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Gender and Inclusive Development Assessment (GIDA)
Dominican Republic

Final Report

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ACRONYMS

AFP	Administradora de Fondos de Pensiones
ARS	Administradora de Riesgos de Salud
ARV	antirretroviral
ASA Amigos	Siempre Amigos
ASFL	asociaciones sin fines de lucro
ASOLSIDA	Alianza Solidaridad por la Lucha Contra el Sida
CAD	Centros de Atención a la Diversidad
CAP	Centros de Antirretroviral
CASCO	Coordinadora de Animación Socio-cultural
CCC	Comunicación para el Cambio de Comportamiento
CDI	consumidores de drogas inyectables
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CEPAL	Comisión Económica para América Latina
CEPROSH	Centro de Promoción y Solidaridad Humana
CESDEM	Centro de Estudios Sociales y Demográficos
CIAC	Centro de Investigación Y Apoyo Cultural
CIANI	Centros Infantiles de Atención Integral
CIMUDIS	Circulo de Mujeres con Discapacidad
CDCS	Country Development Cooperation Strategy
CDCS-RD	Dominican Republic Country Development Cooperation Strategy
CITIM	Comisión Interinstitucional de Combate a la Trata de Personas y el Tráfico Ilícito de Migrantes
CMS	Colectiva Mujer y Salud
CND	Consejo Nacional de Drogas
CNSS	Consejo Nacional de Seguridad Social
CONAVIHSIDA	Consejo Nacional para el VIH y el SIDA
CONDOR	Conferencia Dominicana de Religiosos y Religiosas
CONADIS	Consejo Nacional sobre Discapacidad
CONANI	Consejo Nacional de Niños, Niñas y Adolescentes
CONDEI	Consejo Nacional de Estancias Infantiles DIDA Dirección de Información y Defensa de los Afiliados a la Seguridad Social
DGCP	Dirección General de Compras y Contrataciones Públicas
DGTT	Dirección General de Tránsito Terrestre

ECLAC	Economic Commission for Latin America and the Caribbean
END 2030	Estrategia Nacional de Desarrollo 2030
ENDESA	Encuesta Demográfica y de Salud FAMEAA
ENHOGAR	Encuesta Nacional de Hogares
FAO	Food and Agriculture Organization
FGD	focus group discussion
FLACSO	La Facultad Latinoamericana de Ciencias Sociales
GBV	Gender-based violence
GIDA	Gender and Inclusive Development Analysis
GODR	Government of the Dominican Republic
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IDDI	Instituto Dominicano de Desarrollo Integral
IDESCOOP	Instituto de Desarrollo Cooperativo
IDN	Índice de Desarrollo de la Niñez
INAP	Instituto Nacional de Administración Pública
INDOTEL	Instituto Dominicano de las Telecomunicaciones
INFOTEP	Instituto Nacional de Formación Técnico-Profesional
INSALUD	Instituto Nacional de la Salud
INTEC	Instituto Tecnológico de Santo Domingo
ITS	infecciones de transmisión sexual
KII	key informant interview
MEPyD	Ministerio de Economía, Planificación y Desarrollo
M&E	monitoring and evaluation
MINERD	Ministerio de Educación de la República Dominicana

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PEA	Población Económicamente Activa
PETT	Procuraduría Especializada en Tráfico y Trata
PLANEG	Plan de Igualdad de Género
PROFAMILIA	Asociación Dominicana Pro-Bienestar de la Familia
PROSOLI	Progresando con solidaridad
PWDs	people with disabilities
RD	Dominican Republic
REVASA	Red de Voluntarios Amigos Siempre Amigos
SAI	Servicios de Atención Integral
SDSS	Sistema Dominicano de Seguridad Social
SENASA	Seguro Nacional de Salud
SFS	seguro familiar de salud
SIGI	Social Institutions and Gender Index
SIDA	síndrome de inmunodeficiencia adquirida
SNS	Sistema Nacional de Salud
TARV	tratamiento con antirretrovirales
TRSX	sex workers
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
USAID	United States Agency for International Development
USAID/DR	United States Agency for International Development/ Dominican Republic
USG	United States Government
WHO	World Health Organization
UNFPA	United Nations Population Fund
UNODC	Oficina de las Naciones Unidas contra la Droga y el Delito
UTELAIN	Unidad Técnica Laboral de Atención Integral/Ministerio de Trabajo
VIH	Virus de Inmunodeficiencia Humana

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The GIDA team values, recognizes and hopes this report highlights the insights from numerous members from the civil society, advocacy groups, governmental organizations and local actors and voices of those with lived experiences of multiple intersectional discrimination. We thank Panagora Group for all their contributions, especially the technical assistance of Chief of Party William Cartier and Program Assistant Gyasi Gomez's dedication and support to the team. We hope that the voices are heard from those who experience social exclusion on a daily basis, and the assessment contributes to USAID's efforts to reduce social exclusion, stigma, discrimination of its people and enhance the accessibility and equitability of its programs in the Dominican Republic for the coming years.

EXECUTIVE SUMMARY

USAID/Dominican Republic is currently developing its new Country Development Cooperation Strategy (CDCS) for the period from 2021 - 2026. USAID's Automated Directives System (ADS) 201 and 205, require Missions to conduct a gender analysis to inform the development of the CDCS. In addition to the mandatory gender analysis, an Inclusive Development Analysis was conducted on the following six vulnerable groups: 1) people with disabilities, 2) at-risk youth and orphans, 3) people of Haitian descent, 4) victims of human trafficking and smuggling, 5) people living with HIV/AIDS, and 6) Venezuelan migrants. The analysis reports on the gender/inclusive development situation in the DR and identifies areas of concern, entry points and priorities for action, and informs programmatic decisions in the context of the implementation of the CDCS.

The Gender and Inclusive Development Analysis (GIDA) employs a mixed-methods approach including document review, key informant interviews (questionnaires), focus group discussions (FGDs), testimonials and participant observation. The quantitative aspect is based on data and recent surveys and studies that provided information about gender, LGBTI persons and the six vulnerable populations. The qualitative aspect is based on information collected through testimonials, interviews, focus groups and field observations conducted in different provinces in: Santo Domingo, Dajabon, Santiago and Puerto Plata in the Dominican Republic. Over 60 interviews were conducted and 8 focus group discussions, with over 150 participants.

For the analyses of the national context for the social inclusion of women, LGBTI persons, persons affected by human trafficking and smuggling, persons of Haitian descent, Venezuelan migrants, persons with disabilities, people living with HIV/AIDS and at risk youth and orphans, an intersectional approach is essential to comprehend the situation of exclusion, discrimination and marginalization in which these segments of the population live. There are different levels of discrimination existing towards these populations within the family, community spheres and public spaces and they face barriers to participate and exercise equal rights in different productive, educational, social and political participation activities.

The analysis found multiple intersectional discrimination towards persons with multiple identities. There are different forms of multiple discrimination to which they are subjected from childhood for reasons of gender and disability, age, race, statelessness, migrant status, etc. Gender is a cross-cutting factor which interplays with LGBTI identities, race, age, disabilities, victims of human trafficking, stateless persons and migrants. Gender norms, cultural biases and stigmatization, power imbalances, unequal control and lack of prioritization of resources, and gaps in institutional support have a detrimental impact on all vulnerable groups. Greater efforts must be made to design and implement programs that address the gender and social inclusion dynamics at play and the barriers that create differential impacts.

GENDER

The DR is characterized by persistent gender-based constraints that are restraining socioeconomic development, despite strong national policies, strategies and action plans for gender equality and women's empowerment and increased participation of women in politics and reduction of gender gaps in education. The analysis found the most critical domain for this group to be the domain on cultural beliefs and norms. The culture of "machismo" sustains the multiple forms of discrimination and violence against women and girls.

FINDINGS

- An entrenched culture of “machismo” is the main barrier to achieving gender equality and women’s/girls’ empowerment.
- One of the most relevant social issues in the country is gender-based violence.
- Economic autonomy for women is weak and they are seriously underrepresented in the job market. The gender wage gap also leaves many women without economic agency.
- The education system plays a fundamental role in overcoming sexism and prejudices and the most effective tool to achieving social change.
- There is lack of political will and commitment for gender equity with 0.04% of the general state budget and with the inaction for the enactment of the comprehensive law for the prevention, care, and punishment of gender-based violence.
- The institutional weaknesses impact women's rights, such as the absence or weak application of sets of legal rules, the failure to punish and lack of mechanisms to enforce compliance with agreed policies.

RECOMMENDATIONS

1. The creation of Gender Equity and Development Offices in State Secretariats is a promising development and should be a primary focus for partnerships and the journey to self-reliance.
2. Systematic work is needed to change the “machista” mentality, consistent, wide-reaching trainings for the deconstruction of patriarchal culture, a major increase in prevention programs on a large scale at the grassroots levels, with families, educational centers, with community organizations and churches. Scale up USAID/DR’s already innovative approaches to men’s engagement and education on GBV.
3. Programming in line with USAID’s Women’s Entrepreneurship and Economic Empowerment Act of 2018, especially for rural women, young women, women with disabilities, Venezuelan migrant women and women of Haitian descent.
4. Support the Ministry of Health to effectively apply the standards on violence against women and to train their personnel and to record and collect statistics, ensure VAW is systematically registered in health services and diagnosed.
5. Support the Ministry of Education to implement its gender policy, by strengthening the training efforts of teachers and technicians.
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political debate that has led to some social change, with some of their civil rights being recognized. For LGBTI persons the two domains that are most critical are access to and control over resources and personal safety and security.

FINDINGS

- Trans women are particularly vulnerable and have been historically discriminated against, marginalized and murdered.
- Those interviewed believe there is no political will to pass the “no to discrimination law.”
- There is widespread stigma against homosexuality and ignorance about gender identity in all sectors.
- There are promising actions with the national human rights plan 2018-2011; the attorney general’s human rights unit; the office for public advocacy and the ombudsman office and NGOs provide legal assistance.
- There are also positive efforts to ensure inclusion of LGBTI persons in the labor market and to put an end to all forms of discrimination.

RECOMMENDATIONS

1. Priority should be placed on legal reforms: inequality and non-discrimination law that protects and promotes the rights of LGBTI people; changes to the labor code to prohibit discrimination based on sexual orientation, sexual characteristics, identity and gender expression; and reforms to the criminal code to criminalize hate crimes or aggravating murder based on sexual orientation, sexual characteristics, identity and gender expression of the victim and to prohibit incitement to hatred for reasons of sexual orientation, sexual characteristics, identity and gender expression.
2. Scale up innovative forms of action through various cultural and artistic activities and the successful experiences of organizations like COIN and CEPROSH with religious leaders across the country.
3. Support efforts to ensure that all suspected homophobic killings and other instances of homophobic violence and discrimination towards LGBTI persons are thoroughly and independently investigated and the perpetrators brought to justice.
4. Support civil society organizations to scale up campaigns to fight against discrimination and to do the necessary work around stigma.
5. Invest in more studies to highlight the reality of exclusion and violence against LGBTI people. It is important to produce more systematic measures of the crimes being committed against the LGBTI community, so that responses can be improved, and progress can be evaluated.

HUMAN TRAFFICKING AND SMUGGLING

The occurrence of trafficking in persons depends on a set of socio-economic factors and also on a set of political, cultural and legal factors, such as: the economic crisis, poverty, some cultural and traditional practices that violate human rights and the complicity of some authorities, among others. The analysis found the most critical domain for human trafficking and smuggling is personal safety and security. An important cause of trafficking is the situation of children in families who live in a cycle of violence and sexual abuse by family members or relatives from their childhood to adulthood, which pushes them to abandon the home and places them in situation of increased vulnerability and risk of being trafficked.

FINDINGS

- Vulnerable populations affected by human trafficking and smuggling include women and girls, boys, working children and street children, migrant workers, Venezuelan women migrants and undocumented or stateless women and children of Haitian descent.
- One of the fundamental elements of the traffickers is to deprive the victim of any possibility of having resources, they are subjected to violence as a part of an exercise of power.
- The advances include: increased number of convictions of traffickers; imposition of serious penalties; preparation of a new national action plan for human trafficking; proposed modification of Law 137-03; initiatives to combat trafficking for the purpose of forced labor and greater visibility of the subject.
- The weaknesses: less investigations and legal proceedings; not sufficient sentences imposed on some of the convicted traffickers; lack of specialized, comprehensive and sufficient services for all victims of trafficking; failure to detect signs; lack of remission of victims to care centers and difficulties in data.

RECOMMENDATIONS

1. Design and disseminate tools and training for families and other relatives so they are better equipped to identify when their sons and daughters could be victims of exploitation or trafficking.
2. Investigate, prosecute and rigorously convict traffickers who engage in forced labor and sexual trafficking activities, including complicit government officials.
3. Provide a specific budget to fully implement the national action plan, to fully implement the protocols to identify adult or minor victims of trafficking and sufficient human and financial resources, as well as training for law enforcement, prosecutors and judges to combat trafficking, particularly outside Santo Domingo.
4. Properly provide and finance comprehensive and specialized services for victims and increase efforts to detect and combat cases of sexual trafficking of minors.
5. Proactively detect trafficking signs between Venezuelan citizens and undocumented or stateless persons at risk of deportation, including those of Haitian descent.
6. Strengthen the data collection around the issue of trafficking, smuggling and the numbers as the data is precarious and insufficient.

PERSONS OF HAITIAN DESCENT

The majority of persons of Haitian descent reside in marginal urban areas; their access to education and health services are limited and they have no access to social protection. In the absence of documentation, they do not have access to formal employment opportunities, and receive wages below the legally established minimum wage. The analysis found that the most critical domains for this group are the laws, the access to and control over resources and personal safety and security. The access and control of resources for persons of Haitian descent is pending overcoming the lack of documentation, discrimination, stigmatization, lack of access to justice and in general the lack of protection. The vulnerable state for young women/girls of Haitian descent is an area of major concern.

FINDINGS

- The direct impact of Supreme Court judgment TC 168/13 on the human rights and lives of people born in Dominican territory has increased the state of vulnerability of thousands of people.
- Gender and racial discrimination represent additional factors of vulnerability for many women in the country.

- There are high levels of violence against women of Haitian descent.
- The situation for persons of Haitian descent generates great frustration and helplessness, as they are not able to study, and they do not have access to formal employment.

RECOMMENDATIONS

1. Greater efforts are needed for access to be regularized in the country and measures need be taken for people whose card expires next year and for mixed couples.
2. At the local level, capacity should be built for the members of the protection network so that they can identify minors who are victims of trafficking.
3. Support influencing the commitment of the Dominican state to address access to health, education, social protection and labor rights for this population.
4. More resources to support and provide free legal assistance and document management for to persons of Haitian descent.

VENEZUELAN MIGRANTS

The majority of Venezuelan migrants have irregular immigration status, are single and mostly women, they have limited access to labor rights, no access to the health care and they are highly educated. The analysis found that the most critical domains for this group are access to and control over resources and personal safety and security.

FINDINGS

- The crime of trafficking in persons is on the rise due to the crisis in Venezuela.
- A major concern is how the lack of legal documentation has caused many Venezuelan women and adolescents to fall into networks of traffickers, which means they are victims of violence and they are sexually exploited.
- In the new context with the visa requirement for the entry of Venezuelan migrants, this also means that many families will now remain separated.

RECOMMENDATIONS

1. Take into account the political crisis in Venezuela and grant humanitarian refugee status and work permits.
2. Public policies to make visible how migrants are part of the state.
3. More support for regularization for the migrant worker.
4. Campaigns for better access to justice, education, health and social security and to provide efficient procedures for validating their work experience and academic degrees.
5. Register the immigration status of Venezuelans in the DR, with a focus on children, persons with disabilities, women and LBGTI, to allow them to access information, protection, and basic services.

PERSONS WITH DISABILITIES

There are important advances in the national regulatory framework, for the rights of persons with disabilities and conventions to prevent and eradicate all types of discrimination based on disability and gender. However, this legal framework does not yet translate into inclusive public policies. There is a failure to comply with the protocol of the laws. CONADIS also faces barriers linked to limited financial resources, limited coordination with the different sectors of the central government, the judiciary, local governments and the non-profit sector. The analysis found that the most critical domains for this group

are access to and control over resources and personal safety and security. There are greater risks for their personal safety, both in their homes and on the streets.

FINDINGS

- The analysis identified important levels of exclusion that affect women and youth with disabilities in greater proportion, especially limitations for labor inclusion and the absence of job opportunities.
- For women, young women and girls with disabilities, subordination is magnified by their gender and by their disability and they experience unique forms of violence, which makes them very vulnerable.
- There is a lack of vigilance by the authorities for the compliance with the rules for accessibility to public spaces such as schools, buildings, sidewalks, streets, elevators, among others.
- There are low levels of sex education for persons with disabilities, including education about HIV transmission and prevention, putting women at risk, especially adolescents.
- About 40% of this vulnerable population does not have access to health insurance.

RECOMMENDATIONS

1. Promote public policies for the inclusion of people with disabilities in different fields: education; employment; infrastructure; security; health; and social security.
2. Support the strengthening of coordination between CONADIS, entities specialized in gender equality and NGOs.
3. Support the increase of public officials' capacities to perform intersectional analysis of gender and disability, as a basis for the definition and implementation of public policies.
4. Promote that the disability variable be included in the records and estimates made in the different studies, surveys and administrative records of the different state agencies.
5. Address gender-based violence, where women with disabilities are the most vulnerable group, ensuring that they are included in prevention and protection services.

PEOPLE LIVING WITH HIV/AIDS

The analysis found a close relationship between gender and a higher prevalence and/or risk of HIV/AIDS: higher prevalence of HIV in women victims of gender-based violence, women without education, poorest women, women who had their first sexual intercourse before the age of 16 and young women with low levels of education. The critical domain for this group is personal safety and security and access to and control over resources. People living with HIV/AIDS experience violence in their homes, in their neighborhoods, on public transportation, which limits their participation in community activities. In schools they are often victims of harassment, bullying and violence.

FINDINGS

- Women living with HIV are the most affected by unemployment, a situation that makes them economically dependent on others.
- There are gaps in equitable access to health care and health-related interventions.
- There is a broad legal and institutional framework that protects and guarantees the human rights for people living with HIV/AIDS.
- A high concern is that about 60% of men and women living with HIV did not have health insurance.

- The key populations report experiences of discrimination by the National Police, through physical abuse such as threats, raids, physical abuse, sexual abuse, extortion, among others.

RECOMMENDATIONS

1. Carry out advocacy actions to increase and raise the political will to promote the legal reforms necessary, such as Law 135-II on HIV, law on drugs and controlled substances, social security law and labor code, among others.
2. Formulate and implement a gender and HIV policy that includes strategies and actions to address family and community factors that increase the risks and vulnerability of women and girls to HIV, such as sexual violence, marriage at an early age, sexual exploitation, among others.
3. Strengthen sex education programs in schools, reinforcing the focus on rights and gender equality in the areas of HIV, health and sexual and reproductive rights.
4. Promote and support capacity development, coordination processes and resolution of situations of HIV, violence and discrimination that occur at the community level.
5. Support civil society organizations to work in addressing and eradicating stigma, discrimination and violations of the rights of HIV-positive people.

AT RISK YOUTH AND ORPHANS

The findings for at risk youth and orphans is alarming, especially the prevalence of different forms of violence. The critical domains for this group are the cultural norms and beliefs and personal safety and security. There has been progress in the care and protection of this population group, but much remains to be done. One of the greatest challenges is the scarce availability of information and research.

FINDINGS

- Poverty affects a significant number of the children and youth.
- There is weak application of the laws for the protection of children and young people and of the protocols.
- There are very high rates of teenage pregnancy and child marriage.
- There are high rates of gender-based violence in: family, school, community, among others.
- There is a large number of young people without documentation.
- There is a high tolerance and social complicity to accept relationships between adolescents and adult men.
- Male population is at the highest risk in terms of dropout rates, as a result of the gender role assigned by the patriarchy of managing and generating resources.
- From 2015 to September 2019, a little more than 400 women died at the hands of partners or ex-partners, according to the attorney general's office, and in that same period a greater number of children and youth remained in orphanages, of which there are no complete records.

RECOMMENDATIONS

1. Support the expansion of sexual and reproductive health services and improve capacities of the technical staff at the health centers for the care of youth with disabilities, young pregnant women, regular drug users, among others.
- 2.

INTRODUCTION

PURPOSE OF THE REPORT

The gender and inclusive development analysis provides an overview of the most significant issues related to gender and inclusive development; the findings of the field work and; recommendations for gender responsive programming and operations for USAID over the next five years. The Dominican Republic has made progress on gender equality, women's empowerment and inclusive development, but there are still obstacles. The gender analysis identifies the root causes of inequalities and obstacles to achieving gender equality and women's empowerment and makes recommendations on how to reduce gender disparities; how to reduce gender-based violence; how to increase the capability of women and girls and the six vulnerable groups to realize their rights, determine their life outcomes, and influence decision-making in households, communities, and societies. The inclusive development analysis examines constraints, opportunities, and entry points for narrowing social gaps and empowering marginalized groups. The analysis will enable USAID to develop innovative solutions to assist marginalized groups and their advocates to achieve inclusion.

Both the gender and inclusive development analyses utilize USAID's six domains for inclusive development: overview of laws, policies, regulations, and institutional practices; cultural norms/beliefs; gender roles, responsibilities, and time use; access to and control over assets and resources; and patterns of power and decision-making and personal safety/security in the Dominican Republic.

The gender assessment portion of the report builds upon the gender/inclusive development analysis to assess USAID/DR's attention to gender/social inclusion integration. The gender assessment examined the Mission Results Framework: DO1: Crime and Violence Prevention Strengthened, DO2: Community Resilience to Adverse Impacts of Environmental Threats Increased, DO3: HIV/AIDS Epidemics Controlled and projects for Vulnerable Populations. The assessment highlights the advances made since the last CDCS and includes recommendations for better addressing the gender/inclusive development gaps in programming and operations for the next five years.

GENDER AND INCLUSIVE DEVELOPMENT FRAMEWORK

This analysis complements USAID mandatory gender analysis,¹ which stems from the gender equality and female empowerment policy which informs all activities under design. The policy mandates that USAID-supported programs examine constraints, opportunities, and entry points for narrowing social gaps and empowering marginalized groups. It provides specific recommendations on how to address the needs of marginalized groups through USAID programming. USAID's inclusive development working group defines inclusive development as "promoting a non-discriminatory, inclusive, and integrated development approach that ensures that all people, including those who face discrimination and thus

¹ Suggested Approaches for Integrating Inclusive Development Across the Program Cycle and in Mission Operations Additional Help for ADS 201 Authored by DCHA/DRG/HR July 2018: https://usaidlearninglab.org/sites/default/files/resource/files/additional_help_for_ads_201_inclusive_development_180726_final_r.pdf, page 1.

may have limited access to a country's benefits, legal protections, or social participation, are fully included and can actively participate in and benefit from development processes and activities.”²

Consistent with this focus, USAID has issued policy documents detailing their commitment to gender and inclusive development including, but not limited to: disability policy; gender equality and female empowerment policy; the national action plan on women, peace and security, the strategy to prevent and respond to gender based violence globally, the global strategy to empower adolescent girls, the action plan on children in adversity, the counter trafficking in persons policy, the vision for ending child marriage and meeting the needs of married children, the C-TIP Code of Conduct, the youth in development policy; the democracy, human rights and governance strategy; LGBT Vision for Action; the Women's Entrepreneurship and Economic Empowerment Act of 2018, and the non-discrimination for beneficiaries policy.³

USAID further believes that investing in gender equality and women's empowerment can help eradicate extreme poverty, build vibrant economies, and unlock human potential on a transformational scale. On February 7, 2019, the White House launched the Women's Global Development and Prosperity (W-GDP) Initiative, which will bring women's economic empowerment to the forefront of the U.S. Government's development agenda. The initiative focuses on three pillars: advancing workforce development and vocational education to ensure women have the skills and training necessary to secure jobs; promoting women's entrepreneurship and providing women with access to capital, markets, technical assistance and networks; striving to remove the legal, regulatory and cultural barriers that constrain women from being able to fully and freely participate in the economy.⁴

² https://usaidlearninglab.org/sites/default/files/resource/files/additional_help_for_ads_201_inclusive_development_180726_final_r.pdf, page 1.

³ <https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/womens-economic-empowerment>

I. GENDER SUMMARY OF FINDINGS AND ANALYSIS

A. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

There is a legal framework that protects women and girls in the Dominican Republic, but there are limitations of the current laws and regulations and issues of implementation and enforcement. There are a few formal laws that explicitly exclude or penalize women and girls and persons who identify as LGBT from the Dominican society. The Dominican Republic ranks 86th out of 153 countries in the 2020 Global Gender Gap Index from the World Economic Forum.⁵ The country was ranked 74th out of 149 countries in 2018.⁶ The country has a National Gender Equality and Equity Plan 2020-2030 and has a chapter on the eradication of all forms of violence against women. Abortion is a crime under Article 37 of the Constitution. The criminalization of abortion affects young women, specifically poor women and girls living in vulnerable conditions. There is a common rejection of all contraceptives.⁷ There are a few formal laws that have not yet been approved that can combat inequalities: integral law for the prevention, attention, sanction and eradication of violence against women, the no discrimination law and the law to regulate sex work. More details on the laws for gender and LGBTI persons can be found in tables in the annexes section.

During field work, the majority of stakeholders consulted agreed that the country has strong national policies, strategies and action plans for gender equality and women's empowerment. But there is lack of awareness of the excellent National Plan on Gender Equality PLANEG II/III. The consultations with stakeholders also revealed a lack of awareness and application of the Ministry of Health's protocol around attention for women who experience violence. Stakeholders highlighted the limited budget available to the Ministry of Women. Gender equality and women's empowerment are important for the Dominican Republic as it supports the country's constitution promise and vision of inclusion and equality.

The DR has made commitments, which are demonstrated by the many policies, strategies and guidelines that recognize the need to address gender equality issues programmatically and institutionally to achieve sector objectives. There are policy mandates and practices, sector strategies that make it mandatory to address gender equality, social diversity issues and combat gender-based violence as a cross cutting theme. There are also various coordinating committees in the Senate: Committee on Family Affairs and Gender Equality and in the Chamber of Deputies: Standing Committee on Affairs Gender Equality and the Committee for Gender Equity in the Attorney General's Office. There is also an observatory for gender and justice.

A gender mainstreaming approach is evident with the Ministry of Public Health (MSP) having an Office of Gender Equity and Development, and is responsible for ensuring the incorporation of the gender approach in the policies and plans of the sector, but it lacks its own budget for the execution and monitoring of the main interventions that correspond to it, in order to guarantee that women have

⁵ World Economic Forum, Global Gender Gap Index 2020: http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

access to quality health services for adequate care in cases of violence. The Ministry of Education has a body aimed at promoting the gender approach in educational policies, a Department of Education in Gender and Development. The Ten-Year Education Plan 2003-2013 approved the inclusion of a gender perspective in a cross-cutting manner in all areas of education. Likewise, Curriculum Reform 95-6, as of 2004, formally incorporated the gender education axis in the curriculum into the educational system. Still there is very limited sex education in schools.

The Supreme Court of Justice has two specialized institutional mechanisms for matters of gender and human rights: The Gender Commission of the Judiciary and the Directorate of Family, Childhood, Adolescence and Gender (DIFNAG), the latter coordinates the gender and justice observatory, and it has an internet portal that offers information about the processes, documents and protocols related to violence against women. Another resource available under the tutelage of the Ministry of Women is the shelters, created by Law 88-03, with the purpose of providing protection to women victims of violence, along with their children. Currently, only two of these houses are operational and do not meet the demands from all over the national territory.

There is a National Commission for the Prevention and Fight against Domestic Violence (CONAPLUVI), a national model for the prevention and care of domestic violence. Law 24-97, on domestic violence law reformed the Dominican Criminal Code achieving recognition of violence against women, family and sexual violence. There are 14 units of Comprehensive Attention to Gender, Family and Sexual Violence, 12 of them located in municipalities of different provinces and two in the National District. The Attention Units do not offer 24-hour services, there are problems regarding the investigation and evidence in crimes of violence against women, difficulties in obtaining Protection Orders and there is no Public Defender's Office for the victim. There are limited services for treatment of perpetrators, only in two of the attention units, located in the National District and in Santiago, which limits the possibilities of influencing the deconstruction of violence in men and results in the repeated occurrence of cases of violence against women. The National Directorate of Attention to Victims, develops training for justice system personnel.⁸

Violence against women is not registered in health services, nor diagnosed; therefore, one can conclude for statistical purposes it does not exist. The country does not have a comprehensive health and sexual rights and reproductive rights policy and there is a lack of application of sexual and reproductive health protocols. Comprehensive sexuality education remains almost non-existent in the country. There is a lack of regulations for equality and recognition of the rights of people with diverse sexual identities. For the year 2019, the expenses computed to “gender equity” barely represent 0.04% of the general state budget. With RD \$ 410.5 million allocated, it is the second lowest line of social investment in the entire central administration, behind youth. In proportion to GDP, it barely stands at 0.01%.⁹

Some of the main legislative reforms needed to overcome the persistent gaps that affect women and limit the exercise of their human rights are:

⁸ Sistema de atención a la violencia contra las Mujeres: Alcances y Desafíos. República Dominicana, 2013 Instituto Tecnológico de Santo Domingo, INTEC Área de Ciencias Sociales y Humanidades Centro de Estudios de Género, CEG-INTEC 5 de marzo, 2013, pp. 3-4

⁹ Macro de Proyecciones Macroeconómicas oficiales, 2018-2022; MEPyD, 2018: <https://bit.ly/2DhFYfv>

- Eliminate the absolute prohibition of abortion and decriminalize abortion on the three grounds established in the Criminal Code;
- Enactment of a comprehensive law for the prevention, care and punishment of gender violence;
- Approve a sexual and reproductive health law that promotes the exercise of sexual and reproductive rights;
- Enact legislation concerning the conciliation between the labor and family sphere and in particular the recognition of the equal rights of domestic workers;
- Implement comprehensive education policies in sexuality;
- Overcome weaknesses in the application of existing norms and the regulation of women's political participation in conditions of parity.¹⁰

A promising new development is the creation of Gender Equity and Development Offices in State Secretariats through Decree No. 974-01 and the associated regulations. There is a Gender Commission, public policies, the Ministry of Women has the state policy, there is the quota law for political parties, a gender strategy for violence prevention, also an action plan, there is work being done on the construction of new masculinities and there is the school for the Ministry of Public, with education, awareness and awareness for gender issues. There is also attention to violence Article 181-law 76-02 criminal procedure code, a Directorate Specialized for the Care of Women and Domestic Violence of the National Police, an emergency telephone Line 2417 and the 212-Women's Line.

