

## 13. DOMINICAN REPUBLIC

# EXPERIENCE OF THE DOMINICAN REPUBLIC IN THE EVALUATION OF THE SOLIDARIDAD (SOLIDARITY) PROGRAMME

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### BACKGROUND

With the aim of improving poor social indicators, the Government of the Dominican Republic promoted protection policies for extremely poor or vulnerable groups. In 2004, it launched a new Social Policy Strategy aimed at reducing poverty levels.

In 2005, the government began implementing its social protection net with the Solidaridad Programme, a means to develop a poverty reduction strategy. The Solidaridad Programme supported income-improvement and human capital investment efforts for extremely poor households (identified by a targeting system) through conditional cash transfers. Conditional cash transfers were provided through an electronic card, supported the prevention of inter-generational transmission of poverty, and improved household investments in education, health and nutrition. The Solidaridad Programme is one of the first poverty and social exclusion reduction efforts developed by the Dominican Government, and the programme is coordinated by the Social Policy Cabinet under the Vice-Presidency of the Republic.

In its early stages, the Solidaridad Programme targeted 95,000 pilot households. By 2010, it served 806,000 extremely poor households; it covered 1 million households at the national level. A social protection policy based on conditional and non-conditional cash transfers was implemented through several subsidies: *Comer es primero* (Eating is first), for food purchases up to \$20; the School Attendance Bonus, amounting to \$4 per registered child; Dominicans with a Last Name, facilitating birth and ID registration; a gas voucher, amounting to \$6 for purchases of liquefied petroleum gas; and a power voucher, providing \$11 for electric power.

To be eligible for these subsidies, beneficiaries need to meet requirements related to health improvement, education, basic sanitation and citizenship. The amount of the monthly transfers is based on the conditions met by each beneficiary.

### SOLIDARIDAD PROGRAMME EVALUATION

M&E efforts of social programmes and policies are key in the Social Policy Strategy, as supported by the Inter-American Development Bank, the United Nations Development Programme (UNDP) and the World Bank. Programme assessment is crucial to establishing the programme's efficiency and accountability, particularly given the amount of resources it delivers. This assessment is conducted through an M&E system that includes surveys to a sample of 2,000 households to gather information on: beneficiary lifestyles and characteristics; basic education indicators; population features; labour market insertion; access to health care and nutrition; human measurements; and household income and spending. The surveys help measure the programme's direct impact on the households' welfare. Survey application and sampling was developed by the National Accounts expert team of the Dominican Republic Central Bank.

The Solidaridad Programme began the first baseline round of impact assessments in 2010. The purpose of the assessments was to identify programme weaknesses, gather lessons and make improvements to guarantee expected welfare outcomes and impacts on beneficiary versus non-beneficiary households. In 2011, the second round of surveys was conducted as a follow-up to the households interviewed in the baseline assessment.

The assessment identified impacts of the conditional cash transfer programme, including behavioural changes in health and education. Beneficiaries increased the frequency of health care prevention visits, compared to control groups. Improvements are also apparent in vaccination and routine check-ups among beneficiary children under the age of five, with higher rates than non-beneficiaries. The programme has changed behaviours that become an asset to build future capacities, thereby improving family life expectations.

### EVALUATION RESULTS

**Outcomes on the beneficiaries' quality of living indicators:** The outcomes on quality of living indicators can be quantified in health, education and available income of beneficiary households.

**Health status of beneficiary household members:** The outcomes on quality of living indicators point to reduced spending in health care services among beneficiary households.

Programme beneficiaries account for more than half of the 400,000 visits to the Clinic Management System. The share of women who benefited from prenatal and postnatal health care visits increased by 1.6 and 2.3 percent respectively. Nutrition counselling among beneficiary mothers increased by 7.9 percent, while the share of mothers who breastfeed as the main feeding option went from 76.5 percent to 83.5 percent. Likewise, there were increases in the number of monthly prevention check-ups among children under five years of age and in the share of these children with a full vaccination scheme by 4.8 and 3.0 percent respectively (see Table 1).

**Education of beneficiary household members:** The Solidaridad Programme has had positive impacts not only on the education of school-age children, but also on all household members. The share of children who received the School Attendance Bonus and completed a school year increased by 0.7 percent. Perhaps the most important impact is the 34.7 percent rise in continued school attendance among beneficiary children. This has overall benefits for

**TABLE 1: OUTCOMES OF THE SOLIDARITY PROGRAMME ON HOUSEHOLD HEALTH INDICATORS**

INDICATOR	CHANGE 2010–2011		DIFFERENCE (OUTCOME FROM SOLIDARIDAD PROGRAMME)
	SOLIDARIDAD PROGRAMME BENEFICIARIES	NON-BENEFICIARIES	
Prenatal check-up in last pregnancy	1.6	-2.7	4.3
Postnatal check-up in last pregnancy	2.3	-2.8	5.1
Mothers who get nutritional counselling	7.9	1.9	6.0
Mothers who get nutritional counselling by a physician	20.6	17.1	3.5
Regular healthy child check-ups during the last month	1.9	-10.9	12.8
Children from 18 to 60 months of age with a full vaccination scheme	3.0	-0.7	3.7
Last healthy child check-up in a Primary Health Care Centre	9.4	4.2	5.2
Last sick child visit in a Primary Health Care Centre	9.8	0.8	9.0

