Williams College ECON 523:

Program Evaluation for International Development

Lecture 6: Treatment-on-the-Treated

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Imperfect Compliance

How High Is Program Take-Up?

Even "free" programs involve opportunity costs for participants, so take-up is often low

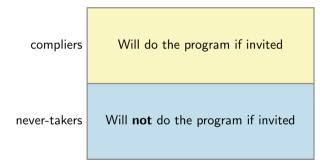
| Intervention Take-Up | | Source |
|----------------------|-----------|----------------------------|
| Business training | 65% | McKenzie & Woodruff (2013) |
| Deworming medication | 75% | Kremer & Miguel (2007) |
| Microfinance | 13% - 31% | JPAL & IPA (2015) |

It is often the case that only people who do a program can be impacted by the program*

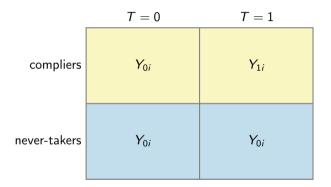
- \Rightarrow We might like to know how much program impacted program participants
- \Rightarrow Not only relevant in randomized trials (who benefits from free primary education?)

^{*}Often the case, but not always!

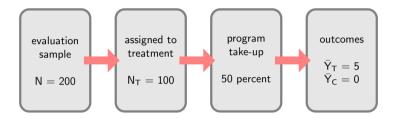
Compliers vs. Never-Takers



Compliers vs. Never-Takers



Imperfect Compliance: A Thought Experiment



Questions:

- What can we say about the average impact of treatment on program participants?
- What can we say about the average **outcome** among those who did the program?

Imperfect Compliance

Suppose outcomes are impacted by program participation (P_i), not treatment status (T_i):

$$Y_i = Y_{0i} + \delta_i \mathbf{P}_i$$

- Program take-up is endogenous conditional on treatment: $E[Y_{0i}|P_i = 1] \neq E[Y_{0i}|P_i = 0]$
- Only those randomly assigned to treatment $(T_i = 1)$ are eligible: $E[P_i | T_i = 0] = 0$
- Not everyone participates: $E[P_i | T_i = 1] = \lambda < 1$

Two possible regressions:

- Regress Y on P using data from the treatment $(T_i = 1)$ group
- Regress Y on T using data from the treatment and comparison groups

How Not to Estimate the Impact of Treatment on the Treated

If we estimate the regression equation $Y_i = \alpha + \beta P_i + \varepsilon_i$ using data from the treatment group:

$$\hat{\beta} = E[Y_i | P_i = 1] - E[Y_i | P_i = 0]$$

$$= E[Y_{1i}|P_i = 1] - E[Y_{0i}|P_i = 0]$$

$$= E [Y_{0i} + \delta_i | P_i = 1] - E [Y_{0i} | P_i = 0]$$

$$= E [\delta_i | P_i = 1] + E [Y_{0i} | P_i = 1] - E [Y_{0i} | P_i = 0]$$

$$= \underbrace{E\left[\delta_{i} | \text{compliers}\right]}_{\text{impact of TOT}} + \underbrace{E\left[Y_{0i} | \text{compliers}\right] - E\left[Y_{0i} | \text{never-takers}\right]}_{\text{selection bias}}$$

The Intent-to-Treat (ITT) Effect

If we estimate the regression equation $Y_i = \alpha + \beta T_i + \varepsilon_i$:

$$\hat{eta} = {oldsymbol E}\left[{oldsymbol Y}_i | {oldsymbol T}_i = 1
ight] - {oldsymbol E}\left[{oldsymbol Y}_i | {oldsymbol T}_i = 0
ight]$$

 $E[Y_i|T_i = 1]$ is a weighted average of outcomes for complier and never-takers:

$$E[Y_i|T_i = 1] = \lambda E[Y_{1i}|T_i = 1 \text{ and } P_i = 1] + (1 - \lambda) E[Y_{0i}|T_i = 1 \text{ and } P_i = 0]$$

$$=\lambda E\left[\delta_i+Y_{0i} \middle| \mathit{T}_i=1 \text{ and } \mathit{P}_i=1\right]+(1-\lambda) E\left[Y_{0i} \middle| \mathit{T}_i=1 \text{ and } \mathit{P}_i=0\right]$$

