

**JOINT
SUSTAINABLE DEVELOPMENT GOALS (SDG)
FUND**

**JOINT PROGRAMME
DOMINICAN REPUBLIC**

**COMMUNITIES OF CARE
Design and Implementation of the National Care
Policy Pilot in Prioritized Territories in the
Dominican Republic**

ILO, UNFPA, UNDP and UN WOMEN

Joint Programme Document

A. COVER PAGE

- 1. Fund Name:** Joint SDG Fund
- 2. MPTFO Project Reference Number** *(leave blank / automatically populated in Atlas)*
- 3. Joint programme title:** *Communities of Care: Design and Implementation of the National Care Policy Pilot in Prioritized Territories in the Dominican Republic*
- 4. Short title:** Communities of Care in the DR
- 5. Country and region:** Dominican Republic, Latin America and Caribbean (ALC)
- 6. Resident Coordinator:** Mauricio Ramírez Villegas (mauricio.ramirez@un.org)
- 7. UN Joint programme focal point:** Inka Mattila, Resident Representative, United Nations Development Programme (UNDP) (inka.mattila@undp.org)
- 8. Government Joint Programme focal point:** Miguel Ceara Hatton, Minister, Ministry of Economy, Planning and Development (MEPyD, in Spanish) (miguel.cearahatton@mepyd.gob.do)
- 9. Short description**

The Joint Programme will pilot the development of communities of care in three prioritized territories of the Dominican Republic contributing towards the design and implementation of a National Care Policy and the strengthening of the National Care System. Expected results include three pilot experiences for the implementation and consolidation of a National Care Policy to promote comprehensive solutions to care needs that can eventually be replicated with universal coverage to gradually expand and consolidate the National Care System. In support of the achievement of SDGs and in line with the UNDAF 2018-2022, the Joint Programme will strengthen statistical information within the National Statistical Office (NSO) to contribute with the design, management and implementation of the National Care System and accelerate the advancement of a society with equal rights and opportunities between men and women.

10. Keywords:

- National Care Policy
- Communities of Care
- Women
- Economic Autonomy of Women
- Care Workers
- Decent Work
- Older Persons Care
- Persons with Disability Care

11. Overview of budget

Joint SDG Fund contribution	USD 754,938.00
Co-funding 1 UNDP	USD 65,000.00
Co-funding 2 ILO	USD 34,681.00
Co-funding 3 UNFPA	USD 38,000.00
Co-funding 4 UN Women	USD 50,000.00

TOTAL	USD 933,619.00
--------------	-----------------------

12. Timeframe

Start date	End date	Duration (in months)
01/01/2022	31/12/2023	24

13. Gender Marker

Overall score average: 3. The Joint Programme has gender equality as a principal objective, it is fundamental to its design, implementation, and expected outcomes.

14. Target groups

List of marginalized and vulnerable groups	Direct influence	Indirect influence
Women	x	
Children		x
Youth		x
Persons with disabilities (PWD)		x
Older persons		x
Other groups:		
Care workers and Domestic workers	x	
People in extreme poverty		x

15. Human Rights Mechanisms related to the Joint Programme

The Joint Programme will contribute to the follow-up and implementation of the following human rights recommendations:

- **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, and its Optional Protocol (1999).** Signed by the Dominican Republic on 17 July 1980 and ratified on 02 September 1982.
- **Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), 2016.**
- **Convention on the Rights of the Child (CRC), 1989.** Signed by the Dominican Republic on 8 August 1990 and effective as of 11 June 1991.
- **Convention on the Rights of Persons with Disabilities (CRPD).** Signed by the Dominican Republic on 30 March 2007 and ratified on 18 August 2009.
- **Convention on the Rights of Persons with Disabilities adopted by the General Assembly December 2006.** Ratified by the Dominican Republic in October 2008.
- **Commission on the Status of Women, Economic and Social Council (CSW 63 2019)**
- **ILO Social Security (Minimum Standards) Convention, 1952 (No. 102).** Ratified by the Dominican Republic in July 2016.
- **ILO R202 - Social Protection Floors Recommendation, 2012 (No. 202).**

- **The ILO Domestic Workers Convention, 2011 (No. 189)** ratified by the Dominican Republic in May 2015
- **The ILO R201 - Domestic Workers Recommendation, 2011 (No. 201)**

16. PUNO and Partners

16.1 PUNO

Convening agency				
Name	Position	Organization	Email	Telephone/Skype
Raissa Crespo	Gender Officer	UNDP	raissa.crespo@undp.org	809-537-0909

Other PUNO				
Name	Position	Organization	Email	Telephone/Skype
María Arteta	Gender and non-discrimination specialist	ILO	arteta@ilo.org	506-2207-8700
Diógenes Lamarche	National Program Officer, Population & Development	UNFPA	lamarchecastillo@unfpa.org	809-601-2559
María Villalain	Strategic Alliances and Resource Mobilization	UNFPA	villalain@unfpa.org	829-420-2213
Raquel Coello	Regional Policy Specialist Women's Economic Empowerment	UN WOMEN	raquel.coello@unwomen	507-6355-8599

16.2 Partners


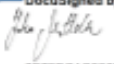

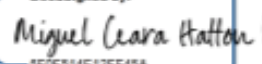



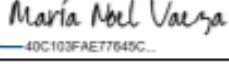



National authorities				
Name	Position	Organization	Email	Telephone/ Skype
Rosa Cañete Alonso	Director of Poverty, Inequality and Democratic Culture Assessment	Ministry of Economics, Planning and Development (MEPyD in Spanish)	rosa.canete@mepyd.gob.do	809-688-7000
Jefrey Rafael Lizardo Ortíz	General Director	Single Beneficiary System (SIUBEN in Spanish)	jlizardo@siuben.gob.do	809-689-5230
Gloria Reyes	General Director	<i>SUPÉRATE</i> Program	gl.reyes@solidaridad.gob.do	809-534-2105
Cristina Amiama	Technical Director	National Council for Persons with Disabilities (CONADIS in Spanish)	cristina.amiama@conadis.gob.do	809-687-5480
José García Ramírez	Executive Director	National Council for the Elderly (CONAPE in Spanish)	jgarcia@conape.gob.do	809-688-4433
Besaida María Santana Sierra	General Director	National Institute for Integrated Care for Early Childhood (INAIPI in Spanish)	besaida.santana@inaipi.gob.do	809-545-5147
Rafael Santos	General Director	National Institute for Technical-Professional Education (INFOTEP in Spanish)	rsantos@infotep.gob.do	809-563-3880
Marie Laure Aristy Paul	Vice minister of Labor	Ministry of Labor	marie-laure.aristy@mt.gob.do	809-535-4404

National authorities				
Name	Position	Organization	Email	Telephone/ Skype
Mayra Jiménez	Minister	Ministry of Women	mayra.jimenez@mmujer.gob.do	809-685-3755
José Leonel (Neney) Cabrera Abud	Minister, in charge	General Directorate of Strategic and Special Projects of the Presidency (PROPEEP in Spanish)	neney.cabrera@digepep.gob.do	809-686-1800

Civil society organizations:				
Name	Position	Organization	Email	Telephone/ Skype
Paula Rodríguez Arredondo	Project Coordinator Caribbean Office	Friedrich-Ebert-Stiftung (FES)	paula.rodriguez@fescaribe.org	809-221-8261

IFIs				
Name	Position	Organization	Email	Telephone/ Skype
Carolina González Acero	Social Protection Specialist	Interamerican Development Bank (IDB)	cgonzalez@iadb.org	809-784-6400

SIGNATURE PAGE

<p>Resident Coordinator Mauricio Ramírez Villegas</p> <p>08/27/2021</p> <p>DocuSigned by:  F71C4A8DA1D6485...</p>	<p>National Coordinating Authority Ministry of Economics, Planning and Development (MEPyD in Spanish) Name of Minister: Miguel Ceara Hatton</p> <p>08/27/2021</p>
<p>Participating UN Organization (lead/convening) United Nations Development Programme (UNDP) Name of Representative: Inka Mattila</p> <p>08/27/2021</p> <p>DocuSigned by:  2F73EC1C896B47E...</p> <p>DS </p>	<p>DocuSigned by:  5F0F514E12FF45A...</p> <p>DocuSigned by: </p>
<p>Participating UN Organization United Nations Population Fund (UNFPA) Name of Representative: Sonia Vásquez</p> <p>08/27/2021</p> <p>DocuSigned by:  10EF0DF238B7418...</p> <p>DS </p>	
<p>Participating UN Organization United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)</p> <p>Name of Representative: María Noel Vaeza</p> <p>08/27/2021</p> <p>DocuSigned by:  40C103FAE77645C...</p> <p>DS </p>	
<p>Participating UN Organization International Labour Office (ILO) Name of Representative: Leonardo Ferreira</p> <p>08/27/2021</p> <p>DocuSigned by:  1BF0C7D67A27488...</p> <p>DS </p>	



NACIONES UNIDAS
REPÚBLICA DOMINICANA



JOINT SDG FUND

 TRANSFORMING OUR WORLD

B. STRATEGIC FRAMEWORK

1. Call for Proposal: Building Resilience and Ending Vulnerability in Small Island Developing States (3/2021)

2. Relevant Joint SDG Fund Outcomes

- Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale.

3. Overview of the Joint Programme Results

Impact: Accelerate substantive equality between men and women through the promotion of a National Care Policy that achieves greater co-responsibility between the State, the market, the community, and households.

3.1 Outcomes

- **Outcome 1.** The National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented promoting comprehensive solutions to care needs.
- **Outcome 2.** Statistical and information systems strengthened and contributing to the design, management, monitoring, and evaluation of the National Care Policy in support of the achievement of SDGs and the strengthening of the National Statistical System.
- **Outcome 3.** National Care Policy is strengthened and expanded from the pilot experience for the gradual consolidation of a National Care System with universal coverage vocation.

3.2 Outputs

- **Output 1.1.** Specialized multisectoral advice is provided for the effective development of the three pilot Communities of Care.
- **Output 1.2.** Communication strategy for the National Care Policy designed and costed and implemented in three prioritized communities.
- **Output 1.3.** The training offer for the provision of care services is strengthened to support poor and vulnerable families in prioritized territories.
- **Output 2.1.** The National Care Policy has strengthened information systems for the targeting and planning of the National Care Policy in prioritized territories, both in the pilot stage and in the formulation of the expansion plan.
- **Output 2.2.** Strengthening of information management for monitoring, follow-up, evaluation and learning processes linked to the development of the National Care Policy pilot, as a key input for the design of the expansion plan aimed at the gradual consolidation of a National Care System with universal coverage vocation.
- **Output 3.1.** Design and costing of the expansion plan of the National Care Policy, integrating the lessons learned from the pilot experience.

This Joint Programme is aligned with the current United Nations Assistance Development Framework (UNDAF) (2018-2022) signed with the government of the Dominican Republic by all United Nations Systems agencies, funds and programmes with presence in the country.

Alignment with UNDAF 2018-2022		
Area	Outcome	Impact
1. Poverty, food security and environmental sustainability	Outcome 1.1: "By 2022, the Dominican Republic will have achieved greater equity by reducing economic and social gaps, with a gender focus, to promote social mobility, resilience, and food and nutritional security without undermining environmental sustainability."	The Dominican Republic is developing economically, socially and environmentally in a sustainable manner, advancing equity and closing gaps, promoting low-carbon production and consumption patterns, and increasing resilience to the effects of climate change and disasters.
	Outcome 1.2: "By 2022, the Dominican Republic will have elevated socio-environmental sustainability and resilience to the impacts of climate change and other natural hazards, through the promotion of sustainable consumption and production patterns and the effective management of natural resources, watersheds, and disaster risks."	
2. Social Services and Gender Equality	Outcome 2.1: By 2022, boys, girls, adolescents and women have access to comprehensive and quality health services, including health promotion, prevention of harm and promotion of sexual and reproductive health; considering the participation and particularities of men's health.	The Dominican Republic is advancing as a society with equal rights and opportunities, in which the entire population is guaranteed education, health, quality basic services, and combats gender violence.
	Outcome 2.2: By 2022, intersectoral public policies are adopted to ensure that the general population and vulnerable groups maintain healthy lifestyles, through equitable access to health services, promotion, treatment and rehabilitation, contributing to the reduction of the burden of disease.	
	Outcome 2.3: By 2022, children, adolescents and youth in the Dominican Republic participate in the learning process based on competencies achieved in an inclusive, equitable and gender-sensitive manner; improve their academic performance; and enjoy lifelong learning opportunities for all.	
	Outcome 2.4: By 2022, progress is made in achieving gender equality and the eradication of all forms of	

Alignment with UNDAF 2018-2022		
Area	Outcome	Impact
	discrimination and violence against women and girls.	
3. Institutional Strengthening and Human Rights	By 2022, public institutions are strengthened to ensure sustainable development, participation, protection and effective enjoyment of human rights, without discrimination, with emphasis on children, adolescents, youth, people with disabilities and migrants.	The Dominican Republic is advancing as a democratic social state governed by the rule of law with institutions that act ethically, transparently and efficiently at the service of a responsible and participatory society, guaranteeing security and promoting equity within the framework of the 2030 Agenda and the SDGs.
	By 2022, the National Statistics System is strengthened with emphasis on the leading role of the National Statistics Office (ONE) for the production of continuous and periodic statistics that respond to the demands of the 2030 Agenda.	

4. SDG Targets directly addressed by the Joint Programme

3.1 List of targets

This Joint Programme will contribute substantially to the acceleration of the following targets contained in the SDGs:

- **Target 1.a:** Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
- **Target 1.b:** Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions.
- **Target 5.4:** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and family as nationally appropriate.
- **Target 8.5:** Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
- **Target 17.18:** Enhance capacity-building support to developing countries, including least developed countries and small island developing States, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

3.2 Expected SDG impact

The support of the UNS for the development of a National Care Policy in the Dominican Republic through the search for comprehensive solutions to the care needs of vulnerable households, the promotion of women's economic autonomy and the right to care for children, people with disabilities, people in situations of dependency and older adults can accelerate the achievement of many goals related to the 2030 Agenda in a strategic and innovative way.

The development of a National Care Policy in the Dominican Republic is a transformative initiative, consistent with the inclusive, multisectoral and cross-cutting nature of the SDGs that will contribute to the implementation of an innovative model of governance and intersectoral management to offer families an articulated package of services to facilitate care and labor insertion through it, with special priority on the poor and vulnerable population.

In addition, the National Care Policy will provide significant impulse for helping the Dominican Republic government in the acceleration of progress in other key targets in SDG goals.

Other SDGs targets to be addressed by the National Care Policy	
SDG 1. End poverty in all its forms everywhere	<p>Target 1.3: Nationally implement appropriate social protection systems and measures for all, including floors, and, by 2030, achieve comprehensive coverage of the poor and the vulnerable.</p> <p>Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.</p>
SDG 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture.	<p>Target 2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.</p> <p>Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p>
SDG 3. Ensure healthy lives and promote well-being for all at all ages.	<p>Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>
SDG 4. Ensure inclusive and equitable quality education and promote lifelong	<p>Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</p>

Other SDGs targets to be addressed by the National Care Policy	
learning opportunities for all	
SDG 5. Achieve gender equality and empower all women and girls	Target 5.c. Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
SDG 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Target 8.2. Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labor-intensive sectors Target 8.8. Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
SDG 10. Reduce inequality within and among countries	Target 10.2: Empower and promote the social, economic and political inclusion of all people, irrespective of age, gender, disability, race, ethnicity, origin, religion, economic or other status. Target 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
SDG 11. Make cities and human settlements inclusive, safe, resilient, and sustainable	Target 11.7. By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
SDG 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels	Target 16.6. Develop effective, accountable and transparent institutions at all levels Target 16.7. Ensure responsive, inclusive, participatory and representative decision-making at all levels
SDG 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	Target 17.14. Enhance policy coherence for sustainable development Target 17.15. Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development Target 17.17. Encourage and promote effective public, public private and civil society partnerships, building on the experience and resourcing strategies of partnerships

The National Care Policy pilot in selected territories is a government priority as established in the Government Plan for 2021-2024 and it is currently deemed as an essential part of the renewed strategy for the fight against poverty reduction and inequality, for economic

reactivation and for inclusive recovery. This effort is also well aligned to national medium- and long-term goals included in the National Constitution, the National Development Strategy, and the National Pluriannual Public Sector Plan and the national compromise with the 2030 Agenda of leaving no one behind (Target 17.4).

