

Summary

Nutritional Dimension of the Social Safety Nets in Central America and the Dominican Republic

April 2010

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World Food Programme

This document is the summary of the subregional report “Nutritional Dimension of the Social Safety Nets in Central America and the Dominican Republic”, which covers eight countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama and the Dominican Republic.

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CONTENTS

FOREWORD

1. Context and justification	10
2. Geographic location and Study duration	14
3. Objectives and actors	14
4. Methodology	15
5. Results, conclusions and recommendations	18
6. Lessons learned	30
7. Strengths, Weaknesses, Opportunities and Threats analysis	32
8. Study dissemination and next steps	34

ANNEXES

i. Study collaborators	38
ii. Programmes lists and plans by country	50
iii. References	56

FOREWORD

It has been ten years since the world reached a critical consensus on human development goals for the long term, including the reduction in child undernutrition and the release of a large portion of humanity from the shackles of poverty, extreme hunger, illiteracy and diseases, among other barriers that impede human development. The Millennium Development Goals (MDGs) form a blueprint agreed to by all nations of the world and leading development institutions. The countries pledged to spare no effort in realizing that vision. The MDGs have galvanized unprecedented support to help the poorest in the world. Important decisions have been made that would have been unthinkable a decade ago. And progress to date has been made that should be and can be learned from.

In addition, the world is facing a global financial crisis, along with the food and environmental crises, whose effects are already evident. It is known that these additional crisis are holding back progress in achieving the MDGs as they are plunging millions of people into poverty and extreme poverty, increasing food and nutrition insecurity, child undernutrition and raising the risk of social and political problems in many countries. Latin America and the Caribbean, particularly Central America and the Dominican Republic have been particularly affected. These countries share a common history linked

to social conflict, frequent natural disasters, and accelerated migration, events that puts them at greater social risk and difficulty in coping with these problems.

Despite great efforts, one area that records the least progress is the reduction of child undernutrition, especially chronic undernutrition and anemia. However, there is abundant evidence to show, first, that nutrition interventions are crucial to achieving the Millennium Development Goals, and moreover shows that undernutrition causes negative impacts on health, education and productivity of people throughout their course of life, leading to serious implications for the development of nations. Due to the gravity of this situation, it is imperative that countries implement a series of social, economic and political measures in the short, medium and long term. Among these measures are comprehensive social protection systems, which must be universal, in the framework of the human rights approach, which in turn gives priority to those who most need social protection.

In this context, the Study Nutritional Dimension of the Social Safety Nets in Central America and the Dominican Republic was undertaken, the results of which we are pleased to present in this report.

This report briefly reviews the context of poverty, food and nutrition insecurity,

child undernutrition, nutritional and epidemiological transition, the situation of the HIV epidemic in the participating countries, as well as the role of social safety net programmes. It also presents the location and duration of the Study, the objectives and actors involved, methodological aspects and finally the conclusions, recommendations, lessons learned, analysis of strengths, weaknesses, opportunities and threats (SWOT) and the next steps. It suggests concrete actions to strengthen social programmes with a nutritional dimension in the framework of human rights approach.

The Study identified positive examples, gaps and opportunities to address the nutritional components of a wide range of social programmes to achieve the nutritional impact on the target population: children under two years, pregnant and lactating women, people living with HIV, indigenous peoples and afrodescendants populations.

We hope that the Study, through the subregional summary presented here, as well as the specific reports of the 8 par-

ticipating countries, provides a technical and advocacy instrument to mobilize and expand public, civil society and the private sector commitments, in favor of the nutritional protection for priority groups. In the short term, the report should assist countries to address the global crisis by protecting the most vulnerable population and strengthen the existing social protection programmes, and, in the medium to long term, the strengthening of public social policies that lead to the construction of effective social protection systems. We also hope the study will provide important inputs to redirect external cooperation toward these needs and that priority groups find the Study a useful tool for the exercise of their rights, mainly the Right to Food.



Pedro Medrano Rojas

World Food Programme Regional Director
Latin America and the Caribbean Regional Office



1. Context and justification

Despite the efforts in reducing poverty, nearly half of the Central America population and more than one third of Dominicans are still living in poverty. A quarter of Central Americans face extreme poverty¹. Unequal income distribution places these countries into one of the most inequitable regions of the world.

As cause and consequence of this situation, hunger and undernutrition, mainly manifested in the form of chronic undernutrition (stunting) and anemia, represent a serious social and public health problem that affects large segments of the population. The prevalence of stunting² in children under five years in the studied countries are: 54.5% in Guatemala, 30.1% in Honduras, 22% in Belize; 21.7% in Nicaragua, 19.2% in Salvador, and 19.1%

in Panama; and the Dominican Republic and Costa Rica are the countries with the lowest prevalence (9.8% and 5.6% respectively). At the regional level, the average prevalence of stunting is 23.5%³. For its part, anemia affects 39.5% of preschool children, 31.5% of pregnant women and 23.5% of women of childbearing age in the region⁴. In Guatemala, specifically, more than one third of children under 5 years and more than half of children under 2 years are anemic; this situation is similar and even worse in other countries. These figures are more severe when analyzing local situations in which there are populations with prevalence exceeding 70% in both stunting and anemia, especially in areas where indigenous peoples are concentrated.

1. ECLAC, WFP. Food and nutritional insecurity in Latin America and the Caribbean. Santiago , Chile, 2009.

2. Last available data according to new WHO growth standards. Demographics and Health National Surveys, UNICEF (The State of the World 's Children, 2010) and PAHO (Malnutrition in infants and young children in Latin America and the Caribbean: Achieving the Millennium Development Goals, 2008): Belize: UNICEF, 2010. Costa Rica: ENN, 2008-2009. El Salvador: FESAL 2008. Guatemala and Honduras: PAHO, 2008. Nicaragua: ENDESA 2006/2007. Panama: ENV, 2008. Dominican Republic: ENDESA, 2007.

3. PAHO. Malnutrition in infants and young children in Latin America and the Caribbean: Achieving the Millennium Development Goals. Washington DC, 2008.

4. WHO. Worldwide prevalence of anemia, 1993-2005. Geneva, 2008.

Alongside these nutritional deficiencies, other problems coexist such as overweight and obesity with a progressive increase of chronic diseases, including cardiovascular disease, diabetes and hypertension, which is inherent to the epidemiological and nutritional transition that the countries in the study are immersed. The problems of deficits as well as the problems caused by excesses in the diet are associated with poverty⁵.

In relation to HIV, the prevalence oscillates ranging from 0.2% to 2.1% of the adult population in Nicaragua and Belize respectively. Other countries affected by the epidemic are the Dominican Republic, Panama and Honduras, with prevalence between 0.7% to 1.1%⁶. While the magnitude of the problem in relative terms is very distant from malnutrition (both undernutrition and overnutrition), the increasing incidence of infection among women and girls makes it evident that the epidemic is wide spreading in these priority groups with the consequent nutritional deterioration and increased morbidity and mortality.

As in other developing regions, in Central America and the Dominican Republic, child and maternal undernutrition, especially stunting and micronutrient deficiencies, mainly anemia, have negative impacts on health, education and productivity; they affect those countries economic development⁷. There is systematic evidence of the impact of undernutrition on child mortality and long-term effects on health and physical and cognitive development⁸. The physical and cognitive damage from undernutrition suffered in the first two years of life is irreversible, affecting the health and well-being in the short term and the future individual and collective progress. Stunting and anemia generate learning difficulties during schooling age, a fact that seriously compromise, almost permanently, entry into the labor market and job performance. The lower development of human capital in turn reduces the ability of economic growth, thus perpetuating poverty from generation to generation.

On the contrary, there is sufficient scientific evidence that have shown the

5. Uauy R, Kain J, Mericq V, Rojas J, Corvalán C. Nutrition, child growth, and chronic disease prevention. *Annals of Medicine* 2008; 40: 11-20.

6. UNAIDS. United Nations HIV/AIDS Joint Programme. *AIDS epidemic situation*, Geneva, 2009.

7. ECLAC, WFP. *The cost of hunger. Social and economic impact of child undernutrition in Central America and the Dominican Republic*. Panama, 2007.

8. Black R, Allen L, Bhutta Z, Caulf L, Onis M, Ezatti M et al. Maternal and child undernutrition: global and regional exposures and health consequences. *Maternal and Child Undernutrition Series. The Lancet* 2008; 371: 243-60.

impact of good nutrition in early life with a direct incidence on cognitive development, health, individual income growth and economic development along the course of life and future generations⁹. The period from pregnancy through the first two years of life is considered the “Window of Opportunity”¹⁰, period when the highest rates of return on investment are obtained.

The global financial crisis, food crisis and environmental degradation are exacerbating food insecurity and the nutritional status of the general population, especially groups that are at increased vulnerability to poverty, social exclusion, undernutrition, discrimination and stigmatization: children under two years, pregnant and lactating women, people living with HIV, indigenous peoples and afrodescendants populations. As a result of these crises, wasting has increased from 3 to 5 times, in areas traditionally vulnerable to food insecurity and recurrent natural disasters such as the Southwest region of Honduras¹¹ and Guatemala’s Dry corridor¹². The phenomenon of migration has increased, notwithstanding the remittances are gradually declining. This complex situation is

threatening the achievement of the MDGs, increasing poverty, hunger and undernutrition for millions of Central Americans and Dominicans, in addition to violence and social instability. Thus, the gravity of this situation requires urgent action by governments, with participation from the people, civil society, the private sector and international cooperation for overcoming these problems comprehensively in order to protect those groups, thus preventing that undernutrition affects the present and future capability of the region’s human capital.

