

POLICY PAPER
on Improving
Conditional Cash Transfers
Programme
in Turkey

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EXECUTIVE SUMMARY

This report aims to set some recommendations forth to improve the Conditional Cash Transfers Programme in Turkey. In order to do that the report first portrays the basics of conditional cash transfers, then introduces CCT programmes around the world, namely from Brazil, Argentina, Mexico and Chile with a view to describe the basics of these programme and their distinctive features amongst the others. In the third chapter, the case of Turkey is presented in detail to provide background information on the Turkish case before getting into the discussion on how to improve the programme in Turkey. The report presents the key findings of the workshop that was organized on 10 September 2013 in Ankara, Turkey to elaborate on the alternatives for the programme in place in Turkey. The report finishes with a set of recommendations for future considerations.

Main characteristics of the country examples mentioned above distinguishing themselves from others is that in Brazil, the CCT programme, *Bolsa Familia* became a minimum income support programme targeting a wider group of families compared to its original design in 1990s contributing to decrease of extreme poverty. In Argentina, there are several cash transfer programmes at the same time allowing the beneficiaries to transit among these programmes and receive support from different aspects such as from gas to job-seeking skills. Mexico's *Opportunidades* uses separate targeting mechanism for rural and urban areas and conducts community assessment for rural areas and sets completion of secondary school as a condition. Lastly, *Chile Solidario*, in Chile, added psycho-social support component customized for each beneficiary family designed by a social worker in consultation with family and sets gradual graduation from the programme.

Turkey's CCT programme² has three main components, namely, education, health and pregnancy. Under the education component, the amount is higher for girls than boys and for secondary school students than primary school students. Health assistance is provided under the condition that parents take their children to regular check-ups until the children are five years of old. As pregnancy assistance, the programme provides regular check-ups during pregnancy and one-time cash transfer under the condition that the baby is delivered in the hospital.

The key discussion points raised during the workshop were:

² CCT programme in Turkey is being implemented under the name of Conditional Education and Health Assistance.

- **On CCT design:** The participants expressed their opinion that the public awareness on the programme is low and the programme does not seem appealing to the beneficiaries. The amount of CCT was found too low to address the needs of poor people. In terms of eligibility, the participants underlined that criterions might be exclusionary especially for the household with a member working with minimum wage and for the younger children at pre-school age or older children in transition to secondary to higher education.
- **On CCT Implementation:** The participants took attention to the complaints for late and irregular payments impeding the financial planning of the poor families and emphasized the lack of coordination and collaboration amongst the service providers to improve the effective monitoring of the programme.

Following recommendations, raised as the results of research and discussions held in the workshop can be considered to improve the programme:

- It was highlighted that CCT has positive impact on school attendance and health visits but a special emphasis was also given to the supply-side interventions to improve the quality of services. In terms of women's empowerment, it was discussed that the programme renewed the importance of motherhood in household and had positive effect on women's interaction and socialization; however, CCT's impact on child marriage and domestic violence remains insignificant due to its low amount.
- Raising awareness on the CCT programme through
 - Renaming the programme in way that would allow the beneficiaries and the public to easily understand its objectives and content and revising its conditions if possible.
 - Conducting a wider range information campaign through leaflets/brochures as well as through other media tools in an easy-to-read, easy-to-comprehend fashion.

is essential to ensure that both the target families as well as the service providers are well-informed on the programme translating into a more effective implementation.

- Redesigning the programme through
 - Adjusting the value depending on the specific conditions of localities, higher values may have higher impact on some dimensions and
 - Eliminating complex and exclusionary conditions that would unintentionally result in penalizing the poorest and minimising the risk of excluding poor families and generating incentives, organizing national campaigns and trainings and knowledge/experience sharing meetings to modify their behaviours in order to be qualified for the programme
 - Providing additional support for the most vulnerable populations, such as for agricultural workers
 - Keeping the programme as simple as possible to prevent administrative and social costs that complexity working against the objectives of an anti-poverty programme.

- Increasing coordination and collaboration among the institutions, identifying potential synergies of the CCT programme with other social protection mechanisms to harmonize the programme and conducting feasibility studies to expand the programme into a minimum income programme, by taking the cost of addressing basic needs into account, as in the case of Brazil and adding a psycho-social support component into the programme as in the case of Chile

are crucial to have a better integrated social protection mechanism and broader social inclusion perspective.

Policy Paper for Improving the Conditional Cash Transfers Programme in Turkey

1. Introduction

Conditional cash transfers (CCT) are “regular income transfers to poor households conditional on particular actions and/or changes in behaviour”³ as part of social safety net. These conditions are usually set as investments in human capital such as sending children to school or getting the children vaccinated which will have long-term impact on children’s human capital accompanied by short-term social assistance.

In that sense, CCT programmes are different from traditional social assistance programmes aiming to provide short time social assistance at times of crises. In contrast, CCT programmes use short-term social assistance as an instrument to invest in children’s human capital as a longer term investment.

Several studies evaluating the impact of CCTs around the world have revealed that if the programme is well designed, it has positive outcomes in increasing school attendance rates, in the duration at school and attendance to preventive health services. Additionally, it also proved to increase household consumption especially for food. However, other evaluation reports have also showed that CCT programmes have disincentive effects, limited welfare impact and weak poverty targeting. Many of these mentioned studies; however, underlines that without ensuring the quality of services, and increasing the access to services through CCT will not have a substantial impact on educational or health outcomes.