I. LGBTI PERSONS

The Dominican congress has introduced the category of sexual orientation in different laws. There are no laws criminalizing consensual sexual relations between adults of the same sex. The law prohibits discrimination based on sexual orientation and gender identity only for LGBTI youth. The National Human Rights Plan 2018-2011 includes commitments for actions to eliminate discrimination based on sexual orientation and gender identity. The Attorney General's Human Rights Unit also has made efforts for the prevention and persecution of crimes against LGBTI persons. The Office for Public Advocacy and the Ombudsman Office provide legal assistance for LGBTI persons. There are also NGOs that provide legal assistance for cases of violence and discrimination for LGBTI persons.

There is no equality and non-discrimination law that protects and promotes the rights of LGBTI people. There are no laws to: allow the change of gender for trans people in identity documents or civil registry (identity card, passport and birth certificate), permit legal unions between people of the same sex, affiliate same-sex couples to health insurance, place same-sex couples as the beneficiary of death pensions, permit adoption of children and adolescents by same-sex couples. The current Labor Code does not prohibit discrimination based on sexual orientation, sexual characteristics, identity and gender

¹⁰ Ciclo de Vida de las Mujeres Expresión de la Exclusión Social en la República Dominicana, Instituto Tecnológico de Santo Domingo (INTEC) Área de Ciencias Sociales y Humanidades Centro de Estudios del Género Santo Domingo, 5 de marzo, 2018.

expression. The current Criminal Code does not criminalize hate crimes or aggravating murder based on sexual orientation, sexual characteristics, identity and gender expression of the victim.

The current Criminal Code does not prohibit incitement to hatred for reasons of sexual orientation, sexual characteristics, identity and gender expression.¹¹ Please refer to more details in the table on existing laws and action plans for LGBTI persons in the annex section.

A promising advance has been the country's first LGBTI National Dialogue which was held on May 7 and 8 2019 in Santo Domingo, Dominican Republic. There were 140 participants from civil society, government, academia, private sector, international cooperation agencies, embassies, media, representatives of churches and political parties. It was organized by the regional project "Being LGBTI in the Caribbean" in partnership by USAID and UNDP. The LGBTI National Dialogue aimed to promote actions in favor of social inclusion and effective access to all human rights of LGBTI people.¹²

The UN Universal Periodic Review succinctly describes the gaps in national legislation provisions prohibiting discrimination based on sexual orientation or gender identity and how the state needs:

- To ensure that all suspected homophobic killings and other instances of homophobic violence and discrimination towards LGBTI persons are thoroughly and independently investigated and the perpetrators brought to justice;
- To establish and implement policies and initiatives to address discrimination based on sexual orientation or gender identity;¹³

The Americas Barometer in the Dominican Republic 2018/19 includes measuring public opinion for the and support for legal recognition of couples from the same sex. With regard to the right to marry same-sex couples, the level of approval is low in the Dominican Republic and shows that, in 2019, 23.1% of Dominicans approve this right and there is an increase in the level of approval of same-sex marriage between 2014 and 2016, from 17.9% to 23.4%, and this percentage remained stable in 2019.¹⁴

B. CULTURAL NORMS AND BELIEFS

The “machista” mentality in the country is the main barrier to achieving gender equality and social inclusion according to all those interviewed for this assessment. Many girls grow up learning that

¹¹ UNDP, Dialogo Nacional LGBTI, Hoja de Datos, Panel I, Promoviendo el acceso a la justicia, legislación inclusiva y una vida sin violencia, May 7-8, 2019, pages, 1-2, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

¹² UNDP, Dialogo Nacional LGBTI, Hoja de Datos, Panel I, Promoviendo el acceso a la justicia, legislación inclusiva y una vida sin violencia, May 7-8, 2019, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

¹³ Dominican Republic A long way ahead: reproductive rights, discrimination of Dominicans of Haitian descent and the reform of the police Amnesty International Submission to the UN Universal Periodic Review 18th Session of the UPR Working Group, January – February 2014, page 12, found at: <https://www.refworld.org/pdfid/5257b0b94.pdf>

¹⁴ Cultura política de la democracia en la Republica Dominicana y en las Americas 2018/19: Tomandole el pulso de la democracia, Resumen ejecutivo, November 2019, page 217, found at: https://www.vanderbilt.edu/lapop/dr/AB2018-19_Dominican_Republic_Country_Report_V6_W_11.21.19.pdf

marriage and motherhood is a form of emancipation and a way into adulthood.¹⁵ There is a traditional gender role division that assigns men the role of provider and women have a reproductive role.¹⁶ The machismo in the country ignites violence. Staff working with women that have survived gender-based violence stated how women tend to have an emotional and economic dependence on men. (Nucleo de Mujeres Santiago)

A recent Profamilia study on masculinities and gender-based violence highlights: “The population interviewed has a high level of internalization of the woman as a sex object. The infatuation and the relations of couple are mediated by the body from the stereotypes of attractiveness and beauty that have been commercialized, which legitimizes the harassment and the lack of control of the man in his relationships with woman. Self-control as a strategy to contain male violence and sexual assault is weak.”¹⁷ A woman survivor of gender-based violence voiced how: “There is a lot of pressure to have a perfect figure, standard body in our country. If the man does not receive sexual intercourse, he does not give you food, he does not give you money, the fathers do not pay single mothers to keep the children, and nobody obliges them, we continue living with the violence.” Fathers are generally absent in the domestic realm. This can be seen with a lack of parent support in learning, in the UNICEF MICS study shows the percentage of children aged 36 to 59 months whose biological father has participated in four or more activities to promote learning and school readiness in the last three days at a very low 6.4 %.¹⁸

There are other spaces that strengthen the heteronormative masculinity and the exercise of power in the country, namely in the family, school, groups of friends-peers, religions and political parties. As mentioned in the Profamilia study: “These spaces generate a control system and reinforce the symbols of sexist roles, power competition, authoritarian exercise and blaming women for violence and gender inequality.”¹⁹ Those interviewed called for more education on gender, changing roles and working more with positive masculinities, in the beliefs of men and women. A psychologist interviewed stated: “We have to change this macho mentality - in schools, create a new generation with respect. You have to work with the root cause of the problem, not the result, we need to educate the whole family, not to focus only on the victim, but on the root of the problem.”

The male population studied in the recent Profamilia study on masculinities shows different meanings and models of masculinities in their discourse and practice. There is the important group that is attached to the vision of masculinity from heteronormativity with emphasis on the exercise of power, justified from biblical and religious interpretations, as well as the role of provider of man and

¹⁵ Girls Not Brides Dominican Republic: <https://www.girlsnotbrides.org/child-marriage/dominican-republic/>

¹⁶ OECD SIGI Country Report 2019: <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/DO.pdf>, page 2.

¹⁷ Tahira Vargas, Profamilia, Masculinidades y Violencia de Genero en zonas rurales y urbano-marginales de cuatro provincias del país, Executive Summary, page 15, found at: <https://profamilia.org.do/wp-content/uploads/2019/11/Informe-Masculinidades-resumen-ejecutivo.pdf>

¹⁸ Encuesta Nacional de Hogares de Propósitos Múltiples ENHOGAR-MICS 2014 Encuesta de Indicadores Múltiples por Conglomerados Año del trabajo de campo: 2014

Informe final, May 2016, UNICEF and ONE, page 13, found at: <https://mics.unicef.org/files?job=WlSiZiIsIjIwMTYvMDcvMjcvMTgNTQvMTkvNzQyL0RvbWluaWNhbi9SZXB1Ym9yMDE0X0lJQ1NlU3BhbmlzaC5wZGYiXV0&sha=075bac503cccb85f>

¹⁹ Ibid, page 15.

aggressiveness. This model of violent and authoritarian man is presented in the discourse of men, adolescents and young people from various social strata.

But in contrast to this model, different ones were present, with a group of young people, adolescents and adults who question heteronormativity by dismantling the difference between men and women and who find that there are no differences, only genital and biological or that between men and women have equal capacity and exercise of power.²⁰ The masculinities constructed from different sexual options, homosexuals and transsexuals generate a change as well. Transsexuals deny masculinity considering themselves women and question the definition of man from genitality, so do transsexuals who identify as men from the psycho-affective dimensions and object to the reduction of the masculine to the biological. Homosexuals also build a different masculinity from their sexual practice. They break with heteronormativity, establishing sexual practice from the same sex.

I. EXPERIENCES OF DISCRIMINATION FOR LGBTI PERSONS

The assessment found that there is a pattern of discrimination in the country. According to a 2018 Gallup poll 65% of people polled stated that LGBTI persons are the most discriminated against in the country.²¹ Many LGBTI persons interviewed voiced how there was a high degree of discrimination in public education, limited access to public services, there is no access to justice and it is difficult to rent as “some people think we will bring problems.” Those with lived experiences of discrimination feel some do it unconsciously and others do it on purpose. LGBTI persons interviewed in Santo Domingo voiced how it is very common to be called “pajera” or “maricon,” and how these common threats, component of prejudices are experienced within their own families, in their neighborhood and they felt that it is somehow normalized. About six LGBTI youth in Puerto Plata reported that they have learned to voice to their families and people in their neighborhoods that they are being discriminated against. These youth reported how they were able to successfully change peoples’ discriminatory attitudes and behaviors through dialogue and taking the time to educate others.

It was clear how civil society has very limited resources to campaign and fight against discrimination and to do the necessary work around stigma. The vulnerable populations interviewed experienced daily discrimination from women, men, the police, in hospitals, clinics, universities, and on public transportation. Those with lived experience of discrimination felt anger, frustration and helplessness. The root cause of this discrimination was described as ignorance, how there is little tolerance for diversity in the country. There is some hope with the “No to Discrimination law,” but the majority interviewed stated there is no political will to pass the law.

C. GENDER ROLES, RESPONSIBILITIES, AND TIME USE

The Dominican Republic has conducted the first study on the reality of the use of time of the population in tasks related to unpaid work. The gaps and inequalities between men and women and the impact of the inequitable distribution of work carried out within households is highlighted. The study makes visible

²⁰ Tahira Vargas, Profamilia, Masculinidades y Violencia de Genero en zonas rurales y urbano-marginales de cuatro provincias del país, page 54, found at: <https://profamilia.org.do/wp-content/uploads/2019/11/Informe-Masculinidades.pdf>

²¹ UNDP, Dialogo Nacional LGBTI, Hoja de Datos, Panel I, Promoviendo el acceso a la justicia, legislación inclusiva y una vida sin violencia, May 7-8, 2019, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

the gender gaps regarding the use of time dedicated to unpaid work. For example, a woman dedicates 3.25 times more to unpaid work, with women on average spend 21 hours more than men. Women spend more than double the time compare to men on caregiving. Rural women spend the most time on unpaid work and women from the regions of El Valle, Enriquillo and Valdesia are those that have the greatest burden of unpaid work. Women ages 25 to 45 years spend the largest number of hours dedicated to unpaid work.²²

There are traditional roles and responsibilities for women to do most of the caregiving, unpaid work. These roles affect women from benefiting from entering the formal labor market. There is a differential burden of unpaid work for women, especially rural women when compared to men. This burden also restricts their autonomy and freedom of movement within a community and their access to social, economic, and political benefits and/or participation in programs. The sexual division of labor and the assigned roles limit the political participation of women, within the parties, and this in turn limits the nomination to elective positions. Women face major obstacles in accessing electoral procedures, because of these socially assigned care roles for women, this turn limits their possibilities for political participation.²³

While the Profamilia recent study on masculinities describes how: “the male role as the provider marks his life since childhood. The male insertion in economic activities either from a “job learning” perspective or to contribute financially the family generates an intense childhood with few spaces for fun, recreation and emotional spaces.” There is a trend of the absence of the father figure in children’s lives, fathers who do not maintain a relationship with their children and this absent parenthood is a cultural construction of patriarchy.

D. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

Resources are part of people’s identities and livelihoods. Access and control over assets and resources are also important to advance autonomy, agency, and rights. In the Dominican Republic due to gendered divisions of labor, patriarchal cultural norms and laws and economic inequalities, women and LGBTI persons in all their diversity have been denied access and control over resources such as education, health services, credit, land, property and technologies. Access to economic resources, such as work, income, food, clothing are necessary to live a dignified life.²⁴

I. ECONOMIC AUTONOMY FOR WOMEN

Economic autonomy is the ability of women to generate income and own resources from access to paid work on equal terms as men and to the assessment of the use of time and the contribution of women to the economy. The number of discouraged job seekers is a staggering at 70.2% for females and 29.8% for males. Despite a reduction in gender gaps in education, women are significantly underrepresented in the job market. Just 50% of women participate in the workforce, compared to 80% for men. The

²²National Statistics Office, Trabajo no remunerado en República Dominicana: un análisis a partir de los datos del Módulo de Uso del Tiempo de la ENHOGAR 2016: https://oig.cepal.org/sites/default/files/uso_del_tiempo_rep_do.pdf, page 83.

²³ Las Deudas Sociales del País con las Mujeres, Intec-GEC, European Union, Profamilia, January 2019, page 12, found at: https://www.intec.edu.do/downloads/documents/CEG/Las_deudas_sociales_del_pais_con_las_mujeres.pdf

²⁴ <http://www.forum.awid.org/forum12/about-the-forum-theme/access-to-control-of-resources/>

gender wage gap is 44% in the Dominican Republic, leaving many women without economic agency.²⁵ Women and marginalized groups have limited access to the formal land market, especially rural women.²⁶ Rural and urban women's economic autonomy in 2017 also lags behind men, with 22.6% of urban with women without incomes and 26.8% of rural women, compared to 13.3% urban men and 10.3% rural men.²⁷ The decision making power of women with income received by them and their family is an aspect to work to advance their economic autonomy. ENDESA 2013 reports that only half of the women decide on the fate of their income and 45% say they make this decision together with their husband or partner.²⁸ According to the statistics of the Unique System of Beneficiaries (SIUBEN), as of August 2015, 62.3% of the households were female headed households, which confirms the feminization of poverty and high vulnerability of these households in the country.²⁹

The numbers from the ILO Women in Business and Management study do show some positive trends with the number of female employment in managerial positions at 41.1% in 2017 and female employment in middle and senior management in 2016 at 55.5% and the share of total employers the numbers have increased from 7.92% in 1991 to 22.48% in 2018. Data from the Ministry of Economy Planning and Development show among the group of people in extreme poverty, women represent 6.35% of people living in extreme poverty at the national level, and at rural level (9.49%), compared to 5.58% for men. And moderate poverty is at 30.37% for women and 40.41% for rural women. As of 2017, the unemployment rate for women was 22.7% and for men was estimated at 10.7%.³⁰ There is still a high degree of inequality in land ownership as one of the main productive means in rural areas that harm the current state of women. According to the National Agricultural Pre-census of 2015, 83.7% of the producers nationwide are men, while 16.3% are women.

2. ACCESS AND CONTROL OVER ECONOMIC RESOURCES FOR LGBTI PERSONS

During the interviews, labor market discrimination and access to property came up as issues for LGBTI persons. In general, their access to assets, resources, opportunities, and services, compared to the general population is hard to assess, as there are limited statistics available. But there are gender equality policies for the inclusion of LGBTI people in the labor market. There are efforts to ensure inclusion in the labor market and to put an end to all forms of discrimination that affect LGBTI people. For example, there is the Diversity Service Unit of the Ministry of Labor that currently carries out actions to reduce the discrimination that LGBTI people in the work environment. There are private sector companies such as AVIANCA airlines have shown good practices that are inclusive and since

²⁵ World Economic Forum, Global Gender Gap Index 2018: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf, page 83-84

²⁶ FAO Gender and Land Rights Database: http://www.fao.org/gender-landrights-database/country-profiles/countries-list/customary-law/en/?country_iso3=DOM

²⁷ Gender Equality Observatory for Latin America and the Caribbean, Statistical Database: <https://oig.cepal.org/en/countries/21/profile>

²⁸ Instituto Tecnológico de Santo Domingo (INTEC) Área de Ciencias Sociales y Humanidades Centro de Estudios del Género Brechas de género: entre el dicho y el hecho de la autonomía de las mujeres en la República Dominicana Santo Domingo, March 7, 2016, page 9, found at: <https://ceg.intec.edu.do/publicaciones/item/brechas-de-genero-entre-el-dicho-y-el-hecho-de-la-autonomia-de-las-mujeres-en-la-republica-dominicana>

²⁹ Ibid, page 14.

³⁰ INTEC-CEG, Las desigualdades de género que se experimentan en República Dominicana, frenan el aumento de los índices de desarrollo humano, page 3, found at: <https://ceg.intec.edu.do/publicaciones/item/mujer-dominicana-enfrenta-desigualdades-durante-todas-las-etapas-de-su-vida>

2016, the LGBT Chamber of Commerce of the Dominican Republic has been in operation. Some of the statistics available show the difficulties that trans people face:

- 43% of trans people receive monthly income between RD \$ 0-5000.
- 26% of trans people reported that as a source of employment they exercised sex work.
- 79% of trans people have been denied employment or fired from a job because of their gender identity.³¹

3. ACCESS TO EDUCATION OPPORTUNITIES FOR WOMEN

Significant progress has been made for the integration of women into education, which has women exceeding men. For example, with a gender parity index, where there are 102 girls for every 100 boys for the primary level, the enrollment rate in secondary education for females is at 70.8%, compared to 62.4 for males. There is a significant gender gap for enrolment in tertiary education rates of 75.2% for females, compared to 41.8% for males.

University enrollment is mostly female, but women are mostly enrolled in disciplines such as humanities, education, health sciences, administration, economics, business and social sciences, which can be interpreted to being linked to their traditionally assigned roles. It is mostly men enrolled in engineering and computer sciences degrees. This reality highlights the need to promote public policies with a gender focus in higher education that contribute to overcoming obstacles, barriers and stereotypes that expand women's participation in these fields.³²

School is a socializing institution with its social patterns and values being transmitted to help the student population integrate into society respecting its rules, laws and values. Schools transmit social constructions/inequalities through curriculum content, teaching aids, teaching attitudes, languages, images and schools can also contribute to reversing gender stereotypes. But the attempts to eradicate patriarchal practices and sexist contents of education have been met with resistance in the country. The education system plays a fundamental role in overcoming sexism and prejudices but has been difficult in the face of the rise of religious discourses. The opposition to rights-based integral sexual education shows the political role that churches play in the educational system and deprives Dominican society of one of the more effective tools for achieving social change.³³

Gender in the education system has operated within the axis "Democracy and Citizen Participation" and in 2004 it was promulgated to Resolution 3599/2004, which incorporates into the current curriculum of education the "Gender Axis in Education." But the official policy approaches to education do not

³¹ UNDP, Dialogo Nacional LGBTI, Hoja de datos Panel 4 Inclusion Laboral, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

³² Ibid pages 14-15.

³³ Instituto Tecnológico de Santo Domingo (INTEC) Área de Ciencias Sociales y Humanidades Centro de Estudios de Género, CEG-INTEC Históricas barreras socioculturales y político-económicas coartan desarrollo integral de las mujeres en la República Dominicana Santo Domingo, R.D 05 de marzo, 2019, pages 5-7, found at: <https://ceg.intec.edu.do/publicaciones/item/historicas-barreras-socioculturales-y-politico-economicas-coartan-desarrollo-integral-de-las-mujeres-en-la-republica-dominicana>

explicitly mention such an approach, which puts its application at risk.³⁴ There is a need to act for a transformative education to eliminate gender inequalities, but this involves designing and implementing non-sexist programs from a human rights approach at all educational levels; changes in the curriculum at all levels; the inclusion of sexuality education and reproductive health in the levels of initial, basic and secondary education, the training of teachers from this new approach, among other actions. These policies would need to involve management, technical and teaching staff, both in public and private schools.

4. ACCESS TO EDUCATION FOR LGBTI PERSONS

Many LGBTI persons interviewed experienced discrimination within the education system. The Ministry of Education has defined in the Norms of the Dominican Educational System for Harmonious Coexistence in Public and Private Educational Centers that discrimination based on sexual orientation is not allowed. There are several private sector educational institutions that have shown good practices in favor of LGBTI students. Several NGOs as well carry out awareness-raising activities on the LGBTI population within educational institutions. Some statistics from the National Dialogue on LGBTI persons in May 2019 reveal:

- 80% of students and 72% of Dominican students agree to respect people with different sexual orientations;
- 57% of trans people complete the secondary level;
- 14.1% of the gay and trans people who have sex with men population in Santo Domingo studies in higher education;
- 64% of gay and trans people, who have sex with men population in Santiago expressed that they had been rejected in the school / university;
- 11% of trans people have gained access to higher university education.³⁵

5. ACCESS TO AND USE OF HEALTH SERVICES FOR WOMEN

Although progress has been made in the country in the legal frameworks and in the elaboration of strategic plans for the improvement of the health situation, the policies applied have not achieved the expected results. Basic health indicators show that the country has a lag in health matters compared to the average for Latin American and Caribbean region. About half of those interviewed spoke about the importance of the health sector and how it needs to develop more capacity to apply the norms and plans to improve the health of women and men on equal terms. Women face social and economic disadvantages, with repercussions on health. There is a lack of mechanisms to enforce compliance with agreed policies and programs, especially the norms/protocol around how to treat women who have experienced violence. Violence against women is not recorded by the Ministry of Health and this in

³⁴ El enfoque de género en la educación en República Dominicana, marco legal y realidad en las escuelas. La ejecución presupuestaria del MINERD del 2017, April 2018, found at: http://forosocioeducativo.org.do/phocadownload/boletin_foro_socio_educativo%2018.pdf

³⁵ UNDP, Dialogo Nacional LGBTI, Hoja de datos Panel Acceso a la educacion, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

turn ensures the problem has no visibility. Most often women who experience violence end up in hospitals and clinics.

Women face the risks associated with maternal health, for which the prevention and care services related to this area of health are regularly insufficient and of poor quality. Maternal mortality rate is 107.3 per 100 thousand live births, 50% higher than the regional average. The numbers below show highest rates in Azua at 202.6, in Valverde at 214.1, in San Pedro Macrorii at 239 and the highest in Pedernales at 257.7, which are much higher than regional averages. There is a need to address the gaps in maternal health. The risks of Dominican mothers during pregnancy and childbirth remain very high. Different studies and analyses carried out highlight how the quality of care further aggravates the risks. There is limited consideration of the economic, social and cultural inequalities in which women and particularly young women face in motherhood. Abortion is recognized as one of the causes of maternal deaths in the country, as indicated by the Dominican Society of Obstetrics and Gynecology, which reveals how 20 out of every 100 maternal deaths are the result of unsafe abortions.³⁶

Another gap is in access to social security, which is needed to ensure adequate health protection. Health insurance coverage is quite low for women, as well as the pension system, which are achieved through contributions based on labor compensation. The female population has much less opportunities for paid employment than men, while their average salary is significantly lower. This puts women at an even greater risk during pregnancy and childbirth. One of the country goals is to guarantee universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national strategies and programs. There are delays in the implementation of the comprehensive care model within the primary health care units. Women face other health issues in relation to breast cancer, violence, chronic diseases, sexual health, mental health, menopause and women's well-being.³⁷

The available statistics on access to services show that 66% of women without an education and 55% of the poorest women do not have access to health care. There are still barriers to accessing these services: with unsatisfied needs of 11% in access to contraceptive methods and 40% in detection of uterine cancer and 17% in cases of breast cancer. The lack of accessible and free services forces women to perform abortions in unsafe and clandestine conditions, especially women living in poverty and in conditions of vulnerability. The rates for abortions are reported between 16% and 39% among university students.³⁸

There is a high coverage of prenatal care, with 98.9% in 2015. The high proportion of cesarean deliveries stands out (58.1% of deliveries), which places the Dominican Republic as the country with the highest rate of cesarean deliveries in the world. The ENHOGAR MICS 2014 reports that 69 out of

³⁶ INTEC-CEG, Las desigualdades de género que se experimentan en República Dominicana, frenan el aumento de los índices de desarrollo humano, page 3, found at: <https://ceg.intec.edu.do/publicaciones/item/mujer-dominicana-enfrenta-desigualdades-durante-todas-las-etapas-de-su-vida>

³⁷ Instituto Tecnológico de Santo Domingo-INTEC- Área de Ciencias Sociales y Humanidades Centro de Estudios de Género -CEG INTEC- La salud y la seguridad social, otras fuentes de desigualdes de genero en la Republica Dominicana Estado de situación al 2017 Santo Domingo, D.N. Marzo, 2017, page 7, found at: <https://ceg.intec.edu.do/publicaciones/item/la-salud-y-la-seguridad-social-otras-fuentes-de-desigualdades-de-genero-en-la-republica-dominicana>

³⁸ Profamilia, European Union, Intec-CEG, Las Deudas Sociales del país con las mujeres, Dominican Republic, January 2019, page 5, found at: https://www.intec.edu.do/downloads/documents/CEG/Las_deudas_sociales_del_pais_con_las_mujeres.pdf

every 100 women of childbearing age married or united use some form of contraception (modern or traditional). ENDESA 2013 reports significant gaps in family planning coverage, mainly in young women aged 15-19 (27%) and for those aged 20-24 (21%) and in a smaller proportion (11%) in married women or united.

There are needs to expand sex education and the management of sexual and reproductive rights, the need to promote the access to contraceptive methods, and the need to approve regulations such as a penal code that decriminalizes abortion in its different causes, especially in cases of incest and rape and when the mother's life is at risk.³⁹

6. ACCESS TO AND USE OF HEALTH SERVICES FOR LGBTI PERSONS

In all the interviews with LGBTI persons, they had all faced discrimination in accessing health services. But they mentioned that they did feel comfortable to go to the clinic run by COIN in Santo Domingo and to CEPROSH in Puerto Plata. There are health disparities for LGBTI people in the country with evidence of the widespread stigma against homosexuality and ignorance about the gender identity established in its health systems. The National Dialogue statistics on LGBTI persons highlights how:

- 97% of public health institution personnel expressed that they preferred not to provide services to trans people because they engage in immoral behavior.
- 58% of medical staff, 50% of nursing staff and 50% of psychology staff prefer not to provide services to the MSM / gay population.
- 22% of trans people reported trying to commit suicide.
- Discrimination and violence contribute to the marginalization of LGBTI people and their vulnerability to diseases, including HIV infection.

Gay men and other men who have sex with men have an HIV prevalence of 5.2%, which represents a quarter of new HIV infections in the Dominican Republic.

The prevalence of HIV in trans women in the Dominican Republic is 18%.

Discrimination against lesbian women in the Dominican Republic may prevent them from accessing sexual and reproductive health services.

Intersex people are often stigmatized and subjected to multiple violations of their human rights, including violations of their rights to health and physical integrity, not to be subjected to torture or ill-treatment, to equality and non-discrimination.

³⁹ Instituto Tecnológico de Santo Domingo (INTEC) Área de Ciencias Sociales y Humanidades Centro de Estudios del Género Brechas de género: entre el dicho y el hecho de la autonomía de las mujeres en la República Dominicana Santo Domingo, 7 de marzo, 2016, page 17, found at: <https://ceg.intec.edu.do/publicaciones/item/brech-de-genero-entre-el-dicho-y-el-hecho-de-la-autonomia-de-las-mujeres-en-la-republica-dominicana>

There is no abundance of research or interventions in relation to the health of transgender men and few studies have collected solid data on bisexual people.⁴⁰

E. PATTERNS OF POWER AND DECISION MAKING

The laws mandate a quota of 33% for the political representation of women in the Act 275-97, article 68 for office on provincial and municipal councils. The quotas and reserved seat allocation for women appears to be working at the legislative and municipal levels, with 35.3% women elected in 2016. The overall presence of women, in the Senate 9.38% and as mayors 12.03%, is still low.⁴¹ But within the Superior Electoral Court and Central Electoral Board, 40% are women. There is also a positive trend with an increase of women at the provincial level from 15.3% in 2002 to 27.89% in 2016.⁴² Some obstacles remain for women in accessing electoral justice. There is lack of knowledge of the internal rules and procedures of political parties and of electoral content, lack of lawyers with knowledge of legislation and electoral jurisprudence for women, lack of economic means and harassment and violence towards gender policies.⁴³ Jacqueline Montero, a former sex worker, who has made it to congress, stated how people say they want to get “the prostitute out of Congress,” but she makes decisions and she has initiated programs for women's leadership. She is an example that it can be done.⁴⁴

In 1997, the new Electoral Law was enacted (No.275-97), which replaced Law 5884 of 1962, establishing a minimum quota for women of 25% in elective positions in the Chamber of Deputies and the Chapter Rooms. In 2000, Law 12-2000 was promulgated, which increases the quota of women candidates to the Chamber of Deputies to 33% and Law 13-2000, which mandated that a woman candidate be taken to the position of trustee or vice -syndicate. There are obstacles and limitations of socio-economic and cultural nature that limit the equitable participation of women. The law does not regulate the order of placement of women on the lists of candidates allowing the parties to place them in the last positions, which makes it difficult for them to win. Candidates for the senate are not regulated, which leaves them without affirmative measures that guarantee quotas for women. Culturally, the exclusive responsibility of the women for the care of the home and children, can make it challenging for them to participate in politics.

However the stereotypes and cultural schemes in relation to women's roles and capacities seems to be changing in a positive way with the trends of opinions changing in favor of women in politics with the Americas Barometer. The public opinion favors women over men as less corrupt in politics, people

⁴⁰ UNDP, Dialogo Nacional LGBTI, Hoja de datos Panel 2 Acceso a la salud, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

⁴¹ OECD SIGI Country Report 2019: <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/DO.pdf>, page 10.

