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Qualitative Assessment of the Conditional Cash
Transfer Programme in Akmola, Kyzylorda and
Almaty oblasts

Follow up qualitative report

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Executive summary

Purpose

This report summarises results from a second round of qualitative assessment of BOTA's conditional cash transfer (CCT) programme in three oblasts of Kazakhstan: Akmola, Kyzylorda and Almaty. The BOTA CCT programme makes conditional cash transfers of 3,600 to 5,200 KZT each month (previously 3,300 to 4,700 KZT in 2011 and 2,700 to 3,900 KZT in 2010) to four types of recipients: parents with pre-school age children, pregnant and lactating mothers, parents of children with disabilities and young people aged 16-19 who have completed school and are unemployed, all of whom must pass a proxy means test (PMT) of poverty to qualify. In order to continue receiving transfers, recipients in different categories must enrol their children in pre-school, attend ante- and postnatal state health check-ups and BOTA training sessions, attend training sessions on caring for their children at home or attend youth training. Volunteers play a fundamental role in CCT implementation: they provide training sessions, mobilise communities to enrol and manage programme activities at the village-level. In Akmola and Kyzylorda, the programme is implemented directly by BOTA and began in 2009. In Almaty, the programme is implemented by NGO partners and began in early 2011.

Methodology

The fieldwork for this study took place from October to December 2012 in six okrugs that contained programme operations in Akmola, Kyzylorda and Almatinskaya oblasts. The fieldwork was designed to generate qualitative information on programme impacts and operations (except for the target beneficiary group of young people aged 16-19). Semi-structured interviews and focus groups were conducted with volunteers who are key to CCT implementation and with programme beneficiaries of different types (including households receiving multiple benefits), non-applicants, and households that had left the programme. Interviewees and focus group participants were selected to ensure coverage of all beneficiary types and within this, different ages of pre-school children, different stages of pregnancy, and different disabilities. Non-applicants were also administered the BOTA PMT to check their eligibility. Sampling of beneficiaries and non-applicants was random within these categories (from BOTA's management information system (MIS) and from akimat or school lists), but the results are not representative in a statistical sense. In addition, the research team interviewed other key informants (akims, teachers and health workers). Prior to fieldwork, interviews were taken with BOTA staff and staff from NGO implementing partners, and with staff at international organisations. Interview and focus group schedules were semi-structured, and covered a range of potential impacts and operations.

Results from fieldwork

The qualitative research indicates that BOTA CCT may have had the following impacts:

Expenditure and coping strategies

As in the January 2012 qualitative report, households consider that there is a net positive impact on their consumption expenditure, with most households buying more of the same goods or services. Most recipients spent the money on something linked to the conditionality or general household needs.

There are some differences between beneficiary types, the time of year, the household's income situation, and the costs of services they obtain. For instance, for disability beneficiary households

who receive disability benefits the BOTA CCT represents a small proportion of their benefits and is often spent on treats. For households with many young children and expensive pre-school, the BOTA CCT transfers are critical to meeting pre-school costs. Around half the households interviewed have no salaried worker and have incomes that are unstable, particularly in winter. For some of these households, the BOTA CCT can constitute all of their income at certain times of year. For the 30 or 40% of households with more than one beneficiary, the BOTA CCT represents a higher proportion of their total income.

Most households coped with shocks by economising, borrowing, or seeking support.

While households do not necessarily feel richer as a result of the transfers, they do have heightened confidence.

Health services

Antenatal services are widely used, commonly understood and largely appreciated by respondents. There was no strong evidence that the BOTA CCT has influenced the timing of birth registration, though it may have done so in some cases. As in the previous round of research, there appears no strong impact of the BOTA CCT on postnatal attendance.

BOTA training seems to have focused on anaemia and respondent beneficiaries demonstrate consistently high levels of knowledge on anaemia.

Most respondents met conditionalities around antenatal class attendance but explained that it was due to the intrinsic importance and value of the services rather than the threat of penalty. Few clearly confirmed meeting postnatal class conditions but none reported being penalised.

Education services

Pre-school service provision levels varied across evaluation villages, with some having full day services with substantial fees and others having very cheap and part time services. Where pre-school is available, beneficiaries usually attend and the BOTA CCT makes this easier. Some respondents suggested that the CCT enabled them to enrol children where they would otherwise not have done. Others noted that pre-school was too expensive to afford, especially during winter, confirming the CCT theory of change.

Recipient respondents were almost universally happy with the quality of education received and the developmental benefits subsequently conferred. However, some non-applicants sometimes cited poor provision as a reason not to apply.

The BOTA CCT seems to have led to the formation of informal pre-schools. However, when asked managers and parents were not sure whether these informal arrangements would become permanent or outlast the CCT.

The threat of non-payment appears to have played a very minimal role in children attending pre-school. Most respondents were convinced of the importance of pre-school for their children. Moreover, penalties seem to have been implemented quite irregularly.

Parents have been attending training and this has in some cases caused them to make positive modifications to their parenting practices.

Care for children with disabilities

Some parents of children with disabilities were shocked at the shortening of the programme period to two years, but most seem to have accepted it (even if the communication wasn't always clear). Most respondents valued caring for children at home, but noted the difficulty of providing care on a permanent basis with no break or specialised assistance.

Most respondents in this category reported that the transfers were comparatively small, and felt that the training and interactions with the volunteers were not always relevant. Nevertheless, respondents all reported participating in the training and none reported any cessation of payments. Moreover, respondents felt that participating in the BOTA CCT gave them a much needed sense of solidarity.

Unintended impacts

There are isolated reports of increased confidence of recipients and women, with increased social interaction, and in particular greater willingness and ability to socialise and communicate outside the home.

Volunteers

The BOTA CCT programme has created a workforce of around 2500 community based volunteers trained in community mobilisation, methods for teaching adults and community outreach.

Targeting

There seems generally to be widespread awareness of the BOTA CCT programme, though non-applicants are much less aware of the details and this is sometimes a barrier to their application. Non-applicants tended not to apply because:

- They had the wrong information
- They happened to be away from the village at a crucial moment
- They did not want to apply, either because they felt it was irrelevant, stigmatising, or impossible to comply with the conditions
- The volunteer excluded them because they felt they would not pass the PMT
- The enrolment procedure did not allow them to sit the PMT
- The volunteers thought they had a quota that had already been reached.

Volunteers also noted that they had a quota for their villages and engaged in some form of pre-selection, but sometimes played down its importance.

Some 35 of the 39 non-applicants interviewed for this study meet BOTA's poverty criteria, which suggests that many eligible households are not applying.

Volunteers are aware of the possibility of telephone enrolment, but not all are using this regularly.

Recommendations for the CCT programme

The CCT programme is having a positive impact on the beneficiaries it supports and on their households. If it were to continue it should, use a similar model combining cash and services through volunteers. Further understanding of the links with government programmes as a model

for sustainability needs to be developed, since the BOTA CCT is currently planned to end in February 2014. In terms of this long-term model, it would be useful to consider:

- The role of conditionalities in delivering benefits to beneficiaries.
 - Disability conditionalities could be focused on home based care and not training.
 - ECD conditionalities need to account for different types of pre-school and might equally well satisfy the programme goals if they were dependent only on pre-school enrolment and not also attendance, since required attendance can vary from two hours to 50 hours a week.
 - PLW conditionalities could focus on antenatal training and parenting classes.
- Whether the decision to shorten the disability programme eligibility time to two years (which seems a pragmatic decision) should be more clearly communicated.
- Whether enough is being done to overcome the barriers to non-enrolment or non-application.
- Whether volunteers need to be clearer on whether they have quotas for enrolment.

These recommendations have been phrased in general terms in order to explore them further with the BOTA and research teams.

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Abbreviations

CCT	Conditional Cash Transfer
ECD	early childhood development
FGD	Focus group discussion
HBC	Home based care
KZT	Kazakh Tenge
LLH	Livelihood
MIS	management information system
NGO	non-governmental organisation
OPM	Oxford Policy Management
PLW	pregnant and lactating women
PMT	Proxy Means Test
TSA	Targeted Social Assistance

PART A: INTRODUCTION

1 Context

1.1 Purpose of assessment report

The objective of this assessment report is to provide independent qualitative feedback on the processes and impacts of the BOTA conditional cash transfer (CCT) programme in Akmola, Kyzylorda and Almaty oblasts. It is a small part of a much larger impact and operational evaluation of the CCT programme that has the following components, which draw on both quantitative and qualitative fieldwork:

1. An evaluation of the *impact* of the CCT programme.
2. An evaluation of the *processes* or operations of the CCT programme.
3. An assessment of how effectively the programme's *targeting* process is reaching the households it is intending to support.

The impact evaluation attempts to understand the impact of making regular cash transfers, of providing training, and of requiring recipients to fulfil conditions. The process evaluation attempts to evaluate the way in which the CCT programme is implemented against its design and against other benchmarks. The targeting assessment attempts to understand whether the recipients of the CCT cash are those that the programme intended to select, and if not to identify whether this is a result of design or implementation.

This report uses qualitative fieldwork in three oblasts conducted between October and December 2012, to provide information on all of these aspects. Given the non-representative nature of the sample of households, it is important to underline that the nature of the qualitative information provided is, by its nature, indicative and not definitive. This qualitative assessment offers nuanced first-person accounts of people's experiences and perspectives of the CCT programme without claiming that these accounts are representative of all similar households' experience. Nevertheless, the qualitative data generated during the interviews undertaken for this assessment, taken together, offers a basis from which to draw conclusions and make recommendations about areas of success and areas of weakness in the CCT programme.

The present report is the second qualitative report on the CCT. It builds on an earlier qualitative report on the CCT finalised in January 2012 and on a quantitative baseline report in three volumes (impact, operations and targeting), finalised in October 2012. It will be followed by a follow-up two-volume quantitative report in 2013.

1.2 Introduction to the BOTA Foundation CCT

The BOTA Foundation CCT programme is intended to improve the lives of children with families suffering from poverty in Kazakhstan by increasing children's access to health, education and social welfare services. The BOTA CCT is a demand-side programme that seeks to remove monetary and non-monetary barriers to access to existing services. The CCT programme was designed, and is being implemented, within a set of restrictions linked with the origins of the financing for the programme and the procedures the three governments disbursing the funds put into place from the outset. The most important constraints, according to one of the implementing NGO (non-governmental organisation) partners, were, and continue to be:

- **A fixed timeframe** – the programme was designed to last five years and has to be completed by the end of 2014. This meant that the programme had to have a fast start-up. There was strong pressure from the funders and the Board to start disbursing funds across all three programme strands as early as possible.
- **Requirement that BOTA remain independent of the government** – BOTA was not allowed to cooperate closely with government bodies during the start up or implementation of its programmes because of the requirement in its foundational documents that it remain independent of the Government of Kazakhstan. This meant, for example, that lists of potentially eligible households with children of the right age for pre-school enrolment could not be taken from the local Akimats when the CCT was being set up

The CCT programme delivers regular cash payments to four categories of beneficiary within poor households: those with children aged four and over up until they are eligible to start school; those with pregnant women, or women with infants up to the age of six months; and households who have children with disabilities up to the age of 16. Until August 2010 this last category was for children with disabilities from the age of 4–16; the lower limit has now been removed. The fourth category of target beneficiary was introduced in mid-2011, namely young people aged 16-19 who have completed school and are starting employment. Support for this category lasts for six months; these last beneficiaries are not part of this evaluation.

The BOTA CCT is currently implemented in six oblasts selected for their higher levels of poverty, but with slight differences in implementation modalities and timings. In Akmola and Kyzylorda oblasts—the first two oblasts to introduce the programme, in 2009—it is implemented by teams directly employed by BOTA. In Almaty oblast it is implemented by two NGO partners sub-contracted by BOTA, and began in early 2011. One NGO looks after the northern part of the oblast ('Almaty-Taldykorgan') and the other is responsible for the southern part ('Almaty-Esik')¹. In each oblast, the role of volunteers is critical to most aspects of programme implementation, including targeting, stimulating demand for services, monitoring, and providing training and support to beneficiaries.

In each rayon where the CCT is rolled out, the BOTA team and volunteers should publicise the programme and encourage eligible households to apply. When more than 10 households are ready to apply, enrolment specialists visit the rayon and households can apply at the level of their local village or okrug centre by completing a proxy means test (PMT). The test was developed by BOTA as an instrument for assessing whether potential beneficiaries meet the 'low-income' criteria within the tuition grants activity and the conditional cash transfer programme. According to Save US, it was a *'timesaver, a way to keep administration down and ... ensure efficiency and transparency in decisions about including individuals or households'* in the programme. From 2012, distance enrolment by telephone has also been introduced. Eligible households wanting to apply can be enrolled in a telephone call where the volunteer sits together with the applicant and the regional enrolment team phones them, puts the questions to the applicant and enters the answers into the online PMT system during the call. Selected households should fulfil the basic demographic criteria and pass the PMT (i.e. fall below a certain poverty score).

Selected households then receive regular cash transfers (3,300–4,700 tenge per month per beneficiary household from January 2011 to January 2012 and then increased 10% to 3,600-5,200 KZT per month) and are expected to fulfil certain conditions in exchange. Households with children aged 4-6 must enrol them in pre-school and the children must attend at least 85% of the

¹ The remaining three oblasts where BOTA is active are Zhambyl, Mangistau and Atyrau. These do not form part of the evaluation because BOTA began working there in 2012 after a full round of the qualitative evaluation was already completed.

time that the pre-school is open in any given month. Pregnant and lactating mothers must attend government ante- or postnatal medical appointments and classes given by BOTA volunteers. Representatives of households with children with disabilities must attend classes on home-based care given by BOTA volunteers. Young people aged 16-19 who have completed school must attend classes on careers orientation delivered by BOTA volunteers. The combination of the provision of cash and training to poor households of these different types is expected to stimulate demand for service provision and enable households to pay for it.

The imposition of conditions on households' receipt of the cash transfers, together with monitoring of compliance by volunteers, is designed to have impacts on pre-school attendance, pregnancy clinic attendance, and home-based care. If these services are beneficial, then this is expected to have positive impacts on human capital development. In addition, the onus on the recipient to fulfil certain behaviours may also have implications for social inclusivity and good citizenship. Finally, the cash transfer, human capital development, and social consequences may all have implications for poverty reduction.

1.2.1 Changes to the CCT since the first round of the qualitative evaluation

Between the first and second rounds of the qualitative survey BOTA has made some adjustments to the way the CCT programme operates.

First, it has changed the exit criteria for children with disabilities, who now cease to be eligible for the programme after having been enrolled for two years, or sooner if they reach the age of 16 before that date. Previously there was no restriction on the number of years of eligibility provided the child was under 16. This change has been made to create more parity among the different types of beneficiaries and to avoid the need to extend the training for parents of children with disabilities beyond two years, which was considered unnecessary by the CCT team because training was mainly aimed at motivating beneficiaries to seek professional help where required. The impending closure of the BOTA CCT programme as a whole was also a factor in the decision and the BOTA team assessed that the earlier disenrollment of children with disabilities would pre-empt the closure and help minimise longer-term dependency on the transfer among these households.

Second, BOTA has made some changes to the enrolment procedures for CCT. BOTA has begun accepting telephone-based applications, also known as 'distance enrolment'. Volunteers, together with the applicant, convey the applicant's answers to the proxy means test by telephone to the specialists at the oblast office. Specialists then enter the results onto a computer and inform the volunteer whether or not the applicant passes the test. This means that applicants no longer have to wait for the enrolment specialists to arrive in the community for the enrolment session before taking the test. BOTA has also introduced 'activation' which is a change to the enrolment procedure for households already enrolled under one beneficiary category which then become eligible for another beneficiary category. These households no longer have to sit the PMT again, but are automatically enrolled when the volunteer confirms that their material situation has not changed since they sat the PMT and that they meet the conditions for the new beneficiary category (such as enrolment in pre-school, attendance at antenatal care etc.).

Third, from around the middle of 2011, BOTA introduced a component of training in parenting skills for parents of young children that is offered on a voluntary basis to the ECD beneficiary households.

Fourth, some communities have set up pre-school facilities either as 'mini-centres' or as even more informal groups offering several hours of teaching per week. This appears to be happening as a necessity for meeting the ECD conditions in villages where there is no pre-school provision at all,

where there is not enough pre-school provision or where there are only very expensive pre-school services available.

Fifth, from September 2012, BOTA introduced a cap on new enrolments in Akmolá and Kyzylorda where regional teams are permitted to enrol no more than 500 new beneficiaries per month.

The effects of these changes are discussed in this report.

1.3 Research areas for this report

Drawing on the findings from the quantitative baseline assessment of the CCT and the qualitative assessment of January 2012, the present report covers four specific areas (MacAuslan and Rogers, 2012; OPM 2012a, b, c):

1. **Impacts** on:

- Expenditure – what is the impact of CCT payments on expenditure in recipient households? How does this vary by season?
- Coping strategies – what is the impact of CCT payments on coping strategies in recipient households? How does this vary by season?
- Ante- and postnatal health – how does the CCT programme improve the knowledge and birth registration of pregnant and lactating women? How has training for lactating women evolved?
- Pre-school education – does the CCT programme provide benefits for children aged 4 to 6 through increased pre-school attendance or parental training? What is the role of conditionalities? The quantitative baseline found that around a quarter of ECD beneficiaries knew about conditionalities at the time of the baseline survey, i.e. after they had enrolled but before they had received their first payment. How is pre-school provision affected by the CCT programme, and how do households perceive pre-schools set up specifically for the BOTA programme? Is this sustainable and cost effective?
- Care for children with disabilities – does the CCT programme improve the quality of home-based care for children with disabilities, the integration of children with disabilities and their households, and the ability of households to cope? How does the training programme evolve in years 2 and 3?
- Unintended – what are the impacts not anticipated in the programme design, particularly around gender, integration and mobilisation?

2. **Cross-cutting analytical issues:**

- Are there differential impacts for households receiving multiple benefits?
- Are impacts sustained for households whose entitlements have expired, for instance as younger siblings go to pre-school or negative coping strategies are now avoided?

3. **CCT operations:**

- The regional approach to community mobilisation
- Reasons why non-applicants do not apply and whether they should. This was because fewer than half of households that were eligible for the CCT at the time of the baseline quantitative survey in 2011 had applied by April 2012.
- The suitability of the PMT process
- The role of the volunteer and its long-term sustainability.

