



**List of critical issues submitted to
The Committee for the Elimination of all
Forms of Discriminations against Women
(CEDAW)**



September 2018



**Coalition of Organisations for Active Defence of Women's and Young
People's Rights (Dominican Republic)**

Center for Gender Studies of Intec. Center for Social Development (CEDESOC). Center for Research for Women's Action (CIPAF). Solidarity Center for the Development of Women (CE-MUJER). Women and Health Collective (CMS). National Confederation of Women of the Field (CONAMUCA). Cibao Women's Coordinator (CMC). Magaly Pineda Feminist Forum. Empowered Women Opening Roads. Haitian Dominican Women's Movement (MUDHA). Hermanas Mirabal Feminist Movement. Sociocultural Movement for Haitian Workers (MOSCTHA). Nucleus of Support for Women (NAM). Oxfam in the Dominican Republic. Profamilia. Plan International.

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Discrimination (Article 1)

1. In an overall context where inequality is widespread, women as a group are still at the greatest disadvantage. The Dominican Republic is categorised as a High Human Development country (ranked in 99th place) but this index is reduced by 21.7% when adjusted for inequality and 47% (107th place) when the Gender Inequality Index is taken into account. The Report on the Global Gender Gap ranks the country in 97th position on a list of 144 countries.
2. Inequality is reflected in the feminisation of poverty. The percentage of women living in extreme poverty at national level is estimated at 6.35%, mainly in rural areas (9.49%), compared to 5.58% of men¹. Women-headed households (33.3%) are the most vulnerable; 19.3% are in the lowest wealth percentile and contain a higher percentage of children and adolescents².
3. The success of poverty reduction policies is measured in monetary terms, which enables positive results to be presented without a need to explain the persistent lack of capacities among the population—especially women—for overcoming poverty. The elements within poverty that specifically affect women aren't taken into account. As a result, these programmes have limited potential for transforming poverty and the results are superficial.

Proposal for questions to the State

1. What measures have been taken to promote women's access to economic empowerment and poverty reduction?
2. The State has indicators to measure the levels of coordination of policies that ensure gender mainstreaming in the State?

Policy Measures (Article 2)

4. In a positive spirit, the State adopted strategic plans aimed at tackling the high levels of social inequality, especially the inequality between women and men. Nonetheless, major gaps persist in their implementation, along with legislative gaps and strong resistance towards modifying and extending the regulatory framework. On the ground, women's human rights are still being denied due to lack of access to safe maternity services, the criminalisation of abortion, the legitimisation of harmful cultural practices like forced child marriage, deficiencies in response to private and institutional violence, and unequal distribution of roles in the workplace and positions of power.
5. The State's interventions are fragmented and have therefore been unable to provide comprehensive responses to complex problems; dispersion of funds and responsibility, duplication of efforts and weakening of the institutionalisation processes, and a lack of inter-sectorial and inter-ministerial coordination, which contributes to the low level of coherent programming.
6. Low levels of economic investment have been noted. This is linked to a failure to prioritise equality policies as well as a lack of will and capacity on the part of the State to draw up budgets that are consistent with the declared objectives and based on a gender and rights-based perspective.
7. The Ministry of Women, the institution responsible for coordinating the implementation of equality policies at sectorial level, receives one of the lowest budget allocations and does not have professional teams with the technical skills for designing, executing and evaluating gender policies. This is reflected in its low level of influence and negotiation skills.
8. Transparency and accountability are minimal and the plans are implemented without assessing the result indicators or conducting audits to report on investment and spending. This opacity enables social policy funds to be distributed in a clientelistic manner. One indication is the increasing number of social protection

¹ Gender Studies Centre, Technological Institute of Santo Domingo (INTEC). *Inequalities between women and men during all life cycles show social exclusion in the Dominican Republic*. Santo Domingo, 6th March 2018.

² ORTEGA, Gloria *et al.* Situation Analysis of the Population: Dominican Republic 2017 [online]. Santo Domingo: United Nations Population Fund (UNFPA), 2017, pp. 27, 28 Available from: <http://dominicanrepublic.unfpa.org/es/publications/an%C3%A1lisis-de-la-situaci%C3%B3n-poblacional-rep%C3%ABlica-dominicana-2017>

programmes managed by the Vice Presidency of the Republic, which has negative consequences on funding for the Ministries and the institutionalisation of the programmes.

Proposal for questions to the State

1. What steps have you taken to incorporate gender sensitive budgets throughout the national budget?
2. What measures has the State implemented to ensure transparency in accountability with a focus on gender and results?
3. Why the poverty and feminization indexes of poverty persist despite the country's economic growth?

