Document of the Inter-American Development Bank

**BARBADOS**

Programme to Strengthen Public Policy and Fiscal   
Management in Response to the Health and Economic Crisis Caused by COVID-19 in Barbados

**(BA-L1050)**

**Monitoring and Evaluation Plan**

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| **Abbreviations** | |
| ARDS | Acute Respiratory Distress Syndrome |
| CCT | Conditional Cash Transfer |
| EA | Executing agency |
| FMM | Fiscal Management Division |
| GDP | Gross domestic product |
| ICU | Intensive Care Unit |
| IDB | Inter-American Development Bank |
| LAC | Latin America and the Caribbean |
| MF | Ministry of Finance |
| PBL | Policy-based loan |
| PCR | Project completion report |
| PM | Policy matrix |
| PMR | Progress monitoring report |
| PPE | Personal protective equipment |
| RM | Results matrix |
| WHO | World Health Organization |

1. Introduction
   1. The general objective of the programme is to strengthen the efficiency and effectiveness of public policy and fiscal management in response to the health and economic crisis caused by COVID-19, through the design and implementation of effective and fiscally responsible policy measures. The specific objectives are: (i) to promote the availability and timely execution of public resources to respond to the health crisis caused by COVID19 ; (ii) to strengthen the countercyclical effect of fiscal policy through the temporary introduction of measures to protect the income of vulnerable households and increase liquidity for businesses during the health and economic crisis; and (iii) to promote economic and fiscal recovery during the post-pandemic period. The executing agency (EA) for this programme is the Ministry of Finance, Economic Affairs & Investment (MFEI) of Barbados.
   2. The programme is structured as a policy-based loan (PBL) programme modality, with a series of two independent but technically linked operations whose policy actions seek to support the country in adopting measures to respond to the main challenges it faces in responding to the health and economic crisis caused by COVID-19. This first operation is mainly aimed at supporting the public policy and fiscal management measures needed to address the emergency. The second operation in the series seeks to promote economic and fiscal recovery through implementing policies to restore equitable and fiscally sustainable growth in the post-pandemic period.
   3. The programme has four components. The first component encompasses macroeconomic stability and aims to ensure a context that is consistent with the programme objectives set out in the Policy Matrix (PM). The second component deals with strengthening public policy and fiscal management for emergency healthcare services and aims to promote the availability and timely execution of material and financial resources to address the effects of the health crisis. The third component, called strengthening of public policy and fiscal management to respond to the economic crisis, seeks to reinforce the countercyclical effect of public policies through measures to protect the income of vulnerable households and increase business liquidity during the health and economic crisis. The fourth and final component relates to economic and fiscal strengthening for the post-pandemic period and aims to promote economic and fiscal recovery in said period.
   4. This document presents the programme’s monitoring and evaluation plan. It contains two sections in addition to this introductory section. The first deals with programme monitoring, which will rely mainly on official reports with detailed information and will present evidence of compliance with the conditions established in the programme’s PM. The second section presents the programme’s evaluation strategy, which includes (i) an ex-ante and ex-post evaluation of the results and impact indicators included in the Results Matrix (RM); (ii) a review of the theory of change of the intervention; (iii) a review of evidence in the literature on the effectiveness of similar interventions in comparable contexts; and (iv) a qualitative assessment providing complementary information on the attribution of the results of the programme. The main evaluation questions will deal with determining whether the policies contributed to programme objectives. Through the analysis, we will try to identify lessons learned for future Bank operations in the area of public policy and fiscal management to respond to health crises and other emergencies.
2. Monitoring
   1. This section describes the monitoring process for this operation. It discusses the main indicators to be monitored, identification of data sources, reporting process, working plan for monitoring, and details of the budget.
3. A. Indicators
   1. The output indicators set out in the RM will be monitored continuously throughout the implementation of this programme. These outputs are essential, as they are related to the conditions established in the PM. Table 1 presents the output indicators that will be monitored during the implementation of the programme, including the baseline, means of verification, and targets for year-end 2020, when the reforms introduced will have generated the expected outputs.
4. B. Data Collection and Instruments
   1. Information on outputs will be presented to the Bank as part of the programme commitment compliance report. The outputs to be monitored are specified in the RM of this operation. This report will verify progress on or compliance with each of the indicators during the evaluation period. Supporting documentation must be submitted.
   2. Monitoring of the results will rely on information published in official media by the government. Other sources of information will also be used, which are specified in the “means of verification” column of the RM. The information required to monitor and verify compliance with the indicators will be checked against information in official media or requested from the EA.
5. C. Reporting
   1. **Disbursement requirement compliance report**. The main input for the monitoring of the operation will be the report of fulfilment of conditions for disbursement. This report will verify compliance with the commitments defined for this operation in the PM (see Annex II of the Proposal for Operations Development). The report will be prepared after the Inter-American Development Bank (IDB) Board of Governors approves the programme, once all the conditions of the PM are met.
   2. **Progress monitoring report (PMR)**. The main tool for reporting on programme monitoring is the PMR. The primary sources of information for the PMR include the RM, risk matrix, and audited financial reports.
   3. **Project completion report (PCR)**. The PCR will examine the results achieved by the programme, as measured by the attainment of targets and performance indicators set forth in the RM. The PCR will be submitted within the timeframe established in the current development effectiveness framework document and must contain the disbursement requirement compliance report.

