



# Practices of Care in Times of COVID-19

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We argue that the COVID-19 virus has been a trigger for emerging practices of care by being an actor with agency that transforms the everyday life of subjects by placing them under uncertainty. Therefore, this paper aims to show how practices of care emerged or were maintained as vulnerable groups were confronted by restrictions to movement and uncertainties following the outbreak of COVID-19. We demonstrate this using two case studies of the Maasai pastoral community in Narok, Kenya and the community kitchens in the city of Berlin, Germany. Thus, we seek to show how practices of care for, care about, and care with are carried out by the members of these communities during pandemic times. Granted that care remains highly contentious in feminist literature, this paper contributes to a growing body of literature on care in Feminist Political Ecology by broadening the conceptualization of care. The research builds on a typology of care relations based on practices of distribution, exchange, and reciprocity. This allows us to show when care is exercised in a unidirectional and hierarchical way and when in a multidirectional way reinforcing social bonds of responsibility and collective care that transcends the socio-nature boundaries.

## OPEN ACCESS

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### Specialty section:

This article was submitted to  
Political Ecology,  
a section of the journal  
Frontiers in Human Dynamics

**Received:** 31 December 2020

**Accepted:** 28 May 2021

**Published:** 17 June 2021

### Citation:

Gómez Becerra M and  
Muneri-Wangari E (2021) Practices of  
Care in Times of COVID-19.  
*Front. Hum. Dyn* 3:648464.  
doi: 10.3389/fhumd.2021.648464

**Keywords:** COVID-19, care, uncertainties, non-human-others, feminist political ecology, agency

## INTRODUCTION

We are neither in the same boat, nor do we navigate in the same waters. The health crisis we are currently experiencing is a consequence of an ecological crisis. Arguments for this are based on deforestation, new plantations and monocrops, and the transformation of ecosystems that force the displacement of species to ecosystems they do not belong to. This leads to unusual contact to pathologies among species (McNeely, 2021). Evidence suggests that 71.8% of zoonotic diseases such as, Ebola, Yellow Fever, Spanish flu, Asian flu, HIV, AH1N1 originated from animals and were transmitted to humans. The spread of these diseases from wildlife to humans is significantly correlated with socio-economic, environmental, and ecological factors (Jones et al., 2008). Whatever the primary cause that initiated this pandemic, whether it is the natural course of the virus jumping from an animal to a human, the mishandling of food within the food supply chain, or the mishandling of the virus in a laboratory, we as humans are part of it. This is because we are also part of that nature and have played a significant role in accelerating the ecological crisis. This health crisis is the ideal scenario for rethinking and listening to other forms of life and to recognize diverse practices of care. We must learn something from this catastrophe where reinventing ourselves, rethinking our ways of life, as well as repairing and caring for our planet is a matter of urgency in this day and age.

In this context, this essay seeks to broaden the theoretical conceptualization of the concept of care by building on the existing typologies of care in Feminist Political Ecology to expand on how care can

be understood and used in analysis. We do so by showcasing the circumstances under which practices of care about, for, and with others emerged or were maintained in relation to community food provision and community care during the pandemic. FPE as an analytical tool also allows us to think about the COVID-19 within the spectrum of more-than-human-others (Desai and Harriet, 2018), and we therefore demonstrate the virus as an agent that deploys power relations (Bajde, 2013; Bettany, 2015) and constrains or drives the political practice of care. The article, thus, points out on the importance of questioning the conceptualization of nature on dichotomous perceptions (Harcourt, 2018; Van den Berg, 2019). Hence, we argue that the virus acts as an agent that mobilizes everyday uncertainties by placing subjects in uncertain scenarios. Uncertainties, therefore, play an important role in the development of care practices. Both, care practices and uncertainties, exacerbated during the pandemic (United Nations, 2020). The article also highlights the exclusions, inclusions, or privileges surrounding care practices that define the roles of caregivers and care-receivers (Fisher and Tronto, 1990; Maeckelberghe, 2004).

Existing work on care shows us that care is a contentious practice that can be expressed as social reproduction (Pateman, 1988) or as a vehicle for repairing our world and making it a better place (Fisher and Tronto, 1990). The latter definition helps us explore care practices toward humans and non-human-others (Harcourt, 2018). It also helps us understand the agents involved in care practices, such as the caregiver and care receiver, as well as the ways in which care is developed through practices of care about, care for, and care with humans and non-human-others. However, we believe that this literature still needs to question more deeply the unidirectional and multidirectional relationships in which care unfolds, such as uncertainties or the conditions of the health and ecological crisis we are currently experiencing. This is because care practices, even if they operate as practices to repair our world, may be reproducing hierarchies and relationships of conflict between the caregiver and care receiver. Building a typology of care relations based on practices of distribution, exchange, and reciprocity allows us to move forward to understand more clearly the power relations that develop from dynamics of care about, care for, and care with non-human-others.

We represent our analysis through two case studies in different contexts. One is the Maasai pastoral community in Narok, Kenya, whose livelihoods depend on livestock rearing, while the other is the grouping of mobile community kitchens in the city of Berlin, Germany. We decided to stress these two cases because we see two major similarities: both communities had to explore new forms of mobility in the context of confinement and uncertainties and both communities carried out contingent practices of care for and with others that they did not carry out regularly before the onset of the pandemic. Thus, we position the study of care practices as practices of resistance in the everyday life and we seek to answer the following questions: Who can do care work and under what circumstances do these practices arise? What kind of inequalities or inclusions may be produced by care practices? We aim to answer these questions by bringing together case studies from the global geopolitical south and north to demonstrate how practices

of care for others can be turned into political practices that can arise from privilege or necessity. Consequently, they can create spheres of inclusion and exclusion that might encourage hierarchical/unidirectional practices of care or that, on the contrary, trigger practices of reciprocity and care with diverse subjects.

## MATERIALS

### Feminist Political Ecologies

FPE is a useful framework to question existing relations of power, such as domination, exploitation, and conflict, between societies and nature. It also takes a stand in favor of gender justice and ecological justice (Rocheleau, 2016; Sundberg, 2017; Bauhardt, 2019), that explores alternatives to the predatory capitalism in which a shift in the conventional care work practices among humans and non-human-others is imperative (Harcourt, 2017). In this section, we begin problematizing care work from a feminist perspective and along these lines we seek to disclose how care work is fully intersected and exacerbated by the outbreak of the COVID-19. We think of the virus as an agent that mobilizes care work and that aggravates uncertainties in the society. Then, we move on to show how FPE help us understand care work as a collective practice that needs to occur between humans and between humans and non-human-others. Lastly, we will present a typology to show how care work can be understood through practices of distribution, exchange, and reciprocity and the limitations each practice entails.

