

ANNEX C

Supplement to PHREVO Framework Paper, Version 1.0

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Care in PHREVO: Measurement, Valuation, and Protection Against Exploitation

PHREVO Care Framework v1.0

Author

Andres Jimenez

Founder, PHREVO — Independent Research Initiative

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Key References

Fraser (2016); Federici (2012/1975); Tronto (1993)

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Abstract

The PHREVO framework treats care not as one dimension among others but as the foundational infrastructure of all economic life. This annex develops the theoretical, methodological, and institutional implications of that position in full. It draws on three major traditions in feminist political economy — Nancy Fraser's critique of social reproduction, Silvia Federici's analysis of unwaged domestic labor as permanent primitive accumulation, and Joan Tronto's argument for care as political activity — to ground PHREVO's care architecture in the most rigorous available critical analysis.

The annex addresses four interlocking questions. First, why has capitalism systematically failed to recognize, value, or protect care — and why this failure is structural rather than accidental. Second, how the PHREVO-Score's Care and Wellbeing (CB) dimension is operationalized through eight specific indicators that respect the relational and contextual character of care while producing measurable, auditable data. Third, how PHREVO assigns economic value to care through three complementary modes: the Basic Impact Income (RIB) for unwaged carers, dignified direct remuneration under PLAB standards for paid care workers, and community recognition tokens for voluntary care that resists monetization. Fourth, how PHREVO protects care work against two symmetrical forms of oppression — precarious exploitation on one side and idealized romantization on the other — through binding labor standards, guaranteed representation, and annual care audits.

The annex concludes that the PHREVO Subject — the human being the system exists to serve — is defined not only as worker, consumer, or citizen, but as carer and cared-for. Without care, there is no life. Without an economy that places care at its center, there is no post-capitalism.

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C.1 The Crisis of Care Under Capitalism: Three Theoretical Foundations

Before specifying how PHREVO approaches care, it is necessary to understand why capitalism has systematically failed it. The following three theoretical traditions provide the most rigorous available diagnosis of that failure — and each contributes something irreplaceable to the PHREVO care architecture.

C.1.1 Social Reproduction and the Hidden Structure of Capitalism (Fraser)

Nancy Fraser, philosopher and critical theorist at The New School for Social Research, has argued consistently that capitalism cannot be understood merely as an "economic system." It is, rather, an institutionalized social order that encompasses multiple spheres of social life, including the economy, the state, nature, and what she calls "social reproduction" — the activities of provisioning, care, and social interaction that produce and maintain social bonds, form human subjects, and sustain them as embodied beings.

The central argument: capitalism establishes a foundational division between "economic production" (waged labor, typically male, performed in factories and offices) and "social reproduction" (unwaged or low-waged labor, typically female, performed in households, neighborhoods, and communities). Economic production depends on social reproduction for its existence — without the care of children, the elderly, and the sick; without household maintenance; without the creation of community bonds; without the education and socialization of the next generation, there would be no labor force, no consumers, and no society. But capitalism treats this dependency as if it did not exist: social reproduction is treated as a "free gift" that requires no attention and no replenishment.

Capitalism free-rides on — cannibalizes — activities of provisioning, care-giving, and interaction that produce and maintain social bonds, although it accords them no monetized value and treats them as if they were free. This activity forms capitalism's human subjects, sustaining them as embodied natural beings, while also constituting them as social beings, shaping their habitus and the cultural ethos in which they move. (Fraser, 2016)

Fraser, N. (2016). Contradictions of Capital and Care. New Left Review, 100, 99-117.

Fraser identifies three historical phases in the organization of social reproduction under capitalism — liberal capitalism (domestic privatization; "separate spheres"), state-managed capitalism (partial socialization through welfare states; "family wage"), and financialized capitalism (commodification plus state retrenchment; "dual earner family") — and argues that the current phase produces a "crisis of care" as severe and systemic as the ecological crisis, and intrinsically linked to it.

