



Towards Comprehensive Care Systems for Gender Equity in Latin America: Evidence and Lessons from the Collaborative Research-Action Fund

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1. Introduction

In Latin America and the Caribbean, care remains an invisible pillar of societies and economies: it falls mainly on women—especially poor, migrant, Indigenous, and racialized women. It is mostly unpaid and faces deep inequalities in terms of access, quality, and recognition. In the region's countries, women devote between 12% and 24% of their time to unpaid work, compared to 5% to 9% for men, meaning women spend two to three times more time than men (ECLAC, 2023a¹). Additionally, women aged 15 and older spend between 22 and 43 hours per week on unpaid domestic and care work, while men of the same age spend between 7 and 20 hours (ECLAC, 2023b²). 93% of people engaged in paid domestic work are women, and a significant proportion lack labor rights and social protection.

In this context, according to ECLAC³, the value of unpaid care work is estimated to range between 15.9% and 27.6% of the regional GDP—a figure that reveals its economic weight but also its invisibility in national accounts. At the same time, paid care work is not adequately compensated in terms of wages or working conditions. This situation limits

the economic autonomy of millions of women, reinforces the sexual division of labor, and deepens social and territorial inequalities. The care economy remains the “hidden engine” of our economies: essential for their sustainability, yet insufficiently valued and recognized.

In recent years, especially after the pandemic—which highlighted the importance of care and exacerbated gender gaps related to caregiving—the region has taken significant steps toward recognizing care as an autonomous human right and a public good. Advisory Opinion OC-31/23 of the Inter-American Court of Human Rights reaffirms this perspective by establishing States' obligations regarding care from a human rights and gender equality approach. The Buenos Aires Commitment (2022) and the more recent Tlatelolco Commitment (2025) have placed this issue at the center of the regional agenda, urging States to consolidate comprehensive care policies and systems that respond in a co-responsible and sustainable manner to the population's needs.

Within this framework, in 2023, the Collaborative Research-Action Fund

was launched to promote care policies and systems in Latin America and the Caribbean. Its purpose is to generate rigorous and applied evidence to build or sustain public care policies. . It is based on partnerships among governments, academia, and civil society, with a feminist approach. The Fund is funded by Canada's International Development Research Centre (IDRC), with support from the Ford Foundation to generate learning and contribute to policy impact. Regional coordination is led by the Group for the Analysis of Development (GRADE), in collaboration with the United Nations Research Institute for Social Development (UNRISD) and the Global Alliance for Care.

Since then, two consecutive editions have been launched: Fund 1 (2023–2025), which focused on evidence to scale and sustain care policy innovations, and Fund 2 (2025–2026), which expanded the geographic and thematic agenda, more actively involving feminist organizations, civil society, and community actors. The projects and findings of each edition are detailed in the following sections.

¹ Economic Commission for Latin America and the Caribbean. (2023a). Proportion of time spent on unpaid domestic and care work by sex. Gender Equality Observatory for Latin America and the Caribbean.

² Economic Commission for Latin America and the Caribbean. (2023b). Repository on time use in Latin America and the Caribbean. Information systems: transforming data into information, information into knowledge, and knowledge into policy decisions. <https://www.cepal.org/es/infografias/repositorio-uso-tiempo-america-latina-caribe>

³ Economic Commission for Latin America and the Caribbean (ECLAC). (2023, November). *Towards a caring society: progress and challenges in Latin America and the Caribbean* [PowerPoint presentation]. United Nations, ECLAC. Retrieved from https://www.cepal.org/sites/default/files/news/files/241123_pptsociedadcuidado_ag.pdf



2. What Evidence Did Fund 1 (2023–2025) generate to transform Care Systems?

Fund 1 was the first opportunity to generate evidence, critically question, and support gender-focused innovations in care policies across different contexts in the region. These experiences not only responded to urgent community needs but also generated insights to help advance

toward more inclusive and sustainable systems.

By bringing together projects with diverse approaches—from labor formalization to community care and caregiver well-being—Fund 1 enabled the regional production of evidence,

whose results are informing national policies and inspiring new debates. It also opened a space for peer learning that feeds into the design of the second edition of the Fund, fostering the exchange of lessons and the building of regional collaborative networks.



First Edition of the Fund - What Did We Learn from the Experiences in Uruguay, Colombia, Mexico, and Brazil for Building Care Systems in the Region?

