



Oxford Policy Management

KAZAKHSTAN: EXTERNAL EVALUATION OF BOTA PROGRAMMES

Conditional Cash Transfer (CCT) programme

Baseline Report of Quantitative Evaluation

Vol II: Operations

October 2012

Preface

This baseline report presents the results of the first of two rounds of a quantitative survey that aims both to identify the impact of the BOTA Foundation's Conditional Cash Transfer programme on its target beneficiaries, particularly on those households eligible to receive the cash transfer for children of pre-school age, and also to evaluate the programme's operations.

The report is divided into three volumes. Volume I presents the baseline for the impact evaluation. Volume II is a synthesis report on BOTA's operations, combining the results from the baseline for the quantitative evaluation with some key findings drawn from the qualitative research report of January 2012. Volume III presents the findings from the targeting analysis.

The fieldwork on which these quantitative findings are based was conducted in June to December 2011. A second round of fieldwork is taking place in June to December 2012 and the results of that follow-up survey, which will identify the impact of the programme on households that have been eligible for one year, will be available in mid-2013.

Acknowledgements

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Abbreviations

CCT	conditional cash transfer
ECD	early childhood development
HBS	Household Budget Survey
IIN	<i>individual'ny identifikatsionny nomer</i> [individual identification number]
OPM	Oxford Policy Management
RNN	<i>registratsionny nomer nalogoplatel'shchika</i> [taxpayer registration number]

PART A: BACKGROUND

1 Introduction

1.1 Overview of the Conditional Cash Transfer (CCT) programme

The BOTA Foundation CCT programme intends to improve the lives of children in households suffering from poverty in Kazakhstan by increasing their access to education and other social sector services. The programme delivers regular cash to four categories of beneficiary within poor households: children aged four and over up until they are eligible to start school (classified by BOTA as the 'Early Childhood Development' (ECD) category); pregnant women, or women with infants up to the age of six months; children with disabilities; and young people aged 16-19 who have completed school and are starting work. Beneficiaries continue to receive the cash for the permitted period of time provided that they meet specified conditions such as attendance at pre-school or at training sessions.

1.1.1 How cash transfers work

Cash transfers: a demand-side rather than a supply-side mechanism

Cash transfers are a demand-side mechanism. 'Demand-side' means that the mechanism is targeted at the service user¹. It aims to improve outcomes by increasing the demand from households for the use of existing services. It does this by removing monetary and, to a certain degree non-monetary, barriers that prevent poor households from accessing services. The assumption is that because of monetary constraints (direct and indirect costs, as well as opportunity costs) households cannot afford to use the relevant services, or else they are unfamiliar with what the service offers, or feel that it is not appropriate for their needs. The provision of small amounts of cash, conditional on certain behaviours, contributes to eliminating such barriers to access. The intended result is that services such as education and health care facilities are used more, and the human development outcomes of the beneficiaries are improved.

The demand-based approach of CCTs contrasts with a 'supply-side' strategy that is targeted at the service provider and that might, for example, aim to increase the number or quality of educational or health facilities. In most cases, for instance in Latin America, CCTs have been introduced when supply-side mechanisms have proven to be insufficient by themselves to improve take-up of essential services. Supply-side mechanisms seem to be preferable where there is already a demand for the services, i.e. households would like to use the services but they are constrained because the services do not exist or they cannot get to them. The BOTA CCT programme has carried out occasional informal supply-side activities in the form of advocacy by community mobilisation specialists to encourage the establishment of pre-schools, but these are not its focus.

¹ Note that 'demand-side' does not mean that the user has to 'demand' the transfer: it is unrelated to issues as to whether households benefit automatically—'automatic enrolment'—or have to apply ('application-based enrolment'). See below.

The targeting of cash transfers, including the CCT

Cash transfer programmes usually have finite resources: cash cannot be given to every household in the country². For this reason the programmes are *targeted* at a more restricted set of households or individuals whose participation will best help the programme to achieve its objectives. There are numerous ways of deciding whom to target. These include selecting people who live in a particular geographical area (geographical targeting), those who meet a categorical requirement such as being of a certain age group (categorical targeting) or those who are classified as the poorest by an agreed measure (poverty targeting), or else permitting communities to make their own judgment about which households are most deserving of the cash (community-based targeting).

For the BOTA CCT, in order to receive the transfer a household must meet two main criteria, in addition to possessing the correct documentation. First, it must contain a member that fits one of the categories listed above. Second, it must be classified as poor according to the results of a short computer test administered by BOTA representatives, the 'proxy means test', that analyses how the household's characteristics compare against those of households known to be poor in national surveys. This means that it is using a combination of categorical targeting and poverty targeting. Naturally the household also has to live in an area where BOTA is operating, so the CCT also has a geographical targeting component.

The enrolment of the target group

Households that are eligible for cash transfer programmes, according to their targeting criteria, may either be automatically enrolled (e.g. by having their name put forward for the programme by a local authority) or else may have to submit an application. In both cases households will have the opportunity to withdraw if they do not wish to participate.

