Guidelines for **care policies** from a **gender**, **territorial** and **intersectional** perspective

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This document was prepared jointly by the Division for Gender Affairs of the Economic Commission for Latin America and the Caribbean (ECLAC), led by Ana Güezmes García; the Regional Office for the Americas and the Caribbean of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), led by María-Noel Vaeza; the Regional Office for Latin America and the Caribbean of the International Labour Organization (ILO), led by Ana Virginia Moreira; and the Regional Bureau for Latin America and the Caribbean of the United Nations Development Programme (UNDP), led by Michelle Muschett.

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Introduction

Latin America and the Caribbean is faced with multidimensional crises that threaten to deepen long-standing structural inequalities in a region already confronted with three development traps: (i) low capacity for growth; (ii) high inequality with low social mobility and weak social cohesion; and (iii) low institutional capacities and ineffective governance (Economic Commission for Latin America and the Caribbean [ECLAC], 2024a). The region is also immersed in a care crisis that is having a disproportionate impact on women and especially those subject to various forms of intersectional exclusion. This crisis is reflected in increasing demand for care services that is linked to many different interrelated factors, such as the rapid ageing of the population, changes in the labour market, the effects of climate change, migration flows that alter the dynamics of care in migrants' places of origin and destination, care service shortages and insufficient infrastructure (ECLAC, 2025c). Hence the urgent need to work on designing and strengthening care policies to serve as a cornerstone for a more inclusive and sustainable development process in the region (ECLAC, 2025a). The care society thus emerges as a transformative paradigm for promoting a regional development model that can pave the way for a more productive, inclusive and sustainable future (ECLAC, 2024a).

The sexual division of labour and the unequal distribution of care work continue to be one of the four structural challenges of gender inequality (ECLAC, 2017). Women in Latin America and the Caribbean spend almost three times as much of their time on unpaid domestic and care work as men do, and this acts as a constraint on their participation in all areas of social and economic affairs and deepens existing inequalities (ECLAC, 2025d). Although women do the bulk of care work in all societies, the social organization of care varies from one place to the next (ECLAC, 2022). An even greater share of unpaid care work is shouldered by women and girls who are living in poverty —especially in countries with insufficient public services, limited infrastructure and weak social protection systems— and by women and girls in rural areas, in conflict zones and in areas that are seriously impacted by climate change and natural or other disasters (ECLAC, 2022; Falú and Pérez Castaño, 2024; Aguilar Revelo, 2021; Valenzuela, 2023; United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2024a, 2024b); De los Santos, 2022; United Nations Development Programme [UNPD], 2023b). In Latin America and the Caribbean, these inequalities are even greater in the case of Indigenous, migrant and Afrodescendent women, who generally are subject to heightened levels of discrimination and exclusion and have higher poverty rates (ECLAC, 2022; Falú and

Pérez Castaño, 2024). These intersectional inequalities in unpaid care work are one of the fundamental causes of socioeconomic inequality because they limit the amount of time that women and girls can devote to education, employment, public affairs, leisure and rest (United Nations, 2024a).

Against this backdrop, the document entitled *The care society: a horizon for sustainable recovery with gender equality*, which was presented at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean (November 2022, Buenos Aires), calls for a transition to a new development model that places priority on the sustainability of life and the planet, recognizes that care is a fundamental human right which underpins the well-being of the population as a whole, guarantees the rights of persons in need of care and those of the people who provide care and safeguards the right to self-care. On the basis of that document, the representatives of the governments of the region proceeded to debate, formulate and adopt the Buenos Aires Commitment, in which the governments call for a transition to a care society and "instruct the Economic Commission for Latin America and the Caribbean, in its capacity as technical secretariat of the Regional Conference on Women in Latin America and the Caribbean, in coordination with the United Nations Entity for Gender Equality and the Empowerment of Women and other United Nations agencies, funds and programmes, to prepare a document on guiding principles for the design of policies, from a gender, intersectional and intercultural perspective and the perspective of territory, within the framework of human rights" (ECLAC, 2023a, para. 43).

Accordingly, this document set outs guidelines for the design and implementation of care policies viewed from a territorial perspective. Care policies and support systems include normative frameworks, information systems, infrastructure, care services and benefits, financing and regulatory, training and certification mechanisms for the economy of care (ECLAC, 2024b, 2025b; UN-Women and ECLAC, 2021). The intention is also to overhaul the social and economic organization of care within the framework of the "5Rs" proposal for decent care work put forward by the International Labour Organization (ILO), which calls for recognizing, reducing and redistributing unpaid care work, rewarding and representing the people who perform paid care work and underscoring the importance of this work for the attainment of gender equality (International Labour Organization [ILO], 2021).

In this document, a territory is understood to be a space having environmental, social, cultural, political and economic dimensions. Since it is a multidimensional entity, a territory is not only a physical area but also a sphere of social relationships, shared meanings and processes of social construction. A territory serves as a dynamic arena where processes of cooperation and solidarity coexist with conflicts and disputes, all of which are shaped by the social constructs and structural inequalities present within the communities that inhabit it.

A territorial approach to care involves reconfiguring territories into spaces that guarantee the right to care for all. Factors such as the scarcity or complete absence of care and support services, inadequate infrastructure and access to basic services, shortages of health services, the segmentation and poor quality of other social protection services and the distances separating them can all interfere with access to care services (ECLAC, 2022, 2024b, 2025a; UNDP, 2023b); Falú and Perez Castaño, 2024). Transforming the social organization of care at the territorial level based on the principle of equality is vital in order to work towards attaining substantive equality and establishing a society of care, ensuring true autonomy and equality for women, upholding the human rights of those who provide care and those who need care, as well as the right to self-care, securing the well-being of people and their communities and shaping a sustainable development process. Likewise, community care work is very closely linked to the organization of care at the territorial level. Community care experiences generally extend beyond the scope of household dynamics; they are rooted in the territory as such and are underpinned by numerous self-managed networks (UNDP et al., 2022). In most of the countries of the region, this type of work is delimited by geographical proximity and encompasses various activities performed within the framework

of relationships among family members, friends and neighbours. Examples include community kitchens, volunteer initiatives,[1] soup kitchens and efforts undertaken within the sphere of the social and solidarity economy[2] (such as cooperatives).[3]

Public care policies at the territorial level take the form of actions, strategies and programmes that are designed and carried out by the State through different government institutions and levels of government, often in partnership with civil society, the private sector and different community initiatives. The aim of these efforts are to implement, conduct, regulate or oversee actions and care services and public benefits at the territorial level. This type of public policy should incorporate a gender, intercultural and intersectional perspective (ECLAC 2023a, para. 43). In addition, based as they are on principles of equality, universality, progressivity, nonregression, interdependence and social co-responsibility shared equally by men and women, care policies at the territorial level represent a core element in the sustainability of human life and the life of the planet. The approach taken to territorial interventions should be human rights-based,[4] with special emphasis on the principles of gender equality,[5] decent work[6] and the right to care.[7]

Based on these concepts, this document will look at the two dimensions of public care policies at the territorial level (see diagram 1). On the one hand, care policies can involve a policy transition from the national to the territorial level that entails the adaptation and implementation of a national care system. This is the case of decentralization strategies (the distribution of functions and jurisdictions or areas of authority to local levels of government), deconcentration (the distribution of functions within a given government agency), delegation (the transference of specific managerial responsibilities) and intergovernmental collaboration. On the other hand, territorial care policies may be formulated at the territorial level itself and be implemented by subnational government institutions in local communities.

These two strategies are not mutually exclusive. On the contrary, the choice of which approach should be used will depend on the complexity of the situation and the needs and opportunities of each territory, as well as on its institutional, social and economic make-up. It is of central importance, however, for these strategies and the many different ways in which they may be combined in a given territory to be coordinated and linked with one another. As was noted at the 112th session of the International Labour Conference (2024), "coordination across levels and sectors of government, taking a whole-of-government approach, fosters coherent, effective and integrated approaches to care" (ILO, 2024d, para. 29). A range of different actions, including national care strategies, decentralized

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1 See Barford et al. (2024).

2 The resolution adopted at the 110th session (2022) of the International Labour Conference recognizes the social and solidarity economy as a relevant means of achieving sustainable development, social justice, decent work, productive employment and improved living standards for all (ILO, 2022).

3 See the ILO Promotion of Cooperatives Recommendation, 2002 (No. 193) and United Nations (2023a).

4 Universal Declaration of Human Rights (1948), American Convention on Human Rights (1969), Convention on the Rights of the Child (1989), Convention on the Rights of Persons with Disabilities (2006) and the Inter-American Convention on Protecting the Human Rights of Older Persons (2015).

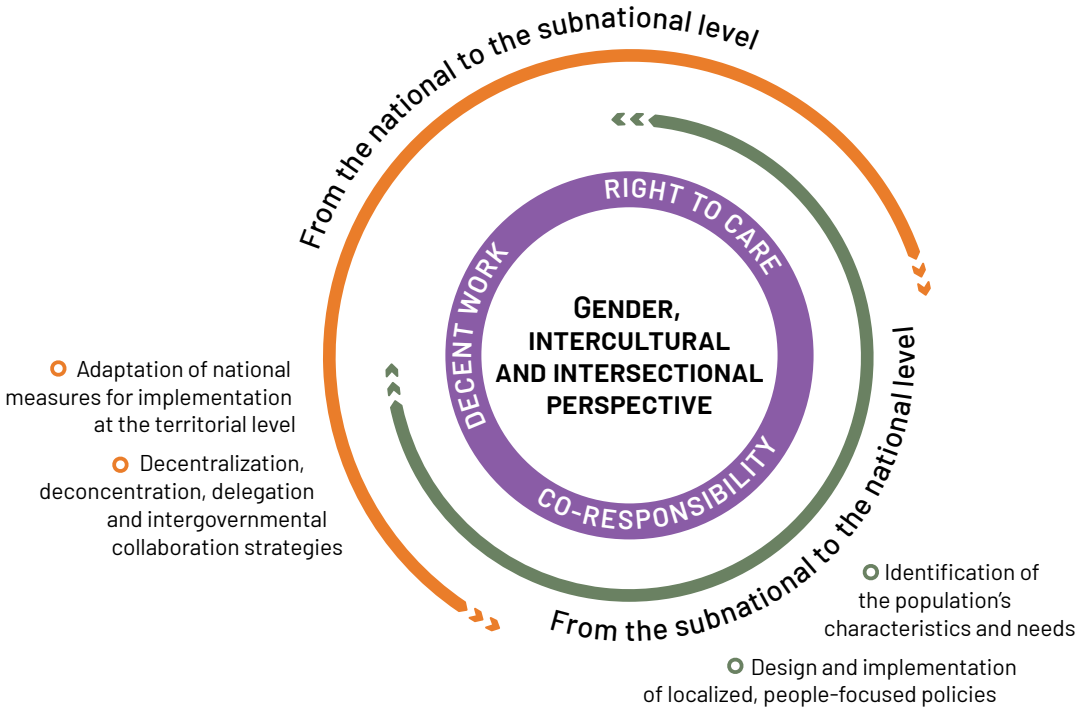
5 In accordance with the agreements reached by the Regional Conference on Women in Latin America and the Caribbean, the main regional intergovernmental forum within the United Nations system focused on women's rights and gender equality, and the various international agreements dealing with this subject, such as the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) (1994).

6 In line with the Maternity Protection Convention, 1919 (No. 3); the Social Security (Minimum Standards) Convention, 1952 (No. 102); the Workers with Family Responsibilities Convention, 1981 (No. 156) and the Workers with Family Responsibilities Recommendation, 1981 (No. 165); the Maternity Protection Convention, 2000 (No. 183); the Domestic Workers Convention, 2011 (No. 189); the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988); the Santiago Declaration "Human rights and participation of older persons: towards an inclusive and resilient care society" (2022) adopted at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean; and resolution V of the 112th session of the International Labour Conference.

7 See resolution 77/317 of the General Assembly of the United Nations on the International Day of Care and Support; Human Rights Council resolution 54/6 on the importance of respecting, protecting and fulfilling the human rights of paid and unpaid caregivers and care and support; and resolution 2024/4 of the Economic and Social Council of the United Nations on promoting care and support systems for social development.

interventions and local initiatives can all be carried out at the same time in a given territory. What is important is for all the different actions to embody universal human rights values and to be properly coordinated to avoid duplications, overlaps and an inefficient use of fiscal and household resources. In fact, the reorganization of the way in which care work is distributed, along with investment in care policies and systems at the territorial level, will not only contribute to the achievement of gender equality and social well-being, but is essential in order to achieve the Sustainable Development Goals set out in the 2030 Agenda for Sustainable Development.

Diagram 1
A territorial perspective on the two dimensions of care



Source: Economic Commission for Latin America and the Caribbean.

This document is structured in four chapters. Chapter I looks at care policy at the regional and global levels and the importance of care policies in a heterogeneous territorial landscape. Chapter II examines the reasons why care policies should be designed and implemented with a territorial focus. Chapter III looks at the key aspects of formulating and implementing care policies at the territorial level. The fourth and final chapter sums up the main ideas presented in this study.

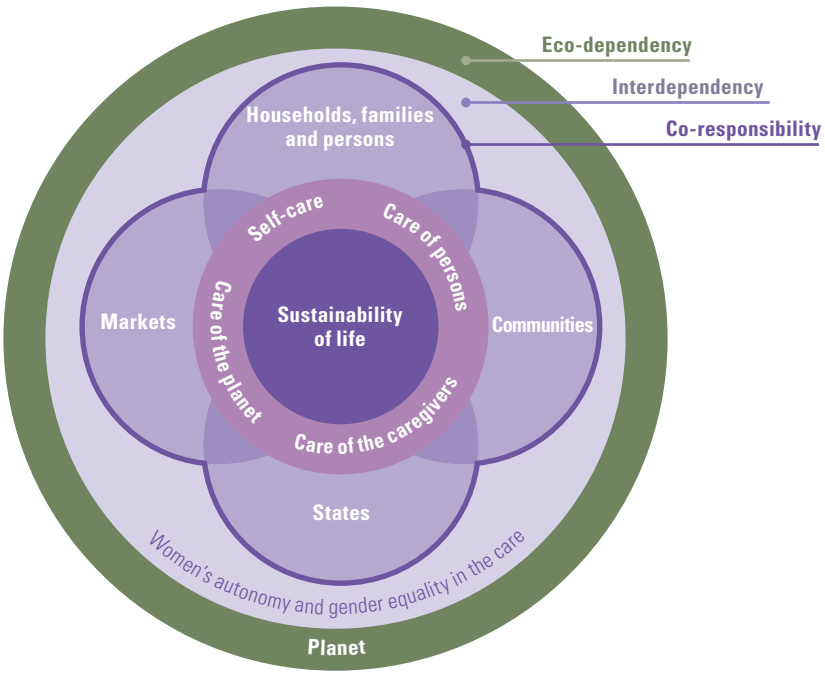
I. Care at the territorial level in Latin America and the Caribbean

A. Care policy at the regional and global levels

The Regional Conference on Women in Latin America and the Caribbean is the main regional intergovernmental forum within the United Nations system focused on women's rights and gender equality. Each year since 1977, the member States of ECLAC have reached agreement on the Regional Gender Agenda, a comprehensive, progressive, in-depth roadmap that positions the region as the only one in the world to have a guidance tool for public policies aimed at achieving formal substantive gender equality and safeguarding women's rights and their autonomy (ECLAC, 2021a, in press).