⁴² Programa de las Naciones Unidas para el Desarrollo; Junta Central Electoral y Tribunal Superior Electoral. (2018). Más mujeres, más democracia: desafíos para la igualdad de género en la política. Estudio sobre la participación política y el acceso a la justicia contenciosa electoral de las mujeres en las elecciones generales de República Dominicana del 2016: https://www.do.undp.org/content/dominican_republic/es/home/library/womens_empowerment/mas-mujeres--mas-democracia--desafios-para-la-igualdad-de-genero.html

⁴³ UNDP Infographic, Dialogo Politico de Genero, Acceso de la Mujeres a la Justicia Electoral, Elecciones 2016, Republica Dominicana, 2016.

⁴⁴ Programa de las Naciones Unidas para el Desarrollo; Junta Central Electoral y Tribunal Superior Electoral. (2018). Más mujeres, más democracia: desafíos para la igualdad de género en la política. Estudio sobre la participación política y el acceso a la justicia contenciosa electoral de las mujeres en las elecciones generales de República Dominicana del 2016: https://www.do.undp.org/content/dominican_republic/es/home/library/womens_empowerment/mas-mujeres--mas-democracia--desafios-para-la-igualdad-de-genero.html

being more inspired to vote for a woman rather than a man. In 2008 public opinion changed significantly, where 57.4% were of the opinion that men were better political leaders, compared with 33.9% in 2019.⁴⁵ The 2019 Organic Law of the Electoral Regime establishes a range of gender representation of 60%-40%. The quota and the search for parity have served to keep the issue of women's political representation on the public agenda.

I. LGBTI PERSONS AND ACCESS TO POWER AND DECISION MAKING

LGBTI persons are marginalized in their ability to make decisions and there are factors that drive this marginalization. Heterosexual men hold power within the society at both the local and national level. LGBTI persons are not restricted by law from, running for office, or representation in senior level-decision making positions. The exclusion from political decision-making of LGBTI persons has been addressed since 2017 with two programs in the School of Political Leadership to promote their political participation. The women's movement has been the most successful for positive action with the 33% quotas and further quotas of 40% coming in 2020.⁴⁶ The Americas Barometer measured public opinion on the right of LGBTI people to run for public office. The approval level for homosexual candidates in the Dominican Republic is relatively low, there was an increase after 2010, reaching a peak of 31.6% in 2016 and percentage decrease between 2016 and 2019.⁴⁷

The political system in the Dominican Republic constitutes a society in which the nuclear family and radical religious traditions promote a single pattern of sexual behavior: the heterosexual. LGBTI persons have led innovative forms of action through various cultural and artistic activities. Their fight for sexual freedom and rights has achieved visibility, the formation of an awareness and the creation of a political debate that has led to some social change in which some of their civil rights are starting to be recognized. LGBTI persons challenge both conservative and rigid ideologies, as well as public opinion.⁴⁸ LGBTI persons are attaining political positions of power, with the example of Jimena Conde, who is openly lesbian and legal sub-consultant of the executive branch.

2. POWER OF THE CATHOLIC AND EVANGELICAL CHURCHES

Religion leads society in the Dominican Republic. Catholic and evangelical leaders get coverage in the media. Logically, they also impose a conservative agenda. Both Catholics and Evangelicals ignore the the design and application of public policies. Dominican political parties in practice abdicate that ideological paradigm, assuming ultraconservative behaviors and letting churches assume roles that are not conferred on them.⁴⁹ Both Catholic and Evangelical churches play important roles in society and politics. Some

⁴⁵ Cultura política de la democracia en la Republica Dominicana y en las Americas 2018/19: Tomandole el pulso de la democracia, Resumen ejecutivo, November 2019, page 203, found at: https://www.vanderbilt.edu/lapop/dr/AB2018-19_Dominican_Republic_Country_Report_V6_W_11.21.19.pdf

⁴⁶ UNDP, Dialogo Nacional LGBTI, Hoja de Datos, Panel I, Promoviendo el acceso a la justicia, legislación inclusiva y una vida sin violencia, May 7-8, 2019, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

⁴⁷ Cultura política de la democracia en la Republica Dominicana y en las Americas 2018/19: Tomandole el pulso de la democracia, Resumen ejecutivo, November 2019, page 215, found at: https://www.vanderbilt.edu/lapop/dr/AB2018-19_Dominican_Republic_Country_Report_V6_W_11.21.19.pdf

⁴⁸ Diuris Betances, Observatorio Politico Dominicano, Unidad de Sociedad Civil, El orgullo gay en Republica Dominicana, August 5, 2013, Santo Domingo, found at: <http://www.opd.org.do/index.php/temas-de-coyuntura-sociedad-civil/1109-el-orgullo-gay-en-republica-dominicana>

⁴⁹ <https://laicismo.org/religion-politica-y-conservadurismo-en-republica-dominicana/>

researchers suggest this is due to the weakness of Dominican democracy and the inability of political parties to reach significant agreements regarding political and economic reforms that can be sustained over time. Therefore, the presence of the clergy is necessary to mediate in political conflicts.

These circumstances have created the opportunity for the complete reintegration of the Catholic Church and of the Evangelical movement as fundamental institutions of the society.⁵⁰ The trend from 2010-2018 for the percentage of people that are Catholic has dropped from 60.34% in 2010 to 49.16% in 2018. While the number of Evangelicals and Pentecostal has increased from 18.08% in 2010 to 26.06% in 2018. Over 75% of the population is religious.⁵¹ One interviewee stated bluntly: “Religion affects politics here.” About half of those interviewed were of the opinions that some religious leaders teach hate, how they do not accept people as they are and that they discriminate. It was strongly emphasized by stakeholders on the need to raise awareness and the need for people to accept differences, in public schools, universities, social networks and churches.

The analysis also found good examples of local NGOs forming partnerships and working together with church leaders, such as CEPROSH in Puerto Plata with the churches inviting them to do workshops and presentations about contraception and sexual and reproductive rights. Another good practice was how COIN brings religious leaders together to discuss these differences and build awareness on vulnerable populations and human rights. These activities could be scaled up across the country with more dialogue to raise awareness, sensitize and inform the churches about gender policies and for their leaders to understand social inclusion. Based on the interviews conducted, there appears to be some polarization/distance between churches and organizations working on gender and with vulnerable populations. The COIN/CEPROSH/UNDP workshops are working to get people to accept differences.

F. PERSONAL SAFETY AND SECURITY

Violence against women directly threatens the exercise of citizenship, their physical and emotional health and equal opportunities to exercise their rights, participate in public life, enjoy democratic freedoms, and contribute to local and national development. Therefore, it is a security issue that must be addressed from the state. Gender based violence (GBV) is a serious issue and an expression of power and control within the society.⁵² It is one of the most relevant social issues in the country and GBV is the most reported crime in the justice system. The numbers reported from the Attorney General’s Office are shocking with an average of 6 000 women as victims of sexual assault each year.⁵³ In 2017, 59,391 complaints were made for gender based and family violence and 5,808 for sexual crimes, with protection orders issued for 17,148. In that year, 117 femicides occurred that left 105 minors

⁵⁰ Emilio Betances, La Iglesia católica y la política del poder en América Latina El caso dominicano en perspectiva comparada, page 58, found at: <https://www.gettysburg.edu/faculty-pages/betances/pdfs/Claralglesia5-6-2017.pdf>

⁵¹ Cultura política de la democracia en la República Dominicana y en las Américas 2018/19: Tomándole el pulso de la democracia, Resumen ejecutivo, November 2019, page 63, found at: https://www.vanderbilt.edu/lapop/dr/AB2018-19_Dominican_Republic_Country_Report_V6_W_11.21.19.pdf

⁵² OECD SIGI Country Report 2019: <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/DO.pdf>, page 5.

⁵³ Country Reports on Human Rights Practices for 2017 United States Department of State Bureau of Democracy, Human Rights and Labor: <https://www.state.gov/documents/organization/289536.pdf>, page 8.

orphaned. Of the aggressors, 30 had a history of violence and 46.1% of the women killed were already separated at the time of their death.⁵⁴

There are 19 offices in the country's 32 provinces for violence prevention and attention. The district attorneys provide assistance and protection to victims of violence by referring them to institutions for legal, medical and counseling services. In 2017 the attorney general announced funding for a "City of Women" to provide services for victims. There is a 24-hour domestic violence hotline and the attorney general also launched a "100-day challenge," for which his office opened 1,986 new domestic violence cases, nine times the number in the 100 days before the challenge and they resolved 215 cases.⁵⁵ A woman interviewed who has been working in the women's movement for over thirty years spoke about how there have been changes in attitudes and how there is more collaboration and support for women seeking support because of violence.

The proportion of women who reported physical, emotional and sexual violence grew in the last 10 years from 28% to 35%; while only emotional violence increased from 18% to 31% in the same period. Emotional violence is the most frequent of all with 31% of complaints, followed by physical (19%) and sexual (10%) violence. The incidence of violence is higher in separated, widowed or divorced women (48%), those with five or more children (50%), those with primary education between 5-8 years (42%), those in the quintile poorest (40%), adolescent girls and youth (40%) and urban areas (36%).⁵⁶ An experimental survey on the situation of women (ENESIM-2018) aged 15 years and older who have experienced some type of violence in public and private spheres throughout their lives, shows even higher percentages for rural women for psychological violence at 56%, sexual violence at 51.4% for urban women, physical violence at 48% for rural women and economic violence for rural women at 32.9%.⁵⁷ Please refer to more details in the statistics tables in the annex section.

The statistical tables show how 68.8% of women aged 15 and over have experienced some type of violence throughout their lives; while in the 12 months prior to the survey 55.9%. This represents an alarming recent indicator of violence. The prevalence of violence is higher in the: north or Cibao (78.5% and 65.0%) and south (69.8% and 59.5%). The prevalence is lower in the east (49.4% and 39.3%, respectively) and greater Santo Domingo (66.4% and 51.9%). Another interesting trend is how women aged 15 years and over, the divorced (78.8% and 59.0%) and the separated (75.4% and 61.8%) are the most likely to have experienced some type of violence throughout his life and in the 12 months prior to the survey. More than three quarters (76.9%) of women aged 15 and over, who belong to the group

⁵⁴ Profamilia, European Union, Intec-CEG, Las Deudas Sociales del país con las mujeres, Dominican Republic, January 2019, page 7, found at: https://www.intec.edu.do/downloads/documents/CEG/Las_deudas_sociales_del_pais_con_las_mujeres.pdf

⁵⁵ Country Reports on Human Rights Practices for 2018 United States Department of State Bureau of Democracy, Human Rights and Labor: <https://www.state.gov/reports/2018-country-reports-on-human-rights-practices/dominican-republic/>, Section 6.

⁵⁶ Intec-CEG, Las desigualdades de género que se experimentan en República Dominicana, frenan el aumento de los índices de desarrollo humano, pages 3-5, found at: <https://ceg.intec.edu.do/publicaciones/item/mujer-dominicana-enfrenta-desigualdades-durante-todas-las-etapas-de-su-vida>

⁵⁷ Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018), Informe de resultados de la Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018), ONE, Santo Domingo, República Dominicana Junio, 2019, found at: <https://cne.one.gob.do/sei/pdf/Informes/Encuesta%20experimental%20sonre%20la%20situacion%20de%20la%20mujer%202018.pdf>

aged 15 to 29, experienced some episode of violence throughout their lives and a little more of two thirds (67.3%) in the 12 months prior to the survey.⁵⁸

A focus group with women who have survived GBV spoke about the discrimination women face, for example always being blamed for provoking the violence, one survivor said: “When I was 5 years old, my stepfather abused me and my mother told me that I provoked it.” Another woman survivor remembers as a child: “My father showed me a gun and said I have it to kill your mother.”

One of the gaps identified by an INTEC-CEG study, is how there is still little awareness of economic violence or street harassment suffered by women. There is little research on the links between violence at the family level and the link between harassment and insecurity on the streets and women in public spaces. They are problematic, but not yet studied in the country, there are few interventions. A pending task is to develop this type of research to create evidence that supports public policy actions.⁵⁹

Femicides are one of the main socio-economic problems and in terms of human development. Until inequalities are reduced and measures against gender-based violence are strengthened the cases will continue to increase. The Dominican Republic has one of the highest numbers of femicides in the region. Femicide figures are the most visible dimension of violence, and remain high with 177 femicides calculated on average per year between 2005-2017.⁶⁰ Between 2005 and November 2019, the attorney general’s accounted 1,295 femicides, but these numbers differ the numbers by the Economic Commission for Latin America and the Caribbean (ECLAC) which, between January 2010 and September 2019, has reported 1,795 femicides. Another alarming trend was recently discovered in a study on masculinities. The studied identified solidarity amongst men to conceal femicides. The study “shows a recurring phenomenon in femicides, the complicity between the friends of the man who commits femicide and the passivity by groups of men. There is a fabric of silence that hides and strengthens femicides and gender-based violence in general.”⁶¹

Those interviewed in the country from organizations working directly on GBV highlighted how there is not an extensive system of re-education of the perpetrators, that most of the time, the only option offered by the system is jail. Lawyers interviewed for the analysis spoke about: the need for continuous training for prosecutors; the need for a serious program to change sexist beliefs and education on the severity of domestic violence; to enable doctors and staff in hospitals to detect cases of violence; an increased number of social workers and increased knowledge on GBV. There are reports that the services are better for women, in that they can get some psychological assistance and a somewhat faster legal process, but the state cannot guarantee protection for women. Women are at risk until the accused are sentenced. All

⁵⁸ Ibid, pages 58-60.

⁵⁹ Instituto Tecnológico de Santo Domingo (INTEC) Área de Ciencias Sociales y Humanidades Centro de Estudios del Género Brechas de género: entre el dicho y el hecho de la autonomía de las mujeres en la República Dominicana, Santo Domingo, March 7, 2016, page 20, found at: <https://ceg.intec.edu.do/publicaciones/item/brechas-de-genero-entre-el-dicho-y-el-hecho-de-la-autonomia-de-las-mujeres-en-la-republica-dominicana>

⁶⁰ Las desigualdades de género que se experimentan en República Dominicana, frenan el aumento de los índices de desarrollo humano, pages 3-5, found at: <https://ceg.intec.edu.do/publicaciones/item/mujer-dominicana-enfrenta-desigualdades-durante-todas-las-etapas-de-su-vida>

⁶¹ Tahira Vargas, Profamilia, Masculinidades y Violencia de Género en zonas rurales y urbano-marginales de cuatro provincias del país, page 115, found at: <https://profamilia.org.do/wp-content/uploads/2019/11/Informe-Masculinidades.pdf>

parties can spend 3- 5 years waiting for a verdict and during this time the aggressor continues with threats, visits continue with children and there is little follow-up to ensure that men comply with their sentences.

I. VIOLENCE AGAINST LGBTI PERSONS

The interviews conducted with LGBTI persons revealed how there is violence in La Romana perpetrated by local authorities and politicians. Those interviewed spoke about how in Santiago, there are cases of LGBTI persons being imprisoned and being harassed by the police. Trans women are particularly vulnerable and have been historically discriminated against, marginalized and murdered. In the last 12 years, there have been 44 transgender murders of which only five cases have been convicted in the courts.⁶² There are security risks for individuals from the LGBTI community and violence is regularly committed against those individuals. There is no legal and law enforcement architecture in place to respond to, report, and rectify this type of identity-based violence. This discrimination impacts their ability to participate in society, politically, socially, economically and to access vital public services such as health care and education. It is not considered family violence for a couple of two men or two women. One trans woman stated how: “The police will laugh if you go to the station with a violence complaint.”

⁶² Informe de las violaciones de derechos humanos en contra de las mujeres Trans en República Dominicana., Observatorio de Derechos Humanos para Grupos Vulnerabilizados (ODHGV) Juan Alberto Francisco y Trans Siempre Amigas (TRANSSA), Crithian King, page 8.

II. INCLUSIVE DEVELOPMENT SUMMARY OF FINDINGS AND ANALYSIS

A. PERSONS THAT ARE TRAFFICKED AND SMUGGLED

Trafficking and smuggling of persons is described as one of the most aberrant forms of modern slavery and is also classified as a crime. The vulnerability of women, children and adolescents make them the primary victims of human trafficking and smuggling. Addressing this analysis from a gender and social inclusion perspective allows for a more weighted view of these crimes that violate human rights.

I. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

A summary table of the legal framework can be found in the annexes section. Authorities consulted have made institutional efforts to counteract this crime and all government entities, international organizations and civil society organizations have coordinated actions to address the trafficking and smuggling. These advances include: increased number of convictions of traffickers; imposition of serious penalties; preparation of a new national action plan for human trafficking; proposed modification of Law 137-03; initiatives to combat trafficking for the purpose of forced labor and greater visibility of the subject. The weaknesses: less investigations and legal proceedings; not sufficient sentences imposed on some of the convicted traffickers; lack of specialized, comprehensive and sufficient services for all victims of trafficking; failure to detect signs; lack of remission of victims to care centers and difficulties in data collection. A large number of public and private institutions are developing individual and coordinated efforts for the prevention, prosecution and the care of victims.

2. CULTURAL NORMS AND BELIEFS

The Dominican Republic is a country of origin, transit and destination for both migrants and traffickers and victims of trafficking. It is one of the countries with the greatest number of women victims of trafficking. Out of 276 countries and territories, at least the presence of trafficked, treated, or involved Dominicans in the sex trade has been verified in 66th place, which represents 23.91%. (UNFPA 2013). Similarly, Haitian women are vulnerable to becoming trafficked into the Dominican Republic.⁶³ Trafficking in persons is a complex and multicausal problem that crosses the rule of law, the legal framework that governs migration, labor and criminal prosecution policies, the distribution of resources, gender inequality, among others.⁶⁴

The occurrence of trafficking in persons depends on a set of socio-economic factors and also on a set of political, cultural and legal factors, such as: the economic crisis, poverty, some cultural and traditional practices that violate human rights and the complicity of some authorities, among others. An important cause of trafficking is the situation of children in families who live in a cycle of violence and sexual abuse by family members or relatives from their childhood to adulthood, which pushes them to abandon the home and places them in situation of increased vulnerability and risk of being trafficked. The trafficking

⁶³ OBMICA, Marzo de 2019. Investigación exploratoria sobre la trata interna, de mujeres, niñas, niños y adolescentes en la República Dominicana

⁶⁴ Una Nueva Forma de Esclavitud: Las Trata de Personas Una guía para su derrota, Participación Ciudadana.

network offers money through deception. Thus, “Sexual practices and taboos therefore does not lead to denouncing the suspects and helps to maintain the problem from being visible.” This causes indifference and tolerance towards this type of crime.⁶⁵

Trafficking in persons for commercial sexual exploitation was identified in both sexes with adolescents and adults. In both sexes there are two patterns that are repeated, the contribution and financial help from friends are ways of hiding abuse from young people.

Networks of Haitian and Dominican traffickers operate with impunity along the border, operating as large networks, which take advantage of the poverty conditions of Haitian families and / or deceive fathers and mothers to take their minor sons and daughters to be exploited in commercial agricultural and sexual work, domestic servitude, begging and street sales. According to an interviewee, “between the Dominican Republic and Haiti, it is mainly women who are trafficked.”⁶⁶ Knowing the number of minors who are trafficked or treated is difficult to assess because it is difficult to identify them; the absence of records and indicators; the lack of legal proceedings on the subject and the lack of complaints and reports on these types of crimes.

3. GENDER ROLES AND RESPONSIBILITIES

According to data from the Ministry of Foreign Affairs (MIREX) in the Annual Report of the Interinstitutional Commission to Combat Trafficking in Persons and Illicit Traffic in Migrants (CITIM), 53 traffic investigations were conducted during 2016 and 2017, 41 cases were prosecuted, with 79 sentenced persons. These figures reflect few differences between one year and another, observing a significant increase in the number of sentences that went from 15 in 2016 to 26 in 2017. ⁶⁷ In 2016, some 27 police investigations of trafficking were carried out, 20 cases were prosecuted which included 40 people charged, eight sentences for trafficking in persons and seven for smuggling of migrants. The main modality of human trafficking during 2016 was the sexual exploitation of adults and the sexual and commercial exploitation of minors.⁶⁸ Some survivors affected by commercial sexual exploitation were rescued in operations carried out by the National Police in Montecristi, Independencia, Puerto Plata and San Juan.

4. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

While it is true that poverty, inequality and discrimination are factors that contribute to vulnerability to human trafficking, they cannot be considered in isolation. Both exploitation and trafficking are only possible if there are elements of attraction on the part of a market that demands the commercialization of people. The demand, as an integral part of the phenomenon of trafficking is as diverse as the traffickers or the modalities of exploitation.

⁶⁵ OBMICA, marzo de 2019.- Investigación exploratoria sobre la trata interna, de mujeres, niñas, niños y adolescentes en la República Dominicana

⁶⁶ Según un entrevistado, proveniente de la región fronteriza.

⁶⁷ Informe anual de la Comisión Interinstitucional de Combate a la Trata de Personas y el Tráfico Ilícito de Migrantes (CITIM)

⁶⁸ *Ibíd.*

Demand is classified according to the market sector they cover and are: the sex tourism market and the poverty tourism market.⁶⁹ One of the fundamental elements of the traffickers is to deprive the victim of any possibility of having resources, it is part of the control and the guarantee of keeping the victim succumbed in extreme destitution to avoid his/her freedom. After conducting a thorough search and review of the budget of the entities responsible for the subject, we could not establish the state's investment in combatting this scourge.

5. PATTERNS OF POWER AND DECISION MAKING

The victims of human trafficking, for the most part, are women, girls and boys. The state needs to contextualize the conditions for these discriminated persons; how they cannot exercise their rights by themselves, they do not have the information and resources necessary to access justice, and even if they are in a position to exercise their rights, they do not. The justice operators are socialized by the patriarchal system, which ignores the human rights of people in vulnerable situations. The regulations that persecute and punish traffickers must be interpreted with a gender perspective, which highlights the asymmetrical power relations between men and women, boys and girls, built in the process of socialization of people, by the system of patriarchal domination.

When talking about this approach, it is necessary to link it with other concepts such as sex, gender differences, discrimination, violence against women, which are some aspects that generate inequalities in this context. According to the reports of the office of the specialist in Trafficking and Smuggling (PETT), among the rescued persons there were 24 minors, whose ages range between 6 and 16 years, who were subjected to commercial sexual exploitation and/or child pornography; 14 men and the remaining were 34 women. Of those cases 72 have been prosecuted in accordance with the provisions of Law number 137-03; 33 sentences have been obtained, and there are 22 cases under investigation.⁷⁰

A key informant describes below how: "Trafficking in persons for the purpose of commercial sexual exploitation is generally directed by networks operating in the country and abroad, which deceive women by promising them a 'decent' job, but when they arrive at the businesses where they are located (bars and others) they retain their passports until they have to pay debts for air tickets, food and places to sleep, for which they are forced to market their bodies." Commercial sexual exploitation of Dominican children by tourists from the United States, Canada and Europe, and by Dominican nationals persists, particularly in areas of tourist centers located on the coast. Sex trafficking of adolescents aged 15 to 17 occurs in the streets, in parks and on beaches.

Vulnerable populations affected by human trafficking and smuggling include women and girls, working children and street children, migrant workers, Venezuelan immigrants and undocumented or stateless persons of Haitian descent. Haitian women report that smugglers often become traffickers for the purpose of sexual exploitation along the border. Government officials and NGOs report an increase in the number of Colombian and especially Venezuelan women, brought to the country to dance in strip clubs, who are subjected to forced prostitution.

⁷⁰ Informes de la Procuraduría Especializada en Trata y Tráfico (PETT)

The Dominican authorities have documented cases of children forced into domestic service, street vendors, begging, agricultural work, construction and the transfer of illicit narcotics. There are reports of forced labor of adults in the construction, agriculture and other services sectors. Some observers point out that traffickers operate along the border with impunity and sometimes with the help of corrupt officials who accept bribes to allow crossings without documents. Unofficial border crossings remain unsupervised and are porous, leaving migrants, including children recruited to work in the agricultural and construction sectors, vulnerable to trafficking. NGOs report on police complicity in areas known for child sexual trafficking.⁷¹

6. PERSONAL SAFETY AND SECURITY

The safety of children who are destined for street sales and begging is violated, they are often exposed to long hours and long walks, in addition to the money that has to be given in full to the person in charge. They also have high exposure to violence and prohibition to participate in any other activity such as going to school or going out to play. Teenagers who are a particularly vulnerable group, because they are expected to contribute to the family economy. Faced with this scenario, they receive job offers where they are promised fast money, which, coupled with inexperience, facilitates the “labor” of traffickers.

It is difficult to draw the line between crime and trafficking for the purpose of exploitation for crime, since family and other relatives are presented with few tools to identify when their sons and daughters could be victims of exploitation or trafficking for crime and when they are not.⁷² Trafficked children, in addition to being exposed to exploitation, live with feelings of abandonment, lack of clear family references, while experiencing discrimination, rejection and abuse; which has a strong impact on his/her emotional well-being and will mark his/her social relations in the future. In general, all victims of trafficking are subjected to violence, beatings and wounds, as part of an exercise of power and control of the trafficker to submit their will.

B. PERSONS OF HAITIAN DESCENT

According to the Haiti country report prepared by the Ministry of Economy, Planning and Development of the Dominican Republic, the Haitian migratory flow increased after the 2010 earthquake, with an estimate of about 1.5 million people. Both countries have a history of conflict such as the killing of Haitians in 1937 by the tyrant Rafael Leónidas Trujillo. Another important element, there are prejudices and discrimination based on poverty and skin color that underlies the segment of the Dominican population.

I. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

Between 2013 and 2015, the Dominican Republic has been subject to constant questions about the application of migration policies aimed at regularizing the presence of undocumented foreigners. During the aforementioned year 2014, periodic meetings were held between the authorities of the two countries within the framework of what was called “RD-Haiti High Level Binational Dialogue” prioritizing issues of migration, trade, security and environment as of maximum interest environment. In immigration matters,

⁷¹ Informe Anual 2018 sobre la trata de personas, República Dominicana, elaborado por la Embajada de los Estados Unidos

⁷² Movimiento de Mujeres Dominicano Haitiano – MUDHA, Estudio Cualitativo sobre víctimas de la trata interna en la República Dominicana y sus perfiles predominantes entre la población dominico-haitiana

the Dominican Republic has implemented the National Regularization Plan and the Special Law of Naturalization that establishes a special regime for people born in the national territory registered in the Dominican civil registry. The Dominican Republic has a legal framework to deal with the issue of the offspring of migrants in the country. Specifically established by the Constitution; Law 285-2004 on Migration; implementing regulation decree no. 613-11 of entry visas; Constitutional Court ruling No. 0168/13; Decree 327-13; and Law 169/14.

In 2013, the Constitutional Court issued Judgment no. 168/13, which summarizes the following aspects:

- Audit of the civil registry from 1929 to 2013, carry out a thorough audit of the birth records books of the Civil Registry of the Dominican Republic from June 21, 1929 to the present.
- Prepare a list of “irregularly registered” foreigners. List foreigners who are irregularly registered because they lack the conditions required by the Constitution of the Republic.
- Create special birth registration books create annual special registration books of births of foreigners from June 21, 1929 until April 18, 2007.
- Notify the Foreign Ministry of the births of irregular foreigners: notify all births transferred in accordance with the preceding paragraph to the Ministry of Foreign Affairs.
- Send lists to the Ministry of Interior and execute the Regularization Plan: send the list of foreigners irregularly registered in the Civil Registry
- Implement the National Regularization Plan.

From the aforementioned judgment, the court retroactively reinterpreted the scope that the *jus soli* principle had had since the Constitution of 1929. The criteria adopted by the constitutional court disproportionately affected people of Haitian descent and led to the fact that retroactively persons who were previously Dominican were deprived of their nationality, leaving thereafter a stateless person. After sentence 168 was issued, an international uproar was generated due to its possible effects on a considerable segment of the population in the Dominican Republic. The government of President Danilo Medina was forced to take measures to mitigate these possible effects on an already vulnerable population and put into effect the National Regularization Plan and submitted to Congress for approval the a law that establishes a special regime for people born in the national territory irregularly registered in the Dominican Civil Registry and on naturalization, better known as the Law 169-14.⁷³

It is important to point out that at the national level constant questions were generated from different sectors, due to the violation of human rights of persons of Haitian descent and the abuse that constituted stripping acquired rights to that population. The IACHR established “to adopt, within a reasonable period of time, the measures necessary to void any rule of any nature, whether constitutional, legal, regulatory or administrative, as well as any practice, or decision or interpretation, that establishes or has the effect that the irregular stay of foreign parents motivates the denial of Dominican nationality to persons born in the territory of the Dominican Republic.” The report rejects that “persons born in Dominican territory

⁷³ https://es.wikipedia.org/wiki/Sentencia_168

and that in accordance with Dominican legislation they were entitled to Dominican nationality, be treated as foreigners” and there is still no mechanism to fully restore their nationality to them and their descendants.⁷⁴

Law 169-14 established two groups for descendants born in the Dominican Republic of parents in conditions of immigration irregularity: Group A corresponds to descendants who were in the Dominican Civil Registry and possessed a Dominican birth certificate, prior to judgment TC168-13; and Group B concerned descendants without prior registration who could qualify for the Regularization Plan, enroll in the Foreigners Book, receive residence and, subsequently, opt for Dominican nationality. With that response, the Dominican State sought to solve the situation generated by sentence 168-13. Laws and regulations that are established to the detriment of a certain group of people, or that are applied to a group of people and not to another, are classified as discriminatory; this is undoubtedly the case of Law 169-14.

