

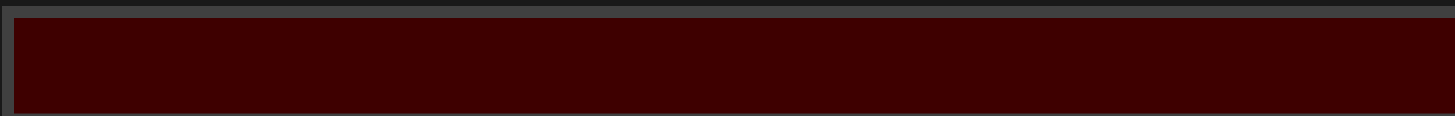
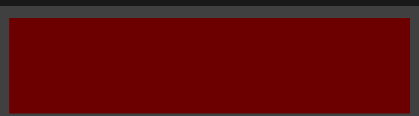
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Poverty Action Lab

TRANSLATING RESEARCH INTO ACTION

How to Randomize?

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J-PAL



Course Overview

1. What is Evaluation?
2. Outcomes, Impact, and Indicators
3. Why Randomize and Common Critiques
- 4. How to Randomize**
5. Sampling and Sample Size
6. Threats and Analysis
7. Project from Start to Finish
8. Cost-Effectiveness Analysis and Scaling Up

Lecture Overview



- Unit and method of randomization
- Real-world constraints
- Revisiting unit and method
- Variations on simple treatment-control

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Unit of Randomization: Options

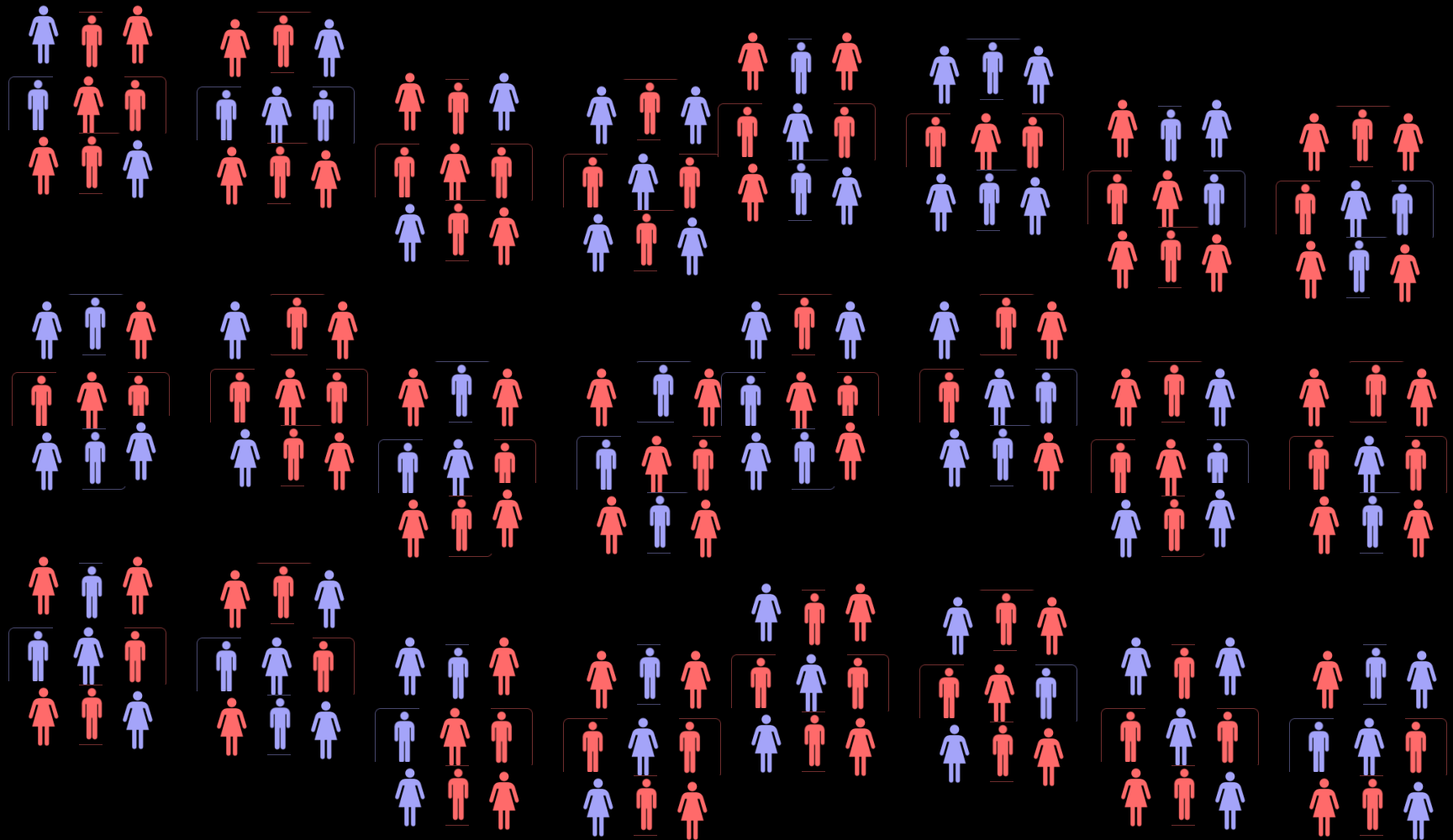
1. Randomizing at the individual level
 2. Randomizing at the group level
“Cluster Randomized Trial”
- Which level to randomize?