**Table 1. Outputs**

| **Outputs** | **Unit of Measure** | **Baseline** | **Baseline Year** | **Final Target (2020)** | **Means of Verification** |
| --- | --- | --- | --- | --- | --- |
| **Component 2: Strengthening public policy and fiscal management to respond to the health crisis caused by COVID‑19** | | | | | |
| Supplementary allocation for health sector approved | Cabinet Approval | 0 | 2019 | 1 | Official letter from the MFEI documenting the approval of the government supplementary to expand health sector spending. |
| **Component 3: Strengthening public policy and fiscal management to respond to the economic crisis** | | | | | |
| The creation and funding of the Household Survival programme. | Ministerial Approval | 0 | 2019 | 1 | Official letter from the MFEI /PMO documenting the approval of the corresponding government policy. |
| The creation and funding of the “Adopt our Families” programme. | Ministerial Approval | 0 | 2019 | 1 | Official letter from the MFEI/PMO documenting the approval of the corresponding government policy. |
| A creative art stimulus package to support artists and athletes during the pandemic. | Ministerial Approval | 0 | 2019 | 1 | Official letter from the MFEI documenting the approval of the corresponding government policy. |
| The creation and funding of the “Home Ownership Providing Energy” (HOPE)” programme. | Cabinet Approval | 0 | 2019 | 1 | Official letter from the MFEI/PMO documenting the approval of the corresponding government policy. |
| The creation and funding of a Business Interruption Benefit for self-employed individuals. | Ministerial Approval | 0 | 2019 | 1 | Official letter from the MFEI documenting the approval of the corresponding government policy. |
| The creation and funding of a small business wage fund for SMEs. | Ministerial Approval | 0 | 2019 | 1 | Official letter from the MFEI documenting the approval of the corresponding government policy. |
| The deferment of employer’s contributions to the NIS for three months for companies that retain 75% of their workers. | Ministerial Approval | 0 | 2019 | 1 | Official letter from the MFEI documenting the approval of the corresponding government policy. |
| **Component 4: Economic and fiscal strengthening for the post‑pandemic period** | | | | | |
| Jobs and Investment Council, established. | Council established | 0 | 2019 | 1 | Official letter from the MFEI/PMO documenting the establishment of a Jobs and Investment Council. |
| Companies (Amendment) (No. 2) Act passed. | Amendment | 0 | 2019 | 1 | Official letter from the MFEI documenting the publication of Companies (Amendment) (No. 2) Act, 2019-51 in the Official Gazette. |
| Draft Customs Bill prepared. | Draft Bill prepared | 0 | 2019 | 1 | Official letter from the MFEI documenting the preparation of the Draft Customs Bill. |
| Committee on Doing Business to execute short- and medium-term action, established. | Committee established | 0 | 2019 | 1 | Official letter of the MFEI/PMO documenting the establishment of the Committee on Doing Business. |

1. D. Coordination, Working Plan, and Budget for Monitoring
   1. Monitoring and reporting activities will be coordinated by the project team for this programme in conjunction with the EA, and both will monitor the indicators proposed in this programme. Regular monitoring meetings will be planned to assess progress on the agreed output and outcome indicators. The administrative budget will finance the costs of these meetings.
   2. The EA will provide the data necessary for conducting the evaluations, and FMM specialists will carry them out. If this is not possible due to time constraints, financing for the evaluation will come from administrative resources.

