



World Food Programme

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Mind the Gap Country Case Study DOMINICAN REPUBLIC

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About the Mind the Gap Report

Achieving Sustainable Development Goal 2 (Zero Hunger) by 2030 is increasingly at risk due to the combined impacts of climate change, conflict, COVID-19, and rising living costs, which have reversed progress in reducing global hunger. Social protection systems, while essential for supporting vulnerable populations, often fail to account for nutritional needs—a key element in breaking the cycle of poverty, vulnerability, and malnutrition. This oversight represents a missed opportunity to advance the objectives of SDG 2, especially in a context where hunger has been rising since 2015.

Amid these challenges, the Mind the Gap report explores the role of social protection systems in addressing affordability gaps of nutritious diets. It is structured around the **Fill the Nutrient Gap (FNG)** analytical approach, which aims to understand the drivers affecting the availability, cost, and affordability of nutritious diets in specific contexts. The policy objective is to identify and implement interventions to improve diets, especially of nutritionally vulnerable people, including through the integration of nutrition into social protection systems. Through case studies from 12 diverse national contexts, the report presents actionable social protection pathways for reducing the affordability gap of nutritious diets and improving food security and nutrition outcomes.

Further information and evidence on the FNG can be accessed at: wfp.org/fillthenutrientgap



SYSTEMS ANALYSIS FOR NUTRITION

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I. Overview of the malnutrition burden and poverty situation

The Dominican Republic faces a double burden of malnutrition, with both micronutrient deficiencies and overweight/obesity affecting the population. Estimates show that the impact of the double burden costs around USD 2 million, or 2.6 percent of the country's GDP in 2017 (1).

The prevalence of stunting among children under 5 years was 7 percent, which is relatively low compared with the average for Latin America and the Caribbean of 11 percent (2). The stunting rate has halved since the late 1990s when 14 percent of children under 5 years were stunted (3). However, there has been little progress in anaemia reduction among this age group: in 2000, 31 percent of children were anaemic and this decreased to 28 percent by 2016 (4). Micronutrient deficiencies during these periods can impair physical and cognitive development and increase the risk of other forms of malnutrition. Anaemia among pregnant women only reduced from 37 percent to 33 percent between 2000 and 2016 (2), which is of concern as maternal anaemia and decreased iron stores for the baby are associated with low birth weight and increasing risk of impaired development (5).

The Dominican Republic is experiencing a nutrition transition, resulting from rapid economic growth, urbanization and global trade agreements enabling easier importation of ultra-processed foods. Overweight/obesity is a public health concern across demographic groups as

it increases the risk of developing diet-related non-communicable diseases with implications for mortality risk, healthcare costs and productivity (6). According to the Global Nutrition Report, a third of adolescents, nearly two thirds of adult women and 57 percent of adult men were overweight or obese in 2016 (2). Overweight/obesity is a problem across wealth groups, with similar rates among women of reproductive age in the poorest households (45 percent) and the wealthiest households (51 percent) (7).

Data from the Global Burden of Disease study shows that the average diet was inadequate, with low consumption of foods such as vegetables, legumes and animal source products, and consumption of sugary drinks, sodium, polyunsaturated fats and trans fats higher than recommended amounts (8). The transition in diets results in inadequate nutrient intake and micronutrient deficiencies that have an impact on overweight and obesity as well as on undernutrition (9).

Around 1.1 percent of the population was living under the international poverty line (USD 2.15 per day) in 2019, and 21 percent under the national poverty line (10). The country faced a sharp economic downturn as a result of the COVID-19 pandemic; the GDP contracted by 8.5 percent in the first half of 2020. The government estimated that the poverty rate increased by six percentage points in the first half of the pandemic (11).

II. Country priorities on nutrition and social protection

NUTRITION POLICY FRAMEWORK

The Dominican Republic's Constitution recognizes the right to adequate amounts of food and its 2012–2030 National Development Strategy outlined a roadmap to achieve Sustainable Development Goal 2, Zero Hunger, including the aim of improving nutrition. The strategy includes targets to ensure that the most vulnerable people have access to nutritious food throughout the year, by increasing agricultural production to meet the nutrient needs of adolescent girls, pregnant and breastfeeding women and older adults.

