



Using Evidence to Inform Policy

Shobhini Mukerji

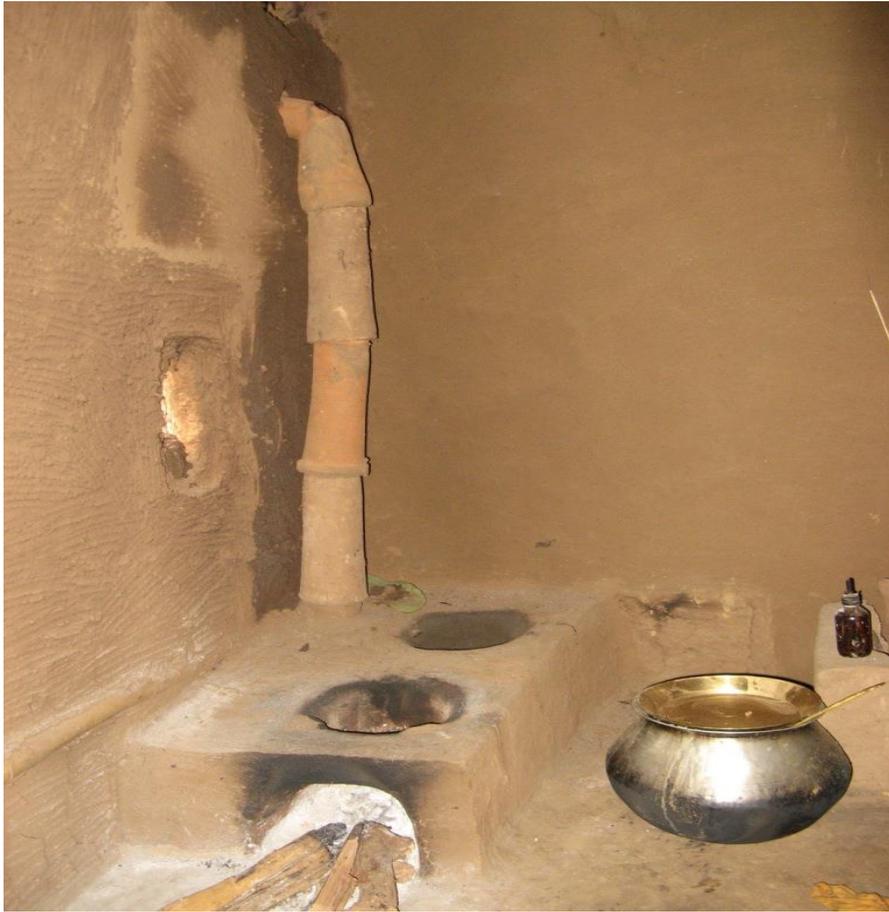
J-PAL South Asia at IFMR

Behavioural Exchange Conference, Singapore

June 30, 2017



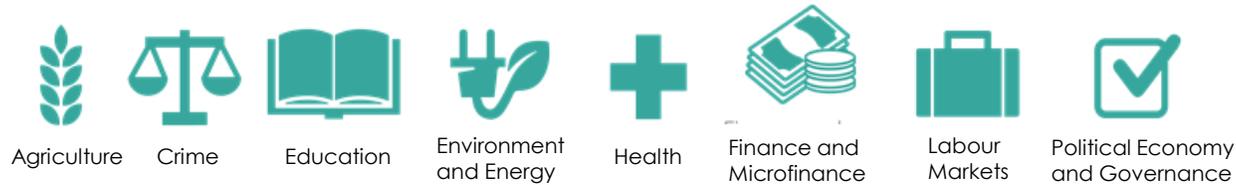
The Good, The Bad, The Ugly: Using behavioural insights for decisionmaking



J-PAL's mission is to reduce poverty by ensuring that policy is informed by scientific evidence.

EVALUATIONS

J-PAL affiliates conduct randomized evaluations to test and improve the effectiveness of poverty reduction programmes across sectors.