2. CULTURAL NORMS AND BELIEFS

The ENI-2017 survey of the foreign population in the DR estimated a population of 570,933 immigrants and 277,046 descendants, for a total of 847,979 people. Of this figure 88.5% have roots in Haiti, while 11.5% have them in other countries. Of the descendant population, 91.1% have at least one father born in Haiti. The largest migration flow to the Dominican Republic comes from Haiti. Of the total number of descendants, 64.8% are 14 years old or less and 21.3% are between 15 and 29 years old. This means that 86.1% of the descendants are under 30 years old. The average age of the descendants is 14.4 years, but it falls to 12.2 in the case of the descendants of Haitian fathers and mothers.⁷⁵

Most of the victims interviewed acknowledge having had discriminatory treatment, as well as vexatious treatment, in public venues, on the streets, in educational and health institutions. "This situation is part of the historical discrimination faced by persons of Haitian descent in various spheres," said the Rapporteur on the Rights of People of African Descent, Commissioner Margarete May Macaulay. "This historical discrimination is manifested in policies, laws, sentences and practices tending to deprive them of their right to Dominican nationality on the basis of criteria such as skin color, national origin of their parents or ascendants, surnames or ability linguistics. This constitutes a violation of the right to equality and non-discrimination and leads to the violation of other rights," he said. During the visit, the IACHR verified the conditions of poverty, exclusion and discrimination under which the inhabitants of the bateyes live.⁷⁶

The Gallup-Hoy survey (2018), shows discrimination against Haitian people, who were among the perceived segments as most discriminated (56.8%) following homosexual or transsexual (65.4%) and women (65.3%).⁷⁷ At the same time, the data reflects that gender discrimination continues to affect many women in the country, representing an additional factor of vulnerability to discrimination and different types of violence for persons of Haitian descent, in addition to their race and origin.⁷⁸ In the region there

⁷⁴ CIDH, informe sobre la situación de derechos humanos en República Dominicana, 9 de febrero de 2016

⁷⁵ ENI 2017 – Encuesta Nacional de Inmigrantes (estudio complementario)

⁷⁶ Relatora sobre los Derechos de las Personas Afro-descendientes, Comisionada Margarete May Macaulay.

⁷⁷ Gallup-Hoy (2018), (Hoy 2018:13A).

Ref. Situación de Derechos Humanos de las Personas Migrantes y sus Descendientes OBMICA |

are high routinized levels of violence against women of Haitian descent, of various types: physical, sexual, economic, verbal, psychological, etc. violence; in addition to high risks of illicit trafficking of persons, including trafficking for the purpose of forced sex work.

3. GENDER ROLES AND RESPONSIBILITIES

The direct impact of judgment TC 168/13 on the human rights and lives of people born in Dominican territory has increased the state of vulnerability of people who consider themselves Dominican and that only have a historical link through their parents or grandparents unites them to Haiti, especially teenagers and young people. These people were born in the Dominican Republic and face the problem of never having lived in Haiti, as well as the barrier of not speaking the language and much less identifying with their culture. Article No. 74 of the Dominican constitution requires that the law should always be interpreted in favor of human rights, never to diminish them. The same holds in the Magna Carta in its article No. 110 when it states that the laws have retroactive effect only in cases that benefit the right holder.”⁷⁹

According to a key informant: “In the post-sentencing process, some 72,000 people were identified by the JCE for the restitution and regularization process, as of October of this year, they have registered in Group A: 29,392 people that have already been authorized by the Central Electoral Board to request their ID as Dominican nationals. While of the B group of 8,755 people who applied to the naturalization process 4,176 have been approved to withdraw their identity card from abroad, but to date only the amount of 1,579 has been withdrawn, this is a requirement to request naturalization from the Executive Branch. To this day there is no presidential decree granting naturalization.” Of the people identified by the Central Electoral Board for Group A, only 40.8% have been benefited, which is a very low amount for people who were directly affected by the sentence. This may be due to several reasons, for lack of information, for lack of guidance, for lack of time or for not having the requisites required, due to carelessness or fear.

Another situation that concerns those consulted is the case of children of mixed couples, that is, those constituted by Dominican and Haitian parents. The children of this type of couple are running the same fate as those of both Haitian parents, which is contrary to the legal provisions. The IACHR draws attention to the cases of those born between 2007 and 2010, who never had a record of their birth and who did not submit an application for the procedure established by law, as well as the children of mixed couples The state acknowledged that there is no solution for this case and that the Central Electoral Board has set out to verify its data to corroborate its status.⁵⁰

4. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

Haitian migration contributes 5.4% (RD \$ 115,920.9 million) of the added value of goods and services produced in the Dominican economy in 2012, ”said economists Jeffrey Lizardo and Carlos Gratereaux Hernández, in a study by the United Nations Population Fund (UNFPA) funded by the European Union (EU).⁸⁰ The male workforce is usually located at 53% in agriculture, livestock, forestry and fishing, 22%,

⁷⁹ Artículo No. 74 de la Constitución dominicana

⁵⁰ *Ibid.*

⁸⁰ Fondo de Población de las Naciones Unidas (UNFPA) financiado por la Unión Europea (UE). Jeffrey Lizardo y Carlos Gratereaux Hernández

construction, 10% Manufacturing industries, 6.3% wholesale and retail trade; vehicle repair. While female labor is located at 34.3% wholesale and retail trade, 21.5%; activities of individual households as employees, 19.4% agriculture, livestock, forestry and fishing and 12% accommodation and food services.

The majority of persons of Haitian descent reside in shacks, nurseries and bateyes. Education and health services are limited, for medications there is no special medical assistance, only the basic coverage, there is no social security, there are limitations for education. In the absence of documentation, they do not have the purchasing power for formal housing, and even if you have it, they cannot make formal rental contracts or acquire real estate. Immigrants and their descendants do not have any decision-making power at all. Access and control of the resources for persons of Haitian descent is pending overcoming the lack of documentation, discrimination, stigmatization, lack of access to justice and in general the lack of protection.

5. PATTERNS OF POWER AND DECISION MAKING

According to information obtained from one of the focus groups carried out, with nine young women of Haitian descent, aged between 12 and 29 years:

- They were all born in the Dominican Republic.
- That, although some may study, in many educational centers they require documentation and they can never become high school graduates.
- Some people who had to be registered in Group A were compelled to seek a record from Haiti and opt for the naturalization process. This card's purpose is to avoid deportation, but it cannot be used to work or do anything formal.
- They cannot travel freely, they are afraid, they never go out at night.
- They receive limited services in hospitals.
- They suffer discrimination in all public places and they experience "bullying" in schools.
- Several already have children and they lack documents and sometimes they have to look for non-legal alternatives.
- When they turn 18, although some people have birth certificates, the card is required and if they do not have it, they will be deported.
- They live in fear because if they are deported where would they go, as they know nothing about Haiti.

One young woman told her story: "My case is special, I was able to reach my third year of high school, now they tell me that they will lower me to 8th grade, because I do not have papers. My mother has had to fight a lot, it hurts that I cannot continue my studies, because my mother is poor, she has never done anything, now I am very angry about that situation. "

6. PERSONAL SAFETY AND SECURITY

Many of the people interviewed are either victims, as well as the organizations that work with the population, agree that persons of Haitian descent have to face discrimination on a daily basis. They are emotionally affected by the duality of feeling Dominican and being denied the right to be. The majority of informants interviewed described always being afraid of being deported, how they suffer the indolence of those who, using that weakness, exploit them at work, abuse and violate their rights, with the seriousness that they cannot assert their rights in justice, due to their very situation. This situation generates great frustrations and helplessness by not being able to study or have access to formal employment and develop their potential to overcome poverty. This vulnerable population is being left with the option of perpetuating himself/herself in poverty through informal and poorly paid jobs or risking succumbing to crimes. According to some people interviewed, in many cases they are victims of police and military violence.

C. VENEZUELAN MIGRANTS

The economic, political and social crisis that Venezuela is currently experiencing has caused an estimated 150,000 migrants to flee each month, according to the Organization of American States. The deep political, economic and social crisis, which has worsened after two years of hyperinflation and a US economic sanctions package, has created an unprecedented migration that has already reached over 4.5 million people.⁸¹

1. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

The Dominican Republic has a legal framework to regulate aspects related to migration, this includes the current Constitution of 2015, Law 285-2004 on Migration and its Application Regulations and Decree no. 613-11.

2. CULTURAL NORMS AND BELIEFS

The Dominican Republic and Venezuela have strong historical ties of solidarity. During the 1970s and 1980s there was an important flow of Dominicans to Venezuela, many of whom were attracted by the oil boom. The Dominican Republic was one of the most favored countries of the PETROCARIBE experience, launched in June 2005. The migratory flow was reversed in 2013. According to official data from the National Statistical Office (ONE), through the ENI survey, in 2012, the study showed that in the Dominican Republic there were 3,434 Venezuelans and it had increased to 25,872 by 2017. For some key informants that were consulted, they stated that they had to leave the situation in their country. While for others, their goal is not to stay in the Dominican Republic, but they intend to move on to another country, where there are better economic conditions. They stated how the Dominican Republic, like other Latin American countries were not prepared for such an abrupt migration.

⁸¹ El PAIS, Los venezolanos se enfrentan a un muro de visados para emigrar, 11 naciones latinoamericanas han puesto restricciones a los ciudadanos del país sudamericano donde la migración alcanza ya los 4,5 millones de personas

3. ROLES AND RESPONSIBILITIES

To enter the Dominican Republic, Venezuelans did not require a visa, their entry was guaranteed with a passport and they were able to stay in the country as a tourist, legally, for a period of 30 days. This provision made the majority of Venezuelans currently in the national territory irregular migrants. In order to apply for a residence visa, the interested party had to travel to his/her country and apply for it and many Venezuelans do not take the risk of seeking legalization. But this situation recently changed with Resolution 006-2019 issued on December 16, 2019 by the Ministry of Foreign Affairs (MIREX). Nationals of Venezuela who wish to enter the Dominican Republic now are required to have a visa issued through the corresponding consular missions.

4. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

The Venezuelan population, "would have ease of insertion in the labor market," says IOM, although it warns that "it is linking into low-skilled jobs." Meanwhile, "the Dominican economy loses part of the human capital that this immigrant population offers." However, Venezuelan migrants do not have access to real estate acquisition, they cannot obtain bank accounts. The study "Migratory Profile of the Venezuelan in the Dominican Republic" led by IOM in coordination with FLACSO, included 761 interviews with Venezuelan migrants and found that:⁸²

- 89.8% have irregular immigration status; 7.9% have a valid tourist visa and only 0.4% have managed to manage a work visa
- 74% are single, mainly women
- 88.5% carry out some economic activity (61% hired by an employer)
- Limited access to labor rights due to their irregular immigration status
- 11% are unemployed
- 76.7% admit they have no access to the health care
- 96% have educational levels between secondary, technical, professional and postgraduate ⁸³
- Absence of efficient procedures for validating their work experience and academic degrees.

5. PATTERNS OF POWER AND DECISION MAKING

According to the Venezuelans consulted, nine people in total, 4 women, 5 men, the organization MOVERD represents Venezuelans and helps with legal registration and maintains good communication with the community. But this community does not want to attract attention. There is also support with the Mesa Migrantes, a coalition of 34 institutions that do all the follow up support with migrants, and work on promoting the human rights of migrants, including Venezuelans. There are two Venezuelan outreach workers working for the organization. Some Venezuelans have been able to legalize their immigration status and establish themselves in the country permanently, in more stable and influential jobs, such as the media, but there are not any Venezuelans who are in decision-making positions. An interview with a gay Venezuelan man revealed that due to his status as a migrant and his sexual orientation rent an apartment and can be difficult: "As a Venezuelan migrant, the discrimination I

⁸² OIM en coordinación con FLACSO, "Perfil Migratorio del Venezolano en la República Dominicana"

⁸³ OIM Perfil Migratorio del Venezolano en la República Dominicana

experience is very strong, I live in fear of expressing my gender identity, but being homosexual without documentation, I live with problems.”

6. PERSONAL SAFETY AND SECURITY

According to the Declarations of the Office of the Attorney General of the Dominican Republic: “the crime of trafficking in persons has increased, has been aggravated as a result of the situation in Venezuela and they are the foreigners who are the most sexually exploited for commercial sex purposes in the country.” He stressed that since the implementation of the CITIM plan and until the first half of this year, a total of 471 victims of trafficking in persons in their various modalities, including commercial sexual exploitation, illegal trafficking have been rescued. The lack of legal documentation has caused many Venezuelan women and adolescents to fall into networks of traffickers, which means they are victims of violence and sexually exploited. They run the risk of being deported and are often exploited labor and victims of other types of abuse. In the new context with the visa requirement for the entry of Venezuelan migrants, this also means that many families will remain separated.

D. PERSONS WITH DISABILITIES

The Dominican Republic has a population of 10,177,007 people, of which 708,597 have some type of disability, equivalent to 7% of the population at urban and rural levels. Of the total number of people with disabilities there is a greater number of men (52%) than women (48%). The largest number of people with disabilities live in the urban area (74% of the total), 70% exceed 40 years and within these 58% are over 50 years. It is estimated that one fifth of this population is under 20 years old.⁸⁴ The most frequent type of permanent disability registered is in descending order: difficulty seeing (130,136 people), deaf (94,677 people), blind of one or both eyes (82,525 people), mute (27,429 people), missing one or more fingers of the hands (25,998 people).⁸⁵ When analyzing the type of disability and sex of the person, the difference is little verified; only some differences are observed in the case of women and men with visual impairment (43.8% and 32.4%, respectively).⁸⁶

I. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

The Dominican Republic has a legal framework aimed at protecting and guaranteeing the rights of persons with disabilities, which are included in the constitution (Articles 39, Right to equalize and non-discrimination, Article 58 on Protection of persons with disabilities and Article 60 on Social Security Rights) and special laws. The National Gender Equity Plan 2018-2030 includes recommendations to include solidarity pensions for women with disabilities. CONADIS does not have specific programs aimed at women with disabilities in their different interventions, nor is the gender equality approach mainstreamed in their work.

For the National Accessibility Plan there is a lack of vigilance of the authorities in compliance with the rules of accessibility to public spaces such as schools, buildings, sidewalks, streets, non-talking elevators, among others, implies that in most cases the construction companies do not comply with the standards.

⁸⁴ Ver Tabla I en anexo.

⁸⁵ Ver detalles Tabla 5 en anexo.

⁸⁶ ONE. 2014. Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR 2013)

Currently, the Dominican Republic does not have a unique system for the valuation, registration and certification of disability, as established in article 8 of Law 5-13 on disability, so it is possible that most people with disabilities have never been evaluated by a multidisciplinary team that identifies the type of disability they have, as well as the degree. This registry is currently in the design phase and a pilot is planned to be implemented in 2020.

2. CULTURAL NORMS AND BELIEFS

Disability is seen from a biomedical approach and consequently they are viewed or considered sick, in need of continuous support, which generates public policies and actions from the private sector with a paternalistic and charitable approach. An organization representative that brings together people with disabilities expressed: "In this society the vision predominates that we are sick people that we cannot, and we are limited to exercise our rights." But the social paradigm for people with disabilities has been changing slightly in recent years. However, there remain important levels of exclusion that affect women in greater proportion, which limit the development of their economic, political and physical autonomies. This level of exclusion is also manifested in the limited data generated on this population, an aspect of great importance for the definition of policies and timely decision making.⁸⁷

3. GENDER ROLES AND RESPONSIBILITIES

Traditionally, the predominant sexual division of labor in the Dominican society establishes an important separation in the work carried out by men and women, where men work for income generation and provide for the livelihoods of families, while women are responsible for family care work. According to key informants, women with disabilities are more protected by their families from the security dangers they face on the streets from sexual assault, but men are allowed to leave. An example of this is that people with visual limitations report that more men receive training for their independence in terms of mobility and for income generation. In this regard, they expressed: "Most of the people who come to the association are men, due to issues of mobility and gender roles. Women stay at home and are protected from insecurity on the streets and this limits women to becoming independent." There is no data on the use of women's time and men with disabilities.

4. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

Labor inclusion is a fundamental aspect for people with disabilities to acquire economic independence. Data from ENHOGAR 2013 indicate that 64.1% of this population is economically inactive and only the remaining 35.9% is active in the labor market. The total number of people without paid work amounts to 467,674 people.⁸⁸ The analysis of employment data by sex shows a greater vulnerability in women, considering that 77.5% of the group that is defined economically active is unemployed, while this situation only affects 55.3% of men. The highest percentages of people with disabilities without employment are verified among the youngest population, mainly the group between 10-19 years (88.8%) followed by the group over 60 years (98%), people 20-29 years (52.8%).

⁸⁷ CIMUDIS, 2018.

⁸⁸ Ver detalles en Tabla 4 en anexo.

Other limitations on access to employment are also reported, for reasons of accessibility and existing prejudices, but there are practices, through the Dominican Republic Includes program, where good practices developed by companies and institutions are recognized with the seal of good inclusive practices for persons with disabilities. Within these practices, initiatives are recognized in the fields of universal accessibility, participation, education, justice, work, awareness, health, knowledge production. As of 2019, with the support of UNDP, about 170 companies were given awards.

5. ACCESS TO EDUCATION

One fifth of children with disabilities have not attended school, a situation that is almost half in this population group without disabilities. It is estimated that 59.4% of children know how to read and write, the proportion of women (67%) being higher than in men (53%).⁸⁹ When analyzing the educational levels of the population over 15 years old, almost a quarter of people with disabilities (24%) do not have literacy skills, presenting a level of illiteracy of 23.3%, almost four times higher than people who do not have a disability (6%).⁹⁰ The Ministry of Education has formed the Centers for Attention to Diversity (DAC).⁹¹ According to key informants consulted, there are many difficulties for people with disabilities to have access to normal school and to develop an integrated education, considering that they do not have the appropriate technology for inclusion and the processes that guarantee this access have not been developed. These needs include the provision of special equipment needed by people with visual disabilities such as computers and the use of Braille language, physical barriers to access for people with disabilities, teaching staff to work with different types of disabilities.

6. ACCESS TO HEALTH AND SOCIAL SECURITY

In the case of women, the main concerns are aimed at guaranteeing sexual and reproductive rights, access to health services (medical equipment, personnel); and basic rehabilitation, which is not included in health services. In the study conducted by CIMUDIS (2018), low levels of sex education are reported, including education about HIV transmission and prevention, putting these women at risk of contracting this disease or another sexually transmitted infection. Adolescents with disabilities have risky sexual relations (unprotected) and most do not use contraceptives. Likewise, there is a lack of awareness and training of medical-health personnel, when providing the service and care to women with disabilities according to their needs. As of 2013, only 58.8% of people with disabilities and 53.8% without disabilities had access to health insurance. Consequently, even at that year, 41.2% of the vulnerable population because of their disability status could not exercise had access to health insurance.⁹²

7. PATTERNS OF POWER AND DECISION MAKING

For some years, disability organizations have been actively involved in demanding from the state the guarantee and the development of policies for equal participation in different areas of society. This

⁸⁹ Infografía publicada por CONADIS en base a Encuesta Nacional de Hogares (ENHOGAR 2013) realizada por la Oficina Nacional de Estadística (ONE)

⁹⁰ Datos publicados por CONADIS en su página Web Ver Tabla 7

⁹¹ En estos Centros se ofrece Educación Especial para aquellos NNA con las que se hayan agotado todos los recursos y las condiciones especiales asociadas a la discapacidad del estudiante no permitan su inclusión en el sistema educativo regular.

⁹² Ver detalles en Tabla 9 en anexo.

trajectory of participation has allowed numerous civil society organizations representing different organizations of people with disabilities to participate in the permanent National Directory of CONADIS, which groups various disabilities and networks or federations of institutions of people with disabilities, with voice, but without vote. Participating in an organizational space of people with disabilities is a factor that allows women with disabilities to strengthen personal and social self-assessment, change attitudes, perform as productive entities in society and join efforts in defense of their rights as women and as a collective.

8. PERSONAL SAFETY AND SECURITY

Women with disabilities report that they face different situations of violence since childhood, whose impacts and effects are usually greater, considering that they generally face multiple difficulties in seeking help, either because of their personal self-assessment, because they are not aware of situations of violence to seek help and seek justice. As CIMUDIS (2018) states, for women with disabilities, subordination is magnified by the fact of being a woman and by her condition of disability, and the way they experience unique forms of violence makes them more vulnerable. In this regard,

to prevent and address the violence against this group and the reduction of such violence, it is essential to understand and respect its complexity and specificity.

The forms of violence experienced by women with disabilities are particular because of their situation of social disadvantage, cultural devaluation and a greater dependence on others, so they face multiple violence. They face violence in multiple ways in a wide range of spaces. Generally this violence is carried out by members of her immediate family and close environment (16%) as ex-partners (36%), caregivers, friends (11%), strangers (5%), in the community, in schools and in others public and private establishments, who at the time of committing the acts can make use of violence, intimidation, manipulation, deceit or superiority.⁹³ Depriving women with disabilities of care and / or excesses of medicines, food, keeping them locked up and isolated, not providing support to mobilize (wheelchairs, crutches, canes), are examples of different forms of violence that they face.

E. PERSONS LIVING WITH HIV/AIDS

From mid 2000 to 2018, available data on HIV prevalence nationwide show few changes, with a slight tendency to decline. The evolution in HIV prevalence, measured through ENDESA, indicates the following trend: 2002 was 1.0% (0.9% women and 1.1% men); in 2007, 0.8% for both sexes; and in 2013, 0.9% were reported in men and 0.7% in women.⁹⁴ 2016's national estimates from the Ministry of Health, with the support of UNAIDS, reveal a prevalence of 1.0%, with a lower proportion for women (0.9% vs. 1.1%).⁹⁵

An analysis of the data by sex and age groups from ENDESA 2013, shows that HIV prevalence is higher in almost all age groups in men than in women, except for groups of 20-24 years (0.8 women Vs 0.2 men) and 30-34 years (1.1 Vs 0.7). In the case of men, the high prevalence in the 25-29 years old groups

⁹³ CIMUDIS, 2018.

⁹⁴ Ver detalles en Anexo Tabla I

⁹⁵ Ministerio de Salud y el Consejo Nacional del VIH y el Sida (CONAVIHSIDA). 2019. Plan Estratégico Nacional para la Respuesta a las ITS y al VIH y el Sida 2019-2023 (PEN). Santo Domingo, República Dominicana

and those over 40 years old stands out. The highest number of HIV cases were Santo Domingo and the national district, Santiago, Puerto Plata, Duarte, La Vega, La Romana and Valverde.⁹⁶

New HIV infections decreased by 6% between 2015 and 2018 (from 2,904 to 2,737 people), mainly in men older than 15 years (-35%), than in women (-33%) and in sex works (TRSX) (-26%) . In the case of children, the reduction was -9% and in trans people -2%. On the contrary, there was an increase in new infections in men who have sex with men (MSM) (14%) and migrants (1%) in the same period, which meant 55% of new cases in 2018, while 18% are MSM, the 12% general population, 7% TRSX, 5% trans people and 3% children. However, trans people have a higher risk of contracting the disease, estimated at 68 times higher than adults over 15 years of age; while in MSM the risk is 49 times higher than men over 15 years in the total population. (UN AIDS, 2019).⁹⁷

The ENDESA 2013 data show a close relationship between gender and a higher prevalence and/or risk against HIV in specific situations. The evidence highlights:⁹⁸

- Higher prevalence of HIV in women victims of gender-based violence, 2.6% more likely to become infected.
- Women without education have a higher level of HIV prevalence (5.4%) than men (4.3%).
- Higher level of HIV prevalence in the group of poorest people (1.5% women and 2.1% men).
- Women who had their first sexual intercourse before the age of 16 registered a higher HIV prevalence (1.1%) than those who initiated older sexual intercourse (0.3% for those who started after 20 years or more).
- Young women (15-24 years old) with low school education have a higher prevalence of HIV (1.3%) than young men in the same conditions (0.7%).
- Young and more impoverished women have more HIV prevalence than men in the same condition: 0.7% versus 0.2%.
- Higher rates of high-risk sexual behavior are verified in women without schooling than in men at the same level: 27.9%, versus 56.1%.
- There is a positive relationship between HIV and multiple partners, especially in younger women (7%), widows, divorced or separated (9%), and those in the lower wealth quintile (6%).
- Young women between 15 and 24 years of age protect themselves less than young people using a condom during sexual intercourse: 39.7% versus 57%.

⁹⁶ Datos tomados de CONAVIHSIDA. PEN, 2019-2023. Santo Domingo, República Dominicana

⁹⁷ Datos estimados por CONAVIHSIDA con apoyo de ONUSIDA, presentados en evento "De la producción del dato al uso de dato: Avanzando hacia las metas de acción acelerada del VIH y sida al 2020." ONUSIDA, CONAVIHSIDA, MSP, SNS. 2019. Ver Tabla 6 en anexo.

⁹⁸ Datos referenciados por ONUSIDA y CONAVIHSIDA. 2014. Diagnóstico de Género de la Respuesta Nacional Al VIH en la República Dominicana. Santo Domingo, República Dominicana .

I. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

The Dominican Republic has a broad legal and institutional framework that protects and guarantees the human rights for people living with HIV (PLHIV). The constitution contemplates these rights. In addition, the commitments established in international instruments, agreements and conventions regarding HIV and equality between men and women. The main barriers identified are:

- In articles 78 and 79 of Law 135-11 on HIV and AIDS that criminalizes the transmission of HIV, when the person living with HIV does not report his or her serological status to the couple with whom they will have sexual relations, penalty of imprisonment of 2-5 years and 20 years if the transmission of HIV was intentional
- Law 50-08 on Drugs and Controlled Substances criminalizes consumption, limiting interventions for the prevention of HIV in drug users
- The Labor Code, article 44 establishes the obligation of the worker to “submit to medical examination at the request of the employer to verify that she does not suffer any incapacity or contagious disease that makes it impossible to perform her work.”
- General Law on Migration, No. 285-04 and Article 27 orders the proof of HIV as a requirement to opt for legal residence in the country, affecting people who are in the process of legalizing their immigration status.
- Law 187-01 on social security, which requires expanding its coverage to cover ARV medications and other required care.

2. CULTURAL NORMS AND BELIEFS

In ENDESA 2013, economic, social and cultural factors were identified that influence the behavior of the population in terms of knowledge, skills and practices related to sexual health and HIV prevention. For the key populations, other social, cultural and/or economic determinants are added: i) alcohol consumption; ii) drug use; iii) sex work; iv) monetary poverty and unsatisfied basic needs; v) low level of schooling; vi) high-risk sexual behavior and reduced condom use; vii) limited knowledge about risks and transmission of HIV.⁹⁹ The main experiences of discrimination experienced by PLHIV and key populations are manifested in public and private spheres are summarized below:¹⁰⁰

- Communities where they live, experiences of rejection and violence in the neighborhood, in public transportation, impeding entry to places and participation in community and social activities;
- Family rejection, neglect, domestic violence in all its forms;

⁹⁹ Este acápite fue elaborado en base a la ONUSIDA y CONAVIHSIDA. 2014. Diagnóstico de Género de la Respuesta Nacional Al VIH en la República Dominicana. Santo Domingo, República Dominicana.

¹⁰⁰ Centro de Estudios de Genero del INTEC. 2018. “Diagnóstico sobre las brechas que impiden el acceso a justicia de las poblaciones claves”, en el marco del Programa “Apoyo a las Poblaciones Clave de Mayor Riesgo al VIH: 20162018” Subvención: DOM-H-CONAVIH – 904. (Preliminar). CONAVIHSIDA, Santo Domingo.

- Educational field, they are victims of harassment, bullying and violence in their different forms;
- Work spaces, denied employment, layoffs, lack of benefits, workplace harassment, request for HIV testing, lack of compliance with protocols;
- In health centers they report lack of access to prevention, care-treatment, neglect, verbal abuse, HIV testing without consent, lack of privacy and confidentiality, obstetric violence, denial of services;

During the present assessment, people living with HIV reiterated different types of discrimination also reported in previous studies. People belonging to key populations, who are generally discriminated against because of their sexual identity and choice, attribute that discrimination and prejudice over people living with HIV is due to lack of knowledge about HIV.

3. GENDER ROLES AND RESPONSIBILITIES AND TIME USE

The Dominican Republic is a society in which a clear sexual division of labor persists, where men fundamentally assume paid work; while women are primarily responsible for the care work. This reality occurs in a context, where the increase in the participation of women in the labor market has not been accompanied by a greater participation of men in unpaid domestic work and care. On the other hand, the policies promoted by the state for the care of early childhood and the elderly still have a limited impact. The available data on paid and unpaid work are consistent with the pattern of sexual division of labor by gender (5% of women HIV + 3.3% of HIV (-) perform unpaid work, a situation that only 1.3% records of HIV (-) men.

4. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

When analyzing the activity status of people, HIV status does not seem to influence their insertion into productive activity, although it does affect the occupational category; at the same time that wide participation gaps persist according to gender. In this regard, 92.7% of men and 51.3% of HIV + women are employed in the labor market. However, this insertion generally occurs as self-employed workers (43% men and 70% women). When the population with HIV positive is compared with HIV negative according to occupational category, it is observed that this health condition very little interferes with the type of insertion in men (44% HIV negative men 43% positive); but it is decisive in the case of women, that the percentage of insertion into self-employment activities is half (35%) of that registered by those living with HIV (70%).¹⁰¹

Women living with HIV are the most affected by unemployment (36%), a situation that puts them in economic dependence on other people. Salaries data also show important differences according to HIV status and gender, where women receive lower average incomes than men despite their higher educational level. In that sense, men and women living with HIV earn on average 72% and 66% respectively of those who receive both in relation to their peers who are not affected by HIV. Gaps in

¹⁰¹ See table "Categoría Ocupacional según sexo y condición de VIH" in Annex B.

income levels by gender are maintained in both groups, where the income of women represents 77% of the average income that men with HIV negative and 70% of HIV positive men receive.¹⁰²

A high concern is that about 60% of men and women living with HIV did not have health insurance.¹⁰³ As of June 2017, some 47,686 PLHIV were identified in the public health network of the National Health System. With the resources of the central government through the Ministry of Health, the cost of diagnosis and treatment of these users is being covered.¹⁰⁴

5. PATTERNS OF POWER AND DECISION MAKING

Organizations for PLHIV actively participate in processes to define and agree on plans, programs and projects and in monitoring and implementation. The Networks of People Living with HIV (REDOVIH) is a solidarity alliance for the fight against HIV and AIDS (ASOLSIDA), Grupo Paloma, Grupo Clara, REDNACER and REVASA, have managed to maintain an active membership with mobilization capacity at the level national. The AIDS NGO Coalition, which represents 47 NGOs, has played an important role. The presence of civil society organizations that work for the defense of the rights of individuals, which would play an important role in addressing and eradicating stigma, discrimination and violations of the rights of HIV-positive people is scarce.¹⁰⁵

6. PERSONAL SAFETY AND SECURITY

The most discriminated segments of the population of Dominican society, according to the opinion of 65% of the people interviewed by Gallup (2018) are homosexuals and trans people.¹⁰⁶ The key populations report experiences of discrimination by the national police, which emerges as one of the lowest valued institutions, in relation to the exercise of their functions, when exercising rights violations by their staff in the streets through physical abuse such as threats, raids, physical abuse, sexual abuse, extortion, among others. Reportedly, trans people face significant levels of stigma and discrimination. More than 20% of sex workers have felt contempt for their family; between 85.7% and 95.4% said they experienced discrimination in accessing health services; and one in 10 have been forced to have sex.¹⁰⁷

There are some NGOs that offer some attention, such as COIN, CEPROSH, to human rights issues according to vulnerable group and using a gender approach. It is the NGOs that maintain a more direct and daily contact with people living with HIV and communities, especially with key populations. It is appropriate to highlight the particularly innovative experiences developed by CEPROSH in prevention and attention to gender violence, through training, workshops, educational and motivational modules for

¹⁰² See table “Ingreso promedio por sexo, según condición VIH, 2013” in Annex B.