Sex Role Stereotyping and Prejudice (Article 5)

9. Violence against women (VAW) is the fourth cause of death among women of reproductive age. The country has the third highest annual murder rate of women in Latin America, 3.6 for every 100,000 women, and alarmingly, the Citizen Safety Observatory reports that 58% of women homicide victims are between 15 and 34 years of age, and 51% of women killed in femicides are between 18 and 34 years of age, therefore “the female population is most likely to become a victim of homicide”³.
10. The national system for responding to VAW has been developed around a penal law (Law No. 24-97), which has shaped a structure centred on pursuit and sanction of offences with a minimal focus on prevention, protection and reparations for victims.
11. The system is disorganised in terms of prevention and response, with disparities in resource distribution that favours response (penalisation) and there is a lack of consensus among the competent institutions regarding the conceptualisation of VAW, its causes and the most effective strategies for addressing it. These elements affect the operation of the critical path of comprehensive response for victims of violence.
12. The duplication of state interventions and their lack of coherence make it difficult to assess the level of State spending on VAW. However, the available figures and the situation on the ground suggest that spending is limited and usually not specific, with the exception of international development funding⁴, and distribution of funds is not based on prioritisation of responsibilities. For example, the Ministry of Women, which is in charge of coordination of most of the preventive measures and responsible for managing the women’s shelters, receives minimal funding and depends on international aid.
13. The organisations confirm the many obstacles faced by women when they report violence: ineffective protection orders, lack of shelters, re-victimisation and officials with high burnout levels⁵. Less than 4% of reported cases result in sentencing⁶.
14. Haitian migrant women who can’t prove they are legally regularised residents are rejected by Public Prosecutor’s Offices and the Police and are not able to file a complaint, which increases their vulnerability and risk of violence and death.
15. The State has recognised VAW as a public health problem and the Ministry of Health has been adopting standards, guidelines and response protocols since 2001, but continuous training programmes and evaluation and monitoring systems are still needed. The organisations confirm that many healthcare staff members are unfamiliar with these standards.

³ Thematic Report on Citizen Security OSC-IT 013: *Definition and prevention of violent deaths among women in the Dominican Republic*. September 2016 [Online]. Available from: <https://mi.gob.do/observatoriodeseguridadciudadana/images/documentos/informes/OSC-IT-013--Muertes-violentas-de-mujeres-en-RD.pdf>

⁴ POLA ZAPICO, María Jesús (Susi). *Legislative achievements, unfulfilled promises: Gaps in the implementation of the law on Violence against Women. Successful results and positive aspects of the application of laws and policies on violence against women in the Dominican Republic*; Dominican Republic: Oxfam, 2016.

⁵ POLA ZAPICO, María Jesús (Susi). *Legislative achievements, unfulfilled promises*

⁶ ORTEGA, Gloria *et al.* *Situation Analysis of the Population*, p. 58.

Proposal for questions to the State

1. Why the country is among those with higher femicide rates despite the measures of attention taken by the State?
2. Does the State has systematic policies for the prevention of violence against women and girls in education sector?
3. What percentage of the national budget is dedicated to the prevention and care of violence against women and girls?

Employment (Article 11)

16. Women's educational levels are higher than men's, but this is not reflected in their increased or improved participation in the workplace, type of employment, income or access to political decision-making spaces. The current sexual division of labour assigns all caregiving responsibilities to women, thus limiting their ability to access, remain and compete in the market, as well as pushing poorer women towards the informal and feminised sectors. 43% of women are active in other services compared to 13.4% of men and just 2.0% of rural women work in agriculture in contrast with 20% of men.
17. National statistics (2016) show that women's share of the labour market is 52.9% compared to 77.9% for men. A higher percentage of young women (aged 15-24) is unemployed and more than a quarter of women depend on other individuals for their survival⁷, which increases their vulnerability to poverty, violence, widowhood or to being abandoned.
18. Dependence is an obstacle to direct access to social security (SS) and to obtaining an old age or disability pension. The current SS system is based on a two-parent, patriarchal family model, where the man is the head of the household and provider and therefore the named beneficiary. Additionally, women, to a greater extent than men, work in informal market sectors, which also hinders their entry into the SS system⁸.
19. There are no childcare policies. Support and assistance projects are being implemented, e.g. building nurseries, but their assistance-based nature hides the fact that this is about a women's right to shared responsibility for childcare among all social actors.
20. The State has introduced a range of measures aimed at increasing women's economic autonomy. Nonetheless, the lack of coordination between sector-based policies for women, anti-poverty policies and employment policies undermine the capacity for eliminating structural causes such as: Unequal distribution of labour and weaker control over reproductive potential.

