


# DOMINICAN REPUBLIC

URGENT ACTION IS REQUIRED FOR 15% OF THE POPULATION ANALYSED IN THE PERIOD OCTOBER 2022 - FEBRUARY 2023

IPC ACUTE FOOD INSECURITY ANALYSIS  
OCTOBER 2022 – JUNE 2023  
Issued in January 2023

CURRENT OCTOBER 2022 - FEBRUARY 2023			
 <b>1.5 Million</b> 15% of the population analysed  People facing high acute food insecurity (IPC Phase 3 or above)  IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe	
	Phase 4	142 thousand People in Emergency	
	Phase 3	1.4 million People in Crisis	
	Phase 2	3.4 million People Stressed	
	Phase 1	5.7 million People in food security	

## Overview

From October 2022 to February 2023, which includes the period of major food shortages and low employment, most of the provinces of Dominican Republic have been classified in Phase 2 (Stressed), with the exception of the provinces of Bahoruco, Elías Piña, La Altagracia, Monte Plata, Pedernales and San Juan, classified in Phase 3 (Crisis). The National District is the only area classified in Phase 1 (Minimal). About 1.5 million people (15% of the population analysed) are in Crisis or Emergency (IPC Phase 3 or above) and therefore urgent action is required. This figure will likely decrease to 1.2 million (11% of the analysed population) in the period March to June 2023.

The economic effects of the COVID-19 pandemic health crisis that affected the economy of the most vulnerable households still persist, and the crisis resulting from the conflict between Russia and Ukraine has affected the global food system, with repercussions on food, fuel and fertiliser prices, which have a direct impact on access to food at the national level.

For the months of March to June 2023, the provinces of Bahoruco, Elías Piña, Monte Plata and Pedernales are expected to remain in Phase 3. The province of La Altagracia for the projected period will likely move from Phase 3 to Phase 2. The rest of the provinces will likely remain in Phase 2 and the National District in Phase 1.

## Key Drivers



### Price increases

The increase in food prices and in particular of basic grains (some of the highest in the last 15 years), amidst a context of rising inflation and the cost of the Basic Food Basket, has affected access to food consumption, mainly for the population that depends on the purchase of food.




### Climatic events

The Dominican Republic has been affected by Hurricane Fiona during the month of September, and the effects of floods have extended into the months of October and November. In this sense, floods have been one of the main impacts in the country, causing landslides in the most vulnerable areas of the territory. Seasonal summer conditions are expected for the period January to March 2023.



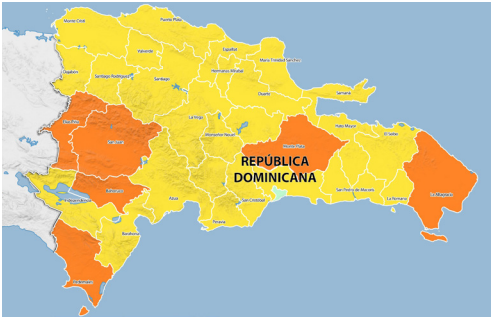
### Economic effects due to COVID-19

In Dominican Republic, despite the reduction of cases compared to 2020 and 2021, the risk of new variants of COVID-19 still persists. Likewise, the economic effects of COVID-19 and other diseases are still relevant for the period analysed, with loss of employment, lower income in the informal sector, tourism, among others.

PROJECTED MARCH - JUNE 2023			
 <b>1.2 Million</b> 11% of the population analysed  People facing high acute food insecurity (IPC Phase 3 or above)  IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe	
	Phase 4	54 thousand People in Emergency	
	Phase 3	1.2 million People in Crisis	
	Phase 2	3.4 million People Stressed	
	Phase 1	6 million People in food security	

The population for 2022 was obtained from the official population estimates and projections of the National Statistics Office (ONE) of Dominican Republic. Update to 2022 (ONE website)