4. The **sustainability** of the CCT programme in terms of a model for government social protection and the relevance of the choice of beneficiary groups.

These areas were developed into semi-structured interview and focus group discussion guides, shared with BOTA and available on request.

These areas do not constitute a cost benefit analysis of the CCT – i.e. whether the costs of conditionalities, volunteers, training and the cash transfer (or any of the individual components) are justified by the benefit to beneficiaries and the community. However, this report could form an input to this more comprehensive analysis.

Box 1.1 Conclusions from the 2012 qualitative CCT report

The CCT programme has a largely positive impact, though with some variation across the beneficiary categories and geographical areas:

- Receiving cash is reported by households to have a net positive impact on their consumption expenditure, although it is small compared to other welfare payments. Recipients tend not to spend the money differently to other cash, but can buy larger quantities of items that they would usually buy, or can buy them more frequently. There is no evidence that recipients work less after getting the cash.
- Recipients tend to register pregnancies earlier and are more likely to attend antenatal classes. The impact on postnatal classes is lower. Pregnant women and lactating mothers speak positively of the social and health benefits of BOTA's training.
- Recipients are more likely to send children to pre-school at all or earlier, with cash spent on costs. In some cases, the cash seems to stimulate the provision of pre-school.
- The BOTA CCT brings clear social benefits to households with children with disabilities, but the cash usually represents a small part of their expenditure. The impact of volunteers, conditionality and training is usually positive, but hard to isolate and mixed as the skill of volunteers (and benefits of training) varies.
- BOTA CCT operations were largely running well, but there were some concerns around the targeting and enrolment processes.

Source: MacAuslan and Rogers 2012.

1.4 Report structure

Section 2 summarises the methodology for the research.

In part B we present the findings of the research. Section 3 summarises in brief the most recent figures provided by BOTA on the number of current and previous beneficiaries. Subsequent sections present results by different areas:

- Section 4: Expenditure and coping strategies
- Section 5: Uptake and awareness of antenatal and postnatal health services
- Section 6: Uptake of education services
- Section 7: Care for children with disabilities
- Section 8: Unintended impacts
- Section 9: BOTA operations

Part C then offers some conclusions and recommendations for the CCT going forward.

2 Methodology

Fieldwork for this study was conducted in rural areas of Akmola, Kyzylorda and Almaty oblasts from October to December 2012, by when the programme was established and regular payments had been running for over a year and sometimes much longer everywhere. This therefore represents an excellent opportunity to assess the BOTA CCT programme working well.

Not all impacts are identifiable through qualitative research. This methodology has been used to explore the impact questions that are most amenable to qualitative research (e.g. changes in attitudes or social relations, or unintended impacts of the programme) and allows exploration of a range of experience and perceptions, both typical and exceptional, as both can offer important perspectives on the programme. This information will eventually also be used to complement the quantitative research once the quantitative survey is completed.

Operations have been assessed qualitatively by:

- Identifying and exploring the perceptions of community members (recipients and non-recipients) of programme processes (particularly around targeting) in terms of effectiveness, fairness, responsiveness, etc.
- Discussing programme functioning with the settlement level functionaries to identify settlement-level inefficiencies and scope for improvements.
- Discussing programme functioning and design with policymakers in BOTA and other organisations.

2.1 Selection of locations

The three oblasts were selected to follow on from existing research in areas where the CCT was well established. In all three oblasts, one rayon and okrug was selected from the previous round of research to enable a follow-up. A second rayon and okrug in each oblast was selected purposively to maximise the breadth of coverage of the qualitative research, ensuring adequate coverage of beneficiaries and the presence of multiple beneficiaries. The selected okrugs are in Table 2.1.

Table 2.1 Selected okrugs

Oblast	Rayon	Okrug	In previous round?
Akmola	Bulandinsky	Vosnesensky	Yes
Akmola	Arshalynsky	Mikhailovka	No
Kyzylorda	Zhalagashsky	Akkumsky	Yes
Kyzylorda	Zhanakorgan	Shalkiya	No
Almaty	Enbekshikazakhski	Tashkensaz	Yes
Almaty	Koksuisky	Moukry	No

Source: OPM.

2.2 Selection of interviewees

Recipient and non-recipient interviewees were selected randomly in all three oblasts where possible. Particular care was taken to ensure that non-applicants were selected using akimat or school lists and were not recommended by volunteers. This enabled the researchers to check whether eligible non-applicants were excluded because the volunteers did not know them. Key

informants were selected purposively. In total across the three oblasts and six okrugs visited, researchers conducted:

- **66 household interviews** (48 with current beneficiaries, 12 with non-applicants and six with former beneficiaries);
- **10 focus group discussions** (six with non-applicants and four with volunteers); and
- **26 key informant interviews** (18 at the local level with teachers, health workers, volunteers and akims; and eight with regional and national-level key informants)

A full breakdown of the interviews conducted and the questions asked is in Annex A.

Interviews and groups were recorded by MP3 or video, and the team also took rough notes of their observations and retained any physical outputs. The team conducted its analysis using an Excel template derived from an analysis plan.

2.2.1 Household interviews

In each location the team interviewed current and former beneficiary households and non-applicants for each category of beneficiary (early childhood development (ECD); pregnant and lactating women (PLW); and children with disabilities). Beneficiary households were identified using BOTA's management information system (MIS). Non-applicants were identified locally using the akimat or school lists, but not by the volunteers.

2.2.2 Focus groups

In addition, the team conducted focus groups with a group of non-applicants in each okrug, and with volunteers in each oblast (two groups in Almaty to reflect the different implementers). The non-applicants were sampled in the same way as interviews and were enumerated the PMT form to check their eligibility. Volunteers were gathered with help from BOTA at oblast level meetings.

2.2.3 Key informant interviews

Key informant interviews were selected from initial lists of volunteers, community mobilisation specialists, village level service providers and okrug akims, and from recommendations in the community and the rest of BOTA as appropriate. Key informants at the regional and national level were selected in consultation with BOTA.

2.3 Limitations

The analysis for this report relies on a small sample of respondents. The data presented here should not be interpreted as statistically representative of any wider group. In some instances, individual cases are presented because they illustrate an important point or a particularly concerning issue, not necessarily because they represent the experiences of many individuals. Where an experience appeared to be more common amongst the respondents, this is pointed out. However, the methodology was not designed to establish prevalence, and the number of qualitative respondents reporting a particular issue should not be interpreted as necessarily indicating the prevalence of this issue. The experiences presented in this report are cross-checked, where possible, with those of other respondents.

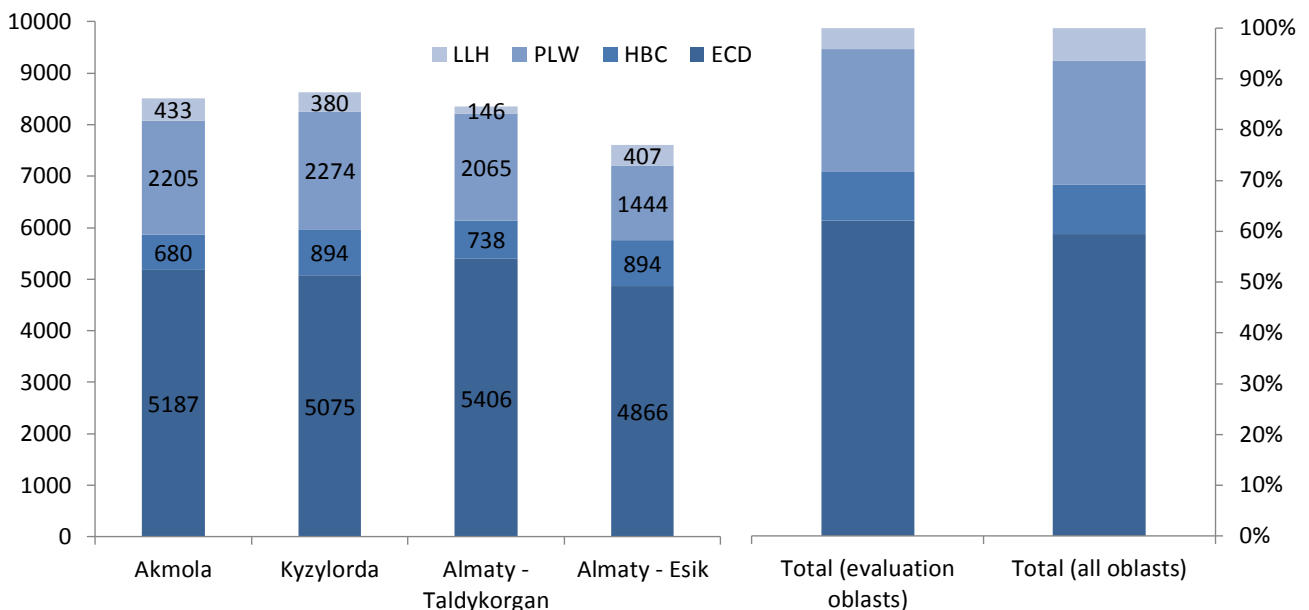
PART B: FINDINGS

3 Summary of CCT beneficiaries

As of November 2012 BOTA had conducted 35 months of enrolment. The November 2012 CCT report indicates that, across all six oblasts where it is operating, there are 32,632 households receiving payments covering 44,525 active beneficiaries, while 22,692 households have exited the programme. This compares to 23,145 active beneficiaries at the time of the previous qualitative report (October 2011).

Figure 3.1 and Table 3.2 show the distribution of currently active beneficiaries across the four categories: Early Childhood Development (ECD), Pregnant and Lactating Women (PLW), Home-based Care (HBC), and Livelihood skills for youth (LLH). These are shown within the evaluation oblasts (Akmola, Kyzylorda, Almaty-Taldykorgan and Almaty-Esik) and then overall. The proportions (around 60% ECD, 10% HBC, 20-25% PLW and 10-15% LLH) are similar to those reported in October 2011.

Figure 3.1 Active beneficiaries by category, November 2012



Source: BOTA M&E report, November 2012.

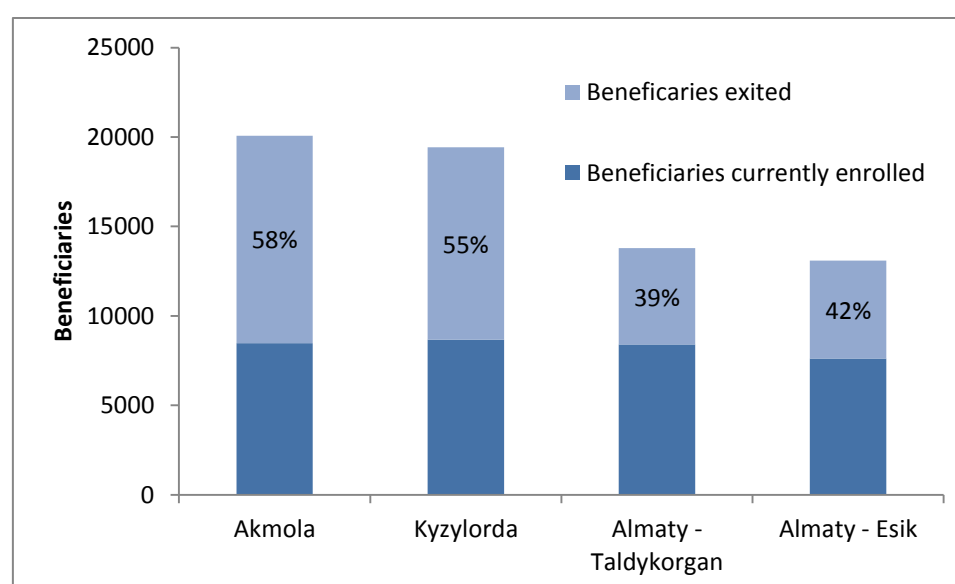
Each oblast, or part of oblast in the case of Almaty, contains a roughly similar number of beneficiaries – around 8000, most of whom are ECD beneficiaries. The oblasts covered by the qualitative evaluation contain 75% of the total number of active beneficiaries.

Table 3.2 Distribution of beneficiary types by oblast, November 2012(%)

Oblast	% all ECD beneficiaries	% all HBC beneficiaries	% of all PLW beneficiaries	% all LLH beneficiaries	% total
Akmola	20	16	20	15	19
Kyzylorda	19	21	21	14	20
Almaty - Taldykorgan	21	17	19	5	19
Almaty – Esik	19	21	13	14	17
Total (evaluation oblasts)	78	75	74	49	75
Total (all oblasts)	100	100	100	100	100

Source: BOTA M&E report, November 2012.

Figure 3.2 shows the number of current and exited beneficiaries by the evaluation oblast. Many more have exited from Akmola and Kyzylorda as these oblasts have been in the programme for longer: in those oblasts more than half of participants have now graduated from or left the programme. In Almaty oblast, where enrolment of beneficiaries has taken place gradually since January 2011, some 39% (in the north) and 42% (in the south) have already exited the programme. This high turnover of beneficiaries is a key feature of the BOTA CCT, and rather unusual for a programme that aims to achieve long-term human development outcomes in the form of improved health and education. For this reason it is of particular interest to the qualitative research team to explore how a transfer that is disbursed for a relatively short amount of time may continue to have effects that last beyond the time that the transfer itself is provided, i.e. whether it promotes lasting behaviour change. This is discussed further in the findings below.

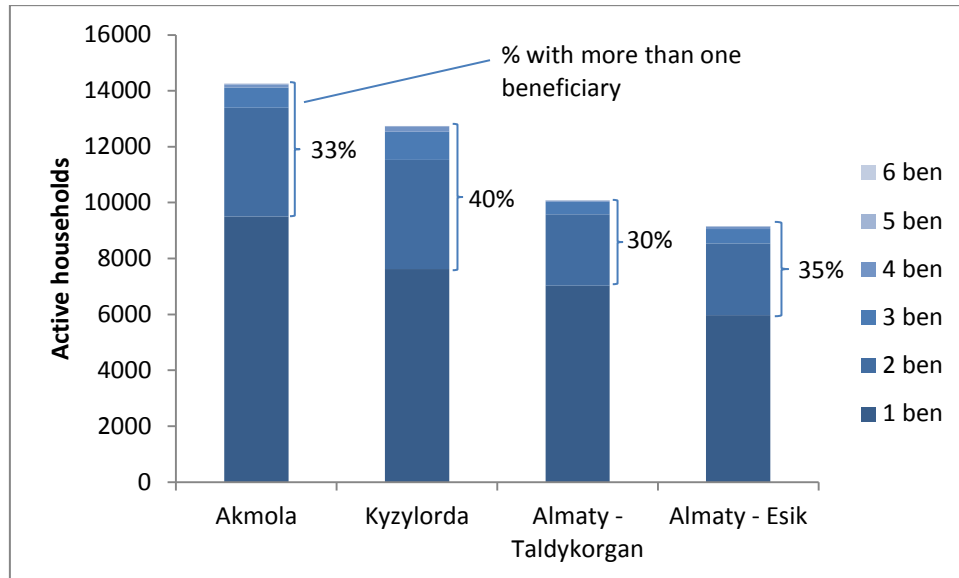
Figure 3.2 Current and exited beneficiaries by evaluation oblast, November 2012

Source: BOTA CCT report November 2012 and authors' calculations

As Figure 3.3 shows, between 30 and 40% of active recipient households contain more than one beneficiary. This is important for the qualitative research because one of the key evaluation questions is whether households with multiple beneficiaries spend the transfers any differently

(because they are given larger quantities). This is not an isolated issue but actually very common across all oblasts, with significant numbers of households receiving more than two transfers.

Figure 3.3 Multiple beneficiary households by evaluation oblast, November 2012



Source: BOTA CCT report November 2012 and authors' calculations

4 Consumption expenditure

This section examines the socioeconomic situation of households eligible for the BOTA CCT, including their coping strategies in times of difficulty, and then assesses how the CCT transfer has affected this. It then looks particularly at expenditure of larger transfer amounts (for example from delays or multiple payments), self-perceptions of wealth and impacts on time use.

This round of fieldwork confirms the findings from the first round of the evaluation in 2011 that the receipt of cash is reported by households to have a net positive impact on the level of their consumption expenditure and that the recipient households mostly use the money to buy more of the same goods and services. Some households change their consumption patterns, buying new goods and services or goods and services of a higher quality, particularly in relation to food, baby supplies, medical services and medicines. For some, expenditure is increased on the travel costs that enable them to access these otherwise prohibitive services.

There are some clear differences between in the way the money is used according to the different beneficiary groups and the locations where the interviews were undertaken. The disability beneficiary households, for example, as in the first stage of the evaluation, nearly all report that they are receiving disability benefits and that their situation is improving as these benefits have increased in value in recent years. For these households, the BOTA transfer is a small part of a relatively stable income and is used mainly for additional treatment for the child or for nice extras such as *'a costume for the New Year play'*. One disability beneficiary household, however, reports not being able to claim benefits and for this household the BOTA transfer was an important element of the household income and used to pay for medical treatment for the child. In another clear difference between locations, ECD beneficiary households report the impact on their expenditure of the BOTA transfer differing widely depending on the nature of the ECD services that they are accessing. In one case in Almatinskaya oblast, for example, a household with three ECD beneficiary children is receiving around 10,000 KZT in BOTA transfers each month and is paying *'6,500 KZT per child for kindergarten fees, plus we are expected to provide books and stationery. The Administration plans to raise the fees to 9,000 KZT in the near future'*. In other cases in Almatinskaya oblast, the ECD beneficiaries are paying 1,000 KZT for a few hours each week at an informal pre-school group and are using the cash transfer to pay for *'clothing, food'* and other needs of both children and adults in the household.

4.1 Socioeconomic situation of households eligible for the CCT and seasonal impacts

The main sources of income reported by respondents are salaries, part-time work, sales of own produce, pensions and social benefits. In a few cases, one of the family members (usually the husband of the respondent / father of the beneficiary children) travels to work in another place on a shift system, for example in the mines in Karaganda *'15 days on and 15 days off'*.

Some respondents report that earnings from employment change significantly at different times of year. This can relate to the seasonality for particular types of work. For example, greater earnings are available during spring and summer and no earnings are possible in the winter in areas where agricultural labour is the main form of employment reported. In other cases, earnings from employment cease at particular times of year. One Kyzylordinskaya respondent reports that her husband is a miner and that the mines are not operational during the winter months so their income drops during the winter, and another reports that her husband works as a boiler-stoker in the local school, but is only paid during the winter when the heating is required.

