

Government of St. Kitts and Nevis



National Social Protection Strategy

Plan of Action – Phase I

And

Monitoring and Evaluation Framework



**MAKING ST. KITTS AND NEVIS A GREAT PLACE TO GROW UP AND TO
GROW OLD IN**

WITH SUPPORT FROM

UNITED NATIONS CHILDREN'S FUND

**UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE
EMPOWERMENT OF WOMEN**



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**Government of St. Kitts and Nevis
National Social Protection Strategy
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ABBREVIATIONS

MoEAI	Ministry of Education and Information
MoITICACACE	Ministry of International Trade, Industry and Commerce, Agriculture, Consumer Affairs and Constituency Empowerment
MoFAHSLISS	Ministry of Foreign Affairs, Homeland Security, Labour, Immigration and Social Security
MoHSSCDCGA	Ministry of Health, Social Services, Community Development, Culture and Gender Affairs
MoHGSAYSCAT	Ministry of Health Gender and Social Affairs, Youth, Sports, Community Affairs and Telecommunications

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1. INTRODUCTION AND DEFINITIONS

Purpose and Scope of National Social Protection Strategy

- 1.1 **This is the Government's first National Social Protection Strategy.** This Strategy forms an important part of Government's planning processes to ensure that public resources are directed towards addressing the challenges of poverty and vulnerability across the Federation.
- 1.2 **The purpose of the Strategy is to establish the main priorities for Social Protection policy making and reform over the next five years (2013-2017);** and to guide the establishment of a sustainable, comprehensive and integrated Social Protection system for the Government of St. Kitts and Nevis. This encompasses the strengthening and integration of a wide range of policies and programmes across the social sector including social safety nets, social welfare services, social insurance and labour market policies.
- 1.3 **In the long term, the Social Protection strategy will set the framework for the sustainable and comprehensive Social Protection for all citizens against risks, shocks and vulnerabilities leading to chronic deprivation.** This covers both contributory and non-contributory schemes. The emphasis is on creating a sustainable system whereby those that can afford it will access Social Protection based on formal contributions (through private/public insurance mechanisms or taxation) and those that cannot, will have access to state support whilst they develop their capacity to be self-sufficient over time. The ultimate aim of this dual system is to progressively develop universal Social Protection coverage for the population and prevent chronic poverty.
- 1.4 **The first phase of Social Protection reform will however focus on consolidating and strengthening the social safety net, in order to ensure that resources targeted to reach the poorest and most vulnerable have the intended impact.** Of particular importance will be strengthening programmes that target:
- **The indigent and income poor:** persons living below the indigent line¹ and poverty line²
 - **Those vulnerable to poverty:** persons living below the vulnerability threshold³
 - **Special vulnerable groups** considered to have a high level of exposure to specific risks affecting their social group and with weak coping strategies: including infants and children; the disabled; the elderly; 'at risk' young people; the chronically ill and female headed households.

¹ 2009 Country Poverty Assessment – EC\$ 2595 per adult per annum

² 2009 Country Poverty Assessment – EC\$ 7329 per adult per annum

³ 2009 Country Poverty Assessment – 25% above the poverty line

Defining Social Protection

- 1.5 **Multiple definitions for Social Protection exist however it is commonly understood as** a policy framework describing *‘public actions taken in response to levels of vulnerability, risk, and deprivation which are deemed socially unacceptable within a given polity or society’⁴.*
- 1.6 **The United Nations has defined Social Protection as** *‘a set of public and private policies and programmes undertaken by societies in response to various contingencies to offset the absence or substantial reduction of income from work; to provide assistance to families with children as well as provide people with basic health care and housing’⁵*
- 1.7 **More simply put Social Protection helps people cope with the sources of poverty, vulnerability and deprivation and promotes human development.**

Components of Social Protection

- 1.8 Social Protection covers a range of sectors and instruments, typically including the following:
- **Social Safety Net programmes** – these measures are targeted interventions designed for the poorest and most vulnerable members of the population and are non-contributory i.e. financed by Government revenue (through taxes or Official Development Assistance). This is contrast to social insurance schemes, which rely on prior contributions from their recipients. Social Safety Nets typically cover *unconditional* or *conditional transfers* (cash or in kind); workfare programmes (also called **public works programmes**) and targeted **subsidies** designed to ensure access to basic services.
 - **Social welfare services** - covering child care; old age care; disability care; home-based care and referral support for excluded groups (such as people living with HIV); return and reintegration; family preservation; family and community support services; alternative care, rehabilitation support as well as psycho-social services, including in situations of emergency and distress. They are complementary to cash or in-kind benefits and help reinforce outcomes generated by the former. Identifying points of contact between cash transfers and social welfare services is essential in establishing a coordinated and integrated approach to social protection.
 - **Social insurance/social security programmes** – these are designed to help households insure themselves against sudden reductions in work income as a result of ‘life-cycle’ risks such as sickness, maternity, employment injury, unemployment, invalidity, old age (i.e. pensions) or death of a breadwinner. Social welfare services can include publicly provided or mandated insurance, such as social health insurance schemes to provide access to health care. Social

⁴ A Norton and A de Haan (2000) in ‘Social Protection for the Poor and Poorest in Developing Countries: Reflections on a Quiet Revolution’, Barrientos and Hulme (2008)

⁵ United Nations: Report of the Expert Group Meeting (2009): ‘Family policy in a changing world: Promoting social protection and intergenerational solidarity’

insurance programmes are contributory, meaning that beneficiaries receive benefits or services in recognition of their payment of contributions to an insurance scheme. (The terms social insurance and social security are often used interchangeably).

- **Labour market policies** include interventions to address direct employment generation, employment services and skills development (also referred to as active labour market programmes) as well as income support for the working poor. Also covered is the setting of appropriate legislation on minimum wages, social security/social insurance contributions and labour standards, to ensure decent earnings and living standards.

1.9 A transformative approach to Social Protection is one that combines these components into a set of arrangements that:⁶

- **prevent** impoverishing drops in well-being arising from income/expenditure shocks (through social insurance mechanisms e.g. pensions and health insurance)
- **provide** for people in destitution (through social assistance e.g. cash transfers and social welfare services)
- **promote** improved economic opportunities (e.g. through conditional cash transfers, active labour market programmes, student support programmes); and
- **transform** societal frameworks to promote social equity and inclusion (e.g. minimum wage legislation, children's rights programmes, anti-discrimination campaigns etc.)

Format of Document

1.10 The remainder of this document is organised as follows:

- Chapter 2 presents an introduction to the National Social Protection Strategy, setting the policy and legal context for this work and information on how the Strategy has been developed;
- Chapter 3 presents an overview of the poverty and vulnerability profile of St. Kitts and Nevis which has informed the Strategy design;
- Chapter 4 describes the current social protection landscape and key weaknesses identified by the recently conducted Social Safety Net Assessment for St. Kitts and Nevis;
- Chapter 5 outlines the heart of the National Social Protection Strategy and presents the vision and goals for social protection and a roadmap for reform of the social safety net framework (phase 1 of the reform process); and
- The Annex presents the Plan of Action and Monitoring and Evaluation Framework.

⁶ Institute of Development Studies, Social Protection for Inclusive Growth (2009), UK

2. SOCIAL PROTECTION AS A PRIORITY FOR ST. KITTS AND NEVIS

The Socioeconomic Context

- 2.1 **St. Kitts and Nevis is a Federation consisting of two islands located in the Leeward Islands group of the Lesser Antillean segment of the Caribbean archipelago, i.e. in the Eastern Caribbean.** St. Kitts is located at latitude 17° 15' north and longitude 62° 45' west and Nevis is located two miles (3 km) to the south-east, at 17° 10' north and longitude 62° 35' west. The Federation of St. Kitts and Nevis has a land area of 269 sq. km. (104 sq. miles). The larger of the two islands, St. Kitts is 176 sq. km. (68 sq. mi.) in area. It is approximately 36.8 km (23 mi) long and is roughly oval in shape with a narrow neck of land extending like a handle from the south eastern end. Nevis has an area of 93 sq. km. (36 sq. mi), with a length of 12.3 km (7.64 mi) and a width of 9.6 km (5.96 mi) at its widest point.
- 2.2 **St. Kitts and Nevis gained full independence from the United Kingdom in 1983 and has since maintained a Westminster style democracy with the Queen as titular head of state represented by a Governor General and in which the Prime Minister leads the majority party in Parliament.** Nevis has considerable autonomy and has its own island assembly (Nevis Island Assembly), a Premier and a Deputy Governor General, supported by a semi-autonomous Nevis Island Administration. St. Kitts and Nevis has full adult suffrage and a history of free and fair elections, within a multi-party system.
- 2.3 **The economy of St. Kitts and Nevis registered positive rates of growth throughout the 1980's and 1990's.** However, growth rates have been significantly lower for the latter half of that period and into the early 2000's. This was due to a series of exogenous shocks reflecting both the extreme openness of the local economy and its vulnerability to natural disasters.
- 2.4 **The Federation established all-inclusive education, health and social security systems beginning in the late 1960's** that resulted in relatively high average rates of human and social development. In the area of poverty assessment, two Country Poverty Assessments have been conducted in St. Kitts and Nevis, one in the year 1999/2000 and another in 2007/2008. During the seven (7) year period significant gains were made in respect of poverty reduction in the Federation. The 1999/2000 Country Poverty Assessment revealed that thirty and a half (30.5) percent of the individuals in St. Kitts and Nevis and thirty two (32) percent in Nevis were poor. Of those deemed to be poor, eleven (11) percent in St. Kitts and seventeen (17) percent in Nevis were deemed indigent. But by the time of the most recent Survey of Living Conditions (SLC) was conducted in 2007/2008, the poverty rate for the Federation was twenty one and one eighth (21.8) percent and the situation improved on both islands. The indigence and poverty rates in St. Kitts stood at one and a quarter (1.4) percent and twenty three and one seventh (23.7) percent respectively while Nevis succeeded in eliminating indigence and had reduced poverty rate to fifteen and one ninth (15.9) percent. The reduction in indigence is a clear sign of improvement over the period between the two surveys.

Table 1: Poverty Rates by Island, 2000 and 2007/2008						
Poverty Indicators			St. Kitts		Nevis	
			Individuals	Individuals	Individuals	Individuals
			2000	2007/2008	2000	2007/2008
Poverty	Headcount	Index	30.5	23.7	32.0	15.9
(%)						
Indigence Level (%)			11.0	1.4	17.0	0.0

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

- 2.5 For the Federation as a whole an additional thirteen and one eight (13.8) percent of residents or an additional seven thousand (7,000) residents were deemed to be vulnerable based on the 2007/2008 Country Poverty Assessment; these persons would have been sufficiently close to the poverty line to be susceptible to falling into poverty in the event of an economic shock.

Table 2: State of Poverty in St. Kitts and Nevis				
Socioeconomic	St. Kitts	Nevis	Federation Total	Federation Total
Status	(% of residents)	(% of residents)	(% of residents)	Estimate (count)
Indigent	1.4	0.0	1.0	525
Poor	22.3	15.9	20.8	10,510
Vulnerable	14.1	12.8	13.8	6,991
Non-Vulnerable	62.2	71.2	64.4	32,574
All Groups	100.0	99.9	100.0	50,600

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

- 2.6 The Country Poverty Assessment presents data for St. Kitts and for Nevis separately since the two islands are inherently different in terms of price structures and costs faced by residents as the economic base, income earning opportunities and many cultural norms and trends. Thus, the numerical (monetary) value of the poverty line is different for each island and a weighted average based on population must be applied to allow for the discussions of the Federation as a whole .

Table 3: Poverty Threshold in St. Kitts and Nevis		
Threshold	St. Kitts	Nevis
Poverty Line (EC dollars)	\$7,329	\$9,788
Vulnerability Line (EC dollars)	\$9,161	\$12,235

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

- 2.7 In St. Kitts, the level of poverty was 23.75 percent in Saint Georges Basseterre – West and 36.92 percent in Saint Mary. In the parish of St. Johns the level of poverty was 42.86. This is one of the more remote communities and would have been negatively affected by the closure of the sugar industry. In Nevis, St. John accounted for 21.64 percent of the poor followed by St. Paul's and St. Thomas.

Table 4: Headcount and Vulnerability by Parish				
District	Population	Household	% Poor within	% Poor within
	(2001 Census)	(2001 Census)	Parish 07/08	Parish with
			Poverty Line	125% Poverty Line
St. George - East	7,330	2,684	13.99	23.45
St. George – West	5,921	1,940	23.75	38.80
St. Pauls	2,453	713	26.92	54.95
St. Anne	3,167	1,057	24.14	40.52
St. Thomas	2,395	793	28.46	39.01
Trinity	1,678	586	0.00	10.56
Christ Church	2,061	707	15.06	39.15
St. John	3,248	1,097	42.86	52.97
St. Mary	3,423	1,100	36.92	53.85
St. Peters	3,541	1,171	16.44	23.96
All St. Kitts	35,217	11,848	23.69	37.80
St. Pauls	1,736	582	18.18	33.87
St. John	2,901	974	21.64	29.23
St. George	2,545	850	12.50	27.08
St. Thomas	2,006	727	17.36	23.95
St. James	1,722	626	8.00	30.42
All Nevis	10,910	3,759	15.94	28.70
Federation Total	46,127	15,607	21.81	35.62

**Source: 2001 Population and Housing Census
St. Kitts and Nevis Country Poverty Assessment, 2007/2008**

- 2.8 The 2007/2008 Country Poverty Assessment showed that among the poor 52.2 percent were women and 47.8 percent were men. In respect of indigence, female residents of St. Kitts were more likely than males to be among the indigent: females are over represented among the indigent since they accounted for 61.1 percent of the indigent while they represent 52.7 percent of the island's population.

Table 5: Household Headship by Sex and Per Capita Consumption Quintiles						
Sex	Per Capita Quintiles					All Groups
	I	II	III	IV	V	
Male (%)	43.50	38.80	52.60	48.90	57.40	50.10
Female (%)	56.50	61.20	47.40	51.10	42.60	49.90
Total (%)	100.00	100.00	100.00	100.00	100.00	100.00

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

- 2.9 **Poverty incidence increased with household size, with households in the poorest quintile having a mean household size of 4.7 compared to 1.9 households in the fifth quintile.** Indeed, overcrowding at the household level was one of the most statistically significant variables affecting the classification of a household as poor than any other factor in the Survey of Living Conditions (SLC). Logistic regression analysis results confirm that for every one percent expansion in the adult equivalent size of the household, the risk of poverty increased by three percent.

Table 6: Mean Household Size by Per Capita Consumption Quintile	
Per Capita Consumption Quintile	Mean Household Size
I	4.66
II	3.38
III	2.96
IV	2.53
V	1.88
Total	3.09

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

- 2.10 **The Country Poverty Assessment showed that children (between the ages of zero and 14 years in St. Kitts and Nevis and youths (between 15 and 24 years in Nevis only) were likely to be affected by poverty than other age cohorts.** This suggest that by targeting poor households with children and youth, it may be possible to effectively address poverty reduction in St. Kitts and Nevis

Table 7: Population by Age Group by Island						
Age Group	Socio-Economic Status					
	St. Kitts			Nevis		
	Poor	Non Poor	Total	Poor	Non Poor	Total
0 – 14	41.9	26.0	29.8	42.2	24.8	27.5
15 – 24	25.7	17.7	19.6	15.8	15.7	15.7
25 – 44	20.7	28.8	26.9	26.1	27.0	26.9
45 - 64	7.4	18.8	16.1	13.3	20.6	19.4
65 +	4.4	8.7	7.1	2.6	11.9	10.4
Total (%)	100.0	100.0	100.00	100.0	100.0	100.0
Total (N)	9,075	29,230	38,305	1,960	10,335	12,295

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

- 2.11 St. Kitts and Nevis has made major progress in the provision of education services to its population, particularly with regard to primary and secondary education, and to tertiary education to a lesser extent. However, the poor have not been able to effectively capitalize on such opportunities. The Country Poverty Assessment has shown that the incidence of poverty is highest among household heads with little education. Instead, higher educational attainment is associated with higher socio-economic status. The Country Poverty Assessment established that 26.6 percent of heads of poor households had attended only primary school, while the majority (61.7%) had received secondary education (form 1-5). Despite this, 61 percent of the heads of poor households had no certification. A greater proportion of heads of rich households had tertiary level certification (37.8%).

Table 8: Highest Level of Education Attained by the Head of Poor Household			
Educational Level	Socio-Economic Status		
	Poorest (%)	Richest (%)	Total (%)
None	61.0	24.0	43.5
School Leaving	23.4	14.8	17.7
CXC	7.4	13.0	13.1
A Level	0.0	1.8	0.9
Diploma/Associate Degree	3.6	13.2	7.0

Undergraduate Degree	0.0	8.5	3.9
Post Graduate Degree	0.0	4.6	2.4
Professional Qualification	1.9	8.2	3.5
Other	0.0	3.3	2.4
Not Stated	2.7	8.7	5.7
Total (%)	100.00	100.00	99.00
Total (N)	1,953	4,977	15,988

Source: St. Kitts and Nevis Country Poverty Assessment 2007/2008

Government Commitment to Social Protection Strengthening

2.12 **Though this is the Government's first National Social Protection Strategy, strengthened Social Protection systems have long been recognised by Government as being a critical component of national poverty reduction efforts.** As such, Social Protection support features as a central pillar in both of St Kitts and Nevis's key overarching poverty reduction frameworks; the National Adaptation Strategy (2006 to 2013) and National Poverty Reduction Strategy (2011 to 2015).

2.13 **The National Adaptation Strategy** highlights the important function Social Protection plays in establishing *equitable* social development. It promotes poverty reduction, social inclusion and better living standards of all as key priorities of social development for the Federation, as highlighted in the box below.

National Adaptation Strategy 2006-2013: Priorities for Social Development (Page 64)

"The reduction of poverty, the promotion of social inclusion and increasing the living standards of all, in particular the ex-sugar workers, young people, the elderly, children, the unemployed and underemployed will be priority areas for social development."

2.14 **More specifically, the Strategy emphasises** the following as necessary components for social protection strengthening:

- Strengthened social assistance
- Improved quality of education and training;
- Affordable and accessible health care for all;
- Strengthened labour markets to ensure productivity and competitiveness;

- Improved access to employment; and
 - Increased capacity of social development agencies.
- 2.15 **Building on the National Adaptation Strategy, the recently approved National Poverty Reduction Strategy sets the broader framework guiding Social Protection direction and Social Safety Net Reform.** This Strategy highlights the overall vision for St Kitts and Nevis towards which Social Protection must help contribute to, as outlined below:

National Poverty Reduction Strategy: 2011-2015: Overall Vision

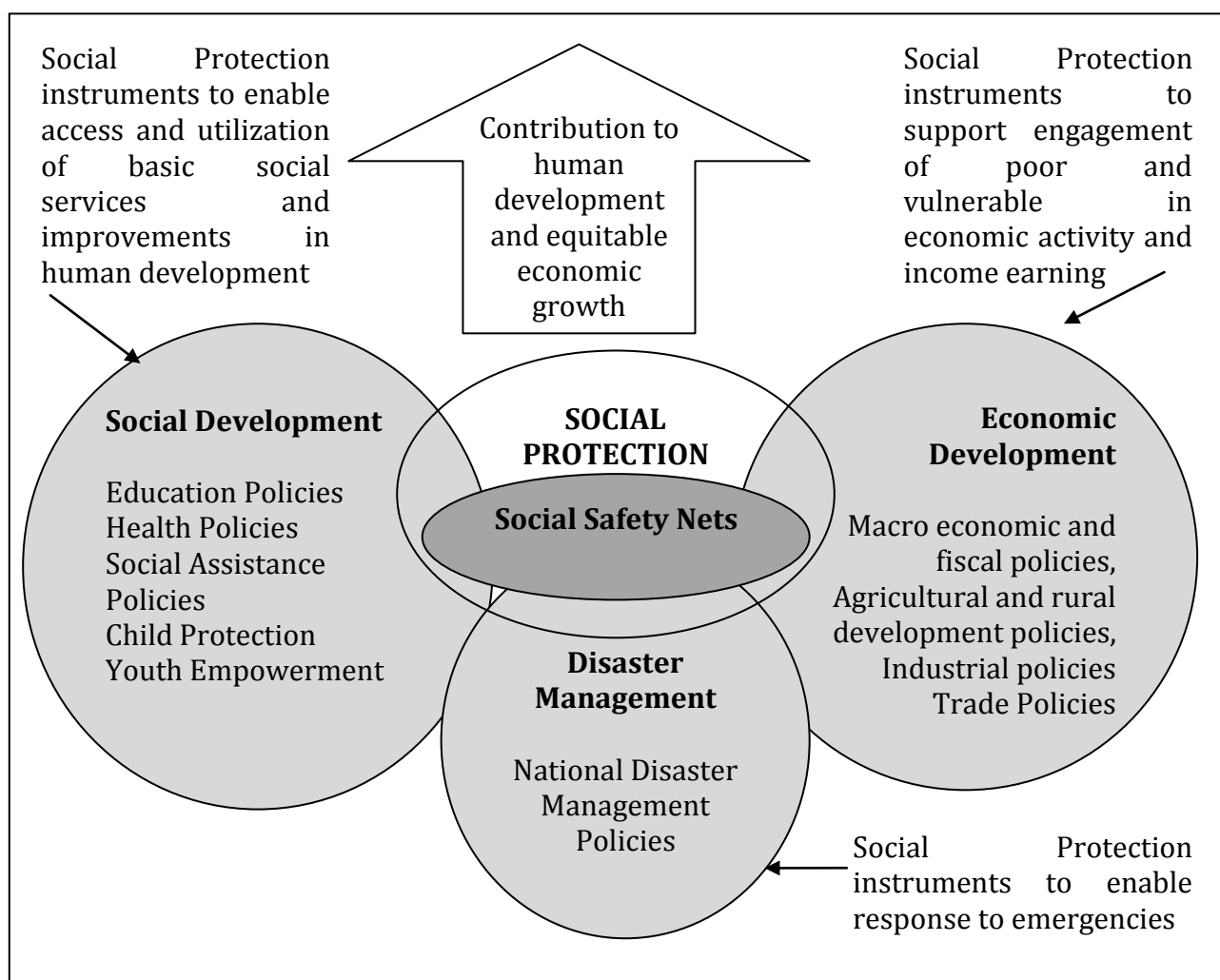
'of a society which seeks to reduce and eliminate poverty, by improving the life chances for members of society, with equitable participation of all, and with the provision for those whose circumstances dictate that society intervenes to guarantee them some basic provision that ensures the necessities of a decent existence.'

- 2.16 **The National Poverty Reduction Strategy has five (5) areas of focus. Priority area 4 is devoted to 'Strengthened Social Safety Net Systems' and Priority area 5 covers 'Risk Reduction and Social Protection'.** Through Social Safety Nets, the overarching objective is to *'develop a streamlined, effective and efficient provisioning for those most at risk of deprivation, and to strengthen the resilience of the vulnerable and poor'*. Through social protection, the National Poverty Reduction Strategy seeks to *'protect basic livelihood as well as promote safeguards against shocks that may occur'*.

Social Protection for Equitable Social Development

- 2.17 **The prioritisation of Social Protection strengthening within national planning processes signals Government commitment to the promotion of equitable social development.** It is recognised that existing Social Protection systems need to be strengthened so they run complimentary to sector strategies and be better integrated within a broader framework in order to meet national social and economic objectives.
- 2.18 **To achieve this, Social Protection implementation depends heavily on inter-sectoral coordination to address the multidimensional nature of poverty, vulnerability and exclusion.** In particular, Social Protection objectives and efforts should be synchronized with education and health policies; employment policies and agricultural and rural development frameworks; and disaster prevention and response strategies. The objective being to ensure these policies are mutually reinforcing in addressing economic and social vulnerability sources. Figure 1 below summarizes the relationship between Social Protection (and Social Safety Nets) and the linkages with the broader economic and social development context.

Figure 1: Social Protection Linkages



International and Regional Policy Context

- 2.19 **By addressing multidimensional vulnerabilities in an integrated and interconnected way, Social Protection is also seen a vital social policy tool to accelerate the achievement of the Millennium Development Goals before 2015 and beyond.** Of the eight (8) goals St. Kitts and Nevis is working towards achieving, the National Social Protection Strategy is expected to guide efforts that directly address Goal 1 (halving extreme poverty and hunger); Goal 2 (achieving universal primary and secondary education); Goal 3 (promoting gender equality); Goals 4 and 5 (on child and maternal mortality) and Goal 6 (reversing the spread of HIV/AIDS).
- 2.20 **The National Social Protection Strategy is also considered an important step in laying foundations for establishing a 'Social Protection floor', as urged by the United Nations 'Social Protection Floor' Initiative.** This approach was developed by the International Labour Organisation (and endorsed by the UN and Heads of State in the 2010 Millennium Development Summit). It urges Members to establish integrated social policies that guarantee income security and access to essential social services for all. Under this

approach, particular attention is given to vulnerable groups and protecting and empowering people across the life cycle.

- 2.21 **At the regional level, the Organisation of the Eastern Caribbean States (OECS) attempt to create a Regional Social Policy Framework is a welcomed step in harmonizing the efforts of individual member states in the area of poverty reduction.** Such an initiative provides an important parameter that will guide Social Protection reform in St. Kitts and Nevis, to ensure enhanced social development in line with regional partners, and to maximise cross country co-ordination and learning where possible.
- 2.22 **In 2000, the OECS and UNDP Office for Barbados and the Eastern Caribbean enlisted the expertise of Professor Clive Y Thomas to “draft a social policy framework document as a blueprint for national policies in the OECS.”** This exercise resulted in the submission of a report entitled: *Social Policy Framework – A New Vision for Social Development in the OECS*, January 2011. Thomas recommends eight (8) steps that must be considered in order to take his concept further in an effort to address the harmonization of Social Policy.
- 2.23 **The C.Y. Thomas work was followed by the work of Denise DeBique and Jeff James in 2005 which resulted in the preparation of the document entitled: *Situational Analysis of Social Development in the OECS*.** While Thomas provides a clear guide on the important elements of an effective Social Policy Framework, DeBique and James alerts us to the existing social realities and the concomitant policy implications for social development in the sub-region.
- 2.24 **The need for a coordinated Regional Social Protection Framework is part of an eight (8) point plan endorsed by the OECS Heads of Government and the OECS Monetary Council.** This will help to reduce duplications and build on best practices among OECS Member States in addressing the plight of the neediest. Also, the development of the Regional Social Protection Framework is expected to strengthen the capacity of the region to withstand another crisis or shock.

Legal Framework for Social Protection

- 2.25 **This National Social Protection Strategy is also informed by – and seeks to review - the current legislative commitments in Social Protection both nationally and internationally.** At the national level, this includes:

In the area of Social Services:

- **Social Development Assistance Act (1977)** guiding social assistance to the poor and needy,
- **The Domestic Violence Act (2000)**, which addresses protection for victims of domestic violence. This Act seeks to bring protection to persons who have experienced physical or psychological suffering, who have been molested or harassed in the context of the home, and who need protection from further harm.

In the area of Social Insurance:

- **Social Security Act (1988)** guiding social assistance and non-contributory pensions respectively.

In the area of Child Protection:

- **Criminal Law Amendment Act (1887)** which provides protection of women and girls for those who would wish to cause them harm or exploitation,
- **Offences Against the Person Act (1873)** which makes provision for reporting offences against the person such as Carnal Knowledge, rape and abduction,
- **Maintenance of Children Act (1919)** which makes provisions for proper maintenance of Children,
- **Probation of Offenders Act (1921)** makes provision for the release of certain offenders on probation,
- **Adoption of Children Act (1944)** which provides the provision for the adoption of children,
- **Juvenile Act (1949)** which makes provision respecting juveniles Corporal Punishment Act (1967) which outlines the process for administering corporal punishment to juveniles and adults,
- **Age of Majority Act (1983)** which reduces the age of majority from twenty-one (21) years to eighteen (18) years,
- **Status of the Child Act (1983)** which gives effect to Section 15 of the Constitution by removing the legal disabilities of children born out of wedlock, and
- **Probation and Child Welfare Board Act (1994)** makes provision for the care and protection of children.

In the area of Employment:

- **Employment of Women, young persons and children Act (1938)** which provides for the employment of women, young persons and children,
- **Trades Union Act (1939)** provides for the registration and regulation of trade unions,
- **Factories Act (1955)** makes provision respecting the health, safety and welfare of persons employed in factories (Up for revision),
- **Labour Act (1966)** makes provision for the appointment of Labour Commissioner; the supervision and inspection of workers conditions of employment,
- **Holiday with Pay Act (1968)** makes provision for annual paid holidays to employees,
- **Apprenticeship and Tradesperson Qualification Act (1971)** supplies the State's economic needs for skilled workmen and provides young persons with

improved opportunities to learn skilled trades and occupations by a system of apprentice training supplemented by theoretical instruction related to trades and occupations and generally to provide for the improvement of apprenticeship standards and encourage training in trades and occupations. (Up for revisions),

- **Protection of Employment Act (1986)** makes certain provisions in respect of termination of employment, to provide for the establishment of a Severance Payments Fund; and to provide for severance payments to employees, and
- **Protection of Wages Act (1986)** makes provision for the protection of wages of workers.

2.26 **St. Kitts and Nevis has also signed international commitments related to Social Protection.** These include the Universal Declaration of Human Rights (UDHR); the United Nations Convention on the Rights of the Child (UNCRC) ratified in 1990 and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) ratified in 1985. The details of these commitments as they relate to Social Protection (and particularly Social Safety Nets) are in the box below.

2.27 **To date, in St. Kitts and Nevis, the national legislative framework has however not been sufficient to ensure that these international commitments are met.** The strategy is intended to help realise these commitments and a review of the national legislative environment for Social Protection Reform is part of Strategy Plan of Action.

The Right to Social Security and Social Protection in International Instruments

Universal Declaration of Human Rights (UDHR)

“Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.” (Article 22)

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.” (Article 25)

Convention on the Rights of the Child (UNCRC):

“States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.” (Article 26)

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW):

“The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave... and the right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.” (Article 11)

***Note:** The Universal Declaration of Human Rights represents an unchallenged statement, to which nations subscribe by virtue of their membership in the United Nations. The Convention on the Rights of the Child has been signed and ratified by 194 countries and the Convention on the Elimination of All Forms of Discrimination against Women by 186 countries.*

Source: Adapted from table in Report on Social Protection Floor for a Fair and Inclusive Globalization (2011)⁷.

