WOMEN'S SOLIDARITY NETWORKS' TAKE ON COVID-19: THE CASE OF VALPARAÍSO, CHILE

Recommendations for local social policies

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Introduction

This study forms part of a qualitative research project, "Women's solidarity networks to address COVID-19: the case of Valparaíso, Chile", which seeks to draw attention to the community networks created by women in informal settlements and local neighbourhoods in order to give sustainability to their lives and, in particular, the strategies they adopt for exercising social rights in the context of a pandemic. It also seeks to show how these networks contribute to organisation among women and the role played in informal settlements and local neighbourhoods by the intergenerational transfer of memory between older and younger women in shaping their response to COVID-19.

The report addresses the need to systematise the response of the Valparaíso women to the health crisis in order to generate proposals for strengthening social policies at the local level.

In the current context of a pandemic, economic and social inequality has acquired particular importance, exacerbating the precariousness of the lives of the women and their communities, causing unemployment and loss of income, increasing family debt and accentuating other economic factors that, as shown here, have mainly affected women. However, because of this crisis, we are also witnessing a revaluation of the community sphere, the territory, collective life and social organisation, which are at the root of the main strategies for alleviating the effects of the crisis and where women have been the main protagonists.

We are grateful for the collaboration of the 30 women, aged between 20 and 81, who, through in-depth interviews, shared their experiences and reflections on the COVID-19 crisis and its impact on their communities. We would also like to thank the 17 feminist activists and their territorial organisations who, through discussion groups, enabled us to deepen a diagnosis and proposals related to gender justice. Finally, we are grateful for the financial support received from the COVID-19 Rapid Response Fund of the LSE's Atlantic Fellows for Social and Economic Equity.

This document is addressed mainly to the women's and feminist organisations around the world that are activating territorial responses to the precariousness of life and the state's still weak response to this crisis. It also aims to serve as a contribution to local decision-makers in the design of specific social policies related to health, food security, care, work, education, housing and social participation.

1.
Chilean context in the face of the pandemic: a relationship between gender and poverty

Poverty, which has a territorial and gender determinant, has increased in Chile during the pandemic. According to the 2020 Casen Survey[1], the poverty rate rose to 10.8%, up from 8.6% in the previous measurement in 2017[2]. Moreover, poverty continues to be concentrated in the Santiago, Valparaíso and Biobío Regions and affects mainly women among whom it increased from 9% in 2017 to 11% in 2020. In the case of men, there was also an increase from 8.2% to 10.6%. In addition, households headed by a woman or a single parent are more likely than others to suffer poverty. Among the former, the poverty rate rose from 9.2% in 2017 to 11.4% and, among the latter, increased by 3.3 points (from 10.7% to 14%).

> *the COVID-19 Social Survey reported that 59.4% of households had seen a drop in their income compared to before the pandemic.*

Currently in Chile, 42.4% of households are headed by a woman and 12.7% by a single parent who, in 73.4% of cases, is a woman. By region, the Valparaíso Region has the second highest percentage of households headed by a woman (46.8%) after the Coquimbo Region. It also has the second largest female population (53.3%) after the Ñuble Region[3].

According to the 2020 Casen Survey, household income from work averaged 746,865 pesos[4] , down by 96,956 pesos on the previous measurement before the pandemic. Subsequently, the COVID-19 Social Survey reported that 59.4% of households had seen a drop in their income compared to before the pandemic. In 27.7% of cases, it had more than halved, a situation particularly common among households headed by a woman and those in the second quintile[5] in a context in which women received an average monthly income of 506,651 pesos compared to 704,274 pesos for men[6].

This reduction in income also impacted households' provision of food. Before the pandemic, 16.3% of households headed by a woman and 10.8% of those headed by a man faced food insecurity[7]. During the pandemic, these figures rose to 22.1% for households headed by a woman and 17.4% for those headed by a man[8].

The 2019 National Register of Informal Settlements found that 55.3% of households in these settlements were headed by a woman and 19.5% by a single parent. It is important to note that 22% of homes in these settlements do not have a drinking water system and the regions with the largest number of informal settlements are the Valparaíso Region (181) and the Biobío Region (131)[9].

The table below shows some pre-pandemic and post-pandemic figures for different dimensions of economic autonomy, understood as the capacity to generate income, and physical autonomy as regards the exercise of sexual and reproductive rights, mental health and gender violence.

