Williams College ECON 523:

#### Program Evaluation for International Development

Lecture 2: Regression

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**Dummy Variables** 

$$Y = \alpha + \beta D$$



control	treatment	
D = 0	D = 1	
$\hat{lpha}$	$\hat{lpha}+\hat{eta}$	

 $\hat{\alpha} = \bar{Y}_{C}$  (control group mean)

 $\hat{eta} = ar{Y}_{\mathcal{T}} - ar{Y}_{\mathcal{C}}$  (difference in means)

You may or may not remember that in a bivariate regression:

$$\hat{\beta}_{OLS} = \frac{COV(X,Y)}{VAR(X)} \\ = \frac{\sum_i (X_i - \bar{X}) (Y_i - \bar{Y})}{\sum_i (X_i - \bar{X})^2}$$

Notice that the numerator can be re-organized:

$$\sum_{i} (X_{i} - \bar{X}) (Y_{i} - \bar{Y}) = \sum_{i} X_{i} Y_{i} - \sum_{i} \bar{X} Y_{i}$$

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$$\sum_{i} (X_{i} - \bar{X}) (Y_{i} - \bar{Y}) = \sum_{i} X_{i} Y_{i} - \sum_{i} \bar{X} Y_{i}$$
$$= \sum_{i} [Y_{i} (X_{i} - \bar{X})]$$

You may or may not remember that in a bivariate regression:

 $\hat{\beta}_{OLS} = \frac{COV(X,Y)}{VAR(X)}$  When independent variable is binary:  $= \frac{\sum_i [Y_i(X_i - \bar{X})]}{\sum_i (X_i - \bar{X})^2}$   $\bar{X} = \frac{n_T}{N} (n_T \text{ is } \# \text{ of treated observations})$ 

You may or may not remember that in a bivariate regression:

$$\hat{\beta}_{OLS} = \frac{COV(X,Y)}{VAR(X)}$$
$$= \frac{\sum_{i} [Y_{i}(X_{i} - \bar{X})]}{\sum_{i} (X_{i} - \bar{X})^{2}}$$

When independent variable is binary:

 $\bar{X} = \frac{n_T}{N}$  ( $n_T$  is # of treated observations)

Assume observations are ordered:

$Y_1, Y_2, \ldots, Y_{n_{T-1}}, Y_{n_T}$	$, Y_{n_{T+1}}, Y_{n_{T+2}}, \ldots, Y_N$
treatment group	control group
$X_i = 1$	$X_i = 0$
$\Rightarrow X_i - ar{X} = 1 - ar{X}$	$\Rightarrow X_i - ar{X} = -ar{X}$

You may or may not remember that in a bivariate regression:

$$\hat{\beta}_{OLS} = \frac{COV(X,Y)}{VAR(X)}$$

$$= \frac{\sum_{i} [Y_{i}(X_{i}-\bar{X})]}{\sum_{i} (X_{i}-\bar{X})^{2}}$$

$$= \frac{\sum_{i} [Y_{i}(X_{i}-\bar{X})]}{N\bar{X}(1-\bar{X})}$$
Re-write denominator:
$$\sum_{i} (X_{i}-\bar{X})^{2} = \sum_{i=1}^{n_{T}} (1-\bar{X})^{2} + \sum_{i=n_{T+1}}^{N} (-\bar{X})^{2}$$

$$= n_{T} (1-\bar{X})^{2} + (N-n_{T}) (-\bar{X})^{2}$$

$$= \dots = n_{T} - n_{T}\bar{X} = N\bar{X} (1-\bar{X})$$

You may or may not remember that in a bivariate regression:

$$\hat{\beta}_{OLS} = \frac{COV(X,Y)}{VAR(X)}$$

$$= \frac{\sum_i [Y_i(X_i - \bar{X})]}{\sum_i (X_i - \bar{X})^2}$$

$$= \frac{\sum_i [Y_i(X_i - \bar{X})]}{N\bar{X}(1 - \bar{X})}$$

$$\sum_{i} \left[ Y_{i} \left( X_{i} - \bar{X} 
ight) 
ight]$$

"linear combination of Ys"