Uruguay – Transforming Care Provision for Severe Dependency

A partnership between the National Integrated Care System of Uruguay and CIEDUR

In 2015, Uruguay enacted the law establishing its National Integrated Care System, a globally pioneering experience. One of the system’s main challenges is providing quality care for households with people with severe dependency. The Fund supported the transition from an individual contracting model—left to agreements between two vulnerable parties (low-income households needing care and

independent caregivers often unaware of their rights)—to a collective model organized through cooperatives to provide assistance to people with severe dependency.

The project generated evidence on the

effects of this innovation, particularly regarding labor formalization, clarity of working conditions and tasks, and family support through the cooperative model. The study found that, under the cooperative model, personal assistants valued the stability, security, and clarity

of their tasks, while families perceived the service as more reliable. The next step is to strengthen cooperative management, expand gender-focused training, and use evidence to ensure financial sustainability.

Colombia – Integrating Community Care into the National Care System

A partnership between the Ministry of Equality and Equity, Oxfam Colombia, and FUNSAREP in Cartagena

Colombia created its National Care System in 2023, within the framework of the National Care Policy launched by the Ministry of Equality. The system recognizes that community care is fundamental to sustaining life and the social fabric, as it complements state functions and ensures well-being in areas with limited public services.

The project in Cartagena supported 22 community care organizations and specifically strengthened three of them, focused on elder care, school support, child nutrition, and mangrove conservation in peri-urban areas. Through a participatory diagnosis, structural needs were identified, such as the lack of adequate physical spaces, scarce supplies, and limited relevant training. With technical support and provision of supplies, these organizations increased their capacity and legitimacy in public policy spaces.

The findings informed the National Care Policy, which for the first time, recognized the strategic role of community caregiving. As a result, ten of these organizations were selected in the “Care Communities” call by the Ministry of Equality, opening the door to institutionalization and sustainability. The evidence also highlights the urgency of advancing gender co-responsibility at the community level and the centrality of cultural transformation for redistribution.



Mexico – Care Environments in Jalisco: An Integrated Care and Support System for Unpaid Caregivers

A partnership between the Secretariat for Substantive Equality between Women and Men of the State of Jalisco, and Demoskópica

In Jalisco, the “Care Environments Model” (Entornos de Ciudadano, in Spanish) was developed in a context of normative progress toward institutionalizing the right to care. The state reformed its Constitution in 2021 to recognize this right and began creating the Comprehensive Care System, formalized in 2024 with the approval of the State Care Law and the Vision 2030 Program—making Jalisco the first Mexican state with a comprehensive care framework.

This initiative aimed to innovate in supporting unpaid women caregivers through a six-module pathway addressing self-care, physical and emotional well-being, and economic autonomy. Implemented in two municipalities with different institutional capacities, it coordinated state and municipal services to offer respite spaces, training, and care and support networks.

The study generated evidence on how the model functioned and what lessons it offers for territorial scaling: improvements in emotional well-being, reduced feelings of loneliness, increased personal income, and access to training. Despite a change in government in 2024, the new authorities actively participated in presenting the results, which helped



incorporate the recommendations into state and municipal care agendas to ensure continuity and sustainability.

Brazil – Unpaid Care at the Center of Elder Care Policies: Maior Cuidado

A partnership between the Municipal Secretariat of Social Assistance of the State of Belo Horizonte and the Brazilian Care Association “Fundacion Cuidadosa”

In Brazil, the study took place amid the expansion of the Maior Cuidado Program (PMC), created by the Municipality of Belo Horizonte in 2011 as a pioneering initiative for supporting dependent elderly people in poverty. Since 2023, the program has expanded to other cities with support from the

Ministry of Health and local governments, and its results are being considered for the new National Care Plan.

PMC is innovative in providing paid support through trained caregivers integrated into the health and social assistance network. Until this project, the program had focused on its effects on older adults and the health system. However, this study analyzed a less-explored aspect: how PMC alleviates the physical and emotional burden on unpaid family caregivers and improves their well-being.

Findings show that the program facilitates families’ access to medical services, provides caregivers with rest

time, and enables them to resume personal or economic activities. It also highlights the value of the professional role of paid caregivers and the persistent challenges of low wages and gender segregation. The experience, already replicated in Salvador de Bahia and Contagem, is being shared with national actors for potential adoption in the National Care Plan, reinforcing its scalability potential.