In particular, the pilot National Care Policy strategy has a clear aim at creating a sound policy framework at the national and subnational level, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions (Target 1.b.), as well as ensuring significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for implement programs and policies to end poverty in all its dimensions (Target 1.a).

With the support of the Joint Program, the pilot National Care Policy is expected to advance in the recognition, reduction and redistribution of unpaid care work, promoting a shared responsibility (Target 5.4) and reinforced role of the state as a guarantor and protector of human rights. The program will also help mitigate inequalities in care work and address the obstacles that prevent women from obtaining decent paid work and also generating decent care jobs, contributing to full, productive employment for all with adequate social protection and labour rights (Targets 8.2, 8.5, 8.8, 10.4).

From this perspective, the policy will also have a significant role in promoting empowerment and social, economic and political inclusion of poor and vulnerable populations (Target 10.2), with positive impacts in access to early childhood care and education (Target 4.2), nutrition (Targets 2.1, 2.2), preventive health services (Targets 3.4, 3.8), a comprehensive coverage of social protection and other key economic resources and social services (Targets 1.3, 1.a).

Moreover, the policy has been built on the basis of the different government mainstream objectives for ensuring quality policy development, including: digital transformation and data management for supporting adequate and timely decision-making (Target 17.18), and effective public -private and civil society partnerships, participatory processes involving non-public sector actors, beneficiaries, Civil Society Organizations and academia, and transparency and accountability mechanisms (Targets 16.6, 16.7, 17.17).

The UNS input, including specialized technical advice based on international best practices and other resources will be key to supporting the government's leadership and strengthening institutional capacities at central and local levels (17.15). In turn, this support with help capitalize on the country's policy space and enthusiasm emerged on key stakeholders for advancing progress in poverty eradication and sustainable development from this renovated approach focused on care.

5. Relevant objective/s from the national SDG framework

Relevant SDGs Prioritized Nationally

- SDG 1: End Poverty
- SDG 5: Gender Equality
- SDG 8: Decent Work and Economic Growth
- SDG 17: Partnerships

National Development Strategy (END, in Spanish) 2030

Joint Programme actions are framed within the first, second and third axis of the END, mandated in Article 241 of the Constitution of the Dominican Republic and contained in Law No. 1-12, and implementing regulations established in Decree No. 134-14. END 2030 proposes the conformation of: (1) **A social and democratic rule of law State**, with institutions that act ethically, transparently and efficiently at the service of a responsible and participatory society, which guarantees security and promotes equity, governance, peaceful coexistence and national and local development; (2) **An equal rights and opportunities society**, in which the entire population is guaranteed education, health, decent housing and quality basic services, and which promotes the progressive reduction of poverty and social and territorial inequality; and (3) **A sustainable, inclusive and competitive economy**, an economy that is territorially and integrated throughout all sectors, innovative, diversified, plural, quality-oriented and environmentally sustainable, that creates and decentralizes wealth, generates high and sustained growth with equity and dignified employment, and that takes advantage of and enhances local market opportunities and inserts itself competitively in the global economy.

Alignment Structure with the END 2030			
General Objective	Specific Objective	Line of Action	KPI
1.1. Efficient, transparent, and results-oriented public administration.	1.1.1. To structure an efficient public administration that acts with honesty, transparency, and accountability.	1.1.1.1. To rationalize and standardize the organizational structure of the State, including both institutional functions and staffing, in order to eliminate duplication and dispersion of functions and agencies and to bring public services closer to the population in the territory, through adequate decentralization and deconcentration of their provision when appropriate.	Institutions Pillar Score (World Economic Forum) BL: 3.00 (2016) Current Value: 5.01 (2019) Target: 4.00 (2020)
		1.1.1.11 To Consolidate inter-institutional coordination bodies and strengthen the technical and institutional capacities of governing and executing agencies, with the purpose of articulating the design and execution of public policies and ensuring their due coherence, complementarity, and continuity.	

Alignment Structure with the END 2030			
General Objective	Specific Objective	Line of Action	KPI
2.1 Quality education for all	2.1.2 Universalize education from the initial level to complete high school, including children without documentation.	2.1.2.1 To provide throughout the national territory adequate physical infrastructure, pedagogical and technological resources and teaching staff to make possible the universalization of quality education from the age of 3 to the end of high school.	Education coverage net rate
			<p><i>Early Childhood</i> BL: 32.60% (2010) Current Value: 47.17% (2019) Target: 100% (2020)</p> <p><i>Primary</i> BL: 96.71% (2010) Current Value: 97.39% (2019) Target: 100% (2020)</p> <p><i>Secondary</i> BL: 55.94 % (2010) Current Value: 77.32 % (2019) Target: 81.24% (2020)</p>
2.3 Equality of rights and opportunities.	2.3.2 To increase human and social capital and economic opportunities for the population living in poverty, to improve their employability, income generation capacity and living conditions.	2.3.2.3 To strengthen the job training system, considering the characteristics of the population living in poverty, to facilitate their insertion into productive work and income generation.	Percentage of economically active population that participates in labor training
	2.3.3 To reduce poverty through an effective and efficient social protection system that considers	2.3.3.3. To reform the institutional framework of the social protection system to improve the design, implementation, monitoring and evaluation of policies for	Article 30 - Paragraph 3 of the END 2030 (Law 1-12): Reforms associated with the

Alignment Structure with the END 2030			
General Objective	Specific Objective	Line of Action	KPI
	needs and vulnerabilities throughout the life cycle.	the protection and inclusion of families living in poverty and vulnerability, through the coordinated integration of the actions of the various levels of government and institutions.	Second Axis of the END 2030 3. The process of reforming social assistance institutions with the objective of achieving the coordinated integration of the different levels of government and institutions in the design and execution of social protection policies will be completed within a period of no more than 3 years.
		2.3.3.2 Consolidate the conditional transfer system, prioritizing female-headed households and those living in extreme poverty, to ensure compliance with co-responsibilities in health, education, job training and nutrition, and establish a clear definition of entry and exit mechanisms.	Percentage of people living below the extreme poverty line BL: 11.40 % (2010) Current Value: 2.64 % (2019) Target: 6.30% (2020)
		2.3.3.4 Promote the active participation of different stakeholders and social sectors in the processes of design, implementation, evaluation and monitoring of policies, programs and projects aimed at poverty reduction, including those that also have a positive impact on environmental sustainability and risk management.	Percentage of people living below the poverty line BL: 33.80 % (2010) Current Value: 16.09 % (2019) Target: 22.50% (2020)

Alignment Structure with the END 2030			
General Objective	Specific Objective	Line of Action	KPI
	2.3.4 Protect children, adolescents and young people from early childhood to promote their comprehensive development and social inclusion.	2.3.4.6 Strengthen services for the care and protection of children, adolescents and older adults in street and homeless situations or survivors of any form of violence.	Percentage of population with health insurance BL: 42.40 % (2010) Current Value: 72.00 % (2019) Target: 100.00% (2020)
3.4 Sufficient and dignified jobs	3.4.2 To consolidate the System of Continuous Education and Training for Work, to accompany the productive apparatus in its process of value escalation, facilitate insertion in the labor market and develop entrepreneurial skills.	3.4.2.5 Develop training programs that encourage the labor insertion of women in non-traditional sectors and consider the balance between productive and reproductive work.	Female/male employment rate (15+years) BL: 0.55 % (2010) Current Value: 0.63 % (2019) Target: 0.75% (2020)
		3.4.2.6 Develop training programs for population groups that have not completed basic education and for the retraining of workers displaced by permanent changes in competitive conditions.	Illiteracy rate (population 15+ years) BL: 10.50 % (2010) Current Value: 6.33 % (2019) Target: 4.00% (2020)

National Multi-Year Public Sector Plan (PNPSP)

The National Multi-Year Public Sectoral Plan (PNPSP), mandated in Article 242 of the Constitution of the Dominican Republic, establishes a government policy "Towards a comprehensive policy for the creation of opportunities", which foresees contributing to guaranteeing equal rights and opportunities.

6. Brief overview of the Theory of Change of the Joint programme

5.1 Summary

A new management and governance model will be promoted to favor inter-institutional coordination in terms of budgeting, service supply, selection of beneficiary population, monitoring and evaluation, as well as the promotion of behavioral change and social norms that make the work of caregivers and those who receive care invisible.

5.2 List of main ToC assumptions to be monitored

In line with the impact of the ToC developed for the UNDAF 2018-2022, detailed before, the Joint Programme ToC the assumptions are:

- Political will (of national and local governments) to develop public care policies and prioritize the target population of the Joint Programme.
- Availability of technical, financial, and institutional resources to guarantee the viability and sustainability of a National Care Policy.
- Access to the necessary information to carry out studies, systematize experiences and build tools (systems and platforms) related to the construction of the National Care Policy, plus inter-institutional collaboration in the homologation of concepts, indicators and registries to foster inter-connectiveness and inter-operability of data and information systems.
- The willingness of decision-makers to use the new data collected by the project to redesign public care policies.

7. Trans-boundary and/or regional issues

The Elías Piña province, where Bánica is located, one of the municipalities contemplated for the pilot, is the province with the highest poverty rates in the Dominican Republic (83.2% according to the 2014 MEPYD poverty map) and with the highest migratory flow in the country. It is also the province with the lowest HDI in the DR, in fact, its HDI is 40% lower than the national mean. National and international migration flows are very pronounced. According to estimates of the origin and destination matrices of the 2010 census, about 88% of people born in Elías Piña migrate to other provinces in the Dominican Republic. The population pressure of the communes of the central department of Haiti with respect to the Elías Piña province is 4.5 (291,820 people in the communes of Haiti compared to 63,879 habitants in the Dominican Republic, according to the Institute of Statistics and Informatics of the Ministry of Economy and Finance of Haiti 2012 and the National Statistical Office of the Dominican Republic 2010). This is a key point when considering international migration flow. 23.3% of the population living in Elías Piña are migrants or descendants, according to data from the National Immigrant Survey (2012). This trans-boundary context implies language and cultural differences, compounded with discrimination, lack of access to documents that can result in vulnerating Human Rights of migrant populations and their descendants, trafficking, and sexual exploitation of women. Communities in the border, including those in Elías Piña, are also characterized by lack of government social investment on both sides of the border.

C. JOINT PROGRAMME DESCRIPTION

1. Baseline and Situation Analysis

1.1 Problem statement

The Dominican Republic, a Small Island Development State (SIDS), is one of the most dynamic economies in Latin America and the Caribbean (LAC), with an average annual growth of 5.6% in the current decade, driven mainly by construction, agriculture, and service

activities such as tourism, communications and free trade zones. This has led to a significant reduction in poverty and a doubling of per capita GDP. The Ministry of Economy, Planning and Development (MEPyD) through the Monetary Poverty 2020 bulletin indicated that 23.4% of households are in general poverty and 3.5% in extreme poverty. For this same year, the Gini inequality indicator was 0.405, reflecting a decrease in relation to previous years. The country's economic growth has been evident, even despite exhibiting one of the highest labor informality rates in the region, which reached 54% of the economically active population (EAP) in 2019. On the other hand, the population projections of the National Statistics Office for 2021 was 10,535,535 people, of which 50.1% equivalent to 5,275,893 are women and the remaining 49.9%, i.e., 5,259,642 are men.

Despite its high economic performance and such progress in terms of poverty reduction, the country has a high level of gender inequality. According to the World Human Development Report 2020, although the Dominican Republic is located in a High Human Development Index (0.756), the Gender Inequality Index (GDI) is 0.455, higher than the average for Latin America and the Caribbean which is 0.389, which places us as the 5th country with the highest gender inequality in the region.

This gender inequality, which preexists the crisis produced by the COVID 19 pandemic and represents a serious obstacle to the full exercise of women's fundamental rights, is manifested in all areas. For example, according to the National Bureau of Statistics (2018) 68.8% of 15-year-old women have experienced some type of violence throughout their lives in the public or private sphere, which has negative effects on their physical and mental health, as well as on their environment, including their children, families, and communities. On the other hand, almost half of the adolescents in the poorest quintile have ever been married or in a union, which means that the country has a teenage pregnancy rate that places us in the second highest position in the region, according to ECLAC's Gender Equality Observatory for Latin America and the Caribbean. Despite being most students in universities (64.4%) and of those graduating from higher education, they continue to have fewer opportunities in the labor market than men (PLANEG, 2019).

In terms of labor market participation, women are most of the total inactive people with 69.0% and the remaining 31.0% are men.¹ In the aforementioned MEPyD 2020 poverty report, overburdened care work is identified as one of the main reasons why women did not look for work, with 40.5% of women indicating family responsibilities or household chores as the main reason for their inactivity. Care work (unpaid work) is still traditionally considered a women's responsibility, which translates into an unequal distribution of the use of time. According to data from the National Household Survey (ENHOGAR, 2016), the proportion of time spent by women aged 15 and over on domestic and unpaid work is 4.41 times greater than that spent by men in the same age group (16.71 vs. 3.79). This burden of hours dedicated to unpaid work limits their aspirations for insertion or growth in the labor market, their access to political life, studies, entrepreneurship, among others.²

At the end of 2019, 6.0% of the employed population performed paid domestic and care work; however, this type of occupation is largely made up of the female labor force compared to the

¹ Central Bank of the Dominican Republic (BCRD). Main indicators of the Labor Market for persons 15 years and older. 2019-2021.

² Time Use Module National Household Survey (ENHOGAR) 2016.

male labor force (92.9% vs. 7.1%). This gap in the feminization of paid domestic work widens even more if the job is performed in the informal sector, i.e., without social security. For the same period, 94.1% of the total number of people working in paid domestic service in the informal sector were women, compared to 5.9% of men. Consequently, women who perform care work in the informal sector are even more vulnerable, as they are unable to access social security benefits (health, protection against occupational hazards, pension), which has repercussions on the perpetuation of their poverty.

These inequalities are also accompanied by wide wage gaps. At the end of 2019, the average wage gap between men and women stood at -20.9% (DOP 15,646.33 vs. DOP 19,789.86), being more accentuated in the informal sector, where the gap widens to -47.4% (DOP 9,020 vs. DOP 17,138.25). Within paid domestic work, the gap between men and women was -13.3% (DOP 7,285.65 vs. DOP 10,919.15).³ These gaps become even more relevant if they are seen in relation to women's ability to cover the costs associated with the basic family basket, which, at the end of 2019 stood at an average of DOP 34,992.80, and at DOP 20,418 for the lowest income quintile, evidencing the negative impact that these gaps have on women's economic autonomy.⁴

A study by the United Nations Development Programme (UNDP), which examines the effects of the pandemic on labor market transitions, shows that pre-existing inequalities have widened further since the COVID-19 crisis. During the first three quarters of 2020, labor force exits for people who were employed in the first quarter of 2020 was higher for women than for men and was more pronounced for women who were informally employed in the first quarter. In turn, the results reflect that, among the reasons for exiting the labor force, family responsibilities had a strong incidence among women, but was almost nil for men.⁵ In addition, appropriate measures, both for women and men, should be taken to reduce the number of women in the labor force.

