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Integrating Survey and Ethnographic Methods to Evaluate Conditional Cash Transfer Programs

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ABSTRACT

Survey and ethnographic methods have been combined in the evaluations of conditional cash transfer (CCT) programs for the governments of Nicaragua and Turkey. This paper describes the quantitative and qualitative research designs for these evaluations, discusses the relative benefits of quantitative and qualitative approaches for studying CCTs, and provides examples of how findings of these different approaches complemented, explained, illuminated, or contradicted each other. While the surveys provided reliable measures of program impacts on human capital, the qualitative research provided explanations of why we do or do not find these impacts, and explored how social processes and social relations were affected by, and in turn shaped responses to, the programs. While many official evaluations now require mixed methods, and these have demonstrated policy relevance and impacts, there is still considerable progress to be made with respect to how methods are integrated in practice and how mixed approaches are appreciated in social program evaluation.

Keywords: qualitative research, ethnography, survey research, mixed-method research, evaluation, conditional cash transfers, heath, nutrition and education programs, social protection, targeting, gender relations, Nicaragua, Turkey

1. INTRODUCTION

Increasingly recognized as a critical part of poverty reduction strategies, social protection systems have been used to enable individuals, families, and communities to reduce risk and mitigate the impacts of stresses and shocks to their livelihoods. Such programs can also be used to support people who suffer from a chronic inability to secure basic subsistence, and can further contribute to broader development processes through enhanced infrastructure, increased support for livelihood activities, and investments in the health, nutrition, and education of children and adults. Over the past ten years, programs that combine cash transfers with promotion of human capital have gained prominence, sweeping across Latin America and the globe. Called "conditional cash transfers" (CCTs), these programs provide a cash transfer to poor households, conditioned on their participation in health and education services. Over 20 countries currently have or are planning a CCT program, and many more have shown interest in the idea.[1] Many CCT programs have included rigorous program evaluations. In some cases, donors and governments have required that these evaluations include both quantitative and qualitative research methods. Drawing on the International Food Policy Research Institute's recent evaluations of CCT programs for the governments of Nicaragua and Turkey, this paper explores how ethnographic and survey methods have been combined to provide reliable measures of impacts on poverty, health, nutrition, education, and other variables, along with nuanced explanations for those changes (or lack of change), exploration of social processes, and program effects on gender and other social relationships.

Section 2 of this paper provides the background for CCT programs, explaining the basic objectives and features of the programs and situating them within the wider context of development strategies and social protection. Section 3 provides details on the CCT programs in Nicaragua and Turkey, which form the basis of the empirical research in this paper. Sections 4 and 5 comprise the core of the paper. Section 4 begins with a background on mixed method research, and the objectives of CCT program evaluation. It then summarizes the rationale and design of the quantitative research, followed by an in-depth discussion of the qualitative and ethnographic methodology, including what it contributes; how it contrasts with and complements the survey data; the types of issues it illuminates in the CCT evaluations; and the research design, sampling frameworks, and methods used in the studies in Nicaragua and Turkey. Section 5 explores the value of combining survey and ethnographic methods by giving examples from the CCT evaluations in Nicaragua and Turkey. Section 6 concludes with reflections on the gaps remaining in the integration of methods for evaluating social policy, and other reflections on the process.

1 In June 2006, representatives from 40 countries attended the Third Annual International Conference on Conditional Cash Transfer Programs, held in Istanbul, Turkey (World Bank 2006).

2. SOCIAL PROTECTION AND CONDITIONAL CASH TRANSFER PROGRAMS

"Social protection" encompasses a broad set of public and private systems for protecting people against risks to their livelihoods and keeping them from falling into (or deeper into) poverty. These systems may take the form of insurance mechanisms that are triggered in the case of a shock, such as the illness of a wage earner, loss of a job, or a natural disaster. They may also take the form of regular cash or in-kind transfers to people who suffer from chronic inabilities to secure livelihoods due to age, disability, social class, or discrimination due to the economic, social, and political systems in which they live. Formal social protection systems such as these may be provided by the state, nongovernmental organizations (NGOs), or private-sector employers. In the informal sense, such systems have traditionally been and continue to be provided by families or "communities"; however, these informal systems are often strained by trends and shocks that simultaneously affect many family and community members. Social protection is often advocated as a right rather than a reactive form of relief. Increasingly, state- and donor-designed social protection systems have tried to engender long-term, sustainable development processes, in the hope of providing opportunities for people to move out of poverty and achieve higher standards of living. This can be achieved through interventions that invest in assets, including the health, nutrition, and education of children and adults, and improved social status and rights (Adato, Ahmed, and Lund 2004; Conway and Norton 2002). Where social protection was previously considered the domain of richer countries with comprehensive social security systems and benefits provided through formal employment, such protection is now increasingly being seen as part of antipoverty strategies in low-income countries (Norton, Conway, and Foster 2002). The value of social protection can be advocated on ethical grounds, i.e., as a human right and the basic responsibility of the state to protect its citizens from poverty and severe deprivation. In addition, and perhaps more relevant for gaining the support of finance ministries more used to growth- and market-based development approaches, social protection can be seen as contributing to growth through investments in human capital, development of infrastructure, strengthening of markets, and maintenance of political stability.[2]

An essential underlying premise of a CCT program is that financial constraints keep parents from sending their children to school, due to the opportunity cost of sending a child to school rather than to work, as well as direct costs for books, supplies, clothing, and transportation. Another underlying premise is that very poor people, for a variety of reasons, do not take advantage of the health services that may be available (Davis and Handa 2006). By providing cash assistance conditioned on household participation in education and health services, a CCT can play a protective and preventative function by securing basic consumption and averting asset reduction, while simultaneously playing a promotional role by building assets, and perhaps even a transformational role (i.e., if girls' education alters their future relationships with male partners). The focus on prenatal, infant, and early childhood health and nutrition is based on the importance of these investments at these early ages. Numerous studies have demonstrated the interactions between early childhood nutrition, health, physical and cognitive development, and between those factors and adult earnings (Martorell 1995; Grantham-McGregor et al. 2007; Pollitt et al. 1995; Behrman 2000; Hoddinott et al. 2007). Such research reveals synergies between nutrition, health, and education, all of which are targeted by CCT programs. The overall objective of the program can therefore be seen as preventing the intergenerational transmission of poverty, although the research to date has been more successful in showing short-term impacts on human capital than achievement of the broader goal.

Although CCTs vary in design across countries, they are generally characterized by a number of broad features. First, the programs are targeted to the "poor," using demographic and socioeconomic data and/or assets to define a particular poverty threshold. Regions are targeted geographically and households are then targeted within the regions, although in some cases the program may include all households within a locality (as was eventually done in some areas of Nicaragua).

2 For example, a CCT can increase education levels, leading to increased productivity (Morely and Coady 2003), while a public works program can build roads or structures that promote market activitity, or introduce job training that enhances labor-force participation and productivity (Adato, Hoddinott, and Haddad 2005).

Second, in households with school-age children, benefits are conditioned upon the children's school enrollment and attendance, usually at around an 80 percent attendance rate. In households with pregnant women or children 0-5 years, benefits are conditioned on their participation in preventative health-care services such as check ups, vaccinations, and growth monitoring. Some programs also require beneficiary participation in health and nutrition education, a component that can be seen as promoting longer-term changes lasting beyond the duration of the cash transfer.[3] The various conditions are monitored through a reporting system, whereby compliance records are collected through schools and clinics, and processed at the national level. The cash is then delivered to designated pick-up points. Some programs provide additional in-kind benefits, such as nutritional supplements or school supplies. If the conditions are not met over a specified time period, the recipients are dropped from the program. Because meeting a program condition requires that services be available, a CCT program is often undertaken in conjunction with an increased supply of services; for example, infrastructure and services may be extended into previously underserved areas, or student-teacher or patient-health staff ratios may be increased.

Third, there is a strong gender dimension to CCT programs, whereby the mother of the household is designated as the official program "beneficiary" (with some exceptions). Program implementers stress that the mothers, not their male partners, should keep and control the cash. Women are targeted for health services and health and nutrition education. Reducing discrimination against girls in education is often a major objective, with some programs offering higher transfers for enrollment of girls versus boys, and higher benefits for female attendance at the secondary level, when girls are more likely to drop out. Finally, some programs also provide opportunities for women to meet collectively for various program-related activities.

3 For discussions of the benefits and drawbacks of conditioning transfers, see Adato and Bassett (2007), Samson (2006), and de Brauw and Hoddinott (2008).