When a society simultaneously withdraws public support for social reproduction and conscripts the main providers of care into long and exhausting hours of wage labor, it depletes the very social capacities on which it relies. This form of capitalism is

systematically consuming our capacities for sustaining social bonds, like a tiger eating its own tail. (Fraser, 2016)

Fraser, N. (2016). Contradictions of Capital and Care. New Left Review, 100, 99-117.

The implication for PHREVO: the care crisis is not accidental or correctable through marginal reform. It is inherent to the logic of capital accumulation. Any post-capitalist system must restructure the relationship between production and social reproduction from its foundations — not add a "care dimension" to existing metrics.

C.1.2 Unwaged Domestic Labor as Permanent Primitive Accumulation (Federici)

Silvia Federici, feminist activist, writer, and professor emerita at Hofstra University, contributes a complementary and more radical dimension: the analysis of unwaged domestic labor as the hidden foundation of capitalist accumulation.

Federici was one of the founders of the international "Wages for Housework" movement in the 1970s. Her central argument is that the unwaged domestic labor performed by women — cooking, cleaning, child care, elder care, household management — is not a natural expression of "love" or "virtue," but the cheapest form of labor-power reproduction capitalism has ever invented.

Behind the capitalist organization of work and the inherent contradictions of the "alienated labor" there is an explosive zero point of revolutionary practice upon which the everyday realities of our collective reproduction is decided. (Federici, 2012)

Federici, S. (2012). Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle. PM Press.

In *Caliban and the Witch* (2004), Federici documents how the witch hunts of the transition to capitalism in early modern Europe were, among other things, a systematic campaign to destroy women's control over their bodies, sexuality, and reproductive labor — subordinating them to state and capital. Primitive accumulation was not only the enclosure of land; it was the enclosure of women's bodies and labor.

Federici goes beyond Fraser at a crucial point: the issue is not only that care is invisible or undervalued; it is that it is expropriated. Women do not merely work without pay; that work is the condition of possibility for all the waged labor that generates profits for capital.

Implication for PHREVO: any post-capitalist system cannot limit itself to "valuing" or "remunerating" care (though that is necessary). It must also dismantle the structure of expropriation that converts care labor into a free resource for capital. The PHREVO care policy must therefore include: income for unwaged carers (RIB); dignified working conditions for paid care workers (PLAB standards); and redistribution of care work across genders, ages, and classes (co-responsibility).

C.1.3 Care as Political Activity (Tronto)

Joan Tronto, professor of political science at the University of Minnesota, contributes a third dimension: care as political activity rather than merely domestic or economic. In *Moral Boundaries: A Political Argument for an Ethic of Care* (1993), Tronto argues that care has been relegated to the private, "feminine," and "non-political" sphere, but that it should be at the center of political and economic theory. *Tronto, J. (1993). Moral Boundaries: A Political Argument for an Ethic of Care. Routledge.*

Tronto proposes four phases of care that are essential for thinking about its institutionalization:

- Caring about: recognizing that a need exists.
- Taking care of: assuming responsibility for responding to that need.
- Care-giving: the concrete, direct work of attending to the need.
- Care-receiving: the response of the care recipient, which completes the cycle.

Each phase has different requirements, and a just society must distribute care responsibilities across all of them — not only the third. This means: institutions that detect care needs; resources for taking responsibility; training and recognition for those who give care; and voice and agency for those who receive care. Implication for PHREVO: the care policy must consider the full care cycle, not only direct provision. The PHREVO-Score must measure not only how many hours of care are given, but whether there are systems to detect needs, whether resources are allocated, and whether care recipients have genuine agency.

C.1.4 Synthesis: Care as Foundation, Not Supplement

What Fraser, Federici, and Tronto show — each in their own register — is that the non-recognition of care is not a technical oversight of capitalism but its structural characteristic. Capitalism has not "forgotten" to value care; it has deliberately excluded care from the sphere of economic value because that exclusion is what allows it to appropriate its product for free.

