



NACIONES UNIDAS
REPÚBLICA DOMINICANA



CARE COMMUNITIES:

DESIGN AND IMPLEMENTATION
OF THE NATIONAL CARE
POLICY PILOT IN PRIORITIZED
TERRITORIES IN THE
DOMINICAN REPUBLIC.

FINAL REPORT OF THE
JOINT PROGRAM

JUNE 2024

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THE **NATIONAL CARE POLICY PILOT IN
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DOMINICAN REPUBLIC

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Acronyms and abbreviations

AFP	Agencies, Funds and Programs of the System
CONADIS	National Council on Disability
CONANI	National Council for Children and Adolescents
CONAPE	National Council for the Elderly
UDHR	Universal Declaration of Human Rights
ENHOGAR	National Survey of Multi-Purpose Household
INAIFI	National Institute of Comprehensive Early Childhood Care
INFOTEP	National Institute for Technical and Professional Training
MEPyD	Ministry of Economy, Planning and Development
MMujer	Ministry of Women's Affairs
MT	Ministry of Labor
SDG	Sustainable Development Goals
ILO	International Labour Organization
ONE	National Statistics Office
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
CSO	Civil Society Organizations
GDP	Gross Domestic Product
UNDP	United Nations Development Programme
SDG FUND	Joint SDG Fund
SIUBEN	Unified System for Beneficiaries
UNS	United Nations System
UNFPA	United Nations Population Fund

1. Executive Summary

In the Dominican Republic, despite high economic growth and progress in poverty reduction, high levels of gender inequality persist. In 2018, it was estimated that more than **855 thousand** working age women reported that they do not work because they are engaged in unpaid domestic and care work (SIUBEN, 2018).

This disproportionate burden of unpaid work limits women's economic autonomy and their participation in political, educational, and working life, among others.^[1]

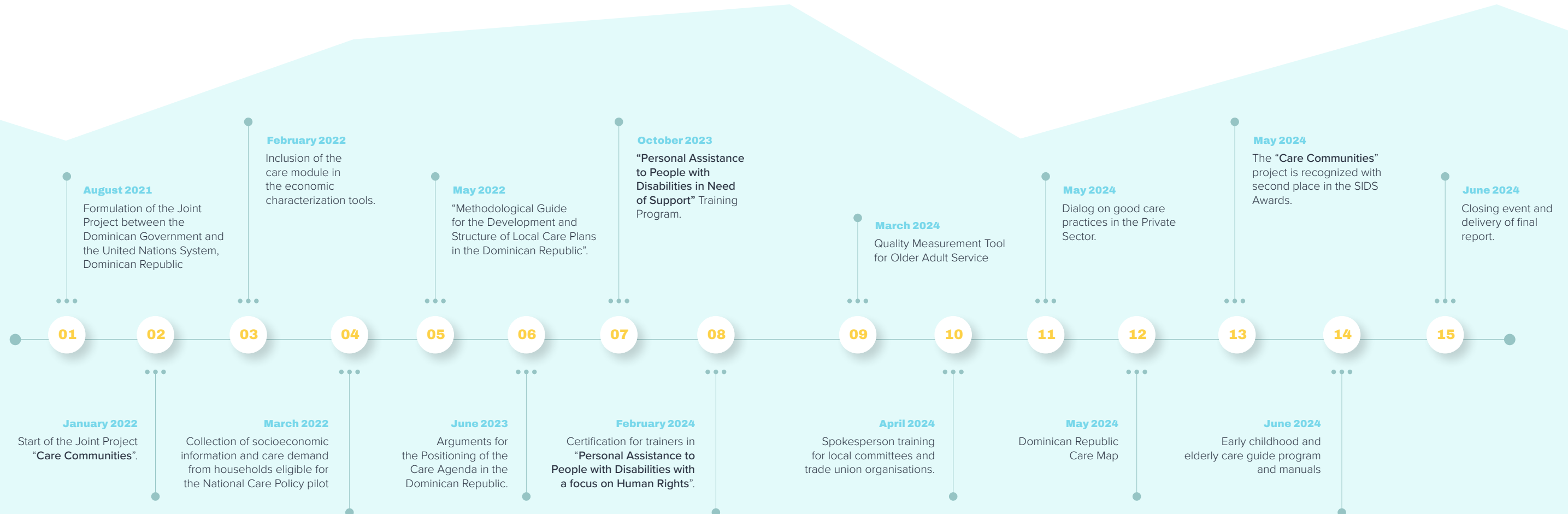
In addition, the lack of comprehensive care systems and policies and adequate services particularly affects people in dependency situations, contributing to the perpetuation of poverty.

In this context, the Dominican Government, in 2021, incorporated the care component through the SUPÉRATE program, in order to address the care needs of households, promote women's economic autonomy and guarantee care as a right, initially prioritizing the municipalities of **Azua and Santo Domingo Este**, based on criteria such as the concentration of households in poverty and the demand for care services.

In 2022, the Dominican Republic received support from the United Nations Joint Fund for Sustainable Development Goals (SDG Fund), to support the design and implementation of the Care Communities pilot as an integral part of the National Care Policy promoted by the government.

The program sought to promote comprehensive solutions to care needs, promoting women's economic autonomy and the right to care for children, people with disabilities and/or elderly people in dependency situations.

[1] ONE (2016). Time Use Module of the National Household Survey of Multiple Purposes (ENHOGAR) 2016.



Main Achievements

The Joint Program, which has been implemented by 4 agencies, funds and programs of the United Nations System in the Dominican Republic (UNDP, UN Women, ILO and UNFPA) for **30 months**, has contributed to the following achievements, detailed in section 3 of this report:

- 1. Institutional Strengthening and Care Management:** the Intersectoral Care Committee was established through a Framework Agreement with **10 key institutions**, significantly improving the coordination and management of care services at the national level. The implementation of the Methodological Guide for Local Plans ensured comprehensive and sustainable planning, strengthening institutional capacity to effectively manage care programs.
- 2. Awareness and Mobilization through Strategic Communication:** the comprehensive communication strategy promoted a cultural shift towards the recognition and appreciation of care work, as well as the equitable distribution of responsibilities. The unified graphic identity and the spokesperson workshops strengthened public engagement and **raised awareness of the importance of care**, facilitating an effective dialogue with civil society and the private sector.
- 3. Strengthening the Supply of Care Training:** care training was modernized, aligning it with the National Qualifications Framework and focusing on human and gender rights. The creation of innovative programs such as “**Personal Assistance to People with Disabilities**” and instruction of certified trainers ensured the effective preparation of child and eldercare professionals.
- 4. Strengthening of Information Systems:** statistical and information systems were improved, supporting the efficient management of the supply and demand of care services. Georeferenced mapping and quality assessments **provided accurate data for evidence-based planning**. The interconnected registry improved coordination between institutions, promoting a more equitable and efficient national care system.