In this context, it requires effective mechanisms of social policy such as Social Safety Nets (SSN), designed to protect priority groups. The SSN are instruments of social policy from which States can and should play their role in guaranteeing human rights, notably the right to food and enjoyment of adequate nutrition, giving priority to the groups mentioned (at the level of individuals, families and communities). Social safety nets are common purpose articulated mechanisms, consisting of free or subsidized programmes that seek to: develop human capital; reduce inequality and social exclusion; ensure

9. Hoddinott J, Maluccio J, Behrman J, Flores R, Martorell R. Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. *Maternal and Child Undernutrition. The Lancet* 2008; 371: 411–16.

10. From less than 9 to 24 months (since pregnancy until 2 years of age). *The Lancet “Maternal and Child Undernutrition” Series*, 2008.

11. TRANSTEC International Project Management. Present Situation of Food Security in Honduras. Determining factors in the political, economic and social context. Brussels, 2009.

12. Humanitarian Network. Report on results from food and nutritional insecurity in the dry corridor departments of western Guatemala, Quiché and Izabal [Report]. Guatemala, 2009.



adequate nutrition, health and welfare; enhance living conditions; minimize food and nutrition vulnerability; assist on risks management at any negative event; promote self-reliance and empowerment, and

redistribute income among the poorest in order to obtain an immediate impact on reducing poverty and inequity¹³.

13. Definition adapted by WFP (2009), based upon other definitions from ILO, FAO, The World Bank, United Kingdom Department for International Development and the Asian Development Bank.



2. Geographic location and Study duration

As part of the response to the serious situation described, from June to December 2009, a Study was conducted to determine the nutritional dimension of social safety nets in the eight countries that be-

long to the Central American Integration System (SICA), Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama and the Dominican Republic.

3. Objectives and actors

The overall objective was to study if social safety nets have a nutritional dimension¹⁴ and what is the priority they give to children under two years, pregnant women and lactating mothers, people with HIV, indigenous peoples and afrodescendants populations. The Study involved the participation of experts from academia, members of United Nations agencies and other international agencies, who formed the High Level Technical Group (HLTG) to steer the entire process¹⁵. At the country

level, government officials participated, as well as representatives from non-governmental organizations (NGOs) and institutions responsible for the programmes same as teams of staff and nutrition and HIV consultants from the Regional Office and the WFP country offices. The Study, in its different stages, was led by the Nutrition Area of the WFP Regional Office. In total more than 200 people participated in the Study.

14. Nutritional dimension understood as the adequate identification of main nutritional problems, the groups of populations and zones affected as well as the incorporation of objectives, interventions/actions and nutritional indicators among the different phases of a programme cycle.

15. HLTG, formed by: the World Bank, ECLAC, Emory University, Faculty of Medicine-University of Chile, IEH-Spain, IFPRI, INCAP, INSP, INTA, MI, OAS, PAHO, UNAIDS, WFP, PRESANCA, Tufts University and UNICEF.

4. Methodology

The Study was conducted based on: information from secondary sources, review of recent national surveys (DHS, living standards, among others) and direct data collection in countries through interviews conducted with programme managers. To complement the information gathering, the Study used data already collected by the National Institute of Public Health of Mexico (Nutrition component of the Mesoamerican Public Health Initiative which benefits the Central American countries). A **comprehensive survey** was designed and implemented that explores the nutritional dimension existing in programmes with a multicausal approach, and includes the social, economic, cultural and political determinants of undernutrition. Additionally an **interview was elaborated and directed towards key informants** (political leaders, officials and former government officials, community leaders, artists, experts in nutrition and breastfeeding, people living with HIV, and private entrepreneurs) to collect their views on the SSN programmes. Key informants are individuals who are recognized in their countries as “opinion makers” and then their opinion had, has or may have some influence, either positively or negatively on the course or content of these programmes. Based on these interviews

the analysis of strengths, weaknesses, opportunities and threats (**SWOT**) was prepared. The results of this analysis complement the main survey findings.

While in the past there have been other studies and inventories that account for the existence of numerous programmes and projects on nutrition and food security, this Study represents an innovation since its design has provided pioneer information in its class highlighting the following: i) It has the human rights approach, gender perspective, cultural sensibility and scientific evidence as its framework; ii) It has a holistic approach and considers various determinants of undernutrition; iii) It simultaneously prioritizes in several excluded groups, for which there is generally no information; iv) It analyzes a wide range of social programmes using methods and quantitative and qualitative instruments in a combined manner; and, v) It incorporates into the analysis public programmes, NGOs, private and international cooperation agencies.

Taking into account that there are numerous social programmes in the 8 countries in the Study (inventories carried out by regional institutions on food security programmes and nutrition estimate there are between 200 and 400

programmes), initially specific criteria was agreed for selecting programmes to be included in the Study: population covered, type of programme, target groups, current validity, public programmes, NGOs programmes and others with official recognition, to take a “sample” that reflects diversity, without needing to have one that was statistically representative (because the real universe is unknown).

The Study included **120 social programmes**, including plans and policies related to nutrition (Table 1). The programmes were classified into 11 categories: 1) Conditional transfers ; 2) Mother and child nutrition; 3) Mother and child health; 4) Food-based programmes; 5) Nutritional recovery; 6) Micronutrient supplementation; 7) Micronutrient fortification; 8) Biofortification; 9) Productive programmes; 10) Childhood and adolescence attention programmes; and, 11) HIV specific programmes.

According to the classification presented, most of the programmes are comprehensives. Other programmes, such as supplementation or fortification with micronutrients, are specific.

In turn, some of the comprehensive programmes contain actions related to these areas. This is the case of the Nutrition Programme of El Salvador, as a comprehensive programme it includes supplementation and fortification with micronutrients. Likewise, in Belize, Costa Rica, Guatemala and Nicaragua, mother and child nutrition programmes also include supplementation with micronutrients.

Some countries do not present certain types of programmes or plans as shown in Table 1, which does not mean the absence of these in the country; they simply were not included in the sample of the Study.

Such is the case of Mother and child health programmes in Belize, Costa Rica, El Salvador and Panama.





Table 1. Number and types of programmes and plans analyzed by country (n=120)

Type of Programme	Belize	Costa Rica	El Salvador	Guatemala	Honduras	Nicaragua	Panama	Dominican Republic	Total
Conditional Transfers	1	2	1	2	4	1	2	2	15
Mother child nutrition*	1	3	8	5	3	5	2	2	29
Mother child health*	-	-	-	1	1	2	-	2	6
Food Based*	-	1	1	3	1	2	2	2	12
Nutritional Recovery*	-	-	2	-	-	1	-	-	3
Micronutrients Supplementation*	**	**	**	**	1	**	2	1	4
Micronutrients Fortification	-	1	-	1	-	1	2	1	6
Biofortification	-	-	-	1	-	1	1	1	4
Productive programmes	-	-	2	-	-	4	-	-	6
Childhood and adolescence attention programmes	2	3	-	-	-	-	-	-	5
HIV specific programmes	3	1	2	2	6	1	4	1	20
Programmes Sub-Totals	7	11	16	15	16	18	15	12	110
Plans and Policies	-	2	1	-	4	1	2	-	10
Total Programmes, Plans and Policies	7	13	17	15	20	19	17	12	120

Source: Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

The sign (-) in some types of programmes does not mean that the country does not have this type of programme. It just means that it was not included within the sampling or that it is part of other integrated programmes.

Notes: * To facilitate the presentation of tables and figures (and also because they share similar actions), Mother & child nutrition and health programmes, Food-based programmes, Nutritional recovery and Micronutrients supplementation have been grouped into one category: Food and nutrition programmes (n = 54).

** Micronutrient supplementation in Belize, Costa Rica, El Salvador, Guatemala and Nicaragua are part of integrated programmes of nutrition, classified under the category Mother and child nutrition in this study.

5. Results, conclusions and recommendations

The subregional report summary presented here covers the eight participating countries. It also has individual reports, submitted in separate documents, which reflect the particularities of each country. The report allows to generally describe certain findings and at the same time make comparisons between programmes and countries studied over the various situations encountered.

The conclusions and statements are based upon the evidence of results of an epidemiological transversal analysis, and as such it is basically descriptive.

The findings, conclusions and recommendations presented below cover the following areas: i) Political commitment; ii) Institutional coordination and safety nets conformation; iii) Nutritional dimension; iv) Targeting and priority groups; v) Coverage; vi) Human resources; vii) Supplies and logistics; viii) Monitoring and evaluation; ix) Human rights approach, interculturalism and gender perspective; and, x) Funding and duration.