3. CONDITIONAL CASH TRANSFERS PROGRAMS IN NICARAGUA AND TURKEY

Nicaragua's CCT program, the *Red de Protección Social* (RPS), was a relatively small program compared to others in the region. Its initial budget in 2000 was about US$11 million for the first phase. The second phase expansion in 2002 was designed for another three years with a budget of $22 million. In 2004, 21,619 families were enrolled in the program. In the first phase, the program was piloted in only two regional "departments" (out of 17); Madriz and Matagalpa in the northern part of the Central Region were chosen on the basis of poverty (78 and 81 percent, respectively, of the rural population was poor, and over half of those were extremely poor) as well as their capacity to implement the program. Within these departments, six municipalities were selected because they had another development program that was run by the same ministry and aimed at strengthening municipal government capacity, but retained a high degree of poverty (78–90 percent of the populations were extremely poor or poor). Within these municipalities, a marginality index was used to select the 42 poorest local areas (or *comarca*s[4]) for geographic targeting. Half of them were included in the first phase, while the other half were incorporated in the second phase of the program, thus serving as a control group for studying the first phase.[5] An additional 17 localities were selected for household-level targeting; in these localities, approximately 20 percent of households were not included in the program (Maluccio forthcoming). The average size of the transfer equaled about 17 percent of annual household expenditures (Maluccio and Flores 2005). In order to receive the cash transfer and nutritional supplements, beneficiaries were required to bring children under five to appointments with health providers for growth monitoring and vaccinations, and to attend a training workshop every two months, covering nutrition, reproductive health, lactation, environmental health, and family hygiene.[6] In phase 2, pregnant and lactating women also received checkups and vitamins, and women in their childbearing years were given tetanus shots. In addition to growth monitoring and vaccinations, children 0-5 years received vitamin A, iron, antiparasite treatments, and oral rehydration as needed, and the beneficiaries were given counseling on child-raising practices. Also in phase 2, the program added tetanus vaccines for children 6-9 years, and offered adolescents information, education, and communication on topics such as healthy lifestyles, sexual and reproductive health, and prevention of sexually transmitted diseases (STDs) and HIV/AIDS. The health services were provided by NGOs or private health providers, and conformed to Ministry of Health rules and standards.

The education benefit consisted of a cash transfer given to households with at least one child in primary school, and cash for purchasing school supplies and a uniform for each registered child, along with a very small cash payment that households turned over to the parent-teacher association, to augment the teacher's salary and pay for necessary school materials or upgrades. These benefits were conditioned on 85 percent school attendance of children age 7-13 (up to grade 4). The Ministry of Education was responsible for delivery of school services.

The CCT program in Turkey was part of the Social Risk Mitigation Project (SRMP), an initiative of Turkey's Social Solidarity Foundation (SYDTF), which formed part of a broad social safety net reform designed in response to the earthquake and economic crisis of 2001. The General Directorate of Social Assistance and Solidarity, which was responsible for the CCT, worked with the Ministry of Health and the Ministry of Education for service delivery and monitoring. The program had 1.1 million beneficiaries, and a budget of $360 million (World Bank 2001). Using a proxy means test, the program covered the poorest 6 percent of the population nationally, although the highest concentration of beneficiaries was in the poor southeastern region. Beneficiaries received a cash payment for participation in health services, primary and

4 Census *comarcas* are administrative areas within municipalities that typically include between one and five small communities averaging 100 households each. They are determined by the National Institute of Statistics and Censuses and sometimes do not coincide with the locally defined areas that are also referred to as *comarcas* (Maluccio and Flores 2005).

5 Among the geographically targeted *comarcas*, 6 percent of households were excluded from the program because they exceeded a wealth threshold.

6 In phase 1, beneficiaries also had to ensure that their children did not fall in their percentile ranking in the weight-for-age distribution during consecutive weighings; this requirement was later dropped when it was realized that this could withhold benefits from children who needed it most.

secondary schooling (there were no in-kind transfers), and a grant was given to pregnant women. Payments were higher for secondary school than primary school, and higher for girls than for boys. Education benefits were conditioned on 80 percent attendance rates, and no more than one grade repetition. Health benefits were conditioned on checkups every two months for children 7-18 months of age, and every six months for children from 1½ to 6 years of age. The pregnancy benefit required women to attend monthly checkups while pregnant, give birth in a hospital, and attend post-birth checkups.

4. COMBINING SURVEY AND ETHNOGRAPHIC METHODS FOR THE EVALUATION OF CCT PROGRAMS

As with other uses of mixed method research, combining quantitative and qualitative methods for evaluation of social protection programs enhances the contributions of both methods, providing a richer pool of data and greater analytical power than that gained through either method alone. The use of quantitative and qualitative methods together and in complementary ways has long been established theoretically and empirically (Brewer and Hunter 1989; Creswell 1995; Tashakkori and Teddlie 1998). Triangulation, wherein a single study uses several types of data for cross-checking and comparison of results, allows weaknesses in one method to be offset by the strengths of another (Denzin 1978; Jick 1979). In discussing the iterative feedback relationship between ethnographic and survey data in a particular study, Bernard (2002, 363-354) writes:

> *. . .the ethnography produced ideas for policy recommendations and for the content of a questionnaire. The questionnaire data illuminated and validated many of the things that the ethnographer learned during participant observation. Those same survey data produced anomalies—things that didn't quite fit with the ethnographer's intuition. Ethnographic and survey data combined produce more insight than either does alone.*

Examination of 57 mixed method studies from the 1980s identifies five purposes for mixing methods (Greene, Caracelli, and Graham 1989): "triangulation," seeking convergence of results; identification of "complementarities," examining overlapping and different facets of a phenomenon; "initiation," discovering paradoxes, contradictions, and fresh perspectives; "development," using the methods sequentially, such that the results from the first method inform the use of the second method; and "expansion," adding breadth and scope to a project.

Large-scale evaluations of CCT programs using quantitative and qualitative methods have taken place in Mexico, Nicaragua, Turkey, Colombia, and Jamaica (Skoufias 2005; Maluccio and Flores 2005; Ahmed et al. 2007; Levy and Ohls 2007; Attanasio and Gomez 2004; the studies in Brazil and Honduras used quantitative methods only). Evaluations have become a standard feature of CCT programs, and are often built into the initial policy and/or loan. Rawlings and Rubio (2005) point out that this systematic, rigorous approach to the evaluation of social assistance programs represents a new trend.[7] The purpose of a CCT evaluation is to determine the effectiveness of the program design (the cash transfers and conditionalities) and the efficiency of the investment; to identify design and implementation issues requiring change or improvement; to understand how people view the program and respond to it, and why they do or do not respond to program incentives; and to increase the transparency and accountability of the government. The primary interest of those seeking to evaluate a CCT program (typically governments, donors, and lenders such as the World Bank and Inter-American Development Bank) is quantitative evaluation through measurement of changes in program-targeted indicators (for example, enrollment and attendance rates, participation rates in health services, changes in nutritional status, and so forth). Achieving measurable change is important for informing decisions about whether to continue funding the program. Qualitative methods are used to understand program impacts that are hard to measure through a quantitative survey, such as changes in social relationships (for example, intrahousehold, gender, and community relations), institutional and political dynamics, the implications of economic, social, and cultural attributes for participation and outcomes; how people understand, view, and like the program; and how and why they do or do not respond to the program design, incentives, training, and other aspects.

7 They point to a review of World Bank projects from 1998-2000, where only 10 percent had adequate plans for a rigorous evaluation (World Bank 2001).

The Quantitative Methods Used to Evaluate the CCT Programs in Nicaragua and Turkey

In Nicaragua, the CCT evaluation surveys measured, inter alia, participation in child growth and development monitoring, vaccinations, composition of expenditures, type of foods consumed (diet quality), nutritional status, school enrollment, attendance, continuation and matriculation, child and adult labor, and targeting accuracy (Maluccio and Flores 2005). In Turkey, the surveys collected information on, inter alia, school enrollment, continuation, and completion, knowledge regarding the CCT program conditions, sources of program information, targeting accuracy, costs of education, occupation and employment, dwelling characteristics, assets, food and nonfood expenditures, health and immunization, economic shocks, and participation in the CCT program. Both studies collected data on household demographic characteristics and socioeconomic status, and used records of payments distributed to beneficiary households to establish how much money people actually received. Some additional types of quantitative data used in other CCT evaluations were not collected in Nicaragua and Turkey. For example, the IFPRI evaluation of *PROGRESA* in Mexico8 used data collected via school, clinic, and nutrition surveys, as well as school and clinic administrative data, and student achievement test scores (Skoufias 2005). The Mexican study also included an operations evaluation that used surveys and observation checklists to assess the quality of CCT service delivery and administration (Adato, Coady, and Ruel 2000).