Main Recommendations

- 1. Institutional and Financial Strengthening:** ensuring a sustainable allocation of resources for local plans in Azua and Santo Domingo Este is crucial, as well as to strengthen systemic management mechanisms. Consolidating the dialogue with the Finance authorities is recommended to guarantee the necessary economic support. As well as **advancing in the design and consolidation of the second phase of the Care System** that contemplates the expansion of the entities that make up the Intersectoral Care Committee, to ensure effective representation and collaboration.
- 2. Promotion of a Social Dialogue for Care and Strategic Communication:** promote an inclusive Social Dialogue that involves civil society and the private sector to agree on a proposal for a Care System. Support communication and awareness-raising strategies with technical and financial resources to **strengthen public commitment** to the National Care Policy.
- 3. Professionalization and Decent Work Guarantee:** promote training and certification programs to improve working conditions in care. Conduct studies to **identify and address gaps in decent work**, especially for vulnerable groups such as paid domestic workers.
- 4. Knowledge and Homogeneous Standards Generation:** mapping care at the national level and conducting studies on violence against older adults to design evidence-based policies. **Strengthen interoperability between government registration systems** and establish human rights-based quality standards to improve care services evaluation.

In summary, the Joint Program supported by the SDG Fund has **marked a milestone in the Dominican Republic** by strengthening institutional infrastructure, promoting social dialogue on care, and significantly improving training and information systems in this crucial area.

These efforts have not only laid the foundations for a more equitable and efficient national care system, but have also contributed to raising awareness and mobilizing society towards greater recognition and appreciation of care work.

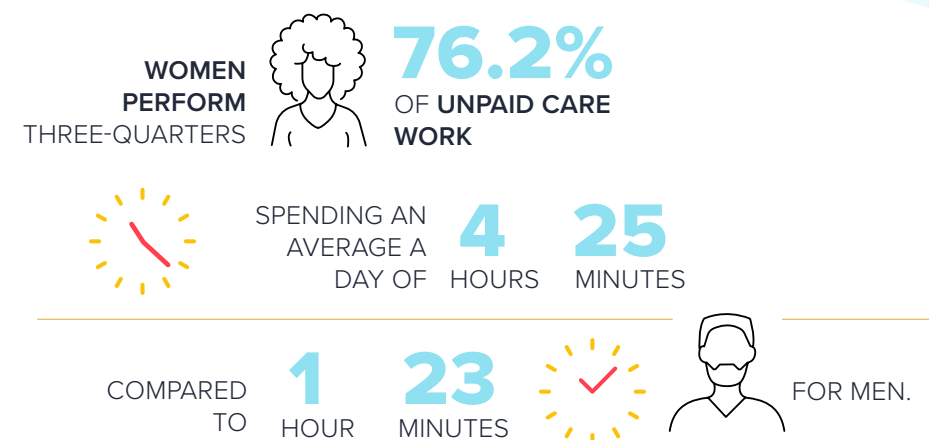
By implementing these initiatives in a coordinated and sustainable manner, decisive progress is made towards a more inclusive society with better opportunities for all its citizens.

2. Background

Care represents a fundamental pillar for the development of both societies and economies, as it is necessary for all people at different times in their lives, allowing participation in society on equal terms and the enjoyment of rights.

However, these responsibilities fall **mostly on women**, which generates gender inequalities and contributes to the persistence of poverty.

Globally,¹



¹ United Nations (2023). Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda. UN System Policy Paper.

IN LATIN AMERICA AND THE CARIBBEAN

UNPAID CARE WORK IS EQUIVALENT TO

21% of GDP, with women contributing $\frac{3}{4}$ of this amount²

IN OTHER WORDS, IF THE VALUE OF UNPAID CARE WORK WAS QUANTIFIED, IT COULD REPRESENT UP TO **21 CENTS FOR EVERY DOLLAR GENERATED BY THE REGION'S ECONOMY.**

In the Dominican Republic, despite high economic growth and progress in poverty reduction, high levels of gender inequality persist. In 2018, it was estimated that more than **855 thousand working age women** reported that they do not work because they are engaged in unpaid domestic and care work (SIUBEN, 2018). This disproportionate burden of unpaid work limits women's economic autonomy and their participation in political, educational, and working life, among others.³

In addition, the lack of comprehensive care systems and policies and adequate services particularly affects people in dependency situations, contributing to the perpetuation of poverty.

At the end of 2019, **6.0% of the employed population performs paid domestic and care work**; however, this type of occupation is mostly made up of the female workforce compared to the male workforce (**92.9% vs. 7.1%**).⁴

This gap in the feminization of paid domestic work is further widened if the work is carried out in the informal sector, i.e. without social security. For the same period, **94.1% of the total number of individuals working in paid domestic service in the informal sector are women**, compared to **5.9% of men**.

As a result, women who perform care work in the informal sector are in a situation of greater vulnerability, as they cannot access social security benefits (health, occupational risk insurance, pension), which has an impact on the perpetuation of their poverty.

² The Missing Piece: Valuing Women's Unrecognized Contribution to the Economy | United Nations Development Programme (undp.org) based on Source: OECD (2022) and Care Satellite Accounts of each country. Note: The data provided for each country are the most recent available; Mexico (2022), Colombia and Uruguay (2021), Argentina and Chile (2020), Costa Rica and Ecuador (2017), Guatemala (2014), El Salvador and Peru (2010). The regional average is calculated as a simple average of the values of countries in Latin America and the Caribbean (LAC).

³ ONE (2016). Time Usage Module of the National Survey of Multi-purpose Households (ENHOGAR) 2016.

⁴ Paid Domestic Work in the Dominican Republic: Challenges in the Context of COVID-19. ONE, MEPyP, ECLAC (2021)

With regards to social protection and security policies, the Dominican Republic generally considered the issue of care within its legal framework, and although it prioritized public policies for groups in dependency situations, it did not have a comprehensive care policy, which did not allow progress towards gender equality and social equity. Similarly, the national public supply of care services was limited, being non-existent in the case of people with disabilities in dependency situations, which prevented effective access to care services by the dependent population.

