Determining the Results of the Koudmen Sent Lisi Pilot Programme: A Social Safety Net Programme in St. Lucia

Prepared for: St. Lucia Social Development Fund

By Paulette Nichols

With Support from

UNITED NATIONS CHILDRENS FUND

Office for the Eastern Caribbean Area
The “intervention hypothesis” reflects the central question to which it responds: how and in what measure can a strategy significantly change these conditions of extreme poverty? In response, the hypothesis is the following” Given the characteristics of extreme poverty, the principle tool that can be put at the disposition of the families is the presence of an operator who, by carrying out a personalized intervention, connects the families to the networks and opportunities that can contribute to the progressive satisfaction [of] their basic necessities which were previously unfulfilled”.

Chile Puente Programme
The Bridge – Between a family and its rights

The ideal is the community embracing the indigent households and facilitating an upwards mobility of its members. It emphasizes a ‘step-by-step’, gradual, phased, well-coordinated and progressive movement. Great significance is afforded to education, health, skills training and employment. A rights-based approach and psychosocial attention are advocated to ensure that the human dignity of each household is sustained. The whole Puente initiative highlights the effectiveness of the social protection system and targeting mechanism and should be reconfigured to suit our unique and individual circumstances. Therefore, Koudmen Sent Lisi is proposed as the Creole conception of the Puente Programme.

Koudmen Sent Lisi
Making Extreme Poverty History in St. Lucia
November, 2007
## Table of Contents

FORWARD ......................................................................................................................... 9  
Acknowledgments ........................................................................................................... 10  
Abbreviations .................................................................................................................. 11  
Map of St. Lucia ................................................................................................................. 12  
Abstract ............................................................................................................................. 13  
Executive Summary .......................................................................................................... 14  
Methodology ..................................................................................................................... 17  
Koudemen Sent Lisi Pilot Phase ......................................................................................... 18  
   The role of the Family Care Giver ................................................................................ 18  
Evaluation Findings .......................................................................................................... 18  

Chapter 1 – Introduction ................................................................................................ 25  
  1.1 St. Lucia: Social-economic development context and challenges ............................. 25  
  1.2 St. Lucia: Poverty characteristics and challenges ..................................................... 27  
  1.3 Koudemen Sent Lisi Intended Contribution to Government of St. Lucia’s Response to Extreme Poverty ........................................................................................................... 29  

Chapter 2 - Initial Design and Objectives of the Koudmen Sent Lisi Pilot ........................ 33  
  2.1 Initial design and objectives ....................................................................................... 33  
  2.2 The Supporting Pillars of the KSL Programme .......................................................... 35  
    Pillar 1: Personal Identification ..................................................................................... 35  
    Pillar 2: Health ............................................................................................................. 35  
    Pillar 3: Education ....................................................................................................... 36  
    Pillar 4: Family Dynamic .............................................................................................. 36  
    Pillar 5: Housing ......................................................................................................... 36  
    Pillar 6: Employment .................................................................................................. 36  
    Pillar 7: Income .......................................................................................................... 36  
  2.3 Targeting Mechanism ............................................................................................... 37  
  2.4 Participant Profile ..................................................................................................... 38  
    2.4.1 Demographic characteristics .............................................................................. 38  
    2.4.2 Psychosocial issues ............................................................................................ 39  
    2.4.3 Human capital and family assets ........................................................................ 39
2.4.4 Possession of ID and basic documentation.................................................................40
2.4.5 Household-level situation .........................................................................................40
2.4.6 Description of household incomes ............................................................................40
2.4.7 Economic and social vulnerability and multi-dimensional poverty............................40
2.5 Koudmen Sent Lisi Pilot Phase ....................................................................................41
2.5.1 Implementation modalities and Changes in the Course of the Pilot Phase .................41
2.5.2 Changes in household profile over the course of the programme...............................42
2.5.3 The role of the Family Care Givers ..........................................................................42
2.5.4 The Social Protection Network – the technical steering committee for KSL ..............44
2.6 Koudmen Sent Lisi Management ................................................................................45
2.6.1 SSDF role ..................................................................................................................45
2.6.2 Other Partners and Stakeholders ..............................................................................46

Chapter 3 – Evaluation Context, Purpose, Objectives and Methodology ..........................47
3.1 Context .............................................................................................................................47
3.2 Purpose ............................................................................................................................47
3.3 Objectives ........................................................................................................................47
3.4 Evaluation Approach and Methodology ......................................................................48
3.4.1 Theory of Change .......................................................................................................48
3.4.2 Evaluation Criteria.......................................................................................................49
3.3.3 Equity Focus ..............................................................................................................50
3.3.4 Evaluation Plan and Questionnaire Design ...............................................................51
3.3.5 Sampling .....................................................................................................................52
3.3.6 Mixed Methods .........................................................................................................52
3.3.7 Fieldwork ..................................................................................................................53
3.5 Process and time frame .................................................................................................53
3.6 Evaluation Limitations .................................................................................................54

Chapter 4 – Evaluation Findings ......................................................................................56
4.1 Relevance ........................................................................................................................56
4.1.1 How relevant is the KSL programme as part of the Government effort to address the observed poverty level and patterns in the country? .........................................................56
4.1.2 How appropriate has resource allocation and the monitoring system been in support of KSL? ...........................................................................................................................................57
4.1.3 How appropriate is KSL programme design with regard to the multidimensional poverty and inequities reduction objectives it intends to achieve? ..............................................58
4.1.4 How adequate is the KSL programme to promote a multidimensional response to poverty issues faced by the households, its targets? Were linkages between the KSL programme and other existing social services and social protection programmes sufficiently articulated? ..........60
4.1.5 What potential does KSL programme offer to promote a child, gender and equity focus in the government’s response to poverty faced by the HH and communities its targets? ..........61
4.2 Effectiveness .................................................................62
  4.2.1 Outcome one ................................................................62
  4.2.2 Outcome two ................................................................63
4.2.3 Outcome three: Response and support to the needs of the KSL families and communities is improved by the forming/functioning of a social protection network of service providers covering the 7 pillars ........................................................................65
4.2.5 Access to critical government services ........................................68
4.3 Efficiency ........................................................................71
4.4 Impact .............................................................................74
4.5 Sustainability .......................................................................76
Chapter 5: Recommendations and Policy Considerations ....................................78
  5.1 Suggested Adjustments to the KSL Programme .........................................78
    Recommendation #1 - ................................................................78
    Recommendation # 2: ................................................................80
    Recommendation # 3: ................................................................81
    Recommendation # 4: ................................................................83
    Recommendation # 5: ................................................................83
  5.2 Policy considerations relating to the social protection reform process in St. Lucia ..........84
    Recommendation # 6: ................................................................84
  5.3 Recommendations for UNICEF (and other development partners) .......................86
    Recommendation # 7: ................................................................86
    Recommendation # 8: ................................................................86
Chapter 6 – Concluding Remarks .................................................................88

Figures
Figure 1 - Map of St. Lucia.................................................................................12
Figure 2 - KSL Results Framework ...................................................................34
Figure 3 - photo of indicative housing conditions ............................................36
Figure 4 - KSL Programme Sites ......................................................................37
Figure 5 - Family Engagement Process ..............................................................38
Figure 6: key strategies .....................................................................................46
Figure 7: programme development timeline.................................................................49
Figure 8: equity analysis.................................................................................................51
Figure 9 - guide for question development ..................................................................51
Figure 10 - (source: HH survey)....................................................................................64
Figure 11 - (source: Household interviews) ..............................................................65
Figure 12 - (source: HH interviews)...............................................................................66
Figure 13 – healthcare actions facilitated (source: HH survey).....................................68
Figure 14: source: Household interviews ......................................................................69
Figure 15 - example of family dwelling (before)..........................................................69
Figure 16 - newly constructed dwelling, Malgretoute....................................................70
Figure 17: source: household interviews .......................................................................70
Figure 18 – source: household interviews ....................................................................71
Figure 19: Programme expenditures ............................................................................72
Figure 20: Assistance delivered to KSL HH.................................................................76
Figure 21: source: author, adapted from Federal Sustainable Development Canada........80
Figure 22: Enhancing equity contribution.....................................................................84
Figure 23: list of recommendations..............................................................................87

Tables
Table 1- Evaluation questions.......................................................................................50

Annexes

References
FORWARD

(to be added)
Acknowledgments

The author/consultant would like to thank the following organisations and people for their generous contribution to the report on the evaluation of the Koudmen Sent Lisi Pilot Programme:

- **Management of St. Lucia Social Development Fund**, which supported and guided the process of the evaluation: Mr. Joachim Henry, Executive Director; Mr. Allison Mathurin, Deputy Executive Director; Mr. Clive Hippolyte, Deputy Project Manager, BNTF; Mr. Darnell Bobb, Programme Coordinator, Koudmen Sent Lisi.

- **UNICEF Office for the Eastern Caribbean Area** and in particular, Mrs. Violet Warnery, Deputy Representative for her response to the Government of St. Lucia and SSDF requests for support to carry out the evaluation, Jawad Aslam, Social Policy Specialist for his input on the upstream social policy work, and Mr. Frederic Unterreiner, Chief, Monitoring and Evaluation for his technical guidance and vital input at all phases of the evaluation including contributions to the field work and report. Funds for this evaluation were provided by the Monitoring and Evaluation budget of UNICEF Office for the Eastern Caribbean Area, Barbados.

- **Technical staff of SSDF** who conducted the household survey and focus group discussions in English and Creole: Ms. Jackie Allain-Francois, Project Officer; Ms. Jennifer Dixon-Flavius, Supervisor of FCGs; Madonna Monrose, Project Officer; Ms. Alison Gometz, Project Officer; Mr. Thaddeus Montoute, Project Officer; Ms. Jennifer Walter, Social Assistance Officer, Ms. Kim Desir, Information Systems Assistant; and, Ms. Jemma Callender, Accounts Clerk.

- **The three original Family Care Givers** and their current Supervisor who, in addition to their present work load – startup of the second phase, organized all interface with the 46 households: Ms. Sandra Jn Baptiste; Ms. Onika Forde; and, Ms. Perpetua James.

- **The eleven-member Board of Directors** for SSDF who assisted in forming the recommendations and provided feedback on the findings and the process.

- **Members of the Social Protection Network** for their comments and suggestions.

- **All government and non-government stakeholders** at the central and decentralized levels for volunteering their time and sharing valuable views and experiences.

- **Most importantly, we are indebted to the Koudmen Sent Lisi participants and their families for their willingness to take the time for candid and open responses to the questionnaires.**
Abbreviations

BNTF  Basic Needs Trust Fund  
CT     Cash Transfer  
CCT    Conditional Cash Transfer  
CDB    Caribbean Development Bank  
CIDA   Canadian International Development Agency  
CRC    Convention on the Rights of the Child  
CSO    Civil Society Organisations  
CXC    CXC CSEC (Caribbean Secondary Education Certificate)  
ECCU   Eastern Caribbean Currency Union  
EU     European Union  
FOSIS  Solidarity and Social Investment Fund  
HH     Household  
HoH    Head of Household  
HOPE   Holistic Opportunities for Personal Empowerment  
IT     Information Technology  
KSL    Koudmen Sent Lisi  
MDG    Mid-Decade Goal  
MIC    Middle Income Country  
MOST   Ministry of Social Transformation  
MOU    Memorandum of Understanding  
MC     Minimal Conditions  
NGO    Non-Governmental Organisation  
NSDC   National Skills Development Center  
NRDF   National Research and Development Foundation  
OAS    Organisation of American States  
OECD   Organisation for Economic Cooperation and Development  
OECD-DAC Organisation for Economic Cooperation and Development – Development Assistance Committee  
OECS   Organisation of Eastern Caribbean States  
PRF    Poverty Reduction Fund  
SSDF   St. Lucia Social Development Fund  
STEP   Short Term Employment Programme  
STO    Social Transformation Officer  
UNICEF United Nations Children’s Fund
Map of St. Lucia

Figure 1 - Map of St. Lucia

(Source: St. Lucia Ministry of Tourism)
Abstract

Determining results of the Koudmen Sent Lisi Pilot Programme: A Social Safety Net Programme in St. Lucia

The UNICEF-supported evaluation research presented in this paper reflects the experiences captured from the Koudmen Sent Lisi programme, managed by the St. Lucia Social Development Fund. The programme, adapted from “Puente Chile” experience, served as a model offering a timely paradigm shift for national policy to move away from a silo approach to poverty reduction towards multidimensional social protection interventions accompanied by integral psychosocial support. The intent of the two-year pilot (2009-2010) was to reduce poverty of 46 indigent families by facilitating access to: income, employment, housing, health, education, family counselling, and networks that fortify family assets. The crux of the intervention theory was that if the household portfolio of capabilities (i.e., basic education) is not sufficient, or the family does not have the opportunity to acquire them, their ability to escape poverty will remain limited. Over half of the 41 families surveyed reported an increase in confidence to: look for work; keep their children in school; and, manage vulnerabilities, difficulties and responsibilities as head of the household.

The evaluation research examines the results from research in October 2012. The mixed-methods study design employed a literature / programme document review, a face-to-face survey of 41 households, 4 focus group discussions with children, adolescents, and 17 interviews with relevant stakeholders.

The results of the evaluation clearly add value to national social protection dialogue concerning issues of the use of conditionality and the importance of maintaining the balance in focus on cash and non-cash components of a multidimensional approach to eliminate poverty.
Executive Summary

The island of St. Lucia, population 177,800, ranked 82 among the 187 countries and territories in the 2011 Human Development Indicators Report published by UNDP. Life expectancy level at birth during 2000-2005 was 73.1 years and the under-five mortality rate (per 1,000 live births) was fourteen. Other welfare indicators such as Infant Mortality Rate, school enrolment ratios, and life expectancy at birth showed signs of improvement between 2000 and 2005 as noted in the 2008 MDG report. That same report indicated rising unemployment rates (17.5%: 2000 and 18.7%: 2005), particularly among youth (39%), and access to water from standpipe (28.9%:1991, 5.3%:2006) and households with no toilets (11%:1991, 2.5%:2006). Gender based violence and sexual offences were noted to have risen with increased reported sexual offences (164:2000 and 174:2005).

Before the onset of the global recession and Caribbean financial crisis in 2001, the St. Lucian economy was struggling through a transitional period brought on largely by the shrinking agricultural sector. The country placed great hope and investment in the expansion of the emerging tourism industry. St. Lucia continued in 2009 to struggle to find new sources of growth and to resist economic vulnerability in a context characterized by increasing competition at global and regional levels, shifting trends in trade preference, and shrinking donor funding.

St. Lucia was growing into the status of a lower middle-income country with a strong commitment and political will to pursue all eight of the Mid-Decade Goals and principles reflected in the Paris Declaration. Considerable public policy reform that the main formal statement of social policy in the form of the Interim Poverty Reduction Strategy and Action Plan (IPRSAP), was approved by the Ministry of Social Transformation (MOST) in 2003. During that same period, MOST drafted a Social Policy for Human Development with the intention of creating greater political space for mechanisms and instruments that support Social Protection. Although the Poverty Assessment conducted by the CDB in 1998 helped to establish the IPRSAP, it was the Country Poverty Assessment (CPA), completed in 2007, that further positioned the country to increase investments in Social Protection sector.

As early as 2002, it was noted that inequality and deprivation of income, wealth and access to social services challenged development initiatives of the sub-region by causing labor market imperfections; persistent stratification and a “culture of poverty”.¹

The Poverty Reduction Fund (PRF) Act went into effect in April of 1998 and was established to provide assistance to alleviate socio-economic problems, establish a mechanism for delivering basic services and infrastructure to the poor, finance small-scale projects in poor communities, and to promote community participation in national development activities. The two entities consolidated in 2008 to form St. Lucia Social Development Fund (SSDF) which today remains grounded in the objectives and functions outlined in the PRF Act, amended to reflect the changes in 2009. As a statutory body, established by an act of Parliament, there is no clear regulatory governance of SSDF by a particular ministry. However, it is closely associated with the Ministry of Finance and the Ministry of Social Transformation, Local Government and Community Empowerment responsible for coordination of the dozens of Social Safety Net programmes in St. Lucia. SSDF is directed by a Board of Directors comprised of twelve appointed board members, which include representatives from the public sector, private sector and non-governmental organizations.

¹ Koudmen Sent Lisi Programme Proposal, Appendix FI
The Puente (Bridge) Programme was established in 2002 in Chile as a comprehensive social protection programme and is generally recognized by the international development community as a best practice for applying a combination of cash transfers (CT) and in-kind transfers to strengthen economic resilience, address social vulnerabilities and reduce poverty.\(^2\) The model offers a “bridge” or opportunities to empower households living in extreme poverty to improve their quality of family life. The Organization of American States (OAS) long established goals to eradicate extreme poverty, promote sustainable development and strengthen collaboration among its member nations. The Puente in the Caribbean Initiative, largely funded by the Canadian International Development Agency (CIDA), was introduced by OAS in 2007 following the plan of action of the Fourth Summit of the Americas which insisted upon the need “to identify and exchange, within the framework of the OAS, practices in the region regarding policies and programs to confront poverty”. It was designed to offer participating countries avenues to improve the quality and coverage of Social Protection systems and to enhance local capacity to develop strategies by transferring knowledge and practices of the Chile Puente Programme. The Puente in the Caribbean Initiative was carried out through a series of training workshops, internships and the critical interaction with a number of Chilean tutors from the Puente Programme. They mentored country teams of experts helping to lay the plans for implementation of core principles and unique adaptations of the Puente approach.

St. Lucia’s participation in this initiative resulted in the design of the Koudmen Sent Lisi Pilot Programme. SSDF launched the KSL pilot programme in 2009 with the aid of the OAS, Canadian Agency for International Development and in close collaboration with key line Ministries and with support from the Government of Chile. The national programme was seen as a network based capacity building vehicle to promote social protection strategies. In understanding the Puente experience and its potential applicability in St. Lucia, the design team carefully examined the prevalence of specific vulnerable groups identified in the rich body of statistical and qualitative research and analysis and focused on the development challenges specific to the St. Lucia context.

Clearly, the Puente model offers a paradigm shift for St. Lucia to move from classic provision of basic services towards social protection interventions accompanied by integral psychosocial support that addresses the social disadvantages, risks and vulnerabilities of the poor. The adjustments of the model to the St. Lucia context were done retaining the “rights based approach” which affords families to maintain human dignity. The principles of equity and community participation are central to the KSL programme intervention design and methodology that, as in the Puente programme, embraces a more contextual or qualitative approach. This is essential in efforts to end extreme poverty as it is the application of human rights principles that expose the underlying cultural causes and manifestations while reinforcing the psychological and emotional development of the family, considered the cornerstone of the St. Lucia society. The Puente programme is a holistic approach that recognizes that people’s survival

\(^2\) Three of many documents detailing success of Puente Chile Programme: Anti-poverty Policies and Citizenry: the “Chile Solidario” Experience, Julieta Palma and Raul Urzua, policy papers/12, University of Chile, Department of Public Affairs, published by UNESCO, 2005; “With their Efforts and One Opportunity”: Alleviating Extreme Poverty in Chile, Emanuela Galassco, Development Research Group, World Bank, 2006; Social protection systems in Latin America and the Caribbean: Chile, Claudia Robles Farias, UN Chile, December 2012.
strategies depend on a range of assets and capabilities and their interactions, and on the specific context in which they are embedded.

In adapting selected aspects of the “Puente” programme to St. Lucia realities, the Koudmen Sent Lisi programme targeted the reduction of poverty and vulnerability with emphasis on overcoming extreme poverty (indigence) as the goal of the programme. The objectives for the KSL programme include to:

- Improve the socio economic living conditions of indigent, poor and vulnerable households;
- Bring an end to extreme poverty in St. Lucia (1.6% of population and 1.2% of households);
- Reduce poverty by building sustainable livelihoods, coping strategies; the quality of human relationships, interactions; and
- Develop opportunities in poor communities and vulnerable population through the establishment of a targeted programme of support designed to transform household units.

The seven dimensions of the KSL programme include the pillars of (1) personal identification, (2) health, (3) education, (4) family dynamics, (5) housing, (6) employment and (7) income. Each pillar is addressed through a number of minimal conditions established by the intervention model, Puente Chile programme, and designed to address the common situations that are imperative for poor families to overcome in order to graduate from extreme poverty.

Also adapted from the Chile Puente programme, and at the core of the KSL programme is the focus on providing opportunities to access basic services and the minimum conditions (MCs) a family needs to improve the quality of life in the areas of: personal identification, health, education, family dynamics, housing, employment, and income. These seven dimensions are considered “pillars” of the programme and are closely accompanied by a group of Family Care Givers (FCG) or counsellors, specifically trained to provide psychosocial support and guidance to the families. Each household agrees to their family-specific set of Minimal Conditions (MC) during the phase of intensive work guided by the Family Care Givers. In working with the families, the FCG work to renew and reinforce the household’s capabilities and basic functions. This is done in a way that grows the confidence needed to build on their productive assets and take full advantage of local networks and linkages to services and benefits required to ‘graduate’ from the conditions of indigence. The crux of the intervention theory is that if the household portfolio of capabilities (i.e., basic education, confidence in household management) is not sufficient, or the family does not have the opportunity to acquire them, their ability to escape poverty will remain limited.

In keeping with SSDF’s principle of action to transform the ‘geographies of poverty’ into ‘geographies of possibilities’, a detailed mapping exercise based on the most current poverty data, was carried out in close collaboration with key ministries to define the geographical focus of the programme as illustrated in figure 3 below. The mapping exercise was presented and discussed among key stakeholders representing technical ministries and NGOs.

The 46 beneficiary households were identified using a national test or Proxy Means Test (PMT), a targeting mechanism and formula using multidimensional characteristics measure well-being and eligibility. After the process of eligibility and targeting of households, steps were taken to engage and

---

3 “The minimal condition is a specific measurable indicator which is used to assess the progress of the family from the start to the end of the intervention”, Puente in the Caribbean Operations Manual, pg. 44, Executive Secretariat for Integral Development, Organization of American States, Washington, DC, 2010

4 KSL strategy meeting minutes, 2007.
assess each family situation and secure agreements from the families on the elements of expected success at the end of the programme.