In more than thirty countries around the world, CCT programmes are being implemented. Some of them are Brazil, Mexico, Chile, Nicaragua, Indonesia, Philippines, Bangladesh and Turkey. In many of these countries, CCT programmes started as poverty reduction programmes but extended their scope throughout their implementation. For example, Brazil and Mexico expanded their target to urban population although the original target group was rural, Mexico added secondary school completion incentives, Brazil added micro-credit and housing support and Chile expanded the scope of the services by providing psychosocial assistance.⁴

³ UNICEF (2012). Social Protection Strategic framework. Accessible through <http://www.unicef.org/socialprotection/framework/>

⁴ Bri  re, B. and Rawlings, L. (2006). Examining Conditional Cash Transfers Programs: A Role for Increased Social Inclusion. The World Bank. Accessible through <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Safety-Nets-DP/0603.pdf>

This report aims at spelling out some ideas that might be helpful to improve the CCT programme implemented in Turkey. In order to do so, the report will start with introducing some examples of CCT implementations around the world, followed by the case of Turkey, including the main findings of the impact assessment study conducted by the Social Assistance Directorate General in collaboration with Gazi University, in the second chapter. The third chapter will summarize the findings of the workshop held on 10 September 2013 that brought experts together in order to produce recommendations for the CCT programme in Turkey. The report will finish with the fourth chapter on recommendations.

2. Country Cases

a. Brazil: Bolsa Familia⁵

Bolsa Familia is the largest cash transfer programme in the world and it is run by the Ministry of Social Development and Fight against Hunger. The history of the Conditional Cash Transfers programme in Brazil goes back to 1995. It was first being implemented at the local level, which was then brought up to the national level in 2001 as *Bolsa Escola*. In 2001, *Bolsa Alimentação* was also introduced to provide cash assistance for health and nutrition. In 2002, Brazilian government introduced *Auxílio Gas* to provide gas for cooking purposes and in 2003, *Cartão Alimentação* was entered into force as food card programme.

Due to the lack of coordination, lack of integrated data systems, different eligibility criteria and different benefits level applied by the abovementioned CCT programmes, *Bolsa Familia* was introduced in 2003 with a view to increase efficiency and coherence, to ensure the realization of basic social rights of health and education by setting them as conditions and to reduce poverty by providing minimum income to poor families.

Eligible families are determined based on declared income, not based on proxy means test (it benefits families living in poverty (with an income per capita R\$ 70 (for all families) between R\$ 70 and R\$ 140 per month for the families with children below the age of 18).

The coverage of *Bolsa Familia* was 1.2 million families in 2003 and increased to 13.7 million families in 2013 –quarter of the Brazilian population at a cost of R\$14.4 billion composing 0,46% of GDP in 2010.

The impact evaluation reports show that *Bolsa Familia* Programme was able to reduce income inequality by 21% between 2004 and 2006 and 4.3 million out of 12.4 million families were out of the extreme poverty through the benefits provided. *Bolsa Familia* has also proved to be effective on the increase of vaccinations, increased attendance to pre-natal services, increased probability of full-term birth in the area of health and increased school attendance rates and decreased drop-out rates in the area of education.

⁵ Sources used for the Brazilian case:

-Presentation made by Mr. Patrus Ananias de Sousa, the Former Minister of Social Development of Brazil, at the Improving Conditional Cash Transfers Workshop on 10 September 2013, Ankara, Turkey.

b. Argentina⁶:

Argentina has several cash transfers programme, namely *Programa Jefes de Hogar*, *Ciudadanía Porteña*, *Programa Familias por la Inclusión Social (PJJHD)*, *Seguro de Capacitación y Empleo* and *Plan Familias*.

Programa Jefes de Hogar is a conditional cash transfer programme run by the Ministry of Labour and Social Security since 2002 as an intervention to promote employment. It provides 150 pesos per month to the head of household for a minimum of 4 hours of daily work.

Secondly, *Ciudadanía Porteña* provides monthly subsidies to poor families to purchase food, hygiene products and natural gas for cooking. Thirdly, *Programa Familias por la Inclusión Social (PJJHD)* offers a monthly benefit (the amount varies according to the number of children under 19 years of age or disabled people in a household). The conditions placed for the entitlement bases on education and health of the children. Fourthly, *Seguro de Capacitación y Empleo* offers active employment policies for the PJJHD beneficiaries such as job seeking orientation, skill-building and job placement. Finally, *Plan Familias* aims to promote the protection and social integration of vulnerable families through cash transfers and to promote the access to health and education for children and pregnant women from the beneficiary households. The target population is families who are current beneficiaries of the PJJHD having at least 2 children who have not completed secondary school. Eligibility is determined based on self-declared information.

The number of families covered was 504.784 in 2007. The amount paid is Arg\$155–305 a month per child aged 5–19, depending on the number of children (minimum 2, maximum 6) paid to the mothers. A monthly benefit of Arg\$50 is also paid to youth and adults in the family willing to complete their education or vocational training. Cash transfers are being made on the condition that the families will comply with the national immunization plan for children under 19, bimonthly check-ups for pregnant women in the area of health, school enrolment and regular school attendance by each child aged 5 to 19, or completion of the secondary level.