 $= \lambda E\left[\delta_i | \mathsf{compliers} \right] + \lambda E\left[Y_{0i} | \mathsf{compliers} \right] + (1 - \lambda) E\left[Y_{0i} | \mathsf{never-takers} \right]$

$$= \lambda E [\delta_i | \text{compliers}] + E [Y_{0i}]$$

The Intent-to-Treat (ITT) Effect

Substituting this into our expression for $\hat{\beta}$:

$$\hat{\beta} = E[Y_i | T_i = 1] - E[Y_i | T_i = 0]$$

 $= \lambda E \left[\delta_i | \text{compliers} \right] + E \left[Y_{0i} \right] - E \left[Y_{0i} \right]$



 \Rightarrow Low compliance ($\lambda < 1$) scales down the estimated treatment effect

 \Rightarrow ITT effect is average across population ($T_i = 1$), including zero impact on never-takers

The Impact of Treatment on the Treated

 $\mathsf{ITT} = \lambda \mathsf{TOT} \Leftrightarrow \mathsf{TOT} = \mathsf{ITT}/\lambda$

The treatment on the treated (TOT) estimator: $\hat{\beta}_{tot} = \frac{E[Y_i|T_i=1] - E[Y_i|T_i=0]}{E[P_i|T_i=1] - E[P_i|T_i=0]}$

- TOT scales up ITT effect to reflect imperfect take-up
- The identifying assumption is that treatment only works through program take-up

Estimating the impact of treatment on the treated via two separate regressions:

Intent-to-treat (aka reduced form): impact of treatment assignment on outcome of interest

 $Y_i = \alpha_{itt} + \beta_{itt} T_i + \varepsilon_i$

First stage: impact of assignment to treatment on program participation:

 $P_i = \alpha_{fs} + \beta_{fs} T_i + \epsilon_i$

Combine OLS coefficients to estimate impact of treatment on the treated: $\beta_{tot} = \beta_{itt}/\beta_{fs}$

Approach #1 is equivalent to using treatment as an **instrument** for program participation

1. Regress Y on \hat{P} , the predicted value of P from first-stage regression

Assumptions required for instrumental variables estimation:

- 1. Instrument is exogenous (i.e. not correlated with error term in first stage)
- 2. Instrument is correlated with treatment (first stage)
- 3. Only impacts outcomes through program participation (exclusion restriction)

Treatment on the Treated: Implementation (Approach #2)

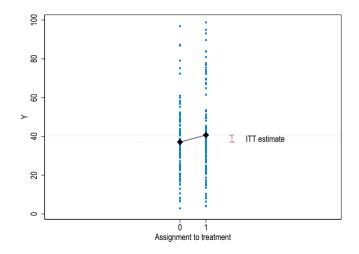
Estimated via two-stage least squares (2SLS):

- First stage: $P_i = \alpha_{fs} + \beta_{fs} T_i + \epsilon_i$
- Second stage: $Y_i = \alpha_{iv} + \beta_{iv}\hat{P}_i + \zeta_i$

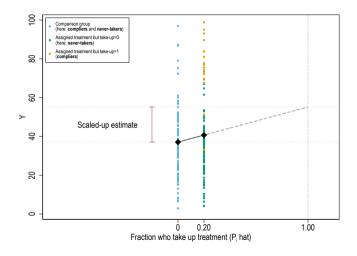
Easy to implement using Stata's ivregress 2sls command

• Running two (separate) regressions yields incorrect standard error

Two-Stage Least Squares (2SLS)



Two-Stage Least Squares (2SLS)



Treatment on the Treated: Implementation (Approach #3)

2SLS is also equivalent to a **control function** approach:

- First stage: $P_i = \alpha_{fs} + \beta_{fs} T_i + \epsilon_i$
- Control function second stage: $Y_i = \alpha_{i\nu} + \beta_{i\nu}P_i + \gamma\hat{\epsilon}_i + \zeta_i$

First-stage residual captures the endogenous portion of program participation

- Variation in P_i that remains is the variation explained by T_i
- Second regression equivalent to regressing Y_i on residuals from a regression of P_i on $\hat{\epsilon}_i$

Treatment on the Treated: Summary of Approaches

- 1. Divide ITT effect by first stage (impact of T on P)
- 2. Two-stage least squares (regress Y on predictions from regression of P on T)
- 3. Control function approach (control for residuals from regression of P on T)

Treatment on the Treated: Example

Data from a youth entrepreneurship intervention targeting young women in Nairobi, Kenya