Unit of Randomization: Considerations

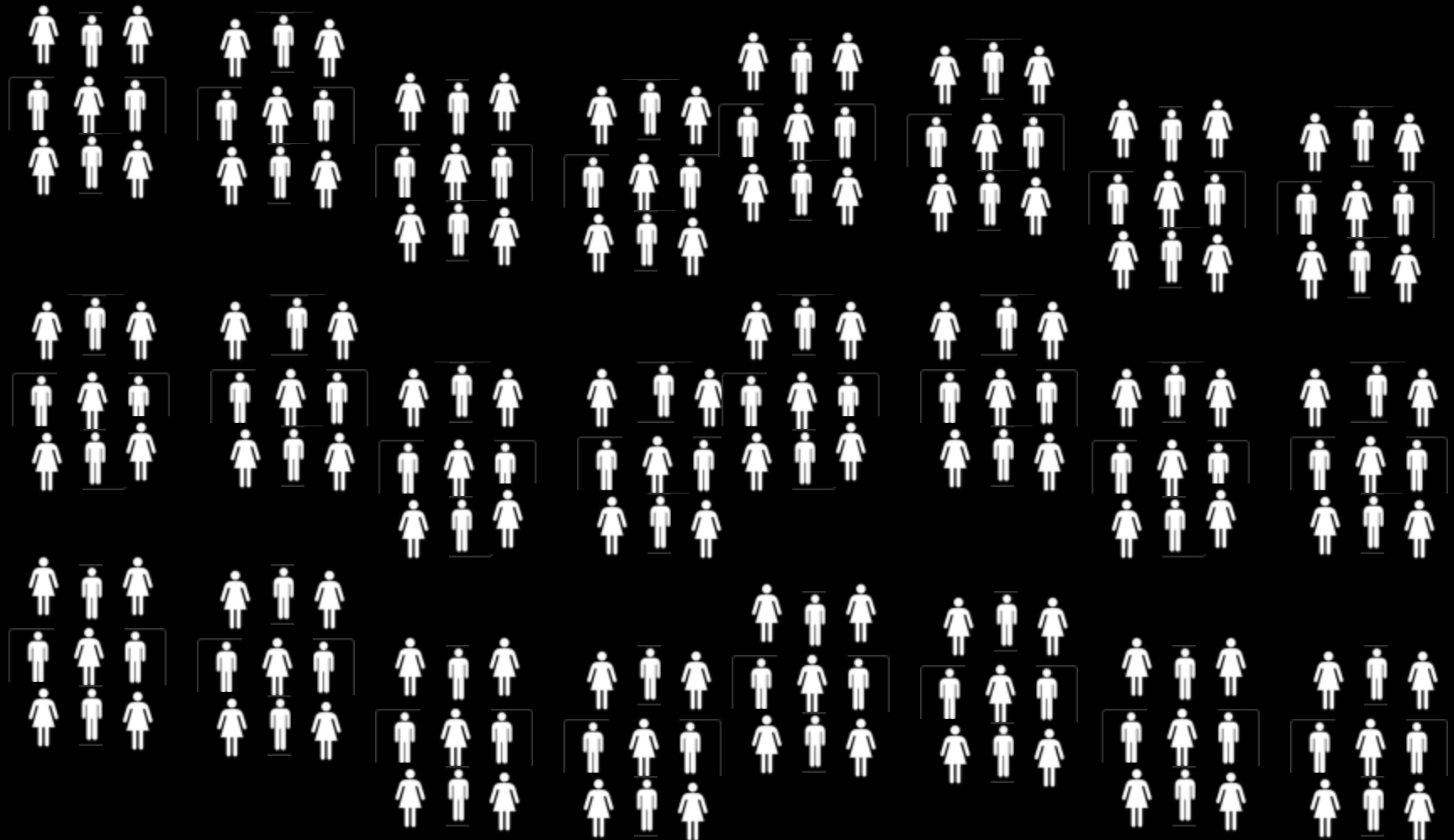


- What unit does the program target for treatment?
- What is the unit of analysis?

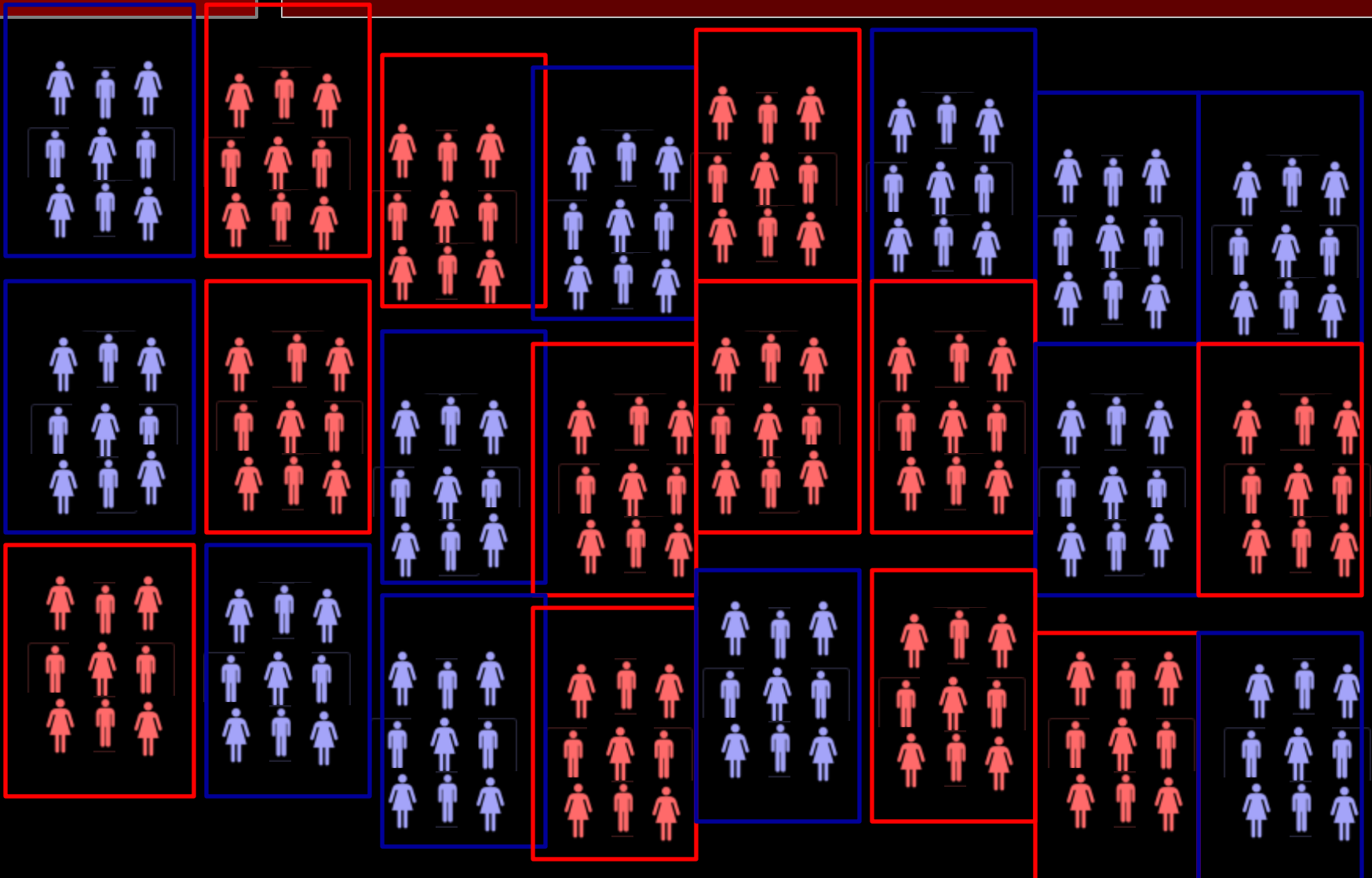
Unit of Randomization: Individual?