**Table 2. Main Monitoring Activities / Outputs by Activity**

| **Activities and products** | **Quantity** | **Responsible party** | **Cost in**  **US$** | **Financing** |
| --- | --- | --- | --- | --- |
| Report of fulfilment of conditions for disbursement | 1 | IDB | 0 | IDB |
| Monitoring meetings | 1 | IDB | 5,000 | IDB |
| **Total** | **2** | **IDB** | **5,000** | **IDB** |

1. Evaluation
   1. This section presents the programme evaluation plan, including the main evaluation questions, a description of the existing evidence, evaluation indicators, methodology-related issues, the timeline, and the budget. The main objective of the evaluation will be to assess the extent to which the programme achieves its specific objectives. The evaluation of the operation will help draw lessons on the adequacy of the response to the COVID-19 pandemic.
   2. The evaluation plan will include (i) an ex-ante and ex-post evaluation of the outcome and impact indicators included in the RM; (ii) a review of the theory of change of the intervention; (iii) a review of evidence in the literature on the effectiveness of similar interventions in comparable contexts; and (iv) a qualitative evaluation that provides complementary information on the attribution of programme results.
2. Main Evaluation Questions
   1. The general objective of the programme is to strengthen the efficiency and effectiveness of public policy and fiscal management in response to the health and economic crisis caused by COVID-19, through the design and implementation of effective and fiscally responsible policy measures. In this framework, the main evaluation questions assess whether the policy measures introduced achieved the desired impact, as measured by the performance indicators envisaged in the RM (Table 3). These indicators measure the availability and timely delivery of resources to address the health emergency, protection of employment and income of vulnerable households during the health and economic crisis, and support to the promotion of economic and fiscal recovery in the post-pandemic period.
   2. Specifically, the **ex ante and ex post evaluations** seek to answer the following questions:
      1. How much has the availability of health sector resources increased after the programme?
      2. How many more households are benefiting from emergency-related direct cash or in-kind transfers after the programme?
      3. How many more businesses are receiving emergency support after the programme?
      4. How much progress has been made on implementation of economic and fiscal recovery plans and programme’s in the post-pandemic period?
   3. The **qualitative analysis** seeks to answer questions such as:
      1. What were the main weaknesses and challenges in the implementation of the policy measures?
      2. What are the perceptions of policymakers, programme executors, and beneficiaries of the effectiveness of policy measures?
3. Main Result Indicators
   1. Impact and outcome indicators that will be measured as part of the programme evaluation are described in Tables 3 and 4, respectively. In addition, Annex I provide the methodology for measuring the impact indicators.

**Table 3. Expected Impact**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **Unit of Measure** | **Baseline** | **Baseline Year** | **Final Target** | **Final**  **Year** | **Means of Verification** | **Comments** |
| Estimated COVID‑19 cases | Number | 221,943 | 2020 | 120,472 | 2020 | World Health Organization reports. | The indicator allows a comparison between the estimated number of cases in 2020 (final target) versus the projected number of cases in a scenario of no government intervention (baseline) simulated with the use of epidemiological models[[1]](#footnote-2).   * Expected cases in unmitigated scenario: 221,943 * Expected cases in social distancing scenario: 120,472 |
| Government primary balance | Percentage | 1.0 | FY2020/21 | 3.5 | FY2021/22 | Official letter of the MFEI. | Primary fiscal balance as a percentage of GDP. |

