



Sociaal Economische Raad  
Social Economic Council

# **BOOST** sint maarten!

*A Conditional Cash Transfers Program to reduce poverty in Sint Maarten*



**Sociaal Economische Raad**  


---

**Social Economic Council**

Philipsburg, March 19<sup>th</sup>, 2015

**“Boost Sint Maarten!”**

*A Conditional Cash Transfers Program to reduce poverty in Sint Maarten*

*The Social Economic Council Sint Maarten (“Sociaal Economische Raad”, referred to below as “SER”) is an independent advisory body to the government of Sint Maarten. The SER advises upon request by one or more Ministers (solicited) or on its own initiative (unsolicited) on all important social economic issues.*

*The SER was established by law (“Landsverordening Sociaal-Economische Raad”) in 2010.*

*The SER consists of representatives of employees’ and employers’ organizations as well as independent experts. The objective of the SER is to achieve a broad concept of wealth in Sint Maarten by offering quality advice and reaching consensus on social economic issues.*

*For more information, please visit our website [www.sersxm.org](http://www.sersxm.org)*



# TABLE OF CONTENTS

<b>Executive Summary</b> .....	<b>4</b>
<b>1. Introduction</b> .....	<b>6</b>
1.1 On Poverty .....	6
1.2 Scope of the Advice .....	7
<b>2. Conditional Cash Transfer Programs (CCT's) in Latin America and the Caribbean</b> .....	<b>9</b>
2.1 General Characteristics of Conditional Cash Transfers .....	9
2.2 Impact of the Conditional Cash Transfers in Latin America and the Caribbean .....	10
2.3 Lessons from CCT's in Latin America and the Caribbean .....	11
<b>3. Poverty in Sint Maarten</b> .....	<b>13</b>
3.1 Population and Household Income Distribution .....	13
3.2 Results Well-Being survey 2013 .....	14
3.3 Cost of Living 2001-2014 .....	15
3.4 Census 2011 on Education and Income .....	16
3.5 Existing Legislation regarding poverty .....	17
3.6 Preliminary poverty line .....	17
3.7 Existing policies regarding poverty .....	18
3.8 Data births by teenage mothers in Sint Maarten .....	18
<b>4. 'Boost Sint Maarten'</b> .....	<b>21</b>
4.1 Selection criteria target group .....	21
4.2 Flat cash transfer .....	22
4.3 Education Condition .....	22
4.4 Health: Pregnancy and Early Life Conditions .....	23
4.5 Execution Agency .....	25
4.6 Yearly Budget 'Boost Sint Maarten' .....	26
4.7 Additional Advantages .....	27
<b>5. Advice</b> .....	<b>29</b>
<b>6. Sources</b> .....	<b>31</b>
<b>7. Appendix A</b> .....	<b>33</b>
<b>8. Appendix B</b> .....	<b>38</b>
<b>9. Interviews</b> .....	<b>40</b>



# EXECUTIVE SUMMARY

---

The Social Economic Council (SER) advises government to start a conditional cash transfer program called 'Boost Sint Maarten' to reduce income poverty and increase human capacity development. 'Boost Sint Maarten' is a necessary addition to poverty policies because two different surveys confirm that around 20% of the households (2,600 in 2011) have an income of 1,000 NAfl./month or below. Financial Aid currently reaches around 630 households. Poverty exists in Sint Maarten, and 'Boost Sint Maarten' fills in the gaps of the existing poverty reduction policies as an additional policy. Boost Sint Maarten reduces poverty and increases human capacity development through its conditions. Households with increased human capacity will be better able to fend for themselves in the future after participating in 'Boost Sint Maarten'.

The SER defines poor households as households with a combined income of less than 1,154 NAfl./month. This preliminary poverty line is the minimum wage rate with a 40-hours work week minus 20 percent. The SER advises that all households below the poverty line which have been living consecutively in Sint Maarten for at least two years are eligible for Boost Sint Maarten. If those households have children in the age of 15-18, or pregnant women over 18 years of age, and fulfill the additional conditions, then they will receive 288 NAfl./month additional income (25% of the preliminary poverty line) for a limited period of time. The SER estimates that between 400 and 540 households will be reached by 'Boost Sint Maarten' yearly. If the conditions are not met, the households will not receive an additional income. Recipients of Financial Aid are excluded from participating in 'Boost Sint Maarten'.

The health condition gives additional income to poor households with pregnant women over the age of 18 if they comply with three conditions. They must report to Sint Maarten Medical Center within three months after conception. They must follow the nutrition instructions of the health care professional. They must make use of the maternity care service directly after birth. Households will receive an additional income of 288 NAfl./month for nine months.

The education condition gives additional income to poor households with children of 15, 16, 17, and 18 years of age if they comply with four conditions. All children of poor households must participate in school; no drop-outs. The 15-years-olds and heads of households must participate in a family planning course. The parents of 16-years-olds must participate in an active parenting course. If deemed necessary by the school, and if children repeat a grade, those children must participate in a life-skill course.

The conditions will increase human capacity in poor households while reducing poverty at the same time. The babies of poor households will be born healthier; pregnancy is the most vulnerable period in life regarding health. Children of poor households will have a higher education attainment and better life-skills. Less teenage girls will become teen mothers. Parents will be more actively involved in the lives of their children.

The SZV Social and Health Insurances is well equipped to execute 'Boost Sint Maarten'.

'Boost Sint Maarten' has a yearly budget between 2,2 and 2,8 million guilders. The SER advice includes a recommendation to seek budget from international institutions.



Sociaal Economische Raad

Social Economic Council

# 1

# INTRODUCTION



# 1. INTRODUCTION

This advice entitled 'Boost Sint Maarten!' is an unsolicited advice for the honorable Prime Minister, the honorable Minister of Health, Labor and Social Development, and the honorable Minister of Education, Culture, Youth and Sports.

The Social Economic Council (hereinafter SER) examines in this advice an introduction of a conditional cash transfer program (CCT) called 'Boost Sint Maarten'. 'Boost Sint Maarten' aims to reduce poverty and to stimulate the human capacity development of the poor at the same time. 'Boost Sint Maarten' provides temporary additional income to poor households under the condition that its teenage children (15-18 years) attend school. Parents and children of poor households are obligated to participate in Life-Skill, active parenting and family planning courses. 'Boost Sint Maarten' will therefore reduce high school dropout, teenage pregnancy in poor households, and stimulate human capacity development. 'Boost Sint Maarten' also provides additional income for pregnant women of poor households if they follow the pregnancy healthcare conditions. SER explains why these conditions for 'Boost Sint Maarten' are chosen in chapter four.

The SER believes that the subject of (extreme) poverty deserves more attention, both in the public debate as in policy directions. Sint Maarten has a relatively high GDP per capita (NAfl. 48,000 in 2013) compared to the region, but is not exempted from children who go hungry to school, and families who struggle every day to make ends meet for their basic needs. Two separate surveys show that around 20% of the households earn less than 1,000 NAfl./month<sup>1</sup>. The SER considers this unwanted given the relative wealth on the island, and advises government to address this situation. Most importantly, the SER feels that the inter-generational transmission of poverty in Sint Maarten, when the children of the poor will also be poor later in life, must be addressed. In other words, policies to reduce poverty should have a lasting effect on the lives of recipients and their children, and in turn on the society of Sint Maarten. The SER believes that the pockets of poverty in Sint Maarten's society are too deep, and this will slow down the social economic development of the island sooner or later. The SER recognizes that poverty is a complicated multi-faceted problem which cannot be solved easily, and which certainly cannot be addressed without a substantial commitment of government and the lower income groups.

This advice introduces a new policy direction to reduce

poverty and to add an instrument to the government toolkit for social economic development. This new instrument is called a Conditional Cash Transfer program (CCT). CCT's provide a temporary additional income for the poor under certain conditions. The conditions in the CCT's help the financially most vulnerable groups to lift themselves out of poverty because those conditions are often connected to education, healthcare, or other social policies. CCT's engage with the poor population, and don't just handout money for free. CCT's have been successful in the Caribbean and Latin America. This is an important signal: substantial poverty reduction is an achievable goal. This advice contends that a substantial poverty reduction can be achieved with a Conditional Cash Transfer program in Sint Maarten, but only if 'Boost Sint Maarten' is used as an addition to the existing poverty reduction policies.

## 1.1 ON POVERTY

In general the economic thinking on poverty has two directions. The first direction is that financial interventions will not reduce poverty in a sustainable way (graph 1.1.: L-curve). People will have more money in the future than today because they accumulate wealth, get an education, get better employment over time, and therefore they will be on average better off in the future than today. Supporters of this direction hold this true for all income groups. Giving extra support to the poor makes little sense from an economic point of view because the poor are able to help themselves. The quality of life of the poor would be better served if the social economic development of a country or a region would improve. Policies and the limited means of government should therefore be aimed at this goal because social economic development brings opportunities for all, including the poor. In other words, there is no reason why the poor could not improve their quality of life themselves in the future<sup>2</sup>.

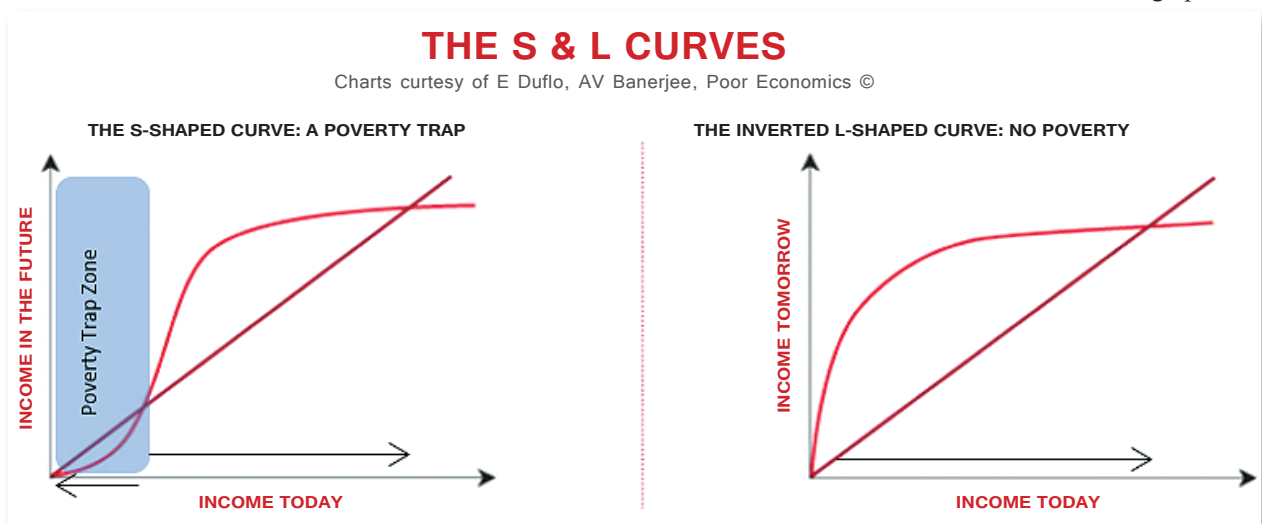
The second direction of economic thinking on poverty disagrees with the above, and contends that although people in general will have more income in the future than in the present, the poor will have less (graph 1.1: S-curve). The poor will have less because they cannot afford a good education, get access to health care, or are able to invest in their business. Here, the poor cannot improve their financial situation because their financial situation itself limits the possibilities they have for social and economic development. In other words, the poor



miss the development boat because they are poor. This is called the poverty trap<sup>3</sup>. Aiding the poor financially, or helping them to access to the tools they need to improve their situation, makes perfectly sense for supporters of this idea. The poor need sufficient help to move them out of the poverty trap and into the development path. For example, most of the efforts of the millennium development goals are based on the idea of a poverty trap. The difficult part is to choose which type of help the poor need to get out of the poverty trap. The below graph (1.1.) depicts the S-curve and the L-curve. The S-curve assumes a poverty trap; the L-curve assumes that there is no poverty trap. Both curves represent a certain way of looking at poverty and development.

on assumed human capacity development or other returns on investments from assisting those in needs. No conditions are set for those who are deemed eligible regarding education, labor, or healthcare (although some conditions are set for recipients regarding job seeking). In economic terms, Financial Aid is called an ‘unconditional cash transfers program’.

