Evaluation of the Pilot MEND and RISE Cash Transfer Programmes in St. Kitts and Nevis

UNICEF Office for the Eastern Caribbean Area

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Final Evaluation Report

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EVALUATION OF THE PILOT MEND AND RISE CASH TRANSFER PROGRAMMES IN ST. KITTS AND NEVIS

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This evaluation was conducted by Plan Evaluation.

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"I learned I'm a strong woman and that I need to keep pushing myself."

Head of beneficiary household, 33, single mother of five

"It's because of the programme that I got to where I am right now, because I used to live in a rented house. They gave me motivation to get my own, so it's a good thing. They push you to get a job, and get your own house and feel like you can do it. They open your mind so that you want to go out and get things done. Right now, I am looking to own my own business."

Head of beneficiary household, 41, mother of eight

Contents

List of Figures

List of Photos

List of Tables

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Acronyms and abbreviations

CBA	Cost-Benefit Analysis
ECA	Eastern Caribbean Area
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index
M&E	Monitoring and Evaluation
MCDGASS	Ministry of Community Development, Gender Affairs and Social Services
MEND	Mould, Empower, Nurture, Direct
NSPS	National Social Protection Strategy
OECD/DAC	Organisation for Economic Cooperation and Development/ Development Assistance Committee
OECS	Organisation of Eastern Caribbean States
PTA	Parent-Teacher Association
RISE	Restore, Inspire, Secure, Empower
SDGs	Sustainable Development Goals
SKN	St. Kitts and Nevis
SROI	Social Return on Investment
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

Executive Summary

Background

St. Kitts and Nevis (SKN) is a twin-island Federation in the Eastern Caribbean. It has a total population of 47,195, with 34,948 in St. Kitts and 12,277 in Nevis.[1] The country ranked 77 among 188 countries and territories in the 2015 Human Development Report.[2] Gross national income (GNI) per capita of US$14,490 classifies the country as a high-income economy according to the World Bank methodology. Real gross domestic product (GDP) growth was largely negative between 2009 and 2012, but it significantly increased from 2013 onwards to be regarded as one of the strongest in the region.

Although SKN is considered one of the most prosperous countries in the Eastern Caribbean, poverty has been a major concern since even before the 2008 financial crisis. It mainly affects at-risk social groups, particularly single mothers and children. Not only are many of the indigent and poor households headed by single mothers but also children comprise nearly 51.6 per cent of the poor population.[3]

As part of the National Poverty Reduction Strategy, the Government launched two pilot cash transfer programmes to assist indigent and poor families. MEND (Mould, Empower, Nurture, Direct) was implemented from September 2013 in St. Kitts, and RISE (Restore, Inspire, Secure, Empower) started in September 2014 in Nevis. The programmes aimed to help families become more resilient and break the cycle of poverty by investing in human capital development and connecting them to a wide range of social services.

Initial prioritization criteria established the targeting of children, the elderly, people with disabilities and pregnant women and involved 21 households (approx. 104 individuals) under the MEND pilot in St. Kitts (concluded in April 2016) and 7 households under RISE in Nevis (concluded in September 2016). However, there was no formal method for selecting households where a proxy means test was established and a ranking of priorities was developed. In fact, beneficiary families were chose on a 'first come, first served' basis. The initial group was small because both MEND and RISE were pilot programmes under the then recently developed National Social Protection Strategy (NSPS).

Evaluation scope and methodology

This evaluation looked at both the implementation process and the results achieved with the aim of providing the Ministry of Community Development, Gender Affairs and Social Services (MCDGASS) and the United Nations Children's Fund (UNICEF) with the necessary information for scaling up the MEND/RISE programmes. It investigated the programmes in the dimensions of relevance, efficiency, effectiveness, impact and sustainability.

The utilization-focused approach was used, and human rights and gender equality dimensions were incorporated throughout the evaluation process. A combination of both quantitative and qualitative methods was adopted. The evaluation involved a survey with beneficiary families, a cost-benefit analysis (CBA) to address the viability of a scale-up of the programmes and semi-structured interviews and focus groups with officers and beneficiary women, children and youth to assess results achieved and collect lessons learned from implementation.

Gender equality

In both MEND and RISE, women played a central role as cash transfer recipients and as focal points of programme activities. The programmes remained mindful of power dynamics within the home, providing counselling and opportunities that empowered mothers in all aspects of their lives.

1 Department of Statistics 2012.
2 UNDP 2016.
3 OECS Commission and UNICEF 2017.

Findings

Relevance

Both programmes effectively promoted a multidimensional approach to poverty reduction that maximized the complementarity of their pillars: identification, family dynamics, health and wellness, education, housing, employment and income, and family safety. The cash transfer was complemented by a number of services: psychosocial support, health assistance, counselling at school, assistance on accessing housing policies, and courses related to employment and disaster preparedness.

The programmes were seen as relevant and timely at their inception. Today, this perception is mixed. On the one hand, there is a sense among upper management that target groups should either receive simple, unconditional cash transfers or benefit from other existing services. On the other hand, there is broad consensus from the beneficiaries' side about the programmes' relevance and a view that they should continue. However, the programmes fell short of serving their potential target population, considering they were pilots and benefited only 28 families.

With respect to the well-being of children, the programmes are clearly relevant. For youth and children interviewed, there is a positive evaluation of the retreats organized; and, in Nevis, a favourable impression of counselling services offered to RISE school children.

Effectiveness

A strong feature of both programmes as reported by the beneficiaries was psychosocial support. It helped to identify families' individual needs, refer them to the public services available and give them some degree of comfort in moments of increased stress.

Families learned basics of financial management and savings for the long term. Whereas RISE explicitly encouraged families to save, MEND placed greater emphasis on budgeting and rational spending.

A total of 19 out of 20 families interviewed reported that because of participation in the programme, they felt more confident to maintain a peaceful family environment in which everyone could work together. Most interviewees also agreed that, because of their participation, they felt better able to incorporate healthy habits and practices into their family routines.

There was not a significant impact identified in terms of employment of beneficiaries via the programme, although there are more heads of household employed now than in the beginning. This may have been due to less than ideal collaboration between the MCDGASS and Ministry of Labour as job training did not specifically target MEND and RISE beneficiaries; however, employment was one of the pillars of the programmes and positions were offered to all heads of household who wanted to work. There was a mandatory job search, if unemployed, for those receiving assistance.

Housing was also an important part of the programmes in terms of demands from beneficiaries. The poorest clients were prioritized in accessing government-subsidized housing and indeed received this benefit, with timely mortgage payments made viable by the financial education they received.

In terms of educational goals, RISE stands out for having created synergies between the education and social protection teams that resulted in greater parental involvement and school retention.

Some families had trouble complying with co-responsibilities. Among these, those with chronic vulnerabilities such as mental disability and addiction stand out. Caseworkers report that such families require specialized counselling in addition to the standard orientation activities prescribed in the programme manuals.

Efficiency

Even though both programmes were well targeted, the selection of families did not follow a systematic protocol due to absence at the time of a complete household registry. For a scale-up, the application of proxy means testing based on household registry data would be in order, in particular because implementation costs have already been absorbed by its integration into the National Household Registry.

Timeliness of cash transfers is a point of concern. Whereas payments were made regularly, the exact days of the month varied. Some families reported not knowing when or whether the funds would be credited, and others mention being embarrassed at checkout when their purchases were denied. Predictability of income is a fundamental feature of a household budget, and it should be assured by a more structured disbursement scheme on the part of the programmes

A critical issue for both programmes has been staffing, management structure and clarity in terms of procedures and protocols, reporting and workflow. Programme manuals were not detailed enough and training sessions were shorter than would have been desirable, by all accounts. No additional staff were hired specifically for MEND/RISE.

While deploying the existing management structure and personnel allowed for the rapid integration of extant social services into the programmes without accruing major costs, human resources were under-equipped and over-stretched in both programmes. Investments in institutional strengthening, including training and documentation, are critical if they are to be scaled up.

Although practices could have been enhanced by each other's experiences, there was a lack of synergy between the St. Kitts and Nevis administrations. The programmes could also enhance their efficiency by promoting high-level dialogue among different ministries and defining protocols for local civil servants. As these were not in place, there was much negotiation and several individual agreements instead of systemic arrangements.

Communication is also an area with much potential for improvement. Families often did not know whom to refer to for social services, and social workers did not always have the information to provide to the families.

Impact

For every $1,000[4] dollars invested, $720–$740 were saved by the economic benefits afforded to participant families. That is to say, the real financial 'cost' of the programmes is the remaining $260–$280. If it were a financial investment, it would have a negative yield. But a payback of 72 to 74 per cent is quite remarkable considering that social programmes are not designed to produce positive financial returns.

Sustainability

The evaluation of MEND and RISE brought evidence of sustainable results of the programmes for the families in terms of changes in family dynamics, budget management, self-esteem, housing conditions, school performance and healthy habits. However, it also showed that little structure was created to help sustain the programmes over time.

While the buy-in from the beneficiaries was significant, the buy-in from the service providers was mixed. There was high-level engagement of other ministries in the beginning of the process, but it did not follow through.

With their multidimensional approach and proven ability to engage families, MEND and RISE could help innovate social policy. For that to happen, however, the Government would need to strengthen and streamline its overall approach to social protection and ensure greater coordination within the social sector.

4 Eastern Caribbean Dollars

Conclusions

- Families were noticeably empowered as a result of participation in MEND and RISE, where individual initiative and active collaboration were encouraged. Positive changes of behaviour identified in the survey for the majority of families in all pillars attest to the lasting impact of this empowerment strategy.
- A strong feature of both programmes was the psychosocial assistance provided to the families, which helped identify their individual needs and tailor the assistance, a feature not often present in larger programmes. Thus scaling up may create a cost challenge considering the low ratio of caseworkers to families required for this kind of assistance.
- The retreats/workshops helped to increase the self-esteem of the families, gave guidance on how to improve parenting, budgeting, schooling, health and housing, and introduced a motivational factor that fostered behaviour change. The additional counselling provided to RISE children in Nevis schools also brought a positive impact in terms of self-confidence.
- In terms of impacts on financial stability, budget preparation for the household was a widely praised practice. Most families not only created a budget during the programmes but also continued to use this after it ended.
- Most households interviewed reported that because of participation in the programme, they felt they were better able to incorporate healthy habits/practices within the home. Uptake of healthy habits has been high by means of visits to health services and nutritional awareness. The beneficiaries also had access to local produce and harvested from a garden in their backyards. This was a major programme success, particularly in St. Kitts.
- In terms of education, there were distinct differences between the RISE and MEND programmes, where in RISE there was a closer collaboration between social services and education. Both programmes could benefit from improving collaboration and fostering learning in different dimensions of their work.
- Within the employment pillar, there was limited impact attributed to the programme. This may have been because trainings did not specifically target the high-vulnerability profile of MEND and RISE beneficiaries.
- The more vulnerable families received housing assistance and the less vulnerable who paid rent or a mortgage benefited from systematic savings resulting from financial education. Attention should be paid to possible conflicts with eligible families outside the programmes if MEND/RISE clients are prioritized, and formal eligibility criteria are advised.
- Careful casework resulted in identifying older children who were able to assist in budget planning, household chores and school attendance, especially in families with illiterate parents. Care should be taken not to overload children and young people with such tasks, especially if these detract from their leisure and study time.
- In the MEND case, the executive team as well as the beneficiary families felt the need for a programme completion ceremony to highlight the gains made by families and give a sense of closure.
- The programmes gave monetary assistance to the families through debit cards, which proved very effective in reducing stigma and facilitating the use of funds.

Some of the beneficiary households reported that co-responsibilities were difficult to comply with and tasks were time consuming. Nonetheless, families were largely engaged with the tasks proposed.

Recommendations

Area	Target	Priority	Recommendation	Rationale
Policy	Government and UNICEF	1	Update the National Social Protection Strategy (NSPS) with the involvement of civil society and think tanks in the country, strengthen and streamline coordination of social protection programmes and consider establishing a social protection floor.	The 'policy arena' of social protection in the country would benefit from involving other actors, fostering knowledge and raising awareness to help with policy consistency over time. Inter-ministerial coordination is also a must considering the diversity of programmes and ministries involved.
Implementation	Government	1	Establish protocols and more systematic management procedures with information systems to help with gains in efficiency.	Families often did not know who to refer to for social services, and social workers did not always have the information to provide to the families. If the programmes are to scale up, investments in the management structure will be needed.
Implementation	Government	1	Design a monitoring and evaluation (M&E) system for scale up.	There was no M&E system in place for the management of the programme, with clear goals, indicators, data systems and protocols. This will be necessary as the programmes scale up so that bottlenecks are identified and results assessed.
Implementation	Government	2	Promote high-level dialogue and coordination within and among different ministries engaged in delivering social protection programmes as well as with Health and Education and strengthen inter-sectoral coordination.	Inter-sectoral coordination in social protection was less than adequate despite MEND/RISE pilots being opportunities for improving it. There was much negotiation and several individual agreements instead of systemic arrangements. The programmes envisioned partnerships with the various departments and ministries of the pillars involved, and the governance structure of the programmes had an inter-ministerial committee that met only twice at the beginning of the pilots. There was high-level engagement initially, but it did not follow through. There should also be stronger integration with the gender department to ensure an equity focus from a gender standpoint.
Design	Government	1	Provide counselling and special support for children and youth in schools from beneficiary households across the country in the framework of the programme.	There is demand from parents in the programmes for further assistance to be provided to children and youth who are at risk of being involved in crime and drug addiction. The successful experience in Nevis of providing counselling to children could be learnt from.

Area	Target	Priority	Recommendation	Rationale
Design	Government	2	Differentiate benefits according to the vulnerability of the household (single women, number of children, etc.) in an integrated strategy of social protection, where various programmes address different target groups and offer benefits according to their specific needs.	Beneficiary households are not a homogenous group. They have distinct levels of vulnerability. The differentiation of benefits within an integrated strategy involving the various ministries and agencies would have the potential of increasing impact. NOTE OF CAUTION: Increasing design complexity places more pressure on implementation.
Design	Government	1	Design an exit strategy so that families that graduate from the programmes can have a sustainable route out of poverty.	Since the programmes aim to reduce or eliminate intergenerational poverty, a prognostic analysis is necessary. Graduating families' cases should be critically assessed after the programme's end to determine the likelihood of their lapsing into poverty. Referrals to existing social protection services should be made, if applicable.
Coordination	Government	1	Enhance coordination between programme administrations on both islands.	There was a lack of synergy between the St. Kitts' and Nevis' administrations, and practices could have been enhanced by more frequent information sharing.
Design	Government	1	Use the proxy means testing built into the National Household Registry for identifying potential beneficiaries for both MEND/RISE scale up and targeting social protections services.	The selection of families did not follow a clear protocol of signing up for the programme, inserting the data in a system and creating a scale of prioritization for the families according to their needs. It will be difficult to manage the programmes and to prevent mistakes in targeting if they are scaled up.
Implementation	Government	1	Invest in caseworker capacity-building and quality service delivery.	Even though some training was provided to social workers, increased scale and complexity will require further preparation of caseworkers, considering the level of vulnerability of the beneficiaries.
Design	Government	2	Reinforce linkages of the programmes with housing policies.	Housing was a priority for beneficiaries and had a high impact on the quality of life and self-esteem of the families.
Implementation	Government	2	Implement partnerships with communities/ organizations to provide extra-curricular programmes to assist beneficiary families.	The programmes should be able to identify other services, beyond governmental services, and refer the families to them. The programmes also need to be developed with formal partnerships in place.
Implementation	Government	2	Communicate better with families about co-responsibilities and about the calendar of cash disbursement and amounts made available.	Families were not aware of the disbursement calendar, which led to embarrassment among beneficiary families when using the debit card and unused cash at the end of the programmes. The overall management of the programmes need to be improved if scale-up is considered

1. Country Context

Located in the Caribbean Sea, St. Kitts and Nevis (SKN) won independence from the United Kingdom in 1983 but remained in the Commonwealth. Nevis has a semi-autonomous government and parallel administrative structures to St. Kitts.

Figure 1. Map of St. Kitts and Nevis

Source: Ezilon.com

The 2011 Census estimated the population of SKN at 47,195.[5] The United Nations projects a population of 52,715 in 2017, with 32 per cent of the residents living in urban areas.[6] St. Kitts is the more populous, with approximately two thirds of the population.[7] The islands had an average population growth rate of 1.08 per cent between 2010 and 2015.[8] Most residents on both islands live in small coastal towns.

Another important aspect about the islands' demographics is that women slightly outnumber men: by 1.4 per cent in St. Kitts and 2 per cent in Nevis, with a total of 96.95 men to every 100 women.[9] Women also have a key role as heads of household, with a total of 42.6 per cent of the 30,637 households enumerated on the islands being headed by women in 2011.[10]

The population is composed of people of African (94.9 per cent), British, Portuguese and Lebanese descent.[11] Very few descendants of the indigenous Kalinago people remain, only 0.003 per cent.[12] The

5 Department of Statistics 2012.
6 UN DESA 2014.
7 UNICEF Office for the Eastern Caribbean Area 2017.
8 UN DESA 2017.
9 UNICEF Office for the Eastern Caribbean Area 2017.
10 Ibid.
11 Ibid.
12 Ibid.

major religion is Christianity, constituted of Anglicans, Protestants and Catholics, composing in total 82.4 per cent.[13] The main spoken language is English.

According to the 2016 Human Development Report, SKN is ranked 74th in the UN's Human Development Index (HDI) among 188 countries and territories.[14] Between 2010 and 2015, the country's HDI value increased from 0.741 to 0.756, showing progress in each of the HDI indicators. Life expectancy at birth is 74 years and the 2014 GNI per capita was $14,490. In the educational area, the expected years of schooling is 13.7, net enrolment in primary schools was 79 per cent in 2014 and the literacy rate in people over 15 is 97 per cent.

1.1 The Economy

The country's economy has also seen much progress in the past decade. The islands are highly dependent on tourism, which has replaced sugar production as the economic mainstay since the 1970s. After 2005, the Government closed the 300-year-old sugar industry after a long period of losses. To compensate for the jobs lost, it implemented a programme to diversify the agricultural sector and stimulate other economic sectors such as export-oriented manufacturing and offshore banking.

However, with the global financial crisis of 2008, the islands were severely impacted by sharp decreases in tourism, remittances and foreign direct investment (FDI). Tourism demand has also shifted over the years due to the natural disasters to which Caribbean islands are vulnerable. There have been at least two occasions when hurricanes destroyed key physical infrastructure and displaced communities throughout the country. Additionally, severe earthquakes and flooding have caused extensive damage.[15]

There was an economic contraction between 2009 and 2013, when tourism and foreign investment decreased, yet economic growth returned in 2014. The Government has also made progress in reducing its public debt from 157 per cent of GDP in 2010 to 62 per cent in 2017.[16] Because of these successful efforts, SKN was elevated to a high-income country status (although it still possesses one of the highest levels of debt in the world, mostly due to public enterprise losses). In 2013, the country reported the highest per capita income in the Caribbean of US$13,330.[17]

1.2 Poverty and Social Assistance

Before the global financial crisis of 2008, poverty was a major concern in the country. Almost 24 per cent of the population of St. Kitts was categorized as poor while in Nevis poverty affected 15.9 per cent.[18] These numbers worsened after the global crisis and the hurricanes that passed through the islands, which impacted 3.5 per cent of the country's GDP.

The Government carried out two country poverty assessments, one in 1999/2000 and the latest in 2007/2008, and it is now preparing for a third one. Poverty levels declined between the two assessments in both islands. While in 2000, St Kitts had a poverty rate of 30.5 per cent and an indigence rate of 11.0 per cent, in 2007/2008, the poverty rate was 23.7 per cent and indigence fell to 1.4 per cent.[19] Nevis started from higher rates and had a greater decrease, of poverty from 32 per cent in 2000 to 15.9 per cent in 2007/2008 and of indigence from 17 per cent to 0 per cent.[20]

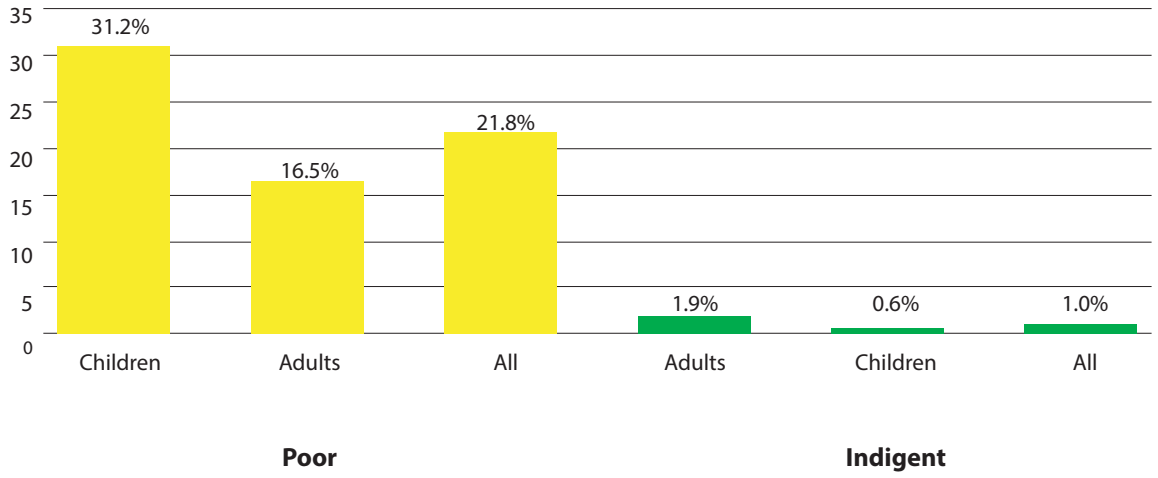
13 Ibid.
14 UNDP 2016. All data in this paragraph come from the same source.
15 UNICEF Office for the Eastern Caribbean Area 2017.
16 IMF 2018.
17 ECLAC 2014.
18 UNICEF Office for the Eastern Caribbean Area 2017.
19 According to the 2007/2008 Country Poverty Assessment (Kairi Consultants 2009), the poverty line "represents a minimum budget that a household should spend, over a defined period, if it is to meet its basic food and non-food requirements". The indigence line "refers to certain basic nutritional requirements for survival. A basket of goods is selected in such a way as to maximise one's nutrient intake at the lowest possible cost. Households unable to meet the cost of obtaining this basket of food items are indigent." The vulnerability line "is 125% of the poverty line; it measures the number of persons who are susceptible to becoming poor due to an unanticipated event such as a natural disaster or other economic shock."
20 UNICEF Office for the Eastern Caribbean Area 2017.

However, there should be new data in poverty rates released on 2018 to confirm or deny the decline.