In the course of these 48 years, the governments of the region have agreed to address various aspects of care work. The Brasilia Consensus (2010) was a landmark agreement as it was the first intergovernmental instrument to recognize the universal right to care for all while championing social and gender co-responsibility and the interconnection of social and economic policies. In the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (2016), the governments reached an agreement concerning the four structural challenges that are limiting the economic, physical and decision-making autonomy of women and girls in all their diversity (ECLAC, 2017), one of which is the sexual division of labour and the unfair social organization of care. The adoption of the Buenos Aires Commitment as part of the Regional Gender Agenda has underscored the importance of making further progress in the area of care policies and the different dimensions of the right to care. It establishes the concept of a society of care and recognizes the right to care, understood as people's right to provide care, receive care and exercise self-care throughout their lives. It also calls upon the countries to place priority on caring for our planet, with emphasis on the need to implement comprehensive care policies from a 'gender, intersectional, intercultural and human rights perspective (ECLAC, in press) (see diagram I.1).

Diagram I.1
Gender equality and the care society



Source: Economic Commission for Latin America and the Caribbean. (2025). *The care society: governance, political economy and social dialogue for a transformation with gender equality* (LC/CRM.16/3).

Decision III/4, adopted at the third meeting of the Conference of the Parties to the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean (Escazú Agreement) (2024), focuses on mainstreaming the gender perspective in the creation of a safe environment for the defence of human rights in environmental matters, preventing discrimination and gender-based violence against women defenders and promoting the effective participation of women in the implementation of the Agreement, particularly in the framework of national plans. In addition, in resolution 771(XL) of the Economic Commission for Latin America and the Caribbean (ECLAC) (2024), the Commission underscores the importance of designing and implementing data-based public policies and programmes that address sustainable development from a gender perspective and fostering comprehensive care systems, decent work and the full participation of women in leadership positions with a view to attaining an inclusive and resilient recovery. Lastly, the conclusions and recommendations agreed upon at the eighth meeting of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development (2025) emphasize the need for concrete measures to recognize, reduce and equitably redistribute care work between men and women and among institutional actors such as the State, families, the private sector and communities.

The right to care is explicitly recognized in the Inter-American Convention on Protecting the Human Rights of Older Persons of 2015 in establishing that older persons have the right to a comprehensive care system that takes particular account of a gender perspective. Along these same lines, the Santiago Declaration, which was the outcome of the agreements reached at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, highlights the importance of considering the territorial, community, ethnicity, race, gender, disability, generational, intersectional and intercultural perspectives in the formulation and implementation of policies and programmes for older persons. Emphasis is also placed on enabling a safe and healthy environment and the highest attainable standard of health and well-being among older persons in the region (ECLAC, 2023b). In the inter-American human rights system, the Inter-American Court of Human Rights has

before it a request for an advisory opinion submitted by Argentina in 2023 on the content and scope of care as a human right and its interrelationship with other rights. This legal process, as part of which a public hearing was held in March 2024, is currently under way; over 130 briefs and observations have already been submitted.

Substantive advances in the area of the right to care have been made at the global level in recent years. On 11 October 2023, the Human Rights Council adopted its resolution 54/6 on the centrality of care and support from a human rights perspective. In that resolution, the Council recognizes that "the equal distribution of care and support work and resulting distribution of time is a fundamental basis to achieve gender equality" (United Nations, 2023b, p. 4). On the basis of that resolution, the United Nations High Commissioner for Human Rights issued a report that builds on that position and states that "the principle of the universality, indivisibility, interdependence and interrelatedness of all human rights and the principles of non-discrimination and equality are crucial for care and support systems" (Human Rights Council, 2025, para. 23).

By virtue of General Assembly resolution 77/317, 29 October was proclaimed the International Day of Care and Support. In that resolution, the General Assembly called upon States to establish conducive conditions for the promotion of care and support systems with a view to advancing the social development process and to take all necessary measures to ensure the well-being and safeguard the rights of persons who provide and receive care, to recognize and redistribute care work among people, households, communities, the private sector and States, and to contribute to the achievement of gender equality and the empowerment of all women and girls. On 5 June 2024, the Economic and Social Council of the United Nations adopted and promulgated its resolution 2024/4 on promoting care and support systems for social development.

At the special meeting of the Economic and Social Council on the theme "The future of work: towards a productive, inclusive and sustainable global society", a document entitled "Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda" was presented which incorporates inputs from various agencies and specialists. That document sets forth policy proposals for transforming care systems based on universal, transformative approaches embodying a human rights perspective, along with recommendations for adapting that approach to different contexts.

In September 2024, the Pact for the Future, which was approved at the Summit of the Future, reaffirms the commitment to increase investment in closing gender gaps and reducing inequality through care systems when it underscored the importance of "significantly increasing investments to eliminate the gender gap, including in the care and support economy" (para. 27.d). The Pact thus recognizes the close link between gender gaps and poverty and the need to invest in care systems in order to reduce inequality and promote women's empowerment. The regional commissions also presented a joint report at the Summit entitled "Intergenerational relations: creating a world for all ages so that no one is left behind" which offers recommendations on meeting the social and economic challenges and seizing the social and economic opportunities associated with demographic shifts towards multigenerational societies across the different regions (United Nations, 2024b).

The further development of the right to care has been greatly advanced by a number of ILO conventions. Early on, the Workers with Family Responsibilities Convention, 1981 (No. 156) and the Workers with Family Responsibilities Recommendation, 1981 (No. 165), in particular, addressed the need for protection from a dual form of discrimination: (i) the discrimination in employment that both male and female workers face because of the demands for care associated with their family responsibilities; and (ii) the discrimination faced especially by women because of the excessive burden of care that they shoulder and its effect as an access barrier to employment. Later, the Maternity Protection Convention, 2000 (No. 183) and its accompanying Maternity Protection Recommendation, 2000 (No. 191) took a comprehensive approach to the protection of maternity in the context of paid employment on a non-discriminatory basis free of gender discrimination.

These instruments characterize the protection of maternity as a basic necessity and a human right and recognize the right to maternity leave, income substitution schemes and job security as part of social and financial protection plans and care services. The Domestic Workers Convention, 2011 (No. 189), for its part, deals with the formalization, certification and promotion of decent working and employment conditions in the care economy. In 2023, the ILO Governing Body classified the Maternity Protection Convention, 2000 (No. 183) and the Maternity Protection Recommendation, 2000 (No. 191) as up-to-date and comprehensive standards on maternity protection. Accordingly, the Maternity Protection Convention, 1919 (No. 3), the Maternity Protection Convention (Revised), 1952 (No. 103) and the Maternity Protection Recommendation, 1952 (No. 95) have been deemed to be superseded, paving the way for the ratification and application of Convention No. 183 (ILO, 2023b).

In June 2024, the 112th session of the International Labour Conference adopted a resolution concerning decent work and the care economy. This is the first tripartite international agreement recognizing that "care work, paid and unpaid, is essential to all other work" (ILO, 2024f, p. 1), while also pointing out that the current organization of care tends to reinforce social and gender-based inequalities. The resolution also offers a shared vision of the care economy, establishes guiding principles and underlines the importance of promoting decent work in this sector. In addition, it establishes the 5R Framework for Decent Care Work, which can serve as a tool for furthering progress towards gender equality and the promotion of decent care work of good quality. The 5Rs stand for the recognition, reduction and redistribution of unpaid care work, the reward of decent work and the representation of care workers through labour unions and collective bargaining (ILO, 2024f).

B. The importance of care policies in a heterogeneous territorial landscape

The implementation of care policies in Latin America and the Caribbean at the territorial level needs to be done in a way that takes account of the region's heterogeneity. The subnational human development index (SHDI) maintained by the United Nations Development Programme (UNDP) is a valuable tool for this undertaking because its health, education and income indicators reflect the levels of well-being and human capacities of each area and thus provide a metric of each of those area's level of development. The SHDI not only shows up existing inequalities but also provides an empirical basis for government interventions to mobilize resources and narrow territorial gaps with a view to upholding the right to care equally for all.[8]

The SHDI indicators show up stark inter-territorial differences in the countries of the region. There are, for example, urban municipalities that have significantly higher values for the SHDI indicators than rural areas in the same country. The territories that have higher ratings on the SHDI usually have better infrastructure and stronger institutional capacities, whereas those with lower ratings are subject to limitations that increase the care burden borne by their households and communities. An awareness of these differences is crucial for the design of policies that not only focus on the importance of policies at the national level but that also can be adapted for implementation in specific kinds of situations. This section will therefore explore three key dimensions of regional heterogeneity that play an important role in shaping the way in which care delivery is organized at the territorial level: (i) political or administrative factors; (ii) economic and production-related considerations; (iii) sociocultural and demographic characteristics; (iv) territorial considerations; and (v) the environmental dimension.

[8] The subnational human development index is a territorial-level adaptation of the human development index. Its ratings are the average of the values for three dimensions: education, health and standard of living. See the Global Data Lab (https://globaldatalab.org/shdi/).

1. Political or administrative diversity: autonomy and decentralization

The political and administrative structures of local governments in the region are highly heterogeneous. There are countries in Latin America and the Caribbean that have thousands of local administrative units, whereas other have relatively few (for example, a number of Caribbean nations have fewer than 20 municipalities). The diversity of these local governments is evident in at least three different areas or dimensions. First, they are diverse in terms of their fiscal autonomy, which has to do with their ability to collect funds and to decide how to allocate them. Second, they differ in terms of their administrative autonomy or, in other words, their degree of control over the administration of public services and policies in their territory, including the legal authority to set local priorities and define implementation mechanisms. Third, they have differing degrees of political autonomy in terms of the authority to hold elections in order to choose their officials and to develop or adapt standards and programmes based on the needs of the population in that territory.

The fiscal, administrative and political autonomy of local governments in Latin America and the Caribbean is influenced by each country's general political or administrative structure, which can be classified as belonging to one of four categories: (i) classic federal countries (e.g. Argentina, the Bolivarian Republic of Venezuela, Brazil and Mexico), in which subnational governments have a great deal of autonomy; (ii) unitary States (e.g. Colombia and the Plurinational State of Bolivia), where subnational units have a significant degree of autonomy but not as much as those in a federal system; (iii) moderately decentralized unitary States (e.g. Chile, Ecuador, Peru and Uruguay), where local authorities have substantial but limited powers; and (iv) less decentralized unitary States (e.g. Costa Rica, El Salvador and Honduras), where power is concentrated in the central government and the sphere of authority of local governments is restricted (Cameron and Falleti, 2005; Zahrin and Mohamed, 2022). There may be substantial differences from one country to the next even within these categories —and even with a given country— and the contexts for the governance and implementation of care policies therefore differ widely (Herrera Aguilar and Martínez Hernández, 2017; Delgado Ruiz et al., 2020; Garman et al., 2001; Gervasoni, 2010; Gomes, 2012; Gómez Sabaini and Jiménez, 2011).

2. Economic and productive heterogeneity: diversity of resources, employment structures and growth opportunities

Territories in Latin America and the Caribbean exhibit sharp differences in terms of their economies and production sectors that have a direct impact on their ability to maintain and expand care systems at the local level. Each territory's economic/production structure —including the level of labour formality, sectoral composition, the extent to which women participate in the labour force and income levels— exert a strong influence over the demand for care services and the possibility of securing public and private funding for such services. Per capita income also varies considerably at the subnational level as a result of structural gaps that influence the ability to invest in infrastructure and care services. These differences also give rise to inequalities in terms of the amount of time that people have available to provide care, receive care or practise self-care, in the extent of their access to decent work that is compatible with their care responsibilities, in the supply of formal care services and in opportunities for women to enter and remain in the labour market.

3. Ethnic, cultural and sociodemographic diversity

The marked sociodemographic heterogeneity of Latin America and the Caribbean is reflected in the ethnic, cultural and social diversity of the region's population and in its differentiated demographic patterns at the subnational level. In many territories, Indigenous Peoples live alongside Afrodescendent and migrant communities having different cultural and social characteristics that call for specific types of public policies, particularly in the case of policies on care. This diversity thus creates additional challenges for the formulation and implementation of care policies, as it requires an intercultural focus that is responsive to ethnic and racial diversity in order to effectively guarantee people's rights on an equal basis. Demographic patterns add another layer of complexity to this situation. Some areas are undergoing rapid

population ageing and require targeted services for older persons and people with disabilities who need care or support, while other areas have younger population profiles, with a high percentage of children and adolescents, and therefore have differentiated needs in terms of education and childcare.

Intra- and interregional migration flows, as well as global and regional care chains, are continually transforming the social and demographic composition of certain territories and generating new demands in terms of services and social integration. In the forward-looking dialogue held by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) in March 2025 with organizations of migrant and refugee women and organizations working to defend the human rights of people in situations of human mobility, attention was drawn to the absence of public policies that recognize and mitigate the excessive care burden borne by women in situations of human mobility and the lack of services at the territorial level that could help to redistribute that burden. Gaps in the collection of certain kinds of data for censuses, administrative records and the like are another factor because the resulting knowledge deficit impedes efforts to determine the needs of women in situations of human mobility and their close family members (UN-Women, 2025).

4. Territorial diversity: urban areas, rural areas and their spatial configuration

The region's spatial configurations are highly diverse and cover the entire range from densely populated urban areas to rural and sparsely populated areas. This heterogeneity exerts a direct influence on the predominant ways in which societies organize care services, as well as on economic development patterns, the availability of infrastructure and differentiated access to public services (including care services).

Currently, 81% of the Latin American and Caribbean population lives in urban areas, while 14% is concentrated in megacities (defined as cities with populations of 10 million or more).[9] In cities and densely populated urban zones, the accessibility of care services is a critical factor in ensuring that people are actually able to exercise their rights (ECLAC, 2022; Hernández, 2019). Factors such as the location of care centres, the availability and quality of public transportation and a city's walkability determine whether people will actually benefit from the care policies that are in place and whether these policies will play an effective role in freeing up some time for caregivers (UNDP, 2022). Rapid urban sprawl often results in the emergence of informal, low-income urban settlements in outlying areas in which few services are available, which widens care accessibility gaps even further. The time taken up by daily commutes have an impact on the possibility of combining paid work with care work, generating trade-offs that are difficult to resolve, especially for low-income women (Hernández, 2019; Fleischer and Sepúlveda Sanabria, 2020; ECLAC, 2016a).

Additionally, in rural areas, limited State presence, poor communication infrastructure and scarce resources hinder the implementation of formal care services. In some of these cases, the social organization of care becomes oriented towards community efforts. These solutions are not always entirely visible and, here again, they tend to be highly feminized. These care responsibilities are usually borne in addition to productive work on family and campesino farms, where the dividing line between reproductive and productive work is often blurred (Mascheroni, 2022).