<sup>4</sup>graph 1.1



Next to economic approaches to poverty, the human rights based approach argues that the poor should be helped because all people are entitled to decent life, or in the words of the United Nations, all people should be guarded against ‘a denial of choices and opportunities for living a tolerable life’<sup>5</sup>. This approach is closely connected to ethics; what is right, and what is wrong. Poverty reduction policies are the right thing to do, and people are entitled to social protection. Here, poverty reduction becomes an obligation for society regardless if there is a poverty trap or not, or whether interventions have a lasting effect or not.

Poverty reduction legislation such as Financial Aid [Onderstand] is (mainly) based on a human rights approach. Financial Aid [Onderstand] provides financial assistance for all who are below a certain income level, and who can pass the selection criteria, which often related to the obligation to disclose information on income, registration, and household. Financial Aid is not based

## 1.2 SCOPE OF THE ADVICE

The introduction contains the reason and background of the advice, some remarks about the thinking on poverty, and ends with the scope of the advice.

The second chapter describes the design and effect of CCT’s in Latin America and the Caribbean.

The third chapter describes the poverty situation in Sint Maarten, and summarizes the existing legislations and policy projects regarding with an impact on poverty reduction.

The fourth chapter contains the selection criteria and conditions for ‘Boost Sint Maarten’.

The fifth chapter summarizes the advice.

<sup>3</sup> Banerjee and Duflo, page 11,12.

<sup>4</sup> Banerjee and Duflo, page 12,13.

<sup>5</sup> United Nations Poverty briefing 2014, page 4.



Sociaal Economische Raad

Social Economic Council

# 2

# CONDITIONAL CASH TRANSFER PROGRAMS

(CCT'S) IN LATIN AMERICA AND THE CARIBBEAN





## 2. CONDITIONAL CASH TRANSFER PROGRAMS (CCT'S) IN LATIN AMERICA AND THE CARIBBEAN

CCT's have been aiding millions of poor people in the Latin America and Caribbean region for the last 15 years. In 1997 Mexico introduced 'Progresa', the first conditional cash transfer program of the region, which transferred cash, food supplements and access to a healthcare service package to poor rural families on the condition that they kept their children on school and kept several healthcare commitments. In 2010 CCT's operated in 18 different countries in Latin America and the Caribbean serving millions of poor<sup>6</sup>. All CCT's in the region taken together, they serve 25 million families (113 million people), or 19 percent of the regional population, at a cost of 0,4 percent of the combined Gross Domestic Product of the region. For example, CCT's with the largest number of recipients are 'Bolsa Familia' (Brazil, 52 million), 'Oportunidades' (Mexico, 27 million), and 'Families in Action' (Columbia, 12 million). In the Caribbean CCT's are executed in Jamaica (2009: 300,000 recipients), Trinidad and Tobago (2011: 36,000 recipients), and Dominican Republic (2011: 2,950,000 recipients)<sup>7</sup>.

The Conditional Cash Transfer program in Trinidad and Tobago illustrates how CCT's could be setup. In 2009 around 32,650 heads of poor households received a cash transfer between USD65,- and USD 110,- per month depending on the number of children via a magnetic debit card if certain conditions were met. The proxy-means test selected the households by scoring each household on 49 quality of life minima. The conditions were written down in a family agreement, and included registration with an employment agency, participation in a life-skills training course (responsible parenthood, family planning, household economy, anger management, prevention domestic violence), and participation in vocational training. The Ministry of Social Development of Trinidad and Tobago executed the program. Households could only participate for a maximum of 30 months. In 2009 this CCT cost about 0.19 percent of the GDP of Trinidad & Tobago, and this was spent on the 2.4 percent of the population (about 14.6 percent of the total poor population was reached)<sup>8</sup>.

CCT's are different in each country, and reflect the approach of the country to social protection. Although all CCT's have in common that a cash transfer takes place if certain conditions are met, each country has adapted the target group, condition, and

amount of the cash (or non-monetary) transfer to its local needs. This means for Sint Maarten that a possible CCT can be adjusted to a selection of the target group of 1,970 poor households, and connected to, for example, either education or healthcare conditions, or both. Sint Maarten already has Financial Aid as a poverty reduction policy. The CCT in Sint Maarten should therefore specifically target the poor inhabitants not reached by Financial Aid, but who still live in poverty.

Although CCT's are relatively new, they have been evaluated and assessed to be effective to reduce poverty in various degrees. The main conclusion of the evaluation of CCT's in Latin America and the Caribbean is that these programs are an important step forward in the field of social protection, and should be considered an addition, not a replacement, to the existing social protection systems of each country. How effective CCT's are to reduce poverty depends on the design of the CCT and the quality of the education and healthcare systems in each country. Moreover, successful CCT's depend heavily on a commitment of both government and target groups<sup>9</sup>.

### 2.1 GENERAL CHARACTERISTICS OF CONDITIONAL CASH TRANSFERS

The most frequent conditions in CCT's relate towards the areas of education, health, and nutrition. For example, the children in the household must attend school in order to receive monthly cash rewards. Some programs also reward in kind (non-monetary transfer), such as food supplements, school supplies, or attendance of courses on health or labor market. Almost all CCT's target the household (not the individual), and reserve an important role for the mother. Most transfers are paid to the mother, and she makes sure the conditions are met. CCT's assume that the mother will improve the wellbeing of the whole household and the children in particular. Some argue that this choice empowers women while others contend that this only reinforces the care activities which restrict the labor participation of women<sup>10</sup>.

6 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 7-9.

7 Economic Commission for Latin America and the Caribbean (ECLAC), 2011a, page 102, 103, 180.

8 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 59, 74, 79, 100.

9 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 9, 169-172.

10 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 17, 18, 113, 114.



The target population is mostly selected by geographical area, and is followed by a proxy-means test. A proxy-means test assesses the household income indirectly by characteristics other than income alone, such as neighborhood aspects, indications of the quality of life of household members, level of education, and type of job of the head of the household. The proxy-means test therefore eliminates the paperwork and control systems associated with European and American style unconditional cash transfers, which convey a preoccupation with possible misuse. Some CCT's validate the results of the indirect proxy-means test with the knowledge of community members. This assumes that the community knows the social economic conditions of its members well. An example of a direct proxy-means test is to obtain the household income level from the household members by survey. All in all, the proxy-means test serves to eliminate inclusion- and exclusion errors<sup>11</sup>.

Several CCT's define the target population by specific household characteristics. For example, if the household has an unemployed head of the household over 50 years of age, or if school-aged children are present in the household. In other cases, the selection criteria are combined (for example, all households with school-aged children in a geographical area which pass the proxy-means test). Appendix A gives further information on the various CCT's in the region (table II.1). The Economic Commission of Latin America and the Caribbean (ECLAC) has dedicated a website to a full overview of all the details of all CCT's in the region, including the amount of cash transfer for each program (<http://dds.cepal.org/bdptc/en/>).

The amount of the cash transfer is mostly calculated in three different ways. The first method is a flat cash transfer independent of household characteristics. This is usually a certain percentage of the poverty line set by the countries. The second method is a cash transfer depending on the amount of members of the eligible household, which is usually the number of children. The third method is a variable transfer, which depends on the costs of the recipients to meet the conditions of the cash transfer. This method focuses on the incentive the cash transfer represents. For example, transport to school in a rural area costs perhaps more than in an urban area, and the incentive to attend school should therefore be higher for rural areas. Cash transfers can also be accumulated by the CCT, and only after the household has fulfilled the conditions, such as a graduation from high school, made available to the recipients. Furthermore, the amount of the cash transfers needs to be adjusted for inflation because the poor are especially vulnerable for price inflation of the basic goods<sup>12</sup>.

All programs have exit criteria to limit the time recipients receive cash transfers. The first criterion is that recipients no longer meet the conditions of the program when household income exceeds the set poverty line ('graduate' from the CCT), or when the children of the household are no longer within a certain age category. The second criterion is that households can only receive cash transfers for a limited number of years independent of the conditions. After a certain period households are expected to have made enough financial progress to fend for their selves. This latter criterion conflicts often with the goals of human capacity development. The discussion on exit criteria continues, but ECLAC noted that the exit criteria should be formulated in relation to the social economic development of the poor, and perhaps the access to other social protection policies, such as promotion of labor market participation.<sup>13</sup>

Much more can be said about CCT's, such as type of conditionality, institutional framework, sustainability, amount of transfer, and relation to income inequality in different countries, but this paragraph serves only to paint a picture of the different possibilities of CCT's. CCT's can be designed very simple, or can be designed very complicated. This depends on the goal of the program, local circumstances, and the strength of the relevant institutions. Although the designs of CCT's vary in the region, some conclusions are drawn (2.2) regarding the impact of CCT's on poverty reduction and human capacity development.

## 2.2 IMPACT OF THE CONDITIONAL CASH TRANSFERS IN LATIN AMERICA AND THE CARIBBEAN

Quasi-experimental assessments have measured the impact of CCT's in the region. CCT's are relatively well researched compared to other social protection schemes in the region. CCT's have shown to make a significant impact on attending school, especially in secondary schools, reducing school dropout rates, and improving access to health services. However, there is no evidence that improved school attendance also improved learning, as learning depend more on the educational infrastructure of a country than attendance alone<sup>14</sup>.

The impact of conditions regarding health and nutrition for children is uneven, and depends heavily on the method used to measure this impact. Moreover, it is not certain that

11 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 26, 27.

12 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 47, 48, 50.

13 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 40, 41.

14 Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 112, 113.



the measured improvements in health and nutrition can be contributed to the conditions set by the CCT's. Perhaps these improvements would have taken place simply due to a higher income for the household without these specific conditions. However, improved health for young children (0-6 years) has been observed in specific geographical locations and groups. In conclusion, the results of the CCT's regarding human capacity building should always be linked with the existing health and educational systems in countries; the success of CCT's regarding human capacity development depends heavily on these systems<sup>15</sup>.

The impact on the income of households participating in CCT's is often significant. For the lower income households, for example the bottom 10 percent, the household income sometimes doubled. CCT's contributed 10.3 percent to the household average income. The maximum contribution of a CCT is about 20 percent of the poverty line. In most countries CCT's have made a substantial impact on the percentage of people living in (extreme) poverty, whereby larger CCT's with higher cash transfers obviously made more progress reducing poverty than smaller programs with lower cash transfers<sup>16</sup>.

## 2.3 LESSONS FROM CCT'S IN LATIN AMERICA AND THE CARIBBEAN

This chapter describes the experience with CCT's in Latin America and the Caribbean region. The strong suit of CCT's is that they reduce poverty, and they increase human capacity development, and they can be adjusted to local circumstances. 20% of the households (2,604) in Sint Maarten have an income below 1,000 NAfl. per month (chapter 1). This would constitute the target group for a possible CCT in Sint Maarten after all the households receiving Financial Aid have been deducted (2013: 630 households). The precise conditions and characteristics for 'Boost Sint Maarten' will be described in chapter four, but the results of CCT's elsewhere strongly suggest tying the conditions of the cash transfer to educational attainment of the children in the poor household. Moreover, (high) school dropout and teenage pregnancies are associated with all sorts of problem behaviors and a low income level, either directly or later in life. Furthermore, the development of human capacities during pregnancy and the first years of life of children is especially a vulnerable period, and should be considered to be incorporated in a CCT.

The SER would like to emphasize that a CCT should be an addition to other poverty reduction policies already being executed in Sint Maarten. The lasting effects of a CCT in the area of human capacity development are strongly linked to the quality of the educational and healthcare system in Sint Maarten. A CCT would 'only' temporarily reduce poverty for recipients without these two systems firmly in place.

<sup>15</sup> Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 113, 114.

<sup>16</sup> Economic Commission for Latin America and the Caribbean (ECLAC), 2011, page 117, 118, 119.



