

TC Document

I. Basic Information for TC

▪ Country/Region:	REGIONAL
▪ TC Name:	Solutions to promote comprehensive care systems in Latin America and the Caribbean
▪ TC Number:	RG-T4667
▪ Team Leader/Members:	Stampini, Marco (SCL/SPH) Team Leader; Lupica, Carina Graciela (SCL/GDI) Alternate Team Leader; Morrison, Judith Anne Alternate Team Leader; Rodriguez, Diana Alternate Team Leader; Bonilla Merino Arturo Francisco (LEG/SGO); Casco, Mario A. (ITE/IPS); Ortiz Hoyos, Jose Luis (SCL/SPH); Delfs Ilieva Isabel (SCL/SPH) (OSG/OSG) Alternate Team Leader; Rodriguez, Diana Alternate Team Leader; Bonilla Merino Arturo Francisco (LEG/SGO); Casco, Mario A. (ITE/IPS); Ortiz Hoyos, Jose Luis (SCL/SPH); Delfs Ilieva Isabel (SCL/SPH); Vasquez Gonzalez Mateo (OSG/OSG)
▪ Taxonomy:	Research and Dissemination
▪ Operation Supported by the TC:	N/A
▪ Date of TC Abstract authorization:	N/A
▪ Beneficiary:	Regional (Brazil, Chile, Costa Rica, Guatemala, Mexico, Panama)
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	OC SDP Window 2 - Social Development(W2E)
▪ IDB Funding Requested:	US\$400,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	December 2024
▪ Types of consultants:	Individual consultants
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	SCL/SPH-Social Protection & Health
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ Alignment to the Update to the Institutional Strategy 2024-2030:	Afro-descendants; Diversity; Gender equality; Indigenous People; Persons with Disabilities

II. Objectives and Justification of the TC

2.1 The main objective of this technical cooperation is to explore low-cost, high-impact solutions to promote comprehensive care systems in the region, helping to define new lines of work for the IDB in the care economy. The specific objectives of the technical cooperation are to: (i) Design the conceptual and operational model of a regional strategy to accelerate integrated systems of care; (ii) Conduct technical assistance pilots to test, scale up or replicate models of care; and (iii) Support capacity building to integrate development with identity for indigenous and Afro-descendant peoples. The expected outcome of this TC is to build capacity for regional strategies to accelerate integrated systems of care that have a gender lens and include development with identity for Indigenous and Afro-descendant peoples.

- 2.2 **Care is a driver of economic growth.** In Latin America and the Caribbean, unpaid care work¹ accounts for about 21.4% of GDP, more than six percentage points above the OECD average ([UNDP, 2024](#)). Paid care is an important source of employment, with an estimated 381 million people working in the sector worldwide ([ILO, 2018](#)). Investments in care systems have a triple dividend: they increase the returns to human capital by improving the coverage and quality of preschool education and childcare services; increase taxes and social security contributions by improving the employability of care workers; and increase women's participation in the labor market. In the United States alone, an investment of \$1.3 trillion in the care economy could generate a return of \$3.1 trillion ([WEF, 2024](#)). In Uruguay, it was estimated that an annual investment of 2.8% of GDP in universal early childhood services alone could create more than 80,000 jobs, increase the labor participation of women by 4.2 percentage points, and generate new tax and social contribution revenues equivalent to US\$638 million ([De Henau et. Al, 2018](#) in [ONU Mujeres & CEPAL, 2021](#)).
- 2.3 **Women are overburdened with care work because of the unequal distribution of gender roles and the lack of care services. In countries such as Brazil and Chile, women spend twice as much time as men on domestic and unpaid care work.** In Brazil and Chile, women spend twice as much time as men on domestic and unpaid care work. In Guatemala, they spend up to seven times more in unpaid care work than men. The burden of caregiving affects women's health, education, and career development. Women caregivers report lower satisfaction with their health status, higher incidence of negative health habits, and greater exposure to stress and mental health risks. A recent study revealed that 31% of unpaid caregivers experience symptoms of depression ([Fabiani et. Al, 2024](#)). In addition, in countries such as Colombia, 52.5 percent of female caregivers between the ages of 15 and 29 do not study or work, a rate five times higher than that of men ([DANE & UN Women, 2020](#)).
- 2.4 **Care burden disproportionately impacts access to development opportunities for Afro-descendant and Indigenous women.** For instance, in Mexico, women who speak an indigenous language are responsible for 5.4 additional hours per week of domestic and unpaid care work compared to their non-indigenous counterparts. (35,9 vs. 30,5; [INPI & INMUJERES, 2024](#)). In Brazil, 66.2% of people who do not study or work because of household or care responsibilities are black women (2022, census data).
- 2.5 **In paid care, women are also over-represented and in low quality jobs. Globally, 65.35% of the workforce in the care sector is female, and they face low wages, high informality and lack of access to social protection.** ([ILO, 2018](#)). According to a regional survey of caregivers, 70% of paid caregivers earn the minimum wage or less. Women caregivers earn 24% less than men, have less education and report more stress. Afro-descendant caregivers experience more verbal and physical abuse. ([Fabiani et. Al, 2024](#)).
- 2.6 **The demand for care is urgent and growing at an accelerated pace due to the rapid aging of the population in Latin America and the Caribbean.** There are currently 8 million older adults in need of care and support in the region, and it is estimated that this number will triple by 2050. In this same year, there will be a demand for at least 14 million eldercare givers. **In addition, international covenants and**