**Table 4. Expected Outcomes**

| **Indicators** | **Unit of Measure** | **Baseline** | **Baseline Year** | **Final Target (2020)** | **Means of Verification** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Specific OBJECTIVE 1:** Promote the availability and timely execution of public resources to respond to the health crisis caused by COVID-19 | | | | | | |
| Budget allocated to the health sector | Percentage of GDP (%) | 3.4 | 2018/19 | 3.9 | Official letter from the MFEI, including the approved health sector budgets for 2018 and 2019. | **Formula:** (Approved health sector budget) / (GDP)  Baseline (FY2018/19):  Health sector budget[[2]](#footnote-3): BDS$351.2 million.  GDP: BD$10,235 million.  Final target year: FY2019/2020. |
| **Specific OBJECTIVE 2:** Strengthen the countercyclical effect of fiscal policy through the temporary introduction of measures to protect the income of vulnerable households and increase liquidity for businesses during the health and economic crisis | | | | | | |
| Households benefited by the Household Survival programme | Percentage (%) | 0 | 2019 | 11.6 | Official letter from the MFEI/PMO. | **Formula:** (Benefited households) / (Number of households in Barbados)  Baseline (2019):  Benefited households: 1,600.  Number of households under the poverty line in Barbados: 13,825. |
| Self-employed individuals benefited by the Business Interruption Benefit | Percentage (%) | 0 | 2019 | 40.5 | Official letter from the MFEI/NIS. | **Formula:** (Benefited self-employed individuals) / (Number of self-employed individuals in Barbados)  Baseline (2019):  Benefited self-employed individuals: 1,400.  Number of self-employed individuals in Barbados: 3,453. |
| Companies benefited by the small business wage fund | Percentage (%) | 0 | 2019 | 19.2 | Official letter from the MFEI. | **Formula:** (Benefited companies) / (Number of businesses registered in Barbados)  Baseline (2019):  Benefited companies: 900.  Number of businesses registered in Barbados: 4,692. |
|  |  |  |  |  |  |  |
| **Specific Objective 3:** Promote economic and fiscal recovery during the post-pandemic period | | | | | | |
| Actions prioritised by the government from the recommendations issued by the Jobs and Investment Council for completion by December 2021 that have been implemented | Percentage (%) | 0 | 2019 | 60 | Cabinet-approved implementation plan. | Percentage of all actions prioritised in the plan for policy response that have been implemented.  **Formula:** (Actions implemented) / (Total number of actions prioritised in the plan for policy response)  Final target year: December 2021. |

1. C. Current Knowledge

Ensure the timely availability of resources to respond to the COVID-19 health crisis

* 1. As COVID-19 spread rapidly around the world, health facilities in most countries became strained, and some reached peak capacity. LAC countries had a small window of opportunity to prepare and learn from others, such as China and Italy, before the pandemic reached the region. Globally, severe shortages of medical supplies and resources that are essential for reducing the mortality risks of critically ill patients and protecting healthcare workers have not been uncommon (Remuzzi et al., 2020; Xie et al., 2020).
  2. During the earlier stages of the pandemic, approximately 10% of patients in Italy were admitted to the Intensive Care Unit (ICU) on a daily basis. At that rate, there were a shortage of beds, ventilators, and other necessary equipment. Data from that period indicates that about 20% of healthcare workers were infected and some died, largely due to a shortage of Personal Protective Equipment (PPE). Predictive models suggested the need to undertake urgent measures in recruitment of healthcare workers as well as in the procurement of technical equipment and supplies to avoid a considerable number of unnecessary deaths. Some measures taken by Italy included hiring 20,000 additional doctors and nurses, providing more than 5,000 ventilators to hospitals, and transferring ICU patients who are not infected by COVID-19 to hospitals in other regions with lower infection rates (Remuzzi et al., 2020). China, especially the city of Wuhan, suffered from a similar lack of critical resources including ICU beds, ventilators, PPE, and trained staff. The government quickly converted three general hospitals into critical care hospitals with approximately 2,500 beds in total equipped with monitors and ventilators. Doctors and nurses were also transferred to Wuhan from other regions in China to alleviate critical shortages (Xie et al., 2020).
  3. The LAC region experienced a rapid increase in COVID-19 cases and continuous to face significant challenges in managing healthcare system capacity and essential resource availability. Many countries have increased health sector budgets to procure and distribute the necessary resources, such as ICU beds, ventilators, and PPE to manage the increase in case numbers.
  4. Respiratory support is the most documented reason for requiring intensive care after developing COVID-19. Among critically ill COVID-19 patients, approximately two-thirds develop acute respiratory distress syndrome (ARDS). Evidence-based guidelines for treating ARDS include fluid conservation strategies for patients without shock following initial resuscitation, early empirical antibiotics for suspected bacterial co-infection until a specific diagnosis is made, lung-protective ventilation, prone positioning, and the option of extracorporeal membrane oxygenation for refractory hypoxemia. These treatments require the use of various equipment and resources, including hospital beds, ventilators, extracorporeal membrane oxygenation, and renal replacement therapy (Murty et al., 2020).
  5. There is a large body of literature on the effectiveness of PPE in reducing the risk of infection for healthcare workers (Nishiyama et al., 2008; Seto et al., 2003; Yen et al., 2011). To avoid shortages of essential PPE during the response to COVID‑19, LAC governments should continue to provide clear guidance on its use and ensure adequate supplies throughout the emergency. Governments should also consider producing medical supplies in the region to reduce the risks of PPE shortages at critical times (Hopman, Allegranzi, and Mehtar, 2020).