Sociaal Economische Raad

Social Economic Council

# 3

# POVERTY IN SINT MAAARTEN

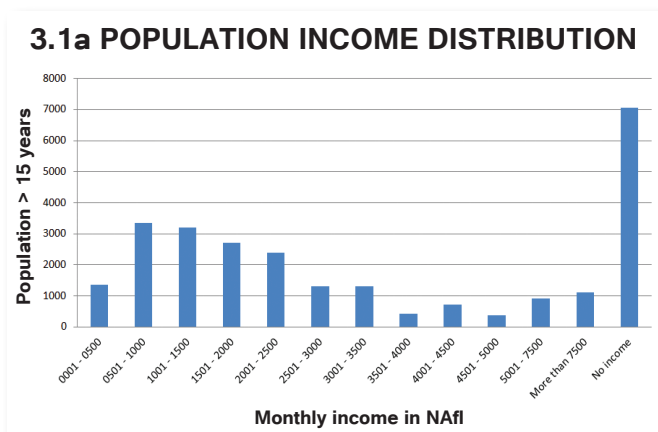


# 3. POVERTY IN SINT MAARTEN

Poverty exists in Sint Maarten. Next to the below results of the Census 2011 survey, the many private charity initiatives and existing government policy projects aimed to assist the lower income groups support this statement. Although Sint Maarten has a relatively high GDP per capita (NAfl. 48,000 in 2013) compared to other countries and territories in the region, the income distribution, as in many other countries, is skewed. The results of the Census 2011 detail how income is distributed among the population and households, and gives a statistical reason to continue or expand the different support systems for the lower income groups.

## 3.1 POPULATION AND HOUSEHOLD INCOME DISTRIBUTION

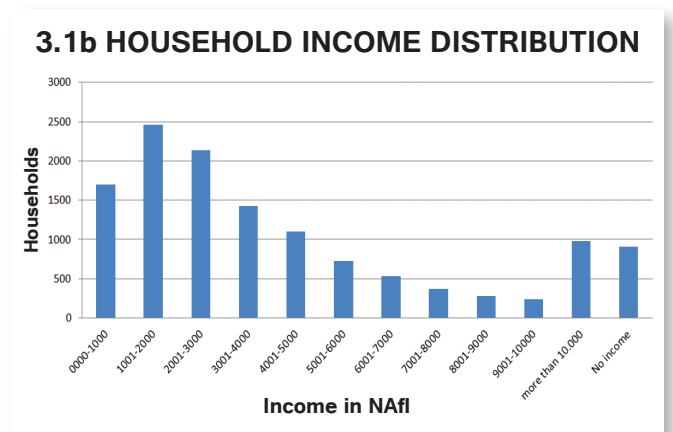
The results of the 2011 Census survey show that a significant part of the population (18%) has an income of 1,000 NAfl./month or less. Additionally, 27% of the population (7,068 persons) over 15 years of age has no income, but keep in mind that these numbers refer to individuals and not to households. Especially the 'no income' category (7,068 persons), including 2,754 persons under 25 years of age, will in practice share a household with those who are able to obtain an income. The below graph (3.1a) displays the average income distribution for the population in Sint Maarten<sup>17</sup>.



Income related poverty policies concern themselves mostly at the household level. After all, members of the same household share to a large extent the financial means of the household in order to fulfill their needs. However, these needs are not

automatically met equally for all members within the household. We should therefore first look at the distribution of average income of households, and then look at the characteristics of the household in the lower income categories (up to 1,000 NAfl./month).

The household income distribution (graph 3.1b) has the same shape as the population income distribution (3.1a). The 7,068 persons without income (graph 3.1a) have largely been incorporated in all the households (total 12,854) although 906 households still report to have no income. The lowest income group (up to 1,000 NAfl./month) consists of 1,698 households. Together with the 906 households without income, the conclusion can be drawn that at least 2,604 households can be considered poor, which constitutes about 20% of all households. The Labor Force Survey (2013) confirmed the findings of the Census (2011) survey of the number of households in the 'no-income' and '0-1,000 NAfl./month.' category<sup>18</sup>. Both surveys show that 20% of all the households fall into these two categories. For all budgetary calculations this advice will make use of this finding.



The average number of persons per household is 2,6, but households in the lowest income group and households without income together have an average of 1.8 household members. Therefore, at least 4,687 persons encounter serious limitations due to their household income. The census does not distinguish between persons with or without the right to reside within Sint Maarten. According to the Census 2011, the total population in Sint Maarten is 33,609 persons, and this constitutes about 14 percent of the population<sup>19</sup>.

The Census 2011 also provides the main nationality of the

<sup>17</sup> Department of Statistics, Census 2011a.  
<sup>18</sup> Department of Statistics Sint Maarten, personal email 21-11-2014 from M. Hickinson.  
<sup>19</sup> Department of Statistics Sint Maarten, Census 2011b.

population by income level. About 63% of the total population has a Dutch nationality. If we look at the main nationality of the 'no income' and 0-1,000 NAfl./month income groups, the same

**Two separate surveys report that 20% of households (2,604) live on 1,000 NAfl./month or less**

picture emerges; 63% of this group has the Dutch nationality. The other nationalities are also not over- or underrepresented in the low income groups relative to the total population<sup>20</sup>. This means that poverty is not linked to nationality and forms a problem across the board. An effective poverty reduction policy should therefore also be aimed at all the nationalities present in Sint Maarten.

The SER only follows the mentioned income categories because the Census 2011 was designed as such. The SER will be using a preliminary poverty line until the government has set one after research as will be explained in paragraph 2.3.

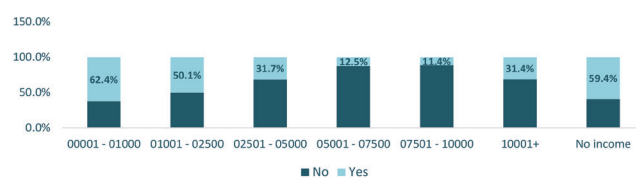
Until now only population and household income, number of household members, and nationality have been considered. The number of households (2,604) and members of those households (4,687) taken from the Census(2011) would be considered the target group for a Conditional Cash Transfer program (CCT). The picture of poverty in Sint Maarten is much more complicated than income alone as the Well-Being survey will show (3.2).

## 3.2 RESULTS WELLBEING SURVEY 2013

The Well-Being survey is an opinion-based survey. In other words, the collected data reflects mostly the opinion of the households, and only sometimes asks about factual situations. 1,025 households completed the well-being survey in 2013. The Department of Statistics randomly selected within each neighborhood (strata) the number of households that would represent that neighborhood relative to the entire population of Sint Maarten. This is called a stratified random sample. With a 95% confidence interval and 2.9% error margin, the survey is reliable; if you would do the survey again, you would gather the same results<sup>21</sup>. Together with the data from the Census (2011), which focuses on factual data, the Well-Being survey adds the opinion which households hold about their own well-being to this picture.

The Well-Being survey asked the respondents if they would consider themselves living in need, and whether they are poor. 43.1% of the respondents felt they are living in need, and 28.5% considered themselves poor. Of those who felt they were living in need, 54% answered they also considered themselves poor, and therefore 23.3% of the respondents (households) both felt they are living in need and considered themselves poor<sup>22</sup>. Here, the opinion of the households in the Well-Being survey (2013) match more or less with the Census (2011) income statistics. The Census showed that 20.3% of the households have an income of 1,000 NAfl./month or below. When the survey asked respondents if they had a lot of problems with one particular issue that affected their lifestyle, three answers were mentioned most often. Respondents named financial difficulty (21.9%), unemployment challenges (10.2%), and lack of food and water (6.1%) as their most pressing problems<sup>23</sup>.

**GRAPH 5<sup>24</sup>: Average HH Income by Opinion "Living in need"**



However, the above graph 5 shows that living in need does not necessarily correspond with low income levels. More than 30 percent of the highest income level (10,000 NAfl. and more) still feel they live in need. About 60% of the respondents with a low income (up to 1,000 NAfl./month and 'no income' categories) feel they live in need<sup>25</sup>. Clearly, what is considered 'living in need' has different outcomes on different income levels. One should note that the number of household members is not mentioned. For example, a household with five members and an income of 2,000 NAfl./month could feel they live in need, and a household with two members with the same income could feel not living in need. The Well-Being survey further lists what the respondents consider needs, luxuries, and niceties.

The Well-Being survey also asked who manages the finances inside the households. Almost 40% of the households are one person households or single parent households. The 'head' of the household is automatically determined; there is little choice. Almost 45% of the households answered that the household finances are shared and managed together. Only 4.2% of the couples keep their finances completely separately, and just a few percent have some sort of housekeeping allowance or personal spending categories to divide the financial responsibilities.

<sup>20</sup> Department of Statistics Sint Maarten, personal email 5-11-2014 from M. Antersjijn

<sup>21</sup> Department of Statistics Sint Maarten, 2014, page 9.

<sup>22</sup> Department of Statistics Sint Maarten, 2014, page 18

<sup>23</sup> Department of Statistics Sint Maarten, 2014, page 31

<sup>24</sup> Department of Statistics Sint Maarten, 2014, page 19

<sup>25</sup> Department of Statistics Sint Maarten, 2014, page 19, 20



The Well-Being survey also asked respondents what would happen when money is tight<sup>26</sup>. If money would be tight, respondents would hypothetically give up on alcoholic beverages and tobacco (46.1%), clothing and footwear (13.6%), furnishings, household equipment, and routine maintenance (7.6%). Respondents mentioned these same three categories as 'not difficult at all' to (temporarily) give up on, respectively with 83%, 30%, 32% for said categories. Respondents named the following categories they would find 'very difficult' to economize on: food and non-alcoholic beverages (87%), health (72%), and housing, water, gas electricity and other fuels (68%)<sup>27</sup>. The financial strategies of the respondents make perfectly sense. They find it relatively easy to give up on luxury categories, and they find it very difficult to give up on life's essentials (food, shelter and health). The survey is asking about opinions in this section of the survey, but in another section the survey asked about what actually happened in the past when money was tight<sup>28</sup>.

In reality households decide to buy less food (18%), stop or buy less fresh fruits and vegetables (25%), and not buy any telephone card (29%). Another tactic is to delay payment of housing (rent 19%), water (28%), electricity (29%), not to buy additional clothes and shoes (26%), and not to replace/mend any clothes and shoes (24%)<sup>29</sup>. From a humanitarian perspective, the decision to buy less food, even for a short amount of time, is clearly unwanted. However, four healthcare professionals indicated that they have not encountered cases of malnutrition for a long time. A very limited number of cases of malnutrition have been noticed in children up to four years of age, but these cases have more to do with unfamiliarity of the dietary needs of new-borns and toddlers than with financial difficulties<sup>30</sup>.

### 3.3 COST OF LIVING 2001-2014

The choice to spend less on the above mentioned categories is not surprising given the development of prices (table 3 below) and the weigh factor (table 3.3a) of these categories<sup>31</sup>. The costs of living in Sint Maarten is 24% higher in 2013 than in 2006 when all categories are taken together. This constitutes about 3.2% inflation each year in the period 2006-2013. Especially the prices of Food (68%), Beverages and Tobacco (43%), and Household Furnishing and Appliances (38%) have increased substantially since 2006. In reality the respondents of the Well-Being survey spend less on, or delay payment of, their largest spending categories Housing (39%), Transport and Communication (20%), and Food (10%)(see table. 3.3a). Price hikes in these categories will affect the general population, but they will affect especially the poor the most if their income is not adjusted to the Consumer Price Index. The quality of life of the lower income categories is greatly influenced by the cost of living. The pace of rising costs of living therefore deserves attention, especially the development of the prices of food. The SER recognizes that many factors, including global and regional, can influence the prices of food.

The tendency of part of the population to eat less in times of duress as described above, unwanted as this is, does not cause malnutrition for children and adults according the health care professionals. The Well-Being survey indicates that dietary needs are just one of the items of expense part of the population juggles with to balance the monthly budget, but these items of expense are less important in reality than in hypothetical situations.