About half of the households interviewed have at least one salaried worker, or household incomes based mainly on regular monthly pension payments, and report no seasonal impact on the household income levels. The other half of the households report unstable incomes based on seasonal or casual labour that are greatly reduced at particular times of year, mainly in winter. These two different types of household incomes are represented roughly evenly across three regions where interviews took place. Many households, however, whether they experience seasonal income variations or not, highlight the increased expenditure required in the winter for months—*‘fuel, heating costs, coal, feed for the animals and poultry, warm clothing’*—as a particular seasonal challenge. Non-applicant focus group participants also confirm on the whole the additional costs and lower income of the winter months:

There is work in the summer, some people can collect mushrooms in the woods or plant potatoes in the fields. In the winter, everyone sits at home and lives on whatever they have been able to save or put aside for the winter, or by borrowing from the wholesalers who give food produce on credit. (Non-applicants, focus group participants, Akmola)

This round of fieldwork confirms, therefore, the finding from the first evaluation that the BOTA CCT can represent from around 10% to 100% of a household income depending on the time of year, the nature of the other sources of income in the family including the numbers and types of social benefits or pensions which are typically much higher in value than the CCT.

This round of fieldwork also highlights that the proportion of the household income from the BOTA cash transfers is often much higher in families where the CCT is being received for more than one child or for more than one category of beneficiary at any given time. Recipients of multiple categories report periods when overlapping eligibility pushes up the income value of the CCT, gaps between periods of eligibility and consecutive periods of receipt of different amounts for different categories. Multiple eligibility is reported by many respondents from the ECD and PLW categories, but respondents also report periods of multiple transfers for older children receiving the CCT under the LLH category.

4.2 How do families cope with fluctuating household incomes and consumption expenditure?

Respondents report a number of coping mechanisms for getting through periods when income is not enough for the level of expenditure needed by the household which are summarised and characterised in Table 4.1 in order of the extent to which they are reported by respondents in household interviews. These strategies mainly apply to getting through the winter months for all households and to periods of low income for those households that have fluctuating incomes, but also apply generally to the overall household coping mechanisms.

Table 4.1 Coping mechanisms by respondents

Coping mechanism	Description
Economising – reported by nearly all respondents	<p>Children’s needs: prioritising food, clothing, necessary medicines and school supplies; making savings on toys and leisure activities.</p> <p>Other household needs: buying lower quality and less expensive food; not buying clothing for adults in the household or buying only very inexpensive or second-hand clothing.</p> <p>Eating/drinking own produce: relying on milk and dairy produce or other produce of subsistence farming for own consumption. Only applies to respondents with land, poultry and other animals. Other respondents report gathering mushrooms and berries from the woods as one way of earning extra income, but also of providing food for the household.</p>
Borrowing/deferring payment – referred to by many respondents	<p>Cash – official loans with interest to be paid back over a period of time; cash loans from neighbours and friends to be paid back when the salary comes in.</p> <p>In kind – running a tab at the local shops or wholesalers or building up debts on household utility bills during periods of low income. <i>‘When there is no money, I borrow from the shop and give it back when my husband’s salary comes’ (ECD BHH Almatinskaya)</i></p>
Seeking/receiving informal social support	Support from relatives is usually reported as being given in kind and usually for the items that have been economised on – respondents refer mainly to toys and second hand clothes.
Seeking/receiving formal social support	Very few households refer to formal social support mechanisms such as NGOs or municipal services of any kind. One Almatinskaya respondent refers to receiving donations of second-hand clothing from the Red Cross. Another respondent in Kyzylorda refers to the local school providing winter clothing once a year.
Remittances from temporary work in other towns	One Akmola respondent reports that her husband who is a tree-planter during the spring and summer, moves to Astana for three months in the winter to work: <i>‘he rents an apartment there and sends all the remaining money to us’</i> . Non-applicant focus group participants from villages in Akmola and Kyzylorda report that their husbands seek all sorts of temporary and casual work in the winter months in order to at least bring in some kind of income.
Stockpiling and preserving	Some respondents in Almatinskaya villages report that they purchase large quantities of staple foodstuffs ‘by the sackful’ during the summer and live on this during the winter. Others report that they prepare and put aside food during the summer and autumn <i>‘Whatever you are able to prepare in the spring and summer, you then chew your way through it all winter.’</i>

Source: OPM/BISAM

4.3 How does the cash transfer typically affect consumption and coping mechanisms?

The expenditure of the transfer can be defined as having been spent either strictly on the conditionality, directly linked to the general intention of the conditionality or on general household needs depending on the category of beneficiary. The BOTA CCT programme does not obligate the household to spend the cash transfer on any particular items, but many respondents report that they associate the transfer with the children in the household and with the beneficiary child in particular and think that the child should benefit directly in some way from the money. Some

indicate that they try to spend the money on the children in the family and on the beneficiary child, but can't always manage this as the household sometimes has many other pressing needs.

4.3.1 ECD beneficiaries

Where the fees of the pre-school facility are the same or more than the value of the transfer, the whole of the transfer is spent on fees. This is particularly the case for beneficiary households in Kyzylorda and Akmola.

Where the fees of the pre-school facility are less than the transfer value or are free (zero class), the household tends to report that they prioritise school supplies and clothing for the beneficiary child over other kinds of expenditure, but also mention general household needs.

Since my child started going to zero class (free education), the money is being spent on food and clothing of the children and school supplies. Before then it went on paying for kindergarten.' (ECD beneficiary household, Kyzylorda)

Mainly the money is spent on children's clothes, food products and on school supplies for the beneficiary child and also to pay for the services of the teacher at the mini-centre (100 KZT) which was organised as an alternative to kindergarten. (ECD beneficiary household, Almaty)

This is the case for many of the respondents in Almatinskaya, but also for the households in Kyzylorda and Akmola with children aged 6 who are eligible for zero class which is a free service.

4.3.2 PLW beneficiaries

Women receiving the CCT during pregnancy or after the birth of their baby tend to report that they spent the money on health services (including travel to health services), vitamins, improved diet during pregnancy and on the needs of the infant after the birth:

The money from the transfer is spent wholly on the needs of my small child: milk, nappies, and medicines. Also on food and vitamins for me. (PLW beneficiary household, Kyzylorda)

I spend the money only on myself and kept it separate from the family budget. The transfer was a big help during my pregnancy because my husband's salary as a rule comes either at the beginning of the month or the end of the month and the transfer from BOTA came in the middle of the month and I could buy vitamins and pay for getting to the doctor. (PLW beneficiary household, Akmola)

Some report spending on general household needs and one reported being able to buy an electric kettle, but largely the focus is on improved nutrition and the needs of the infant.

4.3.3 Disability beneficiaries

The disability beneficiary households report a much wider variety of ways in which the CCT is used than the other beneficiary households. While medical treatment and its associated travel costs feature for some respondents as an important item of expenditure, many also report more general expenditure on shoes and clothing, food, stationery and school supplies as well as other household

needs. For this category of beneficiary, the value of the CCT tends to be a much smaller proportion of the overall household income and it is common for respondents to describe its impact as small or '*not significant*'.

For us it is a very small amount which is barely enough for pampers for our daughter. All we are able to buy with this money are books, small toys, drawing albums. (Disability beneficiary household, Almaty)

Several respondents characterise the transfer as being generally supportive as providing '*good, timely support*' even if the amount is not large.

In the one case described above where the respondent reported not claiming disability benefits or pensions, it is clear that even the small amount of 3,600 KZT each month was having a big impact in the household consumption especially during the winter months:

The usefulness in the winter was considerably more. For example, if we tried in the summer not to take the money out every month in order to save up for treatment, then in the winter it was the opposite, we counted the days until the moment we could go and take out the transfer and took it out every month. (Disability beneficiary household, Akmola)

In one case, the respondent of a child with disabilities indicated that her daughter holds the bank card and decides herself what she will spend the money on. Usually she has spent it on clothes and shoes.

4.3.4 Multiple beneficiary categories

Respondents who have received the CCT for more than one category tend to describe similar patterns of expenditure as the single category recipients, but with a greater overall tendency to focus on the essential needs of the household as a whole.

The money from the foundation was mainly spent on paying for the kindergarten of the other child (my daughter), not the disability beneficiary. Sometimes on food, sometimes on utility bills, on different things...the amount was included in the general income and spent on necessary purchases and expenditures for the family. (Disability, ECD beneficiary household, Kyzylorda)

4.3.5 Seasonal impact

Just as some households report seasonal variations in income, some also describe seasonal variations in the impact of the BOTA CCT which mainly take the form of providing at least some income during the winter months:

During the winter, when the family income literally ceases, the effect of the transfer can be felt more. (PLW beneficiary household, Kyzylorda)

This change, however, is not felt by those ECD households who have no flexibility in how they spend the transfer as it goes exclusively and wholly on kindergarten fees and cannot be used for

other needs whether in winter or summer. The non-applicant focus group participants also emphasise the importance of cash benefits like child benefit for survival during the winter months:

In the winter people survive mainly because of child benefits (participants in the FGD mainly receive the benefit for children up to 1 year, as large families with multiple children and up to 18 years of age (6200 KZT). (Non-applicants, focus group participants, Kyzylorda)

Many live on child benefits in the winter, young families live on the pensions of their parents. (Non-applicants, focus group participants, Kyzylorda)

This coping strategy tends to confirm the perceptions of the CCT beneficiary respondents that the transfer is important for survival in winter months.

4.4 How have larger amounts been spent?

For some beneficiaries in Kyzylorda and Akmola and for most beneficiary households in Almatinskaya, there were some delays in issuing the bank cards so at the beginning of their involvement with the CCT programme they had a lump sum of accumulated monthly amounts to spend. This enforced and unintentional saving enabled some households to make some significant purchases and expenditures. Most report that they spent the amount on clothing, shoes and food, *'I was able to immediately equip the children with clothes and shoes for the winter'*. Two or three respondents report that they used the initial larger amounts of money to pay debts including towards a *'recent house purchase'* another one or two respondents report buying furniture or painting the house. Multiple beneficiaries report similar expenditure patterns as other beneficiary households with clothes, shoes and food being the main way that the transfer is spent.

4.5 Do beneficiary households feel wealthier after receiving the transfers?

As reported in the first phase of the evaluation, most beneficiary households interviewed in this round confirm that in the main do not feel that the CCT substantially improves the material situation in their households in the long-term (aside from some seasonal importance for some households). They do, however express the same confidence that the transfer gives and the feeling of being supported which was noted in the first round of interviews:

...the existence of a constant additional source (of money) gives confidence. (ECD beneficiary household, Akmola)

...sometimes the family has no other income apart from this transfer. It has become possible to buy some food products, clothes. The transfer gives some kind of confidence. (ECD beneficiary household, Akmola)

The views of former beneficiaries tend to also confirm the importance of the transfer for the feeling of security in the household, if not wealth:

...at least there was some confidence in what tomorrow would bring, I wasn't afraid about where to find money from. My child could go to kindergarten in a normal way. Now that they have stopped paying

(the transfer), the fees for the kindergarten are hitting our pocket hard, it has become hard to pay. (PLW, former beneficiary household, Almatinskaya)

This quote is also instructive around the difficulties of paying for pre-school for households that are not receiving the transfers any more (in this case PLW transfers), but also that households do choose to pay for kindergarten without a transfer.

4.6 Take-up of social benefits

This round of fieldwork has indicated one area where the CCT may have been having a small unintended impact on take-up of social benefits. Most Akims interviewed have indicated that the CCT provides 'good help' and support to families, but does not alter their material situation in any way or the material situation of the village as a whole as the amounts are small. One key informant, however, from the akim's office of one of the Almatinskaya villages where household interviews were undertaken for this round of field work observed that:

... the [CCT] programme is very appropriate and provides good help to low income families. I think that the programme has had some influence on the social situation in the village. I have noticed changes in the level of applications for state benefits – people are applying less for state social support. (KII, akim's office, Almatinskaya)

This would be an interesting and surprising consequence of the CCT. Literature suggests that the low take up of targeting social welfare programmes is likely to be due to either lack of information, high transaction costs, fear or stigma or the level and duration of the benefit (see OPM 2012 a). It is not clear which of these channels would be affected by the CCT, and in fact one might expect information to improve and transaction costs to reduce.

This respondent has drawn a link between the CCT and a drop in applications for state benefits, concluding that the need for support has fallen because the CCT has raised the material situation of families so that they don't need state support. It could also be, however, that the comparative ease of applying to the CCT compared to the state programme has further discouraged those families who are eligible and in need of state support from overcoming the barriers in the state support application process (so the link is in perceived relative transaction costs). Respondents do compare the process of applying for and receiving state benefits with the CCT programme and highlight the difficulties of applying for and receiving state social benefits:

...it took me four years to get the disability pension; you had to get through a whole load of official organisations...(Disability, beneficiary household, Akmola)

Many of the households interviewed do receive state benefits of one form or another and there is no evidence from the interviews that participation in the CCT has reduced take-up of social benefits. The non-applicants confirmed in focus group discussions that state benefits are difficult to apply for and receive. In part, they perceive that this is because of a lack of interest from the akimat in ensuring that people receive these benefits:

It has become difficult to get benefits because if even one cow appears in your household, then the representatives of the akimat immediately cut your benefits, explaining the cow as the reason for their actions. (Non-applicants, focus group discussions, Kyzylorda)

It is very complicated with the child benefits, on the one hand you have to gather a large number of documents and on the other hand, the staff of the akimat are very reluctant to register families. (Non-applicants, focus group discussions, Almatinskaya)

The akim's perception above contrasts with the common view in the literature on take-up that would imply that take-up should increase. The follow-up quantitative survey will explore whether there is a real decline or increase in the take-up of state benefits as a result of the CCT.

4.7 Labour and other impacts on time use

This round of interviews further confirms the findings from the first round of the evaluation that there appears to have been no reduction in labour participation rates of beneficiary households. The interviews with the Akim and other key informants in each of the villages surveyed confirm that the CCT has not affected labour participation rates. Only one ECD, PLW beneficiary respondent in Kyzylorda indicated that the CCT had helped her to spend more time with her infant daughter as her other two children are at kindergarten thanks to the BOTA programme. There was no indication of whether the CCT freed up time to allow households to work more. The quantitative survey will investigate this in more detail.

5 Uptake and awareness of antenatal and postnatal health services

This section looks at antenatal health services and early birth registration, postnatal services, BOTA training and the role of conditionality in impact on services.

5.1 Antenatal health services

This round of interviews has confirmed that antenatal services are commonly used and widely understood by respondents. Most of the PLW beneficiary or former beneficiary respondents report having high levels of understanding about anaemia and about diet and other measures for addressing anaemia. Across all three regions, they report good provision of antenatal health services with medical personnel at the clinics they attend providing information on diet as well as prescribing iron tablets. Two non-applicant PLW respondents indicate a low level of knowledge and understanding about anaemia although they have both been diagnosed with anaemia. This could tend to indicate that participation in the BOTA programme has reinforced the messages on anaemia given by the antenatal health system.

Perceptions of the state antenatal health services are more consistently positive among respondents from all villages with only one or two negative comments and examples. Most respondents have indicated largely that their attendance at antenatal consultations was regular throughout their pregnancy.

Respondents note that services are free apart from ultrasound scans that cost from 1000-1500 KZT depending on the location. In addition the PLW often have to pay transport costs ranging from 200-1000 KZT each way.

There are regional differences of which BOTA could take greater account. For instance, UNICEF noted that there may be regional nuances in, for example the problem of high levels of anaemia being more prevalent in Kyzylorda and the north and less prevalent in other regions. They also noted the issue of unregistered women not accessing cash transfers and being more likely to abandon their infants at birth being more typical in Akmola, but probably less relevant in Kyzylorda.

5.1.1 Has the BOTA CCT contributed to women registering earlier for antenatal services?

The first round of fieldwork found that the CCT could be contributing to earlier registration of pregnancies with antenatal health services and this issue was explored in this round with specific questions to key informants and in household interviews. Overall, the impression from the household interviews with beneficiaries and former beneficiaries is that the CCT has not influenced the decisions of women about when to register their pregnancies with the health services, while key informants tended to think the CCT played a more significant role. Typical responses from beneficiaries include:

I registered the pregnancy in my second month before I knew about the BOTA programme. (PLW beneficiary household, Almatinskaya)

I registered in my second month of pregnancy because the hospital phoned me constantly and asked me to come and register, they said that otherwise there could be problems with the child...I found out

about BOTA in my fourth month of pregnancy. (PLW beneficiary household, Akmola)

...I went to register in my second month, last time [a previous pregnancy] in my third month regardless of the BOTA programme. (PLW beneficiary household, Kyzylorda)

Only one respondent indicated a direct link between the CCT and her decision about when to register her pregnancy with the health clinic:

I always register at three months. This time, because of BOTA, I registered during my first month as they requested a certificate. (PLW, ECD beneficiary household, Almatinskaya)

This could be partly because this respondent was also applying as an ECD beneficiary at the time when she became aware of her pregnancy.

As in the last round of fieldwork, it was the key informant interviewees that made the observation that the CCT programme has pushed women to register earlier with the antenatal services:

...ever since the BOTA programme has been active in the village, women have started to register their pregnancies in a timely way, even at 4-5 weeks....I think that beneficiaries of the programme regularly attend antenatal and postnatal consultations because of the conditionalities of the programme.... Women also registered and attended consultation before the programme, but BOTA has influenced the category of families where the women didn't always behave responsibly about consultations, missed appointments, registered later. Their attitude to their health during pregnancy has improved. (KII, village midwife, Almatinskaya)

It is worth noting that this respondent is from the same village where the midwife key informant drew similar conclusions in the first round of fieldwork and from the same village as the only respondent who drew a direct link between registering in her first month in order to register with the CCT programme. A participant in the non-applicant focus group, also in Almatinskaya oblast but in a different village, also noted improved attendance and attributes it to the CCT programme:

...the pregnant women have started to come to the midwife themselves, before it was difficult to get them to come. (Non-applicant FGD, works in hospital, Almatinskaya)

It could be that this direct link is isolated to some villages and not others – greater numbers of key informants and interviews with beneficiaries would be required to be more conclusive.