These types of quantitative evaluations seek to establish the average effect of the program on a number of household-level indicators. In order to do this, researchers must construct a counterfactual that establishes what the outcomes would have looked like in the absence of the program. This is best done through an experimental design in which otherwise similar households are randomly assigned into and out of the program.[9] In the Nicaragua study, a rigorous counterfactual was established through the use of a randomized design, using a "double-difference" methodology (Maluccio and Flores 2005; see also Ravallion 2001). Out of 42 *comarcas*, 21 were randomly selected into the program, and 21 into the control group. Household- and individual-level data were collected from both control and treatment localities in the year 2000, before the intervention began. Data on the same variables were then collected from the same households in 2002. Because some factors unrelated to the program could have produced changes in the treatment group, it was important to separate out these effects from program effects. If treatment and control groups are well-selected, the assumption is that these factors should affect both groups to the same degree. This approach to evaluation therefore determines average program impacts by measuring the changes within the treatment group and subtracting the change in the same indicators that occur within the control group.

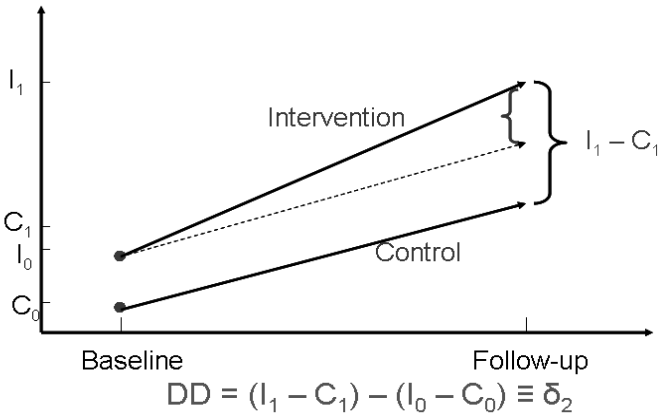
Figure 1 shows the double-difference methodology used in the Nicaragua program evaluation. I_0 and C_0 denote the intervention and control groups, respectively, at baseline. I_1 and C_1 denote the intervention and control groups, respectively, at some point after the intervention has been implemented, when it would be expected to have an impact. At baseline, the findings for each measured indicator should be generally consistent for the treatment and control groups. Some time period after inception of the program, differences should emerge. The analysis shown in Figure 1, however, takes into account (1) that there are likely to be some observable or unobservable differences between the two groups at baseline, and (2) that changes are likely to occur in both groups that are not attributable to the program. The double-difference program impact is represented by the red bracket, or $DD = (I_1 - C_1) - (I_0 - C_0) \equiv \delta_2$ (Maluccio and Flores 2005, 12-13).[10]

8 This is mainly due to the fact that the PROGRESA evaluation was much larger in scale and budget than the two studies described herein.

9 The use of treatment and control groups naturally raises ethical questions with respect to the possibility that families who might otherwise have had the opportunity to benefit from the program would be purposely denied benefits for the sake of program evaluation. In practice, this is usually not a realistic problem because these programs do not have the financial or logistical ability to reach the entire target group at once. They are thus rolled out gradually, and those waiting can thus act as a control group.

10 See Maluccio and Flores (2005) for additional details and caveats on the use of this method.

Figure 1. Illustration of double-difference estimation of average program effect



Source: Adapted from Maluccio and Flores 2005.

Where an experimental design of this type is not possible (for example, if the program began before the evaluation could be started and there is thus no baseline), statistical methods can be used to establish comparison groups. One technique is propensity score matching, where a comparison group is constructed based on socioeconomic characteristics that would give these households the highest probability of participating in the program if it were available to them (Rawlings and Rubio 2005). Another technique is regression discontinuity design (RDD), which was used for the quantitative evaluation of the CCT program in Turkey. RDD compares average outcomes for households that fall just below and just above the program eligibility cutoff line, based on the proxy-means scores applied for the purpose of program targeting. Bands are constructed for households that fall just below the line and those just above it. These groups are considered to be very similar, given the lack of precision of the proxy-means test model. Because both groups applied for the program (Turkey used a system of applications), selectivity bias and unobserved characteristics between the two groups are assumed to be minimized[11] (Ahmed et al. 2006). The total number of localities and households included in all three rounds of the Nicaragua study was 42 *comarcas* and 1,359 households. In the study in Turkey, three surveys were carried out in 26 provinces (52 districts). Initially, 2,905 households were interviewed for a large cross-sectional household survey (December 2005-April 2006). A further 750 households were interviewed for a two-round panel survey; the first round was carried out simultaneously with the cross-sectional household survey, and the second panel survey took place seven months later.[12] Table 1 summarizes the number of sites and households selected for the surveys in Nicaragua and Turkey.

The Qualitative Methods Used to Evaluate the CCTs in Nicaragua and Turkey

Qualitative research offers a number of strengths over survey-based methods for evaluating conditional cash transfer programs. While survey methods are essential for quantifying impacts on key indicators targeted by the program, they have a number of limitations. These include the necessary brevity of questions and the use of proxies that are often blunt measures; respondents' limited ability to express what they mean in selecting among categorical or continuous variables; the limited ability of enumerators to follow up when more information or clarification is needed; and the difficulty of establishing the rapport and trust needed to maximize truthfulness in replies. Qualitative research enables the exploration of social

11 A matching technique was also performed using some households that met the eligibility criteria but had not been included yet; however the number of such households was small, so this method was considered less reliable.

12 In the study in Turkey, a double-difference with regression discontinuity design was used for estimating impacts on primary school enrollment, using retrospective questions on enrollment prior to program participation. The data from the second round survey could not be used in this way because there was no control group in the panel.

issues and impacts requiring open-ended rather than closed responses; improves our understanding of people's perceptions, as expressed in their own words; raises underlying and less obvious issues, including those that the researchers may not have anticipated; allows us to probe responses (including internal contradictions and conflicting responses between respondents) and explore relationships between topics and responses; and finally, enables solicitation of respondents' solutions for the problems they identify. In the case of the CCT studies, the qualitative research allowed researchers to explore the significance of the social, cultural, political, economic, and historical contexts in which the CCT programs operate. The qualitative studies complemented the survey findings by providing direct explanations, as well as sometimes confirming, contradicting, or illuminating those findings. The qualitative research also suggested new survey questions, while the survey helped identify areas that should be prioritized in the qualitative research.

The qualitative research not only contributed different methods for triangulation of results, but also enabled a social analysis that complemented the economic analysis in the CCT evaluation. As noted above, the economic analysis established rates of service participation, changes in education, health and nutrition indicators, levels and types of household consumption, and other quantifiable variables. The social analysis helped us understand the reasons why people did or did not participate in the education, health, and nutrition services; why impacts were sometimes not observed even where people appeared to participate; and the mechanisms through which the observed impacts took place. It also allowed us to analyze impacts of the program on social relationships, and the relevance of social relationships in explaining program processes and outcomes. It allowed us to explore attitudes, culture, politics, the local meanings people gave to different aspects of the program, and their effects on the outcomes. By focusing on people's actual lived experience, qualitative methods enabled a richer understanding of the meaning that people gave to events, processes, and structures in their lives. Central to this approach is the recognition on our part, as evaluators and social scientists, that the views, opinions, and program interpretations held by beneficiaries are important, credible, and worth listening to. Ultimately, even where researchers or program implementers might not believe that local perceptions are "correct," they may have a profound impact on program outcomes. Examples of this are provided later in this paper.

The qualitative research in the Nicaragua and Turkey CCT studies followed similar design principles, seeking to achieve some geographic diversity (regional and/or rural/urban); capture ethnic or religious diversity; include the views of household members of different ages, sexes, and family roles (mothers, fathers, young children, adolescents, aunts and uncles, grandparents); gather both individual- and group-based responses; obtain the perspectives of a wide range of stakeholders; and use mixed qualitative methods, including semi-structured in-depth interviews, participant observation, and focus groups. Both studies drew most heavily on ethnographic methods for conducting community and household case studies.

