Chapter 7
Revisiting Conditional Cash Transfers: General Overview and Its Implementation in Turkey

Tekin Akdemir, Barış Alpaslan and Halis Kıral

7.1 Introduction

Since the second half of the 1990s, public expenditure reforms have been implemented in many countries around the world in attempting to solve the increasing resource scarcity, budget deficit, and public debt. The main objective of these reforms, however, is to allocate public expenditures according to strategic priorities and to ensure that public resources are efficiently allocated. Like developed countries that have become successful in public expenditure reforms, developing countries have also come up with alternative ways of using their national budget in a more efficient way. To that end, they have revised their strategy in a way that could help reduce poverty and improved their public expenditure reforms accordingly. In this respect, conditional cash transfers have been instrumental in our understanding of the issue of public expenditure reforms. This study first provides a general overview of conditional cash transfers and then reviews in detail the available information on conditional cash transfers for education and conditional health benefits in Turkey.

Conditional cash transfer programs were first launched in 1995 in Brazil on the regional basis and then were broadly implemented in 1997 in Mexico (Silva 2017, p. 3; Uchiyama 2019, p. 1), and since then it has been practiced mainly in many low- and middle-income countries (Bastagli et al. 2016, p. 5). Today, more than 80 countries have now implemented such programs as part of their social protection policies (Parker and Tom Vogl 2018, p. 1).

Conditional cash transfers (CCT thereinafter) are, however, different from conventional poverty reduction and social protection programs in two main respects

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(Lettenhove 2012, p. 6): Firstly, CCT are in general given as cash transfers rather than in-kind aid with the exception of some countries where they are provided in the form of in-kind transfers, such as food and nutritional supplements. Secondly, poor families are targeted, yet transfers are provided on the basis that the beneficiary families meet the requirements set out. CCT are also believed to facilitate social integration of people who feel that they are socially excluded, especially following an economic downturn because having no access to basic services in health and education can lead people at risk of poverty to have a feeling of social exclusion. Lastly, CCT serve as an external financial source for beneficiary families in easing pressure on the household budget at bad times.

In essence, CCT have two fundamental objectives: they are first used as a tool to generate additional income for households who live in extreme poverty in an attempt to reduce poverty and inequality. In fact, contrary to conventional social protection programs which are concerned about poverty reduction only in the short term, CCT are basically involved in reducing long-term poverty (Rawlings and Rubio 2005, p. 33). In addition, CCT are aimed at improving the human capital formation of the future generation through its potential benefits on education and health outcomes as it is envisaged that it will break the poverty cycle (Silva 2017, p. 3). In other words, beneficiary families who receive cash transfers can send their children to school and take them to hospital for health and nutrition checkups on a regular basis through these transfers (Pantelic 2011, p. 797). In addition to its main objectives, CCT could also be a contributing factor to the empowerment of women (Yildirim et al. 2014, p. 63). More precisely, these transfers could put women in a position where they can have a more say on the allocation of family resources towards children because mothers are the main recipient of these transfers, as discussed further later. Indeed, this is especially the case in countries, such as Turkey where gender-based social protection programs are implemented.

Given that CCT are increasingly recognized as a worldwide social protection program and budget appropriations allocated to these transfers have, in recent years, increased, the effective management of these transfers is subject to considerable debate. Indeed, the question of whether countries have successfully implemented conditional cash transfer programs is closely related to how effectively these programs are managed. As a result, the design and implementation aspects of CCT appear to be of vital importance and need to be discussed. In particular, the following issues will be addressed in this paper: amount of cash benefits, conditionality, target beneficiaries, frequency of payments, and monitoring.

The amount of cash benefits can vary from country to country depending on the household size as well as age and gender composition of beneficiaries. For instance, the amount of transfer payments made would be different based on the number of children in the family.

Transfer payments are only made to the beneficiaries provided they meet certain requirements. In other words, these payments are generally conditional on education indicators, such as school attendance or enrolment rate or other indicators like grade averages or exam scores (Medgyesi and Temesváry 2013, p. 5) or on regular clinic visits or attending nutrition and health seminars (Fiszbein et al. 2009, p. 45).