DIMENSION	INDICATOR	BEFORE THE PANDEMIC 2019		AFTER THE PANDEMIC 2020	
		WOMEN	MEN	WOMEN	MEN
ECONOMIC AUTONOMY	Labour force participation	53.3%	73.9%	45.3%	68.5%
	Unemployment rate (INE)	8.3%	6.8%	11%	9.7%
	% of persons outside the labour force for permanent family reasons	34.7%	2.3%	33.9%	1.7%
	Financial debt as % of monthly income (financial burden)	19.1%	20.9%	15.4%	18.8%
	% of households with insufficient income to live on	20%	13.9%	52.7%	45.9%
PHYSICAL AUTONOMY	Nº of mental health check-ups	2.245.866	1.335.295	1.156.399	675.690
	Nº of HIV tests processed per STD check-up	18.248	15.410	11.538	10.231
	Nº of attentions under fertility regulation programmes	393.768	16.059	234.601	6.134
	Nº of reports of domestic violence	109.176	34.565	105.206	33.468
	Nº of femicides	66	0	59	0

Source: Compiled by authors based on INE 2020[10] and 2021[11] , CMF 2020[12] and 2021[13] , PNUD 2021[14] , REM-DEIS-MINSAL 2019[15] and 2020[16] , Public prosecutor´s office 2019[17] and 2020[18] .

Economic autonomy:

Interruption of the capacity to generate income has particularly affected women, who lost their jobs while continuing to provide care. As a result, the percentage of households whose income does not cover their basic expenses increased by 62%. In the case of men, the employment rate has been higher than for women but the number of households unable to cover expenses rose by 69.7%.

Physical autonomy:

There was a general reduction in attention for sexual and reproductive health. In the case of HIV tests, access for women dropped by 36.8% and, for men, by 33.6%. Similarly, attention under fertility regulation programmes - through which women access family planning methods and men access condoms - decreased by 40.4% for women and 61.8% for men.

The reduction in attention for mental health in the Primary Healthcare system is worrying. In the case of women, the decrease reached 48.5% and, for men[19], 49.4% since women's vital processes, including their mental health, are more extensively medicalised than those of men. Importantly, in the National Mental Health Survey, 79.5% of those surveyed indicated that the COVID-19 crisis had had a negative emotional impact on their immediate circle[20].

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Despite a drop in reports of domestic violence, the Ministry of Women and Gender Equity (SernamEG) reports that calls to its #1455 support line were up by 81% between March and December 2020[21]. Similarly, throughout the year, calls to the police 149 emergency line showed an increase over the same month in 2019, most critically in May when there were 4,705 calls compared to 1,135 in May 2019. In addition, the 151 frustrated femicides in 2020 marked an eight-year high and represented an increase of 38% on 2019[22].

2.
Challenges for economic and social equality: social policies in contexts of crisis

As shown above, the pandemic's impacts have a clear gender dimension. If social policies are viewed as a set of public interventions that influence the well-being of society, they should take into account the needs and diagnoses defined by communities themselves in the face of COVID-19.

Below, we examine seven dimensions of social policies related to health, food, care, income and work, education, housing and territorial organisation, looking in each case at the solidarity practices implemented by the women interviewed in Valparaíso.

A. TERRITORIAL HEALTH

"Up here (...) confinement is territorial, rather than individual; as we are a pretty active community and organise ourselves to solve different needs (...) because we understand that if we women get ill here, the conditions to get better, the illness here for many people is not the same. Right? Here there are lots of children, there are older people too with chronic illnesses, so we must be aware too that if we care here and live in this way collectively, then that care has to be collective too." *(Woman, 30 years old, living in an Informal Settlement)*

The actions undertaken by the women of Valparaíso to care for the community's members and the territory can be grouped into three strategies:

1. Strategies to care for the health of the women and men of the community;
2. Strategies to care for the health of the territory;
3. Strategies to facilitate supplies and logistics for caring for the inhabitants and the territory, which function transversally with the two previous types of strategy.

Actions to take care of the health of the community's inhabitants focused on addressing and preventing illnesses, including:

- Adopting healthy eating recommendations by, for example, offering a balanced diet at soup kitchens or distributing boxes of supplies with healthy food to neighbours;
- Practising physical exercise with other women in the community, implying the collectivisation of habits that some had previously practised individually;
- Reaching agreement on community confinement under which the unit of confinement was not the household but territorial limits defined by the community itself, which co-creates and builds its own way of inhabiting the territory;
- Guaranteeing access to medicine for the elderly population through groups of young people;
- Sharing knowledge based on experience as regards medicines, natural medicine and healthy eating which, since experience is often related to age, implies intergenerational transfer in this practice of learning and sharing knowledge;
- In the case of emotional health, creating spaces for self-care and emotional self-training, and developing containment practices with the intention of caring for oneself and others in this area.

For their **sexual and reproductive health (SRH)** during the pandemic, the women ensured medical care, which they were able to obtain through networks of primary health centres and telemedicine, de-situating SRH care and practising self-care through training and the provision of inputs for natural and allopathic medicine. In this way, they also created formal or informal spaces for SRH care and/or self-training strategies, ensuring the logistical provision of inputs for their well-being.

For **the health of the territory**, the women took measures to maintain healthy conditions and achieve territorial immunity. The latter involved avoiding territorial COVID-19 infections and sharing knowledge, particularly in relation to strengthening the immune system.