In addition, appropriate measures, both at the global and national levels, which included restricting mobility and closing schools, significantly increased the time spent on care services, leading to an increase in the time spent on care services by women, which is closely related to their exit from the labor market. Therefore, within socioeconomic recovery policies, the establishment of care policies becomes an essential element to guarantee an effective return of women to the labor market. In terms of social protection and social security policies, the Dominican Republic generally considers the issue of care within its legal framework, and although it has prioritized public policies for groups in situations of dependency, it does not have a comprehensive care policy, which has not allowed progress towards gender equality and social equality. Currently, there is a favorable political and institutional context in the country to propose comprehensive and universal policies. Among the most relevant recent policy measures are: the implementation of the National System for Comprehensive Early Childhood Care, the transfer of executive functions from the National Council for Children and Adolescents (CONANI) to fully comply with its guiding role, and the transfer of care functions

³ Central Bank of the Dominican Republic (BCRD). Continuous National Labor Force Survey (ENCFT) 2019.

⁴ Central Bank of the Dominican Republic (BCRD). Cost of Basic Family Basket: Income Quintiles. 2019.

⁵ Viollaz, M. (2021). Inequality Impacts of Pandemic in Labor Markets of the Dominican Republic. United Nations Development Programme Desarrollo (UNDP).

from the Ministry of Public Health (MSP) to the National Council for the Elderly (CONAPE), which has allowed for the expansion of care and coverage of the needs of older persons.

However, the national public supply is limited, which prevents the effective provision of care services to the entire dependent population. The database of the Unified System of Beneficiaries (SIUBEN)⁶ has registered a total of 6,374,922 people distributed in 2,102,178 households. Of the total number of registered households, only 14,377 children aged 0 to 12 receive care services through the National Institute for Comprehensive Early Childhood Care (INAIPI), corresponding to 0.9%, while 86.3% do not attend any care service. Of the children who are not sent to any center, 56.8% are left in the care of the mother, and 26.4% by a grandfather or grandmother. Likewise, through SIUBEN, households with care-dependent persons have been identified; 17.9% of households have at least one person with a disability, 20.3% have at least one person 65 years of age or older, and 27.3% of households have at least one child under 5 years of age.⁷

60.1% of households are headed by a woman, and the remaining 39.9% by a man. Of the female heads of household, 13.5% reported having completed university studies, followed by 34.2% with a high school education and, finally, 41.5% completed basic education. Of those who are not enrolled in an educational center, 25.1% did so because they were working or helping in the home; likewise, those who did not look for work did so because they had no one to leave the children/older persons at home with (1.3%) and 30.9% were engaged in household chores (housewife).

On the other hand, the Socio-Economic Impact Assessment (SEIA) survey - prepared by UNDP on the impact of COVID 19 on Dominican households - indicates that 15.3% of the households surveyed when there is a female head of household who is also the main provider, domestic and paid care services represent their main source of income generation. Of households with a female head of household and at least one person with a disability in the household, 14.0% are very overburdened with household chores since the arrival of COVID 19.

In this regard, the Dominican Government has decided to incorporate the care component through the SUPÉRATE Program as a basis for expanding the supply of services nationwide.⁸ For this purpose, three (3) municipalities have been prioritized for the pilot of the National Care Policy: Azua, Santo Domingo Este and Bánica, which are in the Azua de Compostela, Santo Domingo and Elías Piña provinces, respectively. This selection has been made based on key aspects such as the concentration of households living in extreme poverty and moderate poverty, as well as the demand for care services. Through this pilot, the Government proposes to take steps towards the implementation of a comprehensive care policy with three approaches: supplying the public demand for city services, generating employment and income opportunities for women through the dignification and

⁶ SIUBEN is the most updated source of information on households and their members that the country currently has. This database is built with the massive information surveys conducted every four years, in priority areas I and II of the 2014 Poverty Map of the MEPyD. This list of eligible persons is the main instrument for targeting social policies in the Dominican Republic and has a representativeness of approximately 60.5% of the national population according to ONE's 2021 population projections.

⁷ Sistema Único de Beneficiarios (SIUBEN). Tercer Estudio Socioeconómico de Hogares (3ESH) 2018.

⁸ Decree No. 377-21. Institutionalization of the SUPÉRATE Program, in substitution of the Progressing with Solidarity Program (PROSOLI).

professionalization of care activities, and providing opportunities for women's reinsertion into the labor market.⁹

According to the Third Socioeconomic Study of Households 2018 published by the Single Beneficiary System (SIUBEN), Elías Piña, a cross-border province, has 21.0% of households with dirt floors, 71.6% of households that do not have sanitary services or use a latrine, 0.6% of people with private or subsidized health insurance. These and other variables cause 78.4% of the households to be categorized in ICV 1 and ICV 2 with the highest incidence of poverty levels.

Regarding the distribution of people with disabilities and limitations, the provinces of Santo Domingo Este and Distrito Nacional have the highest percentage of people with this condition, in their municipalities Santo Domingo Este has 31,787 households with people with disabilities, while Santo Domingo Norte has 19,659 households.

The United Nations System (UNS) support to improve and increase the supply of quality care services, as well as to improve their accessibility, can accelerate the achievement of the goals related to the 2030 Agenda in a way that is both strategic and innovative. By mitigating care-related inequalities, addressing the significant barriers that limit women's access to paid work and improving the employment conditions of care workers, this joint program follows a transformative and gender-sensitive approach that would have an accelerating and synergistic effect on multiple SDGs. It promotes co-responsibility in the household while boosting the reduction of gender-based employment inequalities. In addition, care services would be strengthened, benefiting current and potential users. Finally, the working conditions of paid domestic and care workers would be improved.

1.2 Target groups

Target groups to be influenced directly are: women and care and domestic workers. With indirect influence, target group include children, persons with disabilities (PWD), older persons and people in extreme poverty.

Gender equality has gained ground as an ethical and practical objective of public policies. In this scenario, the fact that investing in care policies has a positive impact by reducing gender inequality, while contributing to the transformation of social rules in favor of promoting co-responsibility in care activities within the home, has gained great relevance. However, despite the increase in women's participation in the labor market in recent decades, women continue to be the main caregivers in their households. Their labor participation is generally concentrated in informal employment and they have an intermittent trajectory, experiencing ups and downs in the labor market.

People in need of care including children, the older persons, sick people and people with a permanent or temporary disability. The program will provide technical assistance and support

⁹ According to the Third Socioeconomic Study of Households 2018 published by the Single Beneficiary System (SIUBEN), Elías Piña, 78.4% of households are categorized in ICV 1 and ICV 2 with the highest incidence of poverty levels. Regarding the distribution of people with some disability and limitation, Santo Domingo Este and Distrito Nacional provinces have the highest percentage of people with this condition (31,787 households and 19,659 households, respectively).

for the implementation of the pilot communities of care in the prioritized territories and will also provide technical assistance for the development of the National Care policy to extend quality care services to people in need of care.

Women performing unpaid work, mostly women from socially disadvantaged groups, who are limited in their ability to enter and stay in employment and the quality of jobs they perform hampering their economic opportunities and well-being diminishing their overall enjoyment of human rights. Unpaid care workers in the pilot communities will benefit from the provision of care services that will allow them to enter the labor market or training opportunities to prepare them for work, if desired.

Paid care workers which are overwhelmingly women, in particular personal care workers and domestic workers which have very poor working conditions, including long working hours, low wages and no social protection and are often exposed to discriminatory practices. The program will provide vocational and professional training to paid care workers and to potential care workers in the pilot programs in the prioritized territories and technical assistance for the design of a national training policy and program for the National Care Policy.

Trainers in public and private institutions that provide training to paid and unpaid care workers. The program will review the existing training programs and make recommendations for improvements based on international good practices.

Within the municipalities selected for the pilot of the National Care Plan are the following: Azua de Compostela, Azua; Bánica, Elías Piña and Santo Domingo Este, Santo Domingo the SUPÉRATE Program has a total of 98,456 beneficiary households.

In the municipality of Azua de Compostela there are 17,703 beneficiary households, where 36.0% have a demand for care. A total of 6,303 households has a potential demand for care, of these, 61.2% have early childhood, followed by 30.6% who have dependent people with disabilities and finally, 8.2% have dependent older adults. The estimated number of people engaged in domestic work in the municipality of Azua de Compostela is 1,748, of which 93.5% are women and the remaining 6.5% are men.

A total of 1,304 households in the municipality of Bánica are beneficiaries of the SUPÉRATE program. Of these, 37.0% were identified as having at least one person requiring care, where 58.6% have children between 0 and 5 years of age, 27.5% have a person with a disability, and 17.5% have an older person with dependency. It is worth mentioning that the municipality of Bánica has approximately 28 women dedicated to domestic work.

Santo Domingo Este has a total of 79,449 households that are beneficiaries of the SUPÉRATE program. Of these, 42.0% have at least one member who demands care. It has been identified that 58.1% have members of early childhood, followed by 32.9% who have at least one person with a disability and 9.1% with older adults. It is estimated that within this municipality there are a total of 7,984 people who are engaged in domestic work, where 96.8% are women and 3.24% are men.

Pilot Municipalities Prioritized	SUPÉRATE Households	Percentage Households with Care Demand	of with Households with potential care demand	Estimated number of persons dedicated to domestic work
----------------------------------	---------------------	--	---	--

			With Early Children	With Disability	With Older Persons	Total	W	M	Total
Azua	17,703	36%	3,858	1,926	519	6,303	1,635	113	1,748
Bánica	1,304	37%	283	133	67	483	28	0	28
Santo Domingo Este	79,449	42%	19,382	10,972	3,026	33,380	7,255	259	7,984
TOTAL	98,456	41%	23,523	13,031	3,612	40,166	9,388	372	9,760

1.3 SDG targets

The Joint Programme will substantially contribute to the acceleration of four SDG targets.

- **Target 1.a:** Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
- **Target 1.b:** Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions.
- **Target 5.4:** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and family as nationally appropriate.
- **Target 8.5:** Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
- **Target 17.18:** Enhance capacity-building support to developing countries, including least developed countries and small island developing States, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

With respect to target 5.4, the National Time Use Survey (ENUT, 2016) shows that women spend more than four times as much as men in unpaid care activities. The average weekly proportion of time spent by women on these activities is 16.6 hours compared to 3.8 hours for men. According to the international time-use surveys, this is an indicator that hardly changes in the short term and, therefore, the current trend is not to expect significant change between now and 2023.

However, if the reduction of gender gaps through the promotion of shared domestic responsibilities becomes a priority within key national policies, such as the National Care

Policy, a solid foundation will be formed to promote such a change in the medium term, e.g., by 2030.

The National Care Policy will articulate efforts to (1) improve the distribution of unpaid work between men and women within households, and (2) address the needs of women, children, the older persons, and people with disabilities. The potential impact of the National Care Policy is 850,000 persons by 2030, contributing significantly beyond SDG 5: Achieve gender equality and empower all women and girls.

Interrelationships between the goals

As highlighted before, the multidimensional, complementary and interdependent nature of the objectives of the care policy that the joint program will support contributes to triggering different means to accelerate the achievement of various SDGs. In the first place, it focuses on developing a new inter-sector governance and management model based on the articulation of different institutional entities, from the point of view that no entity alone can effectively tackle the task of combating poverty and inequality, thus as well as a new way of thinking about bolder strategies for an inclusive economic recovery, based on a reinforced role of the State as guarantor and protector of the basic rights of people, especially the poorest and most vulnerable.

This model is aligned with the approach of the 2030 Agenda, because it also focuses more on people and not on the means, as well as it overcomes the traditional vision of combating poverty based on an agenda of mere social assistance, to also integrate innovative accompaniment and comprehensive care strategies and linkages to economic inclusion, and that of women as a key determinant.

Methods for measuring progress

The DR Governments has an Interinstitutional Commission for the SDGs progress monitoring and through the National Planning and Public investment System has aligned SDGs with National Development Strategy Goals and government priorities. The System, which is coordinated by the Ministry of Economy, Planning and Development, has a methodology and mechanisms for the timely update of key data and monitoring for SGD indicators.

SDG Indicators	Baselines and Targets	
	Female	Male
1.a.1 Proportion of resources allocated by the government directly to poverty reduction programmes	BL (2020): DOP 574,511,395,208.00 Target (2023): 5.0% increase	
1.a.2 Proportion of total government spending on essential services (education, health and social protection)	BL (2020): DOP 547,753,833,712 (2020) Target (2023): 8.6% increase	
1.b.1 Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups	BL (2020): DOP 7,878,032,144 Target (2023): 8.6% increase	

SDG Indicators	Baselines and Targets	
	Female	Male
5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	BL (2016): 31.16 hours Target (2023): TBD	BL (2016): 9.62 hours Target (2023): TBD
8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities	BL (2015): DOP81.20 Current Value: DOP 92.30 (2017) Target: DOP 101.50 (2023)	BL (2015): DOP88.10 Current Value: DOP101.30 (2017) Target: DOP 109.4 (2023)
8.5.2 Unemployment rate, by sex, age and persons with disabilities	BL (2019): by Age Group 0-14: 2.0 0-24: 11.0 15+: 4.0 15-24: 11.0 15-64: 4.0 25+: 2.0 Target (2023): A reduction of 1.0 pp with respect of the post pandemic value	BL (2019): by Age Group 0-14: 10.0 0-24: 22.0 15+: 9.0 15-24: 22.0 15-64: 10.0 25+: 7.0 Target (2023): A reduction of 1.0 pp with respect of the post pandemic value
17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	Current Value: 10% (2020) Target: 20% (2023)	

1.4 Stakeholder mapping

Beneficiary groups	Communities of Care in three (3) prioritized municipalities, with focus on families in poverty from the <i>SUPÉRATE</i> Program for the period 2021-2022, for a total of 41,166 households with potential care demand.
---------------------------	--

Government: The Joint Programme has established its priorities in conjunction with national authorities, essential partners for the provision of information and data and for the design and operation of plans and policies.

Institutions	Involvement, Interest and Relationship
Ministry of Economics, Planning and Development (MEPyD in Spanish)	MEPyD leads and coordinates the process of formulation, management, monitoring and evaluation of macroeconomic and sustainable development policies; as the Governing Body of the National System of Planning and Public Investment and Territorial Planning and Management, it is the actor that advises the planning and design process of the care pilot as

Government: The Joint Programme has established its priorities in conjunction with national authorities, essential partners for the provision of information and data and for the design and operation of plans and policies.	
Institutions	Involvement, Interest and Relationship
	well as its monitoring and evaluation, ensuring coordination at territorial and sectoral level, as well as overall coherence between policies, plans, programs and actions. It coordinates the expansion plans to a National Care Policy.
Single Beneficiary System (SIUBEN in Spanish)	SIUBEN is the main social policy targeting instrument used by social programs to select households and/or individuals to benefit from the actions they implement. SIUBEN is the information base used by <i>SUPÉRATE</i> for its care component.
<i>SUPÉRATE</i> Program	<i>SUPÉRATE</i> Program, previously Progressing with Solidarity (PROSOLI), includes a component to articulate solutions to the care needs of eligible households, promoting the economic autonomy of participating women and care as a right, with special emphasis on children, people in situations of dependency, older persons and / or disabled. Joint Programme is in charge of the territorial coordination of the care pilot.
National Council for Persons with Disabilities (CONADIS in Spanish)	CONADIS is the institution responsible for establishing and coordinating policies for persons with disability. Support in measuring disability and dependency, guaranteeing standards of care services for people with disabilities in a situation of dependency, complementary services with technical aids, among others.
National Council for the Elderly (CONAPE in Spanish)	CONAPE is the government institution responsible for designing national policies in favor of older persons. They also play an important part in coordinating provision of care services and integral attention to older persons in dependency situation by operating and/or overseeing the operation of public and private care centers employment of caregivers.
National Institute for Integrated Care for Early Childhood (INAIPI in Spanish)	INAIPI is the government entity responsible for managing the provision of quality comprehensive care and attention services to children during early childhood, i.e., from 0 to 5 years of age, and their families.
National Institute for Technical-Professional Education (INFOTEP in Spanish)	Governing body of the national vocational technical training system. Provision of training and certification services for caregiving, guarantee of standards, habilitation for employment in caregiving services.
Ministry of Labor	Highest administrative authority within the government in salaried labor relations dependent on the private sector and autonomous government agencies. Is in charge of regulating the working conditions of care workers, advising the employment intermediation service of the Network of Care Workers.