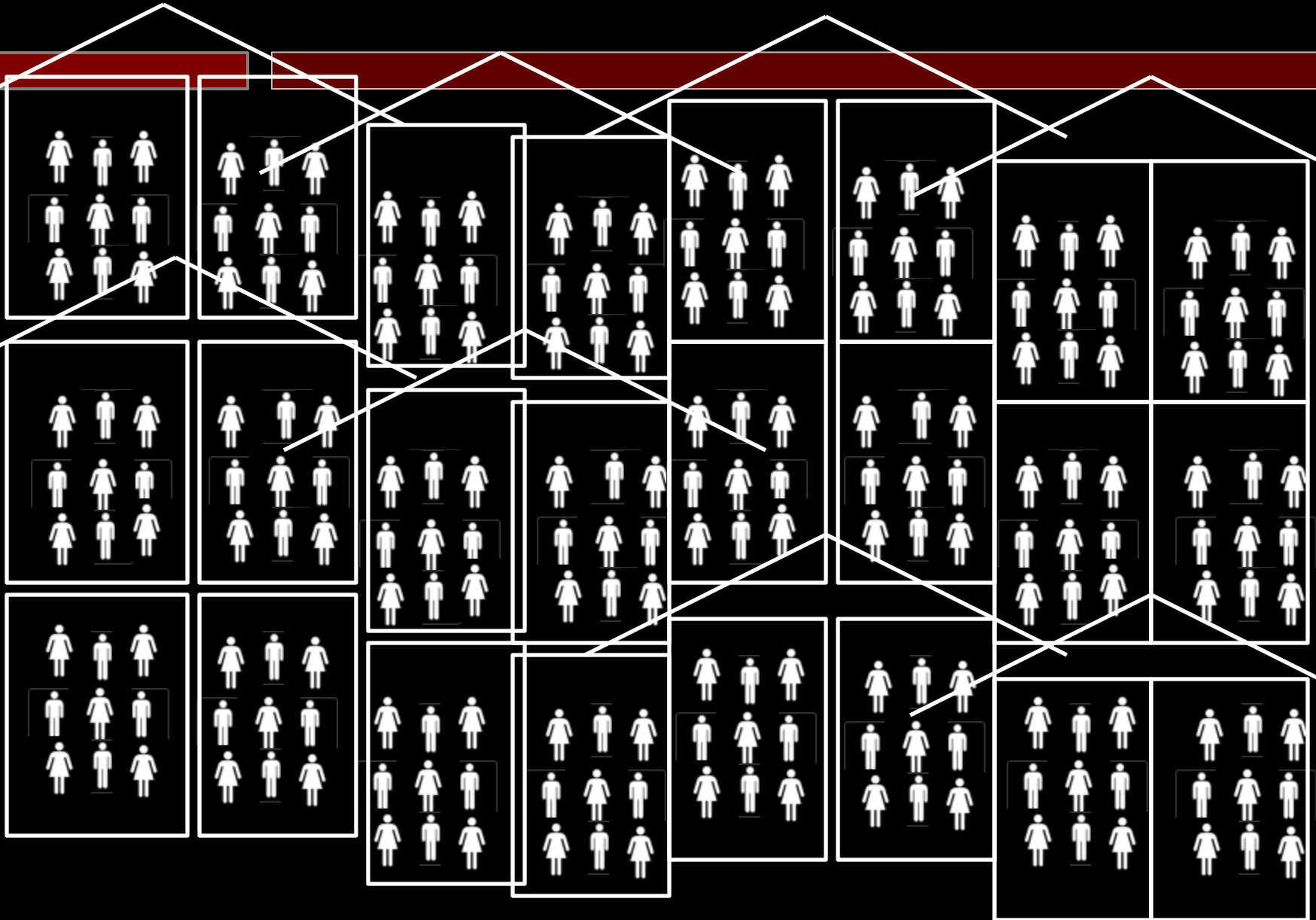
Unit of Randomization: Clusters?



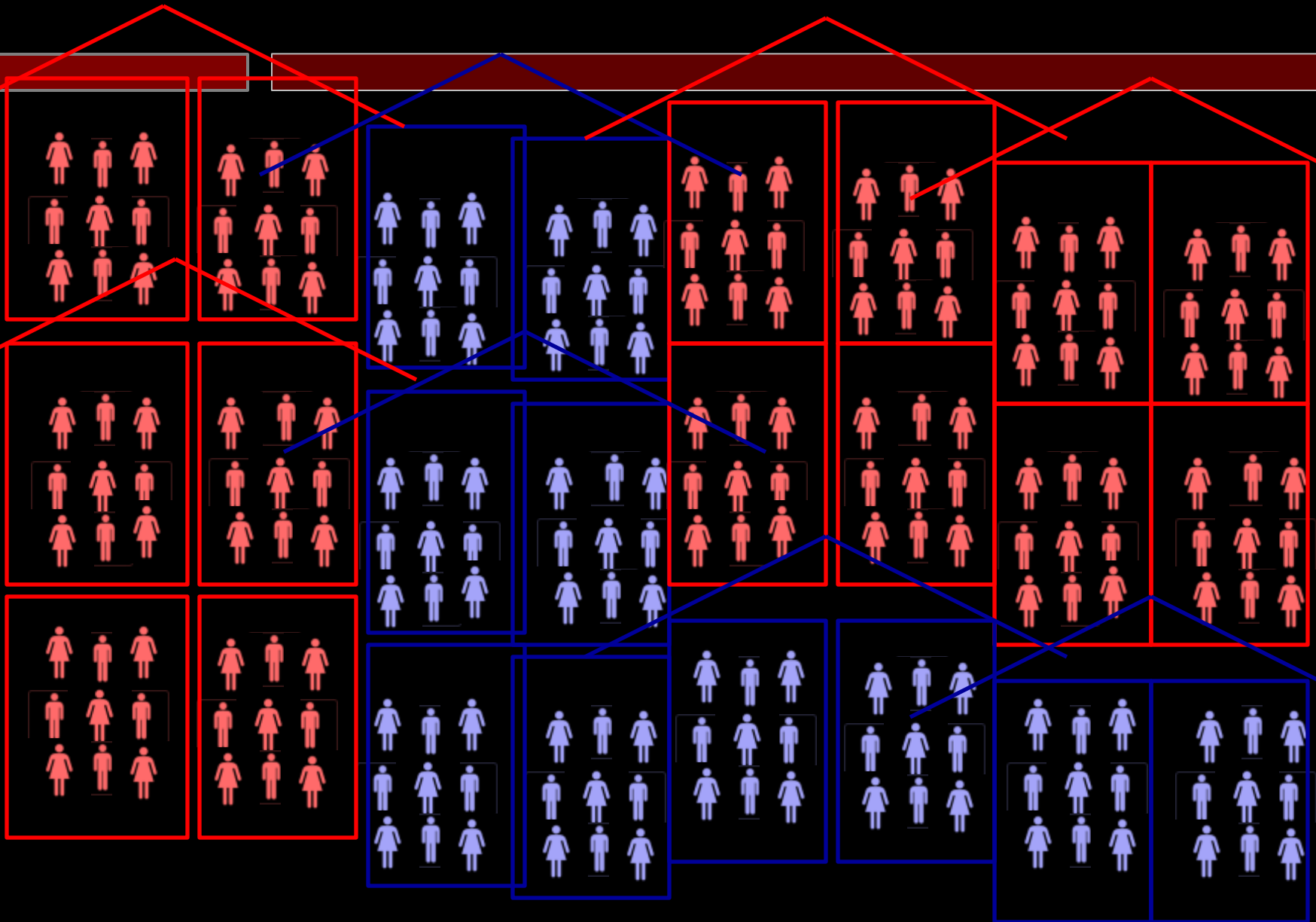
Unit of Randomization: Class?



Unit of Randomization: School?



Unit of Randomization: School?