⁶Sources used for the Argentinian case:

-International Policy Center for Inclusive Growth: Cash Transfer Programmes in Caribbean and Latin America. UNDP. Accessible through <http://www.ipc-undp.org/PageNewSiteb.do?id=123&active=3#argentina>

-South-South Learning for Social Protection: Argentina. UNDP. Accessible through <http://south-south.ipc-undp.org/component/k2/item/258-argentina>

c. Mexico⁷:

Oportunidades, second biggest of its kind in Latin America, is a federal conditional cash transfer programme designed to improve living conditions of those in extreme poverty since 2002. It was originally named as *Progresa* when it was first started in 1997 targeting the female head of households in rural areas providing monthly grants health, nutrition, education and income.

Oportunidades has three components, namely education, health and nutrition.

- Under the education component, grants are provided for primary till high school with the varying amounts as the child goes up in grades. There is also a difference in the amount of the grant according to the gender of the child considering the higher possibility of drop-out among girls.
- Basic health care for all members of the family is provided through public health institutions under the health component, with a particular emphasis on preventive health care.
- A monthly monetary transfer of \$15.50 (155 pesos) is included under the nutrition component to improve food consumption and to provide nutritional supplements for all children between 6-23 months old, for malnourished children from two to five years and for pregnant and breastfeeding women.
- Elderly people over the age of 70 also receive cash transfers if residing in localities with more than 10.000 inhabitant and members of a beneficiary family.

Oportunidades went through two major changes since its foundation. The first change was the extension of its coverage to urban areas although it first started as a rural programme and the second major change was the extension of its coverage to high school students as opposed to its original starting point targeting primary school students.

In 2003, another component, a savings plan for high school students from ninth grade through graduation was introduced. The grant was 4192 pesos (357 dollars) in the year 2011.

In terms of targeting, in order to identify the vulnerable families, marginalised localities are identified first followed by the identification of eligible households within these localities. For urban areas, national socioeconomic information from household surveys is used to identify the poorest areas and a marginalisation index is constructed for each area and

⁷Sources used for the Mexican case:

-International Policy Center for Inclusive Growth: Cash Transfer Programmes in Caribbean and Latin America. UNDP. Accessible through <http://www.ipc-undp.org/PageNewSiteb.do?id=123&active=3#brazil>

-Shanghai Poverty Conference: The Case of Mexico. World Bank. Accessible thorough <http://info.worldbank.org/etools/docs/reducingpoverty/case/119/summary/Mexico-Oportunidades%20Summary.pdf>

-A Human Development Programme Opportunidades (2008). Opportunidades Press and Media Office. Accessible through <http://migrationfiles.ucdavis.edu/uploads/cf/files/2009-may/oportunidades.pdf>

-Molyneux, M. (2006). *Mothers at the Service of the New Poverty Agenda: Progresa/Oportunidades, Mexico's Conditional Cash Transfers Programme*. Social Policy and Administration, 40(4), pp. 425-449. Accessible through <http://wwwprof.uniandes.edu.co/~ijaramil/progresa.pdf>

- Global Extension of Social Security, Conditional Cash Transfers Programmes. Accessible through <http://www.ilo.org/gimi/gess>ShowTheme.do?tid=2670#00>

-Behrman, J. (2007). Policy oriented Research Impact Assessment Case Study on the International Food Policy Research Institute and the Mexican Progresa Anti-Poverty and Human Resource Investment Conditional Cash Transfer Program. International Food Policy Research Institute. Accessible through <http://www.ifpri.org/sites/default/files/publications/ia27.pdf>

neighbourhood. The most marginalised areas are then selected, followed by the identification of eligible households in the selected areas. In rural areas, this household-level targeting is done through a census, which collects socioeconomic information through questionnaires conducted during home visits to establish a poverty index for each household. Based on this, families are ranked, and a list of eligible households is compiled. This list is taken to a community meeting, where it is discussed and finalised.

There were 5,8 million families benefiting from *Oportunidades* in 2010 with a cost of 65,7 billion pesos (about US\$5.7 billion).

Impact assessment studies conducted for *Oportunidades* reveals that it had positive impact on school enrolment, attendance to health clinics and nutrition. Biggest change, an increase of 20% for girls and 10% for boys, was observed among the secondary school students. *Oportunidades* has also resulted in lowering the incidence of illness among the children between the ages from 1 to 5. Additionally, it had an impact on the decrease of child stunting and increase in child growth.

d. Chile⁸

Chile Solidario entered into force in 2002 with a target population living in extreme poverty. The families are being involved in the programme based on the scores they received in social assessment in four categories: education, income, housing conditions and participation in the labour market. Thus, a multi-dimensional approach towards poverty is applied to targeting mechanism.

Eligible families are provided family support for two years with regular visits by social workers to prepare a plan for the family to cope with the problems they face such as domestic violence, access to public services or registration. The condition to continue to be eligible for the programme is to comply with the customized actions determined by the social worker.

In order to prepare the customized plan, an assessment in seven dimensions is made. These dimensions are: identification, health, education, family dynamics, housing conditions, work and income according to 53 minimum conditions for quality of life. Participation by the beneficiaries is regularly monitored and beneficiaries have priority access in certain services included in their family plan.

Chile Solidario has also a component called *Bono Protección*, which is a cash transfers programme paid to the female head of the beneficiary families of *Chile Solidario* to support them to pay for food supplies, services and amenities. By the end of two years, families

⁸ Sources used for the Mexican case:

http://codex.colmex.mx:8991/exlibris/aleph/a18_1/apache_media/TL3MDNBN5J937GBIPJCDERDKHY78C.pdf

-Safety Nets and Transfers: The Case of Chile. The World Bank. Accessible through

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTSAFETYNETSANDTRANSFERS/0,,contentMDK:20863824~pagePK:148956~piPK:216618~theSitePK:282761~isCURL:Y,00.html>

-Martorano, B. and Sanfilippo, M. (2012). Innovative Features in Conditional Cash Transfers: An Impact Evaluation of Chile Solidario on Households and Children. UNICEF. Accessible through http://www.unicef-irc.org/publications/pdf/iwp_2012_03.pdf

-Galasso, E. (2011). *Alleviating Extreme Poverty in Chile: the Short Terms Effects of Chile Solidario*. Estudios de Economía, 38 (1, pp.101-127)

continue receiving financial support and have priority access to services for three years to sustain their exit out of poverty.