> *"A friend from an organisation also gave us a donation a little while ago, we were given condoms, we were given lots of condoms and we gave them out at a soup kitchen; on one of the days when we did a soup kitchen; we gave out condoms for the men and women who live here as well as a plate of food."* *(Feminist activist, 30 years old)*

Faced with pandemic-related restrictions, they adopted **strategies to facilitate supplies and logistics for caring for people and the territory.** This consisted of ensuring the provision of medicines, cleaning supplies and other similar items and inputs for natural medicine and SRH care.

B. FOOD

"And when this issue of the pandemic appeared, precisely in a neighbourhood committee meeting, the need for a soup kitchen came up (...) And, already by the second meeting, the comrade was not coping because they started with 100 servings of spaghetti and, already in a week, they were up to 150; already by the second week of meeting, they were at 200 (...) In those same meetings, she [the comrade] suggested we also do a soup kitchen in our sector so we could see the need and the food emergency of the neighbours because, here in the sector, there are many families that work in construction, are street vendors and others in restaurants, pubs, discos. So, as we are all locked up, there was a lot, but a lot, a lot of need due to unemployment (...) We started with 70 servings and ended in September with 210 servings. The comrade down below, with 240; in another sector here ... I mean, in the end, we were at like 700 servings a week, yes." *(Social leader in a soup kitchen in Valparaíso, 53 years old)*

The actions adopted by the women of Valparaíso to ensure food for the community's inhabitants during the pandemic corresponded to the three broad strategies, with self-management as their driving principle:

1. Strategies for the supply of food;
2. Strategies for the preparation of food;
3. Strategies for the distribution of food.

In the case of the **supply of food**, the women tapped into the institutional resources available for soup kitchens. For example, the Valparaíso municipal government had a total budget of 416,411,377 pesos for this purpose*. Another source of supply involved the self-management of resources in the form of the activation of donation and redistribution networks among territorial organisations. In addition, community vegetable gardens and recycling from street markets or rubbish dumps helped to ensure a supply of vegetables.

Food was also purchased from local producers and businesses, lists of local farmers were compiled, and the practice of "buying together" was reactivated. In this way, it was possible to reduce gaps in access to the purchase of food for those unable to move from their homes.

"And that's why I say so (...) I was telling you about the dignity of food, that's why we serve a balanced meal. I mean, we don't make - say - beans three times a week, we don't make spaghetti, we try to be super balanced, to include protein, to include pulses, stews, sometimes we send meat in gravy with rice to people. And we see people's gratitude because they don't expect a soup kitchen to serve a piece of meat. That makes you see the reality of what's happening." *(Social leader in a soup kitchen in Valparaíso, 55 years old)*

For **food preparation**, the women made sure they had the logistics to cook together. They prepared a space in which to cook and obtained the ingredients. The strategies most commonly adopted were soup kitchens, community canteens, open kitchens, community bakeries and the route of pan batido (whipped bread), sharing the recipe and preparation of this type of bread typical of Valparaíso. Other women also prepared and shared food with those living in the same community or building while others cooked for elderly neighbours without a support network.

* Answer to transparency request Nº 4186, received on 31 May 2020.

"Two people come to do the distribution, there are two men and they come and one distributes to the upper part [of the sector] and the other goes out with one of the volunteers who are here cooking. They go in a vehicle, which belongs to another neighbour who is a volunteer. We drive around the hill. Before we went down to the flat part [of the city] when we did up to 120 servings a day because we operate from Monday to Saturday." *(Social leader, 57 years old)*

Once the food supply and preparation strategies had been developed, the women moved on to **food distribution strategies.** Given that the number of servings is limited and not all people have the same needs, these were surveyed to determine to whom food should go. Generally, the food prepared was delivered to the recipients' homes. This was done, for example, by organising a group of volunteers for this purpose, in accordance with COVID-prevention measures, while a group of neighbours took responsibility for collecting the bread from the community bakery. Alternatively, the servings had to be collected from the corresponding neighbourhood association.

C. RECIPROCAL CARE

"It's a difficult subject; fortunately here, we still function as a neighbourhood so we look after each other (....) I leave the door of my house open, I leave it ajar, I come here and sometimes I forget to close it. I've never been burgled, I've never been mugged, I've never had that problem. Why? Because we have been neighbours for years; they are our... friends of our parents or our neighbours are our friends. Then, whenever someone goes out, the neighbour looks out for the house so any noise, for example, in the night, anything, the networks open immediately. So if we see something strange, we communicate with each other and protect ourselves." *(Social leader, 57 years old).*

The women interviewed described the steps they took to "look after themselves reciprocally in the territory". They fell into three broad strategies:

1. Linkage strategies;
2. Strategies to support and assist specific groups;
3. Strategies for the well-being of the neighbourhood

Through **linkage strategies**, they were able to strengthen ties among the community's inhabitants in terms of communication in order to be aware of what was happening to others and be in a position to take early action in the event of an emergency. The mechanisms used included the creation of WhatsApp groups as well as regular phone calls or visits to people unable to leave their homes or without an internet connection. Given that social relations are not without conflict, the women's organisations established ethical principles of care, focused on maintaining honesty and good relations among the members of the community.