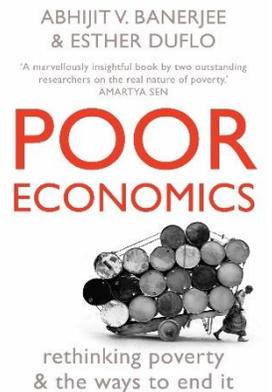
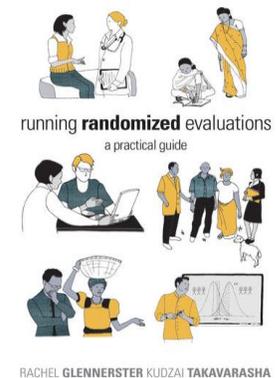
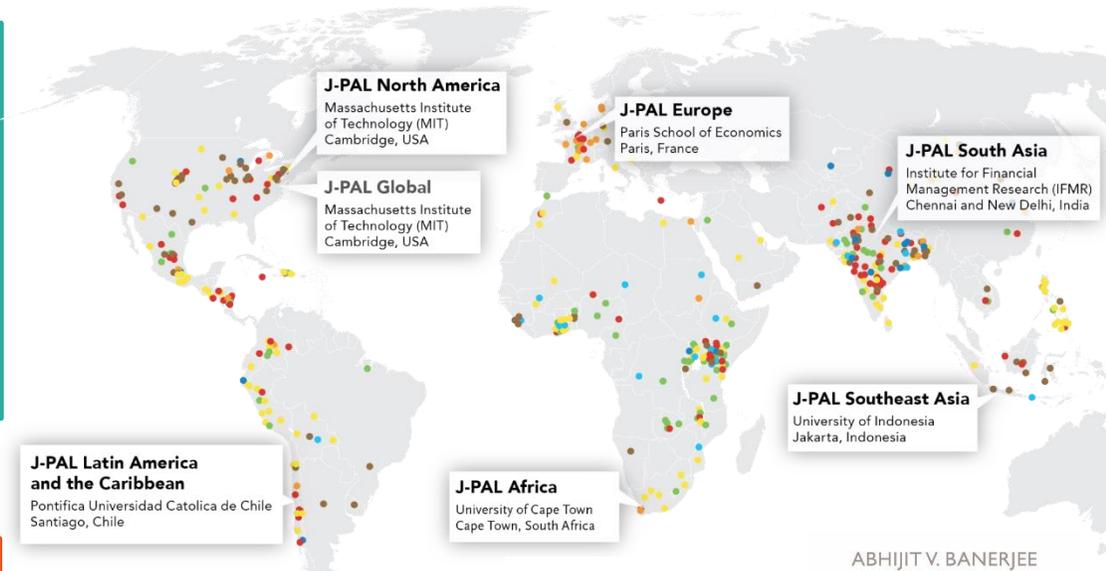
POLICY

J-PAL affiliates and staff disseminate research results and build partnerships with policymakers to ensure policy is driven by evidence and effective programs are scaled up.



CAPACITY BUILDING

J-PAL trains implementers and policymakers on how to become better producers and users of evidence from impact evaluations.



J-PAL works with governments, NGOs, development organizations, and donors to scale up programs found to be effective. To date, over 300 million people have been reached by these scale-ups around the world.

The Good, The Bad, The Ugly: Using behavioural insights for decisionmaking



Improved cooking stoves have not yet been shown to substantially improve health or reduce fuel use

