

Evaluation of Kenya CT-OVC: Four Year Follow-Up 2011

Comments by

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Some general remarks

- Impressive and ambitious program
- Needs to be evaluated because of its importance
- Evaluation is of high quality
 - Long follow-up period
 - Large data set
 - Randomized treatment, control, before and after set-up
- An especially welcome feature is the aim to understand the potential channels of influence (not just a 'black box' evaluation)

Issues related to the program

- Targeting to the ultra poor and those with a child under 17
 - Are there households who drop out either because of income increases or whose child turns 18
 - To what extent the age group 20-24 should be affected?
 - Control for / leave out those that become ineligible
- Is the 'supply side', i.e. schooling and health care facilities at an adequate level or getting more funds
 - testing effects conditional on going to school or access to health care
 - Quality of the supply side could be a limiting factor to the effectiveness of the program
- How clean is the control group from other simultaneous changes e.g. in the supply side efforts that could affect similar outcomes?

Some comments/questions on the actual analysis

- A number somewhat surprising differences in the reasons for attrition
 - Do what extent do the baseline socioeconomic status differ between T and C? Could be reported here as well.
 - Do the differences in movement out vanish if one controls for covariates?
- Provide information on the means of some key outcome variables (before and) after intervention
- What is the 'economic' importance of the point estimate of e.g. -0.06
- Standard errors robust or clustered at a regional level?

On regression specifications

- Clarify why one runs

$$y_1 = \alpha + \beta T + \delta y_2 + \varepsilon$$

- Instead of looking at interaction terms

$$y_1 = \alpha + \beta T + \delta y_2 + \phi y_2 * T + \varepsilon$$

- Would allow testing for the significance of the mediator and controlling for possible simultaneous changes in the mediator among C
- Add some additional controls (in particular, household size to control for the difference in the size of the per-person transfer)
- Possible heterogenous effects (if feasible given targeting)
 - Testing for interactions between treatment and socioeconomic status