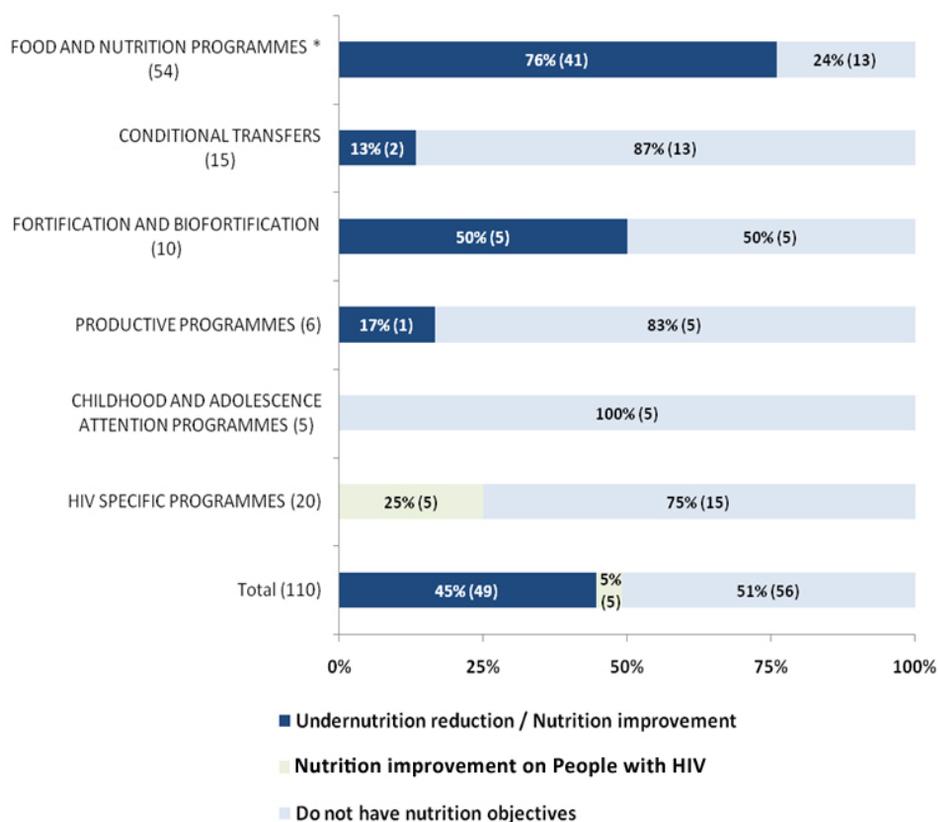
5.1. Results and conclusions

One of the most important advancements reflected in the social programmes analyzed is the gradual increase in **political commitment** at the highest levels of government to position the eradication of child and maternal undernutrition within national and regional agendas as the core of human and economic development.

In most countries a **favorable legal framework and high-level multisectoral areas of coordination** have been formed, such as the National Food and Nutrition Security Secretariats and Councils in El Salvador, Guatemala and Panama, concurred by sectors involved in the improvement of nutrition and food security. However, coordination -both intrasectoral and intersectoral- between the institutions that manage the programmes, is variable and ineffective, with the **establishment of articulated and coherent social safety nets, is a challenge yet to be overcome in these countries**. Social protection programmes generally work in isolation with different approaches and objectives.

Nutritional dimension, reflected through the explicit incorporation of objectives (Figure 1), actions/ interventions (Figure 2) and indicators of nutrition, is low in most social protection programmes analyzed, though the identification of major nutritional problems occurs in about three quarters of them. In some cases, this dimension is limited to the design and implementation stages, including programmes directly related to the health sector. Programmes such as conditional cash transfers and childhood and adolescence attention programmes have great potential that is not being properly used to improve nutrition for young children and in other priority groups. The explicit non inclusion of the nutritional dimension in all stages of social protection programmes reduce the chances of achieving nutritional impact.

Figure 1. Programmes that identified nutritional objectives (n=110)



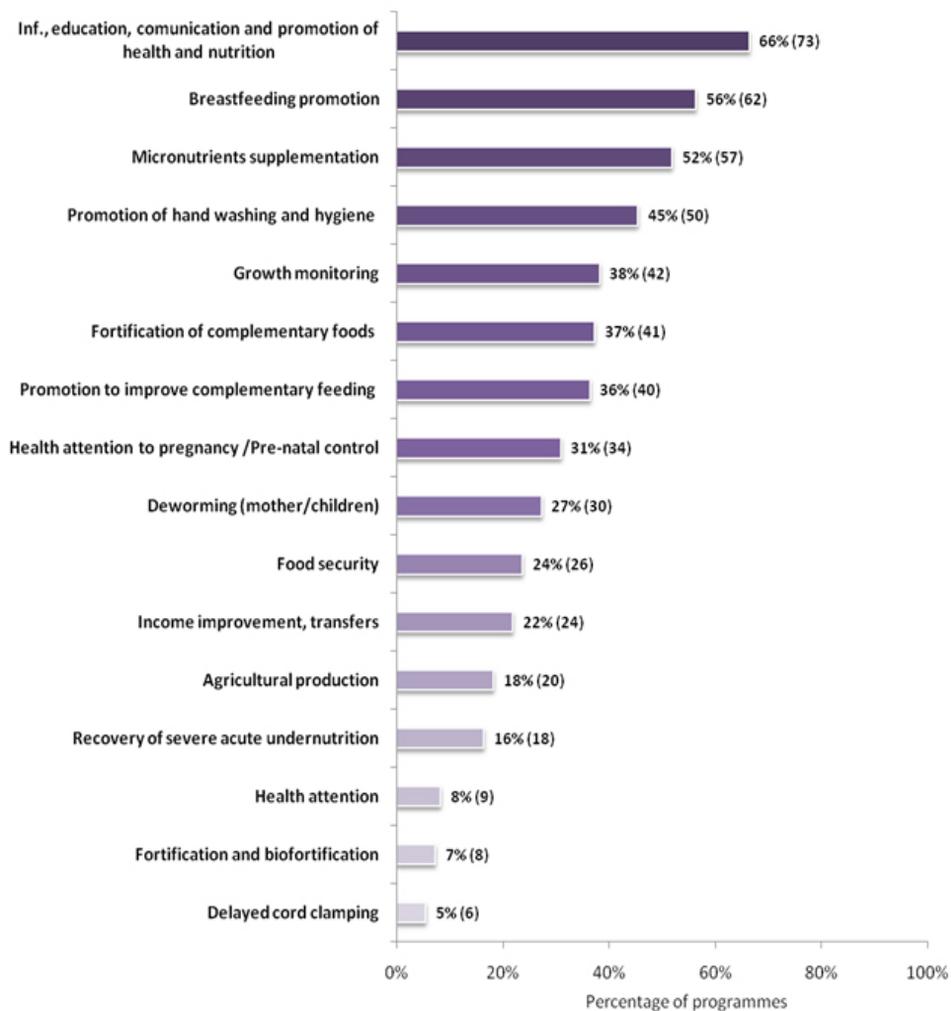
Source: Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Notes:

* Food and Nutrition Programmes include: Mother & child nutrition and health Programmes, Food-based programmes, Nutritional recovery and Micronutrients supplementation.

In parenthesis number of programmes (n).

Figure 2. Priority actions identified in the programmes (n=110)



Source. Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.
 Notes: In parenthesis number of programmes (n).

The **Conditional cash transfer programmes**, which currently have high priority for governments, since their inception have had goals related to poverty reduction and investment in human capital, but did not incorporate the nutritional dimension explicitly. They aimed that the improved nutritional status would occur by way of compliance with the co-responsibilities (health care center attendance to child growth monitoring and/or pre-natal control, school attendance, among others) or the intervention of other sectors (i.e. health and education). Through conditionality, the demand for health care increases, but there is no guaranteed impact on health and nutrition if health services in turn do not improve their coverage and quality of care, same within the education outcomes.

The programmes focus on pregnant women, children under five years, lactating mothers and families in extreme poverty (Figure 3). **However, in general they do not prioritize nor highlight children under two years, despite the evidence related to the “Window of Opportunity” (from pregnancy to two years of age).** As positive examples, several programmes in El Salvador and Nicaragua priorities highlighted targeting this age group without neglecting specific interventions to children between two and five years. Indigenous peoples are not given priority, even though they have the worst socio-economic indicators. In general, with the exception of HIV specific programmes, people living with HIV are not included in other public social protection programmes. However, countries such as Honduras incorporate this group on a priority basis in various programmes of their health sector.