Government: The Joint Programme has established its priorities in conjunction with national authorities, essential partners for the provision of information and data and for the design and operation of plans and policies.

Institutions	Involvement, Interest and Relationship
Ministry of Women	Government institution responsible for directing, streamlining and articulating the promotion of gender equality and women's empowerment in government institutions, in coordination with civil society. It will support the implementation of the communication strategy for cultural change on care and connection of care workers with complementary services through its provincial and municipal offices.
General Directorate of Strategic and Special Projects of the Presidency (PROPEEP in Spanish)	Entity that seeks to promote the development of capacities and opportunities to reduce poverty and social exclusion with a rights-based, comprehensive, systemic and territorially based approach. For these purposes, three plans were created: Dominican Learns with You, Dominican Grow with You, and Dignified Dominican. In terms of care, it is associated with the implementation of the Ecoplaza of Bánica, integrating infrastructure for care services of INAIPI and CONAPE, as well as training services of INFOTEP and the <i>SUPÉRATE</i> Program.

Civil Society Organizations: Civil society organizations have played an important role in helping to place the relevance of care on the public agenda and in the context of this proposal they will be part of the Intersectoral Technical Roundtable that will function as a non-governmental Advisory Council. CSOs have experience in conducting research, participating in campaigns and policy dialogue. In addition, their experience in monitoring and holding government accountable is very important to the program.

Organizations	Involvement, Interest and Relationship
Friedrich-Ebert-Stiftung (FES)	Technical assistance for institutional strengthening, which includes capacity building for teams of institutions involved in program management.

Private Sector: The private sector is linked to several roles within this Joint Programme, on the one hand, to the private supply of care services and on the other, as one of the main sectors generating employment, from which issues such as co-responsibility in care and the extension of parental leave, especially that of men, can be promoted. Sectoral Private Sector Organizations and Unions will also play a role.

Companies	Involvement, Interest and Relationship
Private care service providers identified through mapping	Cover the demand for care not met by the public sector. The geo-referencing of these care services is proposed in order to establish the gap.

International Development Partners:	
Companies	Involvement, Interest and Relationship
International Development Bank (IDB)	Financing for building and equipping infrastructure, establishing the referral and counter-referral system and the care workers network, paying for training and employment intermediation services, and technical assistance for institutional strengthening

2. Programme Strategy

2.1. Overall strategy

In June 2021, the Dominican Republic government unveiled an ambitious program to establish a National Care policy in the context of the *SUPERATE* poverty alleviation program. The vision articulated by the government proposes to take advantage of the potential of the care economy to be a pillar of social investment, new job creation and the insertion of women into the labor force thus promoting the reactivation of the economy after the COVID-19 sanitary and economic crisis. In addition, the government proposes to fulfill its obligation to guarantee the rights of people who demand care and those they care for, fostering the co-responsibility of the different actors involved: The State, the community, the family and the private sector. The government vision is transformative promoting policy complementarity and coordination gender equality, the improvement of the situation of care workers. Investment in the care economy has visible positive macroeconomic impacts. The government proposes to pilot “Communities of Care” in three municipalities of the country: Azua de Compostela, Bánica, and Santo Domingo Este.

This Joint Programme aims to support the Government’s development of the National Care Policy and the implementation of the *SUPERATE* program, through carrying out pilots of the National Care Policy. In addition, the Programme will contribute to the establishment of a statistical and information system for its implementation and provide technical assistance for the development of the National Care Policy.

The strategy pursued by the project for the establishment of the Communities of Care is framed within the framework of closing the gap in access to services and guaranteeing rights for the dependent population, while dignifying care services and unpaid work, taking into account, together with the public programmatic offer, the offer of private and community care services, promoting the professionalization and valorizations of care work and creating opportunities for women to enter the labor market, increasing their social and economic inclusion. This intervention aims at reorganizing responsibilities between the State, families and the market, linking the State to the area of co-responsibility where a culture of equality between men and women in the home is promoted, in line with the provisions of target 5.4 of SDG 5. In this sense, UNDP promotes the creation of strategies for the partial diversion of care outside the family sphere and the recognition and valorization of unpaid domestic work, as well as the incorporation of men into care, in order to contribute to a more egalitarian society where all citizens have equal access to the full enjoyment of their rights.

The project will review the principal professional and technical training provided by the National Technical and Professional Training Institute (INFOTEP in Spanish), and other public and private institutions providing training for the provision of care services to children aged 0-5, persons with disabilities and older persons and provide recommendations to improve the training provided based on international good practices and national evaluations. Additionally, virtual South-South and triangular cooperation will be promoted to learn from countries such as Argentina and Uruguay that have established training programs for diverse types of care providers. Also, Technical Assistance will be provided to INFOTEP and the *SUPERATE* program to implement the recommendations in the public and private institutions currently providing training services in the pilot programs territories.

The project will provide technical and financial support to INFOTEP to review its current training offer, and courses taking account the recommendations of the review carried out, and the needs identified by the mapping of the demand for care services in the territories covered by the pilot program. It will also provide training to the existing and potential care workers for the extension of care programs in the territories prioritized by the pilot programs.

Another fundamental part to be supported by the project consists of the development of a communication strategy, both at the national and local levels, with the objective of raising awareness of the supply and care services to be provided within the prioritized territories and guaranteeing the articulation for the effective implementation of these services. Initially, the strategy will be implemented on a small scale through pilots, and then systematized by identifying lessons learned and opportunities for improvement, which will serve as input for the design of a general communication strategy during the expansion phase. This is consistent with UNDP's vision, which is to ensure the comprehensiveness and articulation of policies for sustainable human development.

The project also contemplates technical assistance for the strengthening and interconnectivity of statistical and information systems to contribute to the design, management and implementation of the National Care Policy, in line with UNFPA's mandate of supporting the overall capacity of the National Statistical System to map, analyze and address inequalities through the generation and use of high-quality disaggregated data for improved evidence-based public policies and programs. These statistical and information systems will also serve for the targeting and planning of the Care Policy in the prioritized territories, both in the pilot stage and in the formulation of the expansion plans, via monitoring, follow-up, and evaluation processes. De manera similar, el proyecto apoyará en el mapeo georreferenciado de la oferta privada de servicios de cuidado, la cual será integrada al mapeo existente de la oferta pública incrementando así las capacidades del Gobierno para la provisión de servicios de cuidado y el cierre de las brechas de acceso a los mismos.

Based on the experience of the pilot program, the project will collect the lessons learnt to provide inputs for the development of a training component of the National Care Policy through a process evaluation and a results evaluation.

The ILO mandate expressed in the Centenary I Declaration on the Future of Work (2019) places emphasis on achieving gender equality at work through a transformative program,

which allows a better conciliation of work and family responsibilities and promotes investment in the care economy.¹⁰

The ILO Centenary Declaration (2019) the promotion achieving gender equality at work through a transformative agenda, with regular evaluation of progress made, which: – ensures equal opportunities, equal participation and equal treatment, including equal remuneration for women and men for work of equal value; – enables a more balanced sharing of family responsibilities; – provides scope for achieving better work–life balance by enabling workers and employers to agree on solutions, including on working time, that consider their respective needs and benefits; and; – promotes investment in the care economy.

The program is framed within a rights-based approach and includes a gender perspective in all its components and strategies. It also responds directly to the observations and recommendations made by international human rights mechanisms on the Dominican Republic, such as the Concluding Observation (h) of the combined Seventh and Eight Periodic Report on the Dominican Republic of the CEDAW in 2016 to raise women's and men's awareness of their equal family responsibilities and encourage men to participate equally in childcare and household chores.

Care has been recognized, by the governments of the region in the framework of the Regional Conference on Women in Latin America and the Caribbean, as a right of individuals, highlighting the key social function that care has for the production and reproduction of life and the well-being of societies. In this context, the Montevideo Strategy urges governments to encourage the adoption of care policies and the promotion of co-responsibility between women and men that contribute to women's autonomy and to a fair social organization of care.¹¹ This commitment was recently ratified at the XIV Regional Conference on Women in Latin America and the Caribbean, held in January 2020 in Santiago, Chile, through the Santiago Commitment, which explicitly mentions the need to "implement counter cyclical policies sensitive to gender inequalities to mitigate the effects of economic crises and recessions on women's lives, and promote regulatory frameworks and policies to boost the economy in key sectors, including the care economy."¹²

Leaving No One Behind (LNOB) means prioritizing the dignity of human beings and putting the advancement of the most marginalized communities first. It is recognized that Integrated Care Systems are fundamental to successfully meeting the challenge of overcoming poverty and reducing inequalities.

The policy formulation resulting from this program will benefit women across the country. Lessons from the model of inclusion of female care workers may be useful in designing future strategies to expand coverage for other occupational groups.

¹⁰ ILO Centenary Declaration on the Future of Work (2019)

https://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_711674.pdf

¹¹ This was agreed by the governments of the region in the Regional Gender Agenda, recognizing care as a right and committing through the Montevideo Strategy to make every effort to overcome the rigid sexual division of labor and the unjust social organization of care in order to achieve the SDGs by 2030. Extracted from: UN Women and ECLAC (2020) Care in Latin America and the Caribbean in times of COVID-19. Towards comprehensive systems to strengthen response and recovery.

¹² ECLAC – Santiago Commitment – Regional Conference on Latin America and Caribbean Women. https://conferenciamujer.cepal.org/14/sites/crm14/files/20-00089_crm.14_compromiso_de_santiago.pdf

Finally, the program supports the Samoa Declaration that call for Small Island Development States (SIDS) to eliminate all forms of discrimination against women and girls and to strengthen women's economic empowerment and ensure equal access to full and productive employment and decent work.

2.2 Theory of Change

This proposal seeks to accelerate substantive equality between men and women by promoting the recognition, reduction and redistribution of unpaid domestic and care work, achieving greater co-responsibility between the State, the market, the community and households in the social organization of care at the national and local levels. To this end, national and local capacities will be strengthened to provide services and infrastructures that facilitate institutional co-responsibility, particularly at the local level, generating a scalable model of public policies and services at the local level that can be replicated at the national level.

Under the premise of Leaving No One Behind and the gender and human rights-based approaches, the proposal identifies women care workers in situations of vulnerability and poverty as a vulnerable population group that faces multiple discriminations based on age, gender, origin, poverty, marital status, among others, and that is not fully covered within the social protection systems, thus being left behind, as a consequence, in the effective exercise of their rights.

The strategy underlying this project is the active participation and involvement of stakeholders. Working at the local level with the beneficiary population is key to identifying practices that positively affect them. In addition, the involvement of public and private stakeholders, social organizations and academia is essential for the selection of the innovation portfolio, as well as for its piloting and for the development of the public policy and governance portfolio that facilitates these innovations based on intersectoral collaborations.

Outcome 1. The National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented promoting comprehensive solutions to care needs.

Output 1.1. Specialized multisectoral advice is provided for the effective development of the three pilot Communities of Care.

Output 1.2. Communication strategy for the National Care Policy designed and costed and implemented in three prioritized communities.

Output 1.3. The training offer for the provision of care services is strengthened to support poor and vulnerable families in the prioritized territories.

Outcome 1 ToC: If (1) specialized multisectoral advice is provided for the effective development of the three pilot Communities of Care; if (2) a Care Policy Communication Strategy in its pilot stage is designed, costed and implemented at national and local level; (3) the training offer for the provision of care services is strengthened to support poor and vulnerable families in the prioritized territories; then (4) the National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented, promoting comprehensive solutions to care needs.; because (4) evidence – based tools and partnerships haven been established and consolidated.

Outcome 2. Statistical and information systems strengthened and contributing to the design, management and implementation of the National Care Policy in support of the achievement of the SDGs and the strengthening of the National Statistical System.

Output 2.1. The National Care Policy has strengthened information systems for targeting and planning of the National Care Policy in the prioritized territories, both in the pilot stage and in the formulation of the expansion plan.

Output 2.2. Strengthening of information management for monitoring, follow-up, evaluation and learning processes linked to the development of the Care Policy pilot, as a key input for the design of the expansion plan aimed at the gradual consolidation of a National Care System with universal coverage vocation.

Outcome 2 ToC: If (1) the National Care Policy has strengthened information systems for the targeting, monitoring and planning of the Care Policy in the prioritized territories, both in the pilot stage and in the formulation of the expansion plan, and if (2) the information generated is effectively deployed, used for decision-making and integrated with the National Statistical System; then (3) the National Care Policy is equipped with evidence to promote comprehensive solutions to care needs with a universal coverage vocation and in articulation with SDGs; because (4) evidence-generating mechanisms have been strengthened and consolidated within the NCS and interconnected with relevant institutions.

Outcome 3. National Care Policy is strengthened and expanded from the pilot experience for the gradual consolidation of a National Care System with universal coverage vocation.

Output 3.1. Design and costing of the expansion plan of the National Care Policy, integrating the lessons learned from the pilot experience.

Outcome 3 ToC: If (1) the design and costing of the expansion plan of the National Care Policy, integrating the lessons learned from the pilot experience is done; then (3) the National Care Policy is reinforced and expanded from the pilot experience for the gradual consolidation of a National Care Policy with a universal coverage vocation; because (4) enabling conditions will have been tested for the implementation at national level.

Assumptions

- Political will (of national and local governments) to develop public care policies and prioritize the target population of the Joint Programme.
- Availability of technical, financial and institutional resources to guarantee the viability and sustainability of a National Care Policy.
- Access to the necessary information to carry out studies, systematize experiences and built tools (systems and platforms) related to the construction of the National Care Policy, plus inter-institutional collaboration in the homologation of concepts, indicators, and registries to foster inter-connectiveness and inter-operability of data and information systems
- The willingness of decision-makers to use the new data collected by the project to redesign public care policies.

A final assumption is that PUNOs are well-positioned to play a key role in facilitating agreements with the authorities, achieving effective coordination, and ensuring the involvement of strategic actors. Currently, the Dominican government recognizes PUNOs as strategic partners to (a) provide tools for policy design, budgeting, and social dialogue, with a special focus on women; (b) learn from South-South cooperation, especially from other Latin American countries; (c) and tackle the structural barriers that prevent women accessing care services.

Risks

Regarding the stakeholder's involvement, the programme identifies the following potential risk: (1) campaign, does not empathize with the promotion of domestic worker's affiliation. The programme considers that the potential risks related to government and stakeholders' involvement can be efficiently attended under the assumption that PUNOs have a strong relationship with both groups and have collaboratively developed the selection of SDG targets to be addressed by the programme, as well as the objectives and main activities to be developed in the next two years.

Other risks detected are related to the implementation of the programme in the field at local level, such as (1) contexts of violence and insecurity and (2) pandemic. Both these risks can lead to the suspension of the implementation of the programme for an uncertain period of time. In case that some of these potential risks materialize, PUNOs have previous experience of such occurrences as well as internal protocols to follow, in accordance with UN standards.