SOCIAL PROTECTION POLICIES AND PROGRAMMES

The country's social assistance programmes are aimed at tackling poverty, food insecurity and malnutrition. The Social Policy Coordination Council, overseen by the Vice Presidency, is responsible for coordinating all social protection efforts, including the Progresando con Solidaridad (Progressing with Solidarity, known as Prosoli), the Dominican Republic's main social assistance programme, which was replaced by the Supérate programme in 2021 (12).

Prosoli was targeted at families living in poverty, and included the Comer es Primero food scheme, a cash transfer of roughly USD 16 per month provided to beneficiaries living in extreme poverty, conditional on their participation in preventative healthcare activities, children's school attendance, head of household attendance at community education sessions and obtainment of identification documents.

The programme drew upon the Sistema Unico de Beneficiarios (SIUBEN) social registry, which has information on over 60 percent of the population. The programme used proxy means testing methodology to classify households as 'poor' and 'extreme poor' (11).

Prosoli's coverage expanded since its inception; in 2017, it had reached nearly 900,000 households, with over 25 percent of the national population receiving at least one Prosoli transfer. The programme is considered to have had significant success reducing poverty but there are issues of exclusion errors, particularly regarding undocumented populations, stemming from limitations of the methodology used to determine eligibility (13). The programme also provided a platform that was used to distribute cash transfers to low income, informal sector workers and vulnerable families to support them against the adverse effects of the COVID-19 pandemic.

The social protection system also includes in-kind assistance programmes, such as school feeding and the Programa de Asistencia Social de la Presidencia (PASP, the Presidency's Social Assistance Programme). Under the PASP, targeted poor households are provided food rations through civil society organizations. The PASP does not draw upon the SIUBEN social registry. Previously, there was limited coordination between the PASP and Prosoli programmes. However, during the COVID-19 pandemic, the PASP coordinated with the Quédate en Casa (Stay at Home) temporary expansion of Prosoli to prioritize ration delivery in areas with the lowest coverage of the emergency cash transfer (11).

Under Prosoli's nutrition component, which was implemented by the Ministry of Health with support from the World Food Programme (WFP), households receiving the conditional cash transfer were provided with the following additional nutrition interventions:

- distribution of micronutrient powders for adding to meals just before consumption ('home fortification') to children aged 6–59 months to help prevent and treat micronutrient deficiencies; and
- provision of nutrition education to families benefitting from the social assistance programme to improve their ability to make nutritious food selections to improve their nutrition.

An evaluation of this nutrition component conducted in 2013 found a 50 percent reduction in anaemia prevalence among the enrolled beneficiary children, improved dietary diversity and enhanced national and local capacity (14). Following the evaluation, the programme was extended and enhanced, adding in the distribution of the fortified complementary food Progresina, to children aged 6–59 months to prevent and control chronic and acute malnutrition, and to pregnant and breastfeeding women and the elderly. The nutrition component also has a capacity building component aiming to strengthen the community volunteer network, extend coverage to Prosoli households, and build national and local capacities to carry out monitoring and evaluation activities (14).



III. WFP's approach

The Fill the Nutrient Gap (FNG) analysis in the Dominican Republic was designed to understand the barriers to access and affordability of healthy and nutritious diets and identify entry points for interventions to improve nutritional outcomes

through social protection programmes. The FNG brought together stakeholders across multiple sectors to prioritize policies and programmes that can improve dietary intake and nutrition outcomes among target groups across the lifecycle.

Cost of the Diet analysis in the Dominican Republic (FNG 2021)

The Cost of the Diet analysis was conducted using prices from December 2019 collected for the Consumer Price Index estimations shared by the Central Bank of the Dominican Republic and expenditure data from the Encuesta Nacional de Gastos e Ingresos de los Hogares for 2018, adjusted for inflation to compare to December 2019 prices. The lowest costs of a diet that meets energy requirements (energy-only diet) and a diet that meets requirements for macro and micronutrients (nutritious diet) were estimated using the FNG methodology (16) for a modelled household consisting of five individuals: breastfed child (12–23 months), school-aged child (6–7 years), adolescent girl (14–15 years), breastfeeding woman, adult man.