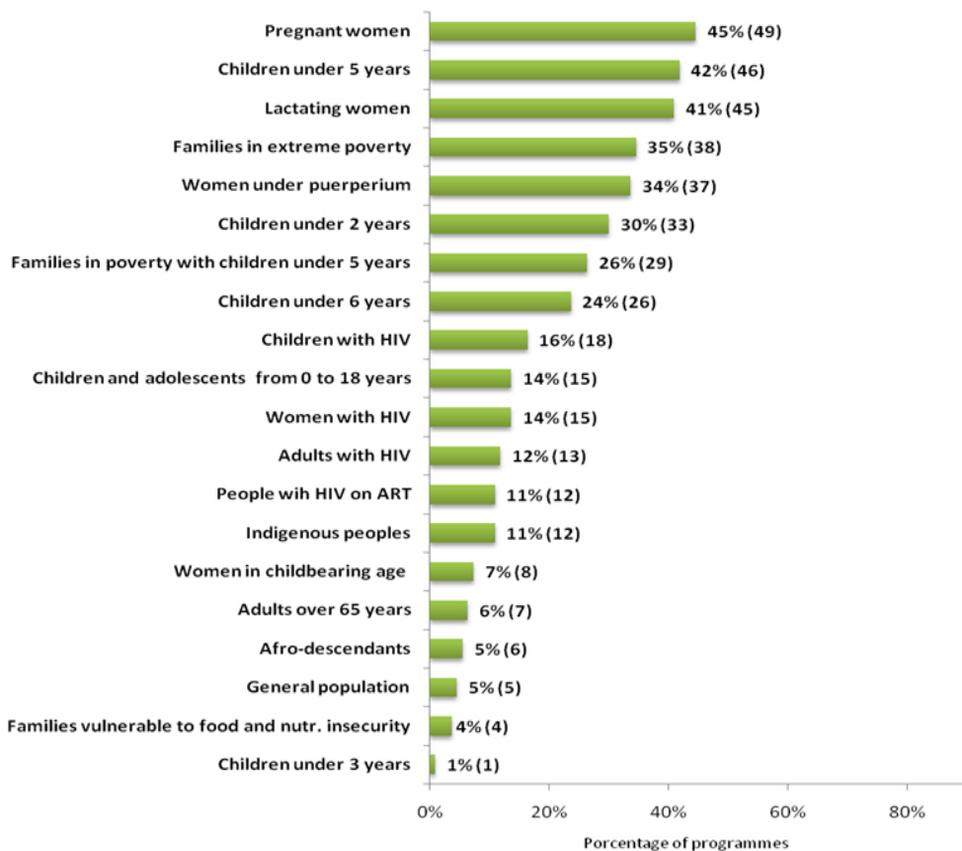
The **programme coverage** is low or unknown; less than 20% of the programmes analyzed have adequate information on their coverage (lack of specific data and/or they assume as coverage the number of people, communities or municipalities benefited). On the other hand, there are geographic areas with higher concentration of programmes, suggesting possible overlap, and in turn, there are priority areas with problems of mother and child undernutrition that do not have programmes with extensive sub-national coverage.

In the area of **human resources**, there is insufficient number of trained/ qualified personnel in nutrition and programme management in relation to needs. This limits the achievement of programme objectives, particularly in local and community levels. While there are opportunities for training on various subjects, they are mostly short-term, isolated trainings and they decrease in quantity and quality as the services become more decentralized or the hierarchical levels of staff become lower. In addition, there is no evidence that trainings are effective. One of the exceptions is the breastfeeding programme existent in Nicaragua that offers in depth, structured and comprehensive training.

Availability of food and supplies (supplements, educational materials, and others) is enough in two-thirds (65%) of the programmes throughout the year. In a third of the programmes, the availability of food and supplies are insufficient or it is only present at certain times of the year. There are limitations observed in **logistics** (procurement, distribution and storage) in order to ensure timely delivery of products to the target population, especially in the local and community levels.



Figure 3. Target population identified in the programmes (n=110)



Source. Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Notes: In parenthesis number of programmes (n).

Children under 2, 3 and 5 years do not constitute priority groups for HIV specific programmes for justified reasons.

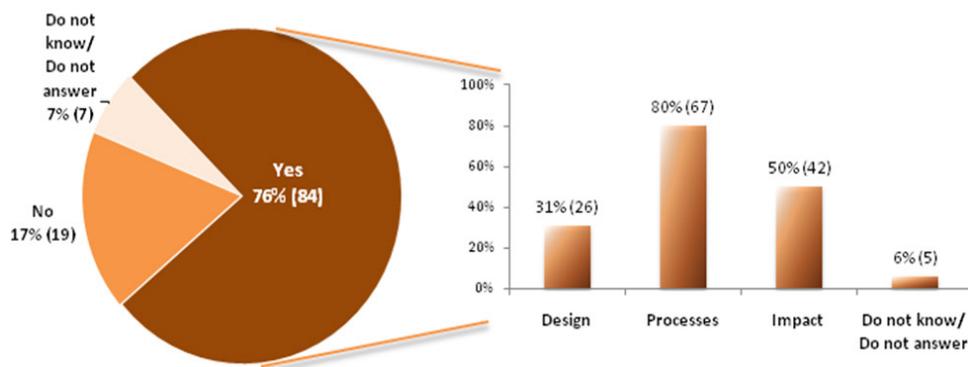


The lack of **monitoring and evaluation systems** with their own funding is a weakness that hampers progress, since it prevents the undertaking of timely corrective measures or the strengthening of what is working properly. A little more than half of the programmes reported having made a nutritional diagnosis or baseline, but less than a third cited to have specific documents in this regard. Furthermore, although 76% of programmes reported to have made evaluations (design, process and/or impact), only half of them are refer to be impact evaluations (Figure 4). In turn, only 6% of all the programmes analyzed has rigorous evaluations of nutritional impact, documented and circulated (Figure 5); similar percentage can be seen in food security evaluations, and 2% on the ones over poverty. A positive example is Panama, which has evaluated the nutritional impact of three of its programmes: Complementary feeding, Fortification of salt with iodine and the Net of Oportunities Programme (conditional cash transfers) enabling the carry out of necessary adjustments to the programmes. On the other hand, although some programmes gather information on nutritional indicators, there is no evidence that the information is used to redirect interventions, strategies and programme approaches in search of ensuring that they are efficient and effective in improving nutritional status.

Many of the programmes referred to use the **human rights approach** (related to the principles of universality, indivisibility, interdependence, non-discrimination, participation and accountability) as seen in Figure 6, and take into account **interculturality, community participation and gender approach**. Almost all countries have Food and Nutrition Security Laws and Policies framed within these approaches, including some such as Guatemala that incorporates them into their Political Constitution. However, there are still large knowledge gaps about them, both at the institutions offering the services as well as the target population who demands them. Failures are detected in the implementation of these approaches, as it can be observed in the case of human rights approach in the same Figure 6. Regarding community participation, it is confined to the programme implementation stage. Nonetheless, further analysis is required before drawing conclusions regarding how these approaches are applied on a daily basis.

Public social investment, particularly in nutrition, is very low. The major source of funding for social protection programmes (Table 2) is external cooperation (grants and loans). Countries such as Costa Rica, with greater social investment programmes that have increased public budget and with longer duration (Figure 7), are the ones that show lower undernutrition prevalence.

Figure 4. Presence and types of evaluations reported in the programmes (n=110)



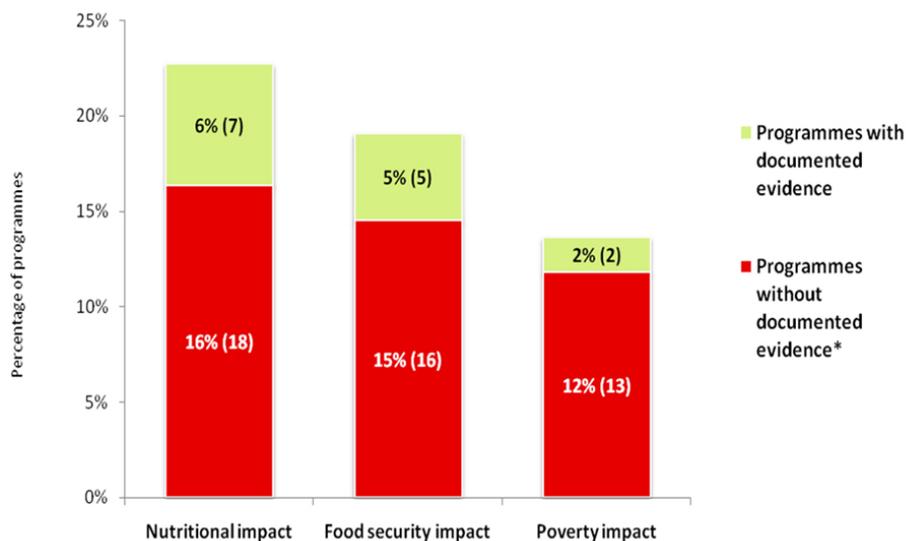
Very few programmes have documented evidence of their evaluations; the problem is even more serious for the impact evaluations. See figure 5.

Source. Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Notes: In parenthesis number of programmes (n).

The same programme can present more than one type of evaluation.

Figure 5. Impact evaluations (n=110)



* Lack of specific documentation that demonstrate the impact evaluations (these programmes consider as impact evaluation the results of different national surveys such as DHS, height surveys, living condition surveys, as well as processes evaluations and specific monitoring reports performed).

Source. Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Notes: In parenthesis number of programmes (n).

The same programme can present more than one type of impact evaluation.

DHS: Demographics and Health National Survey.