¹⁰³ See table “Disponibilidad de seguro de salud según sexo y condición de VIH” in Annex B.

¹⁰⁴ CONAVIHSIDA, PEN 2019-2023

¹⁰⁵ Este Comité está integrado por 32 organizaciones de los diferentes sectores que conforman la Respuesta Nacional al VIH/SIDA: instituciones gubernamentales, de la sociedad civil y agencias de cooperación. Esta instancia se reúne para elaborar los informes del país. Entre las ONG que forman parte del Comité están: ASA, TRANSSA, Mesón de Dios, Centro de Orientación e Investigación Integral (COIN), CEPROSH, REDOVIH, ASOLSIDA y la Coalición ONG SIDA.

¹⁰⁶ CEG/INTEC; CONAVIHSIDA, 2018

¹⁰⁷ CONAVIHSIDA, PEN 2019-2023

members of the care system (health personnel, police, prosecutors, etc.). CEPROSH the expanded a technical table of Prevention and Attention to Gender Violence in Puerto Plata, primarily formed by: the attorney general's office; the hospital; the Ministry of Women; representatives of key populations; and 911 for care in the province of Puerto Plata. This is in addition to the work they do in the field of HIV prevention from a medical perspective. Likewise, all the work carried out by COIN and INSALUD with key populations in the communities, especially with MSM and drug users, are remarkable.

F. AT RISK CHILDREN, YOUTH AND ORPHANS

The risk to excluded children and adolescents is associated can be marked with an economic and social context, and by culture and gender relations. which influence certain situations affecting young men or young women to a greater extent. To which psychosocial factors are added (basic psychological needs, inadequate parenting and authoritarianism patterns, aggression, permissiveness, frustrating environment, poor sexual orientation), among other aspects, which determine differentiated situations in these population groups according to sex, their origin urban rural, the socioeconomic group in which they live among other issues.

According to the results the Observatory of the Rights of Children and Adolescents (ONDA) in 2019, the Dominican Republic has significantly improved the fulfillment of the rights of children and adolescents, considering that the Child Development Index (IDN) ¹⁰⁸ that the country is located at a medium level: children between 0 and 5 years old stood at 0.461, which means a delay compared to the other two groups that are at 0.587 in the population from 6 to 12 years old and in 0.548 in the 13 to 17 years. However, these results show that it is necessary to strengthen the policy towards children and adolescents, emphasizing the population from 0 to 5 years, due to high infant mortality rates.

The children and youth who live on the streets, those who have disabilities and those who have conflict with the law, teenage single mothers, were identified as highly vulnerable groups by key informants consulted. However, there is little information available about these groups and it was not possible to have access to recent studies about their characteristics and problems.

I. LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

The Children and Youth Protection Code has among its principles equality and non-discrimination (IV) and the principle of absolute priority (VI) of the State and society to ensure, all its fundamental rights through the primacy in the formulation of public policies and they are to receive special protection in any circumstance. (Please refer to the Annexes for more details on the laws, regulations and institutional practices.) According to consulted informants, they argue that the Protection Code for children and youth in general is an advanced regulation to guarantee the human rights of these population groups. However, its application is limited by the institutions responsible for its implementation.

The assessment found some limitations for the application of the existing norms: i) there is not sufficient political will and necessary resources for public institutions involved at the central and municipal

¹⁰⁸ Para calcular el IDN se tomaron en cuenta indicadores de salud, como mortalidad, desnutrición crónica, embarazo en adolescentes y vacunas. También de educación, como matriculación y deserción escolar; y económicos, como la pobreza.

government level; ii) public officials without training; iii) the National Council of Children (CONANI), has made little effort to promote compliance with regulations. The reality outlined above contradicts the obligation of the State to take all administrative, legislative, judicial and any other measures that are necessary and appropriate to ensure that all children and youth fully and effectively enjoy their rights, and may not claim budgetary limitations to breach the established obligations.

Other regulatory deficiencies have been identified and have been submitted to the National Congress, among which are: Law for Integral Attention to Violence against Women and based on Gender, Law for Equality and Non-Discrimination and the Law on Sexual and Reproductive Rights. It is argued that it is because of the lack of commitment of the authorities and the power groups to approve these proposals of laws, as well as to modify the Civil Code to increase to 18 years the age to marry girls, and the Penal code to decriminalize the abortion in all circumstances.

There are contradictions between the Constitutional text and the Code of Protection of Children and Adolescents, in relation to the Civil Code, which establishes differences in the minimum age for marriage, 18 years for men, and 15 years for women and below those ages, one can legally marry with parental authorization plus a judicial dispensation. This provision constitutes a guarantee for the unions of adult men with minors, which constitutes a serious violation of the human rights for children and adolescents.¹⁰⁹ The existence of cultural factors, social and gender norms makes the practices of child marriage and early unions normalized.

There is currently a National Plan for the Prevention and Care of Pregnancy in Adolescents 2019-2023. It includes four strategic axes: 1) Prevention of pregnancy; 2) Care and response to pregnancy in adolescents; 3) Protection of children's rights in response to the reduction of teenage pregnancy; and 4) Promotion of political advocacy Axis 1, 2 and 3 specify the commitment to ensure the inclusion of groups in situations of greatest vulnerability. The process and content of this plan is identified as a good practice on the part of key people consulted, with the participation of CSOs and women's organizations.

2. POLICY SUPPORT FOR ORPHANS

The main public policy to care for orphans due to femicide¹¹⁰ is the extension of the Protocol for Attention to Orphaned Children, as a tool for comprehensive protection and guarantee of the rights of children in vulnerable situations to protect them from poverty, discrimination, exclusion, abandonment, exploitation and abuse. This protocol is applied by the Ministry of Women through its 52 Provincial Care Units throughout the country and the Vice Presidency of the Republic (through the Unit for Support and Monitoring of Orphaned Children and Adolescents for Femicides of PROSOLI). Other institutions involved in the implementation of this protocol are the Public Ministry, the National Council for Children and Adolescents (CONANI), the Ministry of Public Health, the National Health Insurance (SENASA), the National Police, among other institutions. of the State and non-governmental.

¹⁰⁹ Plan Internacional, República Dominicana. (2017). Caracterización de la problemática de niñas adolescentes en matrimonio y uniones forzadas a temprana edad en República Dominicana: Provincias de Azua, Barahona, Pedernales, Elías Piña y San Juan. Plan Internacional, República Dominicana. Santo Domingo, República Dominicana.

¹¹⁰This protocol was developed in 2016 to organize state intervention in cases of care for children or adolescents (NNyA) orphaned by femicides, establish reference mechanisms to address their protection in an appropriate and coordinated manner and define the roles of the different actors that get involved in this process.

This comprehensive care includes the services of social assistance programs; ensures that this population is welcomed by families, receives psychological and socio-educational care, and legal assistance. It also includes accompanying the families that receive the children, after an evaluation of CONANI, to help each member of the household to heal the emotional wounds left by the tragedy and provide them with the necessary tools so that in the future they are entities of good and productive for society. There were reports from some interviewed that the orphans did not always continue to access psychological services once they were placed in their new homes.

3. ADOLESCENTS IN CONFLICT WITH THE LAW AND DRUG CONSUMERS

According to key informants, young people are the most exposed to crime. Data from the Attorney General's Office as of December 2018 indicate that 94% of adolescents deprived of liberty were men, mostly between 15 and 17 years. See details Table 7 in annex. The data collected by the ONE indicates that the main imputation for adolescents deprived of liberty the main imputation is linked to drug trafficking (28% in 2016), followed by physical aggression (18%), theft (16%) , the quarrel (12%), robberies and homicides. See details Table 8 in annex.

According to key informants, it is common that in the neighborhoods and marginalized urban areas the NNyA is a high-risk population in the face of the operations carried out by the drug micro-trafficking networks, given that the Protection Code of this population provides for a minimum sanction. On the other hand, it is stated that security agencies play a very important role in the violation of the rights of young people, especially men, in the so-called checkpoints, raids in the neighborhoods, which are seized by from stigma of what the police have defined as a suspicious profile (haircut, tattoo, type of clothing, earrings, etc.).

4. CULTURAL NORMS AND BELIEFS

According to Tineo (2014), the Dominican Republic is an adult-centric society that sees adulthood as the peak process of the identity process, based on a culture that defines age as important for the beginning of the productive and reproductive age. Society appreciates the adult over all other age groups, so being young is a challenge, but being a young woman is an extra challenge. Masculinity is centered on the idea of control, independence, not showing affection, being a supplier and having material goods, money, and their couples (women) under their power, a situation that coexists with a culture where male infidelity is normalized. While femininity is related to the role of caregiver, submission, it is built to be recognized by a man and whose fundamental aspiration is to marry and be a mother, since her recognition and social legitimacy is based on motherhood.¹¹¹

Key informants consulted in this study suggest that the predominant cultural norms in the country are too entrenched, therefore, they determine behaviors at all levels of society, where poverty becomes an aggravating factor and limits the effectiveness of the interventions that are promoted from NGOs and international cooperation organizations, to promote the exercise of the rights of children and youth. The same occurs with the high tolerance and social complicity that is legitimized from of the system of

¹¹¹ Tineo Durán, Jeannette. 2014. *Imaginario de Género en juventudes dominicanas: aportes para el debate desde la colonialidad del poder*". Instituto Tecnológico de Santo Domingo. Santo Domingo, República Dominicana.

values and beliefs and that leads to normalize and accept unacceptable behaviors such as relationships between adolescents and adult men.

Similarly, cultural beliefs were reported that translate very widespread discriminatory practices in public spaces, which limit the exercise of the rights of children and youth, among which: i) significant levels of discrimination by dress codes and hairstyles to have access to public services and employment; ii) higher levels of violence against adolescent girls and young women because of how they behave and dress; iii) girls' hyper sexualization; iv) the standardized practice in the society of adult men with couple relationships with minors; v) the girls' life project focuses on finding a husband to support her, which deepens in the face of consumer pressure, in addition to having her children.

5. HIGH RATES OF CHILD MARRIAGE AND UNIONS AT AN EARLY AGE

In the Dominican Republic, child marriage and early unions continue to be a reality and constitute violations of rights and abuses that put health and development at risk, especially for adolescent girls. According to ENDESA (2013), only 14.1% of women between 15-49 years have marital status, while 40% are in free unions. Between 15-19 years there is 20% that is united, compared to 0.5% married and 8.5% separated. The highest proportion (50.6%) of the unions of girls and young women, are concentrated in regions of high incidence of poverty such as health region VI (Azua, Elías Piña and San Juan) and in region VII (Barahona and Pedernales), with 45.9% of these unions.

It is estimated at 11.7% of Dominican women between 15 and 49 years old married or joined for the first time before turning 15 years old, and 37.1% of women between 20 and 49 years old declare to have been married or been united for the first time before 18 years old (HOUSE 2014). Both figures show the Dominican Republic with the highest rates in Latin America and the Caribbean, well above the regional average of adolescents under 18 married or united (23%) and more than double the average in adolescents under 15 years (5%). Early unions are a practice that is part of the culture of the country according to informants reporting keys consulted. The data show that it especially affects girls who live in the most impoverished sectors: those from rural and peri-urban areas, considering that 58.6% of girls in the poorest quintile marry or join before 18 years old and 23% do it before their 15th birthday.

The causes of child marriage and early unions are related to: the poverty in which most of the girls who marry and their families are immersed, which does not provide them with a protective environment; the limited opportunities for training for development and empowerment of girls and adolescents; the existence of a legal framework that legitimizes the practice of child marriage; social norms and gender violence originated in cultural patterns that favor its occurrence. Other risk factors of early unions are low educational levels, living in rural areas and marginalized urban areas; not having a protective environment at family, social, institutional and legal level.

6. GENDER ROLES AND RESPONSIBILITIES AND TIME USE

According to institutions that work with children who work in the streets of marginal urban centers, there is an important differentiation in the work carried out by each gender and they are exposed to many risks. While boys sell different products, clean shoes and engage in micro-trafficking, girls work in domestic service and are often sexually exploited. Girls and adolescents assume from a very young age the care roles associated with the social norm and tradition of women = mother wife. These roles are acquired through the process of socialization such as games, the roles assigned to them in their families,

caring for brothers and sisters and part of the care work. According to the research carried out by the Dominican Republic Plan on early marriage, adolescents who are not married say that in addition to studying, they spend their time on domestic work, which they usually spend between 3 and 7 hours a day; while the brothers and other family members do not carry out these activities. This demonstrates gender inequality in the family context, in addition many of the activities carried out by girls, relieve or complement the work carried out by mothers within the home.¹¹²

7. ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

In the adolescent and youth population there are few opportunities for employment. The economically active population (PEA) grows as the age increases: within the group of adolescents aged 15 to 19, the population that wishes to participate in the labor market represents 6.7% of the male PEA and 5% of the female PEA. A risk factor for the population aged 15-19 and 20-24 years is the few opportunities for decent employment for this population, evidenced by high unemployment rates, men aged 15-19, unemployment rate is 22.7% and for women it is 50%.¹¹³ The insertion in the labor market of young people aged 15-24 represents a challenge for this country, especially for women. According to two data reported by the MEPYD, by 2017, 13% of young people do not work or study, a percentage that doubles in the case of young women (25.3%). This reality has been maintained throughout the past decade.

The ENHOGAR MICS 2014 survey shows that 12.8% of the population between the ages of 5 and 17 worked in the labor market, which affects 13 % of boys and 8% of girls. ¹¹⁴ Child labor affected 16.5% of boys and 8.7% of girls, who come from a greater proportion of the poorest regions and households; households with lower educational level of mothers (25.2% among mothers without education compared to 7.8% in households with mothers with higher education) and in rural areas. It is estimated that by 2017, some 14,299 boys and 6,117 girls aged 10-14 years are part of the economically active population, representing 0.5% of the male PEA and 0.3% of the female PEA. It is important to highlight that this year this population decreased in relation to 2016 in the case of men (-7.4%), but increased in women (1.9%).

8. ACCESS TO EDUCATION

In the Dominican Republic, achievements in coverage of basic (6-13 years), middle (14 and 17 years) and university education are verified, although there are still significant deficits at the initial level and

¹¹² Plan Internacional, República Dominicana. (2017). Caracterización de la problemática de niñas adolescentes en matrimonio y uniones forzadas a temprana edad en República Dominicana: Provincias de Azua, Barahona, Pedernales, Elías Piña y San Juan. Plan Internacional, República Dominicana. Santo Domingo, República Dominicana

¹¹³ Datos procesados por el Ministerio de Economía Planificación y Desarrollo. Datos detallados en Tabla 3 en anexo.

¹¹⁴ Fondo de las Naciones Unidas para la Infancia (UNICEF), oficina de país de la República Dominicana. 2019. Resumen 30 años de la Convención sobre los Derechos del Niño en la República Dominicana. Fondo de las Naciones Unidas para la Infancia (UNICEF). República Dominicana

considerable levels of school dropout. ¹¹⁵ The main indicators of the education sector show the following panorama during the 2010-2017 period:¹¹⁶

- The illiteracy rate among the population aged 15-24 was reduced between 2010 and 2017, both for men (from 3.9% to 2.2%) and for women (from 2.0% to 1.6%).
- In the coverage of basic education (6-13 years) there was a slight reduction in the period analyzed, when verifying a net enrollment rate of (94.6% to 93.2%).
- In the coverage at secondary education level (population aged 14-17), there was an increase of 55% to 69.9%, adolescent women continue to maintain a substantially greater insertion (75.2%) than adolescent men (64.8%).
- When analyzing the enrollment level of the young population aged 18-24 in higher education, a minimum increase of 0.9 percentage points between 2010 and 2017 is also verified. The reduction registered in men (-1.7 percentage points)) in their insertion to university studies and the increase that women show (3.6 percentage points), which continue to be the majority among young people with university studies.

The causes of school dropout vary by gender and are based on gender roles and social mandates established for men and women, the conditions of poverty and deficiencies in public policies to meet the needs of this population. Adolescents and young people generally drop out of school because of the need to generate income and the social mandate to be the provider, while in women, the main cause of dropping out of school is pregnancy and / or early unions, which many times, are part of the identity of young women and their life projects, in addition to the need to generate income.¹¹⁷ People consulted in this study argue that the male population is at the highest risk in terms of dropout, as a result of the gender role assigned by the patriarchy of managing and generating resources. This expectation pushes them from a very young age to the streets, where they develop all kinds of skills and trades to generate income and expose them to more risks, especially micro-trafficking and drug use: “the traffickers look for them while the younger the better.”

9. ACCESS TO SOCIAL PROTECTION

For children and adolescents, social protection has increased fundamentally since 2005, through the Progressing with Solidarity (PROSOLI) program, through three conditional cash transfer programs, accompanied by family socio-educational programs: The programs are: i) Eating is First, for the purchase of food and essential items, if monitoring of nutrition and child health is met; for a coverage of 850,000 homes in 2018, to cover 18% of the total population of people under 18; ii) Incentive for School

¹¹⁵ Los datos utilizados en este apartado corresponden a la estructura de niveles educativos vigente hasta el año escolar 2015-2016, en la cual los grados educativos se dividían en tres niveles; inicial (de 3 a 5 años), básica (de 6 a 13 años para los grados primero a octavo), y media (de 14 a 17 años, para los grados de primero al cuarto). A partir del año escolar 2016-2017 estos niveles se reestructuraron: educación primaria comprende de primero a sexto grados (6 a 11 años), y la secundaria que comprende de primero a sexto (12 a 17 años).

¹¹⁶ Ver detalles en Tabla I en anexo.

¹¹⁷ Plan Internacional en República Dominicana. 2017. Caracterización de la problemática de niñas adolescentes en matrimonio y uniones forzadas a temprana edad república dominicana. Provincias de Azua, Barahona, Pedernales, Elías Piña y San Juan. Plan Internacional. Santo Domingo, República Dominicana.

Attendance, for basic education, which reaches 236,000 households with children and adolescents in 2018; and iii) School Bond Studying Progress, for secondary education, reached 115,774 households with young people under 21 years. The socio-educational programs that accompany these transfers include activities to work on gender relations, the construction of femininity and masculinity, and the issues of violence.

The coverage of the social security system through the Family Health Insurance (SFS) of the child and adolescent population has also grown. Between 2007 and 2018, the number of girls, boys and adolescents (up to 19 years old) covered by the FSS increased from 849,000 (21.7% of that population), to almost 2.2 million (56.7%). The coverage for affiliation to the FSS also grew under the subsidized regime (coverage provided by the State based on the condition of poverty or homelessness), from 419,000 members in 2007 to 720,000 in 2018. Despite this, in 2018 a 43.3% of the population aged 19 and under was not covered by any social security health scheme.

10. ACCESS TO HEALTH SERVICES

In relation to the prevalence of HIV, of the total population living with HIV (69,000 people in 2014), 3,000 are boys and girls aged 14 years or less. Vertical transmission of HIV is maintained high, from mother to son or daughter of new cases and is estimated at 5.4%, almost three times higher than the regional goal. Among the barriers identified to reduce this level of vertical transmission is the non-integration into the ordinary prenatal control consultation performed by the obstetrician or competent health personnel in the National HIV Reduction Program for detections of pregnant women with HIV and low adherence to the treatment of pregnant women, who often have to travel far to get treatment and for discrimination and the stigma present. As of 2013, it is estimated that the prevalence of HIV in the 15-24-year-old group was 0.14%, equivalent to 2,600 young people living with HIV.¹¹⁸

Similarly, child malnutrition shows a downward trend from 7.2 in 2007 to 5.2 in 2013, a situation that has contributed to improving children's health and increasing survival. Despite these advances, there are still more than 65,000 girls and boys suffering from chronic malnutrition in the country.¹¹⁹ The exercise of the right to have an identity is fundamental to the exercise of other rights. This right is not exercised by 12.9% of the population under the age of 5, who did not have a birth registration, according to ENHOGAR MICS 2014. In absolute terms, it means that in 2014 there were more than 116,000 children up to five years that had not been registered, mainly from the poorest strata (27.7% of the children of the poorest socio-economic quintile had no record) and whose mothers have a lower level of education (43%); percentage that contrasts with those of the richest quintile, which represented 1.6%.¹²⁰

¹¹⁸ Fondo de las Naciones Unidas para la Infancia (UNICEF), oficina de país de la República Dominicana. 2019. Resumen 30 años de la Convención sobre los Derechos del Niño en la República Dominicana. Fondo de las Naciones Unidas para la Infancia (UNICEF). República Dominicana.

¹¹⁹ Fondo de las Naciones Unidas para la Infancia (UNICEF), oficina de país de la República Dominicana. 2019. Resumen 30 años de la Convención sobre los Derechos del Niño en la República Dominicana. Fondo de las Naciones Unidas para la Infancia (UNICEF). República Dominicana.

¹²⁰ Fondo de las Naciones Unidas para la Infancia (UNICEF), oficina de país de la República Dominicana. 2019. Resumen 30 años de la Convención sobre los Derechos del Niño en la República Dominicana. Fondo de las Naciones Unidas para la Infancia (UNICEF). República Dominicana.

11. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Despite efforts, there is still an unmet demand for family planning methods and inputs, estimated at one in ten women of childbearing age (2008-2015), a figure that increases to three out of ten in the adolescent population (27 %) and for the population aged 20 to 24 years (24%). This reality is due to the lack of comprehensive sexual and reproductive health care services that cover the entire national territory and that dispose of these supplies continuously in the Primary Health Care Units (UNAP). This is joined by the opposition of conservative groups for the implementation of the Sexual Affective Education Program through the educational system. People consulted for this study report that in the health centers there is a tendency to violate the rights of young women, with high levels of stigma and discrimination against teenage girls by technical teams. This situation influences that they do not want to attend the center for their checkups.

Similarly, barriers to access to contraceptives such as cultural barriers limit adolescents and young women not to attend health centers to look for contraceptives, especially in rural areas. In the case of young men, they tend not to access services because they understand that it is women who are checked and do not associate the possibility of getting free condoms in these programs. On the other hand, a concern for key informants is the increasingly early onset of girls' sexual relations with adult men. This type of relationship is seen more as a seduction, a widely accepted practice in this society, but in fact it is a violation of the Child and Youth Protection Code.

12. PREGNANCY IN ADOLESCENTS

In the Dominican Republic, the proportion of teenagers who have been pregnant is one of the highest in the continent and ranks fifth in Latin America and the Caribbean. In 2014, 21.4% of women between 20 and 24 years old had at least one child alive before they turned 18. The social and economic implications of teenage pregnancy are diverse, based on what is considered the cause and effect of inequalities, especially in women, a situation that is evaluated as of their departure from school and their limitations to continue their studies, difficulties for employment, maintenance of the cycle of poverty, social exclusion and lack of territorial cohesion.¹²¹

The data indicate that 35.1% of adolescents aged 15 to 19 in the families of the poorest quintile had become pregnant or were already mothers before their 20th birthday, compared with 8.6% in the richest quintile; 50% of adolescents who had become pregnant had only reached some grade level, in contrast to 8.6% in the case of adolescents with higher education; the highest percentages of abortions attended during 2017 occurred in Salcedo, followed by Elías Piña, Bahoruco and Puerto Plata, for a national average of 23% of abortions attended in the adolescent population, of which 7% corresponds to a population under 15 years.¹²²

According to Pérez Then (2015), the analysis of ENDESA surveys indicates the following trends and correlations: the highest percentage of pregnant teenage mothers for the first time corresponds to the

¹²¹ Fondo de las Naciones Unidas para la Infancia (UNICEF), oficina de país de la República Dominicana. 2019. Resumen 30 años de la Convención sobre los Derechos del Niño en la República Dominicana. Fondo de las Naciones Unidas para la Infancia (UNICEF). República Dominicana.

¹²² Gabinete de Coordinación de Políticas Sociales. Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana 2018. Gabinete de Coordinación de Políticas Sociales. Santo Domingo, República Dominicana.

age of 17; teenage pregnancy rates are higher in rural than urban areas; the higher the level of instruction, the lower the probability of being a mother; the higher the income, the lower the probability of pregnancy in the adolescent, when compared with the non-adolescent of the same socioeconomic group; the probability of becoming pregnant almost 3 times higher in young women who had their first sexual relationship before the age of 15 than those women who began sexual relations at a later age (16-19 years); and pregnancy increases considerably with unions at an early age, a socially validated situation in the most impoverished sectors and rural areas.¹²³

Family violence has also been identified as an expeller of women and girls from their homes, which increases their vulnerability to becoming pregnant, HIV and STIs rates also increase and the risk of trafficking and smuggling for the purpose of sexual and commercial exploitation.¹²⁴ In addition, there are specific populations in situations of greater vulnerability and exposure to teenage pregnancies such as women with disabilities and migrants. In the case of young women with disabilities, the prevalence is estimated to be 2.03% for people 0-19 years (men: 2.24% and women: 1.82%).¹²⁵

13. PATTERNS OF POWER AND DECISION MAKING

In the Dominican Republic, an adult-centered vision predominates, where children and adolescents are seen as lacking the capacity to analyze their surroundings, the problems that affect them and to make decisions about their lives. In general terms, when they are integrated into decision-making spaces in the communities, it is assumed that their participation is supportive. According to key informants, the adolescent population and young people are generally not consulted in the processes of defining public policies, in their execution and monitoring. In the family environment, decision making is determined by gender relations. The predominant culture indicates this role to men, who generally make important decisions within the family, especially those related to asset and income management.

The social and political participation of teenagers and young people is promoted by non-governmental organizations and international cooperation organizations through the projects they carry out in the communities. Important experiences are the formation of young leaders and formation of youth networks for the defense of their rights and impact on the public agenda, which are promoted by the Young Alert Project. An important element of these networks promoted by NGOs and cooperation agencies is the promotion of female leadership and awareness and training in gender analysis to identify the specific issues and interests for men and women. The creation of the Provincial Youth Councils is promoted by the Ministry of Youth; however, the conformation of these spaces has a lot of room for improvement.

¹²³ Pérez Then, Eddy Nelson. 2015. El embarazo en adolescentes en la República Dominicana. Tendencias observadas a partir de las Encuestas Demográficas y de Salud ENDESA 1986-2013. PROFAMILIA y Fondo de Población de las Naciones Unidas. Santo Domingo, D.N.

¹²⁴ Gabinete de Coordinación de Políticas Sociales. Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana 2018. Gabinete de Coordinación de Políticas Sociales. Santo Domingo, República Dominicana.

¹²⁵ Gabinete de Coordinación de Políticas Sociales. Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana 2018. Gabinete de Coordinación de Políticas Sociales. Santo Domingo, República Dominicana.

14. PERSONAL SAFETY AND SECURITY

The Public Ministry, through the different prosecutors, has implemented mechanisms for reporting, investigating and applying the laws so that minors can express their concerns and complain about how they are treated without risk of reprisals (Life Line). Gender violence prevention actions are also carried out, including the prevention guidelines for students and teachers of the primary and secondary level, in coordination with the MINERD; the realization of community plans for the change of behavior of masculinities and education programs in universities on gender violence. Likewise, awareness actions are being promoted to the justice operators, health center personnel and agents for the detection and attention to potential cases of violence.¹²⁶

UNICEF (2019) states that the exercise of violence remains one of the main violations of the rights of children in the Dominican Republic. The EHNORGAR MICS 2014 reports the prevalence of violent discipline in most homes as a method of discipline and parenting. It is indicated that 62.9% of children between 1 and 14 years have experienced psychological aggression or physical punishment at least one month before the survey. This reality is also reported through the records of the directorate of information and statistics of the Ministry of Health, where adolescent girls are the main victims of rape who are treated in health centers, reaching in 31% of the amount of women of varying ages in 2017. This data is alarming, despite the underreporting and poor reporting of these facts, especially when the victim is a minor.¹²⁷ Similarly, the records of the office of the attorney general published on its website for the period January - September 2019, indicate a significant proportion of sexual crimes reported against minors, where it is shown that 29% were seductions of girls and 5% were incest.

Children and adolescents suffer violence at home, at school, in protection and justice systems, in work situations and in the community. One of the factors that gives them great vulnerability is the lack of autonomy due to their young age and the consequent high levels of emotional, economic and social dependence on adults or institutions, which makes it difficult for them to face the situation they suffer, ask for help or report the facts. In addition to the socially accepted cultural patterns, which allow the violation of the rights of children in the country, among them the early departure of girls and adolescents with adult men who abuse them and put them in a situation of greater vulnerability.¹²⁸

Violence is exerted from teachers towards the students and between students, by school personnel towards students, between students; and towards other students either because of disability, Haitian descent, among other types of discrimination. One of the main conclusions of the study, conducted by Tahira Vargas in three of the poorest provinces of the country (Azua, San Juan and Bahoruco), is that violence is not a concern for the main actors in the education sector, which is seen "Like something

¹²⁶ Gabinete de Coordinación de Políticas Sociales. Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana 2018. Gabinete de Coordinación de Políticas Sociales. Santo Domingo, República Dominicana

¹²⁷ Gabinete de Coordinación de Políticas Sociales. 2018. Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana. Vicepresidencia de la República Dominicana. Santo Domingo, República Dominicana.

