care is essential to the reproduction of life but remains undervalued, invisible, and largely extracted from women in precarious socio-economic positions (Arriagada, 2020; Blofield & Martínez Franzoni, 2015). Within this framework, *care* is defined not merely as a service, but as an ethical principle of interdependence (Pineda-Duque & Munévar, 2020) and a multidimensional labor comprising material, emotional, and cognitive efforts (Aguirre, 2011; Batthyány, 2015).

2.1. Distinguishing Between Care, Assistance, and Containment

To analyze how grassroots organizations navigate the tensions between meeting urgent social needs and fostering long-term well-being, it is necessary to theoretically differentiate three overlapping practices. While *care* focuses on the long-term reproduction of life and protection of rights, *assistance* refers to the immediate, often emergency-based provision of material goods (food, health supplies) to address situations of acute deprivation. In territories marked by uneven state intervention and structural violence (Auyero, 2007), these practices merge into what Latin American scholars term “social support” (*contención*). Social support is a form of socio-emotional stabilization; it is the “holding together” of a community through affective bonds and physical presence, preventing social fragmentation in the face of crisis (Falú, 2020).

2.2. Territories of Care and Spatial Governance

Drawing on debates on insurgent planning and urban informality, scholars such as Miraftab (2009) and Roy (2007) highlight how marginalized populations create alternative forms of urban governance that challenge dominant logics of neoliberal development. Contemporary “urbanizations of care” illustrate how these dynamics are being institutionalized in different contexts. In Bogotá, the urban care system materializes through a network of “care blocks” (*manzanas del cuidado*) that redistribute time, reduce gender inequalities, and integrate services territorially, recognizing care as both an infrastructure and a collective urban right (Ortiz & Duque Franco, 2026). Similarly, proximity-based care models in Barcelona seek to reorganize urban services around everyday life, embedding care within neighborhood infrastructures and redefining it as a territorial right. In Latin American “territories of care” (*territorios del cuidado*), grassroots actors (primarily women) provide essential services in spaces often marked by abandonment or punitive state intervention.

2.3. Care Networks as Hybrid Governance

We conceptualize “care networks” as hybrid socio-institutional formations. Unlike formal state bureaucracies, these networks connect diverse grassroots organizations (initially self-managed and informally structured) with local public institutions through everyday interactions. This articulation is mediated by street-level bureaucrats (Lipsky, 2023). However, on the periphery of Greater Buenos Aires, this role is often shared with community leaders who act as unofficial street-level bureaucrats (as intermediaries between local actors and state institutions, fulfilling roles similar to those described by Lipsky). They occupy a liminal space; as political mediators they are not always formal state employees, yet they manage state resources and exercise the “discretionary power” necessary to distribute welfare (Auyero, 2012).

These networks are characterized by a permanent tension between autonomy and co-optation. While they provide the state with a “capillary” reach into marginalized neighborhoods, they also function as sites of political resistance, where women reclaim their labor not as a domestic duty, but as a professionalized form of urban governance.

3. Methodology

This study was conducted using a mixed-methods approach in two phases. The first phase sought to contextualize the field of intervention for care networks, while the second intended to characterize local care networks. The first phase involved collaboration with local authorities and stakeholders to gather statistical data and administrative records. The second phase, conducted during the Covid-19 pandemic, focused on qualitative fieldwork. In total, the study lasted approximately three years, during which interviews with key informants were carried out, field visits were conducted, and informal conversations were held with residents and recipients of local government programs.

The first phase employed a quantitative approach to describe patterns of social-spatial division and living conditions using a comprehensive measure of housing deficit. The measure considers aspects related to the physical quality of housing, overcrowding, and demographic and economic determinants of housing conditions at the household level, as well as their distribution within urban space (see Di Virgilio & Serrati, 2022; Marcos et al., 2018). The measure distinguishes between two main types of housing deficit. On one hand, the quantitative housing deficit refers to the need for additional housing units, which can arise from three situations: (a) the household resides in a dwelling that requires replacement due to inadequate physical conditions; (b) more than two households occupy the same dwelling (external overcrowding); and/or (c) the household consists of two or more economically independent marital units (internal overcrowding), a situation that requires at least one new dwelling. On the other hand, the qualitative deficit refers to: (a) dwellings of insufficient but improvable quality; and/or (b) an inadequate number of rooms in relation to the number of non-independent members, creating the need for expansions (Figures 2 and 3). This analysis was based on secondary data sources, namely census and administrative data. Data from the 2010 census were used because microdata from the most recent census (held in 2022) were not yet available when fieldwork was conducted. Georeferenced administrative data were especially useful for understanding the location of social services and their capacity to reach those facing poor living conditions. All information was georeferenced using RStudio and the ggplot2 package.

The second phase included 28 in-depth interviews with key actors involved in the Municipality's care networks: people in charge of the main care organizations, street-level bureaucrats, and network coordinators. To characterize the Municipality's care networks, interviews gathered information on the history of each network, its origin (top-down or bottom-up), stakeholders, organizational structure, services provided, and levels of institutionalization (such as legal recognition, relationships with local government and other networks, and forms of spatial intervention). In this article, we focus on women leading grassroots organizations and those serving as municipal officials. All interviews were conducted remotely during 2020–2021 via video conferencing services due to pandemic-related restrictions. To protect participants' anonymity, no personal information will be included in the testimonies presented. Data from the interviews were coded and analyzed using thematic analysis.

