Evaluating Impact:
From Promise to Evidence

Evaluating Community Driven Development Programs

East Asia Regional Impact Evaluation Workshop
Seoul, South Korea

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What is Community Driven Development (CDD) ?

• “An approach that gives communities control over the planning, investment, and management decisions for local development activities”

• A subset under “Local Participatory Development”
Saemaul Undong = CDD?

• We won’t go into that, but certainly that is a major factor driving GoK interest in CDD.

• Putting aside GoK, there is major interest/investment in CDD in many countries, often financed by development partners.

• E.g., World Bank invested in $85 Billion over the past decade in local participation programs; currently the WB supports 400 CDD programs in more than 90 countries ($30 Billion portfolio).
So, what do we know about the Impact of CDD programs?

- For a less exhaustive review see Susan Wong, 2012, “What Have Been the Impacts of World Bank Community-Driven Development Programs?”
How do you evaluate CDD programs?

• As always, best if you can randomize (randomized phase-in)
• Indonesia (Generasi) – largest randomized social experiment in the world (Benjamin Olken et al. 2013)
• Afghanistan (NSP) – one of the most difficult places in the earth to do anything (Andrew Beath et al. 2012), so if you can randomize in Afghanistan ...
Indonesia: PNPM Generasi

• In the first year of the program villages receive an annual block grant of approximately US $10,000, which each village can allocate to any activity that supported one of 12 indicators of education and health service delivery

• Subsequent year’s block grant depends on performance relative to other villages in the sub-districts.
Indonesia: PNPM Generasi

- Randomization (control, grant, incentivized grant) at the level of the sub-district
- Study sample size had 3,000 + villages, almost 2 million beneficiaries
- Incentivized villages performed better on health than the non-incentivized villages, particularly in less developed areas, but no impact of incentives on education.
Even when you can Randomize/Randomly Phase-in ...

• It is ultimately up to the community to decide whether they want to participate in the program or not

• So often actual treatment status does not follow random assignment – however, the credibility of the estimation depends upon how strongly the random assignment predicts actual treatment status

• In the Indonesia case, 95% prediction rate
Nepal Poverty Alleviation Fund (PAF)

- Launched in 2006 to target 40 poorest/marginalized districts
- Support income generating activities, small-scale infrastructure
- 15,000 community organizations benefiting over 2.5 million people (10% population)
Randomized Evaluation of PAF I

• Randomized phase-in: 6 districts randomly selected from PAF target districts to become eligible for the program in the first year of implementation
• Within the 6 districts 100 villages randomly selected for treatment, 100 villages left as control
• Baseline before any intervention; During follow-up found that 72 out of the 100 treated villages took up the program; 39 villages in the ‘control’ groups got into the program anyway!
PAF I

• Treatment-On-The-Treated (TOT) estimate found
  – increase in per capita consumption growth
  – decline in incidence of food insecurity
  – Increase in school enrollment
What happens when you cannot Randomize/ Random Phase-in?

- Many CDD programs are not conducive to randomization particularly when the program is implemented nation-wide.
- Randomized Promotion, Propensity Score Matching, etc.
Nepal Community School Support Project (CSSP)

• Long history of community managed schools
• Nationalization of schools in 1972
• ‘Government Failure’/Civil-War
• Initiative to ‘hand over’ schools back to communities (2001)
• Community School Support Project (June 2003)
CSSP Project Intervention

- Community submits proposal to take over management of school
- One-time Incentive grant ($1,500)
- Surge of takeovers in first year
- Followed by slower steady-state
CSSP IE Design (Saga)

- Pilot in 80 randomly selected schools/communities
- 40 randomly “treated” with NGO advocacy
- Pilot Baseline December 2005- February 2006
- Advocacy conducted in June-September 2006
- Pilot Follow-up/Baseline August – November 2007
- Baseline sample expanded to 220 communities
- Advocacy conducted in February – April 2008
- Follow-up conducted in August – November 2009
Pilot Design and Realization

Control
NO advocacy (40)

Intent to treat
exposed to advocacy (40)

Intended control
NO advocacy and
DID NOT switch (34)

Unintended treatment
NO advocacy and
switched (5)

Intended treatment
Advocacy and switched (15)

Unintended Control
Advocacy and
DID NOT switch (25)

Note: one school switched to CBM before advocacy and was excluded from analysis
220 Schools (Total sample)

70 Randomly Assigned to Control
NO Advocacy

150 Randomly Assigned to Treatment
Advocacy

Intended Control
NO advocacy and DID NOT switch (53)

Unintended Treatment
NO advocacy and Switched (17)

Intended Treatment
Advocacy and switched (79)

Unintended Control
Advocacy and DID NOT switch (71)
CSSP Estimation Specification

• TOT

\[ C_{jt} = \phi_1 + \phi_2 A_{jt} + \epsilon_{jt} \]

\[ Y_{yt} = \mu + \gamma \hat{C}_j + \delta T_i + \beta \hat{C}_j * T_i + \lambda X_{yt} + e_{yt} \]
CSSP IE Findings

• significant impact
  – Increasing access to schooling, particularly for poor/marginalized children
  – No improvement on learning outcomes
  – Important regional variation in outcomes highlighting the issue of induced versus organic local participation