In this context, the Dominican Government, in 2021, decided to incorporate the care component through the SUPÉRATE program, in order to address the care needs of households, promote women's economic autonomy, and guarantee care as a right. Two municipalities were prioritized to form a pilot of the National Care Policy: **Azua and Santo Domingo Este**, based on criteria such as the concentration of households in poverty and the demand for care services.

It should be noted that it was identified in the Supérate Program that more than 850 thousand people demand care and about 106 thousand who are employed in domestic work, do so in precarious conditions.⁵

Since June 2022, the Dominican Republic has had an Intersectoral Care Committee, coordinated by the Ministry of Economy, Planning and Development (MEPYD) and the Ministry of Women's Affairs (MMUJER) and made up of 10 public institutions. This functions as the space for discussion, concertation and political and technical decision-making, in order to generate a common vision and promote institutional synergy for the participatory construction of the National Care Policy that makes possible the materialization of a National Care System in the Dominican Republic.

Likewise, to ensure the effective territorialization of the care policy, the Intersectoral Care Committee has a local expression, "**the Local Care Committees**" in order to directly integrate the key governmental and non-governmental actors of each territory in decision-making and search for solutions to the most pressing care needs of their environment. The main role of the Local Care Committees will be to guide the development of Local Care Plans in the territory. These Local Care Plans are key instruments that will materialize the collective construction of the definitive pilot strategy in each prioritized territory.

⁵ Ministry of Economy, Planning and Development (2021) Care Communities: Building a National Care Policy with the actors of the territory, Dominican Republic.

3. Brief Description of the Joint Program



UNITED
NATIONS
DOMINICAN
REPUBLIC

In 2022, the Dominican Republic received, for the first time, the support of the United Nations Joint Fund for Sustainable Development Goals (SDG Fund) in its Small Island States for Development (SIDS) window, a non-reimbursable grant to support the design and implementation of the Care Communities pilot as an integral part of the National Care Policy promoted by the Government.

The SDG Fund represents an inter-institutional and collaborative mechanism that supports integrated policies and strategic financing. It aims to act as a catalyst for additional resources and build bridges with those committed to implementing policies that deliver meaningful and efficient outcomes under the 2030 Agenda. The role of the Joint SDG Fund is to drive a shift in the approach to development, focusing on policies, investments, financing and partnerships that incorporate new perspectives and approaches.

In this context, the Ministry of Economy, Planning and Development (MEPYD), along with the United Nations System in the country, signed a cooperation agreement for a period of two years to carry out the project "**Care Communities: Design and Implementation of the National Care Policy Pilot in Prioritized Territories of the Dominican Republic.**"

This project was implemented by the United Nations Development Programme (UNDP), UN Women, the United Nations Population Fund (UNFPA) and the International Labour Organization (ILO), under the coordination of the Resident Coordinator (RC) and the Inter-Agency Coordination in charge of UNDP.



The program was implemented over a period of 30 months, from January 2022 to June 2024, structuring its execution around inclusive and participatory governance, ensuring transparency and accountability throughout the process.



Objectives and Outcomes of the Joint Program

The program seeks to promote comprehensive solutions to care needs,

promoting women's economic autonomy and the right to care for children, people with disabilities in dependency situations and elderly people.



To this end, the program focused on five key components for the shaping of care policies: the services provided, the established regulations (access to services and the workplace), professional technical training in care, data generation and management actions, public information and knowledge about care, and communication actions aimed at disseminating rights and promoting the cultural shift.

Based on the above, the program prioritized the following purposes:

■ Purpose 1: Consolidation and Implementation of the National Care Policy Pilot

The consolidation and implementation of the National Care Policy Pilot represents a crucial step towards strengthening the care system in the country. This joint effort focuses on the implementation of Care Communities in priority areas, with the aim of offering a comprehensive approach to facilitate both care and labor insertion, especially aimed at the most vulnerable families covered by the Supérate Program.

United Nations support included specialized technical advice based on international best practices to support institutional capacity building at the central and local levels, including communication, care training, and monitoring areas of the pilot experience for the integration of learnings, continuous adjustments and improvements.

Output 1.1

Specialized Multisectoral Advice

This output focuses on providing the government with the necessary technical support for the effective implementation of Care Communities in the prioritized territories.

In addition to increasing the social inclusion and economic empowerment of women who perform unpaid work, this advice guarantees access to decent care services for people in dependency situations.

Output 1.2

Communication Strategy for the National Care Policy

Designing an effective communication strategy is essential to ensure the success and acceptance of the program.

Highlighting the transformative value of care in society is also crucial.

By emphasizing the importance of care, a change in perception is fostered that contributes to its proper recognition and appreciation.

Output 1.3

Strengthening the Training Offering

This output focuses on improving the quality and availability of technical training and the recognition of care competencies.

It includes the review and implementation of standardized care training programs, as well as the training of qualified human capital to provide high-quality care services.

This not only guarantees the provision of adequate services, with a focus on human and gender rights, but also contributes to the professional and personal development of those who work in the care field, with a clear approach to labor rights and the mainstreaming approach to health and safety at work.

■ Purpose 2: Strengthening Statistical and Information Systems

The Joint Program supported the collection, systematization, analysis and dissemination of data to strengthen targeting mechanisms, results-based management and the development of an evidence-based care policy, with a view to consolidating the commitment to the gradual implementation of the National Care Policy in the country.

Output 2.1

Strengthening of Information Systems

This output involves actions aimed at improving target population inclusion and complementing the previously identified public offering, seeking to establish more robust systems that allow a better understanding of care needs and demands in the population.

Output 2.2

Strengthening of Information Management

This output focused on supporting the systematization of the results of care policy implementation.

This is achieved through the design and implementation of evaluations of both processes and results.

In addition, technical support is provided for the design of instruments that measure the quality-of-service delivery and the methodology for impact evaluation is designed, which ensures more effective management of the information generated during the implementation process.

■ Purpose 3: Strengthening and Expansion of the National Care Policy

The strengthening and expansion of the National Care Policy is an essential step towards building a comprehensive care system in the country.

The program aims to establish an expansion plan based on the pilot experience, with the goal of laying the foundations for the gradual consolidation of this system that promotes women's empowerment and a fair distribution of care, in line with the 5Rs approach: recognising, redistributing, reducing unpaid care and domestic work and rewarding and ensuring representation in social dialogue and collective bargaining of paid care workers to achieve gender equality and social justice and foster economic growth.

Output 3.1

Design and Costing of the Expansion Plan

Seeks to design a detailed plan that defines the necessary steps for the expansion of the care policy.