The 28 interviewees were distributed as follows: 15 women leading grassroots care organizations (including community kitchens and early childhood centers), eight street-level bureaucrats working in municipal care departments, and five general coordinators of the care networks. This distribution allows for a multi-perspective analysis of the tensions between community-led forms of sustainability and state-led processes of institutionalization.

4. Contextualizing the Geographies of Care in San Martín

The Municipality of General San Martín is one of 24 municipalities that make up the Greater Buenos Aires urban area. Greater Buenos Aires is in turn part of a larger urban agglomeration—the Buenos Aires Metropolitan Region—which comprises the City of Buenos Aires and 43 surrounding municipalities (*partidos*). This heterogeneous and complex territory is home to nearly 17 million inhabitants, representing approximately one-third of the country's total population. Three relatively autonomous levels of government converge in this metropolitan region: the national level, the provincial level (embodied both in the Autonomous City of Buenos Aires and the Province of Buenos Aires), and the local (municipal) level. As in many Latin American cities, urban inequalities are evident throughout the Buenos Aires Metropolitan Region, although they manifest differently across areas and municipalities.

In this context, San Martín is located in the first ring of Greater Buenos Aires and borders San Isidro, Vicente López, and Tigre to the northeast, Avenida General Paz to the east, which separates it from the Autonomous City of Buenos Aires (CABA), Tres de Febrero to the southwest, and San Miguel to the northwest (see Figure 1).

At the time that fieldwork was carried out (2019–2021), approximately 428,000 people lived in the municipality, with around 22,000 families living in 43 *barrios populares* (informal settlements). Census data provide an overview of the district, making it possible to identify a pattern of large-scale socioeconomic residential segregation, characterized by relatively homogeneous areas that concentrate significant housing and service deficits (areas shown in dark red and blue in Figure 2). The quantitative deficit refers to the number of housing units required per 100 households, while the qualitative deficit refers to the number of dwellings requiring structural improvements or renovations per 100 households. These indicators make it possible to measure the magnitude of each type of deficit by specifying the number of interventions required relative to the total number of households (Marcos et al., 2018).

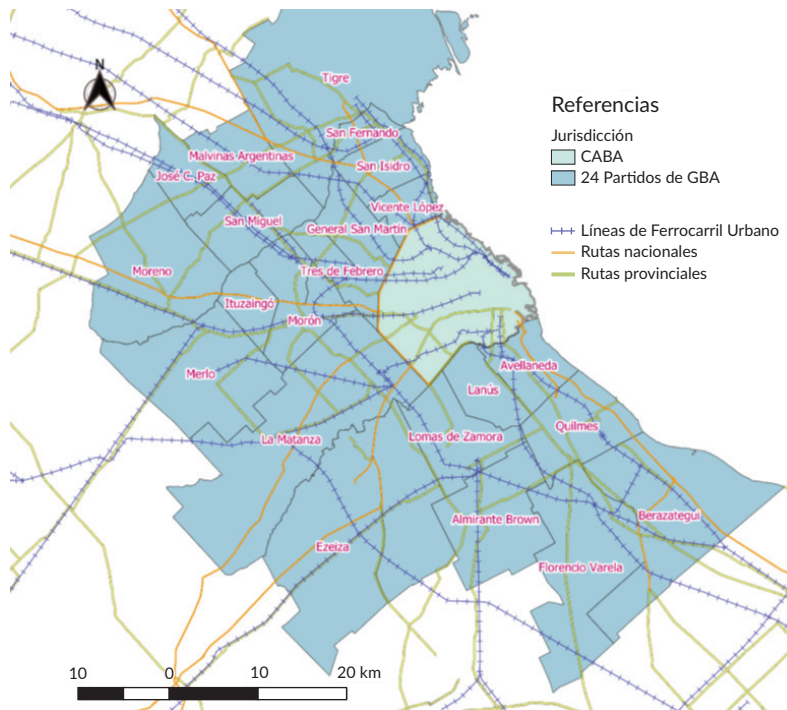


Figure 1. Map of Greater Buenos Aires showing main transportation routes. Note: The two jurisdictions (the City of Buenos Aires and the 24 municipalities of Greater Buenos Aires) and their municipal administrative divisions are identified.