### Feminist Political Ecologies and Care

The outbreak of COVID-19 led to the concentration of care work in private households (United Nations, 2020; Wenham et al., 2020). This consequently increased what feminist have for decades reiterated: The strong link that reproductive work, unpaid work, and invisible care work has with inequalities based on gender, race, class, ethnicity, among others (Waring and Steinem, 1988; Benería et al., 2015). Before the outbreak of the COVID-19, care work was already disproportionately borne by women at 76% on a global scale (Addati et al., 2018). Due to the pandemic, care work in homes increased as home offices were launched, home based schooling started, and home-based health care of infected people multiplied (United Nations, 2020). Likewise, uncertainties about a stable future escalated due to loss of jobs and lack of health insurance, something that mainly threatens women who work in the frontline of the health workforce, tourism, domestic workers, food providers, and other feminized activities (Wenham et al., 2020). COVID-19 increased care work for the reproduction of capital, work that has historically made women responsible for carrying out domestic work that is not part of wage labor (Pateman, 1988).

In the feminist tradition, the concept of care has been quite contentious. Both ecofeminists (Shiva, 1989) and feminist economists (Waring and Steinem, 1988; De Vault, 1991; Mellor, 2006; Budlender, 2010; Bollier, 2016) have already pointed out that the everyday life is embedded and immersed in diverse routine activities that require care work. Both

paradigms demonstrate that power relations arise from care practices, which are intensified through patriarchal privileges and exercised inequalities that marginalize the needs and interests of “non-masculinized bodies” (Mellor, 2006). Care work is an everyday practice that relegates and obscures certain bodies, and creates relations of domination, exploitation, and conflict. Thus, we argue that the way to fight against these relations of power is by shifting care from an individualistic practice to a reciprocal responsible and communitarian practice (Federici, 2010; Gibson-Graham, 2006). In this sense, recognition of the diverse phases involved in care practices, such as care for, about, and with others are of great relevance to ground less conflictive practices of care. FPE helps us in this aspect by enabling us to recognize that the inequalities that arise from care practices are experienced differently by bodies that suffer from domination, exploitation, and conflict through intersected patterns of power such as race, gender, sex, class, ethnicity, among others (Elmhirst, 2011). But most importantly, FPE allows us to realize that these patterns of power affect the complex interrelationships we have with the socio-nature network we inhabit (Harcourt, 2018). Any practice of care, therefore, implies maintaining a care relationship with the world that surrounds us.

The conceptualization of care we want to develop in this work is that of care that subverts the idea that it is women’s work (Waring and Steinem, 1988). We argue that a shift in the care work dynamics must take place in the private space, such as home, and in the public spaces. We seek to broaden the conceptualization of care as a collective process (Federici, 2010) carried out in multidirectional ways and to show how care is applied in analysis. In doing so, we are not abandoning the proposals of the feminist economist to foster budgetary initiatives that are addressed to diminish inequalities and invisibilization of unpaid care work (Marx, 2019). We seek to go beyond the frameworks that conceptualize care under an ethic based on ideas of autonomy and rationality (Zechner, 2021), and beyond those that understand care in public spaces as a responsibility of the state (Weisman, 1998). The latter is relevant since the response of the state to contain the spread of the COVID-19 virus was based completely in the displacement of care to the private space. In other words, states not being able to guarantee care for everyone made subjects responsible for their health by adopting confinement measures. Evidence shows that this has extenuated workloads and has increased the lack of supplies to cover care needs, mostly in developing countries and in rural and marginalized communities (United Nations, 2020). For this reason, the need to rethink care as a collective practice turns out to be relevant specially in the context of a pandemic when inequalities increase when taking care for ourselves and our environment.

FPE provides us with the tools to understand care as a strategic political act that goes beyond the reproduction of labor force, considering care as a vehicle for the reparation of life and the world in which we live (Mellor et al., 2010; Harcourt 2013). This allows us to embrace inequalities, power relations, and uncertainties in a broader perspective, in which more-than-human-others are also considered to be part of care dynamics

(Harcourt, 2017). From an FPE framework care can be thought as a collective care work dynamic (Zechner, 2021) that develops across relationalities and co-responsibility (Elmhirst, 2011). The COVID-19 crisis confirms that individualistic dynamics of care only strengthen inequalities and care workload. It is evident that women and minorities suffer mostly from these inequalities. Even though this paper does not engage directly with the analysis of gender relations, it engages with dynamics of care, a power relation intimacy related with gender inequalities (Waring and Steinem, 1988). Thus, to understand care work as a collective practice is paramount to have a brief introduction of how this work generates dynamics of inequalities.

## Towards Collective Practices of Care

The health crisis we are currently experiencing reminds us of the urgency with which we must take collective action to repair our world. As early scholars that position ourselves from the perspective of FPE, we are convinced that the epistemological and ontological (Castro-Gómez, 2000; Santos, 2011) shift required to repair our world must be accompanied by a practice of care. Therefore, we understand care as “a species activity that includes everything that we do to maintain, continue, and repair our “world” so that we can live in it as well as possible. That world includes our bodies, our forests, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Fisher and Tronto, 1990, p.40). This definition invites us to reflect on care as a dynamic practice that involves not only a duty for social reproduction but also as a voluntary and willing practice. At the same time, this conceptualization of care allows us to demonstrate the tensions and hierarchies that arise from care practices when asking who cares, how to care, and whom to care for. FPE accounts for this by highlighting that care is intersected and played out by inequalities such as race, gender, class, ethnicity etc. For this, we outline the tensions care entails while accounting for the power relations that arise from this. We also seek to present a typology of care as a collective process through three main dimensions: distribution, exchange, and reciprocity.

Tronto. (1998) mentions that there are four phases that constitute the act of practicing care, which are the act of caring about, caring for, caregiving, and care receiving. According to this author, caring about refers to the moment in which the caregiver becomes aware and recognizes the need that someone has to be cared for, which is mostly an act of disposition to care for the other (Tronto, 1998 p.16). Caring for refers to the moment in which someone assumes the responsibility of caring for the other (Tronto, 1998 p.16). This entails organization and materialization of certain acts as well as wear and tear on the part of the caregiver. Furthermore, caregiving involves acts of knowledge about how to care for another, in this regard, “competence is the moral activity of caregiving” (Tronto, 1998, p.17) and therefore this action is accompanied by value judgments that qualify this work. Care receiving involves a moral burden just as it requires an act of response that could imply the cessation of care or greater attention (Tronto, 1998) as well as the evaluation of those. Thus, care is an act that involves “moral judgments, political

judgments, technical judgments, and psychological judgments in (the) everyday caring activities. Caring, then, is neither simple nor banal; it requires know-how and judgment, and to make such judgments as well as possible becomes the moral task of engaging in care” (Tronto, 1998, p.14).