Strategy Development: Principles and Process

- 2.28 **The Ministry of Health, Social Services, Community Development, Culture and Gender Affairs is leading the process of developing the National Social Protection Strategy for the Government of St. Kitts and Nevis**, with technical and financial support from UNICEF’s office for the Eastern Caribbean and UN Women’s regional office in Barbados.
- 2.29 **The strategy process began in 2009 when a Social Safety Net Assessment (SSNA) was conducted for St Kitts and Nevis** (supported by the World Bank, UN Women and UNICEF). This Assessment reviewed the main safety net programmes in St. Kitts and Nevis against a summary of key risks and vulnerabilities. It also highlighted achievements and weaknesses in the current system and recommendations for improvement. *(The need for a National Social Protection Strategy to rationalize and co-ordinate social safety net reform and implementation was a prioritized recommendation).*
- 2.30 **Following the approval of the Social Safety Net Assessment, an Inter-Ministerial Committee was established to guide the process of Social Protection reform, led by the Department of Social Services and Community Development.** At the third meeting of this committee (August 2011), the development of the National Social Protection Strategy was discussed and it was agreed that to provide the main inputs of the strategy a national consultation was required, starting with a National Workshop for high level technocrats of partnering departments to orient them to the process and have them begin the work of drafting the main elements of the policy.
- 2.31 **In designing the national consultation process for the National Social Protection Strategy, the Ministry of Health, Social Services, Community Development, Culture and Gender Affairs has been guided by the following key principles:**
- **Comprehensive:** *The strategy development process should be as comprehensive as possible, given that Social Protection is an area that covers multiple policy*

⁷ *Report of the Social Protection Floor Advisory Group* Geneva, International Labour Office, 2011

interests, sectors and providers, covering Government, civil society, private sector stakeholders and donor agencies providing support to the Social Protection reform process.

- **Phased:** *The strategy development process should be carefully expanded in stages.* Given the breadth and range of sectors involved in Social Protection reform, the strategy development process should follow a phased approach. This is in order to enable reform in certain sectors or programmes to begin (where reform needs are already clear and reform readiness has been identified) whilst additional needs and necessary actions are being deliberated and formulated.
- **Inclusive:** *All stakeholders should have the opportunity to engage in the design process.* This includes the potential clients of the social protection policies. Hence, efforts will be made to engage civil society in consultations on the Draft Strategy, particularly the poorest and most vulnerable. Despite the desire to include all parties in the conversation at once, in order to extensively consult with certain groups, participation should be managed at a measured, planned pace to allow for active encouragement by all groups.
- **Government-led process:** *The dialogue should start with Government given the breadth of sectors Social Protection involves and impacts.* Then, consultations will be expanded to include civil society, the private sector, and the donor community; followed by consultations with wider society once a Draft Strategy has been produced.
- **Based on evidence not anecdotes:** Though it is recognized that the social data environment is somewhat limited, consultations with stakeholders should take place on the basis of accepted facts and universally acknowledged challenges in order to provide a solid basis for discussing competing actions and solutions. The Social Safety Net Assessment provides a valuable starting point for this work.

2.32 **The first stage of the consultation process – The National Strategy Development Workshop (for Government stakeholders) was held in November 2011.** Discussions from this Workshop have provided much of the input into current draft of this document. The remaining steps for consultation are summarized in the table below.

Table 9: Summary of National Social Protection Strategy Development Process

Timeline	Activity/Event	Outcomes
November 2009	Social Safety Net Assessment	Mapping of existing systems against main risks and vulnerabilities and recommended areas for social safety reform
August 2011	3rd Meeting of inter-ministerial committee for the review of social safety net programmes	Review and updating of information presented by Social Safety Net Assessment and consensus building on process for developing Social Protection Strategy. (Follow-up questionnaires sent to those relevant Ministries/agencies who did not attend meeting but critical stakeholders).
November 2011	National Social Protection Strategy - Government focused Design Workshop	Technical consultations with 50+ participants to discuss and achieve consensus on key risks and vulnerabilities (and data gaps); weaknesses of existing systems; review of reform options and recommendations and priority recommendations for social protection reform (with a focus on social assistance). Workshop discussions divided into 4 social groups (infants and primary age children; secondary school age children; working age adults and older persons).
December 2011	Production of Draft Framework for Strategy – to be circulated for further consultations	Current document under review - initial framework for the social protection strategy.
February 2012	Review of first draft by Government technocrats	Expanding the first round of Government consultations (in November 2011). Discussions to be based around the draft framework for the Strategy, produced based on the inputs from the Government workshop.
	Civil Society Consultation	Technical consultations with 50+ participants to review the first draft of the National Social Protection Strategy to ensure that it reflects the reality as experienced by civil society. Workshop discussions divided into 4 social groups (infants and primary age children; secondary school age children; working age adults and older persons).

	Consultations with civil key stakeholders, donors and beneficiaries	Individual meetings with key stakeholders such as the Department of Labour, Social Security Board, Ministries of Education and Health in order to discuss the key findings related to their area and to gain a consensus on the way forward for the phased approach.
March 2012	Submission of National Social Protection Strategy to Federal Cabinet for approval	
August 2012 – February 2013	Technical consultations to develop of the Plan of Action for Phase I	
February 2013	Technical Workshop to finalize the Plan of Action for Phase I and develop its M&E Framework	
Implementation	<p>Phase I: Social Safety Net Consolidation and Strengthening: 2013 - 2017</p> <p>Phase II: Wider Reforms for Establishing a Coherent and Integrated Social Protection System: 2017 – 2021</p>	

3. POVERTY & VULNERABILITY PROFILE

- 3.1 **This chapter provides a summary profile of poverty and vulnerability in St. Kitts and Nevis**, outlining the main macro-level and life cycle risks facing the population of the Federation and the identification of key vulnerable groups that need to be prioritized in Social Protection programming.
- 3.2 **In this context, poverty and vulnerability are treated as intrinsically related concepts**, recognising that those households that are vulnerable - i.e. have a high exposure to risks and shocks and weak coping strategies to offset the effects – are susceptible to being pushed into, or further into, poverty. In this framework, vulnerability is considered to be both a cause of poverty, as well as a defining feature of it.

Levels of Income Poverty and Indigence

- 3.3 **According to the last Country Poverty Assessment undertaken for St. Kitts and Nevis in 2007/2008, significant gains have been in economic growth and poverty reduction over the last decade.** Poverty levels have declined in both islands and levels of absolute poverty or indigence have also fallen significantly.
- 3.4 **Despite this progress over time, today it is estimated that in St. Kitts, roughly one quarter of the population still live in poverty and in Nevis, just under one sixth.** Furthermore, when including those that are vulnerable to becoming poor (i.e. living below 125% of the national poverty line) approximately one third of the population of St Kitts and Nevis are either poor or vulnerable.
- 3.5 **More specifically, data from the Country Poverty Assessment 2007/2008 provides the following estimates:**
- Poverty levels high though they are declining (at 24% in SK; and 16% Nevis)
 - Fortunately there are fewer in absolute poverty (at 1.4% in SK; and 0% Nevis)
 - A third of population are vulnerable to poverty (living below 125% of poverty line)
 - Children bear the brunt of poverty: 40% of the poor in SK&N are children
 - There are regional variations: more than 50% of the poor on St. Kitts live in 3 parishes (St George-Basseterre W.; St John and St Mary) and in Nevis, more than 40% of the poor live in St John's.
- 3.6 **Furthermore, since the last Country Poverty Assessment, St. Kitts and Nevis has been hit by the food, fuel and global financial crisis, further compromising the situation of the poorest and most vulnerable.** Data on the impacts of these crises has not been available however it is likely that the gains in poverty reduction achieved over the last decade have been stalled, if not reversed.

Macro-Level Economic and Social Vulnerabilities

3.7 **Despite St. Kitts and Nevis's high-income status, there are multiple economic vulnerabilities that have created a situation of economic fragility leading to volatile growth**, increasing unemployment levels and declining remittances. The main economic shocks identified in the Social Safety Net Assessment were the following:

- **Natural disasters:** Hurricanes over the 1990s and in 2008 (compounded by the terrorist attacks of 2001) resulting in a sharp drop in tourism;
- **The elimination of preferential trade agreements:** leading to the closure of the sugar industry in 2005 (in which 12.5% of the labour force was employed);
- **Global price increases** in food and fuel with inflationary impacts; and
- **The global economic crisis** resulting in a growth slowdown, job losses and declining remittances (including the temporary closure of the major tourist resort in Nevis).

3.8 **A range of social vulnerabilities also affects the population of St. Kitts and Nevis at the macro level.** These include:

- **The gradual ageing of the population:** resulting from declining fertility and high life expectancy, with the total population projected to increase to approximately 60,000 by the mid 2040s;

Table 10: Total Number of persons 65 and older and percentage of the population – 1960 – 2050

Year	Pop 65 +	Percentage of Pop.
1960	2537	5
1970	3167	7.1
1980	4135	9.5
1991	3992	9.8
2001	3680	7.9
2004	2820	5.8
2005*	3347	8.5
2010*	3133	7.7
2015*	3164	7.4
2020*	4091	9.2
2025	5291	11.4
2050	9396	17.84

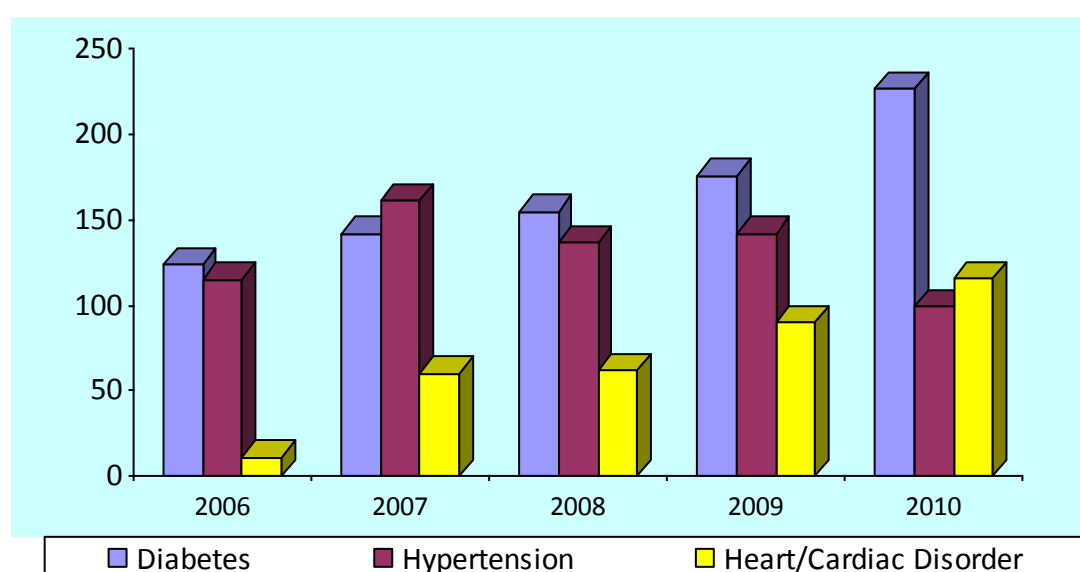
**Sources: Official National Census Data, 2004 – Estimates national Statistics Office,
*Estimates from US Census Bureau, International Database**

- **High levels of outward migration:** High migration rates of over 40% has implications for persons left behind negatively, through separation of families and positively, through increased remittances (an important safety net that has implications for the public safety net);
- **Increasing burden of disease particularly non-communicable diseases and HIV/AIDs:** Diabetes and hypertension are a particular concern with evidence suggesting the situation is worsening (with a 37% increase in reporting between 2001 and 2006) and with a disproportionate impact on women (in 2007, women accounted for the majority of treated cases). The HIV/AIDs disease is also a major concern as are nutrition related disorders among primary age children (especially obesity); and
 - The top five (5) conditions for which persons were admitted to the Joseph N. France General Hospital were Non Communicable Disease-related:

○ Cardiac (heart) disorders	154
○ Diabetes	99
<i>(12 newly diagnosed 87 uncontrolled)</i>	
○ Hypertension	110
<i>(16 newly diagnosed)</i>	
○ Stroke	86
<i>(Mostly new cases in 2010)</i>	
○ Renal Disease	54
<i>(Majority with end stage complication of diabetic and hypertension)</i>	

Leading admissions to the J.N.F Gen Hospital over the five year period indicated the same conditions as for 2010.

Graph 1: Leading Non Communicable Disease related Conditions in Hospital 2006 - 2010

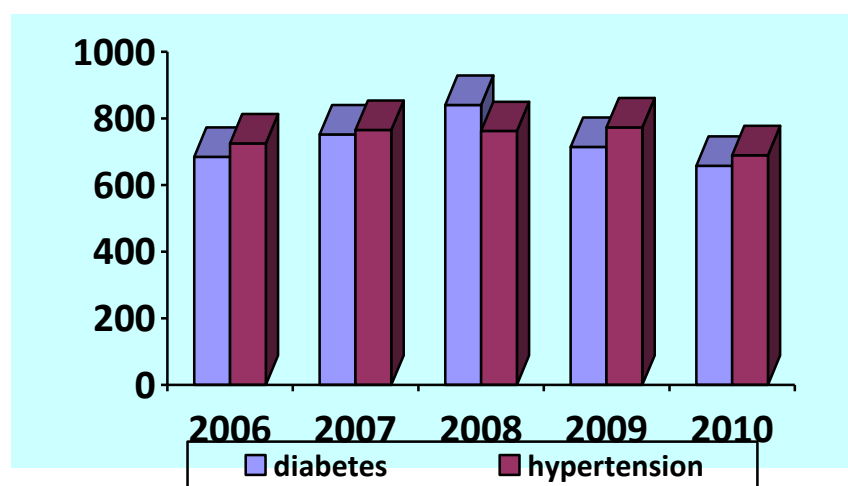


Source: Ministry of Health, St. Kitts

- There were twenty (20) amputations in 2010 compared to ten (10) in 2006. Nineteen (19) of the amputations were related to complications of diabetes and blood vessel disease. The total number of amputations for the period 2006 – 2010 was seventy-four (74).
- Re-admissions to hospital for Non Communicable Diseases related conditions have been common, from three (3) to ten (10) times for the same individual in a given year. The conditions for which persons were re-admitted the most in 2010 were diabetes, renal disease, hypertension, seizures, liver failure and alcoholism
- For the period 2006 -2010, four (4) of the annual top five (5) admitting diagnoses to the Intensive Care Unit (ICU) were for heart problems.

1. Acute coronary syndrome	30%
2. Arrhythmias	24%
3. Myocardial infarction	23%
4. Congestive heart failure	15%
5. Post operative patients requiring stability	8%
- For the same period, the leading cause of death was congestive heart failure (14.5% of the deaths in the ICU).
- In 2010, fifty-nine (59) or eight and a half percent (8.5%) new of six hundred and eighty nine (689) clients accessed services at the community health centres for hypertension compared to ninety eight (98) of seven hundred and twenty five (725) or thirteen and a half percent (13.5%) in 2006. The number of new clients that accessed services for diabetes in 2010 was thirty five (35) or five and a third percent (5.3%) of six hundred and fifty eight (658) compared to fifty eight (58) or eight and a quarter percent (8.4%) of six hundred and eighty five (685) in 2006.
- The total number of clients that received diabetes and hypertension clinic care over the 5-year period:

Graph2: Clients Accessing Clinic Care for Diabetes & Hypertension



Source: Ministry of Health, St. Kitts

- A total of seven hundred and fifty five (755) persons with asthma (a chronic non-communicable respiratory condition in children) were treated at the hospital in 2010, out of eight hundred and fifty five (855) that visited. There were thirteen (13) new children. Of the total paediatric admissions/ hospitalization, asthma was one of the leading causes over five (5) years; fifty four (54) or ten percent (10%) children were admitted in 2010 compared to thirty seven (37) or eight point two percent (8.2%) in 2006.
- Leading reasons for admissions at community hospitals (Mary Charles Hospital and Pogson Medical Centre) in 2010 were related to NCDs or the risk factors.

Mary Charles Hospital

Alcoholism (16)

Cardiac Disorders (11)

Uncontrolled hypertension (8)

Pogson Medical Centre

Uncontrolled diabetes (44)

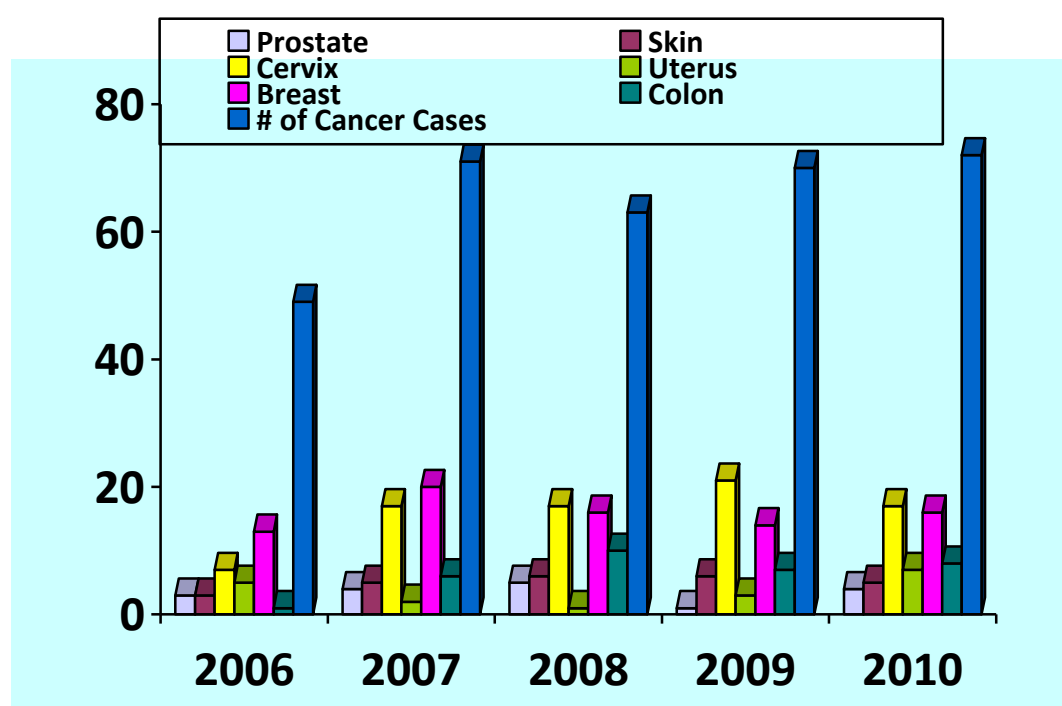
Uncontrolled hypertension (35)

Asthmatic attack (24)

Alcoholism (23)

- The incidences of cancer diagnosed in 2006-2010 by type were prostate, skin, cervix, uterus, breast and colon. The number of cases has fluctuated between forty seven (47) and seventy two (72) per year; with forty nine (49) occurring in 2011.

Graph 3: Most Common Cancer By Type for 2006-2010

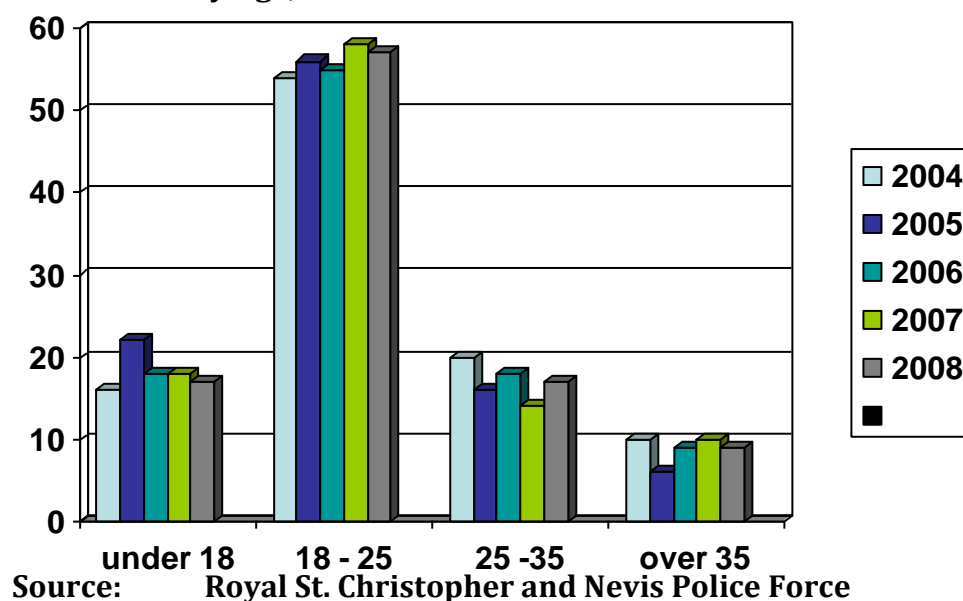


Source: Ministry of Health, St. Kitts

- **Crime and violence:** Crime statistics have shown that incidence of crime and violence (particularly in St. Kitts) and that youth crime and gang involvement are national concerns.
 - Statistics provided by the Royal St. Christopher and Nevis Police Force indicates that approximately seventy percent (70%) of all

reported crimes for the past five years (2004-2008) were committed by youths under the age of twenty-five years.

Graph4: Crime Statistics by Age, 2004 - 2008



- The Federation, like the rest of the Eastern Caribbean, continues to be alarmed at the increased instances of crime and violence being committed by nationals on following citizens.

Table 11: Crime Statistics for the period 2007 - 2010

Crime Categories	2007	2008	2009	2010
Offences against the Person	222	222	229	225
Offences against Morality	53	67	61	64
Other Offences against property	1457	1563	1611	1696
Offences against Lawful Authority	120	196	295	259
TOTAL	1852	2048	2196	2244
Crime Categories	2007	2008	2009	2010
Murders	16	23	27	20
Break-ins	735	761	712	810
Larcenies	407	458	553	533
Robberies	119	102	108	87
Wounding	162	174	139	137
Malicious Damage	167	173	195	217
Firearms and Drugs	115	194	295	254
TOTAL	1721	1885	2029	2058

Source: Royal St. Christopher and Nevis Police Force

Life-Cycle Risks and Vulnerabilities

- 3.9 In addition to macro-level risks and poverty levels, (micro-level) risks that vary across the life cycle (i.e. according to a person's age or stage in life) also need to be considered. Based on the analysis undertaken in the Social Safety Net Assessment (2009) and a subsequent review of these findings at the

National Government-focused Consultations (Nov 2011), the following life cycle risks have been identified as major drivers of poverty and vulnerability in St. Kitts and Nevis across the various age ranges.

- 3.10 **From this analysis, those groups considered to be at greatest risk of deprivation and vulnerability have also been identified** so that they be prioritized for targeted Social Protection interventions in order to address the vulnerabilities they face.

Infants and Primary School Aged Children: 0 – 12 years

Poverty Profile:

- 3.11 **In St. Kitts and Nevis, the current estimation is that one quarter of the population are under the age of 15. In St Kitts, 1 in 3 children are income poor and in Nevis, 1 in 4. Of the total poor on both islands, 40% are children.**
- 3.12 **In many senses, all children face some degree of vulnerability because of their biologically related dependency on adults** (decreasing as they get older), as well as their socially constructed vulnerability in which they are dependent on adults for access to public service provision, protection from harm and participation in society etc. Vulnerable children can therefore be found within vulnerable households (such as income-poor households) but also within households where their vulnerability arises from their dependency on adult caretakers engaged in negative coping/caring practices.
- 3.13 **The vulnerabilities facing children are a concern for the present and the future** because of the potentially lifetime consequences that can result from a negative start in life.

Main Risks Identified:

Table 12: Major Risk Factors for Infants & Primary School Aged Children (0-12)

Risks (Economic, social, political, legal etc)	Causes of vulnerability
Living in standards below the poverty line	<p>Infants and children are highly dependent on adults for survival</p> <p>Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children</p>
<p>Lack of income to meet ancillary cost of schooling</p> <p>Though the provision of primary and secondary education is free in St Kitts and Nevis, the Country Poverty Assessment (2008) highlighted that some parents still struggle with the financial burden of out of pocket expenses associated with lunch, bus fares, books and examination costs. This may be linked to truancy and other behavioral and performance matters</p>	<p>Adequacy of child maintenance payments</p> <p>Single parent households</p> <p>Cycle of socio-economic standards</p> <p>Learned helplessness</p> <p>Poor Pride – not comfortable asking for assistance despite being in need</p> <p>Poor value systems that lead to poor decision making</p>
<p>Poor maternal and early nutrition</p> <p>This may lead to stunted growth and other life-long negative health impacts</p>	<p>Poverty</p> <p>Under-utilization of preventative healthcare owing to a distrust of the health services staff (issues with confidentiality) and knowledge of the services offered at the Centers</p> <p>Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children</p>
<p>Lack of quality early childhood stimulation, care and education:</p> <p>This makes very young children vulnerable to nutrition related risks retarding optimal biological development and cognitive deficits.</p> <p>The existing quality of early childhood development programmes (and providers) for the poorest and most vulnerable, in addition to their availability and accessibility is a major concern.</p>	<p>Not enough Early Childhood facilities</p> <p>Inadequacy of Private facilities</p> <p>Lack of support for enforcements of sanctions</p> <p>Insufficient support mechanisms for Early Childhood programming</p> <p>Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children</p>

Risks (Economic, social, political, legal etc)	Causes of vulnerability
Quality of Primary Education Not all primary school children enter secondary school with necessary skills leading to underperformance at secondary level	Resourcing issues within the Ministry of Education The “escalator concept” in education that sees mandatory promotion despite the attainment of skills
Non-communicable diseases: According to the Ministry of Health, the four leading causes of morbidity amongst children are gastroenteritis, RTI’s, excess weight and asthma	Personal choice Quality of physical education curriculum in primary school Scope of dietary education on a national level Absence of developed green spaces/programmes for the promotion of active lifestyles in communities
Teenage childbearing: According to the Ministry of Health, teen motherhood was estimated at 15% in 2008. As such, teenage pregnancy and motherhood remains an important risk that requires more intensified policy attention.	Lack of sexual education that is consistent between the home and school Learned behaviour (cycle of teen parenthood) Early exposure to sexual activity (Active and passive participation) Absence of life skills
Stigma in schools: The issue of stigma and discrimination in the school environment affecting different vulnerable groups is also an area of potential concern. Groups that have been affected include, but are not limited to the differently able.	The conservative Christian values of the society Absence of tolerance education
Exposure to neglect or abuse: Data on child abuse (and sexual abuse) is limited and sensitive to under-reporting however it is reported to be a growing concern for children of all ages. According to the Police Force, in 2010 there was one (1) reported case of Cruelty/Abandonment/Exposure of Children, and eighteen (18) reported cases of unlawful carnal knowledge	Revolving door relationships (dependency on partners) Cycles of abuse Economic exploitation Lack of awareness/knowledge of Department of Probation and Child Protection Services Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children

Risks (Economic, social, political, legal etc)	Causes of vulnerability
<p>Risks associated with insufficient foster and institutional care: The provision of foster care is considered inadequate to meet current needs.</p> <p>There is one private children's home/shelter exists in St Kitts, there isn't one in Nevis. (Further evidence in this area is required to determine the extent and nature of the vulnerability).</p>	<p>Lack of additional support to prevent re-victimization, eg. Parenting classes</p> <p>Absence of clear guidelines and sanctions for foster and institutional care</p> <p>Absence of a community based outreach structure for early identification of vulnerable families</p> <p>Lack of awareness/information about the program of foster care</p>
<p>Disability and chronic illness: The 2001 Census highlighted that 5% of the population had some form of disability. However the data on the situation of disabled persons and those with chronic illness - including how these factors correspond with age and income levels - is weak. Further data on this issue is required to better understand the types and levels of vulnerability faced by children and young people who are disabled or chronically ill.</p>	<p>Lack of education/training/understanding of disability; the types and capacities</p> <p>Insufficient trained personnel to assess and intervene</p> <p>Absence of institutional curriculum at key stakeholders to address disabilities (teaching, nursing, etc)</p> <p>Under-utilization of Health Centers for early intervention check-ups</p> <p>Under-utilization of pre-natal care</p>

Secondary School Aged Children: 12 – 18 years

Main Risks Identified:

Table 13: Major Risk Factors for Secondary School Aged Children (12 -18)

Risks (Economic, social, political, legal etc)	Causes of vulnerability
Living in poverty	<p>Infants and children are highly dependent on adults for survival</p> <p>Inadequacy of child maintenance payments</p> <p>Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children</p>
<p>Low educational performance/human capital development leaving youth at risk of unemployment</p> <ul style="list-style-type: none"> - 75-80% of students entering secondary school take end of secondary national exams - 2007/2008 – national pass rates were 76% and 77% - 2007/2008 – only 27% students passing at least 5 subject examinations (including both English and Maths) - 	<p>The lack of differentiated instruction to cater to different learning styles and needs</p> <p>Focus of the educational system on academic passes not comprehensive human development</p>
<p>Quality of secondary schooling, particularly for those in lower streams or in need of learning support:</p> <ul style="list-style-type: none"> - The quality of schooling is considered a high priority risk facing secondary school aged children. At the consultations, school teachers and government officials highlighted their concerns about children being underserved by the existing systems; being pushed out of school into the workplace without the necessary academic or vocational skills and the need to actualize good intentions and plans (on paper) to reform the system. 	<p>The lack of differentiated instruction to cater to different learning styles and needs</p> <p>Inadequate training of teachers in the areas of mixed ability and IT Integration</p>

Risks (Economic, social, political, legal etc)	Causes of vulnerability
<p>Stigma in schools:</p> <ul style="list-style-type: none"> - The issue of stigma and discrimination in the school environment affecting different vulnerable groups is also an area of potential concern. Groups that have been affected include poor children receiving free lunch, noted in the Social Safety Net Assessment as being subjected to stigmatizing processes to receive their lunch. In some cases this has caused children to forgo the service in order to avoid the labeling and its implications. - Consultations also noted cases of stigma and discrimination towards school children who reflect alternative sexual preferences and highlighted the need for improved sex education curriculum and provision in secondary education. 	<p>Poor Pride</p> <p>The mechanism for selection and service is unintentionally discriminatory – need for reform of the school meal feeding program to reflect best practices such as school canteens or a direct cash payment to families</p> <p>No clear partnership between agencies dealing with issues of alternate lifestyles</p> <p>Absence of tolerance education</p> <p>Traditional Christian Conservative values</p>
<p>Risks associated with insufficient foster and institutional care:</p> <ul style="list-style-type: none"> - The provision of foster care is considered inadequate to meet current needs. - There is one private children's home/shelter exists in St Kitts, there isn't one in Nevis. 	<p>Lack of additional support to prevent re-victimization</p> <p>Stigma of institutional care</p> <p>Absence of clear guidelines and sanctions for foster and institutional care</p> <p>Absence of community based outreach structure for early identification</p>
<p>Unattached youths – not in education or training:</p> <ul style="list-style-type: none"> - International evidence shows that unattached youth are typically the least qualified and most likely to engage in risky behaviours (e.g. crimes, unprotected sex, drug consumption etc). 	<p>The lack of differentiated instruction to cater to different learning styles and needs</p> <p>Quality of teachers – question of passion individual and reward as a profession</p> <p>Focus of the educational system on academic passes not comprehensive human development</p> <p>The absence of current labor market data to advise career choices</p> <p>Challenges with entrepreneurial development</p> <p>Lack of positive parental guidance so as to encourage participation in training/volunteer work</p>

Risks (Economic, social, political, legal etc)	Causes of vulnerability
Exposure to neglect or abuse: <ul style="list-style-type: none"> - Data on child abuse (and sexual abuse) is limited and sensitive to under-reporting however it is reported to be a growing concern for children of all ages. - According to the Police Force, in 2010 there was one (1) reported case of Cruelty/Abandonment/Exposure of Children, and eighteen (18) reported cases of unlawful carnal knowledge 	Revolving door relationships (dependency on partners) Cycles of abuse Economic exploitation Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children
Teenage childbearing: <ul style="list-style-type: none"> - Teenage pregnancy and motherhood remains an important risk that requires more intensified policy attention. 	Lack of sexual education that is consistent between the home and school Learned behaviour (cycle of teen parenthood) Early exposure to sexual activity (Active and passive participation) Lack of life skills
Disability and chronic illness: <ul style="list-style-type: none"> - The 2001 Census highlighted that 5% of the population had some form of disability. However the data on the situation of disabled persons and those with chronic illness - including how these factors correspond with age and income levels - is weak. Further data on this issue is required to better understand the types and levels of vulnerability faced by children and young people who are disabled or chronically ill. - In the area of chronic diseases, the infection rate of HIV/AIDS amongst young people continues to be a cause of concern - Obesity and other Non Communicable diseases continues to be an area of concern 	Lack of education/training/understanding of disability; the types and capacities Insufficient trained personnel to assess and intervene Absence of institutional curriculum at key stakeholders to address disabilities (teaching, nursing, etc) Under-utilization of Health Centers for early intervention check-ups Under-utilization of pre-natal care Financial burden for proper health care

Working Age Adults: 16 – 62 years

Poverty Profile:

- 3.14 **In St. Kitts and Nevis, roughly two third (2/3) of the population are between the ages of fifteen (15) and sixty (60).** Poverty among young adults is particularly pronounced.
- 3.15 **Among fifteen to twenty-four (15-24) year olds, one (1) in three (3) are poor in St. Kitts and one (1) in six (6) in Nevis.**
- 3.16 **Among, twenty-five to forty-four (25-44) year olds, one (1) in six (6) are poor across the islands** and roughly one (1) in ten (10) among the forty-five to sixty- four (45-64) year olds.