Protection of household income and liquidity for businesses

* 1. Given the enormity of the COVID-19 outbreak, it is more critical than ever to implement social protection measures in the LAC region. Among these, conditional and unconditional transfers, whether in cash or in kind, are a widely used policy tool. There is extensive evidence in the literature on the effect of cash transfers in reducing poverty and protecting the most vulnerable households from falling into its depths due to negative income shocks. A review of several evaluations of Conditional Cash Transfer (CCT) programmes in the region shows generally positive impacts on household consumption, especially when the amount of the transfer is significant. Moreover, since transfers are mostly targeted at poor households, the effects on consumption have translated into impacts on poverty reduction (Fiszbein and Schady, 2009). Recent evidence from 44 global studies on the impact of cash transfers finds positive effects on total household expenditure between 2.8 (Colombia) and 33 percentage points (Peru); positive effects on food expenditure; and reductions in poverty incidence between 4 (Zambia) and nearly 9 percentage points (Mexico) (Bastagli et al., 2016).
  2. In addition to effects on poverty, cash transfers can have an impact on human capital investment indicators (health or education), either directly through increased income or indirectly through behavioural changes associated with transfer conditions in the case of CCTs. A thorough review of impact evaluations shows that even unconditional cash transfers can improve some health and nutrition indicators, such as the probability of sickness and food security (Pega et al., 2017).
  3. These results show the effectiveness of transfers as income protection measures, particularly for households at greater risk (poor households and those with older adults, young children, and disabled people). The results also suggest that these measures can be successful at lessening the impact of the crisis, provided that they are embedded in a broader social protection policy.
  4. Wage subsidies to protect employment are a frequently used social security measure in an economic crisis. As of March 20, 2020, 11 employment subsidy programme’s had already been implemented in response to the COVID-19 crisis, making them the second most widely used tool after cash transfers. Studies of non-crisis interventions find that wage subsidies can encourage employment (Betcherman, Daysal, and Pagés, 2010; Groh et al., 2016). Although evidence on the effectiveness of subsidies in a crisis is still scarce, some studies have demonstrated their effectiveness. Among these, a recent evaluation in Mexico found that granting employment subsidies to companies in certain industries while requiring them to keep their workers on the payroll during the 2008 global financial and economic crisis had a positive but not significant effect on employment, in the order of 5.7% to 13.2%, depending on the estimation model. This effect increased to 24% after the end of the programme. The results also showed that industries eligible for the programme experienced a faster recovery in employment compared with ineligible ones (Bruhn, 2020).
  5. In general, these results suggest that wage subsidies can be a particularly effective measure during an economic crisis, as they can be provided temporarily and still have sustainable effects on employment beyond the intervention’s implementation period.

Continuous supply of essential public sector goods and services

* 1. The effectiveness of telework and remote work has been studied in the literature on psychology, economics, management, and other areas since the 1980s (Gajendran and Harrison, 2007). For the COVID-19 pandemic, telework is conceived as a means of social distancing to minimize contact between people and curb the spread of the virus, thus allowing continuous priority spending and provision of basic services. The effectiveness of social distancing measures has been evaluated through simulation models and epidemiological studies (mainly observational), and these measures are considered effective for influenza (Ahmed et al., 2018; Fong et al., 2020).
  2. In addition to the effectiveness of telework as a public health measure, the literature finds positive effects on job performance outcomes, job satisfaction, autonomy, work–life balance, and stress (Gajendran and Harrison, 2007). An experiment involving over 13,000 employees in a Chinese company with employees randomly assigned to work from home found an increase of 13 on average in work performance, as well as improvements in perceived job satisfaction (Bloom et al., 2015). The results suggest that giving employees the option of telework could lead to even greater productivity gains. Nevertheless, even when telework is a mandatory public health measure, there can be productivity gains and increased job satisfaction.