The performance of care can be full of tensions starting from questioning who cares, what to care about, and how to care about it. Thinking of care practices as moral acts that are triggered in a unidirectional way, takes us away from thinking of care as a vehicle for social change. We have all practiced care in family spaces, among friends, among colleagues, or among strangers. Our daily life is embedded in diverse care practices that always allow the reproduction of individual and social life. However, not all care practices maintain, continue, and repair our “world” so that we can live in it as well as possible, to paraphrase Tronto’s definition. Some, in fact, only maintain and perpetuate relationships of domination. Thus, in the act of caring we come across unidirectional and multidirectional practices of care that are defined by the caregiver and the care-receiver (Maeckelberghe, 2004). For instance, in a unidirectional way, the caregiver has the sole responsibility of performing care work to improve certain instantaneous conditions of their everyday life, or of those that receive care. This is what feminists denounce as reproductive labor. In a multidirectional way, care is performed between different objects and there is no passive recipient of care since all are involved in practicing care at some levels. To understand this clearer, we present three ways in which care takes the form of unidirectional and multidirectional practices: care as distribution, exchange, and reciprocity.

### Care as an Expression of Distribution

As we have mentioned before, care has been historically understood as women’s responsibility that is practiced in a hierarchical way (Waring and Steinem, 1988). Care work sometimes takes place under circumstances of domination and conflict that place the caregiver in situations of inequality (Mellor, 2006; Budlender, 2010). During the pandemic, for example, we see this in complaints by nurses about working conditions, the double or triple workload at home due to home schooling and home office, as well as the uncertainties of not being guaranteed to keep the job. We argue, however, that care work given on a willing basis disrupts the hierarchies of domination to which the care giver is subjected. For example, in care work that is given willingly in a community kitchen, where the provision of food is an act of care about and care for others in which care work is not expected in return. We call this care work based on distribution practices. That is, care is practiced from the center to the periphery, as a unidirectional practice. This care dynamic produces passive care receivers who remain at the expense of what the care giver can give. Thus, care given on a distribution basis inhibits the agency of the care receiver since they are seen only as agents that receive and not that act. Care given in a distributive way can speak of a position of privilege. This is because the caregiver is endowed immaterially or materially with that which enables him/her to become a care giver.

### Care as an Expression of Exchange

Contrary to the dynamics of care based on distribution practices, care as an expression of exchange occur in a pendulum manner, as a barter (López-Córdova, 2014). Care practices in this sense are given under the condition of a response from both the caregiver and the care receiver, and it is expected to be a gain and satisfaction for both sides. It seems that in the exchange, care practices cease when the barter concludes, and no relationships are built that make the subjects responsible for maintaining a care practice after this act. This is mainly because the conditions that allows the emergence of relations of exchange require an agreement between both parties to exchange something, in addition to the fact that something needs to be exchanged. In the practice of care in a relationship, care is given with the expectation that it will be returned in the same way as the pendular movement of a clock. For instance, in a hospital, where health care workers give their care knowledge in exchange of a salary. In this sense, care is conditioned to the individual benefit or to the benefit of the parts that are involved in the exchange, and not directly to the reparation or well-being of a collective in the long term. This practice of care can generate exclusions given that in order to participate in an exchange it is necessary to have something that can be exchanged, whether material or immaterial. Thus, care is conditioned to the privilege that each subject has to offer something that allows them to participate in a relationship of exchange and benefit.

### Care as a Practice of Reciprocity

Contrary to what we have seen in care practices based on distribution and exchange, we see in care practices based on reciprocity as a vehicle that decreases the aforementioned inequalities in care practices based on distribution and exchange. This is because reciprocity involves giving, receiving, and returning what has been given (Mauss, 1974) allowing for the development of social bonds of long-term commitment (Temple, 2000). Approaching care practices from the dimension of reciprocity implies thinking about care as a multidimensional practice among subjects through practices that respectfully acknowledge the agency of all beings in the world, meaning, among humans and non-human-others (Harcourt, 2018). For example, the communities of Los Zapatistas in southern Mexico where reciprocity and solidarity are the foundational basis of the social fabric. All members of the community are responsible for showing practices of care for, about, and with humans and nature (Millán, 2014). In this context, the caregiver and the care receiver enter in a dialectical logic of care that goes beyond the relationships of care about and care for and are conceived within a practice of care with (Tronto, 2013). The work that involves carrying out practices of care is collectivized and assumed as a practice of benefit to those that seek to maintain, continue, and repair their “world” so that they can live in it as well as possible (Tronto, 1998). Care practices based on reciprocity do not escape conflict and domination among members, since not all of us have the same capacities to exercise care practices. However, reciprocity can lay the foundations for



building more inclusive practices of care and build stronger social ties (Mauss, 1974; Temple, 2000).

So far, we have explained three forms that we consider relevant to understand care practices that are based on practices of distribution, exchange, and reciprocity. We consider it necessary to understand care practices from this typology because it allows us to clarify when care is an individual and unidirectional practice that creates exclusions or reinforces privileges, and when it is collective and multidirectional. This clarifies, for example, when care is performed by disposition or from a trench of conflict, privilege, or domination, as in the case of care based on distribution, or when care is a practice of care for and care about but conditioned by exchange and self-benefit, where once the exchange ends, care practices also end. This is not the case with reciprocity, whereby care practices are collectivized and carried out with the intention of continuing the practices of care for, about, and with others on a long-term basis. In times of crisis as the COVID-19, guaranteeing stable and long-term care practices is a necessity to rebuild and ensure the recreation and well-being of life. In this way, thinking and practicing care through practices of reciprocity opens the possibility of embracing uncertainties collectively and allows us to translate them into a political concern.

## More than Human Others

As mentioned above, the health crisis we are currently experiencing is intimately linked to the current environmental crisis (Jones et al., 2008; McNeely, 2021). For this reason, we need not only to rethink care practices among humans but also to rethink the care practices with which we relate to nature. This pushes us to assume care as a practice of “reciprocity among the human and non-human natural world through practices that respectfully acknowledge the agency of all beings in the world” (Harcourt, 2018, p.4). Since the outbreak of the COVID-19 started, the virus has had and will continue to have the capacity to mobilize and influence our everyday life through its distributive (Bajde, 2013) and relational (Bettany, 2015) agency. COVID-19 can be said to have distributive agency in that it requires specific actions, conditions, and practices in order to be a contagious virus. As it is argued, viruses are considered to be non-living organisms since they require living cells to reproduce (Lwoff, 1957). In this sense, the agency of COVID-19 is distributive because it requires conditions such as closed and unventilated spaces, oral expressions such as speech or sneezing, among other corporeal actions that allow the virus to incubate in a living body. We find the relational agency of COVID-19 in the need for the virus to enter a living body in order to survive.

It is through the distributive and relational agency exercised by COVID-19 that care work is exacerbated. The current situation we are in reminds us that we must rethink the way we relate to nature in order to avoid both ecological and health catastrophes. Thinking of COVID-19 as an agent implies making it part of what we call the non-human-others given that it is now part of the socio-nature network that interconnects all actors. Understanding the “non-human others” “as another kind, a kind whom/that calls for our attention as ethical subject” (Desai and Harriet 2018, p. 42). With this perspective, we do

not call to take care of the virus, but to take care of ourselves from the virus and to rethink the practices with which we interrelate with nature. By understanding how the virus relies on the interconnectivity it maintains with other actors to ensure its survival and replicability, we also understand how non-human-others have agency over us in our everyday life. The virus, for example, performs agency when hiding from our senses; we cannot see it, nor hear it, nor smell it, nor touch it. It forces us to cover our eyes, mouth, nose, and ears as preventive measures. It puts us on alert and makes our everyday life uncertain. The virus can take away our sense of taste and smell. It can take away our lives and has reminded us that we do not have the power to fully control nature as the only agent that mobilizes the network we inhabit. The virus can influence daily life and exercise power even in its absence.