Table 2. Funding sources according to types of programmes (n=110)

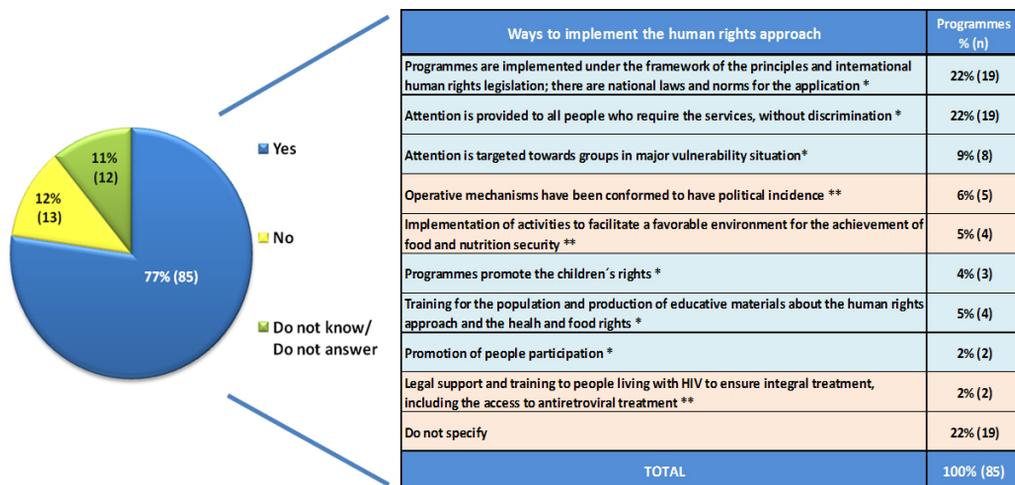
Funding Sources	Food nutrition programmes (54)	Conditional Transfers (15)	Fortification and Biofortification (10)	Productive Programmes (6)	Childhood and Adolescence Attention Programmes (5)	HIV specific programmes (20)	Total (110)
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Public funds exclusively	19% (10)	27% (4)	20% (2)	-	80% (4)	15% (3)	21% (23)
Public funds and foreign cooperation (loans and donations)	30% (16)	67% (10)	30% (3)	17% (1)	-	15% (3)	30% (33)
Public funds and private sector	4% (2)	-	30% (3)	-	-	10% (2)	6% (7)
Public funds, private sector and foreign donations	7% (4)	-	-	-	-	5% (1)	5% (5)
Foreign cooperation (donation) exclusively	28% (15)	-	10% (1)	50% (3)	-	20% (4)	21% (23)
Private sector exclusively	2% (1)	-	-	17% (1)	-	5% (1)	3% (3)
Private sector and foreign cooperation	7% (4)	-	-	-	20% (1)	5% (1)	5% (6)
Others (sponsorship, own resources)	2% (1)	-	-	17% (1)	-	20% (4)	5% (6)
No information about funding	2% (1)	7% (1)	10% (1)	-	-	5% (1)	4% (4)

Table 2. Funding sources according to types of programmes (n=110)

Source. Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Notes: In parenthesis number of programmes (n).

Figure 6. Human rights approach (n=110) and ways to implement it (n=85)



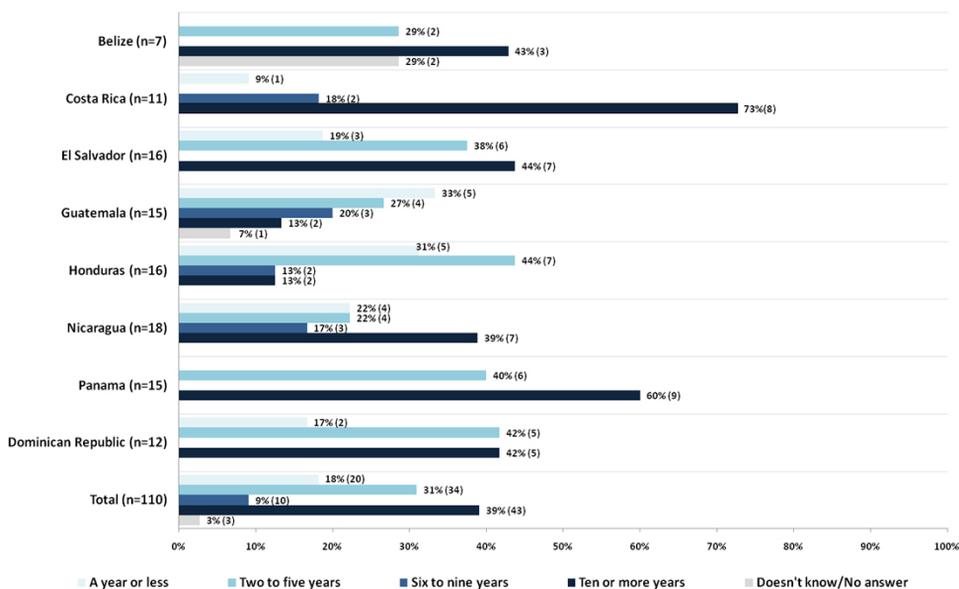
Source. Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Notes: In parenthesis number of programmes (n).

* These answers are directly related to the human rights approach.

** These answers not necessarily are related to the human rights approach.

Figure 7. Programmes execution times by countries (n=110)



Source: Study Nutritional Dimension in the Social Safety Nets of Central America and the Dominican Republic, 2009.

Note: In parenthesis number of programmes (n).

5.2 Recommendations

The following recommendations are based on the findings and conclusions of the Study:

- To strengthen the **political commitment** of governments in favor of the nutrition of its population, particularly the priority groups. To take advantage of various international, regional and national instances to reiterate this, by making use of scientific and empirical evidence, means and instruments of advocacy and awareness, as this present Study, to mobilize commitments and resources to this cause.
- To gradually move forward in the **formation of genuine social safety systems** that encourage intersectoral concurrence and coordination in social programmes. Provide integrated and participatory social services that address the various determinants of undernutrition and food insecurity to reduce inequity and social, economic and ethno-cultural inequality gaps. Also, to encourage greater and better knowledge of legal and regulatory frameworks conducive to nutrition in each

country. And strengthen links within and between sectors belonging to other areas or institutions responsible for the strategies of poverty reduction and national development.

- **To incorporate objectives, interventions/actions and nutritional indicators (nutritional dimension) in the different stages of social protection programmes: design, implementation, monitoring and evaluation.** In fact, some countries are already in the process of strengthening this dimension in their social programmes, especially those who are conditional cash transfers such as the Solidarity Programme in the Dominican Republic. On the social programmes that do not depend on the health sector, it is required to establish effective coordination with this sector in order to obtain a preventive approach, adequate coverage and provision of quality services to achieve impact and improve the nutritional status of priority groups.
- Regarding **Conditional cash transfer programmes:** to review or change the design and operation of these programmes to increase their nutritional impact, including specific purposes from the start in order to improve household nutrition, especially of infant, young children and of women. The following topics are fundamental and should be considered in the review of programmes, which can increase or inhibit the effects of income or conditionalities: targeting criteria and mechanisms; time or number of hours that have to devote the people benefited; the amount and type or composition of the transfer or input; the delivery mechanisms for transfers or other services; the quality of supplies and services delivered; and, intersectoral coordination and integration. In parallel, while the offer and demand of services are being strengthened, it is also important to move forward in the discussions about the use of conditionality, since in some way it is in counterposition to the human rights approach: the access to food, health and education is provisional or temporary, since it lasts the timeframe on which the individuals or families are participating within the programmes.
- To check the guidelines or **targeting criteria** with the intent to focus the interventions on priority groups, specially children under 2 years, pregnant women, indigenous and afrodescendants, and, that people with HIV have better access to social protection of the public sector. To achieve this goal,



statistics should be disaggregated by age group, especially for children under 6 months, after 6 to 12 months and 12 to 24 months. Also include a breakdown of the data by sex, ethnic-cultural and special conditions.

- To review the **geographic location** of programmes to identify potential duplication of interventions and to ensure that the populations covered correspond to the targeting criteria.
- To strengthen **human resources** capacity in nutrition and health topics that are up to date and relevant (based on evidence) and also in social programmes management. To develop a comprehensive plan for training human resources, including the monitoring and evaluation of training results, with a short, medium and long term vision. Particularly crucial is the increase of these capabilities at local and community level.
- To organize and maintain an **adequate system of procurement, storage and distribution of inputs and food** (donated, imported or locally produced) to ensure continuous and timely delivery to the target population and the proper functioning of the programmes.



- To resolve technical and financial constraints in **monitoring and evaluation** and incorporate these aspects into the design of programmes. The establishment of a baseline should be the start to the definition of nutritional indicators to measure progress on an ongoing basis and evaluate the impact in the medium and long term, to allow the necessary adjustments and establish accountabilities.
- To incorporate the **human rights approach** as the major framework for all social protection activities from the design to the evaluation stage of programmes, ensuring that **gender perspective, the relevance cultural and community participation** are explicitly considered in the programmes. Human resources should be informed and trained at different levels and sectors, as well as the general public in regards to human rights approach, including interculturality and gender perspective. To evolve from a utilitarian and passive participation of community members towards the vision of fundamental social actors in the improvement of their nutrition and also their own development.
- To gradually increase the **allocation of public budget in nutrition** for social programmes in a framework of State policies -that exceed government periods- looking to ensure sustainability of interventions, gradually decreasing external economic dependence. In this line, States must progressively assume the funding of conditional cash transfer programmes.



6. Lessons Learned

- The Study allowed to reflect on the actions needed to reduce undernutrition and **recognized the urgent need to mainstream nutritional dimension** at the different stages of social programmes studied, and the **feasibility of applying this dimension to similar programmes in different contexts**.
- The same process of elaboration of the Study was a **forum for discussion** on the value of these issues and allowed the programme managers to identify by themselves the strengths, weaknesses and some proposals for solutions.
- The Study highlights the importance of political decisions and public budget allocation for the success of programmes in terms of nutritional impact. The need for these programmes is framed within **public policies** and State commitments to ensure sustainability.
- Aspects related to **coverage scaling-up, prevention, quality of services, monitoring and evaluation, and training of human resources** are crucial to achieve efficiency and effectiveness of programmes and consequently nutritional impact on the target population. They should be housed within the larger framework of human rights by ensuring gender perspective, interculturalism and community participation.
- There is a recognized need to review the programmes and improve cross-sectoral coordination to ensure that the actions cover the different levels of causality of undernutrition and take a **comprehensive approach**. To take into account the scientific evidence generated by the **Lancet Series** on Maternal and Child Undernutrition (2008) and the **Copenhagen Consensus** (2008) whose cost-effective solutions and interventions allow to solve much of the problem. At the same time, improve quality and efficiency of programmes or interventions that directly affect **other determinants** of undernutrition, such as maternal education, water and sanitation and income improvements to achieve a maximum nutritional impact.

