



**DOMINICAN REPUBLIC
INTERIM COUNTRY STRATEGIC PLAN
(2018)**

Duration (starting date – end date)	1 January 2018 - 30 June 2018
Total cost to WFP	USD 914,632
Gender and Age Marker Code *	1

EXECUTIVE SUMMARY

The Dominican Republic has made considerable progress during the last decade in terms of economic, social and human development. Investments in social protection and economic policies have been the main drivers for these achievements. The National Development Strategy (2012-2030) establishes a framework for the development of policies and plans to tackle issues such as poverty, food insecurity and malnutrition. The country has a Food Security Law in place, as well as a High Level Inter-Institutional Commission for Sustainable Development, both of which evidence a strong level of commitment towards the Sustainable Development Goals (SDGs).

However, the country faces challenges towards achieving SDGs 2 and 17. Economic growth has been accompanied by increasing inequality, pervasive micronutrient deficiencies, increasing overweight and obesity. This is combined with one of the lowest rates of exclusive breastfeeding of children under six months in the region. Challenges also include limited access to food, employment, land and credit, particularly for people living with HIV, predominantly women in the lowest poverty quintiles of the population. In addition, the country is highly vulnerable to natural disasters and climate change. There are noticeable gender inequalities and limited opportunities for smallholder farmers.

WFP is a strategic partner of the Government for the implementation of food and nutrition security (FNS), as well as for emergency preparedness and response (EPR) strategies. WFP's current projects are based on priorities established in the National Development Strategy and include the Trust Fund 200657 and the Forecast-Based Emergency Preparedness for Climate Risks project funded through a corporate trust fund.

WFP's transitional Interim Country Strategic Plan (T-ICSP) promotes national capacity strengthening and improved nutrition within three strategic outcomes based on its 2018 projects:

- Strategic Outcome 1: Nutritionally vulnerable groups targeted by social safety net and public health programmes throughout the country improve their nutritional status by 2025.
- Strategic Outcome 2: People living with HIV in the eastern and southern regions of the Dominican Republic have access to diversified and nutritious food by 2030.
- Strategic Outcome 3: Disaster Risk Management and Social Protection institutions in the Dominican Republic strengthen their capacities in preparedness and response to climate stresses and shocks by 2030.

During this T-ICSP, WFP will continue working to strengthen its strategic partnerships with the Office of the Vice-President, the Ministry of Agriculture, the Ministry of Health, the Ministry of the Presidency, the National Emergency Commission, the Emergency Operations Centre, along with academic centers and NGOs. Other stakeholders will be approached to join efforts towards achieving SDGs 2 and 17, such as other government institutions and the private sector. Public information and advocacy, as well as food security analysis, will be strengthened in the transition towards the Country Strategic Plan.

1. COUNTRY ANALYSIS

1.1. COUNTRY CONTEXT

1. The Dominican Republic is an upper-middle income country with a population of approximately 9.4 million people¹ and a total area of 48,442 square kilometers. The country accounts for a little more than two thirds of the island of La Hispaniola - the Republic of Haiti is located on the western side. In terms of area and population, the Dominican Republic is the second largest country in the Caribbean after Cuba, and is considered the largest economy in the Central America & Caribbean region².
2. The Dominican Republic has maintained a sustained economic growth during the past decades, and currently has a growth rate at 7 percent of Gross Domestic Product (GDP) per year.³ However, this impressive growth has not had a major impact in terms of welfare improvements, reduction of inequality, nor on social progress.
3. The country has a multidimensional poverty rate of 40.4 percent and extreme poverty of 10.4 percent, according to national statistics.⁴ Most of the poorest households live in major urban areas⁵ and an average of 63 percent are headed by women.⁶ Inequality is an increasing challenge, with a Gini Index of 0.47⁷.

1.2. PROGRESS TOWARDS SDG 2

➤ *Progress on SDG 2 targets*

4. *Access to food:* The Dominican Republic ranks 60th of 104 countries on the Global Hunger Index and is classified in the moderate category on the hunger severity scale, similar to most of the Latin American and Caribbean countries. The proportion of undernourished people has decreased by more than 20 percentage points during the last 25 years, from 34.3 percent in 1990 to 12.3 percent in 2014-2016.⁸ Although food availability has increased during the last decades,⁹ limited dietary diversity remains a concern. Persistent poverty and inequality, poor quality of public health services, weak agricultural structures and recurrent natural and economic shocks undermine access to food. The proportion of the population living in urban areas rose from 35.0 percent in 1970 to 66.5 percent in 2010.¹⁰ Given that a significant percentage of urban population lives in conditions of poverty, economic access to food is an increasing challenge. About 40 percent of the basic food basket consumed by the poorest quintile of the population depends on imports, making access to food highly subject to price fluctuations in international markets. Dependence on food imports is especially high in the case of vegetable oil, cereals and fish. Unemployment rate was at 13.3 percent of the

¹ National Statistic Office. National Population Census. 2010.

² World Bank. 2016. República Dominicana. El país en cifras.

³ World Bank. 2017. República Dominicana. Panorama General.

⁴ Ministry of Economy, Planning and Development (MEPyD). 2015.

⁵ National Statistic Office. National Population Census. 1992-2002-2010.

⁶ Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR) / National Multi-Purpose Household Survey. 2015.

⁷ Ministry of Economy, Planning and Development (MEPyD). 2014.

⁸ FAO. Panorama of Food and Nutritional Security in Latin America and the Caribbean.2016.

⁹ FAO. 2015. Socioeconomic and political characterization of the countries of Latin America and the Caribbean.

¹⁰ Censo Nacional de Población y vivienda. ONE. 2010.

economically active population in 2016¹¹. This proportion is 2.6 times higher among women than men. The wage gap is 21 percent, and increases to 42.8 percent¹² in the informal sector. Only 44.5 percent of women are part of the formal labour force, compared to 74.5% of men. People suffering from chronic illnesses are particularly vulnerable to food insecurity. About three-quarters of all HIV+ population in the Caribbean live in the Dominican Republic and Haiti.¹³ HIV prevalence in the Dominican Republic has levelled at 0.8-1 percent throughout the last decades.¹⁴ Dominican women and men in their 30s are particularly affected, with an HIV prevalence of 1.4 percent among women aged 30 to 34, and 1.6 percent among men aged 35 to 39 years. Prevalence is higher among persons of low-socioeconomic status, such as those with no formal employment and those in the lowest wealth quintile.¹⁵ Antiretroviral therapy (ART) coverage has increased, however, food insecurity has emerged as a barrier to treatment utilization and adherence among people living with HIV (PLWH), especially in poor families. According to a 2013 WFP study of households with PLWH, 88 percent were food insecure and 58 percent were severely food insecure.

5. *End malnutrition:* The country reached the Millennium Development target of halving the percentage of people suffering from hunger by 2015. The prevalence of stunting in the country is 7.1 percent and global undernutrition is at 3.8 percent.¹⁶ The prevalence of stunting in the poorest wealth quintile is 11.3 percent, while it is 3.9 percent in the richest quintile.¹⁷ The prevalence of acute undernutrition has remained throughout the last decade at 2 percent, while the prevalence of overweight in children under five has increased from 6.9 percent in 2000 to 7.6 percent in 2013, and 28 percent of people aged 15 to 49 years are overweight. Obesity affects 7.6 percent of children under five and one in five women of reproductive age. Micronutrient deficiency is a significant public health issue; latest official data of 2009 indicates an anemia prevalence of 34 percent among women of reproductive age, 37 percent among women having given birth in the previous 12 months, 28 percent among children aged 6 to 59 months and up to 61 percent among children aged 6 to 11 months.¹⁸ Exclusive maternal breastfeeding prevalence is only 6.7 percent.¹⁹ The rate of teen pregnancy is 19.7 percent, the second highest in Latin America and the Caribbean²⁰. Children under five, adolescent girls, pregnant and lactating women and girls remain among most vulnerable to malnutrition.
6. *Smallholder farmers' productivity and incomes.* The weight of agriculture in GDP has fallen drastically over the past 50 years, from 25.7 percent in 1965 to 5.8 percent in 2015, partly due to the increase of other sectors of the economy.²¹ The productivity of the agricultural sector is low, investment in innovation is minimal. The agricultural orientation index stood at 0.19 of GDP in 2015, compared to 0.36 in 2011.²² The latest official data indicates that the percentage of illiterate people in rural areas is almost double compared to urban areas. Illiteracy is more

¹¹ Banco Central.