## Current Situation October 2022 - February 2023

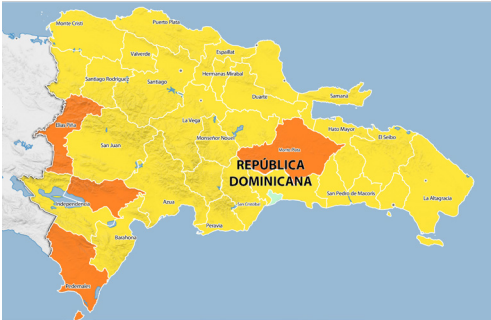


**Key for the Map**  
IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

**Evidence Level**  
\*\* Medium

## Projected Situation March - June 2023

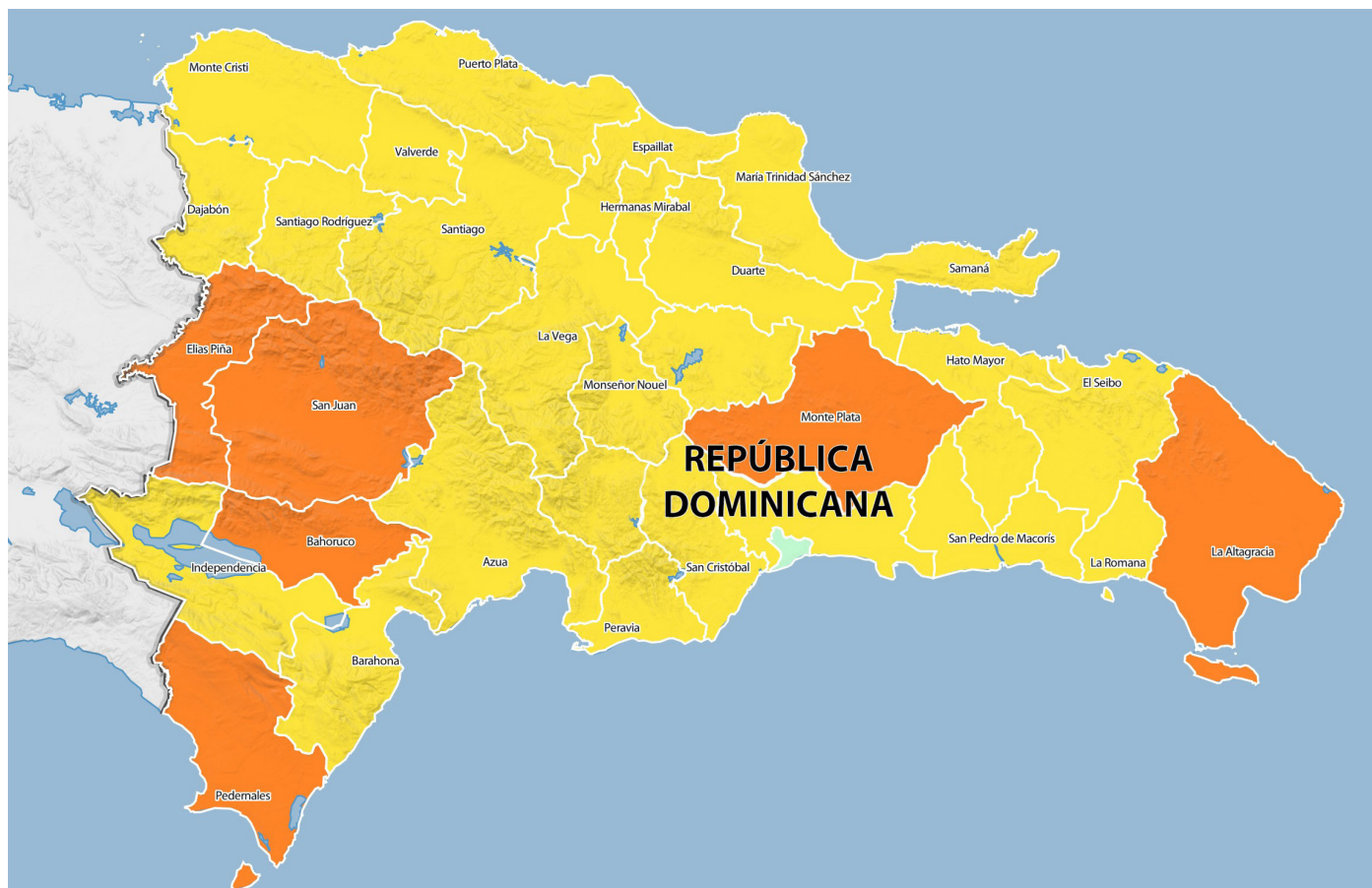


**Key for the Map**  
IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

**Evidence Level**  
\*\* Medium

## CURRENT SITUATION MAP AND POPULATION TABLE (OCTOBER 2022 - FEBRUARY 2023)



### Key for the Map

#### IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

#### Evidence Level

\*\* Medium

#### Provinces:

- Azua