5. Environmental diversity and resilience in the face of risks

Together with the differences between its urban, periurban and rural areas, the Latin American and Caribbean region also exhibits a great deal of environmental diversity in its wide variety of climates and ecosystems. Its varied geography and environmental characteristics influence the ways in which communities organize care services because these factors play a part in determining the availability of resources, the ease or difficulty of communication and the material conditions under which care tasks are carried out. Many territories in the region are experiencing climate crises and face environmental hazards such as flooding, earthquakes, hurricanes, droughts or volcanic eruptions that can weaken

[9] See Urban and Cities Platform, ECLAC: https://plataformaurbana.cepal.org/en/regional-urban-statistics.

physical infrastructure and the social fabric. Furthermore, some economically related processes, such as deforestation caused by the expansion of farmland for use as pasturage or for single-crop farming, or other types of production activities involving the commercial exploitation of natural resources, can disrupt the delivery of formal or community-based care services. The region is also marked by a paradoxical situation in that it is responsible for only 8% of global greenhouse gas emissions yet is one of the world's most disaster-prone regions (Intergovernmental Panel on Climate Change [IPCC], 2023).

The need for care rises as the climate crisis unfolds and when disasters strike, which is especially clear to see in the Caribbean and Central American countries. The delegation of care work to women also increases in disaster situations when essential services (including care services) are interrupted. When a disaster hits, the increase in health problems, the need to ensure that basic needs (water and food) are met and the closure of established social and care services all add to the care workload. Dealing with these vulnerabilities requires resilience, which can be fostered by efforts to increase the preparedness of social networks and infrastructure to cope with and withstand disasters and other contingencies. This will entail the development of contingency plans and the reinforcement of resistant infrastructure, innovation in care models and adaptive social protection systems that can handle extreme or changing conditions without excluding those in need. The resilience called for in order to cope with environmental hazards and disasters is not derived from material infrastructure alone, however. A strong social fabric, institutional recognition and a redistribution of care work are also specially needed in disaster situations.

Box I.1

The integration of care into disaster risk management: a package of solutions developed by the United Nations Development Programme (UNDP)

The interruption of care services and the increased need for care during disaster situations usually add to the unpaid workload shouldered by women. This not only affects their level of well-being; it also lessens their ability to play an active part in response and recovery efforts. In order to address this situation, the UNDP Panama Regional Centre has developed an initiative focusing on solutions for incorporating care into all stages of the disaster risk management process. (See "Care in Disaster Risk Management Contexts: A Care Solutions Package".) The main components of that initiative are as follows:

Prevention and preparedness (building resilience)

- Strengthen adaptive social protection systems in which care is a core element in order to avert care work overloads in times of crisis
- Link risk management with care in the care systems established in the region by promoting the construction of disaster-resistant infrastructure, developing comprehensive diagnostic studies and setting up rosters of caregivers
- Coordinate the preparation of maps that show disaster-prone areas and care demand and supply and that cross-reference them with the location of care services. This will involve the use of mapping tools and georeferencing to identify people who are most in need of care (children, older persons, persons with disabilities) and care services in disaster-prone areas
- Develop protocols and establish support networks to ensure the continuity of care services for those who need them most (children, older persons, persons with disabilities) during emergencies
- Train emergency workers to take the need for care services into consideration in the course of their work

Early recovery

- Mainstream the care perspective into damage and needs assessments
- Ensure that recovery operations include the reactivation of care services; design targeted cash-for-care programmes in the care sector; prioritize the restoration of care infrastructure; create spaces for care and establish respite care programmes for caregivers; and set up gender- and care-responsive incentive programmes for employers during the recovery period

Addressing the need for care as a core element of risk management will reduce the vulnerability of those who provide care and those who need care, will promote gender equality and strengthen community resilience and will make disaster risk management policies more effective, inclusive and sustainable over the long run.

Source: United Nations Development Programme [UNDP], in press). "Care in Disaster Risk Management Contexts: A Care Solutions Package."

II. Why should care policies have a territorial focus?

Progress towards gender equality and a care society is one of the 11 essential transformations needed to alter the regional development model and to open the way to a more productive, inclusive and sustainable future (ECLAC, 2024b). Territorialized care policies are a central element of this process.

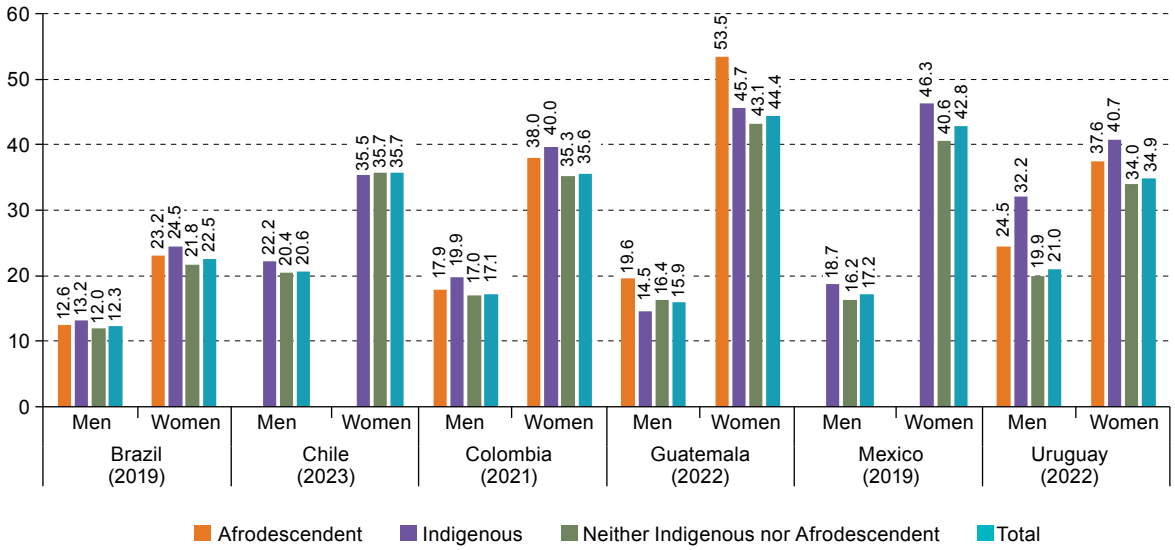
The care economy includes both the paid and unpaid care work that is provided in various settings (homes, communities, social service facilities, schools, healthcare facilities and others), the persons who provide care and those who receive it and the contexts in which these activities take place (ECLAC, 2024a, 2024b, 2025c; ILO, 2024d). It consists of a range of activities and relationships focused on sustaining life, maintaining the quality of life, strengthening human capacities, promoting autonomy and dignity, improving the conditions under which care can be provided and received, meeting people's varying needs at different life stages and responding to needs for physical, psychological, cognitive and other forms of care and for integral health and development support (ILO, 2021, 2024c). Since a larger percentage of women than men work in the care sector, strengthening employment in this sector is a fundamental condition for reducing gender gaps (ECLAC, 2022).

Under the existing social organization of care, any shortfall in the supply of public care services is made up for largely by the efforts of households and communities, and most of the people providing care in those settings are women. The inroads in the labour market made by women over the past 30 years notwithstanding, 26.3% of women in the region had no monetary income of their own as of 2023, whereas the corresponding figure for men was 10.1% (ECLAC, 2025f). Women are more likely than men to be engaged in informal types of employment, and this is especially true if there are people in their household in need of care (children between the ages of 0 and 5 years and people over 65 years of age) (ECLAC, 2022). This distribution is one of the structural problems underlying gender inequality because it restricts women's autonomy and their full exercise of their rights. The intersectional aspects of the inequalities characterizing the care economy also need to be analysed. Indigenous women and women of African descent tend to devote more time to unpaid care work while also accounting for a larger percentage of those performing paid domestic work (see figures II.1 and II.2).

Figure II.1

Latin America (6 countries): average amount of time devoted to unpaid work by the population aged 15 years and over, disaggregated by sex and ethnic or racial group, most recent period available, 2023

(Hours per week)

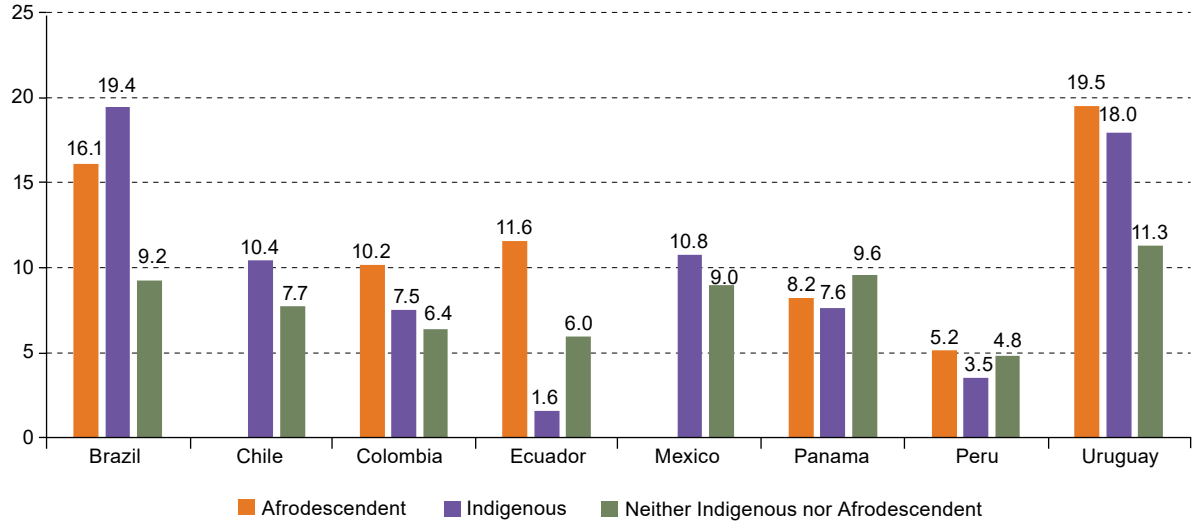


Source: Economic Commission for Latin America and the Caribbean, on the basis of processing of data from Household Survey Data Bank (BADEHOG).

Figure II.2

Latin America (8 countries): women aged 15 or over employed in the paid domestic service sector, by ethnic or racial group, 2023

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of processing of data from Household Survey Data Bank (BADEHOG).

Note: The data for Chile and Mexico are from 2022 and do not include "Afrodescendent" as a category.

For the above-mentioned reasons, it is crucial to formulate care policies at the territorial level, taking into account the intersectionality of care work. Because of their territorial base, subnational governments are in direct, close contact with the realities of life for the people living in those territories: their daily challenges, social support networks, gaps in service access and the ways in which daily life and care are organized in each location. This makes it possible to design and implement intersectional, intercultural care policies that are grounded in the places where they will be applied and that can serve as a basis for the deployment of different kinds of actions that suit the characteristics, needs and opportunities existing in that setting. Taking a territorial approach to care will involve mounting various regional, national and local strategies as complementary measures for addressing the issue of care and the social and economic processes that it entails on a comprehensive basis.

A. People-centred and proximity policies: a multilevel perspective

The design and implementation of territorial care policies can and should take the different levels of government and its branches into account. Several different strategies can be used to accomplish this within any given territory. The coordination of these processes between the national and local levels, the decentralization of care policies and the direct implementation of territorialized policies by subnational governments can generate synergies at the territorial level. For example, it is usually easier at the subnational level to obtain information and knowledge about resources, the social and economic organization of a territory and the available infrastructure that will make it possible to address emerging problems more rapidly and efficiently. The organization of care between men and women at the territorial level in homes and communities is intertwined with economic, social and environmental dynamics at the national, regional and international levels through many different vectors. Regional and international care chains are one example of this; another is the response to climate change and environmental degradation, which is a challenge that transcends national borders and calls for action based on multilateral, multilevel cooperative strategies (ECLAC, 2025c).

The proximity or closeness associated with the local level is not just an administrative process; it is an experiential one. At the territorial level, government personnel and the members of civil society, social movements, cooperatives, trade unions and business organizations can generally provide inputs of key importance for the formulation of public policies. For the most part, these people know about the daily movements of caregivers, the ways in which they provide care and the available opportunities and material shortcomings existing in different neighbourhoods, and they are also familiar with the community networks that sustain community life. By the same token, local governments and other local actors often not only know what resources are available but also have an idea of potential sources and synergies for the design of public policy, including the location of spaces that are not being used and the potential for possible alliances with local institutions and organizations that can enable them to optimize resources and generate innovative, creative solutions on the ground.

Viewed from this standpoint, actions undertaken within the framework of proximity policies should not be limited to the use of existing infrastructure but should also address inequalities at the territorial level, where substandard conditions in urban or rural areas, spatial fragmentation and a lack of basic services all exert a powerful influence over the ways in which care is organized. Socioeconomic and demographic factors, the coverage of the social protection system, public-private partnerships and the reliability of public sector services in general are core factors that create the framework for care policies, and these characteristics vary a great deal from one territory to another. Other factors that help to shape care policy include the existence or absence of a national or local gender equality policy, the extent to which society as a whole is mobilized, the role played by local movements —particularly those formed by women and feminists— and workers' interlocutors in the labour market, such as trade unions and business associations.

Given this territorial diversity, the issue of care requires a situated and proximity approach to identify the ways in which care is organized in each location and to design care policies tailored to that situation. In terms of the design and implementation of public policy, this entails mainstreaming a gender, intercultural and intersectional perspective (ECLAC, 2023b) as a basis for identifying the most crucial deficits in coverage and access existing in specific locations, carrying out a detailed analysis of the types of services needed in each territory and determining which strategies will be the most efficient in terms of environmental sustainability given the economic and socioenvironmental conditions existing in each context (De los Santos, 2022). Citizen participation is of particular relevance in this connection (see chapter III). The proximity component of care policies makes participatory processes even more important. Participatory mechanisms that amplify the public's voice are not only a crucial element in guaranteeing and strengthening a democratic process but also promote the citizenry's oversight of government action, which promotes greater efficiency in the management process. While participation is desirable in the formation and monitoring of all social protection systems, it is especially important in areas such as care, which is the object of a wide-ranging social mobilization process.[10]

Local care systems and policies should not be viewed solely as a supplement to national or federal efforts; instead, they offer a strategic opportunity for coordinating and offering care services that are closely linked to the territory in question and are a good fit for that specific context. The territorialization of national care systems and policies is an essential step towards the creation of a care society (ECLAC, 2023a). Moreover, inter-territorial coordination in this area can be an extremely rewarding strategy for promoting a joint learning process. In many cases, coordination mechanisms include specific systems for integrating or linking national and subnational levels in ways that will ensure more effective implementation in line with local realities. A multilevel perspective takes in more than just the relationship between the national and subnational levels, however; it also encompasses the regional and global dimensions. Collective learning processes and cooperation among countries have played a central part in reducing trial and error and opening the way for sharing knowledge, methodologies and good practices. International, regional and multilateral cooperation through North-South, South-South, triangular and other avenues for collaboration have been key in promoting and speeding up the pace of the development of care policies (ECLAC, in press). The road map set out in the Regional Gender Agenda and the international efforts described in this chapter clearly demonstrate the importance of viewing the organization and strengthening of care through a multilevel lens.

B. Care as a driver of the economy: local value chains

Public care policies based on a territorial perspective can play a significant role in helping to optimize and strengthen local economies. The care economy can be an economic driver by stimulating participation in economic activity —especially on the part of women— and thus raising activity levels, tax revenues and household disposable income and consumption levels (ECLAC, 2019, 2022; UN-Women; and ECLAC, 2021). The implementation of tailored, context-sensitive care policy actions can reinforce local value chains and, as a result, economic growth.

