

Towards infrastructures of care

What are the necessary infrastructures for cities and regions that care? This document reflects on the contributions for Stage 2 of the GOLD VII process, which from different geographies and institutional settings provide a rich account of how local and regional governments, in partnership with others, are creating the physical and environmental foundations, nurturing the social fabrics, and designing the collective institutional, finance and governance mechanisms to advance care.

The necessary infrastructures for cities that care

As an aspiration and inspiration, 'care' is an agenda that requires collective efforts to be realized. For the municipalist movement, it is "a lens that invites us to move from a profit- and consumption-led economy to one that centers on social needs and aspirations, and that puts at the center the reparative duty of the public sector towards groups and people that lie at the intersection of inequalities and exclusion"¹. To be sustained, caring endeavors need physical, social and governance structures that support the reproduction of more just forms of collective and personal life. **Achieving such a vision requires what we call here 'infrastructures of care'.**

This summary document showcases a growing body of knowledge accumulated by the GOLD VII contributors and the municipalist movement in this regard. While the first stage of the GOLD VII process discussed what care means for the municipalist movement and why we need caring

cities and territories for more just, democratic and sustainable societies, this stage focused on exploring the necessary local infrastructures for the realization of the care agenda. Contributions for this second stage present a wide range of infrastructures of care that local and regional governments (LRGs) can mobilize – and in many cases are already employing – to deliver local public services and "new essentials"², ensure the wellbeing of people, take care of the environment, and advance reparatory efforts from a care perspective. In promoting these infrastructures in partnership with others, LRGs demonstrate their commitment and capacity to care – for people and for the planet – as well as the existing challenges in such an endeavor.

1. IIED and UCLG (2025) *Care as aspiration and inspiration. Summary Document – Stage 1*. UCLG GOLD VII Multimedia Journal: Economies of Equality and Care. Available at: <https://uclg.org/wp-content/uploads/2025/04/Conclusion-informe-1a-fase-V3.pdf>

2. The concept of "new essentials" has been used by UCLG as rooted in the services that local and regional governments provide in response to shifting needs. For more information see: UCLG (n.d.) *We Care. Pact for People*. Available at: <https://uclg.org/wecare/people/>

What are infrastructures of care?

Infrastructures of care are the physical, social, and governance spaces that provide the scaffolding for the reproduction of life, centering the reparative duty of the public sector towards legacies of discrimination and exclusion and the reshaping of our relationship and interdependence with each other and with nature.

As we witness an increasing emphasis on the role of infrastructures across different debates, the municipalist movement has crafted in the notion of 'infrastructures of care' a meaningful space to align its agendas and aspirations with LRGs' existing competencies and capacities. Speaking of 'infrastructures' provides an opportunity to shift the focus from individuals to systems and collective efforts of care, as these provide a clear mechanism to redistribute and reduce the burden of care work. In that sense, for LRGs, infrastructures are understood as encompassing a combination of both "hard" infrastructures, namely physical structures like buildings, roads, pipes, wires and public spaces, as well as "soft" infrastructures that refer to the networks, people, institutional mechanisms, value chains, financing schemes and relationships between stakeholders that shape local planning, deliberation, the provision of public services and the formation of a social contract. Infrastructures of care also play a critical role enabling the realization of human rights. They are instrumental to operationalizing care, understood by the UN Human Rights Office as "the basis for well-being of all people, societies, economies and ecosystems"³. But also, infrastructures of care enable interdependent human rights related to housing, health, education, and a healthy environment, among others.

LRGs are particularly placed to use their competencies and available tools to advance infrastructures of care at multiple scales, adapting them to local realities and orienting them towards the places and communities that have historically been marginalized or excluded from public service delivery and deliberation. These infrastructures of care are the result of an ensemble of several functions that enable the realization of the care agenda:

- The **physical foundations for care**, that provide the material and environmental grounds for more just and sustainable access to services - particularly "new essential" public services -, as well as the collective and mutual support that ensures everyone's wellbeing, especially in those territories that have been historically excluded.
- The **social fabric that supports and strengthens welfare and support systems**, including social networks and bonds of solidarity that deliver care, and public efforts to redistribute the burden of care work.
- The **institutional, financial, and governance mechanisms** that allow for the collective shaping of access to care as part of a social contract, including deliberation spaces and governance structures that generate collective definitions and co-responsibility towards each other and the planet.

They are not isolated dimensions but interconnected dimensions – physical, social, and institutional – that together sustain caring societies and enable rights.

3. OHCHR (n.d) *Human Rights Topics. Care and support*. Available at: <https://www.ohchr.org/en/topic/care-and-support>

How do cities care?

Key infrastructures and strategies

Cities and regions that care must advance and promote the creation of several infrastructures that allow the realization of such an agenda. Many of these actions are within LRG competencies, and it is only through the combination of several of them that the aspiration to center **"the reparative duty of the public sector"** can be achieved. Additionally, the creation of these infrastructures is an important

space in which LRGs can demonstrate their "generative" role, driving innovation and creativity to shape (and be shaped by) residents' interactions with the built environment and nature, strengthen social relationships between and across stakeholders, and transform institutions in ways that the delivery of public services enhances collective wellbeing.

Cities care by guaranteeing equitable access to the physical foundations for care

Guided by **principles of equity, proximity, affordability, and accessibility**, the physical foundations for care are the material and environmental conditions that allow the advancement of the care agenda and the equitable access to services and new essentials for all, especially in those territories, neighborhoods and regions that have been historically marginalized or left behind.

LRGs advance these forms of infrastructure by:

Undertaking the direct provision and building of the physical foundations of care: LRGs have the competencies to intervene directly in territories by generating a built and natural environment that enables care to come to life. Overall, strategies for slum upgrading, participatory neighborhood improvements, the use of nature-based solutions and renaturing and disaster risk reduction interventions provide the physical foundation for the care agenda. Well-known cases of integrated approaches to delivering the physical foundations of care are Medellín's (Colombia) neighborhood upgrading programs or Bogotá's (Colombia) *Manzanas del Cuidado* (care blocks), or the UTOPIAS Network in Iztapalapa (Mexico). Many LRGs are constantly advancing the invisible work of providing foundations for care, through local investment, participatory budgets, and the maintenance and improvements of everyday infrastructures. Through physical interventions, improvements such as the Manzana Verde Project in Málaga (Spain) or the Reclaiming Streets project in the Marmara region (Türkiye) to promote walkable streets, enable cities to care for people and the planet. Key infrastructure projects delivered by LRGs include water and sanitation, with various strategies put in place to target specific groups or increase efficiency of delivery. Furthermore, LRGs are sometimes able to directly provide housing targeting specific groups, such as Tshwane's (South Africa) program to build houses specifically for people with disabilities and the elderly. Many LRGs can also employ renaturing mechanisms to deliver care – through interventions like wetlands restoration or building green corridors – and combine climate action with training on issues like urban agriculture, as done by the Sustainable Microgardens in Gayaza Parish (Uganda).

Recognizing and facilitating the provision of the physical foundations of care: LRGs may not always directly provide services, but they can support local actors that do. Across the world, community-driven mobilizations are providing the physical foundations of care, particularly for historically marginalized populations. When that is the case, the duty of LRGs is to support, protect and strengthen their actions. Key examples are initiatives around the social production

of habitat and collaborative housing as exemplified by Jakarta's (Indonesia) Kampung Susun cooperative or the Ékoumène project in Brest (France), but also through strengthening livelihoods or local initiatives around food security such as community gardens in São Paulo's (Brazil) Urban Agriculture Group (MAU). The facilitation of these forms of grassroots-based initiatives is another way in which cities and territories advance infrastructures of care and can take numerous forms depending on the context, from providing technical or financial support to ensure their sustainability or scale them up, to simplifying bureaucratic processes and adapting regulations to better reflect their needs. These actions can also help LRGs develop incentives and regulations to proactively shape the provision of physical foundations of care by other actors, as the example of Barcelona's (Spain) 30% social housing requirement demonstrates.

Coordinating multi-level and inter-level provision of physical infrastructures: LRGs play a pivotal role in coordinating services that may transcend their boundaries, from transportation to climate action and renaturing initiatives from a care perspective. Examples of city-regions working together to develop joint plans in places like New York-Tri-State Area (USA), Gauteng (South Africa), Surabaya (Indonesia) and the Netherlands are particularly illustrative of the power of such coordination. Cities and regions can also provide mechanisms to coordinate care policies and programs within their own jurisdictions, such as the PILARES network (Points of Innovation, Freedom, Art, Education, and Knowledge) in Mexico City (Mexico), which has established 20 free community centers in areas with high rates of poverty and social exclusion.

Cities care by supporting and strengthening social safety nets

Even when physical infrastructures are in place, there is a need to establish the social fabric and institutional capacities and procedures that bring care approaches into action. This is particularly important to reach people and communities that carry long-term legacies of discrimination and exclusion. The principles of solidarity and mutual trust built through these mechanisms form the basis of the relationships of care between residents and the state, within communities, and with nature. Considering the different ways in which infrastructures of care are adapted to different groups...

LRGs advance these forms of infrastructure by:

Delivering social support by combining universal and targeted approaches that reach marginalized and excluded groups: As part of their everyday activities, LRGs constantly search for ways to reach individuals and groups of people that require more attention and support. LRGs can combine broad-based

care approaches with targeted programs for specific groups and through contextually-adapted programs – this is the case of Tours (France), where a cross-cutting preventative health strategy is also complemented with policy provisions for priority neighborhoods through its Local Health Contract. There are many examples of initiatives targeted at different groups: León (Mexico) promotes the use of bicycles among women and girls; Johannesburg (South Africa) is creating targeted programs to support the health and wellbeing of older people through a combination of physical and social services; and various cities from Quezon City (the Philippines) to Lisbon (Portugal) and Guayaquil (Ecuador) offer migrants integrated support services. LRGs also work to develop new ways of delivering safety nets or to expand creative pilots that enhance livelihoods and the local economy: different typologies of public restaurants in cities across Poland, Brazil, India and Türkiye, or local currencies in Maricá (Brazil), Viladecans (Spain) and Sint-Niklaas (Belgium), are some of the ways in which LRGs are working to facilitate more responsive initiatives to people's needs and realities.

Recognizing, nurturing, and reinforcing existing social and natural support systems: Often, organized communities and civil society are at the frontline of nurturing solidarity bonds that sustain the local social and economic fabric. The role of LRGs starts by recognizing and supporting those efforts – and even sometimes moving away from criminalizing them. The abovementioned processes of social production of habitat or the development of popular or solidarity economies, for example, are often accompanied by a rich social fabric that provides the basis for local care and livelihoods, and collective management of natural resources and social networks that extends beyond the timeframe of housing production. It is also important to emphasize that migrant and diaspora networks are not only care-receivers, but often also sustain everyday care and solidarity systems that offer opportunities for partnership. The efforts from LRGs in this direction also require recognizing different sources of knowledge, cultural and ecological practices of care in communities. This is exemplified by processes across different sectors, such as Indonesian cities' disaster risk preparedness efforts informed by indigenous songs and culture, or pioneering efforts in Brazil on inclusive solid waste management by using local funds to support waste picker cooperatives.

Caring for caregivers and care receivers: In the process of redistributing the burden of care, LRGs are also able to provide a wide range of services for traditional caregivers, which are essential for strengthening social safety nets, and who are an under-recognized group itself largely composed of women and girls, as well as migrants in many contexts. The Makola market childcare center in Accra (Ghana), for example, allows women traders to do their work while children are cared for. Likewise, partnerships between the Government of Odisha (India) and women and

transgender self-help groups working on sanitation help challenge stigma within the public. Policies like the "Co-care" policy in Villa Carlos Paz (Argentina) provide comprehensive services that seek to care for women and girls who historically bore the brunt of care activities. In addition, some initiatives in cities like Ormoc (the Philippines) combine essential services like housing with livelihood training and skills development for caregivers. Cities that care for caregivers and care receivers are also increasingly emphasizing the importance of mental health considerations, integrating mental health services into other social support structures.

Cities care by collectively shaping the social contract and institutions for care

The shift from the individual to the collective responsibility of care also represents a transformation of the ways in which decisions are made, and how the value and impact of policies is measured. LRGs that care embrace the need to recognize, protect, and support the engagement of different stakeholders in deciding how care is best defined, provided and received. This involves engaging with processes of transforming governance, institutional and decision-making mechanisms.

LRGs advance these forms of infrastructure by:

Institutionalizing the collective and public responsibility of care: The commitment to care is most effective when it is embedded in the institutions that will be charged with its design, nurturing and delivery. This includes integrating issues such as migration, aging, gender equality, and health, among others, across all policy domains with an intersectional perspective. Some LRGs are at the vanguard of establishing the right to care at the center of their development plans, as done in Mexico City's (Mexico) 2017 Constitution, which also explicitly states its support for caring approaches like the social production of habitat or the right to public spaces. Many cities use principles that reflect the collective responsibility to care to guide their actions, like "compassion" or "inclusivity" in Indonesian "creative cities." Other examples demonstrate concrete proposals to promote caring infrastructures supported by adequate financing in different aspects of life – including housing in the Provincial Law on Just Access to Habitat in Buenos Aires (Argentina), water management and resilient infrastructure in cities in the Netherlands, or collectively caring for ecosystems through the Waiwhakaata Strategy in Otago (New Zealand). Embedding care into legal and policy structures in these ways allows longer-term planning and coherence in policymaking, as well as identifying possible gaps in existing public policy, such as food security. Importantly, the collective responsibility of care also extends both to the planet

and to future generations; processes of renaturing as a practice of care demonstrate the importance of restoring relationships between communities and the ecosystems, which in turn guarantee the right to a healthy environment in the future. Finally, a crucial step in moving from the normative to the practice, nevertheless, is ensuring that LRG officials can put these principles into practice; municipalities in the Marmara region (Türkiye), for example, are implementing training and mentorship programs for local officials and decision-makers.

Providing co-creation spaces for framing and delivering care:

A crucial contribution by LRGs to a renewed social contract around care is creating and sustaining processes for a shared shaping of the delivery of care. Meaningful participation of different stakeholders derives from the recognition that young people, women, migrants, racialized and Indigenous communities, informal workers, and other groups hold valuable knowledge on their needs and how to address them, and can take active part in promoting infrastructures of care. LRGs play a significant role in designing inclusive formal spaces for decision-making as well as protecting and drawing lessons from informal spaces that communities themselves have created to address their issues. Examples of these mechanisms are diverse, and include the co-production methodologies used to upgrade the Mashimoni informal settlement in Kenya; the participatory Climate Assembly in Hobart (Australia); or the institutionalization of youth councils within local government units in the Philippines. LRGs can also experiment with different forms of co-ownership of public services, such as the Local Water Committees in Benin, participatory designs of public spaces in Katowice (Poland) and of environmental education programs in Cascais (Portugal) and Curitiba (Brazil), or proposals for public-common partnerships to transform governance of policies with local impact like the pharmaceutical industry away from profit-driven schemes. The municipalist movement is also increasingly engaging in international exchanges of experiences and networks of solidarity among cities – such as UCLG, the Global Alliance for Care or participation in the Time Use Initiative. Exchanges and learning might translate into interventions that revolve on specific issues, like the Indonesia Creative Cities Network.

Advancing inclusive knowledge co-production for the effective monitoring of care frameworks:

The ways in which care agendas are designed, implemented and monitored require more open and co-produced approaches that ensure they respond to the needs and aspirations of populations that are usually invisibilized or excluded from decision-making. LRGs can play an active role in promoting more inclusive methodologies and data collection exercises for the design and monitoring of care policies. Particularly on climate action, it has been increasingly important for building disaster risk preparedness through a combination

of scientific evidence, traditional knowledge and information on the conditions of local residents as done in some of Indonesia's disaster risk plans or in Otago (New Zealand) for the Lake Hayes Management Strategy. Knowledge production can be embedded into projects at different scales; in the cooperative "Le Ruisseau" in Epiniac (France), an observatory on biodiversity seeks to advance knowledge on agriculture and ecology. Shifting mindsets in care also requires adapting metrics and data collection, for example by collecting data on time use to inform policy in Bolzano (Italy), measuring impacts beyond GDP terms and embracing lived experiences. Likewise, recognizing and utilizing disaggregated data and recommendations emerging from community-led forms of mapping is a crucial tool for LRGs to democratize the understanding of care needs. This has been done in places like Mendoza (Argentina) to understand vulnerabilities; in Paris (France) to gather data on young people; in informal settlements across Sub-Saharan African cities through collective enumeration and mapping led by federations of the urban poor; or in partnerships with organizations such as HomeNet Thailand and WIEGO, who surveyed more than 1,000 informal workers to assess the impacts of extreme heat on their working conditions. Together, these efforts allow LRG to better assess reliable data on service access, care needs and networks, and housing and urban conditions more broadly, and to reach people and places at the intersection of inequalities and exclusions.

Recommendations

As a combination of physical, social, and governance factors, infrastructures of care can be adapted to each local reality and the specific needs of different groups of the population. Also, they should reflect and potentially expand the competencies and capacity of LRGs to deliver public services, including the new essentials. In reviewing their policies and systems to develop more caring cities and territories, LRGs should consider the following:

- **Establish care as a cross-cutting lens and create links among broader agendas.** Understanding care as a lens rather than a sector implies mobilizing its principles across other sectorial agendas, departments and budgets, such as climate action, migration, housing, culture, economic development, education, food, and health among many other policy areas. Only by embedding the right to care in policies and programs across sectors will ensure that the necessary resources and mechanisms are available for its realization. This also requires developing the skills and capacities of local officers and professionals in ways that embed care as a driving principle of policy formulation and implementation. Importantly, this also means supporting the municipal workforce as a crucial piece of the care ecosystem, by ensuring fair working conditions and their wellbeing, and by facilitating opportunities for co-creation.

- **Leverage own resources and competencies.** There are a number of existing competencies related to basic service provision, permits, planning, incentives and others that, when strategically coordinated, can advance infrastructures of care. LRGs should leverage these competencies and resources acknowledging that, while crucial actors, LRGs may not promote infrastructures of care on their own. Other stakeholders, from national governments and funding partners to civil society, businesses, philanthropies and research actors, can complement resources, funding, technical capacity and relationships. This requires continuous coordination – particularly across city-regions and on issues that transcend jurisdictions – and openness to identify complementarities and common opportunities.

- **Recognize, strengthen, and support what already exists.** At the heart of advancing a care agenda is establishing trust-based systems that build on the relationships, ideas and capacities within society. Many caring actions, support networks and infrastructures are already being undertaken by communities themselves, including traditional caregivers, informal workers, migrants, and women and youth. Similarly, many principles of care are already shaping social relationships, rooted in histories of resistance and reparation as well as indigenous

knowledge, and driving economic dynamics through popular, social, and solidarity economies. A great space for leadership for LRGs is developing ways to enhance infrastructures of care when these existing frameworks, principles, and actions are supported and complemented, including through the formation of public-community partnerships. This can be done by ensuring security of tenure of caring communities; providing economic security to caregivers; providing stable funding and legal recognition to community-led initiatives; reducing the bureaucratic burden and incentivizing the adoption of sustainable and solidarity-based economies; among others.

- **Experiment with pilot or incremental initiatives.** While LRGs often face financial and capacity constraints, care is not limited to undertaking large-scale projects or reforms. LRGs can also work with different stakeholders to trial a wide array of solutions, as well as support strategic incremental approaches to service delivery, access to finance or the social production of habitat, for example, through public-community partnerships. This is an important area for LRGs to generate new ideas, drive innovation, and challenge dominant forms of service delivery that might have fallen short in meeting the needs of people or protecting the planet. Through these scalable initiatives, LRGs can strengthen grassroots-based or experimental efforts, later leveraging greater resources and funding to scale up and refine successful initiatives.

- **Use local knowledge to identify gaps and evaluate impact.** Care is not linear – it requires adjusting policies to different contexts and phenomena, and to ensure everyone's needs are being addressed appropriately and reparatory principles are put into practice. Working with national governments, communities, funders, and private businesses to gather accurate data and develop methodologies and indicators that can help assess new essentials is a key role that LRGs should play to advance economies of equality and care. Importantly, this also implies validating and recognizing data that has been produced by communities themselves, as the most reliable account of grounded needs and aspirations.

List of Stage 2 contributions

Davide Cerella, Kashish Gupta, Alice Lord and Théo Mureau (Sciences Po Paris) - Supervised by Julia Ladret. [Care and Youth.](#)

United Cities and Local Governments. [Future Envisioning Exercise: Towards Cities and Territories that Care for and with all People and the Planet.](#)

Bertie Russell and Keir Milburn (Abundance). [Careful Infrastructures: Public-Common Partnerships for a City that Cares.](#)

Centro Iberoamericano de Desarrollo Estratégico Urbano (CIDEU). [Incorporating the Right to Care in Strategic Urban Planning.](#)

Florence Roger and Aude Sivigny (City of Tours). [Governing with Care: The City of Tours' Integrated Approach to Municipal Health and Urban Wellbeing.](#)

Global Water Operators' Partnerships (GWOPA/UN-Habitat). [Delivering Clean Water and Safely Managed Sanitation: How Water and Sanitation Utilities Advance Caring Cities.](#)

Diana Wachira, Irene Fuertes, Sophia Torres and Yolande Hendler (Habitat International Coalition General Secretariat). [Enabling care through Social Production of Habitat.](#)

Michèle Cauletin (Habitat Participatif France), Pascale Bourgeaiseau and Annie Le Roux (Hal'âge). [Participatory housing, living with care?](#)

Ester Barinaga (Lund University). [Municipal Currencies as Care Infrastructures.](#)

Görsev Argın Uz and Ayşe Göç Yalçınkaya (Marmara Municipalities Union). [Centering Care in Shaping Urban Futures.](#)

Abigail McCall and Anna Chworow (Nourish Scotland). [Public restaurants: Public infrastructure for the right to food.](#)

Otago Regional Council and Waiwhakaata Strategy Group. [Restoring Waiwhakaata/Lake Hayes: A Community-led Path to Freshwater Care in Otago, New Zealand.](#)

Amogh Arakali, Aratrika Debnath and Carlos José Celis (The New School). [City-Regions and Care Infrastructures: Examining Four Cases of City-Regions in Providing Care Infrastructures.](#)

Marta Junqué Surià and Marc Martorell Escofet (Time Use Initiative). [Four infrastructures for transversally managing time and creating caring cities and regions.](#)

Barbara Lipietz and Thaisa Comelli (University College London). [Renaturing as a practice of Care: Eschewing exclusionary pitfalls of green and climate policy.](#)

Kelly Agopyan, Lorena Zárate and Sophia Torres (Global Platform for the Right to the City). [Co-Creating Caring Cities through Public-Community Partnerships.](#)

Dwinita Larasati, Amira Rahardiani and Qonita Afnani Firdaus (Institut Teknologi Bandung). [Culture, Creativity, Care: Community Initiatives for Urban Resilience.](#)

Camila Cociña, Paula Sevilla Núñez and Alexandre Apsan Frediani (International Institute for Environment and Development). [Housing as an Infrastructure of Care.](#)

International Association of Educating Cities (AICE). [Towards educating and caring cities: \(re\)considering public spaces and facilities to bolster learning and community ties.](#)

UCLG and the Local Coalition for Migrants and Refugees. [Caring for Those Who Care: Local Care Systems for and with Migrants.](#)

Members of the Research and Innovation Technical Working Group (Global Covenant of Mayors for Climate and Energy). [Cities as Ecosystems of Care: Managing Eco-Anxiety and Transforming Consumption and Production Patterns.](#)

Ana Carolina Ogando and Marcela Valdivia (WIEGO). [Caring Cities in a Warming World: Building Climate-Resilient Infrastructure for Workers in Informal Employment.](#)

About this Summary Document

This document is part of the **GOLD VII Multimedia Journal**. Its aim is to summarize the main messages and content of stage 2 of GOLD VII, "The necessary infrastructure for caring cities and regions". It has been prepared by Camila Cociña, Paula Sevilla Núñez and Alexandre Apsan Frediani, researchers from the Housing Justice team at the International Institute for Environment and Development, IIED, with the support of the UCLG Research team, Anna Calvete Moreno and Matteo Fabris.