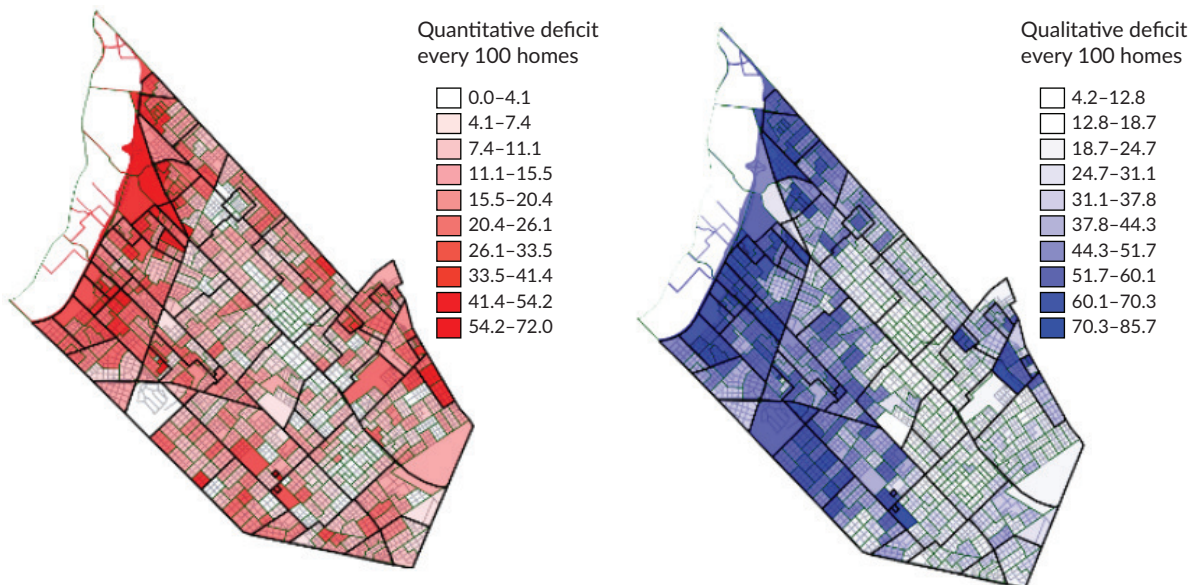


Figure 2. Percentage of households with quantitative deficit (left) and percentage of households with qualitative deficit according to critical conditions in access to basic services (right). Source: Prepared by Pablo Serrati, based on the 2010 Population and Housing Census.

The most vulnerable areas are those located between the Camino del Buen Ayre highway and Márquez Avenue (the deep purple and red area in Figure 3). Within this area, the most recently formed and socially vulnerable informal settlements are found near the Reconquista River, which forms the district’s northern boundary.

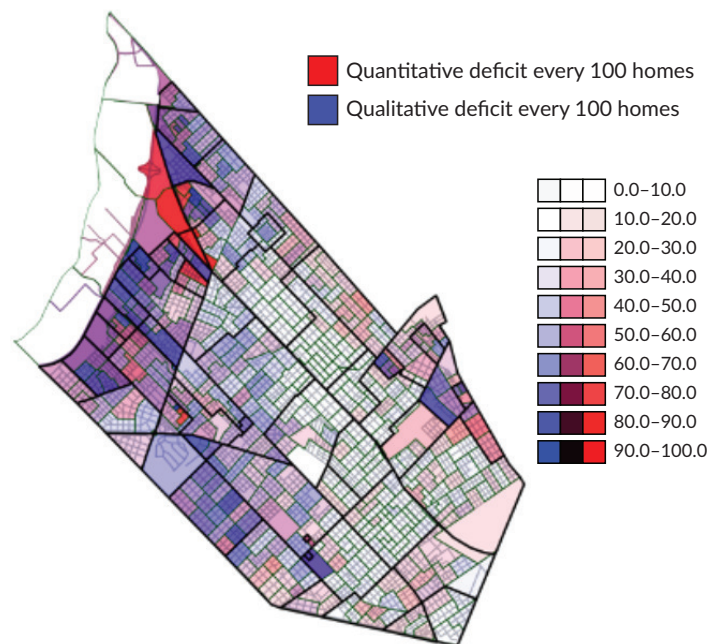


Figure 3. Percentage of households living under conditions of qualitative and quantitative deficit. Source: Prepared by Pablo Serrati, based on the 2010 Population and Housing Census.

The data show that areas with the highest concentration of quantitative deficit (representing people in need of new housing) are primarily located on the Municipality’s northwest side, mirroring the spatial distribution of the qualitative deficit. This area corresponds to the Reconquista neighborhood, one of the district’s most socially vulnerable and precarious áreas, as discussed below. Nevertheless, the color-coded map also reveals other critical zones within the Municipality, which will be examined later in the analysis.

To address the needs of the district’s most vulnerable populations, the local government implements territorial interventions through public providers linked to various social services. These providers are associated with initiatives addressing situations of domestic and gender-based violence, programs for people with problematic substance use, child and youth centers, early childhood care, public advocacy services, primary health care centers, kindergartens, vocational training centers, food assistance programs, among others. As shown in Figure 4, the distribution of public care providers largely coincides with that of critical housing conditions. The Reconquista South area is the largest and has the highest level of municipal intervention. The Reconquista North area shows high levels of housing deprivation but a lower degree of state intervention, linked to fewer providers and a lower concentration of beneficiaries. Billinghamurst and the East Zone are areas that are more mixed in terms of housing deficits (localized pockets of critical conditions) and that have more consolidated and recent municipal interventions.

Municipal service providers operate as street-level bureaucrats, responsible for coordinating amongst themselves and articulating their work with other state actions in public policy, social protection, and care. These actors primarily work in the Reconquista area in the northwestern part of the Municipality, where the most severe housing, social, and economic conditions are concentrated. A significant presence of service providers can also be observed in the Municipality’s central area, particularly along its southern axis. Across many of these networks, women play a central role in sustaining daily operations, maintaining organizations,