Main Risks Identified:

Table 14: Major Risk Factors for Working Age Adults (16 -62)

Risks (Economic, social, political, legal etc)	Causes of vulnerability
<p>Unemployment/Underemployment: In 2007, unemployment was 5.1% in St. Kitts and Nevis. The Social Safety Net Assessment highlighted that due to education competencies, formal sector workers are particularly vulnerable to chronic unemployment.</p> <ul style="list-style-type: none"> • Former sugar workers are considered a particularly vulnerable group with some experiencing difficulties in finding new employment due to low skills or lack of willingness/ability to participate in retraining. • Long term unemployment (i.e. over 12 months) • Informal sector workers can typically be vulnerable to short-term employment and underemployment. The high level of seasonal employment is also a contributing factor. • Additionally, a significant number of people in the poorest quintile are dependent on self-employment. 	<p>Lack of sufficient and adequate second chance opportunities for the working age population to be retrained/retooled to be competitive</p> <p>Adequacy of career counselling at all ages</p> <p>Preparation of the working age population to be productive – general gaps in necessary skills sets</p> <p>Absence of sustainable short term work programs that are targeted in their approach, capitalizes on the productive sectors of our nation and promotes self-employment</p>

Risks (Economic, social, political, legal etc)	Causes of vulnerability
<p>Disability/Chronic Diseases: When disability or chronic illness among the working age population prevents participation in employment and income earning activities, their vulnerability is further compounded.</p> <ul style="list-style-type: none"> • The 2001 Population Census reported that 38% of persons with disabilities are between the ages of 25 – 59 years. • Almost half of all HIV cases are among persons aged 30 – 49. • According to the Ministry of Health, the four (4) leading causes of death amongst working age adults are heart disease, stroke related disorders, diabetes complications and homicides • According to the Ministry of Health, 78% of adults has excess weight, 34.5% hypertension prevalence and 20% diabetes prevalence 	<p>Lifestyle choices</p> <p>Lack of appropriate occupational/rehabilitative care to improve functioning following accidents/illnesses</p> <p>Cost of medical care (tertiary level)</p> <p>Discriminatory practices related to persons with disabilities (employment and prosecution – witness testimony)</p> <p>The absence of supportive government policies designed to reward the private sector for continued employment of persons with disabilities</p> <p>Physical infrastructure restricts access to job opportunities (enforcement issues with the building code legislation)</p> <p>Absence of a universal tolerance curriculum</p>
<p>Mental Illness: Vulnerabilities associated with mental illness was not covered in the Social Safety Net assessment but was considered as a major risk factor for the working age adults. A situational analysis would be required to define the extent and nature of this vulnerability</p> <ul style="list-style-type: none"> • According to the Ministry of Health, the four (4) major causes of disability are mental/neurological, learning, behavioural/developmental, diabetes related amputations and external injury related 	<p>Lack of adequate treatment facilities and programs – eg. Detoxification Center</p> <p>Lack of coping skills to deal with stressors (personal, professional, etc) that leads to alcohol and drug abuse/misuse</p>

Risks (Economic, social, political, legal etc)	Causes of vulnerability
<p>Single mothers/female headed households</p> <p>Disaggregated poverty data shows that female-headed households are potentially more at risk of poverty because they are typically larger with higher dependency ratios.</p> <ul style="list-style-type: none"> • According to the Ministry of Health, fifteen percent (15) of all births are to teenagers. • The Social Safety Net Assessment highlights that 25% of female-headed households have five or more members in contrast to 3% of male-headed households • Unmarried mothers and their children also face differential treatment in regard to child maintenance rights, with married mothers being able to petition at the High Court rather than the Magistrate Court where unmarried mothers must petition and where the awards are smaller. • Consultations also highlighted a concern about the extent of young teenage mothers falling into this category and the need for their specific age-sensitive vulnerabilities to be catered for in addition to their needs as single mothers 	<p>Inadequacy of child maintenance payments</p> <p>Enforcement of the protection of labour provisions</p> <p>Parent who are unprepared for/incognizant of/ have little financial resources to meet the responsibilities associated with having children</p> <p>Lack of coping skills to deal with stressors (personal, professional, etc) that leads to poor decision making</p>
<p>Lack of adequate shelter:</p> <p>Consultations highlighted the need for social protection interventions to address the problem of homelessness among the poorest and most vulnerable.</p> <ul style="list-style-type: none"> • Quality of housing among the poor is major concern 	<p>Unemployment/underemployment</p> <p>Natural Disasters</p> <p>Financial requirements that are strike and exclusionary</p> <p>Poor early personal and financial planning for home ownership</p> <p>Cost of illness and mental health</p>

Risks (Economic, social, political, legal etc)	Causes of vulnerability
Risk of Domestic Violence (particularly women) The Social Safety Net Assessment highlights a reluctance of women to file complaints due to fear of stigma, and often unsupportive justice system and inadequate access to social services and social assistance	Lack of conflict resolution skills Substance abuse Unemployment/under-employment Poor interpersonal relationship skills Low educational attainment Cycle of Abuse

Senior Citizens: 62 years and older

Poverty Profile:

- 3.17 **Roughly eight percent (8%) of the population in St. Kitts and Nevis are above the age of sixty (60).** Of those over sixty-five (65), it is estimated that fourteen percent (14%) of those in St. Kitts are poor, and in Nevis, four percent (4%)
- 3.18 **In 2008, only fifty percent (50%) of persons aged sixty two years (62) and over were covered by the Social Security pension.**

Main Risks Identified

Table 15: Major Risk Factors for Senior Citizens (62 years and older)

Risks (Economic, social, political, legal etc)	Causes of vulnerability
Inadequate pension coverage (leading to poverty): Despite existing expenditures on social pensions, poverty among the elderly is higher (and realistically could be higher without Public Assistance providing payments to some elderly persons).	Poor early personal and financial planning Gap between the start of Social Security and the ageing working population Misinformation on Social Security criteria, services etc
Disease and disability: <ul style="list-style-type: none"> Though senior persons have access to free healthcare, the limited availability of publicly provided medicines means that often elderly persons in need have to find alternative methods of treatment, sometimes avoiding it all together and in other cases self-medicating. 	Personal Choice High risk lifestyle OECS Procurement Plan (ordering as a group) Quality of service delivery by health care practitioners
Chronic diseases <ul style="list-style-type: none"> According to the Ministry of Health, the four (4) leading causes of death amongst working age adults are heart disease, stroke related disorders, diabetes complications and homicides According to the Ministry of Health, 78% of adults has excess weight, 34.5% hypertension prevalence and 20% diabetes prevalence 	Personal Choice High risk lifestyle Cost of healthcare Absence of National Health Insurance Plan

Risks (Economic, social, political, legal etc)	Causes of vulnerability
<p>Inadequate housing:</p> <ul style="list-style-type: none"> - The consultations highlighted a concern about inadequate housing quality among the elderly poor. As highlighted above, this is a concern for all but further data is required to determine the extent and nature of the vulnerability across the various age groups. 	<p>Absence of a National Housing Policy that specifically speaks to the needs of seniors</p> <p>Lack of social consciousness in lending and building firms to lend special concessions to seniors</p> <p>Absence of institutionalized collaboration between agencies providing the service and those representing those in need of the service</p> <p>Political interference and affiliation</p>
<p>Lack of care & social exclusion:</p> <ul style="list-style-type: none"> - The consultations highlighted that lack of family support and care, as well as exclusion from income-generating activities and learning opportunities in society were two major risk factors affecting the elderly. - Older persons who live alone were considered particularly vulnerable, although it was noted that, even in many situations where older persons live with family, adequate social care and financial support from co-habiting family members cannot be assumed. 	<p>Lack of early personal and financial planning</p> <p>Absence of institutionalized dialogue between Social Service agencies and family members</p> <p>Absence of an elderly policy and legislation</p> <p>Lack of social consciousness and traditional sense of responsibility amongst family members</p>

Additional Considerations:

- *Adolescents and secondary school aged children*
At the civil society consultation it was stated that the following are over-arching threats for this age group
 - Consistent definition of children, that is harmonize ages of consent, drinking, school leaving etc
 - Role of parents and education system crucial to the success and welfare of adolescents

Special Vulnerable Groups

3.19 **It is proposed that the following groups be recognised as highly vulnerable and be prioritised for social protection (and particularly social safety net) interventions.** This is based on the social safety net analysis of the main risks and vulnerabilities facing the population of St. Kitts and Nevis, and further consultations among Government:

- Infants and young children, particularly those that are poor
- 'At risk'/'unattached' adolescents and youth
- Single mothers (and their families)
- Teenage parents
- The unemployed
- The working poor
- Persons (children and adults) with disabilities, particularly those that are poor
- The chronically ill, particularly those that are poor
- Older persons, particularly those that at poor

4. EXISTING SOCIAL PROTECTION PROVISION AND THE NEED FOR REFORM

- 4.1 **This Chapter provides a summary of the principal components of the Social Protection policy framework in St. Kitts and Nevis. It also highlights the main gaps and weaknesses identified by the Social Safety Net Assessment (2009).** It should be noted however that the Social Safety Net Assessment analysis focused predominantly on the social assistance framework i.e. the non-contributory aspects of the Social Protection landscape. For this reason, the *sector specific* findings from this analysis are limited to social assistance programmes. The report does however also identify a range of weaknesses that are common to multiple Social Protection programmes and highlight areas where greater policy coherence between the contributory and non-contributory sectors are required.

Social Assistance and Social Security (Non-Contributory Schemes)

- 4.2 **The Social Development Assistance Act of 1998 provides the framework for the provision of social assistance in St. Kitts and Nevis.** These programmes are *non-contributory* and are aimed at serving the poor and indigent persons on both islands.
- 4.3 **There are over twenty-four (24) social assistance programmes in St. Kitts, with a parallel and very similar set of programmes implemented in Nevis,** though implemented through separate administrative systems. These include:
- **Cash transfers** (either regular as income support and one off for emergency cases); covering food vouchers, compassionate grants, poor relief, disability benefits and foster grants;
 - **In kind benefits;** covering school uniforms, housing assistance, funeral grants, and grants for off island medical care, certain medical supplies and prescriptions);
 - **Social care and protection services** for specific vulnerable groups (including for the elderly, children, adults and families, foster care and adoption, victims of abuse); and
 - **A community based social assistance programme** that provides funding for improved access roads, health, education and day care facilities and skills training; and temporary employment generation in poor communities.
- 4.4 **The Government also provides a non-contributory pension to the elderly and disabled poor on both islands.** This is through the Social Security Board (SSB) – a statutory body under the general supervision of the Minister with responsibility for Social Security and under the Social Security Act of 1977.
- 4.5 **The Table 16 below provides programme specific details on the social assistance and non-contributory social security programmes operating in St. Kitts and Nevis,** including details on programme objectives; who the programmes are intended to serve; the criteria used for beneficiary selection and the relevant implementing agencies on both islands.

Table 16: Social Assistance and Non Contributory Social Security

Island	Programs	Implementing Agency/ Supervisory Responsibility	Target Group	Objective	Targeting Mechanism	Legislative Mandate
Cash (Near Cash)						
St. Kitts & Nevis	Assistance Pensions	SSB	Elderly and disabled poor	Poverty Alleviation	Means tested	Social Security Act No. 13, 1977
St. Kitts & Nevis	Food Voucher	SK:MoHSSCDSGA Nevis: MoHGSAYSCAT	Needy Persons	Poverty Alleviation	Means tested	Social Development Assistance Act (SSDA), 1998
St. Kitts & Nevis	Compassionate Grants	SK:MoHSSCDSGA N: MoHGSAYSCAT	Poor households	Assist households facing un-anticipated shock	Means tested	SSDA
St. Kitts & Nevis	Poor Relief	SK:MoHSCDGA N: MoHGSAYSCAT	Poor households	Poverty Alleviation	Means tested	SSDA
St. Kitts	Disability Grants	MoHSSCDSGA	Disabled poor	Poverty Alleviation	Means tested	SSDA
St. Kitts	Foster Care Allowance	MoHSSCDSGA	Foster Families	Care and Protection	Categorical	SSDA
Nevis	Public Assistance	MoHGSAYSCAT	Needy Persons	Poverty Alleviation	Means tested	SSDA
In-Kind						
St. Kitts & Nevis	Uniforms and Shoes	SK: MoHSSCDSGA N: MoHGSAYSCAT	Poor children	Promote school enrollment, attendance	Means tested	SSDA
St. Kitts & Nevis	Day Care Centers	SK: MoEYALSSIT N: MOELS	Low-income children	Enhanced cognitive development	Self-referral	Probation & Child Welfare Board Act
St. Kitts & Nevis	Home Repair	SK: MoHSSCDSGA N: MoHGSAYSCAT	Poor households	Improve housing of poor	Means tested	SSDA

Island	Programs	Implementing Agency/ Supervisory Responsibility	Target Group	Objective	Targeting Mechanism	Legislative Mandate
In-Kind Continued						
St. Kitts & Nevis	Off-Island Medical Care	SK: MoHSSCDSGA N: MoHGSAYSCAT	Poor households	Increase access to medical care	Means tested	SSDA
St. Kitts & Nevis	Medical Expenses/ Medical Assistance	SK: MoHSSCDSGA N: MoH	Poor households	Increase access to medical care	Means tested	SSDA
St. Kitts & Nevis	Burial Assistance	SK: MoHSSCDSGA N: MoHGSAYSCAT	Poor households	Bury poor	Means tested	SSDA
St. Kitts	SELF	MoEYALSSIT	Needy students	Promote school enrollment & attendance	Means tested	None
St. Kitts	School Feeding	MoEYALSSIT	All primary/ poor secondary students	Promote school enrollment & attendance	Means tested at secondary	None
St. Kitts	Rental Allowance	SK: MoHSSCDSGA N: MoHGSAYSCAT	Poor households	Increase access to housing	Means tested	SSDA
Nevis	Textbooks	MOELS	Poor children	Promote school enrollment/ Attendance	Means tested	None
Nevis	School Feeding	MOELS	All primary students	Increase enrolment, attendance, performance	Universal	None
Nevis	School Lunch	MoHGSAYSCAT	Poor children	Increase enrolment, attendance, performance	Means tested	SSDA

Island	Programs	Implementing Agency/ Supervisory Responsibility	Target Group	Objective	Targeting Mechanism	Legislative Mandate
In Kind Continued						
Nevis	Hot Meal Program	MSDYSC TICA	Elderly Poor	Increase access to food	Referral and self-referral	SSDA
Nevis	Fee Waivers for Hospital Care	MOH	Poor households	Increase access to medical care	Means tested	None
Nevis	Fee Waivers Eye Care	MOH	Poor households	Increase access to medical care	Means tested	None
Nevis	Fees Waivers for Medication	MOH	Psychiatric Patients	Increase access to medicines	Categorical Targeting	None
Nevis	AIDS Medication	MOH	AIDS Patients	Increase access to medicines	Means tested	None
Social Care Services						
St. Kitts & Nevis	Probation and Child Protection	SK: MoHSSCDSGA/ Social Services and Community Development N: MoHGSAYSCAT	Dysfunctional Families	Care and Protection	Referral and self-referral	Probation & Child Welfare Board Act
St. Kitts	Foster Care	MoHSSCDSGA	Children	Care and Protection	Referral	Probation and Child Welfare Act, 1994
St. Kitts	St. Christopher Children's Home	MoHSSCDSGA	Children	Care and Protection	Referral	Probation and Child Welfare Act, 1994
St. Kitts	Counseling Services	MoHSSCDSGA	Individuals and families	Care and Protection	Referral and self-referral	None
St. Kitts	Gender Services	MoHSSCDSGA/ Gender Affairs	Abused women	Care and Protection	Referral and self-referral	None

Island	Programs	Implementing Agency/ Supervisory Responsibility	Target Group	Objective	Targeting Mechanism	Legislative Mandate
Social Care Services Continued						
St. Kitts	Project Viola	MoHSSCDSGA/ Gender Affairs	Teenage Mothers	Reintegration into school	Referral and self-referral	None
St. Kitts	SK: Home Help N: Home Care	SK: MoHSSCDSGA N: MoHGSAYSCAT	Elderly	Care and Protection	Referral and self-referral	none
St. Kitts	Sadlers Home	MoHSSCDSGA	Elderly	Care and Protection	Referral and self-referral	None
St. Kitts	Cardin Home	MoHSSCDSGA/ Health Institutions	Elderly	Care and Protection	Referral and self-referral	None
Nevis	Home for the Elderly	MOH	Elderly	Care and Protection	Referral and self-referral	None
Nevis	GEM Project	MoHGSAYSCAT	Teenage Mothers	Reintegration into school	Referral and self-referral	None
Nevis	Geriatric Services	MOH	Elderly	Community Care	Grant to NGO	None
Community Based						
St. Kitts & Nevis	BNTF	SK: MoHSSCDSGA/ Social Services and Community Development N: MCWPUPPPNRE	Poor Communities	Community Development	Geographic	None

(This table was adapted from the 2009 Social Safety Net Assessment in which further programme information is available including on source of funding, number of beneficiaries and details on the benefits provided).

Social Insurance (Contributory Schemes)

- 4.6 **The Social Security Act of 1977 also establishes a national Social Security Scheme that provides retirement, disability, maternity and survivor's benefits.** The Social Security Scheme is funded by mandatory contributions levied on wages of all employed and self-employed persons, including public sector employees. The total social security tax is 11% (a 6% employer contribution and a 5% employee contribution). Workers injury benefits are financed by a 1% payroll tax on employers.
- 4.7 **The Social Security Scheme replaced the National Provident Fund which was simply a retirement savings fund catering only to certain categories of workers.** Social Security on the other hand was designed to offer a wide range of cash benefits providing income insurance in a number of contingency situations. It was designed to include short term and long term benefits. Importantly, it also provided for the inclusion of all workers.
- 4.8 **The system operates on the basis of building a pool of funds from compulsory contribution income and other income,** which will be utilized for the payment of benefits and for meeting administrative expenses. Accordingly, the Act makes provision for registration of employers and for the insurability of employees, self employed persons and voluntarily insured persons. Contributions are payable into the fund by all concerned.
- 4.9 **There is an estimated 20% compliance rate for self-employed persons and participation among seasonal, domestic, and informal sector workers is also low.** In 2005, women represented 50% of the active insured, but with lower average monthly insurable earnings than men, especially among women closer to retirement (table below). This results in lower pensions for women and potentially greater requirements for social assistance.

Table 17: Coverage of the Social Security Scheme, 2005

Age	# of Active Insured		Insurable Earnings	
	Male	Female	Male	Female
15 - 19	875	704	1,335	1,255
20 - 24	1,826	1,844	1,781	1,621
25 - 29	1,752	1,752	2,202	2,016
30 - 34	1,505	1,682	2,625	2,270
35 - 39	1,606	1,517	2,899	2,340
40 - 44	1,508	1,506	2,783	2,293
45 - 49	1,302	1,379	2,937	2,355
50 - 54	939	852	3,155	2,530
55 - 59	486	406	2,926	2,327
60 - 61	194	166	3,042	1,867

Source: SSNA (2009) - Horizonow (2008)
8th Actuarial Review of the Social Security Fund

Labour Market Policies

- 4.10 **Typically, labour market policies include interventions to address direct employment generation, employment services and skills development (i.e. active labour market programmes) as well as income support for the working poor.** Also relevant to the Social Protection context is the setting of appropriate legislation on minimum wages, social security/social insurance contributions and labour standards, to ensure decent earnings and living standards.
- 4.11 **As a member of the International Labour Organization (ILO), the Federation is actively pursuing the Decent Work Agenda;** a concept formulated by the constituents of the ILO as a means of identifying the Organization's major priorities. The Decent Work agenda has four strategic objectives, these are:
- i. **Creating Jobs** – an economy that generates opportunities for investment, entrepreneurship, skills development, job creation and sustainable livelihoods
 - ii. **Guaranteeing Rights at Work** – to obtain recognition and respect for the rights of workers, All workers and in particular disadvantaged or poor workers need representation, participation, and laws that work for their interest
 - iii. **Extending Social Protection** – to promote both inclusion and productivity by ensuring that women and men enjoy working conditions that are safe, allow adequate free time and rest, take into account family and social values, provide for adequate compensation in care of lost or reduced income and permit access to adequate health care.
 - iv. **Promoting Social Dialogue** – involving strong and independent workers' and employers' organizations is central to increasing productivity, avoiding disputes at work and building cohesive societies.
- 4.12 **To accomplish the mandate of the Department of Labour, collaborations need to be established and maintained with each public and private sector stakeholder entity with a role to play in securing the holistic health and wellness of the workforce.**
- 4.13 **Active labour market programmes in St. Kitts and Nevis take different forms but on both islands, there is a mix of schemes aimed at promoting employability and employment.** These include programmes related to second chance education; job training and job search assistance; and microenterprise development programs.
- 4.14 **On St. Kitts, all second chance education and training programs fall under the portfolio of the MoEAI.** The National Skills Training Programme (NSTP), formerly the Youth Skills Training Center, provides classroom-based and on-the-job training, remedial education, life-skills training, and entrepreneurship. Its transformation into the National Skills Training Program was done to capture a broader cross-section of the population, particularly former sugar workers. The

Advanced Vocational Educational Center (AVEC) provides a two-year training and examination preparation program for students who left school with only part of a qualification (CSEC and/ or CCSLC). Project Strong provides second chance education and skills training for secondary school dropouts. The Youth Empowerment through Skills (YES) introduced in 2009, partially in response to the financial crisis, targets youth at risk across the Federation. On Nevis, the Gender Department provides classroom based and on-the-job training targeted to youth. Job Search Assistance is provided through the Labour Department on both islands.

Table 18: Main active labour market programmes across the Federation

St. Kitts and Nevis						
Island	Programs	Implementing Agency/ Supervisory Responsibility	Target Group	Objective	Targeting Mechanism	Legislative Mandate
Active Labour Market						
St. Kitts & Nevis	National Skills Program	MoEAI/ Skills Training Center	Persons in need of skills training	Enhanced employability	Referral and self-referral	None
St. Kitts & Nevis	YES	MoEAI/ Skills Training Center	Persons in need of skills training & employment	Enhanced employability	Referral and self-referral	None
St. Kitts & Nevis	AVEC	MoEAI/ AVEC	Persons in need of skills training	Enhanced employability	Referral and self-referral	None
St. Kitts & Nevis	NEDD/ SEDU	MoITICACACE	Unemployed persons	Self-employment, job creation	Referral and self-referral	Small Business Development Act (Regulations pending)
St. Kitts	Job Search Assistance	MoFAHSLISS/ Labor Department	Unemployed persons	Unemployment reduction	Referral and self-referral	None
St. Kitts	Project Strong	MoEAI/ Project Strong	Persons in need of skills training	Enhanced employability	Referral and self-referral	None
Nevis	Youth Skills Training	MSDYSCATICA	Persons in need of skills training	Enhanced employability	Referral and self-referral	None

- 4.15 **Microenterprise support services are provided on both St. Kitts and on Nevis.** On St. Kitts, the National Entrepreneurial Development Division (NEDD)⁸ provides business development training and support services. Credit facilities are provided by the National Development Bank (a statutory body) and the Foundation for National Development (private sector). On Nevis, the Small Enterprise Development Unit (SEDU) provides training and access to concessional loans through a revolving loan fund.

Other Policies with Social Protection Implications

- 4.16 **In addition to the Social Protection programs discussed above, Government subsidizes the cost of milk, sugar, flour, and rice and imposes price controls on these items and also grants periodic duty concessions in an effort to further protect the population.** The Ministry of Consumer Affairs (Supply Department) purchases items and then sets prices on these. In some years, the purchase price is above the resale price and Government incurs a loss. In years where the purchase price is below the resale price, Government realizes a gain. Information on the magnitude of gains and losses to Government was not available.
- 4.17 **Government also imposes wholesale and retail price controls on a range of basic food items.** In response to commodity price increases and the global financial crisis, Government reduced the duty on various foodstuffs, clothing and cement. In 2007/08, Government removed the General Consumption Tax from basic food items as part of the CARICOM Common External Tariff Agreement, a regional response to the high cost of living. This agreement remains in effect.

Gaps and Challenges in Social Protection Provision

- 4.18 **The Social Safety Net Assessment (2009) reviewed the above programmes and highlighted key weaknesses and gaps in the current structure.** A summary of the main challenges identified is provided below. (For a more detailed analysis, refer to the Social Safety Net Assessment).

Cross-Cutting Challenges

- **Budget allocation considerations:** A review of the distribution of resources between vulnerable groups shows that the Social Safety Net does not sufficiently enhance equity for all. For instance, assistance pensions serve greater number of persons than student support schemes despite there being more children than senior citizens (in total, and among the poor).
- **Programme coverage:** Analysis of the main social assistance programmes suggests that the majority suffer from low coverage i.e. that the poor are not sufficiently benefitting, with high errors of exclusion and inclusion. For instance:
 - The food programme is reaching less than 4% of poor;
 - The uniform programme in St. Kitts only reaches 25% of poor school age children and in Nevis only 10% of poor children;

⁸ Formerly the Small Business Development Unit (SEDU).

- The Public Assistance programme (in Nevis) only has the capacity to reach 7% of the poor;
 - Social Security Board assistance pensions reach 10% of the elderly and it is not known if these are the elderly poor; and
 - Only one third of beneficiaries of the book rental programme come from the poorest quintile whereas just over fifth come from the wealthiest.
- **Efficiency and effectiveness:** There are over twenty four (24) Social Safety Net programmes in St. Kitts and Nevis; with both islands offering parallel and almost identical system in Nevis but with different administrative systems. Additionally, many of the programmes serve the same target groups but with multiple application processes. This is administratively costly (for instance, there are at least three (3) ministries in St. Kitts and in Nevis as well as the Social Security Board involved in means testing). Political interference in the selection of beneficiaries also exists, opening up pressure for current systems to be accessed by the non-poor. In general, data on the effectiveness of selection processes not available leaving significant questions open about programme performance.
 - **Lack of programme coverage for specific vulnerable groups:** In addition, the social safety net does not adequately protect children and single parents (especially women), and especially the larger households. There are also gender differences to eligibility to Safety Net programmes resulting in unequal protection of women and it is not clear whether labour market programmes address critical labour market vulnerabilities. In addition, cash benefits given to low income families do not seem to defray out of pocket expenses of education.
 - **Incoherent benefits and delivery mechanisms:** The size of cash benefits vary greatly in size across programmes, between islands, and in terms of per capita value i.e. benefits tend to get smaller, the bigger the household (see table below for comparison of benefits). The delivery mechanisms used are also inefficient. For instance the delivery mechanisms of the food voucher and uniform programmes absorb considerable staff resources. This is both demanding on administrations as well as potentially resulting in costlier implementation than necessary.