A snapshot of the general conditions facing the families includes:

- The 46 households total 216 beneficiaries: 116 adults and 100 children;
- Thirty-one of the households are headed by women;
- Less than 15% of the children are under 5 years of age; and
- Nearly half of the heads of household are over 50 years of age.
- A review of the household files revealed that domestic violence (mentioned 13 times), rape (mentioned 8 times) and drug additions (mentioned 17 times) are noted in the family histories of the KSL HH, particularly among the participants in the Bruceville district. Nonetheless, over 60% of the family heads express hope and a desire for their children’s future.
- Eleven KSL families are squatting on Crown land occupying ancestral homeland. This figure is assumed to be much higher as several clusters of family dwellings were known to be situated on Crown land zoned for commercial development. Conditions of the houses are rarely listed as acceptable or legal. Dwellings, in most cases, consist of one or two-room shanties without running water, toilet facilities or electricity.
- Thirty-seven KSL participants indicated they frequently had to go without cash income, enough food or rent monies. Many experienced shortfalls in medicines and inability to procure basic and specialized medical treatment during the previous year.
- Nearly 87% of the households initially screened state they had been unemployed for more than six months over the previous year.
- A review of a randomly selected number of the PMT eligibility tests, illustrated a cycle of poverty among these indigent households suggesting that successive generations inherited a deprivation(s) of basic requirements; financial and material resources; and intangible assets particularly access, investments, and unquestionable entitlements.

In adapting the Puente Chile programme to St. Lucia realities, the KSL programme is a set of actions constructed to extend social protection to the most indigent families. In doing so it intends to offset economic, social, emotional and educational vulnerabilities with strengthened capabilities to access existing assets and to promote creative ways to use them. Effective psychosocial support, minimal cash transfer, and access to basic social services, help to ensure a more equitable uptake of these opportunities.

**Methodology**

Given the multidimensional nature of the KSL programme and the complexity of the information needed to evaluate the pilot, the use of a mixed method study design was the obvious and most appropriate approach. This approach was conceived and confirmed by the evaluation plan framing the overall evaluation methodology and specifically the following: 1) Review of accessible research and documentation relevant to the design and implementation of the KSL pilot in St. Lucia; 2) Household interviews were completed with 41 of the 46 families who participated in the 2 year pilot programme targeting communities in 4 areas: Malgretoute, Bruceville, Anse la Verdue, and Roseau Valley; 3) Focus group discussions with children and adolescents from each of the target communities, as well as, all the Family Care Givers (FCG); 4) Interviews were conducted with 17 relevant political, government, and programme stakeholders; and, 5) debriefing and exit meetings with all stakeholders.

The research and evaluation was completed over a period of 4 months and has been participative allowing representatives of the technical and political stakeholders (including girls and boys) and
decision makers to candidly express their views and perceptions. This inclusive approach has resulted in the following achievements:

- **Engagement of stakeholders at all levels reinforced:**
- **High level discussions on strategic issues:**
- **Reinforcement of planning, monitoring and evaluation capacities:**
- **Strengthened management involvement in M&E:**
- **Long-term investment in M&E.**

The purpose of this report, which was commissioned by SSDF and with financial support from UNICEF Office for Eastern Caribbean Area, is to provide a qualitative assessment of the results of the Koudemen Sent Lisi Pilot programme (2009 – 2011). Specifically, it aims to (i) inform the second phase of the KSL programme; (ii) support SSDF effort to develop a strengthened M&E system for all programmes; and, (iii) add value to the ongoing and future national discussions on reform agenda of the social protection system and policies in St Lucia and the sub-region.

In addition to using the standard OECD-DAC evaluation criteria, specific effort was made to also employ gender- and child-sensitive perspectives through an equity lens in the design of the data collection instruments, interviews and data treatment and analysis.

**Koudemen Sent Lisi Pilot Phase**

**The role of the Family Care Giver**

The FCG intervention includes two phases, over a period of 24 months, which should build trust and establish a bond of support with the family: intensive work with the family (first 6-8 months) and accompaniment, monitoring and follow-up (16-18 months). The key is for the FCG to assist the family to maneuver through this environment without growing dependence. The end goal is to strengthen or empower self-management capabilities in order for the family to reap full advantage of opportunities offered by community-based social capital and networks.

**The social Protection Network – the technical steering committee for KSL**

Building a technical network that is responsive to and supportive of the need for multidimensional opportunities sufficient to accelerate the reduction of poverty and economic and social vulnerability represents an important outcome of the expected results of KSL pilot (refer to programme results framework on page 28). The KSL Social Protection Network (SPN), chaired by the KSL coordination, was formed to facilitate preferential access to services and benefits for the KSL households by linking families to other programmes and opportunities at both the community and national levels. The network members, technical level staff representing key ministries, NGOs and associations, were selected based on potential contributions and ability to influence leaders in the development community (original TOR is annexed). They were charged with routine review of KSL activities, consideration of best practices from the Caribbean region for application in St. Lucia, and, activation of a monitoring and evaluation framework.

**Evaluation Findings**

---

5 For details see: *Puente Program Manual for Working Sessions with the Family*, Inter-American Social Protection Network, 2009
Although KSL was planned as a multi-faceted cash transfer programme, government financing was seriously delayed resulting in canceling the cash dimension of the programme. The programme survived by SSDF’s decision to divert cash (300,000 USD over the two year period) from HOPE to KSL and the use of in-kind contributions such as housing materials contributed by the European Union, valued at nearly US$ 150,000.

Relevance

The KSL programme was piloted to test the extent to which the basic principles and approaches of the Puente Chile programme were relevance and consistent with the national and local culture, policies and priorities and the needs of the KSL families. The Puente Chile design continues to be pertinent as a vehicle for poor communities and families to reduce economic and social vulnerability levels in Chile as well as other countries in a modified design. The KSL programme and its intended outputs and outcomes continue to be consistent with national and local policies and priorities and the needs of the intended beneficiaries. This is evidenced by Government’s funding and support to a second phase that is slightly scaled up.

With regard to the cultural relevancy of the programme, 40 of the 41 households interviewed suggested the programme should be continued. Interview comments support this noting that KSL “helped in as many ways as they could with the limited resources available”; “although it was better in the beginning, skills training was A+”; or, “[my] situation improved even though the programme did not deliver all the benefits promised”. The strategic employ of the FCGs was culturally acceptable as twenty-three households continue to call on the counselling services of the FCGs even though the pilot has closed. The data examined suggests that the KSL programme has a high level of cultural acceptance of the activities and/or method of delivery and is therefore feasible within the local context.

With the moderate levels of success in the non-income pillars, KSL may find it helpful to examine the timing and level of cash transfers before considering this dimension in the next phase of the programme. Household interviews indicate that appropriate and timely discussions with FCGs clearly contributed to the reinforcement of the family’s portfolio of attributes and a “change” in the family head’s ability to better manage their household situations.

The integrated design of the programme requires significant and dedicated fiscal and human capacity for effective delivery. Putting into place the proper institutional arrangements in terms of joining up the framework for the 7 pillars, proved to be a formidable challenge beginning with a system to track family progress towards their established MCs. The evaluation found fragmented effort to establish and monitor these. Therefore it is difficult to ascertain whether: (a) the important logical connection was established and respected between achieving the MCs and “graduation”; and, (b) the fluctuations between poverty levels and dynamics of life events were followed, understood or responded to. In the absence of this vital overview, the question of equity comes into view. FCG responses to household requests appear to have been somewhat subjective and ad hoc.

---

6 For an excellent and recent review see Social protection systems in Latin America and the Caribbean: Chile, Claudia Robles Farias, ECLAC, December, 2012 and Evaluating antipoverty transfer programmes in Latin America and sub-Saharan Africa, WIDER Working Paper No. 2013/009, Armando Barrientos and Juan M. Villa.

7 A second phase of Koudmen Sent Lucie was initiated in April 2011 with initial funding received from Government of 3 million EC.
The weaknesses and strengths of the KSL SPN, the technical steering committee for the pilot programme, were discussed (see Chapter 2) in detail. The SPN met with difficulties in facilitating cross sector/multi-sector responses to the KSL households. With the constraints faced by the SPN, the FCGs spent a great deal of time working on coordination both within and between pillars. They often used personal contacts to achieve this coordination robbing time needed to establish and track family goals or “minimum conditions”, the important stepping stones toward graduation.

The multidimensional approach to poverty issues, to maximise success, needs to focus not just on poverty levels, but on those struggling in a cycle of poverty (cumulative impact of discrimination, risk, vulnerability and exclusion) and those on the margin of it. In doing so, a well-designed programme must consider a continuum of age- and life-stages where the needs of an individual changes throughout their life, from conception to death. This reflection should see changing needs as more than needs at a chronological age to include the different stages and events of life which an individual or household passes through. An examination of economic and social vulnerability at different stages of the lifecycle will help to analyse how risk and vulnerability is influenced by interlinked lifecycle, inter-generational and social exclusion factors. While a certain degree of this type of analysis was undertaken in the design phase of the KSL pilot, there is little indication that an understanding of the roles, relationships and links between different age groups was considered in great detail.

The potential for promoting the design of the KSL programme objectives, outcomes and outputs remain relevant and the evidence emerging from each of the pillars suggests that, given the proper resources and a more efficient use of them, the programme could have a marked impact on the reduction of poverty in St. Lucia. With the advent of the new Labour government, elected in November 2011 after five years in opposition, efforts to address the levels and patterns of poverty in St. Lucia have been accelerated. Reform of the policy framework that guides social safety net programmes has taken a front seat among the priorities established by the incoming administration.

There is welcomed pressure to establish a central beneficiary system, for example, to better track and monitor families receiving assistance, and avoid duplication and waste of the limited funds. The reform has also taken on the need to standardize eligibility criteria and the use of the Proxy Means Test as the scoring instrument that employs a Multidimensional Vulnerability Index. Of the 30 social assistance programmes listed in the Social Safety Net Assessment (August 2009), KSL is the only one that employs a multidimensional approach. Their experience could be useful to the reform dialogue and process in general and to establishing good practices in social safety net programmes in particular, including the currently debated issue of conditionality in cash transfer programmes.

**Effectiveness**

A two part questionnaire (part 1: household filter and part 2: individual) was administered scoring households in multiple categories including housing conditions, education, employment and income. In exploring whether this targeting mechanism was effective in selecting the right intended beneficiaries, the research findings indicate that low errors of inclusion were made with the selection of 4 single person households (4) who were likely eligible for other state run programmes for the elderly or disabled, for example.

Data analysis suggests some inefficiency in the use of the FCGs time who could be counseling larger families, particularly those with children, instead of spending time with single male headed

---

8 See Albert Bandura, for example.
A well-targeted programme will achieve maximum coverage but, more importantly, the programme should fully examine the use of a standardized PMT, cost-effectiveness offset by a reliable local poverty impact analysis when scaling up the KSL programme.

Opportunities for social integration, a major goal of the programme, are largely determined by changes in attitude of the members of the family. These changes were most notable in the pillars of family dynamic and the effort to create and restore family psychosocial capacities and basic functions. Applying the gains made in this area, household interviews noted that after the end of the KSL pilot they continued to remain “extremely confident” in their ability “to manage their family situation” and maintain the “improved environment for the family to work together”.

Although, the FCGs lived relatively close to the programme sites, their knowledge and ability to connect to the local networks was not maximised. If the FCGs had mapped out all of the potential resources in the community and, perhaps made courtesy calls to the NGOs and churches, for example, they could have better understood these networks and facilitated strategic connections between the household and the community. Instead, the FCGs were perhaps too dependant on the “connections” through the SPN or, in the best case scenario, personal contacts. Had they conducted a mapping exercise and nurtured priority contacts, their role to create these linkages would have been more successful.

The changes in the way the members of the household relate to one another were important in enabling the family to take advantage of social inclusion opportunities. However, quality and quantity of those opportunities was limited by the FCGs insufficient action to make and protect linkages to local networks and benefits.

While stakeholder and household interviews linked positive results in several of the seven pillars to the pilot’s ability to deliver some inputs in a timely manner (Christmas voucher, skills training, and personal ID), the achievements in operationalizing psychosocial support and strategies made the difference despite the delays in funding. Over half of the 41 HH interviewed indicated that participation in the KSL programme resulted in a better understanding of their family assets and they used them more wisely including cash or materials, friendships and acquaintances, general knowledge and parental skills.

The SPN was properly formed, and for a brief period, functioned with full awareness of the processes and methodologies employed by the KSL programme. According to stakeholder interviews, the SPN also had a good understanding of the indispensable contribution and role of each of its agency members. However, the timing of its cease to function left the KSL pilot struggling to survive and the achievement of synergies between KSL and the major stakeholders suffered greatly. Although the network members came to the table with much enthusiasm, and albeit a weak capacity for programme development, their enthusiasm was not able to drive the momentum. In essence, their experience and skills did not succeed at strengthening the coordination and leadership as anticipated and required.

**Efficiency**
KSL was never intended to directly provide the services and benefits under each of the seven pillars but rather to facilitate the delivery of services from existing government departments and NGOs to KSL participants. The programme did attempt to access existing state and non-state benefits and services for poor families with limited success due to weak coordination mechanisms between the different service providers.

The KSL pilot initially validated a communication strategy that encompassed the use of culturally sensitive local radio programmes broadcasting in Creole routine public messages about the programme objectives, strategies and basic operational procedures. This strategy, designed to generate a feeling of ownership towards the KSL programme, was discontinued due to funding constraints.

The original budget requested for the KSL pilot totaled well over 3 million EC$ per year and included a substantive line item for cash transfers. The HOPE budget diverted a minimum of resources to keep the KSL pilot afloat totaling little more than 300,000 EC$ for the two years of the pilot. These funds were largely used to keep the FCGs employed for KSL, annual food vouchers distributed to the 46 households at Christmas, materials and technical assistance for the housing pillar, and very small amounts for trainings including some tuition for programme participants and exams for a number of young people on the programme (see figure 13). As a result there was more of a “ad hoc” use of the very limited resources. This most certainly undermined the ability to achieve expected results in the pilot programme. Based on the pilot experience, the programme could benefit from some reflection on what it will cost the programme to ‘deliver’ cash to over 46 households as the scaled-up phase of the KSL programme intends to do.

From an equity perspective, the fact that over 20% of the available cash funds went to provide new or improved housing for 24% of the 41 households interviewed (see figure 11), leads one to question how equitably and efficiently the scarce programme resources were allocated. Household interviews indicated that the donated windows, doors and inside building materials were largely not appropriate for warm weather structures and hence much of this in-kind donation remains stored. It is uncertain whether the donor was informed and/or if attempts were made to sale, return or donate these materials, and apply the profit to the purchase of local materials or technical assistance to fulfill the many expectations for housing assistance among the KSL pilot families. A more efficient handling of this in-kind donation and the housing pillar in general, may have averted much of the “negative press” and disappointment expressed by well over half of the KSL pilot families and key informants.

Impact

On the one hand, the KSL pilot has accumulated important knowledge and experience in learning how to transmit capacities that enable households to autonomously address their problems and take advantage of development processes and opportunities. On the other hand, the programme has demonstrated the importance of the family’s connection to social networks in order to exercise these capacities or to spend the social capital required to escape poverty, and to a certain degree the programme has been able to broker this connection. These two achievements reflect an important contribution to the short- and long-term effort to reduce poverty in St. Lucia and a strong basis to move forward with a larger scale of the KSL programme. It also illustrates a design feature that promotes equity as a means to build long-term benefits for the society by strengthening the portfolio of capabilities within the family and reinforcing the linkages of the HH to the community and networks and eventually changing behaviours. This success was confirmed by 36 of the 41 households surveyed, declaring that they are the same, a little better or much better off after their
participation in the KSL pilot (see figure 22). In terms of continued benefits, households confirmed their increased confidence and capability to access assistance in their community (14/41) and to better manage vulnerabilities, difficulties, and responsibilities as parents and head of household (24/41) as presented in figure 12.

**Sustainability**

The research noted that programme benefits have only been partially achieved in terms of coverage and effectiveness. For example, the household interviews acknowledged that as a result of KSLs strategies and psychosocial support, families have an improved awareness about accessing preventative healthcare service for children and the attitudes of direct beneficiaries have changed. However, accessing these services continues to be problematic due to limited available disposable income.

While most of the evaluation research shows an understanding of KSL’s assets and efforts, there is also recognition of the challenging environment and factors influencing sustained efforts. A few common themes are elaborated below and should be examined when considering how to take the KSL pilot to scale:

- **The multidimensional approach to respond to the multidimensional problems of poverty** can be effective and sustainable if the KSL programme makes marked improvements in the efficient use of its resources and is successful in linking the services between the pillars. Despite the success in achieving several outputs, the inability to provide sufficient assistance in complementary pillars, prevented the programme from achieving the overall outcome. The buy-in, commitment and follow through from other services on their comparative advantage are essential for the programme to achieve and sustain success.

- **The human-rights based approach**, adapted from the Puente Chile programme and at the core of the KSL pilot is visible in several design features of the programme; targeting households, strengthening rights-holders through the family dynamic pillar, for example. The ability of the FCGs to establish direct and trusting links into the household represents an effective force that can be more focused to address children’s vulnerabilities inherent in economic and social disadvantages, risks and barriers. The recognition of the importance of breaking the intergenerational transmission of poverty is the basis for the Puente Chile programme strategy to focus on ensuring services and benefits for the children, particularly requirements in the area of early childhood development. The KSL pilot covered few of these needs. Only 5 of the 41 households interviewed said they received services and benefits for childcare for children under the age of 6, for example.

- **The programme has made real progress** in engaging the targeted extremely poor households in the struggle to bring about positive change for family members. However, progress in terms of a **successful exit or ‘graduation’ from the programme** will require considerable effort. The KSL pilot did not follow a procedure to ‘close’ the programme and the families were not aware that the pilot had been discontinued.

**Recommendations**
The recommendations support opportunities for KSL to become more equity-focused and child-sensitive in a scaled up phase of the programme (see chapter 5).

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>
Chapter 1 – Introduction

1.1 St. Lucia: Social-economic development context and challenges

The island of St. Lucia, population 177,800, ranked 82 among the 187 countries and territories in the 2011 Human Development Indicators Report published by UNDP. Life expectancy level at birth during 2000-2005 was 73.1 years and the under-five mortality rate (per 1,000 live births) was fourteen. During 2002-2004 only five percent of the population was considered undernourished. Literacy rate for adults (age 15 and older) in 2005 was reported at 94.8%. Other welfare indicators such as Infant Mortality Rate, school enrolment ratios, and life expectancy at birth showed signs of improvement between 2000 and 2005 as noted in the 2008 MDG report. That same report indicated rising unemployment rates (17.5%: 2000 and 18.7%: 2005), particularly among youth (39%), and access to water from standpipe (28.98%:1991, 5.3%:2006) and households with no toilets (11%:1991, 2.5%:2006). Gender based violence and sexual offences were noted to have risen with increased reported sexual offences (164:2000 and 174:2005).

Before the onset of the global recession and Caribbean financial crisis in 2001, the St. Lucian economy was struggling through a transitional period brought on largely by the shrinking agricultural sector. The country placed great hope and investment in the expansion of the emerging tourism industry. St. Lucia has the most highly developed infrastructure of all the Windward Islands and is the number one tourist destination among Eastern Caribbean Currency Union (ECCU) members. St. Lucia continued in 2009 to struggle to find new sources of growth and to resist economic vulnerability in a context characterized by increasing competition at global and regional levels, shifting trends in trade preference, and shrinking donor funding. Against this backdrop, like similar small island states in the Caribbean, continued decline in real output in the agricultural sector (by 8.5% in 2009), the fall in foreign financed construction activity (by 24.4% in 2009) and tourism, jeopardized economic transformation necessary to safeguard the social gains achieved over the past decades and to further reduce poverty levels.

Poverty constitutes a multidimensional phenomenon that invades all aspects of the lives of individuals, families and communities noted a comprehensive study published in 2000 by Oxford for the World Bank. When the poor in 23 countries were surveyed about their views on what poverty meant to them, the voices indicated that poverty was not simply the absence or lack of specific goods but poverty was the combination of a number of deficiencies coupled with powerlessness that affected their ability to bargain and defend themselves and their families in the marketplace. Their responses project a combination of sense of dependence, insecurity, anxiety, impotence, inability, inferiority and ill treatment. From a human rights/equity perspective, poverty analysis uncovers issues of injustice, exclusion, lack of opportunities, poor quality social services, chronic health challenges and physical disabilities. The poor that were interviewed gave the clear message that poverty also meant the experience of psychological deprivation and frequent exposure to high risk, vulnerable and borderline situations (living in low standard housing or on the street, drug and alcohol abuse, and violence).

---

9 A Plan of Action for Localisation and Achieving the MDGs, OECS and UNDP, February 2008
10 ibid
11 Economic and Social Review, Ministry of Finance and Planning, St. Lucia, 2009
Early poverty reduction policies of the 1980’s focused on a targeting strategy that largely prioritized maternal and child healthcare and education and provided subsidies for the disabled. The provision of basic social protection to the poor has been in common use by policy makers in the Caribbean since the 1990’s. Social protection initiatives in general and social safety net programmes in particular are rooted in the notion that vulnerability, reasoned to be the limited capacity of communities/families/individuals to shield themselves against occurrences that threaten their living standards, is a major factor in explaining poverty or deprivation. Social protection integrates the necessary measures for strengthening society through strategies and opportunities that promote fairness and inclusivity, and offer a minimum standard of living for all. It prioritises interventions that pursue ways to strengthen the community, families and individuals capacity to overcome their vulnerability. Social protection interventions should be accessible for all people and should be seen as a core vehicle for the realisation of social and economic rights as expressed in numerous international human rights principles and instruments. Successful social protection initiatives call for a wide range of providers including government agencies, NGOs, international organisations, the private sector, communities and others to collaborate to reduce vulnerability and achieve a social protection system or safety net for the poor.

St Lucia has taken major steps to reform the public sector since 1980’s in which comprehensive efforts have advanced national development strategy. The need for change was established by the call for improved standards of governance and more effective delivery of government services. Emerging from this intense period of public sector reform in the late 1990’s and early 2000’s, St. Lucia enjoyed moderate success in the experience of policy transfer. The complexities involved in the transplant of institutions and programmes was acceptable and practiced through a process of “creolization (institutional elements growing together in rather undefined ways without the lead of one clear exemplar)”14. It is this spirit of horizontal cooperation and willingness to share best practices with other nations, particularly in the form of technical assistance that served to seed success for network based capacity building on social protection strategies in St. Lucia.