On the other hand, both of the non-applicants interviewed who fit the PLW criteria had registered their pregnancies in their third month:

I usually register late, only after the baby starts to move (at 2-3 months). The doctors tell me off for this. But I don't see any reason to go early. (PLW, Non-applicant, Kyzylorda)

I am now in my 8th month. I registered with the midwife at three months, I couldn't register earlier. I know that is late, the midwife told me off about it. (PLW, Non-applicant, Kyzylorda)

This could confirm that without the transfers, the extra motivation to register earlier is just not there. Registration in the second to third month was also cited by many of the beneficiary or former beneficiary women. Responses from household interviews also indicate that earlier registration is in part related to a pro-active strategy on the part of the health services in contacting women to encourage early registration.

It seems from this round of interviews that a direct link between the CCT programme requirements and earlier registration cannot be established conclusively, but can be confirmed in some instances. Interviews also tend to confirm that the CCT has helped beneficiaries to address cost and distance barriers that could have otherwise affected regular attendance at antenatal appointments.

5.2 The postnatal period

This round of fieldwork did not focus as much on postnatal health services as on the question of whether there is a link between early registration and the CCT. The main issue to emerge from interviews with lactating women from this round of interviews is a request from two or three women for the transfer to continue up to one year after the birth:

I would like the transfer for the pregnant and lactating women to be paid up to a year and not 6 months because the mothers can only start to look for work after their child is one year old and until then they need support as it is the most difficult time financially. (PLW, ECD beneficiary household, Almatinskaya)

Otherwise, several women mentioned the difficulty of attending either postnatal health appointments (aside from routine vaccinations) and the BOTA training after the birth of the child and indicated in most cases that the volunteer came to them in order to provide the training information and materials and that they attend health appointments only when necessary for the child's vaccinations or for other specific health needs.

I attended consultations regularly during pregnancy, but after the birth I stopped going as there was no need. (PLW beneficiary household, Kyzylorda)

Overall, this round of interviews supports the finding from the first round of fieldwork that the short period of the postnatal engagement in the CCT does not have any clear impact on attendance at postnatal health services. While there are clear benefits of the BOTA training from the antenatal period, these are not matched by benefits in the postnatal period.

5.3 BOTA training for pregnant and lactating women

The focus of the training reported by beneficiary respondents is clearly on the health issues relating to anaemia. None of the respondents mentioned parenting training or other types of training during the postnatal period. Most beneficiaries consistently demonstrate high levels of knowledge about anaemia, its impact on them and their child, about diet and other ways of treating anaemia. The content of the BOTA training was seen by volunteers as useful for beneficiaries.

Attitudes to their own health and to the health of their child have changed. For example, Oralman women had never even heard before about anaemia. And even if they had heard of it, they had not understood what it meant to them. Now, after the training, they have begun to take medicines, to try and raise their haemoglobin levels. (Volunteers, focus group discussion, Almatinskaya)

The mothers themselves tell me that they have begun to eat meat more; there is an understanding that they should spend the money on themselves. (Volunteer key informant interview, Akmola)

Beneficiaries confirm that they receive information about anaemia in the state health system, but the BOTA training provides a great deal more detail and information than they receive through the mainstream health services.

I went to the training regularly, I really liked it because although they talked about anaemia in the hospital, I didn't know about many things. Then I found out that because of anaemia, my child is underweight. At the training, they explained everything in detail and in the hospital they don't explain anything, just give the diagnosis. I found out that you have to treat anaemia or else there will be bad consequences for the child. (PLW, former beneficiary household, Akmola)

The Kyzylorda and Akmola respondents generally demonstrated a greater knowledge of anaemia during interviews than the Almatinskaya respondents which is to be expected given that the BOTA programme has been running for a shorter time in Almatinskaya oblast. The respondents from Almatinskaya, however, did demonstrate some knowledge of anaemia as a result of the BOTA training especially compared to the interviews undertaken last year when respondents had not even heard of such training.

5.4 Role of the conditionality

Most respondents indicate that they fully met the conditionalities of registering their pregnancy at the antenatal clinic, regularly attending appointments and the BOTA training during their pregnancy. In many cases they indicate that this was because they recognise the importance and value of the antenatal services and the BOTA training and not because attendance was a condition for receiving the transfer.

I was ready to go to the training not because of the money [but because] the training was a pleasure – we talked, played, laughed, shared experience. We then met each other afterwards and see each other more often now. (PLW, ECD, former BHH, Akmola)

There is no clear evidence that it is their participation in the BOTA programme that has influenced the extent to which they find antenatal care and anaemia issues important as so many of them have come to the programme after registration for health services. In the postnatal period, the fulfilment of the conditionalities was less clearly confirmed and yet no respondents indicated that they had had their payments reduced or stopped as a result. One former beneficiary (ECD and PLW, Almatinskaya) reports that she started receiving the transfer after the birth of her baby when the baby was already 3 months old and she didn't know that there were any conditionalities related to attending health consultations, nor did she know about the training. In this case the very short

time that the respondent received the payments with these particular conditionalities attached, meant that they made almost no impact on her.

In the case of the BOTA training, when a mother couldn't attend the training because of child care issues, the BOTA volunteer would come to her home to deliver the training in most instances. In relation to the attendance of postnatal appointments, it was not clear from respondents, whether the fact of their non-attendance was being monitored in any way:

I attended consultations regularly during pregnancy, but after the birth I stopped going as there was no need. I don't know whether this affected my transfers as I lost my pin-code and since then have not been able to check the balance on the account. (PLW beneficiary household, Kyzylorda)

Overall, most respondents have little knowledge about how the conditionalities are being monitored and assume that the volunteer was checking with the antenatal services. Only two women positively affirmed that the volunteer is monitoring compliance through the health clinic.

Most volunteers and the regional CCT teams generally report the programme as having had a positive impact on earlier registration of pregnancy with the antenatal services, more regular attendance at antenatal appointments and improved diet and attention to issues related to anaemia by mothers, as training sessions helped to reinforce the importance of the conditionality.

If there weren't the conditionality, then the women would spend this money differently, to meet the needs of their children and husbands, and not to take care of themselves. Now, after the training, they understand that they have to be concerned with improving their health as it directly affects their future child. (Volunteer key informant interview, Almatinskaya)

The volunteers and regional CCT teams often refer to health workers in the antenatal services as being grateful to the BOTA programme for improving early registration and attendance at appointments:

Even the midwives constantly thank the volunteers. They even say that it is thanks to the Foundation, that the level and regularity of attendance at doctor's appointments has noticeably improved, it used to be difficult to get through by phone to women, especially to Oralman women, to get them to come to the doctor. It even happens that I have a woman on my list who is already in her fourth month of pregnancy and the midwife doesn't even know. (Volunteers, focus group discussion, Almatinskaya)

6 Uptake of education services

This section looks at the provision of education services, pre-school quality, informal pre-school arrangements, the impact of the CCT on pre-school attendance, the training provided to parents, and the role of the conditionality.

6.1 Provision of education services

There are varying levels of provision of pre-school education services in the villages where the interviews were undertaken. In some there are state kindergartens offering a full day service with fees ranging from around 3000-7000 KZT and with a waiting list of children; in others there is also a mini-centre offering 2-3 hours per day for around 1000 KZT; in others there are no formal kindergartens and the mini-centre or informal group offers only 2-3 hours once or twice a week also for around 1000 KZT. These variations, as discussed above, affect how the beneficiary households use the transfer. They also affect the uptake of education services and the way in which the beneficiaries meet the conditionalities of the CCT programme.

In one interview in Almatinskaya, the respondent appeared to be in the absurd situation of not being able to meet the conditionalities as there is no pre-school provision in the village and at the same time not receiving any transfers, presumably because the conditionalities were not being met:

I know many examples of families in this Aul who receive the transfer from the BOTA foundation but cannot send their child to a preschool facility because there is no kindergarten and the mini-centre is located too far away in the next village. ... We were registered in the programme in July this year and the bank card was issued one month later, but the money has not yet arrived...we have tried to find out from the volunteer and from the bank the reason for the lack of money on the account, but nobody can give an adequate answer. (ECD beneficiary household, Almatinskaya)

While this example is an exception among the interviews taken for this study, the respondent reports that there are many other families in a similar situation in this particular village. This would need further corroboration. If true, it would reflect poor communication because the household should inform the volunteer, who would inform the oblast team, who would check the status of conditionality in that area and correct the payments accordingly.

A more common situation reported by the respondents is that their child regularly attends whichever form of pre-school is available in the village and that the transfer from BOTA helps to make this possible:

There was no kindergarten in this Aul until recently and its opening coincided roughly with the beginning of the BOTA programme. The older children therefore didn't go to kindergarten. Our third child began to go at about the same time as we started to receive the transfers... it is a private kindergarten with a high monthly fee. So many families can't afford to pay such an amount every month. In the zero class which is free, the problem for many families is the expense of buying the necessary school clothes and supplies. (ECD, PLW, beneficiary household, Kyzylorda)

... all the children in the family went to kindergarten from the age of two years and before the transfers from BOTA... the financial side of the question is the most pressing, the monthly fee for the kindergarten, the cost of the food.(ECD, beneficiary household, Akmola)

My child goes to kindergarten. The kindergarten in the village was opened only recently and before that we used to have to take our child to the neighbouring village. (ECD, PLW, beneficiary household, Almatinskaya)

6.2 Pre-school quality

With very few exceptions among some non-applicants, most ECD beneficiary respondents are happy with the quality of teaching, facilities and food at pre-school facilities and report that their children have grown developmentally as a result:

I am satisfied with my child's development, both in terms of education and socialisation, the food he is given at the school. (ECD, beneficiary household, Akmola)

However, in two cases, the poor quality of pre-school was the reason for some non-applicants to not apply to the CCT programme:

The Foundation set the condition that the child has to go to a pre-school. I was unhappy with the quality of the kindergarten because there was no learning happening there, the children were simply put in front of the television, but were not taught anything. Then again, the cost of the kindergarten was more than the transfer from BOTA. (ECD, Non-applicant, Akmola)

...my child didn't go to kindergarten because he complained to us that the teachers were rude to him, were mean to him. He went to the mini-centre for five months, and then he was the right age to go to zero class. (ECD, Non-applicant, Akmola)

In this second example it is not clear whether the non-applicant knew that the mini centre and zero class were eligible for the CCT.

6.3 Informal pre-school arrangements

One Almatinskaya village in both rounds of fieldwork has an informal pre-school group that was set up by the school after mobilisation by the NGO implementing partner, the Akim and other community members. In this round of interviews, questions were put to parents and the Akim about plans for securing the pre-school group and transforming into a more stable form of pre-school education provision. Parents invariably replied that they see the group as having been created at BOTA's initiative and don't know what the future of the group will be. This is because they don't know whether the Akim supports the group or has plans for its future sustainability. One key informant thinks that the future of the group depends entirely on BOTA:

The Akim isn't giving an opportunity, is not creating the conditions for the creation of a pre-school facility. The future of the informal group

depends only on the BOTA Foundation. (Key informant, village teacher, Almatinskaya)

Parents and children are happy to have at least some kind of pre-school services available in the village:

She [my daughter] likes to so much that she herself asks every day when can she go, because she can't go every day and she just can't wait! Even in the summer when there were holidays, the children insisted that the lessons continue. I would be happy to take my child to a full day kindergarten if there were one, because it is good for the child's development and I could then go to work. But it has been promised for so many years in the village but nothing is being built. (ECD beneficiary household, Almatinskaya)

It is not clear from the available information the extent of this kind of informal provision of pre-school services within the overall CCT programme. However, regional team key informant interviews indicate that in one oblast alone there are 73 informal groups 'created with the support of the BOTA programme' and in another oblast 62 such groups. This tends to indicate that the programme has instigated the creation of a large number of informal pre-school arrangements and had an impact on the supply as well as the demand sides of pre-school services provision. The question of the sustainability of these arrangements beyond the lifetime of the programme remains open, but the regional teams are confident that the demand from parents will continue and this will ensure the continuation of the supply:

Such informal groups will not disappear together with the end of the programme because the information has got through to the villagers and to the Akims of the villages, they have been shown that it is possible to organise such groups that allow the need for pre-school education to be met for low income families as well. And other families, who see the results in the development of these children, also understand the necessity of sending their child to kindergarten. (Regional team key informant interview Kyzylorda)

It seems possible that one important legacy of the BOTA could be to ensure that this kind of pre-school provision that is less formal and less expensive can become recognised as being as important and needed alongside more expensive and formalised kindergartens and mini-centres.

6.4 Impact on pre-school enrolment

The answer to the question of whether the CCT programme has directly caused more children to enrol in pre-school is difficult to pin down. In some cases, respondents indicate that their children were attending pre-school before enrolment in the CCT programme and therefore the CCT had no influence on their decision:

My child began to go to kindergarten at three years of age, before we began to receive the BOTA transfer. (ECD beneficiary household, Kyzylorda)

...my son went to kindergarten before the receipt of the BOTA transfer – from four years of age. Until then we couldn't send him to kindergarten because we were waiting in a queue (for about two years). (ECD beneficiary household, Akmola)

My daughter went to kindergarten before we started receiving the transfers. The subsidy for my son was organised straight away, but he also went to kindergarten immediately as soon as he turned four. (ECD beneficiary household, Akmola)

The children began to go to kindergarten before we were registered for the [CCT] programme. (ECD beneficiary household, Almatinskaya)

In others, the respondents indicate that the CCT programme has enabled them to enrol their children in pre-school and they wouldn't otherwise have done:

The older children didn't go to kindergarten, our fifth child (the beneficiary) started going for about three months but then because of lack of money he didn't attend for about a year. We were able to send him back to kindergarten again only thanks to the help from the Foundation. (ECD Beneficiary household, Kyzylorda)

My daughter didn't go to kindergarten before we started receiving the benefit. This was partly because of a childhood ailment of the nervous system, but also because of lack of money. In March, my daughter first began to go to the mini-centre and after two-three months moved to the kindergarten. The mini-centre was half days and the kindergarten is all day. (ECD Beneficiary household, Akmola)

The children began to go to kindergarten from the age of four years after their turn for registration [for the CCT]. The family began to receive money from BOTA and the children went to the centre of preschool education. (ECD beneficiary household, Akmola)

Some non-applicants indicate that it is specifically a lack of funds that prevents them from sending their child to pre-school and this also supports the underlying theory of change of the CCT programme, without the additional money from the transfers the children could not, or don't go to pre-school:

I have a child of pre-school age, but no money to send him to a pre-school. (ECD, Non-applicant, Almatinskaya)

My child has been going to zero class since the beginning of this year. He is there from the morning until 3pm. Until then he didn't go anywhere, although he very much wanted to go to kindergarten. But it was difficult for me to take him there in the winter; there were no extra funds for his education, so I didn't take him anywhere. (ECD, PLW, Non-applicant, Kyzylorda)

It is interesting to note the seasonal aspect in this instance: the respondent refers not to a lack of funds overall, but specifically during the winter months.

One former beneficiary also confirms that it was lack of ability to pay fees that prevented her child from attending kindergarten:

My son didn't go to kindergarten because the family couldn't pay the monthly fee. But he went to the mini-centre and later to the zero class. (ECD, PLW former beneficiary household, Almatinskaya)

As with the quote above, this raises the possibility that the CCT is having a larger impact on kindergarten than on the other school types (nursery, mini-centre, zero class and informal BOTA centres). It will be interesting to see in the quantitative survey the impact on different types of pre-school

Although in this case it was not the CCT programme that enabled the family to pay fees for the child to attend pre-school, the child had simply reached an age when it became possible to attend one of the free pre-school facilities in the village (both the mini-centre and the zero class in this village are free) and this happened to coincide with the enrolment of the child into the CCT programme. Other non-applicants send their child to pre-school even though they find it difficult financially:

My older children didn't go to kindergarten, only my youngest daughter goes. Until recently there was no kindergarten in the Aul...it is not easy for the family to pay the monthly fee in our current material situation. (ECD, Non-applicant, Kyzylorda)

Three non-applicant focus group respondents in a village in Almatinskaya send their children to the informal group organised by BOTA although they don't get the transfer from the Foundation. They have been paying for the schooling '*from their own pockets*'.

One key informant, the Akim of a village in Akmola, points out that the BOTA CCT is operating within a wider environment where the government and Akimats are all working towards improving pre-school services provision and attendance.

I am not inclined to link the increase in the numbers of children attending pre-school with the BOTA Foundation activities. I think that it is largely a result of the work of the Akimat as increasing pre-school and school attendance is one of the indicators that impacts on the budget of the village district and the Akimat is constantly working on this issue. (Village Akim, key informant interview, Akmola)

As reported in the January 2012 report, the Government 'Balapan' and 'Vseobuch' programmes have all contributed to increasing levels of pre-school provision across the country and the BOTA CCT is operating within this wider enabling environment.

Volunteers, however, almost universally view the CCT as having made a major impact on both enrolment and attendance at pre-school:

A second group is opening because there are no places left. I am sure that it is because of BOTA because there are so many beneficiaries from this category. (Volunteer key informant interview, Kyzylorda)

It has increased noticeably and all thanks to the programme. If the programme had not set such a condition, then the money would have been spent on everyday needs. (Volunteer key informant interview, Kyzylorda)

There has been a very strong influence, for example there used to be many empty places at the mini-centre, but now it is the opposite and there is a queue for places. Earlier there was no spare money to pay for kindergarten. And there were cases when they brought their children to the zero class because it is free, but couldn't pay for food. And their children stood to one side while others ate. But now, thanks to BOTA, children can feel they are taking part in the same way as all the children. (Volunteer focus group discussion, Akmola)

Some respondents attribute the opening of new pre-school provision to the BOTA programme:

Thanks to the programme new children's services have appeared, attendance at kindergartens is very high, nearly half of the children in the groups at kindergarten are beneficiaries of the Foundation. (Volunteer focus group participants, Kyzylorda)

Information mini-groups have been established on the basis of the Foundation because there are no pre-school facilities in the village. The schooling takes place twice a week in the winter and once a week in the summer. It usually takes place at weekends because there is no free space in the school on other days. It costs 1000KZT. Even those who are not BOTA beneficiaries want to send their children there. We are concerned that if the BOTA money ends, the class will be closed. (Volunteer key informant interview, Almatinskaya)

Another volunteer notes the changed behaviour of parents in choosing pre-school options for their children:

To some extent [the programme has had an effect on pre-school enrolment and attendance]. At least those parents who used to send their children to the BOTA informal group have understood that this amount of time is not enough for the child and they are now trying to send their child to kindergarten for whole days, they have noticed the effect on the child's development. (Volunteer key informant interview, Akmola)

6.5 Training for parents of pre-school children

BOTA had been offering training to parents of ECD beneficiaries for about a year at the point when the interviews were being undertaken. Respondents describe the training as taking place once every one to three months in groups or individually. The response to this training reported by parents in interviews has been overwhelmingly positive. The training is not a required element of the CCT and is voluntary for beneficiary households although one or two respondents seemed to think that it is part of the conditionality for receiving the transfer. Most beneficiary respondents report having taken part in parent training and report high levels of satisfaction with the training and high levels of using the learning from the training in practice in their day to day interaction with their children – they try to listen more, not use violence when disciplining their children and to spend more time with their children.