Table 19: Value of Benefit for Different Targeted Programs

Social Safety Net Services	EC\$ Benefit per Month	Benefit as a % of the Poverty Line
St. Kitts		
Compassionate Grant	100	15%
Foster Care Allowance	100	15%
Poor Relief	40	6%
Disability Benefit	40	6%
Food Voucher (Single Person)	115	17%
Food Voucher (Per Person for Family of 5)	45	7%
Assistance Pensions	250	37%

Nevis		
Public Assistance	100	11%
Assistance Pensions	250	28%

Source: Social Safety Net Assessment (2009)

- **Weak institutional framework and human resource deficiencies:** The Social Development Assistance Act calls for the establishment of a Social Assistance Board however this has never existed. In addition, staffing capacities within the implementing Ministries and working on community outreach are insufficient. There are too few officers and in many cases, the staff do not have the requisite skills set (or opportunities for continual professional development) to match their job requirements and to keep up with evolving practices.
- **Out-dated legislative framework:** Non-contributory pensions and social assistance are governed by legislation; however, the presence of a legislative framework for key programs has not been sufficient to ensure the realization of international commitments. There is also some question as to whether the Social Development Assistance and Social Security Acts are broad enough to encompass needed reforms without being amended. This requires a review once the reform agenda has been finalised.
- **Programme monitoring is uneven and programs evaluations non-existent.** Most programs collect basic information; however, this is not always systematically collated. There is also a major absence of performance targets and little expertise or mechanisms to conduct systematic evaluations. Weak monitoring and evaluation compounds difficulties in creating an effective social protection system that respond to evolving vulnerabilities.
- **Policy and procedures are not fully documented.** Programs do not have operations manuals and in their absence implementation arrangements are open to the discretion of Ministry, health, and school officials. Criteria for eligibility are stated in terms of unverifiable income and/or subjective criteria. The absence of fully documented policies and procedures creates opportunities for political interference in the selection of beneficiaries.
- **Programs lack formal appeals mechanisms.** The Social Development Assistance Act calls for the establishment of an Appeals Committee, but this does not appear to function. The only appeals mechanism identified for programs was the possibility for applicants or beneficiaries to appeal or complain to a Member of Parliament, the Permanent Secretary of the relevant Ministry, or a call-in radio show. However, these are not independent appeals mechanisms and lack requirements for systematization and objectivity.

Sector Specific Challenges

- **There is an inconsistent approach to education-based safety nets:** The policy on school feeding is incoherent across islands and across education levels and there are stigmatising practices for 'free lunch' in secondary school. In addition, a significant share of children don't have access to books despite the presence of revolving loan schemes and even with cash benefit schemes, poor parents still struggling to face daily costs of schooling (transport and meals).

- **The role of social pensions as it relates to social assistance is unclear:** Originally, social assistance pensions were meant to decline as contributory scheme coverage expanded however the decline has not progressed as expected. Furthermore, invalidity pensions have increased significantly (without a clear analysis of why). The assessment processes used by Social Security Board assessments for screening eligibility for Assistance Pensions is administratively time consuming and has no recertification process. Most importantly, despite significant spending on this programme, poverty among the elderly continues to be a concern so there is need to evaluate both the effectiveness of this programme and the relationship between social pensions and other social safety nets.
- **Health Based Social Safety Nets are un-co-ordinated and poorly documented:** Health waivers are granted via three (3) separate mechanisms with their own selection criteria and without objectivity and transparency. Information on the amount paid by the Department of Social Services or by the Ministry of Health for off island or private care is recorded; however, information on patients that apply for and those that receive a fee waiver is not systematically recorded. Information on the value of the fee waived is also not recorded.
- **Questionable effectiveness of active labour market programmes:** The implementation of programmes spans number of agencies but there are still gaps in provision. Due to the lack of programme evaluations and monitoring systems, it is difficult to determine whether existing programmes addressing the range of and extent of vulnerabilities faced by the most vulnerable.

5. A NEW APPROACH TO SOCIAL ASSISTANCE AND SOCIAL PROTECTION

- 5.1 **This chapter presents the core elements of the National Social Protection Strategy, outlining the vision, goals and reform agenda to establish a new approach to social protection.** It is assumed that the National Social Protection Strategy will compliment other strategies and sector plans adopted by the Government of St. Kitts and Nevis. Also, that it will be used to operationalize the plans laid out in the National Adaptation Strategy and the National Poverty Reduction Strategy (as it relates to Priority Area 4 and 5).

Vision for Social Protection

- 5.2 **Informed by overall vision of St. Kitts and Nevis, highlighted in the National Poverty Reduction Strategy, the Government of St. Kitts and Nevis' long-term vision for Social Protection is as highlighted in the box below.** This vision entails a basic guarantee of Social Protection for the entire population through a package of benefits and complimentary services to allow them to achieve a decent level of existence. To achieve this, both social assistance and social insurance measures need to be weaved together to ensure equality of choice and opportunity for all and to promote high levels of human development.

Vision of Social Protection for St. Kitts and Nevis

The population of St. Kitts and Nevis is protected against chronic poverty and hunger, shocks, destitution and social exclusion, through programmes designed to ensure equitable human capital development and enhanced capacity of the population to better manage their livelihoods and welfare.

Key Goals

- 5.3 **To translate this vision into clear priorities, the goals of the Social Protection system encompass four elements** (in line with the National Poverty Reduction Strategy Priority Areas 4 and 5):
- To develop a streamlined, effective and efficient social safety net for those most at risk of deprivation and who cannot help themselves;
 - To strengthen the resilience of the poor and vulnerable by enabling them to benefit from investments in human capital development;
 - To protect the basic livelihood of the entire population and to promote safeguards against shocks and disasters that may occur; and
 - To enhance the capacity of all persons to better manage their livelihoods and welfare in an effort to impact national development.

Goal of Social Protection for St. Kitts and Nevis

The population of St. Kitts and Nevis, especially the poor and vulnerable, will benefit from effective social safety nets and social security, integrated within a sustainable, affordable and effective national social protection system.

Guiding Principles

5.4 **At the heart of this policy framework are the following guiding principles for social protection programming:**

Guiding Principles

- Protection for the most vulnerable
- Promoting co-responsibility, self-reliance and empowerment
- Strengthening families and communities
- Enabling participation and promoting inclusiveness
- Respect for human dignity, equality and human rights
- Partnerships for integrated service delivery
- Cost-effective, sustainable, high-quality public service delivery

Priority Target Groups

5.5 As highlighted in Chapter 3, the Strategy will **prioritise the following groups for social protection interventions (and particularly Social Safety Net support)**, recognised as those persons that form 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, particularly those that are income poor
- The chronically ill, particularly those that are income poor
- Older persons, particularly those that are income poor

Phased Approach to Reform

5.6 **Given the breadth and range of sectors involved in Social Protection co-ordination and reform, the Strategy is designed around a phased approach to reform, divided into two phases:**

- **Phase 1 (2013 to 2017):** Consolidation and Strengthening the Social Safety Net Programmes for improved efficiency and effectiveness; and
- **Phase 2 (2017 to 2021):** Wider Reforms for Establishing a Coherent and Integrated Social Protection System.

5.7 **Objectives and reform actions for Phase 1 have already been identified and are outlined in the following section. This first phase of Social Protection**

reform focuses on improving the existing Social Safety Net framework to enhance its efficiency and effectiveness in reaching the poorest and most vulnerable. The Social Safety Net Assessment conducted in 2009 made a series of recommendations in relation to strengthening the various components of the Social Safety Net in St. Kitts and Nevis. These included actions in relation to reviewing and reform elements of cash transfer schemes, in-kind programmes, active labour market policies, as well broader issues related to the institutional architecture of social assistance delivery. These recommendations were subsequently reviewed and prioritised by key Government stakeholders at the National Social Protection Workshop in November 2011. An initial three (3) year Plan of Action outlining the recommended actions organised around twelve (12) key objectives was produced in 2012. **The Plan of Action has been reorganized in further technical consultations undertaken in 2012 and 2013. It merges some of the key objectives and defines, with more detail, the actions and strategies to be undertaken in five (5) years.**

5.8 **The Strategy identifies seven (7) key Overall Objectives for the Phase 1 reform process, as well as key interventions to achieve these objectives.** These recommendations are based on the vulnerability and gap analysis conducted in the Social Safety Net Assessment and the Government-focused consultations conducted in 2011, 2012 and 2013.

5.9 **Under each Overall Objective, various key Priority Areas define more specific objectives and activities for the implementation of the Plan of Action.**

5.10 **Annex A contains the full detailed Plan of Action for the implementation of Phase 1.** The Plan of Action includes information on implementing agencies and partners, establishes main outputs and/or outcomes, defines end dates for the execution of activities (production of outputs and measurement of outcomes), and present an estimative cost for each specific objective.

Annex B contains the Monitoring and Evaluation (M&E) Framework to assess the implementation and performance of the Phase 1 Plan of Action. The M&E Framework was developed during the 2012 and 2013 technical consultations.

5.11 **Overall Objectives, Key Priority Areas and Specific Objectives.**

1. Overall Objective 1 Adjust and further develop the main institutional arrangements, systems and legislative frameworks for a more coordinated, efficient and effective social protection service delivery.

Priority Area 1.1 Institutional arrangements and capacity building for the Social Protection reform process

This Priority Action ensures the formalization and strengthening of the Inter-Ministerial structures to guide policy decisions on the Social Protection Reform process and establish Technical Working Groups (TWGs – per sub-sector or Overall Objective) to implement the National Social Protection Strategy’s Phase 1 Plan of Action. It also

defines the strategies to modernize and strengthen the Department of Social Services with a two (2) year Capacity Building Plan (CBP) for a more efficient and effective coordination and service delivery.

Priority Area 1.2 Consolidated Social Safety Net Policy Framework with clear coordination and referral mechanisms

As the Phase 1 of the reform is undertaken, it is necessary to define complementary (convergent) and substitute (divergent) services within the existing Social Safety Net interventions and establish clear interrelations under a consolidated framework. Following the Social Safety Net Policy Framework, mechanisms for joint service delivery and coordination among complementary services and interventions are to be developed.

Priority Area 1.3 Transparent and unified beneficiary selection and registration mechanisms for the Social Safety Net

This Priority Action aims at developing a transparent and objective Common Targeting Mechanism (CTM) and a Single Beneficiary Registry (SBR) for key Social Safety Net interventions oriented to target the poor and vulnerable population. The Common Targeting Mechanism for key Social Safety Net interventions includes the following components:

- Unified processes and data requirements.
- Unified single assessment form and other required instruments.
- Clear institutional, operational and funding arrangements for data collection, processing and administration.
- Training guidelines and materials for all actors involved in the process as an Operations Manual.

The Common Targeting Mechanism and Single Beneficiary Registry support the Social Safety Net interventions during Phase 1 and can be expanded in Phase 2 to all pertinent Social Protection.

A Management Information System (MIS) is to be designed to work as Single Beneficiary Registry (SBR) for key Social Safety Net interventions and:

- Process the necessary data for the Common Targeting Mechanism and the identification and selection of beneficiary households of key Social Safety Net interventions.
- Register selected beneficiary households of key Social Safety Net interventions (and facilitate referral and data sharing).
- Facilitate coordination among complementary services.
- Avoid duplication among substitute interventions.

Other software applications to support some of the MEND operations will be included under the same contract for the development of the Management Information System and Single Beneficiary Registry and need to be properly included.

Priority Area 1.4 Formal grievance, complaints and appeals mechanisms for the Social Safety Net

Formal grievance, complaints and appeals mechanisms for the Common Targeting Mechanism and Single Beneficiary Registry and, progressively, for key Social Safety Net interventions are to be developed with clear courses of action and processes, assigning roles and responsibilities for all key actors involved, and establishing time limits to responses and reactions.

Priority Area 1.5 Systematized processes and operations

Programme Documents (PDs) Operations Manuals (OMs) must be developed for key Social Safety Net interventions to guide implementation and clearly define processes and instruments for all actors involved in their execution.

Suggested key interventions to develop Operation Manuals: M.E.N.D. Families SKN Programme, S.E.L.F., Medical Assistance and/or National Health Insurance Scheme, Uniform Assistance, Active Labour Market Programmes (ALMPs).

Priority Area 1.6 Social Development Assistance Legal reform

This reform process implies the conduction of a review of the Social Development Assistance Legislation. The need to develop or review specific pieces of the existing legislation and regulations as a result of the Social Safety Net Reform Process is to be identified as well as the production of all necessary legal documents for coordination and referral among Social Safety Net interventions and agencies.

Priority Area 1.7 Communication Strategies for the Social Protection reform process

Communication Strategies for the Social Protection reform process and its key interventions are to be developed. The Communication Strategies will inform different target audiences (potential beneficiaries and communities, the civil service, the parliament, and the general public) about the Social Protection reform process and key Social Safety Net interventions. The Communication Strategies are a transformative component of the reform process that enhances equity and promotes behavioural change by providing relevant information to all actors involved.

Overall Objective 2	Enhance the evidence based decision making practice across the Social Protection sector.
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Priority Area 2.1 Monitoring and Evaluation (M&E) Systems and Research Plans for the Social Safety Net

This Priority Action intends to develop individual Monitoring and Evaluation (M&E) Systems and Research Plans for each key Social Safety Net intervention. It is also necessary to ensure that key Social Safety Net interventions are subject to periodic and independently conducted external evaluations and institutionalize beneficiary feedback

mechanisms into the Research Plans and the Communications Strategies for key Social Safety Net interventions.

The Priority Action also aims at strengthening the Government's capacity to create and support Social Protection Monitoring and Evaluation Systems by identifying potential trainers (or Monitoring and Evaluation persons) to accompany the M.E.N.D. Families SKN Programme Monitoring and Evaluation learning process and undertake the adaptation and development of the systems for the other key Social Safety Net interventions.

Suggested key interventions to have Monitoring and Evaluation Systems and Research Plans: M.E.N.D. Families SKN Programme, S.E.L.F, Medical Assistance and/or National Health Insurance Scheme, Uniform Assistance, Active Labour Market Programmes (ALMPs), School Feeding Programme.

Priority Area 2.2 Capacity building for Monitoring and Evaluation and Evidence Based Social Safety Net decision making

This Priority Action seeks to strengthen the capacity of policy makers and key managers (Permanent Secretaries and Directors), Supervisors, and Planners on Monitoring and Evaluation techniques and Evidence Based Decision Making for Social Protection with periodic training activities and courses.

Priority Area 2.3 Production and use of Social Protection data

In order to strengthen the Government's capacity to produce regular and pertinent Social Protection related data, it is necessary to undertake a needs assessment of the Department of Statistics. The assessment should be useful to develop and implement a Capacity Building Plan (CBP) that includes quantity and quality of human resources (with training strategies), infrastructure, and system requirements to ensure the regular production of pertinent Social Protection data. An Inter-Ministerial Plan should guide regular and pertinent Social Protection data collection and analysis exercises (with disaggregated data by age, gender, and other relevant categories). A Joint Funding Mechanism (JFM) among the interested agencies should fund the implementation of the Social Protection Data Collection Plan.

Suggested exercises include: Country Poverty Assessments (CPA), Multiple Indicator Cluster Surveys (MICs), and Situation Analysis of key vulnerable groups.

Priority Area 2.4 Annual Budgetary Reviews

This Priority Action proposes the conduction of Annual Social Protection Budgetary Reviews to support financial, policy and programming decision making.

Priority Area 2.5 Regular Process and Financial Audits

The Annual Budgetary Reviews and the implementation of regular Process and Financial Audits complement the Monitoring and Evaluation and Research Plan and contribute to a permanent learning and improvement process. All ministries and

agencies implementing Social Safety Net interventions are to embrace the results of these exercises and undertake actions to integrate their recommendations.

Overall Objective 3 Develop the M.E.N.D. Families in St. Kitts and Nevis Programme to efficiently and effectively improve the beneficiary families' wellbeing and ensure an increased investment in the human capital of their children.

This Overall Objective organises the consolidation of the three main cash assistance programmes (Compassionate Grant; Poor Relief and Disability Grant) into one unified Social Cash Transfer Programme to be administered by the Department of Social Services. The M.E.N.D. Families SKN Programme intends to provide Psychosocial Support services to its beneficiary households and adopt the Chile Puente methodology already being implemented in various Eastern Caribbean Countries. Co-responsibilities and conditionality mechanisms to receive the full cash payments are also to be included in the M.E.N.D. Families SKN Programme to ensure human capital investment and promote developmental behaviour changes and healthy lifestyles in the beneficiary households.

Priority Area 3.1 Programme Document and main implementation agreements

A Programme Document (PD) is to be produced with the main design variables and components of the MEND Families Programme. The five (5) year Programme Document (PD) includes, among other components:

- Programme objectives
- Target population
- Design variables
- Coverage and scale-up plans
- Funding requirements and sources
- Institutional arrangements for implementation
- Monitoring and evaluation plans

The specific co-responsibilities for the beneficiary households are to be stated in the Programme Document. Specific objectives, targets and assessment plans for the pilot phase are also to be part of the Programme Document.

Basic implementation arrangements (on the co-responsibilities or other programme operational requirements) and the necessary MOUs between the Ministry of Social Services and other line ministries are to be discussed and agreed. Basic contract terms with the payment service provider(s) are also to be agreed during the development of the Programme Document.

Priority Area 3.2 Operations Manual

A comprehensive Operations Manual (OM) with clear processes, guidelines and instruments for all actors involved in the implementation of the M.E.N.D. Families SKN Programme is to be developed. The Operations Manual includes (at least) the following components:

- Programme Cycle

- Targeting, exit and re-certification
- Registration
- Payment
- Psychosocial Support and Co-responsibilities
- Grievances, Complaints and Case management Monitoring and Evaluation
- Reporting

M.E.N.D. Families SKN Programme's targeting information requirements for the registration process are to be included in the development of the Common Targeting Mechanism (CTM). Once developed, the Common Targeting Mechanism (CTM) guidelines and instruments have to be integrated into M.E.N.D. Families SKN Programme's Operation Manual, as its targeting tool.

This Priority Action also promotes the production of training materials to complement the Operations Manual, and undertaking systematic training processes of all actors involved in the implementation of every M.E.N.D. Families SKN Programme process.

Priority Area 3.3 Management Information System (MIS)

This Priority Action defines the strategies to further develop the Management Information System (MIS) of the Single Beneficiary Registry (SBR) to support other M.E.N.D. Families SKN Programme processes. Additional software modules are necessary to initiate and process the information related to M.E.N.D. Families SKN Programme's operations, as defined in M.E.N.D. Families SKN Programme's Operations Manual (OM).

Priority Area 3.4 Psychosocial Support and Co-responsibilities

The content of the Psychosocial support for each Programme Pillar is to be defined, based on specific identified needs for St. Kitts and Nevis. The Department of Social Services and Community Development intends to adapt the already tested tools from similar programmes in the region. It is also necessary to establish which co-responsibilities are to be attached to the M.E.N.D. Families SKN Programme, define their regulations and develop the respective operational procedures to be included in the Programme's Operations Manual.

Priority Area 3.5 Exit and re-certification strategies

It is necessary to develop clear exit and re-certification strategies for the M.E.N.D. Families in St. Kitts and Nevis Programme. Once the evaluation results are available, define minimum time exposure to the M.E.N.D. Families SKN Programme and establish periodicities for exit and re-certification strategies.

Priority Area 3.6 Programme referral and service convergence

In line with the Social Protection Strategy Framework, it is necessary to define the social assistance services that complement the M.E.N.D. Families SKN Programme to increase the beneficiary household's wellbeing. Programme referral and service convergence procedures are to be clearly developed and implemented.

Priority Area 3.7 Monitoring and Evaluation System and Research Plan for MEND

As for the other key Social Safety Net interventions, a comprehensive Monitoring and Evaluation (M&E) System and Research Plan should be developed for the M.E.N.D. Families SKN Programme. The Research Plan should include a pertinent and efficient evaluation mechanism to assess the operations and effects of the M.E.N.D. Families SKN Programme in its Pilot Phase.

During M.E.N.D. Families SKN Programme's pilot phase the following components are to be produced:

- A Monitoring and Evaluation (M&E) Framework and System with instruments.
- A comprehensive report with specific process and impact results (with integrated beneficiary and community feedback) and recommendations for the continuation and expansion of the programme.

With the lessons learned from the pilot implementation and the evaluation results:

- Determine the pertinence of scaling-up the M.E.N.D. Families SKN Programme.
- Determine if other Social Safety Net programmes are to be transformed to conditional or un-conditional cash transfer schemes through M.E.N.D. Families SKN Programme.

Priority Area 3.8 Communication Strategy for M.E.N.D. Families SKN Programme

A comprehensive Communications Strategy is to be developed and implemented to inform different audiences about the M.E.N.D. Families SKN Programme (implementers, beneficiary households, communities, Government Staff, Parliament, and general public).

Overall Objective 4	Enhance the poor and vulnerable population's access to basic health assistance services.
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Priority Area 4.1 Targeting the Health Assistance and Insurance Scheme

Under this Priority Action, it is necessary to ensure that the Common Targeting Mechanism (CTM) and Single Beneficiary Registry (SBR) fulfil the requirements of the Health Sector to identify those to benefit from the services for the poor and vulnerable population (the Health Assistance Services and the National Health Insurance Scheme). Procedures, instruments and tools are to be developed to utilize the Common Targeting Mechanism and Single Beneficiary Registry to identify and register the beneficiary households in the assistance services.

Priority Area 4.2 National Health Insurance Scheme (NHIS)

The Ministry of Finance is to finalize the negotiations to initiate a cost-effective and sustainable National Health Insurance Scheme (NHIS) for the poorest and most vulnerable population in St. Kitts and Nevis. For this, it is necessary to review the services, coverage, and costs that the National Health Insurance Scheme (NHIS) is to provide to the beneficiary households, and define parameters of coverage, quality, cost-effectiveness and sustainability for the approval of the initial contract. The National Health Insurance Scheme procedures are to be included into the Health Operations Manual. A Monitoring and Evaluation (M&E) Framework and System for the National Health Insurance Scheme are to be developed with (at least) the following information:

- Registered beneficiary households and characteristics
- Typology of services accessed
- Cost of services
- Quality of services
- Efficiency of processes
- Administrative costs
- Requirements and timeline for a comprehensive process and impact evaluation

Priority Area 4.3 Health Social Assistance Services

This Priority Action intends to strengthen the Health Social Assistance services by defining which Health Social Assistance Services not included in the National Health Insurance Scheme (e.g. dental, laboratories, off shore, etc.) should utilize the Common Targeting Mechanism and Single Beneficiary Registry to select and register the poor and vulnerable population and develop the necessary procedures to utilize it. A Capacity Building Plan (CBP) is to be developed with the quantity and quality of human resources, infrastructure, and equipment required to administer and deliver the Health Social Assistance services. These services will have to develop a Monitoring and Evaluation (M&E) Framework and System with (at least) the following information:

- Beneficiary households and characteristics
- Typology of services accessed
- Cost of services
- Quality of services
- Efficiency of processes
- Administrative costs

Priority Area 4.4 Community Health Plans of Action

The Ministry of Health intends to develop and implement Community Health Plans of Action at District level based on identified needs for the poorest and most vulnerable population. It implies undertaking a Health Needs Assessment in every priority district and/or community to develop profiles for the poorest and most vulnerable population to be covered by public primary care facilities. The Community Health Plans of Action will address the identified needs and establish targets for clear Monitoring and Evaluation (M&E) parameters.

Priority Area 4.5 Health Communications Strategy

A comprehensive Communications Strategy is to be developed and implemented to adequately inform all stakeholders and audiences about the Social Assistance and National Insurance Scheme Reform Process and promote specific and strategic health behaviour changes.

Overall Objective 5	Enhance the poor and vulnerable population's access to basic education assistance services.
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Priority Area 5.1 Targeting the education interventions

This Priority Action aims at ensuring that the poorest and most vulnerable children access relevant education services by participating in the development of the Common Targeting Mechanism (CTM) and the Single Beneficiary Registry (SBR) to ensure that the Education sector information requirements are well covered. It is also about choosing which interventions are to utilise the selection and registration mechanisms and defining procedures for their utilization.

The following interventions have expressed interest in utilizing the Common Targeting Mechanism and Single Beneficiary Registry:

- The Student Education Learning Fund (SELF) programme
- The School Uniform Assistance Programme.
- The Early Stimulation Programme (ESP)
- The Reaching the Unreached Programme (RUP).

Explore the possibility to utilize the Common Targeting Mechanism and Single Beneficiary Registry to identify and register the beneficiary children of the Secondary School Meals Programme.

Priority Area 5.2 More and better Early Childhood Education (ECE) for poor and vulnerable children

This Priority Action aims at improving the quality and coverage of the Early Childhood Education (ECE) services among the poor and vulnerable population. Two programmes are intended to provide ECE services for the poor and vulnerable:

- The Early Stimulation Programme (ESP) is at pilot stage and intended for children from 0 to 3 years old. In it Community Nurses are trained in Early Childhood Development (ECD) to provide the content of the programme at the Health Centres to poor and vulnerable children.
- The Reaching the Unreached Programme (RUP) is oriented to children from 3 to 5 years old.

In 2013 an Assessment of the Barriers to access Early Childhood Education Services was undertaken with support from UNICEF. The assessment should be utilized to guide the definition of strategies to ensure that the poorest and most vulnerable children are covered by the ESP and RUP Programmes utilizing the Common Targeting Mechanism or other relevant targeting mechanisms. It is also necessary to develop guidelines with clear implementation procedures and quality service standards for the Early

Stimulation Programme and Reaching the Unreached programmes. As in most key Social Safety Net interventions, this reform process entails developing and implementing Capacity Building Plans (CBPs), M&E Systems and Communication Strategies.

Priority Area 5.3 Differentiated instruction

The Differentiated Instruction initiative is to be strengthened across the school system. It implies conducting Annual Assessments to identify students with learning disabilities as they move through the education system, strengthening the Learning Support Services for those in the lower education streams, and ensuring that all students identified have an Individual Education Plan (IEP). It also entails developing a Communication Strategy to sensitize and provide awareness about the benefits of the Learning Support Services with the communities.

Priority Area 5.4 Secondary education

This Priority Area is oriented at increasing the secondary school completion rates, especially, among poor and vulnerable students. It entails conducting research to define regulations and parameters on examination and successful secondary school completion. The results from the research should also be useful to define and implement actions to address the causes of low completion, and undertake regular monitoring to ensure the initiation of response actions to improve the identified trends.

Also under this Priority Area, necessary actions will be undertaken to expand the Secondary School Work Base Programme and provide pertinent gender sensitive vocational skills and labour competencies needed by students of all abilities, specially the poor and vulnerable.

Priority Area 5.5 Health and Family Life Education Curriculum

The Health and Family Life Education Curriculum is to be enhanced and expanded to be delivered at the primary and secondary school levels to promote healthy lifestyles and developmental messages. Its modules are to be integrated into the Family Dynamics Pillar of the M.E.N.D. Families SKN Programme.

Priority Area 5.6 Education Assistance

The School Meals Feeding Programme is to continue operating for all primary students in the country. However, the service provision for poor and vulnerable secondary school students needs to be reviewed. It is necessary to analyse different options and costs of adopting 'stigma-free' practices to deliver healthy meals to poor and vulnerable secondary students (e.g. moving to cash, vouchers or waivers - at the local cafeterias), and develop a Plan of Action to implement the necessary adjustments. A proper Monitoring and Evaluation (M&E) System to assess and adjust the School Meals Feeding Programme for poor and vulnerable secondary school students is to be developed and implemented.

This Priority Area also proposes to review and restructure the Student Education Learning Fund (SELF) programme and the School Uniform Assistance Programme. As presented above, these two programmes are to re-define their selection criteria and integrate the use of the Common Targeting Mechanism (CTM) and the Single Beneficiary Registry (SBR). Efficiency and effectiveness gains are expected from the definition of clear procedures and guidelines for implementation, the development of pertinent M&E Systems and putting into practice relevant Communications Strategies.

Priority Area 5.7 Coordination, protocols and referrals for the education social assistance interventions

This reform process entails integrating services and institutions. Many of the adjustments and new developments in the education assistance interventions require coordination and referral mechanisms that need to be formalized to make the operational and enforceable. Some specific mechanisms are required for Early Childhood Development (ECD), Differentiated Instruction, and secondary completion rates, among others. It is necessary to identify the most adequate legal figure to formalize the coordination and referral agreements (e.g. MOUs, protocols, etc.) and define the necessary procedures to ensure their implementation.

Overall Objective 6	Enhance existing services for special vulnerable groups and increase their coverage.
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Priority Area 6.1 Older persons

The development of a customized Ageing Policy to improve the quality of life and living standards of older persons is proposed by the Department of Social Services. The existing Situation Analysis of older persons living in poverty or vulnerability is to be updated thorough a Senior Survey Data Collection exercise. The Situation Analysis will inform the development of the policy and support specific programme design for this important segment of the population. As in many Pas, this reform process entails developing effective Action Plans to implement the policy and its interventions, designing M&E Systems to assess advance and performance, and initiate Communication Strategies for all stakeholders and actors related with the policy, starting with the potential beneficiaries.

Priority Area 6.2 Hard-to-reach and vulnerable parents

The Department of Probation and Child Protection, plans to introduce a structured National Parenting Program bringing together all key social protection and developmental partners, to promote healthy lifestyle behaviour changes for hard-to-reach and vulnerable parents, including teenage parents. A Capacity Building Plan (CBP) and other instruments will be developed to support the implementation of the programme, including training modules for Child Protection Officers and Community Practitioners, an identification and registration mechanism, an Monitoring and Evaluation Framework, and a Communication Strategy to inform all programme stakeholders and potential beneficiaries.

The National Parenting Programme curriculum and modules will be utilized by the M.E.N.D. Families SKN Programme and integrated in the Family Dynamics Pillar.

Priority Area 6.3 Gender Based Violence

The National Gender Based Violence Protocol is to be adopted. Actions need to be defined to ensure its effective implementation. Clear guidelines, efficient instruments (e.g. documenting and referral forms), and training materials for all actors implementing the Gender Based Violence Protocol are to be produced with special victim friendly processes (see 1.5.). Institutions are to be identified to implement the protocol in formalized partnerships for referral and processing (1.2. and 1.6). The protocol requires a Monitoring and Evaluation (M&E) Framework to assess its performance for adjustment (see 2.1.) and a Communications Strategy to sensitize and inform all stakeholders and communities (see 1.7.).