- treatment is a dummy for being randomly assigned to the treatment group
- training is a dummy for attending at least one day of business training
- strata is an ID number for randomization strata (neighborhood×month)
- income is a measure of weekly income two years after treatment (from endline survey)

First stage, reduced form regressions take standard form

- First stage: regress training treatment i.strata, r
- Reduced form: regress income treatment i.strata, r

TOT Example: First Stage and Reduced Form Results

| | (1) | (2) | | |
|----------------------|-------------|------------|--|--|
| | Training | Income | | |
| Treatment | 0.6105267 | 165.9126 | | |
| | (0.0260283) | (73.81483) | | |
| | [0.000] | [0.025] | | |
| Strata fixed effects | Yes | Yes | | |
| R-squared | 0.470 | 0.030 | | |
| Obs. | 680 | 680 | | |

Robust standard errors in parentheses; p-values in square brackets.

TOT Example: Two-Stage Least Squares (2SLS)

Stata syntax for 2SLS:

```
ivregress 2sls income (training = treatment) i.strata, r
```

Generates same coefficients as two-step process, but difference standard errors

```
regress training treatment i.strata, r
predict phat, xb
regress income phat i.strata, r
```

TOT Example: Two-Stage Least Squares (2SLS)

| Instrumental variables 2SLS regression | | | | r of obs = | 686 | |
|--|---------------|-------------|-----------|------------|------------|------------|
| | | | | | chi2(14) = | 28.49 |
| | | | | | > chi2 = | 0.0123 |
| | | | | R-squ | | 0.030 |
| | | | | Root | MSE = | 950.84 |
| | | Robust | | | | |
| income | Coefficient | std. err. | z | P> z | [95% conf | . interval |
| training | 271.7533 | 119.5059 | 2.27 | 0.023 | 37.52603 | 505.980 |
| strata | | | | | | |
| 494002011 | 243.1708 | 144.5925 | 1.68 | 0.093 | -40.22521 | 526.566 |
| 494004004 | -89.89336 | 109.9156 | -0.82 | 0.413 | -305.324 | 125.537 |
| 494004011 | 39.53772 | 151.3919 | 0.26 | 0.794 | -257.185 | 336.2604 |
| 594004004 | 52.2759 | 155.0265 | 0.34 | 0.736 | -251.5705 | 356.1222 |
| 594004011 | -106.3099 | 130.9806 | -0.81 | 0.417 | -363.0272 | 150.407 |
| 594012004 | 238.6223 | 146.6926 | 1.63 | 0.104 | -48.88987 | 526.134 |
| 594012011 | 319.2648 | 185.929 | 1.72 | 0.086 | -45.14938 | 683.678 |
| 694002004 | -167.3286 | 166.5964 | -1.00 | 0.315 | -493.8515 | 159.1944 |
| 694002011 | -187.3286 | 160.601 | -1.17 | 0.243 | -502.1007 | 127.443 |
| 694004004 | -151.1399 | 194.2218 | -0.78 | 0.436 | -531.8076 | 229.527 |
| 694004011 | -260.9 | 196.4015 | -1.33 | 0.184 | -645.8398 | 124.039 |
| 694012004 | 209.9024 | 175.767 | 1.19 | 0.232 | -134.5947 | 554.3994 |
| 694012011 | 233.7189 | 142.9428 | 1.64 | 0.102 | -46.44377 | 513.881 |
| _cons | 413.216 | 77.32459 | 5.34 | 0.000 | 261.6626 | 564.7694 |
| Instrumented: | training | | | | | |
| Instruments: | | ata 4940040 | 04.strata | 4940040 | 11.strata | |
| | 594004004.str | ata 5940040 | 11.strata | 5940120 | 04.strata | |
| | 594012011.str | ata 6940020 | 04.strata | 6940020 | 11.strata | |
| | 694004004.str | ata 6940040 | 11.strata | 6940120 | 04.strata | |
| | 694012011.str | ata treatme | nt | | | |