Proposal for questions to the State

1. The State has policies or programs that guarantee equal access to employment for women?
2. What measures have been taken to offer social security to women in the informal labor market?
3. What measures have been taken to ensure access to the labor market for young, lesbian, disabled and rural women?

Health (Article 12)

21. The State accepted seven recommendations in the area of protection of sexual and reproductive rights, which have not been implemented⁹. However, women continue to risk their health and lives due to lack of access to information and free insurance services. Survivors of violence experience abortion stigma in a conservative society¹⁰.

⁷ Gender Studies Centre, *Inequalities between women and men during all life cycles*.

⁸ ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 28.

⁹ A/HRC/26/15. Recommendations 98.29 (Spain), 98.95 (Slovenia), 98.96 (Belgium), 98.97 (Colombia), 98.94 (Netherlands), 98.99 (Chile), 98.98 (France)

¹⁰ "Causales de Vida. Estudio de cinco casos de aborto por causales en RD". Coalición por los Derechos y la Vida de las Mujeres. bit.ly/2MQ2ceZ

22. The State does not have a regulatory framework or a comprehensive policy for sexual and reproductive rights (SRR). This shortfall is based on the lack of recognition of SRR as rights derived from the overall obligation to protect all fundamental rights.
23. Any attempts to adopt this approach have been thwarted by the Catholic Church, which has a high level of influence in the country when it comes to drawing up sexual policies. As an example, the Church was directly behind blocking the Legislative Bill on Sexual and Reproductive Health—which sets out a comprehensive protection system—from going through Congress.
24. The State has the challenge of treating the Catholic Church as a civil society actor within a pluralistic and democratic debate and has the duty to prevent the use of the state apparatus for the imposition of a single model of sexuality (reproductive, heterosexual and conjugal)¹¹ on the whole population.
25. **The State maintains a total ban on abortion** despite widespread public acceptance of decriminalisation on certain grounds (76%)¹² and recommendations from several treaty bodies and the UPR¹³.
26. Abortion-related deaths represent a public health problem due to their underground and unsafe practice. The Ministry of Health lists them as the fourth cause of maternal mortality. In 2012, this Ministry reported that 27.8% of abortions occurred in adolescent girls, of whom 1.7% were in the under-fifteen age group¹⁴.
27. As organisations we have reiterated the point that public policies that have succeeded in reducing the rate of induced abortion have been in the areas of educational and health, not as criminal policies, suggesting that penalisation is not an effective measure for protecting life during pregnancy¹⁵.
28. The State accepted recommendations for reducing the high rates of **maternal mortality**, but its Strategic Plan¹⁶ and other interventions did not meet the established targets. 2013 figures show 101.8 maternal deaths for every 100,000 live births. In 2015, 74% of these deaths occurred in women between the ages of 20 and 35. The neonatal mortality rate is 21 for every 1,000 live births¹⁷.
29. The Ministry of Health has recognised that 80% of these deaths are preventable with quality health care and application of health protocols during childbirth, given that 98.5% of deliveries take place in hospitals and 99% of women receive pre-natal healthcare. Several strategies and protocols based on international standards have been drawn up but there is a systematic failure to apply them due to limited follow-up and absence of a culture of accountability. Successful experiences like the EmOC strategy or Baby-Friendly Hospitals are dependent on intervention and monitoring by international organisations.
30. Other failures are linked to weaknesses in the referral and counter-referral system and to the serious deficiencies in infrastructure, medical equipment and medicines. Poor conditions of hygiene are linked to the high rate of maternal deaths during the postpartum period. Unnecessary C-sections is another relevant factor. According to 2014 figures, the rate of C-sections is 58.3%, while the WHO establishes that this should not exceed 15%¹⁸.
31. One of the recommendations made to the State during the UPR was to strengthen the application of **the Strategic Plan for Reduction of Adolescent Pregnancies 2011-2016 (Plan EA)** and to implement stronger prevention measures¹⁹. However, these were not applied.

¹¹ See the legislative bill for Sexual Education in Values and Responsibility presented to the Chamber of Deputies by the Catholic Church.

¹² VASILOFF, Kate *et al.* National Abortion Survey, Santo Domingo: Untold Research. 2018.