Priority Area 6.4 Child Protection

The recently up-dated Child Protocol is also to be approved by Cabinet. To ensure its effective implementation, it is necessary to produce clear guidelines and instruments (e.g. documenting and referral forms) for all actors intervening in its implementation (see 1.5.). Partnering institutions for the implementation of the protocol, including the Early Childhood Centres are to be identified and sign the required MOUs for referral and processing (see 1.2. and 1.6.). All actors intervening in the Child Protocol are to be trained periodically. As in the protocol presented above, the Child Protocol requires a Monitoring and Evaluation (M&E) Framework to assess its performance for adjustment (see 2.1.) and a Communications Strategy to sensitize and inform all stakeholders and communities (see 1.7.).

Priority Area 6.5 Persons with disabilities

The Department of Social Services and Community Development intends to produce and implement an Evidence Based National Policy for Persons with Disabilities. A Situation Analysis of persons with disabilities is to be undertaken, first. The National Policy for Persons with Disabilities is to be produced based on the Situation Analysis (see 1.6.). It should include the operationalization of the Building Codes to address the physical access limitations experienced by persons with disability. A Plan of Action to implement the policy should include provisions for the development of guidelines and instruments for implementation (see 1.5.). A Monitoring and Evaluation Framework has to be developed to monitor, evaluate and adjust the National Policy for Persons with Disabilities. As in the other sections above, a Communications Strategy to inform all stakeholders, communities and potential beneficiaries about the National Policy for Persons with Disabilities (including all rights and responsibilities) is essential (see 1.7.).

Overall Objective 7	Enhancing the chance of employment for the poor and vulnerable population.
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Priority Area 7.1 Labour Market Information for the poor and vulnerable

The Department of Labour has embarked in a project to implement the Labour Market Information System (LMIS), with technical assistance from International Labour Organization. The Labour Market Information System will support evidence based decision making for employment initiatives and Active Labour Market Programmes (ALMPs), especially for the poor and vulnerable population. The system allows the production of regular Labour Force Surveys and reports with data analysis to guide the various training and employment creation related opportunities. Special attention should be given to poor single parents and working age women, at risk youth, and disabled persons. All data collected and analysed should be disaggregated by gender and for different age groups.

The information produced by the Labour Market Information System should also guide the discussions at the Minimum Wage Advisory Committee for its periodic adjustment exercises.

Priority Area 7.2 Job training and employment services for the poor and vulnerable

As explained in the above chapters, the unemployment and under-employment rates among the poor and vulnerable are a reason of concern in St. Kitts and Nevis. Various Government services and interventions have been created to address the employment and growth challenges from different perspectives. However, there is need to define integrating institutional arrangements for better coordination among the Job Training and Employment related interventions and agencies.

A Job Training and Employment Committee (JTEC) is to be created to coordinate the provision of related services for the poor and vulnerable population and provide guidance to the training, job search assistance, business development and microfinance service initiatives. Terms of Reference are to be developed establishing the Job Training and Employment Committee's membership and assigning clear roles and responsibilities for the coordination of the job training, the employment services and the Active Labour Market Programmes (ALMPs). The Job Training and Employment Committee is to meet regularly and provide guidance to relevant interventions and agencies, giving special attention to poor single parents and working age women, at risk youth, and disabled persons.

The Employment Desk Unit at the Department of Labour is to be strengthened to improve the job search services for the poor and vulnerable population. The unit's functions, responsibilities and procedures are to be developed, as well as a Capacity Building Plan (CBP) with the strategies to fulfil the necessary human resources, infrastructure, equipment and materials is to be developed and implemented. A research exercise to identify and analyse existing barriers and disincentives to work for the poor and vulnerable population (special attention is to be given to poor single

parents and working age women, at risk youth, and disabled persons) is to be undertaken periodically to guide the actions of the Employment Desk Unit.

A similar strengthening process should be undertaken for the training, short term and self-employment initiatives. With support from the Job Training and Employment Committee, it is necessary to identify training, short term and self-employment initiatives for poor and vulnerable population and develop individual Capacity Building Plans (CBPs) with strategies to obtain the required human resources, infrastructure, materials and equipment. The Job Training and Employment Committee is to ensure that the services provided respond to the information provided by the Employment Desk Unit and the Labour Market Information System, are periodically revised accordingly, and oriented to the poor and vulnerable population (especially poor single parents and working age women, at risk youth, and disabled persons).

As part of this reform process it has also been recommended to explore the possibility to initiate a Labour Intensive Public Works (LIPW) Programme for all road maintenance, de-bushing and beautification initiatives, some, under the NIIP Project. The Labour Intensive Public Works are utilized to generate short term employment, provide income to poor workers, and construct or rehabilitate public infrastructure. Labour Intensive Public Works can integrate mechanisms to ensure that those benefiting from the programme are the most deserving cases.

Priority Area 7.3 Linking welfare to work

As part of the same reform, it is necessary to develop a Welfare-to-Work referral process and promote employment and expansion opportunities for poor and vulnerable persons and persons with disabilities identified as such by the Single Beneficiary Registry (SBR). The characteristics and profiles of potential beneficiaries are to be defined for specific Active Labour Market Programmes interventions establishing a mechanism for identification and referral, utilizing the Single Beneficiary Registry (see 1.3.). It is also necessary to develop an Action Plan to ensure the transition from Welfare-to Work and promote employment, self-employment and entrepreneurship among the poor and vulnerable (especially poor single parents and working age women, at risk youth, and disabled persons).

Priority Area 7.4 Monitoring and Evaluation for the Active Labour Market Programmes (ALMPs)

Develop a monitoring and evaluation Framework to assess the use and effectiveness of the Active Labour Market Programmes (ALMPs) (training, job search assistance, business development, and microfinance services). Develop a monitoring and evaluation Framework to assess the use and effectiveness of the Active Labour Market Programmes (see 2.1.).

Develop and implement monitoring instruments to assess the Active Labour Market Programmes performance, including (at least) the following areas:

- Coverage and type of beneficiaries
- Services provided
- Administrative costs

- Process efficiency

Develop and implement an Effectiveness Evaluation Plan of key Active Labour Market Programmes with recommendations to improve efficiency and effectiveness.

Priority Area 7.5 Active Labour Market Communication Strategy

A comprehensive Communications Strategy is to be developed and implemented to adequately inform all stakeholders and audiences about the Active Labour Market services and interventions.

Moving to Phase 2: Wider Reforms for Establishing a Coherent and Integrated Social Protection System

- 5.10 **Though Social Safety Net consolidation and strengthening is a critical first step in improving the social protection framework for St. Kitts and Nevis, as highlighted in Chapter 1, social protection encompasses more than just social safety nets and goes beyond non-contributory social assistance.**
- 5.11 **Phase 2 of the Social Protection Strategy should therefore focus on expanding the reform agenda to address broader aspects of social protection, including the non-contributory aspects and expanding social protection coverage beyond the poorest and most vulnerable.** The goal would be to create a sustainable system whereby those that can afford it will access social protection based on formal contributions (through private/public insurance or taxation) and those that cannot afford will rely on state support until they develop their capacity over time
- 5.12 More specifically, Phase 2 of the Strategy would include a consideration of the following reform actions and initiatives:
 - **Reforms to co-ordinate targeting and programme management across all social assistance programmes** including those implemented outside the Ministry with responsibility for Social Services including programmes implemented by Social Security Board; and programmes in health, education and active labour programmes.
 - **A detailed review of the role of social insurance and social pensions in relation to broader social protection objectives, and the connections between the non-contributory and contributory schemes.** This evaluation should include recommendations for creating a social insurance framework that is both fiscally sustainable and also improves coverage of those persons currently underserved by existing arrangements, including the elderly poor, single mothers and those employed in the informal sector or self-employed.
 - **Reforms to strengthen co-ordination and harmonisation between social assistance and other components of social protection programming** including the child protection sector, labour policies, disaster management and the housing sector.

- **Increasing fiscal priority for social protection and reviewing the distribution of spending allocations across vulnerable groups** (using strengthened monitoring and evaluation data from Phase 1 reforms to inform spending increases and programme initiation/scale-up).
- 5.13 **Further analysis is however required to map out the reform actions for Phase 2, particularly in relation to analysing the social insurance framework and its coherence with social assistance.** In addition, given much of the analysis required falls outside the portfolio of the Department of Social and Community Development (mandated to lead this process), additional approval and resources are required to advance this process.
- 5.14 **Therefore, it is proposed that the Strategy be implemented along a two-track process, with the implementation of the reform agenda identified under Phase 1 commencing immediately, whilst research and planning for Phase 2 of the Social Protection is undertaken.**

Implementation and Co-ordination Arrangements

- 5.15 **In order to implement National Social Protection Strategy (Phase 1 implementation and Phase 2 on further strategy design), it is recommended that the following institutional arrangements be approved and established:**
- **Oversight and Monitoring of Phase 1:** Upon Cabinet approval of Phase 1 of the Strategy, the already established Inter-Ministerial Committee for Social Safety Net Reform will be responsible for managing and monitoring the implementation of Phase 1 of the Strategy, led by the MoHSSDCGA (Department of Social Services and Community Development). This committee will also report to Cabinet through the MoHSSDCGA.
 - **Implementation of Phase 1:** The Inter-Ministerial Committee will be responsible for planning the prioritisation and sequencing of the cross-cutting actions identified in the Action Plan for Phase 1 and for establishing the necessary co-ordination mechanisms and structures to advance this work. This could include the establishment of inter-agency technical working groups (TWGs) consisting of all major stakeholders whose experience and expertise is relevant to the work, including quasi/civil society agencies. Implementation of sector specific social protection reforms will be the responsibility of involved Ministries, based on guidance from the Inter-Ministerial Committee. The implementation process will be guided by the Action Plan parameters (e.g. on timeframe, financing, key outputs and monitoring indicators) and progress on implementation will be reported back to Cabinet via the Inter-Ministerial Committee.
 - **Development of Phase 2 Action Plan:** The Inter-Ministerial Committee, led by the Department of Social Services and Community Development, will be responsible for guiding the development of Phase 2 of the Action Plan, including identifying areas where further analysis is required and external technical support is needed.

- **Co-ordination and Administrative Support:** The Department of Social Services and Community Development will have a key strategic and co-ordinating role for supporting the approval and implementation of the workings of the Inter-ministerial Committee and Working Groups. It will also serve as the Secretariat of the Inter-Ministerial Committee, responsible for providing members with the necessary preparatory and follow-up documentation, and collating and co-ordinating information required for each meeting.

Monitoring and Evaluation Framework

- 5.16 **A detailed Monitoring and Evaluation Framework** for the Phase 1 Plan of Action of the National Social Protection Strategy has been developed in 2013 with support from UNICEF.

Annex B contains the Monitoring and Evaluation (M&E) Framework to assess the implementation and performance of the Phase 1 Plan of Action. It defines strategic indicators and the required periodicity of measurement. The Monitoring and Evaluation Framework should allow the supervision of advances and performance of the reform process as it is implemented. Management level representatives will be able to request and analyze periodic reports produced responding to the Framework, and define actions to increase the measured performance, especially when the indicators show insufficient levels of advancement and/or performance at the medium to long term outcome level.

Additional formats should be produced to set targets and goals for each indicator per year. When the periodicity of the indicator is shorter than One (1) year, targets and goals (or milestones) are to be defined for each period (e.g. quarterly or every six (6) months. The technical and implementing level will have the responsibility to further develop a detailed Monitoring and Evaluation Framework in their respective Action Plan at the short to medium term outcome and output level. Those Monitoring and Evaluation Frameworks will be more disaggregated and allow an action level and operational targets monitoring.

- 5.17 **The Inter-Ministerial Committee will be the lead agency for the implementation and revision of the Monitoring and Evaluation Framework.**
- 5.18 **It is important to note that this framework is also reflective of the plans and actions outlined in the National Adaptation Strategy as well as the National Poverty Reduction Strategy.** There are synergies between these overarching policy directives and the National Social Protection Strategy.

**Saint Kitts and Nevis
National Social Protection Strategy**

Annex A: Plan of Action (2013 – 2017)

Phase 1: Social Safety Net Consolidation and Strengthening

Overall Objective 1 Adjust and further develop the main institutional arrangements, systems and legislative frameworks for a more coordinated, efficient and effective social protection service delivery.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
1.1. Institutional arrangements and capacity building for the Social Protection reform process	Formalize and strengthen the Inter-Ministerial structures to support the Social Protection reform process.	Strengthen the Inter-Ministerial Committee for Social Protection to guide policy decisions on the SP reform process.	Ministry of Community Development, Culture and Gender Affairs (MOCDCGA)	Ministry of Education	Improved management and oversight of the Social Protection reform process.	August 2013	\$25,000 EC
		Develop clear institutional TOR and membership responsibilities for the Inter-Ministerial Committee for Social Protection.		Ministry of Health		August 2013	
		Establish Technical Working Groups (TWGs – per sub-sector or Overall Objective) to implement the National Social Protection Strategy's Phase 1 Action Plan.		Department of Labour	Funding availability for the National Social Protection Strategy's Phase 1 Action Plan (both for the Annual Work Plan and the 5 year Action Plan for Phase 1).		
		Clear institutional TOR with reporting mechanisms are to be developed for the TWGs.		Ministry of Youth Empowerment			
		Advocate for the financial resources necessary to implement the National Social Protection Strategy's Phase 1 Action Plan and reform process.		Ministry of Housing			
		Implement, monitor and evaluate the National Social Protection Strategy's Phase 1 Action Plan and reform process.		Dept. of Gender Affairs	Fully implemented Phase 1 Action Plan of the National Social Protection Strategy.	2017	
				Dept. of Probation and Child Protection			
				Ministry of Trade			
				Ministry of Sustainable Development			
				Ministry of Finance			

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	Modernize and strengthen the Department of Social Services	<p>Hire/Conduct a review of the functional and organisational structures for the Department of Social Services taking into account the new coordination and service delivery requirements.</p> <p>Develop and implement a 2 year Capacity Building Plan (CBP) to strengthen the Department of Social Services, establishing costed strategies necessary to fulfil the required quantity and quality of human resources, infrastructure and systems for an efficient and effective coordination and service delivery. The CBP includes the strategies related to strengthening the Department to implement the MEND Families Programme that are to be included in the Programme Document (PD) (see 3.1.).</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Department of Human Resources</p> <p>Department of Public Works</p> <p>Department of Information Technology</p> <p>Ministry of Finance</p> <p>Ministry of Sustainable Development</p>	<p>Clearly defined and articulated organizational structure and job descriptions for the Department of Social Services in both islands.</p> <p>Improved functioning of the Department of Social Services on both islands.</p>	<p>August 2013</p> <p>2015</p>	<p>\$10,000EC to review the organizational structures and create the CBP.</p> <p>The CBP will establish the necessary funding for its implementation.</p>
<p>1.2. Consolidated Social Safety Net Policy Framework with clear coordination and referral mechanisms</p> <p>This Phase 1 Action Plan consolidates the Social Safety Net</p>	Define a Consolidated Social Safety Net Framework for a coordinated and holistic approach to service delivery.	<p>As the Phase 1 of the reform is undertaken, define complementary (convergent) and substitute (divergent) services within the existing Social Safety Net interventions and establish clear interrelations under a consolidated framework.</p> <p>Produce a Social Safety Net Policy Framework Document that establishes the interrelations among the reformed interventions and guides the required coordination and referral mechanisms.</p>	Department of Social Services (MOCD CGA)	Inter-Ministerial Committee	The poor and vulnerable population benefit from coordinated Social Safety Net interventions and services.	December 2013	\$3,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
The Social Protection System will be consolidated in Phase 2	Develop efficient and effective coordination and referral mechanisms among Social Safety Net interventions.	<p>Following the Social Safety Net Policy Framework, establish mechanisms for joint service delivery and coordination among complementary services and interventions.</p> <p>Develop clear referral protocols with instruments and processes among complementary and substitute interventions and identify administrative figures to formalize them.</p> <p>Ensure that operational inclusion and exclusion interrelations are integrated into the Single Beneficiary Registry (SBR) for an automated linkage and referral system that avoids undesired duplication.</p> <p>Support referral and coordination among all Social Safety Net ministries, agencies and interventions.</p>	Department of Social Services (MOCD CGA)	Inter-Ministerial Committee	<p>Clear protocols with instruments, processes and designated responsibilities for adequate coordination and referral mechanisms implemented.</p> <p>Operational Social Safety Net interrelations integrated into the SBR and being implemented.</p> <p>Integrated support for those in need of Social Safety Net interventions.</p>	<p>February 2014</p> <p>August 2014</p> <p>December 2015</p>	<p>\$10,000 for the development of protocols, coordination and referral mechanisms.</p> <p>The cost of integrating the linkage and referral mechanisms into the MIS and SBR should be included in the overall cost of the contract for the development of the software.</p>
1.3. Transparent and unified beneficiary selection and registration mechanisms for the Social Safety Net The CTM and SBR support the	Develop a transparent and objective Common Targeting Mechanism (CTM) and a Single Beneficiary Registry (SBR) for key Social Safety Net	<p>Jointly develop an objective and transparent Proxy Means Test (PMT) for determining eligibility and exit for key Social Safety Net interventions targeting the poor and vulnerable population.</p> <p>Based on the PMT, jointly develop a Common Targeting Mechanism (CTM) for key Social Safety Net interventions with the following components:</p> <ul style="list-style-type: none"> - Unified processes and data requirements. 	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Sustainable Development</p> <p>Department of Statistics</p> <p>Department of Information</p>	<p>An efficient and effective targeting mechanism for the MEND Programme.</p> <p>An efficient and effective CTM for key Social Safety Net interventions.</p> <p>Key Social Safety</p>	<p>December 2013</p> <p>December 2014</p> <p>December</p>	\$54.000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
Social Safety Net interventions during Phase 1 and can be expanded in Phase 2 to all pertinent Social Protection interventions.	interventions aimed at targeting the poor and vulnerable population.	<ul style="list-style-type: none"> - Unified single assessment form and other required instruments. - Clear institutional, operational and funding arrangements for data collection, processing and administration. - Training guidelines and materials for all actors involved in the process as an Operations Manual. <p>Test and adjust the CTM, according to its targeting effectiveness and efficiency assessment.</p> <p>Periodically adjust the CTM's Operations Manual with its processes, instruments, guidelines and materials.</p>		Technology Donor Agencies	<p>Net interventions identify and select their beneficiary households using the CTM and SBR.</p> <p>Reduced inclusion and exclusion errors in key Social Safety Net interventions.</p> <p>Up-dated CTM Operations Manual (OM) with revised processes, instruments, guidelines and materials.</p>	<p>2015</p> <p>December 2016</p> <p>December 2017</p>	
	Design and develop a Management Information System (MIS) to work as Single Beneficiary Registry (SBR) for key Social Safety Net interventions.	<p>Develop technical requirements for the development of a Management Information System (MIS) that could work as Single Beneficiary Registry (SBR) for key Social Safety Net interventions.</p> <p>Contract the development of the SBR to:</p> <ul style="list-style-type: none"> - Process the necessary data for the CTM and the identification and selection of beneficiary households of key Social Safety Net interventions. - Register selected beneficiary households of key Social Safety Net interventions (and facilitate 	Department of Social Services (MOCDG)	<p>Inter-Ministerial Committee</p> <p>Sustainable Development</p> <p>Department of Information Technology</p> <p>Department of Statistics</p> <p>Donor Agencies</p>	<p>Key Social Safety Net interventions use the Single Beneficiary Registry (SBR) to select and register their beneficiary households.</p> <p>Poor and vulnerable households benefit from more than one Social Safety Net intervention (as established in</p>	<p>December 2015</p> <p>December 2016</p>	\$270.000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>referral and data sharing).</p> <ul style="list-style-type: none"> - Facilitate coordination among complementary services. - Avoid duplication among substitute interventions. <p>The members of the Inter-Ministerial Committee jointly define the registration requirements for key Social Safety Net interventions and ensure the efficient and effective development of the system.</p> <p>Other software applications to support some of the MEND operations will be included under the same contract for the development of the MIS and SBR and need to be properly included (see 3.3).</p>			<p>the Social Safety Net Framework) through the SBR.</p> <p>The poor and vulnerable population benefit from coordinated Social Safety Net interventions and services.</p>		
1.4. Formal grievance, complaints and appeals mechanisms for the Social Safety Net	Develop formal grievance, complaints and appeals mechanisms for the CTM and SBR and, progressively, for key Social Safety Net interventions.	<p>Create an Appeals Committee (under the Inter-Ministerial Committee) to define categories of grievances, complaints and appeals for the CTM and SBR and develop courses of action and processes, assigning roles and responsibilities for all key actors involved, and establishing time limits to responses and reactions.</p> <p>Develop pertinent instruments to identify, register, process and respond to grievances, complaints and appeals.</p> <p>Develop clear guidelines and training materials for the grievances, complaints and appeals to be included in the CTM</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Legal Affairs</p> <p>Office of the Ombudsman</p> <p>Sustainable Development</p> <p>Donor Agencies</p>	<p>A functioning Appeals Committee responding to grievances, complaints and appeals in a systematic and timely manner.</p> <p>More transparent and rights based Social Safety Net services.</p>	<p>December 2015</p> <p>December 2016</p>	<p>To be included in the CTM's Operations Manual.</p> <p>The cost of integrating the grievances, complaints and appeals mechanisms into the MIS and SBR should be included in the overall cost of the contract for the</p>

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>Operations Manual.</p> <p>Ensure that the grievances, complaints and appeals processes and mechanisms are integrated into the MIS for the Single Beneficiary Registry (SBR).</p> <p>Once implemented for the CTM and SBR, the grievances, complaints and appeals mechanisms, processes and tools are to be progressively adjusted for key Social Safety Net interventions.</p> <p>The Appeals Committee is to define which interventions have priority in a phased approach.</p>					development of the software.
1.5. Systematized processes and operations	Create Programme Documents (PDs) Operations Manuals (OMs) for key Social Safety Net interventions to guide implementation and clearly define processes and instruments for all actors involved in their execution.	<p>For each key Social Safety Net intervention, create a team or hire a consultant to:</p> <ul style="list-style-type: none"> - Develop (with guidance from the technical teams at the respective agencies) a Programme Document with main variables, objectives and programme cycle for each one of the prioritized interventions. - Review, clarify, systematize and document processes and operations for all major Social Safety Net interventions. - Develop step-by-step processes for every operation of the programme cycle and assign roles and responsibilities to the actors involved. 	Department of Social Services (MOCD CGA)	Inter-Ministerial Committee	<p>Operations Manuals for key Social Safety Net interventions developed and utilized on regular basis.</p> <p>Improved processes and homogeneous service delivery for key Social Protection interventions.</p> <p>Up-dated Operations Manuals (OMs) for</p>	<p>December 2015</p> <p>December 2016</p> <p>December 2017</p>	\$10,000EC per intervention.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	<p>Formats and tools are to be adapted from the MEND Programme Operations Manual.</p> <p>Suggested key interventions: MEND, SELF, Medical Assistance and/or NHIS, Uniform Assistance, Active Labour Market Programmes (ALMPs).</p>	<ul style="list-style-type: none"> - Develop instruments to collect data, initiate processes and monitor their implementation. - Produce clear guidelines and training materials in an Operations Manual. <p>Undertake recurrent training processes of all actors involved in the implementation of the interventions utilizing the Operations Manual's guidelines and materials (mainly on the processes where they participate).</p> <p>Undertake systematic and periodic reviews and adjustments of the Operations Manuals to integrate lessons learned and new requirements.</p>			key Social Safety Net interventions with revised processes, instruments, guidelines and training materials.		
1.6. Social Development Assistance Legal reform	Conduct a review of the Social Development Assistance Legislation.	<p>Create a team or hire a legal consultant to undertake a review of the Social Development Assistance Legislation and produce specific recommendations and the necessary legal documents drafts.</p> <p>Review and adjust the current legislation to enable the Social Protection reform and support the adjusted framework and interventions.</p> <p>Identify the need to develop or review specific pieces of the existing legislation and regulations as a result of the Social Safety Net Reform Process.</p>	Department of Social Services (MOCDGA)	<p>Inter-Ministerial Committee</p> <p>Department of Legal Affairs</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	<p>Revised Social Assistance Development Act.</p> <p>Updated Social Protection legislation.</p> <p>Improved legal framework for a more equitable and transformative Social Protection.</p>	<p>2013</p> <p>2014</p> <p>2015</p>	<p>\$15,000EC</p> <p>The consultancy for the revision of the Social Assistance Development Act has an estimated duration of 3 months.</p>

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		An independent legal consultant is to be hired periodically (e.g. every 3 years) to assess the existing Social Protection legislations and their regulations and produce recommendations for adjustment and further development.					
	Support the production of all necessary legal documents for coordination and referral among Social Safety Net interventions and agencies.	<p>Identify and develop the necessary legal figures to formalize the coordination and referral mechanisms among Social Safety Net interventions and services (see 1.2.).</p> <p>Legal documents (e.g. protocols, MOUs, etc.) for coordination and referral are required for:</p> <ul style="list-style-type: none"> - The Common Targeting Mechanism (CTM) and Single Beneficiary Registry (SBR) - Data collection, M&E, audits and reporting - MEND's co-responsibilities, converging and Pillar services - National Health Insurance Scheme, Health Assistance services, and Community Health Plans - All education related as established in 5.7. - Gender Based Violence and Child Protection - Welfare to work arrangements 	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Department of Legal Affairs</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	Supporting legal figures for a harmonized Social Safety Net.	2015	The production of legal figures should be undertaken in collaboration with the Department of Legal Affairs and should require additional resources.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
1.7. Communication Strategies for the Social Protection reform process A transformative component that enhances equity and promotes behavioural change	Design and implement Communication Strategies for the Social Protection reform process and its key interventions.	<p>Create a team or hire a communications consultant to design and implement Communication Strategies to inform different target audiences (potential beneficiaries and communities, the civil service, the parliament, and the general public) about the Social Protection reform process and key Social Safety Net interventions.</p> <p>Define clear targets and milestones for each Communication Strategy and develop an M&E system to periodically assess their progress and performance.</p>	Department of Social Services (MOCDCA)	<p>Inter-Ministerial Committee</p> <p>Saint Kitts and Nevis Information Service (SKNIS)</p> <p>Media Professionals</p>	<p>Implemented, monitored, assessed and adjusted strategies.</p> <p>More informed beneficiaries, communities, civil servants and general public on the Social Protection reform and its interventions.</p>	<p>2015</p> <p>2016</p>	\$50.000EC

Overall Objective 2 Enhance the evidence based decision making practice across the Social Protection sector.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
2.1. Monitoring and Evaluation (M&E) Systems and Research Plans for the Social Safety Net	Develop individual Monitoring and Evaluation (M&E) Systems and Research Plans for each key Social Safety Net intervention. Suggested key interventions: MEND, SELF, Medical Assistance and/or NHIS, Uniform Assistance, Active Labour Market Programmes (ALMPs), School Feeding Programme.	Create teams to develop the specific M&E Systems and Research Plans for each key Social Safety Net intervention (Phase 1) based on the lessons learned from MEND's M&E System (see 3.7.). MEND's M&E formats, tools and guidelines are to be adapted. Ensure that key Social Safety Net interventions are subject to periodic and independently conducted external evaluations. Institutionalize beneficiary feedback mechanisms into the Research Plans and the Communications Strategies for key Social Safety Net interventions. Ensure the regular production and use of monitoring, evaluation and research results and findings in operations and design decisions.	Inter-Ministerial Committee Department of Social Services (MOCDCA) Department of Statistics	Ministry of Education Ministry of Health Department of Labour Ministry of Sustainable Development Donor Agencies	M&E Systems and Research Plans developed and implemented for each key Social Safety Net intervention. Regular production and use for decision making of monitoring, evaluation and research results and findings. Beneficiary feedback integrated into the reports and taken into account for decision making.	December 2015 December 2016 December 2016	\$25,000 EC
	Strengthen the Government's capacity to create and support Social Protection M&E systems.	Identify potential trainers (or M&E persons) to accompany the MEND M&E learning process and undertake the adaptation and development of the systems for the other key Social Safety Net interventions (see 3.7.).	Inter-Ministerial Committee	Department of Statistics Department of Social Services (MOCDCA)	Improved capacity to create and supervise M&E Systems and provide technical support within Government	December 2017	This specific objective requires delegation of responsibilities to existing staff

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		Explore the possibility to delegate the provision of technical support and supervision for the Social Safety Net M&E Systems to the Department of Statistics, and the possible creation of an M&E Unit under the same Department.			structures.		members or hiring new ones.
2.2. Capacity building for M&E and Evidence Based Social Safety Net decision making	Strengthen the capacity of policy makers and key managers (Permanent Secretaries and Directors), Supervisors, and Planners on M&E techniques and Evidence Based Decision Making for Social Protection.	<p>Identify up to date courses on policy and programme design based on evidence and monitoring and evaluation techniques to be contracted or attended to.</p> <p>Identify suitable candidates to receive the training (starting with the Departments of Statistics and Social Services).</p> <p>Periodically train policy makers and key managers (PS and Directors), Supervisors, and Planners on M&E Techniques and Evidence Based Decision Making for Social Protection.</p>	<p>Department of Social Services (MOCD CGA)</p> <p>Department of Statistics</p>	<p>Inter-Ministerial Committee</p> <p>Human Resource Department</p> <p>Ministry of Finance</p> <p>Sustainable Development</p> <p>Donor Agencies</p>	Improved capacity to produce, analyse and utilize evidence produced with M&E Systems and Research Plans for better Social Protection policy design and programming.	2017	\$150,000EC (\$30,000EC per year)
2.3. Production and use of Social Protection data	Strengthen the capacity of the Department of Statistics to produce regular and pertinent Social Protection related data.	<p>Undertake a needs assessment of the Department of Statistics and analyse its current capacity and vision to produce and analyse the required Social Protection data.</p> <p>Develop and implement a Capacity Building Plan (CBP) that includes quantity and quality of human resources (with training strategies), infrastructure, and system requirements</p>	Department of Statistics	<p>Inter-Ministerial Committee</p> <p>Ministry of Sustainable Development</p> <p>Ministry of Finance</p> <p>Donor Agencies</p>	A strengthened Department of Statistics with the capacity to regularly produce pertinent Social Protection data.	2014	\$10,000EC to undertake the assessment and develop the CBP. The CBP will establish the necessary funding for its

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>to ensure the regular production of pertinent Social Protection data.</p> <p>Explore the possibility to create an M&E Unit under the Department of Statistics to support the M&E Systems and the Social Protection data collection and analysis exercises.</p>					implementation.
	<p>Undertake regular and pertinent Social Protection data collection and analysis exercises.</p> <p>Suggested exercises include: Country Poverty Assessments (CPA), Multiple Indicator Cluster Surveys (MICs), and Situation Analysis of key vulnerable groups.</p>	<p>Based on information needs, develop an Inter-Ministerial Plan for Social Protection Data Production which includes:</p> <ul style="list-style-type: none"> - Specific exercises with clearly defined periodicity. - Data collection, processing and analysis work plans. - A Joint Funding Mechanism (JFM). <p>Ensure that data collection efforts are systematically analysed and that disaggregated data are available for further analysis (by age, gender, and other relevant categories).</p> <p>Implement the Inter-Ministerial Plan for Social Protection Data Production.</p>	Department of Statistics	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCDCA)</p> <p>Ministry of Sustainable Development</p> <p>Ministry of Finance</p> <p>Donor Agencies</p>	<p>Coordinated and jointly funded data collection and analysis exercises for an up-dated understanding on the situation of the poor and vulnerable.</p> <p>Regular production of quality Social Protection data for a more evidence based social protection policy design and programming.</p>	2017	<p>The development of Inter-Ministerial Plan for Social Protection Data Production does not require additional funding.</p> <p>The Plan should include detailed costs of every data collection exercise.</p>

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
2.4. Annual Budgetary Reviews	Ensure that Annual Social Protection Budgetary Reviews are conducted and utilized for policy and programme decision making.	<p>Review and adjust the budgetary review methodology to suit the requirements of the Social Protection sector.</p> <p>Undertake Annual Social Protection Budgetary Reviews and ensure their utilization for policy and programme decision making.</p>	Ministry of Finance	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCD CGA)</p> <p>Department of Statistics</p>	Social Protection budgetary decisions made based on evidence produced on budget expenditure and financial performance.	2017	The budgetary reviews should be undertaken in collaboration with the Ministry of Finance.
2.5. Regular Process and Financial Audits	Conduct periodic process and financial audits of all Social Safety Net interventions.	<p>Ensure, by inviting the audit authority, that all ministries and agencies implementing Social Safety Net interventions are part of periodic process and financial audits.</p> <p>Ensure that the audits produce detailed reports with specific recommendations for improvement.</p> <p>Ensure that the recommendations from the audits are integrated as part of an institutional management learning and improvement process.</p>	Internal Audit Department (Ministry of Finance)	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCD CGA)</p> <p>Ministry of Finance</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	<p>All ministries and agencies implementing Social Safety Net interventions respond to periodic process and financial audits and integrate lessons learned.</p> <p>More efficient and transparent Social Safety Net services.</p>	2017	These activities do not require additional funding.