7. Strengths, Weaknesses, Opportunities and Threats Analysis

Based on the opinions and findings of 35 interviews with key informants in the 8 countries, a SWOT analysis matrix was prepared, which is summarized below:

STRENGTHS	WEAKNESSES
<p>Funds available for social programmes (more to the Conditional Cash Transfer programmes).</p> <p>Increased political support for nutrition and other social programmes.</p> <p>Existence of a favorable legal framework, even included in some countries political constitutions.</p> <p>Conditional cash transfer programmes increase women's self esteem.</p> <p>In emergencies food is crucial to avoid nutritional deterioration.</p> <p>Higher levels of schooling/education in the countries are positively influencing nutrition.</p> <p>Mother child health programmes with major achievements: reducing infant and maternal mortality.</p> <p>Population knows more about their rights and can demand their fulfillment.</p> <p>Some organized community involvement with legal support.</p> <p>Increased demand from the population for social protection programmes.</p> <p>Presence of some NGOs that help out with human rights approach and greater community participation within their programmes.</p>	<p>No programme sustainability and continuity.</p> <p>Programme dispersion and no results.</p> <p>No links between programmes and broader national strategies.</p> <p>Very low social investment (public) in nutrition.</p> <p>Insufficient budget for breastfeeding promotion.</p> <p>Policies and poverty fight programmes are only of containment, they do not overcome poverty.</p> <p>Programmes do not prioritize on young children.</p> <p>Complementary foods do not meet nutritional requirements.</p> <p>Insufficient staff in quantity and quality.</p> <p>Field supervision is very weak.</p> <p>Lack of evaluations, specially impact ones.</p> <p>Deficient infrastructure.</p> <p>Lack of human rights approach, programmes lack cultural relevance. (in spite of advancements)</p> <p>Weak community participation (only in the implementation phase).</p> <p>HIV programmes do not prioritize food and nutritional support.</p>

OPPORTUNITIES	THREATS
<p>International agreements based on governments previous compromises. Ex: MDG's.</p> <p>Global food crisis raises the importance of nutrition and feeding issues.</p> <p>Solidarity among countries in the region: countries share experiences and resources.</p> <p>Increased trust and awareness regarding to breastfeeding (Lancet Series reiterates evidence).</p> <p>The increasingly stronger academic sector provides greater chances of programme success.</p> <p>Women development promotion expands possibilities for children and families.</p> <p>Recognition of the existence of excluded groups.</p> <p>Indigenous peoples and afrodescendants in government positions (less discrimination).</p> <p>Programme decentralization allows better implementation.</p> <p>Existence of access routes to several rural communities.</p>	<p>International crisis leads to budget cuts in public sector and donor community.</p> <p>Dependency on external cooperation and "indebtedness".</p> <p>Tax collection is insufficient.</p> <p>No laws to protect public investment in social programmes.</p> <p>In general, no state or institutional policies in social protection.</p> <p>Globalizing currents that seek to apply same "recipe" in all countries.</p> <p>Politization and paternalistic programmes.</p> <p>Families depend on remittances to cover their basic needs.</p> <p>Lack of technical information in the decision makers.</p> <p>Increase in the prices of inputs increase services costs.</p> <p>Lack of information and nutritional education for the population.</p> <p>Discrimination and stigmatization of excluded groups (indigenous peoples and afrodescendants, people with HIV).</p> <p>Marketing (advertisement) used to promote milk formula.</p> <p>Non adoption of the Breast milk Substitutes Code.</p>



8. Study dissemination and next steps

Preliminary results of the Study have been shared in several regional and international meetings, including the WFP Executive Board in November 2009, in which the Study was supported by governments and other authorities involved in the meeting; and, the “Global South-South Development Expo 2009” where the Study won an award as an innovative solution to support the MDGs achievements.

The Study –in its final version- was presented on the Third Meeting of the Interamerican Commission for Social Development (ICSID) of the Organization of American States (OAS) held in early April, 2010. The report was elaborated under the agreement between OAS and WFP, and is part of a series of activities accomplished within the Interamerican Social Protection Network, of recent creation, in response to the mandate emanated from the First Meeting of Ministers and High Authorities of Social Development held in Reñaca, Chile in 2008.

WFP has planned to share the final reports (subregional and for the eight countries) of the Study with the active participation of key actors and

stakeholders (governments, NGOs, communities and agencies) for which a dissemination plan will be devised with the countries involved. Similarly, forums, events as well as international, regional and national instances will be used to share findings and recommendations of the Study. In the short term, a preparation of a manual or guide on the design of social programmes with nutritional dimension is expected and also the publishing of articles about the Study in scientific magazines and peer-reviewed journals.

It is particularly important to use the results of the Study and strengthen coordination with other regional initiatives such as the Mesoamerican Public Health-Nutrition Component Initiative (led by the INSP of Mexico) and the Pan American Alliance for Nutrition and Development (Regional initiative of the United Nations agencies, led by PAHO), to optimize cooperation to the countries. Besides, there will be coordination to support countries in the context of the overall interagency proposal “Scaling Up Nutrition”¹⁶, with whom the Study is totally aligned with as it emphasizes the importance of mainstreaming nutrition in multiple

16. Scaling up Nutrition: A framework for Action, Policy Brief prepared with support from the Bill and Melinda Gates Foundation, the Government of Japan, UNICEF and the World Bank. 2009. Based on a series of consultations with other agencies or institutions.

The World Bank. Scaling up nutrition. What will it cost. Washington DC, 2010.

sectors, including evidence based priority cost-effective interventions giving high priority to children under two years of age and pregnant women, and to “substantially increase” the internal and external support to governments in the area of nutrition, within the framework of the principles of effective international aid expressed in the Paris Declaration and the Accra Agenda for Action (AAA)¹⁷.

In this regard, to implement the recommendations, there will be support and channeling of direct technical assistance to countries according to their needs, capabilities, limitations, challenges and priorities in order to strengthen the nutritional dimension of the social protection programmes studied, as well as other similar programmes implemented in the same countries or in different contexts.

17. Paris Declaration (2006) and Action Programme (Agenda) of Accra (2008), focused in government ownership, alignment of donors with strategies and functioning systems: including the search for sustainability of financial support, external assistance harmonization, analysis and joint missions, fragmentation reduction, results managing and joint accountability.



Annexes

Annex i

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DOMINICAN REPUBLIC

Altagracia Fulcar
World Food Programme (WFP)

Altagracia Suriel
Progressing Programme
Office of the First Lady

Amarilis Then Paulino

Programme of Food Fortification with Micro-nutrients State Secretariat of Public Health and Social Assistance

Digna de la Cruz

Mother Child Pastoral
Episcopal Conference Organization
(Religious Organization)

Elizabeth Fadul

World Food Programme (WFP)

Fanny Algarrobo

First Childhood Comprehensive Attention Programme
Childhood and Adolescence National Council

Julio Nin

Dominican Institute of Agricultural and Forestry Research
State Secretariat of Agriculture

Kendra Mieses

Study consultant

María Virtudes Berroa

Batey Relief Alliance, BRA

Maribel Contreras

Arts Reporters Association (Acroarte)
(Key informant)

Martha Nina

National Breastfeeding Programme
State Secretariat of Public Health and Social Assistance

Neftali Soler

Solidarity Programme
Social Policies Cabinet
Vice Presidency of the Republic

Octavio Figueroa

Juan Montalvo Center
(Key informant)

Felipa García

Solidary Association for the Fight Against AIDS
(Key informant)

Ramón Portes

Dominican Association of Planned Parenthood
(Key informant)

Sócrates Barinas

Vamo' Arriba Programme
Social Policies Cabinet
Vice Presidency of the Republic

Sonia Aquino

General Directorate for Mother Child and Adolescent
State Secretariat of Public Health and Social Assistance

Teresa Narvaez

Project HOPE
Order of Malta Association

Ysidora Zabala

General Direction Office for Control of Sexually Transmitted Diseases and AIDS
State Secretariat of Public Health and Social Assistance

Zaida Guerrero

General Direction for Control Office for Control of Sexually Transmitted Diseases and AIDS
State Secretariat of Public Health and Social Assistance

Annex ii

List of programmes and plans/policies by country

List of programmes (n=110), plans and policies (n=10) analyzed on the Study on Nutritional Dimension of the Social Safety Nets in Central America and the Dominican Republic, 2009.