The most critical parishes with respect to the number of families living in poverty in St. Kitts are St. George-Basseterre W., St. John and St. Mary, where more than 50 per cent of the poor live. In the case of Nevis, more than 40 per cent of the poor live in St. John. The overall child poverty rate, at 31.2 per cent, is much higher than the adult poverty rate of 16.5 per cent.[21] Although the indigence rate is relatively low (1 per cent of the total population), children still make up the higher share (1.9 per cent) compared to adults (0.6 per cent) as a result of the larger size of indigent families, increasing the likelihood that the negative effects of poverty will be multiplied across generations.

Photo 1. Beneficiary house pre-MEND

Figure 2. Poverty rate in SKN

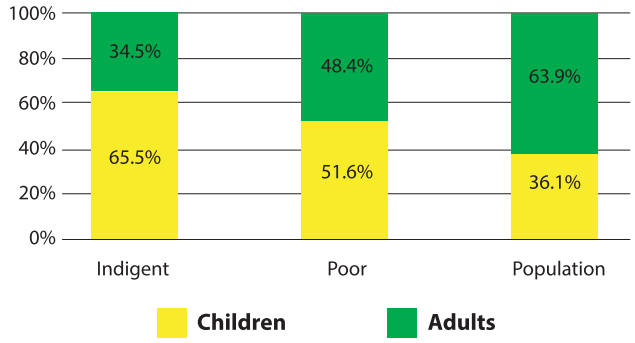


Source: OECS Commission and UNICEF 2017

21 OECS Commission and UNICEF 2017.

SKN has a much higher child poverty rate in households with 4+ children, almost 60 per cent, and these households contain almost 60 per cent of all poor children. Also notable is the high proportion, 66 per cent, of poor children living in female-headed households due to these households having a higher poverty rate (than those headed by males) and accounting for almost half of all households.

Figure 3. Poverty and population shares



Source: OECS Commission and UNICEF 2017.

The MEND and RISE programmes were laid out as part of the National Social Protection Strategy (NSPS), which was developed with the support of UNICEF and UN Women and led by the Ministry of Community Development, Gender Affairs and Social Services (MCDGASS). Part of the team involved in the drafting of the NSPS was also directly involved in programme implementation.

These programmes were conceived as part of the first phase of social protection reform that aims at progressively expanding the system of benefits, developing universal social protection coverage for the population and preventing chronic poverty. The NSPS is regarded as a major step in helping to establish a 'social protection floor' for the country.

The NSPS notes that there are over 24 social assistance programmes in St. Kitts, with a parallel and similar set of programmes implemented in Nevis (Table 1). However, these lack integration based on common data platforms and intersectoral work. The first phase of the Strategy and the assessment of the major safety net implemented may help foster integrated social protection programmes and enhance impacts for the most vulnerable. Poverty reduction and social protection programmes are indispensable to combat child poverty and advance child development.

Table 1. Cash and In-kind social assistance programmes in SKN

PROGRAMME	TYPE OF ID	TARGET GROUP[22]
Assistance pensions	Cash	Elderly, people with disabilities and the poor
Food voucher	Cash	Needy persons
Compassionate grants	Cash	Households facing emergencies
Poor relief	Cash	Poor households
Disability grants	Cash	People with disabilities and the poor
Foster care allowances	Cash	Foster families
Public assistance	Cash	Needy persons
Uniforms and shoes	In-kind	Poor children
Day-care centres	In-kind	Low-income children
Home repairs	In-kind	Poor households
Off-island medical care	In-kind	Poor households
Medical expenses/ assistance	In-kind	Poor households
Burial assistance	In-kind	Poor households
St. Kitts Education Learning Fund (SELF)	In-kind	Needy students
School feeding	In-kind	All primary/poor secondary students
Rental allowances	In-kind	Poor households
Textbooks	In-kind	Poor households
School lunches	In-kind	Poor children
Hot meal programme	In-kind	Elderly poor
Fee waivers for hospital care	In-kind	Poor households
Fees waivers for medication	In-kind	Psychiatric patients
AIDS medication	In-kind	AIDS patients

22 This table, which was taken from the NSPS, shows different criteria for target groups: 'needy persons', 'low income children', etc. The specific criteria for each target group are not explained here as the evaluation group did not have access to them. The intention of this table is to show the variety of social protection programmes that are available in the country and scattered among different institutions.

1.3 Gender Context

According to the 2007/2008 Country Poverty Assessment, while women at that time comprised 52.7 per cent of the population, they accounted for 61.1 per cent of those living in poverty.[23] As noted above, poverty disproportionately affects women and children in the country.

There was a National Plan on Gender and Development for 1996–2000, but this has not been renewed. A Domestic Violence Act that was passed in 2000 and amended in 2005 deals with protection, occupation and tenancy orders to help reduce domestic violence, and there is an Offences Against the Person Act from 2002, but gender-based violence remains a problem in the country.[24]

Women have higher educational levels than men: 87.9 per cent secondary school completion against 82.1 per cent (data from 2013, UNESCO Institute for Statistics). However, many young women drop out of school because of teen pregnancy.[25]

Women are usually employed in sectors such as manufacturing, hotels and restaurants, personal and household goods and public administration,[26] and the income differences between women and men tend to be caused by the fact that traditionally men occupy the higher-paying jobs.[27]

There are few women elected to Parliament, with women holding only 13.3 per cent of the seats after the 2015 elections.[28] According to the Country Gender Assessment,[29] SKN has passed several laws and implemented important measures for the promotion of the human rights of women and girls, but these have not been enough to promote gender equality.[30]

23 Kairi Consulants 2009.
24 PeaceWomen undated.
25 Sheldon 2015.
26 Vassell 2014.
27 Sheldon 2015.
28 IPU 2018.
29 Vassell 2014.
30 Ibid.

2. Programme Description

2.1 Background

To combat poverty on the islands, the Government established twin pilot programmes called MEND (Mould, Empower, Nurture and Direct) and RISE (Restore, Inspire, Secure and Empower). They were aimed at reducing chronic indigence by providing cash transfers and a set of basic social services to the target population. In parallel, by fostering behaviour change, these programmes also hope to break the cycle of poverty and thus reduce the vulnerability of these families. Advancements in the National Poverty Reduction Strategy include the development of a national household registry that should improve the targeting of MEND/RISE by providing data for means-testing beneficiary families.

Initial prioritization criteria established the targeting of children, the elderly, people with disabilities and pregnant women[31] and selected 21 households (approx. 104 individuals) under the MEND pilot in St. Kitts (concluded in April 2016) and 7 households under RISE in Nevis (concluded in September 2016). However, there was no formal method for selecting households where a proxy means test was established and a ranking of priorities was developed. In fact, beneficiary families were chosen on a 'first come, first served' basis. The initial group was small because both MEND and RISE were pilot programmes under the then recently developed NSPS.

2.2 Purpose and Objectives

MEND

The MEND programme is an adaptation of the Chilean Puente Programme, which was a conditional social cash transfer programme acclaimed by the international community as a model of poverty reduction. It aims to protect and promote the well-being of the poorest households, improve decision-making and relationships in families and reduce the poverty rate. It is also an experiential learning programme designed to impart knowledge and skills to the beneficiaries' households.

There are two overall objectives of the MEND programme. The first is to build and strengthen the resilience of the indigent population, enabling them to benefit from human capital investments. The other is to provide effective and efficient services to the indigent population, thereby empowering families to become more confident, resilient, empathetic, independent and cooperative citizens.

RISE

RISE is MEND's counterpart in Nevis, which ensures that public resources are directed towards addressing the challenges of poverty and vulnerability in the Federation. Like MEND, RISE is not only a cash transfer system but also a means to empower client families.

RISE was officially launched in September 2014. The first phase involved strengthening social safety net programmes and aimed to improve the beneficiary households' educational, financial and psychosocial conditions. The programme provided families with resources and assistance from several key ministries throughout the government and took advantage of the physical and personal proximity of officials in such a small community.

The programme incorporated training, education, counselling and psychosocial support to the beneficiary families. IT expects families to make optimal decisions for their households, have a positive mindset and desire change. According to officials in charge of its management, RISE should "not be viewed as a hand-out programme, but an empowerment journey" that the family takes with counsellors and caseworkers, navigating its path with their full input and participation.

31 These target groups were defined by the Social Protection Strategy as priority groups for being the most vulnerable.

2.3 Design

MEND

MEND assisted 21 families in its pilot phase and provided clients with a financial bursary and corresponding services to strengthen family relations. Extended services also facilitated decision-making about finances and the identification and acquisition of skills relevant to the labour market.

The target population for the programme was the indigent population, poor and vulnerable households from the two poorest quintiles in St. Kitts, and priority was given to households with children who are not maintained by their non-custodial parent or social security and seniors and persons with disabilities who are unemployed or not covered by social security.

The programme included both a community-based targeting tool and a psychosocial assessment tool kit. Several government agencies contributed to its implementation, including the Department of Labour, Ministry of Health, Ministry of Education, National Emergency Management Agency, Department of Youth Empowerment and the National Entrepreneurial Development Division. Financial support for the MEND programme came from the Federal Budget with support from regional and international entities, in particular EuropeAid.

MEND was originally based on seven pillars, which establish conditions that families must meet:

1. *Identification:* Each family must acquire at least three basic forms of identification for its members.
2. *Health and wellness:* Families must go to annual check-ups, ensure that children are immunized and attend health informational sessions.
3. *Education:* Families must ensure that children attend school regularly and attend school parent-teacher conference meetings.
4. *Family dynamics:* Families must set aside family time and participate in developmental workshops – for example, in areas such as health, budgeting, and parenting. It is expected that these activities will contribute to the positive emotional and social development of adults and children within families, thereby building resilience and nurturing supportive relationships.
5. *Housing:* The living conditions of homes will be assessed and a plan for improvement will be put in place.
6. *Employment:* Adult family members will be encouraged to identify skills for the labour market, and training programmes will be tailored to facilitate entrance to the labour market.
7. *Income:* Budgeting will be a core activity for families. Families will learn to manage the financial benefit they receive under this programme.

These seven pillars were later reduced to five, merging education with employment and income, and housing with family dynamics.

The programme envisioned that at the end of two years, families would have improved their decision-making and acquired skills that would make them more employable. Whereas the initial plan was to increase the amount of cash transferred according to the progress demonstrated by the families, in practice there was a fixed amount that could be withheld until compliance was satisfactory.

RISE

The RISE pilot included seven households, the majority of which were headed by women, with a total of 58 members. The pilot ended in October 2016. The selection of client families was made through a community-based targeting tool, referrals from government institutions and existing departmental files. Many agencies were also keen to collaborate with the programme, such as the Department of Education, Ministry of Health, Ministry of Agriculture, Department of Youth, Community Development Department and Labour Department, as well as the Caribbean Credit Card Corporation (4Cs), which provided the means for the cash transfer scheme on both islands.

Photo 2. RISE family workshop

In 2015, RISE received technical assistance from SOCIEUX[32] through the European Union to strengthen the capacity of the social assistance officers and supervisors to adequately administer the programme to the most vulnerable beneficiary families.

The RISE intervention was grouped into pillars as follows:

1. *Identification:* Requires each adult family member to possess a passport, social security card (if employed), national voters ID and birth certificate. All the children must also have birth certificates.

2. *Health:* Mandatory pre- and post-natal care, vaccines and regular check-up for children under 6, annual wellness checks for women and men and safe sex counselling for teens. Another activity was clearing of bills with medical institutions to aid service expectations when families go for health services.

3. *Education:* Mandatory enrolment in an educational institution for children under 16 years. School attendance and performance were monitored, and report cards were produced to verify school performance and attendance. Parents must be active in their child's education, going to parent-teacher association (PTA) meetings and parent-teacher conferences. Adults received training on how to administer the household budget and income. In 2015, RISE also launched a remedial reading programme for children in families with moderate to extreme reading challenges. In the early phases of the RISE programme, it was noticed that this issue was common among children from kindergarten to early high school.

4. *Family dynamics:* Engage in counselling; establish household rules and chores; children are to attend vacation programmes, which offer counselling for the children, to ensure better supervision while not at school.

5. *Housing:* Families must engage in disaster awareness preparedness training with an official from the Disaster Management Department; household heads learn to prepare a first aid kit; move to safe housing if needed.

6. *Employment:* Mandatory job search, if unemployed; register in Gender Affairs Division Unemployment Registry; seek child maintenance or court maintenance orders; discuss the programme with employees to negotiate for re-organized work-hours on days when there is a life skills training; some high school students to participate in summer job programmes. Head of households would also start or resume savings.

32 The European Union Expert Facility for Social Protection.

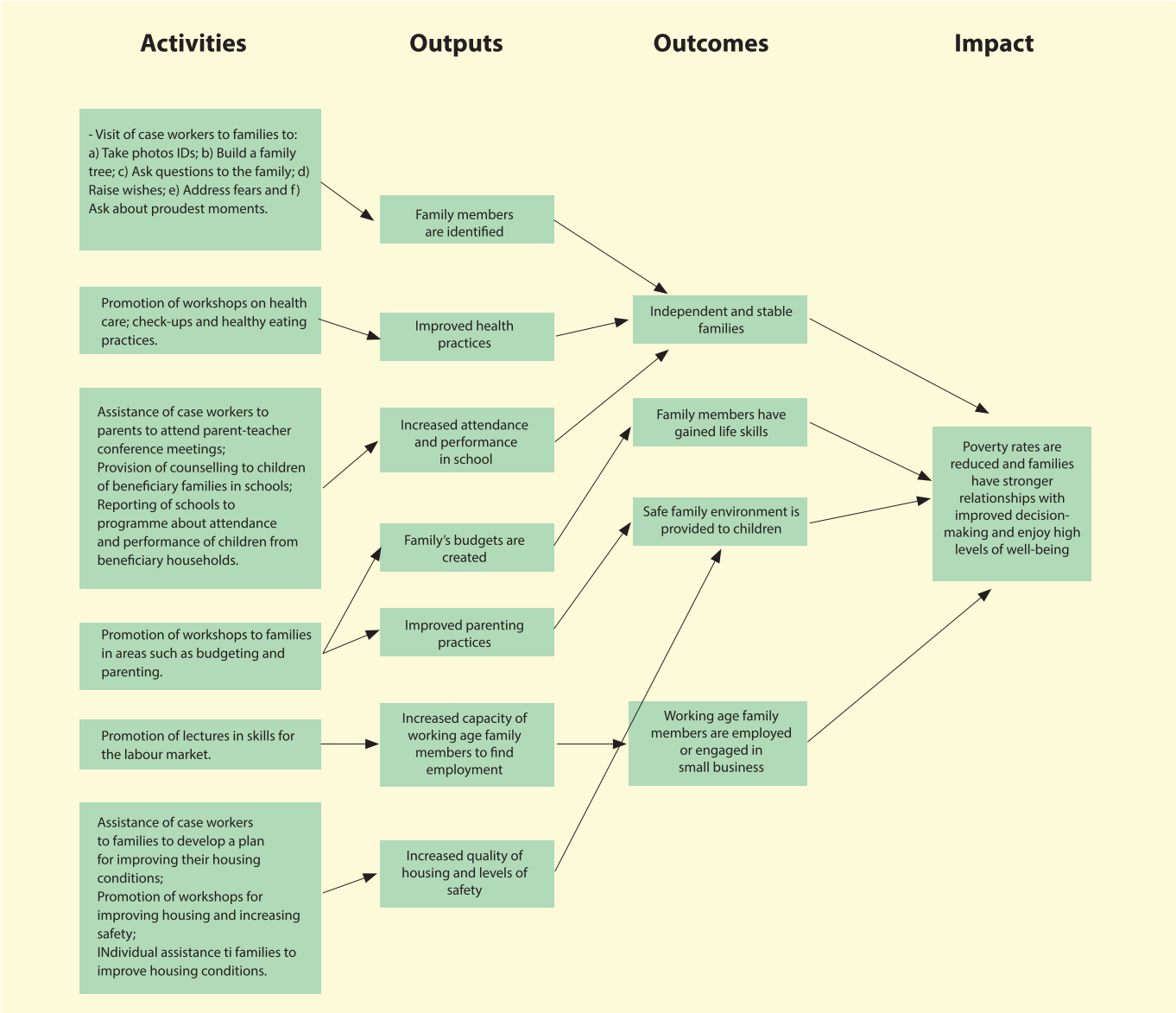
Once families were accepted, they signed a contract with the department to commit to meeting the conditions. RISE monitored beneficiary families to ensure they were doing so. As with MEND, the sliding-scale cash transfer scheme was never implemented and was substituted with an all-or-nothing arrangement tied to compliance.

2.4 Theory of Change

Based on a desk review and the fieldwork, a theory of change for the programme was constructed as a way of helping to clarify the logic behind it. The exercise was also aimed at helping with programme redesign in the future, as there was no formal logic matrix defined at the inception of the programmes.

MEND and RISE share similar logic and characteristics, the main difference being the linkages built between institutions in the phase of implementation. Therefore, one single theory of change was built to describe both programmes.

Figure 4. Theory of change



The programme reached out to families through publicity and encouraged them to sign up. Each head of household filled out an intake form with personal data and information on household conditions, income, type and place of employment, number of children, school status and birth date.

Once the families signed up for the programme, they received a visit from a caseworker who explained to them that they would receive a cash benefit to be accessed through a debit card and that they would have to fulfil several conditions to access and maintain this benefit. The benefit given by MEND was EC$750[33] and by RISE was EC$800 (base), provide every eight weeks, though in some cases the benefit had variations and reached up to EC$1,200.[34]

The conditions referred to:

1. Identification: take photo IDs along with receiving the caseworker to help the family build a family tree, raise wishes, address fears and talk about proudest moments.

2. Health care: attend workshops about health habits, vegetable gardens, healthy eating and have medical and dental check-ups.

3. Education: attend school (children and youth), attend counselling sessions at school (children) and attend parents' meetings at school.

4. Employment: attend workshops for skills enhancement (writing a CV, looking for jobs, work legislation).

In addition, families had access to workshops/retreats where they were taught about budget creation (where all the family was involved), parenting practices (division of domestic chores among household members, creation of family time, interpersonal relations), house safety, disaster preparedness (in case of hurricanes) and child abuse. They also received assistance in improving housing conditions through information about credit and other policies.

Throughout the programme, families were visited by the caseworkers to follow up how they were progressing in all aspects addressed by the programme. At the end, in the case of Nevis, a graduation ceremony took place with the beneficiaries in the presence of caseworkers.

33 MCDGASS, 'Household Summary of Pilot Families', 2014.
34 Social Services Department 2016.

3. Evaluation Context

Multidimensional anti-poverty programmes are part of a common understanding that social protection policies should seek to address the causes of social problems and combat them in the most efficient and effective manner. Consequently, they operate with a goal-oriented approach, with the first Sustainable Development Goal (SDG 1) as a widely-adopted reference: "end poverty in all its forms everywhere". This corresponds, additionally, to a human-rights based approach adopted throughout the UN System that "seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress".[35]

SKN has seen major progress in social protection, particularly on strengthening its enabling environment through the development of the National Social Protection Strategy (NSPS) and Action Plan (2013–2017) and the draft Social Protection Bill (2014).

The Social Protection Bill acknowledges the country's international human rights commitments and alludes to the various conventions to which SKN is party that recognize the right of the people to at least a minimum level of social protection. These include the Universal Declaration of Human Rights, articles 22 and 25; the Convention of the Rights of the Child (CRC), article 26 and 27; and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), article 11.

The new global development agenda also calls for efforts to eliminate poverty in all its forms and to reduce existing inequalities. The SDGs set forth target 1.3 "to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable".

35 United Nations 2018.

The UNICEF Office for the Eastern Caribbean Area (ECA) – in partnership with other development partners in the region[36] including UN Women and the European Union – has been supporting the process of strengthening social protection in SKN. Within this partnership, the NSPS and Plan of Action (2013-2017) were approved. The Social Protection Bill (2014), developed with support from the European Union, is under review and will set the legislative framework for implementing a social protection floor.

The NSPS was conceived as being implemented in two phases:

- Phase 1 (2013-2017): Consolidation and strengthening of social safety net programmes for improved efficiency and effectiveness; and
- Phase 2 (2017-2021): Wider reforms for establishing a coherent and integrated social protection system.

The overall Objective 3 under Phase 1 was to "develop the MEND families in the St. Kitts and Nevis programme to efficiently and effectively improve the beneficiary families' wellbeing and ensure and increase investment in the human capital of their children".

As noted above, the MEND and RISE programmes were inspired by the Puente programme in Chile. The initial dialogues between Chile and the SKN Ministry of Social and Community Development – now the Ministry of Community Development, Gender Affairs and

36 The NSPS involved many actors in the country and was prepared after consultations with and comments from the UNICEF Office for the Eastern Caribbean Area, UN Women Multi Country Office - Caribbean, Delegation of the European Union to Barbados and the Eastern Caribbean, The World Bank, UNDP, the Food and Agriculture Organization (FAO), the OECS Secretariat, the Caribbean Development Bank and other members of the Eastern Caribbean Partnership Group on Poverty Reduction as part of partnership coordination mechanisms under the UN Resident Coordinator for Barbados and the OECS.

Social Services (MCDGASS) – took place in 2009. The Ministry had several staff changes in 2010 and 2011, when a National Implementation Team was created to carry out the programme. Two pilot programmes were conceived: MEND, which was implemented in St. Kitts in September 2013 and ended in April 2016; and RISE, which was implemented in Nevis and started in September 2014 and ended in September 2016.

The Government has considered a preliminary scale-up of the programmes by an estimated 50 per cent to cover 525 indigent people, of whom 344 are children. UNICEF was therefore requested by the MCDGASS to conduct an evaluation of the programmes to learn from the pilot phase and utilize the findings for any further refinement of the design, delivery, coordination and monitoring of the programmes for full deployment at the national level.

3.1 Scope

This evaluation addresses both the implementation process and the results achieved with the aim of providing MCDGASS and UNICEF with the necessary information for scale-up of both programmes. It is an ex-post evaluation, carried and finalized almost two years after programme implementation.

The detailed objectives of the evaluation are:

- To determine the impact of MEND and RISE to date on human development at the programme, household and individual levels. The evidence generated should quantify and qualify the programme results (outputs) achieved and the changes it produced in the lives of the most vulnerable, especially children and women (outcomes). The evaluation should undertake a cost analysis of the benefits (household and individual level) and document selected human stories for broader ownership and advocacy.

- To ascertain the programmes' relevance and sustainability and the operational effectiveness and efficiency of the pilots, including programme design, delivery, coordination/ partnership, institutional capacity and monitoring mechanism. It should also propose programmatic and operational refinements/ improvements for the next phase to strengthen the benefits for the most vulnerable households and children guided by the Central Registry as well as other systematic data and evidence.