The plan not only focuses on expanding care services, but also on promoting a cultural shift that recognizes the value of care and equitably redistributes this responsibility in society.

Brief Description of the Execution



The project was implemented over a **30-month period, from January 2022 to June 2024.**

The implementation of the program was structured around inclusive and participatory governance, ensuring transparency and accountability throughout the process.

The joint program was overseen by a Technical Committee composed of representatives from UNDP, ILO, UN Women and UNFPA. This committee was responsible for coordinating the initiatives and reporting to the entities involved. A program coordinator was appointed to monitor the implementation of the initiatives and maintain constant communication with the government team, thus facilitating adequate follow-up and the establishment of new partnerships.

In order to promote transparency and ensure effective implementation of the program, periodic follow-up technical meetings were held with the government team, as well as constant communication with counterparts, stakeholders, and beneficiaries. This allowed them to report and provide updates on progress, discussing challenges and addressing concerns in a timely manner.

At the same time, periodic reports were prepared and delivered detailing the progress, challenges and achievements, in accordance with the requirements of the SDG Fund, which are available on its platform, demonstrating the commitment to accountability and transparency.

Meetings were held annually to ensure accountability to SDG Fund donors. In these meetings, the balance sheets of implementation of the projects, achievements and challenges were shared, providing an opportunity to reflect on the identification of opportunities for collaboration and support for the National Care Policy. These ongoing evaluations contributed to the success and sustainability of the project.

Key Institutional Stakeholders

Building the institutionality of the Care Communities is based on an inter-institutional collaboration jointly led by the MEPyD and the Ministry of Womens Affairs.



These ministries **work in collaboration with other public entities** that play a crucial role in the stewardship, design and implementation of the various services required for the execution of the **care policy**.

For the territorial management and coordination of the pilot program, the SUPÉRATE program assumes responsibility, while the Unified System for Beneficiaries (SIUBEN) acts as a co-implementer in charge of information management and targeting methodologies for the selection of target populations.

In addition, the National Institute for Early Childhood Care (INAIFI) is responsible for the mainstreaming of the childhood approach, while the National Council on Disability (CONADIS) guarantees the mainstreaming of the disability approach and the care services standards for people with disabilities in dependency situations.

The National Council for the Elderly (CONAPE) contributes to the mainstreaming of the life-cycle approach and to the provision of comprehensive care and support services to elderly people in dependency situations.

Furthermore, the National Institute for Technical and Professional Training (INFOTEP) offers training and certification services for care skills, as well as qualification for employment in care services. Lastly, the Ministry of Labor manages all aspects related to national labor policy in this context.

This inter-institutional collaboration was fundamental for the creation and consolidation of the implementation and support for the Care Communities pilot in the Dominican Republic.

The synergy between the MEPyD, the Ministry of Women’s Affairs and other key entities, in short, ensured an efficient and specialized implementation of the care policy, covering the care of children, people with disabilities, older adults who demand care and the professional training to provide these services.

This coordinated and collaborative approach lays the foundations for an inclusive and sustainable care system, aligned with the country’s development goals.



Consultations and Involvement of External Stakeholders



The Joint Program implementation process **was enriched by the collaboration and participation of various external actors**, whose contribution has been **fundamental** to the development and success of the initiative.

Although they are not directly part of the joint program, their involvement has been valuable, bringing different perspectives, knowledge and experiences that have enriched the implementation and ensured greater relevance and effectiveness in the actions carried out.

In this section, the participation of these external actors is recognized and valued, who, through diverse consultations, contributions and collaborations, have contributed significantly to the development of the joint program, as well as to the implementation of the National Care Policy. Their commitment and contribution have strengthened the interaction between the joint program and the social, political and economic environment in which it operates, thus promoting greater legitimacy and sustainability of the actions implemented.

- Association of Social Work Professionals
- BEPENSA Dominicana
- Ciudad Juan Bosch Comprehensive Center for Older Adults
- Sabana Perdida Day Center
- Circle of Women with Disabilities (CIMUDIS)
- Inter-Union Committee of Working Women (CIMTRA)
- Autonomous Class-Oriented Trade Union Confederation (CASC)
- National Confederation of Dominican Workers (CNTD)
- National Confederation of Trade Union Unity (CNUS)
- Delfines de amor
- EGE HAINA
- National Federation of Working Women (FENAMUTRA)
- IKEA
- Mao Nursing Home Board

Contribution to the Sustainable Development Goals



The Joint Program served as an initiative **to accelerate progress towards a more inclusive and sustainable world**, highlighting the transformative potential of **comprehensively addressing** gender inequality and decent employment.

Therefore, it has had a significant impact on the acceleration of several Sustainable Development Goals (SDGs):



End Poverty in All its Forms Worldwide.

The program supported the government team with the formation of a new form of governance and intersectoral management that strengthens the role of the State as a guarantor of the basic rights of people, especially the poorest and most vulnerable, promoting resource

mobilization and the creation of solid regulatory frameworks.

Similarly, by supporting the strengthening of the role of the State in the protection of basic rights and the adoption of an intersectoral governance model, the program is contributing to long-term sustainable progress.



Achieve Gender Equality and Empower All Women and Girls.

The implementation of the program promotes direct and indirect benefits for women and/or individuals who work in the care field, as well as for other vulnerable groups, such as people with disabilities in dependency situations, elderly people

in dependency situations and children, and youth. The strategy contributes to the advancement of the Sustainable Development Goals (SDGs), in particular, **target 5.4**, by recognizing, reducing and redistributing unpaid care work, thereby addressing gender inequalities in care work and removing barriers for women to access decent employment.

Likewise, it also promotes joint responsibility in the household and reduces gender inequalities in the workplace.



Promote Inclusive and Sustainable Economic Growth, Employment and Decent Work for All.

One of the main contributions of the program has been the promotion of full and productive employment for all, in line with Sustainable Development Goal **(SDG) 8**: “Promote Inclusive and Sustainable Economic Growth, Employment

and Decent Work for All.” Specifically, the program has driven the professionalization and formalization of care workers, which has not only benefited the workers themselves, but has also contributed to equal employment opportunities for women and men, including youth and people with disabilities.

This strategy, aligned with SDG **target 8.5**, seeks to guarantee full and productive employment, as well as decent work for all, promoting equal pay for work of equal value and improving the working conditions of those who usually work in informal conditions.



Revitalize the Global Partnership for Sustainable Development.