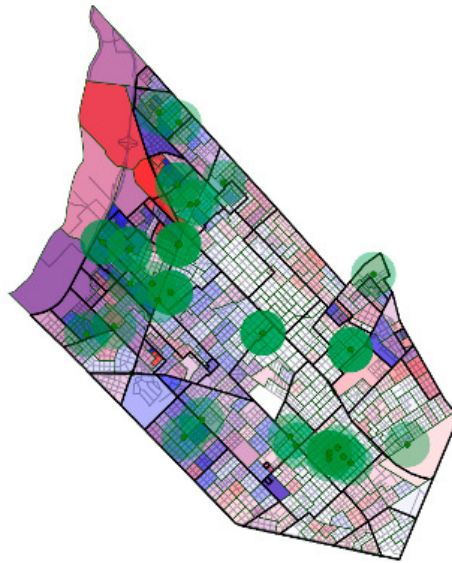


Figure 4. Distribution of public care providers and household living conditions, Municipality of San Martín. Source: Prepared by Pablo Serrati, based on the 2010 Population and Housing Census.

and ensuring continuity. These providers are usually integrated into a broader cluster of community organizations and institutions (neighborhood clubs, community-run libraries, soup kitchens, childcare centers, institutions for older adults, youth centers, etc.) that are deeply rooted in their local communities and that together form what we call territorial care networks. During our fieldwork, we were able to identify 20 of these networks, showing a great deal of diversity in terms of how they initially formed, their modes of organization, and the types of actors and institutions involved in providing and managing care. Municipal service providers form part of these care networks, coordinating with community-based organizations. Nevertheless, care networks extend beyond the scope of municipal service providers.

4.1. A Typology of Care Networks

At the time we conducted our fieldwork, there were 20 active care networks in San Martín, nine of which were led exclusively by women (and in several cases, founded by them as well). These organizations are diverse in terms of their area of focus, internal organizational structures, and approaches to municipal and civil society institutions. Despite these differences, they all share a commitment to continue collaborating and opening channels to help their communities by improving access to resources and living conditions.

A comparative reading of the networks reveals systematic differences in their roles and orientations that suggest a gendered division of labor. Male-led networks tend to be structured around functions of representation, coordination, and policy articulation. Organizations such as the Popular Economy Council, Human Rights Roundtable, Violence Observatory, and Recovered Enterprises Network are primarily oriented toward influencing public policy, organizing institutional relationships with the state, and coordinating actors across sectors. Similarly, networks like football associations or recovered enterprises emphasize organizational management, resource allocation, and representation of collective interests. These functions align with historically masculinized roles associated with the public, formal, and “productive” sphere, where visibility, leadership, and decision-making are central.

In contrast, women-led networks—based on what we observed in fieldwork but also evidence from previous studies—are more deeply embedded in day-to-day practices of care and social reproduction. Their activities center on sustaining everyday life under conditions of scarcity through food provision, childcare, neighborhood support, and relational labor grounded in proximity and affective ties. Even when male-led networks engage with vulnerable populations (e.g., Shelter Program, Council of Older Persons, Educational Roundtables), their role tends to focus on coordination, the structuring of interventions, and the articulation of institutional actors rather than providing continuous, hands-on care. This points to a broader distinction between “governing” or structuring networks and “sustaining” or caring networks. At the same time, this division is not clear-cut: Some male-led organizations do engage in care practices through coordination, while some women-led networks also participate in political articulation, often drawing on their experience in on-the-ground care practices.

Table 1 presents the names and descriptions of women- and male-led networks. We have kept the original names in Spanish, with English translations provided below each one.

Table 1. Names and descriptions of the care networks led by women and men.

Network name	Main objectives
Women-led networks	
Municipal Council for the Care of Persons With Disabilities <i>Consejo Municipal de Atención a las Personas con Discapacidad</i>	An advisory and coordinating body that supports the municipal government in designing and implementing public policies aimed at the inclusion and protection of the rights of persons with disabilities, while fostering collaboration among public and civil society actors.
Habitat Organizations Roundtable <i>Mesa de Organizaciones de Hábitat</i>	A participatory (collective) space that brings together civil society organizations and the municipal government to discuss, plan, and legitimize urban infrastructure projects and policies related to the just access to land, housing, and urban services.
Mesa de Organizaciones del Área Geográfica Reconquista <i>Reconquista Area Organizations Roundtable (street-level network)</i>	A street-level network of community organizations that coordinates actions related to housing, education, environmental issues, and neighborhood upgrading, aiming to improve living conditions and promote dignity through collective action.
Mesa Intersectorial de Abordaje Integral de Consumos Problemáticos <i>Intersectoral Roundtable for the Comprehensive Approach to Problematic Substance Use</i>	A multi-actor coordination space led by the municipal health sector to strengthen prevention, assistance, and institutional response to problematic substance use and mental health issues at the local level.
San Martín Community Kitchens and Food Centers Network <i>Red de Comedores y Merenderos de San Martín</i>	A network of community-based food providers that coordinates assistance, training, and resource distribution to ensure access to nutrition, strengthen organizational autonomy, and support local food security policies.
Network of Community-Based Early Childhood Centers <i>Red de Espacios Comunitarios de Primera Infancia (ECPIs)</i>	A network of community-run early childhood centers that provide care, education, and food to children without access to formal childcare, while articulating with the Municipality to strengthen educational and care-related practices.

Table 1. (Cont.) Names and descriptions of the care networks led by women and men.