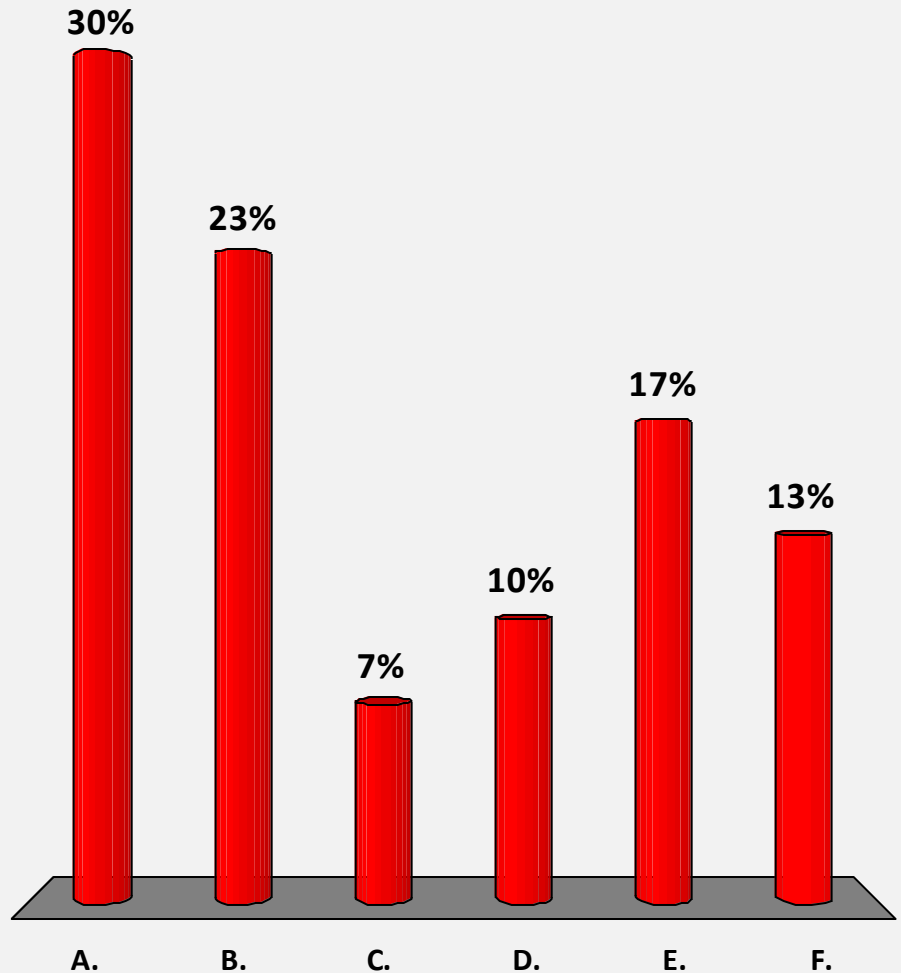


How to Choose the Level

- Nature of the Treatment
 - How is the intervention administered?
 - What is the catchment area of each “unit of intervention”
 - How wide is the potential impact?
- Aggregation level of available data
- Power requirements
- Generally, best to randomize at the level at which the treatment is administered.

Suppose an intervention targets health outcomes of children through info on hand-washing. What is the appropriate level of randomization?

- A. Child level
- B. Household level
- C. Classroom level
- D. School level
- E. Village level
- F. Don't know



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Constraints: Political Advantages

- Not as severe as often claimed
- Lotteries are simple, common and transparent
- Randomly chosen from applicant pool
- Participants know the “winners” and “losers”
- Simple lottery is useful when there is no a priori reason to discriminate
- Perceived as fair
- Transparent

Constraints: Resources

- Most programs have limited resources
 - Vouchers, Farmer Training Programs
- Results in more eligible recipients than resources will allow services for
- Limited resources can be an evaluation opportunity

Constraints: contamination Spillovers/Crossovers

- Remember the counterfactual!
- If control group is different from the counterfactual, our results can be biased
- Can occur due to
 - Spillovers
 - Crossovers

Constraints: logistics

- Need to recognize logistical constraints in research designs.
- E.g. individual de-worming treatment by health workers
 - Many responsibilities. Not just de-worming.
 - Serve members from both T/C groups
 - Different procedures for different groups?

Constraints: fairness, politics

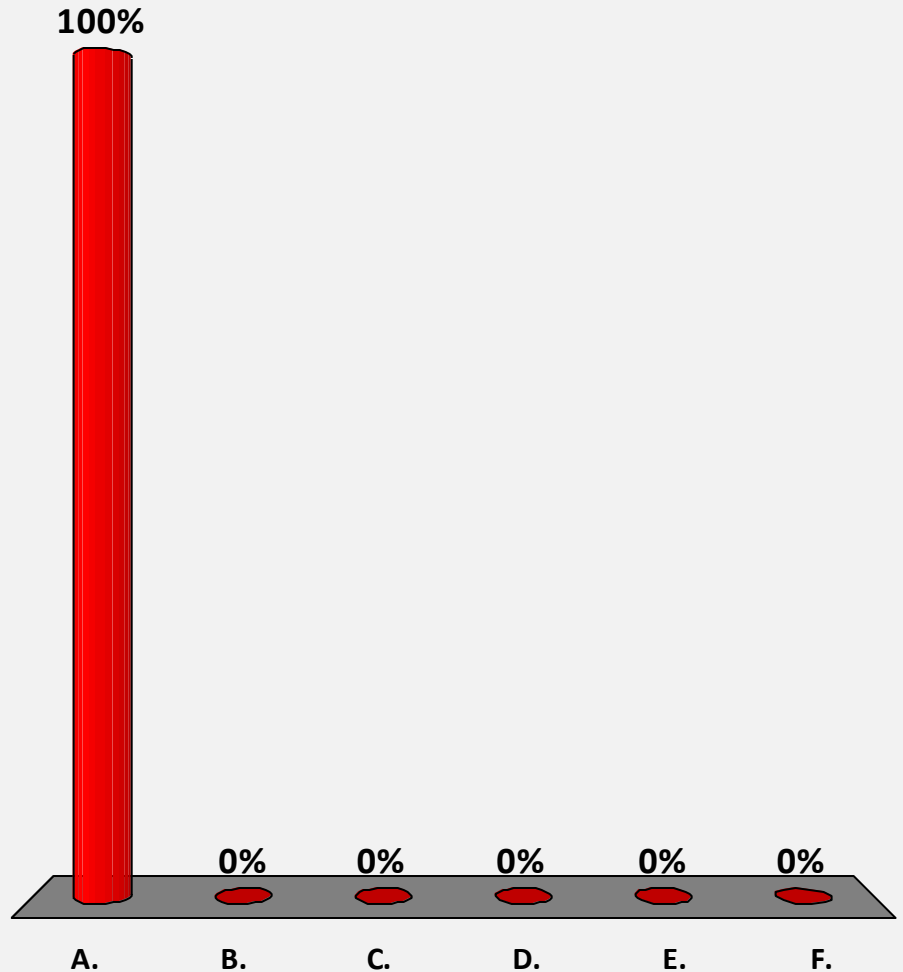
- Randomizing at the child-level within classes
- Randomizing at the class-level within schools
- Randomizing at the community-level

Constraints: sample size

- The program is only large enough to serve a handful of communities
- Primarily an issue of statistical power
- Will be addressed tomorrow

What real world complaints against randomization have you encountered, if any? (up to 2 responses possible)

- A. Control group would complain
- B. It is not fair to poor
- C. Not enough resources
- D. You are treating people like lab rats
- E. Too complicated
- F. None of the above



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What if you have 500 applicants for 500 slots?

- Consider non-standard lottery designs
- Could increase outreach activities
- Is this ethical?

Sometimes screening matters



- Suppose there are 2000 applicants
 - Screening of applications produces 500 “worthy” candidates
 - There are 500 slots
 - A simple lottery will not work
- 
- What are our options?

Consider the screening rules

- What are they screening for?
- Which elements are essential?
- Selection procedures may exist only to reduce eligible candidates in order to meet a capacity constraint
- If certain filtering mechanisms appear “arbitrary” (although not random), randomization can serve the purpose of filtering *and* help us evaluate

Randomization in “the bubble”

- Sometimes a partner may not be willing to randomize among eligible people.
- Partner might be willing to randomize in “the bubble.”
- People “in the bubble” are people who are borderline in terms of eligibility
 - Just above the threshold → not eligible, but almost
- What treatment effect do we measure? What does it mean for external validity?