- To identify implications and requirements (institutional capacity, coordination mechanisms, costs, etc.) for scaling up and rolling out the re-designed MEND and RISE programmes in a context of a broader and revamped national social protection framework and current and projected national and sustainable social investments.

- To identify opportunities and constraints the programmes have faced and draw lessons and good practices from the MEND and RISE pilots to move forward towards implementing a universal social protection floor as well as the alignment of the Social Protection Bill.

The value-added from the evaluation is expected to include:

- A demonstration of the results of both programmes by establishing the effects on households and individual members (women and children);

- An integration of improvements in programme design, implementation, coordination and monitoring to enhance/maintain impact, effectiveness, efficiency, relevance and sustainability; and

- Using the findings to support programme scale-up and inform national discussions about social protection reform in SKN.

The evaluation fits within the 2017-2021 UNICEF ECA multi-country programme goals, which focus on the most vulnerable girls and boys who need extra attention and support, considering that poverty in SKN disproportionately affects children. The evaluation falls within Component 3 of the programme, which is Social Inclusion and Child Rights Monitoring.

3.2 Approach

The evaluation investigated the programmes within the dimensions proposed by the Organisation for Economic Cooperation and Development/ Development Assistance Committee (OECD/DAC) of:

- **Relevance:** The evaluation examined to what extent both programmes were aligned with the needs of beneficiaries and the SKN Government, addressed a multidimensional perspective of poverty and focused on gender and equity.

- **Efficiency:** The evaluation looked at the how both programmes were able to manage resources of various kinds (human, financial and institutional) and generate outputs; how it built links with other institutions to increase efficiency; and how potential gains could be made in the operation of the programmes.

- **Effectiveness:** How effective were the programmes in achieving outputs and outcomes? The evaluation looked at institutional arrangements in place, targeting criteria, context and synergies of the programmes with other initiatives.

- **Impact:** A cost-benefit analysis (CBA) was used to monetize the social impact of the programmes and point at benefits of scaling up. Impact was also assessed by asking families about the lasting results of the programmes, almost two years after their implementation, in terms of persistence of the habits acquired as well as income gains and employment status.

- **Sustainability:** MEND and RISE are pilot programmes. Sustainability was assessed prospectively in terms of which institutional arrangements need to be in place to maximize the likelihood of lasting impact issuing from a scaled-up version of the programmes.

Further, the evaluation adopted a utilization-focused approach where intended users of the evaluation, mainly UNICEF and MCDGASS, were both engaged in its design (initial discussion, draft of inception note), in the fieldwork and later in the revision of the report. The evaluation team also identified, through a stakeholder analysis, key actors involved in the implementation of the programme, who were also engaged during fieldwork.

The involvement of UNICEF and MCDGASS during the process was key for making the evaluation results and recommendations useful for improvements in the scale up of the programmes and strengthening the NSPS.

According to Norm 8 of the Norms and Standards for Evaluation[37] of the United Nations Evaluation Group (UNEG): "The universally recognized values and principles of human rights and gender equality need to be integrated into all stages of an evaluation". The evaluation integrated human rights and gender equality through the following steps:

- Inception phase: incorporation of human rights and gender equality questions in the evaluation approach and inception report;

- Fieldwork: interviews of beneficiaries of the programmes through a combination of methods (quantitative and qualitative) to ensure the voices of women, children, youth and marginalized groups were heard;

- Presentation of findings: incorporation of a specific section discussing human rights and gender equality in programme design, implementation and results;

37 UNEG 2016.

- Recommendations: specific recommendations for improvement of programmes to increase positive impacts on human rights and gender equality.

The evaluation questions defined in the terms of reference were reviewed in light of these concerns and guided the evaluation itself.

3.3 Evaluation Matrix

The evaluation matrix presented as Table 2 shows the dimensions addressed in the evaluation with the respective questions, criteria/indicators, source of information and data collection instruments.

Photo 3. RISE Team members

Table 2. Evaluation matrix

Dimension	Question	Criteria/Indicator	Source of information	Data collection instruments
Relevance	How relevant are MEND and RISE to the country and to the households they target, given the observed poverty levels and patterns?	Level of acceptance of programmes by government officials and beneficiaries	Programme managers and authorities Beneficiaries	Semi-structured interviews Survey Focus groups
	How adequate are MEND and RISE in promoting a multidimensional response to poverty faced by target households?	Incorporation of various dimensions to address poverty by programme	Programme documents Programme managers	Desk review Semi-structured interviews
	How appropriate is the programme design (pillars, selection criteria, targeting, services, conditionality, partnerships, coordination, etc.), with regards to the poverty (increased consumption of social services, return to employment, etc.) and inequities (reduction in social exclusion, removal of barriers to access, etc.) reduction objectives it intends to achieve? And, how appropriate have been the resources allocation and the monitoring system in support of this?	Coherence of programme design in relation to overall goal of poverty reduction and inequity Level of effort made by programmes towards monitoring work	Programme documents Programme managers	Desk review Semi-structured interviews
	Were linkages between MEND/RISE and other existing social services and social protection programmes sufficiently articulated?	Level of interaction between MEND/RISE and other partner ministries	Programme documents Programme managers	Desk review Semi-structured interviews
	What potential do MEND/RISE offer to further promote a child, gender and equity focus in the Government's response to poverty?	Level of priority in programmes given to child and gender equity	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey

Dimension	Question	Criteria/Indicator	Source of information	Data collection instruments
Effectiveness	To what extent did the programmes achieve the planned outputs and outcomes?	Reduction of poverty rate among beneficiary households Level of well-being of beneficiary families	Programme documents Beneficiaries	Desk review Semi-structured interviews Survey Focus groups
	To what extent did MEND and RISE (i) protect beneficiary households, (ii) support their social integration and (iii) provide them with new opportunities?	Level of well-being of beneficiary families	Programme documents Beneficiaries	Desk review Semi-structured interviews Survey
	Were the pillars and activities sufficient (in quantity and quality) to achieve the outputs?	Alignment between activities and outputs	Programme Documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	How do programme staff and stakeholders alike perceive MEND and RISE? What do they like and dislike? What would they change or adapt?	Level of acceptance of programmes by government officials and beneficiaries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	How has been the quality of services provided in terms of timeliness and adequacy in meeting the beneficiaries' needs?	Level of acceptance of programmes by beneficiaries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	How effective have been the synergies between MEND and RISE programmes with other existing social protection programmes?	Level of interaction between MEND/RISE and other partner ministries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	How effective have been the coordination and partnership established to support MEND and RISE implementation for meeting the objective of (i) engaging with families to strengthen their capacities and (ii) addressing poverty in an inter-sectoral way?	Level of interaction between MEND/RISE and other partner ministries Level of interaction between programmes and beneficiaries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	How have external factors affected the management of MEND and RISE?	Level of stability of programmes across implementation timeframe	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Has the targeting mechanism been effective in selecting the right intended beneficiaries?	Percentage of families well targeted	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey

Dimension	Question	Criteria/Indicator	Source of information	Data collection instruments
Efficiency	How have the funds been used compared to initial expectations?	Cost-effectiveness of programme	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Are there any inefficiency issues with regards to the selection of beneficiaries and service delivery at the island level?	Percentage of families well targeted	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Is the relationship between project costs and results reasonable?	Cost-effectiveness of programme	Programme documents Programme managers Beneficiaries	Desk review Survey
	Have the synergies created among various providers' services contributed to the overall efficiency of the programme?	Level of interaction between MEND/RISE and other partner ministries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Are there any potential efficiency gains to make?	Level of interaction between MEND/RISE and other partner ministries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
Impact	How have MEND and RISE contributed to short- and long-term poverty reduction in beneficiary households and with individual people (children and women)?	Reduction of poverty rate among beneficiary households Level of well-being of beneficiary families	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Were the selected indicators used to monitor the programme outputs relevant and specific? And the outcomes?	Frequency of use of monitoring tools	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Has it been feasible to collect data on selected indicators?	Frequency of use of monitoring tools	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	Are there any observed unintended direct or indirect results at the household and members' level (children, women)?	Level of well-being of beneficiary families	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey Focus groups

Dimension	Question	Criteria/Indicator	Source of information	Data collection instruments
Sustainability	What are the strengths and weaknesses of MEND and RISE (design, coordination, management, monitoring) that determine their overall sustainability?	Level of acceptance of programmes by government officials and beneficiaries for scale up	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	What has been the buy-in from service providers and beneficiaries?	Level of acceptance of programmes by government officials and beneficiaries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Survey
	What is the potential of MEND and RISE in the larger framework of the social protection floor?	Level of interaction between MEND/RISE and other partner ministries	Programme documents Programme managers Beneficiaries	Desk review Semi-structured interviews Focus groups
	How can MEND and RISE be integrated into disaster risk response mechanisms to ensure the indigent and vulnerable are protected?	Level of interaction between MEND/RISE and civil defence in SKN	Programme documents Programme managers	Desk review Semi-structured interviews Focus groups
	How can MEND and RISE further contribute to the Government's goals of a multi-dimensional response to poverty and sustainable social development?	Level of interaction between MEND/RISE and other partner ministries	Programme documents Programme managers	Desk review Semi-structured interviews Focus groups
	How will funding be secured in the scale-up of the programme?	Amount of funds allocated for programme scale-up	Programme documents Programme managers	Desk review Semi-structured interviews Focus groups

3.4 Design and Methodology

This evaluation included qualitative and quantitative analyses to not only obtain generalizable insights but also understand how individual partners interacted with the project. Considering a variety of perspectives and sources was intended to minimize bias and increase the validity of findings. To scale up MEND and RISE, programme staff will need to be sure not only whether each of their pillars effects positive change but also by which mechanisms transformation took place. That way they will be able to replicate actions that worked and refine or abandon the ones that did not.

The combination of quantitative and qualitative tools had the purpose of bringing hard data to help with programme improvement (such as levels of income), while at the same time capturing the perception of participants in terms of the impact of the intervention on their daily lives and allowing them to speak freely on what they thought the programmes should or should not address and how the programmes should change.

The voices of the beneficiaries are included throughout the report through quotes and suggestions for improvement. They were especially considered in the section of recommendations on issues of design, implementation and human rights and gender equality.

The following tools were deployed:

- *Desk review* of programme documents (Appendix A)
- *Survey* of beneficiary families about their experience in MEND or RISE (see Appendix B for the research instruments)

- *Semi-structured* interviews with government officials and programme staff
- *Focus groups* with caseworkers, beneficiaries and children of beneficiaries
- *In-depth interviews* with two client families to produce human-interest stories from those affected by the programmes.

Throughout the research process, evaluators employed a gender-sensitive approach that recognized the unique roles held by women and girls in creating social change, as per United Nations guidelines.

All ethical safeguards indicated by UNICEF for research involving children, youth and other beneficiaries were followed. Special consideration was given during focus groups to children and youth, who were told that there were no right or wrong answers and that they were free to speak or not to speak when they wished. Children and youth interviewed were between 12 and 18 years of age. Their parents gave consent for their participation in the focus group, and UNICEF guidelines regarding research with children[38] were used.

The advice of UNICEF ECA office support was also very beneficial for the fieldwork. Under the supervision of the UNICEF programme officer, who supported the evaluation team in the field, written consent was obtained for all the photographs of children and adults used in this report and the beneficiaries were informed that all the information would be used anonymously.

3.5 Justification

The evaluation used standard OECD/DAC evaluation criteria, as previously mentioned, with a focus on gender and social equity and based on a participatory approach and a combination of both quantitative and qualitative methods.

The quantitative element is important to investigate the decrease in poverty levels and bring a standard to responses given by beneficiaries. At the same time, there are dimensions that are not captured by a survey. Therefore, the evaluation team used a combination of methods to address the evaluation questions and for triangulation of results to identify findings relevant to assessing the programmes' impact.

3.6 Stakeholder Analysis

Based on UNEG guidance,[39] the stakeholder matrix below summarizes an analysis of the main actors involved in the implementation of the programmes and in the evaluation process. Their role in the intervention is identified, along with their degree of involvement in the evaluation, the moment when they should be involved and the type of engagement they had in the process.

The stakeholder analysis was used to help plan data collection during the fieldwork. All the relevant stakeholders identified were interviewed in the field.

38 Graham et al. 2013.

39 UNEG 2014.

Table 3. Overview of stakeholder analysis

Who	What (role in intervention)	Why (rationale of involvement in evaluation)	Priority (importance of being involved in evaluation)	When (stage of involvement)	How (ways in which stakeholder will participate)
UNICEF	Implementation support Policy dialogue on social protection in the country to draft social protection strategy	Technical oversight and management of evaluation Key government partner in social protection	1	Design, fieldwork Review of reports Use of results	Technical inputs Dialogue with government and evaluation team
Ministry of Community Development, Gender Affairs and Social Services (MCDGASS)	Decision-making Implementation of MEND programme	Technical oversight and management of evaluation Key government partner in social protection	1	Design, fieldwork Review of reports Use of results	Technical inputs Dialogue with government and evaluation team
Nevis Island Administration	Decision-making	Offering inputs to evaluation process Follow up on recommendations	2	Use of results	Interviews
Nevis Ministry of Social Development (MSD)	Implementation of RISE programme	Offering inputs to evaluation process Follow up on recommendations	1	Use of results	Interviews
Nevis Health Promotion Unit	Implementation of RISE programme in partnership with MSD	Follow up on recommendations	1	Use of results	Interviews
Nevis Department of Education	Implementation of RISE programme in partnership with MSD	Follow up on recommendations	1	Use of results	Interviews
Ministry of Education	Implementation of MEND programme in partnership with MCDGASS	Follow up on recommendations	1	Use of results	Interviews
Ministry of Health	Implementation of MEND programme in partnership with MCDGASS	Follow up on recommendations	1	Use of results	Interviews
Ministry of Nevis Affairs, Labour, Social Security and Ecclesiastical Affairs	Implementation of MEND programme in partnership with MCDGASS	Follow up on recommendations	1	Use of results	Interviews
National Housing Corporation	Implementation of MEND programme in partnership with MCDGASS	Follow up on recommendations	1	Use of results	Interviews
Women of targeted households	Beneficiary	Offer perspective of implementation and results of programmes Suggest improvements	1	Fieldwork	Interviews
Children of targeted households	Beneficiary	Offer perspective of implementation and results of programmes Suggest improvements	1	Fieldwork	Interviews
Youth of targeted households	Beneficiary	Offer perspective of implementation and results of programmes Suggest improvements	1	Fieldwork	Interviews
Men of targeted households	Beneficiary	Offer perspective of implementation and results of programmes, suggest improvements	1	Fieldwork	Interviews

3.7 Fieldwork

The evaluation team and UNICEF ECA staff visited SKN to conduct the fieldwork from 19–23 March 2018. Over five days, discussions were held with 20 MEND/RISE clients from different households and six of their children,[40] as well as nine operational staff members (caseworkers, community nurse and facilitator of training sessions), two management staff members and nine representatives of other institutions (government agencies and local schools). In all, these interviews totalled over 20 hours and enabled the team to collect a wide variety of perspectives on programme implementation and impact. Although it was not possible to interview all beneficiaries, the input provided by the 20 beneficiaries and their children captures a comprehensive range of experiences with the programmes.

Since it was a small pilot (28 households), all the beneficiary families were targeted. However, eight households were not surveyed either because families had moved and the Ministry was unaware of their new address, or they were not home at the time of the survey due to work or a family emergency. All the interviews were carried out by the evaluation team, and the beneficiaries selected for the in-depth interviews and focus groups were invited by MCDGASS.

Photo 4. Field visit to home of MEND beneficiary

40 All ethical considerations for research were observed following the International Charter for Ethical Research Involving Children.

3.8 Limitations

During this evaluation, a few limitations and challenges were present. First, there was a lack of proper documentation from MEND/RISE as the programmes did not have a logic matrix with indicators, posing some challenges for the initial desk review. Further, the evaluation team initially received documentation only from the RISE programme.

Second, some of the partner ministries and institutions could not be interviewed during fieldwork, most notably Housing and Civil Defence.

Third, given the small number of participants in the programmes, one should be careful with generalization of data as the numbers are not statistically representative of the whole indigent/ vulnerable population and the same programmes applied to a wider population may not give the same results.

Fourth, since six of the original MEND families could not be interviewed because they could not be found, it is worth considering how their absence may affect an evaluation of programme impact. This was mitigated by reviewing intake forms and exit interviews and identifying two main points that could influence the results of the analysis. Whereas only three of the 13 interviewed heads of households were unemployed at the start of MEND, three of the six omitted heads of households had no job at that time. In this sense, the group of omitted families was disproportionately burdened by a lack of steady and sufficient income, which could have hindered their ability to make progress during the programme. Four of the omitted heads of households expressed feelings of stress and anxiety resulting from various factors: mental illness, single motherhood, unemployment and an imminent eviction. Interviews with these individuals is likely to have provided more details regarding the programme's suitability for parents dealing with extraordinarily urgent or challenging situations, as well as the need for counselling services to complement core activities.

Nevertheless, this research collected sufficient data to identify key achievements and constraints and be able to provide recommendations for future programme implementation.

4. Findings

This chapter begins by discussing to what extent both programmes have challenged structural causes of denials of rights and persistence of gender inequalities and analyses the incorporation of human rights and gender equality in programme design, implementation and evaluation processes. It then explores the five dimensions investigated in the evaluation: relevance, effectiveness, efficiency, impact and sustainability. Each dimension will bring answers to the evaluation questions based on a combination of data sources: desk review, a survey with beneficiaries, focus groups and semi-structured interviews. The findings presented are already the result of the triangulation of data.

4.1 Human Rights and Gender Equality

In terms of programme design, both MEND and RISE programmes were conceived in the context of the NSPS, in which there was a lengthy discussion about the promotion of human rights and the profile of poverty and vulnerability in the country. It identified lack of programme coverage for specific vulnerable groups, including children and single parents (especially women) and the gender differences in eligibility to safety net programmes that led to unequal protection of women. The NSPS chose to prioritize the most vulnerable segments of the population: infants and young children, particularly those that are income poor; 'at risk'/ 'unattached' adolescents and youth; single mothers (and their families); teenage parents; the unemployed; the working poor; persons with disabilities; the chronically ill; and older persons, particularly those who are income poor.

MEND and RISE were designed to target the most vulnerable households (either indigent or very poor) and the benefit was given directly to women through debit cards, regardless of whether they were heads of the household (except for one case of the beneficiaries interviewed). Of the 20 beneficiaries interviewed, only one was male. Both programmes clearly had a gender focus and a component of empowerment that will be discussed later.

Control of resources is key to help women be independent and in control of their lives. Having direct access to the cash transfer enabled the beneficiaries to make choices about how to spend their money – be it on groceries, school materials or other household needs.

Three other components of the programmes clearly addressed gender. One was under family dynamics, where families were encouraged to establish tasks for each household member (e.g., washing dishes, gardening, house cleaning, etc.). The division of tasks considered boys and girls equally.

The second component was the workshops and retreats. The workshops addressed issues such as child abuse, the labour market, budgeting and disaster preparedness. This educational component raised awareness about injustices in household dynamics and power relations to help protect the most vulnerable and equally empower both women and men.

The third empowering component for women and girls in the households was the counselling provided by the caseworkers and, in Nevis, at school as well. Counselling had an important motivational factor that, combined with the workshops, helped women feel they had control over their lives. This will be discussed in the following sections, where the quotes from beneficiaries exemplify how the programmes helped them feel they were able to change major aspects of their lives.

While the programmes did help to empower women and address gender equalities, at its inception there was no gender analysis in place or a specific gender focus.

Women and men, girls and boys, young women and men alike were interviewed for this evaluation in the survey, semi structured interviews and focus groups. The results of the survey were not disaggregated by gender because in 19 out of the 20 households surveyed the participants were women.

Beneficiary households face many common challenges, but they also have their differences in terms of age, marital status, income, health status, number of children and employment leading to different perspectives about life and the programmes. These differences were considered, and they were highlighted throughout this report.

4.2 Relevance

Investigating relevance refers to finding out to what extent the programme designs met the needs and expectations of the beneficiaries. Additionally, the evaluation explored whether they were aligned with the government strategy for the target population and the work of the partners involved.

How relevant are MEND and RISE to the country and to the households they target, given the observed poverty levels and patterns?

At the inception of the programme, there was political momentum for the drafting of the NSPS, and the programmes advanced quickly in that context. In the words of one of the staff members involved:

> *"The nation was in quite a bit of reform. But everybody was committed to social protection and the idea of having one programme to address that."*

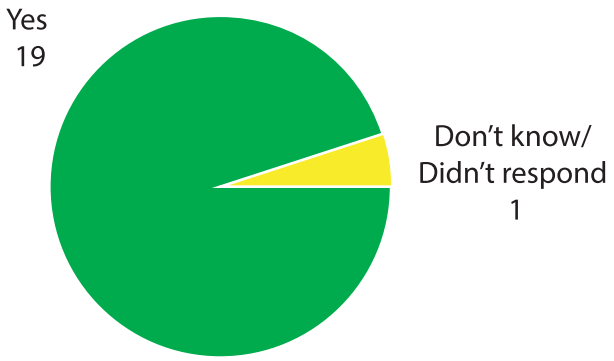
There was a perception that the programmes were relevant and timely at their inception. Today, this perception is mixed. From upper management there is a sense that some clients would have been better served with simple unconditional cash transfer, and that others should have been directed to existing social protection services by means of an intensive presence of social workers in the communities.

The perception from the management and implementation teams is more optimistic. While acknowledging shortcomings in terms of the skills needed for caseworkers to deal with more complex cases, they see the frequency and intensity of their presence with families as key to building the self-esteem and empowerment that would ultimately lead to overcoming a condition of chronic poverty, so from their perspective the need for such a programme is unequivocal.

> *"(...) we are battling with poverty reduction. Number one SDG is zero poverty. We see the (...) programme as pivotal in terms of reducing poverty and eventually attaining that goal."*
>
> – Social Protection Officer, Nevis

There is broad consensus on the part of the interviewed beneficiaries about each programme's relevance and a view that it should continue (see Figure 5). However, the programmes are short of meeting their potential target population, considering they were pilots and benefited only 28 families.

Figure 5. Do you think that the programme should continue?



Source: Evaluation survey.

With respect to the well-being of children, the programmes are clearly relevant. In focus groups with children and youth, evaluators identified a high degree of awareness of the purpose of the tasks

that were assigned to families; a positive evaluation of the retreats organized; and, in Nevis, a favourable impression of counselling services offered to RISE schoolchildren. In the words of some of the youth in the programme:

"It should continue to reach out to other people without enough skills to understand how to budget and who are not wealthy enough."

– Female youth participant, Nevis

"It is a very good programme, my mom got a job, it helps you to stick to a budget, to manage your time. I like the programme. It´s very good."

– Female youth participant, Nevis

"There should be more retreats. You get to meet new people, refreshments, it was fun."