In the Chilean program, the amount of cash decreases throughout eligibility period. For instance, \$33 is paid monthly in the first six months of the programme, whereas it decrease to \$12 in the last six months.

Chile Solidario composes 0.3% of social protection spending (0.08% of GDP; 2005) and its administrative cost encompasses 20% of program costs, half of which belongs to the cost of social worker component.

The results of several impact assessment studies show that *Chile Solidario* was successful, to push its beneficiaries out of extreme poverty, but not enough to ensure a reduction of moderate poverty. A significant increase in the take-up of cash assistance programs and of social programs for housing and employment was observed. Additionally, it also had an impact to improve education and health outcomes for participating households. Its impact on the improved employment or income outcomes in the short term was found to be limited. The most important change that *Chile Solidario* brought was its component in psycho-social support by increasing awareness of social services in the community as well as households' orientation towards the future.

3. The Case of Turkey⁹

a. System

In Turkey, the CCT program is implemented with the title of Conditional Education and Health Assistance Program. In order to reduce the adverse effects of 2001 economic crisis and fight poverty more effectively and quickly, the CCT programme was initiated within the scope of the Social Risk Mitigation Project (SRMP) which was conducted by the Social Assistance and Solidarity Fund with funds allocated by the World Bank and the Government of Turkey. In 2003, it started in 6 provinces as pilot scheme and since the beginning of 2004 it has been spread gradually throughout the country. In 2007, after the finalization of SRMP, the CCT programme was continued within the Social Assistance and Solidarity Directorate General (SASDG) with funds of the Social Aid and Solidarity Promotion Fund. In 2011, upon the establishment of Ministry of Family and Social Policies, SASDG was incorporated into the Ministry and continued to conduct its activities under Social Assistance Directorate General (SADG).

In addition to its long-term objective of accumulation of human capital, the CCT programme also aims to:

- Increasing the enrollment rates and length of staying at school for children living in poverty by covering the schooling costs of poor families because these costs often deter them from sending their children to school,

⁹ Concept Note on the Conditional Cash Transfers Programme prepared by Social Assistance Directorate General under the Turkish Ministry of Family and Social Policy in November 2013.

- Ensure that children from poor families benefit from basic health care services,
- Responding to problems encountered during pregnancy, encouraging expecting mothers to have regular health checks, safe delivery in hospital and ensuring full and timely vaccinations of new borns.

In order to achieve these goals, the program consists of following three components:

1. Conditional Education Assistance
2. Conditional Health Assistance
3. Conditional Pregnancy Assistance

Target population of CCT program carried out by GDSA was defined as the poorest segment of the population who cannot send their children to school and cannot undergo regular health checks due to the financial problems. The CCT program carried out by GDSA is applied in a way that regular cash assistance is provided for the families in this target population to ensure that they send their school-age children to school regularly and that their pre-school children aged between 0-6 years and expectant mothers undergo regular medical checks and expectant mothers give birth safely at a hospital.

Conditional Education Assistance

In Conditional Education Assistance, the amount of assistance given to female pupils and students of secondary education is higher in order to increase the schooling and transition rates from primary to secondary education for girls. Monthly payment amounts and total numbers of student beneficiaries within the scope of Conditional Education Assistance are as follows:

Table 1*

	Monthly Conditional Education Assistance Per Student (TL)	Monthly Conditional Education Assistance Per Student (\$)	Total Number of Beneficiaries
Male Primary Education	30	28.75	909,328
Female Primary Education	35	33.54	878,617
Male High School	45	43.12	129,493
Female High School	55	52.71	117,177
TOTAL NUMBER OF STUDENT BENEFICIARIES			2,034,615

*For the calculation of the monthly amount of assistance given to a student on Dollar basis, purchasing power parity (PPP) was used. For the year 2012, 1 \$ equals TRY 1.0434 according to the purchasing power parity.

The amounts of assistance allocated from the Fund within the scope of Conditional Education Assistance are as follows:

Table 2

YEAR	TRANSFERRED FUND (MILLION TL)
2003-2011	2.013,48
2011	397.48
2012	501.49
2013 OCTOBER-	463.43

Conditional Health Assistance

The families are provided 30 TL monthly cash assistance under the condition of taking their children aged between 0-6 years to regular health checks.