BOTA's CCT is the second of these, an application-based programme. For such programmes there will always be households that do not apply because they feel that the benefits of being enrolled are not worth the cost. This is all the more true for conditional cash transfers where the household has to weigh up whether it wants or is able to meet the conditions in addition to other considerations. This means that any organisation that implements a cash transfer needs to consider not only how to maximise awareness of the programme among potential beneficiaries, but also how best to attract people to apply for the programme, and how to make it possible for them to do so. All of these stages are necessary in order to get potential beneficiaries enrolled so that the programme can achieve the objectives it has set itself.

1.1.2 Features of CCT's operations at the time of the baseline

In 2011 the CCT was operating in three oblasts: Akmola, Kyzylorda and Almaty. In the first two of these it is implemented by teams directly employed by BOTA; in Almaty oblast it is implemented by two partner non-governmental organisations (NGOs) based in Taldykorgan and Esik³. A team of specialists works from each regional office to oversee enrolment, supported at the local level by volunteers:

- In Almaty oblast the specialists are from the partner NGOs. They travel between okrugs to spend a day in each community in a public location such as the local government office or a

² Rare exceptions such as the cash distributed to every household under Mongolia's Human Development Fund, set up in 2009, are not cash transfers in the same sense of serving a social protection function. In the example of Mongolia it is a means of distributing resource wealth.

³ The programme is continuing to expand into new oblasts, with slight differences in implementation.

school, where they use computers to conduct the proxy means test with applicants to determine eligibility. A decision is reached immediately.

- The volunteers are local residents who are expected to be familiar with the community and who are able to identify potentially vulnerable households that include members who fit the CCT categories. They raise awareness of the CCT in the community, encourage households to apply for BOTA by taking the test, and act as a focal point for pre-school facilities that are attended by enrolled children.

At the time of the baseline survey BOTA had introduced the programme to the local administration (*akimat*) at oblast, rayon and okrug levels. In treatment okrugs it had also identified volunteers to support programme implementation. The volunteer had identified as many potential beneficiary households as possible, and then specialists had undertaken one round of enrolment in those areas.

For the baseline survey the evaluation team aimed to reach households in the month following BOTA's first enrolment round in each okrug. It was intended that this would give BOTA flexibility to select its enrolment dates and spread awareness of the CCT whilst minimising the time that successful households had to wait to receive their bank card (since no bank cards were issued in treatment okrugs until after completion of the baseline survey). In the event, okrugs in some rayons were enrolled unexpectedly early so the time between BOTA's first round of enrolment and the entry of the evaluation team into the okrug ranged up to a few months. It was agreed with BOTA during the evaluation design that specialists would aim to maximise the enrolment of eligible households in this first round, to enable an analysis of targeting effectiveness at baseline. Further enrolment rounds have been run in many treatment okrugs since the baseline data collection, in an effort by BOTA to reach as many eligible beneficiaries as possible.

Some further details of the CCT programme are provided in Annex C.

1.2 Overview of the evaluation

The evaluation has three main objectives. These are addressed separately in the three volumes.

1. **Impact evaluation.** This will provide independent evidence of the impact of the CCT.
2. **Operational evaluation.** This will analyse and offer recommendations on the way in which the programme is being implemented.
3. **Targeting analysis.** This is an assessment of how effectively the programme's targeting process is reaching the households it is intending to support.

1.2.1 Scope of the impact evaluation (Volume I)

Volume I presents the results of the baseline survey for the impact evaluation⁴. To identify the impact of the BOTA programme we need to identify the living conditions of two groups of households, similar in every respect except one: one group receives the BOTA CCT, and the other does not. A baseline survey conducted before the CCT is disbursed serves to check that the two groups are the same, and to estimate the size of any differences if these have appeared by

⁴ See Oxford Policy Management (2012), 'Conditional Cash Transfer (CCT) Programme. Baseline report of quantitative evaluation. Vol I: Impact'.

chance. Later a follow-up survey will see how the living conditions have changed in the two groups after the introduction of the CCT⁵.

In order to maintain the cleanliness of the baseline the survey was conducted only in Almaty oblast. This is because the programme had already been running for over a year in Akmola and Kyzylorda oblasts and so it was no longer possible to ascertain the situation of the households before the arrival of BOTA there. Moreover, in Akmola and Kyzylorda the programme had not been rolled out randomly so it would not have been possible to randomly select locations for comparison ('control' locations) in those oblasts.

The quantitative survey focuses on the living conditions of households eligible for the ECD benefit because these make up the largest proportion of CCT recipients and because it is possible to use publicly available information to obtain a statistically representative sample of this group. Where possible the survey gathered information on the other categories of interest to BOTA—pregnant and lactating women, and children with disabilities—if such people were found in the same households as the children eligible for the ECD benefit. The findings on these categories are not statistically representative of Almaty oblast but they nonetheless provide useful insights into attitudes and practices on social and health issues for these groups.

1.2.2 Scope of the operational evaluation (Volume II)

The present volume, volume II, contains the operational evaluation at baseline. The quantitative component of the report covers households' experience of the enrolment process. The experience of enrolment is discussed only in relation to the treatment okrugs, where BOTA has been operating, not in relation to control okrugs where BOTA has not worked. Households' experience of the enrolment process is examined by reviewing their awareness of the BOTA programme, and the experiences of applicants in relation to taking the test during registration. This is the range of experiences that households have had with the BOTA programme up to the time of the baseline. BOTA had not issued bank cards, nor begun payments or training. As noted in Volume I this was intentional, so that a clear baseline was established. An assessment of the payment and training processes will form part of the follow-up evaluation.