Network name	Main objectives
Women-led networks	
Network of Residential Care Homes <i>Red de Hogares Convivenciales</i>	A collaborative network of residential care homes for children and adolescents that seeks to improve care standards, reduce stigmatization, and strengthen rights-based approaches through shared learning and coordination with the Municipality.
Network of Evangelical Churches <i>Red de Iglesias Evangélicas</i>	A network of evangelical churches that collaborates with the Municipality to support vulnerable populations, particularly youth and women, by combining faith-based support with social assistance and access to public programs.
Cultural Networks <i>Redes de Cultura</i>	A network of independent cultural organizations that coordinates with the Municipality to support cultural spaces, formulate cultural policies, and promote access to artistic and cultural activities, particularly during and after periods of crisis.
Male-led networks	
Solidarity Economy Network <i>Consejo de la Economía Popular</i>	A network of social movements coordinated with the Municipality to formulate public policies, strengthen self-management and cooperatives, and achieve institutional recognition and improved living conditions for marginalized populations.
Children's Football Association <i>Asociación de Fútbol Infantil</i>	A civic association that brings together neighborhood clubs in coordination with the Municipality to promote youth football as a tool for social inclusion, community organization, and support for children and young people through sports, educational, and solidarity activities.
Social Youth Football League <i>Liga Social de Fútbol Infantil</i>	A network that strengthens neighborhood clubs through youth football as a tool for social inclusion, community organization, and support, articulating collective actions and links with the Municipality to address local needs and foster participation.
Council of Older Persons <i>Consejo de Personas Mayores</i>	An institutional space that articulates the Municipality and senior centers to debate, support, and strengthen public policies for older adults, promoting their inclusion, participation, social support, and access to rights through programs and community actions.
Shelter Program Council Network <i>Consejo del Programa Abrigo</i>	A network that articulates the state and civil society organizations to provide comprehensive support to people experiencing homelessness, offering food, shelter, and assistance, strengthening community ties and promoting coordinated responses to social needs.
Interinstitutional Human Rights Roundtable <i>Mesa Interinstitucional de Derechos Humanos</i>	A space that brings together state, academic, and civil society actors to promote, monitor, and strengthen human rights policies (especially related to memory, truth, and justice) through community-based, educational, and commemorative actions.
Institutional Violence Observatory <i>Observatorio de Violencia Institucional</i>	A network within the Local Human Rights Council that articulates state and civil society actors to prevent and address institutional violence through monitoring, victim support, training, and public policy development from a human rights approach.
Community-run Libraries Network <i>Red de Bibliotecas Populares</i>	A network that connects community-run libraries to support their activities, make shared demands visible, and strengthen ties with the Municipality, promoting access to culture, reading, and community engagement while respecting territorial diversity and autonomy.

Table 1. (Cont.) Names and descriptions of the care networks led by women and men.

Network name	Main objectives
Male-led networks	
Caritas Network <i>Red Cáritas</i>	A network of parish-based organizations that works with the Municipality to channel social demands, provide assistance and community support, strengthen trust-based territorial networks, and expand access to public programs and social services.
Recovered Enterprises Network <i>Red de Empresas Recuperadas</i>	A network of worker-run cooperatives that promotes self-managed work, strengthens productive development, influences public policies, and fosters the social economy, generating employment, labor inclusion, and links with the state and other economic actors.
Network of Educational Roundtables <i>Red de Mesas Educativas</i>	A network that articulates schools, organizations, and the Municipality to address education on the ground, promoting inclusion, academic support, and community work, strengthening relationships among actors, and generating collective proposals that inform public policies.

A first relevant distinction concerns the origins of the networks. Some were created through explicit state initiatives, such as the Municipal Council for the Care of Persons with Disabilities, the Intersectoral Roundtable for the Comprehensive Approach to Problematic Substance Use, the Network of Community Kitchens and Food Centers, the Network of Community-Based Early Childhood Centers, the Network of Residential Care Homes, the Network of Evangelical Churches, and the Cultural Networks. In these cases, the Municipality acted as a convening, facilitating, or legitimizing actor, often providing institutional recognition, coordination, and access to resources. Other networks, by contrast, emerged more autonomously from on-the-ground dynamics, such as the Reconquista Area Organizations Roundtable or—in its initial phase—the Habitat Organizations Roundtable, which later incorporated more formal mechanisms of articulation with the state.

Across the networks, this distinction overlaps with a second issue: More institutionalized, policy-oriented spaces are often led by men, whereas locally rooted, care-centered networks are predominantly led by women. While this division is not absolute, this pattern does suggest a gendered differentiation between networks primarily oriented toward governance and those oriented towards the reproduction of everyday life.

The role of the local government varies significantly across networks. In more institutionalized spaces—such as the Disability Council or the Substance Use Roundtable—the Municipality plays a central role in convening actors, coordinating actions, and translating demands into public policies, protocols, or interventions. In other cases, particularly in street-level networks like the Reconquista Roundtable, the state neither actively promotes the network nor regularly participates in its functioning, although it may engage through specific programs or institutional interlocutors. In these settings, women leaders frequently point out tensions surrounding the recognition of community-based work and the appropriation or reconfiguration of initiatives once they are incorporated into state frameworks.

By contrast, in networks oriented toward representation and policy articulation—such as the Solidarity Economy Network, Human Rights Roundtable, or Recovered Enterprises Network—the relationship with the state tends to be more direct, strategic, and institutionalized, reinforcing their role as mediating spaces between civil society and public policy.