¹² World Bank, 2015.

¹³ Rojas P, Malow R, Ruffin B, Rothe EM, Rosenberg R. The HIV/AIDS epidemic in the Dominican Republic. 2011

¹⁴ ENDESA. 2013.

¹⁵ ENDESA. 2013.

¹⁶ ENDESA. 2013.

¹⁷ ENDESA. 2013.

¹⁸ Ministry of Health. National Micronutrient Survey. 2009.

¹⁹ Ministry of Health. Encuesta Demográfica y de Salud (ENDESA). 2013

²⁰ CEPAL. 2010-2014. Observatorio de Igualdad de Género de América Latina y el Caribe.

²¹ World Bank. 2015.

²² FAO. 2012.

prevalent among adults, with no significant difference between men and women. Illiteracy is a barrier that limits access to technological improvements that could increase productivity and incomes of smallholder farmers.²³ Six percent of smallholder farmers are women. Women farmers tend to face discrimination resulting in lower income, limited access to land titles, agricultural technologies and credit. Small farmers account for 72 percent of the total but only own 28 percent of cultivated land.²⁴

7. *Sustainable food systems.* According to the Global Climate Risk Index, the Dominican Republic is one of the most vulnerable countries in the world, standing at the 11th position in 2017.²⁵ The sustainability of food systems in the country is threatened by climate change, soil erosion, high exposure to disasters and systemic shocks, such as commodity price fluctuations. Between 2014 and 2016, the country was severely affected by “El Niño” related drought, causing estimated losses of 10 to 12 percent of agricultural production.²⁶ Flooding in the north-west region of the country in late 2016 and early 2017 were also attributed to El Niño. Even though the country has a public agricultural insurance program, most of the costs from weather hazards and commodity shocks are absorbed by farmers and/or the government. Historical trends indicate that hurricanes, tropical storms, earthquakes, landslides, floods and droughts, mostly affect small farmers.²⁷ Public expenditure as a percentage of GDP as a result of Hurricane George (1998) was 16.1 percent, and close to 0.6 percent related to Tropical Storms Noel and Olga (2007).

➤ **Macro-economic environment**

8. The Dominican Republic is an upper middle-income country. The average real GDP growth rate in 2001-2014 was 5.4 percent, real GDP growth 7 percent, and it is expected to remain at about 6.7 percent between 2017 and 2021. This growth was mainly driven by construction, manufacturing and tourism. Inflation is expected to be kept below 4 percent annually.²⁸ Private consumption has also been high as a result of low inflation, job creation and a high level of remittances. The country has made considerable progress in transforming its economic base and diversifying its exports, however, further reforms are needed to maintain its competitiveness. The government’s macroeconomic policies during the presidency of Danilo Medina have introduced fiscal reforms to generate additional revenue and keep the high fiscal deficit in check, as well as a focus on agriculture and small businesses.

➤ **Key cross-sectorial linkages**

9. Inequality remains a challenge for achieving the SDGs, particularly SDG 2. The Dominican Republic ranked 99th of 188 countries in the 2016 Human Development Index (HDI). HDI is at 0.722, while inequality-adjusted HDI is at 0.565. Although the country made significant progress towards reaching the Millennium Development Goals, reaching the target of halving the percentage of people suffering from hunger, it did not achieve all MDGs, including the goal of universal access to basic education. On the Gender Inequality Index, it is ranked 107 of 159 countries. Maternal mortality ratio remains the fourth highest in the region with 119 per

²³ ENDESA, 2013.

²⁴ Ministry of Agriculture. 2012.

²⁵ Germanwatch. 2017. *Global Climate Risk Index 2017*.

²⁶ Diario Libre. *Sequía causó pérdidas en 2015 a más de 6.2 millones de personas en Haití, República Dominicana y Cuba*. 27 May 2016.

²⁷ World Bank. 2012. *Agricultural Risk Management in the Caribbean. Lessons and Experiences 2000-2012*.

²⁸ The Economist Intelligence Unit. Dominican Republic. 2017.

100,000 live births. The official femicide rate is 3.6 per 100,000, also one of the highest in the region (only surpassed by El Salvador and Honduras). Half of the women who are victims of femicide are murdered by their partners.²⁹ The Government has significantly expanded social protection programs to reduce poverty and end hunger and malnutrition.

1.3. HUNGER GAPS AND CHALLENGES

10. Despite the country's development and macro-economic progress, challenges remain to achieve SDG2. These include inequality, insufficient social investment and poor basic services, and deficient local government capacities in early warning and resilience building. Social protection programs require further strengthening in terms of nutrition and shock responsiveness.
11. The country is also facing challenges in the measurement of progress towards the SDGs. Although most indicators in the National Development Strategy are fully aligned with indicators under SDG2,³⁰ there are no indicators for SDG2 targets 2.3 (double agricultural production), 2.4 (ensure sustainable agricultural production), and 2.5 (maintaining genetic diversity of seeds).
12. The country has a gap regarding updated FNS data disaggregated by sex-age, urban-rural areas and lowest administrative levels. These challenges combined with a lack of a gender analysis of the main drivers of food insecurity and malnutrition, hinders the design and implementation of efficient and effective public policies and programmes.
13. Social safety net programmes cover approximately 83 percent of families in the two lowest poverty quintiles. Geographical coverage of these programmes is nationwide. 72 percent of beneficiaries reside in urban areas and 28 percent in rural areas reflecting the distribution of poor households throughout the country. The main social safety net programme, Progresando con Solidaridad (PROSOLI), supported by WFP, uses conditional cash transfers to improve the purchasing power of the poorest households and ensure their access to public health primary care and education. Targeting is solely based on poverty data, and does not include food security and nutrition indicators.
14. While there is a broad coverage of health services and infrastructure, the quality of primary health care is low. There is also an absence of comprehensive public policies that address micronutrient deficiencies. Hence, WFP's efforts are geared at the primary health care system. Effective coordination between the Ministry of Public Health, the National Health Service and the social safety net program remains a key challenge.
15. Given the increasing evidence on the correlation between food insecurity, poor treatment and the quality of health outcomes among PLHW, sustainable interventions and a nutrition focus within national HIV response plans are needed to address this persistent challenge.
16. National strategies and policies for disaster risk reduction and early warning do not yet include a FNS perspective. There is no official data available on vulnerability and risk levels of food systems from a FNS angle, nor is there an integrated national response to reduce risk and improve the resilience of food systems. Furthermore, the National Disaster Risk Management Plan (2011) underlines the need to strengthen early warning, information and communication

²⁹ CEPAL. 2010-2014. Observatorio de Igualdad de Género de América Latina y el Caribe.