Among stove owners, use often remains low or irregular

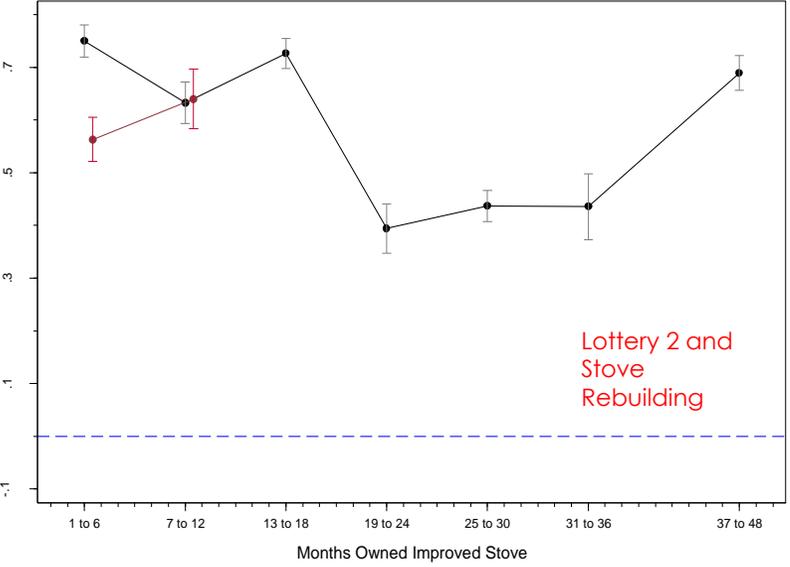
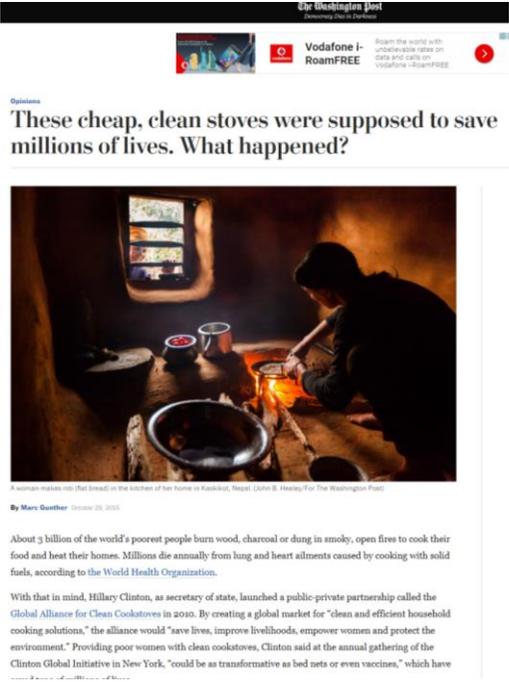
India: In a 4-yr RCT, stoves had no impact on health or fuel costs; families didn't use them enough

Senegal: In a 1-yr RCT, stoves improved self-reported health and reduced fuel use; increase in cooking outside

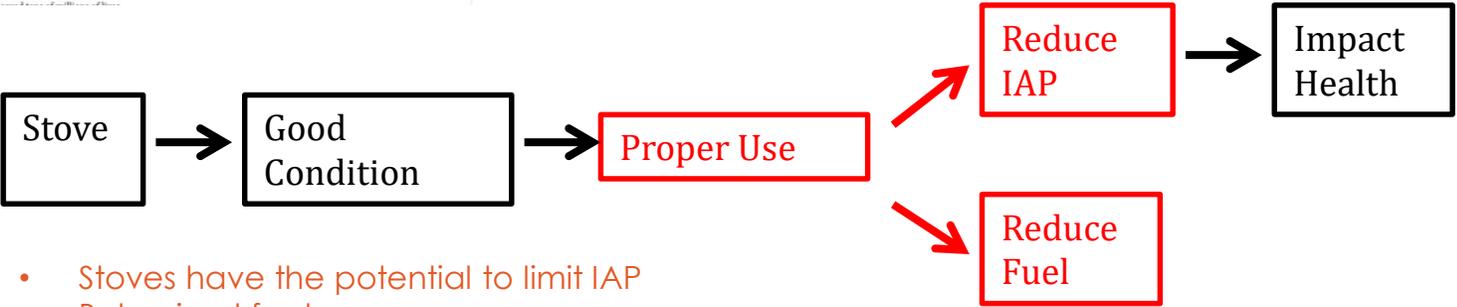
Ghana: In an 8-month RCT, stoves did not reduce smoke exposure or fuel collection; households still used multiple traditional stoves