The FPE framework helps us think of care beyond an anthropocentric perception where ecology lies not only on the terrain of the biophysical but on the understanding of “The dialectical and non-linear relations between nature and society” (Paulson et al., 2003, p.8). FPE scholars point out that recognizing nature as an active agent (Van den Berg, 2019) allows us to rethink the classic dichotomous society/nature to rethink ourselves as a complementary whole with nature. From this post-humanist perspective of FPE the human subject loses the quality of administrator, dominator and controller of the world that surrounds it and is placed on the same level as the system that composes and constructs nature. In this sense, agency is not a unique and proper characteristic of human subjects but also for inert and animate beings that maintain a mutual relational and distributive agency (Bajde 2013; Bettany, 2015). Contrary to the anthropocentric thinking that seeks to dominate the agency of humans, post humanism recognizes that agency is a process constituted in a community manner.

The agency that COVID-19 has over our everyday life has conditioned us to a daily practice of exacerbated care that is empowered through fear embodied in our bodies. We see it in the strenuous care of using mouth covers or antibacterial gel or even in providing adequate workspaces for home office or homeschooling. The COVID-19, its source, subsequent spread, and measures to curb its spread deeply illustrates the intrinsic and interconnected nature between humans and the more-than-human-others. Being part of a socio-nature network means recognizing that no action is merely the responsibility of a single actor. This means that the interconnectivity of agents and their actions will always be interwoven in a series of dialogical acts. Agency within this network provokes the continuous act of negotiations that allow actors to be created among themselves (Haraway, 2016). Agency in this way is constructed from an angle of interdependence in which the actors involved complement each other, co-operate, or benefit from each other through different actions. Thus, the interconnectivity among the actors does not refer to a mutual and equitable dependency, but rather a conflicting, unequal, and contradictory one. Hence, negotiation and the exercise of relations of power between actors who exercise agency in turn exercise relations of domination, exploitation, and conflict.

## Uncertainties in Political Ecology

COVID-19 has increased the uncertainties of daily life and with it the complexity of practices of care. The magnitude and suddenness of the emergence of the pandemic brewed immense uncertainties across sectors such as healthcare, the economy, food production and distribution among others, calling into question their survival (United Nations, 2020). In this sense, the virus acts as an agent that mobilizes everyday uncertainties by placing subjects before ambiguous scenarios. Uncertainties have become inevitable as they reflect our social political world, privileges, and inequalities as is the case with the ongoing pandemic (Leach and Scoones, 2013; Arora, 2019; Scoones and Stirling 2020). The predominant understanding of these uncertainties has mainly focused on statistical models that are based on macro data from past standardized data (Atig, 2020). This narrow understanding poses a risk of missing out the nuanced experiences at the micro level that come with the sudden novel developments posed by the pandemic. At this level, individuals, and community's uncertainty on the permanency of the imposed measures, the security of their livelihoods, their lives and even the availability of essential supplies was rife. This is demonstrated by the panic shopping of food stuff and toiletries clearing the supermarket shelves reported in some populations across the globe (Reis et al., 2020). However, these responses to uncertainty remain context specific as they are filtered through wider social economic contexts (Adams-Prassl, 2020).

Uncertainties play an important role in the development of care practices. Arguably, communities that live with and from uncertainties in their everyday lives navigate them by drawing from collective care actions and mutualism through kinship, religion, spiritual affiliation, and social networks (Leach et al., 2010; Nori, 2019). Uncertainties can be scenarios of danger or opportunity. Despite consensus that different actors experience and perceive uncertainties depending on their social cultural histories, their governance has remained rather technocratic and hierarchical in nature (Scoones and Stirling 2020; Mehta et al., 1999; Mehta et al., 2019). For instance, during the Ebola epidemic, the failure of initial interventions was attributed to disregard of local knowledge and ignorance of local cultural aspects, like funeral rites, and practices for the demised. Not only does that exclude the marginalized populations in local communities, who are disproportionately affected by uncertainties in their everyday lives (Mehta et al., 1999; Scoones 1999; Nori and Scoones, 2019), but it is proven zero-sum and even dangerous (Leach et al., 2010; Scoones and Stirling, 2020). Therefore, this health crisis is the ideal scenario for rethinking and listening to other forms of life and to recognize diverse practices of care. It is a call to reinvent ourselves and think how to heal the imbalance created between society and nature and assume ourselves as part of it and embrace uncertainties.

## Methodology and Research Strategy

The research is supported by a qualitative comparative study that seeks to explore the contingent processes of care that emerged to cushion the inequalities faced as a result of COVID-19. We utilized data collected from primary and secondary sources as tools to carry out formal and

systematic analysis of causality between both cases, synthesizing the dialogue between ideas and empirical evidence (Ragin, 2006). The analysis was based on the integral study of qualitative variables, considered as a unit composed of a complex combination of properties. The collected data for each case study was coded using NVivo according to the themes of care and its diverse practices, uncertainties, and COVID-19. These allowed us to develop a theoretical and intentional sampling based on logical procedures, identifying causes, similarities, and differences of each case in an analytical-descriptive way (Flyvbjerg, 2004). Due to the early stage of data collected and the outbreak of the COVID-19, the research was constrained to a qualitative comparative desk research and not to an in-depth study. Therefore, the exercise of interpretation and close dialogue with theory were paramount. Given that we did not use methods like interviews or narratives from the concerned people, there is a possibility of missing out nuanced explanations to phenomenon.

Secondary data formed the bulk of the methods used and included peer reviewed articles published in scientific journals, government speeches and press releases, newspaper articles and reports, op-ed pieces writing on the subject matter and online platforms. Primary data included observation of turn of events in both Berlin, Germany and in Narok, Kenya. The observations started when cases of COVID-19 were confirmed in these areas and continue up to date. In the Kenyan case, one author was in the region collecting data for an ongoing project and she observed first hand as the community self-organized following the pandemic and implementation of measures. Analysis of 12 presidential speeches was done with the aim of establishing various state led measures and interventions. Documentaries by the Nation media group, Voice of Africa, Food and Agriculture Organization, EBRU Television and the Coalition of European Lobbies for Eastern African Pastoralists to the European Union, were analyzed to understand the impacts of COVID-19 measures to the pastoralists, and community responses to the uncertainties that came with the pandemic. In the Berlin case, information was sought from social networks, newspapers, and from the websites of the Kitchens in Berlin, namely, Die Tafel, The Food Sharing Movement, The Junk Food Project, Restlos Glücklich, the Fahrrad Tour für Obdachlose Hilfe, and the Berliner Obdachlose Hilfe e. V.

