



# DOMINICAN REPUBLIC CASE STUDY

**USING HUMANITARIAN CASH AND VOUCHER  
ASSISTANCE WITHIN EXISTING SOCIAL  
PROTECTION PROGRAMS TO RESPOND  
TO THE COVID-19 PANDEMIC**



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## ABBREVIATIONS

**ADESS** Social Subsidy Administration  
**CaLP** Cash Learning Partnership (Now CALP Network)  
**CVA** Cash and Voucher Assistance  
**CWG** Cash Working Group  
**DR** Dominican Republic  
**ID** Identification Number  
**INGO** International Non-Governmental Organization

**IPI** *Inclusión Población Infantil* (Dominican Republic)  
**GoDR** Government of the Dominican Republic  
**NGO** Non-Governmental organization  
**PIN** Personal Identification Number  
**POS** Point of Sale  
**RAS** Red de abastecimiento social  
**SIUBEN** Unique System of Beneficiaries

**SP** Social Protection  
**UNDP** United Nations Development Program  
**UNHCR** United Nations High Commissioner for Refugees  
**UNICEF** United Nations Children's Fund  
**WFP** World Food Programme

## DOMINICAN REPUBLIC



**This case study details the collaboration between the Dominican Republic (DR)—a country with relatively limited use of humanitarian Cash and Voucher Assistance (CVA) for disaster preparedness in Social Protection (SP)—and actors such as the United Nations (UN) in a pilot program that integrated humanitarian CVA within its SP response to the COVID-19 pandemic. It also demonstrates how governments can learn from challenges to deepen preparedness for future emergency assistance in the context of repeated climate and social shocks.<sup>1</sup>**

The DR has long provided an example of a government-led SP in Latin America through its flagship SP program, *Supérate* (formerly *ProSoli*).<sup>2</sup> At the onset of the COVID-19 pandemic, the Government of the DR (GoDR) also moved to establish a one-time expansion to *Supérate* through the pandemic-focused program “*Quédate en Casa*” (“Stay at home”).

As part of the *Quédate en Casa* expansion, UNICEF worked closely with the GoDR’s Social Subsidy Administrator (ADESS in Spanish) to expand the *Supérate*. This resulted in increased temporary coverage for a new caseload of *Supérate* to accompany *Quédate en Casa* called *Inclusión Población Infantil* (IPI).

IPI targeted households with children with disabilities, an often excluded and particularly vulnerable community of interest for UNICEF. In addition, IPI increased the amount of the *Supérate* transfer to the recipients. The collaboration between UNICEF and the GoDR on IPI helped pave the way for various further preparedness measures within the GoDR and served to validate the GoDR’s progress to date in emergency preparedness for humanitarian CVA in SP. Lastly, UNICEF and the GoDR’s preparedness actions contributed to the continued development of an existing Adaptive SP roundtable in the DR, which has the potential to support strategic emergency planning in the future. Actors in the DR show continued adaptation for humanitarian CVA in SP in a country with extensive prior SP experience.

<sup>1</sup> This case study is a companion to a larger report, *Cash and Voucher Assistance within Social Protection Preparedness in Central America, Mexico, and the Dominican Republic*.

For more details on the recent history of CVA and SP in the Dominican Republic, and general mapping of CVA and SP in Latin America and the Caribbean, please see the main report.

<sup>2</sup> *Supérate* was a new iteration of the project *ProSoli*. For this report, *Supérate* will be used throughout.

# BACKGROUND

The DR has a population of approximately 10.5 million people, most of whom live in coastal developments. The population age distribution skews to the younger side, with a median age of 27.9 years.<sup>3</sup> The DR is in the middle of the hurricane belt and subject to serious storms each year between the months of June and October. This is accompanied by periodic flooding and droughts.<sup>4</sup> Emigration is a key feature of Dominican society; approximately two or three per one thousand Dominicans leaves the country.<sup>5</sup>

The DR has a rich history of SP. *Supérate*, and the previous program ProSoli, are administered by ADESS and coordinated by the Office of the President of the Republic. For targeting, the program relies on proxy means-testing based on the GoDR's Quality of Life Index and Unique System of Beneficiaries (SIUBEN in Spanish).<sup>6</sup> *Supérate* uses a prepaid debit (Visa) card as a delivery mechanism. The card is linked to the recipient's national identification number.

