

# Impact Assessment of ICD Projects

Opportunities, Challenges and Key Issues  
*A (not THE) view from Washington*

Kerry McNamara  
Scholar in Residence  
School of Communication, American University, Washington DC  
[mcnamara@american.edu](mailto:mcnamara@american.edu)

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# A few disclaimers to begin with

- I am no longer affiliated with the World Bank, and do not pretend to represent it here
- I am not an expert on Impact Assessment
- I am still grappling with these issues myself, so what follows is a sharing of my perplexity, not a declaration of facts or principles

# 5 parts to this (brief) presentation

1. Brief discussion of what seems to be widely agreed about IA
2. The challenges and complexities of IA
3. What is happening at the World Bank
4. Is IA for ICD different?
5. Questions we still need to address

# 1. Understanding IA:

## Things on which we (mostly) seem to agree

- IA is about changed *actions, capabilities or performances* by individuals, groups or institutions as a result of a project/program/intervention (“Impact evaluation is the systematic identification of the effects – positive or negative, intended or not – on individual households, institutions and the environment **caused** by a given development activity such as a program or project” World Bank, OED and Impact Evaluation – A Discussion Note, emphasis added)
- IA seeks to *isolate the effect* of that intervention on the resulting actions/performance (Martin Ravallion: “The goal of an impact evaluation is to attribute impacts to a project and to that project alone”; Impact Evaluation and the Project Cycle, World Bank, May 2006)
- Identifying a clear *counterfactual* is key (“the hypothetical state that beneficiaries would have experienced without the intervention”, Ravallion)
- Selecting an IA approach will depend on the objectives and targets of the intervention, the complexity of constructing the counterfactual, resource constraints, and a range of other considerations including the political/perceptual challenges of certain approaches and the buy-in of stakeholders
- Wherever possible, a mix of approaches permits triangulation of findings and improves robustness of recommendations

# Understanding IA: A range of approaches

*(from World Bank, OED and Impact Evaluation – A Discussion Note)*

<b>4 models of impact evaluation</b>			
<b>Model</b>	<b>Design</b>	<b>Example</b>	<b>Indicative cost and time</b>
1. Randomized pre-test post-test evaluation	Subjects (families, schools, communities etc) are randomly assigned to project and control groups. Questionnaires or other data collection instruments (anthropometric measures, school performance tests, etc) are applied to both groups before and after the project intervention. Additional observations may also be made during project implementation.	Water supply and sanitation or the provision of other services such as housing, community infrastructure etc where the demand exceeds supply and beneficiaries are selected by lottery. Example: Bolivia Social Fund.	1-5 years depending on time which must elapse before impacts can be observed. Cost can range from \$50,000 - \$1million depending on the size and complexity of the program being studied.
2. Quasi-experimental design with before and after comparisons of project and control populations.	Where randomization is not possible, a control group is selected which matches the characteristics of the project group as closely as possible. Sometimes the types of communities from which project participants were drawn will be selected. Where projects are implemented in several phases, participants selected for subsequent phases can be used as the control for the first phase project group.	These models have been applied in World Bank low-cost housing programs in El Salvador, Zambia, Senegal and the Philippines.	Cost and timing similar to Model 1.
3. Ex-post comparison of project and non-equivalent control group.	Data are collected on project beneficiaries and a non-equivalent control group is selected as for Model 2. Data are only collected after the project has been implemented. Multivariate analysis is often used to statistically control for differences in the attributes of the two groups.	Assessing the impacts of micro-credit programs in Bangladesh. Villages where microcredit programs were operating were compared with similar villages without these credit programs.	\$50,000 upwards. The cost will usually be one third to one half of a comparable study using Models 1 or 2.
4. Rapid assessment ex-post impact evaluations.	Some evaluations only study groups affected by the project while others include matched control groups. Participatory methods can be used to allow groups to identify changes resulting from the project, who has benefited and who has not, and what were the project's strengths and weaknesses. Triangulation is used to compare the group information with the opinions of key informants and information available from secondary sources. Case studies on individuals or groups may be produced to provide more in-depth understanding of the processes of change.	Assessing community managed water supply projects in Indonesia.	\$25,000 upwards (the Indonesia study cost \$150,000). Some studies are completed in 1-2 months; others take a year or longer.