- Bahoruco
- Barahona
- Dajabón
- Distrito Nacional
- Duarte
- Elías Piña
- El Seibo
- Espaillat
- Hato Mayor
- Hermanas Mirabal
- Independencia
- La Altagracia
- La Romana
- La Vega
- María Trinidad Sánchez
- Monseñor Nouel
- Monte Cristi
- Monte Plata
- Pedernales
- Peravia
- Puerto Plata
- Samaná
- Sánchez Ramírez
- San Cristóbal
- San José de Ocoa
- San Juan
- San Pedro de Macorís
- Santiago Rodríguez
- Valverde

#### Evidence Level

\*\*\* High

#### Provinces:

- Santiago
- Santo Domingo



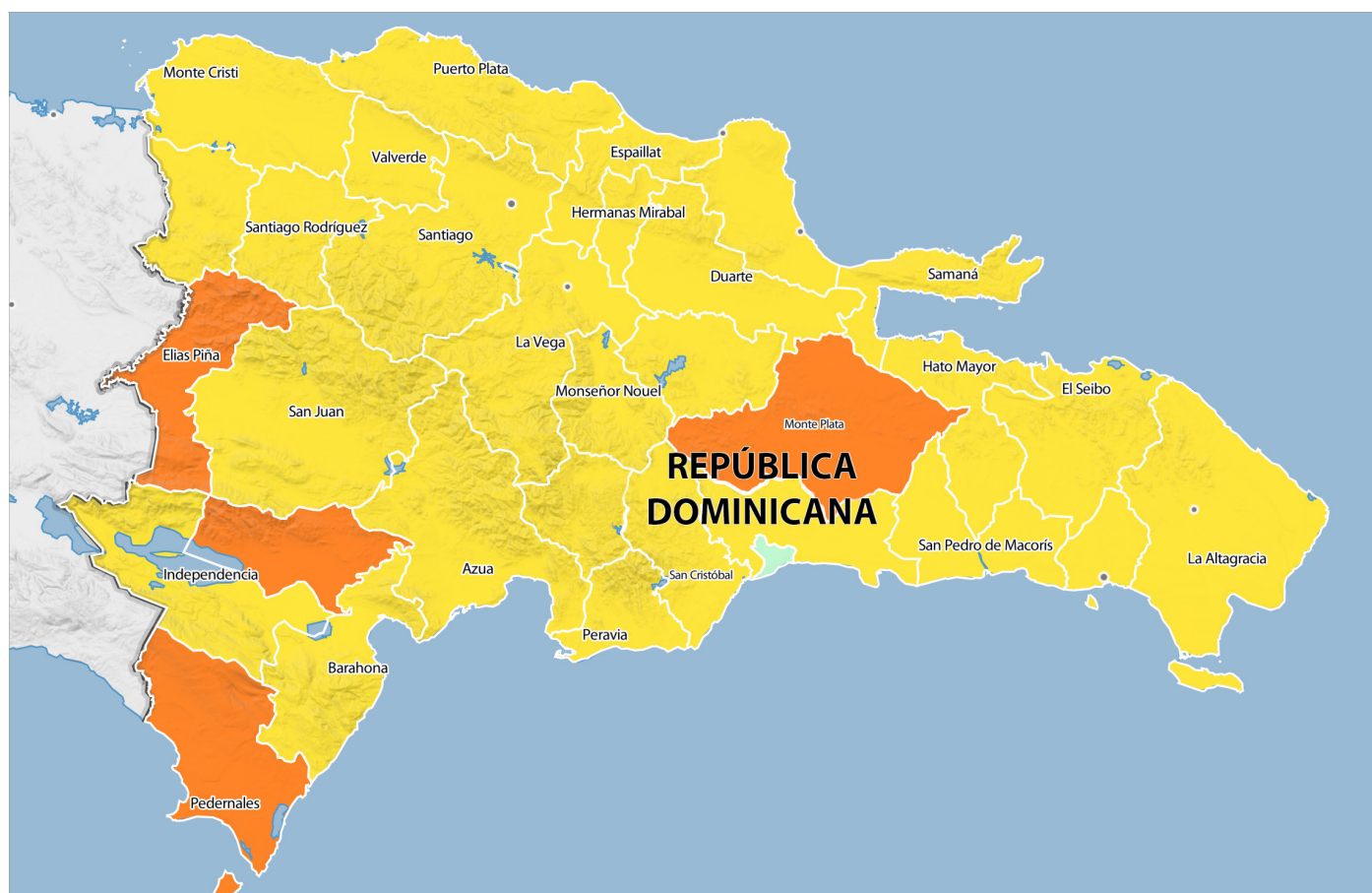
## Population table for the current period: October 2022 - February 2023