I follow the advice from the training about how to communicate better with children, about the negative effect of domestic violence. Now I scold my children less, try to explain in words. My husband is also

positive about the advice received at the training, tries to use it in practice. (ECD beneficiary household, Akmola)

I really liked the training because apart from teaching, the volunteer organised games. It was interesting and fun, I always left there in a good mood. I got a workbook and learned a lot from it. I used to brush my child away if he said something, now I have understood that you have to listen carefully. I don't go any more as I have left the programme, but I would have liked to keep on going. (ECD, former beneficiary household, Kyzylorda)

Volunteers also note the benefits of training for children as well as their parents:

These families have the opportunity, not only to send their child to kindergarten, but thanks to the training they have started to use different methods of bringing up their child – they praise their children, play with them more often, listen to their child. As a result many mothers have told me that they can see changes in their child, they are less capricious and more open for communication. (Volunteer key informant interview, Akmola)

6.6 Role of the conditionality

Nearly all ECD beneficiaries and former beneficiaries interviewed report that they don't know what the cut-off point in attendance is after which their payments may be stopped. One respondent said that her child has to go *'four times a week'*. Most respondents state that their child attends regularly and only misses a few days here and there *'not more than a few days a month'* because of illness. In nearly all cases this regular attendance is attributed by respondents to the need for the child to benefit from attendance and not to the conditionality.

My son goes to kindergarten regularly because attendance has to be full in order to get the effect from the education. (ECD beneficiary household, Akmola)

One beneficiary respondent reports having had payments stopped when her daughter did not attend kindergarten for 2 months and she couldn't prove that it was for illness:

The payment of the transfer stopped for 1-2 months because of missing attendance, my daughter didn't go to kindergarten for a while. This was because of illness (allergies) and medical notes are not given for such a long period of time. (ECD beneficiary household, Kyzylorda)

Another beneficiary respondent reports that her children have not attended kindergarten for over 10 months, but has had no sanctions applied:

The children haven't gone to kindergarten since January of this year since I have been on maternity leave; the transfer has arrived since March of this year. The kindergarten is located in the district centre and I can't take the children as the transport costs too much and I have no one to leave the baby with. (ECD beneficiary household, Almatinskaya) [Note from interviewer: so for the whole period of

receipt of the transfer the two beneficiary children in the family have not been going to pre-school]

The only other instance reported by respondents when payments have not arrived was described above where it seems that the respondent was not able to send their child to pre-school as there is no pre-school in the village, but has not been told by the volunteer why the payments are not arriving, and does not seem to be making the connection between the lack of payments and the lack of attendance at pre-school.

One of the challenges with the enforcement of penalties for poor attendance is that the different pre-school types have very different timetables, with some offering a full time service (22 days a month) and others opening only four days a month. What constitutes 80% attendance therefore varies significantly across facilities and can therefore be quite confusing, which may make it difficult for volunteers to enforce penalties.

6.7 Summary of effects on pre-school education

The evaluation overall points to the following results in terms of pre-school education:

- The BOTA programme, together with the Government 'Vseobuch' and 'Balapan' programmes, have stimulated increased demand for pre-school places where pre-school services exist. Where they do not exist, BOTA has played a direct role, in supporting the emergence of new services.
- The main consistent impact of the CCT reported by respondents is that the payment is helpful in paying for fees, particularly where these fees are the same value as, or more than, the value of the transfer. Where the pre-school provision is free – in mini-centres and zero classes – or very low cost – in mini-centres and informal groups – the transfer has had more of an impact on household consumption overall, rather than on purchasing pre-school services.
- The CCT has in some cases been the direct cause of children enrolling in pre-school; in other cases the children were attending before receipt of the transfer. In both cases respondents report that the transfer is helpful.
- Most respondents report regular attendance at pre-school, but it is not clear whether this is because of the conditionality or because of the positive impact that parents can see on their child's development. Most respondents do not know what level of attendance is required as a minimum as part of the conditionalities of the programme.
- There are some inconsistencies in how the conditionality of attendance is applied in practice from village to village. The extent of these inconsistencies is not clear. Without consistent application of conditionalities, the CCT becomes more like a cash transfer programme that targets particular groups of households and brings benefits to particular categories of children, in this case those enrolled at pre-school, but does not necessarily aim at particular individuals or moments in child development (with the exception of the training offered). This simpler model that might have some benefits as it does not require the levels of administration needed for monitoring the fulfilment of the conditionalities by beneficiaries.
- According to respondents, the parent training introduced last year seems to be having a useful impact on parent behaviours with their children and on reducing use of physical punishment in the beneficiary households.

7 Care for children with disabilities

This section describes the needs of parents of children with disabilities, the impacts of and changes in the BOTA support to children with disabilities, BOTA training and the role of the BOTA conditionalities.

7.1 Needs of parents in caring for their children with disabilities

The needs of parents for support are greater if their children require high levels of individual personal care and attention. Respondents who are looking after children who cannot move independently and who need help with self-care tasks such as eating, washing and dressing, highlight the need for help in providing daily care. Some respondents are caring for children who attend school in the village but they need support in getting to and from school as the child may be in a wheelchair or not able to move independently without additional support from a carer. Some respondents indicate a need for support with building the communication skills of their child. For some, the main issue is how to pay for the transport to take their child to the city where they access necessary medical or rehabilitative treatment and interventions. Overall, the parents demonstrate an articulate understanding of the needs of their children and seem to an insight into the importance of their own role in the provision of care for the child.

When asked about the perceived benefits and problems of caring for their child in the home or in an institution, most respondents indicated that the main benefit for the child of care in the home is that they are under the eye of and receiving the loving care of their parents and siblings. The main problems revolve around the need for constant care, without a break, for some children and the lack of access to specialised treatment in a home setting. The main benefits of institutional care are perceived by one respondent as offering the child a constructive learning environment (for a child with hearing disabilities) where she can learn to communicate and receive an education. Another respondent perceives residential institutions as offering access to a range of specialists. The problems of institutional care is perceived by some respondents as a lack of confidence of that their child will be in a caring environment

It was offered to me to put my child in an Internat, but I didn't want to, I was afraid for my little girl. I saw on television that all sorts of things go on there. (Disability beneficiary household, Almatinskaya)

For one or two respondents the problem of residential institutions is that they are far away and expensive to get to which would compromise the ability of the family to continue to care for and visit the child.

7.2 BOTA support for children with disabilities

At the beginning of this round of fieldwork the evaluation team learned during a household interview with a mother of a child with disabilities that BOTA had changed the rules for disability beneficiaries. Children could no longer be enrolled in the BOTA programme until the age of sixteen, but had to leave the programme after receiving support for two years. The volunteer communicated this news to the parents of children with disabilities enrolled in the programme by distributing a letter from BOTA. This change has mainly affected beneficiary households in Akmola and Kyzylorda where the programme has been running for three years. In Almatinskaya oblast, the beneficiaries have been informed about the two-year rule for receiving the transfer at the point when they were registered in the programme.

The BOTA team confirmed the change and described the reasons for it as stemming from a desire to ensure parity with other categories of beneficiaries who receive the transfer for much shorter periods of time. The BOTA CCT team also indicated that they had designed a two-year training programme for parents of children with disabilities and '*more was unrealistic*' - it didn't seem to be an appropriate role for BOTA to further develop these specialised training inputs. Moreover, the team pointed out that the content of the BOTA training was focused on motivating parents to use professional help, and two years were felt to be sufficient to communicate this. Given also that the programme is due to end in two years' time anyway, it seemed appropriate to the CCT team to pre-empt the curtailing of the support at this point.

On the whole respondents who have recently been excluded from the programme for this reason seem to accept the change without problem:

...we have been removed from the programme for a month already. The volunteer told us. From the very beginning I didn't understand why this category was up to 16 years of age. They gathered us at the Akimat to give us the notice, but the reason for why they were refusing us from the programme wasn't explained very well because the volunteer said that she herself doesn't know that the notice had just come. But for me it wasn't a catastrophe because the material situation has already improved. But I could see that other beneficiaries were very upset. (Disability beneficiary household, Akmola)

However, one or two (not the majority) of the parents affected by this change who were interviewed for this evaluation were shocked and upset, despite being informed about the change:

For two months now we have not received the transfer from the Foundation because the volunteer brought a notice that children with disabilities will now receive only for two years and not until sixteen years of age as initially stated. We have been receiving for three years already, so we have been removed from the programme. This news was a shock for us and I cried for a long time and I went to the village council to get an explanation from the BOTA representatives because the volunteer couldn't explain the reason. I was told that there were many people like me and they all need help. This money was our only chance to get treatment for my son especially as we don't receive any disability benefits. (Disability beneficiary household, Akmola)

This feedback suggests that in some cases the way the communication of the change in the rules was handled left some respondents with a confused understanding of the reasons for the change.

Apart from the transfer which most respondents in this category assess as being quite small, the BOTA programme provides training through the volunteers for the carers of children with disabilities. The training is intended to improve the quality of care for children in their homes and to motivate parents to seek services from the state to support them in looking after their child.

Most respondents report that they receive a number of types of support from the state including: pensions and cash benefits; equipment such as wheelchairs and necessary supplies such as nappies; medical treatment and medicines; social worker support. A detailed summary of the kinds of state support received by children with disabilities and their families was reported in the first evaluation report and this round of interviews has confirmed that the respondents received similar types of support and value them largely in the same way.

7.3 BOTA training for households with children with disabilities

Fewer households with children with disabilities were interviewed in this round of fieldwork so this section should be read in conjunction with the feedback from the first evaluation report. The main additional issues to emerge from this round of fieldwork are that the training provided to parents of children with disabilities and the interaction between the volunteer and the child with disabilities themselves seems to be largely perceived by respondents as not being very relevant. The second year of the training for parents of children with disabilities is deliberately quite general, including rights in relation to state services and financial literacy. From the limited sample of respondents it was not clear that these training topics were found very useful, because their needs were quite specific:

I received a lot of information about how to work with children. I didn't know that it is important to talk to them more. But my child was not interested in the training because the programme was oriented on small children, colouring in and other silly tasks. My girl thought they were foolish and that she knows how to do all that without them [the volunteers]. (Disability beneficiary household, Akmola)

My child is already big and at the training they suggest that he should draw, sketch – he is completely uninterested in this, especially as he goes to school. We need a programme for 8-10 year olds and not about how to draw something, but concrete recommendations from a psychologist about how to work with a child with hypertension. (Disability beneficiary household, Akmola)

In one or two instances the description of the training given by respondents seemed to indicate that they were being given the training that had been designed for the ECD beneficiary parents:

The training wasn't very interesting for me because the materials and information did not fit with my needs... the materials and information seemed more appropriate for the beneficiaries with young children aged 4-6... It would have been more interesting for me to have training about how to give a correct massage to a child with cerebral palsy. (Disability beneficiary household, Kyzylorda)

Another respondent describes very general training being delivered to '*30-35 people once every two months*':

At the training they give advice about how to bring up children, what best to spend the transfer on and so on. (Disability beneficiary household, Almatinskaya)

This could be a reference to the parenting training available to all CCT parents of young children (usually a smaller number than this), which is focused on parenting skills, but it is not clear which exactly of the CCT training packages the interviewee is referring to. This could be an indication that the training has not yet become a familiar and distinct experience in this respondent's mind or that the volunteer in this village has not delivered a clear package focused on disability to this beneficiary.

One respondent gave a positive assessment of the social benefits and sense of togetherness or solidarity and not being alone, that she gained from the training provided by the BOTA volunteer:

At the training we feel a sense of togetherness which give us moral strength, in this group I feel able to talk freely about my problems and cares relating to my child with disabilities and I cannot do that in other places. (Disability beneficiary household, Kyzylorda)

Otherwise respondents with few exceptions found little use from the training in which they participated. Their descriptions of the training content vary widely and do not describe a unified and consistent programme in the way the training on anaemia or early childhood parenting is described by the beneficiaries from other categories.

Volunteers have a more positive impression of the impact of the CCT programme on the households with children with disabilities. Focus group participants in Akmola, for example, feel that these families have benefited from moral support as a result of their participation:

We like helping families that have children with disabilities because for mothers with these children the training sessions are like moral support, they themselves say that BOTA is like a light in the window, because nobody else has taken an interest in such families, the government doesn't provide any support particularly, apart from financial support. These families are the most vulnerable. (Volunteers, focus group discussion, Akmola)

Almatinskaya oblast volunteers highlighted in focus group discussions the importance of the sense of solidarity that parents feel from participation in the CCT:

The training for these families is important for the mothers. And it is not only moral support for the mothers; they have understood that they are not alone, that there are people who are interested in them. And also, if the mothers used to be shy of admitting that they have such a child, after the training they can see that they are not the only ones. (Volunteers, focus group discussion, Almatinskaya)

This sense of solidarity presumably applies to those families who take part in group training, rather than in training delivered by the volunteer to them in their homes. Kyzylorda volunteer focus group participants also emphasise the importance of training, rather than cash transfers, for mothers of children with disabilities:

To a large extent it is not the money but the training that has had a good effect because for mothers [of children with disabilities] it is significant support that there is someone who is not indifferent. And the children are happy when the volunteer comes and plays with them. (Volunteers, focus group discussion, Kyzylorda)

The regional teams tend to have the same perceptions as volunteers about the training for disability beneficiary households as having a useful and highly effective impact on the provision of care to children, and the understanding of the BOTA CCT team reflects this:

The mothers themselves say that they feel the effect more not from the money, but from the information they get from the training. One mother even said that she has now started to work with her child every day for 20 minutes and now he has started to move his fingers. (Regional team key informant interview, Akmola)

This contrasts with the views the parents shared in household interviews, that the training is, for some parents, not appropriate for the age and abilities of their children and does not meet the needs of parents for consultations with psychologists, physiotherapists and other specialists. As with the 2012 evaluation, the experiences of parents and children seem to vary from village to village as they depend on the individual qualities and length of experience of the volunteers in each village.

7.4 Role of the conditionalities

The respondents from this category of beneficiary have taken part in training delivered by the BOTA volunteers and do not report any instances where payments have been stopped for non-fulfilment.

7.5 Summary of effects on households of children with disabilities

Results from the fieldwork can therefore be summarised as follows:

- the BOTA programme, combined with State social, health and education services, appears to be having, depending on the family, either a neutral or a positive impact on care provided to children at home. The levels of care being provided by parents seems to be high with respondents largely demonstrating a holistic understanding of their children's physical, emotional, psychological and individual care needs. There is little evidence that this understanding has come from the BOTA training.
- the BOTA payments are less important to the families with disabilities than to other families as they seem to represent a much smaller proportion of the household budget. The service provided by the state for children with disabilities are largely provided for free, so if households with children with disabilities are using the CCT cash transfer for services, they are generally for optional extra services not provided by the state system or as a contribution to the transport costs for accessing free state services.
- For some families, involvement in the BOTA CCT programme appears to give them some of the benefits similar to those that parents' groups offer – a sense of solidarity, moral support and not being alone with their problems. For others, as reported in the first evaluation report, the programme has helped them to become more visible in the life of the village and to be therefore more included.
- The change in the length of the support for children with disabilities does not seem to be perceived as negative by most households interviewed, probably at least in part because the amounts of the transfer are not so great, although for one or two it has come as a shock especially where the transfer represented a significant part of the household income.

8 Unintended impacts

This section sets out fieldwork results on impacts that were not anticipated or expected but arose during the first round of fieldwork: increased social confidence and social awareness, impacts on women, inclusive education. Generally speaking, the household beneficiary and key informant respondents had little to say about the unintended impacts that had been identified during the first round of fieldwork, while volunteers highlighted a number of these impacts.

8.1 Increased confidence and social involvement

One former beneficiary noted that the involvement in parent training had influenced her level of social engagement with other families

After we stopped receiving the transfers, the lack of money could be felt, but also the social interaction. After going to training, I started to communicate more with other parents. (ECD, former beneficiary household, Akmolá)

Volunteers in all three oblasts emphasised the increased confidence and social engagement of the parents who are involved in the programme:

Normally in the villages there is not time to see each other, everyone has their own problems. And here they come, relax, play at special games, laugh. The volunteer tries to create a home-like atmosphere, bring something tasty to the training, gives everyone tea. The mothers open up, where they used to be silent in the main, they are now already themselves talking and communicating. (Volunteer key informant interview, Akmolá)

8.2 Gender impacts

Only one beneficiary household noted increased confidence among women in the community²:

Yes, women have become more confident in themselves, a certain belief in life has appeared. There has even been an influence on men. For husbands it has been a bit of a kick, because someone is helping their children and they can't provide...(Disability beneficiary household, Akmolá)

Volunteers, however tend to strongly confirm the gender impacts that had been tentatively identified during the first evaluation fieldwork in 2011:

The impact for women is noticeable, they are very happy to go to the training, they even phone up ahead of time to find out when the next training will be. (Volunteer focus group discussion, Almatinskaya)

² It is possible that the design of the questionnaire was not best placed to gather information on this issue from household respondents, which is why so few household interviewees gave responses to this question of gender impact, whereas volunteers and key informants gave very clear and strong responses.

Women have started to open up at the training, they dress up specially because for them it is like a party, because they are used to sitting at home and not going out anywhere. (Volunteer key informant interview, Almatinskaya)

Women have begun to socialise, they have begun to communicate among themselves, they walk with lifted up heads, dress specially for the training, exchange their experiences. (Volunteer key informant interview, Akmola)

The regional teams, like the volunteers, tend to indicate strong impacts on women of their participation in the programme. They refer to changes in the way they dress, levels of self-confidence and one regional team key informant interview noted:

Women have begun to create informal groups according to their interests; they have begun to communicate among themselves. It has all begun during the training sessions; they have learned it all there. (Regional team, key informant interview, Almatinskaya)

On the whole the volunteer and regional team perceptions are very strongly positive about nearly all aspects of the programme and are less nuanced than the perceptions of beneficiaries who may not have the strategic overview of the programme at the village level as volunteers do or at regional level as the regional teams do, but who are directly experiencing the programme on a day-to-day basis.