¹²⁸ Gabinete de Coordinación de Políticas Sociales. 2018. Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana. Vicepresidencia de la República Dominicana. Santo Domingo, República Dominicana.

normal."¹²⁹ Sexism and machismo culture are the main factors that continue to perpetuate and even increase school violence.

The study carried out by UNFPA to assess attitudes and practices about GBV in the school population, referenced by the Cabinet of Social Policies (2018), shows that eight out of ten male schoolchildren indicated that aggression towards women was justified based on their behavior, pointing out that it is women who are looking for abuse and aggression.¹³⁰

Institutional violence is present, especially in the field of sexual and reproductive health, obeying the social norms of the patriarchal system that establishes control of the body of women undermining their physical autonomy. Violence against women in clinical practice is not registered regularly in health services, nor diagnosed unless the young woman or woman is at vital risk, therefore, there are no statistics on this type of violence. There is then no window of opportunity to quantify the magnitude of the problem, typify the profile and the environment that allows the aggression and violation of the right to be able to address it, sanction it and prevent it in the networks providing health and education services of the public subsector and private.¹³¹

G. ORPHANS

ENHOGAR-MICS 2014 reports that 5% of children and youth between 0-17 years do not have one or both biological parents because they have died. Within this group, there is a subgroup whose orphan hood is a consequence of domestic and gender based violence, a growing reality in the DR, whose most extreme manifestation is femicide. Statistics show the existence of a close relationship between violence against women and children, who are the main witnesses of domestic violence and, in many cases, are also violent.

From 2015 to September 2019, a little more than 400 women died at the hands of partners or ex-partners, according to the attorney general's office, and in that same period a greater amount of children and youth remained in orphaned, of which no organization has all the records. It is reported that 398 minors were left in a condition of orphan hood due to femicides, (223 are male and 175 are female), which correspond to the group treated within the Protocol of Attention of Orphaned Children, Femicides, data handled by the Ministry of Women. For orphaned children due to femicide, losing their mother and /or both parents violently is the most stressful and traumatic of all experiences, which puts them in a situation of emotional helplessness and influences them to see the world as a dangerous place and catastrophic. In this sense, faced with the post-traumatic stress, they tend to have sleep and mood alterations, they suffer nostalgia, fear, problems with concentration, irritability, nightmares, images and constant and involuntary memories appear as specialists report.

¹²⁹ Vargas, Tahira. 2010. *Violencia en las Escuelas. Estudio cualitativo 2008-2009*. Plan Republica Dominicana. Santo Domingo, República Dominicana

¹³⁰ Gabinete de Coordinación de Políticas Sociales. 2018. *Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana*. Vicepresidencia de la República Dominicana. Santo Domingo, República Dominicana.

¹³¹ Gabinete de Coordinación de Políticas Sociales. 2018. *Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana*. Vicepresidencia de la República Dominicana. Santo Domingo, República Dominicana.

III. GENDER AND INCLUSIVE DEVELOPMENT IN USAID PROGRAMS SINCE LAST CDCS

A. ADVANCES SINCE THE LAST CDCS

1. Mission Order on Inclusive Development was signed and made effective on May 13, 2016.¹³²
2. There is one Inclusive Development Specialist in the USAID/DR Mission. It is recommended that this specialist should not be managing projects in addition to this role.
3. USAID/DR established an Inclusive Development Working Group (IDWG) in 2018 and it is comprised of one representative from each technical and support office and had quarterly meetings and coordinated activities around youth, gender-based violence and persons with disabilities.
4. There is mandatory online training for all Mission staff in place for LGBTI inclusion in USAID's Workplace and Programming, Disability Inclusive Development 101, and Gender Equality. The executive office monitors compliance with this provision.
5. In 2015 there was mandatory gender training and more in-depth training on social inclusion in 2018.
6. Good examples of programming for LGBTI persons: to increase economic inclusion and democratic participation of LGBTI people; LGBTI persons being trained on how to run a successful campaign; strengthening the management and institutional capacity of LGBTI organizations; launch of the Dominican Republic LGBT Chamber of Commerce, and work with CSOs and health facilities to address discrimination of key populations at the community and health service delivery levels; development of Anti-Discriminatory Legislation; increased adherence to antiretroviral therapy; increase condom use among clients and regular partners and HIV testing among partners and integration of new cohort of 90 women across three facilities providing HIV treatment and care.
7. Good examples of programming for people with disabilities (PWDs): Accessible Tourism Guide, the "Baseball Cares"- for the improved access to education for children with disabilities; civic education and community mobilization activity focused on increasing the participation of people with disabilities in the electoral process; strengthened the capacity of PWD service delivery organizations and the assistance of 916 special needs learners.
8. Good examples of programming for gender: procurement transparency activity to improve access to small and women owned enterprises to government contracts; gender, inclusion and safe schools (GISS) component to prevent GBV in 90 schools; sample-based study with questions for gender stereotypes and the links with gender based violent behaviors at school; violence and bullying reduction strategies and work on acceptance of diversity, teaching teachers how to create inclusive environments that value diversity and training families in violence prevention; positive discipline and non-violent forms of child rearing; 105 cacao farmers (31 women, 74 men) applying climate smart agriculture practices in their farms; crime prevention strengthened works to address gender-based

¹³² USAID/DR Mission Order on Inclusive Development, May 13th, 2016.

violence through basic education and criminal justice activities; eight community justice houses supported by the program provide legal and psychological services to victims of domestic violence; training for police on responding to GBV calls (scale up); public awareness campaigns to change norms and behaviors (scale up), men's behavior change units (scale up); training of judges on GBV cases.

9. Good examples of programming for youth: basic and vocational education; job placements; teen pregnancy prevention and access to legal documentation; reaching a significant number of youth 139,000 in 500 neighborhoods; reaching youth at risk of HIV/AIDS, school drop outs; former offenders; youth of Haitian descent; integrated education/health and employability services which can be duplicated for other vulnerable groups; advocacy intervention for youth rights; youth crime and violence prevention; focus on GBV; employment for young mother and formal schooling.
10. Good practice to utilize case studies and success/life stories/testimonials for GIDA ie. Chocal for rural women's economic empowerment and life stories from Christian Aid.
11. Data is disaggregated by gender/age.
12. There are indicators that focus on gender-based violence and IRs for public understanding of human rights, discrimination reduction and legal protection of vulnerable populations and information and community outreach campaigns developed and implemented to raise awareness on family and gender-based violence and increase access to information and supportive resources for victims and witnesses.

IV. RECOMMENDATIONS TO BOLSTER GENDER AND INCLUSIVE DEVELOPMENT

A. RECOMMENDATIONS FOR USAID/DR OPERATIONS

1. Develop an Inclusive Development Action Plan for the Mission.
2. Mission order for gender as the (Agency Gender Policy requires all Missions to have a Gender Advisor and mission order on gender)
3. Hire a gender advisor
4. The gender advisor develops the gender action plan
5. Conduct an in-depth gender audit of the Mission
6. Review best practices for incorporating gender into project appraisal documents (PADs)
7. Training AORs/CORs on gender sensitive indicators and compliance
8. Capacity development for DO teams to improve and reflect inclusion of Gender, LGBTI and PWD more within contract and grant solicitations, performance reporting, data quality assessments, portfolio reviews, and other procurement and reporting mechanisms.
9. Participation IDWG should not be voluntary and should be added to the employee performance appraisal.
10. Consider disaggregation for a third gender, such as Gender X for LGBTI, only disaggregated by male/female.
11. USAID/DR could improve/capture more of its GIDA results if more outcome indicators were utilized.
12. Knowledge testing by trainers before and after training to look for trends in knowledge change among participants, monitoring of knowledge retention for gender/social inclusion
13. Need for a coordinated USG voice, hire a government relations person/advisor, to promote better partnerships and coordination
14. Collect and disseminate the evidence on best practices for gender and social inclusion.
15. Capture how the training supported by USAID creates long term changes in institutional responses to GBV

B. RECOMMENDATIONS FOR USAID/DR PROGRAMMING

I. GENDER AND LGBTI PERSONS

1. Programming in line with the Women's Global Development Prosperity Initiative, women's economic empowerment at the forefront especially for rural women, young women, women with disabilities, Venezuelan women and women of Haitian descent. Entrepreneurship could be scaled up to be aligned with USAID's WEE for economic empowerment of women.
2. Promote the access to social security and adequate health protection for women and all vulnerable groups.
3. Systematic work is needed to change the "machista" mentality, consistent and wide-reaching trainings for the deconstruction of patriarchal culture. Scale up innovative approaches to men's engagement and education of GBV.
4. Girls engagement with science, technology, engineering and mathematics.
5. Project to champion gender firm certification, EDGE.
6. Promising programming on linkages between GBV and insecurity/community violence and GBV and HIV transmission
7. Operationalize the capacity building sections of PLANEG III.
8. Extend USAID's successful mediation approach of reducing intra-school violence.
9. Research on the links between violence at the family level and the link between harassment and insecurity on the streets and women in public spaces, to create evidence that supports public policy actions.
10. Promotion of dialogues to raise awareness, sensitize and inform the churches about gender policies and to understand social inclusion.
11. Promote public policies with a gender focus in higher education that contribute to overcoming obstacles, barriers and stereotypes that expand women's participation in these fields.
12. Address the obstacles that remain for women in accessing electoral justice and promote knowledge of the internal rules and procedures of political parties and of electoral content, knowledge of legislation and electoral jurisprudence for women to lawyers.
13. Support the Ministry of Health to effectively apply the standards on violence against women and to train their personnel to record and collect statistics; ensure VAW is systematically registered in health services and diagnosed; enable doctors and staff in hospitals to detect cases of violence; increase the number of social workers and increase their knowledge on gender-based violence.; collect any evidence on best practices for gender aware treatment of data in health information systems and promote such practices via policy dialogue with the Ministry of Health.

14. Implement violence and bullying reduction strategies and work on acceptance of diversity, an intersectional approach should be duplicated in all projects/programs.
15. Support the Ministry of Education to implement its gender policy, by strengthening the training efforts of teachers and technicians, whose curriculum must include the competences in human rights, gender equality and inclusion.
16. To support the state to dedicate adequate resources for the full implementation of the national strategic plan for the reduction of the maternal mortality and a national plan for the prevention of pregnancies in adolescents and the national plan for gender equality and equality.
17. Support legislative reforms such as: enactment of a comprehensive law for the prevention; care and punishment of gender violence; the approval of a sexual and reproductive health law; recognition of the equal rights of domestic workers; implementation of comprehensive education policies in sexuality; and overcoming weaknesses in the application of existing norms and the regulation of women's political participation in conditions of parity.
18. Strengthening of gender-sensitive statistical systems, making the most vulnerable populations visible.
19. Creation of a mechanism to monitor and audit gender equality policies and their financing.
20. Research or interventions in relation to the health of transgender men and few studies have collected solid data on bisexual people
21. Engage police across the country in community relations and improving their response to vulnerable populations and to reduce levels of violence, extortion and revictimization.
22. To ensure that all suspected homophobic killings and other instances of homophobic violence and discrimination towards LGBTI persons are thoroughly and independently investigated and the perpetrators brought to justice.

2. HUMAN TRAFFICKING AND SMUGGLING

1. Investigate, prosecute and rigorously convict traffickers who engage in forced labor and sexual trafficking activities, including complicit government officials.
2. Provide a specific budget to fully implement the national action plan, to fully implement the protocols to identify adult or minor victims of trafficking and sufficient human and financial resources, as well as training for law enforcement, prosecutors and judges to combat trafficking, particularly outside Santo Domingo.
3. Properly provide and finance comprehensive and specialized services for victims.
4. Redouble efforts to detect and combat cases of sexual trafficking of minors, including commercial sexual exploitation of children, and adolescent girls.

5. Proactively detect trafficking signs between Venezuelan citizens and undocumented or stateless persons at risk of deportation, including those of Haitian descent, to identify victims, refer them to care centers and prevent them from becoming victims again of human trafficking.
6. Amend the law on trafficking in persons of 2003 to eliminate the requirement of having to prove the use of force, fraud or coercion in cases of trafficked persons under 18, so that it is in accordance with the provisions of the international laws.
7. Strengthen the data collection around the issue of trafficking, smuggling and the numbers of migration traffic as the data is precarious and insufficient.
8. Trainings for families to detect the signs of human trafficking and present with tools.

3. PERSONS OF HAITIAN DESCENT AND VENEZUELAN MIGRANTS:

1. Greater efforts are needed for more flexibility for access to be regularized in the country and measures need to be taken into account for people whose card expires next year
2. At the local level, capacity should be built for the members of the protection network so that they can identify minors who are victims of trafficking. After creating those capabilities, there must be the work to do the follow through.
3. Support influencing the commitment of the Dominican state to address the health, education and documentation of persons of Haitian descent in the country
4. Trainings for a community workers network to change the mentalities
5. Social protection, labor rights and social inclusion must be promoted for this population
6. More resources to support and provide free legal assistance and document management for to persons of Haitian descent.
7. The migration policy needs to into account the contributions that Venezuelan migration can mean for the DR, in terms of professional capacities and taxes
8. Take into account the political crisis in Venezuela, the persecution and grant humanitarian refugee status and grant work permits
9. Public policies to make visible how migrants are part of the state
10. More support for regularization and social inclusion for the migrant worker, incidence of the law, law enforcement for migrants
11. Campaigns for better access to justice, education, health and social security

4. PERSONS WITH DISABILITIES:

23. Promote public policies for the inclusion of people with disabilities in different fields: education; employment; infrastructure; security; health; social security; and development of the approaches of social inclusion and gender equality and be visible in the strategic institutional and operational plans of the responsible institutions
24. Support the strengthening of coordination between CONADIS, and/or entities specialized in gender equality and the NGOs for the development of work tools at the conceptual and methodological level for the definition and implementation of public policies and the awareness and training of different social sectors.
25. Support the increase of public officials' capacities to perform intersectional analysis of gender and disability, as a basis for the definition and implementation of public policies.
26. Promote that the disability variable be included in the records and estimates made in the different studies, surveys and administrative records of the different state agencies.
27. Include families in interventions according to need, in order to guarantee the exercise of the rights of persons with disabilities.
28. Foster new leadership in the groupings of people with disabilities and the NGOs that work on the issue, in order to encourage greater participation in decision-making spaces.
29. Develop lines of work to promote personal and collective empowerment of people with disabilities, emphasizing women.
30. Promote the right of women, to learn to identify the different forms of violence discrimination they are subject to and to denounce it.
31. Create guides, establish minimum parameters that can guide the staff responsible for attending to women who receive health services, report cases of gender violence.
32. Address gender violence, where women with disabilities are the most vulnerable group, including them in prevention, protection services, and support for women with disabilities and their environment.
33. Ensure accessibility (in architectural and transport terms) of persons with disabilities to institutions and other public spaces.
34. Enable public programs to have informative and educational materials adapted to the different disabilities of men and women.
35. Create mechanisms for monitoring and evaluation of public policies in different sectors, where women and men with disabilities are part of them.
36. Implement unique system for the valuation, registration and certification of disability, as established in article 8 of Law 5-13 on disability, so it is possible that most people with disabilities have never

been evaluated by a multidisciplinary team that identifies the type of disability they have, as well as the degree.

5. PEOPLE LIVING WITH HIV/AIDS

- I. Carry out advocacy actions to increase and raise the political will to promote the legal reforms necessary, such as Law 135-II on HIV, law on drugs and controlled substances, social security law and I

14. Perform IEC actions to prevent risky sexual behavior, promoting the construction of new masculinities, female empowerment, respect for differences and non-discrimination.
15. Reduce level of vertical transmission by integrating into the prenatal control consultation performed by the obstetrician or competent health personnel in the National HIV Reduction Program for detections of pregnant women with HIV.

6. AT RISK CHILDREN, YOUTH AND ORPHANS

1. Promote and strengthen public and private alliances and civil society organizations and cooperation organizations for the implementation of measures for the prevention, care and citizen oversight of compliance with the rights of children and youth.
2. Political leadership training school to empower young leaders to enable informed participation in discussions and follow-up of public policies at national and local level
3. Train networks of journalists to work on issues that affect children and youth from the perspective of human rights and gender.
4. Support the construction of infrastructure and safe public spaces to guarantee the right to play, sports, recreation and permanent spaces for survivors of violence, LGBTI persons and for at risk youth.
5. Promote changes in the management of conflict resolution, towards a management based on dialogue, culture of peace and respect, teamwork using innovative strategies linked to art such as singing, music, dance, theater, etc.
6. Promote a greater allocation of the public budget to guarantee the application of the child and youth code, youth and gender equality policies, including the strengthening of the technical staff of the governing bodies.
7. Support the strengthening of the institutions such as the national council for children as the governing body for children and adolescents, the Ministry of Women and the Ministry of Youth, as well as the sector organizations directly linked to the child and youth protection.
8. Develop prevention programs with families, educational centers and have more popular education through community organizations. Design and implement non-sexist programs from a human rights approach at all educational levels and make changes in the curriculum at all levels including; the inclusion of sexuality education and reproductive health in the levels of initial, basic and secondary education; the training of teachers from this new approach among other actions. These policies would need to involve management, technical and teaching staff, both in public and private schools.
9. Prioritize policies and interventions in favor of adolescents, especially implementing the national plan for the reduction of pregnancies in adolescents, 2019-2030 (PREA)
10. Continue efforts to increase school attendance in vulnerable populations.
11. Promote comprehensive strategies to the provision of documents.

12. Establish legal prohibition of physical punishment and the dissemination of positive parenting models and practices.
13. Support the updating of the national roadmap for the prevention and elimination of violence against children and adolescents, promoted by CONANI and its dissemination.
14. Promote the expansion and strengthening of local child and youth protection mechanisms, especially the establishment of local protection boards in municipalities where they do not exist.
15. Develop strategies to identify, prosecute and punish crimes against children and adolescents, such as human trafficking, sexual and labor exploitation, child marriage and other forms of violence or abuse.
16. Generate more quantitative and qualitative evidence on the exercise of violence against children and adolescents, the problems of child marriage and early unions, risks to criminality and micro-trafficking, drug users, children with disabilities and orphans.
17. Promote the reform of the civil code to include the prohibition of marriage and free union of young women under
18. Develop comprehensive plans and policies for the prevention of adolescent marriage.

Develop more innovative strategies to work on gender and the construction of positive masculinities and new femininities.

ANNEX A: METHODOLOGY

METHODOLOGY

The gender and social inclusion assessment focuses on the “Six Domains of Gender/Inclusive Development Analysis”, a format often used in USAID missions world-wide: 1.) Laws, policies, regulations, and institutional practices that contain explicit or implicit bias against marginalized groups; 2.) Cultural norms and beliefs and perceptions for marginalized groups; 3) Roles, responsibilities, and time use; 4.) Patterns of power and decision making; 5.) Access to and control over assets and resources and 6.) Personal safety and security. The methodology for the assessment is based on a multi-method approach that combines quantitative and qualitative elements in the triangulation of findings and conclusions. The quantitative aspect is based on data and recent surveys and studies that provided information about the vulnerable populations. The qualitative aspect is based on information collected through testimonials, interviews, focus groups and field observations conducted in different provinces in: Santo Domingo, Dajabon, Santiago and Puerto Plata in the Dominican Republic. Over 60 interviews were conducted and 8 focus group discussions, with over 150 participants, and the data was analyzed for incorporation into a final country gender and inclusive development assessment report. The interviews and focus groups with diverse stakeholders were conducted with full respect for the unique identity, culture, dignity, livelihood systems and human rights of marginalized groups.

INTERSECTIONAL APPROACH

Gender is a social variable that crosscuts with other social variables such as age, ethnicity, class, religion, disability, sexual orientation and others. These social variables interact and an intersectional approach “examines the ways which diverse socially and culturally constructed categories interact in different ways to produce different forms of power relations and inequities.”¹³³ An intersectional approach was applied throughout the analysis in data collection, analysis, and reporting. During the data collection process, the GIDA team: 1) protected the anonymity of participants, 2) asked for permission prior to conducting an interview, and 3) respected cultural, socio-economic, and physical limitation differences and 4) encouraged participants to share their personal experiences of discrimination.

DATA COLLECTION METHODS

The GIDA team collected secondary data through desk research, which involved collecting, reviewing and analyzing already existing data, research and documents that are relevant to gender and inclusive development in the Dominican Republic. This method was useful for gathering background information and to review the present state of knowledge on the topic.

LITERATURE REVIEW

During the initial phase of the analysis and prior to the arrival of the Team Lead in the DR, the team conducted a review of background documents related to gender and inclusive development and its implementing environment. These documents provided the team with an understanding of the situation

¹³³ Swedish International Development Cooperation Agency Gender Analysis-Principles and Elements, March 2015, page 4.

on gender equality, female empowerment and inclusive development in the DR. These documents included, but were not be limited to, the following:

1. Country Development Cooperation Strategy for the Dominican Republic (CDCS)
2. USAID Gender Assessment LAC 2012 and Gender analysis 2013 USAID/DR
3. Other studies and assessments conducted by USG
4. USAID policy documents
5. USAID project evaluation reports
6. USAID/DR Fact Sheets describing its portfolio interventions
7. Relevant GODR policy and strategy documents and technical reports
8. Relevant reports from other international agencies on gender and inclusive in the DR (UNFPA, UNDP, UNICEF, UNHCR, OIM, UNAIDS, WHO, BID
9. Reports from Human rights observatories in the country
10. Relevant studies and reports from academia and think tanks INTEC-CEG, OMBICA.
11. Relevant studies, manuals, reports from implementing partners: CEPROSH, COIN, TRANSSA, Participacion Ciudadana, Entrena, PACAM etc.

REVIEW OF AVAILABLE STATISTICS

The statistics team person examined existing national, regional and international data sources to determine the existing gender and inclusive development and organized them in a table format. The existing data is from reliable sources and is disaggregated where possible by sex, age, disability and geography. Close attention was paid to the validity of statistics and studies quoted. The data examined includes: ENHOGAR 2013, ENDESA 2013, Time use survey 2016/ONE 2018, MIREX, Americas Barometer 2018-2019, UNDP 2018, CONAVIHSIDA/COIN/UNIBE, Human rights Observatories, Amnesty International 2019, MMUJER, Attorney General Office (PGR) and Precenso Nacional Agropecuario 2015, CEPAL, among others.

KEY INFORMANT INTERVIEWS (KIIS)

Five gender and inclusive development instruments for data collection were developed according to different stakeholders: USAID/DR staff, technical teams of implementing partners, government, victims of discrimination/affected groups. The GIDA team conducted 8 KIIs with the USAID/DR staff, key GODR officials interacting with gender and inclusive development, local and international NGOs, donors and with persons from the identified six vulnerable groups with lived experiences of social exclusion: UNDP, UNFPA, UNICEF, OIM, UNHCR, Profamilia, Tu Mujer, ASA, Diversidad Dominicana,

IDDI, Casa Rosada, Casa Abierta, Entrena S.A., Asociacion de Ciegos de Cibao, CONADIS, ASODIFIMO, Red Iberoamericana de Personas con Discapacidad, Children International and APRENDE. See the KII summary table below and the detailed list in Annex D.

FOCUS GROUP DISCUSSIONS

FGD Protocol was developed to guide focus group discussions, which were semi-structured. Over 8 focus groups were conducted with people of Haitian Descent (including youth who live in bateyes), LGBTI youth/staff/migrants, women survivors of gender-based violence, youth living with HIV/AIDS and with Venezuelan migrants. The GIDA team conducted the focus groups in Dajabon, Puerto Plata, Santiago and Santo Domingo. These focus groups covered as broad a sample to ensure that as many perspectives as possible were recorded. Notes were taken and audio recordings and a summary report was prepared of each KII/FGD/Testimonial prepared afterwards. Some interviews were conducted by WhatsApp or Skype where a face to face meeting was not possible.

WHEEL OF DISCRIMINATION/TESTIMONIALS

The Wheel of Discrimination was used in key informant interviews and in focus group discussions to unfold personal stories and experiences of gender discrimination and discrimination based on race, age, disability, sexual orientation, migrant status etc. The GIDA team learned a lot from listening to testimonies of marginalized group members and especially more on the multiple intersectional discrimination. The team asked participants about an experience when they felt discriminated against and explain: a.) what was the act of discrimination b) who or what was responsible c) how they felt and d) how they reacted and e) what they think is the root cause of this discrimination and f) what needs to be done to move towards a more tolerant and respectful society in the Dominican Republic.¹³⁴

The GIDA team analyzed the qualitative data gathered through the KIIs, FGDs and testimonials. The analysis identified and responded to information sought in the key assessment questions. The team members worked together in the analysis process. The respondents' sex, age, disability, sexual orientation, if they are a person of Haitian descent, if they are a person living with HIV/AIDS, if they are a Venezuelan migrant, if they were a survivor of gender-based violence and geographic location was identified.

GENDER AND INCLUSIVE DEVELOPMENT ASSESSMENT

The gender and inclusive development assessment carried out a review, from a gender/inclusive development perspective, of USAID's programs and its ability to effectively address gender issues in technical programming from the 2014-2019 period. The assessment includes a gender analysis and inclusive development analysis at the country level. The gender assessment is not a gender audit which addresses not only gender in programming issues, but also in the practices and policies of the Mission as a whole, such as human resource issues, budgeting, and management, to provide a comprehensive

¹³⁴ The Gender impact assessment and monitoring tool, WECF 2018, Women 2030, page 32, found at: <http://www.wecf.org/wp-content/uploads/2019/01/FINAL-GIM-Tool-Jan-19.pdf>

picture. This was not possible due to time constraints to carry out an in-depth gender audit, but the assessment examined the progress made since the last gender analysis in July 2013.

The Team Lead reviewed evaluations/mid-term evaluations of projects, PADs, success stories, case studies, M& E plans and the Standard Key Issue Narratives for vulnerable populations and had regular check ins and in depth discussions with the Inclusive Development Specialist in the Mission to verify information, make any necessary clarifications and address logistical issues. There were entry and exit briefings at USAID/DR with the Office Director, Deputy Director and Program Office, meetings with technical teams on sectors and areas of interest, and a final presentation on initial finding where the GIDA Team received feedback from USAID/DR, answered questions and has incorporated this into the final report.

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ANNEX C: TABLES ON KEY LAWS FOR GENDER/LGBTI

Dominican Republic's Key GEWE Laws, Policies, Strategies and Action Plans	
Title	Description
UN Resolution 70/1-“No one left behind” Sustainable Development Goals: SDG 4, SDG 5, SDG 10, SDG 16.	SDG 4: Inclusive and equitable education, SDG 5: gender equality and empowerment of women and girls, SDG 10: on reducing inequalities within and between countries, SDG 16: promote peaceful and inclusive societies for sustainable development.
National Development Strategy 2012-Law 1-12, Article 12, January 25, 2012 and April 9 th , 2014 for Article 12.	Establishes the focus on gender equality as a cross cutting theme in all of the institutions of the state. All the plans, programs, projects and public policies must incorporate a gender focus in their respective areas, to identify discriminatory situations between men and women and adopt actions to guarantee gender equality.
National Human Rights Plan 2018-2022, Ministry of Foreign Affairs.	The objective is to continue strengthening the protection of people's fundamental rights and respect for human dignity as the central axis and guiding principle of public policies. ¹³⁵
Ley General de Salud/General Health Law (42-01), 2001. Protocol for the Comprehensive Health Care of Intrafamily Violence against women - National norms for comprehensive health care of intrafamily violence and violence against women, 2007. Ministerial provision No. 0000042 issued on December 3, 2010. ¹³⁶	The providers have the responsibility of offering humanized and quality care to the victims of domestic violence and against women, which must be offered in all three levels of care of the National Health System, through the axes of promotion, prevention, detection, registration and attention to the affected people, according to the National Norms of Attention to Domestic Violence and violence against women. ¹³⁷ Ministry of Health Protocols/norms for the provision of comprehensive care for survivors of domestic and other gender-based violence.
Gender Equality Policy of the Dominican Judiciary Supreme Court, Resolution 3041-2007, November 1st, 2007. Resolution 1924-2008, June 19th, 2008,	Gender Equality Policy, an instrument that will act as rector of the institution's actions in favor of the rights of women.

¹³⁵ Plan Nacional Derechos Humanos 2018-2022, page 16.

¹³⁶ Normas Nacionales para la Atención Integral a la Violencia Intrafamiliar y Contra la Mujer, 2007, Ministry of Public Health.

¹³⁷ Ministry of Public Health, Guía y Protocolo para la atención integral en salud en la violencia intrafamiliar y contra la mujer, 2010, page 9.

<p>Plenary Session of the Supreme Court of Justice, which creates the Commission for Gender Equality of the Judiciary.</p> <p>Resolution 2751-2010, October 21st, 2010.</p>	<p>The policy reflects the commitment of the Judiciary to the principles of equity, respect for human rights and the exercise of citizenship, also an expression of the institutional determination to strengthen the effectiveness and efficiency of this right.</p> <p>Approves the Regulations for the application of the Gender Equality Policy in the Judiciary.</p>
<p>La Ley Organica para la prevencion, atencion, sanción y erradicación de la violencia contra la mujer, 133-I I, June 7, 2011</p>	<p>Facilitates the Access to justice for women victims of violence and have access to a Social Worker and Family therapist. It has not yet been approved.</p>
<p>La Politica Nacional de Igualdad de Genero: Plan Nacional de Igualdad y Equidad de Genero, PLANEG I 2002-2005, PLANEG II 2007-2017, PLANEG III 2020-2030</p> <p>Ley 86-99-created the Ministry of Women with the legislative mandate to design and monitor this national plan.</p>	<p>PLANEG III, focuses on:</p> <p>Economic autonomy, autonomy in decision-making and physical autonomy. ¹³⁸</p>
<p>Decree N0 974-01</p>	<p>Creates the offices of Gender Equity and Development with a seat in each Ministry (OEGD).¹³⁹</p>

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¹³⁸ Plan Nacional de Igualdad y Equidad de Genero, Ministerio de la Mujer (PLANEG III), Republica Dominicana, page: 38.