Community and Household Case Studies

In both studies, three Nicaraguan or Turkish field researchers, with B.A. or M.A. degrees in sociology or anthropology, conducted research in two communities each (for a total of six communities in each study) over a period of 4-5 months, moving between them at different intervals. The field researchers resided with families in the communities.[13] The case studies drew primarily on ethnographic research methods, supplemented by other methods. Ethnography, which involves the immersion of the researcher in the everyday life of the people or group being studied, provides detailed descriptions and interpretations, with a focus on the interactions among different aspects of the social system under study. It employs a number of different research methods in combination, including participant observation, in-depth interviews, and informal conversations. The ethnographic case study approach is particularly suited to gaining a more nuanced understanding of the CCT program's relationship to beneficiaries and nonbeneficiaries from *their*

13 In Turkey, one fieldworker lived with her own family members, who were located within the study region. She was also still working on her B.A. at the time of the study.

points of view. Sometimes referred to as the "extended case method," this strategy uses intensive interactions and participant observation to understand everyday life, applying a reflexive model of science that stresses engagement rather than detachment, and establishing "multiple dialogues to reach an understanding of empirical phenomenon" (Burawoy 1998).

A key feature of our research that distinguishes it from more general forms of ethnography is the use of "household-level case studies," wherein the particular focus is on all interactions relating, directly and indirectly, to the CCT program. As noted by Mitchell (1987, *italic commentary inserted*),

> What distinguishes case studies from more general ethnographic description is the detail and particularity of the account. Each case study is a description of a specific configuration of events [*in our case, events related to the CCT program*] in which some distinctive set of actors [*mainly household members*] have been involved in some defined situation [*as beneficiaries or nonbeneficiaries*] at some particular point of time.

An important element of our case study work was residential fieldwork: researchers lived in the study communities for extended periods (in this case, multiple intervals of several weeks at a time) while they carried out their research.[14] This approach has many unique benefits. First, it allows the researcher to establish a level of rapport and confidence with households that is not possible with other research methods where the researcher is present only for a short time. For example, in the Turkey CCT study, the researcher located in one culturally conservative and politically volatile region had to spend a month in each of her study communities (in one helping with work in the fields) before people would begin to talk with her about the CCT program. This level of rapport translated into more reliable, candid, and deeper data. Topics that were otherwise difficult to approach became accessible. Initial responses to questions could later be changed as the respondents became more relaxed and gained confidence in the researchers. Second, residential fieldwork permitted better triangulation and comparison of responses from respondent to respondent. Interviewing multiple family members offered a range of perspectives on the program, along both age and gender axes. Third, multiple visits to study households allowed the capture of data at different points in time, rather than the snapshot provided by a single interview.

Case studies were based on a staggered series of household visits, done at different times of day and on different days of the week. During these visits, semi-structured interviews were carried out with different members of the households, capturing variations in age, sex, and relationships. The interviewers used guides or "research checklists" that reflected the research questions, and were designed to provide room for the exploration of emergent topics of interest and for follow-up questioning. Household visits also provided an opportunity for direct observation of household and community dynamics and selected program-related activities.

Observation of activities at the household and community levels was also a key method in the research; this included both participatory aspects, where the researchers helped in the fields, shopped, or prepared meals and ate with household members, as well as nonparticipatory aspects, where the researchers observed without engaging in any activity. This allowed the observation of practices, behaviors, and interactions that confirmed or contradicted what people said, or revealed things that people had not mentioned. Participant-observation fieldwork (of which the ethnographic case study method is a subcategory) has been a cornerstone of anthropological and sociological research since its early stages. Having argued that such fieldwork requires a substantial investment of research time, Bernard identifies five important reasons for participant observation. First, participant observation opens things up and makes it possible for the fieldworker to collect all kinds of data, some of which would be otherwise inaccessible. Second, it reduces the problem of *reactivity*, whereby people change their behavior when they know they are being studied. As the embedded researcher becomes less and less of a curiosity, people take less and less interest in his/her activities. Presence builds trust. Third, participant observation helps the researcher

14 For academic research in anthropology or sociology using ethnographic methods, 4-6 months would be considered a very short period of residential fieldwork. However, this duration provides considerable depth of information for CCT program evaluation. While a longer study would provide additional information, such as seasonal differences or irregular program-related activities, limited timeframes and budgets necessitate some trade-offs.

ask sensible questions in the native language. Fourth, it provides an intuitive understanding of what is going on in a culture and allows the researcher to speak with confidence about the meaning of data and make strong statements about the cultural facts collected. Fifth and last, it enhances the internal and external validity of what is learned from interviewing and observing.[15] Bernard concludes that "many research problems simply cannot be addressed adequately by anything except participant observation" and "...getting a general understanding of how any social institution or organization works . . . is best achieved through participant observation" (Bernard 2002, 335).

Wherever possible the researchers observed and recorded program-related activities, including interactions between household members; care of children in the household; meal preparation; health and hygiene practices; shopping and other market activities; gatherings and other interactions among community members (including beneficiaries and nonbeneficiaries); health service delivery; school activities; interactions between beneficiaries and program officials; interactions at pay points (surrounding transfer delivery); and health and nutrition workshops.[16] The case studies were then supplemented with other research methods, as described below.

In-depth Semi-structured Household Interviews

In addition to the more in-depth case studies carried out over time, additional beneficiaries and nonbeneficiaries (usually mothers) were interviewed in order to capture the experiences of a larger number and wider range of people than could be covered in the more time-consuming case studies. These interviews took advantage of the trust the researchers had gained through their extended stay in the communities, as well as the efficiencies of conducting shorter once-off interviews (lasting from one to several hours) with a larger number of respondents. Furthermore, both studies included a mid-fieldwork break for data analysis, which revealed priority issues and some new topics of interest identified by the researchers or the respective country program officials. These priority issues could then be explored with a larger number of households in the second phase. For example, survey results in Turkey showed that the secondary school enrolment rates of girls (and boys, to a lesser degree) were still very low despite the CCT, and government policymakers and program implementers became particularly interested in understanding the underlying reasons. Although this was already a focus of the research, the semi-structured interviews allowed the perspectives and experiences of another 46 households to be added to those of the 41 included in the case studies. In Nicaragua, 60 semi-structured interviews were added to the 60 case studies.

Key Informant Interview

Many stakeholders have a significant influence on program outcomes, and from their particular vantage point have key insights into processes and impacts with respect to the CCT program. Interviews with these key informants can be particularly revealing, providing new perspectives and garnering information the researchers might not get from beneficiaries. The key informants interviewed in Nicaragua included *promotoras*, program management personnel, teachers, health workers, religious officials, and community leaders. Those interviewed in Turkey included Foundation staff members,[17] health, education and other service providers, imams (religious leaders), *muhtars* (local government officials), and other sub-provincial government officials. Semi-structured interviewing techniques were used, using the questions (wherever relevant) from the case study "checklist" to ensure that parallel sets of issues were covered. Most categories of key informants were identified during the study design phase, but individuals were also

15 Because of this strength of understanding, the field researchers continued to play an important role in the analytical stages of the study after the fieldwork period had closed.

16 The observed that activities varied across the two country studies, depending on their relevance within the local context. For example, the health and nutrition workshops only existed in Nicaragua.

17 The 'Foundations' refer to the SYDVs (Social Solidarity Foundations) located in each province and sub-province; these are the local branches of the Social Solidarity Foundation (SYDTF), one of the two main government institutions coping with social risk mitigation, established in 1986.

added thereafter, using a "chain sampling" method where key informants identified other people of relevance. As necessary, these informants might be interviewed several times, formally or informally, in cases where the interviewer used information from other interviews to clarify or deepen responses, or used the informant's responses to confirm, contradict, or interpret findings from other data sources.

Focus Groups

An advantage to the use of focus group methods is that comments from group participants can trigger recollections and opinions from other participants that might not otherwise emerge. In addition, focus groups enable a larger number of individuals to be interviewed in a shorter period of time compared to individual interviews. Focus groups can also be used to confirm or probe, within a larger group, the responses received from individual interviews or observations. A possible disadvantage of focus groups relates to the fact that some individuals may be less inclined to speak out due to social dynamics within the group. Thus, an interviewer might need to encourage individuals that appear less inclined to speak, or those who might hold a minority opinion or represent a particular social group with different views. For these reasons, and because some of the explored issues were sensitive in nature, focus groups were only carried out in selected circumstances, such as with informal groups gathered in households, or with groups of service providers or government officials.

Site and Household Selection: Using Structured and Purposive Sampling Criteria

It was impossible to obtain "representative" samples for the qualitative research in these evaluations, because the cost and time involved with qualitative research made it impossible in practice to acquire the required sample sizes. However, it is still important that sampling of communities and households be done systematically, with careful consideration of criteria and stratification. This was done for the qualitative studies performed in both Nicaragua and Turkey, with survey data used to stratify and select localities and households.