Regarding their missions and objectives, the networks combine advisory and support functions, service provision, and rights advocacy. The Disability Council focuses on rights promotion and inclusion, acting as an advisory body for the formulation of public policy. Networks linked to housing and territory, such as the Habitat Roundtable and the Reconquista Roundtable, seek to democratize urban governance, legitimize public works, and improve living conditions through participatory processes. The Intersectoral Roundtable on Problematic Substance Use aims to strengthen network-based work to ensure comprehensive responses in prevention and care, while the Network of Community Kitchens and the Network of Early Childhood Centers play an important role in guaranteeing access to food and childcare, often filling in gaps left by the state. At the same time, a broader differentiation emerges between networks oriented toward “governing” functions (policy design, coordination, and representation) and those oriented toward “sustaining” functions (care provision, daily assistance, and the reproduction of social life). The former tends to operate at the level of institutional articulation, while the latter are embedded in everyday territorial practices.

Women not only occupy formal coordination roles but also sustain the everyday work of management, articulation, and care across these networks. In community kitchens, early childhood centers, and residential care homes, their involvement is closely linked to historically feminized tasks (such as food preparation and caregiving). However, these practices are re-signified through collective organization, rights-based discourses, and claims directed toward the state. Interviewees highlighted processes of institutional learning, the adoption of a rights-oriented vocabulary, and the strengthening of organizational capacities fostered through participation in these networks.

In contrast, in primarily male-led networks (such as those linked to the solidarity economy, football associations, or recovered enterprises), women’s presence is less visible, and the emphasis shifts toward leadership, resource management, and the representation of collective interests. This suggests a gendered division of labor across networks, where women are more strongly associated with the reproductive sphere of social life, while men tend to occupy positions linked to production, governance, and institutional mediation.

In general, members of these networks value their ability to legitimize actions, improve coordination, and generate more effective responses to complex problems. In many cases, their influence does not take the form of direct participation in policy design, but rather the capacity to build bridges between actors, endorse initiatives, channel demands, and improve policy implementation. State presence is rather ambivalent; while it provides legitimacy and resources, it may also generate dependency or dilute organizational autonomy. This ambivalence is particularly visible in care-oriented networks, where municipal support is essential for sustaining everyday activities. In contrast, policy-oriented networks tend to engage the state as a strategic interlocutor rather than as a primary source of support.

The capacity to influence public policy also varies across networks. In more institutionalized spaces, concrete forms of influence can be identified in the development of protocols, intervention strategies, and coordination mechanisms. In community-based networks, influence is perceived as more limited and conflictual, particularly when initiatives originating in grassroots organizations are absorbed by the Municipality without preserving local forms of organization or social ties. In these cases, women leaders articulate critiques of hierarchical and technocratic models of governance and call for planning processes grounded in experiential and locally situated knowledge. These tensions often reflect broader inequalities

regarding whose knowledge is recognized; experiential and care-based forms of knowledge—typically produced by women—are more likely to be subordinated to technical or bureaucratic expertise.

Across all networks, some degree of articulation with other territorial actors is evident, including universities, cooperatives, companies, churches, cultural organizations, and other networks. These links expand available resources, strengthen legitimacy, and enable comprehensive approaches to complex problems. Women play a central role in building and sustaining these connections, identifying opportunities and maintaining inter-organizational ties over time. This relational labor constitutes a crucial (though often invisible) infrastructure of governance that underpins both care provision and institutional coordination.

It is important to note that women occupy positions across multiple institutional contexts. They are present in both grassroots organizations and amidst the structures of public service provision. In some cases, they are responsible for the everyday operations of community-based services; in others, they coordinate the networks that bring organizations together; and in others, they hold leadership positions within municipal departments that interface with these networks. This variety of roles situates women as key intermediaries within what can be understood as localized welfare infrastructures, bridging the gap between the “sustaining” functions of care networks and the “structuring” functions of governance-oriented spaces.

4.2. Women as Agents of Street-Level Governance

Taken together, the analyzed networks constitute a complex fabric of social and territorial governance in San Martín. Their differences notwithstanding, they highlight both the central role of women in sustaining community organization and articulating with the state, and the broader differentiation between networks oriented toward governance and institutional articulation and those oriented toward the reproduction of everyday life. This distinction—between “governing” and “sustaining” networks—is to some degree gendered; while male-led spaces tend to focus on representation, coordination, and policy influence, women-led networks are primarily anchored in care, proximity, and the reproduction of social life.

Here, we look at the roles and daily practices of the women who lead major care networks in a suburban district of Greater Buenos Aires, focusing on their work as grassroots actors embedded in local welfare systems. Local welfare systems comprise policies, programs, strategies, practices, and patterns of interaction carried out by public and private agents to deliver welfare services (Huete García et al., 2015). Territorial interventions and articulations among actors that sustain local welfare systems make up an integral part of the welfare infrastructure, forming the territorial structure that supports and channels public interventions to secure welfare.

Across the networks analyzed, women occupy central positions not only within caregiving organizations but also as leaders of municipal service providers and as coordinators of entire care networks. At the same time, their concentration in care-oriented spaces contrasts with their more limited presence in networks primarily devoted to economic coordination, representation, or policy formulation, suggesting a gendered distribution of roles across the local governance landscape. Women hold positions at all levels of local welfare governance: leading grassroots community groups, managing inter-organizational networks, and directing or coordinating municipal departments. In doing so, they effectively function as street-level bureaucrats, mediating between state policies, institutional constraints, and the concrete needs of the population.

