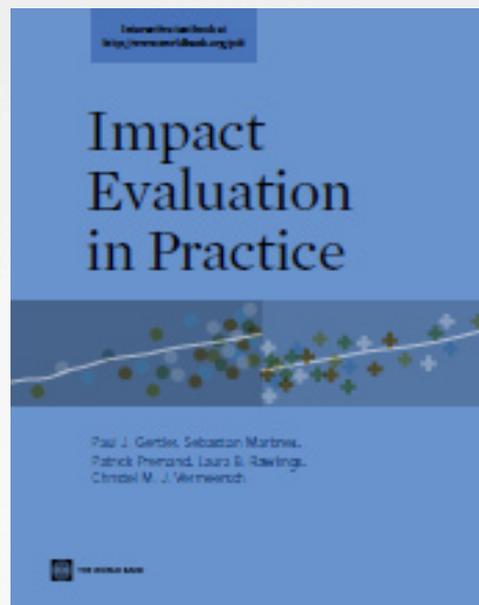


# **Impact Evaluation Methods Experimental Design**

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**Enhancing Implementation Science  
Program Planning, Scale-up, and Evaluation**

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This material constitutes supporting material for the "Impact Evaluation in Practice" book. This additional material is made freely but please acknowledge its use as follows: **Gertler, P. J.; Martinez, S., Premand, P., Rawlings, L. B. and Christel M. J. Vermeersch, 2010, Impact Evaluation in Practice: Ancillary Material, The World Bank, Washington DC** ([www.worldbank.org/ieinpractice](http://www.worldbank.org/ieinpractice)). The content of this presentation reflects the views of the authors and not necessarily those of the World Bank.

# Choosing your IE method(s)

Key information you will need for identifying the right method for your program:

Prospective/Retrospective Evaluation?

Eligibility rules and criteria?



- Poverty targeting?
- Geographic targeting?

Roll-out plan (pipeline)?

Is the number of eligible units larger than available resources at a given point in time?



- Budget and capacity constraints?
- Excess demand for program?
- Etc.

# Choosing your IE method(s)

Choose the **best possible design** given the operational context:

Best Design



- Best comparison group you can find + least operational risk

Have we controlled for everything?



- Internal validity
- Good comparison group

Is the result valid for *everyone*?



- External validity
- Local versus global treatment effect
- Evaluation results apply to population we're interested in

# Randomized Treatments & Comparison

## Eligibles $\gt$ Number of Benefits Oversubscription

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- **Randomize.**
- Lottery for who is offered benefits.
- Fair, transparent and ethical way to assign benefits to equally deserving populations.
- Give each eligible unit the same chance of receiving treatment.
- Compare those offered treatment with those not offered treatment (*comparisons*).

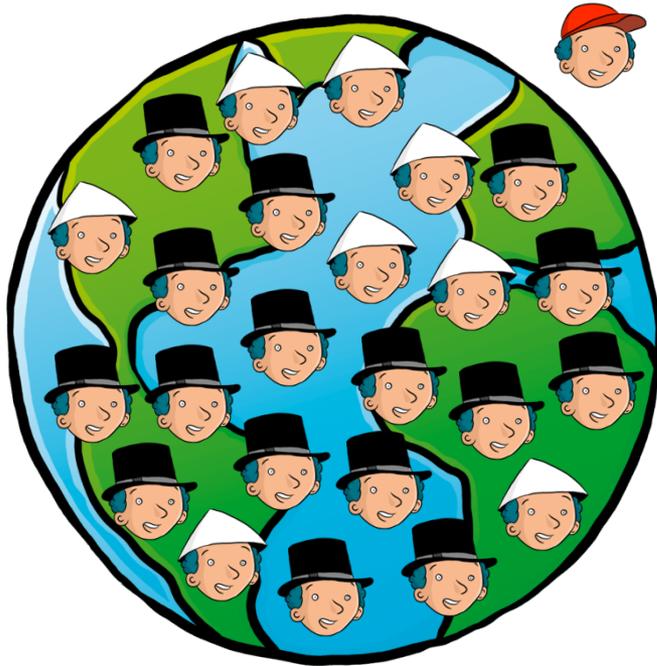
## Randomized Phase In

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- Give each eligible unit the same chance of receiving treatment first, second, third...
- Compare those offered treatment first, with those offered later (*comparisons*).