Transfers are restricted for use at a network of vendors (called RAS, or the *Red de Abastecimiento Social*) and to foodstuffs and other essential goods such as medicine. Vendors include a host of supermarkets and convenience stores. *Supérate* also offers parallel and/or complementary programming, including educational and social support, enhanced access to public services, and targeted subsidies. This complementary programming is intended for households in conditions of extreme poverty and intended to promote their empowerment, income generation, employment, and entrepreneurship.<sup>7</sup>

## PROGRAM INTRODUCTION: INCLUSIÓN POBLACIÓN INFANTIL (IPI)

IPI, was a short-term horizontal and vertical expansion<sup>8</sup> of *Supérate* implemented in June and July of 2020. Operated by the GoDR with UNICEF's technical and financial support, IPI reached 2,700 households (around 10,000 people) that included children with disabilities. For the horizontal expansion, IPI added a new criterion for recipient eligibility to *Supérate*. The vertical expansion consisted of an increase in the transfer value from US \$35 to US \$120<sup>9</sup> per household.<sup>10</sup>

IPI followed the same transfer values, monthly delivery schedule, and delivery mechanisms as other GoDR SP programs, so as to not create discrepancies or confusion amongst recipients. UNICEF supported ADESS with a substantial list of new questions and criteria to consider during eligibility surveys and assessments, so as to better capture the unique needs and characteristics of households with children with disabilities. These were then included in ADESS's eligibility assessments.

The IPI program also included multiple preparedness elements outlined as per the "building blocks" in the following table.

3 [The World Factbook](#), CIA.gov. Updated December 7, 2021.

4 Ibid.

5 Ibid.

6 Carrasco, Haydeeliz, Emma García, Sandro Parodi, and Madiery Vásquez. "Cómo se Redistribuyen los Recursos Públicos en República Dominicana?" IADB, 2016.

7 [CEPAL](#) website. Accessed December 10, 2021.

8 A Vertical expansion is an increase the benefit value or duration of an existing SP program. A horizontal expansion is when new recipients are added to an existing SP program. CaLP. "Working with Cash-based Safety Nets in Humanitarian Contexts: Guidance note for humanitarian practitioners" 2016.

9 The transfers were paid in the local currency, pesos.

10 Government of the DR. [Para beneficiarios de planes sociales](#). Accessed December 10, 2021

TABLE 1: IPI'S PREPAREDNESS ELEMENTS ACROSS SOCIAL PROTECTION BUILDING BLOCKS

BUILDING BLOCKS	PREPAREDNESS ELEMENTS
 <p><b>STAKEHOLDERS AND INSTITUTIONS</b></p>	<p>Deepening participation in the existing adaptive SP roundtable, composed of UNICEF, UNDP, WFP, UNHCR, the World Bank, GOAL, and government ministries such as SIUBEN and ADESS, Social Policy Cabinet (<i>Gabinete de Política Social</i>), helped coordinate humanitarian response to COVID-19 and build capacity across government, the UN, and INGOs.</p>
 <p><b>DATA AND INFORMATION SYSTEMS</b></p>	<p>Use of SIUBEN and the national Quality of Life Index allowed for interoperability of data management and information systems, as well as streamlined approach to data protection.</p> <p>UNICEF supported the GoDR to create a call center “help desk” to provide real-time preparedness support, monitoring assistance, legal accompaniment, and new central database.</p>
 <p><b>CVA DESIGN</b></p>	<p>UNICEF successfully advocated for the horizontal expansion of government SP programs to include households with children with disabilities.</p> <p>UNICEF worked with SIUBEN to tweak identification questions to ensure that national identification procedures targeted households with children with disabilities.</p>
 <p><b>DELIVERY SYSTEMS</b></p>	<p>Flexibility was provided for households without national ID cards by offering transfer redemption options through PIN codes during the COVID-19 pandemic.</p> <p>The delivery mechanism was the same as <i>Supérate</i>, as well as the vendor network.</p>
 <p><b>COORDINATION AND FINANCING</b></p>	<p>UNICEF and the GoDR established an MOU for UNICEF to deliver CVA vertical “top-ups” via the government-led SP system, allowing them to work through government registries and the RAS.</p> <p>UNICEF supported the DR with technical and financial support for <i>Supérate</i> and <i>Quédate en Casa</i>.</p>