Value chains are a sequential cluster of activities, processes and actors involved in the creation of a product or service that extends from the design stage, continues on through production stages and then on up to distribution, sale and final consumption (ECLAC, 2025c). Integrating care into all the different value chains will involve incorporating care-related principles, policies and services into each stage of the production and distribution of goods and services. This will make the fundamental role of paid and unpaid care work in production processes visible and will promote shared social responsibility on the part of the State, the market, communities and families for care within the framework of these value chains (Pérez Orozco, 2007). It is therefore important to incorporate care policies into cluster initiatives

[10] As established in the Social Security (Minimum Standards) Convention, 1952 (No. 102), which sets out the social protection floors and has been ratified by the countries of the region.

and other territorial productive coordination measures that provide for collaborative efforts on the part of various sector to enhance the sophistication and further the diversification of production apparatuses in Latin America and the Caribbean.

In order to foster the formation of synergistic linkages between the care economy and value chains, agreements supporting decent work in this sector will need to be strengthened. Some of the steps that need to be taken in order to do so are to make the contributions of women workers more visible, improve their working and employment conditions (including by offering them training and certification programmes that will support their professionalization and lead the way towards higher pay levels), strengthen trade union organizations, establish basic health and job security guidelines and introduce measures aimed at ensuring that their places of work are free of violence and harassment (ILO, 2021, 2024c). This will entail promoting social dialogue, guaranteeing labour rights and ensuring the recognition of the labour market stakeholders involved in tripartite discussions or negotiations at the local level. Robust labour relations and an effective social dialogue contribute to good governance in the labour market, promote decent work, help to drive inclusive economic growth and strengthen democracy. These elements can also provide a critically important means of promoting gender equality and justice in the labour market (ILO, 2021).

In addition to helping to bring about an improvement in labour conditions in the care sector, it is of critical importance to promote care as a cross-cutting principle running through all economic activities and as one that all participants in local value chains have a duty to uphold. The associated measures may include steps to improve the compilation of data and other information from a gender perspective in the various areas of production, to promote training in areas in which large numbers of women are employed and to advocate for the adoption of measures to increase the participation of women in sectors in which they are underrepresented . Steps also need to be taken to support occupational health and safety in accordance with ILO standards and to promote arrangements to support co-responsibility in the different branches of economic activity, including clauses providing for collective bargaining within a framework of co-responsibility and specific care-related measures that will help, among other things, to leverage small businesses run by women.

Government procurement is another area of special relevance. The introduction of provisions in government procurement contracts establishing requirements concerning care would be one way to further inclusive, sustainable policy measures and incorporate principles relating to decent conditions of employment in the care economy. National and local governments could then incorporate point systems into their contract tenders that would provide incentives for companies to invest in gender equality and care-related measures such as daycare services, leave for caregivers and pro-care workplace environments (breastfeeding rooms, childcare services). In countries where collective bargaining and other forms of social dialogue are commonplace, these types of agreements are reached with employer organizations and trade unions. Within a broader framework, these sorts of provisions are also dealt with in tripartite collective bargaining sessions.

Phasing in a care-focused approach in the business sector, with government backing, would have many different benefits, as well as contributing to the redistribution, recognition and reduction of unpaid care work. Those benefits include increasing the availability of better-quality jobs (especially for women), supporting gender and social co-responsibility, breaking through glass ceilings, productivity gains and the promotion of a better atmosphere in the workplace (UN-Women, 2024c). Thus, apart from incorporating care into the various kinds of economic activities, the care sector can itself be an important driver for local development processes.

The coordination of the efforts of the public and private sectors to establish clear-cut quality and management standards for care services, when regulated by an attentive State equipped with the necessary monitoring and oversight tools, could improve care services. The establishment of such agreements could make more funding available for public projects and, if the government works in tandem with companies with expertise in the local market, services could be tailored to local needs. These kinds of initiatives can improve the living and working conditions of the population as a whole, provided that they are aligned with human rights instruments

Box II.1

The promotion of co-responsibility for care in microenterprises and in small and medium-sized enterprises (MSMEs): working with the private sector to support women's economic autonomy

Women's autonomy, as defined by the Gender Equality Observatory for Latin America and the Caribbean, is the result of their having the ability, on an equal footing with others, to freely take decisions about matters that affect their lives. In order to achieve autonomy, people must have a life free of violence, be able to exercise their sexual and reproductive rights, participate fully in decision-making in the various spheres of public and political affairs, and have access to income, ownership and time in a culture that is free of patriarchal patterns and discrimination.

The United Nations Development Programme (UNDP) is working to identify and address the barriers that place limitations on the growth and sustainability of MSMEs, especially those run by women. A comprehensive strategy has been devised for strengthening the competitiveness, sustainability and resilience of MSMEs and promoting a more inclusive, equitable and fair model of economic development.

In 2024, UNDP worked with Cuba on the implementation of the "En Marcha" methodology in partnership with the Swedish International Development Cooperation Agency, the National Economic Research Institute (INIE) and the Ministry of Economic Affairs and Planning as part of the gender-focused Inclusive Value Chains Programme in the Caibarién Holguín municipalities.

This operation provided technical support to start-ups, most of which were run by women, over a four-month period during which they succeeded in making significant improvements in their businesses' performance and their entrepreneurial practices.

In order to achieve this, the team of specialists worked with each start-up to design a high-impact business model, incorporate gender equality policies, draw up plans for enhancing their gender focus and develop gender-sensitive marketing campaigns.

Training and learning sessions were offered so that participants could take a closer look at the care work that primarily falls to women workers and explore different co-responsibility strategies. One of the innovative projects that was highlighted dealt with the promotion of a community support network for four start-ups headed by women in Caibarién whose businesses were located near to one another. That network enabled them to respond as a collective to the existing needs for care and to the various challenges confronting their businesses.

Source: United Nations Development Programme (2024). *Inclusive Value Chains*. https://www.undp.org/es/sdgvaluechains.

III. How can care policies be formulated and implemented at a territorial level?

Addressing care calls for a systemic and comprehensive policy response beyond sectoral approaches and specific groups, being guided instead by the principles of equality and non-discrimination, universality, comprehensiveness, solidarity and intersectionality, as set forth in the Regional Gender Agenda. The State must take the lead in implementing comprehensive care policies and systems through its various levels of government, avoiding segmentation in access to services and ensuring quality. It must also promote care policies that challenge the stereotypical allocation of such responsibilities exclusively to women. Furthermore, given its intersectoral and multidimensional nature, care policy must take a comprehensive approach, which requires coordinated, joined-up action across the various aspects of well-being, institutions and social protection subsystems (ECLAC, 2021a, 2022).

As noted earlier, care takes diverse forms in different territories, depending on administrative, cultural, geographical and socioeconomic characteristics (Bango et al., 2024; ECLAC, 2022; Falú and Pérez Castaño, 2024; United Nations, 2024a). This section addresses a broad set of topics, including: governance; subnational competencies; the normative and institutional framework; multi-scale and intersectoral coordination mechanisms; restructuring, adaptation, and innovation in local infrastructure and services; interculturality- and intersectionality-related challenges in the design of care policies with a territorial approach; strategies and instruments for financing care at the level of the territory; and the generation and improvement of data, information, and knowledge for the design and implementation of care policies at that level. There follows a description of each of these dimensions, and an introduction to the guiding principles for developing care policies from a gender, intercultural, intersectional and territorial perspective.

A. Governance and the normative and institutional framework

Care policy must have a universal, solidarity-based focus, with sufficient and sustainable financing, advancing gender and social co-responsibility, and, if possible, setting up inter-institutional coordination and articulation systems (UN-Women, 2022a; ECLAC, 2017). It is essential to devise progressive State policies capable of resisting setbacks in the event of political change. To ensure a territorial approach, the governance model must prevent service segmentation, ensure standard access and quality throughout the territory, and enable services to be adapted to local and diverse needs (ECLAC, 2021a, 2022, 2024b; Bango et al., 2024; Falú and Pérez Castaño, 2024). Care policies in the territories can be coordinated in various ways: by putting in place national guidelines, by delegating particular functions, or by means of autonomous local initiatives prioritizing the territory's specific needs, for example. These options generally complement one another and will depend on the characteristics and priorities of each governmental context.

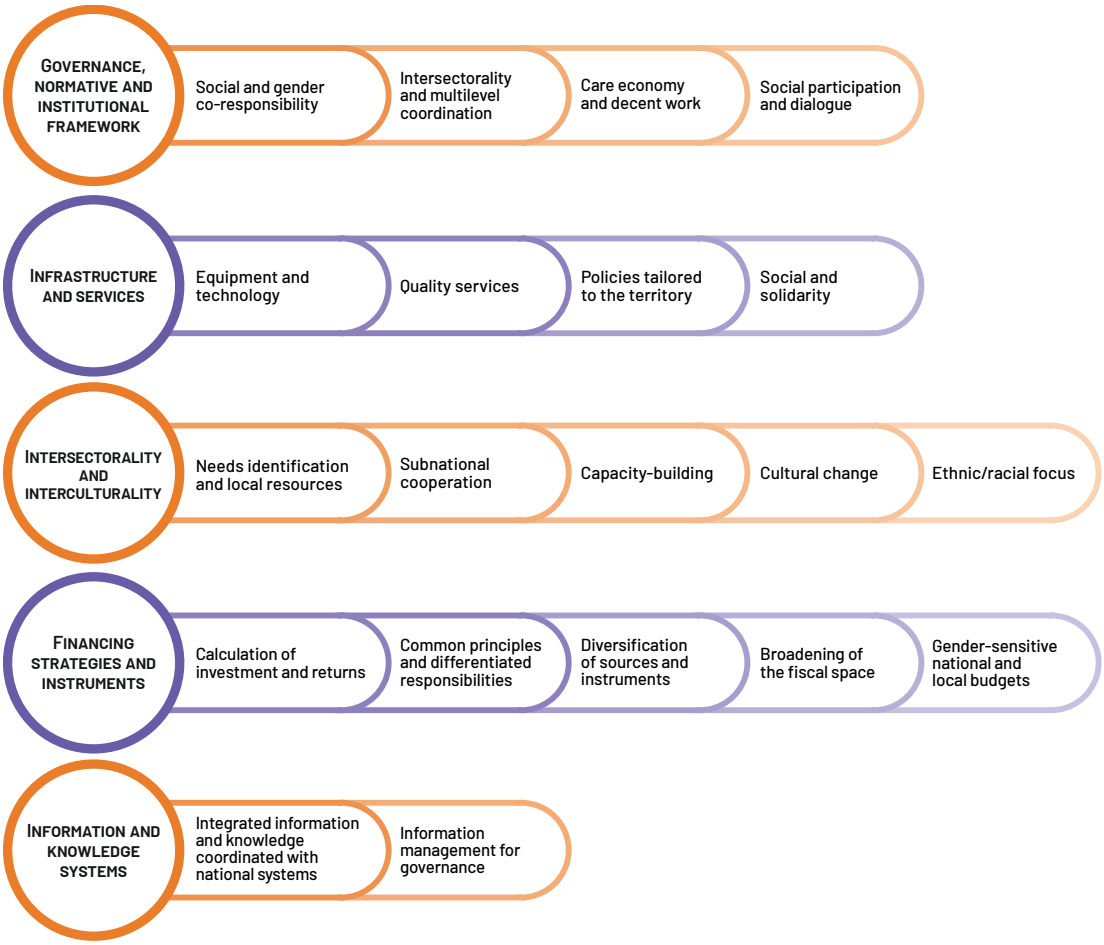
Care policies in the territories benefit from being built by means of inclusive and participatory processes that engage civil society and those working in the care economy.

The legitimacy, defence and ownership of care policy has much to gain from processes of broad social dialogue that include paid domestic and care workers, their trade unions, cooperatives, business organizations and the community. Social dialogue, including collective bargaining and tripartite cooperation, works in the interests of policy sustainability because, by involving these sectors, it fosters viable long-term solutions that are respectful of local specificities, as well as promoting open and constructive dialogue and building trust between different social and economic actors.

Community participation in the form of local round tables or commissions is crucial to shaping care policy (Bango et al., 2024; ECLAC, 2022, 2024c). This approach must be firmly anchored in a feminist perspective in order to ensure that both interculturality and the specific sectoral needs of different communities are recognized (ECLAC, 2023a, para. 43). Accordingly, permanent forums for participation need to be built more firmly into the institutional structure so that civil society can act not only as an oversight body but also as a proactive and consultative agent in policy design, implementation and evaluation. This way, care policy will be built as a sustainable and collective venture (UN-Women and ECLAC, 2021).

Overall, subnational governments are responsible for those services that directly affect the well-being of the population, such as improving public areas, waste collection, street sweeping and cleaning, local transportation and street lighting. They are often also responsible for essential services such as transportation, water and sanitation, which significantly shape the demand for care and the possibilities of meeting it (Radics et al., 2022; ECLAC, 2022). For this reason, care policy in the territory should consider the key role of subnational governments, through processes of decentralization, consultation, collaboration or coordination, depending on the context. It is therefore crucial to adopt a multi-scale approach to reduce inequalities within and between territories and to consider the context in which policies are deployed and populations they serve now and into the future. There follows a set of guidelines on governance for fostering care policies in the territory (see diagram III.1).

Diagram III.1
Guidelines for care policies from a gender, territorial and intersectional perspective



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

Guideline A1: Promote social and gender co-responsibility in care policies

Some policies may improve care-related aspects, but they may also reinforce the sexual division of care work and gender stereotypes.[11] For example, failure to apply equality criteria to policies on flexible working hours or schemes for caregiving leave, or directing social economy initiatives exclusively towards women, could add to the perception that women should assume the primary caregiving role. It is also essential to adopt a social co-responsibility approach, actively involving the private sector and households, with the State as the guarantor of universal and equitable access to the right to care.

Guideline A2: Promote intersectorality and multilevel coordination

Collaboration between different ministries and State agencies, as well as with different levels of government (local, municipal, provincial and national), is crucial to ensure that care policies, services, infrastructure and entitlements address varied and often interrelated care needs in an joined-up and coherent manner, in order to avoid overlaps, gaps or segmentation at the territorial level. Intersectoral coordination requires not only ad hoc collaboration between agencies, but the

[11] In line with the provision of the ILO Workers with Family Responsibilities Convention, 1981 (No. 156).

permanent establishment of bodies that will work jointly —such as standing committees or technical groups— to ensure effective coordination of policy planning and implementation. This type of joined-up management makes implementation more coherent and avoids duplication and segmentation, while also tailoring institutional responses to the specific realities of individuals and territories, so that each participating agency can comply more effectively with its sectoral mandates. Care policy must bring together the contributions made by each level of government, as well as the various actors and organizations operating in the territories. To this end, coordination and communication mechanisms must be established between the different levels of government to ensure that policies are coherent and complementary, avoiding overlaps or segmentation in service quality and access in the different territories throughout the entire process of policy design, implementation and evaluation.

Guideline A3: Establish normative frameworks to promote the care economy and decent work

Regulating the care economy is essential to ensure decent work conditions in the sector, and this requires implementing the standards and proper mechanisms of social protection that operate in the broader national economy. In this regard, strategies will be needed for certification, professionalization and formalization, including the simplification of red tape and procedures for registration and payment of social contributions. Oversight initiatives will also need to be specially adapted to the specific features of the care sector, such as preventive and improvement frameworks in relation to health and safety at work, including to combat all forms of discrimination, violence and harassment in the care economy (Guillén Subirán et al., 2025).