Over the course of two administrations in St. Lucia (2001 – 2011), the issue of poverty and social vulnerability had long been a major preoccupation of the St. Lucia Government in terms of finding practical and creative ways to address these, particularly in the context of the international drug trade and the growing dependency on tourist trade which have posed extremely challenging problems.

It was during this period of considerable public policy reform that the main formal statement of social policy in the form of the Interim Poverty Reduction Strategy and Action Plan (IPRSAP), was approved by the Ministry of Social Transformation (MOST) in 2003. During that same period, MOST drafted a Social Policy for Human Development with the intention of creating greater political space for mechanisms and instruments that support Social Protection. Although the Poverty Assessment conducted by the CDB in 1998 helped to establish the IPRSAP, it was the Country Poverty Assessment (CPA), completed in 2007, that further positioned the country to increase investments in Social Protection sector. At this same time, St. Lucia was growing into the status of a lower middle-income country with a strong commitment and political will to pursue all eight of the Mid-Decade Goals and principles reflected in the Paris Declaration.

13 Ibid.
The Basic Needs Trust Fund (BNTF) Programme, one of the oldest social safety net programmes in St. Lucia, funded by the Caribbean Development Bank (CDB), began in 1979 to assist poor vulnerable communities to improve their access to basic services through the provision of social and economic infrastructure and the development of skills to enhance employability and community management. The Poverty Reduction Fund (PRF) Act went into effect in April of 1998 and was established to provide assistance to alleviate socio-economic problems, establish a mechanism for delivering basic services and infrastructure to the poor, finance small-scale projects in poor communities, and to promote community participation in national development activities. The two entities consolidated in 2008 to form St. Lucia Social Development Fund (SSDF) which today remains grounded in the objectives and functions outlined in the PRF Act, amended to reflect the changes in 2009. This consolidation was driven by the Ministry of Social Transformation (MOST) with a view to streamline service delivery, eliminate duplication and combine resources of both organizations. Since then, three additional programmes were added under the coordination of SSDF – Short Term Employment Programme (STEP), Holistic Opportunities for Personal Employment (HOPE), and, Koudmen Sent Lisi Pilot programme (KSL). All programmes are dedicated to reduce income poverty and social and economic vulnerability of the most marginalized persons and attain social and economic advancement of the Saint Lucian society, the core mandate of SSDF.

As a statutory body, established by an act of Parliament, there is no clear regulatory governance of SSDF by a particular ministry. However, it is closely associated with the Ministry of Finance and the Ministry of Social Transformation, Local Government and Community Empowerment responsible for coordination of the dozens of Social Safety Net programmes in St. Lucia. SSDF is directed by a Board of Directors comprised of twelve appointed board members, which include representatives from the public sector, private sector and non-governmental organizations.

1.2 St. Lucia: Poverty characteristics and challenges

With 21.4% of St. Lucian households considered poor (1.2% indigent), the problems facing the poor in St. Lucia were well documented by the 2006 Country Poverty Assessment Report (CPA):

a) Generally, poverty in St. Lucia appears to be more of a rural phenomenon as rural districts such as Anse La Ray (44.9%), Micoud (43.6%), Laborie (42.1%), and Choiseul (38.4%) exhibit higher rates of poverty.

b) Change in the geography of poverty as a result of the decline in the banana industry (Micoud) and the collapse of the manufacturing sector (Vieux Fort). Anse La Raye and Canaries continued to experience a stasis in its development;

c) Poverty influences mating and fertility and mating and fertility exacerbates poverty accounting for the disproportionate representation of youth and women among the persons living below the poverty line;

d) The characteristics of the poor included the rural population; single female adult with children; heads of households with an attainment of primary school education or less; male household heads engaged in agricultural work, elementary occupations and craft related work;

---

15 Koudmen Sent Lisi Programme Proposal, Appendix FI, pg 2
female head of households employed in work akin to sales and services, crate related work and agricultural activities;

c) Notable large concentrations of indigence, poverty and vulnerability among children and women within the districts of Micoud, Anse La Raye, Sub-Urban Castries;

d) The differential distribution of assets, access to credit market and educational endowments within the economy and society of St. Lucia that make the critical difference between the incomes earned and a person’s poverty status;

g) An inequitable distribution of resources between men and women and a negative association between highest examination passed and per capita consumption among males and females;

h) Low educational attainment with 51.4% of the population aged 15 and up had no certification; only 10% had at least attained tertiary level certification and 69% of persons from the poorest quintile had attained no certification;

i) The most prevalent lifestyle diseases affecting the population (in order of highest prevalence) were high blood pressure, diabetes, heart diseases and cancer. Important issues included an awareness of the onset of specific diseases, access to treatment, interpretation of diagnosis, orientation towards reporting the condition and the majority of individuals within the national population (72.5%) did not have medical coverage;

j) Disparities in the provision and conditions of housing stock, home ownership, land tenure, quality of living conditions, main cooking fuel, toilet facilities, water supply and the risks of succumbing to infectious and communicable diseases;

k) The probability of household poverty is statistically associated with the variables of employment and income; housing condition; primary and secondary education; residing with districts that are not most adversely affected by poverty and the extent of its associated problems; family size and dependents.

In terms of the social aspect of life among the poor communities, the same study revealed prevalence in the following in pockets of specific geographical locations:

- Alcoholism in some communities, particularly among older women and men;

- Relatively high unemployment among 15-25 age group, Gang warfare, violence and crime as threats to personal safety in urban areas among youth but mainly young men;

- Teenage pregnancy and prostitution among some young girls;

- Parents unable to provide lunch, transportation or books for children thus contributing to irregular attendance, low performance, drop-out and consequently no formal qualifications;
Reduced opportunities for basic quality of life for residents of poorest communities accompanied by stereotyping, labeling, separation, and loss of status.

As early as 2002, it was noted that inequality and deprivation of income, wealth and access to social services challenged development initiatives of the sub-region by causing labor market imperfections; persistent stratification and a “culture of poverty”.  

1.3 Koudmen Sent Lisi Intended Contribution to Government of St. Lucia’s Response to Extreme Poverty

Social protection strategies have emerged as the cornerstone of social policy efforts in St. Lucia, including institutional and social policy reforms within the relevant ministries in order to define a more comprehensive strategy and improvements to the system. As the reform progresses, a number of social safety net programmes have been examined in search of experience that demonstrates a coherent theory of change and the right mix of strategies to accelerate the reduction of extreme poverty and vulnerability. This section traces how KSL emerged from that process and looks at what it has to offer in terms of a response to extreme poverty in St. Lucia.

The Puente (Bridge) Programme was established in 2002 in Chile as a comprehensive social protection programme and is generally recognized by the international development community as a best practice for applying a combination of cash transfers (CT) and in-kind transfers to strengthen economic resilience, address social vulnerabilities and reduce poverty. The model offers a “bridge” or opportunities to empower households living in extreme poverty to improve their quality of family life. The success of the Puente Programme, managed by the Solidarity and Social Investment Fund (FOSIS) of Chile, is largely determined by the central role of psychosocial support provided to the households that enables key changes to take place in the family situation within seven dimensions of life: Health, Education, Civil Registry (Identification), Housing, Employment, Family Dynamics and Income Generation. The emphasis on the psychosocial support accompanying these changes cannot be underestimated. This support acts as a stimulus to reinforce strengths within the family nucleus needed to link them with the local network of services and information. With this support, the families’ capability to build and accumulate human capital is given priority attention. The positive impact of the Puente Programme has been well documented and has attracted international interest as a model for similar interventions that apply the fundamental principles and basic mechanisms.

The Organization of American States (OAS) long established goals to eradicate extreme poverty, promote sustainable development and strengthen collaboration among its member nations. The Puente in the Caribbean Initiative, largely funded by the Canadian International Development Agency

---

16 Koudmen Sent Lisi Programme Proposal, Appendix FI
17 Working on a collaborative agenda with GoSL, World Bank, and other partners for many years, UNICEF has accelerated reform efforts and continues to provide notable support to the region in general and St. Lucia particularly with a focus on joint learning and action for an updated framework for sustainable social protection systems. Direction for this renewed effort was guided largely by the St. Lucia Social Safety Net Assessment, Lorraine Blank, PH.D, supported by UNICEF, World Bank and UN Development Fund for Women. August 2009.
18 Three of many documents detailing success of Puente Chile Programme: Anti-poverty Policies and Citizenry: the “Chile Solidario” Experience, Julieta Palma and Raul Urzua, policy papers/12, University of Chile, Department of Public Affairs, published by UNESCO, 2005; “With their Efforts and One Opportunity”: Alleviating Extreme Poverty in Chile, Emanuela Galassco, Development Research Group, World Bank, 2006; Social protection systems in Latin America and the Caribbean: Chile, Claudia Robles Farias, UN Chile, December 2012.
19 Ibid
Determining the Results of the Koudmen Sent Lisi Pilot Programme

(CIDA), was introduced by OAS in 2007 following the plan of action of the Fourth Summit of the Americas which insisted upon the need “to identify and exchange, within the framework of the OAS, practices in the region regarding policies and programs to confront poverty”. It was designed to offer participating countries avenues to improve the quality and coverage of Social Protection systems and to enhance local capacity to develop strategies by transferring knowledge and practices of the Chile Puente Programme. The Initiative was also an integral part of South-South cooperation with African and Latin American countries which eventually received positive reviews from the World Bank and other major international development organizations. St. Lucia, Jamaica, and Trinidad and Tobago were the first to pilot the Puente in the Caribbean Initiative in 2007 followed, two years later, by a second phase that added St. Kitts and Nevis, St. Vincent and the Grenadines, and Suriname.

The Puente in the Caribbean Initiative was carried out through a series of training workshops, internships and the critical interaction with a number of Chilean tutors from the Puente Programme. They mentored country teams of experts helping to lay the plans for implementation of core principles and unique adaptations of the Puente approach. This process was supported by the OAS, as the first pilots faced the challenges of language barriers between the Chilean and Caribbean experts, encouraging local teams to take ownership of the strategies and successes of the Puente Programme. The initiative led to the establishment of the Inter-American Social Protection Network in late 2009, sanctioned by US Secretary of State, Hilary Clinton and other notables, and is today acknowledged as the pulse of regional cooperation in the area of social protection.

St. Lucia’s participation in this initiative resulted in the design of the Koudmen Sent Lisi Pilot Programme. SSDF launched the KSL pilot programme in 2009 with the aid of the OAS, Canadian Agency for International Development and in close collaboration with key line Ministries and with support from the Government of Chile. The national programme was seen as a network based capacity building vehicle to promote social protection strategies. The design team took full advantage of the government’s commitment and political will dedicated to ensure that activities from this cooperation would have a sustainable impact on local effort to eradicate extreme poverty. The design team placed great emphasis on the poverty framework (conceptions, analyses and strategies) pulled together from six major, high quality studies carried out over the span of the previous 12 years:

1. Poverty Assessment Report (CDB, 1996);
2. A Socio – Economic Impact of Banana Restructuring in St. Lucia (EU, 1998);
3. Social Assessment Study (World Bank, 2000);
4. Interim Poverty Reduction Strategy and Action Plan (MOST, 2003);
5. Review of Social Protection in St. Lucia (DFID, CDB, EU, 2004); and

In understanding the Puente experience and its potential applicability in St. Lucia, the design team carefully examined the prevalence of specific vulnerable groups identified in the rich body of statistical and qualitative research and analysis and focused on the development challenges specific to the St. Lucia context. Priority issues emerging at the time included increasing employability, particularly among the youth and adolescents and of specific concern was the rising number of displaced and other vulnerable groups, including children. Major development concerns facing St. Lucia and the sub-region centered on the climbing levels and patterns of poverty and unemployment, crime and violence, vulnerability to natural disasters and global economic shocks, high prevalence of

---

20 A brief synopsis of each of these studies, as presented in the original KSL concept paper, can be found in annex X for ease of reference and background data.
HIV/AIDS and the external migration of skilled workers and professionals. The KSL programme proposal (annexed for ease of reference) discusses the importance of sharpening the HH and community understanding of the value of and how to use social networks to broker opportunities, as well as, the need for the programme to simultaneously advance inclusive and equitable opportunities that promote mainstreaming the human rights principle of inclusion into services and benefits. Examining the central features of the multidimensional programme design, the intent to address both the economic and social barriers that prevent access to services is clearly focused on “heterogeneous vulnerable groups; differential experiences, effects and poverty impacts and disparity of access to resources and opportunities based on factors including age, sex and place of residence would receive support…” At best a moderate level of critical dialogue was had during the design phase on distinguishing vulnerability and risk from poverty and how the dynamic interactions of all three concepts determine potential future poverty status.21

Conceptually, the KSL Pilot programme was well designed grounded in evidence-based analysis validated by a series of public consultations with all stakeholders and documented participation of government partners, donors and children. The government’s confidence in SSDF ability to manage and operationalize the KSL Pilot was articulated in this statement from the Office of the Prime Minister in April of 2009 when commenting on the merger of PRF with BNTF:

“The Government [seeks] through this initiative, to take advantage of the comparative advantages, synergies and growing complementarities between PRF and BNTF and to advance a coordinated approach to poverty reduction on the island. The SSDF as a single Agency serves as a delivery mechanism for the provision of infrastructure and other services to the poor and marginalized communities and groups in an efficient, integrated, responsive and coordinated and accountable manner”.

The programme planning and preparation process further managed to win the support of key political figures at the time, including the then Prime Minister, Hon. Stephenson King. On a strategic level, extensive national consultations, attended by OAS and Puente Chile representatives, were facilitated to fine tune the intervention strategies, reflect on how best to adapt the Puente model to the St. Lucia context. Feedback was solicited from a broad group of development experts, NGOs and political stakeholders representing Government, the private sector and civil society. This step in the planning process, while costly and time consuming, resulted in wide scale ownership and eventually an important group of stakeholders whose services could be relied upon to later serve the KSL programme.

Clearly, the Puente model offers a paradigm shift for St. Lucia to move from classic provision of basic services towards social protection interventions accompanied by integral psychosocial support that addresses the social disadvantages, risks and vulnerabilities of the poor. The adjustments of the model to the St. Lucia context were done retaining the “rights based approach” which affords families to maintain human dignity. The principles of equity and community participation are central to the KSL programme intervention methodology that, as in the Puente programme, embraces a more contextual or qualitative approach. This is essential in efforts to end extreme poverty as it is the application of human rights principles that expose the underlying cultural causes and manifestations while reinforcing the psychological and emotional development of the family, considered the cornerstone of

21 See minutes from National Consultation on Puente Programme Strategy, KSL Concept note, and KSL Programme Proposal annexed.
the St. Lucia society. The Puente programme is a holistic approach that recognizes that people’s survival strategies depend on a range of assets and capabilities and their interactions, and on the specific context in which they are embedded.

This design and consultation phase of the programme preparations ended with the official naming of the programme, Koudmen Sent Lisi, which in Creole expresses the concept of community members voluntarily coming together to assist a neighbour in need. In the case of Koudmen Sent Lisi it’s the social agencies and organizations coming together to help indigent households. Sent Lisi is creole for St Lucia. In effect, the effort and care put into the adaptation of the Puente Chile programme to the realities and challenges of the St. Lucian people represents the “Creolization” of an approach to poverty reduction.
Chapter 2 - Initial Design and Objectives of the Koudmen Sent Lisi Pilot

This chapter discusses key elements of the KSL programme and outlines the initial intent of the programme and informs how the pilot was actually implemented. To accomplish this, observations and basic information gathered during the field work is used to compliment information found in the official KSL documents. The chapter is intended to: highlight dimensions important to a clear understanding of the programmes equity-focused and multidimensional facets in response to extreme poverty; discuss the key drivers of changes to the original intent of the pilot; and, to give perspective to the evaluation findings and recommendations that follow in chapters 4 and 5.

2.1 Initial design and objectives

In adapting selected aspects of the “Puente” programme to St. Lucia realities, the Koudmen Sent Lisi programme targeted the reduction of poverty and vulnerability with emphasis on overcoming extreme poverty (indigence) as the goal of the programme. It was reasoned that indigence and vulnerability should be tackled from a multidimensional approach that considers and strengthens the core capabilities of targeted families and individuals (as inspired by the OECD/DAC guidelines on poverty reduction):

- Human capabilities (focus on education, health, nutrition, potable water and housing)
- Economic capabilities (focus on the ability to earn an income, to consume and to own assets, all important to material well-being and social status)
- Socio-cultural capabilities (focus on the ability to actively participate as a valued member of a community)
- Protective capabilities (focus on the ability to resist economic and external shocks - the focus here is on food insecurity, hurricanes, floods and other natural disasters)
- Political capabilities (focus on human rights, the right to be heard, and offer some influence over public policies and political priorities)

The objectives for the KSL programme include to:

- Improve the socio economic living conditions of indigent, poor and vulnerable households;
- Bring an end to extreme poverty in St. Lucia (1.6% of population and 1.2% of households);
- Reduce poverty by building sustainable livelihoods, coping strategies; the quality of human relationships, interactions; and
- Develop opportunities in poor communities and vulnerable population through the establishment of a targeted programme of support designed to transform household units.

---

22 Author compared Koudmen Sent Lisi Programme Concept Note and Programme Proposal against dimensions of poverty that cover distinct aspects of capabilities outlined in OECD/DAC guidelines on poverty reduction (The DAC Guidelines, Poverty Reduction, International Development, OECD, 2001). The 7 pillars of both the Puente Chile and the KSL programme cover these 5 key dimensions discussed in the guidelines.
As with the Puente programme the KSL pilot was guided by the principles of inclusion, human rights, beneficiaries’ evaluation, and family priorities first. In doing so the planning and consultations processes focused on institutional capacity gaps and the strengths and weaknesses of all duty bearers and rights holders expected to deliver results during the programme lifespan. Although the original Log frame could not be located, other early documentation suggested a strong commitment to Results Based Management (RBM) as evidenced by the establishment of measurable outcome statements (see conclusions section of the report for a list). Capacity development was an equally important dimension of programme design. This is evident in the terms and conditions outlined in the KSL family/SSDF agreement of assistance signed by each household at the beginning of the programme.

The results framework for the KSL pilot was reconstructed as follows:

![Figure 2 - KSL Results Framework]
Also adapted from the Chile Puente programme, and at the core of the KSL programme is the focus on providing opportunities to access basic services and the minimum conditions (MCs) a family needs to improve the quality of life in the areas of: personal identification, health, education, family dynamics, housing, employment, and income. These seven dimensions are considered “pillars” of the programme and are closely accompanied by a group of Family Care Givers (FCG) or counsellors, specifically trained to provide psychosocial support and guidance to the families. In doing so, the FCG work to renew and reinforce the household’s capabilities and basic functions. This is done in a way that grows the confidence needed to build on their productive assets and take full advantage of local networks and linkages to services and benefits required to ‘graduate’ from the conditions of indigence. The crux of the intervention theory is that if the household portfolio of capabilities (i.e., basic education, confidence in household management) is not sufficient, or the family does not have the opportunity to acquire them, their ability to escape poverty will remain limited.

2.2 The Supporting Pillars of the KSL Programme

The seven dimensions of the KSL programme include the pillars of (1) personal identification, (2) health, (3) education, (4) family dynamics, (5) housing, (6) employment and (7) income. Each pillar is addressed through a number of minimal conditions established by the intervention model, Puente Chile programme, and designed to address the common situations that are imperative for poor families to overcome in order to graduate from extreme poverty. Each of the household agrees to their family-specific set of Minimal Conditions (MC) during the phase of intensive work guided by the FCGs.23

Pillar 1: Personal Identification
The personal identification pillar is designed to assist households to obtain certain formal supporting documentation and certification. Possession of key documentation is often a barrier for poor families or individuals to accessing social grants and entitlements (child welfare and disability grants, pensions, etc.). Other identification pieces are the key to full citizen participation (voting, driving, education / skills training opportunities etc.). This pillar helps family members to access and understand the knowledge of the grants and entitlements policies, and to access and complete the applications. Common difficulties include having all national documents in place, knowing a contact that can assist the application process, and overcoming the difficulty of transport to complete the application. With the guidance of the FCG, families examine the factors that facilitate access to the personal identification and establish what needs to be done, or setting a MC to address the difficulty.

Pillar 2: Health
Health, the second dimension of the KSL pilot is extended to every member of the household in an effort to safeguard the complete wellbeing of families and includes standard health promotion, prevention and care services. Access to the national health care network is largely fee based. While there are no documented functional access barriers to health care in St. Lucia, access to certain health care services is determined by individual financial resources; poorer persons have less access than richer persons and rural persons have less access than urban persons.24 Most of the KSL communities

23 “The minimal condition is a specific measurable indicator which is used to assess the progress of the family from the start to the end of the intervention”, Puente in the Caribbean Operations Manual, pg. 44, Executive Secretariat for Integral Development, Organization of American States, Washington, DC, 2010
24 St. Lucia MDGs: A Plan of Action for Localising and Achieving the MDGs, 2008
are within access of the community nursing services and a bus ride from regional health centre services. The FCG assists families to vision health standards the family would like to achieve and the necessary steps (access to health facility, early detection services, etc.) giving special attention to women, children, elderly and disabled.

**Pillar 3: Education**
The education dimension of the KSL programme is central to the overall intervention strategy as it helps to define the families’ capability to build and expand social and human capital. Education is the pillar that is the basis for improved social inclusion opportunities for all members of the household and community. The programme intends to connect the household to a number of services and benefits that assists each of the family members in accordance with their stage of development. A number of concerns in St. Lucia focus on fees, uniforms, and transport for primary and secondary school, The FCG guides the family through the process of analysis and goal-setting examining the challenges and opportunities to access, continue and complete education.

**Pillar 4: Family Dynamic**
A functional family is defined by the quality of the relations established within the family and success in their interaction and ability to meet the demands of working mechanisms required to live together, parent children and fully insert/assert themselves socially. The stronger the household dynamic the tighter the fundamental bond essential to meet the challenges of family development and social integration. Programme implementation of activities under this dimension of the KSL programme is at the core of the work carried out by the FCG who provide guidance and counseling on how best to address the issues and priorities with limited resource and how best to involve family members to resolve individual problems.