11 For the purposes of this report, “delivery systems” includes delivery mechanisms as well as financial service providers and registration portals.

# DISCUSSION

## LESSONS LEARNED FROM INCLUSIÓN POBLACIÓN INFANTIL



### STAKEHOLDERS AND INSTITUTIONS

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IPI allowed both UNICEF and the GoDR to build capacity and strengthen institutions for future emergency preparedness. To increase internal preparedness, the UNICEF headquarters required training and review of its internal Emergency Preparedness Platform for its DR-based staff. UNICEF used an online form for country offices to complete before program implementation and workshops to improve and strengthen staff capacity. This prepared UNICEF staff in-country to offer optimal government technical support. An adaptive SP roundtable, composed of UNICEF, United Nations Development Programme (UNDP), World Food Programme (WFP), the World Bank, and government ministries such as SIUBEN and ADESS, among other actors, also helped to link humanitarian responses to COVID-19 and build capacity across government, the UN, and INGOs. This roundtable functioned as a Cash Working Group (CWG) in the absence of a formal one in the DR. It also served as a mechanism for information sharing, alignment, and coordination and was a space where stakeholders can build capacity, reflect on gaps in delivery and data management systems, consider exclusion errors, and strengthen inter-institutional trust. The roundtable is open to all actors working in SP in the DR. Additional consultants were made with World Vision International and Plan, though they were not part of the roundtable.



### DATA AND INFORMATION SYSTEMS

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One notable feature of this building block was the use of SIUBEN and the National Quality of Life Index; their use allowed for interoperability of data management and information systems, as well as a streamlined approach to data protection. Additionally, UNICEF supported the GoDR to create a call center “help desk” to provide real-time support. It also served as a source for monitoring assistance. Lastly, it fed into a new central database that included not only current aid recipients, but those near the cutoff for aid, who would be potential recipients not already included in SIUBEN’s registries in the case of additional horizontal emergency expansions.



### DELIVERY SYSTEMS

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In part due to the strength of existing data management preparedness through SIUBEN, at the start of the COVID-19 pandemic the GoDR was able to quickly move toward delivering the transfers through PIN codes with national identification cards. This replaced the previous use of e-vouchers transferred to prepaid debit cards, which were no longer viable given mobility and public health restrictions surrounding COVID-19. Recipients who already had prepaid debit cards from *Supérate*, however, were able to continue using them. Nevertheless, the use of IDs also may have excluded some eligible citizens of the DR, namely those with incomplete national ID and the stateless, most notably those people with Haitian ancestry.

The use of the RAS also posed a challenge for delivery systems’ preparedness within the DR; IPI reflected these challenges. Firstly, key informants agreed that the use of e-vouchers instead of cash transfers was perhaps too restrictive; it denied recipients the ability to purchase products of equal or greater value to them during the emergency period. Furthermore, even though recipients needed to present an ID while using their voucher, fraud within RAS still could occur due to the lack of a point of sale (POS) system where a teller scanned goods.



## CVA PROGRAM DESIGN

As part of IPI, UNICEF worked with SIUBEN to update identification questions to ensure that vulnerability and eligibility of households with children with disabilities was adequately captured. UNICEF provided the GoDR with a policy guidance note detailing how to work with households with children with disabilities, as well as research on how much additional spending and resources would be required to serve these households with CVA and medical supplies. This was useful because neither the GoDR registries nor targeting schemes had previously taken this into account.