In Nicaragua, eight communities from the Matagalpa and Madriz regions were selected for the study. The main study included six of these communities where the program existed, and additional short-term research was conducted in two 'comparison communities' where the program did not exist. The six intervention communities were selected according to a set of guidelines, namely (1) participation in the pilot phase of the program; (2) physical safety of fieldworkers; (3) sufficient population; (4) representation of both geographical targeting (four communities) and household targeting (two communities); and (5) reasonable accessibility to Managua.[18]

An average of 20 households were studied in each of the six study communities, for a total of 120 households in the study. Since these communities were small, the 20 selected households represented at least 10 percent of beneficiary households in all cases. As will be explained below, these households were also stratified to represent a cross-section of the community, using categories of interest to the study. In order to make the selection of households for the case studies more systematic and more closely linked to the existing quantitative evaluation data, household selection was stratified based on their situation as measured at the start of the program, using several categories. The first was age of children; the study included households that had children aged between 0 and 5, households with children aged between 6 and 11, and households with children in both age groups. The second category was nutritional status; we included households that entered the program with better nutritional status (defined as all children under 5 years above the 20th percentile in height-for-age z-scores), as well as households that entered the program with worse nutritional status than those above. The third category was education status; the study included

18 Accessibility to a major city is not normally a recommended site selection criterion, and will bias the results to some extent. However, since the sample was very small and would always be missing some variation, we determined, based on our knowledge of the different regions, that this was unlikely to be a significant issue in terms of our findings. Furthermore, at the time of our research, before the program expanded, the vast majority of intervention communities which fulfilled the much more important criterion of having participated in the pilot phase of the program were all quite accessible to Managua. Thus, in the end, the accessibility criterion had little actual effect on selection.

households that entered the program with better education (defined as all children 7-13 years enrolled in school), and those that entered the program with worse education (some or all of the children not enrolled). We also used some secondary stratification criteria in order to understand the different types of households and situations; we selected some households with a male beneficiary, some with no children, some households that were no longer in the program (expelled or withdrawn voluntarily), and some unselected households (non-beneficiaries) in the household-targeted areas. Close collaboration with the quantitative team was particularly important for the site selection, because existing survey data were used to identify candidate households based on these criteria. However, once in the field, the field researchers often had to revise the household selections based on actual household conditions.

In Turkey, the ethnographic research was carried out in three provinces[19], at two localities selected in each of three provinces, for a total of six communities. Criteria were developed for site selection, namely that the selected localities should: 1) be included in the quantitative survey, to enable the use of quantitative data to select households based on outcome variables derived from survey results (e.g. households performing well or poorly in terms of key impact variables) and to enable comparison of quantitative and qualitative data on these households; 2) be from provinces with high levels of poverty and those identified by the government as high priority areas (this resulted in the selection of Eastern Anatolia, Southeastern Anatolia, and the Black Sea); 3) help capture geographical and ethnic diversity, including rural and urban areas, and large Kurdish populations (where poverty is concentrated); 4) have a relatively large number of CCT program beneficiaries included in the quantitative survey, enabling acquisition of a large enough sample of qualitative household studies and ensuring the selection of areas with high levels of poverty and thus of greater significance to program operations; and 5) be within reasonable distance from each other in each province, allowing the field researchers to travel regularly among them.

In each of the selected communities, the quantitative survey data were used to select beneficiary and non-beneficiary households, and to stratify them on the basis of high and low performance on selected health (vaccinations) and education indicators (school enrolment and drop-out rates) that were chosen as the best survey variables available for this assessment. However, this proved difficult in practice, for two reasons. First, households often had both positive and some negative indicators (for reasons that became interesting research findings; see Adato et al. 2007a; chapters 4 and 5). We selected as many households as possible with clear positive and negative performances, and used a finer level of purposive selection among the mixed cases to capture a diversity of circumstances. The second problem was that although we verified the demographic composition and health and education status of each household by reviewing household files at the Foundation offices, the survey data often did not match the records in the Foundation offices.[20] The field researchers were thus forced to perform final selections once they had visited the homes. The process of household selection was therefore very time consuming, but ultimately worthwhile. The purpose of stratification was to gain an understanding of the conditions, practices, events, and perceptions characterizing households with different outcomes on key variables of interest to the research. Within this sampling design, we also selected on secondary criteria, depending on the options available. For example, we selected households with at least one girl, but wherever possible we selected households with both girls and boys, and as many children as possible, particularly those of secondary school age. We selected households with different ethnicities, although in Diyarbakir and Van a high proportion of households were Kurdish. In Diyarbakir, our field researcher was Kurdish and therefore fluent in the language. In Van, households where women spoke only Kurdish, daughters mostly translated for mothers. The case studies were begun in the first phase of the fieldwork and continued throughout. Households for the semi-structured interviews performed in the second phase were selected using the same criteria.

19 In 2005, a 'First Qualitative Assessment" (Kudat 2006) was carried out, with a different set of objectives compared to the "Second Qualitative and Anthropological Study" (Adato et al. 2007a) that is the subject of this paper. The first study used key informant interviews, rapid assessment techniques, and focus groups, covering more regions and localities (15 of the 81 provinces, and 87 localities) but with less depth than the second study. The objective of the furst approach was to provide rapid feedback to policymakers.

20 This was likely due to inaccurate reporting in the applications or in the survey, and/or different definitions of 'household.'

In total, 87 households were included in the sample in Turkey. Of these, 41 full household case studies were carried out, and semi-structured interviews were conducted with one or more household members of 46 households. Within these households, 138 adults and 52 children were interviewed. Additionally, 33 key informants were interviewed, individually or in small focus groups. Table 1 summarizes the number of sites and households selected for the qualitative research in Nicaragua and Turkey.

Table 1. Number of sites and households selected for the survey and qualitative research in Nicaragua and Turkey

	Survey sites	Qualitative sites	Survey households	Qualitative households
Nicaragua	42 *comarcas*	6 localities	1359	125
Turkey	52 districts	6 localities	2,905 (cross-sectional) 759 (panel)	87

5. EXPLORING THE BENEFITS OF MIXED METHOD RESEARCH AND THE CONTRIBUTIONS OF ETHNOGRAPHIC APPROACHES IN PROGRAM EVALUATION: SELECTED RESEARCH FINDINGS

The use of ethnographic methods to explore issues not addressed by the survey and to identify explanations for survey findings eventually provided important insights into social, cultural, and institutional issues, and had significant policy implications (see section 6 for a discussion of these implications). Since this paper focuses on the use of mixed methods, only short summaries of a few research results are included below. These examples have been chosen to illustrate the different types of contributions that can be made by the inclusion of qualitative research. The full results of the qualitative research in Nicaragua can be found in Adato and Roopnaraine (2004), and the results from Turkey can be found in Adato et al. (2007a). An integrated summary of findings from the quantitative and qualitative reports for the Turkey CCT evaluation can be found in Ahmed et al. (2007). There is no integrated report from the evaluation in Nicaragua, though some integrated findings are reported in Maluccio et al. (2005). Maluccio (forthcoming), a quantitative analysis of targeting in Nicaragua, also integrates some of the qualitative findings.

Selected Findings from the CCT Evaluation in Nicaragua[21]

Targeting

Nicaragua's RPS used two targeting approaches for selecting beneficiaries: In most *comarcas* selected for the first phase, where about 80 percent of households fell below the poverty line, all households were eligible for the program (as noted above, about 6 percent were later excluded based on their resources). In a smaller number of *comarcas* where poverty rates were lower, household eligibility was assessed with a proxy means test that identified households above and below the poverty line. In these *comarcas*, the average poverty rate was 75 percent, meaning that about 25 percent of households were excluded; however, the children of these households were offered access to the program health services.

The results from the quantitative study indicated that the RPS program was well-targeted, with 81 percent of the beneficiaries falling into the poorest 40 percent of the national population. In *comarcas* where geographical targeting was employed, almost all poor and extremely poor households received benefits. The 'undercoverage' rate (households that were defined as poor but did not receive benefits) was only about 3 percent, while the 'leakage' rate (households in geographically-targeted *comarcas* defined as non-poor but receiving program benefits) was only 14 percent. In household-targeted *comarcas*, undercoverage was estimated as 3 percent and 10 percent among extremely poor and poor households, respectively, while leakage was similarly estimated to be 17 percent and 6 percent, respectively (Maluccio, forthcoming; Maluccio et al. 2005).22

The findings from the qualitative study, however, illustrate a fundamental difference between survey and ethnographic data. Although the qualitative findings do not conflict with the numerical results themselves, they emphasize that behind these percentages lie individuals and families who literally *live* the impact of even statistically small targeting problems. The ethnographic research found that targeting was a poorly-understood element of the program: in particular, very few people understood the basis for the household targeting, and why they were included or excluded. One of the most difficult concepts for people to understand was the means test. In all study communities, respondents did not perceive the economic differences defined by the targeting system, and widely asserted, "We are all poor here." Even communities where geographical targeting had been employed were not immune to these concerns.