Support was provided to improve capacity to significantly increase the availability of high-quality, timely and reliable data, disaggregated by various factors such as: income, gender, age, race, ethnicity, migration status, disability, geographical

location and other relevant characteristics. This effort aligns with Sustainable Development Goal **(SDG) 17**, which seeks to revitalize the Global Partnership for Sustainable Development, and specifically with **target 17.18**, which advocates improving the availability of disaggregated data to inform inclusive and evidence-based policies.



4. Achievements of the Joint Program



PURPOSE 1:

Consolidation and Implementation of the National Care Policy Pilot

Within the framework of the commitment to strengthen the national care policy in the Dominican Republic, a series of strategic actions were implemented in order to consolidate and improve governance, communication, and training in the care field.

These efforts are reflected in several key outputs, designed to ensure efficient and coordinated management of care services, promote a cultural shift towards the recognition and appreciation of care work, and ensure quality care training offerings.

Output 1.1: Specialized Multisectoral Advice

- **Strengthening of Governance and Management Mechanisms:** A notable strengthening of governance and management mechanisms in the field of care was achieved, marking a significant milestone in progress towards more effective and coordinated care.

In this regard, as part of the program, specialized technical advice was provided for the creation and consolidation of the [Intersectoral Care Committee](#)⁶, with the participation of 10 key institutions in the country. This effort culminated in the signing of the [Framework Agreement for Inter-institutional Collaboration](#)⁷ to formalize the formation and development of the Intersectoral Care Committee of the Dominican Republic, with the purpose of generating a common vision and favoring institutional synergy for the participatory construction of a National Care System.

⁶ <https://presidencia.gob.do/noticias/gobierno-formaliza-mesa-intersectorial-de-cuidados-con-el-objetivo-de-poner-en-marcha-un>

⁷ <https://www.inapi.gob.do/transparencia/index.php/proyectos/convenios?download=2439:convenio-marco-de-colaboracion-interinstitucional-para-el-desarrollo-de-la-mesa-intersectorial-de-cuidados-de-la-republica-dominicana>



Input development and technical support have been essential to foster sustained and fruitful collaboration at this committee, facilitating more effective and coordinated management of care services in the country.

Likewise, the technical support of the program facilitated the implementation of the Local Care Committee in Azua, promoting a more effective local governance adapted to the specific needs of the territory. This progress represents a significant step towards a comprehensive and efficient management of care services at the local level.

This analysis has culminated in the formulation of a comprehensive set of recommendations designed to strengthen the governance and management mechanisms of the pilot program, ensuring its continuity and sustainability for the future.

IN ADDITION,
AN **EXHAUSTIVE**
ANALYSIS OF THE STATE
OF DEVELOPMENT OF THE
CARE COMMUNITIES PILOT
PROGRAM WAS CARRIED
OUT, **IDENTIFYING THE**
KEY CHALLENGES AND
PROGRESS.

■ **Methodological Guide for the Development and Structure of Local Care Plans in the Dominican Republic:**⁸

This guide includes key methodological guidance and tools for identifying care needs, capacities and services, ensuring comprehensive and sustainable planning.

Thanks to the development and training on the Methodological Guide, the Government of the Dominican Republic had instruments for the collection of information at the local level - both services and care needs - as well as for future participatory monitoring of the implementation of Local Care Plans.

Likewise, recommendations were provided regarding the management of the process of preparing Local Care Plans, suggesting the role and tasks that both the Intersectoral Care Committee and the Local Care Committees should fulfill in this process.



■ **Technical and Logistical Support for the Implementation of the National Care Policy:** Comprehensive support was provided to the government technical team in charge of intersectoral coordination, formulation and monitoring of the Joint Program from the MEPYD.

This support included on-site technical assistance, which was crucial for the implementation and strategic and operational follow-up of the National Care Policy.

This effort has allowed for more effective coordination among the various entities involved, ensuring a smooth and coherent execution of the program's initiatives.

Output 1.2: Communication Strategy for the National Care Policy

A communication strategy was designed in coordination with national counterparts to publicize the initiative to civil society and stakeholders about the Care Communities strategy.

It also seeks to promote the cultural shift, encourage the recognition and appreciation of care work and the equitable distribution of care responsibilities. To collect experiences and valuable information that would feed the strategy, links were established with the local committees of Azua and Santo Domingo Este. These actions have contributed to raising awareness among stakeholders and strengthening public commitment to the care policy.

A proposal for graphic identity and its applications was developed, allowing the entities that make up the Intersectoral Committee of Care Communities to have tools to maintain a unified voice in the dissemination of care issues. With the development of the Identity Manual and its inputs, the implementation of actions at the central, territorial and beneficiary levels has been facilitated.

This strategy seeks to raise awareness among institutional stakeholders, promote the debate on care in the territories, and clearly communicate the initiative to the beneficiaries, generating awareness and commitment to the care policy.



Spokesperson workshops were held to strengthen the communication skills of local leadership and spokespersons, ensuring the effective dissemination of the key messages in the promotion agenda of the Care Communities initiative.

⁸ <https://jointsdgfund.org/publication/methodological-guide-elaboration-and-structure-local-care-plans-dominican-republic>



To generate incentives and partnerships local with journalists and media that support the process of raising awareness and disseminating the care policy, specific workshops were supported, promoting media collaboration and commitment to the initiative.



To promote dialogue between private sector companies and entities of the Intersectoral Care Committee of the Dominican Republic, the meeting “**Good Care Practices in the Private Sector**” was held, where the National Care Policy was presented, and knowledge and experiences were exchanged on successful care practices and work-life balance.



Additionally, visual pieces were created and shared to raise awareness about the importance of caregiving.



One piece highlighted the unequal distribution of caregiving and the effects on the full exercise of women's economic autonomy. Other pieces emphasized the importance of quality standards in care services for vulnerable populations, such as older adults.



Commercial part of the National Care Policy campaign.

[WATCH VIDEO](#)

Output 1.3: Strengthening the Training Offering

In conjunction with INFOTEP, the current training offering in the country in the care field was reviewed, and a technical assistance route was defined to modernize the thematic approach and align the required competencies with the National Qualifications Framework.

In addition, the mainstreaming of the human and gender rights approach was privileged to create a standard aligned with international best practices in the field with the aim of training sensitized technicians, who offer a quality service and who can access the labor market under formal conditions.

The following deliverables resulted from this coordination:

- **Preparation of the “Personal Assistance to People with Disabilities in Need of Support” Training Program:** This curricular proposal was developed to progress towards the coverage of assistance services for people with disabilities with support needs, being the first and only program of its kind in the country.