Economic and fiscal strengthening for the post-pandemic period

* 1. There is an abundance of empirical literature on the various ways in which fiscal policy and management can impact growth, many of which have been significantly expanded thanks to endogenous growth theories (Aghion and Howitt, 1998; Lucas, 1990; Romer, 1986; 1990; among others).[[3]](#footnote-4) Unlike neoclassical growth theories, endogenous growth theories incorporate changes in human capital, research and development spending, technological change, increased savings, and investment as growth drivers.
  2. In the current context, an important role for fiscal policy is to stabilize aggregate domestic demand to reduce macroeconomic volatility and consequently foster growth in the medium term (Fatas and Mihov, 2011). For example, increases in the stabilization capacity of fiscal policy are associated with reductions of up to 20% in output volatility and increases of 0.3 percentage points in annual growth rate (IMF, 2015). International evidence suggests that automatic stabilizers are the main tools for ensuring the stabilizing effect of fiscal policy (Debrun and Kapoor, 2010; Baungsard and Symansky, 2009). Unlike discretionary economic policy interventions, automatic stabilizers do not suffer from implementation lags and can be reversed readily before the economic cycle changes, ensuring a timely and symmetric fiscal policy response to shocks (Blanchard et al., 2010).
  3. While discretionary fiscal policy may be necessary under certain conditions, its misuse can undermine the effect of automatic stabilizers and contribute to sustainability problems (IMF, 2015). For example, asymmetric discretionary policy often leads to accumulation of rising deficits during recessions, which are not reversed during periods of growth, limiting the recovery of fiscal space and resulting in debt accumulation over time. Beyond the problem of sustainability, there is ample evidence documenting the negative effects of abrupt changes in discretionary and procyclical fiscal policy on various outcomes, such as growth rates (Fatas and Mihov, 2013; Woo, 2011), macroeconomic stability (Fatas and Mihov, 2003; Ramey and Ramey, 1995), and efforts to protect vulnerable households during recessions (Hicks and Woodon, 2001; Lustig, 2000; Ravallion, 2002).
  4. Given the severe impact of the COVID-19 health crisis on economic activity and public finances, the post-pandemic period will require policies to support economic recovery and stabilize the fiscal position. To encourage a return to equitable growth, it will be necessary to design and implement comprehensive plans that serve as an economic stimulus and support the most vulnerable households and businesses during the recovery period. These plans will have to take into account budgetary constraints to avoid undermining fiscal sustainability. In many cases, they will require structural reforms to stimulate the economy from its foundation and help improve the countries’ medium-term fiscal position.

1. D. Evaluation Methodology

**Ex-ante and Ex-post Evaluations *(without attribution)***

* 1. For the outcome indicators in the RM, a post-performance evaluation will be conducted using a hybrid methodology based on a: (i) before-and-after assessment of the outcome indicators; (ii) critical review of the vertical logic and theory of change of the project in terms of preparation, implementation, and closure; (iii) analysis of the attainment of results based on available evidence on similar interventions in the literature; and (iv) qualitative analysis of the contribution of the policy reform toward the attainment of the result. In the absence of quantitative evidence, the IDB will seek to establish the plausible contribution of the policy reform to each outcome indicator.
  2. **Methodology**. The before-and-after assessment is a design used to measure the effect of an intervention by comparing the outcomes before and after the implementation. This methodology is relatively simple to implement; however, it is an inherently weak evaluation design as there may be secular trends or sudden shocks in trends that make it difficult to attribute the changes observed to the effects of the programme.
  3. **Data source**. The data for the before-and-after assessment will mainly come from information on changes in the indicators in the RM. These data will be obtained from existing administrative records, programme monitoring reports, or other documents. For the qualitative analysis, information will be gathered through in-depth interviews, semi-structured interviews, and focus groups, among others. Government entities responsible for implementing the respective policy reforms will carry out the qualitative analysis.

1. E. Reporting
   1. **Evaluation reports**. The results of the evaluations will be presented in the results reports, which will be prepared after the programme is closed and presented as an integral part of the PCR.
   2. **Project Completion Report**. Once the operation is complete, the IDB project team will prepare a PCR within the established timeframe. It includes a comprehensive evaluation of programme performance based on the core criteria (relevance, effectiveness, efficiency, and sustainability), the two non-core criteria (borrower performance and Bank performance), and findings and recommendations.
2. F. Coordination, Working Plan, and Budget
   1. **Coordination and point persons**. The IDB will implement the evaluation plan in close coordination with the EA. The EA will be responsible for providing all information required for the implementation of the plan in a timely and efficient manner. Table 5 details the timelines and budget for each of the evaluation activities and their source of funding.