It is also essential to ratify and enforce relevant international labour standards, including the fundamental conventions, to instil decent work conditions in the care economy. National regulations must be aligned with agreements established within the international framework, particularly the Social Security (Minimum Standards) Convention, 1952 (No. 102); the Workers with Family Responsibilities Convention, 1981 (No. 156) and the Workers with Family Responsibilities Recommendation, 1981 (No. 165); the Maternity Protection Convention, 2000 (No. 183); the Domestic Workers Convention, 2011 (No. 189); and the Violence and Harassment Convention, 2019 (No. 190). Building national and subnational regulations on rights-based principles will ensure that care policies are not affected by changes that may occur in the priorities of political administrations. Furthermore, this common framework will make it possible to have the regulations respond to specific socioeconomic contexts and circumstances in each country and territory, while respecting the universal standards accepted by States.

Employment quality must be improved by recognizing care as crucial work, including it in wage regulations, and bringing informal workers into collective bargaining. A spotlight should be turned on the contribution that care work makes to development, underpinning investment in accessible, good-quality care services, fostering public-private partnerships, and engaging the social, solidarity, and community economy in expanding them. Essential, too, are laws and policies to prevent and combat violence and harassment at work, and to address occupational health and safety issues and labour market rules, such as limits on weekly hours and flexible schedules, in order to ensure the rights, dignity and protection of care workers (Guillén Subirán et al., 2025). Lastly, progress is urgently needed on policies relating to paternity and maternity leave, paid parental leave, breastfeeding leave, long-term care leave, and emergency leave, across all economic sectors (see box III.1).

Box III.1

Governance: care policy regulations at the subnational level

In Colombia, the Bogotá District Care System was formalized by a decree creating the Intersectoral Care Commission, which acts as the system's political governance body. Another example is the District Care System in Santiago de Cali, similarly established by a municipal decree creating the District Care Committee, which is to coordinate, articulate and support the management of the bodies making up the District Care System during its design, implementation and monitoring phases. In Medellín, the Future Medellín Development Plan 2020–2023 included the strategic line *Medellín Me Cuida* (Medellín looks after me), which recognizes care as an essential activity for human survival that must be assumed in a co-responsible manner both within and outside the home, engaging the community, the State and the market. Honduras has a municipal model for the social organization of care and a road map for implementing it the municipalities of Comayagua and Danlí.

Buenos Aires implemented a Comprehensive Care and Assistance System for children, older persons, and persons with disabilities, which seeks to ensure universal access to services and decent conditions for caregivers. In Belo Horizonte (Brazil), a municipal ordinance directed the Intersectoral Working Group on Care Policies to conduct a diagnosis of the social organization of care in the municipality. In Chile, the municipality of Renca's *Renca Te Cuida* (Renca takes care of you) care system was set up in 2023 to coordinate care services and foster co-responsibility among men, women, households, communities and the State. The system offers specialized support and services to dependent individuals and their caregivers and revolves around several support and care spaces: day centres for older persons (CEDIAM), the Rehue Centre for persons with disabilities, and the community daycare centre for children and youth.

Several subnational governments have directly linked care regulations to territorial development plans or economic development plans. For example, in Bogotá, article 15 of the Economic, Social, Environmental, and Public Works Development Plan for the Capital District 2020–2024, entitled "A New Social and Environmental Contract for 21st-Century Bogotá", provides for the establishment of an intersectoral commission to develop the district care system.

Several regulatory frameworks also exist in the form of subnational legislation regulating care policies. In the Plurinational State of Bolivia, in 2019 the Cochabamba Municipal Council adopted the Co-responsibility for Unpaid Care Work for Equal Opportunities Municipal Act. Similarly, Colcapirhua adopted the municipal law "Valuation of Care Work and Promotion of Social and Public Co-responsibility in the Municipality of Colcapirhua", and in 2023, Tarija passed the Municipal Care Act with the aim of "promoting and recognizing care for life as essential activities for human development, by implementing public policies, plans, and short-, medium-, and long-term programmes to enable comprehensive care and support for persons needing care, and caregivers." The municipality of El Alto, meanwhile, is in the process of preparing legislation on care.

In the case of Mexico, since 15 November 2024, the Political Constitution of the United Mexican States recognizes that the State must ensure the enjoyment and exercise of the right to substantive equality for women. At the local level, the Political Constitution of Mexico City (2017) expressly recognizes care as a fundamental right, stating that every person has the right to care to sustain life and provide them with the material and symbolic wherewithal to live in society throughout their lives. It directs the authorities to establish a care system to provide universal, accessible, relevant, sufficient and high-quality public services and to formulate public policies. The system will give priority to persons who are dependent owing to illness, disability or stage of the life cycle (especially children and older persons), and their unpaid carers. In the Mexico City municipality of Iztapalapa, the public care system, set up at the Utopía Meyehualco complex, is intended to afford recognition, visibility and renewed value to care work. Lastly, the Monterrey government announced the inter-institutional project *Monterrey Me Cuida* (Monterrey takes care of me), whose main objective is to provide comprehensive support to caregivers and those needing care.

Source: Economic Commission for Latin America and the Caribbean, on the basis of Economic Commission for Latin America and the Caribbean. (in press). Avances en materia de normativa sobre el derecho al cuidado en América Latina y el Caribe. *Gender Equality Observatory for Latin America and the Caribbean Studies* (4); United Nations Entity for Gender Equality and the Empowerment of Women. (2024). *Cuidados a nivel local: relevamiento de experiencias en América Latina y el Caribe*.

Guideline A4: Promote participation and social dialogue in the territory

Local governments' existing participatory mechanisms should be leveraged, including multilevel participation, as well as regulatory resources such as land-use and local development plans. Ongoing participation should be sought through established mechanisms, such as territorial networks, business associations, cooperatives and trade unions, and other local organizations involved in collaborative management and participatory oversight.

It is essential to include trade unions and business organizations, alongside the State, in sustainable social dialogue, including collective bargaining on care in the territory. Social dialogue has enabled employers and workers to adopt pro-family workplace policies and modalities by facilitating a better work-life balance and promoting social co-responsibility, engaging the State, the private sector, families and the social and community economy (ILO, 2024d) (see box III.2).

Box III.2

Processes and mechanisms for participation in care policies in the territory

In 2023, the Ministry of Social Development and Family of Chile set about fostering social dialogue at the territorial level to reflect on the future National Comprehensive Care System. Citizens from across Chile were invited to share their experiences, challenges and expectations regarding the construction of the National Support and Care System. These dialogues helped identify needs and expectations regarding the future system at the national and subnational levels (UN-Women, 2024a, 2024b). In addition, the Department of Women and Gender of the Municipality of Renca has supported women's community and political engagement, particularly through the women's local round table, a forum for dialogue and collective organization. In January 2022, the round table took on a more formal structure and convened female leaders from neighbourhood associations, housing committees and social organizations.

In the case of the District Care System in Bogotá, the participatory process was built around existing strategies and new spaces for dialogue with communities. Participatory budgets, interviews and focus groups established with the support of local teams and community leaders were used to identify the requirements of caregivers and recipients, which shaped the design of services tailored to their daily needs. Participatory activities were organized with the aim of changing relationships between men and women in the home, including a pedagogical strategy called "caring is learning", focused on redistributing the unpaid care work burden. Local engagement facilitated the identification of demand for differentiated services tailored to the sociodemographic characteristics of each area, focusing programmes on recognizing, redistributing and reducing the burden of care work. Involving caregivers and the community thus allowed specific needs to be identified and services adapted accordingly. For example, in an area of Bogotá with many migrant women, the emphasis was on group activities to strengthen social bonds, while in other areas, the focus was on individual psychological support. Schedules were also adjusted to the times when caregivers' demand for services was heaviest, making them more efficient and tailored (ECLAC, 2024a).

In Peru, local pilot experiences have taken shape in the districts of Comas and Villa El Salvador, with the development of local care plans, the establishment of innovative services such as "care Fridays" and home-based care services, as well as the launch of citizen participation and capacity-building initiatives. Meanwhile, municipal ordinances in six north Lima districts declared care to be a matter of public interest.

The Dominican Republic is developing a national care policy, whose initial priority has been to implement a pilot plan in the municipalities of Azua and Santo Domingo Este. To ensure that the policy will be effectively adapted to the territory, the intersectoral care round table is represented at the local level by local care round tables in both municipalities. These bodies involve key governmental and non-governmental stakeholders from each territory directly in decision-making and the identification of solutions to the most pressing care needs in each case. The main function of the local care round tables is to guide the development of local care plans in the territory. These are key instruments in the collective construction of the definitive pilot strategy in each territory.

In Panama, the pilot project "Territories that care: towards the construction of a national care system in Panama" began in December 2021 in the district of Juan Díaz, one of the most populated in the Province of Panama. The project, led by the Ministry of Social Development (MIDES), involved the Technical Secretariat of the Social Cabinet, the Ministry of Women, local actors, women's organizations, non-governmental organizations, businesses, the academic sector, the media, and international organizations, under the leadership of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). The Juan Díaz Local Care Plan created in the territory strengthens the local government's capacity to coordinate and provide care services. The plan will then be used to replicate the management model in other areas of the country.

In Brazil, at the subnational level, the city of Belém do Pará has become a pioneer in establishing a municipal care system through the *Ver-o-Cuidado* project. Belém do Pará's leadership in this area has been recognized by an invitation to participate as an observer in the Interministerial Working Group for the Development of the National Care Policy and Plan (GTI-Care), where it presented its pilot experience as a reference model for the development of the National Care Policy and Plan in Brazil.

Source: Economic Commission for Latin America and the Caribbean, on the basis of United Nations Entity for Gender Equality and the Empowerment of Women. (2024a). *Cuidados a nivel local: relevamiento de experiencias en América Latina y el Caribe;* United Nations Entity for Gender Equality and the Empowerment of Women. (2024b). *La territorialidad de los cuidados en Chile: principales resultados regionales de los diálogos ciudadanos hacia la construcción del Sistema Nacional de Apoyos y Cuidados;* Economic Commission for Latin America and the Caribbean. (2024c). Design and implementation of the District Care System of Bogotá: a political, social and fiscal covenant. Gender Equality Bulletin (2); and information provided by the respective governments.

B. Physical infrastructure, entitlements and care services

Physical infrastructure (e.g. roads, sanitation and energy), transportation, and care entitlements and services are crucial for helping to change the sexual division of care labour. Provided it is based on human rights principles, investing in care service infrastructure or adapting existing infrastructure to ensure access to care through proximity services is an effective strategy for promoting gender equality, expanding employment opportunities and strengthening social cohesion. In addition to its capacity to provide care services, the State therefore has a responsibility to regulate the supply of these services and to act to ensure proper conditions for their provision (ECLAC, 2024b; United Nations Entity for Gender Equality and the Empowerment of Women and United Nations Office for Project Services [UN-Women and UNOPS], 2024).

The State's regulatory role is essential to ensure that care policies are capable of transforming the unfair social organization of care and reducing inequalities, and preventing these policies from increasing women's workload or deepening socioeconomic stratification in access to services (ECLAC, 2021b, 2022). The State's responsibility in the provision of care services encompasses both direct public provision and the regulation and formulation of standards and oversight for private provision. The State must also proactively ensure proper conditions for the delivery of care in communities and families. Thus, States are obliged to regulate and to oversee that access is not conditioned by purchasing power, ethnic origin, sexual orientation, gender identity, place of residence or any other individual characteristics, promoting clear and rigorous standards that are shared by the territory (Güezmes García et al., 2023).

The creation, expansion or restructuring of services and other social protection entitlements form part of strategies to redistribute care responsibilities. These policies may be directed towards children, adolescents, older persons, dependent persons and those with chronic or temporary illnesses. Policy design must also consider the working conditions of caregivers, including aspects pertaining to regulation, training and professionalization of the sector.

The local or territorial approach in care policy means considering how specific contexts shape the care economy. It is essential to analyse the services and entitlements available in each territory, including those provided by the community, the market, the State and households. Living conditions are another

critical factor in care policy, because there is a correlation between unpaid work and the deprivations that households face (ECLAC, 2016a). Care work tends to increase in households with limited access to basic services. Accordingly, measures should focus on developing social and physical infrastructure to facilitate access to essential services (ECLAC, 2021b, 2022; Bango et al., 2024; United Nations, 2024a).

Thought must also be given to how territorial planning and mobility impact well-being, considering accessibility criteria to enable everyone to take part in economic and social life. Apart from social protection systems and employment, and fiscal and productive development polices, transport and infrastructure policies also have an important role —from the point of view of territorial development, urban planning and mobility— and must be considered through the lens of care (ECLAC, 2022, 2025c). The organization of care is closely linked to living conditions and the means that are available to move around the public space, given that the way people use time is directly related to the territory and the space they inhabit (ECLAC, 2017, 2022). Accordingly, in order to promote autonomy and ensure access to welfare services and entitlements for all, it is essential to include mobility- and transport-related criteria and deconcentrate services so that the entire population, regardless of capacities, can move around and participate in social, cultural and economic spheres (ECLAC, 2022).

Urban planning is not neutral but has effects on gender inequalities (Falú and Pérez Castaño, 2024). Accordingly, it is essential to properly coordinate land-use planning and the planning of services in the territory. Local level coordination can be set up between services and policies, for example, the times people leave their workplaces or educational establishments and transport needs. In many of the region's countries, safety on public transport and routes is also a crucial concern, especially for women from low-income sectors, who tend to make more use of public transport and take more different routes.

Knowledge of the territory is key to identifying where supply and demand are concentrated and to evaluate the spatial conditions and how the absence of physical infrastructure and social services increases the demand for care. In this regard, it can be especially useful to conduct a participatory analysis to identify the community's specific needs and access to basic services, such as health, education, care, housing and transport, and to build up a comprehensive inventory of the services available in each territory, perhaps even using geographical information systems to visualize and analyse the distribution of services in relation to the population.

This information and toolkit are also key to analysing intersectionality in access to services, considering the existing inequalities and geographic, socioeconomic, gender and care barriers, among others, that impede effective access to services and benefits available in the territory. At the territory level, care policy practitioners can collect this information more easily and efficiently, in order to form a registry of the spaces that could be used for care-related activities, such as parks, squares, leisure centres, community kitchens and so on (see box III.3).

It is essential to promote collaboration among various levels of government and with non-governmental organizations to build synergies that enhance the availability and accessibility of services. Building partnerships between different levels of government, civil society actors and the academic sector is essential to address the political and economic interests that influence policy implementation. National and subnational governments must coordinate on the health system in order to coordinate care and health services, which are often interconnected or form part of a continuum of protection of the right to health and the right to care, be they provided in the home, in the community, though care services or in health centres. Ministries of health and of labour and social security must also be involved, as they are deployed throughout the country and thus have the capacity to implement care regulations in the territory. Joint work with ministries of social development and labour will also ensure consistent compliance with standards on the right to care at the national level.