2.3 Expected results and impact

The program aims to promote comprehensive solutions to care needs by promoting women's economic autonomy and the right to care for children, people in situations of dependency or disability and older adults as a key strategy to accelerate the achievement of SDGs 1, 5 and 8 in the Dominican Republic. To this end, the program focuses on five key components for shaping care policies: the services provided, the regulations established (services and labor), the training of care workers, actions to generate and manage data, information and public knowledge on care, and communication actions aimed at disseminating rights and promoting cultural change. Based on the above, the program will generate the following outcomes:

- **Outcome 1.** The National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented promoting comprehensive solutions to care needs.
- **Outcome 2.** Statistical and information systems strengthened and contributing to the design, management, and implementation of the National Care Policy in support of the achievement of the SDGs and the strengthening of the National Statistical System.
- **Outcome 3.** National Care Policy is strengthened and expanded from the pilot experience for the gradual consolidation of a National Care System with universal coverage vocation.

To comply with the SDGs and the promise to Leave No One Behind, it is necessary to have quality disaggregated data that provides a panoramic view that allows the analysis of different trends and factors associated with different population groups, especially those in situations of greater vulnerability. Outcome 2 includes technical assistance and support for the strengthening of existing statistical and information systems, as well as their interconnection and interoperability, to contribute to the design, management and implementation of the

National Care Policy in support of the SDGs and the strengthening of the National Statistical System.

Currently, the Single System of Beneficiaries (SIUBEN) has different records, databases and systems that will serve as a starting point for this result, working with the other instances that will intervene in the care system to ensure the homologation of records and variables, the consistency of the data, and its adequate management and disposition for analytical, monitoring, follow-up, and evaluation purposes. The generation and use of appropriately disaggregated quality data will in turn support the development of evidence-based public policies that make visible different intersections between gender, age, disability, and other variables of interest throughout the pilot and expansion phases. In this way, the information systems will play a key role in the targeting and planning of the Care Policy in the prioritized territories in the different stages of the system's development.

Outcome 1. The National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented promoting comprehensive solutions to care needs.

The joint program will support the implementation of the Communities of Care in prioritized territories, promoting the implementation of an innovative model of governance and intersectoral management to offer families an articulated package of services to facilitate care and labor insertion through it, with special priority on the poor and vulnerable population covered by the *SUPERATE* Program. The UN support will include specialized technical advice based on international best practices to support the development of institutional capacities at central and local levels, including the areas of communication, training for care, and monitoring of the pilot experience for the integration of learning, adjustments, and continuous improvement.

Output 1.1. Specialized multisectoral advice is provided for the effective development of the three pilot Communities of Care.

This output will be led by UN Women, which has extensive experience in Latin America and the Caribbean in providing technical support to promote equality and empowerment of women and girls, to improve their living conditions, responding to the needs they face in the world. This output will support the government in the implementation of Communities of Care in prioritized territories, increasing social inclusion and economic empowerment of women who perform unpaid work, and guaranteeing access to decent care services for people in situations of dependency.

Output 1.2 Communication strategy for the National Care Policy designed and costed and implemented in three prioritized communities.

A central part of the Joint Program, which will be carried out by UNDP, consists of the design of a communications strategy to publicize not only the program but also care as a transforming element. Initially, the strategy will be adjusted to the three prioritized municipalities, but with the intention that the inputs will later be adapted to the post-pilot expansion phase of the Integrated Care System.

Output 1.3. The training offer for the provision of care services is strengthened to support poor and vulnerable families in the prioritized territories.

This output will be led by ILO and UNFPA, who will work on the revision and implementation of standardized care protocols, as well as the creation of qualified human capital to provide such services.

At the end of this Joint Programme, an increase in the economic empowerment of women within the prioritized territories is expected, through the professionalization of unpaid work and their incorporation into the labor market, the closing of the gap in care services through the creation of local care communicates, and the standardization of protocols and qualified human capital to provide such services. In addition, after the program, the country will have the capacity to promote a comprehensive approach from the different agencies involved in the expansion of the National Care Policy.

Outcome 2. Statistical and information systems strengthened and contributing to the design, management, and implementation of the National Care System in support of the achievement of the SDGs and the strengthening of the National Statistical System.

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

Output 2.1. The National Care Policy has strengthened information systems for the targeting and planning of the Care Policy in the prioritized territories, both in the pilot stage and in the formulation of the expansion plan.

This output will be led by UNFPA and UNDP, who have extensive experience in Latin America and the Caribbean in data analysis and management, with knowledge of poverty measures and targeting instruments for the design and implementation of public policies. In this sense, actions will be implemented to improve the inclusion of the target population and the identification of the private supply of care, complementing the previously identified public supply.

Output 2.2. Strengthening of information management for monitoring, follow-up, evaluation and learning processes linked to the development of the Care Policy pilot, as a key input for the design of the expansion plan aimed at the gradual consolidation of a National Care System with universal coverage vocation.

This output will be led by UNFPA and UNDP, who will provide support in the systematization of the results of the implementation of the pilots through the design and implementation of evaluations (of processes and results). In addition, technical support will be provided in the design of instruments to measure the quality-of-service delivery and the methodological design of the impact evaluation.

At the end of this Joint Programme, the Dominican Republic will have an evaluation system that provides robust evidence for decision making and defined guidelines for effective policy scaling up.

Outcome 3. National Care Policy is strengthened and expanded from the pilot experience for the gradual consolidation of a National Care System with universal coverage vocation.

The objective of the program is to establish, based on the pilot experience, a plan for the expansion of the National Care Policy that lays the foundations for the gradual consolidation of a universal Care System.

Output 3.1 Design and costing of the expansion plan of the National Care Policy, integrating the lessons learned from the pilot experience.

This output will be led by UN Women, an agency with solid work in the Latin American and Caribbean region promoting the creation and consolidation of care policies that contribute to women's autonomy and the fair social organization of care through the 3Rs approach: Recognize, Redistribute and Reduce the unpaid care work assumed by women to allow the responsibility for this fundamental work to be valued and assumed by the State, the private sector, the community, households and between men and women.

At the end of the Joint Programme, based on the results of the consultancy, research and analysis carried out, the Dominican Republic will have inputs to advance in the expansion of the National Care Policy. This result will significantly contribute to lay the foundations for the gradual consolidation of a National Care Policy with universal coverage contributing to the achievement of women's empowerment and gender equality and serving as a key element for socioeconomic recovery by becoming a direct and indirect generator of employment and a facilitator for other sectors of the economy to function properly.

Expected impact by 2023

Thanks to the achievement of the indicated outcomes and outputs, in 2023, the expected scenario will be as follows:

1) National Care Policy

At the end of 2023 it is expected that the National Care Policy will be piloted for nationwide expansion. The SUPÉRATE Program network will have trained care workers in the territories prioritized by the pilot programs, with clear recommendations on how to improve the training provided to paid care workers and potential care workers by INFOTEP and other public institutions, including training content and delivery mechanisms. The implementation of the pilot program will provide lessons and inputs to establish the training pillar for the National Care Policy that will guide the provision of trained human resources for the system. Improved qualifications and training will improve working conditions of care workers, the vast majority of which are women, among other vulnerable groups, such as children, youth, persons with disabilities, older persons and people in extreme poverty.

National Care Policy	
Objective	Stimulate the care economy and the promotion of a care society through the implementation of the National Care Policy in the Dominican Republic.
Inputs	Public goods and services package that strengthen institutional offers through articulated care services that guarantee the right to be cared for and the labor insertion of the beneficiary population, care training program, labor intermediation services, adapted and accessible spaces and infrastructure, Universal Social Registry for access to rights, Referral and Counter-referral System for timely and quality inter-institutional care, local Network of Care Workers.
Outputs	<ul style="list-style-type: none"> • A National Care Policy installed and functioning, with a clear governance structure, monitoring and evaluation system and a mechanism for generating data and evidence. • A local Network of Care Workers, supported by access to decent and dignified employment, with a specific population that demands and receives care. • A referral and counter-referral system of beneficiaries for inter-institutional care. • An offer of integrated services to guarantee the right to care and to be cared for with dignity.
Intermediate results	<ul style="list-style-type: none"> • Children in early childhood receive socio-educational and socio-health care in care services • Older adults receive socio-educational, socio-health and basic therapeutic care services. • People with disabilities are included in the care services of their community or close environment. • Women and men from poor and vulnerable households trained and certified for employment in care services • Expanded, improved and focused investment in social infrastructure for care services • Improved access of poor and vulnerable households to support networks and social services
Impact	<ul style="list-style-type: none"> • Increased income and economic autonomy of women and their families through access to decent jobs or training services in care. • Economic, labor and social inclusion of women and men from poor and vulnerable households through access to formal, decent and safe jobs and access to social protection rights and services. • Women and men certified in caregiving and integrated into networks offering services to members of their community or nearby environments. • More equitable, co-responsible and comprehensive reorganization of care work. • Improvement of capacities and opportunities for integral development in early childhood (participation in preschool education activities, early learning and cognitive development, promotion of food security and preventive health). • Social inclusion of older persons and people with disabilities in the network of comprehensive social protection services.

	<ul style="list-style-type: none"> • Improved compliance with the current legal framework and international commitments on social protection and vulnerable population groups and on inclusive and sustainable development. • Strengthened the capacities and articulation of the institutions linked to the governance and management of services related to care.
Assumption	<p>The National Care Policy will be implemented in national and local environments conducive to detonate the care economy and the promotion of a care society with the necessary political and budgetary support to build infrastructure, expand demand and care services, generate interest in Joint Programme families to be part of the direct beneficiary population, make the relevant institutional and human resources modifications to ensure inter-institutional agreements and the sustainability of the System and its services.</p>

2) Impact on SDGs:

The Joint Programme will effectively contribute directly to the achievement of SDG 5 (achieve gender equality and empower all women and girls), SDG 8 (promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work) and SDG 10 (reduce inequality within and among countries).

Care occupations are viewed as an extension of women’s unpaid care work within their own households and communities. As a result, care workers carry with them low status, a lack of social recognition and low pay. In particular, domestic workers experience some of the worst occupational conditions across the care workforce and are particularly vulnerable to exploitation. The provision of quality vocational training and education for care workers including domestic workers offers a path for decent work for them because they can grow professionally and improve their wages and working conditions. For most women outside the work force, indicate care responsibilities as the main reason for not seeking a job in the labor market. In this context, the expansion of work in the pilot Communities of Care will provide an opportunity for women to seek paid employment or self-employment, thus increasing their economic autonomy and their household income.

At the end of the Joint Programme, women and care workers will benefit directly from the implementation of pilot Communities of Care as part of the National Care Policy. In addition, other groups in situation of dependency will be beneficiaries including people with disabilities, older persons and children and youth:

- women to be able to reduce their unpaid care workload;
- children, people in situations of dependency or disability and older adults to receive quality care services,
- people working for pay in the care sector will see their services professionalized, increasing their work skills, wages, and productivity.

The Joint Program outcomes fully address the National Development Strategy (END) and the 2030 Agenda for Development through several interventions foreseen: (i) survey of socioeconomic information of eligible households for the pilot implementation of the National Care Policy (baseline and target) Registry of demand for care services and condition of target households, integrating the survey of unpaid and paid care work (SIUBEN+ Social Registry);

(ii) creation of data interconnection mechanisms for the single registry of beneficiaries of the Care Program; (iii) strengthening of methodologies for measuring dependency; (iv) alignment and coordination with the National Statistical System for monitoring SDGs, for the adoption of public policies oriented to the SDGs; (v) conducting impact evaluation of the pilot project (Development of national capacities for impact evaluation); (vi) Evidence-based social policy development; and (vii) provided information for effective monitoring of the National Care Policy pilot.

2.4 Financing

The programme cost is estimated at USD 933,619.00 for the two-year implementation, a 79.9% from the SDG Fund. Of the total amount 100% can be considered as allocated to gender equality and women empowerment, as the whole Joint Programme is about increasing social protection for women, children, people with disabilities and older persons. The total budget is divided by 82.2% in programme activities and another 17.8% joint programme coordination/external M&E/overhead costs. Total amount of the programme is divided per outcome as following:

- **Outcome 1:** Technical assistance for the implementation of the pilot in the 3 prioritized territories (USD 295,000 from the SDG Fund). Includes: specialized technical assistance and training for the Local Care Boards; design, costing, implementation, and M&E of the communication strategy in the prioritized territories and training for the provision of care services in the prioritized territories.
- **Outcome 2:** Technical assistance for the establishment and implementation of statistical and information systems (USD 220,000 from the SDG Fund). Includes: data collection in the prioritized territories; technical assistance for the systematization and evaluation of the processes and results of the pilot in the three prioritized territories, and technical assistance for the impact evaluation design.
- **Outcome 3:** Strategic and operational advisory for design and implementation of the National Care Policy expansion plan (USD 65,000 from the SDG Fund). Includes: technical assistance for the design and costing of the extension plan.

It is expected that the International Development Bank (IDB) will provide US\$10 million (earmarked for building and equipping infrastructure, establishing the referral and counter-referral system and the Network of Care Workers, paying for training and employment intermediation services, and technical assistance for institutional strengthening).

The Friedrich-Ebert-Stiftung (FES) will contribute with USD 30,000.00 aimed at technical assistance for institutional strengthening, which includes capacity building for teams of institutions involved in program management.

2.5 Partnerships and stakeholder engagement

The Joint Programme is aligned with the national strategic priorities and commitments of the Government Program 2022-2024, as well as with the National Employment Plan, the National Development Strategy (END) 2030, the Dominican Constitution, the legal framework on children, older adults and disability, and Decree 377-21, which integrates the care economy as a component of the fight against poverty and the promotion of social cohesion.

This initiative seeks to take advantage of the potential of care as a key vector for social investment, the creation of new jobs, the labor insertion of women and economic reactivation, while at the same time creating a society in which the rights of those who demand care and those who care are guaranteed, promoting the co-responsibility of the different actors involved: The State, the community, the family, and the private sector.

The Ministry of Economy, Planning and Development (MEPyD) will be the government leader institution in charge of the action, with a role of co-coordination of the Central Intersectoral Roundtable and local Roundtables, as well as mainstreaming the different complementary approaches that will serve as a basis for the expansion of the initial pilot towards an Integral Care System. MEPyD will work closely with the Unified System of Beneficiaries (SIUBEN) for the management of information and targeting of beneficiary households and the *SUPÉRATE* program who will oversee mainstreaming a rights, gender and adaptive social protection approach. The development of the policy, from its pilot stage, involves the implementation of an innovative intersectoral governance and management model.

For governance, spaces for articulation, coordination and collective political decision making are planned, comprising, on the one hand, the National Intersectoral Care Table and Local Intersectoral Care Tables, the latter in the territories prioritized in the action. The coordination of these tables will be the responsibility of the Ministry of Economy, Planning and Development (MEPyD) and the Ministry of Women, for gender mainstreaming and support in the implementation of a communication strategy for cultural change on care.

For management, the territorial coordination of the pilot program will be in charge of the *SUPÉRATE* program and, as co-implementers, the Single System of Beneficiaries (SIUBEN), for information management and targeting methodologies for the selection of target populations; the National Institute for Early Childhood Care (INAIPI), for the mainstreaming of the children's approach; the National Council on Disability (CONADIS), for the mainstreaming of the disability approach and for the guarantee of the standards of care services for people with disabilities in a situation of dependency; the National Council for the Elderly (CONAPE), for the mainstreaming life cycle approach and integral care and attention services for older persons in a situation of dependency; the Technical Professional Training Institute (INFOTEP), training and certification services for caregiving and habilitation for employment in caregiving services. and the Directorate of Strategic Projects and Special Programs of the Presidency (PROPEEP), implementation of the *Bánica Ecoplaza* and strengthening of previous alliances with key stakeholders in this prioritized municipality. The implementation will be advised by Technical Units of the Ministry of Economy, Planning and Development (MEPyD), Ministry of Labor and Ministry of Women.