TABLE 3 Annual Consumer Price Index by Expenditure Category Since	Period													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Expenditure Category														
TOTAL	89.9	90.8	91.3	92.8	94.8	97.7	100.0	102.3	107.0	107.8	111.2	116.3	121.0	124.0
FOOD	81.4	83.2	86.6	87.5	89.0	95.3	99.0	101.7	115.6	126.3	130.2	142.0	158.2	168.1
BEVERAGES AND TOBACCO	95.4	95.1	97.1	97.2	96.7	98.4	100.1	100.5	107.6	114.2	116.6	128.0	138.2	142.7
CLOTHING AND FOOTWEAR	103.7	103.9	103.4	103.3	103.3	101.7	100.1	100.7	102.5	104.1	104.6	106.1	112.7	113.7
HOUSING	87.1	88.1	88.6	92.0	95.5	98.4	100.6	104.3	110.1	108.0	114.3	119.5	122.3	123.3
HOUSEHOLD FURNISHING & APPLIANCES	91.8	93.1	93.7	94.6	95.2	98.0	99.8	102.2	104.6	109.2	110.3	114.4	121.2	137.8
MEDICAL CARE	101.4	101.6	101.5	102.0	101.0	100.0	100.0	100.0	100.1	101.5	102.2	103.8	105.3	105.5
TRANSPORT. AND COMMUNICATION	91.1	91.5	89.1	89.6	92.5	96.1	99.6	101.0	103.3	102.0	103.3	108.2	110.1	111.0
RECREATION AND EDUCATION	94.3	95.6	96.9	97.2	97.4	98.2	99.6	100.3	100.1	100.4	101.2	102.6	106.5	108.0
MISCELLANEOUS	94.1	94.7	96.5	97.3	97.9	99.1	99.9	100.7	102.8	105.7	107.6	110.9	113.9	117.5

26 Department of Statistics Sint Maarten, 2014, page 24-27

27 Department of Statistics Sint Maarten, 2014, page 24-27

28 Department of Statistics Sint Maarten, 2014, page 24-27

29 Department of Statistics Sint Maarten, 2014, page 27-29

30 Interviews with healthcare professionals, October 2014

31 Department of Statistics, taken from <http://www.stat.gov.sx/>, CPI / inflation tables



Category	Weight
FOOD	10
BEVERAGES AND TOBACCO	1
CLOTHING AND FOOTWEAR	7
HOUSING	39
HOUSEHOLD FURNISHING AND APPLIANCES	6
MEDICAL CARE	3
TRANSPORTATION AND COMMUNICATION	20
RECREATION AND EDUCATION	6
MISCELLANEOUS	8
<b>TOTAL</b>	<b>100</b>

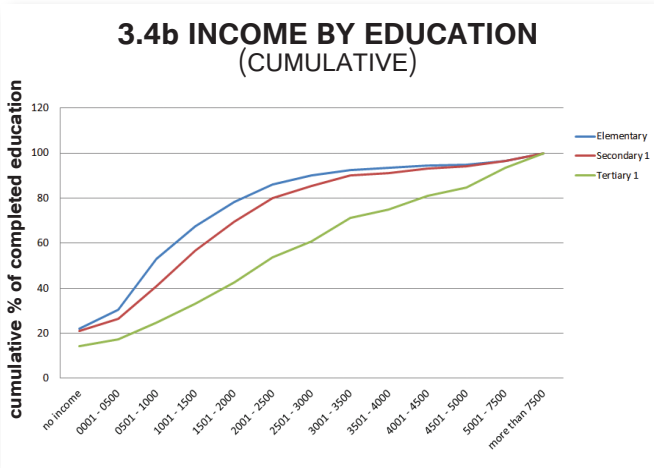
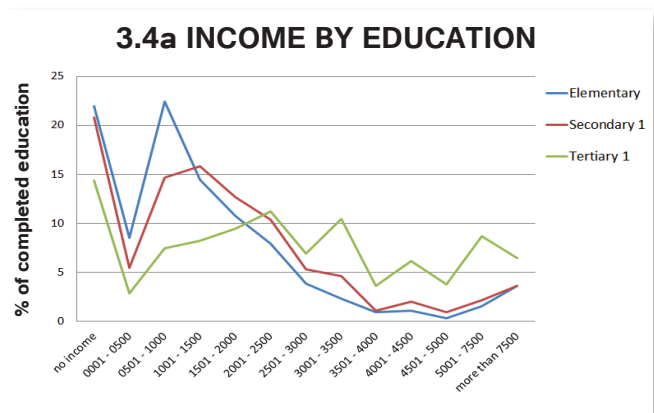
This finding is supported by extensive research in countries much poorer than Sint Maarten. The same research also shows that poor people often don't have a lack of calories, but tend to lack specific micronutrients, such as iron, cobalt, zinc, etc.. Which micronutrients are lacking depends on the local dietary habits. Therefore, it is about the quality and not the quantity of nutrition. Especially unborn babies and young children (0-4 years) could benefit greatly from better nutrition<sup>32</sup>. Since the health and quantity of food young children (0-4 years) are receiving is adequately monitored in Sint Maarten<sup>33</sup>, this would leave the quality of nutrition of young children and pregnant women. As Banerjee and Duflo remark: "the social returns of directly investing in [the quality of] children and pregnant mother nutrition are tremendous"<sup>34</sup>. In other words, a lot could be gained to connect a conditional cash transfer program in Sint Maarten with pregnancy health care service with a dietary component.

The survey also asked why respondents think that (other) people in Sint Maarten live in poverty. The top three reasons are low education level (80.4%), low finances (79.7%), and housing situation (52.2%). The survey also asked why respondents think that people in Sint Maarten live in need. The top reasons are economic downfall, no jobs (35.1%), laziness and lack of willpower (15.4%), and to live above means (10.6). The Census 2011 confirms the connection between poverty and education level.

### 3.4 CENSUS 2011 ON EDUCATION AND INCOME

Graph 3.4a shows that higher education corresponds with higher income levels in Sint Maarten. In the lower income categories (up to 2,000 NAfl.) the percentage of people with completed tertiary 1 education is consistently lower than completed

elementary and secondary 1 education. In the higher income categories (2,500 NAfl. and more) the situation is reversed. Here, in each of these income categories the percentage of people with completed tertiary 1 education is consistently higher than with completed elementary and secondary 1 education. Secondly, this data is taken from a single moment in time and functions as a snapshot of the relation between income and education. As a rule of thumb, people who have completed a high(er) education also experience more income growth during their career compared to people with low(er) education. This means that young people with higher education and low income today have a better chance to earn more later in life than people with low(er) education and a low income level.



Graph 3.4b depicts the same information but is organized differently in order to visually quantify the relationship between education and income. The graph shows the cumulative percentage of people of each completed education level by income category. For example, the graph shows that of 80% of the people with elementary education level earn 2,000 NAfl. or less (which means 20% earns more). Only 40% of people with the tertiary education level earn 2,000 or less (which means the other 60% earns more) and 70% of the people with Secondary 1

32 Banerjee and Duflo, page 38-41

33 Ministry of Public Health, Social Development and Labor, 2014a, page 3-4.

34 Banerjee and Duflo, page 40





education level earn 2,000 ANF or less (which means the other 30% earns more). These data make no distinction between business owners, employees and self-employed people. In other words, all groups are lumped together. The two graphs prove that the general rule of thumb, more education means more income on average, also holds true for Sint Maarten.

As its name indicates, CCT's provide a temporary additional income for the poor under certain conditions. These conditions aim to assist the poor with better access to education, healthcare, or other social policies in order for them to improve their social economic development themselves. Since such a program would be introduced in addition to existing government policies to reduce poverty, those policies should be examined too, before chapter three deals with CCT's in general.

### 3.5 EXISTING LEGISLATION REGARDING POVERTY

Country Sint Maarten provides the population with social protection with a number of policy projects and legislation. Although not exhaustive, the most important legislations regarding poverty are the ordinance of Financial Aid and the state pension (AOV). Other legislation, such as the right to continued pay during illness, protect against poverty when one's health deteriorates. The basic amount that one can receive with Financial Aid is 983 NAfl. per month<sup>35</sup>. In 2013, around 628 households received Financial Aid<sup>36</sup>. The eligibility for financial aid does not depend on former contributions by recipients. The state pension (AOV) insures against the financial consequences for old age, currently after 60 years of age. The amount of pension depends on the number of years one was registered as inhabitant of Sint Maarten, independent of how much one has contributed over the years<sup>37</sup>. Financial Aid aims to guard against the consequences of poverty for under- or unemployment during the productive years, between 18 and 60, and if an employee falls ill, legislation is in place to guarantee income for the time of illness. The graph about household income distribution (3.1) reminds us that the social protection system in Sint Maarten does not protect all from poverty, as 1,970 households which don't rely on Financial Aid can be considered poor. This opens up the possibility for a CCT in Sint Maarten.

### 3.6 PRELIMINARY POVERTY LINE

The government of Sint Maarten has not set a poverty line at the time of writing this advice. The SER advises government to do so in the near future. Until the government sets a poverty line, the SER defines those suffering from 'a denial of choices and opportunities for living a tolerable life'<sup>38</sup> as all persons living in a household with an income of less than 1,154 NAfl./month. The basic amount as defined by Financial Aid for an independent single person household is currently NAfl. 983,-<sup>39</sup>. The minimum wage is now set at NAfl. 8.33 per hour, which translates into an income of NAfl. 1,442.75 per month with a 40 hours' work week<sup>40</sup>. The SER chooses to align the preliminary poverty line (1,154 NAfl./month) in this advice with the minimum wage minus 20%. The SER realizes that this preliminary poverty line is debatable, but considers the establishment of a preliminary poverty line needed to advance with a Conditional Cash Transfer program. The SER would recommend a definitive poverty line to be calculated by government from the actual necessary items of the cost of living. This future poverty line would most likely be set between 983,- and 1,442.75 NAfl./month.

The additional income from 'Boost Sint Maarten' would not exceed more than 288 NAfl./month. This amount is 25% of the preliminary poverty line ( $1,154 \times 0.25 = 288$ ). The poverty line and cash transfer taken together ( $1,154 + 288 = 1,442$ ) would not exceed the income derived from 40 hours of minimum wage (1,442). After all, to work for minimum wage should not result in less income than to temporarily rely on (part-time and/or informal) income added with 'Boost Sint Maarten', as a financial incentive to work full time should be present. The SER realizes that households of recipients of 'Boost Sint Maarten' would have children, and that even with the maximum own income (1,154) added with the cash transfer (288), the financial management of daily life could only be characterized as a struggle given the costs of living in Sint Maarten. After the government has set the definitive poverty line in the future using the costs of living as a benchmark, the amount of cash transfer should be adjusted according to 25% of the new poverty line.

36 Ministry of Public Health, Social Development and Labor, personal email 17-02-2015 from R. Fleming.

37 Landsverordening regelende een algemene, de gehele bevolking omvattende, verplichte verzekering tegen geldelijke gevolgen van ouderdom, AB 2013, nr. 520.

38 United Nations Poverty briefing 2014, page 4.

39 Department of Social Development 2012, page 13.

40 Landsverordening houdende regels inzake minimumloon, AB 2013, no. 10.



## 3.7 EXISTING POLICIES REGARDING POVERTY

Next to existing legislation (3.4), the ministry of Health, Social Development and Labor is undertaking policy projects to reduce poverty in Sint Maarten. These policies are aimed to improve access to healthcare, labor market and social services directly, or aim to research social issues to develop policies in the future. These policies recognize that poverty is a multi-faceted problem caused by a variety of reasons, and that poverty does not only relate to income. The following policies are (being) developed by the Ministry of Health, Social Development and Labor<sup>41</sup>:

- Develop effective and relevant social data bank system
- Execute phased implementation Health Information System
- Develop M&E system linked to reporting responsibilities (locally, regionally and internationally)
- Policy to increase the participation rate of youthful workers
- Data collection for “How healthy is SXM” survey
- Further development and improvement of the Labour Market Information System
- Research on School - to -Work transition (yearly until 2018)
- A sexual reproductive health policy, family planning policy
- Vacancy Survey 2014 (in collaboration with STAT)

The SER welcomes these policies and is confident they will improve the access to healthcare, labor market and social services, and therefore will reduce poverty in the future. At the same time, the household income distribution (table 3.1b) reveals that about 20% of the households have an income of NAfl. 1,000,- or below in 2011, and this finding was confirmed by the Labor Force Survey in 2013. Given the already undertaken policies by the Ministry of Health, Social Development and Labor, an extra effort to reduce poverty would be fruitful if it would target the income of the poor more directly in addition to existing policies aimed at improving access for the poor to different fields. Moreover, if deemed necessary, some of these policies could be aided by ‘Boost Sint Maarten’, as will be described in chapter 4, if the conditions of ‘Boost Sint Maarten’ are connected with some policy goals in the above mentioned policy projects.