**Pillar 5: Housing**
The housing conditions pillar addresses issues of the physical conditions of the dwelling as well as the surrounding site, and the care and up keep of the home determined by the habits of the household. Many structures are not larger than 14’ by 14’ constructed with plywood and cardboard, as illustrated in the photo left. For poor families, outdoor access to water, toilet, and standpipe are often shared with several neighbours making it especially difficult for children on “cold” mornings.

*Figure 3 - photo of indicative housing conditions*

**Pillar 6: Employment**
Targeting the adults and young adults in the household, this dimension of the KSL programme is strategically separated from the income pillar in order to emphasize work issues associated with finding and maintaining a stable source of income.

**Pillar 7: Income**
The income dimension is designed to move indigent families away from short term survival strategies that inadequately use scarce resources to meet day-to-day activities toward building the ability to mobilise a combination of resources (existing, state benefits, including cash transfers) that will result in an income above the indigence poverty line. This pillar targets all family efforts used to generate
resources to meet the requirements for family life. In working with family members, the FCG focuses on the resources, capacities and energies the family themselves have developed moving on to help activate whatever benefits St. Lucia offers for poor families. Although KSL pilot was designed as a Cash Transfer programme, the emphasis on this aspect of this pillar is not placed on gaining access to cash. FCGs counsel on budget planning and better organisation and use of all family resources.

2.3 Targeting Mechanism

In keeping with SSDF’s principle of action to transform the ‘geographies of poverty’ into ‘geographies of possibilities’, a detailed mapping exercise based on the most current poverty data, was carried out in close collaboration with key ministries to define the geographical focus of the programme as illustrated in figure 3 below. The mapping exercise was presented and discussed among key stakeholders representing technical ministries and NGOs.

The households were identified using a national test or Proxy Means Test (PMT), a targeting mechanism and formula using multidimensional characteristics measure well-being and eligibility. The PMT was prepared and employed by the Department of Statistics in cooperation with SSDF and MOST. The PMT interviewed households collecting data on education, housing situation (materials, space and rent/own) and employment/income and focused on characteristics that can be observed.

Hundreds of households were interviewed by the Department of Statistics, contracted by SSDF (PRF at the time) to administer the household questionnaire. Scores were derived using statistical methods in order to rank and select households based on pre-determined criteria. Over 50 “eligible” households were then screened by the FCGs to verify eligibility. During this phase, errors of exclusions were pointed out by community leaders. The FCGs gathered supplementary information to assess eligibility and corrective action was taken. Errors of inclusion (3) were noted during the data collection phase of the evaluation.

After the process of eligibility and targeting of households, steps were taken to engage and assess each family situation and secure agreements from the families on the elements of expected success at the end of the programme.

---

25 KSL strategy meeting minutes, 2007.
26 A two-part questionnaire: part one is the Household filter questionnaire, 20 questions covering housing, income and employment; part two is the individual questionnaire, 11 questions covering education.
2.4 Participant Profile

The files for each family, the source for this section of the report, were incomplete with a lack of uniformity in the completion of the required forms which include intake, psychosocial assessments (head of household and each member) and periodic reports. The condition of these files restricted the analysis and complicated the presentation of data. Despite these challenges, this information has been included with data quantified where possible, to allow an important snapshot of the general conditions facing the KSL families, as well as, an opportunity for their voices to be heard.

2.4.1 Demographic characteristics

According to the review of programme documentation and partially complete confidential family files, the 46 programme HH totaled 216: 116 adults and 100 children. Two parent households are noted in 15% of the original 47 families and only 9 of them with children. Twelve households have no children leaving 34 households (HH) with an average of 3 children per family. Given that some households list a considerable number of occupants between the ages of 18 and 25, it is assumed that many adults are adolescents and adult children, although there is no disaggregated data to support this.

Among the adults, two thirds (31 HH) of the 46 households are headed by women with an average number of 2.8 adults per household and a total of 61 children living in HH headed by women. However, among the 16 male headed households only 4 have more than 1 adult with a total of 21 children. Less than 15% of the 100 children on the KSL programme are under 5 years of age. Nearly half of the heads of households are over 50 years of age: the oldest (71) and youngest (20) head of household are women.

Documents accessed and reviewed include: 24 intake forms were available (9 incomplete), 22 individual questionnaires (11 incomplete), 19 psychosocial assessments (adults and children), 4 periodic reports for 3 FCGs (different time periods, different formats), and 2 end of pilot reports.

For example when violence, rape and drug addiction is mentioned, this is data from the various files. This information would have been more meaningful if the files of each FCG would have been complete (intake, assessments and reports) and uniformly completed. As is, the incidents are numerous.
A study of the confidential files kept by the FCGs reveals some important data, particularly for the households with more adults than children. Fourteen of the single women heading HHs are caring for siblings, adolescents and young adults with profiles that include school dropouts, unemployed, and 21 mentioned drug and/or alcohol abuse. As a survival strategy, single mothers heading HHs permit boyfriends for their young daughters to make contributions to the households. Another characteristic of the single mother headed households is the multiple fathers of the children. Many have common law relationships with the men frequently absent. Some women are caring for grandchildren and, in a few cases, great grandchildren.

Although the majority of the documents reviewed indicate most households are catholic, six programme participants list Pentecostal, or Adventist faith.

2.4.2 Psychosocial issues
Domestic violence (mentioned 13 times), rape (mentioned 8 times) and drug additions (mentioned 17 times) are noted in the family histories of the KSL HH, particularly among the participants in the Bruceville district. Nonetheless, over 60% of the family heads express hope and a desire for their children’s future.

One in four of the KSL families are either dealing with a current legal issue or in conflict with the law (child support, violence) or have been incarcerated.

The psychosocial intake process is designed to guide the FCG in probing parental values. While most of the intake interviews get to the heart of what parents wish for their children, the process rarely results in the identification of what the parents consider their strengths and weaknesses which are important for achieving the dream. Even fewer indicate an understanding of how these strengths and coping mechanisms can be used to drive the process of empowerment.

2.4.3 Human capital and family assets
As is the practice in most poor communities in St. Lucia, many KSL families are squatting on Crown land occupying ancestral homeland. Families are reluctant to admit to squatting but the majority of the KSL communities are located on Crown owned land. The programme files indicate that only six HH are legally renting. But the conditions of the houses are rarely listed as acceptable or legal. Dwellings, in most cases, consist of one or two-room shanties without running water, toilet facilities or electricity. Nearly every single family requested housing assistance. Cell phones are a common asset as are refrigerators usually illegally hooked up to a neighbor’s electrical line.

Over 50% of the HOHs do not have more than a primary level education. Nearly one in three of the households admitted to dealing with emotional distress, depression or mental illness. At least eight of the 46 households are caring for physically or emotionally challenged children.
2.4.4 Possession of ID and basic documentation
There is generally a high level of birth registration and possession of personal identification in St. Lucia and among the programme participants.

2.4.5 Household-level situation
With the exception of school uniforms, supplies and transport, the lack of basic clothing and other needs for children was rarely mentioned during the intake interviews. Thirty-seven KSL participants indicated they frequently had to go without cash income, enough food or rent monies. Many experienced shortfalls in medicines and inability to procure basic and specialized medical treatment during the previous year.

The initial assessment of the housing situation among the KSL participants revealed that almost every family required some form of assistance in rehabilitating their homes. Only 8 of the 47 families live in substantial wooden structures with some or all utilities, piped water and indoor toilet facilities. Photographs taken during the intake process illustrate the state of astonishing disrepair and dilapidation, a common characteristic, with many households sharing one room with as many 8 or 9 people. Over half of the family dwellings had no electricity, no potable water, and no toilet facility.

Less than a dozen families live on family owned plots, but many of them lack the proper documentation. Squatting on Crown land is common among the families usually with a small wooden hut constructed using cardboard as filler and windows.

Privacy and separate sleeping arrangements are rare with young children and adults sharing one room with a mattress (es) on the floor.

2.4.6 Description of household incomes
Many of the single mothers heading households, at least sporadically, receive minimal support from the father(s) of their children, barely meeting basic food, rent and utilities requirements. Nearly 87% of the households initially screened state they had been unemployed for more than six months over the previous year. The most common occupations listed include sanitation worker, beach cleaner, roadside vender (grilled meat, vegetables, sweets, coconuts, etc.) and hair braiding.

2.4.7 Economic and social vulnerability and multi-dimensional poverty
A review of a randomly selected number of the PMT eligibility tests (4), psychosocial family intake forms (24), and part two of
the Individual Questionnaire (22), all required for admission to the KSL programme, illustrated a cycle of poverty among these indigent households suggesting that successive generations inherited a deprivation(s) of basic requirements; financial and material resources; and intangible assets particularly access, investments, and unquestionable entitlements. In terms of socio-psychological and emotional deprivation, individual heads of household clearly exhibited and/or expressed low self-esteem and confidence, feelings of hopelessness and powerlessness as noted by the FCG on the intake forms.

Although social, emotional and educational vulnerability is not uniquely associated with poverty, families trapped in poverty are first to be affected by changes in their environment. And KSL families share multiple characteristics outlined above which strangles initiative to take advantage of any opportunities arising in their environment. It can be argued that self-confidence and high self-esteem is essential to reach a sense of extrinsic control or intrinsic capability, or the power to express oneself. It is the control over the world of resources that also gives one the capability of self-expression and transformation that inevitably enables one to overcome the barriers and bottlenecks to accessing resources and opportunities.

In adapting the Puente Chile programme to St. Lucia realities, the KSL programme is a set of actions constructed to extend social protection to the most indigent families. In doing so it intends to offset economic, social, emotional and educational vulnerabilities with strengthened capabilities to access existing assets and to promote creative ways to use them. Effective psychosocial support, minimal cash transfer, and access to basic social services, help to ensure a more equitable uptake of these opportunities.

2.5 Koudmen Sent Lisi Pilot Phase

2.5.1 Implementation modalities and Changes in the Course of the Pilot Phase

Although KSL was planned as a multi-faceted cash transfer programme, government funding for the cash dimension was never received despite promises from the Ministry of Finance. The programme survived by SSDF’s decision to divert cash from HOPE to KSL and the use of in-kind contributions such as housing materials contributed by the European Union, valued at nearly US$ 150,000. With these two inputs, KSL managed to keep the HOPE coordinator and KSL FCGs employed for the two years.

As the analysis that follows in Chapter 4 will show, the data collected during this research established that KSL households confront a wide array of deprivations spanning well beyond income poverty. In keeping with one of the main characteristics of extreme poverty, the research also confirmed and that all families are challenged by multiple deprivations that simultaneously operate on the life and dynamics of the household and people affected by the situation. One of the first exercises the FCG undertakes with each household is to establish an understanding of these problems and the family dynamic and rank them in order to prioritize the relevance of the issues. This important exercise is a fundamental entry point where the FCG sets up a firm basis for communication and is able to tap into the forces that drive the family effort to “graduate” from extreme poverty, the main objective of the KSL pilot.

A major transition of staff occurred during the first 6 months of the programme. The Programme Coordinator, Monitoring and Evaluation Officer and the Supervisor of the FCGs resigned and were
replaced by a Coordinator of HOPE who managed both the KSL pilot and HOPE. This was followed by the resignation of one of the four FCGs who was not replaced.

2.5.2 Changes in household profile over the course of the programme
During the duration of the KSL pilot (2009 -2010), at least 8 of the 47 families welcomed new babies; three households reported deaths and 7 families mentioned that adolescent children moved out. Women heading households often mentioned the sporadic support received from absentee partners or male friends who came for “extended” visits.

2.5.3 The role of the Family Care Givers
Considered the backbone of the KSL programme, the FCGs received a two-week orientation and training funded by CIDA and the EU. Four trained social workers were recruited as FCGs but only 3 accompanied the full two years of the pilot programme. As part of the training, an exchange visit was organized very early in the programme where staff from the Puente Chile visited St. Lucia with a view to provide fundamental orientation on the operational framework being prepared for the KSL pilot. Concomitantly, one of the FCGs visited Chile for eight days to participate in lectures, field visits and practical hands-on programme activities. She was charged with sharing knowledge with colleagues in St. Lucia with a view to kick-start the psychosocial function of the KSL pilot.

The FCG intervention includes two phases, over a period of 24 months, which should build trust and establish a bond of support with the family:29:

1. **Intensive work with the family (first 6-8 months):**
   FCGs are engaged, through a series of work sessions with the household, very early in the process of identification, selection and screening of the participating households. Their role is, in effect, to establish a direct “gateway” into the household which they visit weekly in the early phase of the programme. During the early weeks of assessment the family is required to sign a contract to meet a number of minimum conditions (MCs) corresponding to each of the 7 pillars and determined key to overcome extreme poverty. In exchange they receive from the programme: psychosocial support, cash subsidies, and preferential access to skill development, work, and health and education services.

2. **Accompaniment, monitoring and follow-up (16-18 months):** This phase assures that the contact is maintained between the FCG and the family to sustain effective participation in the programme. The FCGs role of facilitating delicate connections between the family and opportunities for improvement and to rebuild household assets is critical if the enabling environment is to serve to empower the family. The FCG must counsel the family on how to identify and monitor the

---

29 For details see: Puente Program Manual for Working Sessions with the Family, Inter-American Social Protection Network, 2009
barriers and bottlenecks to their ability to build successful partnerships and adhere to social rules and behaviours that will limit exclusion and discrimination. The key here is for the FCG to assist the family to maneuver through this environment without growing dependence. The end goal is to strengthen or empower self-management capabilities in order for the family to reap full advantage of opportunities offered by community-based social capital and networks.

The FCG works intensively with the families and is responsible for the psychosocial arm of the programme, conceived to create and restore the basic family functions. The 41 households surveyed unanimously rated their interaction with the FCG as “very comfortable” or “comfortable”. Their commitment to the programme and direct relationship with the families resulted in a 8 to other services (Human Services, Health, Education, local church, NGO), many of which delivered positive results such as a wheelchair (1), reimbursement for medicines (3), legal support, among others. All 41 HH interviewed said they felt very comfortable (10) or very comfortable (31) with their interaction with the FCG.

The FCG professional toolbox contains the following materials:

- Manual for working sessions with the family: this practical guide, produced in 2009 for the Chilean Puente Programme frames the methodological approach for the FCGs.
- Psychosocial Assessment and Intervention (PSAI) – toolkit plus annexes: financed by the EU in January 2010. This continues to be a very useful resource for institutions and professionals involved in social work within environments of vulnerability and social deprivations in St. Lucia. The document is rich in methodology, conceptual description and overall approach and advice for social workers, family counselors, and care givers. These were used for training of the programme FCG.
- Board game for working with families: A communication tool used in the Puente Programme to help FCG and households to determine priorities and strategies to overcome barriers to well-being. Staff mentioned that the game was not “fully understood by us and was therefore difficult to use”. Another mentioned they could not “be culturally adapted for use” in St. Lucia: “We also did not have copies in English”.

A young girl told a focus group that “the caregiver taught [me] how to control my temper, work on improving a bad attitude and help my parents. There was arguing and fighting in the family. We usually see the caregiver together and this helped a lot”.

In the first 6 months of programme implementation, the team of FCGs suffered a period of weak supervision due to a major SSDF staff turnover. The KSL programme Coordinator, FCG supervisor and the Monitoring and Evaluation officer all transitioned out of SSDF. Simultaneously, the firm funding pledges for the core functions of KSL from government failed to materialize. The Coordinator for the HOPE programme assumed the coordination of KSL but the other two posts went unfilled throughout the remainder of the programme. With very limited funding to operationalize the 7 pillars of the programme, the FCGs were largely left to “debruiller” (make do). It would be the excellent orientation and training that the FCGs received along with the professional commitment to the families with whom they had established trust and rapport during the intense work completed in phase one that resulted in an excellent performance in the dimension of family dynamic.
Analysis of the face-to-face interviews with the 41 households shows that the FCGs fulfilled visitation requirements during both phases of their work. Weekly visits per HH are scheduled in the beginning tapering off to monthly visits after the first 6 months. Over 1 year after the end of the pilot programme, the FCGs contact with the families continues.

2.5.4 The Social Protection Network – the technical steering committee for KSL

Building a technical network that is responsive to and supportive of the need for multidimensional opportunities sufficient to accelerate the reduction of poverty and economic and social vulnerability represents an important outcome of the expected results of KSL pilot (refer to programme results framework on page 28). The KSL Social Protection Network (SPN), chaired by the KSL coordination, was formed to facilitate preferential access to services and benefits for the KSL households by linking families to other programmes and opportunities at both the community and national levels. The network members, technical level staff representing key ministries, NGOs and associations, were selected based on potential contributions and ability to influence leaders in the development community (original TOR is annexed). They were charged with routine review of KSL activities, consideration of best practices from the Caribbean region for application in St. Lucia, and, activation of a monitoring and evaluation framework.

The SPN was also designed to advance the effort to strengthen and expand social safety net initiatives in St. Lucia. In doing so, the network initially maintained contact with the Chile Puente programme and the OAS Puente in the Caribbean initiative. Network members were successful in “bringing the comparative advantage of their institutions and services” to serve the needs of the KSL households. They processed requests and specific cases sent to them via the FCGs and coordinated the convergence of limited resources on the most vulnerable families. Their commitment was evident in the number of opportunities KSL families accessed through education, health and employment pillars of the programme.

A review of randomly selected minutes from the SPN meetings confirmed the presence of the FCGs and successful exchange with the SPN members:

- Discussion of the report on ‘Technical Assistance for Implementation of Psychosocial Counseling Training “and other bodies of work conducted by consultants was reviewed and discussed for the SPN to determine a KSL response.
- Contractual status of the FCGs and funding issues: With the delay in funding the KSL budget, the contractual status of the FCGs was uncertain and all contracts were “short term”, leaving them with very “ify job security”. The SPN discussed this situation and recommended management look into expanding contracts and advocate for release of funds.
- The SPN discussed and recommended establishing a Memorandum of Understanding (MOU) for each of the SPN member institutions to frame the contribution of each organization representing the 7 pillars. There was agreement for each agency serving on the network to establish their own criteria for KSL programme families to access agency services. Although the issue of MOUs was amply discussed at the level of the SPN, no clear decision or action was taken on this matter at the policy level, leaving the FCGs struggling with assisting needy families to access services and entitlements such as “tubal ligation” or a “birth certificate”.
- The SPN routinely examined programme bottlenecks and successes and prioritized actions and decisions for the network action plan.
By all accounts, the SPN is perceived to have contributed to the forming of similar structures for other national social safety net committees and networks that later emerged. Three members interviewed, who are now members of the national Social Protection Reform Network, pointed out that the KSL SPN was an early attempt to establish a forum for discussion on social protection in St. Lucia. The KSL format lacked political support needed to succeed. A plan of action for the 13 member SPN had been validated and monthly meetings resulted in what 4 original members interviewed referred to as “a dynamic and active asset for the KSL pilot and the social safety net field”. However, well into the second year of the pilot, the monthly meeting schedule slowed to ad hoc meetings rendering the practical role of the SPN weak and ineffective. As SPN weakened and member commitment diminished, the SPN never achieved a level of strategic importance among social safety net initiatives. SSDF experienced a transition of key programme coordination, supervision and monitoring staff and, the lack of funds severely limited the full implementation of the planned pilot, the engagement of the SPN members waned. Members interviewed also indicated that:

- To resolve specific issues such as the need for school bus subsidies and more effective engagement from the Ministry of Health, and linking the importance of KSL households to employment opportunities, for example. On the latter issue, the SPN lamented the programme failure to convince public sector employers to consider the KSL clients for employment even with the programme willing to cover 50% of the salaries for the first six months. SPN members noted that this problem was “most acute with the Bruceville clients due to the stigma attached to persons from this depressed area”.
- The committee recommended the preparation of KSL brochures to expand awareness of the programme and the specific needs of the families.
- The questioning of programme strategies, such as how to “graduate” families from the programme: this was a standing agenda point for a number of months yet remained an “outstanding matter”.

An attempt was made to hold an SPN meeting during the field work for the evaluation, but only one member and three SSDF staff was present. Alternatively, individual interviews were arranged with several SPN members (6 of the 13 members). Although the functioning of the SPN has grown ineffective, all members interviewed agreed that the importance of this committee has grown to be more important, particularly with the launch of the second phase of the KSL programme in second semester of 2012. While the SPN was initially successful in dealing with practical programmatic issues, it lacked the political support to interact effectively with policy makers. Further details and analysis of the role and functioning of the SPN is addressed in Chapters on conclusions and recommendations.

2.6 Koudmen Sent Lisi Management

2.6.1 SSDF role
If the functioning of the SPN fell short in fulfilling the vital role of steering the KSL pilot, how did SSDF leadership and management attempt to restore the vibrant functioning of this committee? The SPN was clearly intended to be the technical hand of the KSL coordination. In addition the SSDF Board of Directors should have been the political hand for KSL and other SSDF programmes, helping to drive the overall strategic plan of the organization.
2.6.2 Other Partners and Stakeholders
Cooperative relationships are carefully nurtured with MOST, the Ministry of Finance and Plan, Human Services and the Office of the Prime Minister to ensure timely consultation on policy issues. KSL maintains strategic partnerships with civil society organisations (NGOs and faith-based organisations) and key political figures to facilitate meeting accountability requirements and capture first hand perceptions of the impact of the programmatic and policy decisions implemented by the KSL programme.

Contact with the private sector and various unions are pursued to ensure good coordination and efficient use of potential in-kind material and services.

The figure below illustrates the importance of the programme strategies and articulates how vital each part is to the whole or overall success of the programme. If one part is slow or inoperable in producing output, it affects the level and quality of the total outcome. The key strategies of KSL programme are designed to maximize the potential synergies through strategic engagement of the households with the community, FCGs and the Network.

Figure 6: key strategies
Chapter 3 – Evaluation Context, Purpose, Objectives and Methodology

3.1 Context
The Government of St. Lucia’s request to UNICEF assistance for the evaluation of the KSL pilot came a time when the national discussion on social protection policy reform was building momentum. UNICEF, one of the key actors in this process, reasoned that probing the results of the KSL pilot would naturally produce important contributions to this dialogue. Evaluating the KSL pilot, the first and only multidimensional social safety net programme in St. Lucia, would identify trends, opportunities and constraints helpful to determine a framework for accelerating the reduction of economic and social vulnerability within the emerging policy reform. Additionally, the evaluation would hopefully provide clear and credible information on the size, timing, and type of entitlements needed for a successful scale-up of KSL.