UNICEF offered the GoDR funding for technical support across various “building blocks” of CVA preparedness in SP. UNICEF supported the GoDR through assistance to SIUBEN and ADESS to enable them to update their recipient registries following new eligibility criteria and guidelines. The previously mentioned call center “help desk” provided real-time support to preparedness, monitoring, and SP teams in the GoDR. UNICEF provided legal accompaniment, MEAL support, and capacity-building, financial support to implement the “help desk,” and offered additional technical support including regarding the establishment of contracts and Memoranda of Understanding (MOUs) between the GoDR, humanitarian stakeholders, and Financial Service Providers (FSPs). These technical improvements aligned UNICEF’s programming with the GoDR’s systems, ensuring that transfers were delivered at the standard value and predictable frequency.



## COORDINATING AND FINANCING

Coordination and prior collaboration between ADESS and UNICEF underlie the rapid innovation in program design and delivery systems described above. UNICEF was also able to work with the GoDR’s existing FSP and government bank to transfer funds to recipients. This aligned the program with existing SP programs, by using the same delivery platform and following the same delivery timeline and frequency for transfers as the GoDR’s regular SP programs. This allowed for more streamlined linking of regular and emergency initiatives and minimized confusion among program participants. UNICEF believes they were able to support a timely and effective response because they had a strong, well-established, trust-based relationship with the government.

# CONCLUSIONS

Through IPI, the GoDR and UNICEF have taken important steps toward integrating and preparing to deploy humanitarian CVA in emergencies, and the program presents a persuasive example of shock-responsive SP. The GoDR capitalized on its collaboration with UNICEF to support households both through a vertical “top-up” and expansion of *Supérate* to include more eligible people. Through this collaboration, UNICEF supported the GoDR in updating data collection and management systems, identifying security challenges, creating more nuanced targeting and identification mechanisms, and integrating emergency response programming into existing GoDR CVA transfer and monitoring mechanisms. While IPI experienced challenges, overall, it offers useful learning to GoDR and external stakeholders about how to build on a strong existing SP framework to innovate, promote deeper inclusivity of affected populations, and prepare for future legal, regulatory, and policy reform that will promote stronger emergency preparedness.

# LESSONS LEARNED

## ENABLERS AND BARRIERS

**BARRIERS** to a more efficient implementation of this scale-up of humanitarian CVA for preparedness in *Supérate* and IPI included:

- +** **Political transitions:** The recent 2020 political transition in the GoDR created a need for additional capacity-building and relationship-building for INGO and UN actors due to heavy government turnover and changes to existing SP programs.
- +** **Humanitarian CVA coordination/representation:** A CWG could have provided a more comprehensive view of CVA than the adaptive SP roundtable was able to do, and served as a forum for greater inclusion of stakeholders across the DR. This would be especially true if there were actors who do not participate in the roundtable, but more active in humanitarian disaster risk reduction, preparation, and response. However, there would be an accompanying risk of creating parallel structures, as the roundtable has served this purpose at least in part.
- +** **Low levels of financial literacy in the DR:** Key informants remarked that limited financial literacy (i.e., management of savings, budget, etc.) was a barrier to the effective use of transfers in some cases. While financial literacy is a concern in similar programming throughout the globe, there are good examples in which complementary support and guidance is provided for recipients to overcome this barrier. Efforts to encourage greater evidence- and experience-sharing may also overcome this barrier for recipients in future responses. Key informants also noted that there is a cultural preference for physical cash over digital cash or ATMs; this preference could complicate the use of certain bank or card-based innovations in CVA delivery.
- +** **Hesitancy regarding the use of unrestricted transfers:** In various key informant interviews, respondents expressed concerns that recipients could potentially use cash transfers on “anti-social goods” (e.g., alcohol). Mistrust of recipient consumption preferences contributes to a lack of political will to transition from vouchers to unrestricted cash transfers. This sentiment persists in spite of the wealth of evidence to the contrary throughout the world.<sup>12</sup> Further work is needed to debunk the usual myths that persist about cash transfers and to expand the use of unrestricted and unconditional cash transfers in the DR.
- +** **Concerns regarding small-scale fraud at POS:** There were security concerns about whether small-scale corruption at points of sale presented a challenge to the replacement of prepaid debit cards with PIN numbers and IDs in IPI. One key informant noted that the use of IDs is only “medium secure ... to a point” due to fraud at the point of sale (i.e., scanning one item and buying another, or not scanning items at all) and that activities within RAS are difficult to monitor. It was suggested that the GoDR must continue to try different strategies to avoid fraudulent use of IDs and, where IDs fail, use transfer codes sent to recipients through mobile phones. This adjustment would address GoDR concerns that tellers do not verify IDs at points of sale, that debit cards and cell phones can be lost or stolen, or that hacking of digital systems may occur. Data protection and fraud concerns are a barrier for the GoDR in moving forward with digital data management and unrestricted transfers. There is a need to build trust in the monitoring of systems and security of data at every level of the RAS chain, as well as within the GoDR.
- +** **Undocumented people’s access to the program:** People without the required documentation and stateless people who do not have IDs cannot access government-sponsored SP, giving rise to equity and inclusion problems in programs such as IPI. According to one key informant, only approximately 95 percent of Dominicans are documented, and of those excluded, the majority are Dominicans born to Haitian parents. As a result, up to 500,000 Dominican citizens may be unable to access national SP.