**Table 5. Main Evaluation Activities**

| **Activities and products** | **Year 1** | **Year 2** | **Responsible party** | **Budget** | **Financing** |
| --- | --- | --- | --- | --- | --- |
| Ex-ante and ex-post evaluations |  | X | IDB/OE | 0 | IDB |
| Qualitative assessment |  | X | IDB/OE | US$10,000 |  |
| Project completion report |  | X | IDB | US$5,000 |  |
| **Total** |  |  |  | **US$15,000** | IDB |

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**ANNEX 1**

**description of programme impact indicators**

The following table summarizes the impact indicators contemplated in the programme and is followed by a description of the verification methodology.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Unit of measure** | **Means of verification** | **Comments** |
| 1. Estimated COVID 19 cases | Number | World Health Organization (WHO) reports | The difference between the number of cases and the ones set out in the simulations of epidemiological models will be analyzed. |
| 2. Government primary balance | Percentage | Official letter of the Ministry of Finance, Economic Affairs and Investment (MFEI). | Primary fiscal balance as a percentage of GDP. |

**Indicator 1: Estimated COVID-19 cases**

Information on the number of confirmed COVID-19 cases will be obtained from the WHO situation reports available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>, which provide daily updates on the numbers of infections and deaths for LAC countries. This information will be compared against the number of cases predicted by epidemiological models for a scenario without public policy intervention. It is expected that the interventions supported by the Programme will reduce the number of cases of infection, which is why the number of cases observed should be fewer than the number predicted by epidemiological models. The epidemiological model will be chosen at the time of the programme closure, based on a literature review to identify the most accurate models[[4]](#footnote-5).

**Indicator 2: Government primary balance**

Primary fiscal balance is a measure to assess changes in the fiscal situation in the post-pandemic period. Primary balance is defined as total government revenue less expenditure (excluding interest payments).

**ANNEX 2**

**ConsultANCY FOR EX-POST EVALUATION**

**dRAFT TERMS OF REFERENCE**

**Background:**

The COVID-19 pandemic that began in late 2019 in China spread rapidly in the rest of the world, including Latin America and the Caribbean (LAC). To contain the spread of the virus and save lives, LAC countries introduced containment measures, such as border closures, gathering bans and other social distancing measures, in order to flatten the infection curve. Health containment measures, necessary for saving lives, required households to decrease their economic and labour participation, which led to a decline in economic activity. This, in turn, caused job losses and business closures, affecting household income and wellbeing.

Fiscal policy and management play a crucial role during health emergencies mainly through two channels. On one hand, they allow for the timely and urgent allocation of material and financial resources to address health emergencies. On the other hand, they help protect the income of the most vulnerable households and ameliorate the liquidity problems of businesses, thus reducing the cost of the emergency for families. However, good fiscal interventions during emergencies are very challenging to design, since not all interventions are equally efficient and effective and nor do they entail the same cost.

To support Barbados in increasing the efficiency, effectiveness and equity of fiscal policy and management to respond to the health and economic crisis caused by COVID-19, the IDB Board of Governors approved the Programme to Strengthen Public Policy and Fiscal Management in Response to the Health and Economic Crisis Caused by COVID-19 in Barbados. The specific objectives of the programme were: (i) to promote the availability and timely execution of public resources to address the health crisis caused by COVID-19; (ii) to strengthen the countercyclical effect of fiscal policy through the temporary introduction of measures to protect the employment and income of vulnerable households during the health and economic crisis; and (iii) to promote economic and fiscal recovery in the post-pandemic period.

To evaluate the results of the aforementioned programme, the IDB’s Fiscal and Municipal Management Division (FMM) is looking for a professional with experience in evaluation to conduct an ex-post evaluation of the effect of policy measures undertaken under the programme on the attainment of the expected results.

**The team:** The project team includes specialists from the Fiscal and Municipal Management Division (FMM) and other divisions of the IDB. The various divisions of the IDB finance projects, provide technical assistance, and advise governments in the design and implementation of public policies.