Overall Objective 3 Develop the M.E.N.D. Families in St. Kitts and Nevis Programme to efficiently and effectively improve the beneficiary families' wellbeing and ensure an increased investment in the human capital of their children.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
3.1. Programme Document and main implementation agreements	<p>Define, in a Programme Document (PD), the main design variables and components of the MEND Families Programme (see 1.5.).</p> <p>The specific co-responsibilities for the beneficiary households are to be stated in the Programme Document.</p>	<p>Develop a comprehensive 5 year Programme Document (PD) that includes, among other components:</p> <ul style="list-style-type: none"> - Programme objectives - Target population - Design variables - Coverage and scale-up plans - Funding requirements and sources - Institutional arrangements for implementation - Monitoring and evaluation plans <p>Define specific objectives, targets and assessment plans for the pilot phase.</p> <p>Discuss implementation arrangements and agree on the necessary MOUs between the Ministry of Social Services and other line ministries (on co-responsibilities or other programme requirements).</p> <p>Basic contract terms with the payment service provider(s) are also to be agreed during the development of the PD.</p> <p>The Capacity Building Plan (CBP) for the Department of Social Services must include the requirements to implement the MEND Families Programme and is part of the PD (see 1.1.).</p>	Department of Social Services (MOCDCGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Department of Labour</p> <p>Ministry of Youth Empowerment</p>	<p>A fully operational cash transfer programme to benefit the poorest and most vulnerable households.</p> <p>The poorest and most vulnerable families in St. Kitts and Nevis are protected from shocks and invest in the human capital of children.</p>	<p>2015</p> <p>2016</p>	The MEND Programme Document is being produced under the UNICEF technical assistance.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
3.2. Operations Manual	<p>Develop a comprehensive Operations Manual (OM) with clear processes, guidelines and instruments for all actors involved in the implementation of the MEND Programme (see 1.5.).</p> <p>Ensure that MEND's targeting and information requirements for the registration process are included in the development of the Common Targeting Mechanism (CTM).</p>	<p>Develop an Operations Manual (OM), with step-by-step processes and instruments for all actors involved in the implementation of the MEND programme, including (at least) the following components:</p> <ul style="list-style-type: none"> - Programme Cycle - Targeting, exit and re-certification (1.3. and 3.5.) - Registration - Payment - Psychosocial Support and Co-responsibilities (see 3.4.) - Grievances, Complaints and Case management (see 1.4.) - M&E (see 3.7.) - Reporting <p>Once developed, the Common Targeting Mechanism (CTM) guidelines and instruments are to be integrated into MEND's OM, as its targeting tool.</p> <p>Produce training materials to complement the OM, and undertake systematic training processes of all actors involved in the implementation of every MEND process.</p> <p>Undertake systematic reviews of the manual, guidelines, instruments and materials to integrate lessons learned and respond to new requirements.</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Department of Labour</p> <p>Ministry of Youth Empowerment</p>	<p>A fully operational cash transfer programme to benefit the poorest and most vulnerable households.</p> <p>MEND's Pilot implementing actors trained with final manuals, guidelines, instruments and materials.</p> <p>Up-dated manual, guidelines, instruments and materials for the scale-up process.</p> <p>Up-dated manuals, guidelines, instruments and materials with lessons learned and new requirements integrated.</p>	<p>September 2013</p> <p>2014</p> <p>2017</p>	The Operations Manual is being produced under the UNICEF technical assistance.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
3.3. Management Information System (MIS)	Further develop the Management Information System (MIS) of the Single Beneficiary Registry (SBR) to support other MEND Families Programme processes.	<p>Utilize the MIS database of the SBR, and develop the necessary additional software modules to initiate and process the information related to (at least) the following operations, as defined in MEND's Operations Manual (OM):</p> <ul style="list-style-type: none"> - Targeting, exit and re-certification (1.3. and 3.5.) - Registration - Payment - Psychosocial Support and Co-responsibilities (see 3.4.) - Grievances, Complaints and Case management (see 1.4.) - M&E (see 3.7.) - Reporting <p>Include the above requirements in the terms of reference for the development of the MIS (see 1.3.).</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Department of Information Technology</p>	<p>Automated MIS modules process all main operations of the MEND Families Programme in a transparent, homogeneous and efficient way.</p> <p>The MIS will support MEND's scale-up process and the implementation of the CTM and SBR in 2015.</p>	2015	The cost of developing the MEND software modules is to be included in the contract for the development of the MIS for the SBR.
3.4. Psychosocial Support and Co-responsibilities	Define the Psychosocial Support that is to be provided to the beneficiary households of the M.E.N.D. Families Programme and develop the tools to implement it.	<p>Determine the content of the Psychosocial support for each Pillar and adapt the tools available in the region for similar programmes.</p> <p>Develop a toolkit for each pillar with guidelines and instruments for implementation.</p> <p>Periodically train the Social Assistance Officers in the use of the toolkits.</p> <p>Periodically review and up-date the toolkits.</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Ministry of Youth</p> <p>Other ministries</p>	<p>Signed MOUs for the implementation of the Pillars with each partnering agency.</p> <p>Programme Document and Operations Manual with Psychosocial Support components and toolkits for the 6</p>	<p>July 2013</p> <p>August 2013</p>	The MEND team will adjust the existing toolkits.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
					<p>Pillars.</p> <p>Increased human capital investment and wellbeing among MEND beneficiary households.</p>	December 2015	
	<p>Establish which co-responsibilities are to be attached to the M.E.N.D. Families Programme, define the regulations and develop the respective procedures.</p>	<p>Define which co-responsibilities mechanisms are to be implemented based on the evidence of under-performance sub-sector indicators and in direct consultation and collaboration with the main stakeholders.</p> <p>Clearly define processes and develop instruments, assigning roles and responsibilities for all actors involved in the implementation of the co-responsibilities (including data collection to monitor compliance).</p> <p>Produce guidelines, instruments and training materials to implement the co-responsibilities and complement the Operations Manual (OM).</p> <p>Include these requirements in the terms of reference for the development of the MIS (see 1.3.) and ensure the development of the necessary software modules for the implementation of MEND's co-responsibilities.</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Ministry of Youth</p> <p>Other ministries</p> <p>Department of Information Technology</p>	<p>Signed MOUs on co-responsibilities with each partnering agency.</p> <p>Programme Document and Operations Manual with co-responsibility components.</p> <p>Increased human capital investment and wellbeing among MEND beneficiary households.</p>	<p>July 2013</p> <p>August 2013</p> <p>December 2015</p>	<p>The MEMD team will define the co-responsibilities' processes and materials.</p> <p>The cost of developing the MEND software modules is to be included in the contract for the development of the MIS for the SBR and MEND.</p>

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
3.5. Exit and re-certification strategies	Develop clear exit and re-certification strategies for the M.E.N.D. Families in St. Kitts and Nevis Programme.	<p>Establish in the Operations Manual (OM) clear exit and re-certification strategies for the MEND Programme (categories, periodicities, etc.).</p> <p>Develop pertinent procedures, instruments, guidelines and training materials for the implementation of the exit and re-certification strategies.</p> <p>Based on the evaluation results, define minimum time exposure to the MEND Programme and establish periodicities for exit and re-certification strategies.</p> <p>Include these requirements in the terms of reference for the development of the MIS (see 1.3.) and ensure that the exit and re-certification strategies and procedures are integrated into MEND's operational system.</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Sustainable Development</p> <p>Ministry of Finance</p> <p>Donor Agencies</p>	MEND beneficiary households that achieve minimum impact requirements and/or are no longer eligible, exit the programme, leaving space for replacement.	2017	The cost of developing the MEND software modules is to be included in the contract for the development of the MIS for the SBR and MEND.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
3.6. Programme referral and service convergence	Define social assistance services that complement the MEND Families Programme and develop and implement programme referral and service convergence procedures.	<p>The Inter-Ministerial Committee defines which services should complement (and substitute) those provided by the MEND Families Programme to increase the beneficiary household's wellbeing (see 1.2.). Both the PD and OM should clearly define the complementing and substitute programmes.</p> <p>Create a team to define procedures and develop guidelines and instruments to implement the programme referral and service convergence procedures.</p> <p>Include these requirements in the terms of reference for the development of the MIS (see 1.3.) and ensure that the programme referral procedures are integrated into MEND's operational system.</p> <p>Identify and develop the necessary legal and/or administrative figures to formalize the convergence mechanisms (see 1.6.).</p>	Department of Social Services (MOCD CGA)	<p>Inter-Ministerial Committee</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Department of Labour</p> <p>Ministry of Youth</p> <p>Other ministries</p>	MEND beneficiary households accessing specific complimentary public Services and non-cash social assistance programmes that increase their wellbeing (as established in the Consolidated Social Safety Net Framework and the MEND Programme Document).	December 2016	The cost of developing the MEND software modules is to be included in the contract for the development of the MIS for the SBR and MEND.
3.7. M&E System and Research Plan for MEND The Research Plan should include a pertinent and efficient	Develop a comprehensive Monitoring and Evaluation (M&E) System and Research Plan for the MEND Programme (see 2.1.).	<p>Produce Terms of Reference (TOR) to contract a consultant for the development of an M&E system for the MEND Pilot Programme.</p> <p>At the design stage of MEND's pilot phase hire a consultant or firm to produce, at least, the following deliverables:</p> <ul style="list-style-type: none"> - A Monitoring and Evaluation 	<p>Department of Social Services (MOCD CGA)</p> <p>Department of Statistics</p> <p>Internal Audit</p>	<p>Inter-Ministerial Committee</p> <p>Sustainable Development</p> <p>Donor Agencies</p>	<p>M&E System producing periodic reports for decision making.</p> <p>Evidence based decisions made on continuity and adjustment of the</p>	<p>2013</p> <p>April 2016</p>	\$70,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
evaluation mechanism to assess the operations and effects of the MEND Programme in its Pilot Phase.		<p>(M&E) Framework and System with instruments for MEND's Pilot Phase.</p> <ul style="list-style-type: none"> - Basic training of the MEND team on the use of the M&E System. - A detailed Research Plan and Methodological Report with the instruments to be utilized in the process and impact evaluation and a work plan for implementation (base line data collection before targeting may be necessary). - Detailed Progress and Field Reports. - A comprehensive report with specific process and impact results and recommendations for the continuation and expansion of the programme. <p>Ensure that beneficiary feedback and community are integrated in the Research Plan, the reporting mechanism and the Communication Strategy.</p> <p>With the lessons learned from the pilot implementation and the evaluation results:</p> <ul style="list-style-type: none"> - Determine the pertinence of scaling-up the MEND programme. - Determine if other Social Safety Net programmes are to be transformed to conditional or 			MEND Programme and other Social Safety Net interventions.		

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		unconditional cash transfer schemes through MEND.					
3.8. Communication Strategy for MEND	Design and implement an effective communication s strategy for the MEND Programme (see 1.7.).	<p>Hire a consultant to design a comprehensive Communications Strategy to inform different audiences about the MEND Families Programme (implementers, beneficiary households, communities, Government Staff, Parliament, and general public).</p> <p>Produce the Communication Strategy's materials (e.g. radio, print, electronic ads) according to a pre-defined plan of action.</p> <p>Periodically adjust the Communications Strategy, and its action plan and materials based on clearly defined Monitoring and Evaluation (M&E) tools.</p>	Department of Social Services (MOCD CGA)	St. Kitts and Nevis Information Services (SKNIS)	<p>MEND's Pilot beneficiary households and stakeholders receive pertinent information before, during and after initial implementation.</p> <p>Pertinent information on the MEND Families Programme's scale-up plan is provided on time to pre-defined audiences and stakeholders.</p>	<p>December 2016</p> <p>2017</p>	\$50,000EC

Overall Objective 4. Enhance the poor and vulnerable population's access to basic health assistance services.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
4.1. Targeting the Health Assistance and Insurance Scheme	Ensure that the Common Targeting Mechanism (CTM) and Single Beneficiary Registry (SBR) fulfil the requirements of the Health Sector to identify those to benefit from the services for the poor and vulnerable population (the Health Assistance Services and the National Health Insurance Scheme). (see 1.3.)	<p>The Ministry of Health is to participate in the development of the Proxy Means Test (PMT) and the CTM to ensure that the health sector information requirements are integrated into the system.</p> <p>Define procedures, instruments and tools to utilize the CTM and SBR to identify and register the beneficiary households of the National Health Insurance Scheme (NHIS) and the Health Social Assistance Services.</p> <p>Develop guidelines and training materials for the utilization of the CTM and SBR in the Health Sector (see 1.3. and 1.5.). Include these guidelines as a component of a Health Operations Manual (HOM).</p> <p>Adapt MEND's Targeting Annex in the Operations Manual (OM) to adapt the guidelines and materials.</p>	Ministry of Health	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCD CGA)</p> <p>Department of Statistics</p> <p>Department of Information Technology</p>	<p>The CTM and SBR are at the service of the Health Social Assistance Services and the National Health Insurance Scheme (NHIS).</p> <p>Increased transparency and equity to access quality health services for the poorest and most vulnerable population.</p>	<p>2015</p> <p>2016</p>	These activities do not require additional funding.
4.2. National Health Insurance Scheme (NHIS)	Initiate a cost-effective and sustainable National Health Insurance Scheme (NHIS)	Review the services, coverage, and costs that the National Health Insurance Scheme (NHIS) is to provide to the beneficiary households, and define parameters of coverage, quality, cost-effectiveness and sustainability for the	<p>Ministry of Health</p> <p>Ministry of Finance</p>	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCD CGA)</p>	An affordable National Health Insurance Scheme (NHIS) for the poorest and most vulnerable	2014	These activities do not require additional funding.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	<p>for the poorest and most vulnerable population in St. Kitts and Nevis.</p> <p>The Ministry of Finance is to finalize the negotiations with the insurance company that will administer the services of the NHIS.</p>	<p>approval of the initial contract.</p> <p>Establish the use of the CTM and SBR to select the beneficiary households of the NHIS and define the procedures necessary to effectively register them into the scheme (see 4.1.).</p> <p>Ensure the inclusion of the NHIS procedures into the Health Operations Manual. (HOM).</p> <p>Develop and implement a Capacity Building Plan (CBP) with the quantity and quality of human resources, infrastructure, and equipment required to administer the NHIS.</p> <p>Develop and implement a Monitoring and Evaluation (M&E) Framework and System for the NHIS with (at least) the following information (see 2.1.):</p> <ul style="list-style-type: none"> - Registered beneficiary households and characteristics - Typology of services accessed - Cost of services - Quality of services - Efficiency of processes - Administrative costs <p>Determine the requirements and timeline for a comprehensive evaluation of the NHIS.</p> <p>Determine if there is need to adjust</p>		<p>Ministry of Sustainable Development</p> <p>Department of Statistics</p> <p>Department of Information Technology</p> <p>Chamber of Industry and Commerce</p>	<p>population in St. Kitts and Nevis.</p> <p>Increased access to quality Health Services for the poorest and most vulnerable population.</p>	2015	

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		and/or develop pieces of legislation and regulations for the NHIS (see 1.6.).					
4.3. Health Social Assistance Services	Strengthen the Health Social Assistance services.	<p>Define which Health Social Assistance Services not included in the NHIS (e.g. dental, laboratories, off shore, etc.) should utilize the CTM and SBR to select and register the poor and vulnerable population.</p> <p>Define the necessary procedures to utilize the CTM and SBR to select and register the poor and vulnerable population (see 4.1.).</p> <p>Develop pertinent procedures, instruments, guidelines and training materials for the implementation of the of the Health Social Assistance services.</p> <p>Develop and implement a Capacity Building Plan (CBP) with the quantity and quality of human resources, infrastructure, and equipment required to administer and deliver the Health Social Assistance services.</p> <p>Develop and implement a Monitoring and Evaluation (M&E) Framework and System for the Health Assistance services with (at least) the following information (see 2.1.):</p> <ul style="list-style-type: none"> - Beneficiary households and characteristics - Typology of services accessed 	<p>Ministry of Health</p> <p>Ministry of Finance</p>	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCDGA)</p> <p>Ministry of Sustainable Development</p> <p>Department of Statistics</p> <p>Department of Information Technology</p>	Increased access to specific Health Social Assistance services by the poor and vulnerable population.	2014	These activities do not require additional funding.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<ul style="list-style-type: none"> - Cost of services - Quality of services - Efficiency of processes - Administrative costs 					
4.4. Community Health Plans of Action	Develop and implement Community Health Plans of Action at District level based on identified needs for the poorest and most vulnerable population.	<p>Conduct a Health Needs Assessment in every priority district and/or community to develop profiles for the poorest and most vulnerable population to be covered by public primary care facilities.</p> <p>Define the level of intervention: district, sub-district, parish, community, etc.</p> <p>Develop Community Health Plans of Action to address the identified needs and establish targets for clear Monitoring and Evaluation (M&E) parameters (see 2.1.).</p> <p>Implement the Community Health Plans of Action and assess their achievement based on the pre-defined M&E parameters.</p>	Ministry of Health (Community Health Nursing Division)	<p>Department of Social Services (MOCD CGA)</p> <p>Community leaders and partners</p> <p>Ministry of Education</p> <p>Department of Statistics</p> <p>National Heritage Society</p>	<p>Increased availability of strategic information to guide programme planning and service delivery for the poorest and most vulnerable population in every priority district.</p> <p>Increased number of districts implementing Community Health Plans of Action to address needs for the poorest and most vulnerable population.</p>	<p>2013</p> <p>2015</p>	
4.5. Health Communications Strategy	Develop and implement a comprehensive Communications Strategy to adequately inform all	<p>Develop a Communications Strategy to:</p> <ul style="list-style-type: none"> - Provide pertinent information on the Social Assistance and National Insurance Scheme Reform Process. - Ensure that the poor and vulnerable population accesses the NHIS and 	Ministry of Health (Community Health Division)	<p>Department of Social Services (MOCD CGA)</p> <p>Ministry of Education</p>	Increased knowledge about Social Assistance and National Insurance Scheme Reform Process.	2014	\$50,000EC to develop and implement the Communications Strategy

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	<p>stakeholders and audiences about the Social Assistance and National Insurance Scheme Reform Process and promote specific and strategic health behaviour changes (see 1.7.).</p> <p>The audiences of the Health Communication Strategy include potential and existing beneficiary households, communities, Civil Service, Cabinet, Parliament, and the general public.</p>	<p>the Health Social Assistance Services.</p> <ul style="list-style-type: none"> - Increase the utilization among the poor and vulnerable of the Health Preventive Services including Ante Natal and Post Natal Care (early utilization) and Child Health. - Attract the poor and vulnerable adolescent population to all primary and secondary health care services, including the reproductive health services. This component is part of the National Health Adolescent Plan. <p>Develop a Monitoring and Evaluation (M&E) Framework for the Communications Strategy (see 2.1.).</p> <p>Ensure that adequate feedback is provided by the beneficiary households and the communities on the NHIS, Health Assistance and Community Health Plans.</p> <p>Implement and monitor the Health Communications Strategy's performance based on the M&E Framework.</p>		<p>Early Childhood Unit</p> <p>Probation and Child Welfare Board</p> <p>Department of Probation and Child Protection</p> <p>Ministry of Legal Affairs</p> <p>Operation Future</p> <p>National Drug Council</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	<p>Increased knowledge and utilization of Ante Natal and Post Natal Care (early utilization), and Child Health services and practices.</p> <p>Increased knowledge and good practices amongst adolescents and young adults to improve overall health.</p>	<p>2014</p> <p>2014</p>	\$15,000EC for the National Health Adolescent Plan

Overall Objective 5 Enhance the poor and vulnerable population's access to basic education assistance services.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
5.1. Targeting the education interventions	Ensure that the poorest and most vulnerable children access relevant education services (see 1.3.).	<p>Participate in the development of the Common Targeting Mechanism (CTM) and the Single Beneficiary Registry (SBR) to ensure that the Education sector information requirements are well covered.</p> <p>Define the procedures to utilize CTM and SBR for the following interventions:</p> <ul style="list-style-type: none"> - Early Stimulation Programme (ESP) - Reaching the Unreached Programme (RUP). - Student Education Learning Fund (SELF) programme - School Uniform Assistance Programme. <p>Explore the possibility to utilize the CTM and SBR to identify and register the beneficiary children of the Secondary School Meals Programme.</p> <p>Adjust the guidelines, instruments and materials from the CTM and SBR and include the targeting procedures as the initial component of every programme's Operations Manual (OM) (see 1.5.).</p> <p>Train all relevant education officers on the CTM and SBR procedures using the guidelines, instruments and materials from the OM.</p>	Ministry of Education	<p>Inter-Ministerial Committee</p> <p>Department of Social Services (MOCD CGA)</p> <p>Department of Statistics</p> <p>Department of Information Technology</p>	<p>The CTM and SBR are at the service of the Education sector and services.</p> <p>Increased transparency and equity to access quality education services for the poorest and most vulnerable population:</p> <ul style="list-style-type: none"> - Early Stimulation Programme (ESP) - Reaching the Unreached Programme (RUP). - Student Education Learning Fund (SELF) programme - School Uniform Assistance Programme. 	<p>2015</p> <p>2016</p>	These activities do not require additional funding.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		Periodically review and adjust the guidelines for targeting in the Education sector to integrate lessons learned and respond to new requirements.					
5.2. More and better Early Childhood Education (ECE) for poor and vulnerable children Two programmes are intended to provide ECE services for the poor and vulnerable: The Early Stimulation Programme (ESP) is intended for children from 0 to 3 years old. The Reaching the Unreached Programme (RUP) is oriented to children from 3 to 5 years old.	<p>Improve the quality and coverage of the Early Childhood Education (ECE) services among the poor and vulnerable population.</p> <p>The ESP is at pilot stage. Community Nurses are trained in Early Childhood Development (ECD) to provide the content of the programme at the Health Centres to poor and vulnerable children.</p> <p>The intervention (initial</p>	<p>The results from the 2013 Early Childhood Education Services Assessment should guide the definition of strategies to ensure that the poorest and most vulnerable children are covered by the ESP and RUP Programmes.</p> <p>Develop guidelines with clear implementation procedures and quality service standards for the ESP and RUP programmes. The adjusted guidelines and instruments for the CTM and SBR are to be included in the guidelines (see 1.5.).</p> <p>Determine the costs of delivering the ECE services, produce detailed annual budgets, and advocate for the required fund allocation.</p> <p>The results from the assessment and the guidelines should also be utilized to define, in Capacity Building Plans (CBPs), the required quantity and quality of human resources (including training), infrastructure and materials for the two ECE programmes (ESP and RUP).</p> <p>A Monitoring and Evaluation</p>	<p>Ministry of Education</p> <p>Early Childhood Unit</p> <p>Ministry of Health</p>	<p>Inter-Ministerial Committee for Social Protection</p> <p>Department of Social Services (MOCDCA)</p> <p>Probation and Child Welfare Board</p> <p>Ministry of Sustainable Development</p> <p>UNICEF</p> <p>Donor Agencies</p>	<p>Increased access to quality ECD services (including early stimulation) for infants and children of poor and vulnerable parents.</p> <p>15% of poor and vulnerable children receive early stimulation at home.</p> <p>75% of poor and vulnerable children receive early stimulation at home.</p> <p>95% of poor and vulnerable children receive early stimulation at home.</p> <p>All (17) Health Centres in St. Kitts and Nevis implement the ESP</p>	<p>2015</p> <p>2014</p> <p>2016</p> <p>2017</p> <p>2015</p>	<p>\$30,000EC</p> <p>The Pilot of the ESP will start in one Health Centre to start in 2013 with UNICEF funding (\$5,000).</p> <p>The full cost of the programme is \$100,000 EC</p>

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	investment – training of nurses and trainers) becomes less intense and costly after the second year (2016).	<p>Framework (M&E) for each programme (ESP and RUP) should be developed to assess their performance and effects (see 2.1.).</p> <p>Develop and implement a Communications Strategy for ECE and ensure that adequate information and sensitization is delivered to the general public and the potential beneficiary households of the ESP and RUP Programmes (see 1.7.).</p> <p>Include the above strategies and tools in the Strategic Plan of Action for Early Childhood Development (ECD).</p> <p>Determine if there is need to adjust and/or develop pieces of legislation and regulations for ECD (see 1.6.).</p>			Programme.		
5.3. Differentiated instruction	Strengthen the Differentiated Instruction initiative across the school system.	<p>In coordination with the education institutions (see 1.2. and 1.6.) conduct Annual Assessments to identify students with learning disabilities as they move through the education system.</p> <p>Already designed tests to monitor children's performance are to be integrated to the Annual Assessments.</p> <p>Train teachers to identify cases that require the application of the test and the processes that follow.</p> <p>Ensure that all students identified for</p>	Ministry of Education	<p>Guidance Counsellors Network</p> <p>Teachers Union</p> <p>Association of Persons with Disabilities</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	<p>Differentiated Instruction properly functioning across the school system and benefiting the poor and vulnerable population.</p> <p>Increased number of schools conducting the Annual Assessments to</p>	<p>2017</p> <p>2014</p>	\$40,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>learning support services have an Individual Education Plan (IEP).</p> <p>Monitoring and Evaluation (M&E) of differentiated instruction must be a component of the clinical supervision and teacher appraisal process as well School Performance Reviews (see 2.1.).</p> <p>Review pedagogical practices to introduce and strengthen the Learning Support Services for those in the lower education streams.</p> <p>Determine the need to adjust the Education Act (see 1.6.).</p> <p>Develop a Communication Strategy to sensitize and provide awareness about the benefits of the Learning Support Services (see 1.7.).</p>			<p>identify children in need of Differentiated Instruction.</p> <p>60% of school teachers trained in differentiated instruction and implementing the Learning Support Services.</p> <p>100% of school teachers trained in differentiated instruction and implementing the Learning Support Services.</p> <p>50% of identified students have an Individual Education Plan (IEP).</p> <p>100% of identified students have an Individual Education Plan (IEP).</p> <p>Increased knowledge about the Learning</p>	<p>2015</p> <p>2017</p> <p>2015</p> <p>2017</p> <p>2017</p>	

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
					Support Services for those in lower education stream		
5.4. Secondary education	Increase the secondary school completion rates, especially, among poor and vulnerable students.	Create a multi-sectorial task force to increase the secondary school completion rates.	Ministry of Education	Ministry of Youth Empowerment	Examination and successful secondary school completion regulations implemented.	2015	\$30,000EC
		Conduct research on secondary school completion in St. Kitts and Nevis and the factors contributing to the existing low retention.		Department of Labour			
		Define regulations and parameters on examination and successful secondary school completion (see 1.6.).		Ministry of Social Development	Increased secondary completion rates (to be measured for boys and girls).	2017	
		Develop a Plan of Action to address the causes of low secondary completion rates.		Ministry of Tourism			
		Undertake periodical monitoring of the completion and retention rates per school and ensure the initiation of response actions to improve the identified trends.		Ministry of Agriculture	10% increase in high school retention (to be measured for boys and girls).	2015	
					20 % increase in high school retention (to be measured for boys and girls).	2017	
	Expand the Secondary School Work Base Programme to provide pertinent	Assess the performance of the Secondary School Work Base Programme in form 4 and analyse the possibility of expanding it to form 5 and other levels. A special gender and poverty equity	Ministry of Education	Professional Associations Teachers Union Students, parents	Students with improved technical and vocational abilities, competencies and skills for	2017	These activities should be undertaken by the Ministry of Education