Cash transfers are usually targeted at families in need or those living in extreme poverty. However, there are some exceptional cases where target beneficiaries are elderly or disabled people (Cecchini and Madariaga 2011, p. 14). In relation to families, these transfers are commonly made available to mothers who are believed to use them for the benefit of their family members (Handa and Davis 2006, p. 513). They can also be given to its direct users, family representatives or family members responsible for making decisions or earning money (Cecchini and Madariaga 2011, p. 15).

In general, cash transfers are paid on a monthly basis. This is evident in the case of Turkey. There are, however, countries like Colombia (Familias en Acción), Mexico (Prospera), and Philippines (4Ps) where transfer payments are made every two months whereas in countries, for example, the Republic of El Salvador (Comunidades Solidarias) and the Republic of Honduras (Bono Vida Mejor) they are provided three times a year or at less frequent intervals (Catubig et al. 2015, p. 243; Medellín and Tejerina 2017, p. 57).

The final element concerning the implementation of conditional cash transfer programs is the monitoring process which ensures that beneficiaries meet the specified criteria and therefore the programs are successfully implemented (Pacassi and Maurer 2015, p. 10). The overall evaluation of these programs is undertaken by a unit responsible for operational monitoring or by an external agency (Parodi and Vásquez 2017, p. 85).

The above section has provided a brief overview of conditional cash transfer programs. Since the purpose of this study is to review in detail the available information on conditional cash transfers for education and conditional health benefits in Turkey, we will, therefore, move on to discuss how this program is in particular implemented in Turkey.

7.2 Conditional Cash Transfer Program in Turkey

Conditional cash transfer program was part of the Social Risk Mitigation Project funded by the World Bank and was put into practice on November 28, 2001 (Dama and Sundaram 2018, p. 47). The program was initially implemented in 6 pilot provinces in 2003 and has been gradually expanded across the country since 2004. However, after the Social Risk Mitigation Project came to an end in 2007, the program then continued to be supported by the Social Assistance and Solidarity Fund (Aile ve Sosyal Politikalar Bakanligi[1] and UNICEF 2014, p. 13).

The program was primarily initiated to alleviate the effects of the Turkish 2000–2001 banking crisis on the poor. In addition, it was aimed at increasing the enrolment rate and duration of schooling for children living in a low-income family as well as ensuring that women during and after pregnancy, and children after birth benefit from basic healthcare and nutrition services.

[1]The Ministry of Family and Social Policies in English.

The discussion is now divided into two parts in the following sections: conditional cash transfers for education and conditional health benefits, respectively.

7.2.1 Conditional Cash Transfers for Education

Conditional cash transfers for education (CCTE thereinafter) have been designed for families at risk of poverty to send their children to school. The stringent criteria for accessing CCTE is that school-aged children are registered at school, that primary and secondary education aged children (from 6-year-old to age 18) meet attendance of a minimum 80% of the classes during each month of the school period, and that they do not repeat the same class more than once, these transfers are given to the poorest 6% of the population who are not covered by any social security and cannot send their children to school due to financial difficulties (Uzun 2012, p. 44). Transfer payments are, on the other hand, stopped temporarily or permanently if the expected requirements that have been mentioned previously are not met. In order to determine continued eligibility, school attendance records are therefore held by the Ministry of National Education for children who receive cash transfers.

In this regard, Social Assistance and Solidarity Foundations serve as the representative body of the Ministry of Family, Labor and Social Services (formerly named as the Ministry of Family and Social Policies) to help families in need have access to cash transfers. The main principle is that the application for cash transfers is made by the mother but in her absence for any reason it can also be made by the father or by any family member aged over 18, and each applicant is required to provide information in the application form about their socioeconomic status, such as the income, expense, property, housing and employment status, etc. (Esenyel 2009, p. 55). However, the most important eligibility criteria for CCTE is that families have no social security (Dama and Sundaram 2018, p. 51).

Transfer payments are made primarily to mothers through a post office and their amount is determined according to gender and school levels. Girls are paid more than boys in order to ensure that girls stay at school for a longer period and that gender equality in education is achieved in the long run. According to the most recent data by the Ministry of Family, Labor, and Social Services, at the time of writing this paper, 35 Turkish Lira and 40 Turkish Lira are monthly paid for boys and girls, respectively who continue their primary education, whereas they are 50 Turkish Lira and 60 Turkish Lira for boys and girls at the secondary education, respectively.[2]

The amount of money allocated to CCTE and the number of beneficiaries between the years 2003–2018 are shown in Table 7.1, whereas the number of beneficiaries by gender and school levels is reported in Table 7.2.