9 Observations on BOTA operations

This section summarises fieldwork and conclusions on mobilisation, enrolment, reasons for non-take-up, payment, volunteers and conditionalities.

9.1 Mobilisation

Nearly all respondents indicate that there are high levels of information about the BOTA CCT programme in the villages where they live, especially in Akmola and Kyzylorda. The perceptions of beneficiary households, volunteers and key informants are almost invariably that *'everybody knows'* about the CCT programme.

Non-applicants also think that on the whole, *'everyone knows'*, but there are some exceptions:

I think that in my village, [K. one part of a larger village district] not many people know. If I hadn't heard from a neighbour, then even I wouldn't have known that there is such a Foundation. The volunteer doesn't come to our village. Information should be disseminated in the school, the kindergarten and the health centre. (ECD, Non-applicant, household interview, Kyzylorda)

Non-applicant focus group participants in one village in Akmola think that there is *'not full information and that not everyone knows about the CCT and even if they have heard of it, they know very little'*. These non-applicants think that the village council should actively provide information because the village inhabitants go there to get and submit official documents. Also the health centre staff, school and kindergarten should be actively providing information.

In villages where the CCT began a bit more recently in Almatinskaya oblast the perception that *'everyone knows'* is more nuanced:

Everyone knows, or has heard at least once about the programme. As a rule people inform each other. (ECD, Non-applicant, household interview, Almatinskaya)

The role of the volunteer in informing the village is clearly important and where the volunteer has been particularly active or inactive, this stands out in feedback on this question, particularly from non-applicants:

Everyone knows, because the volunteers, as well as putting up posters, also go themselves from door to door and inform everyone about programme. (Non-applicant, focus group discussion, Almatinskaya)

Everyone knows, mainly because they pass on information themselves to each other. There is also a lot of information on the television, but we can't say that it is the active initiative of the volunteer. (Non-applicant, focus group discussion, Kyzylorda)

9.1.1 Quality of first information

Non-applicants provide some useful insights into the nature of the first information that they received about the programme that qualifies the perception among a majority of respondents that

‘everyone knows’ about the programme. In the first instance, the level of information depends on informal communications with neighbours and relatives acting as the main carriers of information as much as it depends on the efforts of the volunteer:

The programme is widely known, because apart from the volunteer the ‘sarafan radio’ [word of mouth] works extremely well. The villagers tell each other, especially as the village is quite small. There should be posters put up in the village with detailed explanations about the conditions for the programme and which categories are eligible. There is a lot of misunderstanding about this. (Non-applicants, focus group discussion, Akmola)

Many non-applicants indicate that the information in the villages about the programme is superficial, confusing and that there are major gaps in understanding of the programme among many inhabitants:

There is information, there are leaflets about the Foundation everywhere, they talk about the Foundation on the television.³ But there is not always full information and it is not always correct information. The leaflets are written in a complicated way and you can’t always understand that it is a free benefit. And not everyone goes out; they sit in their homes, so there needs to be an explanation for them somewhere. (Non-applicants, focus group discussion, Akmola)

It would be useful for BOTA to convene focus groups of non-applicants to discuss in detail what is not clear in the leaflets, to see how they could be improved under BOTA or any further iteration of the CCT.

Informal dissemination of information about the programme can actively contribute to creating barriers for applicants by disseminating misinformation:

Sometimes neighbours can prevent you from finding out more about the programme. For example, a mother with a child with disabilities was told by her neighbour that she shouldn’t even try; nobody will give her the subsidy as she has her own land and animals. (Non-applicants, focus group discussion, Akmola)

9.2 Enrolment

9.2.1 Telephone enrolment

Several volunteers in Kyzylorda and Akmola gave details about telephone enrolment and report having used this system of enrolment from early in 2012.

From this year they have begun to introduce distance enrolment (by telephone)... The volunteer gathers people together at her home and then they phone her back on her home number and enrol by telephone, asking the questions. The volunteer gives people the questions in advance so that they can familiarise themselves with

³ This may be about the other BOTA programmes: the TAP or the SSP.

them and so they are ready with their answers during the telephone call and don't sit and think. (Volunteers, focus group discussion, Kyzylorda)

The Almatinskaya volunteers are aware of the telephone enrolment procedure and many have used this procedure at least once, but some have not yet started to use it. The regional office controls the frequency of distance enrolments in so that while it has eased the problem of long gaps between enrolment sessions, this continues to be an issue for volunteers:

But with this procedure they also have certain times when they phone and they only accept a few people, usually up to five people. They can't take everyone by telephone, there are many villages and usually they only take the most urgent and necessary. All participants in the focus group have had only one distance enrolment in this year. (Volunteers, focus group discussion, Almatinskaya)

From this year, they have begun to introduce distance enrolment (by telephone), but it also takes place only once every half year and for example I have already got five applicants together, but BOTA is saying for the moment that they will not enrol and that they will tell me when. There have been no enrolments since May. (Volunteer, key informant interview, Kyzylorda)

Other volunteers report that they have been enrolling 2-3 applicants per month on average. It is not clear what is behind these differing versions of the procedure and whether the volunteer is entitled to initiate enrolment or whether the frequency of enrolment continues to be controlled by the regional teams in all regions.

The interviews with regional teams confirm that distance enrolment was introduced in all three oblasts this year, but that this type of enrolment is being used in slightly different ways by the team which might explain the different perceptions of the volunteers about how it should be used in the enrolment process. In some cases it is seen by management teams as useful in addressing exclusion due to long intervals between enrolment rounds:

The method of distance enrolment was able to resolve the problem of, for example, pregnant women who might become no longer eligible for the programme when enrolment has not been in their villages. It gives them the opportunity to enrol in the programme. (Regional team, key informant interview)

In other cases it is seen as a useful strategy for actively targeting villages with smaller populations or that are harder to reach:

We are very pleased with the method of distance enrolment as it has permitted us to address the problem of villages with small populations, of hard to reach villages and issues of bad weather. (Regional team, key informant interview)

As a rule, it is done for sparsely populated villages ... for the sake of which there is no point in making a whole journey, for very remote villages which are difficult to reach in the winter (Regional team, key informant interview)

In another case it is seen as a fall-back plan for when the main enrolment method is not able to function:

It is a sort of plan 'B' when the team cannot get out to a village because of bad weather conditions... (Regional team, key informant interview)

All regional teams, particularly those with more established programmes in Akmola and Kyzylorda, report high numbers of 'activation' enrolments, many of which are done by telephone as they require fewer documents. One regional team reported that 60% of enrolments in December were carried out at a distance (by telephone) and that of all the enrolments, both face-to-face and by telephone, done that month 71% were 'activations' of existing or former beneficiary households.

Regional teams acknowledge that activations mean that there are fewer households entering the programme and more households remaining for longer in the programme. One regional team sees this as problematic *'there is a risk that there will constantly be the same families in the programme. Perhaps the number of 'activated' families should be limited'*. Other regional teams *'do not perceive any negative consequences of having the same families staying in the programme because as a rule these are large families and the amount [of the transfer] cannot create dependency in any way'*.

9.2.2 The proxy means test

The first round of this evaluation found that there is some level of misunderstanding among volunteers and other members of the CCT team of the proxy means test and the way that it works.

This evaluation confirms that there is some misunderstanding of the PMT among volunteers. Non-applicants report, for example, that they were discouraged from applying by volunteers because their husband or father-in-law has a job, yet they passed the PMT when it was administered by the evaluation team. Volunteers appear in these cases not to have understood that the PMT does not take into account income from employment or from any other sources.

Some regional teams think that the PMT does not sufficiently take into account the livestock and vehicles that some households have—Oralman households in Almatinskaya oblast that are likely to have tractors or Kurds who are likely to have more than 50 horses—but this could be less to do with not understanding the way the PMT works, and more to do with the PMT being based on characteristics that are most closely associated with poverty at a national level rather than among particular ethnic groups in particular regions. Some of the comments of some regional team members, nevertheless indicate that they don't fully understand how the PMT challenges received perceptions of poverty and consumption:

The PMT is very fair. Even when I think that a person will not get through, and he gets through, because it turns out that clothes are not an indicator of whether a person is living well or not, when we then went to check these families, we saw that they live so badly that we were ourselves shamed. (Regional team key informant interview, Almatinskaya)

Some volunteers indicate that there are two questions in the PMT that need to be changed, the question about higher education and the question about size of land. In the first instance, the perception of volunteers is that higher education is not an indicator of employability as unemployment is so endemic in rural areas. In the second instance there are two main reasons given for needing to change the question: 1) the respondents in the villagers don't really

understand the measurements given in the PMT (hectares, square metres, 'sotki') and don't necessarily reply accurately and; 2) having land available does not necessarily mean that the household actually is able to do anything with it. However, in these cases, the rules state that households can appeal and volunteers can make a discretionary judgement, so it may be that these volunteers are unaware of this.

The quantitative evaluation found that the high numbers of eligible households in the areas being targeted by the programme suggest an option whereby the programme could be administered more cost-efficiently by scrapping the PMT and accepting all applicants from targeted villages who meet the other criteria of the programme. Volunteers and regional teams don't consider this to be possible and endorse the importance of the PMT for two main reasons:

1. It engenders confidence in the objectivity and transparency of the programme among the inhabitants of the villages.
2. It takes the decision of whether to provide support or not away from the enrolment team and the volunteer which both prevents corruption and deflects the anger of unsuccessful applicants away from the individuals concerned.

Given this reported strong belief in the PMT as an objective instrument, it is interesting to note the importance given to the verification and appeal procedures by the regional teams. Nearly all regional team key informants refer to the importance of verification and appeal for ensuring the fairness of the programme in helping those who really need help. Beneficiary household respondents nearly all indicate their preference for the PMT as a way of being means-tested over the gathering of certificates and documents that they have to do for the state benefits programmes. One key informant from a multilateral organisation notes that:

We don't have enough reliable information to make a judgement on [the PMT]. There has been lots of positive feedback ...mainly from BOTA...the PMT depends on context, especially informal context locally. (Multi-lateral organisation key informant interview)

This informant also notes that the use of the PMT in the BOTA CCT has been important for the government as it has embarked on '*reforms to the social assistance system linking social assistance with social and employment services. Some elements and features of the CCT may go into the government programme*' although it is not clear whether the PMT itself and conditions such as the CCT programme has implements will be included. Either way, from the perspective of the beneficiaries of the CCT and the teams that administer the PMT, it largely seems to have gained their confidence with some localised exceptions.

This is fairly typical of PMT experiences from elsewhere. PMTs are being used by increasingly numbers of governments for poverty targeting in the absence of reliable information about incomes or ways to enforce penalties for false declarations of need, because they offer a measure of objectivity at comparatively low cost. This objectivity is welcomed by local populations who are glad that they are not being cheated and by officials who are not blamed for unwanted outcomes (see e.g. Ward et al 2010 on Kenya).

This does not mean that they are perfect. Since they are based on models using only easily objectively verifiable indicators but not full information about households, PMTs are never 100% accurate in identifying the poorest (see e.g. Attah et al 2011 on Mongolia, or Ward et al 2010 on Kenya). Accuracy is particularly difficult to attain when they are trying to identify a small proportion of the poor population, because there may only be small differences between the poor and the very poor. PMTs also rely on the latest household budget survey, and become less accurate the more

time and events elapse in between. Finally, the questions can often seem bizarre to local populations.

9.3 Reasons for non-take-up of the CCT

Non-application by eligible applicants could be viewed as a problem for the CCT. Some 35 of the 39 non-applicants who took part in this fieldwork passed the PMT and are eligible for the CCT programme. This tends to support the findings from the quantitative research that large numbers of eligible households have not applied to the CCT.

Non-applicants and regional informants interviewed for this study confirm this, but volunteers do not. Volunteers tend to dispute this finding when asked about it in focus group discussions and interviews. They tend to explain it as relating to other regions or to Kazakhstan as a whole and not being relevant to their situation as they have now 'reached all the eligible households in the village' especially in villages where the programme has been running for three years and is very well known. Only in one village in Almatinskaya did a volunteer agree that this could be a reflection of the situation in her village as levels of information were low among households. The experiences of non-applicants, however, tend to confirm that for a whole range of reasons, eligible households have not applied or have not been able to apply. On the whole, the regional team key informants accept that there are eligible households who have not applied across their regions, but suspect that this is over-estimated.

Apart from first information and mobilisation there are several other areas of the enrolment process that are linked to the reasons non-applicants give for non-take-up of the CCT. These include the enrolment procedure itself, systemic issues such as a misinterpretation by some volunteers of a figure of 1.5% of households intended by BOTA to be used as a guide for planning but not as a quota, the role of the volunteer in mobilisation and facilitating the PMT enrolment process.

In all but four instances the main reasons non-applicants give for not applying can be grouped into several categories, given here roughly in the order of frequency that they have been mentioned by respondents:

- **Misinformation leading to self-exclusion**—the non-applicant had the wrong information and therefore did not apply;
- **Circumstantial**—the non-applicant happened to be away from the village during the enrolment round for a range of reasons. Other circumstances outside the control of the CCT programme prevented applicants from applying;
- **Self-exclusion**—the non-applicant felt that they didn't need the support offered by the CCT or felt that it was shameful or inappropriate to apply. Non-applicants couldn't meet the criteria of the conditionality for whatever reason, for example the quality of the pre-school services in the village are perceived as poor and the parents do not want to enrol the child in the kindergarten for this reason and therefore exclude themselves from the CCT;
- **Enrolment procedure problems**—the enrolment system itself did not permit the applicant to sit the PMT;
- **Pre-exclusion by the volunteer**—volunteers make judgements about whether the potential applicant would or would not pass the PMT and discourage them from applying; and
- **Systemic exclusion**—large gaps between enrolment rounds in many villages. Some volunteers seem to have misinterpreted a figure of 1.5% of the village households given by BOTA for planning purposes, and treated it as a quota for their villages. Once they have fulfilled this quota they either do not or are encouraged by regional teams not to enrol further households. The gaps between enrolment rounds meant that potential applicants aged out of

the eligibility criteria between rounds. BOTA CCT are clear that this is not an operational quota, but unfortunately it appears that volunteers may have not clearly understood this. BOTA notes that the volunteers are not in a position to calculate their 'target' number of beneficiaries from the 1.5% rule since they do not know the total population. Nonetheless it is possible that some volunteers have a concept that they can reach a point at which it is considered that they have 'enough' beneficiaries.

These issues are taken in turn, with information provided by non-applicants, volunteers and other key informants. In some cases these views differ, and these differences are explained.

9.3.1 Misinformation leading to exclusion

Non-applicants having the wrong information about the programme or the enrolment procedures was probably the most common reason for exclusion. Very many non-applicants discussed this. Quite often, non-applicants did not apply because they thought they were not eligible, either because they were misinformed or because they did not understand the information they were given. For example:

I was told that only second pregnancies were eligible, I was told by the kindergarten teacher that once the child has turned 5 years old he is not eligible, (Non-applicant FGD, Kyzylorda, village 1)

I read the leaflet about the Foundation but I didn't understand what it meant and thought that this Foundation gave credit for the child to go to kindergarten and that the money would have to be repaid. (Non-applicant FGD, Akmola, village 1)

The volunteer invited one respondent to the enrolment through her son; he was told that his mother should come to the enrolment. But she didn't yet understand everything and she thought this was strange so she didn't go, but regrets it now. (Non-applicant FGD, Akmola, village 1)

At that moment my documents were out of date and I didn't know that it was possible to register through someone else in the family, nobody informed me. (ECD non-applicant household interview, Almatinskaya)

Some non-applicants, given misleading or incomplete information, were put off and did not continue the process. For instance:

One of the respondents (an Oralman) even went to take the test [PMT], but they didn't let her in and said that her documents weren't in order, but didn't tell her that the application could be registered through someone else. She had heard that the commission comes only once a year and didn't bother to find out any more as she thought she had missed her chance. (Non-applicant FGD, Akmola, village 2)

In other cases, this was caused by inaccurate rumours about the programme putting non-applicants off:

I also heard that those who had been in the programme earlier began to refuse to take part. This was another reason against the BOTA subsidy. If people are leaving the programme, then it means something is wrong. (ECD, non-applicant, household interview, Akmola)

Having been invited by the volunteer to the enrolment...some people didn't want to gather the documents required (there was a sense that they would have to run around for a long time to collect the necessary documents) (Non-applicant FGD, Kyzylorda, village 2)

This was rarely discussed by volunteers or regional staff, but nevertheless may be very significant.

9.3.2 Circumstantial

Another of the most common reasons given by non-applicants was being absent during an enrolment visit by the CCT enrolment teams for a number of reasons. This problem is compounded by the systemic problem of long gaps between enrolment rounds in previous years. The changes to the enrolment system that now permit distance enrolment by telephone should help to minimise exclusions for this combination of reasons.

Non-applicants discussed this extensively as well. In some cases they knew of the enrolment and were away at that point, and in others they were away and therefore did not know of the enrolment:

'was at a funeral at that moment and couldn't come', 'documents weren't in order' (Non-applicant FGD, Kyzylorda, village 1)

Several people were invited by the volunteer to the enrolment, but some simply weren't in the village at that moment. (Non-applicant FGD, Kyzylorda, village 2)

I simply wasn't at home on those days when the commission came and then it was too late. (Non-applicant FGD, Akmola, village 1)

The second time the commission came I was not in the village, I was in the town doing tests for my pregnancy care. (ECD and PLW, non-applicant, household interview, Kyzylorda)

Volunteers agreed that this was likely to be significant. Their perception is that there are many households in their villages who do want to apply and that the main reason that they haven't is more to do with chance and circumstances, being away at the time of enrolment and to do with gaps between enrolments, than any of the other reasons given by non-applicant respondents.