Randomization in “the bubble”

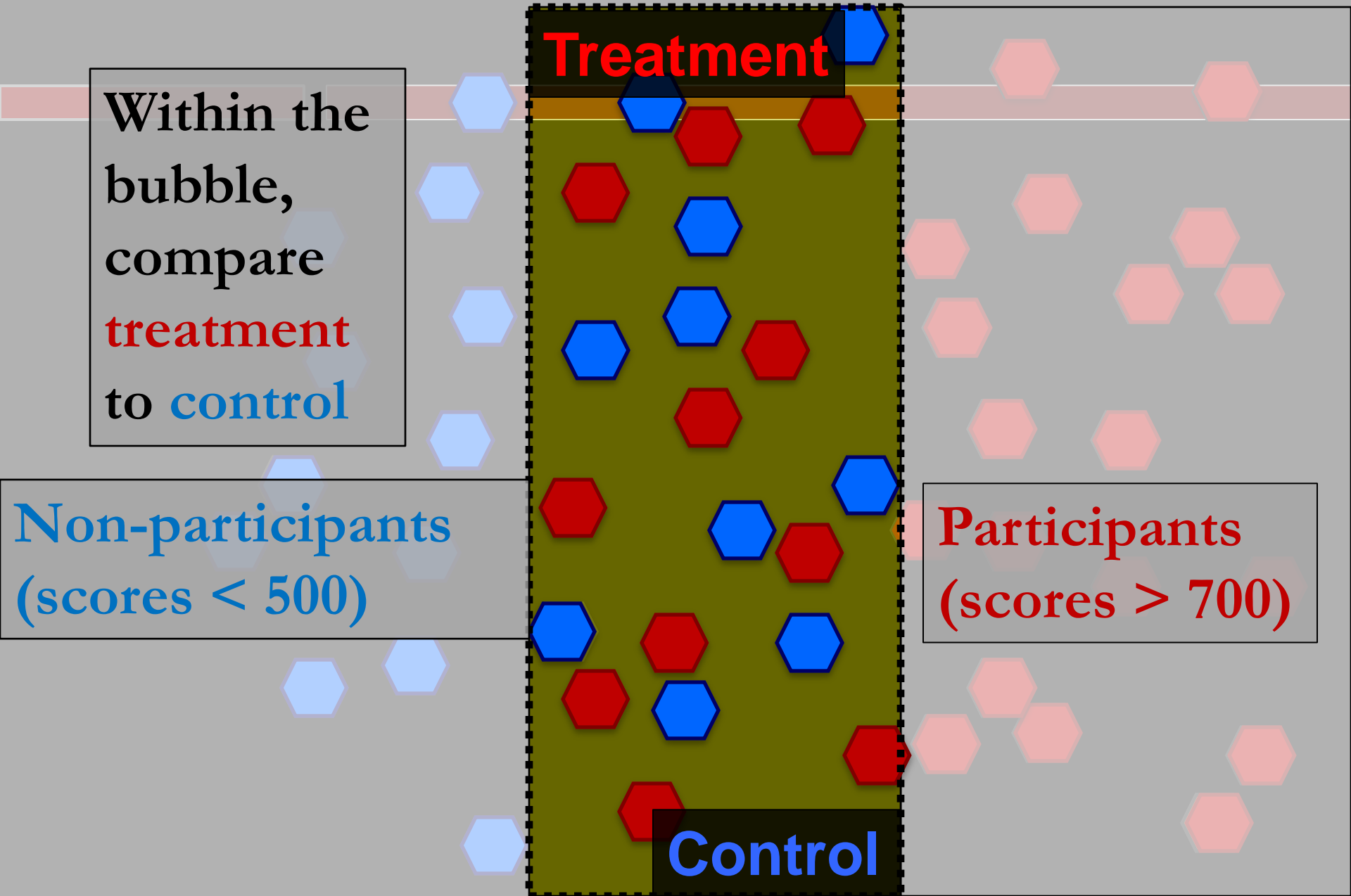
Within the
bubble,
compare
treatment
to **control**

Treatment

Non-participants
(scores < 500)

Participants
(scores > 700)

Control



When screening matters: Partial Lottery

- Program officers can maintain discretion
- Example: Training program
- Example: Expansion of consumer credit in South Africa

Phase-in: takes advantage of expansion

- Everyone gets program eventually
- Natural approach when expanding program faces resource constraints
- What determines which schools, branches, etc. will be covered in which year?