As can be seen from Table 7.1, CCTE have become a social assistance program by which more students have benefited over the years. What is important for us to

[2] 2018 Annual report (in Turkish). See page on 143: http://www.sp.gov.tr/upload/xSPRapor/files/RqI2i+ACSHB_2018_FAALIYET_RAPORU.pdf (Accessed on June 26, 2019).

Table 7.1 The amount of money allocated to CCTE and the number of beneficiaries by years

Years	The amount of money allocated to CCTE (Million Turkish Lira)	The number of beneficiaries
2003	1.59	59,206
2004	66.76	697,307
2005	180.13	1,266,331
2006	240.27	1,563,253
2007	224.45	1,757,187
2008	290.64	1,951,420
2009	345.05	2,066,869
2010	267.11	2,172,750
2011	397.49	1,863,099
2012	488.37	1,916,276
2013	486.09	2,018,879
2014	570.75	2,068,869
2015	670.06	2,449,392
2016	605.77	2,132,741
2017	761.46	2,340,374
2018	643.10	2,517,680

Source Data were gathered from multiple sources
Saglam (2016, p. 114, Table 3.7), the Ministry of Family and Social Policies (2016, p. 54, Tables 21 and 22) (2016 Annual report (in Turkish): https://www.ailevecalisma.gov.tr/Uploads/sgb/uploads/pages/arge-raporlar/2016-yili-faaliyet-raporu.pdf (Accessed on June 26, 2019)), and the Ministry of Family, Labor, and Social Services (2018, p. 144, Table 63) (2018 Annual report (in Turkish): http://www.sp.gov.tr/upload/xSPRapor/files/RqI2i+ACSHB_2018_FAALIYET_RAPORU.pdf (Accessed on June 26, 2019))

recognize here, however, is that the increase in the total amount of money allocated to CCTE is mainly due to the increase in the number of beneficiaries. To put it another way, although from 2003 to 2018 the number of beneficiaries has significantly increased, the increase in the amount of money allocated to CCTE has generally remained limited during the same period.

It can be seen from the data in Table 7.2 that there is no particular trend in the number of beneficiaries at all education levels over the period 2013–2018. In fact, the number of girls who benefit from CCTE is lower than that of boys at both primary and secondary school levels, but quite the opposite is the case at the high school level. On the other hand, according to the latest national education statistics published by the Ministry of National Education (p. 1, Table 1.1.a), in the 2017–2018 school year, schooling rate at the primary school for girls was 91.68% as opposed to 91.42% for boys. Similarly, it was 94.69% for girls and 94.26% for boys at the secondary school, while these rates were relatively lower at the high school: 83.39% for girls and

Table 7.2 The number of beneficiaries by gender and school level between 2013 and 2018

Years	Primary school		Secondary school		High school	
	Girls	Boys	Girls	Boys	Girls	Boys
2013	489,114	504,983	502,111	520,964	185,505	197,805
2014	454,088	469,634	479,466	496,841	221,282	228,570
2015	450,358	465,210	489,260	504,546	253,065	255,950
2016	453,310	469,547	449,982	463,340	246,407	244,783
2017	472,967	489,647	570,683	584,086	267,685	266,774
2018	535,879	556,440	544,035	553,035	266,460	260,362