PHREVO, as a post-capitalist system, cannot simply "include" care in existing metrics. It must restructure the relationship between production and reproduction from its foundations. This means:

1. Care is not "one dimension" of the PHREVO-Score (though CB is important). Care is the foundation of the entire economy. This is reflected in the lexicographic priority established in Annex A: Human Dignity (which includes being cared for and caring for others) ranks above all other dimensions except Sustainable Depth — because without a living planet, no care is possible.
2. Social reproduction is not "prior" to economic production in a temporal sense; it is its condition of possibility. Care policies (PLAB, PSOC) are therefore not "social policies" in a secondary sense; they are foundational policies of the system, at the same level as fiscal policy or productive policy.
3. Care labor is not "work" in a derivative sense. It is productive work in the fullest sense. The capitalist distinction between "productive work" (that which generates profit) and "reproductive work" (that which sustains life) is an ideological distinction that PHREVO dissolves.

No society that systematically undermines social reproduction can endure for very long. But today, a new form of capitalist society is doing exactly that. (Fraser, 2016)
Fraser, N. (2016). Contradictions of Capital and Care. New Left Review, 100, 99-117.

C.2 Care in PHREVO: Philosophical Foundations

C.2.1 Care as Transversal Pillar

PHREVO does not treat care as one dimension among others. Although the PHREVO-Score includes a specific Care and Wellbeing (CB) dimension, the care principle operates transversally across all four pillars of the system:

C.2.2 The Fundamental Care Rule

From the diagnosis of Fraser, Federici, and Tronto, PHREVO adopts a fundamental rule that governs all policies, metrics, and instruments related to care:

Care is not a cost. It is a structural investment. Any policy that reduces care capacity — through cuts, precarious employment, or unremunerated overburden — is unsustainable by definition. Any policy that increases care capacity — through time redistribution, fair remuneration, or community infrastructure — is a priority.

This rule has four concrete implications for policy design:

Care budgets cannot be cut to finance "production." That is like cutting the roots of a tree to make it grow faster.

Paid care work cannot be treated as a "second-class job" with low wages and inadequate protection. That recreates care exploitation inside the system that claims to supersede it.

Unwaged care cannot be romanticized as a "natural expression of love" that requires no remuneration. That perpetuates the expropriation Federici critiques.

Care cannot be outsourced from wealthy households to poor migrant women without fully protecting the labor rights of those workers. That recreates internal colonialism within PHREVO itself.

C.2.3 The PHREVO Subject as Carer and Cared-For

The PHREVO Subject — defined in Chapter 6 of the PHREVO book as a living ecosystem rather than a "productive unit" — is constitutively both carer and cared-for:

Is cared for: has guaranteed access to quality care when needed (childhood, illness, old age, disability, crisis).

Cares for others: has the time, resources, and recognition to care for others (children, elderly, community, territory).

Is not overburdened: care work is equitably distributed, not concentrated in women or the poor.

Is not defined by care alone: care is one dimension of life, not its totality. The PHREVO Subject has rights to personal time, paid work, rest, and creation.

C.3 Measuring Care in the PHREVO-Score

C.3.1 The CB Dimension: Operational Decomposition

The Care and Wellbeing (CB) dimension of the PHREVO-Score measures six subdimensions, each addressing a distinct aspect of the care cycle identified by Tronto:

C.3.2 Eight Proposed Operational Indicators

The following eight indicators operationalize the CB dimension for project, organization, or territory-level PHREVO-Score calculation. They are grounded in Domains 9 (Community Health), 10 (Social Fabric), and 12 (Care Culture) of the 4-16-64 matrix.

C.3.3 The Quality Problem: Response to the Standardization Critique

A frequent critique of care measurement is that quality is inherently contextual and relational. Care is not a standardizable product. One hour of care for an elderly person with dementia is not equivalent to one hour of care for a healthy child. Moreover, care involves a relationship of trust and affection that cannot be fully captured in indicators.