Box III.3

Proximity policies: Bogotá's "care blocks" model

Bogotá has implemented an innovative territorial model —*Manzanas del Cuidado* or "care blocks"— based on the proximity principle, seeking to reduce the time that women spend daily on unpaid care work, which, according to the National Time-use Survey (2020-2021), averages 6 hours and 47 minutes for residents of Bogotá.

Care blocks are areas where services are organized for people needing care (children, adolescents, persons with disabilities and older persons) in proximity to and alongside programmes for caregivers. The basic criteria that defines a care block is territorial accessibility: all the services must be within 15–20 minutes walking distance, which significantly reduces the time expended by caregivers.

Schematic of an ideal care block

Source: Office of the Mayor of Bogotá. (2023). *Monitoreo de gestión del suelo: provisión y gestión de equipamientos para el cuidado y los servicios sociales en Ciudad Lagos de Torca*.

Between October 2020 and September 2023, a number of initiatives were put in place in Bogotá to improve access to care services, especially in rural and hard-to-access locations. For example, "care buses" are mobile units that rotate every five months to broaden coverage, and a home-based care programme takes services directly to the households of caregivers who are unable to reach other resources. These strategies enable caregivers to access training, recreation, respite and care for themselves and the persons they are responsible for, which fosters their autonomy and well-being. Twenty care blocks and two care buses were deployed using georeferenced information to identify priority locations based on demand, territorial conditions and gender. Inter-institutional coordination led by the District Secretariat for Women and the involvement of local round tables ensured that policies met the specific needs of each area. The financing model for the pilot programme included resources from the public and private sectors, as well as from international cooperation for the initial investment in technology and logistics, and a political landscape that facilitated financial support to maintain and broaden the initiative.

Source: Economic Commission for Latin America and the Caribbean. (2024). Design and implementation of the District Care System of Bogotá: a political, social and fiscal covenant. *Gender Equality Bulletin* (2).

Lastly, the social and solidarity economy —through cooperatives, associations and mutual funds— can offer a valuable opportunity to improve the working conditions of those in the care and care services sector in the territory. By focusing on individual well-being rather than profit, the social and solidarity economy supports approaches that respect and value fundamental rights at work and interculturality. Recent years have seen increasing interest in the relationship between decent work, the care economy, and the social and solidarity economy, and their joint role in building more just and sustainable societies has gained growing recognition (see box III.4). While the care economy is key to well-being and gender equality, decent work ensures rights and decent conditions for caregivers, and the social and solidarity economy offers a people-centred model. Together, they form a comprehensive approach to current challenges. On the basis of the foregoing considerations, there follows a set of guidelines on physical infrastructure, benefits and care services.

Box III.4
Care in the National Circular Economy Strategy of Uruguay

Uruguay's National Circular Economy Strategy (ENEC) is directed towards a sustainable production model based on efficient resource use, waste reduction and the regeneration of production systems. This strategy may be linked to care in three key dimensions:

- The inclusion of care in the circular economy, by:
  - Developing sustainable care infrastructure, applying circular economy principles in the construction and management of care centres, and seeking recycled materials, energy efficiency and waste reduction.
  - Reducing the time spent on unpaid domestic work, promoting the development of products and services, such as efficient domestic appliances, and the reuse of household goods.
  - Treating the care economy as a strategic sector, including care in the design of circular policies.
- The inclusion of care in sustainable value chains, by:
  - Establishing environmental and sustainability certification, so that firms participating in circular value chains can include care-related clauses in contracts and show their certifications.
  - Promoting formal employment in care services linked to green jobs in sectors such as waste management, renewable energy and sustainable production.
  - Responsible production and distribution of products in the care-related value chain (e.g. reusable diapers, sustainable textiles for children's or sanitary clothing, healthy, low-waste food).
- Innovation and the public policy design for a fair transition, by promoting:
  - Work-life balance policies, such as flexible scheduling and care services for workers.
  - Responsible consumption models in relation to caregiving, promoting reuse and recycling systems for essential care goods (e.g. children's or healthcare furniture).
  - Development of local and community markets, supporting production and distribution channels for care goods and services within local circular economies, strengthening community networks, and reducing dependence on polluting imports.

Source: Economic Commission for Latin America and the Caribbean, on the basis of Economic Commission for Latin America and the Caribbean and Government of Uruguay. (2024). Estrategia Nacional de Economía Circular del Uruguay: acciones para la transformación del sistema de producción y consumo del país. *Project Documents* (LC/TS.2024/77).

Guideline B1: Strengthen basic infrastructure and invest in equipment and technologies that reduce the time devoted to care work in the territory

The provision of physical infrastructure, such as sanitation, access to energy, street and road accessibility, public transport availability and digital public infrastructure, can significantly reduce the time and effort spent on domestic and care work, such as collecting water, cooking and commuting. Investments in these services are therefore essential to strengthen the care economy. It is crucial to support governments in identifying needs and formulating policies to ensure the adequate provision of this infrastructure, ensuring that it is accessible for the entire population in all its diversity, especially in rural areas and the most excluded urban areas.

It is also essential to invest in energy-, time-, and labour-saving devices and equipment, such as washing machines, energy-efficient stoves, water collection technologies and vacuum cleaners, as this helps reduce the time spent on domestic care tasks that typically fall on the shoulders of women and girls. It can also promote autonomy and independence and alleviate the workload of persons with disabilities (United Nations, 2024a). To achieve these goals, governments need support in identifying needs and ensuring that equipment and technologies are affordable for low-income families and accessible to different age groups and persons with disabilities, and that they are designed to be carbon-neutral.

Guideline B2: Promote and strengthen good-quality care services and entitlements in the territory

It is essential to invest in care services, including childcare and early childhood development, support for persons with disabilities and older adults, and community services. These can be addressed through multiple combined strategies, including, among other things, the reorganization of previously existing services based on a rationale of co-responsibility and care, the creation of new care services and benefits, the consolidation of licensing systems, the establishment of telecare services, the improvement of working conditions in the sector, the design and implementation of registration, georeferencing and information management platforms, and the implementation of communication strategies for cultural change.

Care and support policies will contribute to redistributing unpaid care work and fostering social and gender co-responsibility. The use of digital technologies, such as distance learning and telemedicine, can improve equitable access to these services if they are onboarded in a manner that ensures respect for the rights of care sector workers. It is important to make sure that services are available in the territory, and that they are of good quality and accessible to the people and communities in all their diversity. They must also take a gender-sensitive, intersectoral, comprehensive and intercultural approach, with a universal perspective, sufficient coverage and sustainable resources, and include tracking, monitoring, and accountability systems with broad participatory processes, all based on respect for the rights of care workers and recipients.

Guideline B3: Promote care policies that are adapted to the territory and address their characteristics and needs

The roll-out of care services at the territorial level may take various complementary modalities. Within the same territory, national care strategies, decentralized national care-related measures, deconcentration of the roles of some services, delegation of responsibilities for certain matters from the national to the local level, collaborative and co-management processes between the national and subnational levels, bottom-up locally designed initiatives —and various combinations of these— may all coexist.

Given that the combinations may be varied and will depend on the context, what is essential is that they all ensure the right to care (ECLAC, 2023a) and are properly coordinated and joined up with one another in order to prevent segmentation and fragmentation in the access and quality of services and entitlements. These types of public policy must embed a gender, intercultural and intersectional focus, considering the nature of the care in each context. However, policies must also be built on common human rights principles,[12] with an emphasis on gender equality,

[12] Declaration of Human Rights (1948), American Convention on Human Rights (1969), Convention on the Rights of the Child (1989), Convention on the Rights of Persons with Disabilities (2006) and the Inter-American Convention on Protecting the Human Rights of Older Persons (2015).

non-discrimination[13] and decent work.[14] In this regard, it is important to seek partnerships both at the intergovernmental level and with key actors in the private sector (especially MSMEs), trade unions, and civil society, creating a collaborative approach to the implementation of care services.

Guideline B4: Promote the social and solidarity economy in the care sphere

The social and solidarity economy in the care sphere must be created and strengthened through public policies that support self-starting and democratic participation. The social and solidarity economy includes firms, organizations and other institutions that carry out economic, social and environmental activities of collective or general interest. These entities are founded on principles such as volunteerism and mutual aid, democratic or participatory governance, autonomy and independence, and the priority of people and social purpose over capital in the distribution and use of surpluses, profits and assets. Social and solidarity economy organizations reflect essential values in their very operation, such as care for people and the planet, equality and equity, interdependence, self-management, transparency, accountability and the pursuit of decent working conditions and livelihoods. Depending on the context of each country, the social and solidarity economy encompasses cooperatives, associations, mutual societies, foundations, social enterprises, self-help groups and other entities that operate in accordance with these values and principles (United Nations Inter-Agency Task Force on Social and Solidarity Economy, 2025).

C. Intersectionality and interculturality

The organization of care is shaped by the cultural, social and political characteristics of the environment, as well as access to services and the existence of conflict or disaster risks. Intersectionality refers to the different forms of discrimination and the mutual feedback loops they form in people's experiences, as interrelated processes that cannot be understood separately (Crenshaw, 1991). Interculturality —as an analytical concept— is defined as the set of relationships that shape a society, including aspects such as culture, ethnicity, language, religion and nationality, as well as the relationships of coexistence, power and inequality between different groups (Dietz, 2012). The perspective adopted must therefore consider the interaction of gender inequalities with inequalities based on socioeconomic status, ethnicity, race, age, sexual orientation, mobility, disability and other characteristics relevant to each national context.

Care policy in the territory is closely related to community-based care work, which is often associated with general living and the resolution of related key matters beyond the family sphere. Local organizations, community groups and individuals working in the care sector need to be supported in participating in care policy, in order to identify needs and access information, and to ensure policy monitoring and accountability. A State taking an intersectional approach must also work to build the capacities of care economy workers by adopting an ethnic and intercultural focus respecting the diversity of different communities (ECLAC, 2022; Falú and Pérez Castaño, 2024; UNDP, 2022; De los Santos, 2022) (see box III.5).

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[13] In accordance with the agreements reached by the Regional Conference on Women in Latin America and the Caribbean, the main regional intergovernmental forum within the United Nations system focused on women's rights and gender equality, and the various international agreements dealing with this subject, such as the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) (1994).

[14] In line with the Social Security (Minimum Standards) Convention, 1952 (No. 102); the Workers with Family Responsibilities Convention, 1981 (No. 156) and the Workers with Family Responsibilities Recommendation, 1981 (No. 165); the Maternity Protection Convention, 2000 (No. 183); the Domestic Workers Convention, 2011 (No. 189); the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988); the Santiago Declaration "Human rights and participation of older persons: towards an inclusive and resilient care society" (2022) adopted at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean; and resolution V of the 112th session of the International Labour Conference.

Box III.5

Support for community-based care in the design of Colombia's National Care Policy (2024–2034)

Colombia's National Care Policy recognizes care as a collective matter that is essential for sustaining life. The document produced by the National Council on Economic and Social Policy (CONPES, 2025) set forth an action plan up to 2034, aimed at building a care society, in which the State guarantees the right to give and receive care in decent conditions, including the recognition of community and collective forms of care.

The policy proposes a specific strategy to illuminate, protect, and strengthen community care practices and care provided in rural and ethnic communities, given their contribution to the social fabric, peace and climate resilience. Between 2025 and 2034, various State entities will be involved in training, labour certification, promotion of historical memory, the inclusion of community perspectives in health and education, and the strengthening of organizations that carry out community care work aimed at women, older persons, persons with disabilities, and Indigenous persons.

Within this framework, two measures include direct financial support: a strategy devised by the Ministry of Equality and Equity to strengthen the organizational and technical capacities of community organizations (including endowments and productive capital), and an initiative by the Colombian Institute of Family Welfare to facilitate women's participation in recruitment processes using public incentives.

As part of the journey towards establishing a National Care Policy that recognizes the collective and community sphere, Colombia has also engaged in several key initiatives, such as the "care routes" pilot project, which includes both land- and river-based routes, as well as projects in the Pacific and Caribbean regions, which lay the groundwork for a programme to strengthen collective care within the aforementioned policy.

Other initiatives have been taken to strengthen the community pillar of the National Care Policy. A notable example is the "caring environments" project, spearheaded by the Ministry of Equality and Equity in partnership with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Embassy of Canada. These initiatives are currently under way in the municipalities of Cumbal (Nariño), Quibdó (Chocó), Villavicencio (Meta), and in Cauca. The project involves a team of researchers from Simón Bolívar University, engaged in compiling information and producing recommendations based on the experiences documented. The International Labour Organization (ILO), together with the Ministry of Equality and Equity, prepared a report identifying 10 community care organizations operating in highly vulnerable areas, in order to highlight their contributions to collective well-being. In Quibdó, Cali, Sierra Nevada de Santa Marta and Fonseca, these organizations are involved in childcare, ancestral health, support for persons with disabilities, community feeding schemes and productive projects, in which they integrate cultural and spiritual practices (International Labour Organization [ILO], 2024).

Source: Economic Commission for Latin America and the Caribbean, on the basis of National Council on Economic and Social Policy. (2025). Política Nacional de Cuidado. Documento CONPES (4143); International Labour Organization. (2024). *Una mirada a las experiencias territoriales de cuidado comunitario en Colombia*.

A policy with a territorial, comprehensive and intercultural focus must include the environmental dimension of care and recognize the connections between climate change, environmental degradation and care (UN-Women, 2024a; ECLAC, 2022; UNDP, 2023b). This holistic approach is essential to establish more sustainable and equitable care systems, especially in the context of the current environmental crisis (ECLAC, 2022, 2024a; Falú and Pérez Castaño, 2024; Velásquez Nimatuj, 2018; UNDP, 2023b). The loss of natural resources and development without the free, prior, and informed consent of Indigenous Peoples have led to forced migrations of Indigenous women, which affects their care-related practices. For these communities, land, territories and natural resources are deeply connected to the organization of care, which means that these processes have a specific impact on them (Velásquez Nimatuj, 2018; ECLAC, 2022).

In this connection, the paradigm of *buen vivir* (living well or good living) in Latin America and the Caribbean —which is based on Indigenous worldviews, particularly those of Andean peoples— such as *sumak kawsay* in Quechua and *suma qamaña* in Aymara, offers an alternative perspective on development. By challenging traditional models based on economic growth and wealth accumulation, and emphasizing the notion of interdependence and eco-dependence, these views treat care as a core concept involving caring for people, resources and animals. The care society paradigm similarly entails a paradigm shift, whereby the sustainability of life and the planet is made a priority within the framework of a new development model aimed at promoting gender equality in the economic, social, and environmental dimensions of sustainable development (ECLAC, 2022).

It also is important to recognize and value ancestral care practices and integrate this knowledge into contemporary approaches. This offers a valuable opportunity to enhance care policies in the territory by bringing in knowledge of traditional medicine, natural resource management and community-based forms of care. Ancestral knowledge provides a holistic perspective recognizing the interconnectedness between individual health, community health and environmental well-being, including respect for the land and care for the planet. It is thus especially relevant in the current context of environmental and social crisis. Furthermore, integrating ancestral knowledge into contemporary approaches can translate into culturally appropriate and more effective health approaches for Indigenous communities,[15] which would lead to improved use of health services.