The findings from the quantitative fieldwork are supplemented by some key findings drawn from the qualitative research of January 2012 to present a broader picture of the nature of BOTA's operations including in Kyzylorda and Akmola where the programme has been running for longer than in Almaty oblast.

1.2.3 Scope of the targeting analysis (Volume III)

Volume III contains the targeting analysis. This discusses the extent to which BOTA is identifying and reaching the households it is intending to support. It examines the effect of both the design of the targeting method and the implementation of the programme on the take-up of the benefit among poor households with children of an age eligible for the ECD benefit. The targeting analysis is a one-off exercise at baseline. It will not be repeated at follow-up because the household listing from which the data are derived is conducted once, at the start of the survey.

⁵ The follow-up survey is taking place during 2012 and the results will be available in mid-2013.

1.3 Structure of this volume

Part A, the background to the report, continues in section 2 with a note on the selection of respondents from whom the analysis in this report is obtained.

Part B records the findings of the operational evaluation. Section 3 discusses awareness of the CCT. Section 4 reviews the enrolment process. Section 5 summarises beneficiaries' interactions with their volunteer, while section 6 discusses their understanding of the payment process and the conditional nature of the grant. Section 7 presents some comments on pre-schools' interactions with BOTA.

Part C presents some concluding observations.

Part D contains annexes with further details of items discussed in the main text.

1.4 How to read the tables and analysis: the 'N' value

On the right-hand side of each table, after the column with the total results, is a column entitled 'N'. This indicates the unweighted number of observations in the sample on which the results were based. It gives an indication of how certain we can be about the estimates.

2 The interview sample

The evaluation team interviewed households in 108 okrugs out of the 262 in Almaty oblast⁶. These 108 okrugs formed the 120 'primary sampling units', the locations selected for the survey (12 locations were randomly selected twice by the computer so a double-size sample was taken in those okrugs). All interviewed households were eligible by age for the ECD benefit. To select households for interview the team first had to identify households that were eligible for the CCT (the 'listing'), and then select a random sample of them for the full baseline interview. Some 6,899 households were interviewed at listing stage, and 1,173 of them were interviewed in depth for the baseline survey.

2.1 Listing

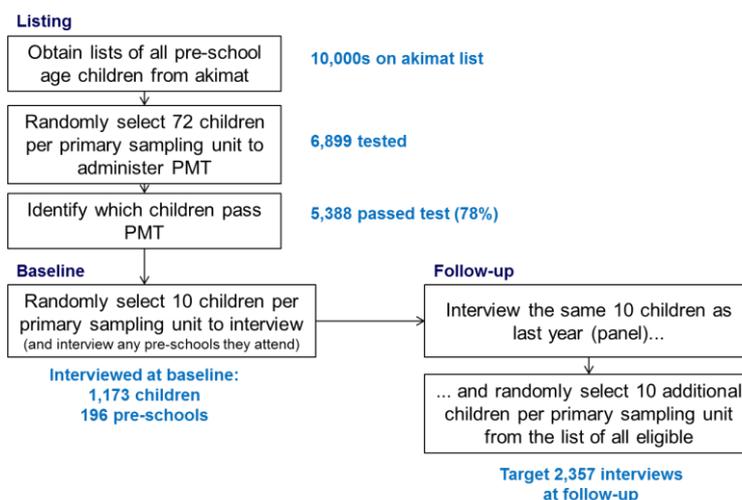
It was noted in section 1.1 above that households have to meet two criteria to be eligible: they must have a child of the right age for the ECD benefit, and they must have a score in BOTA's proxy means test that identifies them as poor. The survey team therefore had to identify the households in each okrug that met these requirements. This involved two steps:

1. **Identification of children of the right age.** This was done by obtaining from the *okrug akimat* the lists of all children in the area, with their addresses and dates of birth. The *akimat* compiles the list twice a year as part of its regular process of ensuring that children are enrolled in school. Children were considered to be the right age for the survey if they met two criteria. First, they had reached their fourth birthday—the age when they become eligible for the CCT—by the day the interview team went to the field. Second, they would remain eligible for CCT for a full 12 months, i.e. they would not yet have started Class 1 of school by the time the follow-up survey took place; otherwise there would be little possibility of detecting an impact at follow-up because the family would have stopped receiving the transfer and its consumption patterns would no longer reflect the effect of the BOTA CCT. After this stage the team had lists of tens of thousands of children.
2. **Identification of the households that pass the proxy means test.** In each primary sampling unit 72 children of eligible age were randomly selected (or fewer, if there were not 72 in the *okrug*). The survey teams went to each household and administered BOTA's proxy means test, the test of about 10-15 minutes which results in an approximation of whether the household is poor or not. Households were replaced if they could not be found or were away at the time of interview, provided that replacements were available on the list. In total the households of 6,899 children were interviewed⁷.

Any household that passed the test and was identified as poor was therefore eligible for BOTA's CCT as it had passed both the age criterion and the means-testing. Since 78% of households passed the test this resulted in a pool of 5,388 eligible children available for the full interview (Figure 2.1).