"Telephone calls, basic channels of communication such as visits, knocking on the door. I'm good at knocking on doors, like now, and I've realised that people like it a lot, older people especially, that someone knocks on their door and talks to them, like 'hello', like seeing someone, talking [...]. There's a man here we come to see almost every day, Juan Garay; tomorrow, it's my turn to come here to that door, to bring him lunch." *(Woman, 44 years old)*

The **strategies of support and assistance** targeted three specific groups: small children, women and elderly people. They arose from an understanding that their situation or stage of life imply specific needs that are not always adequately met by state institutions or, precisely because of their situation and the social structure, they are unable to resolve them properly on their own. Support and assistance are, therefore, provided to help improve their quality of life since these groups are extremely vulnerable to the pandemic's effects.

- Small children were identified as a specific group because of awareness and the concern of some women about the threats faced by them in terms of sexual violence, violence related to drug trafficking in the territory and domestic violence.

- The identification of women as a specific group reflects recognition of the worsening of gender inequality. The measures adopted included the creation of support networks for care work and child-rearing and campaigns by women's and feminist organisations to provide financial and material support. Action was also taken against sexist violence in the form of women's self-preservation and direct confrontation of acts of violence. Similarly, social leaders practised reciprocal care as regards protection against threats, containment and political training.

- In the case of elderly people, the community sought both to ensure they were provided with food and to reduce the digital divide through support in official procedures that require the use of technology, accompanying them to the primary health centre and ensuring medical supplies and care. In addition, they took steps to keep those without a telephone in touch with their relatives, as explained by one of

"It seems the postman lives on Mariposa Hill, they had changed him from one hill to another but, as he had to pay for transport, which was so expensive, the transport and the situation were not good so he asked to be moved here to Monjas Hill. Mariposa, where he lives, is the next hill so the postman lives here, he knows it better. He knows a sister of mine who lives higher up the hill and he knows me too. He tells me, 'your sister is well; the other day, I saw your brother-in-law'. I mean, he also talks to me about my sister who I don't see because she lives right up the hill and I don't go to see her. He tells me 'your sister says hello or I saw your brother-in-law the other day when he was going to the doctor, he's got something.' Then I telephone my sister." *(Woman, 81 years old)*

Both the strategies of support and assistance for specific groups and the strategies for the well-being of the neighbourhood are based on building ties among the members of the community and communication plays a fundamental role in their implementation.

Under the **strategies to foster the well-being of the neighbourhood**, that is, to care for the territorial community, the women took measures to prevent fires, to avoid or confront thefts from homes and organisations' headquarters, to address drug trafficking, and to keep the territory free of rubbish.

The latter is closely related to the prevention of fires, which are a major problem in Valparaíso.

"Through the territorial work, you can get close to people's needs. You see? That is why it is so important to be in touch and have activities because it's the only way to say 'hey, did you know that this happened to the people next door?', 'ok, let's see how we can help them.' That is the only real way to be protected, by seeing each other, not to stay shut in. I mean, sorry about the pandemic but we can't be shut in at home, we have a lot to do as an informal settlement and, for the first time, we are becoming visible for our needs and are helping to solve those needs. We're getting a hand from Techo Chile, we're getting a hand - as at that time we did - for our community centre and our school; we got a hand from the municipality for the soup kitchens, we got a hand from the Office for Emergencies with the overflow ponds that got full, ponds the neighbours themselves paid for in order to have water in the event of a fire." *(Woman, 42 years old, living in an Informal Settlement)*

D. WORK AND INCOME: FROM THE INDIVIDUAL TO THE COLLECTIVE

" "[...] I think the community has gradually reinvented the way to make income; what we've seen here, I think, is how new businesses have been opened or women who had businesses before and had closed them, have opened them again now. I think that people now tend to shop more here on the hill, instead of going down to the centre of the city because, oops, you have to get a permit to go down there, fear of infection or who knows what. Then, it's really much easier, much more comfortable to have everything here at hand and I think that's a bit what's happening with the businesses, the sale of food, a lot of neighbours who cook and sell who knows, cakes, pizza, pasties, hot dogs, everything [...] and we women like, I think, try to generate that, at least among those of us who are a group of friends and neighbours, to boost our own businesses. You see? For example, if there's a neighbour who sews and I need some sewing done, I ask her instead of going to look somewhere else or whatever; there's a neighbour too who does acupuncture. See? Like trying to, not only because we're friends and because we live here but because we also know that it helps their homes, their families, their economy." *(Woman, 30 years old, living in an Informal Settlement)*

To mitigate the effects of the COVID-19 crisis on employment and resources, the women took measures to ensure income for the community through strategies of two types:

1. Strategies to redistribute the available resources;
2. Strategies for new ways of working.

In the case of the **redistribution of the available resources**, understood as both money and goods, the women redistributed what they had at their disposal among networks close to them, whether family members and/or neighbours and comrades. At the same time, the organisations collected resources through campaigns and then distributed them to those needing them and/or made donations with funds that the organisations obtained through membership fees or by applying for projects.