In this regard, local governments are especially well placed to support the creation and development of self-managed grass-roots cooperatives and social enterprises that operate by participatory democracy. For example, local governments can provide management and administration training, access to financing (through loans or grants) and to infrastructure, and foster the creation of local networks for sharing knowledge, experiences and resources. Governments can also bolster these initiatives by adopting policies on public procurement policies tender processes that prioritize products and services from social and solidarity economy enterprises in the care sector.

Guideline C1: Identify needs and resources in the territory, taking into account administrative, socioeconomic and cultural characteristics

Implementing care policies in the territory offers the opportunity to gain a more thorough understanding of communities' specific needs and demands through participatory and consultation processes. Encouraging participation by the local community enables care policies to be adapted to particular contexts and needs, in order to provide a more effective and contextualized response. Both care providers (paid and unpaid) and recipients should be properly represented and have a significant say in budgeting, planning, decision-making and social dialogue. This will ensure that their rights, needs and contributions are reflected in the processes that impact on their daily lives.

Intersectionality and a people-centred approach in care policies require considering specific needs, demographic characteristics and existing care in the community. To this end, it will be necessary to conduct a study to identify the entities involved —such as public, community and private care providers and services— and analyse both coverage and barriers that may arise. It is also important to identify differences in care priorities between rural and urban settings, the informal and formal sectors, different subnational levels of government (and their administrative, political and fiscal capacities), and high- and low-income economies.

Guideline C2: Promote subnational, intraregional and multilateral cooperation on care matters

As set forth in the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (ECLAC, 2017), regional and international cooperation, based on principles of horizontality and mutual benefit, is crucial to supporting women's rights. Accordingly, emphasis is placed on the need to harmonize regulations and assess global phenomena that affect care in the territory (such as climate change and environmental degradation). Similarly, the Buenos Aires Commitment (ECLAC, 2023a) proposes that progress can be made towards a care society by seeking agreements in innovative areas that foster a transformative recovery based on gender equality and sustainability, within the context of a new development model focused on equity in the economic, social and environmental spheres of sustainable development. In this regard, it is essential to promote cooperation programmes

[15] In accordance with ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169), which most of the countries in the region have ratified and which, in addition to affirming the right of these Peoples to land and territory, health and education, envisages prior consultation, a procedure under which governments must consult Indigenous and Tribal Peoples before making decisions that may affect their rights, lands and natural resources.

at the subregional, regional and multilateral levels to strengthen women's equality and empowerment in the region, especially North-South, South-South, triangular and subnational cooperation modalities between local governments and other peer institutions in the territory. The global care chains that exist in the region must be acknowledged from a human rights perspective, turning a spotlight on the intersection between care, migration and the multiple violations faced by migrant workers, promoting their full inclusion and dignity in the work sphere. This will require stronger cooperation to be built up at different levels of government.

Guideline C3: Strengthen institutional capacities

Interdisciplinary technical teams trained in gender perspectives, participatory management, urban planning with a care focus, labour regulation and innovative service provision models will all be important components. Investment in the ongoing training of municipal staff in legal, administrative, urban planning and social fields, with an intersectional, intercultural and feminist perspective, is a must. To this end, female workers' contributions must be made visible and their work valued, including by means of specific components in national care policies and systems to improve their working conditions, and fostering professionalization and career paths in the sector through training and certification programmes (ILO, 2023b). Improvements are needed in qualifications, professionalization and skills certification, along with basic guidelines on occupational health and safety, with measures to ensure freedom from violence and harassment in the workplace (ILO, 2023b). Schedules and shifts should be adjusted with an eye to gender and co-responsibility to avoid worsening women's excess work burden and to ensure their labour rights, as set forth in the ILO Workers with Family Responsibilities Convention, 1981 (No. 156). Social dialogue and collective bargaining are essential to protect the rights, dignity and safety of workers in the care sector, creating decent jobs and boosting the welfare economy for society as a whole.

Guideline C4: Promote strategies for cultural change and ending gender stereotypes

As stated in the Convention on the Elimination of All Forms of Discrimination against Women (article 5), States Parties must take all appropriate measures to "modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and [...] practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women". In this connection, cultural changes are needed in care, including co-responsible masculinities, along with policies and measures to challenge and transform the perception that care work is primarily women's responsibility or the idea that this work requires no qualifications and lacks value (ECLAC, 2023a, paras. 10 and 11). Achieving this shift is essential to achieve a new structural valuation of care and a new social organization surrounding it. To bring this about, support should be provided for a variety of local-level policies, programmes and campaigns, as well as training and awareness-raising processes to encourage men's participation in care economy work. It is also crucial to improve maternity, paternity and parental leave, as well as other flexible care policies based on co-responsibility. At the local level, subnational governments have a key role to play in driving this cultural change through various strategies, including sensitization campaigns based on human rights, intersectionality and interculturality, tailored to the territory, and awareness-raising and training programmes aimed at diverse audiences, including men, adolescents, civil servants, community organizations and the media. Educational initiatives should be stepped up in schools, community centres and public spaces to draw attention to the value of care and challenge gender stereotypes. Lastly, it is essential to promote initiatives that recognize and strengthen often overlooked community, ancestral and popular care practices, as a fundamental part of cultural transformation. It is also important to pass regulations and laws prohibiting discrimination in advertising and the media and encourage gender-sensitive publicity. Other stereotypes should also be challenged, such as those related to age and disability, showing that older persons and persons with disabilities are not only recipients, but also often providers of care.

Guideline C5: Incorporate an ethnic and racial approach

It is essential to incorporate the ethnic and racial dimension into the design of care policies to ensure that the needs and realities of diverse communities are adequately represented and addressed. This variable must accordingly be included in all care-related records, to provide more accurate and relevant data for policy decisions. It is also important to work on including communities' diverse cosmogonies in care-related responses and strategies. An essential part of this is developing communication content adapted to the population's cultural characteristics, using Indigenous languages, as well as accessible and relevant graphic representations. This approach must be complemented by a vision that encompasses care for the territory and the environment, seeking a just transition towards sustainable practices (see box III.6).

Box III.6
Pilot programmes for care cooperatives: experiences in Colombia, Honduras and the Plurinational State of Bolivia

The International Labour Organization (ILO) is supporting an innovative programme in Latin America and the Caribbean to support national care systems by strengthening cooperatives and social and solidarity economy entities as providers of quality care services and decent work. The initiative makes use of the Organization's Think. CareCoop and Start.CareCoop tools. In Colombia, in coordination with the Ministry of Equality and Equity and the National Care System, two decentralized pilot programmes are being implemented: one in the Arhuaco Indigenous community of Cesar, where women backpack-weavers manage a care home, and another in Chocó, where ancestral midwives are building their representation and cooperative capacities.

In the Bolivian city of El Alto, a comprehensive mapping project has identified community-based care arrangements to strengthen local initiatives with seed capital, in synergy with the new public policy on co-responsibility for care and the future national care law. In Honduras, the rural municipalities of Comayagua and Danlí received support for including the social organization of care in their municipal agendas, adopting gender and environmental approaches, making the municipality a crucial actor in promoting well-being and sustainable development. Together with key municipal departments, the project identified a significant deficit in care services for early childhood and persons with disabilities. A road map was prepared to strengthen local capacities through the social and solidarity economy and experience-sharing with Colombia.

This regional push is framed within the ILO resolution concerning decent work and the social and solidarity economy (2022), the resolutions of the United Nations General Assembly (2023 and 2024) and the ILO resolution concerning decent work and the care economy (2024), which consolidate both the social and solidarity economy and care cooperatives as strategic pillars for localizing care in the territory within the 5R framework: recognize, reduce, redistribute, reward and represent care work.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information provided by the International Labour Organization (ILO).

D. Financing strategies and instruments

As highlighted in ILO (2024f, para. 20), "provision of, access to and receipt of care should be based on the principles of nondiscrimination, solidarity, sustainability, equity, universality, and social co-responsibility". Financing strategies for care policies must integrate and direct public resources towards universal social protection systems, employment, care services and high-quality public infrastructure.

Generally speaking, comprehensive care policies and systems to transform the current social organization of care face a challenge in terms of financing and sustainability. Care provision is a public good that requires adequate financing; when people assume care individually according to their means, the resulting deficiencies generate high costs both for them and for the wider society and economy (ILO, 2024d). Furthermore, to foster sustainable and inclusive growth, significant transformations are needed to help close persistent structural gaps in social, productive and environmental aspects

(ECLAC, 2024a). This will ensure that comprehensive care systems are financed using criteria that ensure the rights of women in all their diversity, as well as the rights of children, older persons and persons with disabilities.

National and subnational governments must embed these principles in their budgeting processes to ensure that care-related priorities are included in national and subnational financing frameworks. Creating and strengthening fiscal compacts for care is also central to consolidating financing in the care sector. Municipal budgets and territorial governance systems must have earmarked resources for care policies at the territorial level, which must be viewed not only as an expense but also as an investment.[16]

Tax sharing is another key tool, with mechanisms to redistribute tax revenues among different levels of government. For example, part of collections, such as the value added tax (VAT), can be redistributed to municipalities with specific care needs. Public procurement can prioritize care-related services, promoting territorial equity by building the capacities of less-advantaged municipalities. All these options, however, require stronger State regulation and oversight capacities, given that the primary responsibility to ensure access, availability, and quality of care services and benefits resides with the State (ILO, 2024f).

Legislation is essential to expand the supply of care, while also promoting private sector engagement in service provision, through public-private partnerships, for example. This requires enhancing State capacity in relation to regulation and standards to guarantee the quality and uniformity of services throughout the country. Measures must be taken to facilitate collaboration with the private sector, as well as supervisory and inspection measures to ensure excellence and quality in service provision, along with decent working conditions for caregivers and recipients.

It is also important to differentiate between current expenditure and investment in the context of care. This helps to clearly establish the State's direct oversight responsibilities and define the roles of other actors involved in care and service provision. Earmarked taxes can play an important role in this, if they are specifically allocated to finance care policies. Royalties from the exploitation of natural resources offer another possible option for financing the care sector. A portion of the revenues generated by these activities can be allocated to care —for example, mining royalties earmarked for building care centres in rural areas— thereby using existing resources to finance a strategic sector. It is essential that this type of financing respect the rights of the people living in these territories, in accordance with agreements adopted by governments. Multilevel funds, meanwhile, allow for joint engagement by national and municipal governments, as well as other stakeholders, fostering investment in care. This approach may include initiatives where the central government finances part of the funding and the subnational government finances another.

Care policies should be seen as generators of revenue for both families and the State, in a virtuous cycle of investment and returns. In this regard, service diversification and financing opportunities should be enhanced through collaboration with non-governmental organizations, care workers' unions, business and social and solidarity economy organizations, and non-profit associations, in order to promote partnerships in the management and financing of care policies in the territory. The role of unions in collective bargaining is also essential to ensure that the agreements reached are fair.

[16] However, financing strategies and budget laws must be adjusted to the administrative and political characteristics of the territories, which are very heterogeneous in Latin America and the Caribbean. For example, in federal systems, as in Brazil and Mexico, states collect their own taxes, which gives them greater financial autonomy. By contrast, in countries such as Uruguay, subnational governments rely heavily on transfers from the central government, which can limit their ability to finance local initiatives. At the local level, participatory budgeting initiatives have also become widespread and can be used to promote care policies, although the amounts and characteristics of these models vary considerably.

Guideline D1: Generate and disseminate data and information on the needs, effects and returns associated with investment in care policies

It is essential to adopt tools and methods to demonstrate the economic and social value of care work (UN-Women, 2022b; ILO and UN-Women, 2021), as a crucial step for financing care systems. This involves identifying gaps in coverage, as well as the needs and benefits associated with investing in care-related policies and measures; social dialogue with diverse stakeholders is a key part of this. These assessments must consider both tangible and intangible benefits, in the short, medium and long terms, including the creation of decent jobs and greater well-being for people and the planet. Mechanisms will also be needed to measure and monitor both public and private investments in care services and infrastructure.

Guideline D2: Establish common principles and differentiated responsibilities for financing at different levels of government

The financing model for care services must be steered by a series of guiding principles, such as non-discrimination, solidarity, sustainability, equity, universality and co-responsibility, to ensure its effectiveness, sustainability and coherence (ILO, 2024d; UN-Women and ECLAC, 2021). It is also crucial to boost citizen and community participation in the design, implementation, monitoring and evaluation of financing policies, and to ensure transparency in all related processes. For the system to be truly effective, it must be comprehensive, with all the relevant components financed in a joined-up and coherent manner. Co-responsibility between the State, the private sector, households and the community is fundamental to the success of the system, as is the inclusion of gender, human rights and intersectional approaches recognizing the diverse realities of the population.

Guideline D3: Diversify financing sources and instruments according to the characteristics of each territory

Financing sources and instruments must be diversified to build a strong and sustainable care system, taking into account various factors specific to each context. It is crucial to consider infrastructure and current expenditure, as well as the different components of the care system, which must be adapted to specific populations and their respective needs. It is also necessary to project future needs and consider resilience to disasters and pandemics, among other emergencies. Public budgets play a fundamental role and social security policies must include not only policies on time and services, but also subsidies and entitlements to supplement household income for the provision of care work. Social dialogue is a key mechanism for engaging all stakeholders in financing discussions and ensuring an adequate distribution of resources through collective bargaining, for example.

Guideline D4: Expand the fiscal space for infrastructure and care policies, tailored to the budgetary powers of the entity implementing the policy

It will be necessary to seek context-relevant policy options to expand the fiscal space. This means supporting governments in identifying context-appropriate policy options and in creating or strengthening macroeconomic frameworks to support care through fiscal and monetary policies (ILP and UNDP, 2023). It is important to recognize how fiscal decisions, such as allocations and taxes on care work, affect care. Tax incentives and subsidies for care-related goods and services should also be pursued, and innovative public and private investments encouraged in related sectors, such as services, technology and training (United Nations, 2024a). Innovative public and private investments should be encouraged in related areas, such as services, technology and training.

Prioritizing spending allows funds to be directed towards crucial sectors, ensuring that the most pressing needs are met. For example, public procurement should be used strategically to acquire services and products that contribute to the care sector, thereby supporting the local economy. Participatory budgeting offers a platform for communities to provide direct input into decision-making regarding how resources are allocated, offering greater transparency and accountability. Similarly, tax earmarking by sector and the allocation of royalties from natural resources or specific economic activities can serve as important direct sources of funding for care policies.

Guideline D5: Integrate the gender perspective into national and subnational budgets

Public resources must be directed towards universal social protection systems, employment, care services and high-quality public infrastructure, taking into account matters related to gender, disability and age. This means collaborating with national and local governments to build the gender perspective into budgets and ensure that these, in turn, reflect the priorities of care and support policies at the territorial level, and to embed these priorities in national and subnational financing frameworks in a coordinated manner. It is also important to promote dialogue among governments on care system financing policies, fostering mutual learning and avoiding overlaps. Along these same lines, fiscal compacts must be strengthened to progressively increase revenue and public investment in these areas.

E. Information and knowledge systems

As set forth in the Montevideo Strategy, gender information systems encompass the processes of selecting, collecting, integrating, analysing and disseminating data relating to gender inequalities, as well as the progress and challenges that remain to be addressed to ensure women's rights. Gender statistics and indicators, both qualitative and quantitative, may be obtained from various sources, primarily from the data-producing agencies that form part of the national statistical system (ECLAC, 2017). Mainstreaming a gender perspective and intersectional analysis is essential in order to identify equality gaps and understand the specific needs of women and men in all their diversity in different settings. Sex-disaggregated data and gender and intersectional analyses are crucial in order to assess needs, evaluate progress and good practices, identify obstacles and propose context-specific solutions (ECLAC, in press).