This proposal seeks to progress towards the coverage of assistance services for people with disabilities with support needs, to carry out daily life activities from the social paradigm of Human Rights, the regulations in force and in accordance with the instructions of those who use the service, to guarantee an independent life and personal autonomy.

Likewise, the instruments for the validation of competencies and the Didactic Guides were created and disseminated, ensuring that the educational material is available and accessible to the participants.



- Design and Implementation of the Supplementary Training Course of the Training Program “Personal Assistance to People with Disabilities in Need of Support”:** this supplementary training provides facilitators with tools and knowledge, which allow them to incorporate the human rights approach as a cross-cutting theme throughout the entire training process.

So that the approach to the training processes they deliver moves away from the rehabilitative model and is consistent with the social paradigm that promotes personal autonomy and independent life for people with disabilities.



The first train-the-trainers for the Personal Assistants Training Program was carried out within the framework of the joint program, ensuring the preparation and training of 29 facilitators certified by INFOTEP, thereby enabling the expansion of the program according to the recommended criteria.

- Review and Update of the “Early Childhood Care” Training Program:** Specialized technical assistance was provided to review and update the technical-professional offering in the field of early childhood care.



As part of the adaptation process, consultation processes were carried out with experts from nine entities linked to early childhood, to identify the occupational profile of Early Childhood Caregiver.

This resulted in the readjustment of the “Early Childhood Care” training program and the creation of didactic guides and a set of instruments for occupational validation.

With these tools, it’s ensured that upon completing the training process, the participant will be able to care for children in early childhood (from 45 days to 5 years old), developing comprehensive, effective and rights-respecting care in homes and various establishments, performing diverse functions in accordance with current regulations, agreements and legislation.

■ **Review and Update of the “Care of Older Adults” Training Program:**

Specialized technical assistance was provided to review and update the technical-professional offering in the field of early childhood care. As part of the adaptation process, consultation processes were carried out with experts from ten entities linked to the care and protection of older adults, to identify the occupational profile of Older Adult Caregiver.



In accordance with the guidelines and needs raised in the consultations, a Care of Older Adults Training Program was developed, with its corresponding didactic guides and instruments for occupational validation.

Simultaneously, technical support was provided to adapt the training proposal developed to the duration and entry requirements of the national care policy pilot.

Ensuring that upon completing the qualification, the participant is able to assist in personal care, health and safety, in addition to supporting the personal and social development of older adults in their homes, under a rights-based approach and the ethical principles of the person-centered care approach.

■ **Design of a Supplementary Training Course for the “Care for Older Adults” Training Program:**

this training allows participants to be in a position to didactically plan the facilitation of the learning of caregivers in the thematic area, allowing them to acquire knowledge and develop the skills and attitudes necessary to provide comprehensive and respectful care.

■ **Discussion on Human Rights and Disability:** It was carried out as part of an initiative to bring fundamental concepts related to disability from a human rights perspective, with the outstanding participation of Damaris Solano, an international consultant on inclusion and human rights activist.

The main audience of the discussion was civil society organizations dedicated to promoting the rights of people with disabilities. The Discussion saw the participation of 76 individuals, highlighting society’s interest and commitment to promoting a deeper understanding of the rights and needs of people with disabilities.





PURPOSE 2:

Strengthened Statistical and Information Systems

The Joint Program played an essential role in strengthening statistical and information systems, contributing significantly to the design, management and implementation of the National Care Policy.

Through concrete actions, significant progress has been made in the collection, analysis and management of relevant data for the effective planning and evaluation of care policies.

Output 2.1: Strengthening of Information Systems

- **Collection of Socio-economic Information:** Technical support to the social system for beneficiaries (SIUBEN) in the collection of socioeconomic information and care demand from households eligible for the National Care Policy pilot. Additionally, a sweep survey was completed in neighborhoods located within Santo Domingo Este.

To conduct this survey, economic characterization questionnaires were applied, with the inclusion of a module that reflects the lack of care in the interviewed households. These data were certified for quality to be integrated into the master database of the SIUBEN.

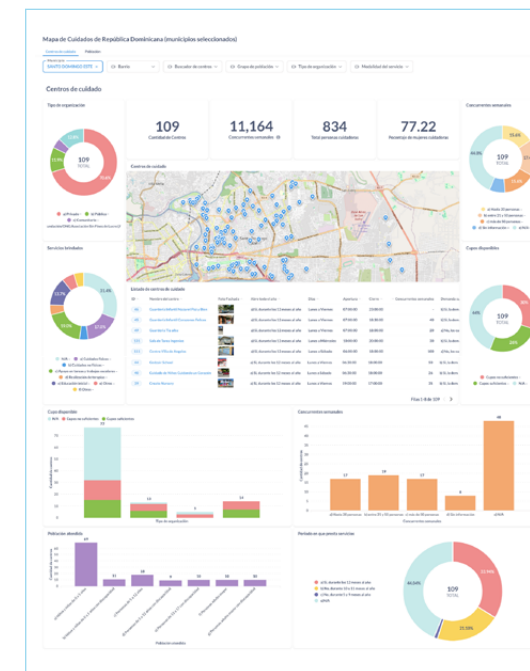
103%  **of the planned households WERE COMPLETED,**

CONDUCTING 9,246 complete home interviews. 

An element that marked the success of this operation was an effective coordination with local actors present in the territory, reinforcing the need for the role of local committees in obtaining data and evidence.

- **Georeferenced Mapping of the Care Offering:** A georeferenced mapping of the care offering in the priority areas of the pilot was developed, providing a comprehensive view of the services available in the territories of Azua and Santo Domingo Este.

This mapping provided a comprehensive view of the services available, allowing the identification of both private and community care offerings, as well as the demand for care in vulnerable communities. During the process of designing a national care policy, having concrete evidence on the location of care institutions and the territorial distribution of people in need of care was crucial to efficiently connect supply and demand.



During the process of designing the National Care Policy, obtaining concrete evidence on the location of care institutions and the territorial distribution of people in need of care is crucial to efficiently connect supply and demand.

This mapping allowed to build a diagnosis sensitive to territorial specificities, considering the care offer provided by the state, the market, the community, and families. Knowing the location of the demand for care, the specific needs of the population in dependency situations, the providing actors present in the local social fabric and their connection with those who need care were key issues addressed.

In addition, it facilitated the observation of key indicators related to the demand for care, such as dependency and sociodemographic trends, as well as the supply of care in its various forms (private, public, community and family). Other dimensions indicative of the social characteristics of the territory, the mobility patterns of the population, and employment and education opportunities were also considered. It should be noted that care maps were fundamental not only during the design of a comprehensive care system or care policy, but also during its implementation, monitoring, and evaluation.