<sup>12</sup> FAO. [Cash Transfers: Myth vs Reality Factsheet](#), 2016.

**ENABLERS** for success in IPI primarily relate to existing trust-based partnerships and a tradition of coordination between key stakeholders and institutions in the DR. Additional enablers include strong data management and identification processes via SIUBEN, and efforts to deepen equity in targeting via assessment tools. These include:

- + The GoDR's eagerness to partner to strengthen humanitarian CVA and SP preparedness:** A strong, pre-existing relationship of trust between the GoDR and UNICEF facilitated this openness. The recent 2020 government transition resulted in a government even more enthusiastic to facilitate the reforms brought about by the integration of CVA within flagship SP programs such as *Supérate*, which has generated political will for policy change.
- + Strong data management and identification processes:** These processes, along with existing efforts to deepen equity in targeting via assessment tools, were clear enablers. The help center infrastructure remains in place, as well as the protocols used to promote and receive calls from the populations, meaning that this pilot can therefore serve as a basis for future interventions.
- + The GoDR's flexible laws and norms for humanitarian CVA deployment:** This flexibility makes it possible for the President of the Republic to immediately deploy additional humanitarian CVA in response to a shock; this can be achieved through measures including the diversion of funds from other SP programs, through to an emergency response decree. The issuance of a decree is less effective than it could be, however, given the fact that a new decree has to be issued each time an emergency occurs. The GoDR is taking steps to remedy this roadblock through the creation of a new *Plan de Emergencias* (Emergency Plan), as discussed below in "Opportunities."
- + Existing agreements with FSPs already in use in the country:** The population was familiar with the delivery mechanism, so it did not require extensive sensitization efforts. Additionally, the pre-existing vendor network was easily activated for connection to the program. These pre-existing systems helped save time and served as valuable sources for preparedness in this crisis. Any organization that is accredited in the DR can use the platform to transfer funds; this is an entry for other organizations—national or international NGOs—that may seek to partner with the GoDR.