¹³⁹ Government of the Dominican Republic State Secretariat for Women Dominican Republic Report on Implementation of the Beijing Platform or Action (1995–2004) and the Outcome of the Twenty-Third Special Session of the General Assembly (2000) Dominican Republic, April 2004, page 3, found at: https://www.cepal.org/mujer/noticias/paginas/8/53218/Informe_Republica_Dominicana_ENG_Beijing_10.pdf

¹⁴⁰ Ministerio de Educación Republica Dominicana, Despacho del Ministro, “Año de la Innovación y la Competitividad,” Orden Departamental No. 33, May 22, 2019, pages 1-4.

Overview of Key GEWE Laws	
Title	Description
Universal Declaration of Human Rights, December 10th, 1948	Establishes that every person has the right of access, on equal terms, to the public services of his country.
International Covenant on Economic, Social and Cultural Rights, December 16th, 1966, ratified November 14th, 1977.	States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure women equal rights.
American Convention on Human Rights (B-32), November 22 1969, approved April 19, 1978.	States that all people are equal before the law and they have the right, without discrimination, to equal protection of the law.
Interamerican Convention to prevent, sanction and eradicate Gender Based Violence, (Belem do Para Convention), A-61, June 9, 1994, approved by national congress March 7 th , 1996.	Duty of the States Parties: a) to promote the knowledge and observance of the right of women to a life free of violence and the right of women to respect and protect their human rights; b) promote the education and training of personnel in the administration of justice, police and other law enforcement officials, as well as the personnel in charge of the implementation of policies for the prevention, punishment and elimination of violence against women.
CEDAW, B4/180, UN General Assembly, December 18, 1979, ratified September 2, 1982.	Establishes the legal protection of women's rights on a basis of equality with those of men and guarantee, through competent national courts and other public institutions, the effective protection of women against any act of discrimination.
Fourth World Conference on Women, Beijing Platform for Action, September 1994 and June 10, 2000	<p>Sought to promote the human rights of women through the full application of all human rights instruments, especially those that guarantee equality and non-discrimination.</p> <p>Platform for action based on three fundamental principles for women's equality: a) Enabling women; b) Promotion of women's human rights; c) Promotion of women's equality.</p>

United Nations Millennium Declaration, held September, 2000.	Millennium Development Goal 3 promotes gender equality and empower women, seeking to eliminate inequalities.
Constitution: Article 39, June 13, 2015	Right of equality between men and women before the law that guarantees the eradication of gender inequalities and discrimination.
Law 13-00 Political Parties Law 33-18	Law for minimum quota of 33% of women in the list of the positions of election of the congressional and municipal candidacies. That all people deserve equal treatment before the law, in order to have the same protection and treatment of institutions and their authorities, without having to be subject to any discrimination based on gender, color, age, disability, nationality, family ties, language, religion, social or personal condition. ¹⁴¹
Law 88-03, 2003	Establishment of Halfway House and shelters (only 2 functional shelters have been established by authorities under this law.
Education Law No 66-97 Article 5 and Resolution 3599-2004	Educate for the knowledge and dignity of equality of rights between men and women. Order for gender to be in all programmatic areas in education.
Law 24-97, January 1997	Defines and passes the family violence and violence against women law, protection order for victims.
National Strategic Plan for Gender Mainstreaming in the Health Sector 2012-2017 (PTGS)	Health sector policy aimed at promoting and effectively incorporating the gender perspective in the different functions of the National Health System, coordinating its implementation through the Office of Gender Equity and Development.
Law 176-07, July 17, 2007	National District and the municipalities, the strengthening of capacity of women to attain local power.

¹⁴¹ Ley núm. 33-18, de Partidos, Agrupaciones y Movimientos Políticos. G. O. No. 10917 del 15 de agosto de 2018. EL CONGRESO NACIONAL, page 1, found at: http://www.opd.org.do/images/PDF_ARTICULOS/Partidos_politicos/Ley-num-33-18-de-Partidos-Agrupaciones-y-Movimientos-Politicos.pdf

<p>General Law for Equality and No Discrimination</p>	<p>The purpose of this law is to prevent and eliminate the different forms of discrimination that are exercised against people in a general sense, group or group, its content places special emphasis on the populations of women, children and adolescents, at risk youth, people with disabilities, the elderly, people of various sexual orientations and gender identities, sex workers, migrants, people of African descent, people who use drugs, people living with HIV / AIDS. This law is in draft and has not yet been passed.</p>
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<p>Existing Laws and Action Plan for LGBTI Persons</p>	
<p>Title</p>	<p>Description</p>
<p>SDG 16, Target 16.B</p>	<p>Promote and enforce non-discriminatory laws and policies for sustainable development.¹⁴³</p>
<p>Article 37 of the Constitution</p>	<p>Right to life</p>
<p>Article 38 of the Constitution</p>	<p>Human dignity</p>
<p>Article 39 of the Constitution</p>	<p>Right to equality</p>
<p>Article 40 of the Constitution</p>	<p>Right to liberty and personal security</p>
<p>Article 42 of the Constitution</p>	<p>Right to personal integrity</p>
<p>Article 43 of the Constitution</p>	<p>Right to free personal development</p>
<p>Article 27, Law 49-00</p>	<p>Gender equality-all Dominican youth cannot be discriminated against for their sex or sexual orientation-law created by the Youth Secretariat of the State</p>
<p>Article 11, Criminal procedure code of the Dominican Republic</p>	<p>Equality before the law-all persons are equal before the law.</p>
<p>Article 25, number 2, Law 33-18</p>	<p>No type of discrimination based on sexual preference in Political Parties Law.</p>
<p>Labor Code (Law 16-92)</p>	<p>Principle VII (non-discrimination)</p>
<p>Article 66, number 10, Law 172-13</p>	<p>Law for protection of personal information, prohibits the collection of information on the conduct, preference or sexual orientation of a person.</p>
<p>National Human Rights Plan 2018-2022</p>	<p>Commits to realize different actions to eliminate discrimination based on sexual orientation and gender identity.</p>

¹⁴² Ministerio Publico Procuraduría General de la Republica “Año de la Innovación y la Competividad,” July 17, 2019.

¹⁴³Sustainable Development Goals Knowledge Platform, found at: <https://sustainabledevelopment.un.org/sdg16>

<p>PLANEG III</p>	<p>Recognizes the intersectionality of discrimination and includes sexual orientation and gender identity. Establishes as a transversal axis sexual diversity and includes actions to promote respect for the human rights of LGBTI people. Promotes the bill on equality and anti-discrimination.</p> <p>Implement actions for the eradication of discriminatory practices against women and LGTBI population and other key populations in the context of HIV.</p> <p>Develop policies for the recognition of women's rights in their life cycles and conditions: Racial, disability, age, sexual orientation (LGTBI), including intersectionality.</p> <p>Develop policies, strategies and support mechanisms that allow expanding the presence of women living with disabilities, excluded by their race, age, sexual orientation and any other type of discrimination in organizations and management positions.</p> <p>Visibility of Violence against Women in groups made vulnerable by society, girls, adolescents and young women, as well as older women, rural women, those living with disabilities, in extreme poverty, migrants and LGBTI groups.</p>
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¹⁴⁴ UNDP, Dialogo Nacional LGBTI, Hoja de Datos, Panel I, Promoviendo el acceso a la justicia, legislación inclusiva y una vida sin violencia, May 7-8, 2019, found at: https://www.do.undp.org/content/dominican_republic/es/home/library/human_development/dialogo-nacional-lgbti-en-rd-2019-.html

ANNEX D: INDICATORS

¿Con qué firmeza aprueba o desaprueba que las parejas del mismo sexo puedan tener el derecho a casarse?	Año														
	2010			2012			2014			2016			2018/2019		
	Hombre	Mujer	Total	Hombre	Mujer	Total	Hombre	Mujer	Total	Hombre	Mujer	Total	Hombre	Mujer	Total
1 Desaprueba firmemente	35.68	31.99	67.67	32.93	31.58	64.51	32.36	28.33	60.69	32.21	23.29	55.5	30.56	24.51	55.07
2	2.52	2.32	4.84	2.7	2.43	5.13	3.84	3.44	7.28	2.48	3.15	5.64	2.89	2.82	5.71
3	1.36	1.91	3.27	1.75	1.48	3.24	2.12	2.38	4.5	1.95	1.88	3.83	1.95	2.01	3.96
4	1.23	1.36	2.59	0.81	1.75	2.56	1.26	1.85	3.11	1.54	1.61	3.15	1.34	2.08	3.43
5	2.59	1.98	4.57	2.16	2.16	4.32	1.72	2.45	4.17	2.35	3.09	5.44	1.88	3.36	5.24
6	0.75	1.5	2.25	1.62	1.89	3.51	1.13	1.19	2.32	1.07	2.01	3.09	1.61	1.88	3.49
7	0.75	1.5	2.25	0.54	1.62	2.16	1.26	1.46	2.71	1.61	2.62	4.23	1.81	2.42	4.23
8	1.16	1.84	3	0.67	1.21	1.89	1.32	2.18	3.51	0.74	2.95	3.69	1.01	2.35	3.36
9	0.61	1.3	1.91	0.67	1.62	2.29	0.66	1.19	1.85	1.07	1.68	2.75	1.21	1.81	3.02
10 Aprueba firmemente	3	4.64	7.64	4.32	6.07	10.39	3.97	5.89	9.86	5.03	7.65	12.68	5.57	6.92	12.49
Total	49.66	50.34	100	48.18	51.82	100	49.64	50.36	100	50.07					

Promedio de horas semanales que dedica la población de 10 años y más al trabajo remunerado y no remunerado por sexo, según algunas características geográficas

Algunas características geográficas	Ambos sexos			Hombres			Mujeres		
	Trabajo total	Trabajo remunerado	Trabajo no remunerado	Trabajo total	Trabajo remunerado	Trabajo no remunerado	Trabajo total	Trabajo remunerado	Trabajo no remunerado
Total	48.8	27.9	20.9	46.7	37.1	9.6	50.6	19.5	31.2
Zona de residencia									
Urbano	48.9	28.5	20.4	46.5	37.5	9	51	20.7	30.3
Rural	48.3	26.1	22.2	47.3	36.2	11.1	49.4	15.4	33.9
Estratos geográficos									
Ciudad de Santo Domingo	51.1	30.2	20.9	48.9	39.6	9.4	53	22.1	30.9
Grandes Ciudades	47.3	28.2	19.1	44	35.6	8.4	50.1	21.8	28.4
Resto Urbano	47.4	26.7	20.6	45.3	36.3	9	49.2	18.3	30.9
Rural	48.3	26.1	22.2	47.3	36.2	11.1	49.4	15.4	33.9
Región de residencia									
Cibao Norte	48.4	25.3	23.1	44.4	33.2	11.1	51.8	18.4	33.4
Cibao Sur	48.7	25	23.7	45.3	34.3	10.9	51.9	16	35.9
Cibao Nordeste	44.1	27.4	16.7	45.4	36.5	8.9	42.6	17.2	25.3
Cibao Noroeste	46.8	27.5	19.3	48.1	37.9	10.1	45.6	17.6	28
Valdesia	50.6	27.5	23.1	47.2	37.9	9.4	53.8	18	35.8
Enriquillo	49.1	25.6	23.5	45.8	35.6	10.2	52.4	15.4	37
El Valle	49.9	24.4	25.5	43.4	32.1	11.2	56.5	16.5	39.9
Del Yuma	45.9	32	13.9	47.2	40.6	6.6	44.6	23.5	21.1
Higuamo	44.7	27.6	17.1	44.5	36.3	8.1	44.9	19.1	25.8
Metropolitana	50.6	29.9	20.7	48.8	39.4	9.4	52.1	21.7	30.4

Promedio de horas semanales que dedica la población de 10 años y más al trabajo de cuidado, por sexo, según algunas características geográficas		
	Hombres	Mujeres
Total	3.1	15.7
Zona de residencia		
Urbano	3.5	15.3
Rural	2.3	17
Estratos geográficos		
Ciudad de Santo Domingo	3.8	15.8
Grandes Ciudades	3.3	14
Resto Urbano	3.2	15.7
Rural	2.3	17
Región de residencia		
Cibao Norte	3.5	16.4
Cibao Sur	3.9	18.9
Cibao Nordeste	1.6	8.4
Cibao Noroeste	2.5	12.2
Valdesia	3.1	19.9
Enriquillo	3.3	21.4
El Valle	3	23
Del Yuma	1.6	9.5
Higuamo	2.1	13.5
Metropolitana	3.7	15.4

Fuente: National Statistics Office, Trabajo no remunerado en República Dominicana: un análisis a partir de los datos del Módulo de Uso del Tiempo de la ENHOGAR 2016.

Mujeres y hombres electos a nivel legislativo y municipal, 1998-2016		
Año	Mujeres	Hombres
1998	22.55%	77.50%
2002	30.70%	69.30%
2006	29.50%	70.50%
2010	34.90%	65.10%
2016	35.30%	64.60%

Representación de las mujeres electas al 2016	
Senadurías:	9.38%
Diputaciones:	27.89%
Alcaldías:	12.03%

Representación de las mujeres dominicanas en instancias del poder público no electoral, 2017					
Instancia de dirección	Mujeres		Hombres		Totales
	N	%	N	%	N
Gabinete ministerial	4	17.39%	19	82.61%	23
Gobernaciones provinciales	5	16.13%	26	83.87%	31
Suprema Corte de Justicia	3	18.75%	13	81.25%	16
Tribunal Constitucional	3	23.07%	10	76.92%	13
Junta Central Electoral	2	40.00%	3	60.00%	5
Tribunal Superior Electoral	2	40.00%	3	60.00%	5
Cámara de Cuentas	1	20%	4	80%	5
Consejo Nacional de la Judicatura	1	12.50%	7	87.50%	8
Junta Monetaria	0	0%	9	100%	9

The number of households where a woman are the main contributor of income, according to type of household and geographic area. (Percentages over total households) ¹⁴⁵			
REPÚBLICA DOMINICANA	Total		
	Nacional	Urbana	Rural
2010	33.9	36.5	26.1
2011	34.9	37.8	25.8
2012	35.0	37.8	25.6
2013	35.1	37.5	27.0
2014	34.5	36.3	27.7
2015	35.5	37.2	29.0
2016	36.6	38.3	29.5
2017	37.7	39.9	28.8

Fuente: Programa de las Naciones Unidas para el Desarrollo; Junta Central Electoral y Tribunal Superior Electoral. (2018). Más mujeres, más democracia: desafíos para la igualdad de género en la política. Estudio sobre la participación política y el acceso a la justicia contenciosa electoral de las mujeres en las elecciones generales de República Dominicana del 2016

Fuente I: Oficina Internacional del Trabajo. (2019). Women in business and management. The business case for change: Maps and charts. Recuperado de: https://www.ilo.org/global/about-the-ilo/multimedia/maps-and-charts/enhanced/WCMS_698027/lang-es/index.htm [09-12-2019]

Female labor participation rate (average 1990-2018)	48.67
Women as a share of total occupations (average 1991-2018)	33.85
Women as a share of total employers (average 1991-2018)	19.5
Female employment in managerial positions (last year of information, 2017)	41.1
Female employment in middle and senior management (last year of information, 2016)	55.5
Women as a share of total employers (1991)	7.92
Women as a share of total employers (2018)	22.48

Fuente 2: Banco Mundial. Indicadores de género del Banco de datos del Banco Mundial. Recuperado de: <https://datos.bancomundial.org/indicador> [09-12-2019]

Porcentaje de empresas con manager mujer (promedio entre empresas que reportan, año 2016)	21.2
Empresas con participación de mujeres en la propiedad (% de empresas), año 2016	32.2

Porcentaje de hogares en situación de pobreza multidimensional (Metodología IPM-AL) por sexo del jefe del hogar

Año	Nacional	Sexo	
		Masculino	Femenino
2010	31.8	32.5	30.5
2011	30.9	31.9	29.0
2012	31.5	33.0	28.8
2013	30.4	31.7	28.1
2014	26.3	27.1	24.7
2015	22.8	23.4	21.8
2016	20.7	21.5	19.4
2016*	21.6	22.9	19.4
2017*	18.6	20.3	15.9

Fuente: Ministerio de Economía, Planificación y Desarrollo 2017

Nivel de escolaridad	
Preescolar	-
Nivel primario completo	-
Nivel secundario	68%
Nivel universitario	18%
Ninguna	-

Estatus laboral	
Trabajo actualmente	48%

Fuentes de ingreso	
Salario	31.60%
Ingresos como trabajadora sexual	16%

Ingresos mensuales	
Menos de RD 3500	24%
RD 3501 a 6000	18%
RD\$ 6,001.00 a 10,000.00	17%
Mas de RD\$ 10,000.00	26%
No tiene ingresos o no sabe	14%

Fuente: Paulino-Ramírez, R; Rodríguez-Lauzurique, M; Santo, R. (2016) Encuesta de Vigilancia de Comportamiento con Vinculación Serológica en Población Trans de la República

Indicador	Período	Total	Hombre	Mujer		
Esperanza de vida al nacer por sexo (Años)	2010-2015	72.3	70.0	74.8		
	2015-2020	73.6	71.1	76.2		
Tasa de analfabetismo de la población de 15 años y más	2017	6.8	6.6	6.9		
Tasa de analfabetismo de la población joven (15 a 24 años)		1.9	2.2	1.6		
Escolaridad promedio de la población de 15 años y más (Años)		9.1	8.7	9.4		
Tasa bruta de matrícula nivel inicial (Población 3-5 años)		52.2	51.6	52.7		
Tasa bruta de matrícula nivel básico (Población 6-13 años)		109.1	111.7	106.2		
Tasa bruta de matrícula nivel medio (Población 14-17 años)		104.5	100.0	109.2		
Tasa bruta de matrícula nivel superior (Población 18-24 años)		44.3	32.2	56.7		
Tasa neta de matrícula nivel inicial (Población 3-5 años)		49.6	49.2	50.0		
Tasa neta de matrícula nivel básico (Población 6-13 años)		93.2	94.4	91.9		
Tasa neta de matrícula nivel medio (Población 14-17 años)		69.9	64.8	75.2		
Tasa neta de matrícula nivel superior (Población 18-24 años)		26.7	18.7	34.9		
Porcentaje de jóvenes de 15 a 24 años que no estudian ni trabajan		19.2	13.3	25.3		
Tasa de actividad abierta (ENCFT)		62.2	76.1	49.0		
Población en situación de pobreza monetaria e indigencia (Línea oficial)		2017	Indigencia monetaria	382,748	185,534	197,215
			Pobreza monetaria	2,600,036	1,239,009	1,361,027

Fuente: Ministerio de Economía, Planificación y Desarrollo. Sistema de Indicadores Sociales de la República Dominicana 2017

Tasa de mortalidad materna por 100,000 nacidos vivos, 2015	
Provincia	Tasa
Nacional	95.7
Distrito Nacional	68.2
Azua	202.6
Baoruco	0.0
Barahona	115.2
Dajabón	0.0
Duarte	99.0
Elias Piña	109.7
El Seybo	49.8
Espailat	105.2
Independencia	135.8
La Altagracia	40.0
La Romana	87.7
La Vega	124.4
Maria T. Sánchez	90.7
Monte Cristi	84.2
Pedernales	257.7
Peravia	97.0
Puerto Plata	51.0
Hermanas Mirabal	58.9
Samaná	142.5
San Cristóbal	127.9
San Juan de la Maguana	99.6
San Pedro Macorí	239.0
Sánchez Ramírez	0.0
Santiago	64.4
Santiago Rodríguez	0.0
Valverde	214.1
Monseñor Nouel	98.1
Monte Plata	53.1
Hato Mayor	186.5
San José de Ocoa	94.3
Santo Domingo	93.9

Fuente: Ministerio de Economía, Planificación y Desarrollo. Sistema de Indicadores Sociales de la República Dominicana 2017

Percentage of women aged 15 and over who have experienced some type of violence in the public and private spheres throughout their lives									
		Throughout her life				In the 12 months prior to the survey			
		Psychological	Physical	Sexual	Economic	Psychological	Physical	Sexual	Economic
Total		50.8	40.1	51.3	29.1	32.7	19.9	32.8	21.5
Según zona de residencia	Urbana	49.7	38.5	51.4	28.4	31.9	19	32.6	20.6
	Rural	56.2	48	51.1	32.9	36.5	24.4	33.6	25.8

Fuente: Oficina Nacional de Estadística (ONE); Ministerio de la Mujer. (2019) Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018)

Porcentaje de mujeres de 15 años y más que ha experimentado algún tipo de violencia			
		A lo largo de su vida	En los 12 meses anteriores a la encuesta
Total		68.8	55.9
Según zona de residencia	Urbana	68.1	54.8
	Rural	71.9	61
Según grupos de edad	15-29	76.9	67.3
	30-64	68.7	54.7
	65 y mas	51.9	36.2
Según estado conyugal	Casada o unida	68.1	56.2
	Separada	75.4	61.8
	Divorciada	78.8	59
	Viuda	51	35.5
	Soltera	74	61.1

Oficina Nacional de Estadística (ONE); Ministerio de la Mujer. (2019) Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018)

Homicidios de personas LGBTI por país desde enero de 2014 hasta junio de 2019								
Año								
País	2014	2015	2016	2017	2018	2019	Total general	%
Colombia	100	113	99	110	109	11	542	43%
México	64	53	75	92	89	29	402	32%
Honduras	25	37	23	35	27	17	164	13%
Perú	15	4	16	2	14	6	57	4,6%
El Salvador	5	5	15	12	11	5	53	4,3%
República Dominicana	6	2	6	7	5	2	28	2,2%
Guatemala	2	0	3	5	10	6	26	2,1%
Paraguay	0	1	4	1	6	0	12	1,0%
Bolivia	0	0	4	0	4	0	8	0,6%
Total general	217	215	245	264	275	76	1292	

El prejuicio no conoce fronteras. Homicidios de lesbianas, gay, bisexuales, trans e intersex en países de América Latina y el Caribe 2014 - 2019

Homicidios de mujeres transgenero	
Casos documentados por TRANSSA de homicidio de mujeres transgenero desde 2006	47
Declaraciones de culpabilidad (sentencias) de los casos documentados	5

Fuente: Amnistía Internacional. 2019. “Si ellos pueden tenerla, ¿por qué uno no?” Tortura y otros malos tratos por razón de género contra trabajadoras sexuales en República

Perfil del inmigrante haitiano		
Aspectos generales	Hombre	Mujer
Sexo 24, 961 encuestados	14,944 60%	10,017 40%
Edad 75.7% son jóvenes menores de 35	78.6% entre 15 y 44 años de edad	56.4% entre 15 y 44 años de edad.
Escolaridad 4.8 años	4.79	4.83
Tasa de analfabetismo 28.4	27.5	29.8
Tenencia de seguro	91% de los inmigrantes no tiene seguro 8.7% es titular o dependiente de un afiliado	93% las que no tienen seguro de salud 7% son titular o dependiente de un afiliado.
Acceso servicios de salud	70.5% buscó atención en centros públicos	79.2% buscó atención en centros públicos
Pago por los servicios de salud	77.1% recibió atención gratuita	79% recibió atención gratuita
Tasa de ocupación	93%	53%
Actividad económica	53% Agricultura, ganadería, silvicultura y pesca 22%, construcción 10% Industrias manufactureras 6.3% comercio al por mayor y al por menor; reparación de vehículos	34.3% comercio al por mayor y al por menor 21.5%; actividades de los hogares individuales en calidad de empleadores 19.4% agricultura, ganadería, silvicultura y pesca 12% alojamiento y servicios de comida
Grupos ocupacionales	56.6% ocupaciones elementales (grupo 9 19% oficiales, operarios y artesanos (grupo 7) agricultores y trabajadores calificados (grupo 6)	45% está dentro del grupo de ocupaciones elementales (grupo 9) 41.8% trabajadores de los servicios y vendedores de comercios y mercados

Fuente: Oficina Nacional de Estadísticas. (2018). Segunda Encuesta Nacional de Inmigrantes en la República Dominicana (ENI 2017)

Perfil del inmigrante venezolano		
Aspectos generales	Hombre	Mujer
Sexo 414 encuestados	195 47%	219 53%
Edad 76.6% son jóvenes menores de 35 años	65.6% entre 15 y 44 años de edad	68% entre 15 y 44 años de edad.
Escolaridad 11.43 años	11.18 años	11.65 años
Tasa de analfabetismo 28.4	0.0	0.7
Tenencia de seguro	67.6% de los inmigrantes no tiene seguro 18.4% es titular 14% es dependiente de un afiliado	70% las que no tienen seguro de salud 15% es titular 15.5% es dependiente de un afiliado
Acceso servicios de salud	40.8% buscó atención en clínicas privadas 39% buscó atención en centros públicos	41.2% buscó atención en centros públicos 41.2% buscó atención en centros públicos
Pago por los servicios de salud	40% recibió atención gratuita	46% recibió atención gratuita
Tasa de ocupación	93%	75%
Actividad económica	24% alojamiento y servicios de comida 18% comercio al por mayor y al por menor 10% Industrias manufactureras 6% actividades artísticas, de entretenimiento y recreación	37% alojamiento y servicios de comida 18% comercio al por mayor y al por menor 8% actividades artísticas, de entretenimiento y recreación 8% otras actividades de servicios
Grupos ocupacionales	36% trabajadores de los servicios y vendedores de comercios y mercados 15% oficiales, operarios y artesanos (grupo 7) 10% técnicos y profesionales nivel técnico 9.5% profesionales, científicos e intelectuales 8% personal de apoyo administrativo 8% operadores de instalaciones y máquinas y ensambladores 8% ocupaciones elementales	61% trabajadores de los servicios y vendedores de comercios y mercados 17% personal de apoyo administrativo 8% profesionales, científicos e intelectuales 6% técnicos y profesionales nivel técnico 4% Directores y gerentes

Fuente: Oficina Nacional de Estadísticas. (2018). Segunda Encuesta Nacional de Inmigrantes en la República Dominicana (ENI 2017)

Trata, Tráfico Ilícito de Migrantes	
Extranjeros indocumentados detenidos en frontera terrestre	
Nacionalidad	Número de detenidos
Alemana	6
Colombiana	3
Coreana	2
Cubana	14
Haitiana	52348
Mexicana	2
Norteamericana	3
Puertorriqueña	1
Venezolana	14
Vietnamita	1
Total general	52394
Víctimas identificadas	Delito
Mujeres adultas	trata sexual y laboral
Menores de edad (niñas)	explotación sexual comercial
Menores de edad (niños)	trabajo infantil
Total de víctimas	
Víctimas según su nacionalidad/etario	
Nacionalidad – edad	Cantidad
Dominicana/menor de edad	25
Dominicana/ adultas	3
Extranjera/ adultas	68
Total	96
Imputados extranjeros por turismo sexual infantil	
Nacionalidad	cantidad
Alemán	1
Italiana	1
Total	2
Investigaciones	
Tipo Penal	Cantidad
Trata de personas con fines de explotación sexual	11
Explotación sexual comercial	10
Pornografía infantil	1
Proxenetismo	2
Total casos en investigación	24
Extranjeros condenados por turismo sexual infantil	
Nacionalidad	Cantidad
Canadiense	1
Italiano	1
Francés	1
Estadounidense	1
Total	4

Fuente: Ministerio de Relaciones Exteriores. (2019). Informe del Gobierno de la República Dominicana sobre acciones en materia de la trata de personas y el tráfico ilícito de migrantes durante el año 2018

Población con alguna discapacidad, según características geográficas en República Dominicana, 2013		
Características geográficas	Población total	Población con alguna discapacidad
Total	10,177,007	708,597
Zona de residencia		
Urbana	7,566,047	524,503
Rural	2,610,960	184,094
Estrato geográfico		
Ciudad de Santo Domingo ¹	3,142,762	230,058
Grandes Ciudades	1,763,555	109,486
Resto Urbano	2,659,730	184,959
Rural	2,610,960	184,094
Región de residencia		
Cibao Norte	1,635,817	85,847
Cibao Sur	765,256	52,142
Cibao Nordeste	672,513	42,338
Cibao Noroeste	424,523	34,931
Valdesia	1,108,883	78,904
Enriquillo	399,355	25,819
El Valle	318,710	22,522
Yuma	650,923	52,107
Higuamo	604,928	53,747
Ozama o Metropolitana	3,596,099	260,240
Fuente: Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR- 2013)		
¹ Incluye Distrito Nacional y zona urbana de la Provincia de Santo Domingo, excepto los municipios de Boca Chica y San Antonio Guerra.		