[21] Adato and Roopnaraine 2004

22 The figures for geographically-targeted *comarcas* were precisely calculated using a baseline survey; because this data does not exist for household-targeted *comarcas*, the leakage and undercoverage figures have been estimated using a formula (see Maluccio forthcoming for further explanation).

Because the *comarcas* used by the program to delineate intervention zones were not always consistent with the de facto community boundaries, not all the households in a given community were included in the early incorporations. Across all the study communities, perceptions of erroneous exclusion were widespread, causing stress among beneficiaries and non-beneficiaries alike. Thus, while the quantitative surveys may conclude that targeting was successful based on certain 'objective' criteria, the qualitative findings showed that people's actual perceptions of these outcomes can differ substantially. Such local opinions matter, because they shape public attitudes toward the program. The ethnographic study identified this issue and some of the resulting social tensions. For example, one beneficiary said, "*Some of them [non-beneficiaires] get very angry when they give us the money because they say that they only give it to us and not to them* Tensions of this sort arose in most of the study communities, although only in a small number of cases because most of those who perceived themselves as wrongly excluded did not blame the beneficiaries. It is still important, however, to be aware of how household targeting can create a new type of social differentiation that may have subtle impacts on social capital.[23]

A related issue identified in the ethnographic study was an effect on schoolchildren, some of who were receiving assistance for uniforms, backpacks and supplies, while others were not. In theory, the non-beneficiary households should have had enough resources to buy these items for their children. In practice, however, this was not always the case, either because they were non-beneficiaries by error, or because they did not have sufficient resources or inclination to so do. While most non-beneficiaries said little about their personal impacts of exclusion, they were more expressive about the impact on their children. For example, one non-beneficiary said, "*One day my son told me that a boy (he didn't say his name) told him, 'Look, I have a new backpack and you don't,' and he started showing him all the new things he had in his backpack.*" Notably, two of the six communities took up collections wherein beneficiary families were asked to contribute funds for the purchase of school supplies for non-beneficiary families.

Iron Supplements

The preceding example illustrates the complementarity of applying qualitative and quantitative approaches to the same research issue in order to generate a more holistic and multi-dimensional understanding of the issue. In the following example, qualitative methods were used to explain a survey finding.

The survey found that the percentage of children receiving iron in the previous 4 months increased massively following program inception—from under 25 percent to nearly 80 percent. Nevertheless, there was no apparent change in the very high anemia rates (about 30 percent) in this population (Maluccio and Flores 2005). During the qualitative study interviews, when beneficiaries were asked whether they had given the supplements to their children, a substantial majority of parents (as in the survey) said that they had done so. However, these assertions contrast with direct observations made by fieldworkers, who noted that across the 60 case study households, only three were observed actually giving the supplements[24.] It is likely that a higher number than those observed actually did give their children the supplement; however, it was also clear that many did not. Furthermore, in interviews, the parents explained reasons why they might not give the supplement; these included various reasons why the children did not like the supplements, including bad taste and perceived adverse effects on the children's stomachs and teeth. One beneficiary explained, "*[A]t the beginning it was bad for him because it gave him diarrhea and made him feel sick, but since they say it is good for them, I kept giving it to him. However, it was also bad for his teeth, now his teeth are damaged.*" In some cases, parents also gave the iron to their older children, which was not intended by the program.

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23 See Adato 2000 for research results from the PROGRESA CCT program in Mexico, where targeting-related tensions were more widespread and created more serious divisions in some communities. We did not obtain such strong findings in Nicaragua, possibly because fewer people were excluded (Mexico later initiated a new incorporation and reduced the number of exclusions).

24 Statements that beneficiaries gave the supplements may reflect the fact that they had given them at some point, but stopped because they encountered problems. Also, in two of the communities, health services were not provided during the fieldwork period, so the supplements were not received.

Meeting Program 'Conditions' through Overfeeding Prior to Weighing

Qualitative methods can also uncover unintended program effects that would not be anticipated in the survey questions. This might involve a delicate situation that requires time and rapport to reveal, or a practice that people know is against the rules or otherwise frowned upon. The question of overfeeding children prior to weighing them is one such issue. In the first phase of the CCT program, one of the conditionalities was that children gain weight. If they twice fell below an established rate of weight gain, parents could be sanctioned by suspension of benefits. Although the weight gain requirement was dropped in 2003, we found that many beneficiaries in all the qualitative study communities still believed that the requirement was in effect. This may in part be explained by the fact that the research took place during a period when the program was in transition and there was a lengthy break in health service delivery. However, the change does not appear to have been effectively communicated when the health services resumed. As a result of this belief, beneficiaries were employing last-minute strategies to pass the weight gain test. In five of the six communities, some children and mothers described children being given large quantities of different types of food, as well as large quantities of liquids, in the days leading up to the weighing, in order to achieve rapid weight gain (water weight or otherwise). This finding had several implications. One is that it shows the presence of significant gaps in the program communication systems (an important policy change was not communicated). Another is that it shows how the weight requirement not only penalized children who most need the benefit, it also caused stress to families and individuals. Finally, the finding provided insight into the strategies that people employed in navigating this social program.

Gender Relations and Women's 'Empowerment'

Though aspects of gender relationships and women's 'empowerment' can be measured in surveys (de la Briere and Quisumbing 2000; Hallman, Lewis, and Begum 2007), some aspects of these relationships better lend themselves to an ethnographic approach, which allows people to express their perceptions and feelings about their own changing place in the world. Ethnography gets at the more subtle dynamics of gender relations, and through observation and extended inquiry, may pick up on dimensions of social relations that are contrary to what individuals believe or are willing to acknowledge publicly. As discussed above, CCT programs explicitly or implicitly aim to alter gender relationships in several ways, namely by designating women as program beneficiaries, providing them with an independent source of income, offering them health and nutrition education, increasing girls' education, and giving women new opportunities to leave the house and participate in program activities. Our qualitative research explored how women and men felt about these aspects of the program, and whether and how the programs had changed women's power, status, self-esteem, and intra-household relationships. With respect to their relationships with male partners, the qualitative research explored whether women's role as the formal beneficiaries led to new tensions or conflict within the household, and/or new decision making roles or other indicators of improvements in women's status.

While only a few of the findings can be mentioned here, the research in Nicaragua found that both women and men generally supported the prominent role for women in the program, because both saw women as more likely to make spending decisions that were better for the household and the children. It was seen as a women's program, which helps explain why it was not perceived as a threat to the men's masculinity. Furthermore, the input of new resources into the household appeared to have eased social tensions rather than increasing them. The women still adhered to cultural norms associated with securing consent of spouses before making certain purchases, and to the general spending patterns that were recommended by the program (e.g. purchase of food). However, they were spending money independently, which was experienced as a source of power. One beneficiary reported, *"At least at home... all of us mothers had a custom that it was men who ran things at home, that if they were the ones who earned the money they had to give us what we were allowed to spend. So we had to be asking for money all the time but not any more…now since they see that we are the ones who get that transfer and we buy what we need for the house they are getting used to that, and now… when they receive the week's transfer they give it to*

women and now we are the ones who do the shopping." The qualitative study concluded that the program effects on gender relations and women's empowerment were subtle rather than dramatic, and discourse around women's equality had preceded the CCT program. However, the program's gendered design appears to have had some effect in increasing this discourse and improving some aspects of women's empowerment. The time women spent together in program meetings held by the elected community liaison or in the workshops also increased their awareness of women's issues (e.g. women's rights, family planning).

Selected Findings from the Turkey CCT Evaluation[25]

Communications

One of the issues studied in the quantitative and qualitative research was program communications, i.e. how effectively the SRMP office and the local Foundations had communicated with beneficiaries, and how aware they were of the program's structure and conditionalities. The quantitative evaluation showed that the program had achieved education and health impacts. These likely would have been greater, however, if there had not been substantial communications gaps. The quantitative and qualitative studies had consistent findings with respect to these gaps, with the quantitative research providing the magnitude and the qualitative examination confirming the strength of the finding and providing explanations. The survey found that about 90 percent of the education beneficiaries and 87 percent of the health beneficiaries claimed that no one had informed them of the program rules (Ahmed et al. 2006). Well over half of the households in the qualitative study demonstrated a general lack of understanding of the conditions. Many of the households were unaware of the difference between the education and health benefits, instead referring to the benefits as 'child money.' The qualitative study also found that people were more aware of the education benefit than the health benefit. Several explanations for this were identified, including: a more detached and negative attitude toward the CCT among health workers compared to teachers; more contact and association between the program and schools versus health facilities (e.g. schools helped with collecting applications); the misconception that the health benefit was an 'immunization aid' only; a better public information campaign for education than for health; and people being generally more attentive to education compared to health care. The qualitative research also found sociocultural and class/status-based explanations for why people did not want to participate in formal health services.