Provinces	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area phase	Phase 3 +	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Azua	222,947	144,916	65	51,278	23	26,754	12	0	0	0	0	2	26,754	12
Bahoruco	101,597	30,479	30	45,719	45	23,367	23	2,032	2	0	0	3	25,399	25
Barahona	189,012	71,825	38	85,055	45	32,132	17	0	0	0	0	2	32,132	17
Dajabón	66,883	26,753	40	30,097	45	10,032	15	0	0	0	0	2	10,032	15
Distrito Nacional	1,055,879	855,262	81	137,264	13	52,794	5	10,559	1	0	0	1	63,353	6
Duarte	300,241	150,121	50	105,084	35	42,034	14	3,002	1	0	0	2	45,036	15
Elias Piña	63,196	22,119	35	27,174	43	13,271	21	632	1	0	0	3	13,903	22
El Seibo	94,587	37,835	40	42,564	45	14,188	15	0	0	0	0	2	14,188	15
Espailat	241,001	115,680	48	84,350	35	36,150	15	4,820	2	0	0	2	40,970	17
Hato Mayor	85,730	34,292	40	42,865	50	8,573	10	0	0	0	0	2	8,573	10
Hermanas Mirabal	91,939	55,163	60	27,582	30	8,275	9	919	1	0	0	2	9,194	10
Independencia	59,472	28,547	48	20,815	35	9,516	16	595	1	0	0	2	10,111	17
La Altagracia	368,324	165,746	45	125,230	34	73,665	20	3,683	1	0	0	3	77,348	21
La Romana	277,175	110,870	40	133,044	48	33,261	12	0	0	0	0	2	33,261	12
La Vega	413,623	227,493	55	124,087	30	57,907	14	4,136	1	0	0	2	62,043	15
María Trinidad Sánchez	140,803	73,218	52	47,873	34	19,712	14	0	0	0	0	2	19,712	14
Monseñor Nouel	175,632	110,648	63	47,421	27	15,807	9	1,756	1	0	0	2	17,563	10
Monte Cristi	118,240	47,296	40	53,208	45	17,736	15	0	0	0	0	2	17,736	15
Monte Plata	191,845	38,369	20	82,493	43	67,146	35	3,837	2	0	0	3	70,983	37
Pedernales	35,557	8,889	25	17,779	50	8,178	23	711	2	0	0	3	8,889	25
Peravia	199,553	59,866	30	119,732	60	19,955	10	0	0	0	0	2	19,955	10
Puerto Plata	334,639	167,320	50	103,738	31	56,889	17	6,693	2	0	0	2	63,582	19
Samaná	113,909	51,259	45	44,425	39	17,086	15	1,139	1	0	0	2	18,225	16
Sánchez Ramírez	151,791	91,075	60	45,537	30	13,661	9	1,518	1	0	0	2	15,179	10
San Cristóbal	649,724	181,923	28	389,834	60	64,972	10	12,994	2	0	0	2	77,966	12
San José de Ocoa	53,249	21,300	40	25,560	48	6,390	12	0	0	0	0	2	6,390	12
San Juan	218,778	76,572	35	96,262	44	43,756	20	2,188	1	0	0	3	45,944	21
San Pedro de Macorís	307,027	147,373	48	128,951	42	30,703	10	0	0	0	0	2	30,703	10
Santiago	1,058,937	476,522	45	391,807	37	169,430	16	21,179	2	0	0	2	190,609	18
Santiago Rodríguez	57,143	22,857	40	25,714	45	8,571	15	0	0	0	0	2	8,571	15
Santo Domingo	3,004,509	1,922,886	64	630,947	21	390,586	13	60,090	2	0	0	2	450,676	15
Valverde	178,996	89,498	50	71,598	40	17,900	10	0	0	0	0	2	17,900	10
<b>Grand Total</b>	<b>10,621,938</b>	<b>5,663,972</b>	<b>53</b>	<b>3,405,087</b>	<b>32</b>	<b>1,410,397</b>	<b>14</b>	<b>142,483</b>	<b>1</b>	<b>0</b>	<b>0</b>		<b>1,552,880</b>	<b>15</b>