Mexico: In a 10-month RCT, stoves led to no improvements in respiratory health; only half of all women used improved stoves for any cooking

[Duflo et al.* 2012](#); [Bensch and Peters* 2012](#); [Burwen and Levine* 2012](#); [Romieu et al* 2009](#)



- Differential **take-up** falls from .65 (Yr 1) to .44 (Yr 3)
- Differential existence of **good condition** stove low: about .40 at start, and falls to about .3



- Stoves have the potential to limit IAP
- Behavioral factors:
 - Assumes stoves are always used well, when they may not be
 - Assumes reduction in IAP will affect health

The Good, The Bad, The Ugly: Using behavioural insights for decisionmaking



Service providers respond to incentives for attendance, but implementation is a challenge

Top-down monitoring is effective, but only when monitoring is impersonally administered and coupled with direct incentives

2012: In a 2-yr RCT, supervisor discretion undermined attempts to incentivize nurses in India (Banerjee 2012)

2014: In Karnataka, replication with stricter enforcements. But penalties were weakly enforced rendering experiment ineffective (Iqbal, Rema 2014)

2011: Bonus pay to teachers based on student performance, improved teacher effort and student test scores in India (Muralidharan et.al, 2011)

2016: Ongoing evaluation of CCTV-based feedback on teacher attendance, time on task and teaching quality in Delhi gov't schools



43.1%
Average absenteeism for
PHC doctors nationwide

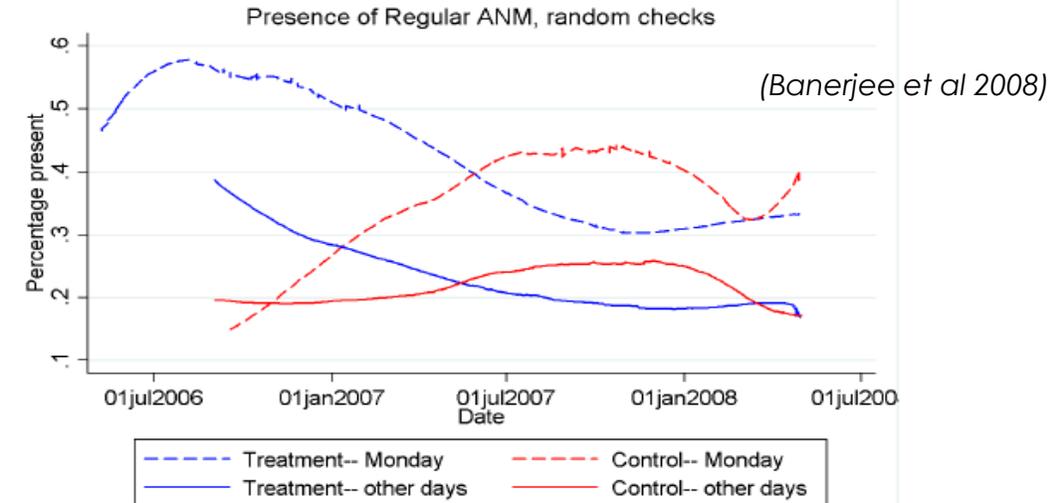


40%
Average absenteeism for
PHC nurses nationwide

[Muralidharan et al, 2011](#)

