



CONDITIONALITY, PREVENTIVE CARE, AND HEALTH

EVIDENCE FROM COLOMBIA

Conditional Cash Transfer (CCT) programs have become increasingly popular tools to reduce poverty in developing countries, but do they also help to improve the health of children?

Orazio Attanasio, Veruska Oppedisano, and Marcos Vera-Hernández examine the evidence from Colombia.

CCT programmes provide cash transfers if a condition is fulfilled.

We focus here on health programmes, which provide cash to mothers if her children are up to date with preventive health care visits. As such, CCT programmes are complex interventions that involve increases in maternal income, health information and access to health care services. There are many evaluations of such CCT programme, but they cannot provide estimates of the impact of individual components of the programme i.e. the cash transfer and the conditionality requirement.

We investigate how important it is that the cash transfer is provided only if children are up to date with preventive health care visits. In other words, what would be the effect on children's preventive health care visits if mothers received the same cash transfer as with a CCT programme but did not have to comply with the conditionality of her children being up to date with preventive health care visits?

Answering this question is important not only in its own right (given the widespread use of CCT programmes) but also because it provides insights >

Conditionality is important for preventive care visits.



of why some mothers do not take their children to preventive health care visits. If the conditionality is important it implies that low perceived benefits of preventive care must be a reason why some children do not receive preventive care in developing countries. Hence, analysing the role of conditionality provides interesting insights on the barriers for preventive health care use in developing countries.

Secondly, we estimate the effect of preventive health care visits on children's health. Again, this is not only important in its own right, but it is also crucial to provide an interpretation to the effect of conditionality. If preventive care is ineffective then the conditionality would be a complete waste of time and an unconditional cash transfer would be preferable.

There are other reasons why CCT programs might be preferred to Unconditional Cash Transfer programs (UCT). As well as improving children's health, CCTs may have wider benefits within the community for example, by reducing infectious diseases. CCTs may also receive more support from tax-paying households in developing countries. However, this conditionality may

also come at some cost. It might increase the cost of running the programme compared to UCTs, and it might also dissuade certain type of households who might benefit from participating in the programme.

We use data on children aged 0-3 years old from *Familias en Acción*, the CCT programme implemented by the Colombian government since 2002. We find that conditionality is important for preventive care visits: lack of conditionality reduces by just over one (1.16) the number of preventive care visits for young children.

In attempting to understand the mechanisms that drive preventive health care use, we find that the number of small children in the household is an important barrier for mothers to take their youngest children to preventive health care. In other words, the effect of the conditionality is much more important for mothers with more children than for mothers with fewer ones.

Another logical result is that the effect of the conditionality is smaller if the child had a sibling subject to the conditionality, as mothers take younger children to preventive care when they take their older ones. Childcare costs, broadly understood,

emerge as an important cost of paying preventive care visits. Other factors such as availability of health services, travelling time and income do not significantly interact with the effect of conditionality.

Our findings show that preventive care has a causal effect on a child's health status. An additional check-up reduces by 4.7 percentage points a child's probability of suffering from acute diarrhoea, and increases by 14.6 percent of a standard deviation his height. These results provide evidence in favour of conditioning cash transfers with a health component in developing countries.

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