The conditions of ‘Boost Sint Maarten’ as described in chapter 4 (educational attainment, healthcare during pregnancy and directly after birth, active parenting course, life skill development and family planning) aim to expand or fill in the gaps existing social policies leave behind. In doing so, ‘Boost Sint Maarten’, together with these other policies and legislation,

makes social economic development, in this case especially for the poor, more attainable than before. For example, a youth from a poor family who has graduated from high school, partly stimulated to do so by ‘Boost Sint Maarten’, could benefit from the existing policy to increase the participation rate of youthful workers. Also, if ‘Boost Sint Maarten’ would stimulate poor pregnant women to go to the doctor, use better nutrition, and afterwards the existing policies of baby-care take over. Here, ‘Boost Sint Maarten’ would fill in the healthcare gap between conception and the Youth Health Care program (0-4 years old). Together, existing legislation and policies and ‘Boost Sint Maarten’ aid the population of Sint Maarten in transition- or vulnerable moments so they will be able to better fend for themselves in life, and have a better chance at social economic development. Sound social policies have mastered the art to determine which transitions and vulnerable moments are most urgent, and with which methods they can be guarded against most effectively.

## 3.8 DATA BIRTHS BY TEENAGE MOTHERS IN SINT MAARTEN

The disadvantages for the social economic development of the mother and child when teenage girls give birth (teenage births) are well documented. A study from the Department of Collective Preventive Services states the following. Teenage mothers often lack sufficient parental skills. Teenage births often contribute to a cycle of poor education, poor(er) health, poverty and less human capacity development. Teenage mothers depend more often on social protection systems and their children on correctional facilities. Teenage mothers are forced to drop-out from (high)school and their children tend to become teen parents themselves<sup>42</sup>. Given that teenage births are a clear marker for inter-generational transmission of poverty, the reduction of teenage pregnancies should be addressed by ‘Boost Sint Maarten’.

The SER interviewed five healthcare and two other professionals who deal with the consequences of poverty in their daily professional tasks. From these interviews and discussions within the board several ideas emerged which relate towards the social fabric of poor neighborhoods, basic life- and parenting skills, and knowledge of the poor to cope with adversity.

The first concern is teenage births and the related topic of family planning. Several healthcare professionals have the notion that teenage births are increasing. Only the data from 2013 is

<sup>41</sup> Department of Social Development 2014, slide 8.

<sup>42</sup> Ministry of Public Health, Social Development and Labor, personal email 31-10-2014 from V. Asin



### Teenagers given birth 2013:

<b>Baby Clinic:</b>	<b>32</b>
<b>Census Office:</b>	<b>51</b>
<b>SMMC:</b>	<b>79</b>

currently available to the SER. The number of teenage births and teenage births as percentage of total births are respectively Census Office (51, 9.9%), Baby Clinic (32, 8.4%), SMMC (79, 16%)<sup>43</sup> in 2013.

The SER would like to express concern regarding the differences in registration between these organizations, given that the right to nationality and to be registered directly after birth are protected in article 24 of the ‘International Covenant on Civil and Political Rights’.

If we assume that the number of girls in this age group taken from the Census 2011 is still accurate (1,224 girls), and if we further assume that the SMMC has the most complete picture of (teenage)births, than 6.4% of all the girls between the ages of 15-19 (5 year age group) have gotten pregnant in 2013. The data does not allow to infer if this percentage (6.4%) has been the same in the past or will be in the future. But If we assume that 6.4% of the girls get pregnant each year, if we assume that the number of girls in the age group remains the same (1,224) in the future, and if we assume teenage girls don’t get pregnant twice, than after five years 345 teenage girls would have given birth in Sint Maarten, which constitutes 28% of the age group. In other words, more than one quarter of the girls living in Sint Maarten will give birth during their teenage years. Considering the above, the concern regarding teenage pregnancies and family planning are valid.

There is no data available to suggest that teenage girls from poor households give birth more often than other teenage girls.

**Assumption 1:** SMMC most reliable data

**Assumption 2:** each year 6.4% of teenage girls give birth

**Assumption 3:** no teenage girl gives birth twice

**Assumption 4:** 5 year age group is stable number

**Conclusion:** 28% of 5 year age group of teenage girls gives birth in 5 years

However, from their own observations healthcare professionals tend to think that there is a connection related to social and cultural factors typically present in poor neighborhoods. The professionals learned that teenage girls from poor households seem responsive to sexual attention from teenage boys at an earlier age. Poor teenage girls seem more susceptible for myths governing their sexual behavior, pregnancy and the workings of different contraceptives; a lack of knowledge gives room for these myths in the beliefs of teenage girls. In poor neighborhoods (teenage) girls sometimes start their sexual behavior at 12 years of age. Teenage girls from poor households seem less concerned about their future, and how a child would influence this future. The parents of teenage girls seem less concerned about the possibility of early pregnancy than other parents; a teenage pregnancy is often welcomed in poor households. Sometimes parents of poor households show a lack of involvement in the life of their teenage children. Poor households are often run by a single mother without a father figure present to share the responsibilities of parenthood with. This also leads to less parental oversight because single parents need job(s) and therefore don’t have sufficient time to supervise their (teenage) children. The observations from healthcare and other professionals substantiate the study of the Collective Preventive Services mentioned earlier.

Both the quantitative data in this chapter and the observation of healthcare professionals give reason to connect family planning, teenage pregnancies, parenting in general, and life skill development with the conditions in the proposed conditional cash transfer program. These conditions will be described in chapter four. Chapter four will also elaborate on educational attainment and general maternal health.



Sociaal Economische Raad

Social Economic Council

# 4

# 'BOOST SINT MAARTEN'



## 4. 'BOOST SINT MAARTEN'

The goal of 'Boost Sint Maarten' is twofold. The program reduces income poverty temporarily with an additional income and stimulates the human capacity development of recipients. Furthermore, 'Boost Sint Maarten' must be able to fulfil this goal with a reasonable budget. This chapter serves to outline the design for 'Boost Sint Maarten', including a proposed budget (4.6).

### 4.1 SELECTION CRITERIA TARGET GROUP

The execution agency will select the target group after a household visit based on all the following criteria:

- Households with a combined income of less than 1,154 NAfl./month
- Head of household and children connected to the conditions have been living consecutively for at least two years in Sint Maarten
- Households pass the direct proxy-means test (household visit)
- Households are not a Financial Aid recipient (2013: 628)

The proxy-means test would need to be developed by the Department of Statistics. The Census 2011, the Well-Being survey 2013 and the Labor Force survey 2013 list the characteristics of poor households. The characteristics form the basis of the proxy-means test to assess if poor candidate households match these characteristics and have an income of less than 1,154 NAfl./month. The combination of a direct proxy-means test and the possibility to cross check the results with the observations of a surveyor during a household visit should decrease the potential for fraud greatly. The SER recommends to create the possibility to check if residents on the Dutch side are also registered on the French side (and vice versa), and to exclude those residents from 'Boost Sint Maarten'. Other methods to decrease possible misuse are mentioned in paragraph 2.1. Most importantly, the direct proxy means test must be transparent and objective, as to avoid arbitrary decision-making and enhance understanding of its outcome.

The SER chooses to include recipients without residence permit because the negative consequences of poverty for society do not depend on such a permit, as inconvenient as this may be, but take

place in reality. This choice should not be debated extensively because the Household Listing Survey (2014) regarding the registration of persons at the Census office measured this registration as 84% (and 16% not registered)<sup>44</sup>. Although this measurement should be interpreted as an indication and should be used carefully, it does indicate the limited means to be spent on this group under 'Boost Sint Maarten'.

The SER chooses to select recipients who have been living consecutively for at least two years in Sint Maarten. This choice gives few, if any, persons an incentive to move to Sint Maarten given the costs for such a move involved and the modest amount of cash transfer. Moreover, such migrants would not know in advance if they would pass the proxy means test and other condition criteria. In short: the restriction of at least living consecutively two years in Sint Maarten demands high costs, high uncertainty and high planning capability for such migrants to possibly gain a low 'reward'. At the same time, the two years do not exclude such a large group that the number of recipients would decrease to such an extent that 'Boost Sint Maarten' would be setup for a small group (see 4.6 on estimate number of recipients). Furthermore, it makes little sense to set up a poverty reduction program which aims to reduce poverty and make society stronger, and then to barricade the entrance to such a program with selection criteria that go against its aim.

The SER is aware that part of the recipients of Boost Sint Maarten would not be complying with the National Ordinance on Admission and Expulsion (LTU)<sup>45</sup>. This ordinance mandates that non-nationals need to be in the possession of a valid residence permit, and in order to have a valid residence permit non-nationals must have sufficient funds to maintain themselves during their time in Sint Maarten. A study of the Law Enforcement Council concluded that, once admission is granted, "there is no system in place that automatically generates a notification when the validity of the residence permit expires, nor is there a routine check to determine if the requirements and restrictions of this permit are complied with"<sup>46</sup>. This situation has contributed to the current composition of the population, which in turn partly determines the social economic reality in Sint Maarten.

The 'Convention of the Right of the Child' declares that the state shall respect all the rights of the convention to all children

<sup>44</sup> Department of Statistics, Household Listing Survey 2014, personal email M. Antersijn.

<sup>45</sup> Landsverordening Toelating en Uitzetting, P.B.1966, no.17

<sup>46</sup> Daily Herald, January 26th, 2015, page 12



without discrimination of any kind (article 2). States shall ensure that pre-natal and post-natal healthcare is appropriate, and that family planning education and guidance for parents are developed, and that all children have access to education (article 24). Furthermore, states shall ensure that every child has the right to benefit from social security (article 26). The ‘Universal Declaration of Human Rights’ states that everyone has the right to social protection and the right to standard of living adequate for the health and well-being of himself and of his family (articles 22 and 25). Both treaties are applicable to country Sint Maarten, and therefore the SER supports ‘Boost Sint Maarten’ for all who are in need of it, including those migrants without valid papers.

Part of the recipients of Boost Sint Maarten would conflict with the National Ordinance on Admission and Expulsion (LTU). The SER contends that the government of Sint Maarten should comply with the LTU. On the same note, the negligence to do so would bring part of the recipients of a social protection policy such as Boost Sint Maarten under the protection of international treaties, especially because children would benefit from the program. Excluding illegal immigrants from Boost Sint Maarten on grounds of legal status [verblijfsstatus] would be discriminatory under international law.

**Target group: 1,970 households**

The households from the target groups are eligible for a flat transfer if the household has children of the age of 15-18 years (15, 16, 17, or 18) who go to school, and if a member of the household who does not fall in these age categories is pregnant. Additionally, households have to comply with the condition set in paragraphs 4.3 and 4.4.

## 4.2 FLAT CASH TRANSFER

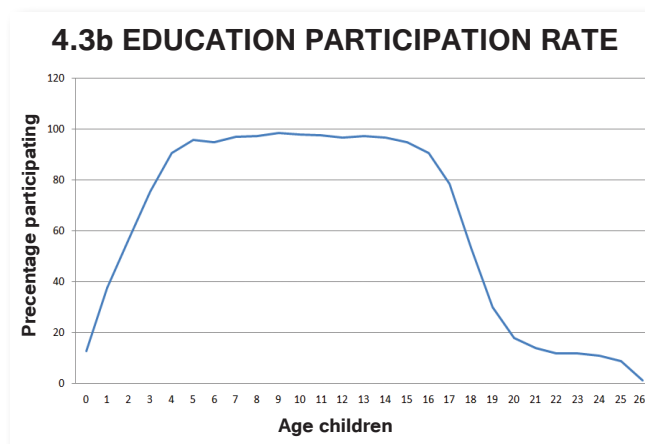
Each households from the target group which complies with the conditions should receive a flat transfer of no more than 288 NAfl./month. If households have two children in the age group 15-18 (15, 16, 17 and 18), then the transfer will be 144 NAfl./month per child. The cash transfer will be distributed by the execution agency by means of a magnetic stripe cards or debit cards (‘Boost Sint Maarten’ card).