Examples of Policy Influence: Lessons from Fund 1 in the Region

COUNTRY	STUDY	POLICY INFLUENCE
BRAZIL	<i>Unpaid care at the center of elder care policies: Maior Cuidado</i>	Evidence used in the expansion of the PMC to Salvador de Bahia and Contagem. Findings were shared with the Ministry of Health and the National Care Plan to assess its potential for national adoption.
COLOMBIA	<i>Integrating community caregiving into the National Care System</i>	Results served as input for the National Care Policy, which recognized community caregiving as a pillar for the sustainability of life. Additionally, 10 community organizations strengthened by the project were selected in the “Care Communities” call by the Ministry of Equality and Equity, opening the door to institutionalization and sustainability.
MEXICO	<i>Care Environments in Jalisco – an integrated support system for unpaid caregivers</i>	The pilot led to recommendations incorporated into state and municipal care agendas and opened the possibility of replication in the Guadalajara Metropolitan Area. Despite a change in government in late 2024, the evidence helped sustain the policy. New authorities actively participated in the presentation of results, facilitating the integration of recommendations into care agendas.
URUGUAY	<i>Transforming care provision for severe dependency</i>	The study provided evidence for discussions on professionalizing care under a new cooperative arrangement for severe dependency care provision. Its recommendations were considered in the development of the Third National Care Plan (2026–2030).

Cross-Cutting Findings

From the four projects, common lessons emerged that offer valuable input for broader reflection on care systems in the region and enrich the initiatives selected for the second fund. These findings not only feed national debates but also support peer learning processes, strengthen collaboration with feminist and civil society organizations, and support evidence based debates in regional and international advocacy spaces.

The **5Rs of care—recognition, reduction, redistribution, reward, and representation**—provide a framework to compare the progress and challenges of the four projects, revealing both their contributions to gender equality and the gaps that persist in the region.

- **Recognition:** The experiences helped make care visible as a pillar of social well-being and placed it on the public policy agenda, as seen in Colombia with the National Care Policy.
- **Reduction:** The projects provided evidence of policy innovations that partially alleviated caregivers' burdens—through respite services, support, access to paid care services that reduce time poverty, or self-care workshops.
- **Redistribution:** In all cases, male co-responsibility remained marginal, reflecting persistent gender norms and highlighting the urgent need for policies that promote cultural transformation.
- **Reward and Representation:** In Uruguay, a collective contracting model for personal assistants was piloted, improving caregivers working conditions but still facing challenges in sustainability and scaling. In Brazil, the *Maior Cuidado* Program showed improvements in the well-being of family caregivers and recognition of paid caregivers, though issues like low wages and gender segregation persist. In Mexico, training for unpaid women caregivers led to increased income and access to education, but without yet ensuring stable, rights-based employment paths.

A key contribution of Fund 1 was demonstrating that local innovations can go beyond pilot stages and pave the way for broader transformations at local, national, and even regional levels. In Colombia, strengthening community organizations led to direct changes in national policy. In Mexico, the Care Environments pilot opened the door to institutionalization in state and municipal systems. In Brazil, the *Maior Cuidado* Program has already been replicated and is moving toward national scaling.

These cases confirm that the Fund not only generated useful evidence but also catalyzed policy influence and sustainability processes that place care, from a gender equality perspective, at the heart of the public agenda.

Overall, the results show significant progress that requires greater public investment, institutionalization, and political commitment to ensure the sustainability of these transformations. Care system financing remains marginal, and evidence of impact must support the recognition that investing in care is investing in building prosperous and equitable societies.

In summary, Fund 1 provided evidence that investing in feminist innovations in care policies not only alleviates caregiver burdens and improves their conditions but also offers replicable and scalable models capable of influencing the design of fairer and more sustainable care systems in the region.



3. Second Edition of the Fund: How Are We Moving Forward Based on These Lessons?

The second edition, launched in 2024, continued the Fund in response to the interest it generated, the evidence produced, and the high level of participation in the first call. This expansion not only sustained the initial momentum but also increased thematic and geographic coverage. Most importantly, it promoted partnerships not only between local researchers and care policy officials but also expanded these alliances to include grassroots movements and feminist organizations, incorporating new approaches and contexts to deepen the debate and development of care policies in the region.