Simultaneously, to enrich the georeferenced mapping, additional data collection and validation was carried out with key stakeholders, and a qualitative analysis of private and community care offerings was conducted in the municipality of Azua and prioritized areas of Santo Domingo Este.

The final report on this data collection process included an analysis of results, findings and recommendations, a georeferenced database and the final version of the updated lists. This supplemental effort ensured that the mapping reflected a complete and accurate picture of the supply and demand of care in these areas, providing an invaluable tool for planning and managing an efficient and equitable care system.

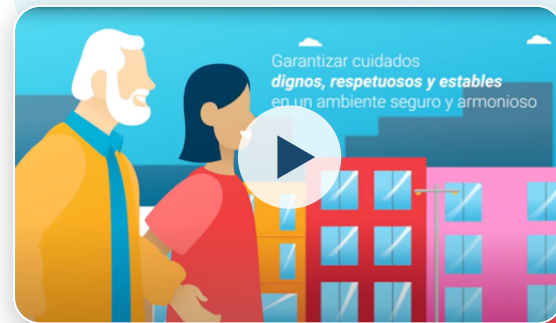
Output 2.2: Strengthening of Information Management

- **Quality Measurement Tool for Older Adult Services:** An innovative quality measurement tool for older adult care services was designed and created. This tool, now integrated into the information management system, not only assesses the strengths and weaknesses of care services, but also measures user satisfaction. Its implementation ensures effective management, monitoring and evaluation of the policy, providing a comprehensive mechanism for evaluating care services for the elderly and promoting continuous improvement of the quality of care provided.

The conceptualization, design and methodology of a battery of tools to measure the quality-of-service provision was carried out, identifying key indicators and asking questions about the quality criteria to be evaluated. These criteria include the satisfaction of users, family members, caregivers, and service providers for older adult care services in the Dominican Republic.

The tool contributes to the information management system and to the design, monitoring and evaluation of the National Care Policy, providing a comprehensive mechanism to evaluate the main strengths and weaknesses within the care services provided, with regards to quality of service and user satisfaction.

This will allow significant progress in the state's capacity to ensure that care services for older adults are of high quality and adequately respond to the needs of the population.



Standards of care systems in the Dominican Republic.

[WATCH VIDEO](#)

- **Process evaluation of the Care Communities Strategy:** A systematic analysis of the implementation and operational management dynamics of the strategy was carried out, which made it possible to identify the key processes involved and assess their effectiveness in relation to the achievement of the desired goals and objectives.

The evaluation documented good practices and areas of opportunity, providing valuable information for improving implementation and strengthening future development of the strategy. In addition, relevant and actionable recommendations were made to implement the necessary improvements in the design and management of the strategy, thus establishing a solid basis for its continued progress and optimization.

In total, eighty-one (**81**) individuals participated in semi-structured interviews and focus groups, contributing their perspectives and experiences to the analysis. This process allowed for a systemic and in-depth analysis of the operational dynamics of the Care Communities strategy, ensuring a detailed understanding of the essential elements for its success and providing a clear guide for its continuous refinement.

- **Systematization of the Care Communities Strategy:** The experience of the Care Communities strategy was systematized between 2020 and 2023. This process, which is fundamental for the advancement and continuous improvement of care policies, retrieved good practices, identified challenges and provided lessons learned and recommendations to feed back into the design and management of future policies.

From an analytical, critical and proactive perspective, the experience of developing the strategy to date was documented, examined and reflected upon. The results achieved in each component were reconstructed and ordered, providing a clear view of the progress made. The good practices carried out were highlighted and the main challenges that have affected the achievement of the desired goals and their causes were considered.

This rigorous systematization process, in which more than **200** documents were reviewed and seventy-three (**73**) individuals participated in semi-structured interviews and focus groups, generated a deep understanding of the logic and dynamics of the implementation of the Care Communities strategy.

In addition, detailed mapping was carried out and a documentation matrix was developed, key tools that facilitated the identification and analysis of data by the team responsible for the project. The documentation matrix, designed to support this process, provided insight into the conceptual framework, principles and approaches that underpin the Care Communities strategy, as well as the management model that supports the implementation of the pilot and governance. This comprehensive approach provided a solid foundation for the formulation of concrete and actionable recommendations, aimed at strengthening the design, management and implementation of the policy going forward.

- Technical Support for an Interconnected Record of Care:** Technical assistance is provided to support the development of a registry of the demand for care services in the Dominican Republic, which includes interconnection mechanisms, based on the demand for paid and unpaid care work in households identified by the Unified System for Beneficiaries (SIUBEN).

Identification of the target population and its referral to service providers are the convergence points between the various registration systems and SIUBEN, within the framework of the pilot strategy for Care Communities.

To this end, defining protocols for inter-institutional coordination of information flow and to develop connectivity tools for referrals and counter-referrals is essential.

Considering the systems, processes, capabilities in place and the connection of the institutions in charge of the provision of public care services, this support offers a roadmap for the methodological implementation of a system for recording the potential demand of people who require care, based on coordinated action between institutions that make up the pilot strategy of Care Communities.

Likewise, recommendations on the steps to be followed to introduce, visualize and share information between the entities that make up the care circuit are presented.



PURPOSE 3:

Strengthening and Expansion of the National Care Policy

The Joint Program played a crucial role in strengthening and expanding the National Care Policy, with a view to gradually establishing an Integrated National Care System in the Dominican Republic.

Through a series of strategic actions, significant progress has been made towards institutionalizing a robust policy framework and social mobilization for support and participation in care initiatives.

Output 3.1: Design and Costing of the Expansion Plan

- Arguments for the Positioning of the Care Agenda in the Dominican Republic:** A document was prepared to support and strengthen the positioning of the care agenda in the country. This document, provided to the Intersectoral Technical Team on Care (ETIC), has served as an essential guide for dialogue between the institutions leading the process of building a National Care System and the rest of the government institutions, as well as with stakeholders from the trade union sector, academia, the private sector and civil society.

Thanks to this document, the Government of the Dominican Republic has consolidated the main arguments that support the decision and the commitment with building a care policy in the country.



This argument has been accompanied by an **animated video** where, through the story of a beneficiary family of the Care Communities Pilot, how the Comprehensive Care System has the transformative power to improve people's lives is exemplified.