"[...] We have also tried to set up some networks of support for other women who can be in a similar or more difficult situation. That's how, in May, we started to work with other feminist comrades in connections that we called Feminist Connection; we started to have campaigns to collect money for other comrades. Then, we literally collected, we collected money and, with that money, we bought food. That meant getting a permit, going to buy the food, putting together food boxes, storing the boxes in a house, coordinating with comrades so they came to fetch the boxes, building a network through word of mouth of comrades who need them, who have children to look after, who need money, who need boxes of food, nappies; we did sanitary towel campaigns." *(Feminist activist, 52 years old)*

In the case of strategies for new ways of working in the context of the pandemic, the women sought to boost local economies by generating new individual and collective enterprises and, at the same time, preferring to buy locally. They also set up job banks as a way of sharing information about job opportunities and supporting each other in the process.

E. EDUCATION: ENSURING TRAINING PROCESSES

"Well, the self-training session, we sort of began now to meet on virtual platforms. All the same, it's been positive because it makes it easier to see each other, we don't have to go out of the house and it takes less time; I mean, it's more immediate, it's, hey, let's get together. So, like we have also been more organised in that because of the matter of the Self-Training Campaigns (...) I have learned masses, so much, like things that I perhaps wouldn't have had space for in another context."
(Feminist activist, 28 years old)

To ensure training processes for the community's inhabitants during the pandemic, the women of Valparaíso took measures grouped into two broad strategies:

1. Strategies for community self-training;
2. Strategies to facilitate the continuity of the educational processes of children and young people as well as adults.

The **community self-training strategies** rest on a democratising principle in that the women share what they have learned, implying that learning and sharing are closely related. The training focuses on specific subjects:

- Training on health, particularly sexual and reproductive health - the main area that has been adapted to online methodologies - as well as emotional health and community health;
- Training for survival and, specifically, how to deal with the world of work as well as training on waste recycling and the management of community vegetable gardens;
- Training on social rights related to Chile's constitutional reform process;
- Training to empower women, including how to address and/or avoid sexist violence;
- Spiritual development practices, including religious groups.

In addition, the health crisis prompted the women to devise **strategies to facilitate the continuity of the educational processes of children and young people as well as adults.** In the case of children and young people, spaces were made available for them to study in cultural centres, the premises of neighbourhood associations or other houses, along with a computer and internet. Women of different ages also organised groups to accompany parents in their children's educational process.

"With the pandemic, the library has obviously been on pause in this sense and the children are up here in their houses and are not going to school so there are some groups of mothers and fathers who have got together to teach their children here in the settlement. And now, for example, some of the women from here have a project for a little school for the children. They did it first in their own houses but, a little while ago, some neighbours left so there was a house free and they acquired that space to begin to set up a school for the children from here. And we are, well, they are organising a campaign to collect funds and be able to pay for that space and implement it for the children from here." *(Woman, 30 years old, living in an Informal Settlement)*

In the case of adults, the continuity of their training process was facilitated through **access to technology and help to look after children** so the mothers had time to devote to their studies. All these actions are a reflection of collaborative strategies in the community.

F. HOUSING

"There was a comrade, for example, who had little children and needed... the rain started and she needed construction materials because she had occupied a site and was putting up the boards in summer but it got to March, April, May - horrible - and we got like support networks. We got materials from a construction company that made a donation to help her to put up the house, we got a truck, went to Concón to fetch the stuff, took it to where she was and got people to help her put up the house. You see? We got support from the neighbours themselves (...) and afterwards she sent us a photo of what they'd put up and the neighbours went to give her a hand; they even painted and made a room, a window; another comrade did the electrical installation. The result was really good, there in a ravine but at least she had protection for the winter. You see? And that happened like in a flash. We were trying to solve it like urgently. You see? Everything was done urgently, almost like a routine for survival." (Woman, 52 years old)

As regards the goal of ensuring decent housing for all the community's inhabitants, the women described two types of strategy:

1. Strategies related to sharing existing housing with friends or relatives;
2. Self-construction strategies.

"For example, the woman down there began to build a little while ago and is also part of this group of us women neighbours who organised ourselves and said, hey, on Monday, we are going to do collective work on her house to help her install the bathroom and we'll arrive at such and such time and take things to eat to share or do a soup kitchen there that day and we'll go, the whole lot of us, to build. We've done shifts depending on each of our needs. You can tell that those women need more or what are the priorities and when it is necessary, we do it." (Woman, 30 years old, living in an Informal Settlement)

Self-construction is a collaborative activity and, in the context of a pandemic, emerges as a response to urgent situations. It is carried out with the support of neighbours and/or the mobilisation of resources. The resources may be construction materials, transport for the materials, or even the freeing of time for those who are building their homes. For example, in the face of the increase in people who have come to live on land that has been occupied and are living in tents during the construction process, the availability of food at the community canteen was modified to an "open" system so as to allow them to manage the time spent on construction autonomously and not have to go without food.