All PUNOs will be responsible for the mainstreaming and integration of the gender and inclusion perspective and are highly committed to their incorporation in each one of the approaches and axes of this project. Specialized PUNOS will ensure the inclusion of their mandates.

UNDP has an integrating vision with methodologies to create a Social Protection and Gender Floor and for the reduction of poverty with a multidimensional and Human Development approach, promotes public-private partnerships and supports the mainstreaming of the gender approach

3. Programme implementation

3.1 Governance and implementation arrangements

Under the leadership and coordination of the Resident Coordinator (RC), UNDP will lead the implementation of the JP. All agencies involved (UNDP, UN WOMEN, UNFPA and the ILO) will provide high quality technical assistance and implement actions toward the development of the National Care Policy. A national Joint Programme coordinator will be hired who will report to the UN Resident Coordinator. The Joint Programme will be formulated within the UNDAF 2018-2022 workplan, integrated in the next United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2028 and in the agenda of the Programme Management Team (PMT), providing regular reports to the Country Team (UNCT). The Ministry of Economics, Planning and Development (MEPyD) is leading and coordinating the development of the National Care Policy in the government. MEPyD will coordinate the participation of Single Beneficiary System (SIUBEN in Spanish), *SUPÉRATE* Program, National Council for Persons with Disabilities (CONADIS in Spanish) National Institute for Technical-Professional Education (INFOTEP in Spanish) National General Directorate of Strategic and Special Projects of the Presidency (PROPEEP in Spanish) who have already been involved in the planning of the proposed pilot interventions and initial policy objectives.

The JCP will establish the following governance structures:

1. **The National Steering Committee** will be responsible for guidance and oversight of the project implementation, ensuring alignment with national priorities Its members will include the UN Resident Coordination, the UNDP representative, and Vice Minister of the MEPyD. The Committee will meet at least twice a year to approve annual work plans, review results, and suggest necessary adjustments to the project strategy and implementation. The Committee will review and approve the project workplan, budgets and periodic reports

2. **The Technical Management Committee** will be responsible to provide technical coordination and ensure coherence and quality control of the project implementation. Its members be one technical representative of each of the participating UN agencies, a Representative of the UN Resident Coordinator Office, and the project manager and of the MEPyD. The government will designate government institutions that will be part of the committee. Both national institutions and local authorities of the communities of the pilot project will be included. The Joint Programme coordinator and a representative of the MEPyD will lead the Technical Management Committee and report to the National Steering Committee. The Technical Management Committee will provide technical contributions to the implementation, management, and development of the project, coordinate joint planning, monitoring and evaluation and communications as well as promoting information sharing and synergies among the project components and documenting lessons learnt. The technical management committee will promote alliances with other actors when necessary.

3. **The National Intersectoral Advisory Group.** (Mesa Intersectorial de Cuidados, in Spanish). The government has already decided to create and coordinate an Intersectoral Advisory Group for the development of the National Care Policy. This Advisory group will also have an advisory role for the project This will include government representatives, UN Agencies including the implementing agencies and other Un agencies, and other civil society

organizations including of people with disabilities, women's organizations, child rights organizations, trade unions, other workers organizations, academia, the private sector, donors and other development institutions. Its role is to provide advice and recommendations on the policy development, coordinate the contributions of civil society, the private sector, workers organizations, academia, and development partners to the implementation of the policy and to provide a forum for inputs for both the beneficiaries of care services (including youth, children, people with disabilities and older persons) and care workers. Institutions relevant for the implementation of the programme can be occasionally invited. The Government will establish and coordinate the National Intersectoral Advisory Group.

3.2 Monitoring, reporting, and evaluation

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. Each PUNO will provide the Convening/Lead Agent with the following narrative reports prepared in accordance with instructions and templates developed by the Joint SDG Fund Secretariat:

- *Annual narrative progress reports*, to be provided no later than one (1) month (31 January) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- *Mid-term progress review report* to be submitted halfway through the implementation of Joint Programme;¹³ and
- *Final consolidated narrative report*, after the completion of the Joint Programme, to be provided no later than two (2) months after the operational closure of the activities of the Joint Programme.

The Convening/Lead Agent will compile the narrative reports of PUNOs and submit a consolidated report to the Joint SDG Fund Secretariat, through the Resident Coordinator.

The Resident Coordinator will be required to monitor the implementation of the Joint Programme, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information when requested. As a minimum, joint programmes will prepare, and submit to the Joint SDG Fund Secretariat, 6-month monitoring updates. Additional insights (such as policy papers, value for money analysis, case studies, infographics, blogs) might need to be provided, per request of the Joint SDG Fund Secretariat. The Joint Programme will adequately allocate resources for monitoring and evaluation in the budget.

Data for all indicators of the results framework will be shared with the Fund Secretariat on a regular basis, in order to allow the Fund Secretariat to aggregate results at the global level and integrate findings into reporting on progress of the Joint SDG Fund.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the reporting done throughout the year.

¹³ This will be the basis for release of funding for the second year of implementation.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of the Fund Secretariat.

After competition of a joint programmes, a final, *independent and gender-responsive*¹⁴ *evaluation* will be organized by the Resident Coordinator. The cost needs to be budgeted, and in case there are no remaining funds at the end of the Joint Programme, it will be the responsibility of PUNOs to pay for the final, independent evaluation from their own resources.

The programme will be subject to a joint final independent evaluation with an established arrangement for managing the joint evaluation. The final evaluation will be managed jointly by the PUNOs as per established process for independent evaluations, including use of a joint evaluation steering group and dedicated evaluation managers not involved in the implementation of the joint programme. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of the PUNOs to ensure the requirements of those policies are met; and with use of appropriate guidance from PUNOs on joint evaluation. The evaluation process will be participative and will involve all relevant programme's stakeholders and partners. Evaluation results will be disseminated amongst governments, donors, academic institutions and stakeholders of civil society (including workers' and employers' organizations) and a joint management response will be produced upon completion of the evaluation process to be made publicly available on the evaluation platforms or similar of the PUNOs and through the UNEG database.

3.3 Accountability, financial management, and public disclosure

The Joint Programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channelled for the Joint Programme through the AA. Each Participating UN Organization receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund,

¹⁴ How to manage a gender responsive evaluation, Evaluation handbook, UN Women, 2015

and Programme in accordance with its own regulations, rules, directives and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding by the Joint SDG Fund will be provided on annual basis, upon successful performance of the Joint Programme.

Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund.

PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

Each PUNO will take appropriate measures to publicize the Joint SDG Fund and give due credit to the other PUNOs. All related publicity material, official notices, reports and publications, provided to the press or Fund beneficiaries, will acknowledge the role of the host Government, donors, PUNOs, the Administrative Agent, and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating Organization and partners in all external communications related to the Joint SDG Fund.

3.4 Legal context

Agency:	United Nations Development Programme (UNDP)
Agreement Title:	United Nations (United Nations Development Programme and Dominican Republic. Agreement concerning assistance by the UNDP to the Government of the Dominican Republic
Agreement Date:	Signed at Santo Domingo on 11 June 1974

Agency:	International Labour Organization (ILO)
Agreement Title:	Revised Agreement Between the Government of the Dominican Republic and the United Nations including the International Labor Organization (ILO), The United Nations Food and Agriculture Organization (FAO), The United Nations Education, Science and Culture Organization (UNESCO), The International Civil Aviation Organization (ICAO), The World Health Organization (WHO), The International Telecommunication Union (ITU), The World Meteorological Organization (WMO), The International Atomic Energy Agency (IAEA) and The Universal Postal Union (UPU).
Agreement Date:	20 February 1964

Agency:	United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
Agreement Title:	United Nations Sustainable Development Cooperation Framework. Agreement concerning assistance by all UN agencies to the government of the Dominican Republic.
Agreement Date:	Signed in Santo Domingo on 17 April 2017

Agency:	United Nations Population Fund (UNFPA)
Agreement Title:	United Nations (United Nations Development Programme and Dominican Republic. Agreement concerning assistance by the UNDP to the Government of the Dominican Republic
Agreement Date:	Signed at Santo Domingo on 11 June 1974

D. ANNEXES

Annex 1. List of related initiatives

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
<i>SIUBEN</i> +	Development of a universal social registry, and strengthening of social programs' focalization methods	SIUBEN is the key source of information for the design, implementation, and evaluation of the joint program.	UNDP			Jefrey Rafael Lizardo Ortiz, jlizardo@siuben.gob.do
<i>SUPÉRATE</i> Program	Social protection and economic inclusion of 1,350,000 households	<i>SUPÉRATE</i> is the lead government agency for the operative coordination of the joint program, and the key link to poor and vulnerable households targeted by the program.	UNDP			Gloria Reyes, gl.reyes@solidaridad.gob.do
Development of the National System for Evaluation and Certification of Disability (SVCD)	Developing an official instrument of evaluating and certifying persons with disabilities.	The SVCD will be used as an input for the selection process of persons with disability with high demand for care				Cristina Amiama, cristina.amiamama@conadis.gob.do

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
National Employment Plan	Updating national policies and strategies for employment in the current context of economic recovery	Care work is considered a non-traditional innovative sector that will be included in the new National Employment Plan.				Marie Laure Aristy Paul, marie-laure.aristy@mt.gob.do
Social Security Reform	Review and strengthen of the legal framework related to Social Security.	Social Security is related to one of the key objectives of the joint program with regards to decent work and social protection of care workers and vulnerable groups. The national care policy will imply gradual changes to the legal framework.				Marie Laure Aristy Paul, marie-laure.aristy@mt.gob.do
Pilot development of a training program for elder care by the INFOTEP (National Institute of	Developing an initial program to test results in elder care training	The joint program will expand on this pilot experience.				Rafael Santos, rsantos@infotep.gob.do

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
Technical and Professional Education)						
Ecoplaza Comunitaria Bánica	Implementing an integral attention model for poor and vulnerable communities by establishing social infrastructure and services	Bánica is one of the prioritized territories and the Ecoplaza will include care and care training services during the pilot.				José Leonel (Neney) Cabrera Abud, neney.cabrera@digepep.gob.do
Multi-actor Platform for the Prevention of Adolescent Pregnancy in Boca Chica	UNDP and UNFPA in 2018 and 2019 articulated a multi-stakeholder platform for the prevention of adolescent pregnancy in poverty and connectivity with the offer of sexual and reproductive health services, with a focus on economic and social empowerment of young women, training for productive options and internships in private companies. This work also succeeded in training 450 women who were mothers as adolescents to create skills for employability and the creation of a key adolescent center as a protection and coordination	Coordination of UNDP and UNFPA integrating the Cabinet of Social Policies and the National Institute of Technical Training (INFOTEP) to facilitate the infrastructure and curriculum of technical and vocational training, 12 civil society institutions, the National Health Service, schools	UNDP	UNFPA, Caminantes NGO	USD 200,000.00 UNDP	Sócrates Barinas (socrates.barinas@undp.org)

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
	center for directing women and adolescents to the national health services.	and the private sector.				
Rapid Financing Facility-Supporting the socioeconomic recovery of affected households and women led MSMEs with the implementation of adaptative social protection systems and green economy initiatives	In close coordination with Government and UNCT, provide strategic policy recommendations to develop and track multi-sector and multi-level inclusive and sustainable socioeconomic recovery strategies; Support the recovery of social capital, local economy and livelihoods of vulnerable households throughout the development of small community-based solutions; Promotion of inclusive, green/blue and resilient employment through digitization, innovation and increased productivity of MSMEs with especial attention to women led MSMEs; Catalyzing women participation and leadership and gender response for building back better a resilient and sustainable recovery to COVID-19.	Establishment of a group of women leaders conformed to promote actions at the community level identified in the prioritization of the Gender Equity Plan analysis and promote participation of other women and vulnerable groups.	UNDP		UNDP-RFF	

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
<p>Contributing to the territorialization of the 2030 Agenda in times of COVID-19: an AACID-UNDP strategic alliance.</p>	<p>The design and promotion of a territorialization strategy for the 2030 Agenda that responds to the needs that have arisen due to the COVID 19 pandemic. This seeks to promote multi-actor and multi-level local governance structures by implementing territorial platforms for the localization of SDGs.</p>	<p>UNDP is promoting, together with the government and other key actors, a medium- to long-term socioeconomic recovery strategy, creating a link between the emergency and recovery phases, which represents the challenge of accompanying the country in a resilient and sustainable recovery, so that it can count on increasingly solid governance systems without leaving anyone behind. This is being implemented through the municipalities with</p>	<p>UNDP</p>		<p>USD \$ 303,532.90 Agencia Andaluza de Cooperación Internacional (AACID)</p>	<p>Magdalena Martínez (magdalena.martinez@undp.org)</p>

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
		their Municipal Development Plan.				
Modernization and institutional strengthening of SIUBEN for its conversion into the Universal Social Registry in the Dominican Republic.	This project consists of strengthening the capacities of the Unified System of Beneficiaries by supporting the transformation of the institution into an information system that integrates contributory and non-contributory social benefits in a transparent and equitable manner, expressing the three pillars of the country's social public policy: income to overcome poverty, access to public services as a citizen's right, and labor and productive inclusion.	The Unified System of Beneficiaries (SIUBEN) is the institution that has the registry of people categorized by the Quality-of-Life Index (ICV). This makes it possible to identify them by sex, age range and/or disability. This database will be used to identify the areas that demand care among the households in the SUPÉRATE program. Both SIUBEN and SUPÉRATE are represented in the Central Inter-sectoral Board and local boards.	UNDP		USD 6,666,203.74 NIM	Guillermina Ramírez (guillermina.ramirez@undp.org)

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
Implementation of the Social Innovation Accelerator SUPÉRATE for the solution of the main challenges and social problems in the Dominican Republic.	Increase the scope of the project, consequently modifying the strategy, the results framework, the work plan, and its budget. It is expected to improve management processes, citizen participation, access to information, transparency, and accountability, promoting local empowerment and social cohesion.	Within the framework of this Joint Program, SUPÉRATE oversees the operational coordination of the pilot, the main link with target households, management of key instruments: Ref and Counter-reflective System, Network of Care Workers, Communication Strategy. At the same time, it is responsible for mainstreaming a rights, gender and adaptive social protection approach.	UNDP		USD 6,145,482.00 NIM	Pura Hernández (pura.hernandez@undp.org)
Social Protection Floor for Gender Equality at the Dominican Republic	Since 2014, UNDP, ILO and UN Women have been promoting the Regional Initiative on Social Protection and Gender, an inter-agency initiative that	UNDP, ILO and UN Women have coordinated with the country's social protection system	UNDP, ILO y UN Women	Gabinete de Coordinación de Políticas Sociales de	US\$264,624.00 GCPS, UNDP,	Raissa Crespo, Gender Officer UNDP

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
	<p>responds to the need to advance in the construction of social protection systems with a gender approach to ensure access to services and income security for the general population of Latin America, addressing the specific needs of different population groups in situations of greater vulnerability and particularly women. In the framework of this joint initiative in the Dominican Republic, UNDP, ILO, and UN Women developed a "Mapping and gender analysis of social protection programs and the Social Security System of the Dominican Republic" and the study "Towards a social protection and gender floor in the Dominican Republic: Scenarios and costs", focusing on the issue of care, the latter launched in 2019.</p>	<p>and MEPyD to provide technical assistance for the design of a comprehensive care policy, and to make its operationalization feasible in the territory through the development of one or more pilots for the implementation of the system. This collaboration was recently recognized by the Minister in the official presentation of the SUPÉRATE program. Based on the results of this joint work and in response to the priorities identified by the Government of the</p>		<p>la Vicepresidencia (GCPS)</p>	<p>ILO, UN Women</p>	<p>(raissa.crespo@undp.org)</p>