¹ These jobs include both direct care activities, such as helping children, people with disabilities and the older people, and indirect care activities (cleaning, cooking, etc.).

treaties recognize that care is a human right, which includes the right to provide and receive care, as well to exercise self-care ([ECLAC, 2023](#); [OAS, 2022](#)).

- 2.7 **The region has demonstrated recent advancements in the design and implementation of care systems at both the national and local levels.** The Bogotá care blocks focus on the local development of care arrangements, integrating services based on geographic proximity and providing simultaneous support to caregivers and those requiring care. The care brigades of the Neighborhood Care System in Santiago de Chile provide support to older and disabled people without support networks, facilitating their activities of daily living and decreasing dependency. Similarly, the Home Care Support Services implemented in Costa Rica represent a significant advancement in personal assistance models. Also, the Caring Territories in Panama offer coordinated services to facilitate the care and labor insertion of women, capitalizing on the growth potential of the care economy ([ONU Mujeres, 2024](#)).
- 2.8 **The IDB has provided technical assistance and financing to countries in the region for the development and implementation of care systems.** By 2022, technical cooperations have been provided in the development of long-term care systems in seven countries in the region, and lending operations had been initiated in four countries. Furthermore, the Bank has spearheaded the development of policies and programs for early childhood development and the inclusion of people with disabilities in Latin America. These initiatives focus on enhancing accessibility to services and reducing the fragmentation of care for this population through targeted policy support programs.
- 2.9 **Despite the interest and rising importance of care there is still relatively limited information available on best practice in the design and implementation of care systems.** There is currently no systematic analysis of the strengths and areas for improvement and investment that countries in the region have in their efforts to deploy care systems. Similarly, there are no clearly defined indicators for monitoring and evaluating successful care systems and local and national policies. Furthermore, recent reports indicate that regulatory advances on care are focused on the child population, but that there is still insufficient progress in terms of protection for long-term care workers who support older adults. ([García & Vaeza, 2022](#)). There is a need to develop an intercultural approach to the design and implementation of care systems that can meet the diverse needs of vulnerable indigenous peoples and Afro-descendants ([Fraga, 2022](#)). It is essential to promote the dissemination of promising practices and understanding of care in order to facilitate a cultural transformation that will enable the fairer distribution of tasks between men and women, and encourage co-responsibility between governments, civil society, the private sector, and communities.
- 2.10 **Strategic Alignment.** The TC is aligned with the IDB Group Institutional Strategy: Transforming for Scale and Impact (CA-631) and the specific objective to reduce poverty and inequality by expanding development opportunities for women and vulnerable groups. The TC aligns with the operational focus areas of: (i) gender equality and inclusion of diverse population groups by promoting greater access human development opportunities for women specifically by reducing time poverty; (ii) institutional capacity, rule of law, and citizen security by increasing the ability of governments to design comprehensive care systems; and (iii) social protection and human capital development by improving the quality of care and the human capital skills of care providers. Additionally, the TC is aligned with the Gender and Diversity Sector Framework Document (GN-2800-13). This TC responds to an interest from

Brazil, Chile and Colombia to design gender policy solutions that can be quick scaled and complements country programs in Brazil, Chile and Colombia.