The cost of these diets was then compared with existing food expenditure to determine the proportion of households unable to afford the costs (called 'non-affordability'). The gap between the lowest-cost nutritious diet and the food expenditure of a household is referred to as the affordability gap.

Intervention modelling was conducted in all four macro regions: Este, Ozama, Cibao and Sur.

The FNG analysis took place from January 2020 to June 2021, with a wide range of national experts and stakeholders providing inputs throughout the process. A Cost of the Diet analysis was complemented by a comprehensive review of secondary data and literature on food systems and nutrition. During the COVID-19 pandemic, the FNG was expanded to estimate the impact of the pandemic on the cost of a nutritious diet at the beginning of 2020, assessing the government's response in providing support to people economically affected (12).



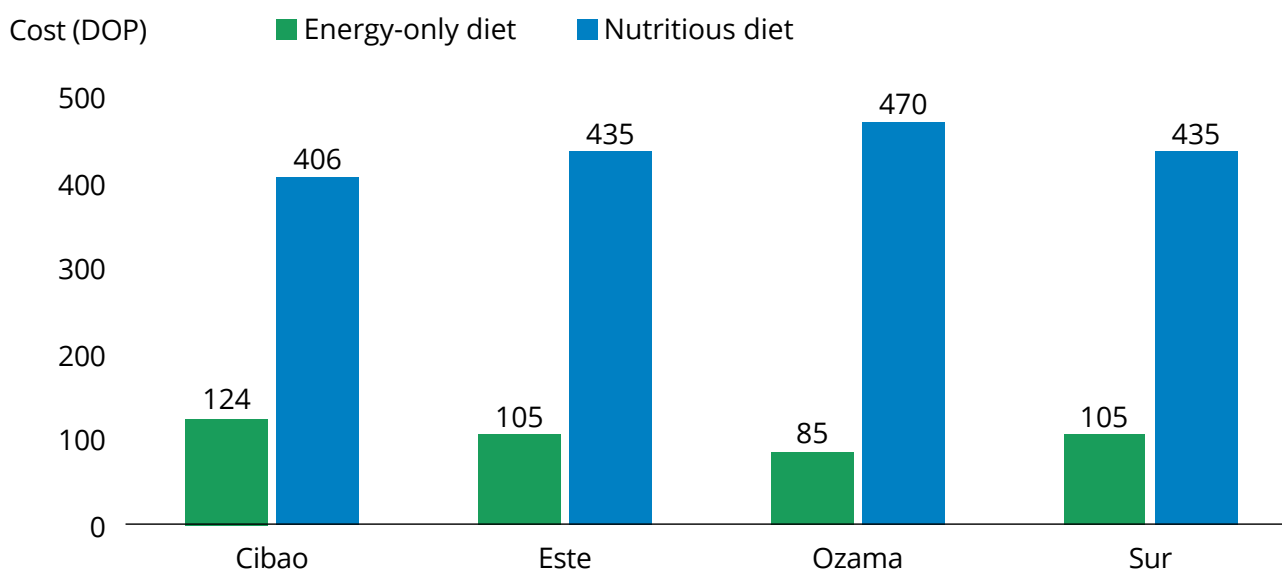
IV. Findings of the FNG

COST AND AFFORDABILITY OF THE NUTRITIOUS DIET

The cost of a nutritious diet at the end of 2019 was estimated to be an average of Dominican peso (DOP) 439 (USD 8.29¹) for a five-person household per day, or DOP 88 (USD 1.66) per capita per day. This cost is more than four times

the cost of the energy-only diet, which was estimated on average to be DOP 104 (USD 1.97) for the household per day or DOP 21 (USD 0.39) per capita per day. The cost of the nutritious diet for the modelled household ranged from DOP 406 (USD 7.67) in Cibao to DOP 470 (USD 8.88) in Ozama (Figure 1).