⁶ For full details of the evaluation methodology the reader is referred to Volume I of the baseline report (Oxford Policy Management, 2012).

⁷ The survey teams administered the proxy means test in both treatment and control areas, rather than using BOTA's own results in treatment areas. This is both because many eligible households in treatment areas had not undertaken the test, and also to ensure consistency with the way the test was applied between treatment and control areas.

Figure 2.1 Selection of respondents for interview

Source: OPM.

2.2 Baseline survey

Ten households in each okrug were randomly selected from among all those eligible. An interview team returned to the household as soon as possible after the listing and the calculation of the score in order to administer the full household interview. A few okrugs did not have 10 households eligible for interview; but the total number of interviews eventually completed, at 1,173, was very close to the planned 1,200.

In every case where the eligible child attended a pre-school facility the team also tried to gather information on the supply side at the pre-school, by administering a facility questionnaire. This was not always possible as many of the interviews took place over the summer months when the facility was closed for repair or there were no directors or administrators present; nonetheless interviews were conducted with 196 pre-school facilities.

2.3 Respondents for the operational evaluation

The questions about respondents' experiences of the CCT formed one module of the baseline questionnaire. They were therefore put to the same respondents as for the impact evaluation, though only for the 50% of the sample that lived in treatment areas; the other 50% of respondents formed the comparison group where BOTA is not working, so they were not asked the questions about BOTA operations. The respondents are households that pass the eligibility criteria for the CCT and that have at least one child of pre-school age who is eligible to be a beneficiary under the ECD category. Some households may by chance also be eligible for other categories of benefit, for instance if they also contain a pregnant woman. We asked people about their experiences of the programme regardless of which category they had applied for.

All households interviewed are in Almaty oblast. The report therefore reflects experiences in that oblast only, although the evidence will also be relevant to Kyzylorda and Akmola oblasts where many aspects of the programme are similar. Participants' experiences from Kyzylorda and Akmola are described in the qualitative reports.

PART B: FINDINGS

3 Awareness of the CCT programme

About three-quarters of eligible households in treatment okrugs had heard about BOTA's CCT programme by the time of the evaluation (Table 3.1). This suggests that BOTA is fairly effective in raising awareness of the programme among communities within a short amount of time after it first enters the okrug. Among those that had heard of it the main source of information was the volunteer: nearly half of those familiar with the CCT had heard about it from that source. For the remaining households the source of information was fairly evenly split between the local government administration (*akimat*), teachers or health workers, and others in the community.

Table 3.1 Awareness of the CCT programme among eligible households (%)

Indicator	%	N
Awareness of the CCT		
Yes, already heard about the CCT	74	575
No, not aware of the CCT	26	575
Source of information (% of those that had heard of CCT)		
Volunteers	44	413
Akimat	21	413
Teacher / health professional	15	413
Someone else in the community	19	413
Total	100	

Source: Baseline evaluation.

However, the figures also highlight that at the time of the baseline survey this first stage of programme implementation—informing people about the CCT—was a source of quite large errors of exclusion⁸. One in four eligible households had not heard of the CCT, and therefore would have missed the enrolment round. The targeting analysis in volume III of the baseline report explores this in more detail.

In part the lack of awareness may be attributed to the CCT being new in Almaty oblast at the time of the survey. The first round of qualitative research on the CCT, the findings from which were published in January 2012, observed that the spread of information—through the efforts of volunteers and local government officials, as well as by word of mouth from participants—was considered to be more effective in Akmola and Kyzylorda oblasts, where BOTA has been operating since 2009, than in Almaty oblast, where operations began in January 2011. In Almaty oblast, 'information was spread in similar ways, but respondents were less consistently sure that the reach of information was consistently wide enough' (MacAuslan and Rogers, 2012, p,32). The qualitative research concluded that,

⁸ The term 'errors of exclusion' is used in the technical sense to denote households that are not enrolled on the programme although they are eligible. It does not mean that BOTA has intentionally excluded them from the CCT.

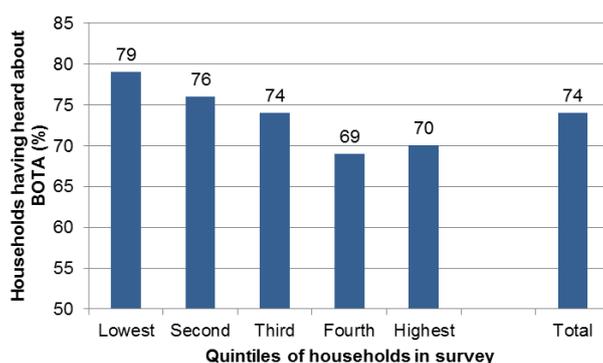
It appears that the differences between Akmola and Kyzylorda on the one hand, and Almaty on the other, are more likely to be related to teething problems than anything inherent in the NGO model, so this does not at this point imply that any change in overall approach is necessary (MacAuslan and Rogers, 2012, p,32).

As the implementing partners become more experienced at engaging with local authorities and training volunteers, and as enrolment specialists gain more familiarity with the programme, it may be expected that the rate of people reporting awareness of the CCT should improve. Also, the gradual diffusion of information about the programme via mass media and via word of mouth between people in different communities can be expected to result in greater numbers of people having heard about BOTA even before the programme begins in their community.