– Female youth participant, St. Kitts

How adequate are MEND and RISE in promoting a multidimensional response to poverty faced by the target households?

There is evidence that both programmes were very effective in promoting a multidimensional response. Heads of household as well as children/teenagers interviewed recognized the positive impact of counselling, camps, getting new jobs, educational support, doctor visits and other benefits in addition to cash transfers. In fact, in many households interviewed, there was a significant amount of cash that had not been withdrawn by the programmes' end (partly due to the fact that people sometimes did not know if/when money came into their accounts). Regardless of the cash incentive, there was a high degree of involvement of the families in the programme.

The programmes helped to address poverty from many perspectives, working on the self-esteem of the families, helping with the gaining of life skills (parenting, budgeting, security) and assisting with investments in social capital in relation to health and education and aiding with housing and employment. A quote from one of the families helps to illustrate this:

"In terms of foodstuff and budgeting, that helped us a lot. Government assisted us in getting a room, they ensured that the little ones got uniform. They assisted me getting a job to help pay for the mortgage. I work as an office clerk."

– Daughter of beneficiary, 25

Vulnerability has many dimensions beyond income, and combining various services to assist families individually has proved successful in SKN as it has been the case in Chile.

Working with a multidimensional view of poverty brings additional challenges in terms of coordination among various actors. It is easier to operate with an in-kind benefit or a cash benefit alone. This will be addressed later as one key feature of the programmes that would need to be further strengthened for future work.

How appropriate is programme design (pillars, selection criteria, targeting, services, conditionality, partnerships, coordination, etc.) with regards to the reduction of poverty (increased consumption of social services, return to employment, etc.) and inequities (reduction in social exclusion, removal of barriers to access, etc.) they intend to achieve? And, how appropriate have been the resources allocation and the monitoring system in support of this?

All the pillars that were included in the programmes and brought complementary assistance to the target households were mentioned in the interviews and praised for their role. No other area of possible social assistance was mentioned as a suggestion for further work.

Housing is a major priority for the indigent population. In theory, they could qualify for subsidies, but in practice the 3 per cent levy paid by the employed is not directed towards that benefit. Those who participated in MEND and RISE, however, were prioritized.

This was a major motivation for complying with the co-responsibilities according to the families interviewed.

It is relevant to highlight that indigent and poor households share many similarities in terms of deprivation, including as regards health, education or employment, but often require different exit strategies from poverty. While there may be families who will need to rely on social assistance for a life period (due to serious disabilities), there may be other families in temporary state of deprivation. Considering the differences within the target population, distinct types of cash transfers could be considered, both with and without conditions, under the broader framework of social protection.

In terms of the monitoring system, the programmes did not have a mechanism formally designed with purpose, objectives, activities, indicators, timeline and checkpoints. There was no logical framework or theory of change. The monitoring process took place with beneficiaries being made aware of the conditions they had to fulfil, frequent caseworker visits to the families and exit questionnaires administered to heads of households. Both MEND and RISE lacked structured mechanisms of accountability, including detailed financial reporting.

Were linkages between MEND/RISE and other existing social services and social protection programmes sufficiently articulated?

With respect to programme relevance, the evaluation asked whether the linkages between the MEND/RISE programmes and other existing social services and social protection programmes had been sufficiently articulated. The interviews showed that ministries were mobilized initially for the development of the social protection framework, in which MEND and RISE would be key social assistance tools. However, there were various challenges negotiating with the health centres and the schools involved in terms of agreeing on the management of the co-responsibilities, and little progress was made afterwards in terms of formalization.

Both programmes envisioned partnership with the various ministries of the pillars involved (Housing, Education, Health, Employment), and the governance structure included an inter-ministerial committee that met only twice in the beginning of the programme. In practice, the evaluation was not able to identify formal instances of collaboration among the various ministries in the case of St. Kitts and found that there was close informal collaboration in Nevis. The evaluation did not identify any close collaboration and exchange of experiences between the MEND and RISE programmes.

The informality of the arrangement stems from the urgency with which the programmes were deployed. A pragmatic approach is to be praised for the results they obtained in such a short period; however, there were misunderstandings about the role of each ministerial party in their implementation due to a lack of detailed information materials about their modus operandi. Officials on both islands agreed that better documentation will be essential for adequate results-based management of RISE and MEND on a larger scale.

What potential do MEND and RISE offer to further promote a child, gender, and equity focus in the Government's response to poverty?

Both programmes benefited women directly as they were the ones who were entitled to receive cash transfers and most of the participant households were headed by single women. MEND and RISE also involved the whole family, especially through the caseworker visits, health examinations and education pillar. Children and teenagers were involved in camps (in Nevis) and retreats (in St. Kitts) and in keeping a family budget. Both programmes had a global approach to the needs of the family and were mindful of power relations within the household by way of counselling and the family dynamics pillar. Counselling also helped families endure moments of hardship more serenely.

In this respect, during fieldwork it was observed that some of the youth were pivotal in taking up household responsibilities that resulted in a more organized, stable family routine. Youth reported assigning tasks to their younger siblings, helping illiterate and semi-literate mothers understand and comply with programme rules and accompanying their parents to PTA meetings. They felt this role boosted their self-confidence and sense of responsibility.

However, a scale-up would need to include more careful gender analysis to ensure this is overseen throughout the implementation of future programme.

4.3 Effectiveness

In order to address effectiveness – progress against goals – it is important to consider programme goals and outcomes as presented in the MEND programme manual (there is no RISE equivalent). See Table 4 below.

Table 4. MEND effectiveness

GOALS	OUTCOMES				
	Short term			Long term	
	Household	Adults	Children	Household	Adults
Improved decision-making in families Stronger family relationships Reduction in the rate of poverty	Increased consumption Increased use of health centres Heightened levels of awareness of services Increase in planned family activities	Opportunity for skills training and entrepreneurship	Safety – to minimize risk of abuse Greater value placed on education and health	Happy and confident Independent and stable families Improved healthy lifestyles	More adults employed or engaged in small businesses Have gained life skills Improved healthy lifestyles

Source: MCDGASS, 'Operations Manual', 2014.

To what extent did the programmes achieve the planned outputs and outcomes?

The long-term goals of the programmes were to improve decision-making in families, create stronger family relationships and reduce the rate of poverty (the latter is addressed in Chapter 5: Impact). A strong feature of both MEND and RISE, as reported by the beneficiaries, was the psychosocial assistance provided to the families by means of monthly visits. This close support helped to identify families' individual needs, refer them to the public services available and give them some degree of comfort in moments of increased stress. It is one of the key characteristics of the Puente programme in Chile that inspired the MEND/RISE programmes.

A total of 19 out of 20 families interviewed reported that because of participation in the programme, they felt more confident to maintain a peaceful family environment in which everyone could work together. The same evidence was found in the reports of the caseworkers at the end of the programmes. Families were encouraged to create a budget for the

household, do activities together and attend courses to help develop life skills. The general reaction to these courses was very positive, especially among children and teenagers. In the words of one of the children in the programme:

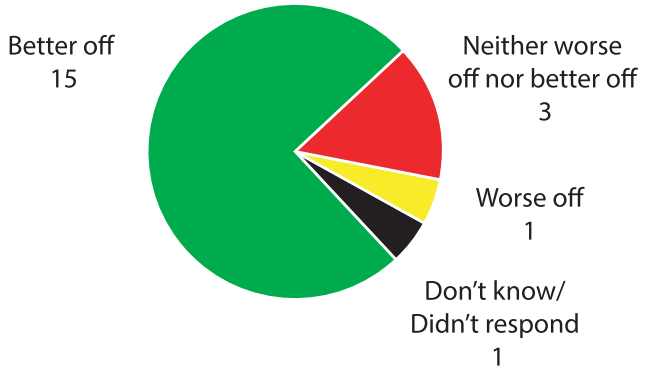
> *"We learned to stick to a budget. Helps you plan ahead. (...) [the] programme helps to manage your time."*
>
> – Female youth participant, 16, Nevis

The programmes brought a dimension of social protection not often addressed that relates to the well-being of families and the development of skills important for empowerment in all aspects of life: budget and time management, conflict resolution, parenting, setting long-term goals, etc.

> *"Before the programme, my life wasn't organized. I just went with the flow. But now, I'm more organized, wake up earlier, cook more."*
>
> – Head of beneficiary household, 29, mother of four
>
> *"The programme made me a real better parent that could keep a family… It teaches you how to humble yourself and how to speak to a child. They teach you how to take care of a home."*
>
> – Head of beneficiary household, 43, father of five
>
> *"I would say we (as a family) are much closer, I can help the younger ones with schoolwork and things that are happening."*
>
> – Head of beneficiary household, 42, single mother of five

Of the 20 families interviewed, 15 stated that they were better off after participating in MEND/RISE, as can be seen in Figure 6.

Figure 6. Would you say that you and your family are worse off or better off after participating in the programme?



Source: Evaluation Survey

School teachers who followed the families in Nevis also reported that the programme had helped them to look at the families individually and how important this was for improving family life.

Family dynamics

In terms of family dynamics, the activities planned were: (a) counselling; (b) helping the family develop a list of house rules; (c) helping the family establish household chores for each member; and (d) helping the family identify community resources to which they could have access.

In St. Kitts, 85.71 per cent of the families received counselling in the context of the programme; 61.90 per cent were involved in establishing household chores; 51.38 per cent developed house rules; and only 14.29 per cent could identify community resources available for them.[41] Of the families interviewed, 17 out of 20 assigned household chores to family members and 16 out of 17 still have the assigned chores in place almost two years after the end of the programme.

These results show that the programmes did reach out to most families in this pillar, but there were also challenges in terms of identifying community

41 MCDGASS, 'Family Dynamics Pillar Report', 2016.

resources and connecting the families with a wider range of services, which can also be linked to the challenge already mentioned of poor intersectoral coordination.

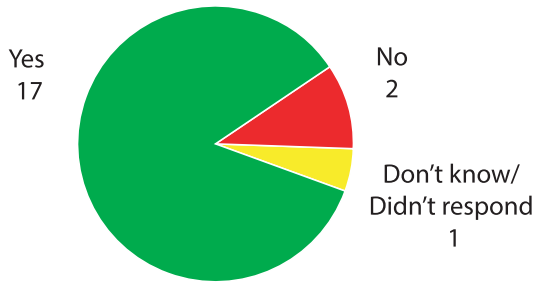
Another issue that was raised with the families was the extent to which chores were equally divided between male and female members. Of the 16 households that responded to this question, 15 claimed that the division was equal.

The families also received information about disaster preparedness, and all the families surveyed during fieldwork reported feeling better prepared to cope with disaster situations. Most of them voluntarily mentioned details of their emergency kits, where documents and basic needs are kept stored in a sealed container.

When it comes to how responsive caseworkers were to the needs of the households, there were different perspectives. Programme officials from St. Kitts reported that there was a sense of disconnection between caseworkers and some families that had more trouble complying or were doing so half-heartedly to obtain the cash benefit.

When families were asked if the social assistance officer was knowledgeable about their situation, 17 out 20 replied affirmatively, as illustrated in Figure 7.

Figure 7. Do you think that your social assistance officer was knowledgeable about your family's situation?



Source: Evaluation Survey.

Identification

The activities carried out here were: (a) taking photo IDs; (b) building a family tree; (c) asking questions about the family; (d) raising family wishes; (e) addressing fear; and (f) asking about proudest moments.

The report from St. Kitts showed that there was an average completion rate of 91.26 per cent in this pillar, the lowest rate being for 'addressing fear', which had a 76.19 per cent completion rate. Two of the challenges reported were proper maintenance of the folder as the material used was not very durable; and the absence of a deadline.[42] This was the first pillar to take place and went very smoothly as reported by officers in St. Kitts.

Education and income

In education, the activities planned were to monitor school attendance and lateness. There was particularly successful coordination between social services and education in the RISE programme, where the most vulnerable children were provided with special counselling at school. In both MEND and RISE, children were entitled to uniform, transportation and school lunch.

In RISE, there was also training for teachers in the initial stage of the programme, and a teacher would be responsible for looking out for those children in the programme. Teachers believed in the programme and felt it made a difference.

> *"What I like about the programme is that they don't just ask for names. They want to find out how the children are getting along academically, socially."*
>
> – School principal, female

42 MDCGASS, 'Identification Pillar Report', 2016.

"It's really lifting their spirits and their self-image and the self-confidence of a lot of children. Even if they're less fortunate in the home, they're paired with other students."

– School principal, female

There was also a good response from the parents. The survey showed that most parents interviewed (17 of 20) reported they felt more present and involved in their children's education. In the words of one of the mothers interviewed:

"I make it my business to visit their schools every month – now it is a part of me. Before I was busy, now it is a part of me and became more into the education. My son was low in his class, but since the programme he made it to the second-top class."

– Head of beneficiary household, 29, mother of four

Children reported enjoying the retreats promoted at the beginning of each pillar. These included information about the prevention of sexual harassment and potentially abusive household situations.

There were also some challenges reported in the case of St. Kitts: (a) parents were unwillingly to attend their children's schools to enquire about their behaviour and performance; (b) there was lack of timely completion and delivery of attendance verification forms from schools; (c) there were difficulties in identifying and allocating extra-curricular programmes within the designated communities to assist children in weak subject areas; and (d) parents who expressed interest in going to classes were afraid to take this initial step to develop themselves educationally.

Some suggestions made in the St. Kitts report were: (a) proper documentation for all stakeholders; (b) implementation of manuals within institutions to clearly outline their roles and responsibilities in the various pillars; and (c) implementing partnerships with communities to earmark interested persons who would be willing to provide extra-curricular programmes to assist the families. In Nevis, there was a suggestion to hold counselling sessions in an area off school grounds.

In terms of the income pillar, which was merged with education, an important aspect was budget preparation for the household as this was widely mentioned by beneficiaries as having a lasting impact. The programmes also encouraged participants to save.

"The budgeting was very helpful because it's hard to manage money in a household with five children, especially when they want this or that. So, learning how to budget and learning how to deal with certain responsibilities was really helpful. You see how you save, and how money was actually spent. It was the hardest thing I have ever done, but it was worth it. I started a savings account and I'm trying to maintain it."

– Head of beneficiary household, 33, single mother of five

Of the 19 heads of household that provided valid answers to the evaluation survey, 15 reported continuing to maintain a budget after the end of the programme. The importance of budget creation in the programmes was also reported in the focus groups and semi-structured interviews for the study cases.

Health and wellness

Families were encouraged to have physical, vision and dental examinations, and children's vaccination cards were also checked. Most households interviewed reported that because of participation in the programme, they felt they were better able to incorporate healthy habits/practices within the home (17 out of 20). Health was one of the issues treated in the workshops that families could take part in during the programme.

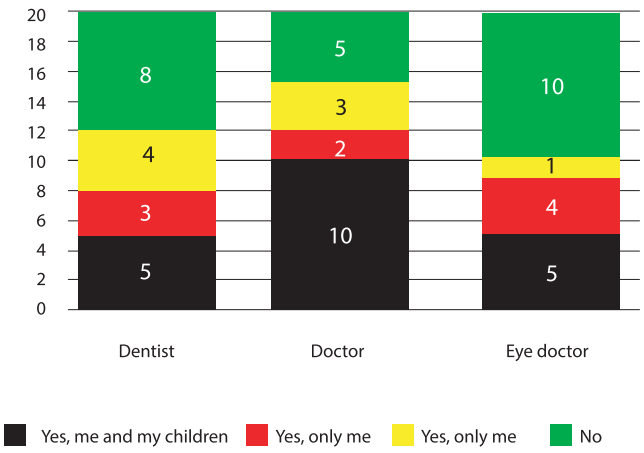
One of the families reported that:

> *"The health appointments were good, because some of us are afraid to go to the doctor. Some of us are afraid of bad news."*
>
> – Head of beneficiary household, 39, single mother of seven

In the case of St. Kitts, at the end of the programme, 88.88 per cent of the families had been examined and all the vaccination cards were checked.[43] This is significant, considering that it demands more effort from the families' side to go to the health centres and be examined.

The evaluation also asked families whether they had had periodic check-ups since the end of the programme with the doctor, dentist and eye doctor. The results were that at least 50 per cent of the interviewed households had attended one type of doctor appointment, which shows the incorporation of health check-ups for at least 36 per cent of the beneficiaries (considering 28 beneficiary households). Figure 8 illustrates these results.

Figure 8. Medical check-ups since the end of the programme



Source: Evaluation Survey.

The challenges reported for the health pillar were: (a) poor dissemination of information from stakeholders in a timely manner to have services performed in public health facilities; (b) poor communication on behalf of stakeholders; and (c) frequent interruptions of heads and children from work and school respectively.

Suggestions received include producing a MEND handbook for stakeholders outlining the roles and a better arrangement for examinations to avoid numerous interruptions due to conflicts with the head's workplace.

Again, clearer definition of responsibilities is in order. Further, the dialogue between MCDGASS and the Ministry of Health needs to be strengthened. However, there were significant advances in terms of promoting the health and well-being of the families as verified during fieldwork. Visits to dentists were a new experience for many of those interviewed, as were pap smears. Doctor visits were unanimously praised and most of the heads of household incorporated health check-ups into their routines after the programmes' end (see Impact below).

Employment

The activity here was to open a savings account and the co-responsibilities were to have all persons over the age of 16, unless enrolled in an institution of higher education, gainfully employed or engaged in recreational programmes.

With that intent, the Ministry of Labour held sessions about: labour laws, including rights at work; employer's expectations, but also their responsibilities to their workers; calculating vacation pay; the minimum wage; and advice for job interviews. They also arranged for business representatives from the community to come in to talk to the beneficiaries. There were individual sessions and homework, which may have discouraged those participants who were illiterate, semi-literate or simply struggled because of impairments or poor formal education.

43 MCDGASS, 'Health Pillar Report', 2016.

The programmes were successful in helping families to feel more confident about saving money and planning for the future: 19 out of 20 families surveyed reported feeling better able to do so because of the guidance received from MEND/RISE.

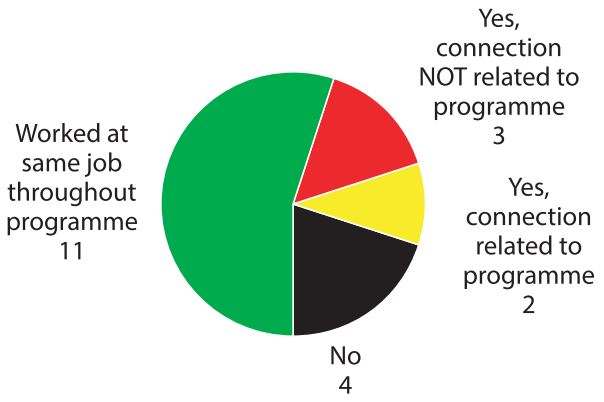
Learning how to save made a significant difference in clients' lives:

> *"It taught me to save. Before, I used to just spend money. But it taught me to always put away something. Since the programme, I signed up for a savings at the treasury."*
>
> – Head of beneficiary household, 29, mother of four

> *"Through the programme, I learned how to save money, and I bought my own car. A family man needs a vehicle… On the programme, it took me five weeks to save $5,000, and I bought the vehicle. If it wasn't for the programme, I couldn't have saved that much money. All the money I used to get I wasted on bars. Since the programme, I don't drink, I don't smoke. So now I know how to save my money."*
>
> – Head of beneficiary household, 43, father of five

In this pillar, 12 participants interviewed stated that the programme helped them define their professional goals. However, only very few of the interviewed households (2 out of 20) found work due to programme activities (see Figure 9).

Figure 9. Did you find work during the programme?



Source: Evaluation Survey.

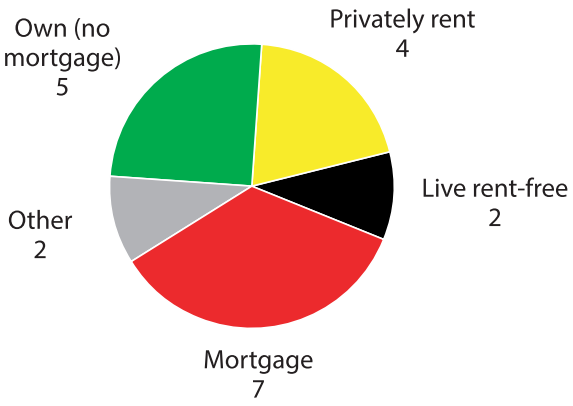
The sessions held by the Ministry of Labour for the unemployed were open to the public and included MEND and RISE beneficiaries but were not specially targeted at this population. Additionally, interviewees suggested that participants be provided with transportation assistance to and from training sessions and that food and refreshments be provided to increase attendance.

Housing

There were two main activities under housing: (a) attendance at information sessions about planning and preparing for home ownership; and (b) ensuring access to basic household needs, including potable water.

Figure 10 displays the current housing situation of 20 families. As shown, the majority still pay a mortgage, while some are owners of their own homes or pay rent. The minority live rent-free or have another type of housing situation.

Figure 10. What is your current housing situation?



Source: Evaluation Survey.

This pillar was central from the families' point of view but had some shortcomings as the target group had difficulties in accessing credit to buy their houses. However, the cash transfer given to the poor families helped to pay mortgages and the indigent were prioritized to receive government housing.

Many beneficiaries reported that the programme was successful in helping to improve their houses and in some cases buy their own property:

"Before, we were living in a one-room house with no electricity, no water. But now, we're living in a bigger house, big yard and everything, and the children are happier too."

– Head of beneficiary household, 29, mother of four

"Being a part of the programme was successful for me. Right now, I'm a property owner. I have a piece of land, a house."

– Head of beneficiary household, 39, single mother of seven

"I went out to look for housing after my confidence built up. I talked to my caseworker, and she boosted my confidence a lot… I could always talk to her about anything."

– Head of beneficiary household, 29, single mother of four

"It's because of the programme that I get where I am right now because I used to live in rent house. They gave me motivation to get my own, so it's a good thing. They push you to get a job, and get your own house, and feel like you can do it. They open your mind so that you want to go out and get things done. Right now, I am looking to own my own business."

– Head of beneficiary household, 41, single mother of four

"I was living in a two-bedroom, and I moved into a three. From there, I got my own place."

– Head of beneficiary household, 41, single mother of four

These statements also show the linkages between the caseworker support to families and the motivation to work towards saving for home ownership because of the additional confidence and organizational skills gained.

Photo 5. Beneficiary family

To what extent did MEND and RISE (i) protect beneficiary households, (ii) support their social integration and (iii) provide them with new opportunities?

Evidence indicates that the programmes contributed to the protection of selected households because of a combination of the elements of each pillar. Receiving the benefit through a bank card also brought dignity to the beneficiaries as they felt more comfortable in receiving the money without having to go to a social assistance office. The Island is small, and families will often not like to show their peers they are receiving government assistance.