Phase-in design

Round 1

Treatment: 1/3

Control: 2/3

Round 2

Treatment: 2/3

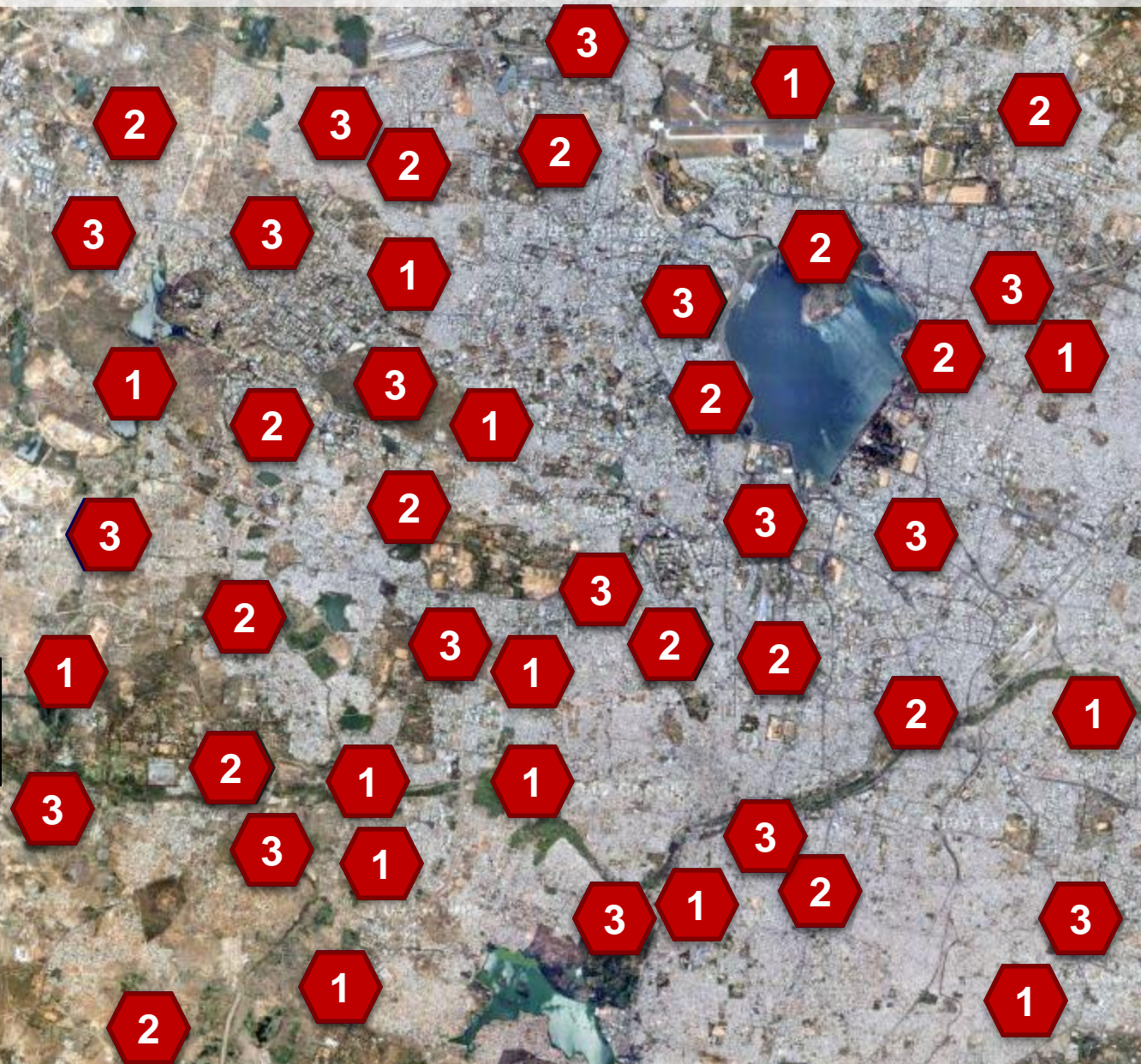
Control: 1/3

Randomized
evaluation ends

Round 3

Treatment: 3/3

Control: 0



Phase-in designs

Advantages

Everyone gets something eventually

Provides incentives to maintain contact

Concerns

Can complicate estimating long-run effects

Care required with phase-in windows

Do expectations change actions today?

Rotation design



- Groups get treatment in turns
- Advantages?
- Concerns?

Rotation design

Round 1

Treatment: 1/2

Control: 1/2

Round 2

Treatment from

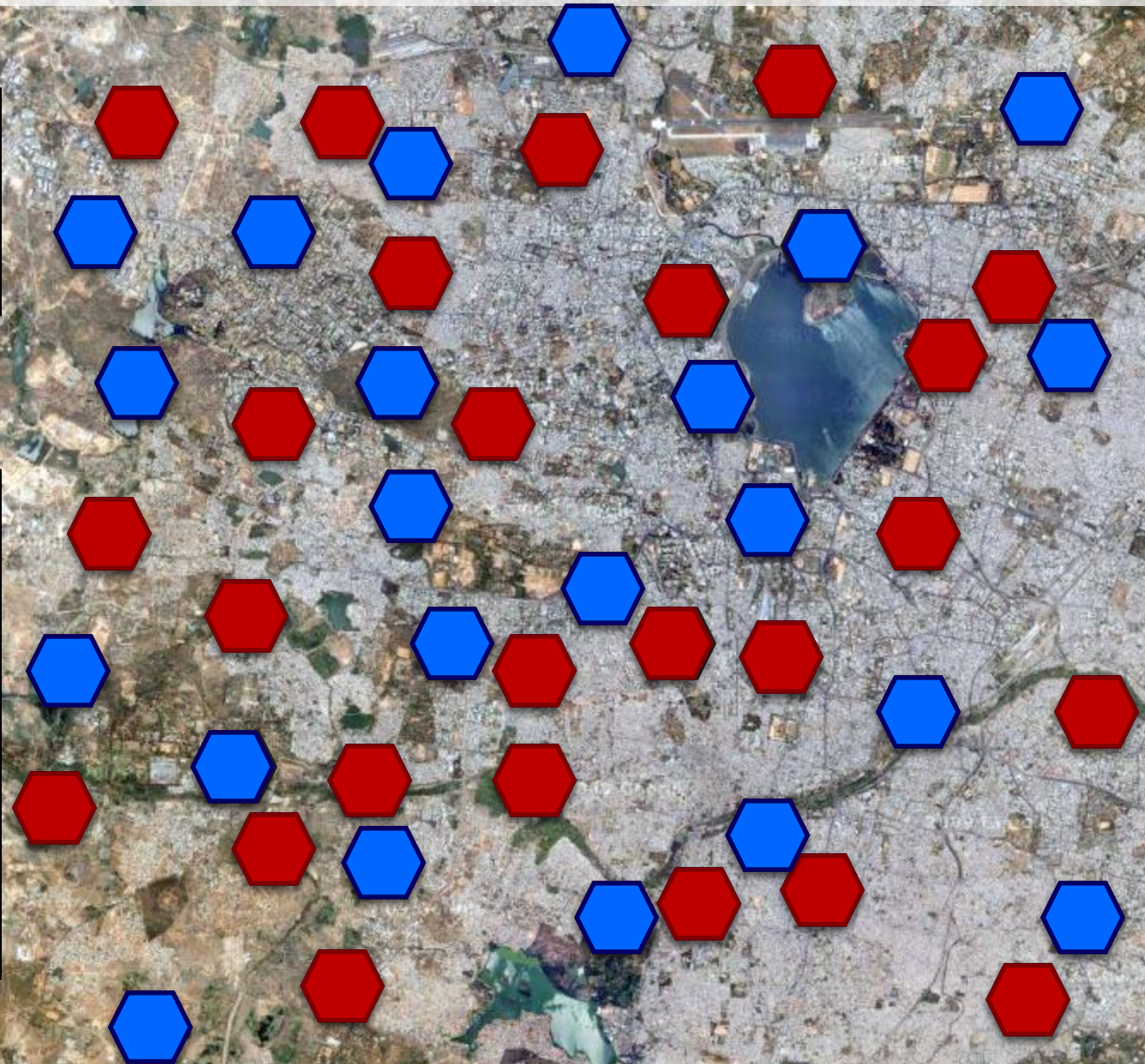
Round 1 →

Control


Control from

Round 1 →

Treatment



“Want to survey me? Then treat me”


- Phase-in may not provide enough benefit to late round participants
 - Cooperation from control group may be critical
- 
- Consider within-group randomization
 - All participants get some benefit
 - Concern: increased likelihood of contamination

Encouragement design: What to do when you can't randomize access


- Sometimes it's practically or ethically impossible to randomize program access
- But most programs have less than 100% take-up
- Randomize encouragement to receive treatment

