

# Impact evaluation design and ex-ante simulation

Comments

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- Ghana – Leap (CBT + PM):

Non-experimental (quasi-experimental):

Propensity score matching (PSM)

- Zambia – CSP:

RCT – Randomized Control Trial (quasi-universal  
– implementation problems)

$ATT=ATE=ATU$

➤ Pros and Cons

- Ghana:

Oversampling existing hh survey.

Gold standard of QE: same instrument, same date... same local economy (?).

PSM to select comparison group sample for the follow-up survey.

Maximum: all hh within the common support and Minimum NN without replacement.

Suggestion:

Run just one PSM (saturated model), balance test and assess different subsamples.

Use weights in the follow-up analysis (same district could get higher weights).

Prediction: how would it compare to analysis based on existing data?

- Correct Table 6 (poverty comparison).

- Zambia (1):
  - Explain the power calculations in detail in an appendix (Transfer project should disseminate them in the website).
  - Puzzle: large sample size of under 5, but simulations show a relative small impact of income on anthropometric measures. How this should inform the design of CCT for under 5?
  - Heterogeneity impact and spillover effects?
  - No qualitative studies?

- Zambia (2):
  - Vaccination card descriptive statistics (worrying)
  - Difference in means between C and T – taking into account the observations are clustered.
  - LCMS: lean season?
  - Attenuation effect of adult equivalent on poverty rates for hh with children.
  - External validity: ITT instead of ATT.
  - Missing labour market/economic activity analysis in the descriptive analysis.