4.2.1. Gendered Roles and Collaborative Governance

The empirical material shows that collaborative governance in local care networks is deeply structured by gendered roles. Assistance, care, and containment are feminized practices that organize both the everyday functioning of networks and their modes of articulation with the state. At the same time, these networks function both as service providers and as a sort of affective infrastructure, where emotional bonds sustain both program beneficiaries and organizers. As Lucrecia, a leader from the Network of Community-Based Early Childhood Centers (ECPI), explains, “in monthly meetings, we share both our problems and our ‘joys’...because there are ties of affection among the members of the network. Sharing the joy of becoming a grandmother or a sister is a big part of our encounters.”

In networks such as the San Martín Community Kitchens and Food Network, the ECPI, the Residential Care Homes Network, and the Intersectorial Board on Problematic Drug Use, care-related activities (food preparation, childcare, emotional support, and health accompaniment) make up the foundation on which collaboration is built. In contrast, networks such as the Popular Economy Council, the Recovered Enterprises Network, or the Human Rights Roundtable are more strongly oriented toward coordination, representation, and policy articulation, functions historically associated with masculinized forms of leadership and public action.

Women’s leadership is legitimized through their sustained presence, emotional labor, and practical knowledge of local realities. This is particularly evident in state-promoted networks, where municipal coordinators—most of whom are women—play a key role in convening, sustaining, and legitimizing collective action. As María, a municipal representative, notes, “I fear that this network would stop functioning if we stopped convening it,” reflecting how the state itself relies on feminized relational labor to sustain governance arrangements. At the same time, women leaders from community organizations perceive municipal presence as a source of legitimacy and symbolic backing, illustrating a form of collaborative governance in which authority is exercised less through formal hierarchies and more through care-based relational practices.

4.2.2. Assistance as the Organizing Principle of Territorial Care Networks

Assistance emerges as the main organizing principle of territorial networks, structuring both their practices and their forms of articulation. However, assistance is not always a chosen function but often a response to structural constraints. As Lucrecia (from ECPI) explains: “We have soup kitchens because the circumstances demand it, because there is inequality and a lack of work...but we would like to simply devote ourselves to education.” This reveals a tension between care as a desired practice—linked to education and development—and assistance as an imposed necessity tied to conditions of crisis.

In territorially rooted networks such as the Reconquista Area Organizations Roundtable, assistance is inseparable from dignity, collective history, and political struggle. As Lía, a historic community leader, describes it, the network is “a space of support...we are messy, but we are connected.” Here, support refers not only to the provision of basic goods but to the collective capacity to sustain social ties and dignity in contexts of scarcity. At the same time, tensions emerge in relation to the state. She notes that “the Municipality takes ideas from the organizations and presents them as its own...but sometimes they distort them,” particularly when technocratic approaches displace territorial knowledge and reintroduce hierarchical

relations; for instance, in educational policies and practices where “mothers know nothing, and the ones who do know are the teachers.” These tensions reflect broader struggles over the recognition of experiential, care-based knowledge.

Participants speak of a “heavy burden” that is not just material but also profoundly affective in nature. One coordinator of a residential home described the exhaustion of being the permanent “shock absorber” for state absence:

There are nights I don’t sleep thinking about the 15 kids, the leaky roof, and the municipal social worker who hasn’t answered my calls in a week. You feel like the whole neighborhood is resting on your shoulders, and if you stumble, it all collapses. It’s a weight that stays in your body. (Elena, Coordinator of a Residential Home)

This exhaustion highlights the “extractive” nature of current welfare arrangements, where state efficiency relies on the emotional depletion of community leaders.

In contrast, in state-promoted networks such as the Intersectoral Board on Problematic Drug Use, assistance is articulated through institutional coordination. The network’s impact lies in its capacity to collectively respond to complex situations that individual actors could not address alone, improving access and intervention within existing institutional frameworks.

4.2.3. Networks, Organizations, and Everyday Governance

Two types of networks coexist: those with a long history of collective action prior to state involvement, and those promoted by municipal initiatives. The former tends to be more cohesive, territorially embedded, and politically contentious, while the latter provides resources and coordination, but often depends heavily on municipal leadership and is more oriented toward specific policy goals. These types also reflect the distinction between “sustaining” networks (more territorially grounded, care-oriented, and often led by women) and “governing” networks (more institutionalized and oriented toward policy articulation).

Organizations themselves operate as micro-networks; they provide food, care, training, and sometimes employment, functioning as spaces that support the livelihood of both beneficiaries and workers. Participation in these spaces also fosters processes of institutional learning. As Ana, a community kitchen coordinator, explains: “I learned that I have rights as an institution and that the Municipality must guarantee them....The kitchens sustain food policy, and the food policy sustains the Municipality.” This illustrates how women act as “civic street-level bureaucrats,” translating policies into practice while simultaneously articulating demands upward. By “civic street-level bureaucrats,” we mean members of civil society who, despite not being public officials, effectively act as such.

4.2.4. Gender, Care, and Welfare Infrastructure

Overall, our findings show that local welfare infrastructure in this suburban district is largely sustained by women’s care work and leadership. While some networks operate as spaces of policy coordination and institutional mediation, the everyday functioning of welfare provision depends fundamentally on

care-oriented networks, where women's labor remains central. Their practices blur the boundaries between the state and the community, assistance and governance, and public policy and everyday survival.