G. TERRITORIAL ORGANISATION

"[...] but I think the pandemic gave us an opportunity as a neighbourhood association and in the face of the authorities. I feel that, in some way, the association once again took the role for which it was created, by the president - I always forget the name. It was created precisely for a catastrophe where we played a support role in a situation of catastrophe, we play a support role when a neighbour needs - I don't know - a house, water, a sewage connection." *(Social leader, 57 years old)*

This is one of the more substantive dimensions of our study since it was the basis for the mobilisation of all the other practices as regards health, food, care, work, education and housing. The **women of Valparaíso acted together in a bid to resolve the community's needs and achieve collective objectives related to well-being.** To this end, they generated three strategies:

1. Strategies for restructuring collective organisational work in the face of the contingency;
2. Strategies for resolving common problems;
3. Strategies for generating income for the organisation.

"Then there is a tendency for people to participate, for people to group together, for people to complain when they think something isn't fair, they're not receiving something, when they consider they have a right. So, in Valparaíso, there is this spirit of greater rebelliousness, on the one hand, and greater organisation. I mean, I think this is historical because there's also a history of organisation that goes back, I don't know, to the construction of the union at the beginning of the twentieth century, the arrival of poor immigrants who had to organise themselves, the difficulties the city has always had with its numerous fires and floods - I don't know - tragedies. So the history of the Valparaíso community is a very communal history, with a strong sense of community, people have that sense of community. There's another thing too, something that's more physical and urban, it's that we see each other. I mean, I live on Florida Hill and I can see Bellavista Hill, I can see Monjas Hill, I can see Mariposa Hill, so we have that: when we bang our saucepans, we not only hear each other, we also see each other. When we put the lights on, we see each other. So I think that this city - one of the things I love about Valparaíso - is that it has a strong sense of community." *(Woman, 55 years old)*

These strategies are driven by the context and the state's deficient response to it. Valparaíso has a strong history of social mobilisation. It was here that the first mutual organisations were founded in 1886 and the first newspaper for working women, La Alborada, in 1905. Its heritage of women's organisation was also reflected in the emergence of mothers' centres in the 1960s and health groups in the 1980s. These forms of collective organisation continue to exist, an experience that is reflected in each of the testimonies included in this report.

The women interviewed described the state's response as assistentialism, too late and inappropriate, noting a failure to incorporate the needs of the community and its participation.

The absence of effective mechanisms for everyone's integral participation poses a challenge for local policies but has, at the same time, **created an opportunity to strengthen the autonomy and self-management of territorial organisations.** In this sense, the women developed three strategies of resistance:

1. Strategies for assuming central roles in the organisation's leadership in the context of the pandemic;
2. Strategies for establishing common principles as structural pillars that mobilise joint action and are based on solidarity, dignity, collaboration and recognition;
3. Strategies for recovering and strengthening historical practices, such as soup kitchens, health groups, economic solidarity networks and groups against violence, that have enabled the women to generate practices for the transfer of memory between feminist organisations, between older and younger feminists and between family networks (mothers and daughters).

"We act from there, for self-managed social construction of the habitat. That is the constructional-theoretical concept on the basis which we act, understanding the habitat as a whole, not as if the problems of health, education, and housing should be seen separately, but rather as part of a whole, of how we live and plan our neighbourhoods; where they are planned from above and we women stress that it should be the organised community itself, right?, through work as a network, collaboration, mutual support, self-management, etc." *(Social leader, 32 years old)*

Based on principles and historical experience that mobilise joint action, **the first strategy for restructuring organisational work** in the face of the COVID-19 contingency was implemented through work in networks:

- Activating institutional and non-institutional networks to obtain help, or collaborating with other organisations;
- Generating mechanisms for being in constant communication, incorporating the use of communications technologies and/or moving in-person assemblies online;
- Strengthening ties within the organisation through the inclusion of new people or generating dialogue between groups or people with divergent positions;
- Avoiding assistentialism and promoting horizontal work and teamwork by dividing tasks out among different people, groups or commissions to prevent the leaders from doing all the work and seeking to ensure that most people take part;
- Establishing work groups principally by gender, but also by age or similar characteristics;
- Giving priority to activities related to COVID-19, thereby focusing the work of organisations on response to the coronacrisis. Indeed, all the practices developed arose from this prioritisation. As a result, by restructuring their work and maintaining their practices for response to the crisis over a prolonged period of time, the organisations are able to strengthen their internal coordination.

In the **second strategy, to solve common problems**, the women gave continuity to projects related to health and self-training and generated new organisations to respond to the contingency. In the case of the continuity of permanent projects, they defined the following priorities:

- Ongoing waste management and recycling;
- Fire prevention projects;
- Actions focused on the construction and equipment of community spaces and housing and basic supplies;
- Actions to support institutional procedures typical of the neighbourhood associations.