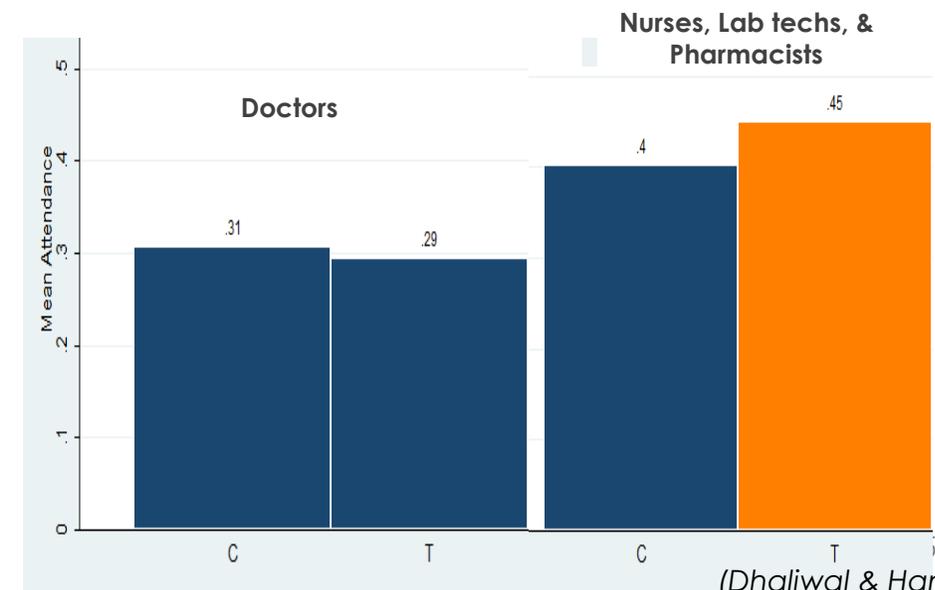
Rural Udaipur (India)

- Drop in nurse absenteeism rates initially, but reverses in the long-run
- Machines reported to be malfunctioning



Karnataka (India)

- Increase in attendance rates of nurses, lab techs, and pharmacists; no change for doctors
- Effect seen to taper off over time



The Good, The Bad, The Ugly: Using behavioural insights for decisionmaking

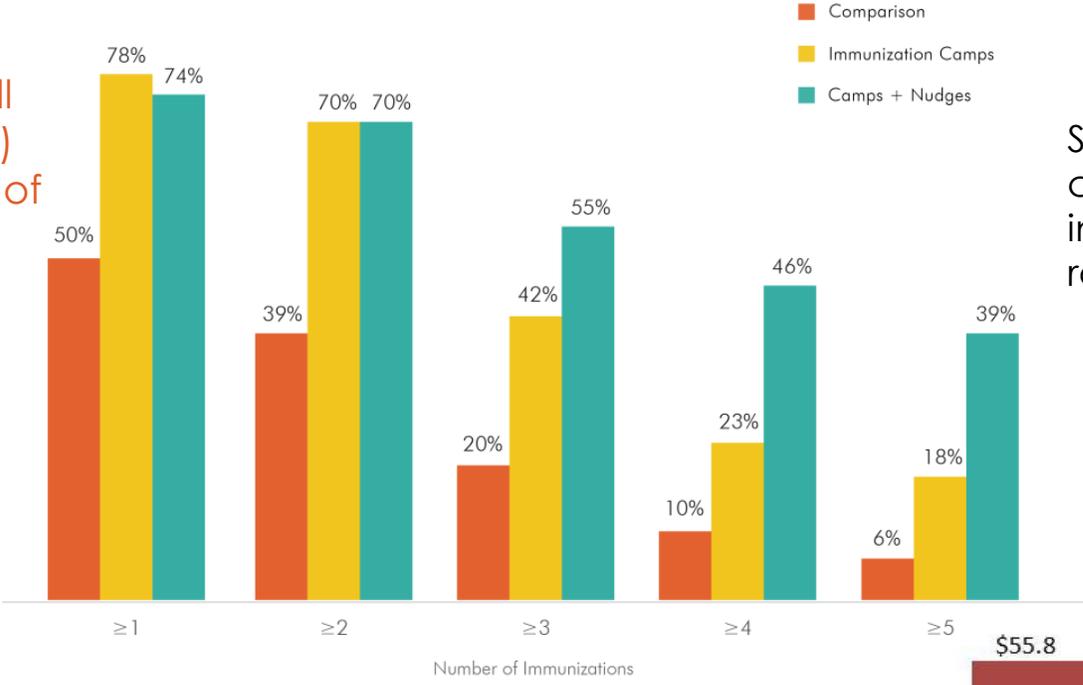


Offering nudges or small incentives (cash/in-kind) can promote adoption of health products