PHREVO's response has three components:

Recipient primacy (CB3). The primary quality indicator is recipient satisfaction, not hours or tasks. The recipient — or a family carer on their behalf if they cannot respond — is the final authority on the quality of care received. This operationalizes Tronto's fourth care phase (care-receiving) as the validation source. No aggregated process metric can override this.

Dimensional decomposition. Quality is not reducible to procedures, but it is not entirely ineffable. Recognizable dimensions can be measured: dignity (privacy, autonomy, and preferences respected?), continuity (consistency of carers?),

responsiveness (needs attended to promptly?), affective warmth (genuine care in the interaction?). These are measured through validated qualitative survey instruments, not productivity tracking.

Territorial contextualization. Care is not "standardized" in PHREVO; it is contextualized through territorial weighting and community validation. A community may define quality dimensions relevant to its culture (respect for elders, integration of traditional medicine, linguistic continuity) as long as they do not violate the minimum dignity thresholds established in the CB dimension.

C.4 Valuing Care: Economic Value Assignment

C.4.1 Three Complementary Modes of Care Valuation

PHREVO recognizes that care cannot be valued in a single way. Three complementary modes correspond to different contexts and needs:

C.4.2 The Social Wage for Unwaged Carers: The Basic Impact Income (RIB)

Federici argued from the 1970s that unwaged domestic work should receive a wage — not as an ideal solution (because it risks perpetuating gendered care assignment) but as a tool to make its value visible and denaturalize it. PHREVO takes up this intuition but reformulates it.

The Basic Impact Income (RIB) in PHREVO (PFI, subcategory 4) is not a "housewife's wage." It is a guaranteed income for all persons, with an additional component for those who perform unwaged care work beyond a threshold. The proposed formula: $RIB_i = RIB_{base} + \alpha \times \max(0, h_i - h_{threshold})$

Where: RIB_{base} is the universal basic income guaranteed at a dignified level (defined territorially, e.g., 80% of minimum wage); h_i is the weekly hours of unwaged care performed by person i ; $h_{threshold}$ is the threshold of hours considered "normal" for any adult (e.g., 10 hours/week); and α is a conversion factor (e.g., $0.5 \times$ minimum wage per hour above threshold).

Implementation principles:

The supplement is paid only for hours above the threshold — to avoid reinforcing the idea that "normal" care deserves no recognition, while not paying for hours that are part of everyone's everyday life.

Hours are calculated from time-use surveys (self-report with peer validation), not from surveillance systems. The privacy principle established in the CB dimension applies absolutely.

The RIB is not conditional on "performance assessment." Care work is not an assessable performance. Quality is addressed through other mechanisms (CB3, support infrastructure, training).

C.4.3 Regulation of Paid Care: PLAB Standards

Paid care workers in PHREVO — domestic workers, elder carers, nurses, personal assistants — are subject to specific binding standards under the Labor and Care Policy (PLAB). The fundamental principle: paid care cannot be treated as a "second-class job."

C.4.4 Care Tokens (Instrument 59)

Beyond income (RIB) and wages, PHREVO uses care tokens as a community recognition mechanism for voluntary care that resists monetization. Care tokens (Instrument 59, Domain 15 — Impact Finance) are:

Non-speculative: they cannot be exchanged for money or accumulated beyond an annual limit.

Functional: they give access to community goods and services — priority in care centers, respite program access, discounts on public services, weighted vote in care assemblies.

Peer-validated: a rotating community registry validates voluntary care hours (to prevent fraud). Self-report alone is insufficient.

Capped: no more than a defined annual maximum can be accumulated, to prevent the recognition mechanism from becoming a new hierarchy.

An illustrative example: Maria, a retired woman, cares for her 85-year-old neighbor with dementia for 10 hours per week. She does not want monetary income — she has her pension. She receives 10 care tokens per week. With them, she can access a respite program once a month (where another person cares for her neighbor while she rests), and she has priority on the waiting list for a day center if her neighbor needs more support. She also has double-weighted votes in community assemblies on care policies.

This system recognizes voluntary care without commodifying it; responds to the critique that a "salary for domestic work" might reinforce gendered care assignment; and builds community rather than atomizing it.