When it comes to the development of opportunities, these were more clearly seen in the investments made in education and life skills building. Better results were obtained by the not-so-vulnerable heads of household that responded to the capacity-building efforts, and less so by the indigent, as reported by those interviewed during fieldwork.

Were the pillars and activities sufficient (in quantity and quality) to achieve the outputs?

The next question refers to whether MEND and RISE's pillars and planned activities were sufficient (in quantity and quality) to achieve the outputs. All aspects of the identification pillar were carried out successfully. Reports from the family dynamics pillar showed a need of intensifying the linkages between social workers and families and a demand for more retreats for life-building skills, which were very much appreciated by the families and especially children and teenagers. The education pillar had mixed results as programme dynamics in St. Kitts and in Nevis were very different and it was identified that more dialogue is needed on various fronts to intensify the work of partners in the Health, Education and Labour Ministries.

How do programme staff and stakeholders alike perceive MEND and RISE? What do they like and dislike? What would they change or adapt?

Stakeholders reported various key features of programme design that should be improved, mainly in terms of the conditions imposed, standards and psychosocial assistance given to families.

In terms of conditions, there are strong feelings about their role and intensity on the part of staff members. There is a perception from key government decision makers that some terms and conditions of the project were onerous and almost punitive for the families (e.g., being penalized for missing sessions when they may have had justifiable excuses for being absent, such as difficulties for single mothers to make time, etc.).

As part of that perception, MCDGASS will change some of its operations, such as opening community centres from 8 AM to 4 PM to allow the creation of more connections and relationships between staff and the local community. There is also the possibility of having the community centres open at 7 AM so that single mothers can go before work to get children immunized, attend check-ups, etc. This was part of the learning process of the programmes.

There is also a concern among partners about the lack of standards and criteria for follow-up with the families. This is matched by a feeling among leaders in MCDGASS that the programmes should have had more attention to detail. There was almost no follow-up of conditions imposed related to health, for instance. This was a structural problem that has been discussed and identified throughout the evaluation process.

Another key issue that was reported by caseworkers was the need for the right training to work on further counselling for the families to help with the most difficult cases and facilitate behaviour change. Along the same lines, the importance of a symbolic graduation from the programme was also reported by both caseworkers and beneficiaries in St. Kitts. It should be in place to acknowledge the progress made by the families and encourage them for further improvement in their well-being.

How has been the quality of services provided in terms of timeliness and meeting the beneficiaries' needs?

Timeliness of cash transfers is a point of concern. Whereas payments were made regularly, the exact days of the month varied. Some families interviewed reported not knowing when or whether the funds would be credited, and others mentioned being embarrassed at checkout when their purchases were denied. Predictability of income is a fundamental feature of a household budget, and it should be assured by a more structured disbursement scheme on the part of the programmes.

However, there was availability and timeliness in the provision of services regarding identification and partially so in health, education and employment. In health, even though services were available, adjustments need to be made in terms of combining doctor visits with work. In the education pillar, there was lack of follow-up of beneficiaries under the programme in St. Kitts, while under employment more tailored sessions should to be put in place to address the needs of the beneficiary families.

How effective have been the synergies between the MEND/RISE programmes and other existing social protection programmes?

The desk review showed that there are several social protection programmes in SKN scattered in various ministries with different databases and diverse types of benefits and management strategies. MEND and RISE involved partnerships with the Ministries of Health, Education, Employment and Housing but not with other social protection programmes specifically aiming to assist the most vulnerable.

There was a great mobilization towards the building of the NSPS in 2012, which led to a proposal of developing an objective common targeting mechanism (CTM) and a single beneficiary registry (SBR) for key social safety net interventions along with systematized processes and operations and a management information system (MIS). Common management mechanisms have the potential to create synergies among the programmes and to identify and follow the progress of families in a systematic way. A revamped version of the programmes has the potential to help with that process, but more debate will be needed to build a consensual understanding of the directions for social protection in the country.

How effective have been the coordination and partnerships established to support MEND and RISE implementation for meeting the objectives of (i) engaging with families to strengthen their capacities and (ii) addressing poverty in an inter-sectoral way?

In terms of potential inefficiencies in the selection of beneficiaries and service delivery, one of the issues identified by the evaluation was the lack of synergy between the St. Kitts and Nevis administrations as there were practices that could have been enhanced by sharing experiences.

In the case of Nevis, a particularly successful aspect of implementation was the synergy between the education department and social services, which has contributed staff time and energy to assist children from households enrolled in the RISE programme.

How have external factors affected the management of MEND and RISE?

MEND was implemented between September 2013 and April 2016 in St. Kitts and RISE was implemented in Nevis between September 2014 and 2016. General elections took place in SKN on 16 February 2015 and the country saw a change in the government. There was also another change in December 2017 in the Nevis administration after the programme was over, and there were debates about a scale-up phase.

Any election process during programme implementation tends to have considerable impact as there are changes in managers and in perceptions about the right course of action. However, despite the changes that took place, the programmes were finalized.

Has the targeting mechanism been effective in selecting the right intended beneficiaries?

Regarding selection criteria in the absence of proxy means-testing, MEND prioritized "indigent population, the poor and vulnerable households from the two poorest quintiles in St. Kitts and a priority given to households with children not maintained by their non-custodial parent or Social Security, seniors who are unemployed or not covered by Social Security and disabled persons who are unemployed or not covered by Social Security".[44] Only 2 families of 28 did not meet the selection criteria initially applied.

However, two key points need to be emphasized. First, both MEND and RISE targeted indigent and vulnerable populations that are also targeted by other projects. In the case of MEND, the application of national household registry socio-economic criteria to client families revealed that all but two of them were either indigent or very poor.

Second, even though both programmes were well targeted, the selection of families did not follow a step-by-step protocol involving, for example, signing up for the programme, inserting the data in a system and creating a scale of prioritization for the families according to their needs. This was not a problem for a benefit given to 28 families, but it will be difficult to manage and to ensure accurate targeting if the programmes are to be scaled up.

The goal of the NSPS to establish a common management mechanism for key social safety net interventions should be very strategic in further advancing social protection in the country.

4.4 Efficiency

Efficiency assesses whether staff practiced effective time management and efficiently allocated and monitored human, material and financial resources. This analysis considers how the project anticipated and reacted to risks, and whether outputs and outcomes were commensurate to inputs. The question of the relationship between project costs and results will be explored under impact in the cost-benefit analysis (section 5.3).

How have the funds been used compared to initial expectations?

This question could not be fully answered due to the lack of data. There were no data available on the breakdown of specific expenses, either what was planned or what was implemented. The resources received by the programmes were incorporated in the national budget, so the programmes did not develop specific budgets that listed all the expenditures.

Are there any inefficiency issues with regards to the selection of beneficiaries and service delivery at the island level?

There were no efficiency issues with the selection of beneficiaries as the programmes were well targeted and the beneficiary group was very small (28 households). However, there is a high probability there will be issues if the programmes increase in scale and keep operating with the same framework.

In terms of service delivery, there were inefficiencies regarding the complementary services on health, education and employment. On health, the lack of coordination between the working time of beneficiaries and the doctors´ availability prevented many household members from attending the doctor appointments. Further, in relation to employment, the lack of specially designed courses for the beneficiaries led to limited impact on career improvement. The career improvement that took place was mostly due to other factors rather than to the intervention of the Ministry of Labour. The programmes helped increase the self-esteem of the target group and gave them information to develop life-skills that were useful for developing a new outlook towards life and improving in different areas.

44 MCGDASS, 'MEND Operations Manual', 2014.

Have the synergies created among various providers' services contributed to the overall efficiency of the programmes?

The programmes could enhance their efficiency by promoting high-level dialogue among different ministries and defining protocols for local civil servants. As these were not in place, there was much negotiation and a number of individual agreements instead of systemic arrangements. Communication is also an area with much potential for improvement. Families often did not know who to refer to for social services, and social workers did not always have the information to provide to the families. Protocols and more systematic management procedures with information systems would need to be in place to help with gains in efficiency.

Families also reported the importance of the information received about disaster preparedness, how to deal with hurricanes, care for children in times of disaster and other security-related measures but there was no information provided on the partnership with civil defence in SKN. The institutional aspects of the programmes need to be developed, with formal partnerships in place beyond government agencies.

Are there any potential efficiency gains to make?

The programmes could benefit from the creation of more robust management systems with clear goals, indicators and a monitoring and evaluation system, which was not in place. A management system combined with the creation of a database for social protection in the country and the collaboration with other ministries and actors working in the field would help to take the programmes to a new level of efficiency.

4.5 Sustainability

What are the strengths and weaknesses of MEND and RISE (design, coordination, management, monitoring) that determine their overall sustainability?

MEND and RISE have worked with staff from MCDGASS, the Nevis administration and existing structures of the partner ministries. While this has helped to save resources, the structure of MCDGASS was pushed to its limits and will not be sustainable in the case of a scale up, where more resources would have to be mobilized.

Both programmes have a complex design that is intensive in inter-sectoral coordination and groundwork with the households. Further resources will be required for coordination, monitoring and evaluation added to more caseworkers and investment in information technology for a second, larger round of implementation.

Although exit interviews were conducted, the evaluators noticed the need for a more structured approach to case follow-up. As the programmes aim to decrease the odds of families lapsing into poverty as well as develop the means to overcome spells of vulnerability, an exit strategy is in order. This should involve critical case discussions so that graduating clients may be referred to appropriate social services, improving the likelihood of sustaining the observed impacts.

What has been the buy-in from the service providers and the beneficiaries?

The buy-in from the beneficiaries was significant. However, from the part of the service providers, the buy-in was mixed. There was high-level engagement of other ministries in the beginning of the process, but it did not follow through. There were difficulties of engagement with Ministries of Health and Education in St. Kitts and little actual involvement from the Ministry of Labour. The exception was Education in Nevis, which was highly engaged in the programme.

What is the potential of MEND and RISE in the larger framework of the social protection floor?

Continuity of the programmes will depend on the ability of those who have been involved in the pilot to

engage the right actors and raise again the agenda of integrated social protection in the country, following the debate that took place in 2012.

With their multidimensional approach and proven ability to engage families, MEND and RISE could potentially help innovate social policy in SKN. For that to happen, however, the Government would need to strengthen and streamline its overall approach to social protection and ensure greater coordination within the social sector. Sustainability of public policies is also attained by the development of a culture around a certain area – engaging academics, the media and civil society – so that knowledge and levels of social accountability increase.

How can MEND and RISE be integrated into disaster risk response mechanisms to ensure the indigent and vulnerable are protected?

Both MEND and RISE addressed disaster preparedness through the workshops/retreats offered to the families. Almost two years after the programmes ended, participants could recall some of the contents they had been exposed to and showed appreciation of the topics they received instruction about. However, based on interviews of the programme managers and staff involved, the partnership between the programmes and civil defence did not seem significant.

This challenge is not exclusive to the partnership between MEND/RISE and civil defence it was identified in all areas of work (except in the relationship developed between Education and social assistance in Nevis). A second round of the programmes would need to allocate time for key managers to devote to managing institutional relations with partner institutions.

How can MEND and RISE further contribute to the Government's goals of a multi-dimensional response to poverty and sustainable social development?

MEND and RISE have as their core concept addressing poverty from a multidimensional perspective. They provide cash along with psychosocial assistance and referral to several complementary services. In this sense, the programmes´ design pushes for dialogue and helping the Government to address poverty. However, the reality of programme implementation is much more challenging. MEND and RISE could work as a window and experimentation place for inter-sectoral collaboration, but closer collaboration among government institutions would need to take place via formal mechanisms and legislation to ensure institutions develop programmes together and discuss them in common forums.

How will funding be secured in the scale-up of the programme?

Both MEND and RISE are at risk of not continuing operations in a scale-up phase. Even though funds are always a critical factor, in this case the major risk is political sustainability. Even though the evaluation brought evidence of sustainable results of the programmes for the families in terms of change in family dynamics, budget management, self-esteem, housing conditions, school performance and health habits, it also showed that little structure was created to help sustain the programmes over time and that they lost political support with the changes in government.

5. Impact

While the initial plan was for evaluation to take place right after programme implementation, it was in fact carried out two years after completion. The advantage of this revised timeline was that it enabled an impact assessment in terms of what practices were incorporated and what beneficiaries recalled as significant for their lives. Programme impact is determined by the positive and negative effects that can be directly attributed to its presence. A survey was therefore conducted with the beneficiary families and an analysis was made based on the questionnaires used for families to enrol in the programmes.

Were the selected indicators used to monitor the programme outputs relevant and specific? And the outcomes? Has it been feasible to collect data on selected indicators?

The programmes did not have a framework with indicators. The indicators developed for this evaluation are based on criteria presented in the evaluation matrix and developed by the evaluators to assess the programme.

A**re there any observed unintended direct or indirect results at the level of the household and of its member (children, women)?**

There were no clear observed unintended direct or indirect results at the household and members' level, but there were results that had a greater importance than was initially expected. This is the case with budget creation in the households. It was meant to be one of the topics addressed in the workshops, with no special centrality. However, the evaluation showed that it had an impact in the culture of the households involving the whole family.

Another topic that received greater importance than expected was housing and, even though its impact varied greatly, there was significant impact for some of the beneficiary households.

How have MEND and RISE contributed to short- and long-term poverty reduction for beneficiary households and for individual people (children and women)?

The programmes helped to create lasting impacts on family habits related to health, interaction among family members and the creation and maintenance of a family budget, as seen by the habits taken up by the families and sustained two years after the programmes were implemented. On education, impact was mixed: There were reports of beneficial counselling, especially in the case of MEND, but there were also reports that family engagement in school tended to remain the same as before. On housing, there was a wide recognition by beneficiaries of the impact of the programmes in helping them pay for mortgages, access credit and move to bigger houses. The observed impacts in each dimension for MEND and RISE, based on survey results and the qualitative assessment, are discussed below.

5.1 MEND

Income and employment

An increase in their salaries since the beginning of the programme was reported by 10 of the 13 surveyed households. One household cannot be included in the calculations since the head of household did not report any salary value on the intake form. At the beginning of the programme, three heads of household were unemployed. Of these, two found a job. As a result, their salaries improved significantly between the two periods of consideration.[45] One head of household, on the other hand, changed jobs after the end of the programme[46] and saw her salary decrease dramatically. It is possible that her current situation is temporary and allows her to earn a small amount while looking for a better-paying job.

45 T_1 = Intake forms (Feb. 2014); T_2 = SKN Survey (March 2018).
46 The reasons for the change are unknown.

On average, the incomes increased by EC$375. If the household head whose income decreased between the beginning of the programme and the impact survey is not included, the incomes increased by EC$435.

Considering only the salaries of heads of households who already had a job at the start of the programme and saw their earnings increase, there was an average increase of EC$54.5. However, if the household head whose income decreased is included, the average increase amounts to EC$16.2.

Although the increase in the earnings of the households cannot be directly attributed to the programme, MEND contributed to improving the chances of families obtaining a larger and more stable income. It did so by referring them to jobs, preparing them for the job market and boosting their self-esteem. In addition, evidence from this research shows that disposable income has also increased because of the budgeting activities that families adopted.

Doctor visits

Of the 13 surveyed households, 12 went to a doctor for check-ups as part of the programme. The only household that did not do so also did not go to the dentist. However, this household reported going to the doctor with the whole family since the end of the programme.

After the end of the programme, 9 of the 12 households that went for the initial visit continued going to the doctor for check-ups. This seems to indicate that the programmes were successful in creating a habit of preventive health measures in the majority of households. However, those measures are not taken for the whole family. Two heads of households mentioned they went to the doctor for themselves but not for the children. One of these only goes to the doctor with her children when they are sick. Three heads of household, on the other hand, go for check-ups for their children only. In total, only five heads of household go for check-ups for both themselves and their children.

Based on the information provided by the three heads of household who did not continue going for periodic check-ups with their family, it seems that the programmes failed to install the new habit of preventive health measures. While one head of household mentioned a lack of time, another mentioned that everyone in the family was in good health.

Dentist visits

All except one surveyed households went to the dentist as part of the programme. The household that did not go, however, went for a check-up after the end of the programme. From the other 12 households, 8 reported not going for check-ups since the end of the programme. The reported reasons for doing so vary, but one recurring reason (two cases) seems to be the absence of dentists in the households' proximity.

Of those who went for the check-ups, two heads of households reported only going for themselves, while one head of household only went for her children. In total, only two heads of household reported going to the dentist for check-ups with the whole family.

Eye doctor visits

During the programme, all 20 households went to an eye doctor. From the 13 surveyed households, 7 continued going for check-ups after the end of the programme. Four heads of household went for both themselves and their children, while three reported going only for themselves. Of the six households that did not continue going for check-ups, two mentioned that their daughters had got glasses, so although the programmes did not instil the habit of preventive eye doctor visits, they did benefit from the initial visit. One of those households mentioned that they did not go for check-ups because their eye doctor moved away. Table 5 illustrates the periodic visits to the doctor, dentist and eye doctor after the end of the MEND programme.

Table 5. Periodic visits to the doctor, dentist and eye doctor post-MEND programme (number of households)

	"Yes, for me and my children"	"Yes, but for myself only"	"Yes, but for my children only"	Total
Periodic doctor visits	5	2	3	9
Periodic dentist visits	2	2	1	5
Periodic eye doctor visits	4	3	0	7

Source: Evaluation survey

Healthy practices and habits

Of the 13 surveyed households, 11 feel better able to incorporate healthy habits and practices into their home thanks to the programme, while one head of household did not and one did not know or did not respond. Overall, this seems to indicate very good results. Most of the households have started introducing healthier habits into their diets, such as eating healthier food and buying less processed food. One household also reported paying more attention to drinking a sufficient amount of water and doing exercise. Despite having introduced healthier habits into her household, one head mentioned not being able to afford some things and not being able to access money at the bank.

The following quote illustrates a lasting health impact reported by beneficiary households:

> *"We learned to eat more local and saved money. (…) We drink a lot more water and exercise."*
>
> – Head of beneficiary household, 43, single mother of three

Lasting impacts were reported also in cooking practices (using less salt and sugar and cooking more at home, for example) and more attention given to the type of food consumed by children and youth in the household (more fruits and vegetables). These were practices addressed in the retreats/workshops and promoted and reinforced during the visits made by caseworkers to the beneficiary households. An additional practice encouraged by the programme was to plant home gardens, which helped families save money and eat more healthily.

Education

Out of the 13 households, 11 feel more present and involved in their children's education because of participation in the programme. Overall, this is a good result. One of the heads of household who does not feel more involved in her children's education mentioned during the exit interview having problems with one of her sons. The other one recently had a baby and seems to have a lot on her plate with a new baby, her studies and her job.

Household chores

Household chores were assigned to different family members by 11 of the 13 households as part of the programme. Of those, 10 are still respecting the chores assignment and have divided the chores equally between female and male family members.

Budget management and savings

Most of the households (12 out of 13) created a budget during the programme, and 9 of them are still using it. One head of household stopped working with a budget due to her mental impairment, while another recognizes the value of keeping a budget but has not found enough time to do it since the programme

ended. Overall, all 13 households say that, because of the programme, they feel better able to save money and plan for the future, indicating a positive impact.

5.2 RISE

Employment

As reported in the 'RISE Final Report', three heads of household were unemployed at the beginning of the programme. By the first year of completion of the programme, all three had found a job. Three of the eight participants also had opportunities for occasional extra work through the programme and two of the heads registered in the Unemployment Registry or went to the Labour Department to seek work.

The survey shows that, of the seven surveyed heads of household, four found work during the programme through a connection or an opportunity unrelated to the programme. One did not find a job and the two others worked at the same job throughout. The person who did not find a job is currently still unemployed, while one person who worked at the same job throughout the programme is currently unemployed. All other heads of household are currently employed and earning between EC$360 and EC$400+ per week. All currently employed heads of household claim that the programme has helped them define their professional goals.

Since information is lacking on the households' earnings at the beginning of the programme, it is not possible to estimate the average change in salary levels.

Doctor, dentist and eye doctor visits

Detailed information is lacking about each household's compliance with the health checks as part of the programme. However, it is known that three of the eight participating households complied with it. Five of the seven surveyed heads of household reported having made periodic visits to the doctor with the whole family since the end of the programme. These are very positive results.

Results are also positive regarding check-ups at the dentist. All heads of household reported going for periodic visits since the end of the programme. Three heads of household reported going with the whole family while three reported going for their children only. One head of household reported going for visits, but only for herself.

Eye visits were not included in the RISE programme and few heads of households reported going for periodic eye doctor visits since the end of the programme (see Table 6).

Table 6. Periodic visits to the doctor, dentist and eye doctor post-RISE programme (number of households)

	"Yes, for me and my children"	"Yes, but for myself only"	"Yes, but for my children only"	Total
Periodic doctor visits	5	0	0	5
Periodic dentist visits	3	1	3	7
Periodic eye doctor visits	1	1	1	3

Source: Evaluation survey.

Healthy practices and habits

Six of the seven surveyed households report feeling better able to incorporate healthy habits and practices within their homes thanks to the programme. The heads of household reported changes in the household's eating habits, hygiene and spending habits.

Education

The same six heads of household also reported feeling more present and involved in their children's education because of the programme. During the programme, 100 per cent attendance rates were reported at the training sessions of the education pillar.

Household chores

As part of the programme, those same six heads of household assigned household chores to different family members and these are still in place. Five heads of household reported that the chores were divided equally between female and male family members (one head of household did not know or did not respond).

In the in-depth interviews, clients reported changes in attitude that helped to bring the family closer together. In the words of two beneficiary households:

> *"We do things together, play games, etc. as opposed to before where we were separate."*
>
> – Head of beneficiary household, 43, single mother of three

> *"The programme made me a real better parent that could keep a family… The programme teach you how to humble yourself and how to speak to a child. They teach you how to take care of a home."*
>
> – Head of beneficiary household, 43, father of five

Budget management and savings

All seven surveyed households created a budget during the programme and six are currently still using it. When asked why she did not use the budget anymore, the head of household replied that she is currently unemployed and relying on food vouchers and social assistance. Although she no longer uses the budget, she does feel better able to save money and plan for the future because of the programme. Five of the other six households feel the same.

The guidance given in the retreats/workshops helped change households' approach to money. It helped them save and it involved the whole family in the process.

This impact has a clear link with the efficiency of the programme. There was a significant behaviour change in the households that did not have the habit of saving or planning. This impact was also felt by children and youth who were engaged in the process. Financial education, which is usually neglected in regular schooling practices, has the potential to help prevent future poverty traps for children and youth.

Other impacts

Housing was the priority demand of beneficiary families at the inception of the programme. Assistance with housing helps not only to increase the level of comfort of beneficiary families but also impacts relationships and self-esteem and helps to find a solution for the number one expenditure in a household.