3.2 Purpose
In its conceptualization, The Koudmen Sent Lisi evaluation was intended to be both informal and formative conducted to: (i) learn from this unique pilot implementation, (ii) support the country’s current work on social protection; (iii) serve the needs of the major stakeholders: SSDF, Ministries of Social Transformation, Housing, Education, among others; and, iv) build nation capacity for evaluation.

The findings are therefore expected to: (i) inform the second phase of the KSL programme; (ii) support SSDF effort to develop a strengthened M&E system for all programmes; and, (iii) add value to the ongoing and future national discussions on reform agenda of the social protection system and policies in St Lucia and the sub-region.

Because of its multidimensional approach to poverty, the KSL Programme is uniquely positioned to: (i) promote and strengthen the country’s agenda for equity-focused, evidenced- and human rights-based national response to poverty; (ii) contribute to national dialogue on the coordination, delivery, management and selection mechanisms for more integrated and comprehensive social protection programmes; and, (iii) serve as an example for other countries in the region.

3.3 Objectives
The objectives of the evaluation, as stated in the TOR, centered on the following expectations to:

- ascertain results to date, pinpoint the expected and unexpected outputs and bring all the evidence it can to qualify and quantify the outputs (and if possible the outcomes) at the household, individual and community levels.
- identify opportunities and constraints the program has faced and draw lessons and good practices from the Koudmen Sent Lisi pilot.
- evaluate the operational effectiveness of the pilot including cost evaluation and costing its scale up in the current and projected national fiscal situation
- suggest ways, if needed, to re-design the program to better integrate it as part of the country’s broader social protection system with a view of greater efficacy and greater inclusion of gender and equity concerns
identify implications and requirements (institutional capacity, coordination mechanism, etc.) for scaling up and rolling out a re-designed social protection program in a context of a broader and revamped national social protection framework.

An evaluation of the KSL Programme was originally planned to take place before the close of the pilot in preparation for the scale up of the second phase. However, due to the lack of funding for the programme, an evaluation of the pilot could not be conducted as planned. Once allocations for the second phase were received, the evaluation was fast tracked with the support of UNICEF Office for the Eastern Caribbean Area.

### 3.4 Evaluation Approach and Methodology

#### 3.4.1 Theory of Change

Considering the few programme planning and design documents (KSL concept note, KSL proposal (minus the log frame), and minutes from national consultations) accessible, a good degree of robust thinking, reflection and analysis was likely undertaken. Three key people who were involved in the early development and application of the pilot were interviewed in order to re-create a results framework for the programme. Completing a log-frame is often a mandatory funding requirement, especially for European Union, who did in fact provide in-kind support and finance (the development of the “Psychosocial Assessment and Intervention Instrument” (contract Number: 2009/217576).

As with Log-frames, theory of change processes are intended to summarize an in-depth participatory and often robust technical discussion on the problem analysis and about the goals the project would contribute to. In the absence of key programme plans and documentation, the evaluation looked at factors that would support a theory of change process. These factors included:

- **Mapping and causal analysis of the context and problems:** did analysis of the problem take place based on credible and reliable data?
  A good variety of studies and assessments were completed and available.
- **Interaction with others:** did the programme design process take a range of perspectives into consideration?
  The design process documented a minimum of three active discussions at national level with a diverse group (Government, NGO and faith-based organisations, and private sector).
  Presentations and discussions took place at the OAS forum. Briefing sessions were held with political leadership.
- **Open mind:** was there a willingness and opportunities for the design to be challenged and changed?
  The minutes documented consensus on programme strategies and assumptions (see annex X for ease of reference). Collaboration with technical ministries took place where SSDF handed leadership over, to Department of Statistics for example, regarding the eligibility and targeting phase of the pilot.
- **Facilitation:** was there outside facilitation?
  Colleagues from the Puente Chile programme assisted with the facilitation in discussions and design stages. Consultants were bought in to lead presentation and discussion during the problem analysis phase.
- **Creativity:** was there ample time for creative thinking
Although the implementation of the KSL pilot was from March 2009-February 2011, the preparation process was lengthy and feasibility reviews took place as indicated in the timeline below:

![KSL timeline](image)

**Figure 7- programme development timeline**

### 3.4.2 Evaluation Criteria
The standard OECD-DAC evaluation criteria were used to frame the objectives and scope of the Terms of Reference (TOR). The research was intended to probe the following key questions:

<table>
<thead>
<tr>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How relevant is KSL programme as part of the Government efforts to address the observed poverty level and patterns in the country?</td>
</tr>
<tr>
<td>How adequate is the KSL programme to promote a multidimensional response to poverty issues faced by the households it targets?</td>
</tr>
<tr>
<td>How appropriate is KSL programme design with regards to the multidimensional poverty and inequities reduction objectives it intends to achieve?</td>
</tr>
<tr>
<td>How appropriate has resource allocation and the monitoring system been in support of KSL?</td>
</tr>
<tr>
<td>Were linkages between the KSL programme and other existing social services and social protection programmes sufficiently articulated?</td>
</tr>
<tr>
<td>What potential does KSL programme offer to promote a child, gender and equity focus in the Government’s response to poverty faced by the households and communities it targets?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>What progress has been made towards achievement of the planned outcomes and outputs? Were the planned activities and services sufficient in quantity and quality?</td>
</tr>
<tr>
<td>How well has KSL contributed to (i) protection of the selected households, (ii) support of their social integration, and (iii) development of opportunities for them?</td>
</tr>
<tr>
<td>What are the stakeholders perceptions and appreciation of the results?</td>
</tr>
<tr>
<td>Has the targeting mechanism been effective in selecting the ‘right’ intended beneficiaries?</td>
</tr>
<tr>
<td>How have the synergies between KSL and other programmes and services contributed to the</td>
</tr>
</tbody>
</table>
### Evaluation Questions

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>How have the delivery mechanisms (coordination, management, etc.) been effective in delivering adequate and timely services to the targeted households?</td>
</tr>
<tr>
<td></td>
<td>How have partnerships been adequate and effective in supporting the KSL implementation and in helping the programme address multidimensional poverty?</td>
</tr>
<tr>
<td></td>
<td>How has the external environment affected the internal management of the programme?</td>
</tr>
<tr>
<td>Efficiency</td>
<td>How have the funds been used compared to initial plans? Is the relationship between programme costs and results reasonable?</td>
</tr>
<tr>
<td></td>
<td>Explain any inefficiencies issues with regards to how the beneficiaries were selected, services delivered and overall coordination of the programme?</td>
</tr>
<tr>
<td></td>
<td>Did the synergies and partnerships among service providers result in efficiency gains?</td>
</tr>
<tr>
<td>Impact</td>
<td>Were the indicators used to monitor the programme relevant and specific enough to measure the outputs and outcomes? Was data collection feasible?</td>
</tr>
<tr>
<td></td>
<td>Are there any unintended results (direct or indirect) at the HH level (women or children)?</td>
</tr>
<tr>
<td></td>
<td>What evidence is there of KSLs contribution to short-term and/or long-term poverty reduction among the selected HHs and their family members?</td>
</tr>
<tr>
<td>Sustainability</td>
<td>What are the programme strengths and weaknesses and the potential to contribute or hinder overall sustainability of KSL and/or other social protection programmes? National SP framework?</td>
</tr>
<tr>
<td></td>
<td>What evidence of buy-in from service providers, the programme beneficiaries and leadership?</td>
</tr>
<tr>
<td></td>
<td>What should the M&amp;E system for the scale-up of the programme (tools, training, processes, etc.)</td>
</tr>
</tbody>
</table>

Table 1- Evaluation questions

#### 3.3.3 Equity Focus

In addition to using the standard OECD-DAC evaluation criteria, effort was made to also strengthen the equity focus of the KSL evaluation. This was accomplished by giving specific attention to equity by prioritizing analysis through three lenses:

**THE DESIGN FEATURES OF KSL:**

**Promote equity as a value by:**
- Making a shift away from the classic ‘provision of services’ towards addressing social and economic disadvantages, risks and vulnerabilities of the poorest households.
- The “crealization” of the Puente Chile programme adding a strong focus on community support and contribution to bring the poorest families out of poverty by building HH capacity for resilience (capacity to know where to go to claim rights and entitlements, etc.) strengthening interactions with the community and networks.
- Operationalising the theory of change that promotes solutions through psychosocial support to families, offers bridges/opportunities for extremely poor households to help themselves.

**Promote equity as a way to measure reduction of disparities by:**
- Identifying seven pillars under a multidimensional approach to poverty through which KSL aims to reduce disparities in access and in use of services and benefits for the poor.
- The use of objective evidence to identify and select KSL beneficiaries and programme dimensions in which issues of deprivation should be addressed and corrected.
Promote equity as a way to build long-term benefits for the society by:

- Emphasizing (i) family dynamics that intends to address HH issues such as violence and lack of capacity to prioritize needs; and, (ii) the HH “connectedness” to the community and the society to support action to correct destructive behaviors (drug abuse, violence, crime, etc.) and to build social capital over time.

- Intending to build/strengthen a portfolio of capabilities within the family and at the HH level

Research questions, data treatment and analysis were designed with these perspectives in mind.

### 3.3.4 Evaluation Plan and Questionnaire Design

To identify the field research questions and the corresponding credible data source a table or evaluation plan was designed to map the evaluation parameters, evaluand, field research questions, methodology, and data sources. This process was valuable on two levels: (1) in guiding the probing necessary to answer essential questions put forth under each of the five evaluation criteria (effectiveness, efficiency, relevance, sustainability and impact); and (2) narrowing down the focus of the evaluation to the most critical questions and identifying the most informative stakeholder. The mapping also made it easier to develop protocols and data collection tools that made data triangulation and analysis more coherent. The table also served as an effective checklist during the analysis and preparation of the report. A sample of the tool can be examined in figure X below.

<table>
<thead>
<tr>
<th>Identification of Field Research Questions and Corresponding credible data sources</th>
<th>Credibility factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>taken from TOR evaluation criteria (based on OECD DAC)</td>
<td>content and utilization focus</td>
</tr>
<tr>
<td>evaluation parameters (questions)</td>
<td>evaluate</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>look on &amp; build</td>
</tr>
</tbody>
</table>
3.3.5 Sampling
Terms of Reference was designed to allow the consultant to cover the seven pillars of the KSL pilot and to consult with all 46 of the programme families. This was necessary due to the KSL programme design and structure (central role of psychosocial support pillar, multidimensional approach, etc.), and possible because of the relatively small number of HHs targeted in the pilot phase (46). Covering all the programme participants delivered the additional advantages of (1) hearing from all the families, and many of their respective members, (2) capturing diverse perceptions about the programme and what change occurred (or not) within their families and their individual lives, and (3) how KSL made that change possible.

3.3.6 Mixed Methods
Given the multidimensional nature of the KSL programme and the complexity of the information needed to evaluate the pilot, the use of a mixed method study design was the obvious and most appropriate approach. This approach was conceived and confirmed by the evaluation plan framing the overall evaluation methodology and specifically the following: 1) Review of accessible research and documentation relevant to the design and implementation of the KSL pilot in St. Lucia; 2) Household interviews were completed with 41 of the 46 families who participated in the 2 year pilot programme targeting communities in 4 areas: Malgretoute, Bruceville, Anse la Verde, and Roseau Valley; 3) Focus group discussions with children and adolescents from each of the target communities, as well as, all the Family Care Givers (FCG); 4) Interviews were conducted with 17 relevant political, government, and programme stakeholders; and, 5) debriefing and exit meetings with all stakeholders. All 5 methods are described in detail as follows:

1. Review of accessible research and documentation
The review of the relevant programme documents was largely conducted in the first three weeks of the evaluation with a view to provide a context for the evaluation and to build on this existing body of knowledge. The review considered early poverty studies, workshop reports, material available from the OAS website and several reports. The number of documents directly associated with the design phase of the programme was limited to a few conceptual papers. The original programme document, including the log frame, was lost during the transition of key staff shortly after the launch of the pilot. Consequently, the evaluation was conducted without a baseline. Based upon the data collected from interviews with senior staff and key original staff, the log frame was reconstructed through a series of training workshops. Remarkably, the individual family files were available and mostly intact, providing important details on the FCGs routine visits to the participating households.

2. Household interviews with 41 of the 46 participating families
The face-to-face questionnaire included 36 questions and was structured to cover all seven pillars (personal identification, health, education, family dynamics, housing conditions, employment and income) and the relationship between the household and the psychosocial capacities and basic family function. The interview began with 5 general questions and the final question asked for general comments on how to improve the future programme. Originally intended to be administered to the HOH at the house, after the pre-test, it was decided to bring the HOH to a neutral setting to conduct the interviews for convenience and in order to protect the participant’s dignity. It was determined that while the FCGs were welcome into the homes, admitting other personnel from the programme/SSDF created level of slight tension. All but 6 of the original 47 households were surveyed. One participant voluntarily dropped out of the programme in the first quarter, another was considered an error of inclusion, and four were not available due to work, travel and illness. The questionnaire was
3. Focus group discussions with children and adolescents

Three Focus Group Discussions (FGD) were conducted, one at each of the geographical study regions with a total of 32 children and adolescents in attendance. The group meetings were organized by the FCGs for each of the locations. Due to poor turnout, one had to be rescheduled. The others took place in spite of a very heavy rain. There was relatively good gender balance in these three FGDs, as well as a fairly good distribution of age (10 to 18 years of age). A FGD was also organized with the FCGs permitting an open discussion to review the programme reporting process and the main steps and forms used for the intake and psychosocial assessments of adults and children. The 4 FCGs are all women. A final FGD took place with the 7 SSDF Project Officers and staff (only one male) who conducted the household interviews to capture their perceptions of the process and general views of the participants.

4. Interviews with 17 national stakeholders

Key informant interviews were carried out over a period of 2 weeks which allowed the collection of often high spirited comments from SSDF management, Board of Directors, Social Protection Network, NGOs, Government stakeholders and previous staff members.

5. Debriefing and exit meetings with all stakeholders

Two stakeholder briefing sessions were organized toward the end of the fieldwork. The first was intended to provide feedback to the key informants and the second session was organized to present and discuss the emerging recommendations with relevant high level decision makers. The former was attended by SPN members, the Deputy Representative for the UNICEF Office for the Eastern Caribbean and the UNICEF Monitoring and Evaluation Specialist who supervised the work of the consultant. The Minister of Social Transformation actively participated in the latter along with the SSDF current Board members.

3.3.7 Fieldwork

Pre-testing of data collection instruments took place in week 3 of the field work resulting in minor changes to the questionnaires and process. The changes were mainly due to language consideration. Household interviews were conducted in English and in some cases during the initial interviews by two interviewers per household permitting the more experienced staff to guide the junior staff in interview technique.

The 46 participating households live in 4 main community sites (Bruceville, Roseau, and Malgretoute) and two smaller sites, La Pointe and Anse La Verdue. All sites were visited.

All interviews and focus group discussions were recorded for reference and accuracy.

3.5 Process and time frame

3.5.1 Process

The evaluation was conducted after the completion of pilot and during the first year of the phase two slightly scaled up programme. As Government warmed up to the idea of funding a second phase of KSL, the need for an evaluation was prioritized to review the design of the programme. Many of the original staff had already transitioned into other government services in St. Lucia and one key staff member had moved on to a post outside of St. Lucia with an international organization. The pilot was originally staffed with 9 professionals including 4 Family Care Givers. At the time of the evaluation...
only 3 of the original staff were engaged (3 Family Care Givers). SSDF equally had gone through a turnover of leadership.

The consultant conducted the evaluation, working closely with the technical staff of SSDF and UNICEF. SSDF staff participation in the evaluation was a strategic effort, planned to reinforce the staff capacity to carry out research and analysis and as an important building block towards a functional monitoring and evaluation culture.

The research and evaluation was completed over a period of 4 months and has been extremely participative allowing representatives of the technical and political stakeholders (including children) and decision makers to candidly express their views and perceptions. This inclusive approach has resulted in the following achievements:

- **Engagement of stakeholders at all levels reinforced:** With the shifts in SSDF staff, change in administration and lull in funding, support for KSL became somewhat passive. The participation in the evaluation helped to revive this support and strengthen engagement and to renew overall commitment to the programme, particularly important as a slightly scaled up phase is launched.

- **High level discussions on strategic issues:** Debriefing sessions brought together political and technical leaders from the development community for discussion of common issues and helped to underscore the importance of standardizing strategies and prioritising actions that can make a difference in improving social safety net programmes in St. Lucia.

- **Reinforcement of planning, monitoring and evaluation capacities:** Both SSDF and the MOST requested UNICEF support to provide training on RBM and Equity-focused M&E. The consultant co-facilitated these sessions with UNICEF specialist, training nearly 40 staff. This contribution has been pivotal in pushing for a vibrant M&E culture in SSDF and MOST.

- **Strengthened management involvement in M&E:** SSDF has requested UNICEF assistance to ensure their management response to the evaluation recommendations is carried out.

- **Long-term investment in M&E:** as this report is being finalized, SSDF has requested UNICEF assistance to respond to the evaluation’s concern for stronger M&E, including a framework for KSL in particular and for SSDF in general.

### 3.5.2 Time frame

A comprehensive work plan for the evaluation was developed and completed with SSDF and UNICEF M&E Chief and agreed upon by week one with SSDF management and key members of the social network. The plan outlined four phases: preparation and desk review; design of protocols and data collection tools; field testing and field research; data analysis and drafting of the report.

The evaluation research presented in the report reflects the results uncovered from field work implemented in October – November 2012.

### 3.6 Evaluation Limitations

The paucity of original programme documents was a major limitation. This was complicated by the absence of a relevant institutional memory among the SSDF staff. Reports and meeting minutes were difficult to collect as the programme coordinator had just moved office and files were still boxed up during the evaluation. It should be noted that, like many small island states, St. Lucia is still very much a “paper culture”. Hence, computerized file systems remains a distant prospect. The staff at
SSDF and other stakeholders (MOST, NGOs, among others) were very cooperative, easily accessible and highly motivated to contribute to the evaluation process and learn from it.

As discussed during the review of the evaluation TOR, questions relative to costing and cost evaluation could not be pursued due to time constraints and concerns regarding the gathering and preparing of necessary documents on programme expenditures. These concerns were indeed relevant as evidenced by the challenges faced in obtaining budget and expenditure documents and the limited number and weak quality of financial data accessed during the field work.

The time required for data collection, staff capacity strengthening, data treatment and analysis and finalising the report was underestimated in the TOR. Despite adding an additional week to the field work, an evaluation of this complexity (multidimensional, multiple geographical sites, etc.) and difficulties (the paucity of programme documents, and weak institutional memory) requires more than time allocated in the TOR.
Chapter 4 – Evaluation Findings

This chapter outlines the findings derived from the analysis of evidence gathered using the mix-methods discussed in chapter 3. The findings should be interpreted with caution considering that: (i) given the short duration of the pilot programme (two years), determining the effects of programme activities, positive or negative – intended or unintended is premature; (ii) the constraints in programme delivery prevent the accurate assessment of relevance and effectiveness. For example, due to delays in funds transfer, significant and key achievements could not materialize; and (iii) the data from programme documentation and design instruments is also fragmented and has many gaps, thereby hampering a clear understanding of effectiveness.

4.1 Relevance

4.1.1 How relevant is the KSL programme as part of the Government effort to address the observed poverty level and patterns in the country?

Social protection initiatives continue to be relevant across Caribbean nations including St. Lucia. They are increasingly receiving political attention largely due to the persistence of inequality and exclusion, particularly in middle-income countries such as St. Lucia. Changing population trends, other threats to sustainable development are challenges characteristic of MICs, and such trends documented in recent reviews of the MDGs, including St. Lucia, reveal that many countries are close to reaching the planned targets but show structural disparities between males and females and urban and rural, etc. 30

St. Lucia is one of several small Caribbean Nations who share a longstanding commitment to the fight against economic and social vulnerability. Expenditures on social safety net initiatives are notable, as reported in the 2009 Social Safety Net Assessment, which underscores that “an estimated 43% real increase in social assistance, driven largely by the addition of programs and projects implemented by SSDF” 31. At the time of the KSL pilot programme (in August 2009) it was estimated that more than half of all social assistance funds were coming from government (that would not, however, have included the KSL pilot, which was launched in July 2009). The Prime Minister at the time, Honerable Stephenson King, spoke very highly of KSL and reaffirmed government commitment in a speech to the Social Policy Symposium in mid-November of 2009 stating: “…the Government of Saint Lucia hastens to renew its commitment to the reduction of poverty as exemplified by current programmes now being implemented such as the Koudemen Ste. Lucie”. This is particularly relevant data pointing to the government’s effort to focus St. Lucia’s pursuit of the MDG on Poverty.

The KSL programme was piloted to test the extent to which the basic principles and approaches of the Puente Chile programme were relevance and consistent with the national and local culture, policies and priorities and the needs of the KSL families. The Puente Chile design continues to be pertinent as a vehicle for poor communities and families to reduce economic and social vulnerability levels in Chile as well as other countries in a modified design. 32 The KSL programme and its intended outputs

30 Achieving the Millennium Development Goals with equality in Latin America and the Caribbean: Progress and challenges, August 2010.
32 For an excellent and recent review see Social protection systems in Latin America and the Caribbean: Chile, Claudia Robles Farias, ECLAC, December, 2012 and Evaluating antipoverty transfer programmes in Latin America and sub-Saharan Africa, WIDER Working Paper N0. 2013/009, Armando Barrientos and Juan M. Villa.
and outcomes continue to be consistent with national and local policies and priorities and the needs of the intended beneficiaries. This is evidenced by Government’s funding and support to a second phase that is slightly scaled up.33

With regard to the cultural relevancy of the programme, 40 of the 41 households interviewed suggested the programme should be continued. Interview comments support this noting that KSL “helped in as many ways as they could with the limited resources available”; “although it was better in the beginning, skills training was A+”; or, “[my] situation improved even though the programme did not deliver all the benefits promised”. The strategic employ of the FCGs was culturally acceptable as twenty-three households continue to call on the counselling services of the FCGs even though the pilot has closed. When asked about the response of the neighbours and community to the family receiving support from KSL/Government, thirty-eight of those interviewed indicated neighbours responded positively or envied their participation in the programme. This data suggests that the KSL programme has a high level of cultural acceptance of the activities and/or method of delivery and is therefore feasible within the local context.