## Description of Case Studies

### Mara Region of Narok, Kenya

Upon the first confirmation of COVID-19 in Africa, there was rife debate between those who predicted doom for the continent (Africa Check, 2020 20th April; Gabriel Power, 2020 26th March) and those who believed the continent had unique ways of dealing with it based on their vast experiences with uncertainties and epidemics (Alexander, 2020 29th September; Anne, 2020 8th October). Kenya had 88,579 confirmed cases and 1,531 COVID-19 related deaths<sup>1</sup> by 8th December 2020 and had handled the

<sup>1</sup>Coronavirus cases. Retrieved from: <https://www.worldometers.info/coronavirus/>.

pandemic relatively better than predicted. Despite the concentration of actual infections being in the urban areas, the effects of the measures were felt countrywide, although unevenly distributed along social economic and socially differentiated lines. COVID-19 arrived in the country against a backdrop of an ongoing invasion of desert locusts (FAO, Kenya, 2020; Smith and Kayama, 2020) and just ended devastating weather events of floods<sup>2</sup> and mudslides<sup>3</sup>. These events predominantly occurred in the arid and semi-arid areas that are home to the country's pastoralist communities. Thus, the pandemic posed an additional layer of crisis to the community, their livestock, and livelihoods. These challenges, coupled with their aforementioned marginalization, resulted to the community being severely affected by the pandemic and the measures put in place to stop its spread.

The Kenya case study focuses on the Maasai pastoralist community located in the Mara region of Narok country. The region comprises the Maasai Mara National Reserve, Community based conservancies which is community land demarcated for biodiversity conservation, and pockets of human settlements in and around two urban centers of Talek and El Baan (County, 2020). Both the reserve and conservancies host a myriad of high-end tourist camps and hotels that act as alternative sources of livelihoods for the community, in addition to leasing their land for conservation and engaging in livestock production activities (MMWCA, 2019). These alternative activities that comprise of providing labor in the camps, operating tour and wildlife spotting enterprises, selling beaded jewelry and curved artifacts to tourists, entertaining tourists, are heavily reliant on international tourism (Bedelian and Ogutu 2017). Therefore, the banning of flights, closure of borders and restriction of inter-county movements were a big blow to the community members. Further, the imposition of a dusk to dawn curfew, closure of markets, schools, churches and a ban of all sorts of social gatherings and events cut out all trading avenues for the community (MOH, 2020; Ongwae and Kennedy, 2020).

Although implemented countrywide, these measures were experienced by diverse communities differently and in varying degrees. For the pastoralists, mobility is not only a strategic and rational strategy for survival of their herds and flocks (Niamir- Fuller and Turner 1999; Cossins 2003), but also, an avenue to form and strengthen kinship and alliances and to market their livestock and their products (Cossins, 2003; Kakinuma et al., 2014; Niamir- Fuller and Turner 1999; Turner and Schlecht, 2019). Hence, the measures called for a re-organization of the community to ensure continued access to key resources like pastures and water for their livestock, and to ensure survival of the community (Cossins, 2003; Kakinuma et al., 2014; Niamir- Fuller and Turner 1999; Turner and Schlecht, 2019). Given that most community members have leased their land out for conservation, the community has

already devised alternative forms of mobility to navigate erratic weather patterns and other forms of uncertainties that plague the region (Bedelian and Ogutu 2017). With the restriction of mobility, the community and herders utilized some of these alternative mobility strategies and devised new ones to care for each other and for their livestock.

### Berlin, Germany

The first case of COVID-19 in the city of Berlin was announced on the May 2, 2020, while in the rest of Germany, more than 310 cases had already been reported (Berlin.de, 2020). Europe was one of the first continents struggling to contain the spread of the virus after witnessing a confusing collapse of the health care system, the shutdown of the food and beverage industry, educational centers, and the paralysis of the economic sector in Italy (Horowitz, 2020). Based on the experiences of China and Italy to contain the spread of the virus, the Berlin government decided, in mid-March, to implement a partial lockdown. In Germany each city has had the independence to handle the pandemic according to its own regulations. This partial lockdown limited the number of people in gatherings, the gastronomic sector worked until 10 pm, and schools and universities were completely closed (Šustr, 2020). This led not only to the restriction of everyday life activities, but also to the restriction of political activism. Neighborhood house meetings (Kiezhaus), gatherings in community spaces and community gardens, as well as alternative food networks were affected by these regulations. However, curfew restrictions laid the groundwork for looking for other means of interactions, with social media networks playing a crucial role in this. Thus, people managed to get organized to continue performing some political activism, among this, the continuation of alternative food networks and food provisioning practices.

Although the city of Berlin does not suffer from a problem of hunger, it is estimated that around 125,000 people in the city are likely not to have access to the three meals established by the world health organization in order to lead a full and healthy life (Naumann, 2013; FIAN, 2017). This has prompted various groups and communities to act, joining together in Alternative Food Networks (AFN) to reduce the existing gap in access to food. In general, AFNs seek to consolidate strategies to challenge the basis of the conventional food systems by establishing alternative ways of food production, distribution, food provisioning, and disposal (Goodman et al., 2012) in order to broaden the access to it (Whatmore and Lorraine, 1997). There are several examples of AFNs, some of them are the community-supported agriculture, community gardens, food banks, community kitchens, among others. In the city of Berlin is estimated that over 30 AFN operate as community kitchens that are dedicated to the provision of food to others for free or at low prices (Goettle, 2016). These community kitchens were directly affected by the outbreak of the pandemic since they operate as indoor spaces and were considered part of the gastronomic sector. Moreover, the mobility and gathering restrictions implemented by the

<sup>2</sup>Flood list. Retrieved from: <http://floodlist.com/africa/kenya-floods-homa-bay-january-2020>.

<sup>3</sup>Overall Green alert Flood. Retrieved from: <https://www.gdacs.org/report.aspx?eventtype=FL&eventid=1100349>.

curfew in March 2020 contributed to the lack of accessibility to these spaces.

## Contingent Practices of Care in Berlin and the Mara Region Mara Region, Kenya

The marginalization of the Maasai community in the form of exclusion from national agenda, delegitimization of their livelihoods and under-representation dates the colonial era (Homewood, 2008; McCabe et al., 2014). It was therefore not surprising when the Government led measures against the spread of the COVID-19 once again had little to no consideration of the communities that contribute an estimated Euros 750 million per annum to the country's Gross Domestic Product (GDP) (Troos, 2020). The restrictions of movement failed to consider the community's innate and essential need for mobility. Government led restrictions to movement are not new and have on several occasions been used a weapon to delegitimize pastoral livelihood and sedentarisation of the community (Niamir-Fuller, 1998). This has been codified by the constant reference to forms of livelihoods that depend on mobility as inherently backwards, unnecessary, chaotic, archaic, and whose time has passed (Niamir-Fuller, 1998; Scoones, 1999). Granted that providers of essential services and products like food providers were exempted from restriction to movement, the pre-requisite for exemption was membership to formal unions or co-operative societies (PPU, 2020). However, as evidenced in studies previously done on the community (Homewood, 2008; McCabe et al., 2014), and observed by one of the authors, the Maasai predominantly operate under informal forms of social organizations that draw on social capital. Therefore, they could not access the exemption as those applied only to members of formal organizations. This oversight led to a disruption of livestock supply chain, as fewer herders managed to trek their livestock to the slaughterhouses located in big towns. Given that "...90% of livestock supply in the country comes from pastoralist communities..." (Troos, 2020), countrywide shortage of livestock and a subsequent 20% rise in the price of beef per kilograms was recorded (Corps, 2020). More so, with the shutdown of the local markets, we observed perishable livestock products like milk failing to reach the larger trading points that remained open. This led to reports of massive loss of income for individuals and households that rely on selling milk as a livelihood (Troos, 2020). The inability to trade livestock and their products, coupled with the loss of income from tourism activities, cut all income streams, exacerbating the communities already vulnerable situation.