Women's embeddedness in multiple networks allows them to act as articulators and liaisons across sectors, enabling the circulation of information, resources, and legitimacy. This relational capacity, rooted in gendered expectations surrounding care, has become a key resource for collaborative governance. At the same time, it entails a disproportionate burden placed on women; they are responsible for sustaining material provision while simultaneously maintaining the affective and relational infrastructure that enables governance to function.

In this sense, collaborative governance in San Martín relies on a gendered articulation between "governing" and "sustaining" networks. While some spaces focus on policy design, coordination, and representation, others—largely led by women—ensure the everyday reproduction of social life that makes those governance processes possible. Assistance thus operates as the backbone of territorial care networks, and women emerge as central street-level governance actors who hold together the fragmented infrastructure of local welfare.

5. Conclusion

This article sheds light on how care networks on urban peripheries function as an essential infrastructure for welfare and are sustained primarily by women. Using a mixed-methods approach, we have shown how local welfare infrastructures rely on the affective and relational work of women, who not only ensure the reproduction of everyday life but also play a key role in the governance of socially vulnerable environments. Therefore, we point to the need for understanding care organizations as local welfare infrastructures. This perspective allows us to see care as the material and social support that channels public interventions and ensures the reproduction of life in contexts of profound inequality.

Women articulate their care activities with state policies, acting as mediators between local communities and local government structures. This articulation occurs through a complex structure of on-the-ground spatial governance, which blurs the boundaries between the state and the community, forming a hybrid institutional framework. These women not only work to provide care but also act as political actors who mediate between the concrete needs of their communities and state structures. By functioning as mediators and liaising with local bureaucracies, these women manage resources and exercise power that represents the visible face of the state on urban peripheries. They translate public policies into local needs, adapting state programs to the specific needs of local communities. At the same time, they articulate demands "upwards," ensuring that the state guarantees rights and resources. In this way, care can be thought of not only as the concrete work of assistance that reproduces traditional gender roles, but also as a form of governance.

Local governments can promote care networks. That is, in organizations such as the Municipal Council for People with Disabilities or the Roundtable on Problematic Consumption, the state convenes organizations to coordinate actions and design protocols. Furthermore, collective responses can be societal in origin; for instance, some organizations emerged from community survival strategies—such as the Reconquista Area Organizations Roundtable—and then established mechanisms for dialogue with the local government to legitimize or institutionalize their infrastructures and services. In all cases, these care networks function as agents of spatial governance, co-producing well-being through everyday mediations between the population and the state.

The interaction between women, their organizations, and state policies fosters institutional learning. Women leaders adopt a rights-oriented vocabulary and acquire organizational skills through their participation in networks. They also contend that their community work is not charity, but as socially necessary work that the state must recognize and guarantee. This coordination is supported by feminized forms of networking; that is, by the sustained presence of women on the ground, their work of support, and their practical knowledge. In this way, practices such as food preparation, raising children, and providing emotional support are re-signified in the public sphere as political acts that enable the reproduction of urban life in contexts of inequality.

Women's relationship with local government structures is not free of conflict. There is a constant tension between the need for state funding and recognition and the preservation of organizations' autonomy. Likewise, some leaders criticize the state at times for appropriating the ideas of community organizations and disconnecting them from their local logics by integrating them into hierarchical or technocratic state frameworks.

Women leaders constitute the backbone of spatialized welfare infrastructures in which the state guarantees minimum standards, while community-based organizations and networks provide the support structures and situated knowledge that enable the implementation of community care policies and strategies. The future of welfare on the urban peripheries depends on moving beyond a model of "delegation by omission"—where the state relies on the unpaid labor of women and grassroots organizations to fill in gaps—toward a model of "co-responsibility." This would require transforming informal care networks into recognized components of a National Care System, ensuring that local knowledge is not only utilized but also economically compensated. A critical challenge for the future lies in the ongoing political debate regarding "intermediaries" in social policy. While some narratives advocate for the direct transfer of resources to individuals, this study suggests that bypassing grassroots organizations would dismantle the vital social and spatial infrastructure that sustains daily life on the urban periphery. The sustainability of these "territories of care" hinges on a shift in perception, from viewing community care as an extension of domestic, maternal duties to recognizing it as a professionalized form of urban governance. Finally, the "territories of care" identified in San Martín offer a blueprint for a more resilient urbanism. Looking ahead, the challenge is to scale up these localized, insurgent practices into broader urban planning strategies. This article proposes understanding care organizations as local welfare infrastructures, and more specifically, as "feminist assemblages"—contingent, spatialized configurations of bodies, material resources, and emotional labor that work together to repair the social fabric where the state has withdrawn. By centering care in the production of urban space, cities can move from fragmented emergency responses toward infrastructures of proximity that prioritize the reproduction of life over the imperatives of the market.

Conflict of Interests

The authors declare no conflict of interests.

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About the Authors

Agustina Frisch (PhD) is a sociologist and CONICET fellow based in Argentina. Her research examines urban inequalities, metropolitan expansion, and suburbanization in Buenos Aires and Mendoza through a multi-scale approach. She teaches at Universidad de San Andrés, edits for *QUID16*, and collaborates on international urban studies and Latin American research.

María Mercedes Di Virgilio (PhD) is a senior CONICET researcher at the Instituto de Investigaciones Gino Germani and professor at the University of Buenos Aires. Her work focuses on housing and urban policies, mobility practices, urban change, and gentrification in Latin America. She has held academic leadership roles and been a visiting professor internationally.