> *"Before, we were living in a one-room house with no electricity, no water. But now, we're living in a bigger house, big yard and everything, and the children are happier too."*
>
> – Female beneficiary, 29, mother of two

Finally, there is another impact that has been mentioned throughout the report, which is the effect of support given to families in raising the self-esteem of the heads of households. They reported feeling more confident about their own capacity of getting a new job, thinking of new possibilities and looking after their families.

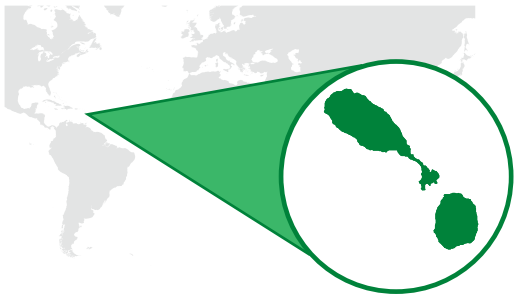
Almost two years after the end of the programmes, there was still a sense in the beneficiary families that they were more confident about their own capacities and had an even more positive outlook towards their future. Beyond the cash transfers, which provided for daily expenditures and in some cases for durable goods, the educational component of the programmes plus the psychosocial work helped to bring a lasting impact to beneficiary households.

Next, a cost-benefit analysis (CBA) is presented in which the economic impact of MEND and RISE is quantified.

5.3 Cost-benefit Analysis

The analysis estimates monetary returns generated by MEND and RISE, and considers costs associated with **Health & Wellness**, **Cash Transfers**, and **Financial Aid** for home construction , repairs, educational courses, and salaries for reading tutors.

A benefit's monetary value is estimated using **financial proxies**. Since positive changes could have occurred without the Programmes, our calculations include a certain amount of **deadweight**.



BENEFITS

More preventative and timely check-ups

Increased income and consumption

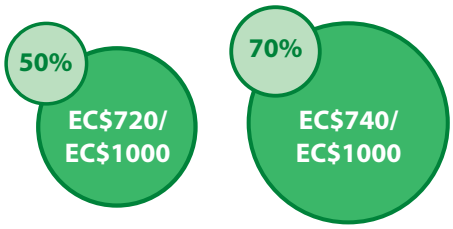
Home construction, repairs, courses, tutors

+ Increased income due to external factors

RESULTS

MEND and RISE are responsible for 50% (pessimistic) and 70% (optimistic) of progress achieved.

Thus, an investment of EC$1,000 leads to a return of EC$720 - 740.



Cost-benefit analysis (CBA) is used to evaluate a programme based on the socio-economic returns it generates. By calculating the monetary value of each of the programme's outcomes, also referred to as benefits, it is possible to estimate how many dollars are returned for every dollar invested in the programme. When the value of an outcome is not easily measurable, a financial proxy is used to estimate it.

Part of the change observed after implementing a programme may be attributed to external factors. It should therefore not be considered when calculating the programme's return. The deadweight, for example, is the part of the change that would have occurred even without the programme. For the present analysis, both an optimistic and pessimistic scenario is considered to estimate the deadweight. Under the optimistic scenario, an estimated 70 per cent of the generated benefits can be attributed to the MEND and RISE programmes. In other words, 30 per cent of the change would have occurred without the programmes. Under a more pessimistic scenario, an estimated 50 per cent of the generated benefits are attributable to external factors.

Some part of the change could also be attributed to other social programmes running on the islands. However, due to limited information on the various sources of help received by the beneficiaries, no part of the change is attributed to other social programmes.

The next section presents the methodology and assumptions underlying the results.

Photo 6. Youth focus group participants, Nevis

Methodology

To calculate the socio-economic returns of the MEND and RISE cash transfer programmes, the present value of the outcomes generated by the programmes over a period of five years is estimated and compared with the overall costs.

As a support tool for the execution of the analysis, the social return on investment (SROI) template spreadsheet provided by Social Value UK was used.[47] This is freely available on their website after creating an account. Although the spreadsheet has been designed to follow the SROI methodology, it is useful for a CBA as well. Both CBA and SROI aim to quantify the outcomes generated by a project and compare them with its costs. The main difference between the two methods is that the SROI considers a wider scope of stakeholders and outcomes of the project.

Figure 11. Impact-generating process

Timeframe

Based on the information provided in the 'MEND Operations Manual and Programme Document' and the 'RISE Final Report', the evaluation considered that the MEND programme ran from September 2013 until September 2015 and the RISE programme from September 2014 until September 2016. As a result, it does not consider any costs reported outside of this period.

Beneficiaries

In St. Kitts, 21 families were selected to participate to the pilot; however, one family was taken out of the pilot due to the death of the head of the household prior to its close.[48] The final group of participants is composed of 27 adults and 80 children. In Nevis, nine households were selected to participate to the pilot. Although one family exited the pilot in September 2015, it is included in the analysis under the assumption that the benefits it received could still have an impact. The seven interviewed families are composed of 13 adults and 33 children; it is assumed that the two remaining families that were not part of the sample are composed of one head of household each and that the remaining members are children. Overall, the resulting group of beneficiaries in Nevis counts 15 adults and 47 children.

Based on these calculations, the group of beneficiaries is composed of 42 adults and 127 children.

Photo 7. MEND beneficiary

Inputs

The Inputs to the programmes are the investments made both by the programme's implementers and by its beneficiaries. A financial value is allocated to the non-monetary inputs, such as time.

Given the limited information that was provided by the organization on both programmes, the analysis was narrowed to three main sources of costs and benefits: the cash transfer programmes; the costs related to medical visits that were covered by both programmes; and the additional financial support

47 Social Value UK undated.
48 The children were transferred to the home of another family member who did not express an interest in participating in the pilot.

provided by the RISE programme related to housing repair, housing construction, educational courses and salaries for a reading programme. Limiting the analysis to the sources of costs that are more easily quantifiable means the results generated are based on a set of plausible assumptions.

For the costs of the MEND programme, the provided MEND Programme Spending Totals spreadsheet indicates a total expenditure of $497,938.45[49] between 2013 and 2015. It is assumed that these costs occurred between the months of September of both years.

In the absence of expense records for the RISE programme, its costs were approximated by adding up the amount spend on cash advances (mentioned in the 'RISE Final Report'), the estimated amount of medical expenses covered by the programme, as well as the amount of additional financing provided between September 2014 and September 2016. The amount of additional financing was calculated based on information provided in the RISE Payment Tracker 2014-2017 and only considers the expenses related to education,[50] housing and land assistance. Based on the information provided in the spreadsheet, three people received financing to take part in the Youth Training Scheme; however, two of them paid for programme participation with the grant funds. As a result, they were not considered in the calculation of the amount of additional financing. Based on these considerations, the total amount of additional financing is $13,449.34.

The amount of medical expenses covered by the RISE programme is estimated by multiplying the average costs of a medical visit by the number of head of households (8) and adding it to the average costs of pap smears for the seven female heads of households. This results in a value of $646.00, which does not include the costs associated with all other health and wellness activities executed in Nevis. Finally, the cost covered by the beneficiaries to the programme is limited to a cost of time, which by convention tends to be valued to $0. Overall, the total input value is estimated at $608,758.79.

Outputs

The outputs of the programme are the activities that were executed to allow the programme inputs to generate outcomes. The activities considered for the present analysis are the following:

MEND

- Comprehensive physical examination for all members of the household
- Dental check-up, cleaning and a simple extraction for all members of the household
- Encourage head of households to comply with dentist order by having children scheduled twice yearly for cleaning
- Comprehensive eye examination for all members of the household
- Cash transfers.

RISE

- Health check (including pap smears for women) for the adult head of households
- Attend a family planning clinic
- One household was asked to have its teen female engage in safe sex counselling with a counsellor and nurse
- Health and wellness/self-care seminar;
- Three households were asked to engage in a house and surrounding clean-up and disposal of garbage
- Clearing of the medical bills of four households to facilitate smooth service expectations when families had to go back for health services
- Cash transfers
- Additional financial support covering costs related to housing repair and construction, educational courses and salaries for a reading programme.

49 All monetary values of this report are expressed in East Caribbean Dollars (EC$).
50 CXC classes, reading recovery, skill training, department training.

The MEND 'Health and Wellness Pillar Report' records 100 per cent participation in eye exams, 95 per cent in dental check-ups and 85 per cent in physical exams.[51]

According to the 'RISE Final Report', three of the eight (37 per cent) household heads that participated to the health and wellness pillar complied with the health checks and one parent attended a family planning clinic. Regarding the household that was to participate in safe sex counselling, the head of household did engage in the counselling but refused to enforce it for the child.

A 100 per cent attendance was recorded for the health and wellness/self-care awareness seminar. Two of the three households (67 per cent) that were subjected to a house and surrounding clean-up and the disposal of excessive garbage complied with the activity. Finally, three of the four households had their medical bills cleared.

The cash transfers are included as both inputs and outputs in the analysis on the assumption that they created economic value by being used for consumption or investments. At the end of the MEND pilot, each head of household was informed of the remaining balance on her or his card and asked how s/he wanted to spend the remaining available funds. All of them asked for the funds to be spent on expenses benefiting the household. Although it is not known how the RISE cash transfers were spent, it seems safe to assume that they were used for either consumption or investments.

All 20 households participating in the MEND pilot received a $750.00 cash transfer every two months during the duration of the pilot (two years). Cash transfers for the RISE programme were allocated every eight weeks for two years, with a minimum base of $800.00 per household. A total of about $96,725 was spent on cash advances for the RISE programme. As mentioned in the 'RISE Final Report', some households were given an extra two, sometimes three months to adjust to loss of income at the end of the programme. One household received additional financial assistance between September 2014 and August 2015. Over the next 12 months, all nine households received such assistance. Finally, one household received additional financial assistance between September 2016 and April 2017.

Benefits

The benefits of a programme are the outcomes resulting from the execution of the activities after involving the stakeholders. With the aim of generating reliable results, analysis is limited to the benefits for which there is a market, allowing a value to be put on the goods and services involved. The estimation of benefits of goods and services for which there is no market requires a non-market valuation based on a set of assumptions and tends to be less reliable.

Therefore, the benefits considered as arising from the programme are:

- More periodic visits to the doctor (adults)
- More periodic visits to the doctor (children)
- More periodic visits to the dentist (adults)
- More periodic visits to the dentist (children)
- More periodic visits to the eye doctor (adults)
- More periodic visits to the eye doctor (children)
- Higher income resulting from the cash transfers
- Housing repair, housing construction, take educational courses or participate in a reading programme (Nevis)
- Increase in income thanks to participation to the programme pilot

To measure the impact of more periodic visits to the doctor, dentist and eye doctor, a set of assumptions are needed to allow these benefits to be quantified. If it is assumed that such visits can help prevent health problems, then the benefit of going regularly can be measured in terms of the savings made on the medical costs that would have been incurred if the health problems had not been prevented or treated early on.

51 There were 20 households participating in the health and wellness pillar.

It is assumed that the periodic visits allow everyone to save on the cost of two visits to the doctor, dentist and eye doctor respectively, and the average price for each type of medical visit is used as a financial proxy for the calculations.[52] It is also plausible that the efforts made by the programme to encourage people to go for regular check-ups continue to have an impact for three years after the end of the programme pilot without any drop-off.[53]

The answers provided to the sample survey regarding doctor, dentist and eye doctor visits since the end of the programme were used to calculate the number of people or households enjoying the benefits of the health and wellness pillar. These numbers were then used to approximate the number of adults and children who would seek such services at the programme level.

The benefits of receiving the cash transfers are limited to the two years of the programme and are considered at the household level. On average, a RISE household is considered to have received a $6,908.93 cash transfer annually, while households from the MEND programme received $4,500.00 of financial support each year.

The RISE Payment Tracker 2014-2017 indicates that 19 individuals received additional financial support from the beginning until the end of the pilot and all expenses were used to attend educational courses.[54] The average recorded spending on educational courses is used as a proxy for the change per person.

Finally, the average change in income can be estimated based on the information filled in by the MEND participants on the intake forms at the beginning of the pilot and the collected survey data. All households except one reported an increase in income. Moreover, one household could not be considered in the calculation because of missing information on the intake form. Overall, the average increase in income is equal to $107.90. It is assumed that this outcome lasts for five years without any drop-off and estimated that 12.5 households[55] would benefit from such an increase.

Counterfactual

A fundamental step in a CBA is estimating the deadweight: what part of the change is not attributable to the programme itself but would have occurred even in the absence of the programme. The attribution in this case should consider the part of the change that can be put down to other existing social programmes; however, given the limited information on these, no attribution is considered in the calculations.

To estimate the deadweight of the programme, two scenarios are considered: a more optimistic one and a more pessimistic one.

In the optimistic scenario, the deadweight is estimated at 30 per cent for all benefits except the cash transfers, meaning that in the absence of the programme only 30 per cent of each benefit would have been observed. In other words, the beneficiaries would have been less frequently to the doctor, dentist and eye doctor and some participants would not have taken part in educational courses.

The same trend would observed in the pessimistic scenario, although the difference would be weaker. For the pessimistic scenario, the deadweight percentage is estimated at 50 per cent.

The deadweight of the cash transfer is equal to 0 per cent because there would not have been a cash transfer to the households in the absence of the programme.The impact of each benefit is calculated for five years or three years after the end of the pilot and considers a 6.5 per cent discount rate.

52 The average price for each type of medical visit was provided by a member of staff at MCDGASS.
53 The impact does not drop-off over the years.
54 Education: CXC classes; education-reading recovery; skill training; departmental training.

55 Ten of the twelve households from the sample reported an increase in income. To estimate the number of households at the programme participants level: (10/12) *15, 15 being the number of adults participating to the MEND programme

Results

The results of the CBA show that the programmes are successfully generating positive economic and social returns. Under the optimistic scenario, the returns are estimated at $0.74 per dollar invested. Under the pessimistic scenario, that number decreases slightly to $0.72 per dollar invested. In other words, for every $1,000 invested into the programmes, at least $720 of economic and social return are generated and returned to society over a period of five years.

Both return ratios are below 1, which indicates that the benefits do not cover the costs of the programmes. However, given that the two programmes are not expected to yield returns in the short term, these results reflect a positive outlook in terms of efficiency.

It is important to stress the fact that this analysis does not consider all the costs, activities and benefits of the programme. A more detailed CBA would require additional information on the activities and finances of the programme. Moreover, as previously noted, to calculate the part of the change to attribute to other social programmes would require information on the benefits received by the households from such programmes. Table 7 summarizes the CBA.

Table 7. CBA results

STAGE 1		STAGE 2		
Who and how many?		*At what cost?*		
Stakeholders		Inputs		Outputs
Who do we have an effect on? Who has an effect on us?	How many in group?	What will/ did they invest and how much (money, time)?	Financial value	Summary of activity in numbers
Households	MEND (St. Kitts): 20 households; RISE (Nevis): 9 households MEND: 27 adults and 80 children; RISE: 15 adults and 47 children	Time	0	Health and wellness pillar activity: Comprehensive physical examination for all members of the household. MEND: 17 participating households
				Health and wellness pillar activity: Dental check-up, cleaning and a simple extraction for all members of the household. MEND: 19 participating households
				Health and wellness pillar activity: Encourage head of households to comply with dentist order by having their children scheduled twice yearly for cleaning
				Health and wellness pillar activity: Comprehensive eye examination for all members of the household. MEND: 20 participating households
				Health and wellness pillar activity: health check (including pap smears for women) for adult heads of households. RISE: 3 household heads
				Health and wellness pillar activity: Attend a family planning clinic. RISE: 1 parent
				Health and wellness pillar activity: Safe sex counselling. RISE: 1 head of household.
				Health and wellness pillar activity: health and wellness/self-care awareness seminar. RISE: 100% attendance
				Health and wellness pillar activity: house and surrounding clean-up and disposal of excessive garbage. RISE: 2 of the 3 households concerned
				Health and wellness pillar activity: clearing of medical bills. RISE: 3 of the four households concerned
				Cash transfers
				Additional financing for housing repair, housing construction, to take educational courses or participate in a reading programme. RISE: 19 individuals
Programme officers	MEND spending (2012–2016)		497,938.45	
	RISE medical expenses		646.00	
	RISE cash transfer (Sept 2014 – Sept 2016)		96,725.00	
	RISE additional financing (Sept 2014 – Sept 2016)		13,449.34	
TOTAL			**608,758.79**	

STAGE 2	STAGE 3						
What changes?	*How long?*	*How much?*				*How valuable?*	
Outcomes	Evidence					Value (options)	
Description	Duration of outcomes	Indicator and source	Quantity			Financial proxy	Value
How would you describe the changes that result from activities after involving your stakeholders?	How many years will/ did it last?	How would you measure it?	Number of people/ households	How much change per person?	Outcomes start	What proxy would you use to value the change?	What is the value of the proxy for the change per person?
		Where would/did you get the data from?			Does it start in period of activity (1) or in period after (2)?	Where would/did you get the data?	
More periodic visits to the doctor (adults)	5	Savings in medical expenses thanks to more periodic medical check-ups (adults)	18	2	1	Average price of medical check-up for adults	37.00
More periodic visits to the doctor (children)	5	Savings in medical expenses thanks to more periodic medical check-ups (children)	84.666.667	2	1	Average price of medical check-up for children	26.00
More periodic visits to the dentist (adults)	5	Savings thanks to more periodic visits to the dentist (adults)	12	2	1	Average price of dental cleaning cost for adults	70.00
More periodic visits to the dentist (children)	5	Savings thanks to more periodic visits to the dentist (children)	55.940.476	2	1	Average price of dental cleaning cost for children	37.00
More periodic visits to the eye doctor (adults)	5	Savings thanks to more periodic visits to the eye doctor (adults)	13.5	1	1	Average price of eye doctor consultation cost for adults	65.00
More periodic visits to the eye doctor (children)	5	Savings thanks to more periodic visits to the eye doctor (children)	22.678.571	1	1	Average price of eye doctor consultation cost for children	32.00
Higher income (Nevis)	2	Value of the cash transfers (Nevis)	7	1	1	Cash transfers	6,908.93
Higher income (St. Kitts)	2	Value of the cash transfers (St. Kitts)	21	1	1	Cash transfers	4,500.00
Housing repair, housing construction, take educational courses or participate in a reading programme	1	Cost covered by the programme	19	1	1	Average price of educational course	707.86
Higher Income not caused by cash transfers (MEND)	5	Increase in income thanks to participation to the programme pilot	12.5	1	1	Average increase in income between the beginning of the pilot and the pilot survey	107.90

STAGE 4 (OPTIMISTIC SCENARIO)			
How much caused by the activity?			Still material?
Deadweight %	Attribution %	Drop off %	Impact
What will happen/ what would have happened without the activity?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people times quantity times value, less deadweight, displacement and attribution
30%	0%	0%	466.20
30%	0%	0%	1,540.93
30%	0%	0%	588.00
30%	0%	0%	1,448.86
30%	0%	0%	614.25
30%	0%	0%	508.00
5%	0%	0%	48,362.51
5%	0%	0%	94,500.00
30%	0%	0%	9,414.54
30%	0%	0%	944.13

STAGE 4 (PESSIMISTIC SCENARIO)			
How much caused by the activity?			
Deadweight %	Attribution %	Drop off %	Impact
What will happen/what would have happened without the activity?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people times quantity times value, less deadweight, displacement and attribution
50%	0%	0%	333.00
50%	0%	0%	1,100.67
50%	0%	0%	420.00
50%	0%	0%	1,034.90
50%	0%	0%	438.75
50%	0%	0%	362.86
5%	0%	0%	48,362.51
5%	0%	0%	94,500.00
50%	0%	0%	6,724.67
50%	0%	0%	674.38

STAGE 4 (OPTIMISTIC SCENARIO)					
Calculating cost-benefit					
Discount rate 6.5%					
Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
466.20	466.20	466.20	466.20	466.20	466.20
1,540.93	1,540.93	1,540.93	1,540.93	1,540.93	1,540.93
588.00	588.00	588.00	588.00	588.00	588.00
1,448.86	1,448.86	1,448.86	1,448.86	1,448.86	1,448.86
614.25	614.25	614.25	614.25	614.25	614.25
508.00	508.00	508.00	508.00	508.00	508.00
48,362.51	48,362.51	48,362.51	0.00	0.00	0.00
94,500.00	94,500.00	94,500.00	0.00	0.00	0.00
9,414.54	9,414.54	0.00	0.00	0.00	0.00
944.13	944.13	944.13	944.13	944.13	944.13

STAGE 4 (PESSIMISTIC SCENARIO)					
Calculating cost-benefit					
Discount rate		6.5%			
Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
333.00	333.00	333.00	333.00	333.00	333.00
1,100.67	1,100.67	1,100.67	1,100.67	1,100.67	1,100.67
420.00	420.00	420.00	420.00	420.00	420.00
1,034.90	1,034.90	1,034.90	1,034.90	1,034.90	1,034.90
438.75	438.75	438.75	438.75	438.75	438.75
362.86	362.86	362.86	362.86	362.86	362.86
48,362.51	48,362.51	48,362.51	0.00	0.00	0.00
94,500.00	94,500.00	94,500.00	0.00	0.00	0.00
6,724.67	6,724.67	0.00	0.00	0.00	0.00
674.38	674.38	674.38	674.38	674.38	674.38

OPTIMISTIC SCENARIO

Total	157,997.16

157,997.16	157,997,16	148,582.63	5,720.12	5,720.12	5,720.12

Present value of each year	
Total present value (PV)	
Net present value (PV minus the investment)	
Social return (value per amount invested)	

157,997.16	148,354,15	130,999.25	4,735.39	4,446.38	4,175.00
					450,707.34
					-158,051.45
					0.74

PESSIMISTIC SCENARIO

Total	153,672.98

153,672.98	153,672,98	146,948.31	4,085.80	4,085.80	4,085.80

Present value of each year	
Total present value (PV)	
Net present value (PV minus the investment)	
Social return (value per amount invested)	

153,672.98	144,293,88	129,558.34	3,382.42	3,175.98	2,982.15
					437,065.75
					-171,693.04
					0.72

6. Conclusion

Relevance

The MEND and RISE programmes were seen as relevant and timely at their inception. Today, this perception is mixed. On the one hand, there is a sense from upper management that target groups should either receive simple unconditional cash transfers or benefit from other existing services. On the other hand, there is broad consensus from the beneficiaries' side about the programmes' relevance and the view that they should continue. However, the programmes are short of meeting their potential target population, considering they were pilots and benefited only 28 families.

Effectiveness

Families were noticeably empowered as a result of participation in MEND and RISE, where individual initiative and active collaboration were encouraged. Positive changes of behaviour identified in the survey for the majority of families in all pillars attest to the lasting impact of this empowerment strategy.

A strong feature of both programmes as reported by the beneficiaries was the psychosocial assistance provided, which helped identify their individual needs and tailor the assistance, a feature not often present in larger programmes. Thus scaling-up may create a cost challenge considering the low ratio of caseworkers to families required for this kind of assistance.

