



Williams College ECON 523:

Program Evaluation for International Development

Lecture 6: Treatment-on-the-Treated

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photo: Daniella Van Leggelo-Padilla / World Bank

Imperfect Compliance

How High Is Program Take-Up?

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

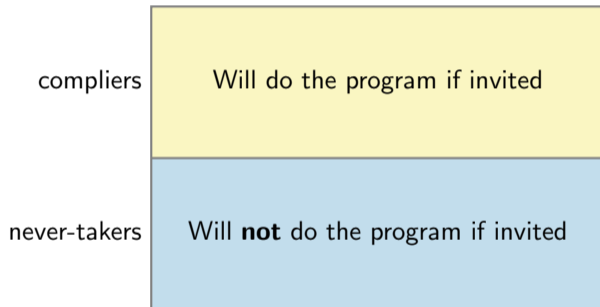
| Intervention | Take-Up | Source |
|----------------------|-----------|----------------------------|
| Business training | 65% | McKenzie & Woodruff (2013) |
| Deworming medication | 75% | Kremer & Miguel (2007) |
| Microfinance | 13% – 31% | JPAL & IPA (2015) |

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

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

*Often the case, but not always!

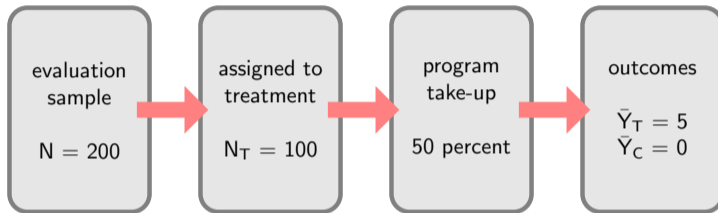
Compliers vs. Never-Takers



Compliers vs. Never-Takers

| | $T = 0$ | $T = 1$ |
|--------------|----------|----------|
| compliers | Y_{0i} | Y_{1i} |
| never-takers | Y_{0i} | Y_{0i} |

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):

$$Y_i = Y_{0i} + \delta_i P_i$$

- 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:

$$\begin{aligned}\hat{\beta} &= E[Y_i|P_i = 1] - E[Y_i|P_i = 0] \\ &= E[Y_{1i}|P_i = 1] - E[Y_{0i}|P_i = 0] \\ &= E[Y_{0i} + \delta_i|P_i = 1] - E[Y_{0i}|P_i = 0] \\ &= E[\delta_i|P_i = 1] + E[Y_{0i}|P_i = 1] - E[Y_{0i}|P_i = 0] \\ &= \underbrace{E[\delta_i|\text{compliers}]}_{\text{impact of TOT}} + \underbrace{E[Y_{0i}|\text{compliers}] - E[Y_{0i}|\text{never-takers}]}_{\text{selection bias}}\end{aligned}$$

The Intent-to-Treat (ITT) Effect

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

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

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

$$\begin{aligned} E[Y_i | T_i = 1] &= \lambda E[Y_{1i} | T_i = 1 \text{ and } P_i = 1] + (1 - \lambda) E[Y_{0i} | T_i = 1 \text{ and } P_i = 0] \\ &= \lambda E[\delta_i + Y_{0i} | T_i = 1 \text{ and } P_i = 1] + (1 - \lambda) E[Y_{0i} | T_i = 1 \text{ and } P_i = 0] \\ &= \lambda E[\delta_i | \text{compliers}] + \lambda E[Y_{0i} | \text{compliers}] + (1 - \lambda) E[Y_{0i} | \text{never-takers}] \\ &= \lambda E[\delta_i | \text{compliers}] + E[Y_{0i}] \end{aligned}$$

The Intent-to-Treat (ITT) Effect

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

$$\begin{aligned}\hat{\beta} &= E[Y_i | T_i = 1] - E[Y_i | T_i = 0] \\ &= \lambda E[\delta_i | \text{compliers}] + E[Y_{0i}] - E[Y_{0i}] \\ &= \lambda \underbrace{E[\delta_i | \text{compliers}]}_{\text{impact of TOT}}\end{aligned}$$

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

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

The Impact of Treatment on the Treated

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

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

Treatment on the Treated: Implementation (Approach #1)

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

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

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: $\beta_{tot} = \beta_{itt}/\beta_{fs}$

Treatment on the Treated: Implementation (Approach #2)

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)

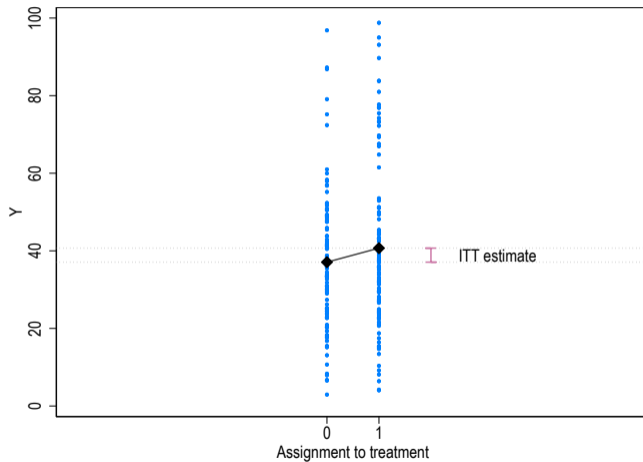
Estimated via two-stage least squares (2SLS):