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
		Dominican Republic				
<p>Building national capacities for achieving social inclusion of persons with disabilities in the areas of education, employment, and participation in the Dominican Republic.</p>	<p>MINERD districts and Disability Resource Centers for the Attention to Diversity CADs have the capacity to guide and support teachers, ensuring that they offer an inclusive and quality education for children with disabilities in regular public primary schools. Increased capacity of Ministry of Labour to provide inclusive trainings and adapt regulations to National law to improve access to decent jobs. Government capacity to support persons with disabilities' participation and inclusion in the community and all aspects of society.</p>	<p>The National Council on Disability (CONADIS) is the entity mandated to work with this population group, which is a group of interest for this program. In addition, CONADIS is part of the intersectoral roundtable, where it has the role of representation in the Central Intersectoral Roundtable and local roundtables, mainstreaming the disability approach. Some of this interagency disability project have been used as input for the</p>	<p>UNDP UNICEF PAHO/WHO</p>	<p>National Council on Disability (CONADIS) Education Ministry Labor of Ministry The Ibero-American network of organizations of persons with physical and motor disabilities Best Buddies Francina Hungria Foundation</p>	<p>Total programme cost (442,315 USD) Total requested from UNPRPD Fund (390,021 USD) Financial contribution of UNPRPD Participating Organizations (52,294 USD)</p>	<p>Ruth Fernández (ruth.fernandez@undp.org) Lisette Núñez (lnunez@unicef.org) Alexandra Rodríguez</p>

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
		design of the Communities of Care Pilot.				
Improvement of the Quality of Life of the Older Adult Population Residing in 3 Permanent Centers	<ul style="list-style-type: none"> -Improvement of the care provided in permanent centers -Strengthening the skills of the staff in charge of caring for the elderly -Awareness of the rights and care of the elderly population -Strengthening of the administrative registration and quality surveillance system -Inclusion and participation of the elderly population 	The National Council of Aging Populations (CONAPE) is the entity that has the mandate to work with this population group, which is an interest group for this program.	UNFPA	PAHO	USD \$165,000.00 for the first year USD \$80,000 for the second year UNFPA/AF P Popular	Dulce Chahin (chahin@unfpa.org) Diógenes Lamarche (lamarchecastillo@unfpa.org)

Annex 2. Overall Results Framework

2.1. Targets for Joint SDG Fund Results Framework

Joint SDG Fund Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

Indicators	Targets	
	2022	2023
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope ¹⁵	0	1
1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale ¹⁶	0	1

¹⁵Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

¹⁶Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

Joint SDG Fund Output 3: Integrated policy solutions for accelerating SDG progress implemented

Indicators	Targets	
	2022	2023
3.1: # of innovative solutions that were tested ¹⁷ (disaggregated by % successful-unsuccessful)	0	3
3.2: # of integrated policy solutions that have been implemented with the national partners in lead	0	1

Joint SDG Fund Output 4: Integrated financing strategies for accelerating SDG progress implemented

Indicators	Targets	
	2022	2023
4.3: # of functioning partnership/governance frameworks for integrated financing strategies to accelerate progress on SDGs made operational	0	1

Joint SDG Fund Operational Performance Indicators

- Level of coherence of UN in implementing programme country¹⁸
- Reduced transaction costs for the participating UN agencies in interaction with national/regional and local authorities and/or public entities compared to other joint programmes in the country in question
- Annual % of financial delivery
- Joint programme operationally closed within original end date
- Joint programme financially closed 18 months after their operational closure
- Joint programme facilitated engagement with diverse stakeholders (e.g., parliamentarians, civil society, IFIs, bilateral/multilateral actor, private sector).
- Joint programme included addressing inequalities and the principle of “Leaving No One Behind”.
- Joint programme featured gender results at the outcome level.
- Joint programme undertook or draw upon relevant human rights analysis, and have developed or implemented a strategy to address human rights issues.
- Joint programme planned for and can demonstrate positive results/effects for youth.
- Joint programme considered the needs of persons with disabilities.
- Joint programme made use of risk analysis in programme planning.

¹⁷Each Joint programme in the Implementation phase will test at least 2 approaches.

¹⁸ Annual survey will provide qualitative information towards this indicator.

- Joint programme conducted do-no-harm / due diligence and were designed to take into consideration opportunities in the areas of the environment and climate change.

2.2. Joint programme Results framework

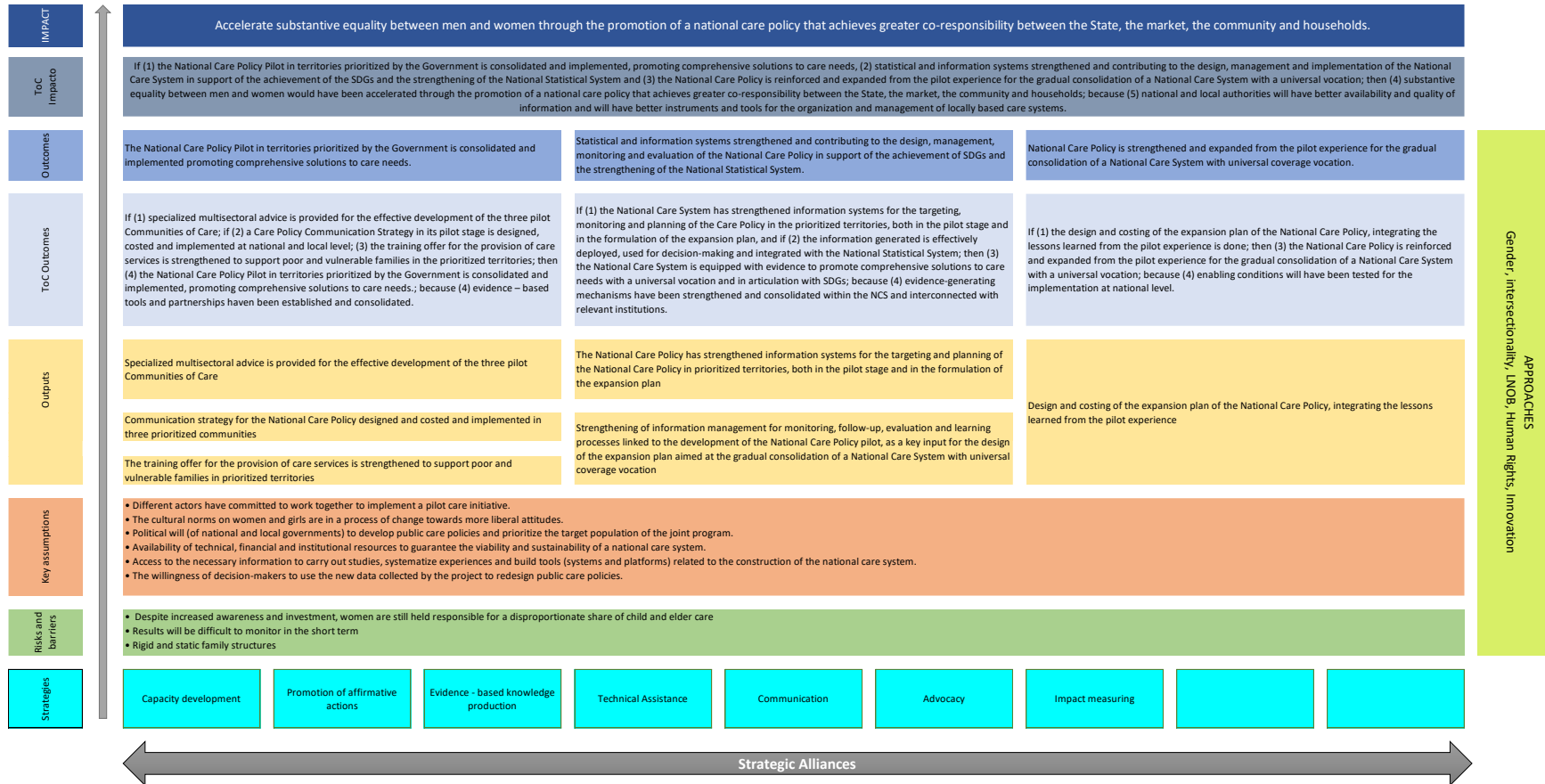
Result / Indicators	Baseline	2022 Target	2023 Target	Means of Verification	Responsible partner
Outcome 1 The National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented promoting comprehensive solutions to care needs.					
Outcome 1/ indicator National Care Policy Document elaborated	0	0	1	Policy document	UNDP
Output 1.1 Specialized multisectoral advice is provided for the effective development of the three pilot Communities of Care.					
Output 1.1 /indicator 1.1.1 Report with proposed recommendations for effective development of the three pilot Communities of Care	0	1	0	Finalized report	UN Women
Output 1.2 Communication strategy for the National Care Policy designed and costed and implemented in three prioritized communities.					
Output 1.2 indicator 1.2.1 Initial communication plan designed and costed	0	1	0	Finalized Plan	UNDP
Output 1.2 indicator 1.2.2 Percentage of actions of the initial communication plan implemented within the prioritized territories	0%	40%	100%	Internal project records and periodic project report	UNDP
Output 1.2 indicator 1.2.3 Report with improvement proposal and recommendations for the expansion phase elaborated	0	0	1	Finalized report	UNDP
Output 1.3. The training offer for the provision of care services is strengthened to support poor and vulnerable families in prioritized territories.					
Output 1.3 indicator 1.3.1 Study mapping the training offer for care workers in public	0	1	0	Finalized study,	ILO

Result / Indicators	Baseline	2022 Target	2023 Target	Means Verification of	Responsible partner
institutions and recommendations for improvement completed				Internal project records and periodic project report	
Output 1.3 indicator 1.3.2 Number of recommendations implemented by public institutions training care workers in the prioritized territories for the pilot the training offer for care workers in public institutions and recommendations for improvement completed	0	0	3	Internal project records and periodic project report	ILO
Output 1.3 /indicator 1.3.3 Percentage of needed care takers and potential care takers trained in the prioritized communities for the pilots	0	20%	70%	Training institutions records and periodic project reports	ILO
Outcome 2 Statistical and information systems strengthened and contributing to the design, management, monitoring and evaluation of the National Care Policy in support of the achievement of SDGs and the strengthening of the National Statistical System.					
Outcome 2 /indicator National Statistical System with the capability to support decision making within the National Care System	0	0	1	Policy document	UNFPA/ UNDP/ SIUBEN/ SUPÉRATE
Output 2.1. The National Care Policy has strengthened information systems for the targeting and planning of the National Care Policy in prioritized territories, both in the pilot stage and in the formulation of the expansion plan.					

Result / Indicators	Baseline	2022 Target	2023 Target	Means Verification of	Responsible partner
Output 2.1 / indicator 2.1.1 Percentage of technical assistance provided so that 90% of data is updated for households in the prioritized localities and the capabilities of the information systems is assessed	Existing SIUBEN/ SUPERATE data registries and systems	100%	0	Technical assistance reports Data analysis and reports	UNFPA/ SIUBEN UNDP/
Output 2.1 / indicator 2.1.2 Percentage of technical assistance provided so that the Statistical and Information Systems are inter-operational	Existing SIUBEN/ SUPERATE data registries and systems	0	100%	Technical assistance reports Data analysis and reports	UNFPA/ SIUBEN UNDP/
Output 2.1 / indicator 2.1.3 Percentage of implementation of the mapping and geo-referencing of the private and public supply of care services in the prioritized territories	50% (public supply mapping)	100%	100%	Internal project records and periodic project report	UNDP
Output 2.2. Strengthening of information management for monitoring, follow-up, evaluation and learning processes linked to the development of the National Care Policy pilot, as a key input for the design of the expansion plan aimed at the gradual consolidation of a National Care System with universal coverage vocation.					
Output 2.2 / indicator 2.2.1 Process and outcome evaluation of the pilot designed and implemented	0	0	1	Finalized report	UNDP
Output 2.2/ indicator 2.2.2 Percentage of Technical assistance provided so that the Statistical and Information Systems deliver evidence to inform expansion plans	0	1	0	Technical assistance reports	UNFPA/ SIUBEN UNDP/
Output 2.2/ indicator 2.2.3 Percentage of Technical assistance is provided so that	0	0	1	Technical assistance reports	UNFPA/ SIUBEN UNDP

Result / Indicators	Baseline	2022 Target	2023 Target	Means Verification	of Responsible partner
quality disaggregated data is produced and used as input for decision-making					
Output 2.2 /indicator 2.2.4 National Care Plan impact evaluation methodology designed	0	0	1	Finalized document	UNDP
Outcome 3 National Care Policy is strengthened and expanded from the pilot experience for the gradual consolidation of a National Care System with universal coverage vocation.					
Outcome 3/ indicator Number of key national policies and legal framework revised	0	0	1	Policy document	UN Women
Output 3.1. Design and costing of the expansion plan of the National Care Policy, integrating the lessons learned from the pilot experience.					
Output 3.1 /indicator 3.1.1 Number of actions plans developed	0	1	1	Internal records of the project. Annexes of periodic reports of the project	UN Women

[Annex 3. Theory of Change graphic](#)



APPROACHES
Gender, Intersectionality, INOB, Human Rights, Innovation

Annex 4. Gender marker matrix

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
Nº	Formulation			
1.1	Context analysis integrate gender analysis	3	<ul style="list-style-type: none"> The context analysis takes a closer look at one of the basis of gender inequality: unpaid care work, in line with SDG 5, target 5.4. The programme also considers the main international women's rights standards as applied to the problem that will be addressed. On the basis of this analysis, the programme identifies opportunities to promote gender equality through its outcomes and outputs. 	<p>Situation Analysis Human Rights Mechanisms aligned with Joint Programme</p> <p>All outcomes of the project.</p>
1.2	Gender mainstreamed in proposed outputs	3	<p>The project focus in promoting women's empowerment through the access to care systems. All project is dedicated to this, thus exceeding the criterion for this section.</p>	<p>Overview of the Joint Programme Results; Joint Programme descriptions, Theory of Change and expected results and impact</p>
1.3	Programme output indicators measure changes on gender equality	3	<p>In line with the overall goal of the programme, the indicators were developed with the aim of measuring the effective advancement on the creation of a National Care Policy and increased access of women to care services.</p>	<p>Annexes - Joint programme results framework</p>
2.1	PUNO collaborate and engage with Government on gender equality and the empowerment of women	3	<p>In order to build the proposal, the PUNOs consulted several governmental institutions as detailed in the proposal. The representatives of these institutions attended the participatory workshops organized by the PUNOs to build the proposal. As a result, the proposal is aligned with government national priorities and strategies to tackle gender inequality. The programme will work together with various local and national entities in a number of activities. These actors will be part of the Advisory Group, in order to monitor the implementation of the programme.</p>	<p>Strategic framework including stakeholder mapping.</p> <p>Several emails exchanges validating proposal and results framework.</p>

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
N°	Formulation			
2.2	PUNO collaborate and engages with women's/gender equality CSOs	2	Government along with PUNOs consulted with Friedrich-Ebert-Stiftung (FES) and it is expected to be part of an Advisory group with other organizations that need to be further identified.	Strategic Framework and stakeholder mapping.
3.1	Program proposes a gender-responsive budget	3	In conformity with the overall goal of the programme, the budget distribution is coherent with the achievement of SDG target 5.4, as well as target 1.3, that has been designed with a solid gender perspective.	Annexes – budget and work plan.
Total scoring		3		

Annex 5. Budget and Work Plan

5.1 Budget per UNSDG categories

The Programme has a total budget of 933,619 USD, of which 745,938 USD come from the Joint SDG Fund and 187,681 USD correspond to PUNO contributions (UNDP, ILO). Of the 745,938 USD contributed by the Joint SDG Fund, 580,000 USD correspond to direct costs, of which: 85.9% of the funds will be used for "contractual services", understanding that a significant portion of this JP corresponds to capacity building through trainings charged to this UNDG Budget category. Around 12.8% of the JCP budget goes to "Transfers and Grants to Counterparts," specifically to the implementation of a first cycle of the improved care training offer in the three pilot municipalities and monitoring of performance and results for future improvement recommendations, including: a) training of trainers and b) first class of certified persons. The rest 1.4% will be used under the "staff and other personnel" and "travel" categories.