# Randomized treatments and comparisons

1. Population



2. Evaluation sample



3. Randomize treatment



Comparison



Treatment

 = Ineligible

  = Eligible

External Validity

Internal Validity

# Unit of Randomization

- Choose according to type of program

- Individual/Household
- School/Health Clinic/  
catchment area
- Block/Village/Community
- Ward/District/Region

- Keep in mind

- Need “sufficiently large” number of units to detect minimum desired impact: **Power**.
- Spillovers/contamination
- Operational and survey costs

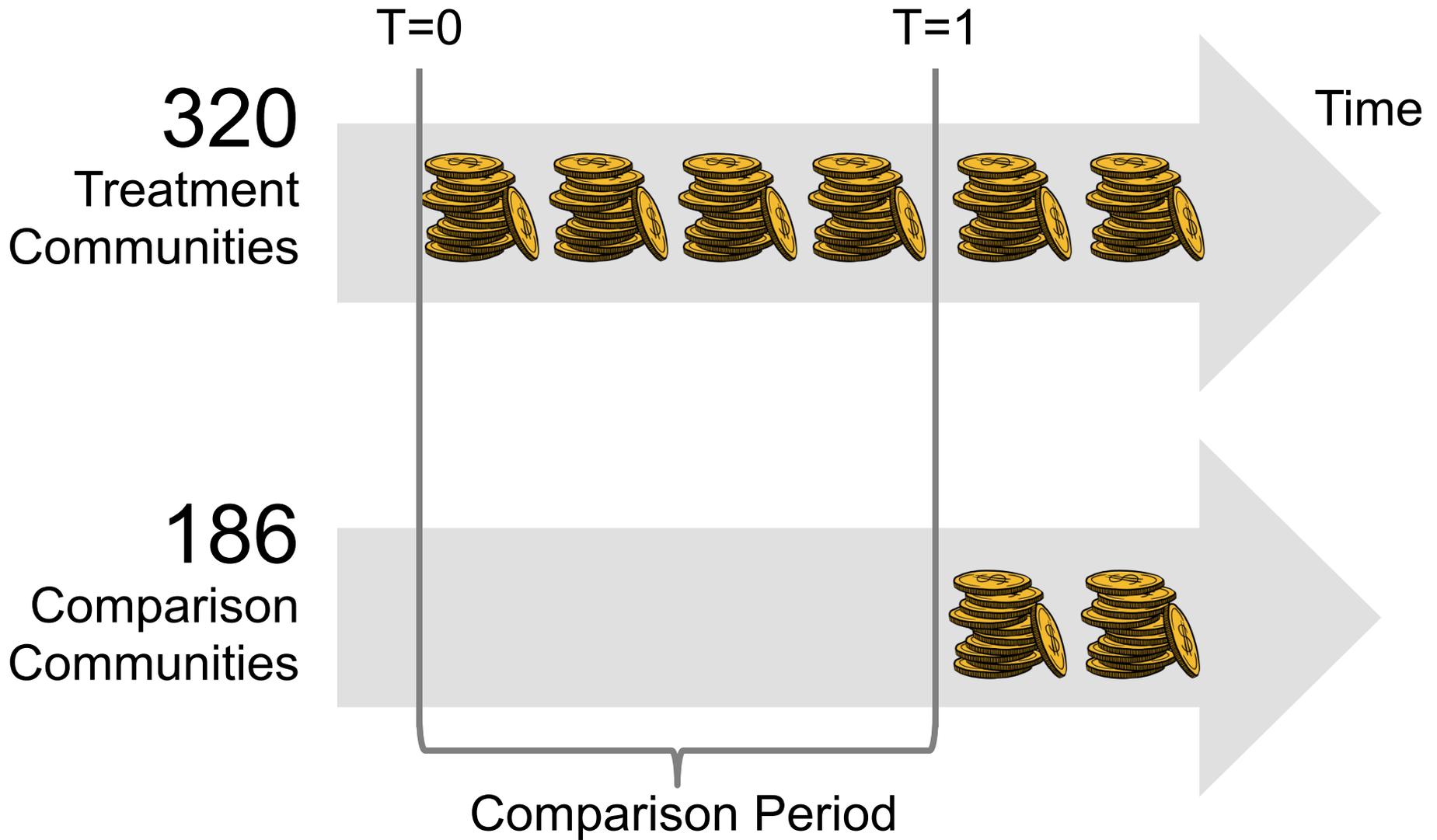


As a rule of thumb,  
randomize at the  
smallest viable unit  
of implementation.

# Randomized Assignment

- Progresa CCT program
- Unit of randomization: Community
- 506 communities in the evaluation sample
- Randomized phase-in
  - 320 treatment communities (14446 households):  
First transfers in April 1998.
  - 186 comparison communities (9630 households):  
First transfers November 1999

# Randomized Assignment



# Randomized Assignment

How do we know we have  
good clones?

In the absence of Progresa, **treatment  
and comparisons** should be identical

Let's compare their characteristics at  
baseline (**T=0**)

# Balance at Baseline

Randomized Assignment			
	Treatment	Comparison	<i>T-stat</i>
Consumption (\$ monthly per capita)	233.4	233.47	-0.39
Head's age (years)	41.6	42.3	-1.2
Spouse's age (years)	36.8	36.8	-0.38
Head's education (years)	<b>2.9</b>	<b>2.8</b>	<b>2.16**</b>
Spouse's education (years)	2.7	2.6	0.006