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	gender sensitive vocational skills and labour competencies needed by students of all abilities, specially the poor and vulnerable.	<p>analysis is to be included in the assessment to integrate poverty and gender equity into the provision of pertinent vocational skills and labour competencies needed by students of all abilities.</p> <p>Develop a Plan of Action for the adjustment and expansion of the programme.</p> <p>Determine the cost of adjusting and expanding the programme and advocate for the required resources.</p> <p>Develop a Monitoring and Evaluation (M&E) Framework for the Secondary School Work Base Programme (see 2.1.).</p> <p>Implement the Plan of Action, and utilize the M&E Framework to monitor, evaluate and adjust the Secondary School Work Base Programme's performance as it is expanded.</p>		<p>Ministry of Sustainable Development</p> <p>Donor Agencies</p> <p>Chamber of Industry and Commerce</p> <p>Department of Labour</p>	<p>employment (particularly poor and vulnerable boys and girls).</p> <p>Diversification of the labour force according to gender and labour market needs</p> <p>Increased number of aspiring entrepreneurs and small business owners among poor and vulnerable youth.</p>	<p>2015</p> <p>2017</p>	<p>Staff and should not imply incurring in additional costs.</p> <p>The Plan of Action will define the cost of the adjustment and expansion of the programme.</p>
5.5. Health and Family Life Education Curriculum	Enhance and expand the delivery of the Health and Family Life Education Curriculum at the primary and secondary school level.	<p>Expand the Health and Family Life Education into the primary schools.</p> <p>Define, in a Capacity Building Plan (CBP) the quantity and quality of human resources (including training), materials and infrastructure required to expand the Health and Family Life Education.</p> <p>Utilize the Health and Family Life Education modules and integrate them</p>	Ministry of Education (Guidance Counselling Unit)	<p>Guidance Counsellors Network</p> <p>Students</p> <p>Parent Teachers Association</p> <p>Department of Social Services</p>	Increased knowledge about Health and Family Life Education of primary and secondary school age children, specially poor and vulnerable boys and girls.	2017	50,000 EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		into the Family Dynamics Pillar of the MEND Programme (see 3.4.).		(MOCD CGA)			
5.6. Education Assistance	Review the School Meals Feeding Programme (SMFP) for poor and vulnerable secondary school students. The SMFP is to continue operating in all primary schools in the country.	Analyse options and costs of adopting 'stigma-free' practices in delivering meals to poor and vulnerable secondary students (e.g. moving to cash, vouchers or waivers - at the local cafeterias). Develop a Plan of Action to implement the adjustments. Develop a Monitoring and Evaluation (M&E) Framework for the School Meals Feeding Programme for poor and vulnerable secondary school students (see 2.1.). Implement the Plan of Action, and utilize the M&E Framework to monitor, evaluate and adjust the School Meals Feeding Programme for poor and vulnerable secondary school students.	Ministry of Education	Department of Social Services (MOCD CGA) Department of Probation and Child Protection Students, teachers and parents Ministry of Sustainable Development Donor Agencies	Improved access to a balanced lunch by poor and vulnerable secondary school children.	2017	\$10,000EC
	Review and restructure the Student Education Learning Fund (SELF) programme re-defining selection criteria and operating processes to	Produce a final report on the on-going review process complete with recommendations for the way forward. Utilize the CTM to identify the programme beneficiaries in a more transparent and objective way (see 1.3.). Define step-by-step procedures and instruments for the implementation of the programme and develop guidelines to train all actors and stakeholders	Ministry of Education	Inter-Ministerial Committee Ministry of Sustainable Development Donor Agencies	A more efficient Student Education Learning Fund (SELF) programme. Poor and vulnerable boys and girls access the school books and examination support services.	2015 2015	\$10,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	improve efficiency.	<p>involved (see 1.5.).</p> <p>Develop a Plan of Action to implement the adjustments.</p> <p>Develop a Monitoring and Evaluation (M&E) Framework for the Student Education Learning Fund (SELF) programme (see 2.1.).</p> <p>Implement the Plan of Action, and utilize the M&E Framework to monitor, evaluate and adjust the Student Education Learning Fund (SELF) programme.</p> <p>Develop and implement a Communications Strategy to inform all stakeholders and potential beneficiaries about the adjustments in the SELF programme and the new rules regulating access and provision of services (see 1.7.).</p>					
	Define clear procedures (including targeting) to implement the School Uniform Assistance Programme in an efficient and effective way.	<p>Utilize the CTM to identify the programme beneficiaries in a more transparent and objective way (see 1.3.).</p> <p>Define step-by-step procedures and instruments for the implementation of the programme and develop guidelines to train all actors and stakeholders involved (see 1.5.).</p> <p>Develop a Plan of Action to implement</p>	Department of Social Services (MOCD CGA)	Inter-Ministerial Committee Ministry of Education	Increased access to school uniforms for poor and vulnerable children.	2015	No additional funding is required

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>the adjustments.</p> <p>Develop a Monitoring and Evaluation (M&E) Framework for the School Uniform Assistance Programme (see 2.1.).</p> <p>Implement the Plan of Action, and utilize the M&E Framework to monitor, evaluate and adjust the School Uniform Assistance Programme.</p> <p>Develop and implement a Communications Strategy to inform all stakeholders and potential beneficiaries about the adjustments in the programme and the new rules regulating access and provision of services (see 1.7.).</p>					
5.7. Coordination, protocols and referrals for the education social assistance interventions	Formalize the necessary mechanisms for improved education assistance coordination and referral.	<p>Strengthen the referral and coordination mechanisms between the following ministries and agencies:</p> <ul style="list-style-type: none"> - The Early Childhood Unit and the Department of Social Services to increase access to childhood services to poor and vulnerable population. - The Ministry of Health and the Early Childhood Unit to integrate approaches to Early Childhood Development, (including the Early Stimulation Programme -ESP), and for integrating health and nutritional issues to EC centres. 	Ministry of Education	<p>Inter-Ministerial Committee Ministry of Health</p> <p>Department of Social Services (MOCD CGA)</p> <p>Ministry of Legal Affairs</p>	Institutional and legal figures and structures facilitate coordination and referral to improve access to education services for the poorest and most vulnerable boys and girls.	2014	No additional funding is required

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<ul style="list-style-type: none"> - All education institutions to undertake regular student assessments and referral to strengthen Differentiated Instruction across the school system. - Ministries of Social Services, Education, Youth and Labour for low secondary completion rates. - Identify other possibly required coordination and referral mechanisms and proceed accordingly. <p>Identify the most adequate legal figure to formalize the coordination and referral agreements (e.g. MOUs, protocols, etc.) and define the necessary procedures to ensure their implementation (see 1.6.).</p> <p>Explore the need to review and/or develop the legal framework for Education.</p>					

Overall Objective 6 Enhance existing services for special vulnerable groups and increase their coverage.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
6.1. Older persons	Up-date the existing data on older persons living in poverty or vulnerability and produce a customized Ageing Policy to improve their quality of life and living standards.	<p>Undertake a Senior Survey Data Collection exercise and up-date the Situation Analysis of older persons to inform policy and programme design.</p> <p>Explore the possibility of utilizing data from the Census to enrich the Situation Analysis.</p> <p>Based on the up-dated Situation Analysis, draft and submit to Cabinet for approval the Ageing Policy to respond the needs of older persons.</p> <p>Develop a Plan of Action to implement the Ageing Policy and its interventions.</p> <p>Include in the Action Plan provisions for the production of guidelines and instruments for the Ageing Policy interventions (see 1.3.).</p> <p>Develop a Monitoring and Evaluation (M&E)</p>	Department of Social Services (MOCDCA)	<p>Inter-Ministerial Committee for Social Protection</p> <p>Ministry of Health</p> <p>Department of Statistics</p> <p>Ministry of Legal Affairs</p>	<p>Final version of the Ageing Policy submitted for Cabinet Approval.</p> <p>Improved quality of life and living standards of older persons.</p>	<p>2014</p> <p>2017</p>	\$10,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>Framework for the Ageing Population Policy and interventions (see 2.1.).</p> <p>Implement the Plan of Action, and utilize the M&E Framework to monitor, evaluate and adjust the Ageing Policy and its interventions.</p> <p>Develop and implement a Communications Strategy to inform all stakeholders and potential beneficiaries about the Ageing Policy and its interventions (see 1.7.).</p>					
6.2. Hard-to-reach and vulnerable parents	Introduce a structured National Parenting Program bringing together all key social protection and developmental partners, to promote healthy lifestyle behaviour changes for hard-to-reach and vulnerable parents (including teenage parents).	<p>With support from an external consultant, and the participation of all key social protection and developmental partners, create the National Parenting Curriculum.</p> <p>Define targeting and referral mechanisms to identify eligible parents for the National Parenting Programme.</p> <p>Explore the possibility to incorporate the parental training as a sentencing</p>	Department of Probation and Child Protection (MOCD CGA)	<p>Probation and Child Welfare Board</p> <p>Early Childhood Unit</p> <p>Ministry of Education</p> <p>Ministry of Health</p> <p>Ministry of Youth Empowerment</p>	<p>Complete National Parenting Programme Curriculum with training materials, evaluation tools, and Annual Calendar implemented on regular basis.</p> <p>The MEND beneficiaries access the National Parenting Programme as part of its Family Dynamics Pillar.</p> <p>Increased knowledge</p>	<p>2014</p> <p>2015</p> <p>2017</p>	\$25,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>option in the legal system.</p> <p>Develop a Capacity Building Plan (CBP) to define the required quantity and quality of human resources (including training), infrastructure and materials required for the National Parenting Programme.</p> <p>Identify and train Probation and Child Protection Officers and community practitioners (volunteers) on the National Parenting Programme Curriculum.</p> <p>Define and implement an Annual Calendar with training opportunities for potential attending parents.</p> <p>An identification and registration mechanism is to be developed to inform the programme's implementation.</p> <p>Develop and implement a Monitoring and Evaluation (M&E) Framework for the</p>		<p>Department of Gender Affairs</p> <p>Department of Social Services (MOCDCA)</p> <p>Civil Society/ Churches</p> <p>Department of Legal Affairs</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	and practices amongst expectant and actual parents to reduce instances of abuse, conflict, and neglect and improve holistic development of children.		

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>National Parenting Programme (see 2.1.).</p> <p>Develop and implement a Communications Strategy to inform all stakeholders and potential beneficiaries about the National Parenting Programme (see 1.7.).</p> <p>Utilize the National Parenting Programme curriculum and modules and integrate them into the Family Dynamics Pillar of the MEND Programme (see 3.4.).</p>					
6.3. Gender Based Violence	Ensure the effective implementation of the National Gender Based Violence Protocol.	<p>Adopt the National Gender Based Violence Protocol.</p> <p>Produce clear guidelines and instruments (e.g. documenting and referral forms) for all actors intervening in the Gender Based Violence Protocol (and strengthening all victim friendly processes for the handling of cases) (see 1.5.).</p> <p>Identify partnering institutions for the implementation of the</p>	Department of Gender Affairs	<p>Police Force</p> <p>Ministry of Legal Affairs</p> <p>Department of Social Services (MOCD CGA)</p> <p>Counselling Unit</p> <p>Ministry of Health</p>	<p>The National Gender Based Violence Protocol is implemented by local institutions in all districts of the Federation.</p> <p>Key community members of all districts are aware of the National Gender Based Violence Protocol.</p> <p>All gender based violence cases follow</p>	<p>2014</p> <p>2015</p> <p>2016</p>	\$30,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>protocol.</p> <p>Produce and sign the required MOUs for referral among the identified institutions (1.2. and 1.6.).</p> <p>Periodically train all actors intervening in the Gender Based Violence Protocol.</p> <p>Develop and implement a Monitoring and Evaluation (M&E) Framework to assess the performance of the implementation of the Gender Based Violence Protocol (see 2.1.).</p> <p>Develop and implement a Communications Strategy to inform all stakeholders and potential victims about the Gender Based Violence Protocol (see 1.7.).</p>			the approved protocol and its instruments.		
6.4. Child Protection	Ensure the effective implementation of the Child Protocol.	<p>Advocate for the Cabinet approval of the up-dated Child Protocol.</p> <p>Produce clear guidelines and instruments (e.g. documenting and referral forms) for all actors intervening in the Child Protocol (see 1.5.).</p>	<p>Ministry of Education</p> <p>Ministry of Social Development</p>	<p>Inter-Ministerial Committee for Social Protection</p> <p>Probation and Child Welfare Board</p>	<p>The Child Protocol is implemented by local institutions in all districts of the Federation.</p> <p>Key community members of all districts are aware of the Child Protocol.</p>	<p>2014</p> <p>2015</p>	\$15,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>Identify partnering institutions for the implementation of the protocol (ensure the inclusion of the Early Childhood Centres).</p> <p>Produce and sign the required MOUs for referral among the identified institutions (see 1.2. and 1.6.).</p> <p>Periodically train all actors intervening in the Child Protocol.</p> <p>Develop and implement a Monitoring and Evaluation (M&E) Framework to assess the performance of the implementation of the Child Protocol (see 2.1.).</p> <p>Develop and implement a Communications Strategy to inform all stakeholders and communities about the Child Protocol (see 1.7.).</p>		<p>Department of Probation and Child Protection</p> <p>Ministry of Health</p> <p>Ministry of Education</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	All Child Protocol related cases follow the approved procedures and utilize its instruments.	2016	
6.5. Persons with disabilities	Produce and implement an Evidence Based National Policy for Persons with Disabilities.	Hire a consultant to conduct a Situation Analysis of persons with disabilities.	Department of Social Services (MOCD CGA)	Inter-Ministerial Committee National	Approved and implemented National Policy for Persons with Disabilities	2014	\$10,000EC For the Situation Analysis (Funded

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>Based on the Situation Analysis, develop and approve the National Policy for Persons with Disabilities (see 1.6.).</p> <p>Include the operationalization of the Building Codes to address the physical access limitations experienced by persons with disability.</p> <p>Develop a Plan of Action to implement the National Policy for Persons with Disabilities.</p> <p>Include in the Action Plan provisions for the production of guidelines and instruments for the National Policy for Persons with Disabilities (see 1.5.).</p> <p>Develop a Monitoring and Evaluation (M&E) Framework for the National Policy for Persons with Disabilities (see 2.1.).</p> <p>Implement the Plan of Action, and utilize the M&E Framework to monitor, evaluate and adjust the National Policy for Persons</p>		<p>Association of Persons with Disabilities</p> <p>National Building Board</p>	<p>Increased general knowledge of the rights and responsibilities of persons with disabilities.</p> <p>Improved quality of life and living standards for persons with disabilities.</p>	<p>2015</p> <p>2017</p>	<p>by UNESCO)</p> <p>\$20,000EC for the Communications and Marketing Strategies (Funded by UNESCO)</p>

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		<p>with Disabilities.</p> <p>Develop and implement a Communications Strategy to inform all stakeholders, communities and potential beneficiaries about the National Policy for Persons with Disabilities (including all rights and responsibilities) (see 1.7.).</p>					

Overall Objective 7 Enhancing the chance of employment for the poor and vulnerable population.

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
7.1. Labour Market Information for the poor and vulnerable	Implement the Labour Market Information System (LMIS) to support evidence based decision making for employment initiatives and Active Labour Market Programmes (ALMPs) for the poor and vulnerable population.	<p>Implement the Labour Market Information System with support from the ILO.</p> <p>Undertake periodic and regular Labour Force Surveys (see 2.3.).</p> <p>Produce periodic reports on data analysis related to economic growth and employment creation opportunities for the poor and vulnerable population (special attention should be given to poor single parents and working age women, at risk youth, and disabled persons).</p> <p>Promote that all data collected and analysed is disaggregated by gender and for different age groups.</p> <p>Provide advice and information to the Minimum Wage Advisory Committee for its periodic exercises.</p>	Department of Labour	<p>Job Training and Employment Committee</p> <p>Ministry of International Trade, Industry, Commerce and Consumer Affairs (MITICCA)</p> <p>National Entrepreneurial Development Division (NEDD)</p> <p>Ministry of Sustainable Development</p> <p>Department of Statistics</p> <p>Ministry of Finance</p>	<p>LMIS in place.</p> <p>Periodic and regular production of data and analysis related to employment creation opportunities and economic growth.</p> <p>Minimum Wage adjusted according to the evolution of the cost of living.</p>	<p>2013</p> <p>2014</p> <p>2014</p>	To be provided by the Department of Labour

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
7.2. Job training and employment services for the poor and vulnerable	<p>Create a Job Training and Employment Committee to coordinate the provision of related services for the poor and vulnerable population.</p> <p>The Job Training and Employment Committee is to provide guidance to the training, job search assistance, business development and microfinance service initiatives according to the information produced by the Labour Market Information System (LMIS), ensuring an increased focus on opportunities and interventions oriented for the poor and vulnerable and respond to the country's market and growth priorities.</p>	<p>Define the membership of the Committee and develop TOR establishing clear roles and responsibilities for the coordination of the job training and employment services and the (ALMPs).</p> <p>Ensure that the Job Training and Employment Committee members meet regularly and provide guidance to relevant ALMPs, especially for the services oriented to the poor and vulnerable population.</p> <p>Special attention should be given to poor single parents and working age women, at risk youth, and disabled persons.</p>	Department of Labour	<p>National Entrepreneurial Development Division (NEDD) (MITICCA)</p> <p>People Employment Programme (PEP)</p> <p>Association of Persons with Disabilities</p> <p>Ministry of Sustainable Development</p> <p>Ministry of Finance</p>	An active a Job Training and Employment Committee providing guidance to the Active Labour Market Programmes based on up-dated evidence produced.	2014	\$3,000 EC
	Strengthen the Employment Desk Unit at the Department of Labour to improve the job search services for	Define the functions and responsibilities of the Employment Desk Unit to provide specific job search services.	<p>Job Training and Employment Committee</p> <p>Department of</p>	<p>Department of Social Services (MOCDCA)</p> <p>Human</p>	Increased access to information on job opportunities for the poor and vulnerable population.	2014	\$10,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	the poor and vulnerable population.	<p>Develop guidelines, procedures, and instruments for the provision of the services for the poor and vulnerable population (see 1.5.).</p> <p>Special attention should be given to poor single parents and working age women, at risk youth, and disabled persons.</p> <p>Based on the above functions, responsibilities and procedures develop a Capacity Building Plan (CBP) for the Employment Desk Unit with the strategies to fulfil the necessary human resources, infrastructure, equipment and materials.</p>	<p>Labour</p> <p>National Entrepreneurial Development Division (NEDD) (MITICCA)</p>	<p>Resources</p> <p>Ministry of Youth Empowerment</p> <p>Association of Persons with Disabilities</p> <p>Ministry of Finance</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	Poor and vulnerable population have increased access to employment opportunities.	2015	
	Promote and strengthen the training, short term and self-employment initiatives to provide relevant services for the poor and vulnerable population.	With support from the Job Training and Employment Committee, identify training, short term and self-employment initiatives for poor and vulnerable population.	Job Training and Employment Committee	National Skills and Training Programme	Increased access to skills training services for the poor and vulnerable population.	2014	\$45,000EC
	Apart from the Active	Develop individual Capacity Building Plans	Department of Labour	People Employment Programme (PEP) and its 6 projects	Increased access to short term and self-employment initiatives for poor	2014	(\$5,000 EC for the development of each CBP) The cost of the CBP

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	Labour Market Programmes (ALMPs) identified in the strategy document (NSP, YES, AVEC, NEDD, Job Search Assistance, Project Strong and Youth Skills Training), the People Employment Programme (PEP) works as umbrella for the following initiatives: Engaging Qualified Interns Project (Equip); National Infrastructure Improvement Project (NIIP); Skills Training and Entrepreneurial Development (STED); Women in Small Enterprise (WISE); Agri-Enterprise Training and Management Project (ATM); and Women in Construction Trades (WICT).	<p>(CBPs) with strategies to obtain the required human resources, infrastructure, materials and equipment for the training, short term and self-employment initiatives for the poor and vulnerable population (especially poor single parents and working age women, at risk youth, and disabled persons).</p> <p>Ensure that the services provided respond to the information provided by the Employment Desk Unit and the LMIS and that the services (and curricula) are periodically revised accordingly.</p> <p>A research exercise to identify and analyse existing barriers and disincentives to work for the poor and vulnerable population (with special attention to poor single parents and working age women, at risk youth, and disabled persons) is to be undertaken periodically to guide the actions of the Employment Desk Unit.</p>	(MITICCA)	<p>Education Institutions</p> <p>TVET</p> <p>Human Resources</p> <p>Ministry of Youth Empowerment</p> <p>Department of Social Services (MOCD CGA)</p> <p>Association of Persons with Disabilities</p> <p>Ministry of Sustainable Development</p> <p>Ministry of Finance</p>	and vulnerable population.		will be defined in each plan

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		Explore the possibility to initiate a Labour Intensive Public Works Programme for all road maintenance, de-bushing and beautification initiatives under the NIIP Project.					
7.3. Linking welfare to work	Develop a Welfare-to-Work referral process and promote employment, self-employment, and expansion opportunities for poor and vulnerable persons and persons with disabilities identified as such by the Single Beneficiary Registry (SBR).	<p>Define the characteristics and profiles of potential beneficiaries of the ALMP interventions and establish a mechanism for identification and referral utilizing the Single Beneficiary Registry (SBR) (see 1.3.).</p> <p>Develop an Action Plan to ensure the transition from Welfare-to Work and promote employment, self-employment and entrepreneurship among the poor and vulnerable (especially poor single parents and working age women, at risk youth, and disabled persons).</p>	Department of Social Services (MOCD CGA)	<p>Department of Labour</p> <p>Association of Persons with Disabilities</p> <p>Ministry of Education</p> <p>Chamber of Industry and Commerce</p> <p>TVET Council</p> <p>NEDD</p> <p>Financial Institutions</p> <p>Donor Agencies</p>	Increased access to ALMP interventions for the poor and vulnerable population (especially poor single parents and working age women, at risk youth, and disabled persons).	2016	\$15,000EC
7.4. M&E for the Active Labour Market Programmes (ALMPs)	Develop a monitoring and evaluation Framework to assess the use and effectiveness of the	Develop a monitoring and evaluation Framework to assess the use and effectiveness of the ALMPs (see 2.1.).	<p>Job Training and Employment Committee</p> <p>Department of</p>	<p>Department of Social Services (MOCD CGA)</p> <p>Human</p>	Improved process and programme efficiency for key ALMPs.	<p>2014</p> <p>2015</p>	\$30,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
	Active Labour Market Programmes (ALMPs) (training, job search assistance, business development, and microfinance services).	<p>Develop and implement monitoring instruments to assess the ALMPs performance, including (at least) the following areas:</p> <ul style="list-style-type: none"> - Coverage and type of beneficiaries - Services provided - Administrative costs - Process efficiency <p>Develop and implement an Effectiveness Evaluation Plan of key ALMPs with recommendations to improve efficiency and effectiveness.</p>	Labour National Entrepreneurial Development Division (NEDD) (MITICCA)	<p>Resources</p> <p>Ministry of Youth Empowerment</p> <p>Ministry of Finance</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	<p>Evidence of differentiated ALMPs Effect produced.</p> <p>More effective ALMPs.</p>	2016	
7.5. Active Labour Market Communication Strategy	Develop and implement a comprehensive Communications Strategy for the Active Labour Market services and interventions.	<p>Develop and implement a comprehensive Communications Strategy to adequately inform all stakeholders and audiences about the Active Labour Market services and interventions.</p> <p>Develop a Monitoring and Evaluation (M&E) Framework for the Communications Strategy (see 2.1.).</p> <p>Ensure that adequate feedback is provided by</p>	Job Training and Employment Committee	<p>Department of Labour</p> <p>National Entrepreneurial Development Division (NEDD) (MITICCA)</p> <p>Ministry of Sustainable Development</p> <p>Donor Agencies</p>	Increased knowledge and utilization of the Active Labour Market services.	2017	\$20,000EC

Priority area	Specific objectives	Activities	Implementing agency	Key partners	Outcome/output	End date	Estimated cost
		the users of the Active Labour Market services.					

Annex 2: Monitoring and Evaluation (M&E) Framework

Phase 1: Social Safety Net Consolidation and Strengthening

Overall Objective 1 Adjust and further develop the main institutional arrangements, systems and legislative frameworks for a more coordinated, efficient and effective social protection service delivery.

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
1.1. Institutional arrangements and capacity building for the Social Protection reform process	Formalize and strengthen the Inter-Ministerial structures to support the Social Protection reform process.	Improved management and oversight of the Social Protection reform process. Funding availability for the National Social Protection Strategy's Phase 1 Action Plan (both for the Annual Work Plan and the 5 year Action Plan for Phase 1). Fully implemented Phase 1 Plan of Action for the National Social Protection Strategy.	- Percentage of required funding effectively allocated for the 5 year Action Plan - Percentage of Specific Objectives of the 5 year Action Plan achieved (Inter-Ministerial Committee level) - Percentage of requested funding effectively allocated (for each Overall Objective and/or each Social Protection Technical Working Group -TWG) - Percentage of Annual Work Plan activities undertaken (for each Overall Objective and/or each Social Protection Technical Working Group -TWG)	-Yearly -Yearly -Yearly -Every six (6) months
	Modernize and strengthen the Department of Social Services	Clearly defined and articulated organizational structure with job descriptions for the Department of Social Services in both islands. Improved functioning of the Department of Social Services on both islands.	- Percentage of posts filled according with the organizational structure (per island). - Percentage of Department of Social Services Annual Work Plan objectives achieved (per island).	-Yearly -Yearly
1.2. Consolidated Social Safety Net Policy Framework	Define a Consolidated Social Safety Net	The poor and vulnerable population benefit from coordinated Social Safety Net	- Variation in the Multidimensional Poverty Index –MPI- (applied randomly to the key Social Safety Net beneficiary households registered in the SBR).	-Every three (3) years

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
with clear coordination and referral mechanisms	Framework for a coordinated and holistic approach to service delivery.	interventions and services.	The MPI should be applied once it is adjusted for utilization in St. Kitts and Nevis.	
	Develop efficient and effective coordination and referral mechanisms among Social Safety Net interventions.	<p>Clear protocols with instruments, processes and designated responsibilities for adequate coordination and referral mechanisms implemented.</p> <p>Operational Social Safety Net interrelations integrated into the SBR and being implemented.</p> <p>Integrated support for those in need of Social Safety Net interventions.</p>	<p>- Number of referrals processed (for each key Social Safety Net intervention).</p> <p>- No. of households benefiting from more than one Social Safety Net intervention through the Single Beneficiary Registry (SBR), as established in the Consolidated Social Safety Net Framework.</p>	<p>-Yearly</p> <p>-Yearly</p>
1.3. Transparent and unified beneficiary selection and registration mechanisms for the Social Safety Net	Develop a transparent and objective Common Targeting Mechanism (CTM) and a Single Beneficiary Registry (SBR) for key Social Safety Net interventions aimed at targeting the poor and vulnerable population.	<p>An efficient and effective targeting mechanism for the MEND Programme.</p> <p>An efficient and effective CTM for key Social Safety Net interventions.</p> <p>Key Social Safety Net interventions identify and select their beneficiary households using the CTM and SBR.</p> <p>Reduced inclusion errors in key Social Safety Net interventions.</p> <p>Up-dated CTM Operations Manual</p>	<p>- No. of Social Safety Net interventions utilizing the Common Targeting Mechanism (CTM) and Single Beneficiary Registry (SBR) to select and enrol beneficiaries.</p> <p>- Percentage of beneficiaries of key Social Safety Net interventions that are not among the poorest households according to the Proxy Means Test (PMT) (utilizing a random selection of beneficiaries per programme).</p>	<p>-Yearly</p> <p>-Every three (3) years</p>

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
		(OM) with revised processes, instruments, guidelines and materials.		
	Design and develop a Management Information System (MIS) to work as Single Beneficiary Registry (SBR) for key Social Safety Net interventions.	Key Social Safety Net interventions use the Single Beneficiary Registry (SBR) to select and register their beneficiary households. The poor and vulnerable population benefit from coordinated Social Safety Net interventions and services.	- Percentage of beneficiaries of key Social Safety Net interventions that are effectively registered in the Single Beneficiary Registry (SBR).	-Yearly
1.4. Formal grievance, complaints and appeals mechanisms for the Social Safety Net	Develop formal grievance, complaints and appeals mechanisms for the CTM and SBR and, progressively, for key Social Safety Net interventions.	A functioning Appeals Committee responding to grievances, complaints and appeals in a systematic and timely manner. More transparent and rights based Social Safety Net services.	- Number and Percentage of grievances, complaints and appeals that have received adequate response within one (1) month.	-Yearly
1.5. Systematized processes and operations	Create Programme Documents (PDs) Operations Manuals (OMs) for key Social Safety Net interventions to guide implementation and clearly define processes and instruments for all actors involved in	Operations Manuals for key Social Safety Net interventions developed and utilized on regular basis. Improved processes and homogeneous service delivery for key Social Protection interventions. Up-dated Operations Manuals (OMs) for key Social Safety Net	- Percentage of key implementing officers of key Social Safety Net interventions that have been trained utilizing the Operations Manuals (OM).	-Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	their execution. Formats and tools are to be adapted from the MEND Programme Operations Manual.	interventions with revised processes, instruments, guidelines and training materials.		
1.6. Social Development Assistance Legal reform	Conduct a review of the Social Development Assistance Legislation.	Revised Social Assistance Development Act. Updated Social Protection legislation. Improved legal framework for a more equitable and transformative Social Protection.	- Relevance and updating of the Social Protection legislation (as defined by an independent legal assessment with recommendations. The assessment is to be undertaken every three years –see 1.6. in the Plan of Action).	-Every three (3) years
	Support the production of all necessary legal documents for coordination and referral among Social Safety Net interventions and agencies.	Supporting legal figures for a harmonized Social Safety Net.	- Relevance and updating of Social Protection regulations (as defined by an independent legal assessment with recommendations. The assessment is to be undertaken every three years –see 1.6. in the Plan of Action). - Number of legal challenges encountered for the implementation of the Social Protection Reform (per subsector or TWG).	- Every three (3) years -Yearly
1.7. Communication Strategies for the Social Protection reform process	Design and implement Communication Strategies for the Social Protection reform process and its key interventions.	Implemented, monitored, assessed and adjusted strategies. More informed beneficiaries, communities, civil servants and general public on the Social Protection reform and its interventions.	- Percentage of Social Safety Net Communication Strategy targets and milestones achieved as established in its M&E Framework. - Level of knowledge about the Social Protection reform and its interventions (a 5 to 10 questions survey to assess information and knowledge is applied to a random sample of representatives for each cluster audience: beneficiaries,	- Yearly -Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
			communities, civil servants and general public).	