¹³ A/HRC/WG.6/18/DOM/2, paragraphs 62 and 63, A/HRC/26/15. 98.94 (Netherlands)

¹⁴ LIZARDO, Jeffrey *et al.* *Costs of adolescent pregnancy and motherhood in the Dominican Republic* [online] Santo Domingo: Technological Institute of Santo Domingo (INTEC) Faculty of Social Sciences and Humanities Gender Studies Centre (CEG-INTEC) and the United Nations Population Fund (UNFPA), 2013, p. 29. Available at: <http://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/CostosMaternidadenAdolescenciaRDweb.pdf>

¹⁵ Miric, Marija *et al.* Situation of Abortion in the Dominican Republic [online] Santo Domingo: Profamilia, 2015. Available at: <http://profamilia.org.do/situacion-del-aborto-en-republica-dominicana-resumen-ejecutivo/>

¹⁶ A/HRC/26/15. Recommendations 98.29 (Spain), 98.94 (Netherlands), 98.96 (Belgium), 98.97 (Colombia)

¹⁷ ORTEGA, Gloria *et al.* ORTEGA, Gloria *et al.* Situation Analysis of the Population: Dominican Republic 2017 [online]. Santo Domingo: United Nations Population Fund (UNFPA), 2017, pp. 27, 28 Available from: <http://dominicanrepublic.unfpa.org/es/publications/an%C3%A1lisis-de-la-situaci%C3%B3n-poblacional-rep%C3%BAblica-dominicana-2017>

¹⁸ ORTEGA, Gloria *et al.* Situation Analysis of the Population, pp. 35, 36

¹⁹ A/HRC/26/15. Recommendations 98.29 (Spain), 98.95 (Slovenia), 98.97 (Colombia)

32. Plan EA is currently in the review and evaluation stage, but according to Plan International, the implementation of its seven components comes under the category of Low Degree of Programme Coherence (50%). When it comes to assignment of economic resources, the equivalent of 0.08% of the Central Government's Income Budget for the 2016 fiscal year was invested for the 2013-2016 period. The responsible institutions did not receive additional budget lines so the entities with the smallest budgets showed lower execution levels: the Ministry of Youth - 0.01%, the National Council for Children - 2.28%, the National Council for HIV/AIDS - 4.34%, the Ministry of Women - 7.30%, the Ministry of Education - 15.02%, the Ministry of Health - 25.40%, and the Vice President's Office - 53.36%. The fact that the execution level by the institution responsible for coordination—the Ministry of Women—was one of the lowest²⁰ is a cause for concern.
33. The Dominican Republic is **among the five countries with the highest adolescent pregnancy rate in Latin America**, with an annual adolescent (aged 15-19) birth rate of 89 births for every 1,000 women²¹. Statistics for pregnancy and abortions among adolescents under the age of fifteen are not easily obtained, but the Ministry of Health estimates them at around 2%²².
34. The main factors are poverty, lack of access to sexual and reproductive health and contraception services, lack of quality comprehensive sexual education and forced child unions. Underage unions—more than early sexual initiation—are a leading factor in defining whether an adolescent girl will become a mother before reaching the age of fifteen²³, as this involves relationships where girls have limited negotiation capacity for safe sexual practices.
35. Pregnancy is one of the main reasons why girls drop out of school (44%), which in turn reduces young women's chances of obtaining qualifications and formal employment, and perpetuates the cycle of poverty and its feminisation.
36. Haitian migrant and Dominican-Haitian women report high levels of discrimination when trying to access to maternal healthcare services.

Proposal for questions to the State

1. Consider State policies the vulnerability of survivors of violence to enjoy their sexual and reproductive rights?
2. How the State prevents the violation of rights of Haitian migrants in the health system?
3. What measures the State is taking to reach the indicators of reduction of teenage pregnancies agreed in the SDGs?

²⁰ DÍAZ, Felipe. *Pregnant Girls: The Challenges of the National Response for Prevention of Pregnancies during Adolescence. Planteamientos*. Dominican Republic: Plan International, September 2017, No. 3.

²¹ FELIZ, Jafmary *et al.* Trends, Patterns and Determining Factors in Adolescent Birth-rates in the Dominican Republic [Online] National Statistics Office (ONE) and United Nations Population Fund (UNFPA). 2017. Available from: <https://acento.com.do/wp-content/uploads/Resumen-de-Tendencias-patrones-y-determinantes-de-la-fecundidad-adolescente-en-la-RD.pdf>

²² Public Health Ministry. Vice Ministry for Planning and Development. Gender Equality and Development Office (OEGD). *Strategy for Strengthening the National Health System's Response to Violence, with an emphasis on gender violence and violence against boys, girls, adolescents, women and older adults*, 2016-2020 [online], p. 25. Available from: https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/ESTRATEGIADEABORDAJEVIOLENCIAYSALUD2016AL2020.MSP._OEGD_.pdf

²³ ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 53.