9.3.3 Self-exclusion

Self-exclusion occurred for various reasons. Some non-applicants were concerned about the quality of pre-school provision. For instance, one ECD household said that:

I heard about the programme from the volunteer who invited me to take part, but we refused because the Foundation set the condition that the child has to go to a pre-school. I was unhappy with the quality of the kindergarten because there was no learning happening there, the children were simply put in front of the television, but were

not taught anything. Then again, the cost of the kindergarten was more than the transfer from BOTA.' (ECD, non-applicant, household interview, Akmola)

Others were concerned about the stigma attached to receipt of the programme:

We didn't want to admit to being 'low income' because it is humiliating in front of the neighbours, (Non-applicant FGD, Kyzylorda, village 2)

Some felt a bit ashamed because the village is small and everyone knows each other and they would then point at her that because she went to the enrolment, she must be low-income, and they didn't want people to say that she had given birth especially for this. Didn't want extra interest from her neighbours. (Non-applicant FGD, Akmola, village 1)

Then they invited me again to apply, but I didn't go because I was ashamed. It was uncomfortable to apply for help and there was a feeling that my neighbours would then point at me and say that I had given birth to lots of children and now can't put them on their feet and now I was running after benefits. There was a meeting and one of the women there said something like that – you are only giving birth to get money? And I was embarrassed and therefore I have not applied. After all I haven't given birth to get money. (ECD, non-applicant, household interview, Almatinskaya)

Some volunteers also confirm that some non-applicants are prevented from applying by their own negative perceptions of being labelled as low-income or 'needy':

There are those who themselves refuse to take part, they say they don't want to be disgraced' (Volunteer, key informant interview, Akmola)

...there are people who are embarrassed by the work 'low-income', others are embarrassed in front of their neighbours, but there aren't many families like that'... (Volunteers, focus group discussion, Almatinskaya)

Unlike volunteers, however, regional key informants feel that issues of stigma about being labelled as low income families are unlikely to stop families from applying to the programme.

Other non-applicants perceived practical problems about participating in the programme. Participants in a non-applicant FGD in Akmola said:

Some didn't like the conditions, for example that you have to send your child to kindergarten. 'Firstly there was nobody to take him there and secondly it would mean having to buy clothes, school supplies to get him ready for kindergarten'.

Some had small children and it was problematic to take the older child to the pre-school in the winter.

Finally others were convinced that they would not meet the criteria.

I didn't apply because I thought my daughter was too young to meet the criteria (she is 4 years old). (ECD, non-applicant, household interview, Kyzylorda)

I am sure that my family doesn't need social support and therefore I have not applied to BOTA. The amount of the support (3200 KZT) is not enough for anything...although for those who need support it could be good help. (ECD, non-applicant, household interview, Akmola)

Generally, most of the volunteer respondents don't accept that households in their village don't want to apply. They argue instead that circumstantial reasons for exclusion are more important.

In contrast, regional teams felt that self-exclusion was significant, not from stigma but because they didn't want to participate for other reasons. The finding from the quantitative study that 'over 76% of eligible households knew about the programme in the first enrolment round, but only 31% applied to that round' was interpreted by the regional teams largely in terms of self-exclusion by potential applicants. The language used by key informants during regional team interviews reinforces this interpretation. Distance enrolment, for example, is talked about by one regional team key informant in terms of being useful for villages where there are '*not that many who want to be enrolled in the programme*'.

On balance, this seems to be a reasonably significant reason for non-application, but by no means the most significant reason as regional staff would suggest.

9.3.4 Enrolment procedure

Several non-applicants were unable to negotiate the enrolment procedure, mainly because there was not enough time or they were late returning for it.

They decided to go [to the enrolment] because they needed money, especially when they found out that the money was for children. They also liked that it would pay for the kindergarten, they've wanted to send their children to kindergarten for ages. However they didn't manage to enrol. The most common problem was that they ran out of time. The Commission comes only once a year, the queue was long and only two people were enrolling. For example, three girls stood in line until evening, first they let in the pregnant women because it was stuffy there and many felt unwell, then they let the parents of children with disabilities go in front of them. Evening came and they were still queuing. The staff of the Foundation apologised and said they would try to include everybody next time and then left. The second time, two girls tried again but again ran out of time...(Non-applicant FGD, Almatinskaya, village 2)

Some simply didn't manage to get back in time from work, they freed up too late (Non-applicant FGD, Almatinskaya, village 2)

'I didn't manage to enrol because when the commission came I was in hospital with my child for an operation...The second time they came, I ran out of time because I found out too late and when I got

there the staff of the foundation refused to accept my application for processing as they urgently had to leave' (HBC and ECD, non-applicant, household interview, Almatinskaya)

This was not mentioned by the volunteers or regionals staff, but this is not surprising as those individuals who did not apply for this reason seem not to have taken this up with volunteers.

9.3.5 Pre-exclusion

More concerning, some non-applicants (who were probably eligible according to the PMT) were put off or excluded by the volunteer because the volunteer felt that they were not suitable. For example:

I wasn't invited by the volunteer because she said my husband had a job. I agree that my husband had a job but he was earning 40,000 KZT and there are eight people in the family of whom six are children. (Non-applicant FGD, Kyzylorda, village 1)

The volunteer rejected several respondents herself because the parents of their husbands had a stable salary. One of the respondents was indignant about this because they are their own family and because they don't have anywhere to live they have to live with her husband's parents, but they don't give them any money, they have their own other children, their own credit to pay off. (Non-applicant FGD, Kyzylorda, village 2)

Two respondents who gave their documents were rejected by the volunteer herself, at first she accepted their documents and said that she would be in touch in August, then in March and then just said that they had not got through, although they didn't themselves take the PMT with the commission. (Non-applicant FGD, Almatinskaya, village 1).

Volunteers confirmed that they took some autonomous decisions about the eligibility of potential applicants, in order to ensure that the poorest were selected. This was in part because of the volunteers' perception that there were limits to the number of households that they could enrol (see next section).

9.3.6 Systemic exclusion

Finally, there seems to be some exclusion because some volunteers felt that they had a quota of households and once they had enrolled households up to this quota, they should discourage further applications. From the accounts of volunteers, this appears to come from a figure given in the volunteers' manual that was used for planning purposes but was never intended by BOTA to be used for operational purposes. Closer management and clearer communication of volunteers around enrolment is required to avoid this.

The accounts of non-applicants and volunteers substantiate this:

We just weren't invited to the enrolment (Non-applicant FGD, Kyzylorda, village 1)

Generally, many are offended that the earnings of other family members who live with them are assigned to them. (Non-applicant FGD, Kyzylorda, village 2)

The volunteer admitted herself that she had not worked fully in this village [K. a part of a larger village district] because she had exhausted the percentage of applicants that she had been given. (ECD, non-applicant, household interview, Kyzylorda, village 2)

In some instances volunteers' perceptions coincide with those of non-applicants. One volunteer, for example, reports that she has been given a quota of 5% of households in her village and therefore is not active in some parts of the village district. This coincides with the non-applicants from K. a part of a larger village district who had not heard about the programme or had not been invited to apply. Another confirms that there have been many dissatisfied non-applicants:

I try not to only use the lists but to invite those whom are not low-income, but are very close to the border because there have been many complaints; people are offended that they have not been invited to enrol. If before I only tried to take those who were the most needy, now I invite everyone, but immediately warn them that they may not pass the test. (Volunteer, key informant interview, Akmla)

This volunteer is also confirming that she is playing some sort of role in pre-selecting applicants for the PMT and in this way confirms the perceptions of non-applicants of this role. Other volunteers, both in focus group discussions and in interviews also indicate that they play a pre-selection role, but downplay its importance.

Regional staff also confirmed that the volunteers play active roles in selection. One regional team key informant acknowledged that the volunteers are *'specially chosen from among the inhabitants of the village in order to exclude such cases, that there will be many who are not eligible for the programme. Quite the opposite, those who live well also try to apply. They are not refused in order to show that the programme is honest, the PMT rejects them itself.'* Another, when describing the enrolment process, indicates that *'the volunteer knows in advance how many people want to apply and then 10% is added being those who come to apply by chance and taking this into account, the time needed, the number of team members can be determined'*. Another regional team key informant perceives the role of the volunteer in the enrolment process as *'correctly selecting people'*. One regional team key informant points to the volunteer, as well as the PMT, playing an important role in assessing the eligibility of the applicants:

There are always cases during enrolment when people come who say they also need help, but the volunteer says that the family lives well. Then they are let through to the enrolment anyway so that they can themselves be convinced and the programme doesn't let them through because they either have a stable and high wage or they have their own means of producing food or they are selling produce somewhere. In this case we depend on the opinion and perception of the volunteer, because she knows the situation of the families in the village very well. (Regional team key informant interview, Kyzylorda)

Overall, the regional teams acknowledge that the findings from the quantitative survey may reflect the picture in their region, but view the reasons for low application levels largely in terms of the agency of the households themselves *'not wanting'* to apply. Based on the accounts of the non-

applicants themselves, this view appears to be a significant under-estimation of the informational circumstantial and administrative barriers to application for eligible households. It is important that BOTA recognise these barriers and take steps to address them.

9.4 Payment and banking arrangements

As with the first qualitative report, nearly all beneficiary respondents indicate their satisfaction with the bank card method of payment of the monthly transfer. Many respondents indicate that they prefer this method over payment through the post office as '*there are never ending queues*' at the post office and the bank card method means they can take the money out at any time, including the weekend.

Nearly all beneficiary and former beneficiary respondents, however, indicate that they have to travel some distance to the nearest cash dispensing machine and in some cases this journey involves either a great deal of time, a lot of money or both. Table 4.3 summarises the length and cost of journeys to the nearest cash machine reported by respondents from the six villages where interviews were conducted.

Table 9.1 Length and cost of journey to reach nearest cash machine

Location	Cost of return journey	Length of journey
Kyzylorda 1	400 KZT	30 minutes taxi each way
	200KZT	1 hour bus each way
Kyzylorda 2	400KZT	1-1.5 hours bus each way
Akmola 1	600KZT	40 minutes taxi each way
Akmola 2	1000KZT	30 minutes taxi each way
Almaty 1	200 KZT	20 minutes taxi each way
	400 KZT	15 minutes taxi each way
Almaty 2	500 KZT	1 hour taxi each way

Source: BISAM/OPM

Many respondents indicate that they usually have other matters to attend to in the regional centre and therefore they combine the withdrawal of cash with their ordinary visits. Some respondents say that they make the journey specifically in order to access their BOTA cash transfer. In the villages where the cost of the journey is significantly higher (600-1000 KZT) many respondents indicate that several families come together to share the cost, with one person making the journey to withdraw the cash on behalf of several households.

A few respondents mentioned that their spouse or a relative take the money out because they regularly go to work in the regional centre or live in the nearest city where there is a cash machine:

In order to save costs, my sister who lives in Astana takes out the money for us and then brings the cash to us in the village. (PLW beneficiary household, Akmola 2)

My husband travels to Almaty every day for work and he withdraws the cash for us. (PLW, ECD beneficiary household, Almaty 2)

Some respondents indicate that the cost and/or difficulty of the journey to take out the cash affects the way they use it, preferring to take it out every two to three months and then spending on larger amounts of food or more expensive items:

It was very difficult to take out the cash when I was pregnant because I had to walk to the road and catch a taxi there. I tried to go only when I had to go anyway for hospital appointments, but it didn't always work out that way. ... Now I also take out money for my relatives who are also in the programme, therefore I have to go every month. Otherwise if it were only me then it would be better if I saved it up to then buy winter clothes for my child. (PLW beneficiary household, Akmola 1)

The whole journey, together with the travelling time, withdrawing the money, going to the shops for all necessary things take about 4-5 hours. We often go to the district centre for various things: clothes, shoes and other items. We prefer to save up the transfer for 2-3 months in order not to travel unnecessarily to the district centre. (ECD beneficiary household, Akmola 1)

In spite of these challenges, all respondents indicate that they would prefer to receive the transfer by bank card rather than through the postal system.

Nearly all respondents indicated that they do not use any other banking services and that receiving the BOTA transfer is their only contact with the banking system. A few respondents confirmed that they use other banking services such as consumer credit, but they say that their involvement in the BOTA programme has not affected their use of these banking services in any way.

9.5 Observations on BOTA volunteers

9.5.1 The volunteer role

Volunteers are instrumental to CCT implementation. According to one of the international NGOs involved in advising BOTA, one of the main roles of the volunteer in the original design of the programme was *'to reduce potential conflict in the communities during the start-up of the CCT'*. They also help to keep the administration costs of the programme down and ensure that training can be delivered. Payments to volunteers were also seen by those who designed the CCT programme as a way of getting cash into the targeted communities.

Multilateral organisations interviewed recognise the possible importance of the network of volunteers that has been created through the BOTA CCT programme as a potential resource for state social assistance services, social services and/or child protection services.

The volunteers are typically local women who have been recommended to the CCT programme by the Akim, have a history of working for the public good in a range of roles (in the akimat, as teachers, social workers, nurses), are comfortable communicating with the Akim, directors of schools and health services as well as with regular inhabitants of their villages. BOTA has trained these women to engage with low income households and mobilise them in several ways:

- Providing assistance to help households to apply for benefits by taking the proxy means test
- Delivering key primary health messages in the form of inter-active training designed to support adult learning

- Delivering key child-care and parenting messages in an accessible way
- Motivating mothers to focus spending of the cash transfer on the needs of their children and their own maternal health needs

As of December 2012 2,428 volunteers had been mobilised and trained through the CCT programme across the six oblasts and nearly all those consulted for this evaluation report high levels of motivation to help others and high levels of satisfaction with their work even while indicating that the level of remuneration is low at 8000 KZT per month. Many of the volunteers report that they have other jobs in parallel to the work they do for BOTA and that they like the volunteer role partly for its flexibility. Some report that the work takes up '*2 hours a week and my sister helps too*'; more typically they report the volunteer work as taking up 20-30 hours each month. Many of the volunteers report that they have grown in self-esteem in the course of their work for BOTA and that they feel a sense of increased respect from other inhabitants of the villages where they live:

[We] feel the impact of the work, our significance for the villagers, they address us as if we are important people in the village, are very respectful (Volunteers, focus group discussion, Almatinskaya)

Many volunteers cite their direct work interacting with other women and delivering training as the most rewarding aspect of the role:

From this work [the volunteers] receive not only new skills, but also communication with people, they themselves are becoming more socialised together with the women of the village. The volunteers have noticed that they have become more important for the residents of the village, their reputations have grown, they constantly being approached for advice. They like most of all to run the training sessions. They like to observe how the women gather for the training sessions, how that communicate with each other. As a rule women from low income families are usually silent, are never listened to, and here they understand their importance, they open up.... For them it is like going out into society. (Volunteers, focus group discussion, Akmola)

9.5.2 Remuneration

Most volunteers think that the remuneration is low. Volunteers at one focus group discussion agreed that the money is enough to cover their basic transport costs and the costs of running the training sessions. In another focus group, the volunteers felt that it is not enough to cover all the costs incurred in the job including photo-copying, telephone, and transport and should be raised to at least 10,000 KZT. The third group of volunteers consulted indicated that it needs to go up to around 17,000 KZT to cover all the costs that a volunteer incurs including bank charges in some cases, transport to more distant parts of a village district that can be 10km away, photo-copying, mobile phone charges. In key informant interviews, nearly all volunteers indicated that they feel the remuneration should be higher – say at the level of unemployment benefits 18,000KZT. Unlike in the previous evaluation report, the low level of payment is largely not perceived as problematic by many of the volunteers consulted, although some do say that they have considered leaving because of the low pay. The flexibility of the working arrangements, relatively low number of hours per month and the high levels of job satisfaction appear to be enough to motivate many volunteers to want to continue with the work at this level of remuneration.

9.5.3 The impact of the volunteer

As can be seen from the results relating to the conditionalities and the mobilisation and enrolment processes discussed above, the volunteer has an important impact on many aspects of the CCT, including:

- **Impact on operational processes.** The volunteer plays a key role in providing information to potential applicants; encouraging them to, or discouraging them from, applying; and giving an opinion which is given some weight in the verification and appeals procedures;
- **Impact on beneficiary behaviours.** The main impact is on anaemia awareness and behaviours, but possibly on parenting of young children and in some cases on parenting of children with disabilities. The volunteer also appears to be having some impact, possibly unintended by BOTA, on consumption expenditure by encouraging beneficiaries to spend transfers on the needs of their children and their own maternal health needs.
- **Impact on the community as a whole.** There seems to be some positive energy being generated at the community level, particularly among the women who are the volunteers, possibly also among the beneficiaries, that is stimulating support among community leaders for the provision of early childhood education services and acceptance of the importance of good health and antenatal health care.

Overall the impact of the volunteer role is an important impact to define as it is one of the aspects of the BOTA CCT programme which makes it expensive to administer, but which also seems to be quite key to the achievement of the changed behaviours which it is seeking. It could be that the volunteer role is one of the pieces of the BOTA CCT model which will be of interest to the government as it continues to take forward social assistance and child welfare reforms. It could be that the volunteers are the one piece of the BOTA CCT programme that continues to have a future after 2014 as a community resource contracted by the government, managed by BOTA and its partners/regional offices, to support the implementation of reform policies.

9.6 Observations on the use of conditionalities in the CCT

This evaluation has shown that it is difficult to isolate the impact of the conditionalities from other aspects of the CCT programme and the wider operating environment. There are too many factors at play which can affect changes in behaviour among the target beneficiary groups to be able to answer with complete confidence the question of whether the conditionality applied through the CCT programme has changed behaviours or not. Factors include the ready availability and quality of the services that beneficiaries are expected to access in order to receive their cash transfer; the quality and relevance to each beneficiary of the training they are expected to attend and the impact of other individual or local factors at the household or village level such as the availability of childcare for mothers of very young children to be able to attend training events. The multilateral organisations interviewed for this round of the qualitative evaluation express on the one hand some anxiety about the conditional cash transfer programme, declaring a need for *'proper evidence – does it really affect behaviours and create change? Universal benefits are better as they eliminate disparity.'* On the other hand, another multilateral organisation respondent sees the CCT as being a catalyst for change *'...there is a lot of positive energy...those involved realise they are making a difference to other people's lives and they enjoy it... It is different from the traditional top-down government environment'. This respondent recognises the need, however, to 'have a more holistic and flexible programme that can be tailored to the client'*.

Across all beneficiary categories, there are regional differences to which BOTA has needed to be responsive. For instance, UNICEF highlighted the lower level of provision of some kinds of social services for children with disabilities or of pre-school services in some regions than others.

Respondents from multilateral organisations also note that BOTA has been flexible and responsive in adjusting the target beneficiary groups and conditionalities as the programme has evolved and the operating environment has changed. An example of this given by one respondent is the introduction of the youth livelihoods beneficiary group and conditionality to the CCT programme from 2011 which links into a large-scale youth employment initiative launched by the government called 'Employment 2020' and which responds to a marked rise in youth unemployment which is higher than unemployment in the adult population. According to the multilateral organisation key informant, the CCT programme refers young people in target areas to the government youth employment scheme. In a final example, UNICEF confirmed that the prevention of trauma and injuries in young children is a strong priority as it is one of the big factors in under five mortality in Kazakhstan. The introduction of parent training by the BOTA CCT programme in 2011 shows responsiveness to this issue.