³⁰ Rapid Integrated Assessment (RIA 2016) prepared by UNDP on behalf of the United Nations Country Team (UNCT)

systems. These areas were identified as lacking a food security dimension when determining the 2015 Emergency Preparedness Capacity Index (EPCI).

17. A lack of synergies among key stakeholders has been identified within the early warning and emergency response system, as well as an absence of institutional linkages between national protocols and community-level procedures and preparedness actions.

1.4. KEY COUNTRY PRIORITIES

➤ *Government priorities*

18. The Dominican Republic's Constitution recognizes the right to food, the right to human dignity and the right to life, among others. It indicates that the State must ensure access to drinking water and food for all people. Article 54 positions the State as a supplier of the necessary means for the production of food and raw materials of agricultural origin, to increase productivity and ensure food security.
19. The National Development Strategy (NDS) 2012-2030, outlines the overall framework for the country's development priorities, in order to align activities of national institutions with organized civil society and with the support of the international community. The NDS defines policies that address poverty and food security, including nutrition, disaster risk management, as well as climate change mitigation and adaptation.
20. The Law on Food Sovereignty, and Food and Nutrition Security, approved in 2016, is a key legal framework for the country's progress towards achieving SDG2. Even though the law was the result of a highly participatory process, so far it has not been put into effect. Hence, WFP and FAO are advocating for its application.
21. In February 2016, the Dominican Government confirmed its commitment to the 2030 Agenda by issuing a Presidential Decree that established a High Level Inter-Institutional Sustainable Development Commission with the mandate to oversee the alignment of national planning frameworks to the SDG Agenda.
22. The Government has been implementing multiple strategies with direct and indirect impacts on SDG 2. These include the Government's 2012-2016 Plan, and the Multiannual Plans for each sector including agriculture, economic development, social protection and health. The Ministry of Public Health has a "National Nutrition Strategic Plan 2013-2016". In addition, the Government has introduced the Presidency-led poverty eradication strategy "*Quisqueya sin Miseria*".
23. The Social Policy Cabinet of the Vice-presidency (CGPS) leads multi-sector initiatives aimed at tackling the causes of poverty, food insecurity and malnutrition, under the framework of its main social protection programme "Progresando con Solidaridad (PROSOLI)". In late 2016, the CGPS renewed its commitment towards the National Zero Hunger Program, specifically regarding SDG 2. The CGPS is the lead convener of the country's Zero Hunger Strategic Review (CRS), with technical support from WFP and FAO.

➤ *United Nations and other partners*

24. The UN system (UNS) carried out a Common Country Analysis (CCA) to define joint priorities during the transition process towards the SDGs and for the UN Development

Assistance Framework (UNDAF) 2018-2022. A number of challenges regarding food security and nutrition were identified, including the high percentage of the population that continues to live in extreme poverty and is highly vulnerable to food insecurity and malnutrition.

25. The Government and the UNS have agreed on the following focus areas for the UNDAF: (a) Eradication of poverty and hunger and promotion of environmental sustainability; (b) Social services and gender equality; (c) Institutional strengthening and human rights. Gender was identified as transversal issue across the three focus areas.
26. As indicated above, WFP and FAO are jointly supporting the national level analysis and implementation of legal frameworks for the achievement of SDG 2, such as the Country Strategic Review and are providing technical assistance for the implementation of the Law on Food Sovereignty and Food and Nutritional Security.

2. STRATEGIC IMPLICATIONS FOR WFP

2.1. WFP'S EXPERIENCE AND LESSONS LEARNED

27. WFP has been present in the Dominican Republic since 1969, implementing a variety of operations that have contributed to advances toward FNS of the most vulnerable segments of the population. WFP is viewed by the Government as a specialized agency, with high standards and capacities to provide technical assistance and logistics support in terms of food security, nutrition and disaster risk management.
28. Lessons learnt:
 - WFP has the capacity through direct support and technical assistance, to contribute to establishing sustainable government programs and policies aimed at FNS and disaster risk management. It is important to continue providing support to the Government at several levels and in various aspects, including policy engagement and formulation, to enhance social safety net programs, and strengthen local governments and community empowerment.
 - WFP is recognized for its expertise in logistics, nutrition, school feeding and EPR. WFP's comprehensive approach to FNS, climate change resilience and adaptation, and disaster risk reduction has had a positive impact on the population's wellbeing, and contributed to strengthened government capacities to design and implement effective strategies. This is essential in upper-middle income countries where the aim is to strengthen national capacity.
 - Undernutrition must be tackled with an integrated, multi-sector approach, whereby social safety net programs can be leveraged as platforms for targeted nutrition support, optimizing the use of the primary health care system to ensure universal access.
 - A key area for WFP's technical support is strengthening and advocating for the FNS of people living with HIV (as a basis for retention in treatment and care) within national policies and programmes. WFP joint research with private sector partners³¹ demonstrated a direct link between the improved FNS of PLWH and their adherence to antiretroviral treatments.
 - Given proven government capacities to immediately respond to the impact of small and medium shocks, WFP's focusses on capacity strengthening, livelihoods recovery, and

³¹ RAND Corporation, 2016.

reinforcing the links between first relief response and social protection frameworks. WFP studies have assessed the population's vulnerability to food insecurity, especially during slow-onset crisis³².

➤ When coordinating with different government stakeholders, generation of evidence, performance monitoring and quality implementation of projects, have allowed for agile decision making, coordination and advocacy for sustained and improved interventions.

➤ Further gender analysis and enhanced gender transformative programming are important to advance gender equality as a requirement for FNS.

2.2. OPPORTUNITIES FOR WFP

29. WFP is well positioned to support the Dominican Republic's efforts to achieve Sustainable Development Goals (SDGs) 2 and 17:

➤ WFP has access to government decision makers and has supported government analysis of the country context, gaps, challenges, opportunities and priorities for achieving SDG2.

➤ Given that WFP is considered as the leading nutrition authority among international organizations in the country, it will continue to support the inclusion of nutrition-sensitive interventions in social protection, EPR, and resilience-building programmes. WFP has been leading efforts aimed at food fortification with micronutrients by providing technical support to key stakeholders in Government, academia and private sector for the approval of rice fortification regulations.

➤ WFP has encouraged a better design of social protection programmes and nutrition strategies by proposing the development of interventions that address particularities and challenges of urban food security, as well as the inclusion of FNS-based targeting criteria, including differentiated needs according to gender and age.

➤ WFP has provided technical assistance and strengthening national capacities in EPR, and carried out emergency response when the impact of events surpassed government capacities. WFP can contribute to optimizing existing social protection platforms and private sector mechanisms for an adequate humanitarian response in the event of major disasters.

➤ WFP's support to draw attention to the food security situation of PLWH, and the potential of Government and civil society partnerships to engage in sustainable and nutrition sensitive interventions that improve adherence to treatment, (as those included in the T-ICSP's Activity 2), present opportunities for further scale-up and advocacy to include nutrition and food security as an essential component for the treatment and care for PLWH.

➤ WFP encourages comprehensive approaches in view of interrelated factors that determine FNS, climate change and disaster risk reduction, by promoting a more systemic view and improving the resilience of food systems.

➤ WFP engages with public, private and academic institutions to explore collaborative frameworks for advocacy, improved food and nutritional security and resilience.

³² ICA 2017 and SLPs 2016.

2.3. STRATEGIC CHANGES

30. Findings of the Country Strategic Review (CSR) will be used by the Government to foster stakeholders' consensual understanding of the FNS situation, further defining national priorities and agreeing on broad national lines of action to achieve SDG2.
31. Further internal analysis and technical assistance is required to continue defining WFP strategies to support the Government in designing and implementing more effective and equitable interventions to achieve SDG2. Consultations with government partners, UN, civil society and private sector will take place in order to better position WFP's contribution and response to the needs and priorities identified by the country.
32. Regarding partnerships (SDG 17) to achieve SDG2, WFP will work on (a) strengthening linkages with current government stakeholders as well as engaging with others, such as the ministries of Agriculture, Education, Health and Women's Affairs (b) fostering links between the Social Protection and Disaster Risk Management Systems; (c) promoting South-South cooperation; (d) fostering partnerships with universities, other UN agencies, NGOs, private sector and civil society; (e) strengthening advocacy and communication efforts. Furthermore, WFP will develop resource mobilization strategies in order to broaden and diversify its funding base.
33. A budget increase and extension in time of trust fund 200657 (up to June 2018) has become necessary. Although the MoU considers yearly determination and allocation of funds, WFP expects similar funding levels in the coming years. The trust fund will integrate HIV and nutrition activities and its scope will be broadened to a multi-donor trust fund, to allow for the mobilization of private sector and other funds.
34. WFP has developed several proposals to further strengthen disaster risk management and EPR efforts of the Government and community level stakeholders. If any of these initiatives receive additional donor support, a trust fund budget revision will be necessary, in addition to a revision of the Transitional ICSP.

3. WFP STRATEGIC ORIENTATION

3.1. DIRECTION, FOCUS AND INTENDED IMPACTS

35. This T-ICSP is based on the country's current project portfolio for the January to June 2018 period. All components have been discussed and jointly designed with national counterparts and relevant government authorities: GCPS, Ministry of Agriculture, Ministry of Health, Ministry of the Presidency and NEC. Additionally, WFP carried out internal strategic planning exercises in early 2017 to discuss outcomes, outputs and activities of the T-ICSP in a highly participatory manner.
36. WFP will support national efforts towards the achievement of SDGs 2 and 17 through three strategic outcomes based on its Strategic Results for ending malnutrition, ensuring access to food and capacity strengthening for priority vulnerable groups. Each strategic outcome reflects activities corresponding to government priorities and WFP's experience and expertise. WFP will continue supporting government FNS strategies and strengthen national capacities for improved and sustainable food systems.

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37. During the transition from the T-ICSP to the CSP, WFP will further support the universalization of social protection programmes; fostering the inclusion of FNS criteria in its targeting; partnerships with universities, civil society organizations and the private sector; advocacy and public information strategies; and provide additional support to improve the quality of public health programmes.
 38. Given that the possibility of a major disaster cannot be ruled out, WFP is laying the groundwork to establish prevention and response measures and protocols with various key government and private sector stakeholders. WFP will also make efforts towards integrating gender in DRR activities as well as bridging EPR initiatives with national social protection programmes. This will be done following a nutrition-sensitive approach, hence the three strategic outcomes will be linked and interrelated.

3.2. STRATEGIC OUTCOMES, FOCUS AREAS, EXPECTED OUTPUTS AND KEY ACTIVITIES

3.2.1. STRATEGIC OUTCOME 1: NUTRITIONALLY VULNERABLE GROUPS TARGETED BY SOCIAL SAFETY NET AND PUBLIC HEALTH PROGRAMMES THROUGHOUT THE COUNTRY IMPROVE THEIR NUTRITIONAL STATUS BY 2025.

➤ Outcome description

39. WFP will support the Government with interventions that will range from public policies to capacity strengthening, aiming at supporting the implementation of nutrition interventions within the social protection system.
40. This outcome is aligned with the Second Axis of the NDS “A Society with Equal Rights and Opportunities”, target 2.3.4. “Protect children, adolescents and young people from early childhood to promote their comprehensive development and social inclusion”, as well as with the General Objective of the 10-year Health Plan and with the National Strategic Nutrition Plan 2013-2016.
41. This outcome will contribute to WFP’s Strategic Result 2 “End Malnutrition” and SDG 2.2. target.
42. With the objective of contributing to the FNS of the population, WFP has supported the nutrition component of the government’s social safety net program PROSOLI since 2009, assisting some 132,000 persons per year.
43. WFP also fosters FNS public policies by supporting government efforts for national rice fortification. This initiative began in mid-2016 and WFP’s technical assistance is expected to continue beyond 2017. Furthermore, WFP is supporting the implementation of the “Law on Food Sovereignty and FNS”. FAO and WFP provided support toward the formulation of the law since 2010.

➤ **Focus Areas**

44. This strategic outcome addresses the root causes of malnutrition and food insecurity among beneficiaries of social protection programmes and the population in general through the promotion of public policies. It aims at promoting adequate nutrition and preventing malnutrition while strengthening the Government's institutional capacities to support and respond to the needs of the targeted population.

➤ **Expected outputs**

45. This outcome will be achieved through four outputs:

➤ Nutritionally vulnerable populations (Tier 3) benefit from enhanced national social protection and health programmes and plans (C) to improve their nutrition status (SR 2). (Other SDG output contributes to SDG 1).

➤ Children 6 to 59 months of age, PLW and girls, and elderly people at risk of malnutrition (Tier 1) receive specialized foods through national public health and social safety net programmes (B) to improve their nutrition status (SR 2). (Other SDG output contributes to SDG 3).

➤ Nutritionally vulnerable populations targeted by public health and social safety net programmes (Tier 3) benefit from messaging on specialized nutritious foods and child feeding practices (E) to improve their nutrition status (SR 2). (Other SDG output contributes to SDG 3).

➤ Nutritionally vulnerable populations (Tier 3) benefit from enhanced capacities of government institutions to develop regulations for the production, distribution and retail of fortified rice (J) to improve their nutrition status (SR 2). (Other SDG output contributes to SDG 17).

➤ **Key activities**

46. **Activity 1:** Implement comprehensive nutrition and capacity strengthening strategies with the staff of the social safety net programmes and the Ministry of Public Health to enhance programmes' impact on the nutritional status of the population. WFP will continue providing support to the Government by implementing a nutrition component within PROSOLI, fostering strategies focused on advocacy; strengthening capacity of nutrition related primary care health programmes; carrying out nutrition education and behavior change communication; distributing specialized nutritious foods; and promoting community nutrition surveillance. This support is aimed at preventing malnutrition and ensuring exclusive breastfeeding and adequate complementary feeding of the most vulnerable population groups.

47. PROSOLI targets over 800,000 households living in poverty (approximately 32 percent of the country's population). In April 2013, WFP supported a mid-term evaluation of PROSOLI's nutrition component³³. Findings indicated a 50 percent increase in hemoglobin levels (reduced

³³ Evaluación de Medio Término de Impacto del Componente de Nutrición del Programa Progresando con Solidaridad en niños y niñas beneficiarias de entre 6 y 59 meses de edad- realizado en las regiones Enriquillo, Nordeste y Central de la República Dominicana. Por Ministerio de Salud Pública y Programa Mundial de Alimentos. Abril 2013. República Dominicana.

anemia) vis-a-vis the 2010-2011 baseline. This can be attributed to the integrated approach aimed at reducing micronutrient deficiencies.

48. In partnership with the Ministry of Health, WFP supports PROSOLI in the provision of specialized nutritious food transfers through 1,300 primary health care centers. WFP's support includes education and community mobilization for improved nutrition, as well as training on nutrition counselling, child growth and development of 20,000 government and community staff. Gender transformative activities promote awareness of government staff, community leaders and households on proper child feeding practices, assistance to primary health care centers and the changing of stereotypes and myths linked to breastfeeding practices. WFP will work with PROSOLI in supporting the national targeting system (Sistema Unico de Beneficiarios - SIUBEN) to include FNS indicators for improved beneficiary targeting.
49. The Ministry of Public Health will receive technical assistance for the adoption and implementation of public regulations on developing a national rice fortification program. Capacities to further generate evidence and analysis of FNS will be strengthened.
50. Accountability to affected populations is ensured by PROSOLI, which conducts monthly household surveys to verify if beneficiaries have received the appropriate information, to receive feedback on beneficiaries' perceptions and at the same time remind them of their rights and opportunities in the programme. These questionnaires are processed by PROSOLI and relevant findings are shared with WFP.

3.2.2. STRATEGIC OUTCOME 2: PEOPLE LIVING WITH HIV IN THE EASTERN AND SOUTHERN REGIONS OF THE DOMINICAN REPUBLIC HAVE ACCESS TO DIVERSIFIED AND NUTRITIOUS FOOD BY 2030.

➤ Outcome description

51. WFP will continue supporting capacity strengthening to enhance the national response to HIV with a FNS focus, as well as improve and strengthen food access for PLWH. Beneficiaries targeted under this outcome are PLWH affiliated to HIV networks and who have been identified as members of households in severe food insecurity, according to WFP's 2015 study. Both actions promote adherence to treatment and retention in care. Activities to achieve this outcome were initially funded by the Unified Budget, Results and Accountability Framework (UBRAF), and are currently being supported by private sector funding up to July 2019.
52. This outcome is aligned with the Second Axis of the 2030 National Development Strategy (NDS) "A Society with Equal Rights and Opportunities" target 2.2.1. "To ensure the right of the population to access a model of comprehensive care, with quality and warmth, which favors health promotion and disease prevention, through the consolidation of the National Health System". It is also aligned with axis 4, 5 and 7 of the Multiannual Plan 2012-2015 of the Ministry of Agriculture.
53. WFP will contribute to Strategic Result 1 "Everyone has access to food" and SDG target 2.1.

➤ **Focus Areas**

54. This strategic outcome addresses the root causes of food insecurity among PLWH and their families. It aims at protecting and ensuring access to nutritious foods, as well as better adherence to ART.

➤ **Expected outputs**

55. This outcome will be achieved through two outputs:

- PLWH (Tier 2) benefit from the creation and management of urban vegetable gardens under the Ministry of Agriculture's support programme (C) to improve their access to food (SR 1). (Other SDG output contributes to SDG 3).
- PLWH (Tier 3) benefit from improved nutrition capacities of local health professionals (C) to improve their nutrition status (SR 2) and increase adherence to antiretroviral treatment and other health services (SDG 3). (Other SDG output contributes to SDG 3).

➤ **Key activities**

56. **Activity 2:** Foster capacity development by providing nutrition training and promoting urban vegetable gardens for PLWH (9-CS). This activity is related to improving adherence to treatment and retention in care through the generation of evidence which supports interventions linked to food access and dietary diversity.
57. In close collaboration with the Ministry of Agriculture and PLWH networks, WFP will provide support for the implementation of sustainable urban vegetable gardens to improve retention and ART adherence among PLWH, especially women, as they are most affected by HIV and inequality. Formative research is planned to be conducted to generate evidence on the correlation between ART adherence and food security. Through this study, WFP and the private sector donor³⁴ will evaluate the acceptability, feasibility, and preliminary effectiveness of culturally appropriate urban vegetable garden interventions that directly target food insecure PLWH.
58. WFP will support establishing linkages between government programmes, whereby health centers will refer food-insecure women with HIV to the Ministry of Agriculture's urban garden programme, in order to increase their access to food. Research will be conducted to gauge how far these linkages contribute to the achievement of CONAVIHSIDA's national strategic plan in terms of retention in care and adherence to treatment.
59. With the purpose of strengthening the nutrition counselling capacity of health centre staff providing comprehensive care for PLWH, trainings and guidance materials are planned for an estimated 290 medical practitioners assigned to 77 health clinics.
60. WFP plans to implement a strategy for a peer counseling programme on nutrition combined with planning and managing sustainable urban vegetable gardens to improve retention and ART adherence among PLWHA. Advocacy for policies that integrate attention to HIV and reduce vulnerability to food insecurity and malnutrition in PLWHA are planned to take place.

³⁴ Rand Corporation.

3.2.3. STRATEGIC OUTCOME 3: DISASTER RISK MANAGEMENT AND SOCIAL PROTECTION INSTITUTIONS IN THE DOMINICAN REPUBLIC STRENGTHEN THEIR CAPACITIES IN PREPAREDNESS AND RESPONSE TO CLIMATE STRESSES AND SHOCKS BY 2030.

➤ ***Outcome description***

61. WFP will continue supporting government efforts to strengthen national and sub-national capacities for forecast-based EPR to climate risks as well as for early warning and shock-responsive social protection. WFP will work closely with the National Emergency Commission (NEC), the Emergency Operations Centre (COE) and the GCPS.
62. This outcome is framed within priorities 1 and 4 of the Sendai Framework for Action³⁵ “Understanding disaster risk” and “Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction”. It is aligned with the Third Axis of 2030 National Development Strategy “Sustainable, Integrated and Competitive Economy”, target 3.5.3. “To increase productivity, competitiveness and environmental and financial sustainability of agro-productive chains, in order to contribute to food security, harness export potential and generate employment and income opportunities for the rural population.”
63. This Strategic Outcome is in line with the five programmatic axes of the National Plan for Integrated Disaster Risk Management: (i) Promoting knowledge development and risk assessment and dissemination; (ii) Strengthening the reduction and forecasting of risk factors; (iii) Improving practices and mechanisms for alert and response; (iv) Training of human resources, education and training; (v) Strengthening of inter-institutional capacities for risk management.
64. This outcome will contribute to WFP Strategic Result 5 “Capacity Strengthening” and SDG 17.9. target.

➤ ***Focus Areas***

65. This strategic outcome aims to improve national and local preparedness capacities for improved response to slow and rapid onset disasters based on enhanced information from forecasts and strengthened early warning systems. It includes capacity strengthening actions with a FNS approach, focused on primary health care service preparedness, as well as food security vulnerability analysis for early warning. The primary focus of this outcome is resilience-building.

➤ ***Expected outputs***

66. This outcome will be achieved through two outputs:
 - Vulnerable populations (Tier 3) benefit from Disaster Risk Management and Social Protection institutions’ enhanced capacity to develop strategies linking early warning, social protection and risk management (C) in order to protect their FNS during emergencies (SR 1). (Other SDG output contributes to SDG 11).

³⁵ Sendai Framework for Disaster Risk Reduction 2015-2030.

-
- Vulnerable populations (Tier 3) benefit from an enhanced national climate related early warning system with a focus on FNS (C) in order to ensure their access to food in the face of climate events (SR 1). (Other SDG output contributes to SDG 13).

➤ **Key activities**

67. **Activity 3:** Provide technical assistance to the NEC, the COE and GCPS in early warning and shock-responsive social protection related to FNS (9-CS). WFP will work closely with the Government to strengthen national and local capacities for disaster risk preparedness, management and response. Efforts will focus on: strengthening National and Community Systems for effective Disaster Risk Management (DRM); harmonization of the legal and procedural framework of the risk management system from a forecast-based financing (FBF) perspective; advocacy and support for the incorporation of a DRM dimension within the social protection system based on risk analysis and forecasts, including food insecurity and nutritional triggers; and continued in-depth risk analysis for the design, planning and implementation of disaster risk reduction, protection of livelihoods and preparedness programmes with linkages to FNS and social protection based on WFP tools (Three-Pronged Approach, 3PA). Coordination mechanisms will be sought with the Dominican Red Cross to integrate community mechanisms from an early warning (FBF) perspective.

Geographical areas with highest levels of vulnerability to climate change, food insecurity and disasters will be prioritized, according to the initial findings of the Integrated Context Analysis (ICA). These areas are mainly concentrated along the border with Haiti. WFP will continue applying the 3PA to improve early warning and response capacities. Actions to support social protection programmes to be better prepared to respond to disasters will be implemented by identifying possible synergies and existing capacities between emergency response and social protection stakeholders, as well as promoting the design of joint protocols for a more effective and coordinated crisis response.

68. WFP supported PROSOLI and its new phase of “Progresando Unidos” with Seasonal Livelihood Programming consultations (SLPs) in the 14 provinces prioritized by the Government, to support the integration of food security interventions based on a contextual understanding of livelihood seasonality with a integrated gender analysis. Further follow-up actions will be carried out, strengthening the linkages to shock-responsive social protection.
69. WFP will develop this activity following a multi-sector approach and in close partnership with the National Emergency Commission - Ministry of Agriculture, National Meteorology Office (ONAMET), National Institute of Hydraulic Resources (INDHRI), the Ministry of Presidency, the GCPS, the COE, other UN agencies (UNDP, FAO) and NGOs (Oxfam, Plan International).

3.3. TRANSITION AND EXIT STRATEGIES

70. WFP designs its interventions according to the priorities established by the NDS and in close partnership and coordination with the Dominican Government. Interventions are carried out at the request of government institutions.
71. The Government recognizes WFP’s technical and operational capacities. Hence, the main donor of the PROSOLI nutrition activity is the Government itself. The Vice-Presidency of the Republic directly assumes implementation costs, and funding allocations are based on the

review and approval of WFP’s annual technical and budgetary proposals. Hence, no major risks to the sustainability of activities are envisaged.

72. The CSR process will undoubtedly provide key inputs and guidance for the design of more efficient strategies to further strengthen local capacities and inform WFP’s exit strategy. Through the CSR process, WFP has fostered a process that leads to governmental ownership and leadership of national plans towards SDG2 goals. This process is expected to result in prioritized sustainable actions by the Government and other key stakeholders towards the achievement of SDG2 in the coming years. Gender is being integrated into the CSR through the Research Group and participatory consultations.
73. WFP will continue to include sustainability perspectives in its actions, which are developed jointly with government counterparts, keeping in mind exit strategies. The empowerment of government institutions and communities is essential to ensure sustainability of interventions. Partnerships with other stakeholders such as the private sector and civil society in the design, implementation of advocacy strategies, sharing costs and responsibilities, are key aspects to be promoted by WFP for sustainability and hand-over.

4. IMPLEMENTATION ARRANGEMENTS

4.1. BENEFICIARY ANALYSIS

74. During the 6-month T-ICSP, in support to the implementation of PROSOLI’s nutrition component in all 32 provinces, WFP will directly target about 130,000 persons from three population groups: 80,000 children aged 6 to 59 months; 10,000 pregnant and lactating women and girls; and 40,000 elderly people. These numbers are provided by PROSOLI, based on their targeting criteria and beneficiaries registered in the Government’s Single Beneficiary System (*Sistema Único de Beneficiarios*) (SIUBEN). SIUBEN categorizes beneficiaries according to poverty levels. PROSOLI targets households in situation of extreme and moderate poverty.

Strategic Outcome	Activity	Female	Women	Girls	Male	Men	Boys	Total
Strategic Outcome 1	Activity 1	72,965	28,622	44,343	59,917	19,338	40,579	132,882
TOTAL		72,965	28,622	44,343	59,917	19,338	40,579	132,882

75. WFP capacity strengthening activities will include a gender focus, and consist of:

- Training and field monitoring visits; supporting the development of public health nutrition-related norms; nutrition counseling and advice on treatment of malnutrition to medical practitioners in all 1,300 primary community health centers (UNAPs). UNAPs will distribute MNP and complementary fortified foods to the estimated 130,000 beneficiaries. Also, on-site training of PROSOLI and health care staff on the measurement and registration of project indicators. Disaggregated data collected will feed into the national program's monitoring

system in support of PROSOLI's commitment to ensure that beneficiaries meet health and nutrition related conditionalities for the receipt of food assistance.

- Formative research on dietary patterns of PLWH in targeted municipalities, disaggregated by gender, together with preliminary research on the feasibility of nutrition counseling and urban vegetable gardens as strategies to address food insecurity among PLHIV in a gender-transformative manner. Actions will include: evaluation of the acceptability and preliminary effectiveness of urban vegetable gardening and peer counseling on improving nutritional outcomes in the longer term (12 months).
- Strengthening capacities of the Geo-Spatial Information Team (EIGEO) of the NEC to reinforce the monitoring, systematic dissemination of hydrometeorology forecast information, and generation of risk analysis, linked to the ICA methodology and to drone technology.
- Building national institutional capacity for effective DRM at all levels, including support to improve coordination with all stakeholders, such as UNS, sub-national governments, NGOs, participating scientific institutions; as well as the review of the Standard Operating Procedures (SOPs) to support and coordinate with other Caribbean countries, particularly Haiti and Cuba.

4.2. TRANSFERS

4.2.1. FOOD AND CASH-BASED TRANSFERS

76. From January to June 2018 some 227 mt of food transfers are expected to be provided through the UNAPs in coordination with PROSOLI and the Ministry of Health by relying on different modalities: (i) provision of micronutrient powders for some 73,000 children (aged 6 to 59 months); (ii) distribution of Supercereal-Plus to over 9,400 children (aged 6 to 59 months); (iii) provision of Supercereal to some 10,000 pregnant and lactating women and girls, and (iv) provision of Supercereal to some 40,000 elderly people.

Strategic Outcome	Strategic Outcome 1		
Activity	<i>Activity 1</i>		
Beneficiary type	Children aged 6 to 59 months	Pregnant and Lactating Women and Girls	Elderly people
Modality	Food	Food	Food
Supercereal		100	100
Supercereal-Plus	100		
Micronutrient powder	1		
total kcal/day	0	410	380
% kcal from protein	0	16%	14%

cash (US\$/person/day)				
Number of feeding days	60	45	60	30

77. The following table presents requirements under Activity 1, for 6 months in terms of micronutrient powders, seasonal distribution of Supercereal Plus to support the prevention of undernutrition, provide complementary feeding to support PLW and girls, and the elderly, as per government requirements.

Food type / cash-based transfer	Total (MT)	Total (USD)
Cereals	0	0
Pulses	0	0
Oil and Fats	0	0
Mixed and Blended Foods	223	127,814
Other	4	95,358
TOTAL (food)	227	223,172
Cash-Based Transfers (USD)		
TOTAL (food and CBT value – USD)	227	223,172

4.2.2. CAPACITY STRENGTHENING INCLUDING SOUTH-SOUTH COOPERATION

78. WFP will assist and strengthen government institutions at the national and sub-national levels. During the CSR process and as part of the upcoming CSP, WFP will carry out an analysis of FNS with an integrated gender and age assessment, aimed at generating evidence for decision making. WFP will also conduct specific efforts to bridge EPR initiatives with FNS and national social protection programmes. In this manner the three main strategic outcomes will be linked and interrelated.
79. In terms of the capacity strengthening actions for the 1,300 UNAPs during the 6-month T-ICSP period, focus will be on implementation, monitoring and evaluation of nutrition-sensitive and preventive interventions. WFP will support the Public Health Ministry with technical assistance in the development, adoption and implementation of national regulations on rice fortification.
80. WFP will support the Ministry of Agriculture and PLWH networks to implement sustainable urban vegetable gardens to improve retention in care and ART adherence among women living with HIV. Formative research is planned to generate evidence on the relation between ART adherence and food security. WFP will train medical practitioners in gender-informed nutrition counselling.
81. WFP will continue supporting DRM capacity strengthening of NEC, Ministry of Presidency and GCPS. This will include support to design and implement a strategy based on research to

strengthen linkages between social protection and risk management systems aiming at a shock-responsive social protection strategy (SRSP).

82. WFP will promote South-South technical cooperation exchange programmes with Cuba and Haiti in the areas of civil protection and SRSP. WFP will also foster best practices and exchanges within the country to support nutrition-related public policies and nutrition-sensitive SRSPs.

4.3. SUPPLY CHAIN

83. WFP will implement a supply chain to transfer specialized nutritious foods, including the procurement, storage and delivery of commodities to 32 province-level warehouses managed by the Ministry of Public Health. From these spaces, WFP delivers to the distribution points (1,300 UNAPs). Deliveries are combined with monitoring visits. Commodities will be distributed to beneficiaries by public health practitioners during regular health consultations.

4.4. COUNTRY OFFICE CAPACITY AND PROFILE

84. Implementation of the CSP requires a review of the country office structure and staff profile.
85. The CO operates WINGS-light and PassPort. The Regional Bureau operates full WINGS on behalf of the CO and financial transactions are done through UNDP. Among the main reasons for the CO not to directly operate WFP standard systems are the lack of adequate IT support platforms and the absence of a staff structure enabling their use. These factors will need to be reviewed for the CSP implementation. Use of systems such as COMET as well as requirements for reporting on outputs and resources from the start of the T-ICSP may require a review of staff profiles, such as the creation of specific M&E, pipeline and budget monitoring profiles.

4.5. PARTNERSHIPS

86. WFP's main partner is the Government. Partners for this T-ICSP will be PROSOLI, the GCPS, the Ministry of Agriculture, the Ministry of Public Health and the National Health Services, Ministry of Economy and Planning (MEPYD), INDHRI, NEC, COE, ONAMET, National HIV/AIDS Council (CONAVIHSIDA), private sector, academic institutions, UN agencies such as FAO, PAHO/WHO and UNDP, as well as Plan International and Oxfam and other CSOs and NGOs.

5. PERFORMANCE MANAGEMENT AND EVALUATION

5.1. MONITORING AND EVALUATION ARRANGEMENTS

87. WFP Dominican Republic will adjust its monitoring framework to the new strategic plan and to SDG2 and SDG17, and ensure that the monitoring framework is gender-responsive. Baselines were carried out for the activities of the existing portfolio. WFP will regularly update its post distribution monitoring data and the EPCI by June 2018 under the T-ICSP.
88. WFP will develop the Monitoring, Reviews and Evaluation Plan based on each project's monitoring and evaluation plan and according to the CRF. The Zero Hunger Scorecard will be applied as baseline for activities one and two, and serve as a basis for further planning of specific interventions, as activities are expected to continue under the CSP. A follow up EPCI

will be applied under Activity 3, as a baseline was conducted in 2015.

89. WFP is expected to carry out a decentralized evaluation in the second half of 2018, assessing progress towards the strategic outcomes. Initial planning activities would begin in early 2018.
90. Field monitoring and regular reporting will be carried out in all communities where WFP activities are present to ensure proper implementation and coverage of activities and appropriate consumption of specialized nutritious foods. WFP has a team of field monitors that covers all of the country's ten regions. WFP will apply the Corporate Results Framework business rules to measure performance indicators, at baseline, mid-term and final stages. Progress towards objectives will be assessed through surveys, regular monitoring and coordination meetings.

5.2. RISK MANAGEMENT³⁶

91. Risk mitigation mechanisms related to the implementation of activities will be maintained as outlined in the approved Trust Fund proposals.

➤ Contextual Risks

92. There is a moderate risk of delayed allocation of government contributions to Activity 1 (in relation to Trust Fund 200657). To control this risk, WFP regularly monitors activities and project expenses, and informs the government counterpart on the funding situation.
93. There is moderate risk of turnover of government staff with which the proposed interventions were agreed. To control this risk WFP would set up coordination and awareness-raising meetings with new authorities.
94. Adverse natural events, such as tropical storms, occurring during the project implementation timeframe, may impede access to targeted communities or produce delays. WFP has preparedness plans and coordination and communication mechanisms established with government counterparts for definition of proper actions in these scenarios. Criminality is rampant in the country. Criminals are increasingly making use of violence and weapons. WFP works with UNDSS to ensure staff safety, compliance with minimum operating security standards and the strict application of security protocols. UNDSS has designated the country security level 2 (Low). The CO has a security focal point.

➤ Programmatic Risks

95. There are minimal to moderate risks that UNAPs staff will not comply with their commitments of distributing MNPs before shelf life expiry. As a mitigation measure, WFP will carry out regular field monitoring to health centres to find appropriate and timely solutions; periodic provincial and regional coordination meetings with Ministry of Health at the local level to have accurate updates to guide adequate measures to be taken; and organize training workshops for Ministry of Health area coordinators and new medical staff at the UNAPs. There are minimal risks related to Supercereal-Plus and Supercereal pipeline breaks due to delays in international purchases of these commodities and their arrival to health centres. To

³⁶ For more risk management guidance, see

http://wiki.wfp.org/financialresourcemanagementmanual/index.php/Section_18_-_Risk_Management and http://go.wfp.org/web/performanceandriskmanagement/risk_management

control this risk WFP will set up distribution plans and have transport contracts in place prior to the arrival of Supercereal-Plus and Supercereal to the country, and plan for the distribution of commodities through health sessions at UNAPs.

➤ ***Institutional Risks***

96. There are minimal risk related to financial and supply chain mismanagement. WFP regularly reviews internal procedures and has requested RB support to further strengthen its regular monitoring system to detect any abnormalities and immediately implement corrective measures if needed.

6. RESOURCES FOR RESULTS

6.1. COUNTRY PORTFOLIO BUDGET

	Year 1	Total
Strategic Outcome 1	\$692,167	\$692,167
Strategic Outcome 2	\$56,787	\$56,787
Strategic Outcome 3	\$165,678	\$165,678
TOTAL	\$914,632	\$914,632

97. All strategic outcomes include capacity strengthening as a significant component. Strategic outcome 1 accounts for the majority of the portfolio in terms of resources, beneficiary numbers, and levels of assistance.

6.2. RESOURCING OUTLOOK

98. The resources presented in this document are based on confirmed funds or strong indications based on historical trends and feedback on project proposals. Nonetheless, in case of receiving unforeseen additional funds during the period of validity of the T-ICSP, a budget revision will be carried out.
99. In fulfillment of corporate commitment to gender equality, 13 percent of funds will be allocated to gender sensitive activities.

6.3. RESOURCE MOBILIZATION STRATEGY

100. WFP's main donor is currently the GCPS. WFP is making efforts to broaden its donor base in order to further contribute toward the T-ICSP goals. This strategy includes working with other government institutions in addition to GCPS, traditional international government donors and the private sector. WFP is working toward enhancing its public information strategy, aiming at local and international stakeholders.
101. Among traditional international donors that have been identified are Canada (The Department of Foreign Affairs Trade and Development), United States (USAID and Department of

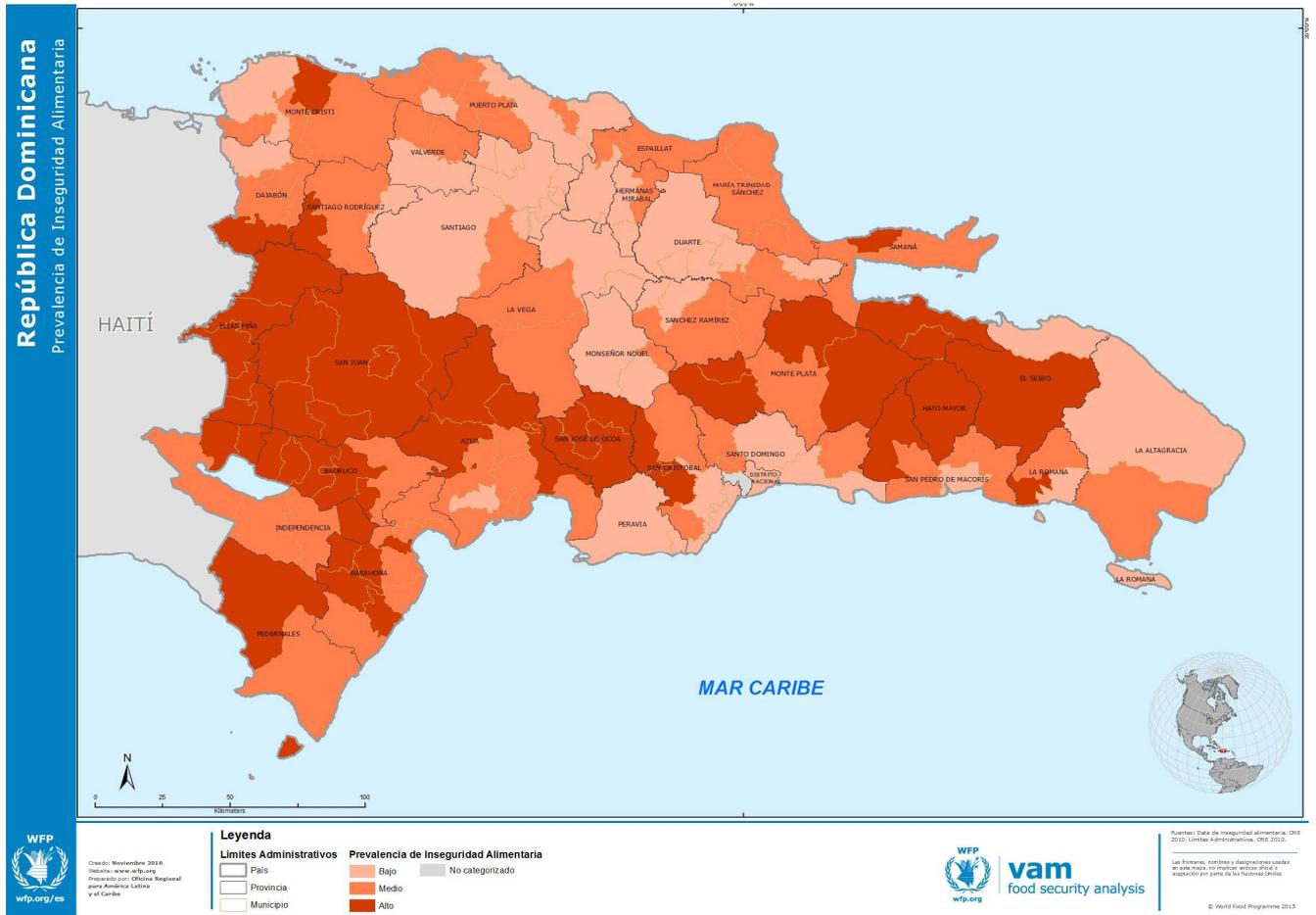
Agriculture), Germany, European Union (ECHO and DEVCO), Spain (AECID), Japan (JICA), Korea (KOICA), Russia, the World Bank and the Inter-American Development Bank (IDB). Initial contacts were made with private sector representatives. Given the economic development of the country, mobilizing external funding is a challenge. Corporate seed money has proved to be fruitful in terms of initiating and achieving pilot programmatic interventions.

**ANNEX I: SUMMARY OF LOGICAL FRAMEWORK
(COMET)**

ANNEX II: INDICATIVE COST BREAKDOWN

INDICATIVE COST BREAKDOWN ALONG STRATEGIC OUTCOMES (US\$)				
WFP Strategic Results / SDG Targets	SR 2, SDG 2.2	SR 1, SDG 2.1	SR 5, SDG 17.9	Total
WFP Strategic Outcomes	Strategic Outcome 1	Strategic Outcome 2	Strategic Outcome 3	
Focus Area	Root Causes	Root Causes	Resilience Building	
Transfer	\$473,345	\$43,442	\$116,379	\$633,166
Implementation	\$136,604	\$6,600	\$29,619	\$172,823
Adjusted DSC (%)	\$36,936	\$3,030	\$8,841	\$48,807
Sub-total	\$646,885	\$53,072	\$154,839	\$854,796
ISC (7%)	\$45,282	\$3,715	\$10,839	\$59,836
TOTAL	\$692,167	\$56,787	\$165,678	\$914,632

ANNEX III: MAP



ANNEX IV: ACRONYMS

AECID- Spanish Agency for International Development Cooperation
ART- Anti-retroviral treatment
CCA- Common Country Analysis
COE- Centre for Emergency Operations
CONAVIHSIDA: National Council for HIV/AIDS
CSR- Country Strategic Review
DG DEVCO- EU General Directorate for International Cooperation and Development
DRM- Disaster Risk Management
ECHO- European Civil Protection and Humanitarian Aid Operation
EIGEO- Inter-institutional Geospatial Information Team (Equipo Interinstitucional de Información Geoespacial)
ENHOGAR- National Multipurpose Household Survey (Encuesta Nacional de Hogares de Propósitos Múltiples)
EPCI- Emergency Preparedness Capacity Index
FAO- Food and Agriculture Organization of the United Nations
FBF- Forecast-Based Financing for Climate Risks
FNS- Food and Nutrition Security
GCPS- Social Policy Cabinet (Gabinete de Coordinación de Política Social)
GDP- Gross Domestic Product
ICA- Integrated Context Analysis
INDHRI- National Institute of Hydraulic Resources (Instituto Nacional de Recursos Hidráulicos)
JICA- Japan International Cooperation Agency
KOICA- Korea International Cooperation Agency
MDG- Millennium Development Goal
MEPyD- Ministry of Economy, Planning and Development
MNP- Micronutrient Powder
NDS- National Development Strategy
NEC- National Emergency Commission

NGO- Non-Governmental Organization
ONAMET- National Meteorological Office (Oficina Nacional de Meteorología)
PLWH- People Living With Human Immunodeficiency Virus
PROSOLI- Progresando con Solidaridad
SDG- Strategic Development Goals
SIUBEN- Unique System of Beneficiaries (Sistema Único de Beneficiarios)
SOP- Standard Operating Procedures
SR- Strategic Result
SRSP- Shock Responsive Social Protection
T-ICSP- Transitional Interim Country Strategic Plan
3PA- Three Pronged Approach
UBRAF- UNAIDS Unified Budget, Results and Accountability Framework
UNAP- Primary Health Care Center (Unidad de Atención Primaria)
UNCT- United Nations Country Team
UNDAF- United Nations Development Assistance Framework
UNDP- United Nations Development
UNDSS- United Nations Department of Safety and Security
UNS- United Nations System
USAID- United States Agency for International Development
WFP- World Food Programme

Drafted by: Dominican Republic Country Office
Cleared by: [name] Country Office on [date]
Reviewed by: Vera Mayer Regional Bureau
Cleared by: [name] Regional Bureau on [date]