Additionally, state led interventions that aimed to cushion citizens from the impacts of COVID-19 and measures against its spread systematically left the community out. Despite the presidential speech reading, "...My administration has made and will continue to make targeted state interventions to cushion every Kenyan from shocks arising from COVID-19" (PPU, 2020, 25th March), none of the 12 presidential addresses to the date of writing this manuscript reflected the recognition of the struggles that the pandemic had placed on the pastoralists. The interventions that included waiving or reduction of taxes, cash transfers, lowering of interest rates and transactional tariffs,

mainly targeted employed people, business operators, crop farmers, hoteliers, artists, and comedians (IMF, 2020; PPU, 2020). The exclusion transcended generational boundaries with lack of support given to school going children from the community. While the government launched the 4G google loon service to enable children to continue with online learning (PPU, 2020, 23rd March), the service was of no use to the marginalized, who have no infrastructure and equipment like electricity and electronics to support its usage (BBC, 2020). Further exclusion was recorded with the launch of a 3-year post COVID-19 social economic recovery strategy. With economic sectors country-wide being cared for by the state (PPU 2020, 24th May), the pastoralists were once again not mapped out as an economic-sector that required care in the post covid program. Given that the Mara region drives an estimated 8% of the country's economy (MMWCA, 2019; County, 2020), it would be prudent and caring to consider the community in the measures against the spread of COVID-19 and in the subsequent stimulus and the Kes. 56.6 billion post- covid recovery packages.

As a result of the aforementioned historical and ongoing exclusion by the government, pastoralists like the Maasai community have devised strong care practices in all forms to enable them navigate uncertainties (Mehta et al., 1999; Scoones, 1999; Nori and Scoones, 2019; Scoones, 2020). In this health crisis, community members were observed by one of the authors stepping out of their socially ascribed roles and deploying care reciprocally to other members of the community. Like in many communities around the world, the duty of care in the everyday live is primarily carried out by women as communities seeks to reproduce themselves (Addati, et al., 2018; Wenham et al., 2020) and capitalism seeks its reproduction (Budlender, 2010; Pateman, 1988). Maasai women are normally charged with day-to-day caring responsibilities like taking care of children, building and maintaining households, preparing food and water, fetching fuelwood, washing and taking care of sick livestock among others (Wangui, 2014; Smucker and Wangui 2016). Upon the outbreak of the pandemic and subsequent measures, the first response we observed that was aimed at beating the looming food shortages was women sharing out their extra food stuff to households that had finished their supplies. As this was done by women who are charged with the responsibility of provision, it took care as an expression of exchange since households that participated in this initial practice had existing relations (Tronto, 1998). For those without an existing relationship, borrowing and repaying of foodstuff between households was witnessed on several occasions. The aim of these forms of exchange was to ensure that no one in the village slept hungry, while others had extra hence collectively caring for each other. Although this can be interpreted within the confines of care as an expression of re-distribution, it can also be argued to fall under reciprocity as it occurred within the confines of social contract and kin making while embracing uncertainty collectively (Harcourt, 2013; Zechner, 2021).

The caring role of men that is normally passive became clearly visible as the community got deeper into crisis. As the community grappled with deteriorating livelihoods, lack of support from the Government and diminishing supplies, men between the age of 20–40 years were observed actively performing practices of care by the author. This was the first-time since arriving in the Mara,



6 months earlier, that she observed men engaging in a communitarian practice of care. These men mobilized basic supplies for the common use by the members of the community by reaching out to their social networks from far and wide. Some leveraged their roles as elders to negotiate for humanitarian aid from the campsite owners and conservancies management. Sourced aid was used to procure and distribute all sorts of essential supplies comprising of dried food stuff, washing soaps, water tanks for washing hands, sanitizers, masks, and other sanitary wear. Due to the lack of deeper data collection, it would be challenging to establish under what circumstances men in the community become care givers and what motivates them to cross the socially ascribed gender roles. Nevertheless, literature on gender relations and pastoral livelihoods within the community, indicate shifts in gender relations heightened in uncertain times like during extreme weather patterns such as droughts or floods that plague the region (Homewood et al., 2008; Nori and Scoones 2019; Nori, 2019). Thus implying the observed shift to be a contingent practice of care that emerged during the pandemic with the aim of caring for the community.

One would imagine that a livestock rearing community would not encounter food challenges given the availability of meat and milk. Whereas the excess milk was re-distributed to households that did not have their own livestock, the relationship between the Maasai and their livestock has been likened to that of kinship and therefore hardly slaughtered unless deemed absolutely necessary (Nkedianye et al., 2011; Nkedianye et al., 2020). This convivial and caring treatment of their livestock is observed from the manner and the location they construct the livestock sheds. The sheds are centrally located in the homestead, and is surrounded by a line of huts, with all their doors facing it. As explained in previous studies (Nkedianye et al., 2011), and in data collected for an ongoing study, this strategic location is a security measure that ensures easy access to the shed should there be need to provide the livestock with extra protection. Unlike the huts that are constructed by women using relatively weaker materials, the sheds are constructed by men using stronger camouflaging materials, that protects the livestock from predators and cattle rustlers (Nkedianye et al., 2011). Further, the community is renowned for co-existing respectfully with wildlife for centuries without any hard borders, with consumption of any wildlife considered taboo with possible ostracization from the community (Homewood et al., 2008; Nkedianye et al., 2011). This demonstrates the community's caring practice of reciprocity for the more than human others in a multi-dimension dynamic.

Observation of care as an expression of reciprocity was done in several other instances by the author. For instance, younger literate community members were seen spearheading translation initiatives. These initiatives aimed to demonstrate and translate the COVID-19 measures, especially the social distancing, checking of symptoms, proper wearing of mask and washing of hands to the Maa language. Furthermore, with the physical re-opening of schools becoming more uncertain and seemingly unachievable within the year, college, and university students self-organized to teach small groups of younger pupils in informal forums. Children in their final years of primary and secondary schools were tutored by the trained teachers from the

region. Whereas the quality of the education provided in these forums may be debatable, we perceive it as a better option than missing out on learning entirely for lack of infrastructure and facilities. Given the high rates of illiteracy and school drop out in the region (Homewood, 2008), these efforts may have played a significant role towards retaining children in school amidst the pandemic that saw schools closed for a year. This care for the illiterate members of the community and school going children forms part of the social contract of caring for each other in the dynamic wheels of social relations (Elmhirst, 2011) and illustrates value judgement and know-how from the caregivers (Tronto, 1998).