Table 3

YEAR	TRANSFERRED FUND (MILLION TL)	NUMBER OF CHILDREN
2003-2011	750.10	
2011	142.29	747,507
2012	188.13	887,926
2013 SEPTEMBER	210.16	811,725

Conditional Pregnancy Assistance

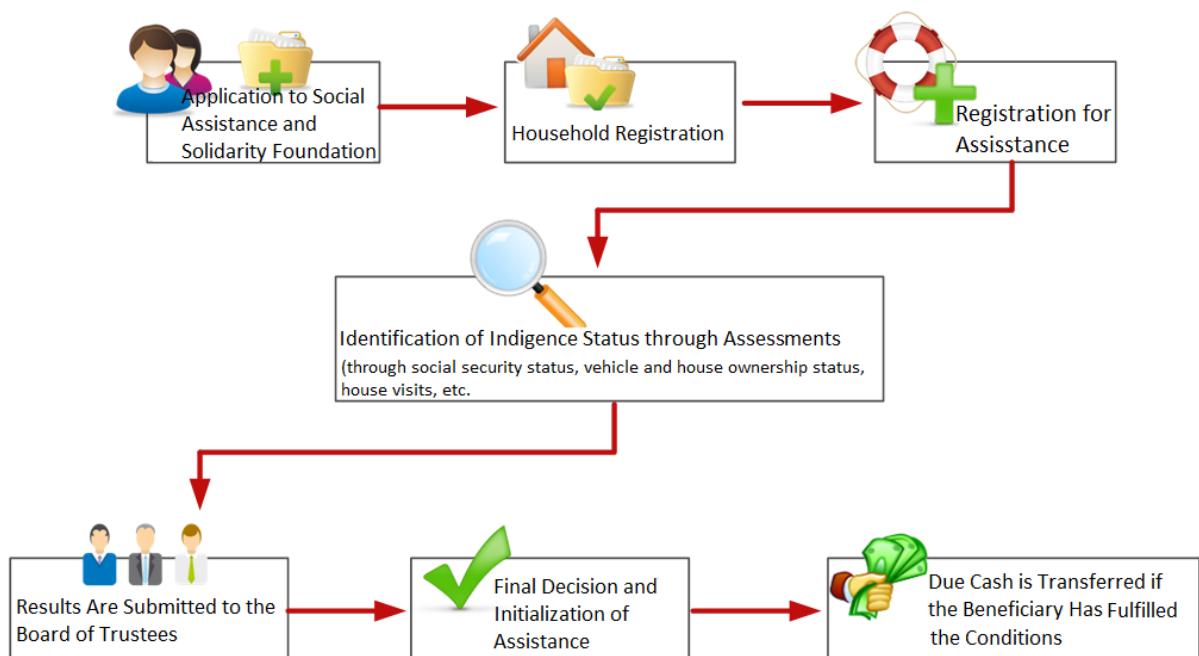
Within the scope of Conditional Pregnancy Assistance, pregnant women receive 30 TL per month during pregnancy on condition that they go to regular check-ups during pregnancy and in the two months after birth. Moreover, pregnant women are given 70 TL if they deliver at the hospital.

YEAR	TRANSFERRED FUND (MILLION TRY)	NUMBER OF PEOPLE
2005-2011	4.98	

2011	1.01	9,764
2012	2.7	25,665
2013 SEPTEMBER	7.96	50,365

The Process

CCT is organized and coordinated by the Social Assistance Directorate General in the headquarters and implemented by the Social Assistance and Solidarity Foundations founded in each province and district at the local level. The targeting process is schematically explained below:



1. The citizen applies to the Social Assistance and Solidarity Foundation only with his/her identity card. No other document, except for the National Identity Number, is required for the application.
2. The foundation official will create a household registration file and assistance application on the Integrated Social Assistance Information System.
3. The foundation official will carry out an online query on the Integrated Social Assistance Information System to obtain the data related to the indigence status of the family.
4. The Social Assistance and Inspection Official of the Foundation will pay a visit to the family and create a Social Inspection Report and upload it to Integrated Social Assistance Information System.

5. The information queried online to the central databases and the Social Inspection Report will be submitted to the Board of Trustees through the Integrated Social Assistance Information System. The Board of Trustees will make the decision on the poverty status of family and entitlement under the programme.
6. The decision is saved on the Integrated Social Assistance Information System and the CCT process is initiated.
7. Before each payment the Social Assistance Directorate General carries out an online query on the databases of the institutions to check whether the conditions are fulfilled. Payment is made to the bank accounts of mothers who fulfill the conditions.
8. Right holders may withdraw their cash assistance at the Post Office branches. Besides, they can use their debit Social Assistance Cards for shopping.

CCT payments are transferred to the bank accounts of mothers. With this money, as the sole responsible person for it, women will be able to meet their child-rearing responsibilities such as children's education and health needs and at the same time raise their status within the family and in society.

Ensuring the active participation of beneficiaries of the program and the support of program executors, GDSA, as well as institutions providing basic health and education services are required. In order to ensure coordination between these institutions and GDSA a data exchange mechanism was created

- Related to E-School System of Ministry of Education,
- Ministry of Health Family Medicine Information System,
- and payments made at Ziraat Bankası and Post Offices.

Within the scope of the Integrated Social Services Project, implemented in cooperation with TUBITAK under the “Integrated Social Services” action of the 2006-2010 Information Society Strategic Action Plan, the relevant mechanisms between institutions have been transferred to an online platform following the finalization of the software of the CCT Module, which constitutes 20% of the outreach programs of the Social Assistance Directorate General.

Incorporation of the CCT Module on the Integrated Social Assistance Information System allowed the centralized software to receive the applications, to query information stored in databases such as income, social security and ownership status through online data exchange, to check the fulfillment of the principle of conditionality through the systems of the above-mentioned institutions and to make payments.