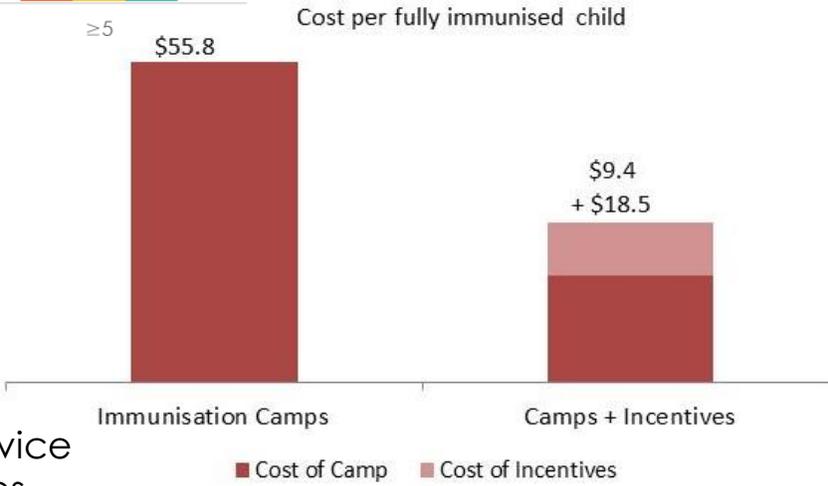
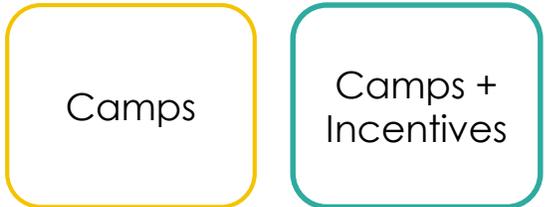
Small incentives for parents, coupled with reliable services increased full immunization rates six-fold

2004-05: 53.1% of 1-2 year olds in rural Rajasthan receive the basic immunisation package despite services being free. In 2004-05, partnered with SEWA Mandir to set-up reliable immunisation camps and offered in-kind incentives conditional on immunising child. Small incentives for parents, coupled with reliable services increased full immunisation rates six-fold

2015: In Haryana state, looking at scalability of approach under current government framework. Working with Health & Family Welfare to test (1) Small non-financial cash incentives conditional on immunising child (high incentive versus low incentive; flat payout versus increasing payout); (2) Tailored SMS reminders in local language; and (3) Disseminating information through social networks in the villages.



Small incentives for parents, coupled with reliable services increased full immunisation rates six-fold



This was twice as cost-effective as improving service reliability without incentives

Finally... What works and institutionalising decisionmaking

Teaching at the Right Level is consistently effective



Interactive teaching targeted at the child's learning level

1. Training teachers
2. Activities kit
3. Rapid assessment
4. Re-grouping
5. Monitoring
6. Mentoring



5 RCTs since 2008. Similar results in Kenya and Ghana

Incentivising policy-relevant research

Architecture of "institutional partnership"

Kick-off with extensive policymaker-researcher dialogue

Institutional structure

- MoU with Planning Dept + 7 line departments
- Annual Steering Committee to approve projects
- Quarterly Joint Advisory Committee to track progress

Researchers collaborate with departments to design and evaluate promising innovations

- 14 projects with 34 researchers (16 affiliates)
- \$4.8 m of govt funding

Build government M&E capacity: Large-scale surveys and data infrastructure/analysis



MoU signed on 19 November, 2014



Follow us on Twitter @JPAL_SA
Visit our website www.povertyactionlab.org for more resources