WATCH VIDEO

⁹ <https://dominicanrepublic.un.org/es/240164-naciones-unidas-pone-disposici%C3%B3n-del-gobierno-dominicano-un-argumentario-po%C3%ADtico-para-la>

- **Space for Non-Governmental Partnerships:** A Methodological Guide was prepared with strategies and key steps to achieve the establishment of the Space for Non-Governmental Partnerships of the Intersectoral Care Committee of the Dominican Republic.

This action sought to promote social mobilization in favor of care, providing guidance based on other international experiences for the involvement of stakeholders from the trade union sector, academia, the private sector and civil society in the construction and strengthening of the National Care System.

Through this input, where the main characteristics of social joint responsibility as a principle of care policies and systems were established, the importance of social participation in the entire process towards building public policy was stressed and the potential roles of each of the identified stakeholders were presented.

- **Draft base document of the preliminary bill:** The construction of a legal-normative framework for the Care System through the establishment of national legislation is a vital point to enshrine the right to care and caregiving for people in quality and equality conditions.

The legal framework is also a central element in establishing an institutional architecture that supports the political governance of the system based on inter-institutionality. In this regard, the program made available to the country a base document for a draft bill on the creation of the Care System of the Dominican Republic.

This has been formed as an input of great relevance for the preparation of the preliminary project for the creation of the Care System, with the aim of being able to be discussed and enriched in the future by the various actors in the Intersectoral Care Committee and later in Congress.

5. Lessons Learned

During the implementation of the project, the technical team faced a number of challenges that provided valuable lessons for future initiatives.

The transition between administrative platforms within the UN System presented unexpected obstacles, resulting in delays in the planned recruitment processes.

However, constant communication and proactive management were critical to minimize the impact on the schedule and complete the necessary hires.

The technical coordination required for the preparation of the outputs involved consultation and feedback processes on the government entities that exceeded the time initially planned by the AFPS. A collaborative approach was implemented, and clear deadlines were established to streamline information sharing and ensure timely completion of tasks.

Output prioritization and delays in information delivery due to administrative constraints also posed significant challenges. However, priorities and resources were reorganized to meet the needs raised by counterparts, maintaining open and transparent communication with all stakeholders to ensure alignment with project objectives.

In addition, the technical and governance challenges presented by some of the government entities of the Inter-Institutional Care Committee demanded a pragmatic and solution-focused approach. The strategy focused on mapping and systematizing the registration systems of the partners involved, which allowed us to make progress in the consolidation of an interconnected data system in an efficient way.

Finally, when requesting an extension of the term of the Joint Program, the importance of flexibility in planning and the adjustment of strategies for an adequate delivery of the proposed activities was evident.

These challenges, while significant, provided opportunities to strengthen adaptive capacity, collaboration, and resilience, providing valuable lessons for future initiatives.

6. Recommendations

Based on the challenges identified and the analysis of the current situation, as well as the recommendations provided by the different bodies involved in strengthening the National Care Policy in the Dominican Republic, the following recommendations are formulated to effectively address building and consolidation of the National Care System:

- **Consolidate the implementation of Care Communities:** Ensuring the sustainable allocation of resources to achieve the goals established in the local plans of Azua and Santo Domingo Este is crucial.

Furthermore, systemic management mechanisms, especially management committees, must be strengthened and consolidated to foreshadow the functioning of the future care system. Consolidating a systematic dialogue with the Finance authorities is recommended to exchange information regarding the economic returns on investment in care.
- **Working on the Political Advocacy Level:** Political discourse must be linked to technical discourse, using the Arguments prepared by the Joint Program to position the care agenda in the Dominican Republic.
- **Strengthen Inter-Institutional Work:** Advancing in strengthening inter-institutionality is recommended, setting new objectives and designing an Action Plan for the second phase of the Care System. The leadership of entities such as the MEPYD, the Ministry of Women's Affairs, and the Supérate Program is fundamental in this process.

Similarly, expanding the entities that make up the Intersectoral Care Committee is recommended.

- **Moving Towards Professionalization and Ensuring Decent Work:** Promoting efforts to improve the working conditions of care workers is essential. This means consolidating professional training programmes and ensuring access to certification, including for paid domestic workers.

In addition, comprehensive studies should be carried out to identify decent work deficits and design strategies to address these gaps, providing technical support to ensure compliance with international labor standards.

Ensuring that national regulations recognise decent working conditions for all care workers is essential, particularly for vulnerable groups such as paid domestic workers, and this requires ongoing advice and support.

- **Building and Strengthening the Social Coalition for Care:** Promoting a Social Dialogue for Care in line with recent international experiences in the Latin American and Caribbean region, as is the case of Chile¹⁰, is recommended, which involves various sectors of society, including civil society and the private sector, to agree on a proposal for a Care System and establish concrete actions for its implementation.

- **Communication:** Having technical and financial support is important to carry out communication and awareness strategies on the National Care Policy.

- **Generate Knowledge for Evidence-based Policy Design:** Mapping care at the national level is recommended to identify care needs and deficits. Similarly, carrying out studies on violence against older adults is recommended to strengthen the capacity for violence prevention and care within the care system.

- **Strengthening Interoperability:** continuing to strengthen the regulations and technical work between the registration systems of cases/profiles of government institutions within the national care system is recommended, in order to migrate towards a model of articulation, with services and benefits that are granted by various instances, under a system view.

¹⁰ Ministry of Social Development and Family and UN Women Chile (2023). LET'S TALK ABOUT CARE. Main results of the citizen dialogues towards the construction of the National and Comprehensive System for Care https://lac.unwomen.org/sites/default/files/2023-11/doc-hablemos-de-cuidados-v4-comprimido_diana_leal.pdf

- **Generate Regulatory Support and Homogeneous Standards:** Standardizing elements for care facilities and to create guidelines for adopting a human rights-based approach to the evaluation of care services is essential.
- **Expand Articulation with the Private Sector:** working in a more articulated manner with the Private Sector is recommended, considering its potential to expand and guarantee the supply of care services and their presence both at the central and local levels.
- **Organize and Strengthen the Work and Supply of Care from the UNS:** care initiatives within the UNS must be structured and consolidated to improve coordination and effectiveness in the provision of these services.

By implementing these recommendations in a coordinated and effective manner, complementing the actions carried out by government entities, the private sector, the UN system and civil society, significant progress can be made in the construction and consolidation of a National Care System that promotes the comprehensive well-being of the Dominican population.

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NACIONES UNIDAS
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SUSTAINABLE
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FINAL REPORT OF THE
JOINT PROGRAM

JUNE 2024