Due to the outbreak of the pandemic, the Maasai community in the Mara had to perform practices of care based on reciprocity. The pandemic's arrival amidst an aftermath of a locust infestation and severe floods in the region added an extra layer of struggle to the community. As a result of living with uncertainties and marginalization from the state, the community has devised ways of self-organizing that are based on social contract (Nori, 2019; Nori and Scoones, 2019). These relational ways are reciprocal and practiced more collectively in times of crises like the ongoing pandemic (Scoones and Stirling 2020). There is a danger of idealizing the capacity of communities to live with and from uncertainty. This can generate further exclusion due to the assumption that communities can solve their own problems, being excluded from public assistance (Mehta et al., 1999, Mehta et al., 2019; Leach et al., 2010; Scoones and Stirling, 2020). The contingent practices of care like transcending socially ascribed gender role of food provision or the teaching of fellow community members in a time of crisis demonstrates the communities caring with, about and for each other and illustrates the potential of communal caring practices to maintain and repair our world (Federici, 2010; Harcourt, 2013; Zechner, 2021). Taken all together, this study attributes these contingent practices of care, in the form of reciprocity to the social contract by members of the community. We corroborate previous research by Nori and Scoones. (2019), that this social organization stems from decades of marginalization of the community and their need to maintain social relations.

### **Berlin, Germany**

In community kitchens, gathering and close care work relations are key to the proper functioning of the community (Marovelli, 2018). The division of labor in these spaces is neither fixed nor obligatory, but voluntariness is expected to fulfill the duties of the community. Thus, the congregation of diners and gatherings are a fundamental part of these kitchens. Moreover, at the end of the meal service these spaces seek to provide room for talks on current national and international politics, exchanges of daily stories, quick meetings, artistic events, among others (Goetle, 2016). Within community kitchens, food provisioning is the key element of the organization and is the activity that allows the congregation of diverse subjects to share life experiences and live new ones surrounded by people involved. Community kitchens can "shape a new food geography and a particular politics of caring and food provisioning, recovering more autonomous forms of social reproduction" (Morales-Bernardos, 2019, p.74).

However, these activities require human gatherings and a constant flow of bodies in the space of the kitchen and outside it when collecting and purchasing food. These activities were completely affected by the spread of COVID-19 that led to the closure of community kitchens and subsequent cessation of practices of care through food provisioning.

In Berlin, only some community kitchens managed to continue with food provisioning activities as they had the means to provide food in an itinerant and mobile community kitchen concept. These are Die Tafel, The Food Sharing Movement, The Junk Food Project, “Restlos Glücklich, the Fahrrad Tour für Obdachlose Hilfe, and the Berliner Obdachlose Hilfe e. V.”. According to information found on their websites, these kitchens have been dedicated to the distribution of meals in various parts of the city of Berlin and their operation system is through bicycles or vans in which they provide food to those who need it. These initiatives tend to use food recovered from supermarkets, this way avoiding large quantities of food waste. This action is of utmost relevance within these initiatives as they express a concern about the constant and unnecessary waste of food derived from the current food system. In this sense, community kitchens are not only concerned with caring for and providing food for others, but also with practicing care relationships with the environment. Retrieving food from food waste can be a practice of care about and care for, since the caregivers, which are the community kitchen members, become aware and recognize the need that someone or something (food) has to be cared for. In this sense, the willingness to care for the other entails the organization and materialization of certain acts on the part of the caregiver (Tronto, 1998).

In the mobile community kitchens, the congregation, and the open invitation to cook is no longer key to the development of these spaces, nor is sociability. Instead, the main objective of these kitchens has become only to provide food to those who need it. In these terms, the health crisis led to a shift in the politics of food provisioning of these spaces and turned some of the existing community kitchens into a political instrument for mobile food distribution. This is because the outbreak of the health crisis that arose from COVID-19 was a watershed moment that allowed for the embracing of the uncertainties that certain vulnerable groups experienced and opened the opportunity for the development of creative forms of food provisioning to address these uncertainties. According to information obtained from social networks, the mobile community kitchens sought to cover most of the food needs of vulnerable homeless groups and at the same time sought to raise awareness with a digital campaign about the importance of maintaining active solidarity ties in times of crisis. Although the hours of operation are not clear, provision of meals usually takes place once a week. The place where the meals are offered is usually the same, although the mobility of the kitchen allows them to roll around the city.

Community kitchens are a clear example of care for and about others as they seek to reduce existing inequalities in access to food for certain groups. However, within food studies, the practice of food provisioning and food waste management has been widely criticized. As a major critique, food provisioning is a palliative

practice for a major problem that does not directly address inequalities in the access to food and food insecurity (Yngfalk, 2016; Devin and Richards, 2018; Kenny and Sage, 2019). Moreover, managing food waste to provision meals to others can suggest that leftover food or discarded food from supermarkets is the food that can be given to people in need (Pettenati et al., 2018) reinforcing inequalities. In addition to this, having the possibility to be politically active in the context of a health crisis speaks of a privileged situation in which leaving the house and seeking care for and about others does not limit the ability to care for themselves. Due to the lack of exploratory and field material, it is not possible to draw any major conclusions, but for further study it would be interesting to know what motivates these communities to help others and who are these people that operate these community kitchens.

Due to the outbreak of the COVID-19, mobile kitchens in Berlin had to perform practices of care based on distribution, remaining in a unidirectional level. The COVID-19 cut off the possibility of gatherings, cooking together, and the reciprocal care. Thus, the virus triggered community kitchens to take the streets, but at the same time limited the existing care relations to be sustained on the basis of reciprocity or exchange. We found, however, that the management of food waste worked as a strategic practice for food provisioning that brought along practices of care for food, in other words, for more-than-human-others (Alhonnoro et al., 2020; Närvänen et al., 2020). Although the care practices we observe in these mobile kitchens poorly scape from unidirectional practices of care, such initiatives can lay the foundation for future transformations towards more collective practices of care. In this sense, the management of food waste can also be considered as a practice of care towards more-than-human-others (Alhonnoro et al., 2020). For instance, the more food waste that is rescued, the greater the opportunities for food provisioning. Likewise, the appearance that the rescued food has can conditionate its use for meals since there is always a risk to be rotten. In addition to this, the risk of being infected by COVID-19 always limits any collective action. This is an example of how COVID-19 portrays agency and mobilizes the network we all inhabit.