Constraints on Schooling

The CCT program's foremost objective was to increase school attendance rates, for the poorest Turkish children in general and for secondary-school girls in particular. Regression analysis based on the survey data found that the CCT program raised secondary school enrollment for girls by 10.7 percent, a significant impact. Despite the program impacts, however, enrollment rates were still very low at the secondary level. The enrollment rate for girls of secondary school age (14-17) was 38.2 percent for program beneficiaries, and 46.3 percent for the control group of non-beneficiary applicants. In rural areas, enrollment rates were even lower. Furthermore, the CCT program had no effect on the progression of children from primary to secondary school (Ahmed et. al. 2006). In Van, one of the three provinces where the qualitative research was carried out, the survey data (while not statistically representative at the provincial level26) showed that the rates of girls' school enrollment were far lower than the national average—at 81 percent for primary school and 15 percent for secondary school (Adato et al. 2007a).

Because of the general importance of girls' schooling as a policy issue, and these surprising survey findings (even lower enrollment than expected), the ethnographic research focused on identifying factors

[25] Adato et al. 2007a

26 Given the national sampling frame and the smaller numbers at the provincial level, the survey data is not considered statistically significant at the provincial level; however, the numbers do suggest that enrollment rates are lower than the national average, which is likely.

that constrained the girls' education even with the incentive of program benefits. In terms of the positive impact of the CCT, particularly at the secondary level, the study found that the benefit money put both financial support and government authority behind the cause. As noted by one beneficiary, "*Fathers generally do not want to send their daughters to school...Now I can say to my husband that the government is paying me money for my daughters and I am sending them.*" However, the research also identified important constraints that were not overcome by the cash provided through the CCT. Most of these were sociocultural issues, articulated with financial and logistical constraints, particularly in the conservative provinces of Van and Diyarbakir. For boys, both parents and boys expressed doubt about the value of education, particularly in rural areas characterized by high unemployment and feelings of honor associated with working on the land. For girls, employment was largely seen as inappropriate, and even counterproductive with respect to their primary role as wives and mothers. The most significant constraints had strong gender dimensions, including the primacy of marriage (which also has an economic dimension) and motherhood, and issues of honor, reputation and sexuality. There was a perceived threat to girls and their families' honor (from men and boys in the area) if the girls attended school after reaching maturity. As expressed by one father in a village in Van,"*[T]he girls have only their honor as a valuable thing in the village and it is my duty to prevent any bad words about that… No one sends their daughters to school anyway. Why should I send mine? They will look at them in a bad way.*" A closely related issue identified as highly significant in the qualitative study was transportation constraints, specifically that secondary schools were often far from home, and transportation options were not trustworthy with respect to the issues of honor raised above. Other significant explanations for schooling choices included concerns about physical safety in schools, and children's own preferences and school performance. Thus, although the CCT could address the cost of school expenses and the broader state of poverty, cash could not always overcome the other relevant factors.

Pregnancy Incentives

In light of the cash benefit that the program gives to pregnant women conditioned on check-ups, concern developed, particularly among some health providers and Foundation staff, that this component of the program might create incentives for families to have additional children, undermining program efforts to promote family planning. The government thus requested that the quantitative and qualitative studies investigate this issue. The survey data and regression analysis found that the CCT program had no statistically significant effect on pregnancy. Rather, it found that receipt of education or health transfers actually reduced the probability of a woman of childbearing age becoming pregnant by about 2-3 percent. Besides the RDD estimates, the results of a multivariate regression analysis also suggested that participation in either the health or education components of the CCT program had no statistically significant effect on pregnancy (Ahmed et al. 2007). Ethnographic research was well suited to explore this issue, because of the sensitive nature of fertility decisions. The qualitative research findings supported the survey results, and provided three explanations for why the program was unlikely to have an impact on pregnancy decisions. First, there were many sociocultural pressures encouraging women to get pregnant (e.g. status, social expectations, and economics), suggesting that if a household has another child, it is likely to be for reasons other than a cash benefit. As one woman summarized, *"I don't think a woman can give birth to get money…If a woman gives birth, it is because first God, second her husband, and third her husband's mother want her to."* Second, many people recognize that it is hard to support many children when poor. Those who do not want more children feel strongly about it, and a small cash grant is unlikely to convince them otherwise. However, rumors had circulated in some areas that the size of the grant was much higher (as much as 30 times higher), which might have led some people to consider becoming pregnant to receive the funds, but we found no direct evidence of this behavior. Third, very few people understood the differences among the education, health and pregnancy benefits, and many were not aware that they would get money for being pregnant.

Health Care

The national survey found that vaccination coverage was almost universal for health beneficiary and non-beneficiary households, but that the doses were not completed for a considerable share of children from both groups (they were completed for 84 percent and 82 percent of children, respectively) (Ahmed et al. 2006). The qualitative research contributed explanations for these findings. On the one hand, people tended to see the CCT conditionality as related only to vaccinations, even though it was not. Second, vaccination was regarded as a potentially harmful practice—a belief resulting in part from the fever that can be a side effect of some live vaccines. The qualitative research also offered insights into why people did not necessarily participate in formal health care services, including the check-ups required by the program. Many people employed a range of traditional healing practices at home and visited traditional healers (though such practices coexisted pragmatically with 'biomedical' responses, the latter being more widely applied in cases of 'serious' illness). Generally, people associated health care services with serious illness, and otherwise were not that interested in going to doctors. This was generally exacerbated by experiences of poor treatment and lack of respect from health care professionals, as well as problems with language and the issues of shame, where it was seen as improper or uncomfortable for women or girls to go to male doctors).

6. CONCLUSION: *Q-SQUARED* OR *BIG Q+SMALL Q?* REFLECTIONS ON THE STATUS OF MIXED-METHOD RESEARCH FOR SOCIAL PROGRAM EVALUATION

Research mixing quantitative and qualitative research is sometimes referred to as 'Q-squared,' suggesting an exponential effect of combining methods.[27] Quantitative and qualitative research methods have been integrated in the large-scale evaluations of a number of CCT programs commissioned by governments and donors. The evaluations in Mexico, Turkey, Jamaica, Colombia, and, most recently, El Salvador, have had qualitative methods included in the request for proposals and contractual deliverables. The evaluation of Brazil's nutrition CCT, and the CCT in Honduras, did not require such qualitative examinations. The fact that qualitative research has often been required signals a recognition that the impacts of social policy will be mediated by social and institutional processes and relationships, and that understanding them will increase the chances of achieving the desired results. Santiago Levy, former general director of the Mexican Social Security Institute, former Deputy Minister of Finance in Mexico, and a central architect of PROGRESA, wrote, "combining quantitative and qualitative methods provides a rich source of information and a positive feedback loop among evaluation, program design, program operation, and program continuity" (Levy 2006).

There is still a long way to go, however, before mixed method research is fully appreciated by researchers, donors, and policymakers in social program evaluation. While the use of quantitative methods is a given, qualitative methods are still not automatically included in such work. In cases where they are used, they are often under-funded, meaning that they can not achieve the depth that is their strength. Furthermore, in cases where qualitative methods turn up important findings, these are often overlooked to the detriment of the programs that could be improved based on such findings. In the Third International Conference on Conditional Cash Transfer Programs held by the World Bank in Istanbul in June 2006, out of over 45 presentations on CCTs, only two specifically reported on qualitative research findings (Ahmed, Kudat, and Çolasan 2006[28]; Adato 2006), and the session on evaluation methods did not include qualitative methods (see World Bank 2006).

An example of opportunities missed through the exclusion of qualitative methods can be seen in the evaluation of Brazil's CCT program, Bolsa Alimentacão, where IFPRI researchers considered including a qualitative component and discussed it with the government, but failed to gain priority and was not undertaken. The subsequent quantitative research found that the CCT had a small *negative* effect on children's weight gain, and the researchers speculated that this was due to a perverse incentive, based on "anecdotal—and impossible to substantiate—reports of beneficiary mothers deliberately keeping their children malnourished to qualify for the benefits" (Morris et al. 2004, 2340). This was potentially a critically important issue that could have been substantiated or refuted through well-designed qualitative research, as the issue involves the type of behavior and beliefs that lend themselves to being studied through the ethnographic methods described herein. Papers based on survey data alone sometimes attempt to explain reasons for survey outcomes by offering plausible hypotheses, whereas qualitative research could actually establish whether the hypotheses are correct. Whether or not qualitative research is included in an evaluation typically depends on the whether its value is understood by government officials and donors, the latter of whom can play an important role in advancing the use of mixed method evaluation. The World Bank and the Inter-American Development Bank, which have often been involved in the contracting of evaluations due to their role in financing loans for the programs, have shown an increasing appreciation for qualitative methods in CCT evaluations.