Before 2010, when the Integrated Social Assistance Information System was not in use, families had to visit schools and health care centers to receive approval for their documents and these documents were uploaded to the system by the officials of the Social Assistance and Solidarity Foundations to check whether the families fulfilled the conditions. The Integrated Social Assistance Information System decreases the workload of the family and the staff by checking the requirements of the conditions online through the E-School System

of Ministry of National Education and the Family Medicine Information System of the Ministry of Health.

b. Main findings of the Impact Assessment Report of Conditional Cash Transfers Programme in Turkey

An impact assessment study of the CCT programme in Turkey was conducted between 2010 and 2012 in partnership with the government and university. The main objective of the study was to find out the impact of CCT on beneficiaries. A pre-test/post-test comparison group design was used with families in the comparison groups selected from municipalities ineligible to participate in the programme. The treatment group on the other hand was selected from the beneficiaries. The study was conducted among 10.797 household in March-April 2011 and in 8.752 households in March-April 2012 respectively.

With regards to education, the study showed that;

- Nonattendance days decreased by 50% and this positive impact rate is higher in rural areas
- Nonattendance decreased twice as much among girls as among boys
- Attendance rate for secondary education in the 2009-2010 academic year was 79.4% among beneficiary boys and 79.36% among beneficiary girls, whereas these rates were 57.19% and 50.08% among boys and girls who did not receive any assistance, respectively.
- Attendance to secondary education rate was around 70% in İstanbul and provinces in Western Anatolia, on the other hand, this rate was up to 90% in Blacksea Region.

With regards to health, the study showed that;

- The rate of mothers taking their children for regular health check, which was 63.25% increased to 74.13% after they started receiving social assistance
- According to health personnel, social assistance had a positive impact on general health conditions, increasing the awareness of families in the area of health, and frequency of their doctor visits.

Some other positive impact of the programme were as follows:

- CCT was influential in every region around the country.
- Among the rural areas, it was most influential in rural Western Anatolia.
- Among the urban areas, it was most influential in Southeast Anatolia.
- Southeast Anatolia was the region benefiting from the programme the most.
- CCT programme reduce incidents of child labour.
- CCT programme had a positive impact on the empowerment of women, women's participation in social life, financial liberty and participation in decision-making at the household level.

On the other hand, the study has also revealed that;

- Target beneficiaries lacked information on the programme.
- Public information was insufficient.

4. Workshop on Improving Conditional Cash Transfers

The workshop on “Improving Conditional Cash Transfers (CCT) Programme in Turkey” was held in Ankara, Turkey on 10 September in collaboration of UNICEF Turkey with Social Assistance Directorate General of Turkish Ministry of Family and Social Policies. The main objective of the workshop was:

- To share the main findings of the “Impact Assessment Report of Conditional Cash Transfers Programme in Turkey” that was conducted by the Social Assistance Directorate General and Gazi University in Ankara.
- To discuss and explore the alternatives and modalities to improve the CCT programme.

The workshop started with opening speeches by Mr. Ayman Abulaban, Representative of UNICEF Turkey, Mr. Patrus Ananias de Sousa, Brazilian Former Minister of Social Development and Mr. Ahmet Zahteroğulları, Undersecretary of Turkish Ministry of Family and Social Policies.

Following the opening speeches, Ms. Şebnem Avşar Kurnaz, Deputy Director General of Social Assistance Directorate General, has chaired the panel in which the findings of the impact assessment report were presented by the academic coordinators of the study, namely by Assoc. Prof. Dr. Adnan Boyacı, Prof. Dr. Jülide Yıldırım and Prof. Dr. Servet Özdemir.

Afterwards, the first keynote speaker Dr. Francesca Bastagli, Research Fellow from Overseas Development Institute, made a presentation on the theory and practice of CCT programmes sharing the key values and principles of CCT programmes around the world, their implications and some lessons learned and best practices. As the second keynote speaker, Mr. Patrus Ananias de Sousa, Brazilian Former Minister of Social Development, shared their experiences on Bolsa Familia Programme of Brazil.

In the afternoon session, participants worked in seven working groups to produce suggestions to improve the programme in the area of:

- Model (coverage, amount and conditions)
- Access and awareness
- Gender equality and women’s empowerment
- Health
- Education and child labour

The following section portrays suggestions from the participants of the workshop and in the fifth chapter, a set of recommendations to improve the programme in place are provided.

Participants' views on Turkey's CCT design and implementation

a. CCT design

Awareness of the programme

Based on the discussions in the workshop, there was a general agreement that the public's awareness of the CCT programme is low. Many people do not know of its existence or have a limited understanding of its origins, motivations and rules. It was expressed that there is some understanding that this is a government programme but a belief that it is externally or donor-driven since it was originally set up through World Bank funding still exists. Participants discussed the need to improve the public's understanding of the programme and the urgency of ensuring that all poor households and potential beneficiaries are aware of its existence and eligibility criteria.

It was observed that the weak knowledge of the programme may in part result from the absence of a clear and appealing name with which the public can identify the government's resolve to reduce poverty and promote human development. It may also arise from the complex informational targeting requirements and procedures and the absence of a clear and readily-accessible documentation of the CCT's eligibility and targeting rules.

Much knowledge-sharing and dissemination of information regarding the CCT is currently undertaken by the personnel of Foundations¹⁰ and school teachers. Participants recognised the central role played by these two groups.

Cash transfer amount

Participants agreed that the cash transfers (education and health) play an important role in improving the well-being of beneficiary households. The CCT shows potential in improving outcomes in both the short and mid/long term by supporting vulnerable households' income and consumption in the immediate instance and by improving the use of education and health services. Evidence of programme impact on school enrolment and absenteeism was considered encouraging. Evidence of the cash transfers effects from a gendered perspective, both on girls and women, the latter as the primary recipients of the transfer, was also agreed to be positive.