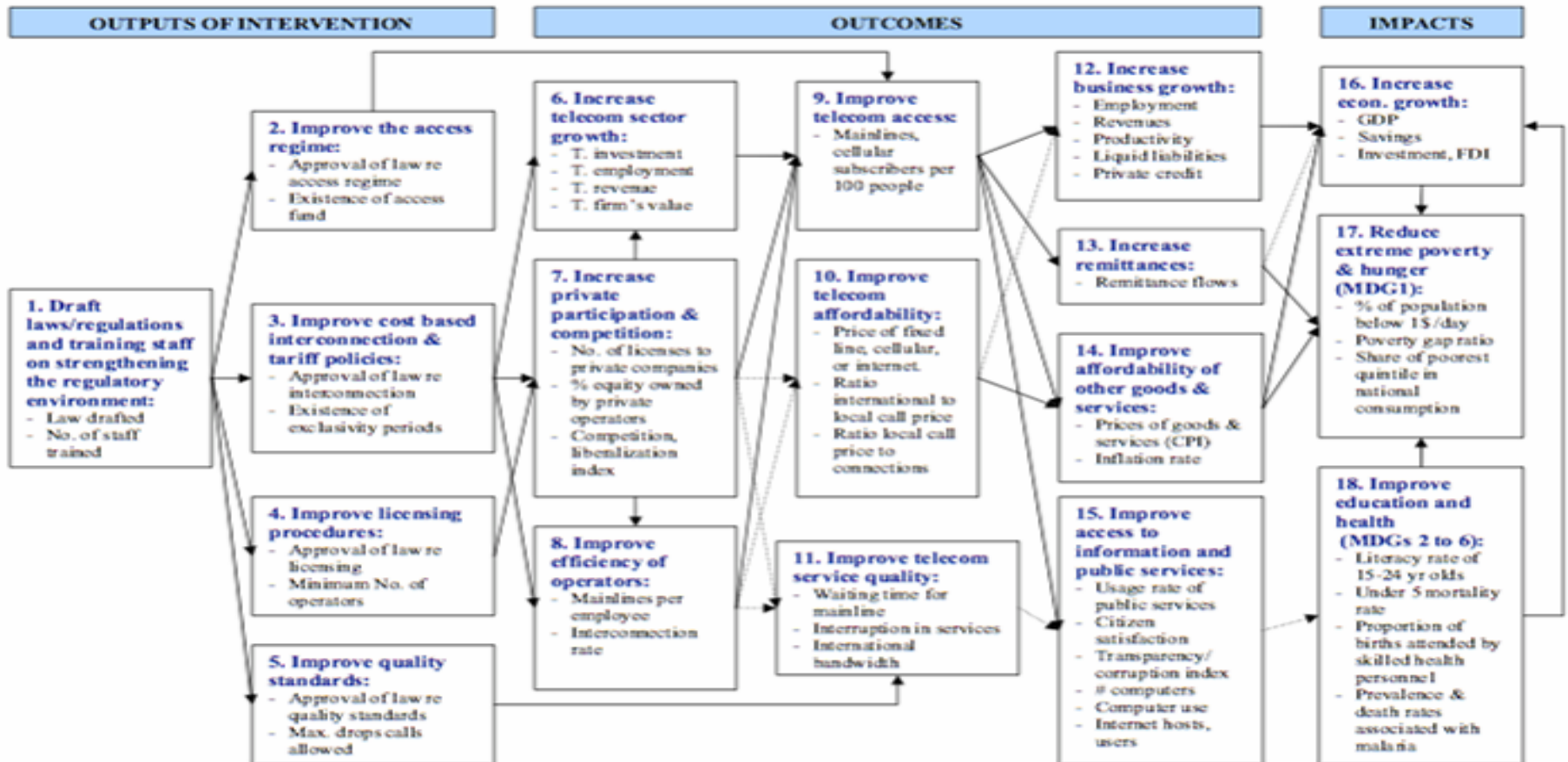
# 1. Understanding IA: the key role of the (explicit or implicit) theory of change or “results chain”

(from Ana Goicoechea, World Bank, “Strengthening the Regulatory Environment in the Telecommunications Sector: Empirical Evidence of the Results Chain”, May 2007)

*Final draft*

**Figure 1: Model results chain for strengthening the regulatory environment in the telecom sector**

Potential major effect → Potential minor effect →



## 2. The Complexities and Challenges of IA

- The previous slide on the “Results chain” could be the “poster child” of the difficulties of IA
- David’s draft report does an excellent job of laying out 10 technical/analytical challenges of IA: Complexity of change, Context, Baseline, Attribution, Aggregation, Disaggregation, the non-participant, the unexpected, Perception, The “longitudinal” problem
- Hence the importance of both the rigor of the causal model and the robustness of the measurement strategies (and the extreme difficulties of both in practice)
- On top of these “internal validity” challenges, there are also “external validity” challenges with “using” the lessons from an IA (excellent discussion in Ravallion, “Impact Evaluation and the Project Cycle”):
  1. “learning what” from IA: challenges of replication and scaling:
  2. The Policy maker and the counterfactual: most of the time, the choice is not between “A and not-A” but between A,B, and C, further complicated in many cases by political economy constraints and inadequate policy capacity (and the perils of IA-based advocacy in this case)