Fund 2 (2025–2026) selected six new projects in Argentina, Chile, Colombia, Peru, the Dominican Republic, and Uruguay. Each addresses specific challenges, but together they reflect the urgency of strengthening care systems from a feminist, intersectional, and territorial perspective:

- **Argentina – Advancing Subnational Care Policies**

Partnership between the Secretariat for Gender and Community Development of the Municipality of Río Grande and ELA (Latin American Team for Justice and Gender)

Within the framework of Río Grande’s care policy, the project evaluates two programs that combine childcare services with job training for women caregivers. It aims to strengthen local capacities and generate tools to guide the development of more comprehensive and sustainable care policies at the subnational level. This study will provide important evidence on how municipal governments are incorporating gender and co-responsibility perspectives into care policies, and offer lessons in terms of sustainability and replicability in other contexts.

- **Chile – Community Co-responsibility and Sustainability of the Care Policy**

Partnership between the Ministry of Social Development and Family, the University of Chile, the Kuidadores Foundation, and the Yo Cuido Association

In the context of creating the National Support and Care System, the project generates evidence through participatory processes in urban, rural, migrant, and Mapuche Indigenous territories to co-design the “Chile



Cuida” Community Care Centers. The study seeks to understand how communities can sustain and integrate co-responsibility in care, providing key evidence to strengthen the territorial and political sustainability of the care policy in a context of institutional and electoral change.

- **Colombia – Building the Ethnic Chapter of the National Care System in Four Regions, Recognizing the Practices of Indigenous, Afro-Colombian, Raizal, and Palenquero Women**

Partnership between the Ministry of Equality and Equity, Simón Bolívar University, and the Women of the Ethnic Commission for Peace and the Defense of Territorial Rights

Within the framework of the National Care System, this project promotes the recognition of traditional care practices of Indigenous, Afro-Colombian, Raizal, and Palenquero women. It seeks to provide evidence on how the knowledge and worldviews of ethnic communities can engage in dialogue with gender equity and strengthen a more inclusive and intercultural care system, recognizing the diversity of care provision and organization, and their potential to enrich public policies for gender equality, without losing their cultural and community essence.



- **Peru – Severe Disability and the Well-being of Caregivers**

Partnership between the Ministry of Development and Social Inclusion (MIDIS), SODIS, and the Yo Cuido Perú Collective

As part of the process of building the National Care System, the **Contigo National Program**—which provides cash transfers to people with severe disabilities—is piloting a caregiver support model in Lima and La Libertad. The project aims to strengthen this component through the implementation of **self-managed support networks** that promote emotional well-being and co-responsibility. It will generate evidence on how these spaces can improve care quality and offer useful lessons for consolidating the Contigo Program within the design of a national care system.

- **Dominican Republic – Dignifying Home-Based Elder Care**

Partnership between CONAPE, the Autonomous University of Santo Domingo, FENAMUTRA, and UNI Americas

In the context of developing a national care policy, this project analyzes the **Familia de Cariño** program, which aims to professionalize and formalize paid care work. Unlike service-centered approaches, this study focuses on caregivers—their working conditions, training, and recognition. It seeks to generate evidence on how to strengthen the professionalization and representation of caregivers, providing insights to expand and sustain home-based elder care with a rights-based and gender equality approach.

- **Uruguay – Caring for Early Childhood, Investing in the Future**

Partnership between the Ministry of Social Development (MIDES), CIEDUR, the Pro-Care Network, and UN Women

The Socio-Educational Inclusion Scholarship Program (BIS) provides care for children aged 0 to 2 in areas with limited public care services, integrating child, family, and labor inclusion. The project will evaluate the impact and estimate the “triple dividend” of care investment—child development, labor or educational inclusion of families, and improved working conditions for caregivers—aiming to identify the factors that enable sustainability and gender equity in early childhood care policies.

4. Learnings and Challenges for Strengthening Care Systems in Latin America

The analysis of the projects supported in both editions of the Fund allows us to identify common lessons and persistent challenges across the region. These findings, emerging from diverse contexts, show that there is no single care model, but rather shared principles that guide the construction of fairer and more sustainable care and support systems.