In order to advance the use of mixed method study, it is important that the qualitative studies undertaken are of high quality and able to demonstrate their utility. There will be little value in superficial or ad-hoc approaches, such as exercises that are labeled as qualitative research but have no systematic research design, applications of well-designed interview instruments, regard for confidentiality, or

27 See, for example, http://www.q-squared.ca/index.html

28 This presentation reported a few results from the First Qualitative Assessment in Turkey. The second qualitative study (the focus of this paper) had not yet been completed at the time of this presentation.

sufficient field time for establishment of understanding and rapport. Furthermore, there needs to be good integration of methods. In many cases where good qualitative and quantitative research is being carried out, the two are not well integrated (see, for example, the separate quantitative and qualitative reports on gender issues in the PROGRESA evaluation in Adato et al. 2000). This is often due to professional biases in the context of resource constraints, i.e. the tendency not to appreciate the methods of other disciplines as much as one's own, and in the context of time and resource constraints, not to prioritize integration (see Adato et al. 2007b; Place, Adato, and Hebinck 2007). Furthermore, the disciplinary compartmentalization embodied in professional peer-reviewed journals provides disincentives for integrated publications. Even the terminology of quantitative and qualitative 'components,' as researchers often refer to them in practice, signifies separation rather than integration. In the study in Nicaragua, the findings were integrated in the context of a policy brief (Maluccio et al. 2005), and some of the qualitative findings have been reported in quantitative publications (Maluccio and Flores 2005; Maluccio, forthcoming) . In the study in Turkey, the final evaluation report included quantitative and qualitative research findings by issue, with an effort made to relate the findings (Ahmed et al. 2007). However, the study could have gone further in integrating issue identification and data analysis throughout the research and in the final product. In the evaluations in Nicaragua and Turkey, the survey results were used to identify and prioritize some of the questions for the qualitative study, but the reverse was seen to a far smaller degree. The ideal format for integration would be iterative stages of research and analysis, with qualitative and quantitative research each used for identification of issues to be investigated with or interpreted based on the other method in several alternating rounds. It was recognized that the qualitative studies had identified important issues with significant policy implications, and that the prevalence of these findings could have been established through the survey. It is difficult, however, for a second round panel survey to integrate new questions, since by definition it must ask the same questions each time. However, retrospective questions can be used for some issues, and additional questions can be added as single-round survey questions.

In the CCT evaluations discussed in this paper, the quantitative and qualitative research teams worked closely with the governments in designing the evaluations, in implementing some aspects, and in determining the implications of the findings for policy and program redesign. This runs the risk of a collegial relationship developing between the evaluators and evaluated, making it harder for the evaluators to be critical and report negative findings. The quantitative and qualitative results from Nicaragua and Turkey demonstrate that such criticism can be made anyway, but it is impossible to deny that this becomes more difficult with familiarity, with both parties tending to want to put things in as positive a light as possible, without violating professional standards and ethics. It is not necessarily problematic to make criticism constructive, but there is a line that needs to be watched and sometimes drawn explicitly. The advantage of working closely with the government is that there is a receptive audience for the research findings, even though in most cases the evaluation is part of a loan contract and thus there is a structural incentive to at least explicitly consider the findings. Recommendations were included as part of the quantitative and qualitative reports, and both teams of researchers worked directly with the government to suggest policy and program responses to the findings. Whether these recommendations will be followed in a given context, however, is highly contingent. It may depend on whether the recommendations are seen as feasible or desirable from a technical, administrative, financial, or political standpoint. Generally speaking, quantitative findings are more systematically considered in the formulation of policy and program responses to evaluation findings. This is mainly because they are seen as 'representative,' whereas qualitative findings are not. However, if qualitative studies are designed well and their findings are strong enough and occur across the different sites and households, there is usually a strong message that should not be ignored, and insights that can help to solve significant policy problems. Examples of these include the nature of the constraints on girls' education identified in Turkey, and concerns about the social conflict related to the household targeting system in Mexico. Thus, qualitative findings also can resonate with policymakers and program managers.[29]

29 The economist Binayak Sen once summarized the complementarity of methods by saying, "[N]umbers give one a feeling of facts; qualitative stories give one a feeling of truth" (Adato et al. 2007b).

The quantitative and qualitative studies in Nicaragua both had some influence on program design in later stages, although it is difficult to rigorously attribute this impact, as policy changes are often the result of the interaction of many factors. The survey results contributed to the program's continuation into a second phase, because the government had to show effectiveness before receiving the second tranche of the IDB loan for funding phase 2. The size of the transfer was somewhat reduced in the second phase because of the large impact demonstrated in the first phase. The weight gain conditionality was discontinued in the second phase; although it had already been identified as problematic, the survey data analysis showed that it adversely affected poorer people. Finally, geographic targeting was used when the program expanded into the region of Wiwili. The quantitative analysis had shown that such a large percentage of people were poor that it did not make sense to target by household. Although this decision had largely been made before the qualitative results on targeting came out, a program official also cited the qualitative findings in explaining this decision. Furthermore, in response to the qualitative findings on targeting, particularly those showing that children in some non-beneficiary households experienced shame because they did not have the benefit of new clothing or the backpack of supplies, we recommended that non-beneficiary households also be given the backpack. The government did not adopt that recommendation, but they did give non-beneficiaries the *bono de la oferta* (the cash for the family to give to the teacher), including them at least in this way.[30] We do not know whether the government of Turkey adopted any of our recommendations from the quantitative or qualitative research in the CCT evaluation.[31] We did, however, work closely with the SRMP office in developing policy responses, including options for dealing with necessary improvements in transportation, communications, and targeting.

With more resources, qualitative studies could provide greater benefits. More geographical coverage would increase the number of insights and our understanding of regional diversity. Additional resources would also enable the use of panel approaches, in which baseline research is conducted prior to the inception of intervention. While qualitative methods can be quite good at retrospective comparisons, because of the time and space available to explore issues in narrative form, better information may be gained through observing communities at baseline. The budgets for qualitative studies are almost always smaller than those for quantitative studies. While this is justifiable in light of the required sample sizes, there is a cost to making the qualitative study too small. There are also additional topics for qualitative research that have not yet been fully explored. Future studies of policy processes, political economy, politics, and program operations could provide important insights that would help explain program outcomes. While some operational issues were examined in the studies in Nicaragua and Turkey (and more so in Mexico; see Adato, Coady, and Ruel 2000), investigation of a wider range of issues would have been valuable. A study of policy processes in the context of CCT programs has yet to be carried out in the course of program evaluation. This is partly because of budget and time limitations, as feedback is needed as soon as possible. Policy processes are also less likely to be recognized by government as a priority, even if they are likely to have important implications for policy and implementation.

The expense of the qualitative methods presented herein (particularly the residential, ethnographic fieldwork) might be seen as a concern, but in fact it is not that costly. The monthly cost of employing B.A. or M.A. students in program countries is low, as is daily subsistence for living in communities[32.] Importantly, this approach provides employment and professional training to students from low-income

30 As of this writing, the new government in Nicaragua had decided not to continue the CCT program, so we will not see further evaluation impacts in the foreseeable future.

31 At the time this paper was written, the Turkey CCT was in a period of transition. Due to political and institutional issues, the old program run by the Social Risk Mitigation Program was closed in 2007 and the government began developing a new program directly under the Prime Ministry, General Directorate of Social Assistance and Solidarity. While we had extensive discussions with the SRMP about policy changes based on our research results, we do not know how the new program administrators may have used them, as no funds were available for follow up. We do know they reviewed the reports.

32 Students can be hired at a salary roughly scaled at, but significantly higher than, a local university researcher's salary and still represent a low cost to the project. To provide a rough idea of total costs of this type of qualitative research relative to survey costs, the qualitative research for the Nicaragua study comprised about 15 percent of total project costs, and the qualitative study in Turkey discussed in this paper (the Turkey CCT evaluation had an earlier qualitative study at an additional cost that was not described in this paper) represented about 20 percent of total project costs.

countries, providing opportunities for individuals to earn degrees (B.A., M.A., or Ph.D.), and building long-term capacity for research. This can be accomplished while providing a depth of insight in evaluation findings that can not be gained from other methods.

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