Figure 1: Daily cost (in DOP) of the energy-only and nutritious diets for a 5 person household across macro regions (FNG 2021, using data from 2019)



The FNG analysis estimated the percentage of households unable to afford the lowest cost energy-only and nutritious diets. Nearly all households were spending enough on food to be able to afford an energy-only diet. However, at least 33 percent of households would not be able to afford the lowest cost nutritious diet. Non-affordability rates for the nutritious diet varied across the country, from 26 percent in Cibao to 40 percent in Ozama.

VULNERABLE GROUPS

Adolescent girls and pregnant and breastfeeding women have relatively higher requirements for specific nutrients, such as iron, folic acid and vitamin B12. In the modelled household, this is reflected by the adolescent girl and the breastfeeding woman having the two highest costs of a nutritious diet, together representing 63 percent of the household's total cost of the nutritious diet (see Figure 2).

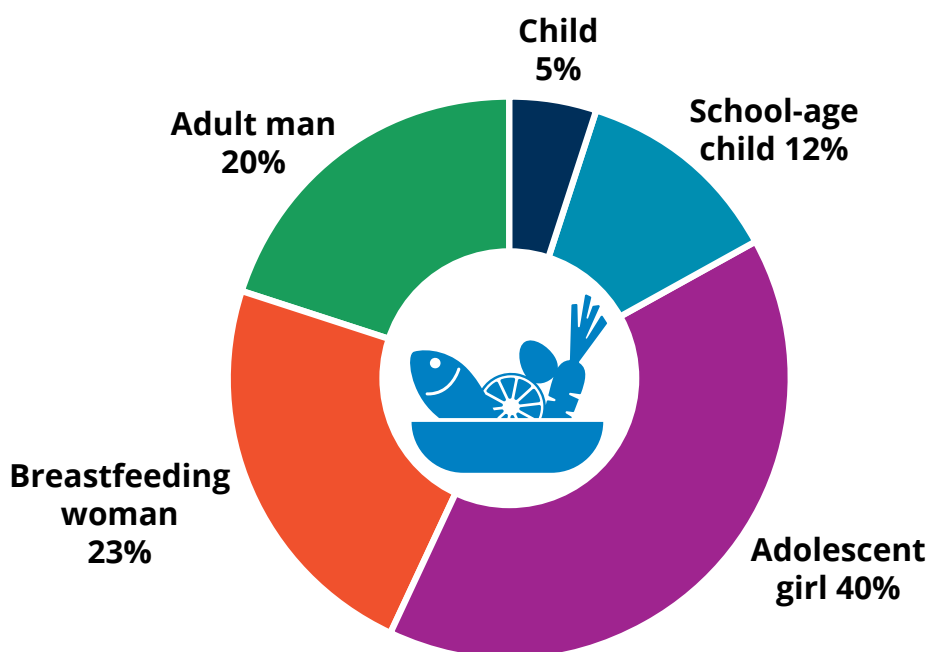
¹ Using exchange rate for December 2019 (USD 1 = DOP 52.93).

Actual intrahousehold food allocation may not consider these differential nutrient needs and the corresponding greater need for diversity in the diet (which comes at a higher cost), and therefore targeted interventions, such as supplementation, are often needed to help cover the nutrient requirements of nutritionally vulnerable individuals.

Children aged 12–23 months have the lowest cost of a nutritious diet compared with other

members of the household, as they consume less food, and the modelled diet assumes optimal breastfeeding, which covers a large proportion of their nutrient needs. This age group, however, is nutritionally vulnerable as their smaller stomachs mean that meals must be provided at higher frequency and need to include nutrient dense foods to cover nutrient requirements (15). A failure to meet nutrient intakes during this age also has lifelong consequences.

Figure 2: Distribution of the daily cost of a nutritious diet for the modelled household across individual household members (FNG 2021)



AFFORDABILITY GAP

The affordability gap represents the shortfall in a household’s food expenditure compared with the lowest cost of meeting nutrient requirements. The cumulative affordability gap for an area sums up individual household affordability gaps and represents the monetary amount that would be needed to enable all households to reach the lowest cost nutritious diet.