You may or may not remember that in a bivariate regression:

$$\begin{aligned} \hat{\beta}_{OLS} &= \frac{COV(X,Y)}{VAR(X)} & \sum_{i} \left[ Y_i \left( X_i - \bar{X} \right) \right] \\ &= \frac{\sum_{i} \left[ Y_i \left( x_i - \bar{X} \right) \right]}{\sum_{i} \left( x_i - \bar{X} \right)^2} &= \sum_{i=1}^{n_T} \left[ Y_i \left( 1 - \bar{X} \right) \right] + \sum_{i=n_{T+1}}^{N} \left[ Y_i \left( - \bar{X} \right) \right] \\ &= \frac{\sum_{i} \left[ Y_i \left( x_i - \bar{X} \right) \right]}{N\bar{X} \left( 1 - \bar{X} \right)} &= \sum_{i=1}^{n_T} Y_i - \sum_{i=1}^{N} \left[ Y_i \left( \bar{X} \right) \right] \\ &= n_T \bar{Y}_T - \bar{X} \left( N \bar{Y} \right) \\ &= N \bar{X} \bar{Y}_T - N \bar{X} \left[ \bar{X} \bar{Y}_T + \left( 1 - \bar{X} \right) \bar{Y}_C \right] \\ &= N \bar{X} \left( 1 - \bar{X} \right) \left( \bar{Y}_T - \bar{Y}_C \right) \end{aligned}$$

You may or may not remember that in a bivariate regression:

$$\hat{\beta}ols = \frac{COV(X,Y)}{VAR(X)} \qquad \sum_{i} \left[ Y_{i} \left( X_{i} - \bar{X} \right) \right] \\
= \frac{\sum_{i} \left[ Y_{i} \left( x_{i} - \bar{X} \right) \right]}{\sum_{i} \left[ x_{i} - \bar{X} \right]^{2}} = \sum_{i=1}^{n_{T}} \left[ Y_{i} \left( 1 - \bar{X} \right) \right] + \sum_{i=n_{T+1}}^{N} \left[ Y_{i} \left( - \bar{X} \right) \right] \\
= \frac{\sum_{i} \left[ Y_{i} \left( x_{i} - \bar{X} \right) \right]}{N\bar{X}(1 - \bar{X})} = \sum_{i=1}^{n_{T}} Y_{i} - \sum_{i=1}^{N} \left[ Y_{i} \left( \bar{X} \right) \right] \\
= \frac{N\bar{X} \left( 1 - \bar{X} \right) \left( \bar{Y}_{T} - \bar{Y}_{C} \right)}{N\bar{X} \left( 1 - \bar{X} \right)} = N\bar{X} \bar{Y}_{T} - N\bar{X} \left[ \bar{X} \bar{Y}_{T} + \left( 1 - \bar{X} \right) \bar{Y}_{C} \right] \\
= N \bar{X} \left( 1 - \bar{X} \right) \left( \bar{Y}_{T} - \bar{Y}_{C} \right)$$

Regression, Slide 25

$$\hat{\beta}_{OLS} = \frac{COV(X,Y)}{VAR(X)}$$

$$= \frac{\sum_i [Y_i(X_i - \bar{X})]}{\sum_i (x_i - \bar{X})^2}$$

$$= \frac{\sum_i [Y_i(X_i - \bar{X})]}{N\bar{X}(1 - \bar{X})}$$

$$= \frac{N\bar{X}(1 - \bar{X})(\bar{Y}_T - \bar{Y}_C)}{N\bar{X}(1 - \bar{X})}$$

When we regress  $Y_i$  on (only) a dummy variable:  $\hat{\beta}_{OLS} = \bar{Y}_T - \bar{Y}_C$ 

- Estimated constant  $\hat{lpha}_{OLS}$  is control group mean, also  $\hat{Y}_i$
- Predicted  $\hat{Y}_i$  for treated individuals/units is  $\hat{\alpha}_{OLS} + \hat{\beta}_{OLS}$