In part the finding may also be attributed to the fact that, as they explained during the qualitative research, volunteers are to some extent choosing whom to inform about the CCT on the basis of perceived need. This is because the proxy means test is known to admit quite large numbers of people whose consumption level is above the subsistence minimum (because this was a surer way of minimising exclusion of poor individuals); and at the time of its design it was stated that it might be possible to reduce some of this leakage during implementation. The findings suggest that this is taking place. The targeting report notes that it would be useful for BOTA to explore how volunteers are choosing whom to inform about the programme to ensure that the process of selectively informing households about the CCT is not inadvertently contributing to a lack of awareness of the programme among the poorest households. Households, of course, have the right to apply without an invitation from the volunteer, but they may be less aware of the CCT.

Nonetheless, those individuals in the poorest quintile of eligible households are more likely to have heard of BOTA than those in the least poor quintile, at 79% compared with 70% (Figure 3.1).

Figure 3.1 Proportion of each survey quintile having heard about BOTA in treatment okrugs (%)



Source: Baseline survey. Note: These are quintiles of the households in the survey, not national quintiles.

At the time of the baseline survey it was particularly important to maximise the number of households that hear about the programme in advance of the first enrolment round because of the sporadic nature of the enrolment process, by which a person that found out about the programme just too late might wait months until the next opportunity to submit an application. The evaluation team notes that the introduction of distance enrolment in 2012, by which a household may take the proxy means test at the home of the volunteer, with answers being relayed by telephone to the enrolment specialists in the regional office, will have alleviated some of this pressure.

4 Enrolment

4.1 Application status of households

The proportion of households applying for the CCT is much lower than the proportion that are aware of it: just one in every three eligible households applied for the programme during the first enrolment round (Table 4.1). Taking into account that 74% of households were aware of the programme, an application rate of 31% means that fewer than half of eligible households that know about the CCT (31/74) applied for it.

Every eligible household that applied was accepted onto the programme. This is particularly encouraging because it shows the close match between the results of the proxy means test when administered by the evaluation team in respondents' homes compared with that administered by BOTA's enrolment specialists away from applicants' homes: there were no households that were found to be eligible by the evaluation team but that had been rejected by BOTA (see also Table 4.1). Most households had a single beneficiary, namely the child eligible for the ECD benefit.

Table 4.1 Application and enrolment status of eligible households (%)

Indicator	%	N
Application status		
Yes, applied for CCT	31	575
No, did not apply	69	575
Enrolment status (% of households that applied)		
Successful and currently enrolled in CCT	98	179
Successful but no longer enrolled in CCT	3	179
Application unsuccessful ¹	0	179
Total	100	

Source: Baseline evaluation. Note: (1) This confirms that there is a close match between the results of the proxy means test when administered by BOTA and by the evaluation team: there are no households that were found to be eligible by the evaluation team but that had been rejected by BOTA.

Evidence presented in volume I of this baseline report suggested that there are some significant differences between households that are beneficiaries of the CCT and households that are eligible but are not beneficiaries. The targeting report considers how these differences may affect their decision to apply for the programme. The reasons for households' decisions not to apply for the programme can be explored further during the second round of qualitative research.

Of all applicants only 19% are aware that there will be future opportunities for enrolment, while 6% of applicants think there will not be new enrolment opportunities. The remaining three-quarters of applicants do not have an opinion which suggests a lack of information on the subject. Successful applicants can be expected to be good advocates for the programme, so BOTA may find it valuable to let them know that enrolment can take place again, even if the volunteers do not yet know when the next enrolment is likely to take place; in this way they may encourage people that they know, but who have not applied, to come forward.

4.2 Experiences of the enrolment process

Households generally attend a central location to take the application test on the specified date when the enrolment specialists are present in the okrug. The location might be a public building such as an *akimat* or school. Applicants wait until a specialist becomes free and then take the short computer test, the proxy means test, to determine whether they are eligible for the programme. The computer generally provides an immediate decision about the applicant's eligibility based on their responses in the test. For successful applicants the enrolment process also includes signing a participation agreement and a confidentiality agreement with BOTA, and working alongside the specialists to fill in the application for a bank card.

Conditions for reaching the test location are quite convenient (Table 4.2). Some 95% of households took the test in their own okrug, and the average time taken by applicants to reach the location of the test was just over 20 minutes. Nine out of 10 applicants paid nothing to reach the test location: the average cost of reaching the location was just KZT 17 overall, or KZT 170 for those who spent a positive amount.

Once at the test location the average time spent by applicants until completion of the enrolment process was about an hour and three-quarters (see Table 4.2 below). Around 59% of households waited for less than an hour while only 8% of individuals waited for more than four hours including the time spent waiting in the queue. Individuals are well informed about the documentation that they will require to complete the enrolment process: more than nine out of every 10 applicants had both their individual identification number (IIN) and their taxpayer registration number (RNN) ready at the time of the test. Both documents are required in order for a household to receive the CCT.

Table 4.2 Experiences of the enrolment process

Indicator	Total	N
Reaching the test location		
Households taking the test in their own okrug	95%	179
Mean time to reach test location	22 minutes	178
Mean cost to reach test location	KZT 17	179
At the test location		
Mean length of application time	1 hour 47 minutes	171
Households having both IIN and RNN ready at application	94%	179

Source: Baseline evaluation.