- 2.11 This TC aligns with the Country Strategy for Brazil (GN-3243-3) by supporting efforts to address gender equality and diversity inclusion challenges as a necessary condition to build a route toward sustainable and inclusive growth. The design of more inclusive public policies in comprehensive care services will strengthening institutional capacity to address inequalities that contribute to poverty and stifle employment opportunities for marginalized and diverse women.
- 2.12 This TC aligns with the Country Strategy for Chile (GN-3140-3) by recognizing the role of care to address women's economic autonomy and close gender gaps through actions that specifically improve workforce participation and women's leadership, while improving human talent and increasing productivity.
- 2.13 This TC aligns with the Country Strategy for Costa Rica (GN-2977), Guatemala (GN-3085), Mexico (GN-2982), and Panama (GN-3055) by promoting the inclusion of gender and diversity, while reducing barriers that prevent women from having access to opportunities on equal footing with men by addressing unpaid care gaps.
- 2.14 As part of the Social Development of the Ordinary Capital Strategic Development Program - OC SDP- Window 2 (GN-2819-14) the IDB promotes inclusive economic growth to reduce barriers preventing women from having equal access to opportunities. This TC addresses this priority through improvements to public policies for care services that remove existing barriers that hinder women's ability to contribute to productive economic activities, while promoting access to economic opportunities for care providers, who are primarily women.

III. Description of activities/components and budget

- 3.1 **Component 1. Conceptual and operational design of a regional initiative to accelerate comprehensive care systems in Latin America and the Caribbean (US\$150,000).** This component is designed to facilitate a deeper understanding of the current state of care systems in Latin America to design evidence-based policy recommendations. The first phase of the project is the creation of a tool to assess the current state of development of care systems in the region, including policies, programs, regulatory frameworks, governance structures, financing mechanisms, and the availability and quality of services. The second phase will analyze the management and funding for care in the region, monitoring plan, and resource mobilization strategy are to be developed. In the third phase, this component aims to analyze the potential opportunities and requirements of the private sector incorporating activities aimed at reducing, redistributing and recognizing care work. In the fourth stage, a model will be designed to estimate the cost-benefit of investment in care, which can be calibrated to the conditions of the different countries in the region. In addition, a communications strategy will be developed, which will include the creation of a web portal to showcase the IDB's contributions to care systems.
- 3.2 **Expected Results:** (i) design of a resource mobilization strategy to finance a regional initiative to promote comprehensive care systems in Latin America and the Caribbean; (ii) business case developed based on a cost-benefit analysis for comprehensive care systems; and (iii) application of a tool to assess the current state of development of care systems in at least three countries.
- 3.3 **Component 2. Technical assistance to pilot, scale up or replicate successful models of care in the region (US\$200,000).** This component will select three projects

based on their ability to contribute to the development of a model for care services. It will also finance technical assistance activities to address the gaps identified in the Component 1 assessment. The selected projects will include some or all the following actions: adaptation of eligibility criteria; design and initial operation of care models and integration of services; innovative training and capacity building of human talent; strengthening of governance instruments such as management plans and others. Also, it will finance the monitoring and evaluation of pilot results. Ultimately, this component will facilitate the creation of operational guides and manuals for the replication and expansion of the models in question.