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.



## PROJECTED SITUATION MAP AND POPULATION TABLE (MARCH - JUNE 2023)



### Key for the Map

#### IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity  
affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

#### Evidence Level

\*\* Medium





## Population table for the projection period: March - June 2023

Departments	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3 +	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Azua	222,947	156,063	70	49,048	22	17,836	8	0	0	0	0	2	17,836	8
Bahoruco	101,597	30,479	30	48,767	48	20,319	20	2,032	2	0	0	3	22,351	22
Barahona	189,012	71,825	38	88,836	47	28,352	15	0	0	0	0	2	28,352	15
Dajabón	66,883	31,435	47	29,429	44	6,019	9	0	0	0	0	2	6,019	9
Distrito Nacional	1,055,879	855,262	81	158,382	15	42,235	4	0	0	0	0	1	42,235	4
Duarte	300,241	162,130	54	102,082	34	36,029	12	0	0	0	0	2	36,029	12
Elias Piña	63,196	20,223	32	26,542	42	15,167	24	1,264	2	0	0	3	16,431	26
El Seibo	94,587	47,294	50	37,835	40	9,459	10	0	0	0	0	2	9,459	10
Españolat	241,001	118,090	49	81,940	34	40,970	17	0	0	0	0	2	40,970	17
Hato Mayor	85,730	38,579	45	40,293	47	6,858	8	0	0	0	0	2	6,858	8
Hermanas Mirabal	91,939	58,841	64	25,743	28	7,355	8	0	0	0	0	2	7,355	8
Independencia	59,472	29,736	50	20,220	34	8,921	15	595	1	0	0	2	9,516	16
La Altagracia	368,324	184,162	50	147,330	40	36,832	10	0	0	0	0	2	36,832	10
La Romana	277,175	138,588	50	110,870	40	27,718	10	0	0	0	0	2	27,718	10
La Vega	413,623	248,174	60	115,814	28	49,635	12	0	0	0	0	2	49,635	12
María Trinidad Sánchez	140,803	78,850	56	45,057	32	16,896	12	0	0	0	0	2	16,896	12
Monseñor Nouel	175,632	122,942	70	42,152	24	10,538	6	0	0	0	0	2	10,538	6
Monte Cristi	118,240	53,208	45	50,843	43	14,189	12	0	0	0	0	2	14,189	12
Monte Plata	191,845	44,124	23	86,330	45	59,472	31	1,918	1	0	0	3	61,390	32
Pedernales	35,557	10,667	30	17,067	48	7,111	20	711	2	0	0	3	7,822	22
Peravia	199,553	63,857	32	119,732	60	15,964	8	0	0	0	0	2	15,964	8
Puerto Plata	334,639	170,666	51	110,431	33	53,542	16	0	0	0	0	2	53,542	16
Samaná	113,909	53,537	47	45,564	40	14,808	13	0	0	0	0	2	14,808	13
Sánchez Ramírez	151,791	97,146	64	42,501	28	12,143	8	0	0	0	0	2	12,143	8
San Cristóbal	649,724	181,923	28	389,834	60	71,470	11	6,497	1	0	0	2	77,967	12
San José de Ocoa	53,249	25,560	48	22,365	42	5,325	10	0	0	0	0	2	5,325	10
San Juan	218,778	78,760	36	100,638	46	39,380	18	0	0	0	0	2	39,380	18
San Pedro de Macorís	307,027	144,303	47	138,162	45	24,562	8	0	0	0	0	2	24,562	8
Santiago	1,058,937	487,111	46	391,807	37	169,430	16	10,589	1	0	0	2	180,019	17
Santiago Rodríguez	57,143	26,857	47	24,000	42	6,286	11	0	0	0	0	2	6,286	11
Santo Domingo	3,004,509	2,103,156	70	600,902	20	270,406	9	30,045	1	0	0	2	300,451	10
Valverde	178,996	98,448	55	66,229	37	14,320	8	0	0	0	0	2	14,320	8
<b>Grand Total</b>	<b>10,621,938</b>	<b>6,031,996</b>	<b>57</b>	<b>3,376,745</b>	<b>32</b>	<b>1,159,547</b>	<b>10</b>	<b>53,651</b>	<b>1</b>	<b>0</b>	<b>0</b>		<b>1,213,198</b>	<b>11</b>