Encouragement design



 Encourage

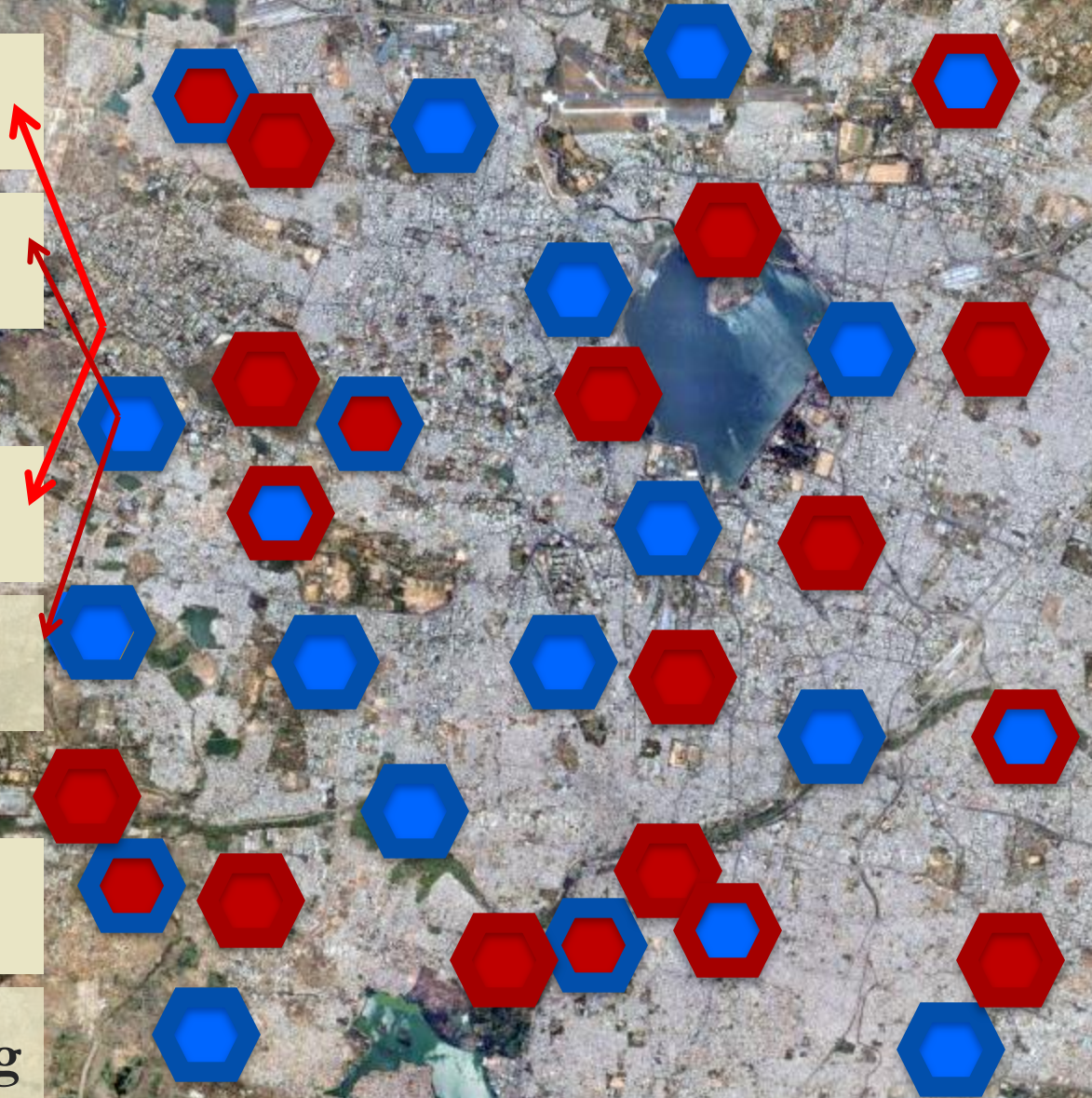
 Do not encourage

 participated

 did not participate

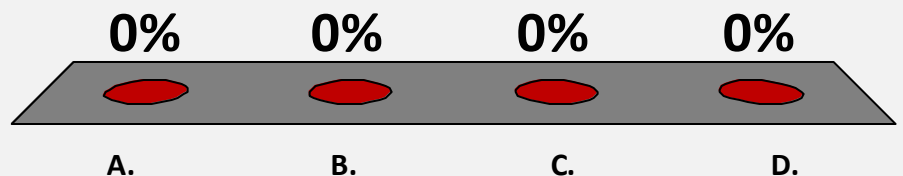
  Complying

  Not complying




Which two groups would you compare in an encouragement design?

- A. Encouraged vs. Not encouraged
- B. Participants vs. Non-participants
- C. Compliers vs. Non-compliers
- D. Don't know




Encouragement design

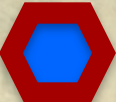

 Encourage

 Do not encourage

 participated

 did not participate

  Complying

  Not complying

compare
encouraged to **not
encouraged**

These must be correlated

do not compare
participants to
non-participants

adjust for non-compliance
in analysis phase

What is “encouragement”?

- Something that makes some folks more likely to use program than others
- Not itself a “treatment”
- For whom are we estimating the treatment effect?
- Think about who responds to encouragement

To summarize: Possible designs

- Simple lottery
 - Randomization in the “bubble”
 - Randomized phase-in
 - Rotation
 - Encouragement design
- Note: These are not mutually exclusive.

Methods of randomization - recap

Design	Most useful when...	Advantages	Disadvantages
Basic Lottery	<ul style="list-style-type: none">•Program oversubscribed	<ul style="list-style-type: none">•Familiar•Easy to understand•Easy to implement•Can be implemented in public	<ul style="list-style-type: none">•Control group may not cooperate•Differential attrition

Methods of randomization - recap

Design	Most useful when...	Advantages	Disadvantages
Phase-In	<ul style="list-style-type: none">•Expanding over time•Everyone must receive treatment eventually	<ul style="list-style-type: none">•Easy to understand•Constraint is easy to explain•Control group complies because they expect to benefit later	<ul style="list-style-type: none">•Anticipation of treatment may impact short-run behavior•Difficult to measure long-term impact

Methods of randomization - recap

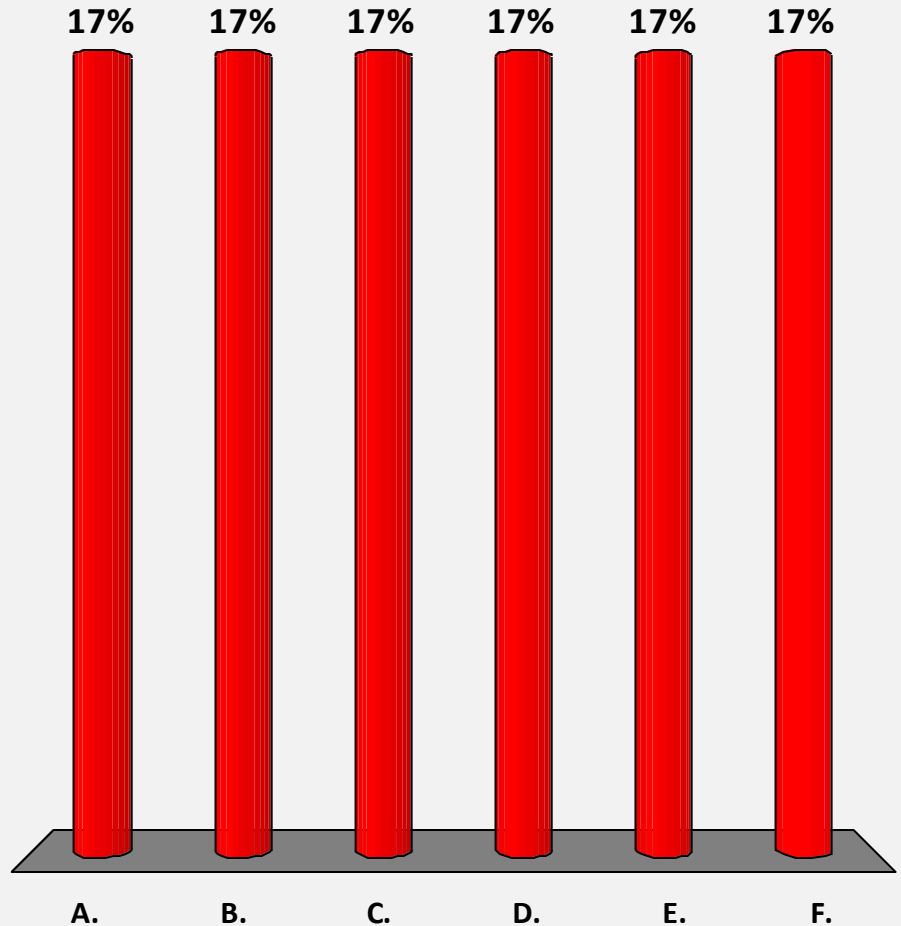
Design	Most useful when...	Advantages	Disadvantages
Rotation	<ul style="list-style-type: none">•Everyone must receive something at some point•Not enough resources per given time period for all	<ul style="list-style-type: none">•More data points than phase-in	<ul style="list-style-type: none">•Difficult to measure long-term impact