No	NAME	COUNTRY	MAIN EXECUTING INSTITUTION	TYPE OF PROGRAMME/PLAN OR POLICY
1	Social Assistance Programme	Belize	Ministry of Human Development	CONDITIONAL TRANSFERS
2	Mother Child Programme	Belize	Ministry of Health, Health Services Direction Office, Mother Child Unit	MOTHER CHILD NUTRITION
3	King Children Center Programme	Belize	King Children Center with the support of the Ministry of Human Development	CHILDHOOD AND ADOLESCENCE ATTENTION PROGRAMME
4	Dorothy Menzies Children Attention Programme	Belize	Ministry of Human Development	CHILDHOOD AND ADOLESCENCE ATTENTION PROGRAMME
5	Programme Alliance Against AIDS	Belize	Alliance Against AIDS	HIV SPECIFIC PROGRAMME
6	Hand in Hand Ministries Programme: HIV Positive Kids Attention Programme	Belize	Hand in Hand Ministries	HIV SPECIFIC PROGRAMME
7	National Programme for Tuberculosis HIV/AIDS and other STD	Belize	Ministry of Health	HIV SPECIFIC PROGRAMME
8	Programme of Comprehensive Attention and Special Protection for Childhood and Adolescence in its Solidarian Homes modality	Costa Rica	National Foundation for Children	CONDITIONAL TRANSFERS
9	Food Security Programme (to tackle the economic crisis)	Costa Rica	Joint Institute of Social Help, Deputy Management Office of Social Development	CONDITIONAL TRANSFERS
10	Mother Child Nutrition Programme, First Level of Attention	Costa Rica	Costa Rican Social Security Fund	MOTHER CHILD NUTRITION
11	Children Development Programme- Intervention Strategy	Costa Rica	Costa Rican Social Security Fund – Comprehensive Attention Area	MOTHER CHILD NUTRITION
12	Children Health Programme. Second Level of Attention	Costa Rica	Costa Rican Social Security Fund – Comprehensive Attention Area	MOTHER CHILD NUTRITION
13	Child Nutrition and Development Programme	Costa Rica	Ministry of Health, General Directorate of Child Nutrition and Development	FOOD BASED
14	Programme of Food Fortification with Micronutrients	Costa Rica	Ministry of Health	MICRONUTRIENTS FORTIFICATION

15	Programme of Comprehensive Attention and Special Protection for Childhood and Adolescence. Alternatives Residences Modality	Costa Rica	National Foundation for Children and NGOs	CHILDHOOD AND ADOLESCENCE ATTENTION PROGRAMME
16	Programme of Comprehensive Attention and Special Protection for Childhood and Adolescence. Comprehensive Diurnal Attention Children Centers Modality	Costa Rica	National Foundation for Children and NGOs	CHILDHOOD AND ADOLESCENCE ATTENTION PROGRAMME
17	Programme of Comprehensive Attention and Special Protection for Childhood and Adolescence. Diurnal Feeding Centers Modality	Costa Rica	National Foundation for Children and NGOs	CHILDHOOD AND ADOLESCENCE ATTENTION PROGRAMME
18	Nutritional Attention Programme for People living with HIV and AIDS	Costa Rica	Costa Rican Social Security Fund	HIV SPECIFIC PROGRAMME
19	Food National Programme	Costa Rica	Ministry of Agriculture, Agricultural Sector	PLAN
20	National Plan Towards the Eradication of Childhood Undernutrition 2008-2012	Costa Rica	Ministry of Health and the Costa Rican Social Security Fund	PLAN
21	Solidarian Rural Communities Programme	El Salvador	Social Investment Fund for the Local Development of El Salvador	CONDITIONAL TRANSFERS
22	Good Health and Nutrition Circles Operative Mechanism	El Salvador	World Vision International	MOTHER CHILD NUTRITION
23	Health Services Nutrition Programme	El Salvador	Salvadorian Association of Health Promotion	MOTHER CHILD NUTRITION
24	Nutrition Programme	El Salvador	Ministry of Public Health and Social Assistance	MOTHER CHILD NUTRITION
25	Health and Food and Nutrition Security Programme	El Salvador	Breastfeeding Support Center	MOTHER CHILD NUTRITION
26	First Steps Towards Success and Health and School Nutrition Programme	El Salvador	Save the Children	MOTHER CHILD NUTRITION
28	Pounds of Love Nutritional Food Safety Programme	El Salvador	Plan International	MOTHER CHILD NUTRITION
29	Nutritional Programme- Nutritional Component Complement for Vulnerable Groups	El Salvador	Ministry of Public Health and Social Assistance	MOTHER CHILD NUTRITION
30	Initial Education Programme- Attention in Rural Children Welfare Centers and Urban Marginal Children Development Centers	El Salvador	Salvadorian Institute for Childhood and Adolescence	FOOD BASED
31	Nutritional Recovery Center and Basket of Love Programme	El Salvador	Links of Love Foundation	MCN- NUTRITIONAL RECOVERY
32	Nutritional Recovery Center	El Salvador	AGAPE Association of El Salvador	MCN- NUTRITIONAL RECOVERY
33	Promoting Agriculture Based in Basic Needs Programme	El Salvador	Catholic Relief Services	PRODUCTIVE PROGRAMME
34	Soy and Nutrition Programme	El Salvador	Soy and Nutrition Programme Foundation	PRODUCTIVE PROGRAMME
35	STD/HIV-AIDS National Programme	El Salvador	Ministry of Public Health and Social Assistance	HIV SPECIFIC PROGRAMME
36	HIV Patients Nutritional Programme	El Salvador	New Times Foundation	HIV SPECIFIC PROGRAMME

37	National Plan Towards the Eradication of Childhood Undernutrition (contents of this plan are being implemented under the social policies of the new Government)	El Salvador	Ministry of Health and Technical Secretariat of the Presidency	PLAN
38	My Family Progresses Programme	Guatemala	Social Cohesion Council	CONDITIONAL TRANSFER
39	Solidarity Bag Programme	Guatemala	Social Cohesion Council	CONDITIONAL TRANSFER
40	Complementary and Nutritional Feeding Programme	Guatemala	Basic Health Services Providers (San Francisco and Vicariato)	MOTHER CHILD NUTRITION
41	Programme for the Production, Consumption and Feeding of Families	Guatemala	Plan International	MOTHER CHILD NUTRITION
42	Chronic Undernutrition Reduction Programme, CURP (currently National Strategy to Reduce Chronic Undernutrition)	Guatemala	Secretariat of Food and Nutritional Security	MOTHER CHILD NUTRITION
43	Mother and Child Health and Nutrition Programme Component No 2	Guatemala	Ministry of Public Health and Social Assistance	MOTHER CHILD NUTRITION
44	Food and Nutritional Security Programme	Guatemala	Guatemala World Vision	MOTHER CHILD NUTRITION
45	Health Services Strengthening Programme	Guatemala	Plan International	MOTHER CHILD HEALTH
46	Undernutrition Recovery and Undernutrition Prevention in Favor of Vulnerable Groups Programme	Guatemala	Secretariat of Food and Nutrition Security (coordination), Ministry of Public Health and Social Assistance and WFP (execution)	FOOD BASED
47	Solidarian Feeding Centers Programme	Guatemala	Secretariat of Social Welfare of the Presidency	FOOD BASED
48	Community Homes Programmes	Guatemala	Secretariat of the President's Wife Social Works	FOOD BASED
49	Fortified Foods Programmes	Guatemala	Ministry of Public Health and Social Assistance, Department of Regulation and Food Control	MICRONUTRIENTS FORTIFICATION
50	Beans Genetic Improvement Programme	Guatemala	Institute of Science and Agricultural Technology	BIOFORTIFICATION
51	HIV Adolescence Programme	Guatemala	Ministry of Public Health and Social Assistance and UNICEF	HIV SPECIFIC PROGRAMME
52	HIV, Hepatitis B and Sifilis Vertical Transmission Programme	Guatemala	Roosevelt Hospital	HIV SPECIFIC PROGRAMME
53	Social Protection Comprehensive Programme	Honduras	Family Assignment Programme	CONDITIONAL TRANSFER
54	Comprehensive Women Development Programme (DI Mujer)	Honduras	Family Assignment Programme	CONDITIONAL TRANSFER
55	Solidarian Hand Bonus Programme	Honduras	Family Assignment Programme	CONDITIONAL TRANSFER
56	Solidarian Net Programme	Honduras	First Lady Programme, Secretariat of the Presidency	CONDITIONAL TRANSFER
57	Comprehensive Attention Towards Vulnerable Groups Programme	Honduras	National Programme for Food and Nutritional Security, Dependency of the Secretariat of Health and the WFP	MOTHER CHILD NUTRITION
58	Nutritional National Programme 2009-2015	Honduras	Secretariat of Health Nacional Programme for Food and Nutritional Security	MOTHER CHILD NUTRITION