UNDG BUDGET CATEGORIES	ILO		UNW		UNDP		UNFPA		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)
1. Staff and other personnel	2,930.0		-		-		-		2,930	
2. Supplies, Commodities, Materials	-		-		-		-		0	
3. Equipment, Vehicles, and Furniture (including Depreciation)	-		-		-		-		0	
4. Contractual services	43,070.0		125,000.0		205,000.0		125,000.0		498,070	
5. Travel	5,000.0		-		-		-		5,000	
6. Transfers and Grants to Counterparts	74,000.0		-		-		-		74,000	
7. General Operating and other Direct Costs	-		-		-		-		0	
Total Direct Costs	125,000.0		125,000.0		205,000.0		125,000.0		580,000	
8. Indirect Support Costs (Max. 7%)	8,750.0		8,750.0		14,350.0		8,750.0		40,600	
TOTAL Costs	133,750.0	34,681.0	133,750.0	50,000	219,350.0	65,000	133,750.0	38,000	620,600.0	187,681.00
1st year	79,180.0		64,200.0		121,266.66		133,750.0		398,396.7	-
2nd year	54,570.0		69,550.0		98,083.34				222,203.3	-

5.2 Budget per SDG targets

The Joint Program will contribute effectively to the achievement of SDG1 (end poverty in all its forms everywhere) SDG 5 (achieve gender equality and empower all women and girls), SDG 8 (promote sustained, inclusive, and sustainable economic growth, full and productive employment and decent work) and SDG 17 (strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development). At the end of the Joint Programme, women and care workers will benefit directly from the implementation of pilot Communities of Care of the National Care Policy. In addition, other groups in situation of dependency in the National Care System will be beneficiaries including people with disabilities, older persons and children and youth. Furthermore, since the program outcomes address several structural causes of gender inequality and poverty, the Joint Programme will accelerate the achievement of the goals related to the 2030 Agenda in a strategic and innovative way. Through this strategy, it is expected to advance in the recognition, reduction, and redistribution of unpaid care work, mitigating inequalities in care work and addressing the obstacles that prevent women from obtaining decent paid work (SDG target 5.4). Moreover, by generating decent care jobs, care policies and services expand the care workforce, sustaining the demand for female and male employment and contributing to full and productive employment for all (8.5). Similarly, the mobilization of resources from a variety of sources, including through enhanced development cooperation, to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions, will be enhanced and promoted (1.a). In addition, actions will be taken to create sound policy

frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions (1.b) and support provided to enhance capacity-building support to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other relevant characteristics (17.18).

SDG TARGETS		%	USD
1.a	Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions	3.8%	23,540.0
5.40	Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and family as nationally appropriate.	53.1%	329,560.0
8.50	Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.	21.6%	133,750.0
17.18	Enhance capacity-building support to developing countries, including least developed countries and small island developing States, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.	21.6%	133,750.0
TOTAL		100%	620,600.0

5.3 Work plan

The JP is based on two major outcomes. The first outcome program will support the implementation of the Communities of Care in prioritized territories, promoting the implementation of an innovative model of governance and intersectoral management to offer families an articulated package of services to facilitate care and labor insertion through it, with special priority on the poor

and vulnerable population covered by the *SUPERATE* Program and is budgeted with an amount of 424,681 USD (45.5%), including PUNO contributions per 129,681 USD. These funds will be used to finance the implementation of 3 outputs through the contract of Staff and other personnel; Contractual services; Travel; Transfers and Grants to Counterparts.

The second outcome will support the collection, systematization, analysis, and dissemination of data to strengthen targeting mechanisms, management by results and the development of an evidence-based care policy, with a view to solidifying the commitment to the gradual implementation of the National Care System in the country, and it is budgeted with 228,000 USD (24.4% of total budget), including PUNO contributions per 8,000 USD. These funds will be used to improve the inclusion of the target population and the identification of the private supply of care, complementing the previously identified public supply and with the design of instruments to measure the quality-of-service delivery and the methodological design of the impact evaluation.

The third outcome will contribute to establish, based on the pilot experience, a plan for the expansion of the National Care Policy that lays the foundations for the gradual consolidation of a universal Care System, and it is budgeted with 115,000 USD (12.3% of total budget), including PUNO contributions per 50,000 USD. These funds will be used to provide inputs to advance in the expansion of the National Care Policy. This result will significantly contribute to lay the foundations for the gradual consolidation of a National Care System with universal coverage contributing to the achievement of women's empowerment and gender equality and serving as a key element for socioeconomic recovery by becoming a direct and indirect generator of employment and a facilitator for other sectors of the economy to function properly.

Additionally, JP budget includes an amount of 165,938 USD to cover the Joint Programme Coordination, administrative support and general operating and other direct costs; JP Final Evaluation, monitoring, reporting, communication plan, learning and sharing plan charged to the SDG Fund.

Outcome 1		The National Care Policy Pilot in territories prioritized by the Government is consolidated and implemented promoting comprehensive solutions to care needs. The joint program will support the implementation of the Communities of Care in prioritized territories, promoting the implementation of an innovative model of governance and intersectoral management to offer families an articulated package of services to facilitate care and labor insertion through it, with special priority on the poor and vulnerable population covered by the Supérate Program. The UN support will include specialized technical advice based on international best practices to support the development of institutional capacities at central and local levels, including the areas of communication, training for care, and monitoring of the pilot experience for the integration of learning, adjustments and continuous improvement.																		
Output	Annual target/s		List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved			
	2022	2023		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)					
Output 1.1. Specialized multisectoral advice is provided for the effective development of the three pilot Communities of Care.	1	0	<p>1.1.1. Strategic and operational advisory in the implementation of 3 Communities of Care in 3 prioritized territories:</p> <p>1. Technical support to the teams in charge of the implementation of the pilot intersectoral governance and management model for the initial development of the Care Policy, including:</p> <p>(a) accompaniment to the formation of the Local Care Boards. (b) specialized technical assistance to the operational coordination of the pilot for the deployment of management tools and the articulated package of services from the central to the local level (care, training, labor intermediation, communication and information management).</p> <p>2. Support for the periodic monitoring of the development of the local plans of the 3 Communities of Care, as well as in the timely detection of needs for strategic and operational adjustments and in the eventual integration of improvements in the short term in an effective manner.</p>										Contractual services	40,000	-	40,000	UNWOMEN	MEPYD and SUPÉRATE		
			<p>1.1.2 National technician for strategic and operational support in the implementation and follow-up of the pilot Communities of Care (based at the DAPODECD VAES MEPYD office).</p>													Contractual services	20,000	-	20,000	UNWOMEN
Output 1.2 Communication strategy for the National Care Policy designed and costed and implemented in three prioritized communities.	1	0	<p>1.2.1. Design, costing, implementation, monitoring and evaluation of the Communication Strategy of the pilot stage of the National Policy, including:</p> <p>1. Design and costing of the initial communications plan.</p> <p>2. Implementation of the plan and its components in the 3 Communities of Care and of the communications actions that apply via the web and/or with national reach (e.g. launch activities, press conferences from headquarters and/or management of social networks). a) Monitoring and evaluation of the plan at the local level.</p> <p>3. Proposal of adjustments and improvements required for the communication plan during the post-pilot expansion phase.</p>											Contractual services	110,000	65,000.00	175,000	UNDP	SUPÉRATE, ILO, UNWOMEN, UNFPA	
Output 1.3. The training offer for the provision of care services is strengthened to support poor and vulnerable families in prioritized territories.	40%	100%	<p>1.3.1. Review of the main existing technical-professional offer of training programs for early childhood care and care of dependent adults, the elderly and/or disabled, and proposal for strengthening them based on the best applicable international practices.</p>											Contractual services	32,000	38,670.00	70,670	ILO / UNFPA	INFOTEP	
			<p>1.3.2. Initial support to INFOTEP and the SUPÉRATE Program for the integration of improvements in the training offer for the care of early childhood and people in a situation of dependency and installation of local capacities (Based on the results in 1.3.1).</p>												Staff and other personnel; Contractual services; Travel; Transfers and Grants to Counterparts	18,000	8,670.00	26,670	ILO	INFOTEP, SUPÉRATE, INAIPI, CONAPE, CONADIS, UNFPA, UNDP
			<p>1.3.3. Implementation of a first cycle of the improved care training offer in the three pilot municipalities and monitoring of performance and results for future improvement recommendations, including: a) training of trainers and b) first class of certified persons.</p>												75,000	17,341.00	92,341	ILO		

Outcome 2		Statistical and information systems strengthened and contributing to the design, management, monitoring and evaluation of the National Care Policy in support of the achievement of SDGs and the strengthening of the National Statistical System <i>The Joint Program will support the collection, systematization, analysis and dissemination of data to strengthen targeting mechanisms, management by results and the development of an evidence-based care policy, with a view to solidifying the commitment to the gradual implementation of the National Care System in the country.</i>																	
Output	Annual target/s		List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved		
	2022	2023		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)				
Output 2.1. The National Care Policy has strengthened information systems for the targeting and planning of the National Care Policy in prioritized territories, both in the pilot stage and in the formulation of the expansion plan.	1	0	2.1.1. Support to SIUBEN in the collection of socioeconomic information on eligible households for the pilot of the National Care Policy within the framework of the SUPÉRATE Program.											Contractual services	70,000	8,000.00	78,000	UNFPA	SIUBEN
	0	3	2.1.2. Advisory for the development of the registry of demand for care services and paid and unpaid care work in households identified by SIUBEN , including the interconnection mechanisms for the single registry of beneficiaries of the National Care Policy, in line with the indicators prioritized by the country for the achievement of the SDGs.											Contractual services	30,000	-	30,000	UNFPA	SIUBEN and SUPÉRATE (with INAIPI, CONAPE, CONADIS, CONANI)
	20%	70%	2.1.3 Georeferenced and descriptive mapping of the supply of care services at private and community level to integrate with the existing public supply map.											Contractual services	30,000	-	30,000	UNDP	MEPYD (with CONANI, CONAPE, CONADIS E INAIPI)
Output 2.2. Strengthening of information management for monitoring, follow-up, evaluation and learning processes linked to the development of the National Care Policy pilot, as a key input for the design of the expansion plan aimed at the gradual consolidation of a National Care System with universal coverage vocation.	0	1	2.2.1 Support in the systematization and evaluation of the processes and results of the pilot in the three prioritized territories. a. Design and implementation of evaluations b. Report of specific recommendations regarding the need for adjustments to the piloted intersectoral governance and management model and to the existing local plans and the development of the National Care Policy expansion plan.											Contractual services	50,000	-	50,000	UNDP	MEPYD
	1	0	2.2.2. Technical assistance in the design and testing of a quality measurement tool , including satisfaction of users, family members, caregivers and service providers.											Contractual services	25,000	-	25,000	UNFPA	SUPERATE
	0	1	2.2.3 Design of a methodology to evaluate the impact of the National Care Policy and implementation of the baseline.											Contractual services	15,000	-	15,000	UNDP	SIUBEN, MEPYD, ILO, UNWOMEN, UNFPA, UNICEF
Outcome 3		National Care Policy is strengthened and expanded from the pilot experience for the gradual consolidation of a National Care System with universal coverage vocation <i>The Joint Program will support the Dominican Government in the design and costing of an expansion plan, integrating the lessons learned from the pilot experience for the review of the different components required in the National Care Policy and the formulation of an indicative roadmap towards the gradual implementation of new Communities of Care, as well as the progressive development towards a National Care System with coverage of poor and non-poor populations to close the demand gaps.</i>																	
Output	Annual target/s		List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved		
	2022	2023		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)				
Output 3.1. Design and costing of the expansion plan of the National Care Policy, integrating the lessons learned from the pilot experience.	1	1	3.1.1 Specialized advisory for the design and costing of the National Care Policy expansion plan , including the review and strategic and operational strengthening of its different components: - Governance and cross-sectoral management model - the package of services (including additional service options for childcare for children 5-12 years) - Standards and regulatory aspects - Training offer - communication - Information management - Monitoring, evaluation and learning - Cost estimation of the expansion plan and projection of alternative scenarios of progressive access to these services. Preparation and transfer of tool to the government of the Dominican Republic. -Proposed financing strategy for the National Care Policy.											Contractual services	65,000	50,000.00	115,000	UNWOMEN	MEPYD, UNDP, UNFPA, ILO, UNICEF

Joint programme management	List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)		
Joint Programme Coordination	Interagency coordination for Joint Programme activities.									Staff and other personnel; Contractual services; Supplies, Commodities, Materials; General operating and other direct costs	90,160.0	-	90,160.0	UNDP ILO UNWOMEN UNFPA	
	Performance appraisal at the end of the Joint Programme.									25,000.0	-	25,000.0			
Indirect Support Costs	Indirect Support Costs (7%)									Indirect Support Costs	50,778.0	-	50,778.0	UNDP ILO UNWOMEN UNFPA	

Annex 6. Risk Management Plan

Risks	Risk Level:	Likelihood:	Impact:	Mitigating measures	Responsible Org./Person
Contextual risks					
New developments in the COVID-19 pandemic may result in lockdowns and/or restrictions on mobility	HIGH	3	4	Follow sanitary protocols during field visits and in-person meetings Maintain fluid communication with stakeholders	Coordination Committee
El piloto de la política nacional de cuidados en los tres municipios priorizados ha perdido prioridad ante el gobierno	MEDIUM	1	4	El SNU se encuentra en un diálogo constante con el gobierno respecto al programa. La implementación del piloto se pospone.	Coordination Committee
Programmatic risks					

Risks	Risk Level:	Likelihood:	Impact:	Mitigating measures	Responsible Org./Person
Insecurity and violence at local level could impact the implementation of the programme on the ground.	HIGH	3	3	-Implementation at local level carried out under UN security protocols. - Reinforce the existent security protocols.	Coordination Committee
Environmental disasters could (1) paralyze the implementation and (2) suddenly change Government priorities.	HIGH	3	4	Adequate planning of activities, taking advantage of the close relationship of UN agencies with the National Emergency Commission and other responsible actors, could expand the capacity to foresee and deal with these externalities in a timely manner.	Coordination Committee
Weak coordination of the programme.	MEDIUM	1	5		
Institutional risks					
Significant hurdles are encountered due to differences in how institutions carry out data collection and management policies and procedures, which impact the interoperability of data and information systems	MEDIUM	2	3	Evaluate alternate routes leading to conceptual and methodological homologation of variables and indicators, and, if necessary, take a first principles approach to build data systems from the ground up, incorporating similar inputs and different	Coordination Committee

Risks	Risk Level:	Likelihood:	Impact:	Mitigating measures	Responsible Org./Person
				outputs based on institutional and SDG monitoring needs	
Institutional and structural conditions in the field are significantly different than what has been considered in this proposal					
Fiduciary risks	N/A				