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

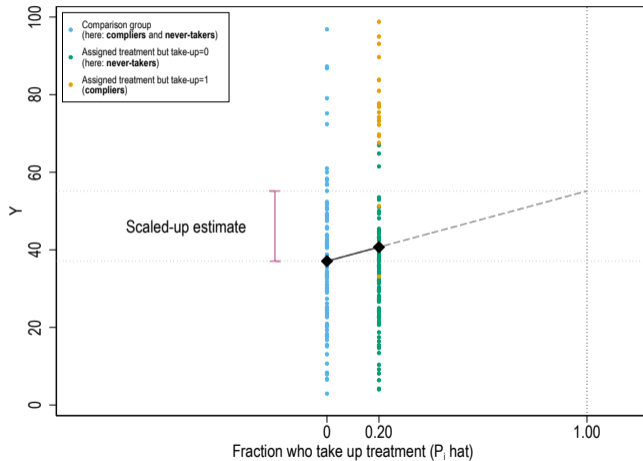
Easy to implement using Stata's `ivregress 2sls` command

- 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:** $Y_i = \alpha_{iv} + \beta_{iv} P_i + \gamma \hat{\epsilon}_i + \zeta_i$

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 \times 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)

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

```
Instrumental variables 2SLS regression           Number of obs   =       680
                                                Wald chi2(14)   =       28.49
                                                Prob > chi2     =       0.0122
                                                R-squared      =       0.0305
                                                Root MSE      =       950.84
```

| income | Coefficient | Robust std. err. | z | P> z | [95% conf. interval] | |
|-----------|-------------|---------------------|-------|-------|----------------------|----------|
| training | 271.7533 | 119.5059 | 2.27 | 0.023 | 37.52603 | 505.9805 |
| strata | | | | | | |
| 494002011 | 243.1708 | 144.5925 | 1.68 | 0.093 | -40.22521 | 526.5668 |
| 494004004 | -89.89336 | 109.9156 | -0.82 | 0.413 | -305.324 | 125.5373 |
| 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 | 150.4073 |
| 594012004 | 238.6223 | 146.6926 | 1.63 | 0.104 | -48.88987 | 526.1345 |
| 594012011 | 319.2648 | 185.929 | 1.72 | 0.086 | -45.14938 | 683.6789 |
| 694002004 | -167.3286 | 166.5964 | -1.00 | 0.315 | -493.8515 | 159.1944 |
| 694002011 | -187.3286 | 160.601 | -1.17 | 0.243 | -502.1007 | 127.4436 |
| 694004004 | -151.1399 | 194.2218 | -0.78 | 0.436 | -531.8076 | 229.5278 |
| 694004011 | -260.9 | 196.4015 | -1.33 | 0.184 | -645.8398 | 124.0398 |
| 694012004 | 209.9024 | 175.767 | 1.19 | 0.232 | -134.5947 | 554.3994 |
| 694012011 | 233.7189 | 142.9428 | 1.64 | 0.102 | -46.44377 | 513.8815 |
| _cons | 413.216 | 77.32459 | 5.34 | 0.000 | 261.6626 | 564.7694 |

```
Instrumented: training
Instruments: 494002011.strata 494004004.strata 494004011.strata
              594004004.strata 594004011.strata 594012004.strata
              594012011.strata 694002004.strata 694002011.strata
              694004004.strata 694004011.strata 694012004.strata
              694012011.strata treatment
```

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

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

```
Linear regression                Number of obs   =      680
                                F(14, 665)      =      1.97
                                Prob > F           =     0.0177
                                R-squared          =     0.0295
                                Root MSE       =     962
```

| income | Coefficient | Robust std. err. | t | P> t | [95% conf. interval] | |
|-----------|-------------|---------------------|-------|-------|----------------------|----------|
| phat | 271.7533 | 120.9035 | 2.25 | 0.025 | 34.35466 | 509.1519 |
| strata | | | | | | |
| 494002011 | 243.1708 | 147.3034 | 1.65 | 0.099 | -46.06501 | 532.4066 |
| 494004004 | -89.89336 | 112.5547 | -0.80 | 0.425 | -310.8988 | 131.1121 |

TOT Example: The Control Function Approach

```
. quietly regress training treatment i.strata, r
```

```
. predict presid, resid
```

```
. regress income training presid i.strata, r
```

```
Linear regression                Number of obs   =      680
                                F(15, 664)      =      1.98
                                Prob > F           =     0.0144
                                R-squared          =     0.0322
                                Root MSE       =     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 | -461.6932 | 220.6199 |
| strata | | | | | | |
| 494002011 | 243.1708 | 146.5754 | 1.66 | 0.098 | -44.63639 | 530.978 |
| 494004004 | -89.89336 | 111.6222 | -0.81 | 0.421 | -309.0684 | 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?

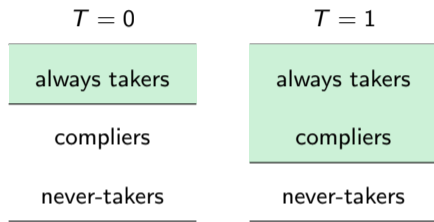
Two-Sided Non-Compliance

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:

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

Imperfect Compliance: Takeaways

- LATE captures impacts on compliers, which may not generalize
 - ▶ When will the LATE on compliers be larger than the ATE?
- Low compliance limits our ability to detect treatment effects
 - ▶ Increasing compliance increases statistical power
 - ▶ How well do baseline characteristics predict compliance?
- When is it safe to assume that treatment does not impact never-takers (or always-takers)?
 - ▶ Direct impacts of treatment (e.g. information)
 - ▶ Spillovers from treated individuals/units