**Note:** If the effect is statistically significant at the 1% significance level, we label the estimated impact with 2 stars (\*\*).

# Balance at Baseline

Randomized Assignment			
	Treatment	Comparison	<i>T-stat</i>
Head is female=1	0.07	0.07	-0.66
Indigenous=1	0.42	0.42	-0.21
Number of household members	5.7	5.7	1.21
Bathroom=1	0.57	0.56	1.04
Hectares of Land	1.67	1.71	-1.35
Distance to Hospital ( <i>km</i> )	109	106	1.02

**Note:** If the effect is statistically significant at the 1% significance level, we label the estimated impact with 2 stars (\*\*).

# Randomized Assignment

	<b>Treatment Group</b> <i>(Randomized to treatment)</i>	<b>Counterfactual</b> <i>(Randomized to Comparison)</i>	<b>Impact</b> $(Y   P=1) - (Y   P=0)$
<i>Baseline (T=0)</i> Consumption (Y)	233.47	233.40	0.07
<i>Follow-up (T=1)</i> Consumption (Y)	268.75	239.5	29.25**

<b>Estimated Impact on Consumption (Y)</b>	
Linear Regression	29.25**
Multivariate Linear Regression	29.75**

**Note:** If the effect is statistically significant at the 1% significance level, we label the estimated impact with 2 stars (\*\*).

# Keep in Mind

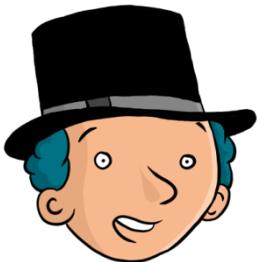
## Randomized Assignment

In **Randomized Assignment**, large enough samples, produces 2 statistically equivalent groups.

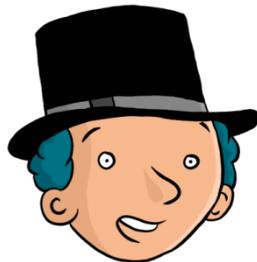
Feasible for prospective evaluations with over-subscription/excess demand.

We have identified the perfect **clone**.

Randomized  
beneficiary



Randomized  
comparison



**Thank you!**

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