4.1.2 How appropriate has resource allocation and the monitoring system been in support of KSL?

Resource allocation to KSL and corresponding monitoring system appear to be insufficient. A review of the estimated capital expenditures 2010-201134 lists SSDF programmes as having received nearly 22 million ECS (8.14 million US$)35, but no funds were transferred for KSL. If the programme design and approach were relevant in November 2009, what factors influenced the decision not to finance KSL pilot? Perhaps it would be easier to understand why and how KSL survived. Key political and technical stakeholders and SSDF leadership noted that:

- Despite the continued uncertainty in the global and regional economic environment, internal changes in SSDF, and the change in country leadership (April 2007), the programme continued to receive strategic support from the OAS Puente in the Caribbean initiative manifesting its confidence in the programme design and potential for effective implementation.
- Much of the ‘political directorate” who contributed to the preparation process continued to have “buy-in” despite the dampening climate, and continued their commitment to and promotion of KSL as a relevant approach to poverty reduction in St. Lucia. This group represents a big share of the political capital that kept KSL alive.
- Several CBOs such as the National Council for the Elderly, Caritas, National Council for the Blind, and the National Council for the Disabled persisted to claim KSL as the most appropriate response to help poor and vulnerable communities. Their commitment translated into in-kind donations, technical assistance and services for the KSL households.

---

33 A second phase of Koudmen Sent Lucie was initiated in April 2011 with initial funding received from Government of 3 million EC.
35 July, 2009 exchange rate: 1 US = 2.7024 EC
SSDF enjoys a heightened level of trust, confidence and regularity earned through its years of engagement with the communities where they have delivered results in the past through other development programmes, BNTF for example. These communities having used the SSDF opportunities to realize rights and access entitlements and did not hesitate to inform their political leaders of their confidence in SSDF. They are particularly well-informed about KSL due to the public communications effort.

With regard to the relevance of human and financial resource allocation to the KSL pilot, funds from HOPE used to maintain the FCGs were key to the successes of the pilot. Had SSDF not maintained this investment, the coordination and counseling carried out by FCGs which enabled partnerships with service providers, would have been unlikely. These partnerships resulted in 13 referrals (health, Human Services, NGOs, etc.) as noted by the household interviews. Additionally, household interviews indicate that appropriate and timely discussions with FCGs clearly contributed to the reinforcement of the family’s portfolio of attributes and a “change” in the family head’s ability to better manage their household situations, for example (see table 10 for details). In the absence of allocation of the cash transfers under the income pillar it is difficult to analyze the relevance of this important input.

However, with the moderate levels of success in the non-income pillars, KSL may find it helpful to examine the timing and level of cash transfers before considering this dimension in the next phase of the programme. While the level of transfers needs to be sufficient to bridge the gap between the indigent household income and the poverty line, not every household requires the same amount or type of transfer. This is but one of many issues (conditionality being another) relative to determining the timing and level of cash transfers and would experience a higher level of sustainability if executed in close collaboration with a national policy process.

**4.1.3 How appropriate is KSL programme design with regard to the multidimensional poverty and inequities reduction objectives it intends to achieve?**

While good programme design and planning are extremely important (quality analysis, good log-frame process and robust theory of change), an iterative process of learning and improving is equally important to the success of pilot initiatives particularly. Defining social protection is rooted...
in an understanding that poverty and deprivation is multidimensional and dynamic. Poverty levels change with the evolution of life events (illness, divorce, expanding and contracting families, etc.), between generations, breadwinners and dependents, changing household and individual capabilities and assets, all affecting risks and vulnerabilities. Beyond trends and patterns, poverty levels change in or out of poverty and in given time periods requiring policies and programmes to consider these fluctuations in order to better understand and respond.

How does the programme track and monitor these changing trends that can often contribute to increasing inequality? These questions are pertinent for the KSL programme with expectations to “graduate participants from poverty”. The evaluation focused on two levels of tracking and monitoring:

(i) **Internally**: By setting minimum conditions (MCs) or goals each family outlines requirements for the household to “graduate”. The family is guided through a process of assessment that assists each member to determine what attribute/capability, service and/or benefit they need to function at a level that reduces risk and vulnerability in each of the pillars. Unlocking their functioning and capabilities potential ultimately rests in his/her freedom to choose what matters most. This process is conducted over a series of work sessions with the families immediately after the eligibility step and concludes with an agreement signed between the programme and each household. Establishing MCs determined by each family provides a base line and the basis for the program to track progress and change as the household moves through the programme. While this design feature has been a pivotal monitoring instrument in the Puente Chile, it was never fully operationalized in the KSL pilot.

The integrated design of the programme requires significant and dedicated fiscal and human capacity for effective delivery. Putting into place the proper institutional arrangements in terms of joining up the framework for the 7 pillars, proved to be a formidable challenge beginning with a system to track family progress towards their established MCs. The evaluation found fragmented effort to establish and monitor these. A review of accessible training materials suggests that the FCGs received the orientation that underscores the requirement that all families understand and establish “goals” or MCs relative to their “graduation”. Additionally, examination of completed “psychosocial family intake forms” (15 out of 41 household files were accessible) illustrates the attention given to ensure that essential and relevant information was collected. Also the review of terms and conditions listed in the “mandatory” programme contracts examined (13 of 41 household contracts were reviewed) included many of the standard MCs. Clearly, the FCGs understood the importance of getting a commitment from each family on the MCs expected to be met under each of the 7 pillars. However, little indication of systemised approach to collect and monitor this information was found. The term “MC” is rarely used in the individual status reports or the “event and visit forms” routinely completed by the FCGs.

Therefore it is difficult to ascertain whether: (a) the important logical connection was established and respected between achieving the MCs and “graduation”; and, (b) the fluctuations between poverty levels and dynamics of life events were followed.

---

understood or responded to. In the absence of this vital overview, the question of equity comes into view. FCG responses to household requests appear to have been somewhat subjective and ad hoc.

(ii) *Externally:* When programmes are scattered across different institutions with varying governing regulations, the results are often uneven outcomes, poor targeting and problems of undercoverage and leakages. Too few programmes in St. Lucia incorporate monitoring and evaluation into their programme design with a view to promote sharing of technical resources, data and experiences. Eliminating fragmentation among programmes is a challenge facing many countries with emergent social protection systems. The KSL concept and design documents reviewed intended the programme to promote “greater harmonisation among social development agencies and across Ministries.” The structure and “delivery mechanism was designed to facilitate synergies and collective efforts of Government, CSOs” in order to better address the challenges facing poor communities. In practice, KSL’s focus is on the family. The goal to create links with other structures working in similar areas should be followed up with strategic action in order to influence policy decisions, strengthen social protection for the poor and near-poor. The programme should be relevant and engage in discussions on the issues of targeting, coverage and funding in appropriate policy fora. Effort to interpret the KSL experience for evidence-based advocacy within the public benefits network would bring in a broader perspective.

4.1.4 How adequate is the KSL programme to promote a multidimensional response to poverty issues faced by the households, its targets? Were linkages between the KSL programme and other existing social services and social protection programmes sufficiently articulated?

There have been substantial debate and discussion on why a multidimensional response to poverty yields good results when focusing on economic and social vulnerability. It is clear that silo effects are less effective and generally not enough to make a difference in multidimensional poverty. While implementing programmes in an integrated manner continues to present major challenges, the multiplier effects achieved are well worth the struggle. The evaluation looked at two core qualities for success of integration that can be major barriers to achieving multiplier effects when applying a multidimensional response to poverty: (i) coordination of sector-specific responses; (ii) addressing both the social and economic vulnerabilities based on an understanding of how they interact. The weaknesses and strengths of the KSL SPN, the technical steering committee for the pilot programme, were discussed (see Chapter 2) in detail. The SPN met with difficulties in facilitating cross sector/multi-sector responses to the KSL households. Nearly 160 responses were delivered through the 7 pillars, but multiple cross sector-specific interventions were limited. Take the simple example of families ensuring that their children have uniforms, school books/supplies, and fees to enrol and stay in school. KSL was capable of providing the uniforms which children needed to feel socially acceptable and the books. And although the interaction was theoretically understood between the economic (cash for fees and transport) and the social vulnerability (faced by children who are stressed by attending school without uniforms and/or books), the SPN had limited

---

success at coordinating a comprehensive response within the educational sector. The second shortcoming was between two sectors or dimensions - education and income - of the programme. Finally, the lack of cooperative agreements with other potential partners (NGOs, faith-based organisations, private sector, etc.) to fill the gaps where government protection measures was a limiting factor, according to the data. In another case, KSL paid for 4 students to take their CXC exams which all 4 passed. However, a year later the 4 were still unemployed and not enrolled in skills training courses or vocational school. The programme’s inability to connect the dots between passing the exam and finding opportunity for continuing an education resulted in unfortunate circumstances for the students.

Stronger political will was needed to back-up the technical analysis and decisions taken by the SPN. Appointments to the SPN should be nominated by a high up official in the ministry and appropriately documented (Memorandums of Understanding) including resource availability. Clear linkages between KSL and sector outcomes/outputs (e.g. health, education, employment, early childhood development, child protection, among others) should be established to identify and maximise potential collaboration. A reinforced network of service providers at the decentralised level would have also strengthened their capacity to coordinate a multi-sector response in a timely manner both within each of the 7 pillars and between the pillars. A mapping of the available potential resources at each of the programme sites would be helpful.

With the constraints faced by the SPN, the FCGs spent a great deal of time working on coordination both within and between pillars. They often used personal contacts to achieve this coordination robbing time needed to establish and track family goals or “minimum conditions”, the important stepping stones toward graduation. While FCG help families to assess their needs, set minimum conditions and devise a strategy to address their social and economic exclusion, KSL should strategically include transformative measures to address the coordination and administrative hurdles indigent households face when trying to access social services, benefits and programmes, including the gaps in service provision within and between the pillars.

4.1.5 What potential does KSL programme offer to promote a child, gender and equity focus in the government’s response to poverty faced by the HH and communities its targets?

The multidimensional approach to poverty issues, to maximise success, needs to focus not just on poverty levels, but on those struggling in a cycle of poverty (cumulative impact of discrimination, risk, vulnerability and exclusion) and those on the margin of it. In doing so, a well-designed programme must consider a continuum of age- and life-stages where the needs of an individual changes throughout their life, from conception to death. This reflection should see changing needs as more than needs at a chronological age to include the different stages and events of life which an individual or household passes through. An examination of economic and social vulnerability at different stages of the lifecycle will help to analyse how risk and vulnerability is influenced by interlinked lifecycle, inter-generational and social exclusion factors. While a certain degree of this type of analysis was undertaken in the design phase of the KSL pilot, there is little indication that an understanding of the roles, relationships and links between different age groups was considered in great detail.

Stakeholder interviews acknowledged KSL as “… one of the few safety net programmes that speaks to the Convention on the Rights of the Child (CRC) through its focus on education and family
dynamics pillars designed to create a stable and enabling environment for children. This is an important step towards breaking the generational poverty that is a main characteristic of indigent households”. The evaluation research found that the education and family dynamics pillars of the pilot delivered many indirect benefits for children such as school uniforms and books, improved housing situations that separated parents sleeping space from the children, potable water and better toilets, as well as, improved family environments.

With the advent of the new Labour government, elected in November 2011 after five years in opposition, efforts to address the levels and patterns of poverty in St. Lucia have been accelerated. Reform of the policy framework that guides social safety net programmes has taken a front seat among the priorities established by the incoming administration. There is welcomed pressure to establish a central beneficiary system, for example, to better track and monitor families receiving assistance, and avoid duplication and waste of the limited funds. The reform has also taken on the need to standardize eligibility criteria and the use of the Proxy Means Test as the scoring instrument that employs a Multidimensional Vulnerability Index. Of the 30 social assistance programmes listed in the Social Safety Net Assessment (August 2009), KSL is the only one that employs a multidimensional approach. Their experience could be useful to the reform dialogue and process in general and to establishing good practices in social safety net programmes in particular, including the currently debated issue of conditionality in cash transfer programmes. KSL’s leadership in these areas is a great asset to the national research and development agenda in the area of social protection.

The potential for promoting the design of the KSL programme objectives, outcomes and outputs remain relevant and the evidence emerging from each of the pillars suggests that, given the proper resources and a more efficient use of them, the programme could have a marked impact on the reduction of poverty in St. Lucia. The better articulated and functional the national policy framework on social protection, the more relevant and effective the network of services and benefits are at providing protection across the different dimensions/pillars of safety net programmes. In order for this statement to have meaning for a scaled up KSL programme, a reformed and enabled social protection framework would govern both contributive (pensions, social security, etc.) and non-contributive (social allowances, subsidies, etc.) policies including a network of services. Operationalizing such a social protection system in St. Lucia is progressing at a steady pace. Meanwhile, slowly scaling up the KSL programme should be supported in close cooperation with the reform work in progress.

4.2 Effectiveness

The evaluation followed the logical sequence of results (refer to the results framework: figure 2) in order to learn to what extent the programme’s intended results (outcomes and outputs) have been achieved as outlined in the evaluation TOR. Because of the duration of the KSL pilot (2 years), assessing outcomes, a period too short to realize outcomes, the evaluation looked at contributions towards intended outcomes.

4.2.1 Outcome one: 46 indigent households identified, using a standard targeting mechanism to facilitate (enable) the extension of opportunity within the 7 pillars to transform HH’s out of indigent poverty

A two part questionnaire (part 1: household filter and part 2: individual) was administered scoring households in multiple categories including housing conditions, education, employment and income. In exploring whether this targeting mechanism was effective in selecting the right intended
beneficiaries, the research findings indicate that low errors of inclusion were made with the selection of 4 single person households (4) who were likely eligible for other state run programmes for the elderly or disabled, for example. One family, acknowledging the inappropriateness of selection for them, voluntarily dropped out of the programme shortly after the first interview.

Nationally, there is a high proportion of female-headed households (42.5%) with the majority of these functioning without a partner. And although the incidence of poverty is noted to be roughly equal among male and female headed households, it is noted that among the 34% of male headed households in the KSL pilot only 24 of the 147 children reside in these 16 families. Further analysis reveals that over half of the male headed households have only one or no children and 4 of these are single person households. On the other hand, there are no single person households headed by females in the programme and only 3 families with female heads and no children, but these households include adult children.

This analysis also suggests some inefficiency in the use of the FCGs time who could be counseling larger families, particularly those with children, instead of spending time with single male headed households. A well-targeted programme will achieve maximum coverage but, more importantly, the programme should fully examine the use of a standardized PMT, cost-effectiveness offset by a reliable local poverty impact analysis when scaling up the KSL programme.

As to whether the KSL pilot selected the most indigent of families, several cases to be included were brought to the attention of the FCG and/or staff by other safety net programmes, civil society organisations or community leaders. A number of these cases were, after careful review, considered for inclusion in the KSL programme. It was agreed that, in addition to the eligibility test (PMT) as a mechanism for targeting and ranking potential participants, the programme should consider establishing a two-part criteria targeting mechanism for selection of beneficiary households. Part one would be based on geographic location and the PMT and part two could be based on a community screening process. Many CTs and CCTs employ similar approaches. These inefficiencies raised by stakeholders and staff highlight opportunities for adjusting the way the PMT is administered and suggests issues to be discussed in a broader forum.

The poverty analysis data available during the programme preparation was rich, credible and widely validated by the main stakeholders. These data guided the selection of the geographical target zones for the programme. Sources of the key informant interviews questioned why urban sites had not been included despite credible studies that noted the distribution of indigent poverty in St. Lucia included Castries city and other suburban areas.

4.2.2 Outcome two: By 2011, sustainable livelihoods, coping strategies, and the quality of human relationships and interactions are improved in 46 indigent households in 4 vulnerable communities.

Opportunities for social integration, a major goal of the programme, are largely determined by changes in attitude of the members of the family. These changes were most notable in the pillars of family dynamic and the effort to create and restore family psychosocial capacities and basic functions. Applying the gains made in this area, household interviews noted that after the end of the KSL pilot they continued to remain “extremely confident” in their ability “to manage their family situation” and maintain the “improved environment for the family to work together”. Because of these changes,
households are better poised to seize the opportunities for social inclusion and realization of their rights in terms of obtaining proper identification, routinely using the local health facility, interacting with the school community, among others.

The strategic intent to provide links that draw the family into local networks offering services and benefits was not sufficiently successful. Although, the FCGs lived relatively close to the programme sites, their knowledge and ability to connect to the local networks was not maximised. If the FCGs had mapped out all of the potential resources in the community and, perhaps made courtesy calls to the NGOs and churches, for example, they could have better understood these networks and facilitated strategic connections between the household and the community. Instead, the FCGs were perhaps too dependant on the “connections” through the SPN or, in the best case scenario, personal contacts. Had they conducted a mapping exercise and nurtured priority contacts, their role to create these linkages would have been more successful.

In conclusion, the changes in the way the members of the household relate to one another were important in enabling the family to take advantage of social inclusion opportunities. However, quality and quantity of those opportunities was limited by the FCGs insufficient action to make and protect linkages to local networks and benefits. Additionally, where SSDF could have facilitated a KSL connection to these linkages through other SSDF programmes, they did not sufficiently promote a sense of “connectedness” between the programmes. BNTF, for example routinely conducts community mapping as a prerequisite to project implementation and, although they completed the mapping in Brucerville, for example, the KSL FCGs did not have access to this data nor was there and exchange of information with the BNTF staff. Had the SPN maintained a strong and active programme guidance role, engaged often with the FCG and other SSDF staff perhaps the quality and quantity of exchange between and among programmes would have been more beneficial.

**Psychosocial support**

At the heart of the KSL intervention theory is the assumption that people in extreme poverty who are cut off from existing social and aid networks, can achieve an adequate quality of life by strengthening their portfolio of capabilities and developing a series of social skills. Providing psychosocial support to the households supports this assumption and is a crucial element that facilitates families to recover or gain access to their own capacity to resolve issues in their personal, family, community and institutional environment. With regard to what strengthens the household capacity to function when facing family or personal difficulties, household interviews mentioned: “maturity”, “trust and communication”, “family discussions”, “open communications”, “respect for each other”, and “taking time with kids”.

While stakeholder and household interviews linked positive results in several of the seven pillars to the pilot’s ability to deliver some inputs in a timely manner (Christmas voucher, skills training, and personal ID), the achievements in operationalizing psychosocial support and strategies made the difference despite the delays in funding. Over half of the 41 HH interviewed indicated that participation in the KSL programme resulted in a better understanding of their family
assets and they used them more wisely including cash or materials, friendships and acquaintances, general knowledge and parental skills.

All families reported that the FCGs visited their households no less than once a month during the programme and 40 of the 41 families indicated that FCGs telephoned often (22) or sometimes (18). As a result of this strategic use of FCGs ability to directly accompany family dynamics, the data suggests that many households grew optimism about their future socio-economic status.

![KSL participants perception of change in family situation](source: Household interviews)

This improved attitude (illustrated in figure 10), even if measured with a basic perception question, can be correlated towards their orientation toward the future (see figure 11), and their willingness to invest in assets that improve their likelihood to eventually escape extreme poverty over time.

4.2.3 Outcome three: Response and support to the needs of the KSL families and communities is improved by the forming/functioning of a social protection network of service providers covering the 7 pillars.

The ToR for the SPN prioritized the use of the comparative advantages of each member agency to ease access of opportunities, services and benefits for KSL HHs covering the seven pillars. To a large extent the SPN effectively served this purpose during the period of routine functioning. However, stakeholder interviews trace the gradual decline of the SPN beginning July 2010, just 8 months into the implementation of the KSL pilot. This shift appears to be due to staff changes, insufficient funding and competing priorities at the level of SSDF leadership. The same issues that

"the difficulties with the SPN was due to strained working relationships among the agencies (18-25). The momentum broke down… we learned that we had to change the way we practice social protection interventions. Many left the KSL experience convinced [of the need] for a new way of doing things. The emerging social protection and safety net networks/committees have greatly benefited” from this experience.

Political stakeholder interview
were destructive to the SPN were equally so to KSL’s ability to create and maintain strategic and cooperative relationships with other stakeholders. Shifting priorities in the political and economic landscapes also affected the programme’s ability to secure funding thereby resulting in inadequate quantity and quality of service delivery under the seven pillars. The programme’s ability to offer basic opportunities to the programme households was decidedly insufficient to achieve planned outputs. Further, the necessary convergence of services and benefits on the KSL household was watered down and ad hoc.

It was most unfortunate that at the very time when the SPN was most needed to integrate the delivery of services and benefits from the sectors represented by its membership (most notably the Ministry of Health, Ministry of Education, and the Department of Human Services) to the programme participants, the SPN’s response was limited. Other inputs, including school supplies, uniforms and books, Christmas vouchers, employment opportunities and materials for improving housing conditions came from the budget of HOPE and the five containers of lumber, windows and doors donated by the EU (see figure 20 for details).

Stakeholder interviews point to the lack of MOUs that crippled the functioning of the SPN. However, it is difficult to understand how MOUs alone could have translated into practical support from the different ministerial budgets without intervention from the Prime Minister’s office. Political will is a good part of the equation for inter-ministerial cooperation and common networks, but when sharing budgets and human resources, governing regulations or a policy directive is more likely to generate results.

Stakeholder interviews also noted meeting agendas were often prepared without input from the members and circulated too late for timely feedback. The modality used to notify SPN members of scheduled meetings was email which, in a “paper culture” operating on official invites being transmitted through the ministerial cabinet, does not carry the same weight at the technical level. Interviews also revealed that commitment decayed because members “felt their skills and comparative advantage was not being used”. The leadership and coordination needed to be more efficient at harvesting the commitment and enthusiasm of SPN members that was demonstrated early on.

The percentage of households benefiting from inputs in the seven pillars is illustrated in figure 12. Stakeholder interviews indicate that many of the services and benefits delivered were obtained through personal contacts and influence by individual SPN members and, to a certain extent, personal connections used by the FCGs.
In conclusion, the SPN was properly formed, and for a brief period, functioned with full awareness of the processes and methodologies employed by the KSL programme. According to stakeholder interviews, the SPN also had a good understanding of the indispensable contribution and role of each of its agency members. However, the timing of its cease to function left the KSL pilot struggling to survive and the achievement of synergies between KSL and the major stakeholders suffered greatly. Although the network members came to the table with much enthusiasm, and albeit a weak capacity for programme development, their enthusiasm was not able to drive the momentum. In essence, their experience and skills did not succeed at strengthening the coordination and leadership as anticipated and required.