The unidirectional care relationships developed by these community kitchens were mostly built on hierarchical basis because these practices developed under contingent circumstances and were dependent on various factors. One of these was the emergency of a soft lockdown that restricted the mobility across the city to get food and to save food from waste. Another one was the risk of being infected by COVID-19 that always limited any collective action. Therefore, the lack of opportunity for social interaction brought about practices of care that did not allow the care receiver to become an active actor. This made the care receivers, those who benefit from the food provisioning, to become passive recipients of care. This was an inevitable consequence of hierarchical and unidirectional practices that do not consolidate reciprocal processes among actors. These caregiving relationships are similar to relationships of welfarism and leave little space to build relationships of reciprocity and exchange. In addition, these unidirectional relationships are far from founding social

relationships or social bonds that strengthen sense of community and reciprocity. Likewise, the relationships that are built between the subjects do not have the scope to solve a major problem such as the unfair access to basic food, which has increased with the outbreak of the COVID-19.

## DISCUSSIONS

This paper contributes to the growing body of literature on care in feminist scholarship and FPE, which is developed from a materialist and post humanist perspective (Harcourt, 2018; Desai and Harriet, 2018; Van den Berg, 2019). Although care in feminist scholarship is highly contentious, the research builds on a typology of care relations based on practices of distribution, exchange, and reciprocity (Mauss, 1974; Tronto, 1998; López-Córdova, 2014; Temple, 2000). Therefore, this work conceptualizes care as practices that maintain, continue, and repair our world when it is performed under reciprocity or exchange practices. However, we show how care can foster inequalities and exclusions and perpetuate relations of power when performed in a distributive way, this is to say, in a unidirectional way, from the center to the periphery. This paper also speaks to the socio-nature debates that show the intrinsic link of humans and more-than-human-others in terms of distributive and relational agency (Harcourt 2017; Harcourt, 2018; Federici, 2010; Elmhirst, 2011). This link illustrates how actors are interconnected to each other as demonstrated by the COVID-19 virus influencing mobility in the socio-nature network. Finally, the paper contributes to the debates on care within FPE since the core of caring is not only the subject that defines the practice of care, but a relational interaction of circumstances, uncertainties, and agencies performed by humans and more-than-human-others, in this case, the COVID-19.

The two case studies present similarities and differences in caring practices. The participants in both cases rely heavily on mobility for them to function and were therefore adversely affected by the measures that curbed movement. At the same time, they faced inequalities in the face of the pandemic, with the Maasai being excluded from state interventions (IMF, 2020; PPU, 2020), and the food recipients having no access to food (Naumann, 2013; FIAN, 2017). The cases highlight how different practices of care emerged. While the community kitchens in Berlin predominantly exhibited a distribution form of care that was unidirectional, care as reciprocity was dominant in the Mara region. This may be argued to result from the essence of formation of these assemblages of the populations. Whereas the participants of the kitchens in Berlin were brought together by the common need to take care of their own need for food and the care of others and of food, the Maasai's are bonded together by sharing a common ancestry, language, history, social norms and even struggles like marginalization. Therefore, the social contracts that activates the dynamic wheel of social relations, is absent in Berlin and more pronounced in the Mara. On the other hand, navigating the measures against movement had differing effects on sociability within the group. While the post

dinner activities of social political engagements that fostered social encounters ended in Berlin, there was enhanced sociability among the Maasai as members of the community became more closer in performing caring practices communally.

The health crisis is also a crisis of care practices. One of the greatest challenges we currently face is the exacerbation and sustainability of care in times of uncertainty. The threat of collapse of health centers and hospitals has highlighted the lack of capacity of the States to manage and provide spaces for care and welfare for citizens. The call to stay at home has proved to be a call for individual care. In this pandemic, every individual, every household, every group has had to take care of itself. COVID-19 has intensified uncertainties and life-threatening conditions. Against this backdrop, finding ways to ensure effective sources of care that guarantee access to well-being at home, access to food, health, and a dignified life has become a primary care task. The crisis has strongly hit the marginalized individuals who depend on the daily flow of income and goods and those who seek to build alternative economies that require alternative care practices from the socio-nature network in which we live. This is more visible in countries from the geopolitical south, according to what we saw in our case studies and what the United Nations. (2020) in its Policy Brief on the COVID-19 affirms. Thus, this crisis forces us to think about care and the work it entails from a condition of uncertainty, limited movements, and the sudden interruption of alternative flows of food and other goods. We are facing a scenario in which rethinking the practices of care and the daily means by which we carry out this work is a fundamental act to ensure a dignified life in the face of uncertainties.

Building on Haraway's provocation of staying with the troubles, FPE scholars have successfully challenged the socio/nature dualism and its related hierarchical relations. They opine that the hierarchical dualism normalizes human and patriarchal privileges, that result to the marginalization of subjugated groups like women, indigenous communities, the poor, non-human others, among others. Thus, they propose a reflexive immersion in care practices for others without reducing them for not being human (Haraway, 2016). By having direct contact and recognizing non-human agency in the everyday interactions between humans and non-humans can trigger care and response-ability (Greenhough and Roe 2010). This would see a reduction of cruel and insensitive practices towards the non-human others as facing each other as kin would entail respecting our differences, while acknowledging how we are co-produced along them. The care of the more-than-human-others by rescuing food from being wasted or by according to livestock agency was observed as practices towards non-human-others both in the community kitchens and in the Maasai community. In Berlin mobile kitchens ensured the continuation of alternative food networks and other political engagements through redistribution of food. The Maasai community negotiated access to the national reserve to graze their livestock and that of their kin-people and translated, demonstrated, and taught fellow community members. Both cases indicate care practices that enabled the communities embrace uncertainties collectively.

We acknowledge that the research may be limited in terms of available empirical data used, that could have been obtained by use of more engaging data collection methods but could not be used due to the ongoing restrictions. It would be interesting to have a further inquiry on the topic, including the motivation of the people engaging in these practices of care using participatory research methods. We further acknowledge the pandemic is still ongoing and the circumstances around it remain highly dynamic and contentious. Thus, it would be helpful to delve deeper on the long-term impact/relevance of the alternative forms of mobility or the contingent practices of care that emerged in a post COVID-19 time.

## DATA AVAILABILITY STATEMENT

The original contributions presented in the study are included in the article/Supplementary Material, further inquiries can be directed to the corresponding author.

## ETHICS STATEMENT

Written informed consent was not obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

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## AUTHOR CONTRIBUTIONS

GM contributed to classify practices of care through redistribution, exchange and reciprocity practices. As well as asserting that reciprocal actions are the most contentious practices capable of founding relationships and moral systems of responsibility to repair and maintain the long-term welfare of a community. Likewise, she contributed to the understandings of the COVID-19 as a non-human-others capable of maintaining agency within the socio-nature network in which we cohabit. She contributed to the methods and empirical part and the Berlin case study and wrote the findings. She contributed to the reference management. M-WE contributed to the materials and methods section and contributed to the discussions of uncertainties and non-human-others sections of political ecology. She wrote the methods and empirical part and the Narok case study. She collected data on the case study, analysed it and wrote the findings. She contributed to the discussion and funding parts and also did reference management.

## FUNDING

This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No. 764908-WEGO 2018-2021.

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**Conflict of Interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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