## OLS Regression on Mutually Exclusive Dummy Variables

$$Y = \alpha + \beta_1 T_1 + \beta_2 T_2 + \beta_3 T_3$$

control	treatment 1	treatment 2	treatment 3
$T_1=T_2=T_3=0$			

# OLS Regression on Mutually Exclusive Dummy Variables

$$Y = \alpha + \beta_1 T_1 + \beta_2 T_2 + \beta_3 T_3$$

control	treatment 1	treatment 2	treatment 3
$T_1 = T_2 = T_3 = 0$	$T_1 = 1$	$T_2 = 1$	$T_3 = 1$
$\hat{lpha}$	$\hat{lpha}+\hat{eta_1}$	$\hat{\alpha} + \hat{\beta}_2$	$\hat{\alpha} + \hat{\beta}_3$

 $\hat{\alpha} = \bar{Y}_{C}$  (control group mean)

 $\hat{eta}_i = ar{Y}_{\mathcal{T}_i} - ar{Y}_{\mathcal{C}}$  (difference in means between treatment i and control)

# **Pooling Treatments**

- If we pool treatments to estimate an average effect across treatment arms:
  - Estimated coefficient (and treatment effect)  $\beta_{pooled}$  is average of impacts across treatments
  - Average depends on  $n_{T_i}$  values: share of treated observations in each treatment arm
  - Also depends on treatment effect of each arm (pooling arms with no impact will matter)
- Estimates of pooled effect more precise because sample size is larger
  - When is pooled effect policy relevant?

# Cross-Cutting Designs

- We often want to estimate the impact of treatments that may work best together
  - Access to credit and vocational training for unemployed youth
  - Nutrition supplements and parenting education for at-risk babies and children
  - Increased enforcement and information campaigns or behavioral nudges for tax compliance
  - Teacher training and additional materials for under-performing schools
  - Management consulting and subsidies for exporting firms
- Cross-cutting designs allow us to estimate impacts of each treatment in isolation as well as the pooled impact, to see whether any program effects are additively separable

# Cross-Cutting Designs



# Cross-Cutting Designs and Interaction Terms

$$Y = \alpha + \beta_1 T_1 + \beta_2 T_2 + \beta_3 (T_1 \times T_2)$$



#### Challenge Problem: Triple Interactions

#### $Y = \alpha + \beta_1 T_1 + \beta_2 T_2 + \beta_3 T_3 + \gamma_1 T_1 \times T_2 + \gamma_2 T_2 \times T_3 + \gamma_3 T_1 \times T_3 + \theta T_1 \times T_2 \times T_3$

Continuous Variables

## When Is Treatment a Continuous Variable?

- Sometimes we vary treatment intensity across treatment arms
  - Subsidies for malaria treatment (Cohen, Dupas, and Schaner 2015)
  - ▶ Varying the size of grants to entrepreneurs/firms, schools, etc.
  - Proportion treated within clusters (CCTs, job training, etc.)
- · Binary treatments might also impact units differently, based on pre-existing conditions
  - Law banning traditional birth attendants in Malawi (Godlonton and Okeke 2016)
  - Impact of eliminating primary school fees on completion (cf. Lucas and Mbiti 2012)
- Should we dichotomize treatment variable or exploit continuous variation in intensity?

#### Continuous Variation in Treatment

 $Y_i = X_i + \varepsilon$ 



Independent variable

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Regression, Slide 46

### Continuous Variation in Treatment

 $Y_i = X_i + \varepsilon$ 



Independent variable

#### Dichotomous vs. Continuous Treatment Variables

- When the true dose-response relationship is linear:
  - OLS w/ a continuous treatment variable is correctly specified
  - Uses observed variation increase statistical power (odds of finding an effect)
- The estimand is different when we dichotomize treatment
  - OLS coefficient captures impact of moving from average level of treatment intensity in the control group to average level of treatment intensity in the treatment group
    - Not the same as impact of moving from treatment intensity 0 to treatment intensity 1
- When true dose-response relationship is linear, OLS with continuous X is better