Building on this positive impact and on direct experience, many participants observed however that the value of the cash transfer to beneficiary households is low¹¹. There is a

¹⁰ There are 931 Foundations around Turkey affiliated to The Social Assistance and Solidarity Encouragement Fund. Their mandate is "to aid poor and destitute citizens in circumstances of need and, as necessary, those who have been accepted in Turkey or have traveled here by whatever means, to ensure the distribution of wealth in an equitable fashion by taking measures to improve social justice and to encourage social assistance and solidarity." The Board of the Fund meets under the chairmanship of Minister of Family and Social Policies, with the participation of Undersecretary of Prime Ministry, Undersecretary of Health Ministry, Undersecretary of Finance, Director General of Social Assistance and the Director General of Foundations. The Fund Administration carries out its services through Foundations under the chairmanship of Provincial and Sub-Provincial Governors.

concern that the current cash transfer level limits its potential impact on poverty and empowerment. Many participants called for the consideration of an increase in the value of the cash transfers.

Participants explained that the cash amount is low relative to the costs associated with regular school attendance and health care visits for poor households. Despite the additional assistance received, the poorest families are struggling with ensuring their children can attend school and regular health visits. Such costs vary depending on the locality. In some areas, for instance, transport costs to attend school and health centres are particularly high. Some participants mentioned the possibility of adjusting the cash transfer amounts by locality to take into account the variations in costs associated with service use and experienced by poor households depending on the area they live in.

Eligibility and targeting

Workshop participants on the whole appeared to agree that the CCT is well-targeted in terms of reaching the poorest households. However, concerns were raised about potential risks of exclusion of particular vulnerable groups. The high illiteracy rates among the poorest households, for example, was mentioned as a factor potentially contributing to the exclusion of the poorest as this group may be less aware of the programme and its rules.

Participants also commented on the potential adverse effects of excluding some categories of households from participating in the CCT. For example, the exclusion of households with a member earning the minimum wage from programme participation was viewed by some as excluding poor children that should be eligible for assistance. Participants also voiced the concern that this eligibility rule could generate an unintended incentive for people to maintain a wage below the minimum wage level to qualify for the CCT. This would also potentially generate an incentive for informality.

Discussions on the potential unintended effects and costs associated with the current targeting rules led some participants to discuss the advantages of a minimum income, unconditional and paid to anyone with an income below a specific threshold.

Conditionality

The conditionality requirements were generally positively accepted by workshop participants although some raised the question of whether it might be appropriate to include additional requirements. For instance, the possibility of additional requirements such as school completion, in addition to school attendance was mentioned to ensure children complete the education cycle.

¹¹ Please refer to <http://www.sosalyardimlar.gov.tr/tr/11832/Egitim-Yardimlari> for Conditional Education Assistance and to <http://www.sosalyardimlar.gov.tr/tr/11831/Saglik-Yardimlari> in Turkish.

Both the CCT evaluation and most discussions at the workshop did not make a distinction between the income and the conditionality effect on outcomes. Participants seem to agree that the conditionalities helped ensure parents send their children to school and regular health care visits.

b. CCT implementation

Cash transfer

Two main challenges regarding cash transfer payments were raised by workshop participants: the irregular and late payments to some beneficiaries and the means of distribution of the transfer.

Participants explained that irregular and late transfer payments limited the potential poverty impact of the CCT. Households were unable to plan around the regular receipt of the transfer and could not count on the additional income. Participants also described instances of long lines at banks and ATM machines of beneficiaries waiting to withdraw the transfer.

Targeting

There is a mixed understanding of the exact CCT eligibility requirements and targeting procedures both among the public at large, including potential beneficiaries, and among workshop participants. This may be the result of a combination of factors including the reliance on a proxy-means test and the involvement of a variety of actors at different stages of the targeting process combined with the absence of a clearly documented beneficiary identification and selection procedure. Questions were raised around the exact role and responsibilities of Foundations and the position of their staff.

Another concern raised with regard to risks of exclusion was the requirement to be registered to be eligible. Some of the poorest households may find it especially difficult to register their children at birth and this will prevent them from participating in the CCT programme. Agricultural workers for example may not be able to take time off work to register their newborns.

Conditionality

Participants pointed to the absence of regular information on compliance as a result of weak monitoring and poor coordination among different ministries operating in the different relevant sectors, such as health and education. Participants called for improved coordination efforts and collaboration on data collection and flows across ministries.

Participants also expressed that there is some variation in the degree of understanding of the conditionality requirements among beneficiaries. Many observed that beneficiaries tend to

know what the behavioural requirements are. Other participants told of mothers that were unclear of what the exact conditionalities are. Participants explained that personnel at the Foundations play a central role in ensuring that beneficiaries are aware of the conditionality requirements.

5. Conclusion and Recommendations

This report has provided the basics of the CCT programmes and introduced some good practices around the world that may trigger some thought to improve the CCT programme in Turkey. The report has summarized the case of Turkey, main findings of the impact assessment report and key discussions held during the Workshop on Improving Conditional Cash Transfers.

Based on the analysis of both other countries' experiences and lessons learned from the implementation in Turkey, the following recommendations come up to the forefront that might be considered to improve the programme in force in Turkey:

On CCT Outcomes

As mentioned above, the CCT programme in Turkey was successful in increasing the enrolment and rates the health visits; however, the question of the quality of services and the importance of investing in the supply-side of services remains significant to ensure that higher rates of school attendance and health care visits translate into improved learning and health outcomes. For example, in the area of health, cash transfer provided some support to attend health care visits but was not sufficient to cover illness and medical costs, so it was suggested to increase benefits amount among those in need of health treatment.