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

## RECOMMENDATIONS FOR ACTION

### Response Priorities

1. Urgent humanitarian food assistance actions are required for people in acute food insecurity Crisis or Emergency conditions.
2. In coordination with the different state institutions, identify, at the level of provinces, municipalities, districts, urban areas and rural sections, those areas that have a higher proportion of households that have exhausted their reserves and are employing Crisis or Emergency strategies, in order to promote response priorities aimed at protecting livelihoods and reducing food consumption gaps in households in Phases 3 or 4.
3. Maintain targeted social protection programmes for populations with vulnerable livelihoods: informal trade, day labour with irregular wages, urban and rural communities with higher poverty rates, households with persons with disabilities, among others, taking advantage of the information that will be available with the Population and Housing Census prepared by the NSO.
4. Promote immediate response plans for social protection for populations in Emergency (Phase 4), and households with children with acute malnutrition, to reduce gaps in food consumption and save lives.
5. Maintain fuel pricing and other food subsidies, and continue with economic relief measures as a universal social protection measure, that will continue to contribute to the protection of Dominican households in the face of global economic inflation.
6. Continue with national actions that guarantee comprehensive care and health coverage for early childhood, prioritising vulnerable areas with populations identified in Phase 4.
7. Promote strategies to address Food and Nutrition Security (FNS), prioritizing households led by women, aimed at strengthening resilience, reducing risks and protecting the livelihoods of the population in Stressed, Crisis or Emergency acute food insecurity situations (Phases 2, 3 or 4).

### Situation Monitoring and Update

- Present the report to the competent authorities linked to Food and Nutrition Sovereignty and Security, in order to contribute to the response to the food insecurity situation identified in the different provinces.
- Monitor the behaviour of COVID-19 with the appearance of new variants and continue with vaccination. It is also important to monitor other diseases such as Acute Respiratory Infection, dengue and cholera (present in Haiti and to prevent its spread in the Dominican provinces).
- Continue with economic and fuel subsidy programmes so that the trend of rising food prices and the basic food basket does not limit household access. Likewise, follow up on decrees and other measures implemented by the government to counteract the impact of regional and international effects on the economy.
- Update the projected period through spaces that facilitate the exchange and review of information among participating analysts, as well as a plan that includes periodic training and updating meetings for the group of analysts.
- Continue with the collection and updating of outcome indicators on food consumption, changes in livelihoods, as well as nutritional status and mortality, in order to ensure that the responsible authorities always have up-to-date data.
- For livelihood change information, it is desirable that a minimum of six coping strategies that manifest different levels of severity, as well as further evidence of food consumption, be included in the collection of new evidence.
- In case of new analyses or updated projections, manage new information on humanitarian food assistance and corroborate whether this assistance would be in line with the IPC protocol in terms of coverage of beneficiary households by provinces and percentage of calorie requirements.

### Risk Factors to Monitor

- For the projected situation, a neutral El Niño phenomenon is expected and agricultural production is not expected to be affected by floods and/or disasters. However, it is recommended to continue monitoring rainfall and weather conditions.
- It is recommended to monitor the production of basic grains, coffee and other cash crops that will determine income, employment and labour demand according to the economic characteristics, seasonal calendar and livelihoods of the provinces.
- Possible emergence of cholera cases imported from Haiti and increased demand for basic services.