TOT Example: Two-Stage Least Squares (2SLS)

| quietly reg | ress training | treatment i | .strata, | r | | | |
|------------------------|----------------|---------------------|----------|---------------|--------|-------|-----------|
| predict phat | t, xb | | | | | | |
| regress inco | ome phat i.str | ata, r | | | | | |
| Linear regression | | | | Number of obs | | - | 680 |
| | | | | | 65) | = | 1.97 |
| | | | | Prob > | F | - | 0.0177 |
| | | | | R-squar | | - | 0.0295 |
| | | | | Root MS | E | - | 962 |
| income | Coefficient | Robust std. err. | t | P> t | [95% | conf. | interval] |
| | | | | | - | | |
| phat | 271.7533 | 120.9035 | 2.25 | 0.025 | 34.3 | 5466 | 509.1519 |
| strata | | | | | | | |
| strata 494002011 | 243,1708 | 147,3034 | 1.65 | 0.099 | -46.0 | | 532,4066 |
| 494002011 494004004 | -89.89336 | 147.3034 | -0.80 | 0.099 | -46.00 | | 131.1121 |
| 494004004 | -09.89330 | 112.3547 | -0.80 | 0.425 | -310.0 | 0900 | 121,1121 |

TOT Example: The Control Function Approach

| . quietly reg | ress training | treatment i | .strata, | r | | | |
|----------------|----------------|---------------------|----------|---------|----------|-------|-----------|
| . predict pres | sid, resid | | | | | | |
| . regress inco | ome training p | resid i.str | ata, r | | | | |
| Linear regress | sion | | | Number | | - | 680 |
| | | | | F(15, 6 | | - | 1.98 |
| | | | | Prob > | F | - | 0.0144 |
| | | | | R-squar | | - | 0.0322 |
| | | | | Root MS | E | - | 961.36 |
| income | Coefficient | Robust std. err. | t | P> t | [95% | conf. | interval] |
| training | 271.7533 | 120.8254 | 2.25 | 0.025 | 34,50743 | | 508.9991 |
| presid | -120.5366 | 173.7454 | -0.69 | 0.488 | -461.0 | | 220.6199 |
| strata | | | | | | | |
| 494002011 | 243.1708 | 146.5754 | 1.66 | 0.098 | -44.63 | 3639 | 530.978 |
| 494004004 | -89.89336 | 111.6222 | -0.81 | 0.421 | -309.0 | 9684 | 129.2816 |

TOT Example: Interpretation

The entrepreneurship promotion intervention increases income

- TOT effects are larger than ITT effects (is this always true?)
- Assumption: program has no impact on women who do not participate
 - When might this be a reasonable assumption?
 - When might this **not** be a reasonable assumption?
- Which is more policy relevant: the ITT estimates or the TOT estimates?
- Could you estimate the TOT impacts of self-employment? Why or why not?

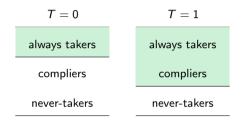
Two-Sided Non-Compliance

Two-Sided Non-Compliance

We sometimes evaluate programs that are available to those in the treatment group

- Examples: medical/health treatment, schooling, vocational/business training, childcare, access to credit, migration, agricultural inputs, management consulting, export contracts
- In such settings, an intervention involves encouraging/facilitating takeup
- Treatment is random and (one hopes) strongly associated with program participation
 - Compliers participate when assigned to treatment, but not when assigned to control
 - Some people in the treatment group may choose not to participate
 - Some people in the control group may still participate in the program

IV Estimates with Two-Sided Non-Compliance



IV estimates tell us local average treatment effect (LATE) on compliers

- Monotonicity assumption: there are no defiers
- We can't estimate impacts on **always takers** and **never-takers** because being assigned to treatment doesn't change their take-up (i.e. program participation) decision

Assumptions Required for IV Estimation of LATE

- 1. Instrument is exogenous (OK in an RCT)
- 2. Instrument is correlated with treatment (first stage)
- 3. Only impacts outcomes through take-up (exclusion restriction)
- 4. Monotonicity (i.e. no defiers)
 - Treatment either moved people into participation or out of participation, not both
 - Not required if treatment effects are homogeneous

Characteristics of the Compliers

The impact of treatment on program participation indicates the proportion compliers

$$E[P_i|T_i = 1] - E[P_i|T_i = 0] = \frac{\text{number of compliers}}{N} = \frac{C}{N}$$

This is also true in sub-populations, e.g. among observations with X = 1 for some X

$$E[P_i|T_i = 1 \text{ and } X_i = 1] - E[P_i|T_i = 0 \text{ and } X_i = 1] = \frac{C_{X=1}}{N_{X=1}}$$

Relative frequency of characteristics X = 1 among compliers, relative to entire population:

$$\frac{E[P_i|T_i=1 \text{ and } X_i=1] - E[P_i|T_i=0 \text{ and } X_i=1]}{E[P_i|T_i=1] - E[P_i|T_i=0]}$$