#### OLS when the Dose-Response Relationship Is Not Linear



#### OLS when the Dose-Response Relationship Is Not Linear



#### OLS when the Dose-Response Relationship Is Not Linear



# Continuous Variation in Treatment Intensity

- When the true relationship (i.e. conditional expectation function) is not linear:
  - ▶ OLS w/ a continuous treatment variable is incorrectly specified (may or may not matter)
  - Estimated treatment effect (i.e. coefficient) depends on choice of sample (values of X)
- Graph your data (though often true relationship obscured by noise)
  - Choose to dichotomize (and where to dichotomize)
  - Vary your sample to assess the robustness of your estimates
- Be skeptical of results when treatment assignment process is unclear (observational data!) and you cannot observe the relevant empirical relationships in your data graphically

# **Fixed Effects**

# What Are Fixed Effects?

- Individual dummy variables for mutually exclusive groups in your data
  - Dummy for male or female
  - Age, age group, or year of birth fixed effects
  - Continent/country/state/district/geography fixed effects
  - Year/month/time fixed effects
- Why use fixed effects?
  - Estimation using within rather than between variation
- We often use multiple sets of fixed effects in empirical work

# Simpson's Paradox



Treatment variable

# What Do Fixed Effects Do?



Treatment variable

Equivalent regressions:

• 
$$Y = \alpha + \theta X + \beta Orange + \gamma Pink$$

• 
$$\tilde{Y} = \alpha + \theta \tilde{X}$$

where:

• 
$$ilde{Y} = Y - ar{Y}_{ ext{within}}$$

• 
$$ilde{X} = X - ar{X}_{ ext{within}}$$

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# What Do Fixed Effects Do?

- OLS with fixed effects is equivalent to:
  - Transforming independent and dependent variables by subtracting off the within-group mean
  - Running OLS in your transformed (i.e. re-centered, normalized, de-meaned) data
- Fixed effects changed the coefficient estimate because treatment (X) varied across groups
  - When X doesn't vary, FEs can improve precision but won't change slope estimate
  - When randomized/exogenous treatment probability/intensity varies across groups, you must include fixed effects or control directly for probability of treatment (the propensity score)
- If you regress X and Y on only the fixed effects, residuals are the normalized variables
  - Remember: predicted values of Y are the within-group means

- Consider the following setup:
  - ▶ *N* = 300
  - Three groups:  $N_1 = N_2 = N_3 = 100$
  - Treatment probability: 25, 50, 75 percent in Groups 1, 2, and 3, respectively
  - Data-generating process:  $Y_i = G_i + D_i + \varepsilon_i$
- In this setting?
  - What is the (real) treatment effect?
  - What is the mean in the control group?
  - What is the mean in the treatment group?

#### Without Fixed Effects



- OLS coefficient is  $ar{Y}_{\mathcal{T}} ar{Y}_{\mathcal{T}}$
- Biased estimate of ATE because:
  - $\circ \bar{T}$  varies across groups
  - $\circ \bar{Y}$  varies across groups



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Regression, Slide 70

Group 1 (orange):  $ar{\mathcal{T}}_{orange}=0.25$ 

- Treated observations weighted heavily
- Contribute (relatively) more to  $ar{Y}_{\mathcal{T},G=1}$

Group 2 (blue):  $\bar{T}_{orange} = 0.5$ 

• Treated, untreated weighted equally

Group 3 (pink):  $\overline{T}_{orange} = 0.75$ 

• Untreated observations weighted heavily

#### With Fixed Effects



Coefficient on treatment is a linear combination of the within-group treatment effects,  $\bar{Y}_{T,G} - \bar{Y}_{C,G}$ 

# Fixed Effects with Binary Treatment

- · Group-level estimates of treatment effect are not weighted equally
  - 1. Weights are proportional to  $N_G p_G (1 p_G)$
  - 2. Weights are normalized by the sum of all country-specific weights
  - 3. Countries with treatment probability close to one half receive more weight
- Individual observations are also not weighted equally (conditional on  $N_G p_G(1-p_G)$ )
  - 1. Treated units in countries with few treated units get more weight
  - 2. Untreated units in countries with few treated units get less weight
  - 3. Treated units in countries with many treated units get less weight
  - 4. Untreated units in countries with many treated units get more weight
- OLS coefficient captures ATE across entire sample, not across treated observations