The proximity of subnational governments to the needs and characteristics of the territories allows them to develop more efficient policies (see box III.7). This requires data and information for generating the knowledge to ensure that public measures are of the best possible quality. Effective design of care policies in the territory calls for a catalogue of services and benefits addressing the needs of both caregivers and those who need care, as well as information on the deficiencies in relation to decent work in the sector (UN-Women and ECLAC, 2021; ECLAC, 2022; Bango et al., 2024). This catalogue must be accompanied by a care register that carries information on service users, carers, providers (both public and private) and entities authorized to train and certify carers, including variables such as age, sex and area of residence, in a detailed and comparable manner.[17]

[17] In this connection, the twenty-second International Conference of Labour Statisticians, to be held in 2028, will address the theme "Advancing the measurement of care work and the care economy: a global consultation for new statistical standards".

Box III.7

A single window for implementation in the territory of the National Support and Care System in Chile

Chile's Local Social Management information system is an innovative platform designed to facilitate the implementation of the National Support and Care System. Since its launch in 2018 by the Ministry of Social Development and Family, in collaboration with the World Bank, the Local Social Management information system has improved social case management through a municipal single window, optimizing the provision of State services at the local level. The system is a modular tool that integrates records from various social programmes and supports interoperability between information systems, thus enabling effective identification and referral to care and social protection entitlements and services. With this unified approach, officials can provide more focused and efficient attention to those needing care and those providing it.

The Ministry of Social Development and Family has also included a variable in the Social Household Registry whereby people can identify themselves as caregivers of persons with disabilities or dependencies, in order to raise awareness of this population group. This has led to the development of specific arrangements, such as a caregiver credential, whose carriers benefit from reduced waiting times in public red tape through preferential attention agreements. The information already available in the Social Household Registry has also helped to identify potential caregivers and facilitate their registration.

The people-centred approach of the Local Social Management information system has facilitated its uptake by Chilean officials, transforming their way of working and improving service delivery by enabling them to be more proactive. The system fosters cross-sector collaboration and process optimization by avoiding duplication and strengthening the implementation of care policies tailored to the needs of each community. The Local Social Management system is a key tool for coordination between different levels of government, promoting comprehensive and coordinated responses.

Source: World Bank. (2022). *Trayectoria y evaluación de Gestión Social Local (GSL) 2018-2021*; Ministry of Social Development and Family of Chile. (2024). *Informe de Desarrollo Social 2024*.

Observatories and other institutions for the collection, systematization, analysis and dissemination of statistical information with a gender perspective are essential for mapping care and maintaining a registry that reflects social participation in this area. For these systems to function efficiently, they must be endowed with resources that are sufficient and sustainable over time. Observatories and the like can facilitate the evaluation of levels of autonomy through clear measurements and establish quality standards, including indicators with a gender and ethnic and racial focus, as well as mechanisms for oversight, monitoring and sanctioning. It is also necessary to develop a knowledge agenda coordinating links with the academic sector at the local and national levels. This will underpin the coordination of care policies and promote technological innovation in the management of related services.

Policy design must take account of administrative documents and records, including land-use plans and investment plans, local government programmes and specific sector plans, such as health, housing and transportation. It is crucial to include diverse sources, such as civil society organizations and the private and academic sectors, and to listen to people working in the sector. The characterization of priority populations should include sociodemographic information reflecting intersectionalities related to sex, age, ethnicity, disability status and migration, among other variables. There follow a number of guidelines in this regard.

Guideline E1: Establish information and knowledge systems in the territory, coordinated with national information systems

In order to pursue care policies in the territory, it is essential to understand the multidimensionality of the way local dynamics address care. This requires access to data and information on economic, social, productive, labour, environmental, cultural and risk matters, as well as analysis of current needs and demands and projection of future care needs in the territory. The collection and construction of georeferenced data and statistics with an intersectional approach is especially important in supporting this effort.

It is crucial to map care in the territory in order to understand not only how it is provided, but also what both paid and unpaid caregivers' specific needs are (see box III.8). In this regard, it is particularly important to create processes for harmonization and coordination of information systems at different levels of government. Additionally, it is crucial to identify prioritized demand from a geospatial perspective, using georeferencing tools to enhance planning. The implementation of geographical information systems will enable accurate mapping of supply and demand, as well as the inclusion of data on violence against women and the feminization of poverty. Information must be compiled from various sources —such as government records, academic research, community surveys and data from non-governmental organizations working in the care sphere— and categorized, establishing key indicators to measure and evaluate the supply and demand for care, identifying gaps and areas where investment or improvement in care services is needed and thereby helping to ensure the right to care. Lastly, single window systems should be used to improve and consolidate administrative registration systems as a core strategy for local management of care policies.

Box III.8
Care indicators and maps in the territory

Several governments in the region have developed care maps that georeference care services —public, private and community-based— and offer visualizations of indicators on care supply and demand at the territory level, providing a better understanding of its distribution and needs. Technical support for developing these maps has been provided by several agencies in the United Nations system, such as the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

The UNDP Care Georeferencing Tool offers a systematic approach to mapping and analysing care services, combining traditional data (administrative records and census information) and innovative data (data mining, artificial-intelligence-based population projections and collaborative mapping) (De los Santos, 2022). This is used to build a georeferenced system that includes public, private and community-based care providers, while also identifying and projecting the distribution of populations with care needs (such as children, persons with disabilities and older persons). Travel time calculations are used to determine the ease —or difficulty— of accessing care centres and to identify areas where care is insufficient or hard to access (known as "care deserts").

The data support visualization tools that are designed according to the priorities of the national or local governments. The maps, which enable authorities to quickly identify critical areas for intervention, can be integrated with other georeferenced systems (for example, in areas such as health, social protection, disaster risk management and multidimensional poverty), which facilitates comprehensive planning. The platforms are designed using open source software and then transferred to government counterparts, backed up with technological support and training to ensure that they will be updated and be sustainable over time.

This methodology has been successfully implemented in several countries in the region and continues to expand. In Bogotá, an initial pilot programme mapped private care centres and refined methods for locating community initiatives. In Uruguay, accessibility was measured in inland areas and a care map was developed for Municipality B of Montevideo. In the Dominican Republic, disparate data was centralized and the quality of care services (public, private and community) was mapped in the field in Santo Domingo Este and Azua. In Peru (Metropolitan Lima and Callao), the concept of "care deserts" was adopted to visualize locations with high demand and low accessibility. The UNDP Care Georeferencing Tool is currently being implemented in various municipalities in Colombia, El Salvador, Guatemala, Honduras and Panama. By improving accessibility in urban and rural settings in the region, this system offers potential to advance care policies and promote gender equality in the region.

ECLAC has provided technical support for the building these maps, especially the Bogotá District Care System map and the Federal Care Map in Argentina. In Bogotá, in 2020, ECLAC supported the creation of a map that georeferences the city using key indicators for the District Care System. For this process, public information sources were reviewed and new data generated to identify care services. This facilitated the detection of needs based on population density and supported decision-making in relation to programmes such as *Manzanas del Cuidado* ("care blocks"), *Buses del Cuidado* ("care buses"), and home-based care. In the case of Argentina, ECLAC and the Ministry of Women, Genders and Diversity designed the Federal Care Map, which was published in 2022. The map was created as an information platform on care supply, and to support the preparation of diagnoses on the distribution of care supply and demand at the territorial level.

Along similar lines, ECLAC is providing technical assistance to the Ministry of Equality and Equity of Colombia to build a care map to identify and georeference the public provision of care at the different territorial levels. In 2024, a data collection and cleansing process was carried out, accompanied by software development. The process has included an information gathering stage at the municipal, departmental and national levels, which has led to the creation of the first database on public care provision specifically designed to guide and direct the architecture and implementation of the National Care System in Colombia.

These experiences have spurred the pursuit of similar initiatives in other countries in the region. The Care Map of Mexico (MACU), developed in collaboration with UN-Women and El Colegio de México, details public, private and civil society care provision in the country and estimates potential demand. Lastly, the Care Map of Chile was developed by the Government of Chile in collaboration with the Chilean Geospatial Data Infrastructure (IDE Chile).

Source: Economic Commission for Latin America and the Caribbean, on the basis of Economic Commission for Latin America and the Caribbean. (2025). *The Care Society: Governance, Political Economy and Social Dialogue for a Transformation with Gender Equality* (LC/CRM.16/3); Inter-American Development Bank, United Nations Development Programme and Economic Commission for Latin America and the Caribbean. (2025). Mapas de cuidados [unpublished paper]; De los Santos, D. (2022). Mapping care: innovative tools for georeferencing care supply and demand in Latin America and the Caribbean. *Policy Notes* (14). United Nations Development Programme; United Nations Entity for Gender Equality and the Empowerment of Women. (2024). *Cuidados a nivel local: relevamiento de experiencias en América Latina y Caribe*; Economic Commission for Latin America and the Caribbean. (2024). Design and implementation of the District Care System of Bogotá: a political, social and fiscal covenant. *Gender Equality Bulletin* (2); Economic Commission for Latin America and the Caribbean and Ministry of Women, Genders and Diversity of Argentina (2022). Mapa Federal del Cuidado en la Argentina: construcciones conceptuales y usos. *Project Documents* (LC/TS.2022/173-LC/BUE/TS.2022/18). Economic Commission for Latin America and the Caribbean.

Guideline E2: Establish inter-institutional technical forums dedicated to data management to support governance at the territorial level

The territorial level needs a clear governance framework for data management, defining roles, responsibilities and decision-making processes across the various inter-institutional technical spaces, ensuring the equitable participation of all stakeholders and providing these structures with sufficient and sustainable resources over time. Training is also needed in the use of intersectional approaches and tools, especially for civil servants and all stakeholders involved in the implementation of care policies. Within this framework, disparate knowledge must be brought together through the creation of local academic knowledge networks and the promotion of a common agenda for cooperation and research, as well as studies to advance real understanding and evaluation of care dynamics in different communities.

IV. Summing up: care policies from a gender, territorial and intersectional perspective

The sexual division of labour and the unequal distribution of care work continue to be one of the structural challenges perpetuating gender inequality. While this work falls predominantly to women in all societies, the social organization of care varies across regions. Unpaid care work falls more heavily on women and girls in countries with insufficient public services, limited infrastructure and weak social protection systems. Inequalities and lack of access to care services are exacerbated in rural areas, in conflict zones and in regions severely affected by climate change and natural disasters. These inequalities are even further accentuated in the case of Indigenous, migrant and Afrodescendent women, who often experience higher levels of discrimination and exclusion, and face the increasing feminization of poor households. These processes are also intensified by phenomena such as population ageing, changes in the labour market, the impact of climate change and migration, which vary from territory to territory and, as they shift, so does the population's demand for care, putting pressure on other components of well-being, such as health and social security systems and social development policies.

Thus, a highly even territorial landscape is shaped in Latin America and the Caribbean by environmental, economic and production-related, geographical and spatial, political and administrative, ethnic or racial, cultural and sociodemographic heterogeneity. The implementation of care policies in the territory in the region must therefore be understood within the framework of its highly disparate nature. Recognizing and valuing these differences is key to designing appropriate and well-adapted policies. Territory must therefore be understood as a space combining diverse dimensions that materialize in social relations, meanings and processes of social construction. Territory is thus a space of collaboration and cooperation, but also of dispute, conflict and inequality, all characteristics that permeate the social organization of care in the communities that inhabit them.

It is essential to improve care policies to promote more inclusive and sustainable development. In this connection, at its fifteenth session, held in 2022, the Regional Conference on Women in Latin America and the Caribbean adopted the Buenos Aires Commitment, which puts forward the care society as a paradigm to transform the development model by fostering equality, well-being and sustainability. As

part of the Buenos Aires Commitment, the governments requested the preparation of a document on "guiding principles for the design of policies, from a gender, intersectional and intercultural perspective and the perspective of territory, within the framework of human rights" (ECLAC, 2023a, para. 43). Further to that agreement, a series of guidelines have been offered here for pursuing care policies in the territory in terms of governance, regulatory and institutional framework, infrastructure and services, intersectionality and interculturality, financing strategies and instruments, and information and knowledge systems.

Owing to their proximity and close ties with communities, subnational governments have direct and intimate knowledge of the realities people face: their daily challenges, social support networks, gaps in access to services and the various ways in which life and care are organized within each context. With this proximity and local knowledge, subnational governments can more readily identify resources, issues and community networks, enabling them to adopt innovative solutions tailored to specific needs. This opens the way to design and implement care policies with a localized approach, sensitive to cultural, social and territorial intersections, and for measures adapted to the characteristics, needs and potential of each context.

Public care policies in the territory must be based on the principles of equality, universality, progressiveness and non-regressiveness, and public measures should be comprehensive, coherent and coordinated in order to avoid duplication and optimize resources. Citizen participation and coordination by subnational, national, regional and global actors are especially important and should be pursued through cooperation mechanisms to generate shared learning and make care policy more effective at the level of the territory. Taking the territorial approach to care policies means adopting diverse strategies at the regional, national and local levels, which must dovetail to comprehensively address the social, economic and care-related processes they involve. This approach to public care policies can also strengthen local economies by bringing co-responsibility and decent work policies into value chains, increasing women's participation and strengthening productive processes through collaborative initiatives and clusters. For all these reasons, advancing care policies in the territory is key to achieving the SDGs of the 2030 Agenda, making care policy stronger at the regional level and advancing gender equality and the right to care.

In view of its key role in mainstreaming the feminist perspective at the different levels of care policy design, management and implementation, this document offers an important tool for machineries for the advancement of women, as well as for other national and subnational government institutions involved in care policy in their territories. It provides essential input for the discussions to be held at the sixteenth session of the Regional Conference on Women in Latin America and the Caribbean (Mexico City, 12–15 August 2025), focusing as it does on political, economic, social, cultural and environmental transformations to underpin a care society and gender equality. The agreements reached within the framework of the Regional Gender Agenda lay the foundations for affording the State a more commanding role in the design and implementation of universal, intersectoral, comprehensive, co-responsible and financially sustainable care policies and systems. Building a territorial perspective into care policy, as set forth in this document, should add strength to regional agreements on care looking towards the forthcoming session of the Regional Conference as a key forum for driving progress towards a care society.

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Latin America and the Caribbean is immersed in a care crisis that is having a disproportionate impact on women and especially those subject to various forms of intersectional exclusion. This crisis is reflected in increasing demand for care services that is linked to many different interrelated factors, such as the rapid ageing of the population, changes in the labour market, the effects of climate change, migration flows that alter the dynamics of care in places of origin and destination, and insufficient care services and infrastructure. Hence the urgent need to work on designing and strengthening care policies to serve as a cornerstone for more inclusive and sustainable development in the region.

This document outlines the rationale for implementing care policies with a territorial approach, examines the extent to which, and the ways in which, care policies are implemented in politically, socially, economically and culturally heterogeneous territories in the region, looks at the challenges involved in implementing these policies and sets out guidelines for designing and implementing care policies at the territorial level.

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