At the national level, the Dominican Republic’s affordability gap was estimated at DOP 45.7 billion (USD 864 million²) per year. The average per capita affordability gap among those unable to afford a nutritious diet was roughly DOP 10,939 (USD 207) per year, indicating the amount per person needing to be bridged through assistance programmes to reduce the cost of the nutritious diet.

² Using exchange rate for December 2019 (USD 1 = DOP 52.93).

V. Using the FNG to inform social protection programmes

CONTRIBUTION OF SOCIAL PROTECTION TO REDUCING THE AFFORDABILITY GAP

The FNG was able to update the Cost of the Diet analysis using inflation rates to assess food prices and found that, between January and April 2020, the cost of the nutritious diet remained relatively stable. New expenditure data were not available to update the affordability rates. Based on the reduction of economic activity and loss of jobs during the first few weeks of the pandemic (March to April 2020), in particular for those working in the informal sector, scenarios with different levels of food expenditure reduction were modelled. The model showed that, if food expenditure reduced by 15 percent, the non-affordability of a nutritious diet would increase from 34 percent to 43 percent of households.

The government used the ProsoLi (now Supérate) programme as part of its response to the COVID-19 pandemic to maintain the food purchasing power of vulnerable households through the Quédate en Casa temporary horizontal and vertical expansion to 1.5 million

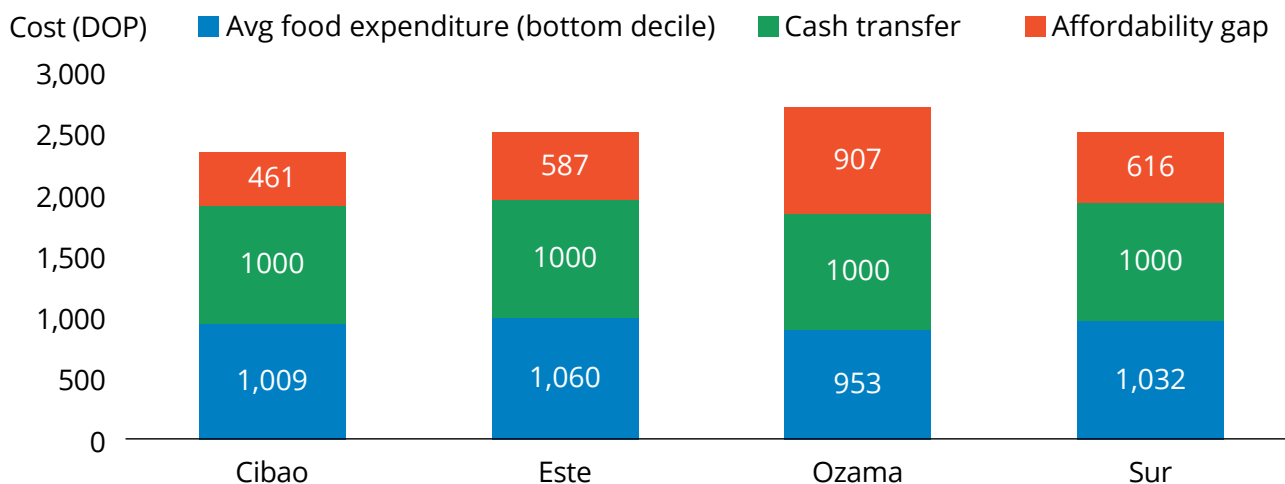
low income households. Households were given DOP 5,000 (USD 94). The average household size in the Dominican Republic is 3.5, and an average household would therefore be receiving around DOP 1,430 (USD 27) per person. Vulnerable households were provided an additional DOP 2,000 (USD 38) to purchase food and personal hygiene products. Nutrition awareness messages were delivered to orient purchasing choices towards healthier foods.

