The impact of the BOTA foundation’s conditional cash transfer programme for pre-school children in Kazakhstan

Between 2009 and 2014 a Kazakh non-governmental organisation (NGO), the BOTA Foundation, ran a USD65 million conditional cash transfer (CCT) programme reaching over 90,000 poor households containing pre-school-age children, children with disabilities, pregnant and lactating women and teenage school-leavers in several provinces of Kazakhstan. Oxford Policy Management (O’Brien et al. 2013) conducted a rigorous impact evaluation of the CCT in one province, Almaty oblast. The research focused on families eligible for the pre-school benefit. In 2012 the transfer stood at KZT3,600 (USD24) per month per pre-school beneficiary.

The evaluation found that BOTA’s CCT brought about a significant increase in the rate of pre-school enrolment, a slight shift in child-care arrangements, and no discernible effect on household consumption, the receipt of state transfers or informal support.

Study design

The evaluation team conducted a randomised control trial in 108 rural okrugs—groups of villages headed by a mayor—of the 226 in Almaty oblast: 54 randomly assigned ‘treatment’ okrugs received the CCT, while the 54 ‘control’ okrugs did not join the CCT until after the evaluation had finished. This was possible because BOTA could not enrol all communities simultaneously. A baseline survey in 2011 demonstrated that the two groups were broadly comparable. Any differences that emerged a year later could be attributed to BOTA. Nearly 2,300 households and 350 pre-schools were interviewed in the follow-up survey. The results are statistically representative of all households in Almaty oblast that had been eligible for BOTA’s CCT for children of pre-school age for at least a year.

Impact

Experience of pre-school: BOTA significantly increased the proportion of pre-school-age children in poor households who had ever attended pre-school: in 2012 this figure stood at 84 per cent in CCT areas compared with 70 per cent in control areas.

Children went to different types of pre-school because of the CCT: of the three most common types—kindergartens, zero classes and mini-centres—there was a surge in demand for mini-centres. Demand for kindergartens and zero classes was not substantially affected. The type of facility hugely influences the learning experience of children. Kindergartens are usually large, open at least eight hours a day, have many amenities and offer many lessons and several meals; zero classes are smaller, teach half-days and focus on academic preparation for school; and mini-centres are more flexible and typically fall in between these two.

Where facilities did not exist or had no spare places, some communities set up informal ‘BOTA groups’; these were the least well endowed, and most opened for only two hours at a time. This variation renders it difficult to predict the long-term impact of the CCT-induced increased enrolment on educational outcomes, since a child attending an informal group for two hours a week will have a very different experience from one who spends 40 hours a week at a kindergarten with fixed hours.

• Child-care arrangements: The CCT did not alter the fact that the main carer of pre-school-age children is almost always female. However, carers’ average age decreased slightly in CCT areas, suggesting that CCT beneficiaries relied less on older relatives, such as grandmothers, to look after their young children.

• Household consumption and income: The evaluation was unable to detect a significant increase in consumption among beneficiary households, perhaps because the transfer was too small in comparison with overall consumption to be discernible. Mean monthly consumption among eligible households was KZT94,000 (USD625), so the extra USD24 added less than 4 per cent to the total.

Poverty in Kazakhstan is not strongly associated with food insecurity. Only 7 per cent of households were classified as food-secure; this was unaffected by the CCT. Children ate a diverse diet, and the transfer had no impact on the frequency or diversity of children’s meals. The proportion of consumption expenditure used for food was quite high in both treatment and control areas, at around 57 per cent, again unchanged by the CCT.

The CCT helped households diversify their income sources. Most often it supplemented the main income—typically salaried employment or casual labour—rather than being the sole source. The transfer was not designed to affect the labour choices of adults, and mostly it did not. However, for children’s main carers, it led to a small but significant increase in paid employment (28 per cent of carers in treatment areas, versus 21 per cent in control areas). These were the people whose time might be most freed up by having a child in pre-school.

Many families in Kazakhstan receive state benefits such as a pension or child benefit. The CCT neither made families ineligible for these allowances nor encouraged them to apply for new ones. Nor did it change the support received from friends and relatives; in any case, unlike other countries in the region, Kazakhstan does not have a strong culture of informal transfers.

The short-term nature of the CCT, and its size compared with mean consumption, meant that it was not an instrument for poverty reduction. In light of this it is remarkable that, looking at its effect on those for whom it was directly intended—pre-school-age children and their carers—it produced several significant changes in behaviour, including on the demand for pre-school education and the shift in economic activity undertaken by some working carers.

Reference:

Note:

This One Pager is a partnership between the IPC-IG and Oxford Policy Management.