**How well has KSL contributed to (i) protection of the selected households, (ii) support of their social integration, and (iii) development of opportunities for them?**

Results in personal identification pillar clearly put 12 households a step closer to being able to take action to improve their situation. A number of barriers to KSL families accessing social services and benefits during the course of the programme are recorded in the FCG reports. It does not seem that awareness about the various policies, benefits and services is an area of great concern. Single female head of households, for example, were aware of their entitlement to child support for minor children. Difficulty in, (i) finding the money for transport to and from application points, obtaining and completing the paper work or follow up with legal action were barriers frequently mentioned. The lack of transport money would delay an application process, and in some cases, family members reported that the application process placed them into debt.

FCGs counselled households dealing with violence, drug and alcohol abuse, and gambling, as well as, community members who interface with these families. In a number of cases, conflict resolution sessions and anger management consultations were organized and legal action was sought to solve domestic violence. The key strategy for working with indigent families favors actions that support and stabilize the family’s interpersonal relationships among family members. This is often most challenging considering the high levels of stress and internal tensions. However, success in implementing this family dynamic strategy can be equally as important as other dimensions of the programme by bringing the family together around goals and plans that lead to wellbeing and positive change in the family situation.

The most powerful contribution towards building a families’ resilience is clearly the documented case of drug and alcohol recovery. A female head of household abusing crack cocaine and alcohol, found the strength to give these vices up with the counseling from the FCG and her help to get professional support. The FCGs personal knowledge and experience played an important role in advising and monitoring the KSL participant. Two years later she continues to recover, and has started up a small hair care business.

---

**Personal ID**

The KSL pilot assisted families to obtain 13 school certificates, 8 birth certificates, and 2 voter registrations. Two participants were assisted with proper citizenship documentation and one person obtained divorce papers. Participants noted in their interviews appreciation for this help and also for the fees, and transport in some cases, which KSL supplied for processing most of the requests. However, more importantly, several interviewees commented on how central this help was in accessing “support and benefits for [their] children” and, in a number of cases, registering adolescents or young adults for short courses and skills training.
4.2.5 Access to critical government services

Health

Figure 13 illustrates moderately successful results in the health dimension. While most communities are within access of the community nursing services and a bus ride from the regional health centre services\(^\text{40}\), the FCGs noted that many families do not receive basic health care due to “lack of funds for transport” and/or the “ability to focus time and resources on preventative services”.

While all families were encouraged to use local health facilities and go for HIV/AIDS testing, 12 households specifically mentioned the role of the FCG in advising them on the importance of preventative care, particularly good nutritional practices for the children and specifically for diabetes control, other illnesses and persons recovering from alcohol and drug abuse. These comments were underscored by 7 families facing particularly adverse situations who made the interviewer understand that they now considered health and wellbeing “as a value or resource”. These families also linked the importance of good health in order to ‘find and keep work’ and to ‘maintain children in school’. Twenty-two of the 41 households interviewed confirmed the usefulness of FCG general counselling on health issues and in 5 cases payment for a number of diagnostic tests.

Education

Thirty-nine out of 41 families interviewed received some assistance from KSL in the education dimension (see figure 14 for details of services received). More importantly, 34 of the 41 HHs surveyed noted that they understand that education is important element for accessing future social and economic opportunities.

\(^{40}\) MDG report
Although the programme principles call for connecting the programmes, services and benefits in education to the stage of development of family members, this was constrained by the insufficient funding and difficulties encountered in coordination with other service providers as mentioned. Unfortunately this was particularly the case for service delivery and benefits for the under-five population of the participating households. In-kind contributions of school books, uniforms and shoes were distributed to nearly all families with primary and secondary children in school. KSL paid fees for five girls and boys to sit for secondary school exit exams (CXC).

Rare opportunities were organized for adults to receive tuition for formal training, skills upgrading provided by the First National Bank, Access to NSDS and benefits from training with NRDF. The programme approached a number of private sector businesses (First Caribbean Bank, Admac Ltd., among others) for sponsorship of courses in front office management, Quick Book, hairdressing, cake decorating, IT training, local coconut oil production, etc. Three of the 14 families receiving support to build skills in these areas were relatively successful and able to support their immediate and or extended families and, in two cases, specifically open a business and train others.

**Housing**

Thirty-seven out of 41 KSL families registered critical needs required to meet basic living standards (illustrated in figure 15), including problems of: overcrowding, rat infestation, no or sub-standard toilet facilities; inadequate, incomplete or dilapidated structures; lack of potable water and electricity; and, poor ventilation, for example.

All households (12) participating households in Roseau programme site had no toilets or showers, for example. FCGs adequately documented the housing situation with photographs to the files.
KSL was unable to respond to the many requirements to improve the housing conditions due to: (i) insufficient funding and materials; (ii) weak capacity needed to prioritize use of limited funding and in kind resources; and (iii) land ownership issues: 11 families were squatting on Crown land according to psychosocial assessment documents (not all of these were accessible). Others were unable to produce evidence of ownership despite several generations having occupied the land.

KSL assisted six families to relocate to improved conditions with comparable rents, safer and/or more convenient environments. Four families (2 in Bruceville and 2 in Roseau) received support to improve the outer walls of their dwelling and KSL built or rehabilitated 6 family dwellings in the Malgretoute programme site (see figure 16). The fact that KSL constructed and rehabilitated family dwellings in only one of the three programme communities remains a source of tension among the KSL families, staff and at one point received media attention. This situation placed the FCGs in an untenable situation as they were on the front line when facing 31 households who, in spite of the obvious need and documented requests, did not receive support. This was exacerbated by the assessments undertaken for every family, leaving reasons for expectations of minimal support. The deficiencies in this pillar of the programme represent a major shortcoming of the pilot programme as evidenced in the comments noted during the face-to-face interviews with the 41 families: 26 of the households surveyed mentioned a major gap in the programme’s ability to respond to the documented need in the housing pillar.

The research documented a number of cases of “no cost” improvements made to the home environment, including: subsistence gardening (8), clean and healthy interiors (11), and petitioned sleeping arrangements for adults and children (using sheet or curtain) (8). While KSL did not assist many families (3) with the purchase of cell phones, washing machines, TVs, refrigerators, computers, radios, sewing machines, and irons, nearly all households reported acquiring one or more of these items while on the programme. These changes are an indication of a heightened awareness of the need to prioritize safer and sleeping and eating conditions. Having incorporated these habits into the family living situation is a sign that an acceptable level of wellbeing is necessary to operate and integrate into the community as a family is understood.

**Income and Employment**

Although the programme separates the pillars of income and employment, the two are closely connected. The focus of both dimensions is to assist families to address the strategies and resources needed to increase the HH

![Source of KSL HH income](image)

*Figure 17: source: household interviews*
budget, and identify and deploy approaches to gain and maintain an occupation. Families are also in need of strategies to assist them to better organise, plan budgets and expenditures.

As mentioned previously, the pilot programme faced major funding constraints and was unable to finance the cash transfer dimension of the income pillar. All families received cash vouchers at Christmas for amounts that varied according to family size. SSDF was able to resource employment opportunities for KSL families through HOPE which offers short-term employment and 11 men and 3 women benefited from the opportunities. While very few families reported increases in the HH income, data revealed changes in the categories of expenditures and management of HH budgets and expenditures with 8 families noting that more decisions are now taken “together”.

Although the cash transfer element of the income pillar was not operationalized, there is evidence of changes in how households managed existing income as illustrated in figures 17 and 18. Family interviews noted that receiving the Christmas vouchers permitted them to purchase and stock food supplies thereby freeing up more HH funds to meet the rising costs for housing and transport, for example.

4.3 Efficiency
Efficiency is a measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results. Although these aspects were consistently questioned during the field work, fragmented results were achieved. As explained above, KSL was never intended to directly provide the services and benefits under each of the seven pillars but rather to facilitate the delivery of services from existing government departments and NGOs to KSL participants. The programme did attempt to access existing state and non-state benefits and services for poor families with limited success due to weak coordination mechanisms between the different service providers. While strengthening vital coordination among social service providers will likely come with the reform of the national social protection framework, SSDF and KSL experience is valuable in highlighting the importance of the efficient and effective coordination and the level at which this needs to take place. In this sense, SSDF should better position its programmes to influence, participate and engage with social protection policy and initiatives. This can best be accomplished through ongoing analysis, documentation and sharing of their experience with the understanding that ‘no one size fits all’ and that programme design, strategies and modalities should be context-specific. The KSL pilot experience with its adaptation from the Puente Chile programme should be useful in helping the national social protection network to explore more efficient ways to link services and benefits at the different levels while underscoring the need for inter-sectoral coordination.
The KSL pilot initially validated a communication strategy that encompassed the use of culturally sensitive local radio programmes broadcasting in Creole routine public messages about the programme objectives, strategies and basic operational procedures. This strategy, designed to generate a feeling of ownership towards the KSL programme, was discontinued due to funding constraints. The data collected and reviewed shows a level of maturity achieved as several members of the Board of Directors and SSDF management now understand that properly “branding” the KSL experience can and should promote the understanding that social protection must be seen as an important dimension of life in St. Lucia; it emphasizes cohesion and can reduce social gaps by promoting opportunities for inclusion for poor and vulnerable groups. With proper “branding” and communication, the KSL experience can have an important long term influence on development and preventing social problems. The more KSL is able to capture and distill lessons from the pilot the quicker and better it can inform the replication of the fundamental programme. An effective communication strategy can generate feedback and contributions from stakeholders that can be timely input to improve future operations. Feedback on the use of the eligibility test for identification and selection of the 46 KSL pilot households can be valuable analysis, for example, and contribute to the national discussion on the standardization of targeting and eligibility criteria to be used in social protection programmes in St. Lucia.

The original budget requested for the KSL pilot totaled well over 3 million EC$ per year and included a substantive line item for cash transfers. The HOPE budget diverted a minimum of resources to keep the KSL pilot afloat totaling little more than 300,000 EC$ for the two years of the pilot. These funds were largely used to keep the FCGs employed for KSL, annual food vouchers distributed to the 46 households at Christmas, materials and technical assistance for the housing pillar, and very small amounts for trainings including some tuition for programme participants and exams for a number of young people on the programme (see figure #). While good programme implementation and management practice insists on establishing a reasonable budget and being able to project and rationalize funding requirements, this was most difficult for the KSL pilot to adhere to due to the poor funding situation. As a result there was more of a “ad hoc” use of the very limited resources. This most certainly undermined the ability to achieve expected results in the pilot programme. More importantly, the lessons from this experience should influence the need to understand how financial management practices, close monitoring of expenditures and funding issues will influence programme implementation in the second phase, particularly should the cash transfer dimension of the programme be added. Based on the pilot experience, the programme could benefit from some reflection on what it will cost the programme to ‘deliver’ cash to over 46 households as the scaled-up phase of the KSL programme intends to do.

The KSL pilot, a multidimensional poverty reduction programme, was implemented targeting 46 households for less than 300,000 EC$ (less than 120,000 USD) and a container full of household materials. The fact that over 20% of the available cash funds went to provide new or improved housing for 24% of the 41 households interviewed (see figure 19), leads one to question how efficiently the scare programme resources were allocated.
Household interviews indicated that the donated windows, doors and inside building materials were largely not appropriate for warm weather structures and hence much of this in-kind donation remains stored. It is uncertain whether the donor was informed and/or if attempts were made to sell, return or donate these materials, and apply the profit to the purchase of local materials or technical assistance to fulfill the many expectations for housing assistance among the KSL pilot families. A more efficient handling of this in-kind donation and the housing pillar in general, may have averted much of the “negative press” and disappointment expressed by well over half of the KSL pilot families and key informants. The programme’s inability to more equitably meet expectations created in the housing pillar stressed the hard earned, carefully constructed trust established between the households and the FCGs, especially as improved and new dwellings became highly visible.

Several families suffered severe damage from hurricane Mitch which hit St. Lucia shortly after the KSL pilot was launched. The programme was able to use hurricane relief funds to improve housing conditions for about 6 households. The synergy created in using specialized funding from stakeholders was timely and significantly helped to achieve KSL outputs. This, however, was not sufficient to meet the demands and, to a certain degree, the expectations created by the programme.

There was some discussion concerning the approach that the FCGs apply when counseling the households: do the FCGs “spoon feed” the KSL families by “bringing benefits and services to the households” instead of indicating “how the services and benefits can be accessed and leaving the family to take action”?

The example of CARITAS organizing access to gas stoves for KSL households was given, citing that families should have used their own means to pick up the donated items rather than the FCG organizing transport. “This approach discourages self-reliance”, some interviewees insisted. It was argued that FCGs should find out what household considers prioritized and necessary conditions to improve the quality of life, and that the FCG should follow this lead. Indeed, the FCGs first interviews with the family are designed to uncover the drive and then to assist by organizing opportunities under the indicative pillars, step back and permit the family to act on those opportunities together. It should be noted that the lack of close supervision of the FCGs is most likely the cause of this lax in adherence to core programme strategies. Also, as the programme was unable to deliver cash and other required inputs, the FCGs did “everything possible” to “deliver” the limited programme resources as stakeholder interviews noted.
The KSL pilot was not the only safety net initiative to use ‘extension workers’ for direct outreach to poor and vulnerable households. The Ministry of Social Transformation has “officers” responsible for screening for eligibility and referral services, as well as, other decentralized service workers. The KSL FCG is distinctively different in that they go directly to the household on a routine basis, whereas, other agency outreach staff do not. The clients must travel to the ‘extension service’ in most cases and there are few services that routinely visit the families. This distinction adds an important dimension which could generate efficiency gains, in that, one FCG can also establish outreach beyond the immediate household member constating a “multiplier” effect. Many of the KSL families reported that their participation attracted the interest of neighbors and family members not in the household. One head of household said she “was pleased to counsel her neighbors based on the support” she was receiving from the KSL FCG.

4.4 Impact
Impact is the positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly. The KSL programme places considerable focus on the need for households to analyze the resources available and their strengths to participate in their own problem solving. On the one hand, the KSL pilot has accumulated important knowledge and experience in learning how to transmit capacities that enable households to autonomously address their problems and take advantage of development processes and opportunities. On the other hand, the programme has demonstrated the importance of the family’s connection to social networks in order to exercise these capacities or to spend the social capital required to escape poverty, and to a certain degree the programme has been able to broker this connection. These two achievements reflect an important contribution to the short- and long-term effort to reduce poverty in St. Lucia and a strong basis to move forward with a larger scale of the KSL programme. This success was confirmed by 36 of the 41 households surveyed, declaring that they are the same, a little better or much better off after their participation in the KSL pilot (see figure 10). In terms of continued benefits, households confirmed their increased confidence and capability to access assistance in their community (14/41) and to better manage vulnerabilities, difficulties, and responsibilities as parents and head of household (24/41) as presented in figure 11.

The summary in the table below reflects progress according to the limited quantitative data collected. However, it is the increased levels of self-confidence and self-esteem as mentioned by dozens of beneficiaries during the interviews that, analyzed together with the quantitative data is impressive. This is exceptional for a two year pilot programme with an original budget of millions of US$ that ultimately received and spent less than US$ 300,000. When considering the complexity of implementing an integrated programme with 7 pillars, including cash transfer that could not be executed, the importance of the non-cash dimensions of the programme delivered without the cash input, deserve to be re-evaluated. Indeed, if the commonly acknowledged premise that empowerment is the process of gaining power, both controls over external resources, and growth in inner self-

From the notes of one of the FCG:
With time, “families learned how to use their own support system; having a family member act as mediator to resolve disagreements”.
confidence and capability is considered\(^4\), then the evidence collected indicates that some level of empowerment has been achieved by nearly half of the participating households.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigence among households eradicated island – wide</td>
<td>1.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of poverty and vulnerability island – wide</td>
<td>21.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of employment opportunities for household heads</td>
<td></td>
<td></td>
<td>6 head of households found work</td>
</tr>
<tr>
<td>Number of households participating in the programme</td>
<td>47</td>
<td>46</td>
<td>One family withdrew from the programme.</td>
</tr>
<tr>
<td>Number of housing assistance and support to indigent households</td>
<td>45</td>
<td>22</td>
<td>Including 6 significantly improved</td>
</tr>
<tr>
<td>Number of children and households receiving educational assistance</td>
<td>35 HH</td>
<td>20 HH</td>
<td>A total of 33 children under 18 years of age received education assistance</td>
</tr>
<tr>
<td>Number of professionals and volunteers trained</td>
<td>4 FCGs</td>
<td>3 FCGs</td>
<td>1 FCG left the programme for a better paying opportunity</td>
</tr>
<tr>
<td>Average number of hours of training received by trainees</td>
<td></td>
<td>80 hrs</td>
<td></td>
</tr>
<tr>
<td>Number of social agencies consulted and social programmes, tools and methodologies reviewed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of agencies linked to an online management information system network</td>
<td>none</td>
<td>System not established</td>
<td></td>
</tr>
<tr>
<td>Number of modules developed for life skills development programme</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of the level and extent of participation facilitated among social agencies</td>
<td></td>
<td></td>
<td>Among 17 stakeholders interviewed, all noted the importance of their participation in the SPN or BOD. However, 11 perceived their participation restricted for “political reasons” or “lack of confidence” in ability for programme to establish and maintain critical links to other safety net initiatives.</td>
</tr>
<tr>
<td>Social agencies’ judgments of the applicability of psychosocial assessment tools; training modules and information system developed for St. Lucia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social network awareness of the processes and methodologies utilized by the programme</td>
<td>Good</td>
<td>According to stakeholder interviews</td>
<td></td>
</tr>
</tbody>
</table>

\(^4\) See XX
4.5 Sustainability

Sustainability is the continuation of benefits from a development intervention after major development assistance has been received. Given its assets and implementation strategies, KSL is acknowledged for its efforts in the 7 pillars as outlined in chapter 4. However, the research noted that programme benefits have only been partially achieved in terms of coverage and effectiveness. For example, the household interviews acknowledged that as a result of KSL’s strategies and psychosocial support, families have an improved awareness about accessing preventative healthcare service for children and the attitudes of direct beneficiaries have changed. However, accessing these services continues to be problematic due to limited available disposable income.

While most of the evaluation research shows an understanding of KSL’s assets and efforts, there is also recognition of the challenging environment and factors influencing sustained efforts. A few common themes are elaborated below and should be examined when considering how to take the KSL pilot to scale:

- The multidimensional approach to respond to the multidimensional problems of poverty can be effective and sustainable if the KSL programme makes marked improvements in the efficient use of its resources and is successful in linking the services between the pillars. Already the social protection landscape in St. Lucia is filled with dozens of actors operating in silos. A multidimensional approach is only as good as its ability to coordinate delivery among the different dimensions. The KSL pilot was able to ensure that 60% of the 47 households with children in primary and secondary school age children received books, uniforms and in some cases shoes, for example. However, many of these households could not afford the bus transport fees so the children equipped for school by the programme were not able to attend. KSL’s failure to elicit the transport fees from the Ministry of Education, in effect, cancelled out the success. Despite the success in achieving several outputs, the inability to provide sufficient assistance in complementary pillars, prevented the programme from achieving the overall outcome. The buy-in, commitment and follow through from other services on their comparative advantage are essential for the programme to achieve and sustain success.

- The human-rights based approach, adapted from the Puente Chile programme and at the core of the KSL pilot is visible in several design features of the programme; targeting households, strengthening rights-holders through the family dynamic pillar, for example. The ability of the FCGs to establish direct and trusting links into the household represents an effective force that can be more focused to address children’s vulnerabilities inherent in economic and social
disadvantages, risks and barriers. There is a growing body of evidence that social protection initiatives that increase the nutritional, health and educational status of children bring long-term developmental benefits for children and can influence inter-generational and social exclusion factors. The recognition of the importance of breaking the intergenerational transmission of poverty is the basis for the Puente Chile programme strategy to focus on ensuring services and benefits for the children, particularly requirements in the area of early childhood development. The KSL pilot covered few of these needs. Only 5 of the 41 households interviewed said they received services and benefits for childcare for children under the age of 6, for example.

➢ The programme has made real progress in engaging the targeted extremely poor households in the struggle to bring about positive change for family members. However, progress in terms of a successful exit or ‘graduation’ from the programme will require considerable effort. The KSL pilot did not follow a procedure to ‘close’ the programme and the families were not aware that the pilot had been discontinued. Other CT programmes in Chile, Brazil and Mexico have an established exit strategy after 4 – 6 years (urban, rural programmes) and “as long as eligibility persists”, in some cases. In the case of the St. Lucia programme, participants sign a “family agreement” or contract with expectation to ‘graduate’ after 2 years. The programme should be clear on how it will “graduate” families and ensure that participants are well aware of the process and requirements. The analysis suggests that little was done to operationalise the “minimum conditions” design feature of the programme that would have allowed the programme to track individual family progress towards graduation and prepare them to exit the KSL programme and sustain their newly acquired status.
Chapter 5: Recommendations and Policy Considerations

The recommendations are firmly grounded in the findings and conclusions from the sections above which were presented and discussed at three important stakeholder debriefing sessions. The first session took place with all of the SSDF staff who assisted with the face-to-face and the focus group discussions organized with the children and youth from the KSL families. A second discussion focused on the emerging findings with the key informants and SSDF management, and UNICEF staff from Barbados office was in attendance. The final debriefing session included the SSDF Board of Directors and leadership, the Honorable Minister of Social Transformation and his Permanent Secretary. The recommendations below are formulated and prioritized in accordance with the outcome of these discussions.

The functions, policies and budget for the landscape of social safety net programmes in St. Lucia are currently under review and important reform initiatives are underway both within the concerned ministries and at the overall level of policy framework. The recommendations outlined have been clustered into three groups:

(a) Suggested adjustments to the KSL programme;
(b) Policy considerations relating to the social protection reform process in St. Lucia; and,
(c) Other recommendations for UNICEF consideration.

5.1 Suggested Adjustments to the KSL Programme

Recommendation #1 - Formulate an Evaluation Policy to support the establishment of a SSDF/KSL Monitoring and evaluation and framework/system.