## The Frisch-Waugh-Lovell Theorem

 $Y = \alpha + \beta X + \gamma Z$ 

is equivalent to

 $\tilde{Y} = \alpha + \beta \tilde{X}$ 

where

 $\tilde{Y}$  = residuals from regressing Y on Z $\tilde{X}$  = residuals from regressing X on Z

#### The Frisch-Waugh-Lovell Theorem

 $Y = \alpha + \beta X + \gamma_1 Z_1 + \dots \gamma_K Z_K$ 

is equivalent to

 $\tilde{Y} = \alpha + \beta \tilde{X}$ 

where

 $\tilde{Y}$  = residuals from regressing Y on  $Z_1, \ldots, Z_K$  $\tilde{X}$  = residuals from regressing X on  $Z_1, \ldots, Z_K$ 

# Frisch-Waugh-Lovell Example: The Impact of Education

- These approaches generate identical estimates of  $\beta_{educ}$ , the estimated impact of education:
  - 1. Regress income on education, age dummies, and a dummy for being female
  - 2. Transform income and education by subtracting off age-specific means, then transform the transformed variables by subtracting off gender-specific means (of transformed variables), then regress transformed income on transformed education
  - 3. Generate residualized income and education by regressing those variables on the age and gender FEs, then regress residualized income on residualized education (without controls)
  - 4. Residualize income and education on age dummies first, then gender dummies, then regress

# Frisch-Waugh-Lovell: Why It Matters

- When treatment is binary and plausibly exogenous, the difference in outcome means between the treatment and comparison groups provides an unbiased estimate of impact
  - ▶ All treated observations get equal positive weight, all untreated get equal negative weight
- With controls that are correlated with treatment, treatment is (in effect) no longer binary
  - Untreated observations with covariates that predict a high likelihood of treatment get very low negative weights in linear regression; while treated observations with covariates that predict a low likelihood treatment get very high positive weights in multivariate regression
  - Everything is still fine if treatment effects are homogeneous: treatment effect is the same for everyone, so it doesn't matter what weights we use to calculate average treatment effect
  - ▶ If effects vary with covariates that predict treatment, mis-specification problems can arise
- What to do: show results with and without covariates, residualize and then plot your data

# **Empirical Exercise**

# The Graduation Approach

#### THE GRADUATION APPROACH

The Graduation approach consists of six complementary components, each designed to address specific constraints facing ultra-poor households.

- Productive asset transfer: One-time transfer of productive assets, such as cows, goats, or supplies for petty trade.
- Technical skills training: Training to manage the productive asset.
- 3. Consumption support: Regular cash or food support for a few months to a year.
- Savings: Access to a savings account, or encouragement to save.
- Home visits: Frequent home visits by implementing partner staff to provide accountability, coaching, and encouragement.
- 6. Health: Health education, health care access, and/or life skills training.

All evaluations in this bulletin include these six components; see Table 1 for country-by-country variation in program design.



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Regression, Slide 79

#### The Graduation Approach: Targeting the Ultra-Poor

#### FIGURE 1: THE GRADUATION PROGRAM SUCCESSFULLY TARGETED ULTRA-POOR HOUSEHOLDS



The program successfully targeted ultra-poor households. The proportion of households living below US\$1.25 per day that were identified as eligible for the program and included in the study sample exceeded—often by a substantial margin—the proportion of the population living below US\$1.25 per day in every country.

- Proportion of households in the program living below PPP US\$1.25 per day<sup>5</sup>
- Proportion of population in country below PPP US\$1.25 per day<sup>6</sup>

#### The Graduation Approach: Impacts on Food Security

FIGURE 3: COUNTRY-BY-COUNTRY IMPACT OF GRADUATION ON INDEX OF FOOD SECURITY<sup>11 12</sup>



Note: Error bars represent 95% confidence intervals. Statistical significance relative to comparison households at each endline is noted at the 1% (\*\*\*), 5% (\*\*), or 10% (\*) level.

# Empirical Exercise: Takeaways

- 1. How does the estimate of the treatment effect vary across countries?
- 2. How are these country-level estimates weighted in fixed effects estimation?
- 3. When are fixed effects necessary? When are they useful?
- 4. Which country-level estimates get more/less weight with fixed effects?