59	Health, Nutrition and HIV National Programme (as part of the Health, Nutrition and HIV National Strategy)	Honduras	World Vision Honduras	MOTHER CHILD NUTRITION
60	Mother Child Health Programme	Honduras	Christian Children 's Fund (Child Fund), Health Component	MOTHER CHILD HEALTH
61	Food Assistance Programme	Honduras	Christian Children 's Fund (Child Fund)	FOOD BASED
62	Micronutrients National Programme, 2007-2011	Honduras	Secretariat of Health Nacional Programme for Food and Nutritional Security (coordinated with the Micronutrients Consulting Committee)	MICRONUTRIENTS SUPPLEMENTATION
63	Clinical Attention of the Adult Patient with HIV/AIDS Programme	Honduras	Secretariat of Health Subsecretariat of Population Risks, General Direction Office for the Promotion and Protection of Health	HIV SPECIFIC PROGRAMME
64	Programme for the Strengthening of a National Answer for the Protection and Promotion of Health in the HIV/AIDS Area	Honduras	CHF (Financial Habitat Community) International in Honduras	HIV SPECIFIC PROGRAMME
65	Programme for the Attention of Vulnerable Groups – Component No. 2 of the country programme	Honduras	Secretariat of Health, National Nutrition Programme	HIV SPECIFIC PROGRAMME
66	The Comprehensive Attention of Pregnant Women for the Prevention of the Transmission of HIV from Mother to Child Programme	Honduras	Secretariat of Health, Sub-Secretariat of Population Risks, General Direction Office of Health	HIV SPECIFIC PROGRAMME
67	Programme for the Evaluation of the Role of Food and Nutritional Security in the Promotion of Adherence to Treatment with Antiretroviral Treatment in Persons Over 18 years in Honduras	Honduras	Secretariat of Health, RAND Corporation (Research and Development) and WFP	HIV SPECIFIC PROGRAMME
68	The Prevention of HIV from Mother to Child Programme.	Honduras	Christian Fund for Honduras Children (Child Fund)	HIV SPECIFIC PROGRAMME
69	Strategic Plan for the Implementation of the Food and Nutrition Security Plan 2006-2015	Honduras	Secretariat of the Presidency, Technical Unit for Food and Nutritional Security	PLAN
70	Mother and Child Health National Plan	Honduras	Secretariat of Health	POLICY
71	Food and Nutritional Security with Citizens Participation Policy	Honduras	Secretariat of the Presidency	POLICY
72	Country Plan for the Eradication of Children Chronic Undernutrition	Honduras	Secretariat of Health, National Programme for Food and Nutritional Security	PLAN
73	Programme in Support of Rural Families in Zones Affected by Droughts and Floodings	Nicaragua	Ministry of Agriculture and Forestry Programme for Nutritional and Food Security	CONDITIONAL TRANSFER
74	Model Programme of Nutritional Recuperation Heart in the Family 2002-2009	Nicaragua	World Vision	MOTHER CHILD NUTRITION
75	Health and Nutrition Community Programme	Nicaragua	Ministry of Health, General Direction Office of Health Services, Normatives/Childhood Comprehensive Attention	MOTHER CHILD NUTRITION

76	Breastfeeding as part of the National Strategy	Nicaragua	Ministry of Health, General Direction Office of Health Services, Normatives/Childhood Comprehensive Attention	MOTHER CHILD NUTRITION
77	Axle Three Programme of the Love Programme	Nicaragua	Ministry of the Family, Adolescence and Childhood	MOTHER CHILD NUTRITION
79	Window of Opportunity Programme	Nicaragua	Care Central America in Nicaragua	MOTHER CHILD NUTRITION
79	Comprehensive Childhood Attention Programme, Comprehensive Attention of Childhood Prevalent Diseases	Nicaragua	Ministry of Health, General Direction Office of Health Services, Normatives/Childhood Comprehensive Attention	MOTHER CHILD HEALTH
80	Families United for their Health Programme	Nicaragua	Nica Health Net Federation	MOTHER CHILD HEALTH
81	Children Feeding Center 2009	Nicaragua	Rainbow Network	FOOD BASED
82	Food and Nutritional Security Programme	Nicaragua	Ministry of Agriculture and Forestry	FOOD BASED
83	Nutritional Recovery Center for Matagalpa Children Programme	Nicaragua	Missionary Adventures for the Needy Association	NMI – NUTRITIONAL RECOVERY
84	National Programme for Food Fortification Programme	Nicaragua	Ministry of Health, Food Regulation Office	MICRONUTRIENTS FORTIFICATION
85	AgroHealth Programme Project	Nicaragua	International Center for Tropical Agriculture	BIOFORTIFICATION
86	Food Security Programme	Nicaragua	Save the Children	PRODUCTIVE PROGRAMME
87	Programme for Food and Nutritional Security in the North Atlantic Autonomous Region	Nicaragua	Adventist Agency for the Development and Assistance Resources, Nicaragua	PRODUCTIVE PROGRAMME
88	Childhood in Sustainable Families Programme	Nicaragua	Plan International	PRODUCTIVE PROGRAMME
89	Productive Food Programme	Nicaragua	Ministry of Agriculture and Forestry Programme for Nutritional and Food Security	PRODUCTIVE PROGRAMME
90	STD, HIV and AIDS Programme	Nicaragua	Ministry of Health	HIV SPECIFIC PROGRAMME
91	National Plan Towards Eradication of Chronic Children Undernutrition 2006-2015	Nicaragua	General Secretariat of Health, Ministry of Health	PLAN
92	Net of Opportunities Programme	Panama	Ministry of Social Development Secretariat of the Social Protection System	CONDITIONAL TRANSFERS
93	Family Vouchers for Purchasing of Foods	Panama	Ministry of the Presidency, National Secretariat for the Food and Nutritional Security Plan	CONDITIONAL TRANSFERS
94	Programme for the Training and Support of Poor Families and Vulnerable Groups for their Comprehensive Development	Panama	Archdiocesan Caritas	MOTHER CHILD NUTRITION
95	Health and Feeding Programme	Panama	National Association for Childhood Nutrition NUTRE HOGAR	MOTHER CHILD NUTRITION
96	Complementary Feeding Programme	Panama	Ministry of Health, Department of Nutritional Health	FOOD BASED
97	Pre School, School Feeding and Community Development Programme	Panama	In Pro of the Children of Darien Foundation	FOOD BASED
98	Vitamin A Supplementation Programme	Panama	Ministry of Health, Department of Nutritional Health	MICRONUTRIENTS SUPPLEMENTATION

99	Iron Supplementation Programme	Panama	Ministry of Health, Department of Nutritional Health	MICRONUTRIENTS SUPPLEMENTATION
100	National Wheat Flour Fortification Programme	Panama	Ministry of Health, Department of Nutritional Health	MICRONUTRIENTS FORTIFICATION
101	National Salt Fortification Programme	Panama	Ministry of Health, Department of Nutritional Health	MICRONUTRIENTS FORTIFICATION
102	Biofortification Programme	Panama	Agricultural Research Institute of Panama	BIOFORTIFICATION
103	Universal Treatment Access Programme	Panama	Aid for Aids	HIV SPECIFIC PROGRAMME
104	People with HIV Education Programme	Panama	Aid for Aids	HIV SPECIFIC PROGRAMME
105	I Learn to Love and Take Care of Myself Programme -Childrens Programme	Panama	Aid for Aids	HIV SPECIFIC PROGRAMME
106	STD/HIV/AIDS National Programme	Panama	Ministry of Health – HIV/AIDS National Programme	HIV SPECIFIC PROGRAMME
107	National Plan for the Prevention and Control of Micronutrients Deficiencies 2008-2015	Panama	Ministry of Health, Department of Nutritional Health	PLAN
108	National Plan for Combatting Childhood Undernutrition 2008-2015	Panama	Ministry of the Presidency, National Secretariat for the Food and Nutritional Security Plan	PLAN
109	Solidarity Programme	Dominican Republic	Social Policy Cabinet	CONDITIONAL TRANSFERS
110	Vamo' Arriba Programme	Dominican Republic	Social Policy Cabinet	CONDITIONAL TRANSFERS
111	Mother Child and Adolescent Programme (Mother Child and Adolescente General Direction Office)	Dominican Republic	Secretaría de Estado de Salud Pública y Asistencia Social	MOTHER CHILD HEALTH
112	Programme of Child Mother, Family and Community Health Clinics	Dominican Republic	Project HOPE and the Order of Malta Dominican Association	MOTHER CHILD HEALTH
113	Breastfeeding National Programme Programa	Dominican Republic	State Secretariat for Public Health and Social Assistance	MOTHER CHILD NUTRITION
114	Education, Faith and Citizenship Programme	Dominican Republic	Mother Child Pastoral, Organization of the Dominican Episcopal Conference	MOTHER CHILD NUTRITION
115	First Childhood Integral Attention Programme	Dominican Republic	National Council for Childhood and Adolescence	FOOD BASED
116	Humanitarian Help Programme	Dominican Republic	Batey Relief Alliance (BRA Dominicana)	FOOD BASED
117	Undernutrition Prevention Programme - Multivitamins for the Dominican Republic	Dominican Republic	Batey Relief Alliance (BRA Dominicana)	MICRONUTRIENTS SUPPLEMENTATION
118	Food Fortification with Micronutrients Programme	Dominican Republic	State Secretariat for Public Health and Social Assistance	MICRONUTRIENTS FORTIFICATION
119	Programme for the Development of beans germoplasm, Phaseolus vulgaris L biofortified in the Dominican Republic	Dominican Republic	Dominican Institute of Agricultural and Forestry Research	BIOFORTIFICATION
120	Programme for the Control of Sexually Transmitted Diseases and AIDS	Dominican Republic	State Secretariat for Public Health and Social Assistance	HIV SPECIFIC PROGRAMME

Annex iii

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Participating countries



Belize



Costa Rica



El Salvador



Guatemala



Honduras



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Dominican Republic

High Level Technical Group



Organization of American States



Instituto Nacional de Salud Pública



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