**Flat transfer:  
maximum 288 NAfl./month per household**

## 4.3 EDUCATION CONDITION

Educational attainment improves income and social economic development later in life. High school dropout is, next to a low education level, also associated with all sorts of problem behaviour directly after leaving school. The Table 4.3a and its visual representation graph 4.3b show that high school participation rate starts to drop at 15 years, and it continues to drop afterwards (Census 2011). The participation rate before 15 years of age varies between 97-99%. ‘Boost Sint Maarten’ therefore chooses to provide additional income for poor households with children of 15, 16, 17 and 18 years old. The incentive of an additional income has the most potential effect on the decision to stay in school during those years. The other education conditions as described below are all aimed that children will not only attend school, but that they will also graduate, and together they form extra checkpoints and stimulation for educational attainment for children from poor households.

Age Children	Total	Participation Rate
14	492	96.8
15	485	94.9
16	450	90.5
17	403	78.5
18	229	53.3
19	113	30.1



Some students need more than a financial incentive to stay in school; they also need the life-skills to be able to pass from one grade to another. Life-skills are general skills to function in life, such as learning how to manage yourself, how to make a planning and stick to it, how to assess and change your own behaviour if needed. Another condition is therefore added to



'Boost Sint Maarten'. All students from the target group who repeat a grade, or are likely to repeat a grade according to their school, are obligated to participate in a life-skill course. Furthermore, to address the issue of teenage pregnancies (see 4.4), all students from the target group will need to participate in a family planning course if they are 15 years old. The aim of this course is to have teenagers obtain a clear picture about the risks of their sexual behavior, the consequences of having children for their life, and the working of different contraceptives. Their parents will also be obligated to do a family planning course before their children do. Children also need to receive this kind of information from home if you want them to change their behavior. Both courses will provide an opportunity to guide the behavior of teenagers during these important years (15-18).

Chapter 3 also describes the limited role some parents play in the lives of their teenage children, albeit driven by circumstances or not. Therefore, the parents also have to play their part. They are obligated to participate in an active parenting course. This module-based course has been successful in Sint Maarten in the past, and can be adjusted to fit the goal of 'Boost Sint Maarten'. These courses combined provide an opportunity to bring more elements in the relationship between child and parent than before, and to bring more nuances in the ideas teenagers seem to learn from their neighbourhood environment. The SER recognizes that participation of children and parents in these courses will not guarantee success, because the ideas and behaviour of people depend on many factors. However, these courses will be able to convey that completing high school, thinking about your own future, not getting pregnant too early, and being involved in your children's upbringing is the norm in Sint Maarten. These norms can only be effectively conveyed if the courses consist of at least five sessions and are held with a limited number of participants (maximum about 10). Only in this type of setting a professional will have sufficient time to produce a change in the behaviour of participants. The impact of these courses depends heavily on the method, content and the teacher/instructor. The SER would recommend 'motivational interviewing' as a method to produce behavioural changes from group settings. Motivational interviewing depends on respecting the participants, understanding their ideas, life circumstances and attitudes, and gently providing reasons to change. A lasting change in behaviour is most likely if the participants are motivated to change themselves, and least likely if a stranger is simply telling (young) participants how to behave. The SER believes that, with all the education conditions taken together, Boost Sint Maarten will accomplish that more children will attend school for more years, and more children will graduate.

All payments for courses (family planning, life-skill and active parenting) will take place between the execution agency and providers of the courses; household will not receive money, next to the flat transfer, to manage these payments themselves.

#### Education conditions which all have to be met by the target group to receive flat transfer:

1. 15-18 years: participation in school: 390 children
2. 15 years: participation family planning course: 100 children and their parents (separate courses)
3. 16 years: participation parents in active parenting course: parents of 100 children
4. Participation life-skill course if deemed necessary by school or with grade repetition. Estimated number of children: 80 (20% possible grade repetition each year)

## 4.4 HEALTH: PREGNANCY AND EARLY LIFE CONDITIONS

The number of births in Sint Maarten varies between 450 and 500 each year. The number of births from women living on the Dutch side, but using the healthcare services on the French side for delivery is unknown to SER. In Sint Maarten the percentage of pre-term (premature) births varies between 5.8-9.1%. The majority of those pre-term births are between 23-37 weeks (table 4.4a)<sup>47</sup>. As a rule of thumb, the more weeks a baby is delivered prematurely, the more problems it will encounter either directly or later in life. The types of problem behaviour consist of learning disabilities, high school drop-out and hyper activity. A gynecologist of SMMC views that there is room for improvement in maternal health. Next to obvious health risks for the baby such as smoking and drinking during pregnancy, the health of the foetus is mostly impacted by nutrition and the general health of the mother. The same gynecologist mentioned that the quantity of nutrition is not a problem, but the quality of the nutrition is. Pregnant women don't sufficiently use the right type of food. Further research would be necessary to determine if a lack of micronutrients also play a role in Sint Maarten.

<sup>47</sup> Sint Maarten Medical Center, personal email 16-11-2014 from M. Zurita.


**TABLE 4.4a BIRTHS AT SINT MAARTEN MEDICAL CENTER**

	2011	2012	2013	2014
<b>28 weeks and below</b>	5		0	4
<b>28-32 weeks</b>	9		1	6
<b>32-37 weeks</b>	31		27	33
<b>Total Number Births</b>	<b>493</b>	<b>461</b>	<b>481</b>	<b>450</b> as of Nov. 15, 2014
<b>Boys</b>	245		256	239
<b>Girls</b>	248		225	222
<b>Singleton</b>	479		478	444
<b>Twin</b>	7 sets		2 sets	3 sets
<b>Pre-term Births %</b>	9.1		5.8	7.3

Because of the limited sample size of three years, and the large differences in preterm births between the years, it is difficult to evaluate the number of preterm births in Sint Maarten. The preterm births in 2012 are not known to SER at the time of writing this advice. However, even the highest percentage (2011) is still a reasonable average compared with the rest of the world. The three year average (7.4%) would bring Sint Maarten on the 35th place out of 185 countries of low preterm births<sup>48</sup>.

The experience of the SMMC is that pregnant women from poor households do not seek medical attention just after they learned that they are pregnant. Especially women without health insurance tend to wait in order to avoid medical bills. Because medical interventions have the most impact on the health of the mother and the foetus in the first trimester, there is a lot to be gained by giving an incentive to women to seek health care earlier. The pregnancy treatment/program would constitute of three visits with three sonograms (540 NAfl.).

The observations from other health professionals are that especially younger women from poor households have not prepared themselves for pregnancy, or that they don't recognize the changes a child will bring in their life, is supported by the observations of the SMMC. Child birth itself is already an intense experience, and the period of care for the baby directly after is also demanding. Especially for those who lack the traditional support from family, this period could be very stressful.

The White-Yellow cross provides maternity care directly after delivery in Sint Maarten. Given the number of births in 2013 (481), their service was not sought after much because they only provided maternity care to 27 mothers and their new-borns that year. This situation is unwanted, especially for first-time mothers who lack the support from their family. This means the health of new-borns is not (sufficiently) monitored directly after birth because maternity care, next to giving a much needed hand just after delivery, also picks-up on obvious health deteriorations of the new born by sending the mother and new born back to the doctor. The White-Yellow cross has the impression that women do not make use of maternity care because of the costs involved (750 NAfl. for 10 visits). Their service is currently also not covered by SZV.

If the government and insurance agencies of Sint Maarten would like to stimulate pregnancy treatment in the SMMC and maternity care directly after delivery for poor people, the full reimbursement of these healthcare services by insurers would only partly stimulate this. This has to do with the (un)insurance rate by income level (table 4.4b)<sup>49</sup>. The table shows that 992 people (not households) in the 0-1,000 NAfl./month and 'no income' category people are not insured. Most likely, this group would make up part of the target group of 'Boost Sint Maarten'.

**TABLE 4.4b (UN)INSURANCE RATE BY INCOME LEVEL**

Row Labels	0001-0500	%	0501-1000	%	1000-1500	%	1500-2000	%	2000+	%	No Income	%	Total	% Total
I am not insured	34	2	87	2	31	1	14	1	72	1	22	1	260	1.3
I don't know	268	18	523	15	321	10	200	8	406	5	201	10	1,919	9.4
Insurance by Employer	21	1	26	1	19	1	15	1	54	1	33	2	168	0.8
No Response	7	0	26	1	25	1	31	1	286	4	29	1	404	2.0
PP Card	101	7	159	5	16	1	16	1	34	0	14	1	340	1.7
Private Insurance	140	10	326	9	255	8	230	9	1,679	22	289	14	2,919	14.3
SZV	875	60	2,325	66	2,473	78	2,117	80	4,977	66	1,164	57	13,931	68.2
<b>Grand Total</b>	<b>1,459</b>	<b>100</b>	<b>3,510</b>	<b>100</b>	<b>3,187</b>	<b>100</b>	<b>2,650</b>	<b>100</b>	<b>7,559</b>	<b>100</b>	<b>2,054</b>	<b>100</b>	<b>20,419</b>	<b>100</b>





'Boost Sint Maarten' aims to stimulate the human capacity development and quality of life of poor people by making the healthcare services during and directly after pregnancy a condition to receive the flat transfer of 288 NAfl./month. Recipients would also need to follow the instructions of the medical professionals, especially regarding nutrition during pregnancy. Recipients would receive the transfer for nine months if they seek pregnancy healthcare with the SMMC within three months after conception. Households already receiving the transfer under the education condition will no longer receive an additional income if the pregnant member of the household is a student between 15-18 years of age. 'Boost Sint Maarten' would not reward teenage pregnancy with continuing of the additional income, but the medical services itself for pregnant teenagers from poor households will still be paid for by 'Boost Sint Maarten'. These payments will take place between healthcare professionals and the execution agency; households will not receive money to pay the medical bills.

#### Healthcare conditions for the target group to receive flat transfer for nine months:

1. Pregnant women report to SMMC within 3 months after conception
2. Follow instruction of healthcare professionals, especially regarding nutrition.
3. Make use of maternity care service

'Boost Sint Maarten' knows conditions regarding healthcare (4.4) and education (4.3). The healthcare condition aims to avoid barriers to human capacity development related to poor health during pregnancy and early life. Recipients receive a flat transfer and the medical services are paid for by 'Boost Sint Maarten'. The education condition aims to avoid barriers to human capacity development during the teenage years, such as high school drop-out and teenage pregnancy, but also stimulates the development of Life-skills of both children and parents directly. The recipients receive a flat transfer and the participation in the courses is paid for by 'Boost Sint Maarten'. The budget for 'Boost Sint Maarten' is mentioned under paragraph 4.6.

## 4.5 EXECUTION AGENCY

'Boost Sint Maarten' needs an execution agency that manages the program together under the responsibilities of the relevant ministries. The main tasks would be to manage the selection of the target group, to pay the flat transfers, and to monitor if the recipients comply with the conditions. The general responsibilities of the Executing Agency are listed in Appendix B.

Next to these responsibilities, the execution agency must perform an evaluation of the program each year. This evaluation should at least include an overview of output of the program and a costs overview per condition, but also outcomes of the education and health conditions. Outcomes focuses in changes in behaviour, such as staying in school, less preterm births of 'Boost Sint Maarten' recipients, and graduation from (high)school. The execution agency must also measure how recipients experience the program and must regularly check if the recipients still comply with the conditions, but also regularly keep in contact through social workers with households which have a high chance to fail the conditions.