# NEXT STEPS

## CHALLENGES AND OPPORTUNITIES

Despite progress made toward horizontally and vertically expanding *Supérate* to include more households via IPI, challenges remain for the efficient collaboration of the GoDR and external actors in their efforts to build future preparedness. **Challenges include:**

- ▶ **Issues in the diversification of delivery mechanisms:** The GoDR has considered the use of QR codes through mobile phones, which could be used with POS machines to redeem vouchers. However, the GoDR is aware that in future emergencies there may not be enough electricity to use this method effectively (e.g., post-hurricane). Additionally, mobile phones are not accessible for all members of the population in the DR, so this method may also exacerbate equity issues for the participants. Mobile phones also create monitoring and data management preparedness challenges, as target populations frequently change phone numbers in the DR or have their phones stolen. These create additional challenges for the provision of an innovative delivery mechanism. The government is also considering using cardless ATMs through PIN codes transmitted through cell phones. There are some concerns regarding the possible effects of cash transfers on markets, but the government is open to the idea, especially if paired with digital monitoring.
- ▶ **The presence of “small-scale corruption” in the RAS:** As one key informant noted, this concern speaks to the lack of robust monitoring on the vendor side by UNICEF and GoDR. This may be in part because the COVID-19 emergency put additional pressure on the RAS network, as there were not sufficient outlets in the network at the start of COVID-19 to meet demand. As a result, the GoDR had to rapidly add new outlets to the network, making it more difficult to monitor and vet them.
- ▶ **Incomplete coverage through limitations of eligibility identification methods:** The GoDR may consider easing the ID requirements in times of emergencies to accept passports, driver’s licenses, or other forms of identification. This could enable more eligible people to be registered at the time of need. Eligible people with these other forms of identification can potentially be linked to other civil registry services, as well. People that fall outside the scope of GoDR SP, such as migrants or stateless people, could be referred to INGOs or UN agencies, which may be mandated to cover their needs with CVA.

Looking to the future, these challenges help inform key stakeholders in the DR how to better integrate humanitarian CVA into SP and emergency preparedness plans. As a result of the IPI, the GoDR, UN, and INGO actors are already taking steps to institutionalize lessons learned. **These opportunities include:**

- ▶ **The GoDR’s leadership in coordination:** The strong role that the GoDR has taken to coordinate the roundtable is an indicator for sustainability. With the GoDR “in the driver’s seat” it helps to build buy-in and institutional memory and bridge the humanitarian–development divide that is seen in many contexts.
- ▶ **Development of an “Emergency Subsidy.”** The GoDR is now working on including a *Bono de Emergencias*—essentially an emergency vertical “top-up”—for people impacted by disasters. This would be operated within *Supérate*. To do so, the GoDR is considering all of the aspects of disasters that could affect the amount of the bono and are trying to remain flexible in its provision of the bono. UNICEF is interested in offering preparedness support to this potential Bono de Emergencias. This may focus on increasing transparency, providing technical and legal support, and ensuring the interoperability of programs, such as *Supérate* and the *Bono de Emergencias* or any other similar transfer, and data management.<sup>13</sup>