## 2. The Complexities and Challenges of IA (continued)

- Replication and Scaling: the Achilles heel of ICD pilot projects (and pilot projects in general)
  - How can we know if the same intervention will lead to similar outcomes and similar impacts in different contexts, and at different times?
  - If we want to achieve the same **outcomes** and **impacts** at scale (region-wide, nation-wide), would we necessarily use the same intervention/inputs?
  - How can we know that the same intervention/inputs would not have dramatically different outcomes/impacts at scale, or even “wash out” at scale? (the example of farmer’s price information)
  - In what cases is a pilot or small-scale intervention a “detour” around the impediments to the desired impact at scale rather than a fundamental addressing of those impediments?
- Policy relevance of IA learnings
  - It might tell policy makers that A “works”, but what about choices B or C and the tradeoffs?

# 3. What's happening at the World Bank (an unofficial view)

- A strong surge in interest in IA in the past few years: major Bank-wide effort underway both to strengthen methods and experience, and to build capacity across the Bank to do IA (an abundance of materials at World Bank impact evaluation website at <http://go.worldbank.org/169GZ6W820> see also “Development Impact Evaluation Initiative” to build sectoral teams working on IA in specific sectors at <http://go.worldbank.org/1F1W42VYV0>)
- Strong emphasis on quasi-experimental and non-experimental methods because of increased availability and quality of data (and, perhaps, tradition of econometric approaches at Bank);
- Increased interest in experimental methods (randomization) but limited by cost, continued methodological debate and policy constraints on randomization in the field
- Strong emphasis on the specificity of the counterfactual and the rigor and detail of the results chain
- Growing attention to need to build IA capacity in developing countries, and concern about how to draw the appropriate lessons and policy decisions even from the most rigorous IAs
- Growing attention to intermediate impacts along the results chain rather than just final behavior/poverty impacts, given the recognition of both the causal complexities and the value of improving outcomes along the entire results chain

# 4. Is IA for ICD different?

- It's certainly not easier: all 10 of David's "challenges" apply
- While the "results chain" might seem straightforward in some ICD interventions, the context is especially "noisy"
- Behavior change a particularly tricky and complex indicator in terms of causality, and the linkage between information/communication and other poverty/livelihood outcomes is even harder to map causally
- We don't know enough about the enabling/disabling factors that affect the takeup of information and communication inputs by target groups (including culture, power relations, trust, competing sources, etc.)
- Even information and communication audits can only tell us about changes in the I&C *environment* in which individuals and groups make decisions that lead to behavior change
- I&C for policy advocacy equally subject to complex and difficult-to-prove causal links to outcomes (except anecdotally); increased "traction" for certain policy messages might itself be an outcome of other, unrelated changes (e.g in the political economy of the issue at hand – see the immigration debate in the US!)
- Somewhat easier to demonstrate outcomes related to voice/empowerment, but the link between these outcomes and further policy/poverty impacts harder to prove

# 5. Issues that need more attention as we think about IA for ICD

- The complicated (and often weak) link between information/communication, understanding, behavior and livelihoods/poverty outcomes (e.g. the lessons from HIV/AIDS communication/behavior change programs)
- The inadequate attention in many ICD programs to articulating the full results chain in all its complexity and specifying precisely where in the chain the outcomes/impact of an intervention are primarily targeted and most provably robust (did ICD oversell and under-deliver?)
- Relatedly, the tendency to over-estimate at times the extent to which information and voice equal power (social, economic or political)
- The (sometimes too-close link) between IA and program advocacy, and the contradictory pressures from donors (“prove that you’re having impact or we’ll cut you off: oh, but be objective about it”)

# A few final thoughts

- Is the debate about impact evaluation a proxy for a broader debate about development models and development practice?
  - “from Sachs to Sen”, outcomes versus process and agency, changing behavior or enabling choices about behavior, creating change or strengthening change processes and making them more participatory and effective
  - (a brief aside on the Jensen study on Kerala fisheries and mobile phones)
  - Does an overemphasis on rigorously-demonstrated final impacts favor a “social engineering” model of development, and distract attention from the observable intermediate changes that empower a broader range of development actors to make their own final choices about outcomes/impacts
    - Are the MDGs, in a way, part of the problem?
- How can ICD practitioners help reframe the IA debate and IA practice in a way that is more reflective of the complexity of pro-poor change and sustainable development AND of the integral role of I and C at all stages of development processes and programs?