Assuming the cost of the nutritious diet for the modelled household did not change, the analysis showed that a transfer of DOP 5,000 (USD 94.50) would have covered 37 percent of the cost, and a transfer of DOP 7,000 (USD 132) would have covered 52 percent, if spent entirely on food. The remainder would need to be covered by the households themselves through income, savings or gifts. Households without these resources would be unable to meet the cost of a nutritious diet. For the poorest households, who were able to maintain their previous levels of food expenditure, an affordability gap of 2–32 percent would remain, depending on the size of transfer and region (Figure 3).





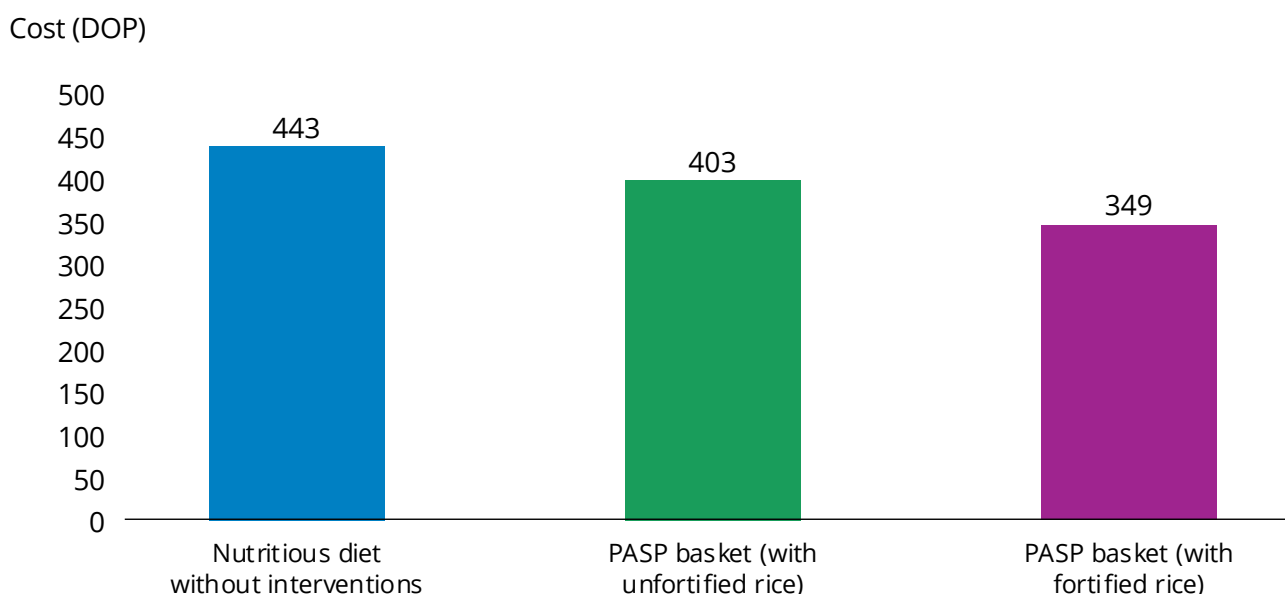
Figure 3: Adequacy of the Quédate en Casa cash transfer (based on FNG 2021, using data from December 2019)



The PASP basket contains a variety of foods, depending on availability, including staples (such as grains and oils) and nutritious foods (such as legumes and animal source foods). However, the basket also includes high calorie and low nutrient foods, such as products high in sugar. The FNG modelled the impact of the PASP basket under different scenarios. In the example in Figure 4, a

basket containing diverse foods such as beans, salami, pasta, rice, sugar, oil and evaporated milk, is modelled (PASP basket with unfortified rice). The cost of the nutritious diet for a household receiving this basket reduced by 9 percent. The same basket, including fortified rice, reduced the cost of the nutritious diet by 21 percent, due to the additional micronutrients.