There is an urgent need to develop a user-friendly M&E system to better aid the planning, monitoring, budgeting, reporting and evaluation at SSDF/KSL, a vehicle to permit the organization to professionally comply with necessary accountabilities to all stakeholders. The design and introduction of a KSL M&E framework is the first step toward a sustainable M&E system fully servicing all of SSDF programmes. An M&E strategy is said to have been part of the original KSL programme documentation, likely including the log frame. However, possession of the key documentation is cited in the report as a barrier to the evaluation process and, more importantly, to provide base lines and references essential for performance and situational monitoring and measurement. The evaluation consultant was able to reconstruct the results framework for the KSL pilot that, with little effort, can be adapted to the second phase and serve as the foundation for the monitoring and evaluation framework.

In addition to saving time, an introduction of a comprehensive M&E framework will make service delivery and programme implementation more transparent, improve access to information about the programme that will help identify and support corrective action to take during implementation, and potentially aid to increase the service coverage. Routine monitoring of programme progress, for
example documenting each family’s advancement toward “graduation” can help to rationalize the use of resources and facilitate good overall management and coordination of programme. The framework should be results- and equity-based and capable of monitoring interventions at both the decentralized and central level, as well as, at the HH and the individual family member level by collecting all quantitative and qualitative data required to: identify bottlenecks and barriers; take timely corrective action; guide decisions on the use of human, financial and in-kind resources; prepare reports and analysis needed for donors, political stakeholders and partners; and, measure and monitor achievement against the expected outcomes and outputs. It should clearly articulate what to measure, how to measure, and how the data will be used.

KSL literature demonstrates a clear understanding of the economic, social and political factors that interact to perpetuate the experience of poverty in St. Lucia and its links to the deprivation/marginalization that occur along more than one dimension. This is why there is confidence in the programme design that relies on positive changes that can be effected through actions that address the multi-dimensional nature of poverty. However, the lack of specific criteria for graduation and the monitoring tools to follow the steps represents a serious flaw in the programme implementation.

Based on the evidence it seemed difficult to determine whether programme participants had graduated from indigent level of poverty which is reflected in the overall programme objective. Although the face of poverty in St. Lucia is adequately described in the concept paper and other feasibility studies accessible, each of the participating households is poor for different, though overlapping sets of reasons. But, nearly all households tend to be disempowered in terms of their access and control over external resources. Addressing this issue represents the biggest challenge for the programme as does monitoring their progress towards graduating to a state of well-being and improved quality of life. If properly planned and monitored, improved design of this phase of the programme will constitute a major improvement of the programme close out strategy, including an appropriate exit strategy for each of the KSL households.

The M&E framework should be compatible with systems at other safety net programmes and/or those currently being developed to complement and not duplicate efforts. It should also be expandable and aid in securing new and returning investments. Finally, it should help to develop and drive an organizational culture of learning and sharing information that engages all staff in results-based and data-driven decision-making.

The system ought to include the following elements:

(i) M&E System Development - Data Gathering instruments development;
(ii) Monitoring procedures outlined with monitoring objectives and following a Checklist;
(iii) M&E framework ought to generate reports documenting key areas of interest for dissemination;
(iv) Data Entry ought to have a designated person made responsible for these tasks;
(v) Funds ought to be dedicated for the monitoring function for Baselines, targets, results, means of verification, assumptions, and risks are all elements of the results framework;
(vi) Indicators should be reviewed for compliance with "SMART" criteria;
(vii) The practice of regular analysis of results should be systematized;
(viii) The M&E system(s) must be reviewed, so that gender mainstreaming is consistent throughout the results presentation.

The M&E framework should be developed with the basic programme implementation cycle in mind. As figure 21 illustrates, the M&E framework should feed and operationalize this iterative cycle:

![Diagram illustrating the M&E framework](image)

Recommendation #1 was tabled during the debriefing sessions where SSDF leadership, including the Board of Directors agreed that getting and M&E framework in place is top priority and should be acted upon in time to make the framework operational for year 2 of the second phase of KSL programme, March 2013. Funding sources and technical assistance have been identified and SSDF is in discussion with potential partners.

**Recommendation # 2: Establish an effective KSL coordination function**

From a participant attending the evaluation debrief session:

“The use of comparative advantage of the different agencies kept the programme alive... Meaningful linkage with a broader regional group can [help] influence the programme [as well]”.

---

42 “A process to integrate gender issues into all objectives, outcomes, outputs, activities, systems, structures and resource allocations”: UNICEF.
In the long term, the social protection sector is in need of a structured ‘official’ network of collaborative /cooperative policies and relationships that form agreements about what they will and can bring to the partnership and for there to be an agreed upon procedure to access the services and benefits of each other’s mandate. Such a network should be branched into a national beneficiary registry covering all social assistance mechanisms to ease application procedures, eliminate duplication and accessible to all citizens.

Major weaknesses that affected the success of the KSL pilot include the lack of national structures ancillary to a multidimensional approach to address vulnerability to poverty such as national strategies (the use of conditionality, selection mechanisms), coordination committees (networks, task teams), and single-registry systems. Since the inception of the KSL pilot, substantial progress towards reform of the social protection sector has been made and the need for national strategies and coordination are prioritized in the emerging plan of action. On the one hand, there are coordination issues that are sector-wide and SSDF should actively participate in efforts to work through these issues at that national level to the benefit of KSL. On the other hand, there is a need for technical assistance and guidance specific to the KSL approach (as set forth in the original TOR for the SPN). KSL will likely need engagement at both levels until national policies and measures for effective coordination are activated and operational. Without the support of a network or steering committee capable and willing to directly offer the comparative advantages of the technical and political services of the member agencies and guide programme implementation, the programme will suffer greatly. Restoring and reanimating this function will require strong and bold SSDF leadership capable of breathing confidence into a team of technical volunteers who are likely to be already sitting on other networks and committees. Since the days when the SPN met regularly and enjoyed full and active attendance, other broad based protection network and committees have emerged reflecting a maturing political will for active engagement on the issues.

Alternatively, KSL could form two or three task teams charged to track certain issues and come up with innovative responses. For example, it will indeed require time and focus of three or four technicians to examine the issue of graduation, or to develop and manage the programme branding and communications strategies. Key informant interviews suggested that the “core” policy issue at KSL required discussion in a larger forum such as the Social Safety Net Policy Reform Committee where the same people come together for debate and consensus. On the other hand, it was noted that some of the stakeholders around the table at the committee meetings were from organisations that have nothing in common with SSDF or KSL.

**Recommendation # 3:** More effort should be made to use KSL to deliver services and benefits for children and to promote equal opportunities to grow, develop and reach their full potential.

As discussed earlier, child-sensitive social protection initiatives can be a major investment in children’s well-being by mitigating social and economic risks that directly affect their lives, as well as, contribute to breaking the intergenerational transmission of poverty. KSL is one, if not the only social safety net programme in St. Lucia that has direct access to indigent households on a regular
basis. Data indicates that it has earned the trust and confidence of the target population grounded in the way they “accompany” the ups and downs of programme families. For example, participants and the FCGs recount incidents of abuse, violence and family disputes where the police become involved and the first person called is the KSL staff. There is a very high level of comfortable interaction between the FCG and KSL families, particularly with the older children. When a mother was “aggressed” by her adolescent son, the FCG was called to mediate until there was “an understanding”.

The programme should make an effort to design and resource interventions that specifically respond to the needs of the children in the KSL households by targeting children and youth and offering adequate response to their gender and age-specific situation and needs. The children and adolescents who participated in the focus group discussions requested “after school activities and weekend activities to be planned for kids, such as picnics”. The programme should review the CRC and include some activities that reflect these rights. While it is true that children benefit in general from repairs to the house, for example, or specifically from the distribution of school books, the family conditions in vulnerable households are often stressful environments for children, and although not well documented, high risk factors exist for violence, child and sexual abuse. The linkages between the KSL FCGs function and that of the Child Protection Social Workers in Human Services (including family support services) is a welcome design feature of the programme. However, for this arrangement to be successful, routine exchange and monitoring should be structured into programme implementation at both the supervision and FCG/Social Worker levels. Careful consideration should be given to how to operationalize this arrangement at the decentralized level and how to intervene appropriately on child protection issues.

Special effort should be made to reach children who are particularly vulnerable or marginalized within their communities due to gender (including Lesbian, Gay, Bisexual and Transgender), disability, or other factors. More resources should be prioritized for early childhood development interventions and early screening and detection of “delayed’ speech and motor skills that require specialized attention. This would allow families to better plan and make necessary referrals in time to perhaps limit the damaging consequences.

Whilst the KSL pilot has produced evidence of success in the areas of nutritional guidance, access to primary and secondary education, and improved family communications, all important to the protection, growth and development of children, the second phase of the programme should focus more resources on inputs that benefit children directly with adequate monitoring of the outcome over the child life-cycle (continuum of access to social services). This would represent a significant improvement as the programme moves into the second phase with cash transfers likely to be a major dimension activated in 2013. It was also suggested that sessions designed to improve parenting skills be made available, particularly for young mothers and fathers.

A quick review of the Puente Chile programme and the Puente in the Caribbean initiative highlights support to the family unit in general. However, guidance recommends that services and benefits be promoted that are appropriate “according to the members’ stage of development”. This would mean placing emphasis on pre-school activities for boys and girls 4 and 5 years of age.

Finally, consideration should be given to better explaining to the children of the participating households what the KSL programme does. Again, the focus group discussions with the children (10 – 18 years of age) noted that most knew very little about the programme and had a poor understanding about the process of graduation. One group made it clear they did not “want to be classified as poor”
and they “did not consider community poor”, they “love their community”. Misunderstanding such as this can be avoided by open discussion with the household, particularly children, so that they understand why they are participating in KSL, what their entitlements are, and how to access them. Also, extending this type of communication to children helps understand and eliminate stigma and discrimination.

**Recommendation # 4: Institute quality standards and distribution principles to ensure equitable access to KSL programme goods, services and benefits**

The importance of quality in the distribution of services, benefits and goods is often overlooked in development programmes and poverty reduction interventions. The quality of the school books handed out to primary children in an extremely poor community can have an unintended negative result if some children receive second hand books and others receive new ones. Although it is understood that the issue of quality is subject to interpretation depending upon the local context and culture, attention to this issue is fundamental, particularly for small island cultures. KSL households are mostly located in close communities where comparison of benefits received is likely. The unfortunate results of the application of the limited housing rehabilitation effort bears witness to this point as many of the 41 households interviewed specifically noted their disappointment.

Establishing and adhering to minimum required standards (see chapter 4 for details), as defined by national, regional or international standards can eliminate most of these unwanted circumstances. This is particularly important for service/benefits delivery mechanisms that are multidimensional and where resources are limited. It is suggested that KSL review and establish minimal standards for each of the programme pillars. Further, these standards should be promoted to avoid misunderstanding among beneficiaries and/or other Social Safety Net Programmes.

As stated earlier, the carefully constructed trust established between the FCG and the household goes a very long way towards building a positive reputation or “KSL brand”. By not respecting a minimum standard and ensuring transparency in how decisions are made regarding distribution of resources, can invite unwanted publicity and reputational risk.

**Recommendation # 5: Strengthen and streamline connections among SSDF programmes and other social safety net initiatives, particularly, but not limited to the decentralized levels.**

The data shows fragmented effort at sharing resources, lessons and knowledge among SSDF programmes and with other social assistance programmes representing missed opportunities for harnessing important support for the KSL outputs. There are three important areas that KSL can benefit from closer coordination, collaboration and cooperation within the SSDF structure and with other programmes.

Firstly, SSDF/KSL should undertake a mapping exercise to determine what resources are available at the decentralized areas. This preferably should be done by each of the FCG for the communities they cover. The exercise should identify services and benefits provided by local state, civil society and private sector with potential for collaborative relationships with the programme.

Secondly, SSDF/KSL principle staff should be more routinely engaged with committees, networks and meetings where stakeholders frequent to discuss common issues of concern. The group recently formed to guide the reform of the Social Safety Net policy, for example, could benefit from KSL.
experiences and it would be useful for KSL to strengthen alliances with members working on similar issues. Another example is the need for KSL to establish a routine strategic and practical connection with the department responsible for child protection, as called for in the workplan for the second phase of the programme. A well-established dialogue will speed up the delivery of benefits for children in urgent need of protection services as well as fine tune strategies intended to check and balance the attention given to ongoing cases.

Thirdly, the project and field staff functioning within SSDF on the various programmes could benefit from more professional interaction that could include retreats, joint monitoring visits, and planning sessions. If one programme has already carried out a community assessment, this should be shared in order to avoid duplication and to extend the base knowledge of local networks and resources that can be drawn upon to help KSL households. KSL households could be prioritized for short term employment under STEP which already occurs to a certain extent.

**SUGGESTIONS ON HOW KSL CAN ENHANCE ITS CONTRIBUTION TOWARDS EQUITY**

| KSL can further promote equity as value by: | - Focusing the KSL brand (the meaning of Koudemen in Creole) on the potential for community contribution towards reversing the trends that keep the extremely poor in poverty; to remove social and cultural barriers (hindering interaction with the community) observed during the pilot phase.

- Questioning the effect(s) of introducing cash transfer in KSL –phase 2.

| KSL can further promote equity as a way to measure reduction of disparities | - Focusing resources on age- and gender-specific poverty issues facing each family member and adopting a more child-sensitive approach to KSL response.

- Reinforcing the SPN to achieve optimal coordination of service and benefit delivery including the convergences of sector-specific services on family members.

- Introducing an M&E framework with adequate metrics that will define graduation of HH members in each of the programme pillars.

| KSL can further promote equity as a way to build long-term benefits for society by: | - Strengthening the horizontal and vertical linkages among St. Lucia social assistance programmes for greater effectiveness in building bridges, networks and offering opportunities for each of the HH members.

- Emphasising the role of family resilience and capacity to interact with the community in effort to remove barriers and bottlenecks noted during the pilot phase of the programme.

---

**5.2 Policy considerations relating to the social protection reform process in St. Lucia**

**Recommendation # 6: Strengthen the national institutional structure/framework to provide strategic guidance and improved coordination of social assistance initiatives**

Although KSL is acknowledged as a viable social protection initiative in St. Lucia, financing, coordinating and prioritising demand for services and benefits between the different mechanisms/actors, and bringing together and integrating new and existing programmes remains a
Determining the Results of the Koudmen Sent Lisi Pilot Programme

major challenge. These issues are of particular importance in St. Lucia where the policy framework is under review and the relevant questions of affordability, financing and allocation can be addressed from a national perspective. While the results of the KSL pilot show some progress in terms of understanding the value of a multidimensional approach and recognition of the role that SSDF can play administering this type of programme, a demonstration of the desired effectiveness and impact of this type of programme, sustainable inputs and political influence will come through a well-constructed policy framework and effective governance structure for social protection initiatives.

The greatest difficulty for the KSL pilot was to coordinate responses to households both within the pillar and across the sectors. Reaching agreements on a framework for operating norms and standards could perhaps be accomplished by establishing MOUs, but the devil is in the details of the operating processes themselves. Seasoned social protection networks demonstrate institutional and administrative capacity of government ministries and services including regulations, procedures and norms that govern a network that includes a standardized criteria for defining and targeting beneficiaries, the ability to rationalise and distribute financing, coordinate and monitor interventions, etc. The KSL pilot was constrained by weaknesses in Government’s capacity to provide this guidance. The evaluation identified a real need for discussion and guidance on three specific issues affecting how the KSL pilot should be scaled up:

1. Should the programme apply or not apply ‘conditionality’ to the in-kind and cash transfer dimension of the KSL programme;

There is a large body of evidence contributing to the debate of cash transfers – conditional or non-conditional. There are context-specific (cultural, political and technical) considerations which should guide this debate for St. Lucia. Without an established national policy to guide programmes like KSL on this issue, the debate often takes place informally and ‘behind the scene’ leaving the programme vulnerable to donor pressure and political maneuvering. A robust debate on the issue should take place at the national level lead by a high-level inter-sectoral committee officially mandated to make policy.

2. Should the programme apply or not apply a community-based targeting mechanism alongside the Proxy Means Test;

There is equally growing evidence supporting a single- and dual-pronged beneficiary targeting mechanisms. Attention should be given to the level of objectivity and context-specific considerations in discussing which mechanism(s) to employ. Determining household eligibility should be guided by a tool(s) that is discussed nationally and standardized for use by all social assistance programmes in St. Lucia. As mentioned above this discussion should be guided by the committee given the mandate to make policy.

3. How should the programme ensure KSL families get priority access to sector-specific services.

---


The on-going national reform of the policy framework for social safety net programmes will most certainly identify synergies between the sector-specific plans and social assistance programmes in St. Lucia and strategise on ways to enhance horizontal coordination to avoid redundancies. Government should be supported to reinforce the high-level, inter-ministerial committee/network in order to define national intervention priorities and strengthen the overall strategic planning and guidance needed for the myriad of social protection initiatives.

Although Lorraine Blank’s 2009 Social Safety Net Assessment reports the existence of 30 social assistance programmes in St. Lucia at the time, SSDF was receiving the ‘lion’s share’ of the total Government allocations for the 5 safety net programmes (BNTF is one of the oldest in St. Lucia) they were managing at that time. Their share of the social safety net ‘pie’ has not decreased much since and, more importantly KSL is the only programme applying a multidimensional approach. There is a wealth of experience and lessons in social safety net programming and results at SSDF. Koudemen St. Lisi’s multidimensional approach can be a powerful instrument to add value to sector-specific results (health, education, early child development, among others). Potential linkages and ways to take better advantage of these linkages should be explored.

With the expansion of programmes and the current reform of the policy framework for social safety net programmes, much can be learned from the SSDF experience. Producing the documentation and building a knowledge sharing culture cannot be accomplished by SSDF alone. KSL should advocate for support from MOST or organize a knowledge management task team to take on this valuable project. Government should be supported to design and test tools (data collection, capturing lessons) for policy analysis and technical viability of the main elements of programme design in order to enhance national dialogue and evaluation of options and challenges.

5.3 Recommendations for UNICEF (and other development partners)

Given SSDF openly expressed interest to use the evaluation findings to guide their work in 2013 and forward, as well as, MOST and SSDF’s interest in using what is gained from this pilot experience to inform current discussions on social protection reform, it is recommended the following:

**Recommendation # 7:** UNICEF should consider the provision of additional technical assistance and support to accompany SSDF in their efforts to implement the evaluation recommendations and set up an M&E framework not just for KSL but for SSDF as whole.

**Recommendation # 8:** Given that this research captures the rich experience and lessons from the first evaluation of the “Creole” version of the Puente programme, it is recommended that: (i) at the national level, UNICEF convene with stakeholders of all levels to share the evaluation findings and support the national discussion on a comprehensive and integrated social protection system, and (ii) at the regional level, share the findings and encourage countries to use them in support of their respective work on social protection.
### LIST OF RECOMMENDATIONS (by Priority)

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Implemented by</th>
<th>Estimated Cost implications</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Formulate an Evaluation Policy to support the establishment of a SSDF/KSL Monitoring and evaluation framework/system.</td>
<td>SSDF with support from UNICEF Office for Eastern Caribbean</td>
<td>US$ 35,000</td>
<td>Early 2013 before year 2 of 2nd phase</td>
</tr>
<tr>
<td>2. Establish an effective KSL Coordination function</td>
<td>SSDF</td>
<td>US$ 2,000</td>
<td>ASAP</td>
</tr>
<tr>
<td>3. More effort should be made to use KSL to deliver services and benefits for children and to promote equal opportunities to grow, develop and reach their full potential.</td>
<td>SSDF</td>
<td>No cost</td>
<td>1st quarter 2013</td>
</tr>
<tr>
<td>4. Institute quality standards and distribution principles to ensure equitable access to KSL programme goods, services and benefits</td>
<td>SSDF</td>
<td>No cost</td>
<td>1st and 2nd quarter of 2013</td>
</tr>
<tr>
<td>5. Strengthen and streamline connections among SSDF programmes and other social safety net initiatives, particularly, but not limited to the decentralized levels</td>
<td>SPN</td>
<td>No cost</td>
<td>2nd quarter of 2013</td>
</tr>
<tr>
<td>6. Strengthen the national institutional structure/framework to provide strategic guidance and improved coordination of social assistance initiatives</td>
<td>MOST, SSDF</td>
<td></td>
<td>2nd and 3rd quarter of 2013</td>
</tr>
<tr>
<td>7. Technical support ought to accompany SSDF in their efforts to implement the evaluation recommendations and set up an M&amp;E framework not just for KSL but for SSDF as whole</td>
<td>UNICEF</td>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>8. Convene with stakeholders of all levels to share the evaluation findings to support the national discussion on a comprehensive and integrated social protection system. Share the findings with partners at regional level (Puente in the Caribbean among others).</td>
<td>UNICEF</td>
<td></td>
<td>2nd quarter of 2013</td>
</tr>
</tbody>
</table>

Figure 23: list of recommendations
Chapter 6 – Concluding Remarks

This report presents the findings of the evaluation of the KSL pilot programme with a view to expose key issues and advantages of non-income transfers as a form of social protection. The social protection system in St. Lucia is in need of innovation, consolidation and better coordination, oversight and planning. The findings of this evaluation concur with the need to reform the existing social protection framework in St. Lucia while encouraging the adoption of a multidimensional approach to accelerate the reduction of extreme poverty and vulnerability.

Although this report does not constitute an evaluation of the final results, it does suggest some trends for the degree of success in meeting the coverage targets, effectiveness in complying with the minimum conditions (MCs) set by the families which, once met, would track and illustrate the family’s move out of the state of extreme poverty. This improvement would indicate the exit strategies, and compliance percentages in each of the seven dimensions of family life.

The report reaffirms the importance of:

- linking social protection mechanisms with sector-specific services to enhance impact at different life-stages of the household members, especially children; and
- Policy coherence at the core of a social protection framework that sets forth inter-ministerial regulations, coordinates national priorities and a multisectoral network, and establishes norms and standards while promoting child-sensitive social protection with equity.

The report concludes with a number of policy options and considerations that it is hoped will enrich ongoing discussions and policy debates about the structure and administration of social protection programmes and how to increase their effectiveness in improving the well-being of children living in extremely poor households and communities.
Bibliography