The set-up and ideas behind 'Boost Sint Maarten' are different than the Financial Aid system. The SER has met with the management of SZV Social and Health Insurances to assess if 'Boost Sint Maarten' could be managed by them and against which operational costs. These costs are needed to further determine the total budget of 'Boost Sint Maarten' (4.6). The general population of Sint Maarten associates SZV Social and Health Insurances with social protection schemes such as AOV, AWBZ and healthcare. This association would emphasize the healthcare and educational components of 'Boost Sint Maarten', and therefore also foster a more active attitude of recipients of 'Boost Sint Maarten'. This active attitude corresponds with the conditions set in 'Boost Sint Maarten'; recipients have to engage with the program. Because recipients of Financial Aid are excluded from 'Boost Sint Maarten', this should also be reflected in the choice for Execution Agency.

An important characteristic of Boost Sint Maarten is that recipients must be able to rely on regular payments because the recipients are financially struggling to make ends meet. Reliability takes away stress and worries, which allows recipients to focus more on getting ahead in life. Any irregularity in the monthly payments due to a lack of funds of the execution agency will have negative consequences in compliance with the conditions, which foster human capacity



development, or abandonment of the program by households. Therefore, the execution agency should be receiving its operational budget from country Sint Maarten in advance. In this way, the reliability of Boost Sint Maarten is better guarded.

## 4.6 YEARLY BUDGET 'BOOST SINT MAARTEN'

The budget of 'Boost Sint Maarten' depends on data taken from the Census 2011. The below budget is an approximation. In- and outflow of recipients of 'Boost Sint Maarten' would be stable because it mainly depends on the number of pregnancies and number of children in the age group 15, 16, 17 and 18; both numbers are reasonably stable.

- Number of poor households: 2,600 (20% total households)
- Number of Financial Aid recipients: 628 households
- Target group Boost Sint Maarten: 1,970 households
- Total number of children 15-18 (4 year age group): 1951
- Number of children from poor households: 390 (1951\*0.2)
- Yearly number of women from poor households giving birth: 150
- Courses per participant: 100 NAfl.
- Treatment SMMC per pregnancy: 510 NAfl.
- Costs Execution Agency: 14.2% of the budget of total cash transfers

Given the chosen conditions and selection criteria, 'Boost Sint Maarten' would reach around 540 households each year, which constitutes about 20% of the total number of poor households (2,600 in 2011).

The assumptions in the Yearly Budget contribute to a higher budget than needed in reality, but are needed due to a lack of current data for poor households. The average poor household consists of 1.8 persons; the average household consists of 2.6 persons. Therefore, poor households have fewer children than average households, and the number of 390 teenagers in poor households will be lower in reality. A query into the results of the Census 2011 survey indicates that the total budget in reality would be lower. In 2011, Sint Maarten had 242 households with children in the age category 15, 16, 16 and 18, and an income of 1,000 NAfl./month or less<sup>50</sup>. If the situation would be the same today, the budget would stand at a maximum of 2,200,000 NAfl. per year.

Moreover, not all poor households will enter 'Boost Sint Maarten' due to selection criteria of the target group, and certainly not all poor households will be able to fulfil all the conditions. How many recipients will exit 'Boost Sint Maarten' prematurely is difficult to predict.

Yearly Budget	
<i>Assumption that 4 year age group of children is evenly spread over poor households</i>	
<i>Assumption that all recipients will enter and stay in Boost Sint Maarten</i>	
Total children between 15-18 (4 year cohort)	1,951
Poor households with children 15 t/m 18 (not counting doubles)	390
Yearly births women in poor households	150
Potential number of households for CCT (target group)	540
20 percent of minimum wage per month	ANG 288
Yearly costs additional income	ANG 2,255,040
14.2 percent execution costs of additional income (SZV rate)	ANG 320,216
Baby care (10 visits)	ANG 112,500
Life skills course children 15-18 years old repeating class	ANG 7,800
Life skills course parents of 16 year olds (active parenting)	ANG 9,750
Family planning course 15 year olds (boys and girls) and parents	ANG 19,500
Maternal Health (pregnancy program SMMC)	ANG 81,000
<b>Total Budget per year</b>	<b>ANG 2,805,806</b>
GDP Sint Maarten 2013	ANG 1,800,000,000
Budget Government Sint Maarten 2014	ANG 426,695,000
% of GDP	0.16%
% of Gov. Budget	0.66%



## 4.7 ADDITIONAL ADVANTAGES

If 'Boost Sint Maarten' would be executed, a number of additional advantages would exist. The proxy means test, compliance or non-compliance with the conditions, and the different mandatory courses will give more information what are the challenges of the lower income groups. This information, after being anonymized, can be used to feed the social data bank, but can also help other policies to obtain a more evidence based angle. Moreover, if the conditions are not met by a household, the executing agency would have sufficient reason to check what is happening in said household and address an issue directly on household level.



Sociaal Economische Raad

Social Economic Council

# 5 ADVICE



## 5. ADVICE

This advice describes briefly the economic and human rights based thinking on poverty as a guideline for further poverty reduction in Sint Maarten (chapter 1). The setup and success of Conditional Cash Transfer Programs in the region are described and this gives suggestions for such a program in Sint Maarten (chapter 2). The results of the Census 2011, the Well-Being survey and the Labor Force Survey detail the quantitative description of poverty in Sint Maarten using, , the population and household income distribution and additional data (chapter 3). The main legislation and current poverty reduction policies are also described (chapter 3). The core of the advice details the design of ‘Boost Sint Maarten’ (chapter 4).

Therefore, the SER unanimously advises the government of Sint Maarten:

- To set a poverty line in the near future taking into account the basic income from Financial Aid (NAfl. 983,-/month) and the minimum wage for a 40 hours’ work week (NAfl. 1,442.75/month).
- To start Conditional Cash Transfer Program ‘Boost Sint Maarten’, and to consider that:
  - » 20 percent of the households are poor with an income of 1,000 NAfl./month or less.
  - » ‘Boost Sint Maarten’ assists poor households with children aged 15 through 18 and pregnant women with a temporary additional income to improve their life.
  - » This additional income is tied to the development of human capacities of recipients to overcome poverty and to increase their quality of life themselves.
  - » Conditions in Conditional Cash Transfer Programs which proved to be effective elsewhere in Latin America and the Caribbean relate to educational attainment and the access to healthcare.
  - » ‘Boost Sint Maarten’ aims to temporary assist recipients with an additional income of 288 NAfl./month per household.
  - » This assistance constitutes 25 percent of the preliminary poverty line (1,154 NAfl./month) as set by SER.
  - » ‘Boost Sint Maarten’ should be viewed as an addition to already existing legislation and policies to reduce poverty.
  - » The selection of recipients and conditions of the program as designed by SER are described in chapter 4 and are key to the success of ‘Boost Sint Maarten’.

- » ‘Boost Sint Maarten’ will need a yearly budget of 2,800,000 NAfl., and ‘Boost Sint Maarten’ will reach around 540 poor households.
- » SZV Social and Health Insurances is well equipped to execute ‘Boost Sint Maarten’.

The SER is aware that the execution of ‘Boost Sint Maarten’ has budgetary implications, and recommends that the costs of ‘Boost Sint Maarten’ will be taken into account within the usual budgetary restraints the government of Sint Maarten has set for itself. Most importantly, poverty reduction is lagging behind compared to the other millennium development goals, and is already identified as a priority within the National Development Plan. This advice addresses this priority.

Additionally, the SER recommends that the government Sint Maarten seeks funds through e.g. the Erasmus Plus Program of the European Commission to finance the execution of ‘Boost Sint Maarten’. This would best be done as a part of a comprehensive initiative to improve the health and education sectors. In this context a project such as Boost St. Maarten could fit within the scope of the Erasmus Program. It should be noted that though potential for funding exists in this and possibly other funding lines, accessing funds from these types of programs would require some in depth research and would also take considerable time and effort.



Sociaal Economische Raad  
Social Economic Council

# 6 SOURCES



## 6. SOURCES

- Abhijit V. Banerjee and Esther Dufle, Poor Economics, a radical rethinking of the way to fight poverty, New York, Public Affairs, 2011.
- Department of Social Development Sint Maarten, Revision of Financial Ordinance 2012, Philipsburg 2012.
- Department of Social Development Sint Maarten, presentation ‘progress and challenges on poverty alleviation, 2014, personal email from Joy Arnell on 11th of March, 2014.
- Department of Statistics Sint Maarten, Census 2011a, table E-25, available from <http://www.stat.gov.sx/>, personal email from Maurette Antersijn on 29th of July, 2014.
- Department of Statistics Sint Maarten, Census 2011b, available from <http://www.stat.gov.sx/>, personal email from Maurette Antersijn on 29th of July, 2014.
- Department of Statistics, “Results Well-being survey 2013”, Factors Volume 4, December 2013, available from <http://www.stat.gov.sx/>
- Department of Statistics Sint Maarten, Labour Force Survey 2013, available from [http://www.stat.gov.sx/downloads/LFS/Results\\_STAT\\_Labour\\_Force\\_Survey\\_2013.pdf](http://www.stat.gov.sx/downloads/LFS/Results_STAT_Labour_Force_Survey_2013.pdf), downloaded 6th November, 2014.
- Economic Commission for Latin America and the Caribbean (ECLAC), Conditional Cash Transfer Programs, the recent experience in Latin America and the Caribbean, 2011, available from <http://www.cepal.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/6/45096/P45096.xml&xsl=/dds/tpl-i/p9f.xsl&base=/ddpe/tpl-i/top-bottomudit.xslt>, downloaded 22nd of May, 2014.
- Economic Commission for Latin America and the Caribbean (ECLAC), 2011b, available from <http://dds.cepal.org/bdptc/en/>, downloaded 28th of July, 2014.
- Ministry of Public Health, Social Development and Labor, Youth Health Report 2013, 2014a. United Nations, “Poverty”, Poverty brief, nr. 17, available from: <http://www.un.org/Pubs/CyberSchoolBus/briefing/poverty/poverty.pdf>, downloaded 28th of July, 2014.
- World Health Organization, Preterm births per 100 births 2010, available from [http://www.who.int/pmnch/media/news/2012/2010\\_pretermbirthsper100births.pdf](http://www.who.int/pmnch/media/news/2012/2010_pretermbirthsper100births.pdf), downloaded 2nd of November 2014.



Sociaal Economische Raad  
Social Economic Council

# 7

# APPENDIX A





## 7. APPENDIX A

Table II.1  
LATIN AMERICA AND THE CARIBBEAN (19 COUNTRIES): CONDITIONAL CASH TRANSFER PROGRAMMES,  
TARGET POPULATION, MONETARY TRANSFERS, ELIGIBILITY CRITERIA AND RECIPIENT

Country	Programme	Target population	Transfer	Transfer eligibility criteria	Recipient
Argentina	Universal Child Allowance for Social Protection	Families with heads of unemployed or work in the informal economy	Universal family benefit	Children under 18 years of age Domestic employees with income below the minimum wage "Monotributistas sociales" <sup>a</sup>	Mother, father, guardian, or next of kin up to the third degree
	Families for Social Inclusion	Families at social risk	Non-wage income	Children under 19 years of age Persons with disabilities Pregnant women	Mother
	Porteña Citizenship Programme	Families living in poverty	Household subsidy	Households in the Autonomous City of Buenos Aires living in poverty targeting the most vulnerable	Mother
			"Studying is working"	Young people between 18 and 29 years of age from households in the target population, with at least two years residency in the Autonomous City of Buenos Aires, studying at any level in the formal education system	Direct user
Unemployed Heads of Households	Families with heads of household who are unemployed	Subsidy	Children under 18 years of age Persons with disabilities Pregnant women	Head of household	
Bolivia (Plurinational State of)	Juancito Pinto Grant	Children under 18 attending up to eighth grade of primary school in the regular education system and alternative juvenile education, and students in special education without an age limit	Grant	Attendance at formal education and public schools, alternative juvenile or special education	Father, mother or guardian
	Juana Azurduy de Padilla Mother-and-Child Grant	Pregnant and breast-feeding women, without health insurance coverage	Grant for institutional childbirth and postnatal check-up	Children under 2 years old Pregnant women	Mother
			Antenatal subsidy	Pregnant women	Mother
Comprehensive health checkup subsidy	Women with a child under 1 year old	Mother			
Brazil	<i>Bolsa Família</i>	Families living in poverty and extreme poverty	Basic grant	Indigent families	Mother
			Variable grant	Families living in poverty with children under 15 years of age	Mother
			Variable adolescent benefit	Children of 16 and 17 years of age	Mother
	Child Labour Eradication Programme (PETI)	Non-poor families with situations of child labour	<i>Bolsa criança cidadã</i> grant	16 year -old children in a child labour situation, except those performing apprentice tasks as from 14 years of age	Mother
<i>Bolsa Escola</i> school grant	Families living in extreme poverty	Grant	Children between 6 and 15 years of age	Mother	

<sup>a</sup> A tax category that recognizes the undertaking of productive, commercial, and service activities by people in situations of social vulnerability. Upon payment of a monthly fee, they can issue invoices, access a trade union health insurance, enter the pension system and be suppliers to the Argentine State through direct purchase.