**TABLE 2: CONTRIBUTION OF THE SOLIDARIDAD PROGRAMME TO POOR HOUSEHOLD INCOMES**

TRANSFERS AND SUBSIDIES	SHARE OF THE MINIMUM WAGE	SHARE OF THE OVERALL HOUSEHOLD BASKET OF THE BOTTOM QUINTILE	SHARE OF THE FOOD BASKET OF THE BOTTOM QUINTILE
Transfers ( <i>Comer es primero</i> + School Attendance Bonus+ Old Age Support) and Subsidies (Gas and Power Voucher)	31%	19%	40%
Transfers <i>Comer es primero</i> + School Attendance Bonus+ Old Age Support	21%	13%	27%
Transfers <i>Comer es primero</i> + School Attendance Bonus	15%	9%	20%

all household members, as literacy among Solidaridad Programme beneficiaries increased by 0.6 percent, and average schooling years went from 4.5 to 4.8 in only one year.

**Other improvements** are apparent in indicators related to net enrolment rates, school attendance, literacy rates and school-year completion. Enrolment rates among beneficiary children exceed those of non-beneficiary children by 2.4 percent, which suggests that the Solidaridad Programme has prompted poor beneficiary households to prioritize sending their children to school. Continuous school attendance among children beneficiaries of the School Attendance Bonus is 5.7 percent higher than the rate among non-beneficiary children, which suggests that the Solidaridad Programme has also influenced school dropout rates.

**Poor household incomes:** Conditional cash transfers, *Comer es primero*, and the School Attendance Bonus have had a smoothing effect on household budgets, helping households cope with existing deprivations. These benefits account for 20 percent of the food basket costs for the bottom income quintile. Overall, poor households receive an average of \$50 in cash transfers and subsidies, which accounts for 31 percent of the minimum wage (equivalent to 19 percent of the overall family basket). This improves food security and provides a major complement to household income (see Table 2).

### OUTCOMES OF PROGRAMME OPERATIONAL IMPROVEMENTS

- Strengthening cross-institutional links among Sistema Único de Beneficiarios (SIUBEN), Administradora de Subsidios Sociales (ADESS) and Progresando with the Solidaridad Programme for follow-up.
- Improved computer facilities and technical teams in the Programme’s provincial offices through training workshops.

- Design and development of the Integrated Citizen Service System to be used as a tool for electronically managing requests and complaints made by Dominican Social Protection System beneficiaries.
- Design of the automated reporting in Joint Responsibility Verification Processes in Education, Health and Documents.
- Training workshops for more than 100 users of the Solidaridad Programme in the use of the information system, improved version, support tools for decision-making and other features that support the programme's decentralized activities.
- Design, development and implementation of features supports the management of the new Solidaridad Programme component, Bonoluz.
- The programme has been praised by the Inter-American Development Bank and showcased as a regional and global conditional cash transfer model for its integration of capacity building and improved offers and services for vulnerable and deprived groups.

## CONCLUSIONS

The evaluations conducted on the Solidaridad Programme (now called Progressing with Solidarity), have measured its impacts on beneficiary populations with the introduction of measures that improve effectiveness. Incentives and tools have been developed to promote coordination among ministries and government agencies involved in promoting human capital in order to improve spending effectiveness.

The first results of the Solidaridad Programme (conducted after three years of implementation), reveal that it has met the goals expected in the first phase, including strengthening social protection and making a sound, efficient and transparent use of public resources. These outcomes have led to the programme's expansion, improvement and replication throughout the Dominican Republic.

The following conclusions emerged as part of the evaluations:

- The programme invests in improving the quality of education and services in public health care facilities;
- The programme supports strengthening health care facilities, especially service quality included in the Ministry of Health's Basic Health Care Plan. The programme provides funding for primary care units and training efforts for health care professionals, in addition to actions that improve the overall quality of M&E. To achieve this goal, the programme has supported the training in health care guidelines and protocols for more than 2,700 physicians and nurses, and has computerized all of the country's health care facilities. Consequently, each patient has a personal electronic medical record;
- Child and youth education have been considerably improved by the programme. Ambitious goals in this area include the completion of, at least, the lower secondary

level and the access to improved quality schooling for all extremely poor youth. This will help break the inter-generational poverty cycle and guarantee better opportunities for these children compared to those available to their parents; and

- The poverty gap was partly closed, and local structures were strengthened at the local, provincial and regional levels. The management, financial, planning and M&E systems of the programme were also improved.

In sum, the Solidaridad Programme continues to be a benchmark in the development of conditional cash transfer programmes in Latin America and the Caribbean. The Solidaridad Programme is a safe bet to reduce poverty and improve the living conditions of the most vulnerable groups of the population.