Source Data were obtained using multiple annual reports published by the Ministry of Family and Social Policies (now named as the Ministry of Family, Labor and Social Services) for 2013 (p. 119, Table 34) (2013 Annual report (in Turkish): https://www.ailevecalisma.gov.tr/Uploads/sgb/uploads/pages/arge-raporlar/2013-yili-faaliyet-raporu.pdf (Accessed on June 26, 2019)), 2014 (p. 84, Table 18) (2014 Annual report (in Turkish): https://www.ailevecalisma.gov.tr/Uploads/sgb/uploads/pages/arge-raporlar/2014-yili-faaliyet-raporu.pdf (Accessed on June 26, 2019)), 2015 (pp. 125–126) (2015 Annual report (in Turkish): https://www.ailevecalisma.gov.tr/Uploads/sgb/uploads/pages/arge-raporlar/2015-yili-idare-faaliyet-raporu.pdf (Accessed on June 26, 2019)), 2016 (p. 54, Table 21) (2016 Annual report (in Turkish): https://www.ailevecalisma.gov.tr/Uploads/sgb/uploads/pages/arge-raporlar/2016-yili-faaliyet-raporu.pdf (Accessed on June 26, 2019)), and 2018 (p. 144, Table 62) (2018 Annual report (in Turkish): http://www.sp.gov.tr/upload/xSPRapor/files/RqI2i+ACSHB_2018_FAALIYET_RAPORU.pdf (Accessed on June 26, 2019)). There is no annual report for 2017 published by the Ministry so we rely on the study of Dama and Sundaram (2018, pp. 52–53, Graph 4 and Table 3) for the figures in 2017
Note that data for pre-2013 years are not available

83.77% for boys, respectively.[3] According to the same statistics, in the 2003–2004 school year when CCTE were initiated, schooling rates at primary and secondary education were a lot lower than what they were in the 2017–2018 school year. These data suggest that Turkey has made significant progress in access to education at all levels, and this observed improvement in education could be attributed to the implementation of CCTE.

7.2.2 Conditional Health Benefits

Conditional health benefits are also given to the poorest 6% of the population as in the case for CCTE but it is conditional in the sense that beneficiary families are expected to take their children aged 0–6 years to hospitals or health clinics for regular checkups and receiving immunizations. Since 2005, these benefits have been, however, extended to include expectant mothers (Yildirim et al. 2014, p. 66). In summary, conditional health benefits consist of the following components: child

[3]2017–2018 National Education Statistics https://sgb.meb.gov.tr/meb_iys_dosyalar/2018_09/06123056_meb_istatistikleri_orgun_egitim_2017_2018.pdf (Accessed on June 26, 2019).

health benefits, and maternity benefits during pregnancy, childbirth, and post-delivery period.

As long as there is no individual with social security in the household and children are regularly taken to health centers for checkups, regardless of their gender for children aged 0–6 years (unlike CCTE which cover children aged 6–18 years), a health benefit of 35 Turkish Lira per child is monthly given primarily to the child's mother through a post office but under very specific circumstances, such as maternal death, health benefit can also be paid to the father or the majors, who live in the same household with the child and bear the childcare. The application is also subject to the approval of Social Assistance and Solidarity Foundation's Board of Trustees in the sense that members of the Board of Trustees need to be convinced that the household applying for the child health benefit is really in need.[4]

There are, however, a number of reasons why child health benefits are stopped temporarily or permanently. Examples are, if the child is not taken to hospitals for checkups on the specified dates by the Ministry of Health or if the child is older than 72 months or 6-year-old. This is also the case when the residence address of the child is subject to change without giving notice to the Social Assistance and Solidarity Foundation. There are also other reasons for such a situation, such as if the Board of Trustees believes that the family is no longer in need or if the child or beneficiary parent dies.[5]

Conditional maternity benefits are given to pregnant women during their pregnancy, childbirth, and post-delivery (postpartum) period as long as they visit health clinics for regular checkups and follow-up care after delivery. At the time of writing this paper, according to official figures published by the Ministry of Family, Labor, and Social Services, 35 Turkish Lira is paid during pregnancy conditional on regular visits to health clinics for checkups but it is limited to a maximum period of 9 months. In the same vein, a one-time payment of 75 Turkish Lira is made as long as the birth is given in hospital, and 35 Turkish Lira is paid two times during the postpartum period.[6]

In order for expectant mothers to receive benefits on a regular basis, they are expected to submit medical reports to the Social Assistance and Solidarity Foundation during the first three months of their pregnancy. They should also give birth in hospital and visit health clinics for regular checkups during pregnancy and a two-month postpartum period (Esenyel 2009, p. 63). Overall, process monitoring is therefore operated by the Ministry of Health through the family medicine information system in order to ensure that beneficiaries meet the expected requirements.

The total amount of money allocated to conditional health benefits (child health benefits and maternity benefits during pregnancy, childbirth, and post-delivery

[4]Further information (in Turkish) is available on its website https://ailevecalisma.gov.tr/sss/sosyal-yardimlar-genel-mudurlugu/sartli-egitim-saglik-yardimi/ (Accessed on June 26, 2019).