These findings are in line with those of the qualitative assessment which indicated that, 'most respondents felt that enrolment was a reasonably straightforward process' (MacAuslan and Rogers, 2012. p.33). The qualitative report further noted that the enrolment procedures compare reasonably well with some other welfare programmes on account of the polite behaviour of the staff and the fact that the requirements for documents is less burdensome.

5 Volunteers

About three-quarters of households that had enrolled onto the programme were aware that there was a programme volunteer in the community (Table 5.1). Almost all said that the volunteer was easy to get in touch with. On average the volunteer had contacted the household three times by the time of the evaluation, i.e. once the programme had started in the okrug but before the household had received its bank card. Most contact is initiated by the volunteer: only one in 10 households said that they had actively sought the volunteer in connection with the CCT.

Table 5.1 Contact between volunteers and recipient households

Indicator	Total	N
Enrolled households reporting availability of volunteer (%)		
Volunteer known	75	175
Volunteer not known / not available	25	175
Ease of contacting volunteer (% of households that know volunteer)		
Easy to contact	86	130
Difficult to contact	4	130
Don't know	10	130
Contact with volunteer¹		
Mean number of times volunteer has contacted household	3	128
Households that have actively contacted volunteer (%)	10	122

Source: Baseline evaluation. Note: (1) Response is from households that know volunteer.

6 Payment and conditionality

Households' reported understanding of what payment they can expect is limited at the start of their involvement in the programme. Two-thirds of enrolled households said that they did not know the value of the transfer that they were expecting to receive (Table 6.1). This is surprising since BOTA informs beneficiaries and prospective applicants about the value of the transfer on several occasions during the enrolment process:

- in information leaflets about the CCT;
- in volunteers' personal communication with households before the enrolment session;
- by specialists during enrolment, immediately after the results of the proxy means test indicate that the household is below the threshold poverty score and therefore eligible; and
- in the beneficiary agreement, a hard copy of which is kept by each CCT recipient.

The finding may therefore reflect an uncertainty by households that they would receive the amount specified, given that they had received no payments at the time of the baseline. The second round of the qualitative research, and the follow-up quantitative survey, will provide an opportunity to test whether beneficiaries' knowledge of the regular amount they should expect to receive has improved. It is important for beneficiaries to know what payment value they can expect so that they can understand how much money will be available for them to withdraw and so that they know when money has been deducted for non-compliance with conditions.

Table 6.1 Understanding of the payment process

Indicator	Total	N
Understanding of the transfer		
Enrolled households saying they are aware of transfer value (%)	36	175
Enrolled households saying they don't know the transfer value (%)	64	175
Expectations of the transfer		
Mean expected value of transfer	KZT 4,107	68
Mean expected frequency of transfer		
Once a month	74	175
Once every two months	3	175
Once every three months	7	175
Don't know	17	175
Experience of using bank card		
Households having received instructions on use of bank card (%)	10	175
Mean distance from cash machine where bank card can be used	1 hour 7 mins	173
Mean cost of reaching cash machine where bank card can be used	KZT 482	175

Source: Baseline evaluation.

The small proportion that did report a value appear to be well informed: the mean value reported was just over KZT 4,100. This is reasonably consistent with the fact that the transfer value for ECD beneficiaries in 2011 was KZT 3,300 a month, with some households receiving the higher benefit of KZT 4,700 for pregnant and lactating women and some receiving more than one ECD benefit. About three-quarters of beneficiaries understood correctly that they would be receiving the CCT monthly.

The mean distance that households would have to travel to withdraw the transfer was just over an hour, at an average cost of KZT 482 (\$3.25)⁹. At the time of the baseline the proportion of households that had received information about how to use their bank card was very small, which is consistent with the fact that they had not yet been issued one.

Beneficiary households also have very limited awareness before they start receiving the payment that there are conditions attached to receiving the transfer. Only one in four households said that they would be required to act in a certain way in order to receive the payment. Moreover, almost every household that did understand there was a condition attached misunderstood the penalty: most thought that they would be excluded from the programme altogether if they failed to meet the conditions. Just a single household in the whole survey stated that there would be a reduction in the next payment amount following failure to comply with conditions.

The difficulty of participants not understanding the need to comply with conditions is not confined only to the BOTA programme. The evaluation of Kenya's Cash Transfer Programme for Orphans and Vulnerable Children in 2010, which has payments dependent on conditions in some locations, noted that,

Understanding about programme conditions, payment rules and management processes is patchy among recipients [...]The knowledge and understanding of recipients about the penalties imposed to enforce conditions, where they operate, is also limited. Recipients who have had a deduction made often do not know why (Ward et al., 2010, p.84).

It is recommended to check with BOTA enrolment specialists and volunteers about their processes for informing beneficiaries about the conditionality, so that this is always understood from the start of households' involvement in the CCT. However, the apparent lack of awareness of conditions is inconsistent with the large anticipation effect that was found in volume I of the baseline evaluation in relation to pre-school enrolment, which seemed to indicate that households realised their child would need to be in pre-school in order to receive the cash. It may be that households do not consider this to be a form of conditionality.

⁹ For respondents that did not know the location of the nearest cash machine that they would be able to use it was assumed that there would be a facility in the rayon centre.