The retreats/workshops helped to increase the self-esteem of the families and gave guidance on how to improve parenting, budgeting, schooling, health and housing and introduced a motivational factor that fostered behaviour change. The additional counselling provided to RISE children in Nevis schools also brought a positive impact in terms of self-confidence.

Budget preparation was widely mentioned by beneficiaries as having a lasting impact. Indeed, most families not only created a budget but also continued to use it after the programmes ended. The programmes also encouraged participants to save.

Most households interviewed reported that because of participation in the programme, they felt they were better able to incorporate healthy habits/practices within the home. Uptake of healthy habits has been high, as seen by visits to health services and nutritional awareness. The beneficiaries also had access to local produce and harvested from a garden in their backyards. This was a major programme success, particularly in St. Kitts. In the case of St. Kitts also, 89 per cent of the families had the medical examinations and all the vaccination cards checked by the end of the programme.

In terms of education, there were distinct differences between the RISE and MEND programmes, with the former having closer collaboration between social services and education. Both programmes could benefit from improving collaboration and fostering learning in different dimensions of their work.

Within the employment pillar, there was limited impact attributed to the programme. Very few beneficiaries found jobs due to their participation. This may have been because trainings did not target the specific needs of MEND and RISE beneficiaries. The psychosocial assistance given by the programme did empower families, and employment was only one aspect of it.

Housing was central from the families' point of view but had some challenges as the target group had difficulties in accessing credit to buy their houses. However, the cash transfer helped poor families to pay mortgages and the indigent were prioritized to receive government housing. Many beneficiaries reported that the programme was successful in helping to improve their houses and in some cases to buy their own property.

The programmes helped to address poverty from many perspectives: working on the self-esteem of the families, helping with the gaining of life skills (parenting, budgeting, security), assisting with investments in social capital on health and education and aiding with housing and employment. It helped bring various agencies together to assist families from a holistic perspective.

Efficiency

The programmes did not have a clear definition of goals and results or a monitoring and evaluation system. There were no clear protocols for implementation, and that led to misinformation among beneficiaries and loss of efficiency.

Timeliness of cash transfers is a point of concern. Predictability of income is a fundamental feature of a household budget, and it should be assured by a more structured disbursement scheme on the part of the programmes.

Communication is also an area with much potential for improvement. Families often did not know who to refer to for social services, and social workers did not always have the information to provide to the families.

The efficiency of the programmes could also be enhanced through high-level dialogue among different ministries and defining protocols for local civil servants. As these were not in place, there was negotiation and individual agreements instead of systemic arrangements. In addition, there was a lack of synergy between the St. Kitts and Nevis administrations and practices that could have been enhanced by each other's experiences.

Impact

For every $1,000 invested, $720–$740 was saved by virtue of the economic benefits afforded to participant families. That is to say that the real financial 'cost' of the programmes is the remaining $260–$280. If it were a financial investment, it would have a negative yield. However, a payback of 72–74 per cent is quite remarkable considering that social programmes are not designed to have positive financial returns.

In terms of impacts on financial stability, budget preparation for the household was a widely praised practice, with most families continuing to use this after the programme ended.

Sustainability

The evaluation of MEND and RISE brought evidence of sustainable results of the programmes for the families in terms of changes in family dynamics, budget management, self-esteem, housing conditions, school performance and health habits. However, it also showed that little structure was created to help sustain the programmes over time.

Continuity of the programmes will depend on the ability of those who have been involved in the pilots to engage the right actors and raise again the agenda of integrated social protection in the country, following the debate that took place in 2012.

With their multidimensional approach and proven ability to engage families, MEND and RISE could potentially help innovate social policy in SKN. For that to happen, however, the Government would need to strengthen and streamline its overall approach to social protection and ensure greater coordination within the social sector. Sustainability of public policies is also attained by the development of a culture around a certain area – engaging academics, the media and civil society – so that knowledge and levels of social accountability increase.

7. Lessons Learned

- In the MEND case, the executive team as well as the beneficiary families felt the need for a programme completion ceremony to highlight the gains made by families and give a sense of closure.
- The programmes gave monetary assistance to the families through debit cards, which proved very effective in reducing stigma and facilitating the use of funds.
- Co-responsibilities were difficult to comply with for some of the families, and the tasks were too time-consuming according to some of the beneficiary households. Nonetheless, families were largely engaged with the tasks proposed.
- The more vulnerable families received housing assistance and the less vulnerable, who paid rent or mortgage, benefited from systematic savings resulting from financial education. Attention should be paid to possible conflicts with eligible families outside the programmes if MEND/RISE clients are prioritized, and formal eligibility criteria are advised.
- Careful casework has resulted in identifying older children who were able to assist in budget planning, household chores and school attendance, especially in families with illiterate parents. It is important to avoid overloading children and young people with such tasks, especially if these detract from their leisure and study time.

Photo 8. Beneficiary mother and daughter

8. Recommendations

The recommendations are based on the results of the evaluation, crafted by the evaluation team, but drawing on the interviews conducted with government stakeholders and revised with inputs from UNICEF.

Table 8. Recommendations

Area	Target	Priority	Recommendation	Rationale
Policy	Government and UNICEF	1	Update the National Social Protection Strategy (NSPS) with the involvement of civil society and think tanks in the country, strengthen and streamline coordination of social protection programmes and consider establishing a social protection floor.	The 'policy arena' of social protection in the country would benefit from involving other actors, fostering knowledge and raising awareness to help with policy consistency over time. Inter-ministerial coordination is also a must considering the diversity of programmes and ministries involved.
Implementation	Government	1	Establish protocols and more systematic management procedures with information systems to help with gains in efficiency.	Families often did not know who to refer to for social services, and social workers did not always have the information to provide to the families. If the programmes are to scale up, investments in the management structure will be needed.
Implementation	Government	1	Design a monitoring and evaluation (M&E) system for scale up	There was no M&E system in place for the management of the programme, with clear goals, indicators, data systems and protocols. This will be necessary as the programmes are scaled up so that bottlenecks are identified and results assessed.
Implementation	Government	2	Promote high-level dialogue and coordination within and among different ministries engaged in delivering social protection programmes as well as with Health and Education and strengthen inter-sectoral coordination.	Inter-sectoral coordination in social protection was less than adequate despite MEND/RISE pilots being opportunities for improving it. There was much negotiation and several individual agreements instead of systemic arrangements. The programmes envisioned partnerships with the various departments and ministries of the pillars involved, and the governance structure had an inter-ministerial committee that met only twice at the beginning of the pilots. There was high-level engagement initially, but it did not follow through. There should also be stronger integration with the gender department to ensure an equity focus from a gender standpoint.
Design	Government	1	Provide counselling and special support for children and youth in schools from beneficiary households across the country in the framework of the programmes.	There is demand from parents in the programmes for further assistance to be provided to children and youth who are at risk of being involved in crime and drug addiction. The successful experience in Nevis of providing counselling to children could be learnt from.

Design	Government	2	Differentiate benefits according to the vulnerability of the household (single women, number of children, etc.) in an integrated strategy of social protection, where various programmes address different target groups and offer benefits according to their specific needs.	Beneficiary households are not a homogenous group. They have distinct levels of vulnerability. The differentiation of benefits within an integrated strategy involving the various ministries and agencies would have the potential of increasing impact. NOTE OF CAUTION: Increasing design complexity places more pressure on implementation.
Design	Government	1	Design an exit strategy so that families that graduate from the programmes can have a sustainable route out of poverty.	Since the programmes aim to reduce or eliminate intergenerational poverty, a prognostic analysis is necessary. Graduating families' cases should be critically assessed after the programme's end to determine the likelihood of their lapsing into poverty Referrals to existing social protection services should be made, if applicable.
Coordination	Government	1	Enhance coordination between programme administrations on both Islands.	There was a lack of synergy between St. Kitts' and Nevis' administrations, and practices could have been enhanced by more frequent information sharing.
Design	Government	1	Use the proxy means testing built into the National Household Registry for identifying potential beneficiaries for both MEND/ RISE scale up and targeting social protections services.	The selection of families did not follow a clear protocol of signing up for the programme, inserting the data in a system and creating a scale of prioritization for the families according to their needs. It will be difficult to manage the programmes and to prevent mistakes in targeting if they are scaled up.
Implementation	Government	1	Invest in caseworker capacity-building and quality service delivery.	Even though some training was provided to social workers, increased scale and complexity will require further preparation of caseworkers, considering the level of vulnerability of the beneficiaries.
Design	Government	2	Reinforce linkages of the programmes with housing policies.	Housing was a priority for beneficiaries and had a high impact on the quality of life and self-esteem of the families.
Implementation	Government	2	Implement partnership with communities/organizations who would be willing to provide extra-curricular programmes to assist the beneficiary families.	The programmes should be able to identify other services, beyond governmental services, and refer the families to them. The programmes also need to be developed with formal partnerships in place.
Implementation	Government	2	Communicate better with families about co-responsibilities and about the calendar of cash disbursement and amounts made available	Families were not aware of the disbursement calendar, which led to embarrassment among beneficiary families when using the debit card and unused cash at the end of the programmes. The overall management of the programmes need to be improved if scale-up is considered

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Appendix B: Research Instruments

RISE/MEND survey questionnaire

1. Island / Parish (2 separate questions)
    a. St. Kitts
        i. St. George
        ii. St. John
        iii. St. Mary
    b. Nevis
        i. St. George
        ii. St. James
        iii. St. John
        iv. St. Paul
        v. St. Thomas
2. Name
3. Gender
    a. Male
    b. Female

4. Age

5. Relation to head of household
    a. Head of household
    b. Spouse
    c. Son / daughter
    d. Other

6. Name of head of household (if not interviewee)

7. In addition to the head of household, who lives in the household? (Record number if present)?
    a. Spouse
    b. Sons / daughters
    c. Sons-in-law / daughters-in-law
    d. Grandchildren
    e. Parents
    f. Parents-in-law
    g. Brothers / sisters
    h. Grandparents
    i. Other relatives
    j. Unrelated persons

8. Were you caring for children during the programme?
    a. Yes
    b. No

9. Since the end of the programme, have you and your children (if applicable) been able to make periodic (non-emergency) visits to the...
    a. Doctor?
        i. Yes, for me and my children
        ii. Yes, but for myself only
        iii. Yes, but for my children only
        iv. No
    b. Dentist?
        i. Yes, for me and my children
        ii. Yes, but for myself only
        iii. Yes, but for my children only
        iv. No
    c. Eye doctor?
        i. Yes, for me and my children
        ii. Yes, but for myself only
        iii. Yes, but for my children only
        iv. No

10. Because of participation in the programme, do you feel better able to incorporate healthy habits/ practices within the home?
    a. Yes
        i. What kinds of habits/practices?
    b. No
    c. Doesn't know / Didn't respond

11. Regarding your child's education... Because of participation in the programme, do you feel more present and involved in your child's education?
    a. Yes
    b. No
    c. Doesn't know / Didn't respond

12. Regarding life within your home... As part of the programme, did you assign household chores to different family members?
    a. Yes
        i. Are the chores you assigned during the programme still in place?
            1. Yes
            a. Are chores divided equally between male and female family members?
                i. Yes
                ii. No
                iii. Doesn't know / Didn't respond
            2. No
                a. Why not?
            3. Doesn't know / Didn't respond
    b. No
    c. Doesn't know / Didn't respond

13. Because of participation in the programme, do you feel that your family is more prepared for a disaster?
    a. Yes
    b. No
    c. Doesn't know / Didn't respond

14. Regarding employment and income... Did you find work during the programme?
    a. Yes, through a connection or opportunity related to the programme
    b. Yes, through a connection or opportunity NOT related to the programme
    c. Worked at same job throughout programme
    d. No
    e. Doesn't know / Didn't respond

15. Are you working currently?
    a. Yes
        i. What is your current job?
        ii. What is your current salary?
        iii. Did the programme help you define your professional goals?
            1. Yes
            2. No
            3. Doesn't know / Didn't respond
    b. No
    c. Doesn't know / Didn't respond

16. Did you create a budget during the programme?
    a. Yes
        i. Have you continued to use that budget since the end of the programme?
            1. Yes
            2. No
                a. Why not?
            3. Doesn't know / Didn't respond
    b. No
        i. Why not?
    c. Doesn't know / Didn't respond

17. Because of the programme, do you feel better able to save money and plan for the future?
    a. Yes
    b. No
    c. Doesn't know / Didn't respond

18. What is your current housing situation?
    a. Own (no mortgage)
    b. Mortgage
    c. Lease
    d. Privately rent
    e. Rent from the government

f. Live rent-free
g. Other

19. How many rooms does your home have?

20. Do you think that your social assistance officer was knowledgeable about your family's situation?
    a. Yes
    b. No
    c. Doesn't know / Didn't respond

21. Would you say that you and your family are worse off or better off after participating in the programme?
    a. Worse off
    b. Neither worse off nor better off
    c. Better off
    d. Doesn't know / Didn't respond

22. Do you think that the programme should continue?
    a. Yes
    b. No
    c. Doesn't know / Didn't respond

23. Why? / Why not?

24. Do you have any suggestions for how to improve the programme?

Focus group – adults

1. Imagine I've never heard of the MEND/RISE programme. How would you describe it?
2. How did you first hear about the programme? What were your first impressions? Did it seem like something that could help you?
3. Did you talk to children and other family members before joining the programme? What did they make of it?
4. What kind of actions did your family try out at home because of the programme? Did you notice any changes in your family dynamic?
5. Did anyone's family create a list of rules for the household? How was that?
    a. How were the rules established?
    b. What are some examples of rules that your family created during the programme? Were they different from the kinds of rules you had before? More strict / lenient, etc.?
6. Did anyone's family divide up chores? How was that? Did people see it as a fair way to divide responsibilities?
7. How about with education? Did anything change in terms of how you viewed your child's education?
8. Did you notice any changes in your relationship with your children or with other family members?
9. How was your relationship with the social assistance officer (caregiver)? How was it having someone come to work with your family?

10. Is there anything about yourself or your situation you know now that you didn't know before the programme?
11. Do you think the programme should continue?
12. How do you think the programme could improve?
13. Are there specific activities that you would like for the programme to include?

Focus group – children

1. Imagine I've never heard of the MEND/RISE programme. How would you describe it?
2. Did your parents talk to you before joining the programme? What was your first impression?
3. What kind of actions did your family try out at home because of the programme? Did you notice any changes in your family dynamic?
4. Did anyone's family create a list of rules for the household? How was that?
    a. Did you have a say in how the rules were established?
    b. What are some examples of rules that your family created during the programme? Were they different from the kinds of rules you had before? More strict / lenient, etc.?
5. Did anyone's family divide up chores? How was that? Did it seem like a fair way to divide responsibilities?
6. How about with education? Did you notice any changes in your parents' involvement with your learning?
7. Did you notice any changes in your parents over the course of the programme? Did your relationship with them change at all?
8. Did you interact very much with the social assistance officer (caregiver)? How was it having someone come to work with your family?
9. Do you think the programme should continue?
10. How do you think the programme could improve?
11. Are there specific activities that you would like for the programme to include?

MEND/RISE – case stories

1. How did you first hear about the programme? What were your first impressions? Did it seem like something that could help you?
2. What was going on in your life at the time? What kinds of challenges were you facing? What were you worried about?
3. Tell me about some of the activities you were involved in with the programme.
4. What specific activities or services helped you address and overcome challenges?
5. How are things in your life different now, compared to before the programme? How much of these changes would you attribute to the programme?
6. Is there anything about yourself or your situation you know now that you didn't know before the programme?
7. Does it feel like this change will be long lasting?
8. What do you still want to do? What are your priorities for the future? What do you hope to change in the short term and long term? Have these priorities been influenced by the programme service at all?
9. What support, if any, do you need to help you in future? Is that available?

Semi-structured interviews – government officials

Relevance

1. Where do you see the MEND and RISE programmes fitting within the social protection framework and other policies run by the current government?
2. How do you assess MEND and RISE programmes' contributions to promoting a response to poverty that is multidimensional (beyond cash deprivation)?
3. How appropriate do you consider MEND and RISE programme design to be in terms of:
    a. Selection criteria
    b. Targeting
    c. Services
    d. Conditionality
    e. Governance structure
    f. Budget
    g. Monitoring and evaluation mechanisms
4. To what extent do you think MEND and RISE programmes have contributed to promoting child, gender and equity focus in the government's responses to poverty?

Effectiveness

5. What do you reckon were MEND and RISE's major contributions so far?
6. In your opinion, what were the major challenges faced by MEND and RISE?
7. How do you think MEND and RISE could be improved?
8. To what extent do you find the programmes contributed to protecting the selected households, promoting their social integration and giving opportunities for the families involved?
9. How do you see the fit between services provided and beneficiaries` needs?
10. Were the benefits delivered in a timely manner?
11. Are there synergies between MEND and RISE programmes and the other existing social protection programmes?

Efficiency

12. How have the funds been used compared to initial expectations?
13. Are there any inefficiency issues with regards to selection of beneficiaries and service delivery at the island level?
14. Are there any potential efficiency gains to be had?

Impact

15. What have MEND and RISE contributed to short- and longer-term poverty reduction of the selected households and individual members (esp. children)?
16. Were the selected indicators used to monitor the programme outputs relevant? What about the outcomes?
17. Has it been feasible to collect data on selected indicators?
18. Are there any observed unintended direct or indirect results at the household and members' level (e.g. children, women)?

Sustainability

19. What has been the buy-in from the service providers and the beneficiaries?
20. What is the potential of the MEND and RISE programmes in terms of contribution to the larger framework of the social safety net?
21. How can the MEND and RISE programmes be integrated into disaster risk response mechanisms to ensure the indigent and vulnerable are protected?
22. How can MEND and RISE further contribute to the Government's goals of a multi-dimensional response to poverty and sustainable social development?

Appendix C: Team Description and Qualifications

Plan is a private consultancy firm entirely dedicated to monitoring and evaluating (M&E) public-interest projects and programmes. Since 2007, we have been advising programme officers on the performance of their interventions with a participatory approach. Our multilingual researchers have strong academic backgrounds in the social sciences and applied research and operate based in Brazil (HQ) and Belgium.

Led by Fabrizio Rigout, Plan was selected by the UNDP to design a multidimensional poverty index for the Food Security and Nutrition Department of the São Paulo State Secretariat for Social Development (COSAN – SEDS/SP), as well as specify and implement a monitoring system for the Família Paulista integrated social protection programme. This programme, which is focused on alleviating extreme poverty and indigence by means of an integrated package of social services, now benefits from M&E indicators that allow it to locate and prioritize the neediest families. The poverty index developed by Mr Rigout and the Plan team is applied to a database of 4 million households updated weekly, tracking the progress of families in their pathways out of poverty.

Mr Rigout also supervised the verification of conditional cash transfer eligibility criteria by coordinating household censuses in three Brazilian municipalities aimed at assessing the socio-economic profile of beneficiary families.

At UNDP's International Policy Centre for Inclusive Growth (IPC-IG), Melissa Costa led the South-South learning team, managed the Brazil-Africa cooperation programme on social protection, with both research and programme management responsibilities, and was responsible for helping to transfer the experience of Bolsa Família to African partners. The Brazil-Africa cooperation programme consisted of a triangular cooperation initiative that involved the Brazilian Ministry of Social Development, African partners and the UK Department for International Development (DFID).

Appendix D: Terms of Reference

Activity title	Evaluation of the pilot MEND and RISE cash transfer programmes in Saint Kitts and Nevis
Purpose	Determine the results of the pilot MEND and RISE programmes, ascertain the implications for scale up and identify required programmatic and operational improvements
Contract	Individual Consultant
Duration	55 working days over 5 months
Start date	1 April 2017
Location	Home-based with travel to Saint Kitts and Nevis
Office	UNICEF Office for the Eastern Caribbean Area
Supervision	Monitoring and Evaluation Specialist, UNICEF Office for the Eastern Caribbean Area
Programme component	Social Inclusion and Child Rights Monitoring

I. Background

Saint Kitts and Nevis (SKN) is a twin-island independent country of the Eastern Caribbean Leeward Islands. It has a population of 46,398 people of which 25 per cent live in Nevis and 75 per cent in Saint Kitts. There are 14 parishes that serve as administrative structures to the federal Government of SKN. The country ranked 77 among the 188 countries and territories in the 2015 Human Development Report. GNI per capita of US$15,560 classifies the country as a high-income economy according to the World Bank methodology. Real GDP growth was largely negative between 2009 and 2012, but it significantly increased from 2013 onwards to be regarded as one of the strongest in the region. The country has also made good progress on the Millennium Development Goals (MDGs).

Despite the positive socio-economic development, poverty is still present in SKN, affecting 21.8 per cent of the population (about 11,000 people) and 13.5 per cent of households living below the poverty line. Vulnerable groups, including women and children, are particularly exposed to the economic and social vulnerabilities. The analysis of survey of living conditions demonstrated that children represent 50 per cent of the total poor compared to 36 per cent of the total population. It is also 15 per cent higher among female-headed households comparing to male, which leads to the conclusion that poverty has by far a child and female face in SKN. The poverty level is somewhat higher in Saint Kitts comparing to Nevis, while the parishes of St. John and St. Mary have the highest poverty rates in Saint Kitts and St. John and St. Paul in Nevis.

The Government of SKN continues to articulate a commitment to the principles of social protection with a 'pro-poor' focus. The national Adaptation Strategy in Response to the New EU Sugar Regime 2006-2013 charted a course to guide reconstruction and transformation in the post- sugar period. Protection of the most vulnerable is among the core strategies to promote social and economic transformation in the face of considerable social development and poverty reduction challenges. The 2011-2015 National Poverty Reduction Strategy for the Federation further dedicated two of the five priority areas to strengthening social safety nets and vulnerability and social protection. Efforts to reduce poverty culminated in the development of the National Social Protection Strategy and Plan of Action (2013-2017), as well as the revision of the Social Security Act (2014).

The current components that make up social protection in SKN include social safety net programmes, social welfare services, social insurance/security programmes and labour market policies. Currently a total of 20 social protection schemes exist in Saint Kitts and 33 in Nevis. By 2016 the Government was working on finalizing the National Single Household Registry, complete the development of the proxy means test to ensure the most vulnerable families and individuals benefit, develop an effective management information system and expand the MEND (Mould, Empower, Nurture, Direct) Families and RISE (Restore, Inspire, Secure, Empower) Programmes.

II. MEND and RISE Programmes

MEND in Saint Kitts and RISE in Nevis are pilot social assistance programmes that target the most vulnerable and indigent population (the poorest among the poor) to enable them to escape the vicious poverty cycle. The programmes are developed around the conditional cash transfer model by adapting the conceptual design of the Chilean Solidario/ Puente programme, also piloted in Jamaica, Saint Lucia and Trinidad and Tobago.