[5]Further information (in Turkish) is available on its website https://ailevecalisma.gov.tr/sss/sosyal-yardimlar-genel-mudurlugu/sartli-egitim-saglik-yardimi/ (Accessed on June 26, 2019).

[6]Further information (in Turkish) is available on its website https://ailevecalisma.gov.tr/sss/sosyal-yardimlar-genel-mudurlugu/sartli-egitim-saglik-yardimi/ (Accessed on June 26, 2019).

Table 7.3 The total amount of money allocated to conditional health benefits and the number of beneficiaries by years

Years	The total amount of money allocated to conditional health benefits (Million Turkish Lira)	The number of beneficiaries
2003	0.8	24,644
2004	16.67	329,833
2005	62.08	731,784
2006	104.31	899,454
2007	96.61	1,029,703
2008	118.85	1,033,840
2009	138.78	836,506
2010	73.73	829,464
2011	143.30	757,757
2012	202	787,987
2013	236.23	968,360
2014	287.43	1,159,824
2015	363.08	1,262,564
2016	422	1,418,486
2017	395.25	1,348,240
2018	398.46	1,325,972

Source Data were obtained using 2016 (p. 56, Tables 27 and 28) (2016 Annual report (in Turkish): https://www.ailevecalisma.gov.tr/Uploads/sgb/uploads/pages/arge-raporlar/2016-yili-faaliyet-raporu.pdf (Accessed on June 27, 2019)) and 2018 (p. 146, Tables 68 and 69) (2018 Annual report (in Turkish): http://www.sp.gov.tr/upload/xSPRapor/files/RqI2i+ACSHB_2018_FAALIYET_RAPORU.pdf (Accessed on June 27, 2019)) annual reports published by the Ministry of Family and Social Policies (now named as the Ministry of Family, Labor, and Social Services, as noted earlier) as well as the figures compiled by Saglam (2016, p. 114) in her dissertation

period) and the number of beneficiaries between the years 2003–2018 are shown in Table 7.3.

Turkey has made considerable progress in health outcomes and reduced its maternal mortality over the last decade. Indeed, from 2005 to 2015, maternal mortality rates per 100,000 live births declined by nearly one-third (from 57 deaths to 16 deaths).[7] Likewise, according to the 2017 health statistics report by the Ministry of Health (p. 80, Table 5.2), hospital delivery rates were 75% in 2002 as compared to 98% in 2017.[8] The latest health data from UNICEF also suggest that while antenatal care coverage (at least one visit during pregnancy) was 80.9% in 2003 when conditional

[7]UNICEF data: https://data.unicef.org/topic/maternal-health/maternal-mortality/ (Accessed on June 30, 2019).

[8]T.C. Saglik Bakanligi, Saglik İstatistikleri Yilligi 2017 (in Turkish).

health benefit scheme was initiated, it was observed to be 97% in 2013.[9] In conclusion, considering the improvement in both the total amount of money allocated to conditional health benefits and its beneficiary numbers over the period 2003–2018, it could be argued that these results may partly be explained by the positive effects of conditional health benefits.

7.3 Concluding Remarks

In this paper, we have provided a brief review of conditional cash transfer programs in general and of its implementation in Turkey. In particular, as stated earlier, the purpose of this study was to review in detail the available information on conditional cash transfers for education and conditional health benefits in Turkey. CCT are generally considered to be an additional income source for beneficiary families and therefore allow their children to have access to education and health services, thereby breaking the intergenerational transmission of poverty. Despite its exploratory nature, we, however, believe that this study raises intriguing issues regarding the nature and extent of CCT in Turkey in a number of important ways.

Firstly, even though CCTE were aimed at increasing the enrolment rate and duration of schooling for children at risk of poverty, children's school attendance is not closely monitored so we believe that this may well affect the overall success of the program in the long term. Secondly, although the descriptive statistics suggest that there has been a gradual increase in the number of beneficiaries for both conditional cash transfers for education and conditional health benefits over serves (2003–2018), the total amount of resources allocated to conditional cash transfers in other social protection programs is still limited.

Last but not least, further investigation into the impact analysis on conditional cash transfers is required to evaluate whether or not the conditional cash transfer program is generally implemented in an efficient manner.

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