7 Interaction between BOTA and pre-school facilities¹⁰

About 70% of the pre-school facilities that were interviewed in treatment okrugs were aware of BOTA at the time of the baseline survey. Of those that had heard of BOTA, half—36 out of 74—had had any contact with the organisation or its representatives by that time. Among the 36 pre-school facilities that had been in contact with BOTA most had been invited to attend a meeting about BOTA's activities in the okrug in general, or in relation to their facility in particular, such as to discuss requests about accepting extra children into the facility (Table 7.1). Just over half had been asked to enrol specific children proposed by BOTA, and a similar proportion had been asked to fill in attendance reports on CCT beneficiaries. A smaller fraction had been asked to implement flexible arrangements in respect of CCT beneficiaries such as to permit them to have reduced hours of attendance compared with the standard number, or to reduce the attendance fee.

Of the pre-school facilities that had been invited to a general information meeting about BOTA's activities, about two-thirds had attended such a meeting. At the time of the survey facilities were less likely to have agreed to enrol specific children or permit flexible pre-schooling arrangements, if asked by BOTA, though a few had already done so. It should be noted that the numbers of pre-school facilities that were in a position to respond to questions about their activities for BOTA were too small at this early stage to enable any generalisations to be made.

Table 7.1 CCT-related activities requested of, and done by, pre-school facilities that have had contact with BOTA

Activity relating to CCT	Requested by BOTA ¹		Done by facility ²	
	%	N	%	N
Attend general information meeting about BOTA's activities in okrug	75	36	67	27
Attend meeting about BOTA's activities in relation to specific facility	72	36	50	26
Enrol specific children proposed by BOTA	58	36	52	21
Permit specific children to have flexible hours of attendance	39	36	43	14
Reduce fee for specific children	31	36	36	11
Fill in report on attendance of children enrolled by BOTA	56	36	45	20

Source: Baseline evaluation. Note: (1) Figures show facilities that have been requested to do the listed activity, as a proportion of those that had had any contact with BOTA. (2) Figures show facilities that have done the listed activity as a proportion of those requested.

¹⁰ The data in this subsection are unweighted, i.e. not statistically representative of all pre-school facilities in the oblast. The results therefore just refer to the facilities that were interviewed.

PART C: CONCLUDING OBSERVATIONS

Three-quarters of eligible households interviewed at baseline had heard of the BOTA CCT, and of those that had heard, slightly fewer than half had applied in the first enrolment round. For households that did apply for the CCT the conditions of the enrolment process seem fair: 95% took the test in their own okrug; the mean time to reach the location of enrolment was about 20 minutes, with almost no cost involved in reaching it; and the process itself took an average of less than two hours. Households' experiences of interaction with their volunteer, for the three-quarters of successful applicants that were aware there was one in their community, were also largely positive: most felt that it was easy to contact the volunteer, and on average they had been contacted three times by the volunteer by the time of the baseline evaluation.

During the early stages of their involvement with the BOTA programme many beneficiaries appear uncertain about the details of how it will work, including the value of the transfer they are due to receive, the fact that their payment will be temporarily suspended if they do not comply with conditions, and the fact that there will be additional enrolment opportunities for others who have missed the first round. Beneficiaries can expect further occasions when these details will be explained during the course of their involvement with the CCT, and their awareness later in the programme will be identified at follow-up; but they may find it useful to have more information from the outset in order to reduce the risk of possible confusion at a later stage.

About 70% of pre-school facilities that were interviewed at baseline had heard of BOTA and of those about half had already been in contact with the programme. At this early stage of programme implementation in Almaty oblast few had yet carried out any activities relating to the CCT. Further information on their experiences of the programme will be available at follow-up.

PART D: ANNEXES

Annex A References

MacAuslan, I. and Rogers, J. (2012), 'Qualitative assessment of the Conditional Cash Transfer programme in Akmola, Kyzylorda and Almaty oblasts. Full baseline qualitative report', OPM.

Oxford Policy Management (2012), 'Conditional Cash Transfer (CCT) Programme. Baseline report of quantitative evaluation. Vol I: Impact'.

Ward, P., Hurrell, A., Visram, A., Riemenschneider, N., Pellerano, L., O'Brien, C., MacAuslan, I. and Willis, J. (2010), 'Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC), Kenya. Operational and impact evaluation, 2007–2009. Final report', OPM.

Annex B Glossary of terms

B.1 Local words and phrases

<i>akim</i>	The head of a local administrative unit (okrug, rayon or oblast)
<i>akimat</i>	The office of the akim
<i>oblast</i>	Highest level of territorial unit. Kazakhstan is divided into non-overlapping oblasts, with the exception of cities of at least 1 million people ('towns of significance to the republic') which have an equivalent status to an oblast.
<i>okrug</i>	Subdivision of a rayon. The whole rayon is divided into non-overlapping okrugs, governed by an akim, with the exception of medium-size towns. Towns that have at least 10,000 people, of whom at least two-thirds are in households where a member is in formal sector employment and where there is some industry, infrastructure, trade and social services ('towns of significance to the rayon') have a status equivalent to an okrug. Some okrugs consist of a single settlement, while others consist of several settlements grouped together.
<i>rayon</i>	Subdivision of an oblast. The whole oblast is divided into non-overlapping rayons, governed by an akim, with the exception of very large towns. Large towns with a population of at least 50,000 that are considered to be major economic or cultural centres ('towns of significance to the oblast') have a status equivalent to a rayon.