C.5 Protection Against Exploitation

C.5.1 Neither Precarization nor Romanticization

Feminist political economy has identified two sides of the same coin of care oppression:

PHREVO rejects both. Against precarization: binding PLAB standards, unionization rights, dignified wages. Against romanticization: the RIB pays for unwaged care (recognizes it as work), and community education denaturalizes gender role assignment (PCUL subcategory 8: care culture and social fabric).

C.5.2 The Double Protection Rule

Care cannot be either exploited (precarious) or idealized (romanticized). Every care policy must pass two tests: (1) Does it protect care workers against exploitation? (2) Does it recognize care as work without tying it to gender roles or sacrificial ideals?

C.5.3 Guaranteed Representation (Instrument 40)

Instrument 40 (Affective Participation Mechanism) guarantees that care workers — waged and unwaged — have representation in PHREVO governance spaces:

Minimum quota: at least 30% of representatives in territorial assemblies must be care workers (defined as those dedicating more than 20 hours/week to unwaged care or more than 30 hours/week to paid care).

Direct voice: care workers may form sectoral councils with veto power over policies that directly affect their working conditions.

Protection against retaliation: no care worker can be sanctioned for exercising participation rights. Organizations that violate this protection lose their PHREVO certification.

C.5.4 Care Audit (Instrument 34)

Instrument 34 (Care protocols based on local culture) includes a specific audit mechanism to prevent exploitation in care:

Annual audit: every project, organization, or territory operating under PHREVO undergoes a care audit conducted by an independent team that includes care workers and care recipients.

Exploitation indicators: the audit specifically looks for exploitation signals — delayed wages, unpaid overtime, missing social protection, retaliation for complaints, occupational harassment, unsafe conditions.

Consequences: if exploitation is detected, the entity has 90 days to correct. If it does not correct, it loses PHREVO certification and the exclusion clause is activated — it cannot operate in the PHREVO-Market, receive impact funds, or access RIB for its workers.

C.7 Conclusion: Care as Economic Infrastructure

Fraser, Federici, and Tronto show — from different angles — that care is not a "problem" to solve within capitalism but a fundamental contradiction that capitalism cannot resolve without ceasing to be capitalism. Capitalism treats care as a free and infinite resource, exploits it when it can, precarizes it when it cannot, and romanticizes it when convenient. This is not an accidental failure; it is a structural characteristic.

PHREVO, as a post-capitalist system, has the opportunity to close that contradiction from the design stage. This is not about "including" care in GDP (as if it were one more variable). It is about:

1. Recognizing that care is the foundation of the entire economy, not a marginal sector.
2. Measuring care across all its dimensions — access, quality, burden, networks, infrastructure — with indicators that respect its relational character (CB3 as primary quality measure).
3. Valuing care through three complementary modes: social wage (RIB), direct dignified remuneration (PLAB), and community recognition (tokens).
4. Protecting care against exploitation (labor standards, unionization) and romanticization (denaturalization of roles, equitable distribution).
5. Institutionalizing these transformations in public policies (PLAB, PSOC, PTI) and in governance (guaranteed representation for care workers).

The care crisis must be understood structurally. It is in no way contingent or accidental. It is the expression, under current conditions, of a social-reproductive crisis tendency that is inherent to capitalist society, but that takes an especially acute form under the current regime of financialized capitalism. (Fraser, 2016)

Fraser, N. (2016). *Contradictions of Capital and Care*. *New Left Review*, 100, 99-117.

PHREVO is the project of constructing a post-capitalist system that breaks with that inherent crisis tendency. Care — valued, measured, protected, and institutionalized — is one of the foundational pillars of that project. The PHREVO Subject is not only a worker, a consumer, or a citizen. It is also, and fundamentally, a being who cares and is cared for. Without care, there is no life. And without an economy that places care at its center, there is no post-capitalism.

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Andres Jimenez — hello@phrevo.earth — phrevo.org
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