- 3.4 **Expected Results:** (i) strengthen care systems in at least three countries through pilot interventions and manuals to improve the coordination of services; (ii) develop a public virtual platform to showcase IDB's work in care systems; and (iii) design of comprehensive care service pilots with high potential for replicability and impact.
- 3.5 **Component 3. Capacity building to promote development with identity approach for indigenous and Afro-descendant peoples (US\$50,000).** The objective of this component is to provide information and technical inputs to integrate a development with identity approach into the design or implementation of governance mechanisms, service provision, and cultural transformation strategies. While prioritizing the issue of care systems and actions that will strengthen and support care, the component will include hiring experts to provide technical support and training to clients working on issues such as violence, discrimination, and economic opportunities, which are structural factors related to inequalities in care.
- 3.6 **Expected Results:** (i) design of a development with identity methodology to provide technical support and training to clients working on issues of violence, discrimination, and economic opportunities within the context of comprehensive care services. This methodology will improve the quality and delivery of care services and will be adapted to the unique needs of diverse groups to ensure that future programs deliver more equitable services.
- 3.7 **The total amount requested for the three components under this non-reimbursable TC is US\$400,000.** The funds will be provided by the OC-SDP Window 2 - Social Development (W2E). The disbursement and execution period will be 36 months. The following table provides further detail on the resource allocation for each component.

Indicative Budget (US\$)

Activity/Component	Description	IDB/ Total Fund Funding (W2E)
Component 1	Conceptual and operational design of a regional initiative to accelerate comprehensive care systems in Latin America and the Caribbean.	\$150,000
Component 2	Technical assistance to pilot, scale up or replicate successful models of care in the region.	\$200,000
Component 3	Capacity building to promote development with identity approach for indigenous and Afro-descendant peoples.	\$50,000
Total		\$400,000

IV. Executing agency and execution structure

- 4.1 The Inter-American Development Bank (IDB), through the Social Sector (SCL/SCL), will be the Executing Agency, in accordance with the guidelines and requirements established in the Technical Cooperation Policy (GN-2470-2) and the TC Operating Guidelines (OP-619-4). Design, coordination and supervision of this TC and its

disbursement will be tasked to the IDB's Social Sector with support from the Office of the Special Advisor on Gender and Diversity in accordance with the requirements established in the Bank's Policy for Technical Cooperation (GN-2470-2) and the Operational Guidelines for Technical Cooperation (GN-2629-1). Disbursement will be conducted from HQ.

- 4.2 The execution by the IDB was proposed by the beneficiaries. Client interest in this TC has been high and the no-objection letters from the responsible government agencies will be received before initiating any intervention in the proposed countries related to this technical cooperation. The letters of request for this technical cooperation will also specify interest in having a bank-executed TC. This arrangement is due to the regional nature of the project and the experience and capacity of the Bank in executing this type of project, its ability to hire high-level international consultancies as a value add, the Bank's additional options for using tools to transfer lessons learned from other countries, and the Bank's capacity to promote the transfer of best practices from within and outside the region. The Bank will supervise the TC, and the beneficiaries will be able to provide technical inputs to the TC's knowledge products.
- 4.3 All procurement to be executed under this TC have been included in the Procurement Plan (Annex IV) and will be hired in compliance with the applicable Bank policies and regulations as follows: (a) Hiring of individual consultants, as established in the regulation on Complementary Workforce (AM-650) and (b) Contracting of services provided by consulting firms in accordance with the Corporate procurement Policy (GN-2303-33) and its Guidelines.

V. Major issues

- 5.1 The risks associated with this operation are low. The Bank, through SCL, has extensive experience working on care and caring services. The Governments have expressed interest in working specifically on care and requests have been received from three countries. The delay in the delivery of products is a potential risk that can be mitigated by establishing a feasible schedule for the delivery of products. The incorporation of the private sector poses limited risk given that care services are viewed favorably in the region and are often seen as an employment benefit.

VI. Exceptions to Bank policy

- 6.1 This TC does not contemplate any exceptions to Bank policy.

VII. Environmental and Social Aspects

- 7.1 This Technical Cooperation is not intended to finance pre-feasibility or feasibility studies of specific investment projects or environmental and social studies associated with them; therefore, this TC does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

Required Annexes:

[Results Matrix_95467.pdf](#)

[Terms of Reference_68238.pdf](#)

[Procurement Plan_46468.pdf](#)