In turn, the women created new organisations through which to address the contingency of the pandemic. They were related to:

- Food security;
- Children's schooling;
- Sexist violence;
- Support in accessing state benefits, including the Emergency Family Income;
- Community stocks of clothing;
- COVID-19, organising PCR tests in community spaces such as soup kitchens through coordination between social leaders and the city's primary health services.

In the case of **the third strategy, to sustain the organisations financially and achieve common objectives,** the women implemented strategies for generating income for the organisation. During the pandemic, the sale of residence certificates was a key source of income in the specific case of neighbourhood associations, along with the payment of membership fees. As a neighbourhood association leader told us:

"The neighbours, the people themselves, we ourselves as people, each of the neighbours who live here, we provide support in some way. I never thought there would be people, I never imagined people supporting us, people who criticised what we were doing just for sake of it, suddenly seeing them here contributing money or giving a box, not one box, I don't know, some two ... Look, a lady came with this, and this is what she has in her house, what Patricia also said, what she has in her house, maybe it was useful to her. That's why I tell you that people have stepped up to the needs of the people, but the government in general hasn't." *(Social leader, 57 years old)*

3.
Recommendations for the social policy cycle from the territorial standpoint

A. DESIGN OF PARTICIPATORY SOCIAL POLICIES

"Now, the local authority should be a bit more equitable with resources, a bit more transparent and take us into account; if we are going to continue with this task, it should evaluate the issue of food needs with the competent people. Because I insist, look, when the first government resources were allocated to the soup kitchens, we were never asked to a meeting as coordinators of the soup kitchens. They said 'there are 200 soup kitchens in Valparaíso.' Of course, in times of pandemic, it's difficult because of this social distancing thing and everything, it was difficult to meet with us all, perhaps together, but it should have been the case as we are, to have reached a diagnosis with the competent people on the subject, to have listened to our diagnosis in the face of the need and then allocated those resources." *(Social leader in a soup kitchen in Valparaíso, 55 years old)*

One way to guarantee the implementation of a response in coordination with the community in the context of a crisis is through joint design with an emphasis on the women's participation. Local governments should:

- **Map active social organisations in the territory and establish communications bridges based on the creation of trust.** The state administration is not necessarily aware of the organisation that the territories develop to build life in common. To install a community- and territory-based proposal, it must, therefore, be the protagonists themselves who identify and recognise the networks that participate in these actions. This implies mapping the institutions with their human teams and the civil society organisations that are part of the problem and of the solution. In these actions, territorial facilitators and civil society organisations - especially women's and feminist organisations - can be of great help in generating maps that contribute to territorial work.

- **Generate participatory diagnoses with a scalar territorial base (neighbourhood and municipal district).** This must be carried out in collaboration with women's organisations, migrants' organisations, centres for seniors, cultural centres, neighbourhood associations and other such organisations in order to listen actively to the different needs of the different groups in the community. In this way, it is possible to avoid the design of policies based on the idea of a standard subject, which do not always take into account the intersections between the different forms of inequality and oppression (social class, gender, functional diversity, race).

- **Use participatory diagnosis as a basis for the design of integral policies.** The design of public policies must be validated by the community. Plebiscites in participatory budgeting are one example of this.

- **Update municipal development plans based on a coordinated approach to different forms of inequality.** The separation of issues such as violence against women, housing or work only serves to reproduce the structural violence that makes women's lives precarious.

- **Establish alliances with NGOs and universities through their research centres in order to tailor studies to the local needs of the territories.** Priority should be given to research that uses participatory methodologies and produces systems for recording and constructing integrated statistical information, which establish relationships between different aspects of community development, such as health indicators related to access to sexual and reproductive health, indicators of care burden and access to paid work, the morbidity of women and their children, causes of domestic violence, etc. These actions to resituate research contribute to knowledge of the common sphere and provide important inputs for local social transformation.

B. IMPLEMENTATION AND MONITORING OF SOCIAL PROGRAMMES TOGETHER WITH CIVIL SOCIETY

"Because it was the other time when the PCRs started, when they began to do the first PCRs, I went to my CECOF and said to the director 'you know what? I think that the people who should get the PCR first are the people in the soup kitchens because those people are exposed there every day, people come to get food, people come from all over the community to get food, maybe they don't come with good masks; so I think we will start doing it.' Straightway, we notified all the soup kitchens that the first people to get the PCRs were going to be the people working in the communities. Of course, it was necessary ... that they were alright. And that was the first thing we began to do with the PCRs. Now everyone gets PCRs, there are operations in the street, everywhere, but at first it was like nobody wanted to get one […]" *(Social leader, 72 years old)*

The health crisis calls for prevention mechanisms associated with access to health services and social programmes appropriate to the communities and, therefore, requires the implementation of social policies coordinated with civil society. Based on the above, the recommendation is to:

- **Generate mechanisms for the co-management of social programmes by local government and civil society.** These actions are particularly important in the case of issues related to gender justice and poverty. In the history of the women's and feminist movement, there are successful experiences of alliances between local government and the NGO Casa de la Mujer (House of Woman) through programmes on violence against women and sexual and reproductive health.