B.2 CCT words and phrases

eligible	A person or household that would be accepted onto the CCT programme if they were to apply because they pass all the eligibility criteria—including the proxy means test and the existence of an RNN or other identification number—regardless of whether or not they have actually applied or been accepted
beneficiary	A person who lives within an eligible household, who is in the target category for the CCT programme (e.g. a child of pre-school age) and who has been accepted onto the programme because the household has been through the enrolment process
proxy means test	The test that is a predictor of poverty : it estimates whether the household is poor by collecting information on variables such as ownership of certain assets that tend to be correlated with poverty. A score is attached to each of the household's responses, and those households that have a score below the defined threshold are considered to be poor.
recipient	The bank card holder who is designated to receive the cash benefit (usually the mother in the case of a pre-school-age child)

B.3 Words and phrases used in this evaluation

eligible child / eligible household	<p>All children sampled for this evaluation pass the eligibility criteria for the BOTA CCT programme under the ECD category, though not all are enrolled.</p> <p>Throughout the report we refer to the children who are represented by the survey population, as 'eligible children'. Their households are termed 'eligible households'.</p> <p>At the baseline this is a slightly younger cohort out of all possible children eligible for the BOTA CCT, because the survey interviews households with children who will remain eligible for the CCT for a full 12 months. At follow-up it will be a slightly older cohort as the survey will interview households who have been eligible for a full 12 months.</p>
beneficiary child / beneficiary household	The children who are not only eligible but also are or have been enrolled in the BOTA programme—about 50% of those eligible—are classified as 'beneficiary children'. Their households are termed 'beneficiary households'.
treatment okrug	A treatment okrug is one where BOTA began to administer the CCT programme after the baseline survey was completed.
control okrug	A control okrug is one where BOTA is not operating.

Annex C Additional information on the CCT programme

C.1 Categories of beneficiary

Table C.1 Categories of beneficiary at time of baseline, and conditions for receipt of transfer

Category	Definition	Value (KZT)		Condition for receipt
All				To be eligible for receipt of transfer a household must: <ul style="list-style-type: none"> - receive a score below the designated cut-off in the proxy means test (PMT) - have access to a bank account - have an official identification number - fit one of the categories described below
Pre-school children	Children aged 4 upwards, up until 31 August after their 6th birthday. The children are eligible to start Class 1 on 1 September after their 6th birthday, and cease to receive payments at this point.	2,700 (or 3,300 since 1 Jan 2011)	Monthly	No condition for the first payment. From the second month onwards the child must: <ul style="list-style-type: none"> - be enrolled in a pre-school facility which may be registered or unregistered but which is run by a qualified teacher - attend for 85% of days that the school is open, or have an acceptable excuse for absence if attendance is lower
Pregnant and lactating women	Women who are pregnant and have written confirmation of the pregnancy from a doctor. Women may continue to receive payments until the infant reaches 6 months old. The latest date for a woman to be eligible for enrolment on the programme is with an infant aged 3 months old.	3,900 (or 4,700 since 1 Jan 2011)	Monthly	No condition for the first payment. To receive the second payment onwards the woman must, in the previous two months, have: <ul style="list-style-type: none"> - made an antenatal / postnatal visit to the doctor - attended classes on good antenatal / postnatal practices given by BOTA volunteer
Children with disabilities	Children up until their 16th birthday who have a certificate of disability from a doctor and who are cared for at home rather than in a residential institution.	2,700 (or 3,300 since 1 Jan 2011)	Monthly	No condition for the first payment. To receive the second payment onwards the carer must, in the previous two months, have attended classes on home-based care given by BOTA volunteer

C.2 The role of the oblast teams

BOTA's central office staff set up teams in the oblast where they operate. For Akmola and Kyzylorda these are regional offices of BOTA itself; in Almaty the organisation subcontracts two local NGOs as its partners. The teams introduce the programme to oblast and rayon akims, and recruit and train the community volunteers (see section C.3 below). Enrolment specialists from the oblast teams spend from about the 1st to the 20th of each month actively enrolling beneficiaries in communities—including administering the proxy means test, and obtaining copies of identity documents and other information required to issue the bank card—and the remainder of their time on office-based administration including entering information into the management information system about both applicants and existing beneficiaries.

C.3 The role of the volunteer

The focal points for the CCT programme at the local level are the community volunteers. They help to disseminate information about the programme among the community, inform potential beneficiaries about the enrolment process, and alert the oblast enrolment specialists when there is a new group of applicants ready to be enrolled. They provide the training in home-based care for children with disabilities and in good practices for pregnant and lactating women, attendance at which forms part of the conditionality for receipt of the CCT benefit by households in those categories. They also support the monitoring of compliance with other conditions such as attendance at pre-school facilities by children enrolled on the ECD programme.

Volunteers tend to be women who work in the community in which they live. Although they do not earn a salary they do receive a small monthly stipend to cover their expenses. They also receive training in how to carry out their duties as well as in the modules that they subsequently teach to recipient households.