## PROCESS AND METHODOLOGY

The analysis workshop was held from 7 to 11 November 2022 in face-to-face mode and with the support of virtual facilitators. The participating institutions were convened by the Technical Secretariat for Food and Nutrition Sovereignty and Security (SETESSAN). The areas for analysis were defined as including the 31 provinces of the country and the National District. During the workshop, participants were divided into 7 working groups (4 groups with 5 provinces and 3 groups with 4 provinces). The analysis was facilitated by 2 on-site facilitators and 5 virtual facilitators to support the groups. The groups were made up of analysts with professional training and experience linked to FNS with knowledge of the area of analysis. The analysts were previously trained in the ICF approach and the use of the ISS digital platform. 26 analysts from 12 governmental institutions, United Nations agencies, the University of Santo Domingo, as well as global IPC partners present in Dominican Republic participated.

Each group reviewed the evidence and developed the classification of the areas of analysis, both for the current situation and a projection. In addition, plenary sessions were held at key steps to provide feedback and guidance to the process, and to seek consensus of the entire analysis team.

### Sources

Among the main sources used for the analysis are the EFSA survey of the World Food Programme (WFP), population projections for 2022 and 2023 from the NSO, documents and epidemiological bulletins from the Ministry of Public Health and Social Assistance (MSPAS), economics statistics from the Central Bank of the Dominican Republic. Integrated Context Analysis - May 2017 (PMA), and Livelihood Zoning and Seasonal Calendars - August 2017 (MEPYD). Economic and Social Monitoring SISDOM 2020-2021. Sociodemographic Statistics Yearbook 2021 (NSO), ENHOGAR-MICS 2019 (NSO and UNICEF). National Household Expenditure and Income Survey ENGIH-RD, 2018. Monetary Poverty Bulletin, Poverty Measurement Committee, 2021. Resilience Analysis of Dominican Republic, 2018 and Food Price Monitoring Bulletin, PROGRESAN-SICA II analysis as of August 2022. Land Observatory (FAO). WFP VAM DATAVIZ (<https://dataviz.vam.wfp.org>). The evidence used contributed to define the level of evidence of the analysis as Medium (\*\*) for the current and projected situation.

### Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; <b>or</b> • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; <b>or</b> • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident.  For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

### What is the IPC and IPC Acute Food Insecurity?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

### Contact for further Information

Gabriela Dotel

Coordination of SINASSAN bodies

Email: [gabrieladotel@presidencia.gob.do](mailto:gabrieladotel@presidencia.gob.do)

IPC Global Support Unit

[www.ipcinfo.org](http://www.ipcinfo.org)

PROGRESAN-SICA II

[www.sica.int/san](http://www.sica.int/san)

This analysis has been developed under the coordination of the Technical Secretariat for Food Sovereignty and Security (SETESSAN) of Dominican Republic. It has been possible thanks to the technical and financial support of the Global Support Unit - IPC GSU, and the Programme of Information Systems for Resilience in Food and Nutrition Security in the SICA Region, second phase (PROGRESAN-SICA II).

Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

### IPC Analysis Partners:



GOBIERNO DE LA  
REPÚBLICA DOMINICANA  
AGRICULTURA

CODOPESCA  
CONSEJO DOMINICANO DE PESCA Y ACUICULTURA  
1971-2014

GOBIERNO DE LA  
REPÚBLICA DOMINICANA  
MINISTERIO DE EDUCACIÓN  
INSTITUTO NACIONAL DE BIENESTAR ESTUDIANTIL  
INABE

Organización de las Naciones  
Unidas para la Alimentación  
y la Agricultura

inaipi  
INSTITUTO NACIONAL PARA LA ALIMENTACIÓN Y  
SEGURIDAD ALIMENTARIA Y NUTRICIONAL  
¡Juntos sí y sí sola nunca fue mejor!

one  
Oficina Nacional de estadística

OTOA

WFP  
Programa  
Mundial de  
Alimentos

PROGRESAN-SICA  
Programa de Sistemas de Información para la Resiliencia en  
Seguridad Alimentaria y Nutricional de la Región del SICA

GOBIERNO DE LA  
REPÚBLICA DOMINICANA  
TRABAJO

GOBIERNO DE LA  
REPÚBLICA DOMINICANA  
SALUD PÚBLICA

SINASSAN  
SISTEMA NACIONAL PARA LA ALIMENTACIÓN Y  
SEGURIDAD ALIMENTARIA Y NUTRICIONAL