Población con alguna discapacidad, según características demográficas en República Dominicana, 2013

Características geográficas	Población total	Población con alguna discapacidad
Total	10,177,007	708,597
Sexo		
Hombres	5,102,952	366,622
Mujeres	5,074,055	341,975
Grupo de edad		
0-9	3,142,762	25,294
10-19	1,763,555	58,075
20-29	2,659,730	59,999
30-39	2,610,960	71,765
40-49		85,986
50-59	1,635,817	104,786
60-69	765,256	105,735
70-79	672,513	104,643
80 y mas	424,523	92,314
Fuente: Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR- 2013)		
¹ No incluye a las personas menores de dos años que tienen alguna discapacidad		

Personas con alguna discapacidad por sexo, según provincia en República Dominicana, 2013			
Provincia	Total	Personas con alguna discapacidad	
		Hombres	Mujeres
Total	708,597	366,622	341,975
Distrito Nacional	77,854	37,533	40,321
Azua	15,364	8,422	6,942
Baoruco	8,295	4,713	3,582
Barahona	11,807	6,378	5,429
Dajabón	4,274	1,991	2,283
Duarte	21,431	11,017	10,414
Elías Piña	4,681	2,564	2,117
El Seibo	8,128	3,436	4,692
Españat	15,899	10,351	5,548
Independencia	3,844	2,093	1,751
La Altagracia	22,396	12,287	10,109
La Romana	21,583	10,922	10,661
La Vega	30,406	17,515	12,891
María Trinidad Sánchez	10,697	5,419	5,278
Montecristi	10,407	5,522	4,885
Pedernales	1,873	1,104	769
Peravia	17,231	8,281	8,950
Puerto Plata	15,821	9,615	6,206
Hermanas Mirabal	5,398	3,215	2,183
Samaná	4,812	2,591	2,221
San Cristóbal	40,090	20,807	19,283
San Juan	17,841	9,382	8,459
San Pedro de Macorís	24,324	11,568	12,756
Sánchez Ramírez	8,558	4,382	4,176
Santiago	54,127	30,456	23,671
Santiago Rodríguez	2,620	1,450	1,170
Valverde	17,630	8,716	8,914
Monseñor Nouel	13,178	7,540	5,638
Monte Plata	19,717	11,491	8,226
Hato Mayor	9,706	4,759	4,947
San José de Ocoa	6,219	2,981	3,238
Santo Domingo	182,386	88,121	94,265

Fuente: Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR- 2013)

Composición porcentual de las personas con alguna discapacidad, por condición de ocupación, según características geográficas y demográficas, ENHOGAR-2013

Características geográficas y demográficas	Número de personas con alguna discapacidad	Porcentaje	
		Trabaja	No trabaja
Total	708,597	34.0	66.0
Zona de residencia			
Urbano	524,503	32.9	67.1
Rural	184,094	37.1	62.9
Estrato geográfico			
Ciudad de Santo Domingo I	230,058	32.5	67.5
Grandes Ciudades	109,486	35.9	64.1
Resto Urbano	184,959	31.7	68.3
Rural	184,094	37.1	62.9
Región de residencia			
Cibao Norte	85,847	34.9	65.1
Cibao Sur	52,142	32.8	67.2
Cibao Nordeste	42,338	28.7	71.3
Cibao Noroeste	34,931	35.3	64.7
Valdesia	78,904	31.9	68.1
Enriquillo	25,819	32.8	67.2
El Valle	22,522	35.9	64.1
Yuma	52,107	41.8	58.2
Higuamo	53,747	33.8	66.2
Ozama o Metropolitana	26,024	33.7	66.3
Sexo			
Hombres	366,622	44.7	55.3
Mujeres	341,975	22.5	77.5
Grupo de edad			
0-9	25,294	0	100
10-19	58,075	11.2	88.8
20-29	59,999	47.2	52.8
30-39	71,765	57.8	42.2
40-49	85,986	59.5	40.5
50-59	104,786	50.7	49.3
60-69	105,735	31.5	68.5
70-79	104,643	18.2	81.8
80 y más	92,314	8.6	91.4
Nivel de instrucción alcanzado²			
Ningún nivel o inicial	118,661	20.5	79.5
Básico o primario	425,202	31.8	68.2
Medio o secundario	107,951	49.9	50.1
Universitario	4,355	55.1	44.9
Postgrado	2,942	50.2	49.8
Sin información o no sabe	5,923	31.4	68.6

1 Incluye Distrito Nacional y zona urbana de la provincia de Santo Domingo, excepto los municipios de Boca Chica y San Antonio de Guerra.

2 No incluye a las personas menores de dos años que tienen alguna discapacidad.

Número de personas por tipo de dificultad permanente según región, 2013					
Región	Dificultad para ver	Es ciego de uno o ambos ojos	Es sordo	Es mudo	Le falta uno o más dedos de las manos
Total	130,136	82,525	94,677	27,429	25,998
Cibao Norte	10,420	9,762	15,332	5,457	4,898
Cibao Sur	7,598	6,456	7,742	2,647	1,526
Cibao Nordeste	7,772	6,225	6,486	1,562	1,332
Cibao Noreste	7,363	4,697	5,712	1,210	984
Valdesia	15,365	9,041	12,242	2,985	3,577
Enrriquillo	4,874	2,262	3,745	1,318	1,012
El Valle	4,911	3,029	3,998	1,049	907
Yuma	10,234	5,602	5,317	1,636	1,656
Higuamo	14,047	7,096	7,123	2,262	2,407
Ozama o Motropolitana	47,552	28,355	26,980	7,303	7,699

Fuente: Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR) 2013 (ONE).

Cantidad de Personas con Discapacidad, 2013	
Tipo	Cantidad de Personas
Fisicomotora	402,661
Intelectual	268,594
Visibilidad	150,397
Auditiva	97,735
Del habla	84,259
Fuente: CONADIS	

Datos Educativos personas mayores de 15 años, 2013 (En porcentaje)		
Condición	Si	No
Capacidad Lectoescritura		
Con Discapacidad	76.0	24.0
Sin Discapacidad	91.4	8.6
Nivel de alfabetismo		
Con Discapacidad	76.7	23.3
Sin Discapacidad	94.00	6.0
Asistencia a un Centro Educativo		
Con Discapacidad	84	16
Sin Discapacidad	94.40	5.6
Nivel Educativo Alcanzado		
Nivel Educativo	Con Discapacidad	Sin Discapaciudad
Inicial	1.0	3.5
Alfabetización Especial	2.6	1.1
Nivel Básico	70.0	50.8
Nivel Medio	18.4	28.3
Universitario	7.3	15.5
Post universitario	0.5	0.7

Fuente: CONADIS

Datos Mercado laboral, 2013 (En porcentajes)		
Condición	PE Inactiva	PEA
Con Discapacidad	64.1	35.9
Sin Discapacidad	52.5	47.5
Fuente: CONADIS		

Acceso a Seguro de Salud (En Porcentajes)		
Condición	Si	No
Con Discapacidad	58.8	41.2
Sin Discapacidad	53.8	46.2
Titularidad de Seguro de Salud	Dependiente	Titular
Con Discapacidad	36.9	63.1
Sin Discapacidad	56.9	43.1
Tipo de Seguro Personas con Discapacidad		
Seguro privado controlado empresa		46.6
SENASA		45.8
Seguro privado controlado Hogar		2.9
Otras		1.4

Fuente: CONADIS

Prevalencia de VIH por año según sexo en República Dominicana, 2002-2013 (En porcentajes)			
Sexo	Año		
	2002	2007	2013
Hombre	1.1	0.8	0.9
Mujer	0.9	0.8	0.7

Fuente: ENDESA 2002,2007,2013 (CESDEM)

Prevalencia de VIH según grupos de edad y sexo al 2013. República Dominicana (En porcentajes)		
Grupos de Edad	Mujeres	Hombres
15 -19 años	0.1	0.2
20-24 años	0.8	0.2
25-29 años	0.5	1.7
30-34 años	1.1	0.7
35-39 años	0.8	1.1
40-44 años	1	1.8
45-49 años	1	1.9

Evolución de la Cantidad de Muertes relacionadas al SIDA en República Dominicana	
Año	Cantidad
2010	3,043
2015	2,083
2018	2,737

Fuente: ONUSIDA, CONAVIHSIDA, MSP, SNS. 2019

Porcentaje de Cambio en Nuevas Infecciones por Grupo Poblacional, 2015-2018	
Población	Cambio %
Población General	
Hombre 15+	-35%
Población General Mujer 15+	-33%
Niños	-9%
HSH	14%
TRANS	-2%
TRXS	-26%
Migrantes	1%

Fuente: Estimaciones Nacionales y Carga de Enfermedad, 2018

Evolución en el número de nuevas infecciones por VIH en República Dominicana			
Año	Total	Adultos	Niños/as
2010	3,169	2,933	236
2015	2,904	2,797	106
2018	2,737	2,642	96

Fuente: ONUSIDA, CONAVIHSIDA, MSP, SNS. 2019

Nivel educativo de la población según sexo y condición de VIH									
Nivel educativo más alto alcanzado	Resultado del examen de sangre						Total		
	VIH negativo			VIH positivo					
	No.	Col %	Acum %	No.	Col %	Acum %	No.	Col %	Acum %
Hombres									
Total	9,872	100.0		118	100.0		9,990	100.0	
Preescolar o Nunca asistió	543	5.5	5.5	17	14.4	14.4	560	5.6	5.6
Primario	4,495	45.5	51.0	73	61.9	76.3	4,568	45.7	51.3
Secundario	3,493	35.4	86.4	24	20.3	96.6	3,517	35.2	86.5
Universitario	1,170	11.9	98.3	2	1.7	98.3	1,172	11.7	98.3
Especialidad	12	0.1	98.4	0	0.0	98.3	12	0.1	98.4
Maestría	18	0.2	98.6	0	0.0	98.3	18	0.2	98.6
Doctorado	3	0.0	98.6	0	0.0	98.3	3	0.0	98.6
No sabe	138	1.4	100.0	2	1.7	100.0	140	1.4	100.0
Mujeres									
Total	9,006	100.00		82	100.0		9,088	100.0	
Preescolar o Nunca asistió	246	2.70	2.70	9	11.0	11.0	255	2.8	2.8
Primario	2,973	33.00	35.70	49	59.8	70.7	3,022	33.3	36.1
Secundario	3,554	39.50	75.20	21	25.6	96.3	3,575	39.3	75.4
Universitario	2,166	24.10	99.30	3	3.7	100.0	2,169	23.9	99.3
Especialidad	17	0.20	99.40	0	0.0	100.0	17	0.2	99.4
Maestría	20	0.20	99.70	0	0.0	100.0	20	0.2	99.7
Doctorado	5	0.10	99.70	0	0.0	100.0	5	0.1	99.7
No sabe	25	0.30	100.00	0	0.0	100.0	25	0.3	100.0

Fuente: ENDESA 2013

Condición de Actividad por sexo según Condición de VIH, ENDESA 2013									
Estatus de ocupación	Resultado del examen de sangre						Total		
	VIH negativo			VIH positivo					
	No.	Col %	Acum %	No.	Col %	Acum %	No.	Col %	Acum %
Hombres									
Total	4,631	100.0		55	100.0		4,686	100.0	
Ocupado	3,952	85.3	85.3	51	92.7	92.7	4,003	85.4	85.4
Desocupado abierto	257	5.5	90.9	2	3.6	96.4	259	5.5	91.0
Desocupado ampliado	422	9.1	100.0	2	3.6	100.0	424	9.0	100.0
Mujeres									
Total	3,588	100.0		39	100.0		3,627	100.0	
Ocupado	2,027	56.5	56.5	20	51.3	51.3	2,047	56.4	56.4
Desocupado abierto	404	11.3	67.8	5	12.8	64.1	409	11.3	67.7
Desocupado ampliado	1,157	32.2	100.0	14	35.9	100.0	1,171	32.3	100.0

Fuente: ENDESA 2013

Categoría Ocupacional según sexo y condición de VIH									
Categorías de ocupación	Resultado del examen de sangre						Total		
	VIH negativo			VIH positivo					
	No.	Col %	Acum %	No.	Col %	Acum %	No.	Col %	Acum %
Hombres									
Total	3,950	100.0		51	100.0		4,001	100.0	
Empleado público	358	9.1	9.1	1	2.0	2.0	359	9.0	9.0
Empleado privado	1,659	42.0	51.1	25	49.0	51.0	1,684	42.1	51.1
Trabajador doméstico	14	0.4	51.4	0	0.0	51.0	14	0.3	51.4
Empleado por cuenta propia	1,775	44.9	96.4	22	43.1	94.1	1,797	44.9	96.3
Trabajador no remunerado	76	1.9	98.3	0	0.0	94.1	76	1.9	98.2
Miembro de cooperativa	1	0.0	98.3	1	2.0	96.1	2	0.0	98.3
Empleador	67	1.7	100.0	2	3.9	100.0	69	1.7	100.0
Mujeres									
Total	2,024	100.0		20	100.0		2,044	100.0	
Empleado público	305	15.1	15.1	1	5.0	5.0	306	15.0	15.0
Empleado privado	819	40.5	55.5	3	15.0	20.0	822	40.2	55.2
Trabajador doméstico	194	9.6	65.1	1	5.0	25.0	195	9.5	64.7
Empleado por cuenta propia	618	30.5	95.7	14	70.0	95.0	632	30.9	95.6
Trabajador no remunerado	66	3.3	98.9	1	5.0	100.0	67	3.3	98.9
Miembro de cooperativa	1	0.0	99.0	0	0.0	100.0	1	0.0	99.0
Empleador	20	1.0	100.0	0	0.0	100.0	20	1.0	100.0
No sabe	1	0.0	100.0	0	0.0	100.0	1	0.0	100.0

Fuente: ENDESA 2013

Ingreso promedio por sexo, según condición VIH, 2013			
Resultado del examen de sangre	Sexo		Total
	Masculino	Femenino	
Total	11,105.41	8,501.16	10,228.35
VIH negativo	11,147.10	8,530.30	10,263.85
VIH positivo	7,990.55	5,582.63	7,327.50

Fuente: ENDESA 2013

Disponibilidad de seguro de salud según sexo y condición de VIH									
Tenencia de seguro de salud	Resultado del examen de sangre						Total		
	VIH negativo			VIH positivo					
	No.	Col %	Acum %	No.	Col %	Acum %	No.	Col %	Acum %
Hombres									
Total	4,985	100.0		60	100.0		5,045	100.0	
Afiliado titular	1,477	29.6	29.6	21	35.0	35.0	1,498	29.7	29.7
Afiliado dependiente	1,022	20.5	50.1	3	5.0	40.0	1,025	20.3	50.0
No afiliado	2,453	49.2	99.3	36	60.0	100.0	2,489	49.3	99.3
No sabe, no tiene información	33	0.7	100.0	0	0.0	100.0	33	0.7	100.0
Mujeres									
Total	4,473	100.0		47	100.0		4,520	100	
Afiliado titular	1,394	31.2	31.2	15	31.9	31.9	1,409	31.2	31.2
Afiliado dependiente	1,219	27.3	58.4	4	8.5	40.4	1,223	27.1	58.2
No afiliado	1,845	41.2	99.7	28	59.6	100.0	1,873	41.4	99.7
No sabe, no tiene información	15	0.3	100.0	0	0.0	100.0	15	0.3	100

Fuente: ENDESA 2013

Principales Indicadores de Educación según sexo, 2010-2017									
Indicador	2010			2015			2017		
	Total	Hombre	Mujer	Total	Hombre	Mujer	Total	Hombre	Mujer
Tasa de analfabetismo de la población de 15 años y más	9.7	9.8	9.7	7.0	7.2	6.8	6.8	6.6	6.9
Tasa de analfabetismo de la población joven (15 a 24 años)	3.0	3.9	2.0	2.2	2.5	1.9	1.9	2.2	1.6
Escolaridad promedio de la población de 15 años y más (Años)	8.5	8.2	8.8	9.1	8.8	9.4	9.1	8.7	9.4
Escolaridad promedio de la población de 15 -24 años (Años)	9.7			10.1				10.2	
Tasa neta de matrícula nivel inicial (Población 3-5 años)	33.2	34.2	32.2	32.5	31.0	34.3	49.6	49.2	50.0
Tasa neta de matrícula nivel básica (Población 6-13 años)	94.6	94.6	94.6	94.9	95.2	94.7	93.2	94.4	91.9
Tasa neta de matrícula nivel medio (Población 14-17 años)	55.2	49.5	61.3	59.6	52.8	66.6	69.9	64.8	75.2
Tasa neta de matrícula nivel superior (Población 18-24 años)	25.9	20.3	31.4	24.8	18.9	31.1	26.7	18.7	34.9
Porcentaje de jóvenes de 15 a 19 años que terminó el nivel básico	75.3	69.3	81.8	79.0	73.5	84.6	83.5	78.3	89.1
Porcentaje de jóvenes de 20 a 24 años que terminó el nivel medio	54.1	46.2	61.8	59.2	51.7	67.3	62.7	54.2	71.0
Índice de paridad de género en tasa neta de matrícula nivel inicial	0.9			1.1			1.0		
Índice de paridad de género en tasa neta de matrícula nivel Básica	0.9			1.0			1.0		
Índice de paridad de género en tasa neta de matrícula nivel medio	1.2			1.2			1.1		
Índice de paridad de género en tasa neta de matrícula nivel superior	1.7			1.7			1.8		
Jóvenes de 15-24 que no estudian ni trabajan	20.8	14.4	27.4	20.5	14.7	26.6	19.2	13.3	25.3

Fuente: Ministerio de Economía, Planificación y Desarrollo. Sistema de Indicadores Sociales de la República Dominicana 2017

Tasa de deserción por sector según nivel educativo	
Todos los sectores	Año lectivo
	2016-2017
Nivel básico	2.4
Primero	2.2
Segundo	2.1
Tercero	2.4
Cuarto	2.4
Quinto	2.6
Sexto	2.5
Séptimo	2.8
Octavo	2.8
Nivel medio	6.3
Primero	6.0
Segundo	5.5
Tercero	5.4
Cuarto	9.1

Fuente: Ministerio de Economía, Planificación y Desarrollo. Sistema de Indicadores Sociales de la República Dominicana 2017

Principales Indicadores del Mercado Laboral según sexo para población de 10-24 años, 2010-2017 (Porcentaje)									
Desagregaciones	2010	2011	2012	2013	2014	2015	2016	2016*	2017*
Tasa de desocupación ampliada (ENFT) (Porcentaje)									
Total País	14.5	14.8	14.8	15.2	14.6	14.2	13.4	14.1	12.7
Hombre	10.1	10.6	10.1	10.0	9.0	8.6	8.4	8.9	8.4
Mujer	21.3	21.2	21.6	22.6	22.4	21.9	20.3	21.2	18.6
Tasa de desocupación ampliada (ENFT) (Porcentaje)									
Total									
10-14	12.1	8.5	15.3	10.1	14.2	17.8	14.5	14.8	11.4
15-19	33.7	34.6	38.8	39.0	36.0	40.1	35.9	34.1	31.8
20-24	27.1	27.2	27.5	28.3	25.7	26.9	25.5	26.1	23.6
Hombres									
10-14	8.3	9.1	15.2	9.3	11.1	15.7	10.1	11.5	14.5
15-19	27.2	27.4	31.4	28.7	26.0	31.1	26.4	26.2	22.7
20-24	19.4	21.1	20.0	19.8	16.9	16.5	17.8	16.5	17.5
Mujeres									
10-14	23.6	6.3	15.8	14.2	20.1	23.4	25.3	21.3	4.2
15-19	45.7	47.5	52.9	58.7	52.3	55.0	52.5	49.5	50.0
20-24	37.8	36.4	37.3	41.2	38.7	41.9	36.1	39.3	32.1
Tasa de ocupación (Porcentaje)									
Total									
10-14	2.5	3.4	2.6	2.3	2.5	1.5	1.9	2.0	2.0
15-19	21.0	21.0	19.3	18.3	18.9	17.6	18.5	19.9	19.8
20-24	50.6	51.2	52.4	51.2	54.2	53.3	53.4	55.7	58.0
Hombres									
10-14	3.9	5.2	3.6	3.8	3.2	2.2	2.7	2.7	2.6
15-19	28.8	29.5	26.9	27.2	26.8	24.9	26.6	28.7	28.9
20-24	66.0	64.8	66.1	65.2	70.4	69.6	66.8	74.3	73.4
Mujeres									
10-14	1.0	1.5	1.5	0.7	1.7	0.8	1.0	1.3	1.3
15-19	12.6	12.2	10.7	8.8	10.8	10.1	10.2	10.6	10.0
20-24	35.7	36.7	38.9	35.4	37.2	35.8	39.4	37.8	42.9
Razón del ingreso laboral promedio mensual de las mujeres respecto al de los hombres									
Total País	85.2	78.8	86.9	85.2	80.2	82.4	83.4	79.5	80.9
10-14	60.8	52.5	123.4	122.9	93.9	78.2	41.8	72.8	113.1
15-19	93.1	88.9	86.3	94.7	91.8	81.4	84.9	83.4	87.6
20-24	103.1	85.6	97.2	90.9	88.4	85.7	88.2	84.8	80.3

Fuente: Ministerio de Economía, Planificación y Desarrollo. Sistema de Indicadores Sociales de la República Dominicana 2017

Población por año calendario, según sexo y grupos quinquenales de edad en República Dominicana, 2015-2020						
Grupos de Edad	Año					
	2015	2016	2017	2018	2019	2020
Ambos sexos	9,980,243	10,075,045	10,169,172	10,266,149	10,358,320	10,448,499
0- 4	973,795	969,721	965,628	961,511	957,373	953,219
5-9	967,269	967,166	967,050	966,913	966,756	966,585
10-14	981,483	975,528	969,552	963,553	957,529	951,491
15-19	949,228	950,407	951,536	952,608	953,622	954,583
20-24	908,335	908,631	908,884	909,074	909,207	909,285
25-29	830,004	837,056	844,097	851,132	858,147	865,167
30-34	743,334	753,183	763,030	772,876	782,714	792,555
35-39	668,488	678,448	688,020	699,538	707,756	714,670
40-44	600,405	610,402	619,955	629,778	638,298	646,105
45-49	539,125	548,535	557,593	566,751	575,040	582,820
50-54	476,771	486,021	495,065	504,188	512,801	521,122
55-59	390,663	403,519	416,445	429,475	442,576	455,725
60-64	308,197	319,476	331,015	342,649	354,804	367,286
65-69	228,216	238,209	248,523	258,947	270,007	281,459
70-74	163,853	170,592	177,500	184,550	191,825	199,283
75-79	122,605	124,535	126,407	128,296	130,032	131,675
80 y más	128,472	133,616	138,872	144,310	149,833	155,469
Hombres	4,991,398	5,037,329	5,082,876	5,129,824	5,174,343	5,217,831
0- 4	496,880	494,850	492,808	490,753	488,686	486,608
5-9	492,695	492,703	492,702	492,690	492,668	492,637
10-14	498,031	495,073	492,107	489,128	486,135	483,133
15-19	478,646	479,357	480,035	480,685	481,306	481,901
20-24	455,186	455,323	455,440	455,533	455,599	455,639
25-29	413,051	416,885	420,715	424,547	428,375	432,213
30-34	367,374	372,612	377,850	383,093	388,336	393,585
35-39	329,386	334,725	339,877	346,017	350,506	354,345
40-44	296,087	301,202	306,097	311,134	315,536	319,590
45-49	266,932	271,299	275,488	279,693	283,505	287,065
50-54	237,114	241,261	245,299	249,345	253,168	256,845
55-59	194,161	200,191	206,257	212,370	218,520	224,689
60-64	151,654	157,223	162,912	168,638	174,613	180,742
65-69	112,944	117,342	121,894	126,529	131,426	136,500
70-74	80,449	83,557	86,739	90,002	93,344	96,764
75-79	59,603	60,382	61,133	61,894	62,579	63,221
80 y más	61,205	63,344	65,523	67,773	70,041	72,354
Mujeres	4,988,845	5,037,716	5,086,296	5,136,325	5,183,977	5,230,668
0- 4	476,915	474,871	472,820	470,758	468,687	466,611
5-9	474,574	474,463	474,348	474,223	474,088	473,948
10-14	483,452	480,455	477,445	474,425	471,394	468,358
15-19	470,582	471,050	471,501	471,923	472,316	472,682

20-24	453,149	453,308	453,444	453,541	453,608	453,646
25-29	416,953	420,171	423,382	426,585	429,772	432,954
30-34	375,960	380,571	385,180	389,783	394,378	398,970
35-39	339,102	343,723	348,143	353,521	357,250	360,325
40-44	304,318	309,200	313,858	318,644	322,762	326,515
45-49	272,193	277,236	282,105	287,058	291,535	295,755
50-54	239,657	244,760	249,766	254,843	259,633	264,277
55-59	196,502	203,328	210,188	217,105	224,056	231,036
60-64	156,543	162,253	168,103	174,011	180,191	186,544
65-69	115,272	120,867	126,629	132,418	138,581	144,959
70-74	83,404	87,035	90,761	94,548	98,481	102,519
75-79	63,002	64,153	65,274	66,402	67,453	68,454
80 y más	67,267	70,272	73,349	76,537	79,792	83,115

Fuente: Oficina Nacional de Estadística (ONE)

Relación de Personas Internas en los Centro de Atención Integral														
Centros	Total Internos	Capacidad De Los Centros	Sexo		Edades Adolescentes									Sub-Totales
			M	F	13	14	15	16	17	18	19	20	21	
Caipacl Ciudad Del Niño	152	155	152	0	0	0	31	27	68	22	4	0	0	152
Caipacl Batey Bienvenido	57	80	57	0	9	15	22	11	0	0	0	0	0	57
Caipacl Cristo Rey	68	63	68	0	0	4	9	12	36	7	0	0	0	68
Caipacl Villa Consuelo	28	26		28	0	3	6	5	11	3	0	0	0	28
Caipacl San Cristobal	45	63	45	0	5	7	11	8	6	7	1	0	0	45
Caipacl Higuey	17	16	17	0	0	2	4	1	10	0	0	0	0	17
Caipacl La Vega	72	79	72	0	0	5	9	16	26	11	5	0	0	72
Caipacl Santiago	66	90	66	0	0	7	7	10	26	15	1	0	0	66
Totales	505	572	477	28	14	43	99	90	183	65	11	0	0	505

Fuente: Estadísticas de la Procuraduría General de la República

Número de adolescentes detenidos por año, según infracción imputada en Distrito Nacional y Santo Domingo, 2007-2016

Infracción imputada	Año									
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Total	2,426	2,229	2,405	1,731	1,313	1,074	1,112	1,956	2,152	2,479
Abuso sexual	0	0	0	5	0	0	0	0	0	0
Estafa	0	0	0	4	0	0	0	0	0	0
Prostitución	0	0	0	7	0	0	0	34	34	18
Robo	503	575	586	414	315	263	247	391	424	388
Riña	229	178	209	106	72	79	89	334	353	294
Agresión física	182	196	153	145	210	182	212	264	277	415
Daño a la propiedad	27	8	62	9	28	5	3	4	11	18
Droga	550	594	646	484	324	235	291	362	374	690
Violación sexual	25	66	49	40	34	42	26	36	51	71
Violencia intrafamiliar	6	16	19	5	0	0	0	0	0	0
Polizontes	0	1	22	11	12	5	0	53	53	2
Homicidios	128	90	117	106	79	60	53	42	85	178
Amenaza de muerte	4	7	11	9	3	8	10	8	12	19
Ley de tránsito	9	2	8	3	4	2	0	17	17	12
Porte ilegal de arma de fuego	123	104	102	88	48	63	71	54	65	59
Falsificación	8	3	14	5	1	1	0	0	0	0
Secuestros	1	2	0	1	0	0	0	0	0	0
Atraco	320	229	266	209	154	104	98	264	289	221
Incendio	12	3	2	0	0	5	0	0	0	0
Acoso sexual	2	2	0	0	18	0	0	0	0	0
Desorden en vía pública	0	0	0	0	0	0	12	0	43	30
Otros	297	30	20	80	11	20	0	44	15	16
No especificado	0	123	119	0	0	0	0	49	49	48

Fuente: ONE, con informaciones del Departamento Policía Judicial, Especializada en Niños, Niñas y Adolescentes (P. N).

ANNEX E: LIST OF KEY INFORMANT INTERVIEWS

Category	Affiliation
USAID/DR	USAID Youth, Education and Security (YES)
	Office of Health and HIV
	Office of Sustainable, Economic and Environmental Development (SEED)
	USAID Inclusive Development
	Citizen Security Rule of Law and Justice
Gender	Ministry of Women Oficina Principal (MMUJER)
	Attorney's General Office, Human Rights/Procuraduria General de la Republica
	Nucleo de Apoyo a la Mujer (Santiago)
	Casa Acogida (Santiago)
	Fiscalia Santiago
	Ministry of Education-Gender Department
	Fundacion Mujeres Empoderadas Abriendo Caminos-Focus Group
	Trans Siempre Amigas (TRANSSA)
	Amigos Siempre Amigos (ASA)
	Deputy for Haina Municipality and Movimiento de Mujeres Unidas (MODEMU)
	Asociación Dominicana Pro Bienestar de la Familia (PROFAMILIA)
	Patronato de Ayuda a la Mujer Maltratada (PACAM)
	Tu Mujer
	CEPROSH
	Diversidad Dominicana
	Mesa Nacional para las Migraciones y Refugiados en República Dominicana (Menamird)
	Fundacion REDDOM-Rural Economic Development Dominicna
	Chemonics International Criminal Justice System Strengthened Project (CJSSP)
	Casa Comunitaria de Justicia
	Iglesia Evangelica Dominicana
Iglesia Episcopal	
Centro de Investigacion para la Accion Femenina (CIPAF)	
HIV/AIDS	CEPROSH
	COIN
	Investigadoras independientes
	ONUSIDA

	Ministerio de Educación
	Investigadora en temas de Género y VIH
	Instituto Nacional de Salud (INSALUD)
	Then Oceans in Health
	Programa de Prevención de enfermedades de transmisión sexual y VIH, Ministerio de Salud
Persons with Disabilities	Asociación de Ciegos del Cibao, Director General y Profesores
	Consejo Nacional de Discapacidad CONADIS
	Asociación de Personas con Discapacidad Físico Motoras (ASODIFIMO)
	Red Iberoamericana De Personas con Discapacidad
At Risk Youth	ENTRENA, SA
	Investigadora Grupos vulnerables y NNyA y jóvenes en riesgos
	DREAM Project
	Centro de Atención Familiar Acción Callejera
	Alerta Joven Children Internacional
	Fondo de Naciones Unidas para la Niñez(UNICEF)
	Plan Internacional en República Dominicana
	Casa Abierta
	Coordinación Nacional de la Dirección NNA y Familia de la Procuraduría General de la República
	Fondo de Población de Naciones Unidas (UNFPA)
	Gabinete de Políticas Sociales
	APRENDE (Grupo independiente de jóvenes viven en bateyes de descendencia haitiana)
Human Trafficking, Persons of Haitian Descent and Venezuelan Migrants	Mais
	Movimiento de Mujeres Dominicano Haitiana (MODHA)
	Movimiento sociocultural para los trabajadores Haitianos (MOSCTHA)
	Servicio Internacional de Justicia
	IDDI
	Caminante
	Accion Callejera
	Independent
	UNDP
	UNHCR
	Solidaridad Fronteriza Centro Puente
Comisión Interinstitucional de Combate a la Trata de Personas y el Tráfico Ilícito de Migrantes (CITIM)	

	Dirección de Migración o Ministerio de Interior y Policia
	Ministerio Público – Procuraduría Especializada contra Tráfico Ilícito de Migrantes y Trata de Personas
	Ministerio De Interior Y Policia
	Independent, Venezuelan representative
	World Vision
	MONDHA Focus Group
	Grupo Focal Con Jovenes Iddi – Entrena
	Grupo focal con Venezolanos
	OIM
	Cristian Aid
	Panagora Group