

# External Validity

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# Agenda

- Internal Validity
- External Validity
- Case Studies

# What is validity?

Two types

- Internal Validity
- External Validity

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Two types

- Internal Validity
- External Validity

Internal Validity: Accurate estimate of the causal effect within the sample.

External Validity: Accurate estimate of the causal effect outside the sample.

Emphasis of course so far has been on internal validity

# Why do we care?

External validity

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## External validity

- Program Expansion or Scalability
- Replication
- Economic Theory
- Example: Progressa & CCT

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## External validity

- Program Expansion or Scalability
- Replication
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Answer: We care because we want our research/findings to lead to more effective policies.

Goal: To convince policymakers, NGOs, governments to adopt effective policies.

# Internal Validity

- Randomized Evaluations

Method: Random assignment of treatment and control arm

Examples: Deworming medication, monetary incentives for HIV tests, scholarships for students

- What are we measuring?

(ATE) Average Treatment Effects

- Randomized Evaluations have two types of effects

2 Effects:

ITT (Intent to Treat) = People made eligible for treatment / intervention

TOT (Treatment on the Treated) = People who actually took the treatment / intervention

Policy Implications?



# Internal Validity

- Regression Discontinuity  
Compare two groups on each side of the threshold

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Examples: Effect of winning scholarship, class size

Effect: LATE (Local Average Treatment Effect)

Policy Implication?

# Internal Validity

Using methods we can measure

- Average Treatment Effect (ATE): Effect of treatment on randomly selected person
- Intent to Treat Effect (ITT): Effect of being made eligible for treatment
- Treatment on Treated Effect (TOT): Effect of taking treatment
- Local Average Treatment Effect (LATE): Effect of treatment for population near threshold

All our causal effects.

# External Validity

- Can we now recommend intervention to other areas?
- Example: Scholarship Program in Kenya (Busia & Teso)  
Scholarships awarded to highest scoring 15% of girls  
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- Policy implication: scholarships nationwide?

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Wait! How would scholarship program affect these other groups:

- 1) Girls in urban schools
- 2) Girls in high income areas (Nairobi suburbs)
- 3) Girls who had dropped out of school
- 4) First graders in sample region (not just 6th graders)
- 5) Boys in 6th grade
- 6) Girls in Uganda

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**Heterogeneity** in treatment effects.

Goal: Want intervention to have an effect - OR - no reason to motivate people who will already do something.

# Population Concepts

- What is the population of interest? or Who do we care about?  
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- ① All primary school students
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- ④ Students from disadvantaged families or backgrounds
- Helps sometimes to think about why we are conducting an intervention.  
Usually in development it is to help assist the poor out of poverty.
- Clarify who we are interested in and make sure it is an interesting population to study

# Samples

- In an evaluation / study we usually analyze samples
- Define population of interest & then take sample

Population > Sample > Treatment Group

- Treatment Group -> Sample
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Population of Interest: School girls from poor families

Selection of Sample: Flyers and radio ads asking students to sign up for program

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Problem: **Selection Problem** - when people in the sample are different from our population of interest in some unobserved way (i.e. motivation)

# External Validity

Two Concerns about population / sample

- **Selection Problem:** Is the way the sample was chosen representative of the population of interest?
- **Heterogeneity:** Is the treatment effect going to be vary?

Example: CCT for safe sexual behavior to reduce HIV transmission

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Example: CCT for safe sexual behavior to reduce HIV transmission

Population of Interest: Sexually Active Young People

Selection: Schools? Homes? Bars?

Heterogeneity in treatment: Female / Male

# How does it work?

- In randomized evaluations, we have evidence IF intervention has an effect, but we don't know WHY
- Not just economics . . . medical evaluations (vaccinations)



# How does it work?

## Conditional Cash Transfers (CCT)

- Treatment: Conditioned cash payments on school enrollment
- How does it work? Is it because students adhering to the conditionality?  
OR - Is there an income effect? Would unconditional cash payments do the same?

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**Mechanism / Channel: How is the intervention actually working?**

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## **Mechanism / Channel: How is the intervention actually working?**

Why is this important?

We can improve program if we know specifically how an intervention is working.

Example: CCTs can be very expensive to monitor.

# General Equilibrium

- Most evaluations assume partial equilibrium  
Hypothetical Example: Vocational training program  
Research Design: Sample in rural Kenya in 10 villages  
Treatment: Training to become a skilled laborer (i.e. plumber, mechanic, electrician)  
Effect: People in program earn more money (+40% gain in wages)
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- General Equilibrium Effects

# Summary

- Using impact evaluation method for internal validity  
=> find a causal effect (average treatment, intent to treat)
- External Validity
  - 1) What is population of interest?
  - 2) How are we selecting sample?
  - 3) Heterogeneity in treatment effects?
  - 4) How is the treatment actually working (the mechanism)?
  - 5) Are there general equilibrium effects?
- Replications where careful sampling of population of interest using theory.
- Example: Cash Transfers (Income vs. Conditionality Effect)

# Intermission

Stretch, take a break, think about external validity



# Corruption

- How can we reduce corruption?
- Community Based Monitoring  
Idea: People using the services are best ones to monitor
- Three studies that look at this

# Uganda Healthcare

- Bjorkman & Svensson (2007)  
Does community monitoring increase the quality and quantity of health service provision?
- Randomized Evaluation:  
Treatment: Report cards on health clinics (service delivery), encouraged community to develop own monitoring methods.  
Outcomes: Health outcomes for children, utilization of health clinics, service quality: waiting time, attendance of health care workers
- What effect is it?  
What is population of interest?  
Heterogeneous Treatment Effects?  
How is the treatment actually working?

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Should we recommend this program to other areas?

# Brazil & Government Audits

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Question: Do voters punish/reward politicians for corrupt practices?
- Randomization  
Treatment: Municipalities randomly audited  
Outcomes: Electoral performance of incumbent mayors
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Should we recommend this to other areas?

- similar levels of medical coverage
- similar levels of civic engagement (voting mandatory in Brazil)
- similar levels of corruption



# Indonesia Road Construction

- Olken (2007)  
Question: Effects of audits and monitoring on corruption in road construction?
- Randomization  
Treatment: Audit of construction project (top down)  
Invitations to increase participation at meetings, comment box (bottom up)  
Outcome: Core samples of road to measure corruption
- Channel: Top down monitoring more effective than community based

# Summary

- Community Based Monitoring May Work in Different contexts
- Evidence in support (Uganda Health Clinics, Electoral Outcomes in Brazil)
- Evidence not in favor (Indonesia Road Construction)
- Understand differences, do additional evaluations
- What policies are you comfortable with now to reduce corruption?

# Research Proposals

- Worth spending 20 to 30 minutes over next week thinking about it
- Group Formation
- Questions?