**What You’ll Do:** The objective of the consultancy is to conduct an ex-post evaluation of the effect of policy measures introduced in Barbados on the attainment of the expected results of the Programme to Strengthen Public Policy and Fiscal Management in Response to the Health and Economic Crisis Caused by COVID-19 in Barbados. Additionally, the consultancy aims to identify lessons learned in the implementation of the programme. This report will serve as input for the preparation of the Project Completion Report.

**Responsibilities:**

1. Responsibility 1: Review documentation on the implementation of the Programme to Strengthen Public Policy and Fiscal Management in Response to the Health and Economic Crisis Caused by COVID-19 in Barbados.
2. Responsibility 2: Collect information on the programme result indicators.
3. Responsibility 3: Assess the scope and impact achieved based on the objectives and indicators in the Policy and Results Matrices.
4. Responsibility 4: Interview the relevant stakeholders to identify lessons learned in the implementation of the policy measures contemplated in the programme.
5. Responsibility 5: Produce a report summarizing the main results of the various analyses conducted.

**Deliverables:**

1. Product 1: Working plan, which will include at least: (i) the methodology, as indicated in the Programme Monitoring and Evaluation Plan; (ii) data requirements; (iii) report structure; and (iv) timeline.
2. Product 2: Progress report summarizing the main results of the various analyses conducted.
3. Product 3: Final report summarizing the main results of the various analyses conducted.

**Disbursement schedule**: the payments will be disbursed in the following manner:

* 20% upon delivery and approval of the working plan indicated in item (i) of the deliverables section.
* 50% upon delivery and approval of the report indicated in item (ii) of the deliverables section.
* 30% upon delivery and approval of the report indicated in item (iii) of the deliverables section.

Payments are subject to approval by the Bank. All reports must be submitted to the Bank in electronic files.

**What You’ll Need:**

* **Education:** Degree in economics, public policy, or a related field.
* **Experience:** Minimum 5 years of experience.
* **Language:** English.

**Opportunity summary:**

* **Type and modality of contract:** Products and External Services Consultant, lump sum contract.
* **Length of contract:** three months.
* **Location:** Place of residence of the consultant.
* **Contact:** Gerardo Reyes ([gerardor@iadb.org](mailto:gerardor@iadb.org)), Fiscal and Municipal Management Division (FMM).
* **Eligibility:** must be a citizen of one of IDB’s 48 member countries and have no family members currently working at the IDB Group.

**Our culture:** Working with us you will be surrounded by a diverse group of people who have years of experience in all types of development fields, including transportation, health, gender and diversity, communications and much more.

**About us:** At the IDB, we are committed to improving lives. Since 1959, we have been a leading source of long-term financing for economic, social, and institutional development in Latin America and the Caribbean. We do more than lending though. We partner with our 48 member countries to provide Latin America and the Caribbean with cutting-edge research about relevant development issues, policy advice to inform their decisions, and technical assistance to improve on the planning and execution of projects. For this, we need people who not only have the right skills but also are passionate about improving lives.

**Payment and Conditions:** Compensation will be determined in accordance with IDB policies and procedures. Pursuant to applicable policies, IDB may contribute toward travel and moving expenses.

**Consanguinity:** Pursuant to applicable IDB policy, candidates with relatives (including the fourth degree of consanguinity and the second degree of affinity, including spouse) working for the IDB, IDB Invest, or MIF as staff members or Complementary Workforce contractors will not be eligible to provide services for IDB.

**Diversity:** IDB is committed to diversity and inclusion and to providing equal opportunities in employment. We embrace diversity based on gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, and religion. We encourage women, Afro-descendants, and persons of indigenous origins to apply.

1. The unmitigated scenario corresponds to estimates from an SEIR model with R0=2.7, while the social distancing scenario has been calculated with R0=2.4.   
   Source: SPD/IDB. [↑](#footnote-ref-2)
2. Includes original allocation and total supplementaries. [↑](#footnote-ref-3)
3. See also Fiscal Policy and Management Sector Framework Document (GN-2831). [↑](#footnote-ref-4)
4. The unmitigated scenario presented in the Results Matrix corresponds to estimates from an SEIR model with R0=2.7, while the social distancing scenario has been calculated with R0=2.4. Source: SPD/IDB. [↑](#footnote-ref-5)