It offers a comprehensive and multi-sectoral response to chronic poverty aiming to empower, strengthen capacity and support behaviour change of the beneficiaries. MEND and RISE are guided by two fundamental objectives:

1. To build and strengthen the resilience of the indigent population, thereby enabling them to benefit from investments in human capital development;

2. To provide streamlined, effective and efficient wrap-around services to the indigent population.

The programmes comprise a multi-pillar (7 pillar) services structure tailored in accordance with the needs of the specific participating households and members of the household: (1) Identification, (2) Health and Wellness, (3) Education and Lifelong Learning, (4) Family Dynamics, (5) Housing and Disaster Preparedness, (6) Employment and (7) Income. The overall Logic Framework of MEND and RISE is presented in Annex 1 and corresponding indicators and standards of the pillars are included in Annex 2.

The MEND and RISE programmes are carried out based on a plan of rolling implementation of the pillars until 'graduation' at the end of the two-year period. The delivery of the full services/subsidies are conditioned on compliance with some specific actions to be undertaken by the beneficiary household members. In principle, each household would qualify for a basic benefit. As they comply with the co-responsibilities, the benefit is increased incrementally until it reaches a maximum level.

The MEND pilot started in September 2013 and concluded in April 2016. RISE started in September 2014 and concluded in September 2016. Currently the pilots are awaiting approval to move to graduation stage.

From the onset, the programmes have specifically targeted children, pregnant mothers, the elderly and disabled persons.

On completion of the MEND and RISE pilots, the numbers of beneficiaries were:

	MEND	RISE
Number of households	21	8
Number of household members	104	54
Female head of households	21	7

The majority of the beneficiaries are children, given the extended family type with multiple children that are most often identified as indigent.

The geographic targeting was based on the indigence data from the latest Survey of Living Conditions, with the following distribution of beneficiary households by island and parish:

	Parish	Number of beneficiary households
Saint Kitts	St. George	7
	St. Mary	7
	St. John	7
Nevis	St. George	4
	St. John	1
	St. Paul	1
	St. James	1
	St. Thomas	1

The MEND programme is financed by the Government of Saint Kitts and Nevis through direct budgetary support provided by the European Union under the National Adaptation Strategy. For the duration of the pilot phase (up to three years), EC$ 800,000 has been made available. The RISE programme is funded through the Nevis Island Administration annual Public Assistance budget allowance.

The Department of Social Services and Community Development under the purview of the Ministry of Community Development, Gender Affairs and Social Services (MCDGASS) is the focal point for the implementation of the MEND programme. MCDGASS has entered into a Memorandum of Understanding with partnering Ministries and Departments of the Government to ensure the efficient and effective administration and implementation of the programme. These include, but are not limited to:

a) Ministry of Education
b) Ministry of Health
c) Ministry of Housing
d) Ministry of Youth Empowerment
e) Department of Labour

As Saint Kitts and Nevis is a federation entity, a separate RISE programme was launched in Nevis. The RISE programme is similar to MEND, using the same design and principles, but with slight differences such as start and end date, separate implementation unit/team and some local social elements developed during the implementation.

III. Rationale and objectives of the evaluation

The Government of Saint Kitts and Nevis expressed interest in evaluating the MEND and RISE programmes to learn from the pilot phase and use the evaluation findings to refine the design, delivery, coordination and monitoring of the programmes and to scale up to the national level. The preliminary estimate for the scale-up in the next implementation phase is a 50 per cent increase to cover more of the total 525 people indigent, of which 344 are children, which is an important aspect to factor into the evaluation design and recommendations for the next phase.

The MCDGASS requested UNICEF to support the evaluation of MEND and RISE, which are strategic social protection programmes of the Government and have reached a key implementation milestone – with the completion of the pilot phase and current plans to continue and expand. The evaluation was planned as a component of the programmes from the beginning, at the design stage, and was included in the MEND and RISE operational manuals.

Recognizing the strategic importance, timeliness and necessity for the Government and UNICEF, the evaluation has the following four specific objectives:

1. Determine the impact of MEND and RISE to date on the human development at the programme, household and individual level. The evidence generated should quantify and qualify the programme results (outputs) achieved and the changes it produced in the lives of the most vulnerable, especially children and women. Undertake a cost analysis of the benefits (household and individual level) and document selected human-interest stories (case studies) for broader ownership and advocacy.

2. Ascertain the programme relevance and sustainability and the operational effectiveness and efficiency of the pilots including programme design, delivery, coordination/partnership, institutional capacity and monitoring mechanism. Propose programmatic and operational refinements/improvements for the next phase to strengthen the benefits for the most vulnerable households and children, guided by the Central Registry as well as other systematic data and evidence.

3. Identify implications and requirements (institutional capacity, coordination mechanism, costs, etc.) for scaling up and rolling out the re-designed MEND and RISE programmes in a context of a broader and revamped national social protection framework and current and projected national and sustainable social investments.

4. Identify opportunities and constraints the programme has faced and draw lessons and good practices from the MEND and RISE pilots to move forward towards implementing a progressive universal social protection floor as well as alignment with the Social Protection Bill.

The value added from the MEND and RISE evaluation is expected to be achieved through:

(i) Demonstrating the results from the MEND and RISE pilots. By establishing the effects of the programmes on households and individual members (women and children), the evaluation will allow MCDGASS to inform government partners and other stakeholders about the benefits of the programmes and to leverage their interest and support.

(ii) Integration of improvements in programme design, implementation, coordination and monitoring to enhance/maintain impact, effectiveness, efficiency, relevance and sustainability; and

(iii) Use of the findings to support (a) the scale-up of the programmes and (b) national discussions about reforming social protection programmes in Saint Kitts and Nevis. The evaluation will enable MCDGASS to estimate the expected cost and other requirements for the nationwide scale-up of the programmes and translate into leveraging national resources.

The evaluation is conducted in the frame of the Social Inclusion and Child Rights Monitoring programme component of the 2017-2021 Eastern Caribbean Multi-Country Programme of UNICEF and Governments of the ECA States. It will contribute to the output 3.3: "enhanced national systems that govern the volume, efficiency and impact of invested resources towards building resilience of the most vulnerable boys, girls and adolescents", and it is part of the strategic intervention:

"Evaluate effectiveness and efficiency on implementation of social protection programmes and social services."

IV. Scope and research questions

The scope of the evaluation is to assess the relevance, effectiveness, efficiency, impact and sustainability of the MEND and RISE cash transfer programmes in meeting the fundamental objectives of strengthening the resilience of the indigent population through streamlined, effective and efficient wrap-around social protection services. The evaluation will include all targeted parishes in Saint Kitts (St. George, St. Mary and St. John) and in Nevis (St. George, St. John, St. Paul, St. James and St. Thomas) and cover the complete period from start to completion of the pilots.

The evaluation criteria and key questions to consider are the following:

Criteria	Questions
Relevance	• How relevant are MEND and RISE programmes to the country and to the households these target given the observed poverty levels and patterns? • How adequate are the MEND and RISE programmes to promoting a multi- dimensional response to poverty faced by the target households? • How appropriate are the MEND and RISE programmes design (selection criteria, targeting, services, conditionality, partnerships, coordination, etc.) with regards to the poverty (increased consumption of social services, return to employment, etc.) and inequities (reduction in social exclusion, removal of barriers to access, etc.) reduction objectives they intend to achieve? And, how appropriate have been the resources allocated and the monitoring system in support of this? • What potential do the MEND and RISE programmes offer to further promote a child, gender and equity focus in the Government's response to poverty?
Effectiveness	• What is the progress towards achieving the initial planned outputs and outcomes? • To what extent did the MEND and RISE programmes contribute to (i) protection of selected households, (ii) support their social integration, and (iii) develop opportunities for them? • Were the MEND and RISE 'selected pillars' and planned activities sufficient (in quantity and quality) to achieve the outputs? • What is the stakeholders' (both providers and beneficiaries) perception and appreciation of the MEND and RISE programmes? What do they like and dislike? What to change/adapt? • How has been the quality of services provided in terms of timeliness and meeting the beneficiaries' needs? • How effective have been the synergies between the MEND/ RISE programmes and the other existing social protection programmes? • How effective have been the coordination and partnerships established to support MEND and RISE programme implementation for meeting the objective of (i) engaging with families to strengthen their capacities and ii) addressing poverty from an inter-sectoral way? • How has the external environment affected the management of the MEND and RISE programmes?
Efficiency	• How have the funds been used compared to initial expectations? • Are there any inefficiency issues with regards to the selection of beneficiaries and service delivery at the island level? • Is the relationship between project costs and results reasonable? • Have the synergies created among various providers' services contributed to the overall efficiency of the programme? • Are there any potential efficiency gains to make?
Impact	• What have been the MEND and RISE programmes' contribution to short- and longer-term poverty reduction of the selected households and individual members (children)? • Were the selected indicators used to monitor the programme outputs relevant and specific? And the outcomes? • Has it been feasible to collect data on selected indicators? • Are there any observed unintended direct or indirect results at the household and members' level (children, women)?
Sustainability	• What are the MEND and RISE programmes' strengths and weaknesses (design, coordination, management and monitoring) and capacity to contribute to or hinder the overall sustainability of MEND and RISE? • What has been the buy-in from the service providers and the beneficiaries? • What is the potential of the MEND and RISE programmes in the larger framework of the social protection floor? • How can the MEND and RISE programme be integrated into disaster risk response mechanisms to ensure the indigent and vulnerable are protected? • How can MEND and RISE further contribute to the Government's goals of a multi-dimensional response to poverty and sustainable social development?

The evaluation research questions will be further defined and finalized in a participatory manner during the inception report phase of the evaluation.

V. Methodology

The evaluation seeks to determine the impact of the pilot MEND and RISE programmes and the implications for scale-up and to identify required programmatic and operational improvements. Qualified consultants/ institutions are expected to submit a detailed methodology for conducting the evaluation. It is expected that the consultants/ institutions will submit proposals reflecting the most appropriate evaluation techniques that ensures the internal and external validity of the evaluation results, the adoption of the highest ethical standards of conduct throughout the evaluation process and the generation of data and evidence to support the findings and recommendations.

While the consultants/ institutions will propose the research design, the relevance of the following qualitative and quantitative methodological approaches could be explored in the light of the objectives of the evaluation and the type of information required:

- **Desk review** of key documents and reports, including key social protection policies and reference material, MEND and RISE operational manuals, pillar activity reports, internal evaluations and other reports
- **Key informant interviews** with MEND and RISE programme management in Saint Kitts and in Nevis, case managers and frontline workers, civil society and faith-based organizations leaders, focal point from government partners
- **Focus group discussions** and/or individual interviews with beneficiaries (including children and mothers)
- **Cost benefit analysis** to examine the current operational costs of the pilot as well as the affordability of the programme at scale in the current and projected fiscal situation of Saint Kitts and Nevis
- **Other methods, including quantitative**. Consultants/institutions are invited to consider the feasibility of quantitative data collection approaches.

When considering the feasibility of using quantitative design methods, encompassing treatment (beneficiary) and control (non-beneficiary) households from the targeted parishes, the National Household Registry (and community outreach forms and family assessments) maintained by the Department of Social Services and Community Development contains more than 5,000 entries of households classified by poverty level and can assist in the process of selection of households and identifying the household characteristics and baseline information.

The evaluation will be conducted in accordance with the evaluation principles of openness, transparency and participation. Stakeholder participation will be an integral component of evaluation design, planning and conduct (information collection, review of findings and deliverables, and dissemination of results).

VI. Deliverables and timeframe

The evaluation will produce the following deliverables within the timeframe estimated:

#	Deliverables	Duration (Est. no of working days)
1	Inception report containing evaluation proposed methodology, work plan and tools and timeline: • Focus group discussion form/interview questionnaire • Cost analysis tool (current costs and cost scenario of scale-up) • Other, quantitative tools (tbd)	10
2	Conduct fieldwork (in Saint Kitts and in Nevis)	10
3	Draft evaluation report	15
4	Break of 1 month to allow review and comments	
5	Draft human interest stories showcasing the results and changes at the household/individual level (two case studies) Draft PowerPoint presentation of the evaluation in summary	10
6	Final evaluation report including executive summary and complying with UNICEF/UNEG Evaluation Report Standards and Global Evaluation Reports Oversight System (GEROS) standards and all comments/responses – validation in country with the Steering Committee Final human interest stories Final PowerPoint presentation	10

A total of 55 working days are estimated for completion of the evaluation and associated deliverables. The planned duration of this consultancy is five months, with expected start on 01 April 2017 and completion by 31 August 2017. Two visits to Saint Kitts and Nevis are expected, for the fieldwork data collection and for the validation of the report.

As part of the quality assurance process UNICEF (ECA, LACRO, OoR) and government partners will review the deliverables and share comments for inclusion/response at all stage of the evaluation process.

VII. Ethical clearance

Ethical clearance for this study will be necessary, because data will be collected from indigent and vulnerable population. Ethical considerations for the evaluation (proposal, tools and collection of data) and documentation for clearance will be prepared by the consultant/institution. MCDGASS will facilitate securing ethical clearance in accordance with the in-country requirements.

VIII. Limitations

The following limitations will require consideration and/or mitigation in the process:

a) There is currently no official measurement of multi-dimensional poverty in SKN that would help to link the MEND and RISE programme pillars with measurable sector needs based on the various dimensions of poverty.

b) The political and constitutional structure of the two federation states of SKN will be a challenge in terms of the recommendations for scale up that involves two programmes and engagement with two sets of multiple partners from the two federation states.

c) The current MEND and RISE programmes are pilots and current beneficiaries are not representative of the different profile groups that are indigent and vulnerable.

d) Since the scale up by Government is planned for 2017, there is limited time to complete the evaluation and submit the recommendations for evidence-based policy development before the budget cycle to influence the costing and budget allocation for the scale-up.

e) From a methodological perspective, the evaluation design is limited by the possibility to have qualitative baseline information from the treatment and control households ex-ante to programme implementation and therefore reconstruction of the baselines could be required to measure the change.

IX. Recourse and property rights

UNICEF reserves the right to withhold payments if performance is unsatisfactory and/or outputs are incomplete or not delivered on time. Performance indicators against which the satisfactory conclusion of the contract will be assessed include: quality and timeliness of submissions, responsiveness to feedback, compliance with UNICEF/ UNEG Evaluation Report Standards and GEROS Standards.

UNICEF shall hold all property rights, such as copyrights, patents and registered trademarks on matters related to or derived from the work carried through this contract with UNICEF.

X. Qualifications

The consultant(s) are required to possess proven experience in planning and implementing evaluations and research using advanced statistical methods and understanding of the social protection sector.

At a minimum, demonstration of the combined skills as follows:

- Advanced university degree in economics, public policy, social policy, international development policy or other relevant discipline;
- Proven experience in social programmes/social protection evaluation, with experience in conducting at least three similar assignments and delivering quality evaluation reports;
- Strong analytical skills and experience in quantitative analysis, especially pertaining to statistical analysis of poverty and social protection indicators;
- Advanced experience using household survey data and relevant statistical software;

- Excellent written and oral communication skills in English;
- Familiarity with international evaluation guidelines and quality standards;
- Ability to work independently and respond to feedback in a timely and professional manner.

XI. Technical proposal

The technical proposal should be no more than 10 pages, 12-point font and 1.5 line spacing excluding appendixes. It should address the following areas:

- Experience of consultant in social protection programmes evaluation, mentioning at least three similar assignments conducted previously;
- Proposed methodology of the evaluation for meeting the deliverables in the ToR;
- Consultant/principal evaluator experience and qualifications (include CV as appendix);
- Description of other key personnel in the case of a team (include CVs as appendix);
- Any other issues relevant to the TORs.

XII. Financial proposal

The financial proposal must be submitted as per UNICEF standard procurement guidelines stipulating:

- Time commitments for the principal investigator and other proposed team members
- Participation in fieldwork trainings and workshop meetings and any other foreseen travel by the team.

XIII. Conditions of service

Prior to commencing the contract, the following conditions must be met:

An individual consultant will be required to submit samples of previous relevant work and a statement of good health, which indicates that the consultant is fit for work and travel. In addition, the consultant is required to certify in the health statement that he/she is covered by medical/health insurance. The statement includes confirmation that he/she has been informed of any inoculation required for the country or countries to which travel is authorized. He/she takes full responsibility for the accuracy of the statement.

XIV. Supervision

The Consultant will work under the supervision and guidance of the Monitoring and Evaluation Specialist, UNICEF Office for the Eastern Caribbean Area.

XV. How to apply

Qualified consultants are invited to submit their technical and financial proposals in electronic format (word or pdf) no later than 5:00pm (EST) on 13 March 2017. Proposals should be submitted to **bridgetown@unicef.org** with subject title **'Technical and Financial Proposal, MEND/RISE Evaluation'.**

The proposal package should include the following:

a. A cover letter

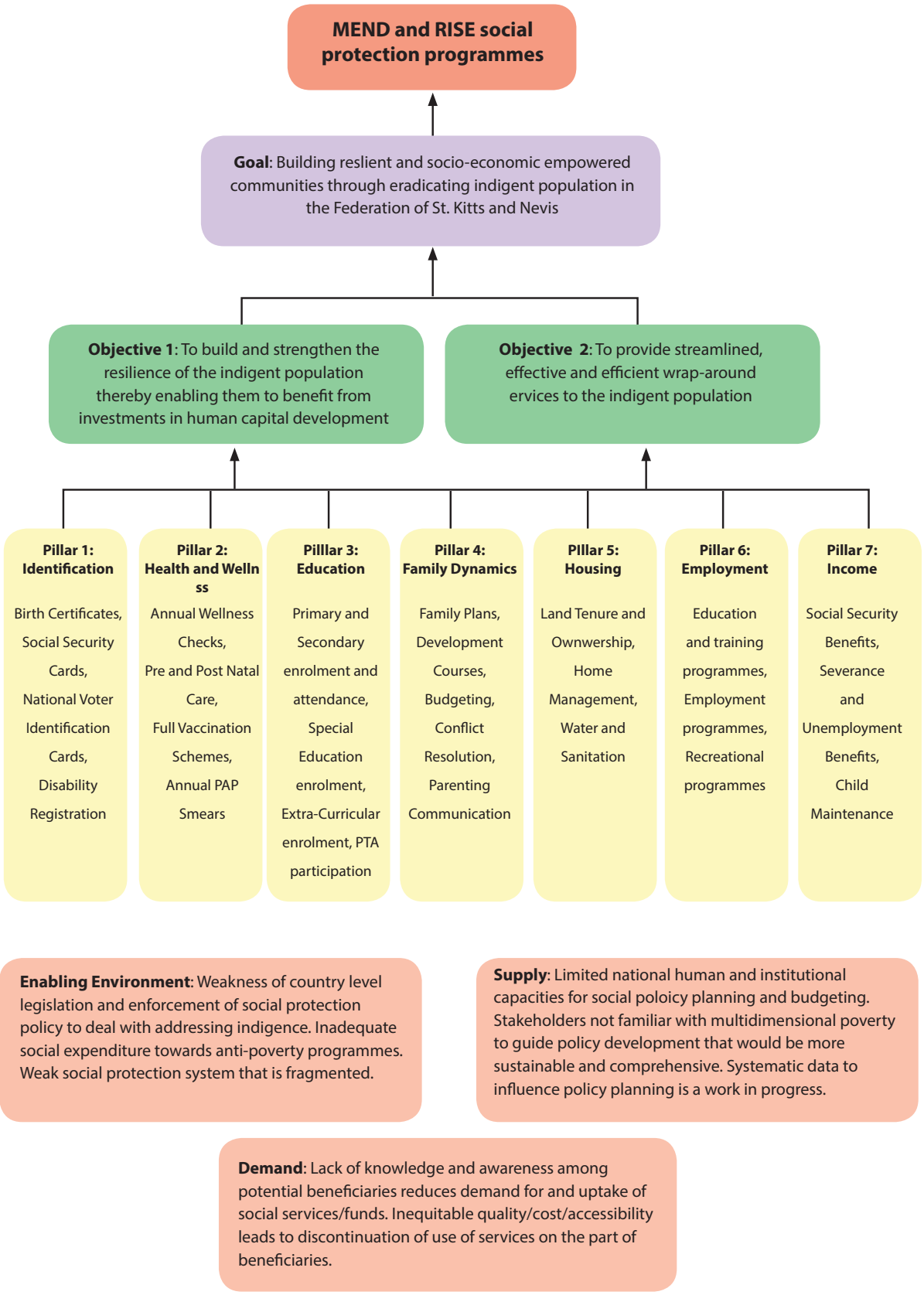
b. A detailed curriculum vitae or background of the corporate entity in English

c. A duly completed United Nations personal history form (P11) for individual contractors

d. A technical proposal, which should contain sufficient information to attest that the consultant possesses academic and professional experience in line with the requirements under 'Qualifications' and 'Technical proposal' sections above

e. A financial proposal with a detailed budget (including estimated travel costs).

XVI. Annex 1: Logical framework – Diagram



XVII. Annex 2: List of standards and indicators

Standards for each of the pillars:

- Children are to have an 80 per cent school attendance record.
- They are to be punctual at least 80 per cent of the time.
- At the end of each year, the average grade should meet the Ministry of Education standard for pass rate.
- Report cards at the end of each marking period will be the evaluation tool to verify punctuality, regularity and academics.
- All children are to get booster shots (immunization) that are required by the state.
- Household members are to have frequent health checks at Health Centres. For example, Mothers are required to take pap smears and fathers are requested to take prostrate examinations.
- The Inter-ministerial Committee will use a M.O.U to verify family involvement in health checks for evaluation purposes.
- The head of each household is required to have a book that will act as their progress report. Books are to be signed by heads for institutions that the family interacts with as they meet necessary requirements of the programme.
- Health cards will be used to verify immunization records.
- Healthy eating lifestyles will be encouraged. Nutritional tips will be given in community seminars. Family will have their progress book signed as proof of attendance.
- Backyard gardens must be encouraged to cultivate fruits and vegetables.
- Pilot of 20 case studies.
- Officers are to record observations.
- Client's will keep their diaries to show their involvement or attendance to activities.
- Officers are to record and analyse important incidents.
- Structured questionnaires will be used.
- One-on-one interviews.
- Surveys may be used also.
- Systematic review of relevant official statistics by supervisor.
- Staffing shall be sufficient to enable the provision of timely quality services.
- Social workers will supervise adherence to co-responsibilities by having frequent consultation sessions with clients.
- Goals and objectives that are set by the client will be revised periodically as a guide to what clients have to accomplish in the given timeline.
- An outside individual will evaluate the programme to:
- Identify problems and their causes
- Suggest possible solutions to problems
- Raise questions about assumptions and strategy
- Provide information and insight.

This evaluation is to encourage officers to act on the information and insight.

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