Table II.1 (continued)

Country	Programme	Target population	Transfer	Transfer eligibility criteria	Recipient
Brazil	<i>Bolsa Alimentação</i> food grant	Families living in extreme poverty	Grant	Children under 6 and pregnant women	Mother
Chile	Solidarity Chile	Families and individuals living in vulnerable situations	Protection Grant	All programme user families (in the monitoring phase)	Mother
			Exit Grant	All families targeted by the programme (completion of monitoring phase)	Mother
			Single Family Subsidy (SUF)	Children under 18 years of age	Mother
				Pregnant women	
				Persons with a mental disability	
			Basic Solidarity Pension (PBS)	Adults over 65 years of age	Direct user
			Identity Card Subsidy	All families targeted by the programme	Direct user
			Drinking Water Subsidy (SAP)	All families targeted by the programme	Household
			Basic Allowance	All families targeted by the programme	Mother
			Healthy Child Check-up Allowance	Children under 6 years of age	Mother
Enrolment Allowance	Children between 6 and 18 years of age	Mother			
Attendance Allowance	Children between 6 and 18 years of age	Mother			
Women's Labour Market Participation Allowance	Children over 18 years of age	Direct user			
Colombia	Families in Action	Families living in extreme poverty in situations of displacement, or indigenous families	Nutrition grant	Children under 11 years of age	Mother
			Education grant	Children between 6 and 18 years of age	Mother
	Conditional Subsidies for School Attendance		Education subsidy	Children under 19 years of age attending sixth to eleventh grade	Mother
			Transport subsidy	Children between 14 and 19 years of age attending ninth to eleventh grade, and who live more than 2 km from the school	Mother
Costa Rica	<i>Avancemos</i>	Families that find it difficult to keep their children in the education system for economic reasons	Conditional monetary transfer	Children between 12 and 25 years of age attending secondary education in public schools	Head of household
Ecuador	Human Development Grant	Families living in poverty	Human Development Grant	Children under 16 years of age	Mother
			Pension for persons with disabilities	Persons with a disability of 40% or more	Direct user
			Pension for older adults	Adults over 65 without social security	Direct user



Table II.1 (continued)

Country	Programme	Target population	Transfer	Transfer eligibility criteria	Recipient
El Salvador	Solidarity in Rural Communities	Families in extreme poverty living in municipalities with an extreme, severe, and high poverty rate	Health grant	Children under 5 years of age Pregnant women	Mother
			Education grant	Children between 6 and 18 years of age	Mother
			Basic universal pension for older adults	Adults over 70 years of age living in poverty	Direct user
Guatemala	<i>Mi Familia Progres</i> a	Family living in extreme poverty with children under 15 years of age and pregnant mothers	Health/nutrition grant	Children under 6 years of age Pregnant women	Head of household
			Education grant	Children between 6 and 15 years of age	Head of household
Honduras	<i>Bono 10 000</i> programme for education, health and nutrition	Families living in extreme poverty	Nutrition grant	Children under five years of age Pregnant or breast-feeding women	Head of household (women have preference)
			Health grant	Children under five years of age Pregnant or breast-feeding women	
			Education grant	Children between 6 and 18 years of age enrolled in the public education system	
	Family Allowance Programme (PRAF)	Families living in extreme poverty	Mother-and-child grant	Children under 5 years old with a disability or at risk of malnutrition Pregnant or breast-feeding women	Mother
			School grant for first to sixth grade	Children aged 6 and 14 years attending up to sixth grade in public schools	Mother
			Grant for older persons	Adults over 65 years of age	Direct user
			“Helping hand” grant	Young people living in zones of high social risk and adults working in municipal garbage dumps	Mother
	PRAF/IDB III	Families living in extreme poverty	School bag	Children attending up to third grade in public schools	Mother
			Nutrition grant	Children under 6 years of age at risk of malnutrition or with a disability Pregnant or breast-feeding women	Mother
			Health grant	Children under 6 years of age Pregnant or breast-feeding women	Mother
	PRAF/IDB II	Families living in extreme poverty	Education grant	Children between 6 and 14 years of age attending up to sixth grade in public	Mother
			Nutrition and health grant	Children under 3 years of age Pregnant or breast-feeding women	Mother
				School grant	Children between six and 12 years of age that have not completed 4th grade



Table II.1 (continued)

Country	Programme	Target population	Transfer	Transfer eligibility criteria	Recipient
Jamaica	Programme of Advancement through Health and Education (PATH)	Persons living in poverty	Health grant	Children under 59 months of age Adults over 60 years of age Persons with disabilities Pregnant or breast-feeding women Unemployed adults living in poverty (between 18 and 64 years of age)	Family representative; direct recipient
			Education Grant	Children between 6 and 17 years of age	Family representative of age
			Post-Secondary school grant	Children completing secondary education and proceeding to higher education	Family representative
Mexico	<i>Oportunidades</i>	Households subject to food poverty	Food support	All families targeted by the programme	Mother
			Support for school supplies	Children attending primary and secondary	Mother
			Education support	Children attending primary, secondary or upper secondary education	Mother
			Energy support	All families targeted by the programme	Mother
			Support for older persons	Adults over 65 years of age	Direct user
			<i>Vivir Mejor</i> food support	All families targeted by the programme	Mother
			<i>Vivir Mejor</i> child support	Children up to 9 years of age	Mother
			Baby food	Children between 4 and 23 months of age Children between 2 and 5 years of age with malnutrition problems Pregnant women or breast-feeding women (up to one year)	Mother
			Youth with Opportunities	Students between third year secondary and fourth year <i>bachillerato</i>	Direct user
Nicaragua	Social Protection Network (RPS)	Families living in extreme poverty	Food Security Grant	All families targeted by the programme	Mother
			Education grant	Children between 7 and 13 years of age that have not completed fourth grade	Mother
			Schoolbag	Children attending up to fourth grade	Mother
			Occupational training grant	Young people between 14 and 25 years of age who have completed primary school	Direct user
	Crisis Response System (SAC)	Families living in extreme poverty	Food Security grant	All families targeted by the programme	Mother Education grant
			Education grant	Children between 6 and 18 years of age	Mother



Table II.1 (concluded)

Country	Programme	Target population	Transfer	Transfer eligibility criteria	Recipient		
Nicaragua			School bag	Children between 6 and 18 years of age	Mother		
Panama	Opportunities Network	Families living in extreme poverty	Conditional monetary transfer	All families targeted by the programme	Mother		
			Food purchasing grants	All families targeted by the programme	Mother		
Paraguay	<i>Tekoporã</i>	Households in extreme poverty	Food support	All families targeted by the programme	Mother		
			Support for education and health	Children up to 18 years of age Pregnant women	Mother		
			Support for older adults	Adults over 65 years of age	Direct user		
	<i>Abrazo</i>	Families living in extreme poverty with children in child labour situations	Fixed solidarity grant	Children of up to 14 years of age	Mother		
Peru	<i>Juntos</i>	Families living in extreme poverty, risk and exclusion	Grant	Children of up to 14 years of age	Household representative (father or mother)		
				Pregnant women			
				Widowed fathers and mothers			
				Older adults			
Dominican Republic	Solidarity	Families in situations of extreme and moderate poverty	<i>Comer es Primero</i> food scheme	Children under 16 years of age	Head of household		
				Pregnant women			
				Heads of household			
			School Attendance Incentive (ILAE)	Children between four and 21 years of age enrolled in public education	Head of household		
				Support for older adults		Over 65s who do not receive another pension and are unemployed	Direct user
				Gas subsidy		Poor and lower middle-class households	Household
				Electricity subsidy		Low income households that receive the gas subsidy and that have been identified by SIUBEN	Household
Trinidad and Tobago	Targeted Conditional Cash Transfer Programme (TCCTP)	Families living in poverty	Grant	All families targeted by the programme	Household representative		
Uruguay	Family Allowances	Families living in poverty	Conditional monetary transfer	Children under 18 years of age	Head of household (women have preference)		
				Persons with disabilities			
	National Social Emergency Response Plan (PANES)	Families living in extreme poverty	Citizen income	All families targeted by the programme	Head of household		
			Food card	Children under 18 years of age Pregnant women	Mother		



Sociaal Economische Raad

Social Economic Council

# 8

# APPENDIX B



## 8. APPENDIX B

### OPERATIONAL ACTIVITIES EXECUTING AGENCY FOR 'BOOST SINT MAARTEN'

#### Selection

- Campaign and advertisements to raise awareness of CCT program  
Total target group 1,970 poor households  
*Proxy means test should be developed by STAT/ Min. VSA*
- Survey proxy means test by household visits and eligibility education and health conditions  
Target group with children 15-18 years in poor households: 390  
Pregnant women in poor households: 150
- Check results proxy means test on validity and observations surveyors
- Administer ID's, address, bank account, etc. of recipients

#### Distribution additional income

- Monthly cash transfer distribution to 'Boost Sint Maarten' card' for about 390 households
- Monthly cash transfer distribution to 'Boost Sint Maarten' card' for about 150 pregnant women (9 months additional income)

#### Compliance conditions

- Check compliance school attendance 4 times per year of about 390 children
- Check compliance maternity care participation before delivery and after completion 10 visit program of about 150 women per year
- Check compliance with Life skill course children attending school, but who have repeated class
- Check compliance of heads of poor households with Active Parenting course beginning and end
- Check compliance with Family Planning course at beginning and end
- Organization courses with Min. VSA or ECYS
- Adjust additional income with compliance recipients
- Develop sanction and re-entry policies for non-compliant recipients

#### General

- Manage administration of CCT program, produce yearly reports, etc.
- Cooperate with Min. VSA and ECYS on issues of content and process
- After start project keep track of in- and outflow participants (new pregnancies, children becoming 15 or too old for CCT program, etc.)
- In- and outflow of recipients more or less stable because it depends on pregnancies and age group which are stable numbers



Sociaal Economische Raad

Social Economic Council

# 9

# INTERVIEWS





## 9. INTERVIEWS

---

- Dr. D. Courtar, Gynaecologist, Sint Maarten Medical Center
- Dr. P. Offringa, Pediatrician, Sint Maarten Medical Center
- Dr. R. Sanchit, General Practitioner, Dutch Quarter Clinic
- Dr. V. Asin-Oostburg, Head Collective Prevention Services/EPI Manager, Ministry of Public Health Social Development and Labour
- Mrs. Y. Bastidas, Tzuchi Foundation
- Mr. R. Willemsberg, Mr. E. Felisie and Mrs. R. Boyrard-Brewster, SZV Social and Health Insurances
- Dr. J. van Wijk, Acting Head section Youth Health Care, Ministry of Public Health, Social Development and Labour
- Mrs. Maurette Antersijn, Senior Statistical Analyst - Social Statistics Department of Statistics, St. Maarten (STAT)
- Mr. R. Davis, social worker Sundial school
- Mrs. Rose Fleming, Policy Advisor, Ministry of Public Health, Social Development and Labor