13 UNICEF uses the HOPE data management system in the DR.

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-  **Institutionalizing an Emergency Preparedness Plan:** The GoDR is also working with the adaptive SP roundtable to develop an Emergency Plan with the UN. This Plan will create protocols and design funding structures so that the President only has to activate the plan at the onset of a shock. The Plan will include ministries not actively part of the government SP infrastructure, but critical to SP delivery, such as the Ministry of Education, because the DR uses schools as hostels when there is an emergency. The new Plan is in the early stages of development, but preparedness elements are under consideration, including reducing fraud at POS, developing more equitable targeting and identification methods, building digital monitoring, and developing shock-responsive delivery systems that reach recipients in all parts of the DR. While the plan is still in its early stages at the time of writing, the DR's adaptive SP roundtable is serving as a forum to further build capacity to develop the Plan. Including other actors which may not be active in the SP roundtable, such as the Red Cross and local and international NGOs which work at the frontline in emergencies, may also add value to the process.
  -  **Learning and adapting best practices from other LAC countries:** The Emergency Plan will also include further capacity-building, research, and pilot programs to test new cash transfer delivery channels. The GoDR has drawn heavily on experiences of other countries (e.g., Colombia, Honduras) to develop these new ideas, and is also considering the idea of moving from a voucher-based system to unrestricted cash transfers. It will be important to continue to highlight the global evidence on cash transfers: that cash transfers do not create dependency and that recipients by and large do not use them on anti-social goods.<sup>14</sup> Lastly, future program design will draw on the evidence of complementary programming, such as in-kind or service provision, that brings co-benefits across different needs.
  -  **Establishing a countrywide implementation partner for technical support:** The adaptive SP roundtable is considering whether to contract an implementing partner to enter a regional countrywide agreement with the GoDR to be a partner of first choice for certain types of disasters, to enhance program sustainability.
  -  **Building on lessons learned from IPI to continue expanding SP program inclusion:** Moving forward, UNICEF noted that the GoDR made commitments to continue supporting households with children with disabilities now that IPI has ended, though it has not been made concrete. However, as one key informant noted, “weaknesses become opportunities,” and that challenges, such as corruption or equity in targeting, are not reasons to stop working, but rather reasons to work harder. By integrating CVA in SP through IPI and learning the lessons presented by GoDR and UNICEF monitoring and accountability processes, DR has a strong foundation from which to enhance NGO, UN, and GoDR preparedness for SP and CVA in the future. There may be the opportunity for these different actors to meet the humanitarian needs of different crisis-affected populations (e.g., Dominican nationals without IDs, stateless or migrants) alongside the coverage provided by the GoDR.
  -  **Assure inclusiveness of participants of all actors in CVA in the DR:** As a result of collaboration and continued discussions at the adaptive SP roundtable, the GoDR is now also considering new forms and mechanisms of CVA delivery, including moving from vouchers to cash transfers for more flexibility for the recipients. This shift is based largely on the lessons learned from different experiences in the DR and other countries; it may also reduce administrative costs related to follow-up restricted transfers. The shift has been hailed as a positive development by both the GoDR and UN agencies. As one key informant noted, a “good lesson is that an adaptive SP roundtable is helpful. It is very rare that [government] SP agencies sit at the table and talk. They don't have to be happy about it, but it is good that it happens.” The further incorporation or participation by NGOs will also enrich the process.
  -  **Streamlining assessment tools and sharing them widely.** UNICEF headquarters has been building an internal SRSP Assessment Tool that can be shared with governments in the future and will help governments and other humanitarian stakeholders to better assess what is working and what must be anticipated and adjusted for emergency response within SP programs.

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14 UNICEF. Addressing the Myths: Do [social protection programs](#) lead to misuse and dependency. Social Policy Summary, January 2017.

▶ **Supporting regulatory reform.** The GoDR is in discussions about whether to turn the SP cabinet into a Ministry in the upcoming legal reform of the SNPMR and whether to adjust Law 147 on disaster preparedness to include SRSP. These changes have the potential to make SP programs and expansions more sustainable and retain institutional and technical knowledge in the GoDR, even in the face of future government personnel transitions in the DR. According to key informants, organizations like WFP are supporting and advocating for such reform, so that “SP is contemplated as part of disaster response.”

The implementation of IPI in the DR is a study in the power of leveraging existing technical knowledge and government capacities in CVA and SP to innovate and address data, security, and delivery challenges created by unexpected shocks. Though IPI faced challenges, as one UNICEF key informant noted, “weaknesses become opportunities,” and this approach can offer valuable lessons for other countries to overcome the challenges they face. Through their continued collaboration, the GoDR and UNICEF are well on their way to addressing these gaps to make humanitarian CVA in SP programs more sustainable, scalable, effective, and equitable in the face of shocks in the DR.



THIS CASE STUDY IS A COMPANION TO A LARGER REPORT, CASH AND VOUCHER ASSISTANCE WITHIN SOCIAL PROTECTION PREPAREDNESS IN CENTRAL AMERICA, MEXICO, AND THE DOMINICAN REPUBLIC.

FOR MORE DETAILS ON THE RECENT HISTORY OF CVA AND SOCIAL PROTECTION IN THE DOMINICAN REPUBLIC, AND GENERAL MAPPING OF CVA AND SOCIAL PROTECTION IN LATIN AMERICA AND THE CARIBBEAN, PLEASE SEE THE MAIN REPORT.

