



# Evaluating a Conditional Cash Transfer: The experience of *Familias en Acción* in Colombia

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# Outline

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- *Familias en Acción* and its evaluation
- The main results
- How where they used?
- The urban expansion and its evaluation
- Lessons and thoughts

# *Familias en Acción*

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- *FeA is a CCT program started in Colombia in 2001.*
  - *Financed with a loan from the IADB and the WB*
  - *Evaluation started at the same time*
  - *It was not possible to implement a randomized evaluation*

# *Familias en Acción*

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- *The program has two components:*
  - *Nutrition- aimed at households with children less than 7 – 46,500 pesos*
  - *Education: primary (14k), secondary (28k)*
- *Conditionalities*
  - *Children visits*
  - *Encuentros de cuidado*
  - *School attendance*
- *Money given to mothers*

# *Familias en Acción*

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- *The program was first started in small municipalities (<100k)*
- *No departmental capitals*
- *Enough basic health and education infrastructure*
- *'Up to date' sisben lists*
  - Beneficiaries are those households in sisben 1 as of Dec. 1999
- Bank branch in the municipality

# *Familias en Acción: the evaluation*

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- *Most of the control group were municipalities without a bank*
- *Evaluation strategy: matching + diff in diff*
  - *Baseline data: 2002*
  - *First follow up: 2003*
  - *Second follow up: 2006*
- *57 treatment and 65 control municipalities*
- *Early problems:*
  - *Program started in some municipalities before baseline (TCP and TSP)*

# *Familias en Acción: the evaluation*

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- *Early results:*
  - *Using the TSP and TCP we were able to produce some early results*
- *Attrition in the follow up*
  - *Worrying about attrition we looked for new funds, not in the additional contract.*
  - *The IADB provided DNP with a grant for US\$160k.*
    - *Used for follow up and social capital games*
  - *Good results: attrition 6%*

# *Familias en Acción: the first follow up results*

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- *We presented the first follow results in a large conference in Bogota in July 2004*
- *Some positive results.*
  - *Especially in rural areas.*
- *Very visible.*
- *Familias en Acción and Hogares Comunitarios*
- *Diffusion of results:*
  - *The conference*
  - *OpEd*



# *Familias en Acción: the 2<sup>nd</sup> follow up*

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- *Second follow up was collected beginning of 2006*
- *Additional funds from the Department for Public Health at UCL were used to add anaemia measurements*
- *Additional funds from the ESRC in the UK were used for 'social capital measurement' games in 70 municipalities.*
  - *Experimental games eventually used in other evaluations.*
- *Decent attrition (~10%)*

# *Familias en Acción: the 2<sup>nd</sup> follow up results*

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- *Results (summary in a second) similar to first follow up.*
- *Caution expressed about extrapolating to urban areas.*
- *Presented to government officials (President office, FeA, Planeacion Nacional) in October 2006.*
- *Big expansions of Familias (1.5 million households).*

# 2<sup>nd</sup> follow up results

## Impact on school enrollment

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|                  | Urban                |                      | Rural                |                      |
|------------------|----------------------|----------------------|----------------------|----------------------|
|                  | Pure Treat.          | All Treat.           | Pure Treat.          | All Treat.           |
| <b>Age 8-11</b>  | 0.0060<br>(0.0076)   | 0.0042<br>(0.0076)   | 0.0199<br>(0.0066)** | 0.0189<br>(0.0068)** |
| <b>Age 12-17</b> | 0.0512<br>(0.0132)** | 0.0497<br>(0.0125)** | 0.0721<br>(0.0207)** | 0.0767<br>(0.0185)** |

# 2<sup>nd</sup> follow up results

## Impact on nutritional status

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| Area  | Z-value<br>Height per age | % cronic<br>malnouris<br>hed | z –value<br>weight<br>per age | %<br>Global<br>malnour<br>ished | Z-value<br>weight<br>per<br>height |
|-------|---------------------------|------------------------------|-------------------------------|---------------------------------|------------------------------------|
| Rural | 0.246<br>(0.115)**        | -9.0<br>(4.6)**              | 0.243<br>(0.111)**            | -2.5<br>(1.9)                   | 0.127<br>(0.096)                   |
| Urban | -0.043<br>(0.085)         | 2.5<br>(3.6)                 | -0.011<br>(0.139)             | 0.9<br>(2.6)                    | 0.022<br>(0.145)                   |

# 2<sup>nd</sup> follow up results

## Impact on nutritional status

| Variable   | Rural<br>0-36     | Rural<br>36-84    | Urbano<br>0-36    | Urbano<br>36-84 |
|--|-------------------|-------------------|-------------------|-----------------|
| Height per age<br>(st. Dev.)                             | -0.053<br>0.241   | 0.338**<br>0.163  | -0.248<br>0.265   | 0.022<br>0.101  |
| Weight per age<br>(St. Dev.)                             | -0.108<br>0.235   | 0.372**<br>0.183  | -0.042<br>0.172   | -0.029<br>0.127 |
| Probability of chronic<br>malnourishment                 | -0.052<br>0.059   | -0.076<br>0.053   | 0.101<br>0.113    | -0.006<br>0.053 |
| Probability of global<br>malnourishment                  | -0.06***<br>0.019 | 0.018<br>0.019    | -0.041**<br>0.020 | 0.023<br>0.027  |
| Probabilidad to be at risk of<br>chronic malnourishment  | 0.111<br>0.107    | -0.206**<br>0.097 | -0.020<br>0.103   | -0.005<br>0.063 |
| Probability of being at risk<br>of global malnourishment | -0.048<br>0.105   | -0.173*<br>0.093  | 0.122<br>0.106    | -0.024<br>0.076 |

## 2<sup>nd</sup> follow up results

### Impact on diarrhea occurrence

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|              | Urban             | Rural               |
|--------------|-------------------|---------------------|
| 0-36 months  | -0.030<br>(0.065) | -0.095 **<br>(0.04) |
| 36-84 months | 0.015<br>(0.027)  | -0.016<br>(0.027)   |



## *2<sup>nd</sup> follow up results: The message*

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- The results indicate a moderately successful program.
- Most of the positive outcomes are seen in rural areas.
- No discernible effects on nutritional or health status in urban areas, much smaller effects in education.
- No effects on anaemia.



## *2<sup>nd</sup> follow up results: The message*

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- Caution was granted for the urban expansion.
- The program should be re-designed
- The program should address nutritional issues: effects on anaemia are worrying
- Additional details:
  - New children
  - Hogares Comunitarios interactions



# *How were the results used*

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- The government explicitly used the results to justify the expansion to urban areas
- Some changes were introduced to the rural program
  - New children, HCB etc.
- The urban expansion, driven by political agenda, was done very quickly, preventing randomization, small pilots etc.
  - Some previous small pilots (Soacha, Cartagena, Medellin) also had similar problems.
- Some adjustment were attempted for urban areas
  - (smaller primary school grants, increasing structure for secondary school grants)
- Very limited coordination with local programs
  - Example of Bogotá

# Lessons and thoughts

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- Politics often gets in the way of efficient design and rigorous evaluation.
- Multilateral agencies do have an important role to play.
- Evaluation should be done very early on
  - Probably not after the program already exists.
  - Small pilots have been used only occasionally and as a way to assess the operation of the program
- Many CCTs are at the right time:
  - Example of *Oportunidades*