- **Create a local observatory of social rights.** Community development offices propose the creation of a multi-situated observatory that takes into account institutional and civil society actors in monitoring the implementation and budgets of social programmes. This implies the allocation of state funds and people responsible for annual collection of the information, which should then be made available to the community through multi-situated reports in accessible and easy-to-understand language so that it can be used as a reflexive and mobilising input for new actions each year.

- **Strengthen the formation of professional teams from the feminist and territorial perspectives.** This training will avoid the reproduction of gender stereotypes in the implementation of social programmes related, for example, to care work, violence and health, guarding against discourses and practices that revictimise women who access municipal programmes of support against violence.

- **Establish gender-sensitive budgets** for the implementation of programmes and services to foster social justice and reduce the gaps experienced by communities discriminated against on grounds such as gender, race, class, sexual orientation, age, nationality, ability and place of residence, which translate into violence in contexts mediated by racism, classism, sexism and other 'isms' that restrict the exercise of social rights.

C. EVALUATION OF ACCOUNTABILITY POLICIES AND STRATEGIES

"We women got organised first and then we learned that we have to go like this to present our demands to an indolent state. Eh, we have learned that and we continue to do it, that is, through formal channels, by protesting in the street, etc., etc., etc. Eh, because the institutions, the state do not come to the territories, so, eh, the demand is - and there I agree with some of the things my comrades have said - the demand is that the state fulfil its role, right? And in that, in this sense, we have been forced to knock on doors and I believe, we believe that that cannot be. The state has to come to us, we don't want to put an end to the relationship with the state, right? We must maintain a relationship with the state, but the relationship must have more feedback. But we have learned that it has to be through demands, and those demands are transformed into actions." *(Feminist activist, 35 years old)*

Given that resources for the evaluation of social policies are scarce, it is important in the context of a health crisis to generate agile channels of access to public information, accountability and the evaluation of services by the community. In this sense, the recommendation is to:

- **Maintain permanent community assemblies in the neighbourhoods.** By avoiding centralisation in the municipality, it will be possible to gather information about the obstacles and gaps that people face in accessing social programmes. It is important that the assemblies have translation into sign language or other languages commonly used in the territories and they should be held in accessible places in each neighbourhood so that no one is excluded due to mobility difficulties.

- **Strengthen accountability processes in the implementation and budgeting of social programmes.** Transparency in the use of resources helps to avoid corruption and mistrust on the part of citizens.

- **Establish online feedback channels in planning offices.** Through a situated online feedback channel, information can be gathered about how people evaluate the quality of the social services they use in health, education, work, housing and participation. For this, it is necessary to define indicators of quality through dialogue with the social organisations of each neighbourhood and community.

- **Generate local study units to systematise evaluation.** A study unit to systematise evaluations and the evidence received from the community through the observatory of social rights and other platforms can be useful in generating situated knowledge in line with the needs of the corresponding community.

D. EXAMPLES OF GOOD PRACTICES IN PARTICIPATORY SOCIAL POLICIES IN CHILE AND INTERNATIONALLY

In Chile and other countries, there is experience in the design of practices in participatory social policies that it may be interesting to review as a complement to this report. They include:

- Participatory design of housing policies in Chile under the Quiero Mi Barrio programme.
- Participatory design of health policies in Colombia under Bogotá's Participación Social y Servicio a la Ciudadanía en Salud.
- Design and implementation of policies with an intersectional theoretical feminist standpoint by the municipal governments of Madrid and Barcelona through the Proyecto Igualtats Connect.
- Design of participatory municipal planning strategies by the municipal governments of Valparaíso and Recoleta, and under the Programa Piloto de Apoyo a la Gestión Municipal y Formulación e Implementación de Políticas de Igualdad de Oportunidades of the Los Andes municipal district in Chile
- Design of the participatory evaluation of public policies under Chile's Propuesta para una estrategia de monitoreo y evaluación del III Plan de Acción Nacional en Gobierno Abierto 2017-2019 de Chile and the Ley de Comunas of Buenos Aires, which also envisages participatory evaluation.

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This Convention, which it is my role today to preside, will transform Chile into a plurinational Chile, an intercultural Chile, a Chile that does not violate the rights of women, the rights of carers (...) For the rights of our indigenous nation, for the rights of the regions, for the rights of Mother Earth, for the rights of water, for the rights of women, for the rights of children (...) Mañum pu lamngen, Marichiweu! Marichiweu! Marichiweu!

Elisa Loncon Antileo, President of the Constitutional Convention. Extract from her speech on 4 July 2021 in Santiago, Chile.