More specifically, although school enrolment and attendance rates have improved, child labour remained a concern, especially in agricultural areas. Children are able to both enrol in school and work or may attend school for parts of the year and then work for the remaining months. There was a sense that promoting school enrolment does not necessarily tackle the child labour problem and that the potential impact of CCT on child labour is limited for this reason.

Awareness of Turkey's CCT

Several initiatives could be undertaken to improve the public's knowledge of the programme. There could be a careful consideration of renaming the programme to ensure that the name itself is easily and readily identified with a national social policy programme aiming to reduce poverty and designing a descriptive and inclusive logo reflecting the new name. Secondly, the compilation of a series of leaflets and/or booklets summarising the CCT programme objectives, design and implementation in a clear and easily comprehensible fashion could be helpful. These could be written with a broad audience in mind, including

potential beneficiaries and local level programme implementers, and should be widely distributed to ensure that they reach population groups that may be more difficult to reach and achieve wide coverage. Finally, the use of different media sources to disseminate basic information regarding programme objectives and eligibility rules could be considered for a nation-wide campaign.

These sets of activities could be considered alongside the careful examination of the role of different actors in disseminating information to date, specifically the role of teachers and of the personnel of Foundations.

Cash transfer

The setting of the cash transfer structure, value and adjustment over time needs to be informed by a careful balancing of policy objectives and priorities. Transfer values could take into account the costs vulnerable households face in satisfying basic needs including ensuring children attend school and health clinics. Higher transfer values provide additional assistance and may lead to higher impacts in some dimensions. Targeting rules, however, may generate unintended effects that can offset progress in poverty reduction and any discussion on transfer value should take into account the CCT eligibility and targeting rules, other social protection programmes and labour market factors. Cash transfer values also need to be adjusted by locality and over time to take inflation into account and a discussion on how to regulate changes in the transfer value both at the current situation and over time would help ensure that the good poverty impacts achieved so far are maintained and possibly increased.

With regards to women's empowerment, most participants agreed that Turkey's CCT has been successful in providing renewed importance to the role of the mother in the household and in promoting some forms of empowerment. Some participants mentioned women's obligations to leave the household to collect transfer payments and comply with other CCT requirements as positively affecting women's opportunities for interaction and socialisation. However, it was observed that the limited cash transfer amount does not in fact affect a woman's status in the household. Participants explained that at its current value, the cash transfer cannot have an effect on early marriages and/or responses to domestic violence.

Additional incentives for children who complete school cycles, assistance, such as introduction of scholarships and tuition fee waivers to older adolescents and/or young adults from poor or vulnerable households that have been accepted into higher education programmes, who are ignored by the current CCT design but merit further support, groups of children seeking education but that are not currently entitled to assistance because of their age such as younger pre-school children between the ages of 4 and 6 should be considered. The possibility of including additional services addressing child-care and support for families with children of pre-school age can also be discussed.

In addition to these, additional support should be provided to the people who are graduated from the programme but looking for an employment, looking forward to attending vocational training programmes or found an employment with social security. It is believed that these incentives will strengthen the ties between the basic education and vocational training and have a positive impact on the behaviours of beneficiaries to find employment.

Conditionality

Calls for including additional conditionalities and for penalising beneficiary behaviour which departs from the prescribed course of action should be treated with caution since more complex and punitive conditionalities risk generating unintended effects, are administratively costly and may disproportionately penalise the most vulnerable families.

Challenges encountered to date in regularly monitoring education and health indicators suggest that initiatives to strengthen coordination on administrative data across ministries in different sectors could be extremely beneficial and help ensure that shortcomings in service delivery and quality are adequately addressed. Such challenges also point to the desirability of keeping the CCT as simple as possible. The administrative complexities associated with regularly paying out multiple different types of transfers, identifying beneficiaries on the basis of different eligibility thresholds and monitoring and possibly sanctioning behaviour across a wide range of types of actions risks increasing the administrative and social costs of a CCT, working against the very primary objectives of an anti-poverty programme.

Eligibility and targeting

The targeting rules could be carefully revised to ensure that they minimise any risk of excluding poor families, as underlined above in participants' views section, possibly decreasing the eligibility threshold to allow a sustainable graduation from poverty, or of generating an incentive for families to modify their behaviour in order to qualify for the CCT.

With regards to implementation, concerns that some vulnerable groups are at a higher risk of not being included in the programme, particularly the poorest, suggest that efforts could be directed at ensuring that all eligible families enter the programme. These include ensuring that households that are hardest to reach are informed of the programme and assisted in applying.

Other factors that contribute to the exclusion from programme participation, such as non-registration at birth, could be addressed to ensure that all families have an equal chance at being considered for programme participation. In the case of birth registration, efforts to ensure that groups that are at a higher risk of not being registered – e.g. agricultural workers and families in rural areas - receive additional support and incentives for registration of newborns could be implemented as part of the CCT programme.

In addition to the specific suggestions regarding CCT design and implementation outlined above, in order to have an integrated social protection focus and broader social inclusion perspective, harmonization of this program with existing Turkish social programs to identify the potential synergies and obtain the highest impact, such as linkage to psycho-social support as in the case of Chile and feasibility studies to extend the programme into a minimum income support model, as in the base of Brazil, should be considered.

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