Suggested key Social Safety Net interventions: MEND, SELF, Medical Assistance and/or NHIS, Uniform Assistance, Active Labour Market Programmes (ALMPs).

Overall Objective 2	Enhance the evidence based decision making practice across the Social Protection sector.
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Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
2.1. Monitoring and Evaluation (M&E) Systems and Research Plans for the Social Safety Net	Develop individual Monitoring and Evaluation (M&E) Systems and Research Plans for each key Social Safety Net intervention.	<p>M&E Systems and Research Plans developed and implemented for each key Social Safety Net intervention.</p> <p>Regular production and use for decision making of monitoring, evaluation and research results and findings.</p> <p>Beneficiary feedback integrated into the reports and taken into account for decision making.</p>	- Number of key Social Safety net interventions with an adapted M&E System that produce quarterly reports and utilise them for day to day decision making (documented in quarterly reports and TWG and Agency minutes).	- Yearly
	Strengthen the Government's capacity to create and support Social Protection M&E systems.	Improved capacity to create and supervise M&E Systems and provide technical support within Government structures.	- Number of key Social Safety net M&E Systems produced and operated with support from Government structures (documented in each system design document).	- Yearly
2.2. Capacity building for M&E and Evidence Based Social Safety Net decision making	Strengthen the capacity of policy makers and key managers (Permanent Secretaries and Directors), Supervisors, and Planners on M&E techniques and Evidence Based	Improved capacity to produce, analyse and utilize evidence produced with M&E Systems and Research Plans for better Social Protection policy design and programming.	<p>- Percentage of identified policy makers and managers of key Social Safety Net interventions that have received training M&E techniques and Evidence Based Decision Making for Social Protection.</p> <p>- Number of policies or programme decisions that have utilised evidence produced with M&E Systems and Research Plans (documented in relevant documents and agency minutes).</p>	<p>- Yearly</p> <p>- Yearly</p>

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	Decision Making for Social Protection.			
2.3. Production and use of Social Protection data	Strengthen the capacity of the Department of Statistics to produce regular and pertinent Social Protection related data.	A strengthened Department of Statistics with the capacity to regularly produce pertinent Social Protection data.	<ul style="list-style-type: none"> - Percentage of quarterly M&E reports that is endorsed by the Department of Statistics (and/or the M&E Unit) (for each key Social Safety Net intervention). - Percentage of identified Staff Members of the Department of Statistics that have received training on M&E techniques and Evidence Based Decision Making for Social Protection. 	<ul style="list-style-type: none"> - Yearly - Yearly
	<p>Undertake regular and pertinent Social Protection data collection and analysis exercises.</p> <p>Suggested exercises include: Country Poverty Assessments (CPA), Multiple Indicator Cluster Surveys (MICs), and Situation Analysis of key vulnerable groups.</p>	<p>Coordinated and jointly funded data collection and analysis exercises for an up-dated understanding on the situation of the poor and vulnerable.</p> <p>Regular production of quality Social Protection data for a more evidence based social protection policy design and programming.</p>	<ul style="list-style-type: none"> - Percentage of planned data collection and analysis exercises that are effectively produced and disseminated on time. - Percentage of planned analysis exercises that have disaggregated data (at least) per geographic area, gender, and age. 	<ul style="list-style-type: none"> - Yearly - Yearly
2.4. Annual Budgetary Reviews	Ensure that Annual Social Protection Budgetary Reviews are conducted and utilized for policy and programme decision making.	Social Protection budgetary decisions made based on evidence produced on budget expenditure and financial performance.	- Percentage of planned budgetary reviews that are effectively produced, delivered on time, and utilized for budget decision making (minutes should document the utilization of the reviews in each TWG, sub-sector or agency).	- Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
2.5. Regular process and financial audits	Conduct periodic process and financial audits of all Social Safety Net interventions.	All ministries and agencies implementing Social Safety Net interventions respond to periodic process and financial audits and integrate lessons learned. More efficient and transparent Social Safety Net services.	- Percentage of planned process and financial audits that are effectively produced, delivered on time, and utilized for improvement (minutes should document the utilization of the audits and the reactions undertaken in each TWG, sub-sector or agency).	- Yearly

Suggested key interventions: MEND, SELF, Medical Assistance and/or NHIS, Uniform Assistance, Active Labour Market Programmes (ALMPs), School Feeding Programme.

Overall Objective 3	Develop the M.E.N.D. Families in St. Kitts and Nevis Programme to efficiently and effectively improve the beneficiary families' wellbeing and ensure an increased investment in the human capital of their children.
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Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
3.1. Programme Document and main implementation agreements	Define, in a Programme Document, the main design variables and components of the MEND Families Programme.	The poorest and most vulnerable families in St. Kitts and Nevis are protected from shocks and invest in the human capital of their children.	<ul style="list-style-type: none"> - Average variation for MEND beneficiary households in key social and human capital indicators according to the selected co-responsibilities and the content of the 6 Pillars: <ul style="list-style-type: none"> - Identification: (e.g. birth certificate -0 to 18 years- and voters card -above 18 years old) - Health and nutrition: (e.g. Percentage of poor and vulnerable children with completed second round of vaccination -0 to 2 years old- and Malnutrition rate -0 to 5 years old) - Education: (e.g. enrolment and attendance rates -0 to 18 years old) - Family Dynamics Developmental Sessions attendance rates (per category group) - Housing Conditions and Land Tenure (e.g. percentage of beneficiary households with acceptable housing conditions and legalized land tenure) - Employment and Income: (e.g. for all above 18 years old not in education programme) <p>The specific indicators have to be designed as the co-responsibilities and Pillar contents are defined. Base line data is collected for each beneficiary household with the Pillar toolkit soon after enrolment.</p> <p>Indicators are to be measured and disaggregated (at least) per geographic area, gender, and age.</p>	- Every six (6) months

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
3.2. Operations Manual	Develop a comprehensive Operations Manual (OM) with clear processes, guidelines and instruments for all actors involved in the implementation of the MEND Programme.	<p>A fully operational cash transfer programme to benefit the poorest and most vulnerable households.</p> <p>MEND's Pilot implementing actors trained with final manuals, guidelines, instruments and materials.</p> <p>Up-dated manual, guidelines, instruments and materials for the scale-up process.</p> <p>Up-dated manuals, guidelines, instruments and materials with lessons learned and new requirements integrated.</p>	<p>- Projected vs. effective coverage: Percentage of MEND Families target population effectively identified using the CTM (and PMT), registered in the SBR and benefiting from the programme.</p> <p>MEND's target population should be defined and projected in the PD. The estimated MEND target population is a threshold defined as percentage of the total population. It is to be defined using the 2010 National Census data and taking into account resource availability.</p> <p>MEND's target population is defined and projected in the PD.</p> <p>- Percentage of pertinent actors periodically trained utilizing the Operations Manual (OM). For every MEND programme cycle operation:</p> <ul style="list-style-type: none"> - Targeting, exit and re-certification - Registration - Payment - Psychosocial Support and Co-responsibilities - Grievances, Complaints and Case management - M&E - Reporting <p>A comprehensive and detailed Monitoring and Evaluation (M&E) System will be developed for the MEND Families Programme. Other indicators can be selected from the system to be included in this Framework, when considered relevant.</p>	<p>- Yearly</p> <p>- Every six (6) months</p>
3.3. Management Information System (MIS)	Further develop the Management Information System (MIS) of the Single Beneficiary Registry (SBR) to support	Automated MIS modules process all main operations of the MEND Families Programme in a transparent, homogeneous and efficient way.	- Percentage of monthly payments effectively delivered to the beneficiary households on time.	- Quarterly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	other MEND Families Programme processes.	The MIS will support MEND's scale-up process and the implementation of the CTM and SBR in 2015.		
3.4. Psychosocial Support and Co-responsibilities	Define the Psychosocial Support that is to be provided to the beneficiary households of the M.E.N.D. Families Programme and develop the tools to implement it.	<p>Signed MOUs for the implementation of the Pillars with each partnering agency.</p> <p>Programme Document and Operations Manual with Psychosocial Support components and toolkits for the 6 Pillars.</p> <p>Increased human capital investment and wellbeing among MEND beneficiary households (see strategic indicators in 3.1.).</p>	- Percentage of MEND beneficiary households that receive the periodic visits from the Social Assistance Officers on time.	- Quarterly
	Establish which co-responsibilities are to be attached to the M.E.N.D. Families Programme, define the regulations and develop the respective procedures.	<p>Signed MOUs on co-responsibilities with each partnering agency.</p> <p>Programme Document and Operations Manual with co-responsibility components.</p> <p>Increased human capital investment and wellbeing among MEND beneficiary households (see strategic indicators in 3.1.).</p>	<p>- Percentage of beneficiary households for which the information on compliance to the co-responsibilities has been collected.</p> <p>- Percentage of beneficiary households complying with the conditionalities (per conditionality type). To be disaggregated (at least) per geographic area, gender, and age.</p>	<p>- Quarterly</p> <p>- Quarterly</p>
3.5. Exit and re-certification strategies	Develop clear exit and re-certification strategies for the	MEND beneficiary households that achieve minimum impact requirements and/or are no	- Percentage of MEND beneficiary households that exit the programme by having met all targets defined in their passport for the 6 Pillars. To be disaggregated (at least) per	- Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	M.E.N.D. Families in St. Kitts and Nevis Programme.	longer eligible, exit the programme, leaving space for replacement.	geographic area, gender, and age. - Percentage of MEND beneficiary households that exit the programme as they are no longer eligible for it. To be disaggregated (at least) per geographic area, gender, and age.	- Yearly
3.6. Programme referral and service convergence	Define social assistance services that complement the MEND Families Programme and develop and implement programme referral and service convergence procedures.	MEND beneficiary households accessing specific complimentary services and non-cash social assistance programmes that increase their wellbeing (as established in the Consolidated Social Safety Net Framework and the MEND Programme Document).	- Percentage of MEND beneficiary households that have access to more than one Social Safety Net intervention through the Single Beneficiary Registry (SBR) (as established in the Consolidated Social Safety Net Framework and the MEND Programme Document). To be disaggregated (at least) per geographic area, gender, and age.	- Yearly
3.7. M&E System and Research Plan for MEND	Develop a comprehensive Monitoring and Evaluation (M&E) System and Research Plan for the MEND Programme.	M&E System producing periodic reports for decision making. Evidence based decisions made on continuity and adjustment of the MEND Programme and other Social Safety Net interventions.	- Percentage of monthly MEND M&E reports that are utilised to take action on every recurrent operation: <ul style="list-style-type: none"> - Payment - Psychosocial Support and Co-responsibilities - Grievances, Complaints and Case management - M&E The actions are to be documented in signed management meeting minutes.	- Quarterly
3.8. Communication Strategy for MEND	Design and implement an effective communications strategy for the MEND Programme.	MEND's Pilot beneficiary households and stakeholders receive pertinent information before, during and after initial implementation.	- Level of knowledge about the MEND Families Programme for key actors (a 5 to 10 questions survey to assess information and knowledge is applied to a random sample of representatives for each cluster audience: beneficiaries, communities, civil servants and general public).	- Every six (6) months.

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
		Pertinent information on the MEND Families Programme's scale-up plan is provided on time to pre-defined audiences and stakeholders.		

Overall Objective 4	Enhance the poor and vulnerable population's access to basic health assistance services.
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Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
4.1. Targeting the Health Assistance and Insurance Scheme	Ensure that the Common Targeting Mechanism (CTM) and Single Beneficiary Registry (SBR) fulfil the requirements of the Health Sector to identify those to benefit from the services for the poor and vulnerable population (the Health Assistance Services and the National Health Insurance Scheme).	<p>The CTM and SBR are at the service of the Health Social Assistance Services and the National Health Insurance Scheme (NHIS).</p> <p>Increased transparency and equity to access quality health services for the poorest and most vulnerable population.</p>	<p>- For each Health Social Assistance service: Percentage of Health Social Assistance beneficiaries identified through the Common Targeting Mechanism (CTM) and registered in the Single Beneficiary Registry (SBR). To be disaggregated (at least) per geographic area, gender, and age.</p> <p>- Percentage of National Health Insurance Scheme (NHIS) beneficiaries identified through the CTM and registered in the SBR (to be measured and disaggregated per districts, schools, age, boys and girls). To be disaggregated (at least) per geographic area, gender, and age.</p>	<p>- Yearly</p> <p>- Yearly</p>
4.2. National Health Insurance Scheme (NHIS)	<p>Initiate a cost-effective and sustainable National Health Insurance Scheme (NHIS) for the poorest and most vulnerable population in St. Kitts and Nevis.</p> <p>The Ministry of Finance is to finalize the negotiations with the insurance</p>	<p>An affordable National Health Insurance Scheme (NHIS) for the poorest and most vulnerable population in St. Kitts and Nevis.</p> <p>Increased access to quality Health Services for the poorest and most vulnerable population.</p>	<p>- Percentage of required funding to cover the estimated target population for the NHIS, effectively allocated.</p> <p>The estimated NHIS target population is a threshold defined as percentage of the total population. It is to be defined using the 2010 National Census data and taking into account resource availability.</p> <p>- Percentage of estimated NHIS target population, identified by the CTM as potential beneficiaries, and registered in the SBR that is effectively registered in the National Health Insurance Scheme (NHIS). To be disaggregated (at least) per geographic area, gender, and age.</p>	<p>- Yearly</p> <p>- Yearly</p>

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	company that will administer the services of the NHIS.		- Percentage of households registered in the National Health Insurance Scheme (NHIS) that utilized its services per year (to be measured for the preventive, ambulatory and out-patient services). To be disaggregated (at least) per geographic area, gender, and age.	- Yearly
4.3. Health Social Assistance Services	Strengthen the Health Social Assistance services.	Increased access to specific Health Social Assistance services by the poor and vulnerable population.	- For each Health Social Assistance service: Percentage of eligible poor and vulnerable households, identified by the CTM as potential beneficiaries, and registered in the SBR that access the service. To be disaggregated (at least) per geographic area, gender, and age.	- Yearly
4.4. Community Health Plans of Action	Develop and implement Community Health Plans of Action at District level based on identified needs for the poorest and most vulnerable population.	Increased availability of strategic information to guide programme planning and service delivery for the poorest and most vulnerable population in every priority district. Increased number of districts implementing Community Health Plans of Action to address needs for the poorest and most vulnerable population.	- Percentage of districts implementing Community Health Plans of Action.	- Yearly
4.5. Health Communications Strategy The audiences of the Health Communications Strategy include potential and existing beneficiary households,	Develop and implement a comprehensive Communications Strategy to adequately inform all stakeholders and audiences about the Social Assistance and National Insurance Scheme Reform	Increased knowledge about Health Social Assistance Services and National Insurance Scheme Reform Process. Increased knowledge and utilization of Ante Natal and Post Natal Care (early utilization), and Child Health services and practices.	- Level of knowledge about the Health Social Assistance Services and National Insurance Scheme Reform Process for key actors (a 5 to 10 questions survey to assess information and knowledge is applied to a random sample of representatives for each cluster audience: beneficiaries, communities, civil servants and general public). - Level of knowledge about the Ante Natal and Post Natal Care (early utilization), and Child Health services and practices for key actors (a 5 to 10 questions survey to assess information and knowledge is applied to a random	- Yearly - Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
communities, Civil Service, Cabinet, Parliament, and the general public.	Process and promote specific and strategic health behaviour changes.	Increased knowledge and good practices amongst adolescents and young adults to improve overall health.	sample of representatives for each cluster audience: beneficiaries, communities, civil servants and general public).	

Overall Objective 5 Enhance the poor and vulnerable population's access to basic education assistance services.

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
5.1. Targeting the education interventions	Ensure that the poorest and most vulnerable children access relevant education services.	<p>The CTM and SBR are at the service of the Education sector and services.</p> <p>Increased transparency and equity to access quality education services for the poorest and most vulnerable population:</p> <ul style="list-style-type: none"> - Early Stimulation Programme (ESP) - Reaching the Unreached Programme (RUP). - Student Education Learning Fund (SELF) programme - School Uniform Assistance Programme. 	- For each relevant Education Assistance service: Percentage of potential Education Assistance beneficiaries identified through the Common Targeting Mechanism (CTM) and registered in the Single Beneficiary Registry (SBR) that are effectively benefiting from the Education Assistance service. To be measured and disaggregated (at least) per districts, schools, age, boys and girls.	- Yearly
5.2. More and better Early Childhood Education (ECE) for poor and vulnerable children	Improve the quality and coverage of the Early Childhood Education (ECE) services among the poor and vulnerable population.	<p>Increased access to quality ECD services (including early stimulation) for infants and children of poor and vulnerable parents.</p> <p>All (17) Health Centres in St. Kitts and Nevis are to implement the ESP Programme.</p>	<p>- Percentage of potential Early Childhood Education (ECE) beneficiaries identified through the CTM and registered in the SBR that are effectively benefiting from the ECE services. To be measured for the ESP and RUP Programmes separately as well (and disaggregated –at least- per districts, schools, age, boys and girls).</p> <p>- Percentage of Health Centres in St. Kitts and Nevis implementing the ESP Programme.</p>	<p>- Every six (6) months</p> <p>- Yearly</p>
5.3. Differentiated instruction	Strengthen the Differentiated Instruction initiative across the school	Differentiated Instruction properly functioning across the school system and benefiting the poor and vulnerable population.	<p>- Percentage of schools implementing the Learning Support services. This implies:</p> <p style="padding-left: 40px;">- Conducting the Annual Assessments to identify</p>	- Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	system.	<p>Schools conducting the Annual Assessments to identify children in need of Differentiated Instruction.</p> <p>School teachers trained in differentiated instruction and implementing the Learning Support Services.</p> <p>Identified students have an Individual Education Plan (IEP).</p> <p>Increased knowledge about the Learning Support Services for those in lower education stream</p>	<p>children in need of Differentiated Instruction.</p> <ul style="list-style-type: none"> - With all teachers trained in Differentiated Instruction. - With Individual Education Plans (IEPs). - Percentage of identified students that have an Individual Education Plan (IEP) (to be measured and disaggregated –at least- per districts, schools, age, boys and girls). - Level of knowledge about the Learning Support Services for key actors (a 5 to 10 questions survey to assess information and knowledge is applied to a random sample of representatives for each cluster audience: potential beneficiary parents, students, teachers, and general public). 	<p>- Yearly</p> <p>- Yearly</p>
5.4. Secondary education	Increase the secondary school completion rates, especially, among poor and vulnerable students.	<p>Examination and successful secondary school completion regulations implemented.</p> <p>Increased secondary completion rates (to be measured for boys and girls).</p> <p>Increase in high school retention rates (to be measured for boys and girls).</p>	<ul style="list-style-type: none"> - Secondary completion rates (to be measured and disaggregated –at least- per districts, schools, age, boys and girls). - High school retention rates (to be measured and disaggregated –at least- per districts, schools, age, boys and girls). 	<p>- Yearly</p> <p>- Yearly</p>
	Expand the Secondary School Work Base Programme to provide pertinent gender sensitive vocational skills and	Students with improved technical and vocational abilities, competencies and skills for employment (particularly poor and vulnerable boys and girls).	<ul style="list-style-type: none"> - Percentage of schools implementing the Secondary School Work Base Programme. - Number of youth accessing the Secondary School Work Base Programme. To be measured and disaggregated (at least) per districts, schools, age, boys and girls. 	<p>- Yearly</p> <p>- Yearly</p>

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	labour competencies needed by students of all abilities, specially the poor and vulnerable.	Diversification of the labour force according to gender and labour market needs. Increased number of aspiring entrepreneurs and small business owners among poor and vulnerable youth.	- Percentage of poor and vulnerable youth (identified as such by the CTM and registered in the SBR) that completed secondary school, attended the Secondary School Work Base Programme. and access a formal employment or initiate a small business a within the first year (to be measured and disaggregated –at least- per districts, schools, age, boys and girls).	- Yearly
5.5. Health and Family Life Education Curriculum	Enhance and expand the delivery of the Health and Family Life Education Curriculum at the primary and secondary school level.	Increased knowledge about Health and Family Life Education of primary and secondary school age children, specially poor and vulnerable boys and girls.	- Level of knowledge about Health and Family Life Education contents for primary and secondary school age children (a 10 to 15 questions survey to assess information and knowledge is applied to a random sample of primary and secondary school age children).	- Yearly
5.6. Education Assistance	Review the School Meals Feeding Programme for poor and vulnerable secondary school students.	Improved access to a balanced lunch by poor and vulnerable secondary school children.	- Percentage of poor and vulnerable secondary school children (identified as such by the CTM and registered in the SBR) that are benefiting from the School Meals Feeding Programme. To be measured and disaggregated (at least) per districts, schools, age, boys and girls.	- Yearly
	Review and restructure the Student Education Learning Fund (SELF) programme re-defining selection criteria and operating processes to improve efficiency.	A more efficient Student Education Learning Fund (SELF) programme. Poor and vulnerable boys and girls access the school books and examination support services.	- Percentage of poor and vulnerable school age children (identified as such by the CTM and registered in the SBR) that benefit from the Student Education Learning Fund (SELF) Programme. To be measured and disaggregated (at least) per districts, schools, age, boys and girls.	- Yearly

Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
	Define clear procedures (including targeting) to implement the School Uniform Assistance Programme in an efficient and effective way.	Increased access to school uniforms for poor and vulnerable children.	- Percentage of poor and vulnerable school age children (identified as such by the CTM and registered in the SBR) that benefit from the School Uniform Assistance Programme. To be measured and disaggregated (at least) per districts, schools, age, boys and girls.	- Yearly
5.7. Coordination, protocols and referrals for the education social assistance interventions	Formalize the necessary mechanisms for improved education assistance coordination and referral.	Institutional and legal figures and structures facilitate coordination and referral to improve access to education services for the poorest and most vulnerable boys and girls.	- Number of legal challenges reported by each agency, institution or sub-sector in the development of the Social Safety Net reform and/or the implementation of a specific intervention. To be measured per intervention and/or Priority Area.	- Yearly

Overall Objective 6	Enhance existing services for special vulnerable groups and increase their coverage.
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Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
6.1. Older persons	Up-date the existing data on older persons living in poverty or vulnerability and produce a customized Ageing Policy to improve their quality of life and living standards.	Final version of the Ageing Policy submitted for Cabinet Approval. Improved quality of life and living standards of older persons.	<ul style="list-style-type: none"> - Percentage of older persons registered in the SBR with access to basic services and minimum living conditions (as defined in the Ageing Policy). For example <ul style="list-style-type: none"> - Care, health and nutrition services - Housing conditions - Financial security <p>The specific indicators have to be designed as the Ageing Policy defines priority areas and sets minimum standards of services and living conditions. Other areas to be considered are: social support and inclusion, security, education and recreation.</p> <p>The MIS reporting module should be able to produce disaggregated data on the SBR registered households and their members.</p>	- Yearly
			<ul style="list-style-type: none"> - Level of knowledge about the Ageing Policy contents for key actors (a 10 to 15 questions survey to assess information and knowledge is applied to a random sample of representatives for each cluster audience: potential beneficiaries, social workers, health center nurses, and general public). 	- Yearly
6.2. Hard-to-reach and vulnerable parents	Introduce a structured National Parenting Program bringing together all key social protection and developmental partners, to promote	Complete National Parenting Programme Curriculum with training materials, evaluation tools, and Annual Calendar implemented on regular basis. The MEND beneficiaries access	<ul style="list-style-type: none"> - Percentage of registered parents attending regularly (minimum 80% of sessions) to the National Parenting Programme sessions, as defined in the Annual Calendar. To be disaggregated (at least) per geographic area, gender, and age. 	- Yearly
			<ul style="list-style-type: none"> - Level of knowledge about the National Parenting 	- Yearly

	healthy lifestyle behaviour changes for hard-to-reach and vulnerable parents (including teenage parents).	the National Parenting Programme as part of its Family Dynamics Pillar. Increased knowledge and practices amongst expectant and actual parents to reduce instances of abuse, conflict, and neglect and improve holistic development of children.	Programme contents for key actors (a 10 to 15 questions survey to assess information and knowledge is applied to a random sample of registered beneficiaries -expectant and actual parents).	
6.3. Gender Based Violence	Ensure the effective implementation of the National Gender Based Violence Protocol.	The National Gender Based Violence Protocol is implemented by local institutions in all districts of the Federation. Key community members of all districts are aware of the National Gender Based Violence Protocol. All gender based violence cases follow the approved protocol and its instruments.	<ul style="list-style-type: none"> - Level of knowledge about the National Gender Based Violence Protocol contents for key actors (a 10 to 15 questions survey to assess information and knowledge is applied to a random sample of representatives of key actors: social workers, health center medical doctors and nurses, police officers, judiciary officers, community). - Number of Gender Based Violence reported cases. - Number of Gender Based Violence reported cases that did not follow the approved protocol and its instruments. 	<ul style="list-style-type: none"> - Yearly - Yearly - Yearly
6.4. Child Protection	Ensure the effective implementation of the Child Protocol.	The Child Protocol is implemented by local institutions in all districts of the Federation. Key community members of all districts are aware of the Child Protocol. All Child Protocol related cases follow the approved procedures and utilize its instruments.	<ul style="list-style-type: none"> - Level of knowledge about the Child Protocol contents for key actors (a 10 to 15 question survey to assess information and knowledge is applied to a random sample of representatives of key actors: social workers, probation and child protection officers, judiciary officers, police officers, teachers, and community). - Number of Child Protection reported cases. - Number of Child Protection reported cases that did not follow the approved procedures and its instruments. 	<ul style="list-style-type: none"> - Yearly - Yearly - Yearly

Overall Objective 7	Enhancing the chance of employment for the poor and vulnerable population.
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Priority area	Specific objectives	Outcome/output	Strategic Indicator	Periodicity
7.1. Labour Market Information for the poor and vulnerable	Implement the Labour Market Information System (LMIS) to support evidence based decision making for employment initiatives and Active Labour Market Programmes (ALMPs) for the poor and vulnerable population.	LMIS in place. Periodic and regular production of data and analysis related to employment creation opportunities and economic growth. Minimum Wage adjusted according to the evolution of the cost of living.	<ul style="list-style-type: none"> - Percentage of LMIS periodic reports that are effectively utilized by the Job Training and Employment Committee to provide guidance, adjust and/or make decisions on the supply of ALMPs and related employment services (documented in quarterly reports, JTEC meeting minutes, and Agency minutes). 	- Yearly
	7.2. Job training and employment services for the poor and vulnerable	Create a Job Training and Employment Committee to coordinate the provision of related services for the poor and vulnerable population.	An active a Job Training and Employment Committee providing guidance to the Active Labour Market Programmes based on up-dated evidence produced.	
	Strengthen the Employment Desk Unit at the Department of Labour to improve the job search services for the poor and vulnerable population.	Increased access to information on job opportunities for the poor and vulnerable population. Poor and vulnerable population have increased access to employment opportunities.	<ul style="list-style-type: none"> - Percentage of persons registered at the Employment Desk Unit that are registered as well in the SBR (a cross check between the two systems). - Percentage of persons registered at the Employment Desk Unit that are registered as well in the SBR (a cross check between the two systems) and access employment. - Percentage persons registered at the skills training services that are registered as well in the SBR (a cross check 	<ul style="list-style-type: none"> - Every six (6) months - Every six (6) months - Every six (6) months

	Promote and strengthen the training, short term and self-employment initiatives to provide relevant services for the poor and vulnerable population.	Increased access to skills training services for the poor and vulnerable population. Increased access to short term and self-employment initiatives for poor and vulnerable population.	<p>between the two systems).</p> <ul style="list-style-type: none"> - Percentage persons registered at the skills training services that are registered as well in the SBR (a cross check between the two systems) and access employment. - Percentage of persons registered at the short term and self-employment initiatives that are registered as well in the SBR (a cross check between the two systems). 	<ul style="list-style-type: none"> - Every six (6) months - Every six (6) months
7.3. Linking welfare to work	Develop a Welfare-to-Work referral process and promote employment and expansion opportunities for persons with disabilities and those persons interested in self-employment.	Increased access to ALMP interventions for the poor and vulnerable population (especially poor single parents and working age women, at risk youth, and disabled persons).	<ul style="list-style-type: none"> - Percentage of persons registered at the short term and self-employment initiatives that are registered as well in the SBR (a cross check between the two systems) and access employment or start a business. - Percentage of persons registered at the ALMP interventions that are registered as well in the SBR (a cross check between the two systems). - Percentage of persons registered at the ALMP interventions that are registered as well in the SBR (a cross check between the two systems) and access employment. <p>These indicators should be measured for each segment of the desired target population (especially poor single parents and working age women, at risk youth, and disabled persons) and disaggregated (at least) per geographic area, gender, and age.</p>	<ul style="list-style-type: none"> - Every six (6) months - Every six (6) months - Every six (6) months
7.4. M&E for the Active Labour Market Programmes (ALMPs)	Develop a monitoring and evaluation Framework to assess the use and effectiveness of the Active Labour Market Programmes (ALMPs) (training, job search assistance, business development, and	<p>Improved process and programme efficiency for key ALMPs.</p> <p>Evidence of differentiated ALMPs effects produced.</p> <p>More effective ALMPs.</p>	<ul style="list-style-type: none"> - Number of reports produced on the use and effectiveness of each Active Labour Market Programme (ALMP) (training, job search assistance, business development, and microfinance services). - Percentage of reports produced on each Active Labour Market Programme (ALMP) that is effectively utilized to make decisions on their supply and operation (training, job search assistance, business development, and microfinance services). 	<ul style="list-style-type: none"> - Yearly - Yearly

	microfinance services).			
7.5. Active Labour Market Services Communication Strategy	Develop and implement a comprehensive Communications Strategy for the Active Labour Market services and interventions.	Increased knowledge and utilization of the Active Labour Market services.	- Level of knowledge about the Active Labour Market Services for key actors (a 10 to 15 questions survey to assess information and knowledge is applied to a random sample of unemployed poor persons, Civil Servants, and the General Public).	- Yearly