PART C: CONCLUSIONS AND RECOMMENDATIONS

10 Conclusions

The conclusions from the qualitative evaluation can be verified and tested against the quantitative evaluation results as they become available.

Multilateral organisation key informants who have a nationwide perspective and who are familiar at least to some extent with the CCT programme noted in interviews that the target groups selected by the BOTA CCT programme and the conditionalities applied are largely relevant to key challenges facing children and young people in Kazakhstan.

10.1 Impacts

10.1.1 Poverty and expenditure

As in the January 2012 report the qualitative research indicates that households consider the transfer to have had a net positive impact on their consumption expenditure, with most households buying more of the same goods or services. Most recipients spent the money on something linked to the conditionality or general household needs.

There are some differences between beneficiary types, the time of year, the household's income situation, and the costs of services they obtain. For instance, for disability beneficiary households who receive disability benefits, the CCT represents a small proportion of their benefits and is often spent on treats. For households with many young children and expensive pre-school, the CCT transfers are critical to meeting pre-school costs. Around half the households interviewed have no salaried worker and have incomes that are unstable, particularly in winter. For some of these households, the CCT can constitute all of their income at certain times of year. For the 30 or 40% of households with more than one beneficiary, the BOTA CCT represents a higher proportion of their total income.

Most households coped with shocks by economising, borrowing, or seeking support.

While households do not necessarily feel richer as a result of the transfers, they do have heightened confidence.

10.1.2 Health services

Antenatal services are widely used, commonly understood and largely appreciated by respondents. There was no strong evidence that the CCT has influenced the timing of birth registration, though it may have done so in some cases. As in the previous round of research, there appears no strong impact of the CCT on postnatal attendance at health services.

BOTA training has focused on anaemia and respondent beneficiaries demonstrate consistently high levels of knowledge on anaemia.

Most respondents met conditionalities around antenatal class attendance but explained that it was due to the intrinsic importance and value of the services rather than the threat of penalty. Few clearly confirmed meeting postnatal class conditions, but none reported being penalised.

10.1.3 Education services

Pre-school service provision levels varied across evaluation villages, with some having full day services with substantial fees and others having very cheap and part time services or a combination of both in the same village. Where pre-school is available, beneficiaries usually attend and the CCT makes this easier. Some respondents suggested that the CCT enabled them to enrol children where they would otherwise not have done. Others noted that pre-school was too expensive to afford, especially during winter, confirming the CCT theory of change.

Recipient respondents were almost universally happy with the quality of education received and the developmental benefits subsequently conferred. However, some non-applicants sometimes cited poor provision as a reason not to apply.

The CCT seems to have led to the formation of informal pre-schools. However, when asked managers and parents were not sure whether these informal arrangements would become permanent or outlast the CCT. The regional teams and volunteers are more confident that the demand from parents has been secured by the CCT programme and that this will help to ensure the continued supply of informal pre-school services for low income families who can't afford more expensive services.

The threat of non-payment appears to have played a very minimal role in children attending pre-school. Most respondents were convinced of the importance of pre-school for their children. Moreover, penalties seem to have been implemented quite irregularly.

Parents have been attending training and this has in some cases caused them to make positive modifications to their parenting practices, such as listening to their children more and not using physical punishment.

10.1.4 Care for children with disabilities

Some parents of children with disabilities were shocked at the shortening of the programme period to two years, but most seem to have accepted it (even if the communication wasn't always clear). Most respondents valued caring for children at home, but noted the difficulty of providing care on a permanent basis with no break or specialised assistance.

Most respondents in this category reported that the transfers were comparatively small, and felt that the training and interactions with the volunteers were largely irrelevant. It is not obvious from the findings of this round of research that home based care for children with disabilities is particularly poor; this undermines the relevance of the provision of additional training to parents, particularly when those delivering the training are not professionally qualified and when the course is generalised rather than specialised to the needs of the child. Regional teams and volunteers report that training has had an important impact on improved home-based care for children with disabilities. Nevertheless, respondents all reported participating in the training and none reported any cessation of payments. Moreover, respondents felt that participating in the BOTA CCT gave them a much needed sense of solidarity.

The removal of children with disabilities from the programme after two years means that those programmes that are older will have a constantly reducing number of children with disabilities who are beneficiaries and the main focus of the CCT will be on ECD, PLW and LLH in these regions.

10.1.5 Unintended impacts

There are isolated reports by beneficiaries of increased confidence of recipients and women. In contrast, volunteers and regional teams tend to report strong impacts in relation to women—increased confidence, greater social engagement and less isolation in a domestic role. Social inclusion impacts for children with disabilities and their families have been confirmed to a lesser extent.

10.2 Operations

10.2.1 Mobilisation and enrolment

The volunteers and regional teams perceive their task in relation to mobilisation and enrolment as having two aspects:

- ensuring that only eligible households apply to the CCT; and
- making the work of the enrolment teams as efficient as possible

This means that volunteers appear to have tended towards pre-selecting households that, in their subjective view, fit the criteria of the programme and only encouraging these households to apply. All other households are either not informed fully about the programme, or actively discouraged from applying. This was done with the intention of not wasting the time of the enrolment teams as they can only visit each village for one day every 3 – 6 months depending on the region. In some cases they only visit once per year. It has therefore been important for there to be as many eligible households as possible available for enrolment on a given day. The introduction of activation and distance enrolment has meant that more households can be enrolled between visits of the enrolment teams, but this has coincided with a cap on numbers of enrolments which has changed the task again.

The task of the volunteers and enrolment teams in terms of mobilisation and enrolment at this stage in the programme can be summarised as ensuring that the numbers of beneficiaries in each category is kept topped up with as little recourse as possible to the enrolment teams visiting the villages. The first port of call for volunteers therefore are those households that are already on their books as they can most easily be enrolled using the distance enrolment method and it is easiest to find out about new pregnancies and children reaching the eligible pre-school age amongst these families. Only as a second resort are volunteers looking for potentially eligible households outside the existing pool of families in their villages.

10.2.2 Non-applicants

There seems generally to be widespread awareness of the BOTA CCT programme, though non-applicants are much less aware of the details and this is sometimes a barrier to their application. Non-applicants tended not to apply because:

- they had the wrong information;
- they happened to be away from the village at a crucial moment;
- they did not want to apply, either because they felt it was irrelevant, stigmatising, or impossible to comply with the conditions;
- the volunteer excluded them because they felt they would not pass the PMT;
- the enrolment procedure did not allow them to sit the PMT; or

- the volunteers believed they had a quota based on 1.5% of the population that had already been reached.

Only four of the non-applicants interviewed for this study did not pass the PMT, suggesting that many eligible households are not applying.

There is a general perception among regional teams that low uptake is mainly due to non-applicant households not wanting to participate in the programme. There is an assumption that those who have applied are therefore the only ones who wanted to do so in the village. Volunteers, in contrast, play down the numbers of eligible non-applicants and tend to indicate that reasons for non-application are mainly circumstantial, for example being away during an enrolment round. The non-applicant focus groups and interviews indicate that those who did not apply for the large part do 'want to' apply and that there are other reasons for their non-application that are partially to do with the way that the enrolment system is organised.

The 'activation' procedure, together with the introduction of limits to the numbers of beneficiaries that can be enrolled each month, is compounding the question of non-take-up by creating an exclusive pool of households who have 'fast-track' access to a limited number of places in the programme and therefore compounding the exclusion of other households who may be eligible and want to participate in the programme, but were not 'lucky' enough to get into the pool in the earlier phases of the programme.

Volunteers are aware of the possibility of telephone enrolment, but not all are using this regularly, and regional teams are still rationing enrolment, so telephone enrolment is not solving the problem of non-take-up.

10.2.3 Proxy means test

The proxy means test appears to have won the confidence of the beneficiary households, akims, volunteers and BOTA / NGO regional teams as a way of assessing eligibility for programmes that are targeting low-income households. There is some anxiety among some respondents, particularly those who are responsible for administering the test, about whether it is letting through those who are not really poor. The verification and appeal procedures are considered by these respondents to be important for ensuring confidence in the PMT.

On the whole, however, based on the feedback from the respondents to both rounds of the qualitative evaluation, the PMT itself as an instrument has the potential to be used as a way of means-testing in a range of settings. The errors of exclusion in implementation that have been identified in the BOTA CCT programme appear to have been linked more to mobilisation and enrolment processes that have created systemic barriers for potential eligible applicants.

10.2.4 Volunteers

The BOTA CCT programme has created a large workforce of well-trained volunteers who are rooted in their communities and able to carry out functions that can support social change at the community level. This represents an important opportunity for BOTA, the government and the multilateral organisations in Kazakhstan who are focused on achieving reforms in the social assistance, social work, child protection and early childhood education policy areas.

10.2.5 Internal monitoring

Views of the programme among volunteers and regional teams tend to coincide, but don't always match with the perceptions of households and key informants. This is particularly noticeable in

relation to the disability training where not all households report it as being useful and relevant but regional teams and volunteers are convinced of its usefulness and relevance to all. It is also noticeable in terms of trying to understand the link between earlier registration of pregnancies and the BOTA programme – volunteers, key informants such as akims and health workers and regional teams are sure that there is a direct link, but the evidence from beneficiary interviews is not conclusive as many women were registered with the antenatal health services before finding out about the CCT, for example.

11 Recommendations

The CCT programme is having a positive impact on the beneficiaries it supports and on their households. It should be continued, with alternatives needing to be considered beyond the end of the BOTA project in February 2014. Ideally this would involve government, and further understanding of the links with government programmes as a model for sustainability needs to be developed. The recommendations below need to be considered in the context of this impending end of the CCT and what can be learned for a long-term government oriented model. They are discussed in terms of the design and operation of the programme, and the potential future role of BOTA and its workforce.

11.1 Programme design

Recommendations on programme design touch on three aspects:

1. Responsibilities of the workforce.
2. Flexibility in responding to the local context.
3. The role of conditionalities.

11.1.1 Responsibilities of the workforce

The task of the regional teams and the volunteers needs to be re-defined, clarified, concretised and communicated clearly to all participants in the mobilisation and enrolment process. If the task of the volunteers is to give the opportunity for enrolment to all village members and the task of the enrolment team is then to administer the test to all applicants then that is one approach which may require greater time spent on testing ineligible people, although the quantitative evaluation results tend to indicate that there would be very few ineligible people applying. It should be clearer to volunteers and others to what extent volunteers should be 'targeting' their awareness-raising to households they consider to be most deserving. Re-defining and clarifying the task of the mobilisation and enrolment teams will help also to clarify the role of the distance enrolment and activation systems.

11.1.2 Flexible response to the local context

Some problems that the CCT is trying to address, such as anaemia, vary by region in their severity. This raises the question of whether the CCT can be made more sensitive to local context both in terms of the severity of the problems being addressed and the presence of the infrastructure (government or NGO) to address the problems in any given region, for example the varying levels of pre-school service provision that has been identified as a factor in the impact of the CCT programme in this evaluation.

11.1.3 Role of conditionalities

The **disability grant** should continue to be conditional on taking care of children at home, which seems to have substantial benefits. However, given the limited value addition of the current generalised disability training, it is not clear that this should be a condition for receipt of payments. Tailored specialised training by professionals would be of use and payments could be made conditional on attending this, but this will be logistically challenging to organise at scale and is likely to be prohibitively expensive. Parents should probably be engaged at the point of enrolment or payment, with a focus on helping parents to access other services but not an expectation that any

general training is beneficial. Attendance at self-help and social groups, and access to a volunteer is certainly beneficial, but should probably be offered as optional extras rather than conditions.

The **ECD conditionalities** need to take more explicit account of the variety of pre-school facilities offered, and particularly the amount or quality of services they offer. It appears from these findings that the conditionality plays a role in pre-school attendance, but this is not a very strong conclusion and so does not lead to a firm recommendation about continuing the conditionality on *attendance* rather than simply *enrolment*. The parenting training offered to young children has been the most popular sort of training amongst participants. If the benefits are expected to be substantial but people are reluctant to attend, this could be considered for a conditionality. This currently does not appear to be the case.

The **PLW conditionality** was initially designed to target anaemia but the government has been able to respond to the problem of anaemia through its primary health care services. BOTA has therefore focused on improving attendance at antenatal classes and deepening awareness and knowledge of anaemia, both successfully. These seem reasonable candidates for conditionality. Late birth registration is not obviously a significant problem in the evaluation villages and it is not clear whether making payments conditional on registration is important. The postnatal training course is not used and is not obviously important for women enrolled during pregnancy who have already received anaemia training. Parental training for young children may be the most useful conditionality in this area.

11.2 Programme implementation

BOTA may wish to consider the following:

- Whether the decision to shorten the disability programme eligibility time to two years (which seems a reasonable decision) should be more clearly communicated.
- Whether enough is being done to overcome the barriers to non-enrolment or non-application.
- Whether volunteers need to be clearer on whether they have quotas for enrolment.
- Internal monitoring through consultations with beneficiaries could help to ensure that the management teams at regional and national level are informed about the programme directly by beneficiaries and not only through the channel of volunteers.

11.3 The potential future role of BOTA

Two areas where BOTA may be able to make a particularly valuable contribution, following on from the CCT, are in maintaining its volunteer workforce and in considering whether it could have an ongoing role in supporting families of children with disabilities to meet on a monthly basis as 'self-help' groups.

11.3.1 The volunteer workforce

Regarding volunteers, BOTA could explore in more detail the potential for maintaining the volunteer workforce beyond 2014 as a provider of services for the government or for other NGOs. The volunteers also have the potential to become catalysts and mobilisers of change in their villages in their own right.

11.3.2 Support to self-help groups

BOTA could aim to capitalise on the social inclusion benefits identified by this evaluation for parents of children with disabilities and attempt to consolidate them before the end of the

programme. BOTA cannot 'force' the parents to take part as they no longer have the CCT for this category, but the historical connection with BOTA will mean that parents will have some trust in the volunteer and the evaluation is showing that some households strongly valued the opportunity to meet with others to talk about their children and the challenges they face. It could be piloted in some of the villages where disability households have exited the programme and then rolled out if successful. Such a programme would require a small module of training for volunteers on mobilising and facilitating self-help parents' groups and a space where parents can meet, preferably a space that is the same each time and preferably a space that is a community space and not the home of the volunteer. If this is successful, the groups will continue to meet probably more frequently than once a month and without needing the facilitation of the volunteer. Such groups can become quite strong activists able to advocate successfully for the services that they need in their villages (social workers, specialists, mobile teams to support children with disabilities, respite services etc.) and can also provide each other with supportive services – respite care, mentoring and informal support as appropriate to both receivers and givers of such support.

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Annex A Fieldwork conducted and questions

Table A.1 Fieldwork conducted

Level	National or oblast	Akmola		Kyzylorda		Almaty	Total	
Raion		Bulandinsky	Arshalynsky	Zhalagashsky	Zhanakorgan	Enbekshikazakhskii	Koksuisky	
Settlement		Vosnesensky	Mikhailovka	Akkumsky	Shalkiya	Tashkentsazskii	Moukry	
Household interviews.		11	11	11	11	11	11	66
<i>ECD BHH</i>		4	4	4	4	4	4	24
<i>PLW</i>		2	2	2	2	2	2	12
<i>Disability</i>		2	2	2	2	2	2	12
<i>Non applicants</i>		2	2	2	2	2	2	12
<i>Any category no longer receiving</i>		1	1	1	1	1	1	6
Focus group discussions								10
<i>Non applicants.</i>		1	1	1	1	1	1	6
<i>Volunteers</i>	4							4
Key informants								26
<i>National and regional level</i>	4 oblast + 4 national							8
<i>Key informants</i>		3	3	3	3	3	3	18
Total	12	15	15	15	15	15	15	102

Table A.2 Fieldwork questions

Level	Main focus of inquiry
Household interviews; applicants found using MIS print-out; non-applicants from listing.	For all categories – explore impact on household expenditure and coping strategies. Seasonal issues. Understanding of conditionalities and experience of non-compliance. Unintended impacts (gender/integration/mobilisation?). Multiple benefits. Expiring entitlements.
<i>ECD BHH</i>	Benefits to child? Formal/informal provision of education? How sustainable? Is the cost reasonable? Experience of non-compliance? Other impact - parent training?
<i>PLW</i>	Impact in relation to conditionalities and experience of non-compliance - earlier registration? New knowledge? How has the training for lactating women changed/evolved?
<i>Disability</i>	Training programme in year 2 and 3? Ongoing impact on care provision? On child? Integration? Household coping?
<i>Non applicants</i>	Same as FGD. Preferably different categories.
<i>Any category no longer receiving</i>	Ongoing impact? Changes in perceptions of child development? Younger siblings going to pre-school? Changes in how household is coping since payments stopped? Seasonal issues?
Focus group discussions with non applicants. To be found using a household listing gathered from raion akimat/school and NOT from volunteer..	Non-applicants – why didn't they apply? Because they couldn't or because they didn't want to? Administer PMT at the end of the discussion to check whether participants were part of the high number who were eligible and had heard of the programme but didn't apply. Administer perception of poverty questionnaire. Explore coping mechanisms and household expenditure issues – debt, seasonal issues etc?
Focus group discussions oblast level	Volunteers– perceptions of the programme, the volunteer role, how did they inform potential beneficiaries, how could it be done better? How much support/guidance have they had throughout? How much time do they spend on each task (enrolment, checking the meeting of conditionalities, providing training). What do they think about the monitoring of conditionalities? Multiple benefits. Expiring entitlements.
Key informants (national and regional level)	Impact of CCT overall and on specific target beneficiary groups. Sustainability – prognosis in terms of government using this model in future social protection programmes. Relevance – selection of the target beneficiary groups. Necessity of PMT as a targeting tool? At regional level – community mobilisation experts, how have they approached the task of mobilisation? What about taking lists from Akims and schools? What instructions from BOTA, how best to avoid pre-selection and ensure high level of information for all residents of target villages?
Key informants	Volunteers – as per volunteer FGD Akim, health or education workers – impact on target beneficiaries, unintended impacts (gender, disability integration), role of volunteer, informal pre-school provision and its sustainability.