Methods of randomization - recap

Design	Most useful when...	Advantages	Disadvantages
Encouragement	<ul style="list-style-type: none">• Program has to be open to all comers• When take-up is low, but can be easily improved with an incentive	<ul style="list-style-type: none">• Can randomize at individual level even when the program is not administered at that level	<ul style="list-style-type: none">• Measures impact of those who respond to the incentive• Need large enough inducement to improve take-up• Encouragement itself may have direct effect

What randomization method would you choose if your partner requires that everyone receives treatment at some point in time? (Up to 2 responses allowed)

- A. Phase-in design
- B. Rotation design
- C. Basic lottery
- D. Randomization in the bubble
- E. Encouragement
- F. Don't know



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Multiple treatments

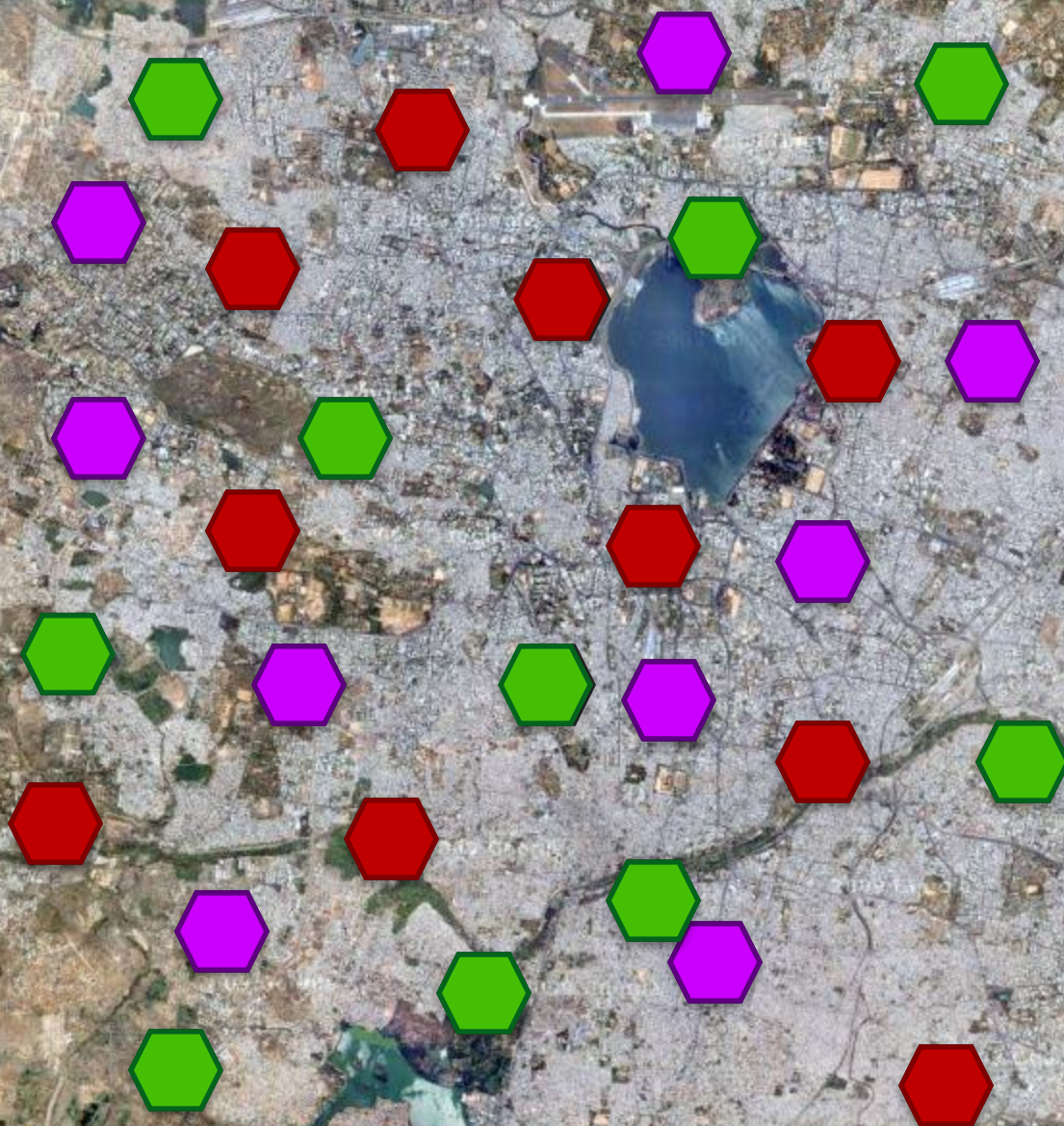
- Sometimes core question is deciding among different possible interventions
- You can randomize these programs
- Does this teach us about the benefit of any one intervention?
- Do you have a control group?

Multiple treatments

Treatment 1

Treatment 2

Treatment 3



Cross-cutting treatments

- Test different components of treatment in different combinations
- Test whether components serve as substitutes or compliments
- What is most cost-effective combination?
- Advantage: win-win for operations, can help answer questions for them, beyond simple “impact”!

Varying levels of treatment

- Some schools are assigned full treatment
 - All kids get pills
- Some schools are assigned partial treatment
 - 50% are designated to get pills
- Testing subsidies and prices

Stratification

- Objective: balancing your sample when you have a small sample
- What is it:
 - dividing the sample into different subgroups
 - selecting treatment and control from each subgroup
- What happens if you don't stratify?

When to stratify

- Stratify on variables that could have important impact on outcome variable
- Stratify on subgroups that you are particularly interested in (where you may think impact of program may be different)
- Stratification more important with small sample frame
- You can also stratify on index variables you create
- Can stratify closely on one continuous variable or coarsely on multiple
 - Baseline value of Primary Outcome Variable
- Can get complex to stratify on too many variables
- Makes the draw less transparent the more you stratify
- Degrees of freedom

Matching

- An extreme form of stratification
- How to account in analysis
 - Dummy variables
 - What happens to degrees of freedom?
- What happens with attrition?
 - Can you drop corresponding matched pair?
- What happens with compliance?
 - Can you drop corresponding matched pair?
- (Threats: Next lecture)

An illustration of matching

Treated Subjects			
Age	Gender	Precinct	Previous Vote
30	1	10	1
45	0	15	1
19	0	12	0
32	1	16	1
55	1	16	0
42	0	15	1
70	1	10	0
24	1	12	0
21	0	14	1
34	1	14	0
62	0	10	0

Untreated Subjects			
Age	Gender	Precinct	Previous Vote
55	1	16	0
45	0	15	1
19	0	12	1
56	1	14	0
28	1	12	0
18	1	12	0
19	0	12	0
21	0	14	1
21	0	14	1
25	0	10	1
62	0	10	1



Mechanics of randomization

- Need sample frame
- Pull out of a hat/bucket
- Use random number generator in spreadsheet program to order observations randomly
- Stata program code
- What if no existing list?



Source: Chris Blattman