4.1 Regional Learnings

- **Diversity of Models and Territorial Relevance:**

Comparative experience shows that the key is not to replicate models exactly, but to learn from other experiences and adapt them to each local reality. Innovations like Bogotá's "care blocks" inspired the Jalisco (Mexico) pilot, demonstrating the value of regional exchange. Likewise, subnational experiences—such as the *Maior Cuidado* Program in Brazil—nourish and inform the development of national care systems, providing valuable evidence for their expansion and sustainability.

- **Centrality of Community Care:**

In several countries, grassroots organizations and communities are being recognized as fundamental actors that have always provided care, especially in contexts where the state is absent. The challenge is how states can recognize and strengthen these practices without co-opting them, while ensuring their fair recognition and reward.

- **Feminist Innovations:**

Evidence shows that caregivers remain underrecognized and poorly rewarded, and that they require substantial improvements in support, working conditions, and well-being. While the projects have made progress in reducing burdens and formalization processes, these efforts are still insufficient. Recognizing caregivers is only the first step: the challenge lies in transforming that recognition into tangible improvements in their well-being, reduction in their time poverty, and access to labor and economic rights. Scaling up policies that go beyond recognition, to reward and reduce

time poverty is key to advancing toward more just and sustainable comprehensive care and support systems.

- **Multi-Stakeholder Alliances:**

The combination of governments, civil society, unions, and academia strengthened policy influence and enhanced the legitimacy of proposals, as well as their sustainability amid political cycles.

- **Impact Beyond the Pilot:**

Several projects influenced national policies (Colombia), opened state-level debates for scaling (Mexico), and expanded territorially (Brazil), showing that investing in care policies and systems can generate structural change.





4.2. Ongoing Challenges

- **Political Sustainability:**

As is often the case in the region, many of these initiatives face the risk of discontinuity due to government changes or lack of resources. Ensuring their continuity requires strong institutions, stable funding, and political commitment to recognizing care as a structural, state policy, rather than a temporary program.

- **Public Investment:**

Although the region is advancing in creating legal frameworks and care policies, funding for care systems remains insufficient. Care policies are often required to “prove their impact” before receiving resources, raising a fundamental question: why is more evidence demanded from care policies than from other areas of social welfare or any other public investment? Prioritizing and investing in care means recognizing and paying for work that women have historically done without remuneration.

- **Male Co-responsibility and Cultural Change:**

Low male participation remains a barrier to effectively redistributing care within households and communities. Advancing cultural change requires transforming gender norms and social expectations that assign care almost exclusively to

women. How can this change be generated? What do we know about initiatives that effectively shift gender and social norms? These questions are key to guiding policies that not only expand service provision but also transform everyday practices and power relations around care.

- **Formalization of Care Work:**

Although there has been progress in creating paid jobs and improving working conditions, most caregivers still work in precarious or informal conditions.

- **Data and Monitoring:**

The region lacks robust information systems on time use, service quality, and policy outcomes, limiting the design, implementation, and scaling of innovations and evaluation of interventions. Talking about care systems and policies means going beyond a single governing body and requires coordination across sectors such as health, education, labor, and social protection. It also requires establishing coordination and

monitoring mechanisms that integrate both unpaid and paid care work. Having shared, cross-sectoral data and evidence is essential to building truly comprehensive systems.

- **Intersectionality:**

The challenge is not only to include Indigenous peoples, Afro-descendants, and rural communities in care systems, but also to strengthen and recognize their cultural practices, adapting them without distorting their original meaning. The key is for these worldviews to enrich the public care agenda while also engaging with gender equity, redistributing care work, and closing gaps in access to quality care services.

The journey of this action-research fund shows that sustainability requires consolidating financing mechanisms, strengthening the institutional framework of care systems, and promoting a profound cultural shift that redistributes responsibilities among women and men, families, communities, the state, and the private sector.

The region faces a historic opportunity to move from isolated care policies—focused on providing services to meet specific care needs—to comprehensive care systems that recognize care work as a right, redistribute its burdens, and fairly compensate those who provide it. The fund responds to a growing demand in the region for rigorous evidence to support the design and expansion of integrated care systems. Not all countries have a comprehensive care and support system, although many have begun moving in that direction. In this context, generating and sharing evidence is key to supporting and strengthening these efforts.

The Fund stands as a key platform for building evidence, share learnings, drive policy influence, and weave feminist alliances that make care a true pillar of sustainable development in Latin America and the Caribbean.

THEMATIC AREAS OF THE COLLABORATIVE ACTION-RESEARCH FUND



Learn more about these initiatives:

