

How the Government of the Dominican Republic Reduced Anemia by 50% in Vulnerable Children, with support from WFP

A Case Study on Nutrition-Sensitive Programming in a Middle Income Country

SUMMARY

In 2014, the WFP Policy, Programme, and Innovation Division initiated a project to support Regional Bureaux and Country Offices in knowledge sharing through the documentation of a series of technical case studies in nutrition programming. The project was in response to numerous requests from programme and nutrition officers for examples of how WFP has implemented nutrition-specific and nutrition-sensitive interventions. The first phase of the project highlighted flour fortification in Egypt, local production of specialized nutritious food in Pakistan, nutrition-sensitive interventions in Ecuador and the Dominican Republic, and scaling-up nutrition interventions in Niger and Malawi. WFP headquarters sent officers to each of the countries to interview stakeholders, review programming documents, and visit implementation sites. The nutrition programmes were then summarized into these case studies, which focus on key success factors and lessons learned to date from each of the experiences. The project also developed a template and guidance for writing technical case studies in order to facilitate further documentation of other experiences. The goal in sharing these case studies is to commend the hard work and successes of WFP Country Offices, and to leverage the experiences to support nutrition programming globally.

This initiative was made possible through the generous financial contribution of the Children's Investment Fund Foundation (CIFF).




Cover Photograph

WFP/Elio Rujano

Header Photographs

WFP/Alejandro Chicheri/Alejandro Chicheri/Alejandro Chicheri



A Case Study on Nutrition-Sensitive Programming in a Middle Income Country



How the Government of the Dominican Republic Reduced Anemia by 50% in Vulnerable Children, with support from WFP

Overview:

The Government of the Dominican Republic and WFP have collaborated to integrate a nutrition component into the governmental social protection programme, *Solidaridad* (now called *Progresando con Solidaridad*), making it nutrition-sensitive. The nutrition component includes capacity development, growth monitoring, nutrition education, and the distribution of Micronutrient Powders to young children. Data on the health and economic consequences of malnutrition persuaded WFP and Government to jointly address high rates of anaemia in children living in poverty through *Solidaridad*. The successful partnership continues today. WFP provides critical technical assistance, capacity development, and monitoring and evaluation support. A programme evaluation found a 50% reduction in anaemia in beneficiary children, leading Government to commit US\$1.5 Million per year for the nutrition component. The successful implementation of the nutrition-sensitive social

Chaniel, who is cared for by his grandmother, is the youngest of three children. His grandmother told the local doctor that Chaniel had no appetite, no energy and was sad. When he was 6 months old, Chaniel and his grandmother attended a Child Health Session, conducted as part of the WFP-supported nutrition component of the Government's social protection program, *Solidaridad*. The doctor diagnosed Chaniel with moderate anaemia and low weight, and provided him Micronutrient Powders. After participating in the nutrition component of *Solidaridad*, Chaniel, now two years old, is a healthy boy, free of anaemia, with a big appetite and lots of energy.



WFP/Eliana Silverio/eri

Key Success Factors

- WFP leadership's innovative vision for repositioning the Country Office role and initiating nutrition-sensitive programming
- Nutrition component of social protection programme is multi-faceted with a complete package of interventions including coordination amongst actors, training, monitoring, and community education
- Generating and Leveraging Data
- WFP and Government collaboration to optimize operations
- Training of all stakeholders and staff on nutrition and Micronutrient Powders

protection programme in the Dominican Republic provides lessons for other countries.

Quick Facts:

- The Dominican Republic is a Middle Income Country with a population of 10 million people.
- In 2011, the prevalence of anaemia in *Solidaridad* child beneficiaries was 61%. Children between 6-11 months had a prevalence of 75%, between 12 and 24 months 73.4%, and between 24 and 35 months 62.1%.
- 70,279 children aged 6 -59 months have received Micronutrient Powders to date.

Country context

The Dominican Republic is a Caribbean nation rich in natural resources that suffers from persistent poverty and marked income inequality. Though a Middle Income Country, poverty still affects the food and nutrition security of many Dominicans, and leads to insufficient food consumption and micronutrient deficiencies in the vulnerable. Anaemia levels, in particular, remain persistently and stubbornly high. In 2004, the Government of the Dominican Republic through the Social Policy Cabinet rolled out a social protection programme called *Solidaridad* to assist its most vulnerable citizens, improve human capital, and spur economic growth. This social protection programme is a significant investment in the health and wellbeing of the citizens of the Dominican Republic. A presidential election occurred in 2012 that resulted in a new Vice President who was instrumental in prioritizing social protection programming in the Dominican Republic. She combined *Solidaridad* with the programme *Progresando* to form a new social protection programme called *Progresando con Solidaridad*. The Programme has been expanded to include income generating activities and actions focusing on livelihoods of beneficiaries, and a stronger community outreach and mobilization network. Under this new phase, the nutrition component has been broadened to include pregnant and lactating women and the elderly.

Programme overview

In 2009, the WFP Country Office in the Dominican Republic made a strategic shift in its work and utilized its comparative advantage to support food and nutrition security in a Middle Income Country by supporting nutrition-sensitive programming. At that time, the government of the Dominican Republic, motivated by the World Bank and the Inter Development Bank, was reforming its social sector. WFP capitalized on the governmental transition to provide strategic guidance for the incorporation of a nutrition component with corresponding nutrition objectives into the governmental social protection programme, *Solidaridad*. The nutrition component included training, capacity development, promotion of growth monitoring and preventative care for children through primary healthcare, and the provision of Micronutrient Powders to all beneficiary children 6 – 59 months of age. The ability of WFP to support the incorporation of the nutrition component, including the use of Micronutrient Powders, into *Solidaridad* was facilitated by:

1. Leadership displaying technical expertise and innovative vision for partnering with Government to implement a nutrition-sensitive

programme to address malnutrition, specifically anaemia;

2. Strategically implementing research and utilizing data for advocacy; and,
3. Leveraging the social reform process to position WFP's comparative advantage for supporting nutrition-sensitive programming.

The *Progresando con Solidaridad* Programme

This programme, formerly known by the shorthand *Solidaridad*, is a conditional cash transfer social protection programme managed by the Cabinet for Social Policy designed to help Dominicans living in poverty. Targeting of beneficiaries is accomplished through the surveillance systems of The Unique System of Beneficiaries (SUIBEN by its acronym in Spanish) and the Social Services Administration (ADESS by its acronym in Spanish).

Eligibility criteria:

- Individuals included in the SUIBEN database that are identified and classified as living in moderate and extreme poverty.
- Individuals who have a national identity card.

Components of the programme:

- *Comer es Primero* addresses hunger by providing economic assistance of roughly the equivalent of US\$16/month (\$700 Dominican Pesos) to each beneficiary household to supplement the basic foods eaten in families living in extreme poverty. Additionally, the programme seeks to improve the overall health status of children through access to vaccines, growth monitoring, and health education. The WFP-led nutrition component including the distribution of Micronutrient Powders to children between 6-59 months of age is part of this component.
- *Incentivo a la Asistencia Escolar* addresses education by providing monthly financial assistance of between US\$7 - 13 (depending on number of children) for each child between the ages of 6 and 16 that attends school in order to increase school attendance and decrease attrition rates.
- *Dominicanos con Nombres y Apellido* facilitates and promotes the registration of births and improves the process of obtaining documentation.

¹As of 2012, called *Progresando con Solidaridad* (Progressing with Solidarity)

Since that time, the official name of the social protection programme is *Progresando con Solidaridad*; however, it is still commonly referred to by the shorthand *Solidaridad*. The case study will refer to the social protection programme by this shorthand, *Solidaridad*.

The Micronutrient Powders used in the Dominican Republic are Chispitas™, produced and trademarked by DCM in Belgium

WFP is responsible for nutrition technical assistance, procurement and logistics for Micronutrient Powders, and support for monitoring and evaluation. Funding for the nutrition component comes from a trust fund, which provides the WFP Country Office with US\$1.5 Million per year. In 2010, WFP and *Solidaridad* conducted a pilot programme to test the feasibility of the proposed nutrition component with distribution of Micronutrient Powders in one region of the country, Cibao Central. The positive results lead to the incorporation of the nutrition component and inclusion of Micronutrient Powders in *Solidaridad* nationally in 2011. The first phase of implementation included:

- Training staff at all levels in nutrition and the importance of and use of Micronutrient Powders, including WFP field monitors;
- Conducting a cost analysis of local production options for Micronutrient Powders;
- Establishing the conditionalities for beneficiaries to receive benefits;
- Developing a logistics plan;
- Establishing a monitoring system; and,
- Introducing the nutrition component to regional and province level authorities of *Solidaridad* and the Ministry of Health.

An evaluation of the nutrition component of *Solidaridad* conducted in 2013 reported a 50% reduction in anaemia in enrolled beneficiary children. WFP leveraged these data to secure governmental funding for the nutrition component, including procurement of Micronutrient Powders, for an additional four years. The second phase of implementation continues the delivery of Micronutrient Powders and also delivers Supercereal Plus™ to children at risk of acute malnutrition and Supercereal™ to pregnant and lactating women and the elderly suffering micronutrient deficiencies and insufficient food consumption.

Getting to Success: How WFP supported Governmental Nutrition-Sensitive Programming in a Middle Income Country to reduce anemia by 50%

WFP Leadership's innovative vision for repositioning the Country Office role and initiating nutrition-sensitive programming

Repositioning the Role of the WFP Country Office

In 2005, the Dominican Republic was classified as a Middle Income Country and the WFP Country Office senior management was examining how to best support the fight for food and nutrition security in the changing dynamics of the country. In 2006 the WFP Regional Bureau for Latin America and Caribbean and the Economic Commission for Latin

Key Success Factors

- WFP leadership's innovative vision for repositioning Country Office role and initiating nutrition-sensitive programming.
- WFP and Government collaboration to optimize operations.
- Nutrition component of social protection programme is multi-faceted with a complete package of interventions including coordination amongst actors, training, monitoring and community education
- Generating and Leveraging Data
- Training of all stakeholders and staff on nutrition and Micronutrient Powders

America and the Caribbean (ECLAC) published the Cost of Hunger Study, which documented the economic burden that poverty and malnutrition place on many countries in the region, including the Dominican Republic. The release of the Cost of Hunger study, launched in partnership with the Ministry of Economy, Planning, and Development, provided the WFP Country Office an opportunity to leverage WFP's comparative advantage to support Government in addressing malnutrition, specifically anaemia, through social protection programming. The WFP Country Office senior management, supported by the Regional Bureau and its region-wide emphasis on the health and economic impact of malnutrition, had an innovative vision to strategically forge a partnership with Government to collaboratively address micronutrient deficiencies.

Recognizing an Opportunity for Nutrition-Sensitive Programming

From 2005-2008, the WFP Country Office gathered national data on malnutrition, hunger and poverty in the Dominican Republic. In addition to the previously mentioned Cost of Hunger study, the WFP Regional Bureau of Latin America and the Caribbean also funded the Atlas of Hunger study. The Atlas of Hunger, conducted by Tufts University, mapped the prevalence of childhood undernutrition in several countries including the Dominican Republic, and the Cost of Hunger analysed the specific economic consequences of childhood undernutrition throughout Latin America and the Caribbean. In the Dominican Republic, the Atlas of Hunger investigated progress in reaching Millennium Development Goal 1 (Eradicate extreme poverty and hunger) and provided insight into targeting of nutrition interventions. The WFP Country Office compared the results of these studies to the existing programmatic structures inside Government and concluded that *Solidaridad* could successfully address the nutritional needs of citizens living in extreme poverty.

For its part, the Government of the Dominican Republic coordinated the Unified Beneficiary System (SUIBEN by its acronym in Spanish), a surveillance system that administers a database of all families living in poverty in the country. This system aims to ensure that eligible households have access to the conditioned transfers to which they can receive under the social protection programme, *Solidaridad*. However, the Atlas of Hunger study revealed that the SUIBEN system was not capturing individuals with high rates of undernutrition living in areas with poverty levels not classified as moderate or extreme. It also found that children less than 3 years of age, even those suffering from undernutrition and anemia, were not reached by the social protection programme.

With this information, the WFP leadership recognized an opportunity to work with Government to improve the social protection programme through more effective beneficiary targeting, and improve the health and nutrition of the most vulnerable by specifically addressing anaemia through the *Solidaridad* programme. The WFP Country Office redefined WFP's role into one of supporting capacity development within

programme included improving efficacy and impact through better targeting and resource management, and strengthening their community structure to reach beneficiary households on a more regular basis.

The WFP Regional Bureau supported regional events that introduced nutrition interventions, including innovative pilot interventions with Micronutrient Powders, to technical experts of *Solidaridad*. Subsequent to those events and during the reform process, the WFP Country Director met with the Vice President and advocated that a nutrition component with nutrition objectives be included in *Solidaridad*. The WFP leadership suggested that the nutrition component be managed as part of the already established conditional transfer programme of *Solidaridad* with the clear objective of reducing the prevalence of anaemia in children less than 2 years of age. Persuaded by the considerations of WFP leadership, the Social Policy Cabinet asked the WFP Country Office for technical assistance in preparing a three year proposal to integrate a new nutrition component, including the provision of Micronutrient Powders for combating anaemia, into existing social protection programming. WFP staff utilized their expertise to develop a proposal including a nutrition situation analysis, a stakeholder analysis, and a project implementation plan. The Regional Bureau again supported the efforts in the Dominican Republic by funding a mission composed of regional experts in nutrition and logistics to assist in programme design. The implementation plan showed ingenuity by including the connection of conditionalities to the provision of Micronutrient Powders and the strengthening of the existing capacities and efficiencies of both *Solidaridad* and the Ministry of Public Health. The plan presented the incorporation of the nutrition intervention as a subcomponent of the conditional cash transfer health component, which is implemented with the Ministry of Health, and ensures beneficiaries take their children to public primary health centers, according to health norms. Public health doctors would distribute Micronutrient Powders during the regular health prevention consultation for child growth and development. A few months after the proposal was presented to Government, the Social Policy Cabinet and WFP signed a Memorandum of Understanding (MOU) and established a trust fund to financially support WFP to implement the proposed nutrition component within *Solidaridad*. This document, as well as the *Solidaridad* operational manual and the Public Health norms, have proven to be critical organizational tools that continue to provide clear delineations of roles and responsibilities within a complex programme.

What is Human Capital?

“Traditionally, human capital has been viewed as a function of education and experience, the latter reflecting both training and learning by doing. **But in recent years, health (including physical capacities, cognitive function and mental health) has come to be seen as a fundamental component of human capital.** Additionally, the value of human capital is critically determined by the physical, social and economic context of a society, because that context determines how particular attributes a person possesses may be rewarded.”

-World Economic Forum, Human Capital Report 2013

Government and communities and directly addressing the high prevalence of anaemia in vulnerable children during the first 1,000 days between conception and 2 years of age.

Nutrition component of social protection programme is multi-faceted

In 2009, at the urging of the World Bank and the Inter-American Development Bank, the Dominican Republic began to reform its social sector. The World Bank and the Inter-American Development Bank highlighted *Solidaridad* as a flagship programme demonstrating a significant government investment to improve human capital and spur economic growth. Reforms of this

As a sign of continued support for the WFP-lead nutrition component, the Government of the Dominican Republic continues to provide the WFP Country Office with approximately US \$1.5 million per year for continued implementation.

topics in the education sessions for beneficiaries focusing on the themes of healthy eating behaviours, nutrition, and hygiene.

Conditions of <i>Solidaridad</i> Programme	
- health	Regular visits to health center for examinations, growth and development monitoring, immunizations, and so forth for children aged 0–12 months (every 2 months) and children aged 1–5 years (every 4 months)
- education	School enrolment School attendance on at least 85% of actual school days for children aged 6–16
- other	Attendance at capacity-building sessions for household head and spouse (every 4 months) Obtaining identity documents (birth certificate, identification card) for family members who lack them
- verification of compliance–method	Health: program liaison staff at the community level collects the forms with compliance information at the health centers (similar process for documentation and capacity-building conditions) Education: school directors send attendance information on a regular basis through the education sector to the State Secretariat for Education Social Subsidy Administration agency compiles the information and links it to the transfer payments

In order for beneficiaries of *Solidaridad* to receive the nutrition component of the program, they are required to complete a number of activities or conditionalities. The primary conditionality is regular participation in preventive medical care such as application of vaccinations and attendance at the primary health care child growth and development check-ups (see table) established by the Ministry of Health for children 0 to 5 years of age. Other conditionalities of *Solidaridad* include attendance at education sessions, regular school attendance for school-aged children and obtaining of identity documents. WFP trained *Solidaridad* community staff so they could impart nutrition

Key lessons learned from repositioning WFP’s role in a Middle Income Country:

- Importance of WFP leadership’s innovative vision and technical expertise in nutrition
- Flexibility and creativity were crucial to capitalize on unique opportunities to reach nutrition objectives
- Innovation is important in identifying collaborative opportunities where the WFP comparative advantage can support food and nutrition security goals

Generating and Leveraging Data

Pilot Test of Feasibility

Before integrating the nutrition component into the *Solidaridad* programme at a national scale, WFP and the Cabinet of Social Policy tested the feasibility of the proposed nutrition component including the provision of Micronutrient Powders to eligible beneficiary children. They undertook a 4-month long pilot programme with the goal of documenting the feasibility of WFP’s proposed implementation plan for provision of Micronutrient Powders and WFP capacity to monitor at field level in partnership with the primary health care centers and *Solidaridad* community leaders. The results showed that the implementation plan could be effective, with regular coordination and capacity building, and that Micronutrient Powders could be a tool to combat anaemia in young children. Process results were used to improve programming and by the end of 2011, the nutrition component, including delivery of Micronutrient Powders was scaled-up nationally.

The Micronutrient Powders used in the Dominican Republic, Chispitas™, contain the following 15 micronutrients:

- Vitamin A µg RE 400,**
- Vitamin D µg 5,**
- Vitamin E mg 5,**
- Vitamin C mg 30,**
- Thiamine (vitamin B1) mg 0.5,**
- Riboflavin (vitamin B2) mg 0.5,**
- Niacin (vitamin B3) mg 6,**
- Vitamin B6 (pyridoxine) mg 0.5,**
- Vitamin B12 (cobalamine) µg 0.9,**
- Folate µg 150.0,**
- Iron mg 10.0,**
- Zinc mg 4.1,**
- Copper mg 0.56,**
- Selenium µg 17.0,**
- Iodine µg 90**

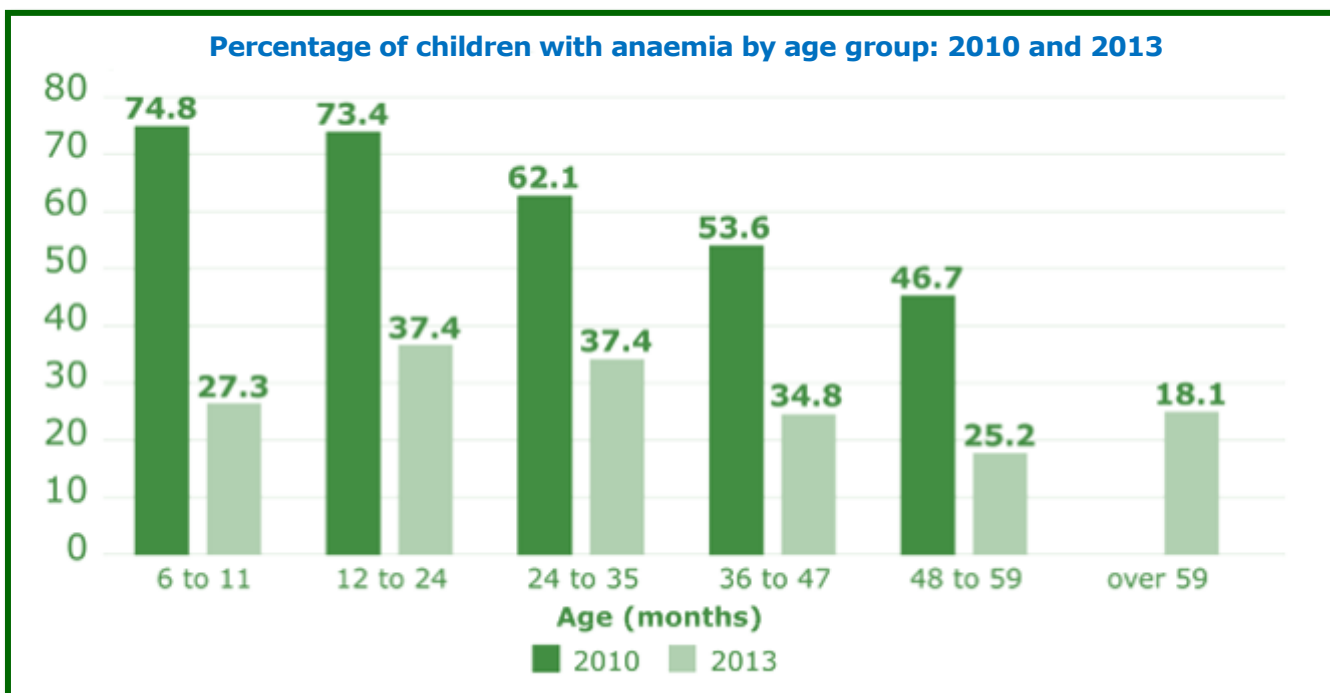
Local Production

The WFP Country Office with support from the Regional Bureau contracted a consultant to analyse the costs and feasibility of locally producing Micronutrient Powders. The consultant identified numerous laboratories with the capacity to produce Micronutrient Powders and documented the cost of production for each and compared that to international procurement of Micronutrient Powders. The results demonstrated that because all raw materials needed to be procured internationally, that procuring the already produced

Micronutrient Powders internationally and importing them into the country would actually be more cost beneficial than producing the Micronutrient Powders in the country. The data were pivotal in establishing the supply chain and logistics plan for procurement, shipping and distribution of the Micronutrient Powders.

Impact Evaluation

In 2010, the WFP Country Office, along with the Ministry of Public Health and *Solidaridad*, conducted a nationally representative nutrition and health survey of children 5 to 59 months old beneficiaries of the *Solidaridad* programme. This survey was conducted before commencement of implementation of the nutrition component in each province of intervention. In 2013, the WFP Country Office, along with the Ministry of Public Health and *Solidaridad*, conducted a second nutrition and health survey to measure impact to date on the health and nutrition status of the child beneficiaries. The surveys revealed a sharp decline in the prevalence of anaemia from before to 1.5-2 years after the implementation of the nutrition component in enrolled, beneficiary children. Of special attention was the 50% drop in prevalence in anaemia in children 6 to 24 months of age. This successful outcome of the nutrition component of *Solidaridad* persuaded the Vice President to appropriate funds for a 4-year extension of the nutrition component (2013-2017) and include Supercereal Plus for children 6 to 59 months old at risk of acute malnutrition, and Supercereal for pregnant and lactating women and the elderly suffering micronutrient deficiency or insufficient food consumption.



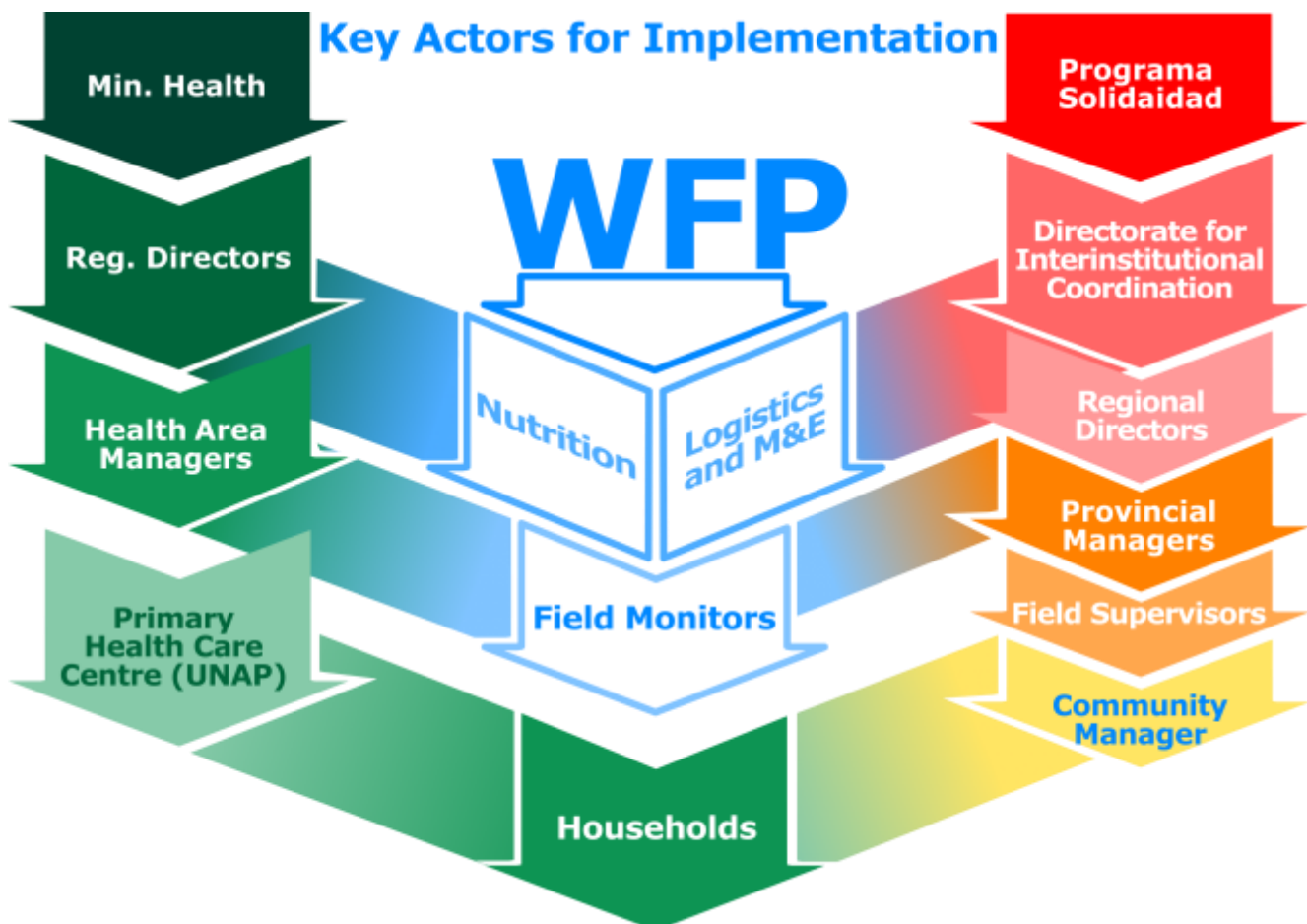
WFP and Government Collaborate to Optimize Operations

Field coordination

WFP and the *Solidaridad* programme, as well as governmental staff from the Ministry of Public Health work together at all levels to execute this complex programme. WFP plays a critical role in the considerable coordination required for all of the programme activities. The following diagram illustrates the high level of integration and complexity involved in implementing the nutrition component. For example, at the regional and provincial level, staff from WFP, the Ministry of Health and *Solidaridad* meet regularly to assess the programme and resolve problems from the field. At the community level, *Solidaridad* employs family health focal points in each community to support programme implementation and increase engagement of community members. These focal points are also members of the same communities. Additionally, as part of WFP's monitoring and evaluation protocol, WFP Country Office and field staff and *Solidaridad* family health contacts conduct beneficiary family visits together. Doctors at the

primary health care centers also provide nutrition counselling directly to beneficiaries, and health promoters ensure that families visit the health centers.

To facilitate beneficiary adherence to the conditionalities of the *Solidaridad* programme, the Cabinet of Social Policy linked the two database systems that had previously been established to register and track the children in the *Solidaridad* programme. Although progress has been made to streamline the registration and monitoring system, the WFP Country Office continues to provide technical assistance to support improvements in efficiency in the system application at local level. In addition, the *Solidaridad* programme uses a community-based framework to engage citizens in participatory program monitoring. Working together, WFP and Government continue to improve beneficiary targeting and surveillance to maximize programme performance.



Training of All Stakeholders and Staff on Nutrition and Micronutrient Powders

Increasing capacity for implementation

One key lesson learned during the first phase of implementation of the nutrition component was that front line medical workers require continual training and support in nutrition. Primary care center doctors had limited nutrition training and limited ability to respond to cases of malnutrition. The WFP Country Office and the Ministry of Public Health developed a nutrition training curriculum including health and nutrition manuals, nutrition lessons, and modules on the importance of Micronutrient Powders for children and the *Solidaridad* guidelines for their administration. WFP and the Ministry of Public Health staff conducted trainings and refresher courses with the doctors, front line medical workers, and WFP field monitors. One-on-one training of health center staff was conducted when the nutrition component was not being implemented properly or when new staff arrived. The Ministry of Public Health also developed and incorporated a specific nutrition module into the medical school curriculum. The training of medical staff is a constant process that involves the time and energy of *Solidaridad* staff, WFP field monitors and Ministry of Public Health staff from regional, provincial and local levels. The Ministry of Public Health, *Solidaridad*, and WFP staff meet regularly to address any problems with training, logistics, medical worker engagement, or beneficiary programme adherence.

As part of the medical school training system, 75% of primary care centers are managed by interns who are posted at a primary care center usually for no more than one year, after which they rotate to a new center. This high turnover of the medical personnel obligated additional solutions to maintain nutrition capacity at the primary care centers. WFP, the Ministry of Health, and *Solidaridad* staff jointly organize community gatherings called 'Child Health Sessions', similar to health fairs. WFP staff capitalize on these sessions to provide doctors, health center personnel, and other front line medical workers, as well as, *Solidaridad* community health focal points with support and guidance on nutrition in general and the nutrition component of *Solidaridad* and Micronutrient Powders. To mitigate the problem of high turnover of medical doctors, WFP and the Ministry of Public Health train all front line medical workers especially nurses and medical assistants, more consistent staff in the primary care centers, to be experts in nutrition and Micronutrient Powders.

Motivating Medical Staff Participation

Another lesson learned was that continual time and energy are required to inspire and motivate the medical staff of primary care centers to participate in the nutrition component of *Solidaridad*. Participation is often perceived as an added burden, and without full appreciation for the needs of the nutrition component and its benefits to the population, medical workers are not motivated to participate. Early in the first implementation phase, WFP recognized that motivating the medical staff to conduct nutrition assessments during child growth and development visits and to distribute the Micronutrient Powders was critical. The main purpose of the aforementioned Child Health Sessions, organized by WFP, The Ministry of Health, and *Solidaridad* staff is to facilitate the incorporation of the nutrition component into preventive care and inspire and motivate the medical staff participation. Furthermore, though mothers are encouraged to bring their children into the primary care center for child growth and development visits, due to conflicting time demands, lack of transportation, or other reasons it is common for mothers in the *Solidaridad* programme to only attend the primary care center if a child is sick. The Child Health Sessions also increase use of preventative care by facilitating compliance with healthcare recommendations and motivating community mobilization.

The sessions include the regular consultation of child growth monitoring, nutrition counselling, and preventative care check-ups for children, as well as, nutrition education sessions and provision of Micronutrient Powders. They are the main strategy used to motivate mothers to demand the medical control and promotion of child growth and development for children from 0 to 5 years, and an important representation of the nutrition component of the *Solidaridad* programme at the community level. During the sessions, children attend a medical consultation, where doctors evaluate children's nutritional status, distribute Micronutrient Powders and advise caregivers on proper use and preparation of Micronutrient Powders. In addition, the doctors and WFP field monitors provide an information session on nutrition with emphasis on the importance and use of the Micronutrient Powders. Caregivers also have the opportunity to taste the Micronutrient Powders, and share their impressions and experiences.

Improving Micronutrient Powder Utilization

A third lesson learned was that appropriate utilization of Micronutrient Powders by beneficiaries requires proactive implementation of strategies aimed at compliance and utilization. Micronutrient Powders were a novel product for *Solidaridad* beneficiaries and there was confusion and a number of misconceptions around the product. Although the packaging states that Micronutrient Powders have no taste, mothers complained to medical staff that the Micronutrient Powders indeed had a taste and that it was unpleasant. Mothers cited the bad taste as a reason for children to reject food with Micronutrient Powders. The *Solidaridad*, WFP, and primary care center staff recognized that if mothers did not appropriately prepare the food with the Micronutrient Powders that the food could have a poor taste, and they formulated options for appropriate preparation and use of Micronutrient Powders to satisfy mothers and increase product acceptability. For example, mothers were encouraged to add the Micronutrient Powders to local fruits such as banana. Taste tests were also

Key lessons learned during the first implementation phase:

- Importance of conducting research and utilizing data for decision making
- Importance of WFP's role as a coordinating body in programming
- Importance of providing continuous training to all staff and front line workers
- Need for motivating and inspiring medical staff and front line workers
- Need for proactive strategies to improve beneficiary adherence and participation

incorporated into new beneficiary nutrition training courses and Child Health Sessions so that mothers and children could experience the Micronutrient Powders without adverse taste or consequence.

Summary

In less than four years, WFP has supported the Government of the Dominican Republic to successfully integrate a nutrition component, including the delivery of Micronutrient Powders to young children, into the national social protection programme, *Solidaridad*. The nutrition component has reduced the prevalence of anaemia in children, most notably those from 6 – 24 months. This success is due, in large part, to the strong

partnership between WFP and Government. Without the political, financial, and administrative commitment of Government, this programme would not have been so successful in its first phase of implementation. WFP leveraged research on the persistently high prevalence of anaemia and capitalized its comparative advantage to redefine its role within this Middle Income Country. The work of WFP in the Dominican Republic through this nutrition-sensitive programme focuses on two main pillars of WFP's nutrition policy, addressing micronutrient deficiencies and developing the capacity of governments and other partners to tackle undernutrition. The work in the Dominican Republic demonstrates how WFP can work with governments to implement nutrition-sensitive programming to improve the nutritional status of the population and the economic outlook of the country.

Key success factors, lessons learned and recommendations:

Tables 1 and 2 summarize key success factors, main lessons learned, ongoing challenges, and recommendations that were identified in the Dominican Republic, which can be applied to other programmes interested in nutrition-sensitive social protection programmes.

Table 1:

Key success factors used in the WFP Country Office in the Dominican Republic and recommendations for applying them in other programmatic settings.

ACTIVITIES <i>Used by WFP Dominican Republic to insert nutrition component into social protection programme</i>	KEY SUCCESS FACTOR <i>Or</i> LESSON LEARNED	RECOMMENDATIONS <i>For applying success factors or lessons</i>
Engagement and technical expertise		
<p>Office had staff with both technical expertise in nutrition and organizational leadership at senior level.</p>	<ul style="list-style-type: none"> • Senior management support is pivotal for success in programme of such large scale. • When developing and implementing a programme, examine the type of staff currently employed and look externally, if necessary, to assist with political, communications and technical challenges. • It is important for staff directly involved in the implementation of the programme to be trained in nutrition and for field monitors to have education and technical background. 	<p>Look to staff office appropriately:</p> <ul style="list-style-type: none"> • Besides having a committed and dedicated team, consider the importance of having technical expertise in nutrition, programme development or Micronutrient Powders, in particular, as part of your staffing plan. <p>If expertise in country is low,</p> <ul style="list-style-type: none"> • Look to hire specific and strategic consultants with expertise in programme development or Micronutrient Powders to assist team (look for RB/HQ advice on potential candidates).
Find the Right Champion		
<p>Conducted research and worked with key stakeholders to find the right champions for this component, within the government (Cabinet for Social Policy, Ministry of Public Health).</p>	<p>Advocate and work with partners to determine right champion for your project.</p>	<p>Consult with all relevant stakeholders to determine the best strategic partner or government ministry to help champion project and achieve success. Be innovative since the project champion might not be the Minister of Health or of Public Health even for nutrition-related issues, but in fact may be an outside partner or a different government ministry.</p>

Using Data Strategically to Align Country Office Goals with those of Government

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> WFP focused its efforts on gathering data on malnutrition, hunger and poverty in the Dominican Republic. Worked with both government partners and external groups to collect data for Cost of Hunger and Malnutrition and Atlas of Hunger studies. Used data to reveal two things a) using Micronutrient Powders could be a low-cost component to address anaemia and b) WFP's value-add regarding technical assistance and capacity-building. | <p>Develop a plan to collect appropriate data on health and financial statistics within a country or use existing data from DHS, MICS, HIES, etc.⁴</p> | <ul style="list-style-type: none"> Capitalize on other strategic goals (re: economic) important for Government or ministry in charge of making decisions about moving forward. To align your goals with the goals of this ministry, prioritize the collection of appropriate data. |
|--|---|--|

Clearly define Roles and Responsibilities

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> A MOU was signed with high level of Government and coordinating entity of the social protection programme within which the nutrition component would be implemented. | <ul style="list-style-type: none"> Use an MOU to ensure efficiency of work and inclusion and collaboration of all parties involved in programme. | <ul style="list-style-type: none"> Make sure every key ministry or partner(s) are brought into the discussion from an early stage in a process. Once it is clear that a project is moving forward, sign an MOU or similar document that clearly define the roles and responsibilities of each participating organization or ministry. |
|--|---|---|

Strong Training Component

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> The decision to add Micronutrient Powders to the <i>Solidaridad</i> programme, meant adding some additional layers of administration. WFP works alongside Government at each level, from national to local level, requiring knowledge of the programme from everyone involved. WFP created a training programme to make sure all staff members involved are knowledgeable about the programme, Micronutrient Powders and nutrition. Training materials such as a manual for health care providers were developed and published. This training programme has helped establish consistency and also ensures the same message is delivered to beneficiaries. | <ul style="list-style-type: none"> Develop a training programme to make sure that there is consistency within the programme and that any staff turnover will not overly disrupt the programme. Prepare to repeat training and provide continued and consistent follow-up. | <ul style="list-style-type: none"> If programme involves many levels of supervision, it is recommended to ensure that everyone receives the same training on the programme. This training should include basic nutrition, programmatic instructions as well as specific information on any products being used, for example Micronutrient Powders, and how to administer them. |
|--|---|--|

⁴Demographic and Health Survey, Multiple Indicator Cluster Survey, Household Integrated Economic Survey

Table 2:

Challenges that surfaced during the process of implementing the nutrition component within the *Solidaridad* Programme.

Challenges	Possible Solution (s)
Product Rejection	
Caregivers in community reported that Micronutrient Powders had an unpleasant taste and that their children were rejecting it.	<ul style="list-style-type: none">• Have caregivers, government staff and medical practitioners taste products distributed to beneficiaries.• Consider having taste tests with new beneficiaries and other partners to discuss the best ways to prepare Micronutrient Powders using locally accepted foods including simple items like locally grown fruits.• A comment/suggestion box could be used to capture the opinions of beneficiaries.
Doctors: Lack of nutrition training and constant rotations	
Upon working with staff in medical centers, realized that a) medical doctors and staff had little to no nutrition training and b) the medical school training system requires medical doctors to rotate frequently to different posts.	<ul style="list-style-type: none">• Work with medical schools to investigate possibility of adding additional nutrition training into curriculum.• Provide training to all medical doctors on nutrition and use/administration of Micronutrient Powders once they arrive at a health center.• Determine if there is a medical assistant or head nurse who will be permanent, and train them on all critical nutrition and administration information so that they can be the "local expert" and help maintain consistency within a health center.