Figure 4: Modelled impact on the cost of the nutritious diet per household per day with PASP basket, (unfortified and fortified rice) (FNG 2021, using data from April 2020)



VI. Bridging research with policy and action

The FNG results were used by stakeholders from different sectors, including social protection, to propose the following recommendations to enhance the impact of programming on nutrition:

- Improve programme targeting to ensure those most vulnerable to malnutrition are included.
- Include adolescent girls in social protection programmes.
- Ensure that food assistance includes nutritious foods and that social assistance programmes do not contribute to the growing problem of the double burden of malnutrition.
- Provide education on nutrition and healthy eating with social assistance programmes to create positive food culture among different individuals in the family.
- Improve coordination among different social assistance programmes, Supérate and other public and private sector actors through working groups or other mechanisms.

The FNG cost and affordability results provided an entry point for WFP to re-engage with the main social protection actors in the country, particularly during the COVID-19 response phase when the government was designing programmes. WFP also used the results to hold a series of bilateral meetings with key government ministries and agencies to create a common roadmap to address the affordability gap and its consequences in terms of the risk of malnutrition. The roadmap provided a tool to create commitment towards coordinated efforts between different institutions to create the synergies required to tackle the problem of the double burden of malnutrition.



VII. Bibliography

1. WFP, Ministry of Public Health, Vice-Presidency, Institute of Nutrition of Central America and Panama and Economic Commission for Latin America and the Caribbean. The Social and Economic Impact of the Cost of the Double Burden of Malnutrition. World Food Programme, 2019.
2. Global Nutrition Report. Country Nutrition Profiles: Dominican Republic. 2021. <https://globalnutritionreport.org/resources/nutrition-profiles/latin-america-and-caribbean/caribbean/dominican-republic/>.
3. UNICEF/WHO/World Bank. Joint Child Malnutrition Estimates Expanded Database: Stunting (Survey Estimates). New York: United Nations Children's Fund, World Health Organization and The World Bank, May 2022.
4. WFP. Cerrando la Brecha de Nutrientes – República Dominicana. Dominican Republic: World Food Programme, 2021.
5. WHO. Global Nutrition Targets 2025: Anaemia Policy Brief. Geneva: World Health Organization, 30 December 2014.
6. Shekar, Meera & Popkin, Barry M. Obesity: Health and Economic Consequences of an Impending Global Challenge. Washington, DC: The World Bank, 2020.
7. CESDEM. Encuesta Demográfica y de Salud 2013 República Dominicana. Santo Domingo: Centro de Estudios Sociales y Demográficos, 2014.
8. Vos, T., Lim, S.S., Abbafati, C., Abbas, K.M., Abbasi, M., Abbasifard, M., Abbasi-Kangevari, M., Abbastabar, H., Abd-Allah, F., Abdelalim, A. & Abdollahi, M. Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019. The Lancet, Vol. 296, 10258, 2020.
9. UNICEF. The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world. New York: United Nations Children's Fund, 2019.
10. World Bank. Poverty and Equity Brief – Dominican Republic. Washington DC: The World Bank, 2022.
11. World Bank. Social Protection Response to the COVID-19 Crisis in the Dominican Republic. Washington DC: The World Bank, 2021.
12. WFP. Fill the Nutrient Gap Dominican Republic – Full Report. World Food Programme, 2021.
13. Beazley, Rodolfo. Study on Shock-Responsive Social Protection in Latin America and the Caribbean: Dominican Republic case study. Oxford Policy Management and World Food Programme, August 2017. <https://docs.wfp.org/api/documents/WFP-0000063547/download/>.
14. WFP. How the Government of the Dominican Republic Reduced Anaemia by 50% in Vulnerable Children, with support from WFP – A Case Study on Nutrition-Sensitive Programming in a Middle Income Country. World Food Programme, 2014.
15. UNICEF. Fed to Fail: The Crisis of Children's Diets in Early Life. 2021 Child Nutrition Report. United Nations Children's Fund, September 2021. <https://data.unicef.org/resources/fed-to-fail-2021-child-nutrition-report/>.
16. Bose, Indira, et al. The "Fill the Nutrient Gap" Analysis: An approach to strengthen nutrition situation analysis and decision making towards multisectoral policies and systems change. Maternal and Child Nutrition, Vol. 15, 2019.

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