

Centre of Excellence for Development Impact and Learning







Designing Evaluations to Inform Action in New Settings

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INTRO

"Use evidence!"

Case-specific Same problem, many contexts How, why, and where, as well as what 'works'



Aim: suggest ways to address the issue of learning more from evaluations



Key idea: intervention-centred and context-centred thinking

Experiment: a semi-context-centred presentation

With a democratic process

But it won't work

INTRO METHOD MECHANISMS & MARKERS EVALUATION ADAPTIVE DISCUSSI
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DFID Examples



How **best** can we learn from:

- Large-scale, multi-component initiatives to improve the education system in a single country
- Response to Ebola in West Africa for future outbreaks, outbreaks of other diseases, or more generally about how health promotion can be reconciled quickly with cultural norms and expectations?
- What can be learned from the peace-process in Northern Ireland that could be applicable in South Sudan?
- Mobile phone technology to change behaviours, both for future mobile-based interventions but also as a platform for understanding how habits can be changed efficiently?

METHODS



Co-authors	Discipline
Nancy Cartwright	Philosophy
Edoardo Masset	Economics
Macartan Humphreys	Political Science
Audrey Prost	Anthropology
David Gough	Evidence Synthesis
Sandy Oliver	Evidence Synthesis
Syreen Hassan	Public Health
James Hargreaves	Public Health
Chris Bonell	Public Health
Calum Davey	Public Health

• Consultations

- Centre for evaluation members (50)
- DFID Staff (1.5 hrs)
- Intellectual Leadership team (co-authors)
- Review
- Expert recommended papers (57)
- Backwards citation (84)
- Forwards citation (ongoing)
- Writing workshop



Definitions

Concept	Definition	Context
Fidelity of form	Extent to which form of the intervention (activities,	Tension between remaining
	materials, delivery) maintained (or 'core'?)	completely faithful to how an
Feasibility of	Extent of the barriers and facilitators for delivering	intervention was previously
implementation	an intervention in a new setting	delivered (fidelity of form) and
Adaptation	Changes to an intervention in a new setting	making implementation
		feasible through adaptation
Fidelity of function	Extent to which the function of an intervention can	Interventions can be described
	be maintained in different settings	in terms of how they function
Interventions as	Interventions as events that interact with systems	within a complex system
events in systems	of people and institutions, no fixed form or function	
Generalisability	Extent to which claims about a sample can be	>3 concepts used for
	applied to a population	extrapolating causal effects
Transferability,	Extent to which claims made about one setting can	from an evaluation to other
	be applied in another	places, which differ primarily in
Transportability	(1) Extent to which an intervention can be moved	the extent to which a
nansportability	from one place to another;(2) Extent causal inferences about one system can	particular target context is
	be used to make inferences in another	considered.

Castro and Martinez (2004) The Cultural Adaptation of Prevention Interventions: Resolving Tensions Between Fidelity and Fit. *Prevention Science*

Hawe P, Shiell A and Riley T (2009) Theorising interventions as events in systems. In: *American Journal of Community Psychology*

Gardner F, Montgomery P and Knerr W (2016) Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3–10) Between Countries: Systematic Review and Meta-Analysis. Journal of Clinical Child & Adolescent Psychology

Burchett H, Umoquit M and Dobrow M (2011) How do we know when research from one setting can be useful in another? A review of external validity, applicability and transferability frameworks. *Journal of Health Services Research and Policy*.

MECHANISMS & THEORY

CMOs 'Out of sight, out of mind' Elster mechanisms 'Absence makes the heart grow finder' "Middle-range theory" MRT, mechanisms, and laws

Is middle-range theory, the solution?

- Can't handle:
 - Many programme elements
 - Long causal chains
 - Interactions

MRT and programme theory: example

Grand Theory Structuration Supply and demand

Mid-range theory Role conflict Tendency to cooperate 'entrepreneurs tend not to expand jobs if the available workers have been unemployed for a long period and have lost skills'

Programme theory Context specific Derived from more than one MRT

Context/support factors Programmes are constructed, Healthcare Children Illness is as manifestations of the Worm School Academic reduced and workers visit in years various theories burden is attendance attainment Μ schools in 1-8 take weight is reduced Increases increases rural Kenya pills gained



Consider the following three theories over binary variables Y, X_1, X_2

Theory 1 ('grand theory'):

 $Y = X_1 X_2$

Theory 2:

 $Y = X_1$ in cases in which $X_2=1$

Theory 3: $X_1=1$ caused Y = 1for individual *i* in context $X_2=1$

- Theory 1 provides a complete description of a simple process (e.g. children attend school when healthy and school available)
- Theory 2 is implied by Theory 1 -- that is, if Theory 1 is true so is Theory 2, but the converse does not hold (e.g. school attendance equals health status when schools are available)
- Theory 2 provides an incomplete description; here it is a *conditional* theory,
- Theory 3 is a specific claim about causal relations for an individual (e.g. being healthy caused a child to attend school when there was a school available) Theory 3 claims no generality.
- Within this set of theories Theory 2 is "middle-range"; it is implied by one theory and implies another. In a broader set of theories however Theory 1 might be midlevel, if for example it is implied by some Theory 0.



Maths models of systems

Behavioural models (economics)

- Equations are used to describe the complex causal relations
- Combines 'economic' structure (deterministic econ theory) with statistics
- May imposes a solution by assuming maximisation of utility or profits or social welfare \rightarrow make predictions

Both combine assumptions about structure with data

Both tend to be applied where implementation is unproblematic (e.g. taxes, vaccines)

BIQQ

Promising method that used Bayesian methods to combine qualitative and quantitative data

deaths diagnosed failing successfu treatmen treatmen Emigration non-AIDS deaths

undiagnosed

AIDS

Mathematical models

Combine theory (e.g. R, R0) with data

uninfected

(1-a)K

- Present current understanding
- Usually some kind of agent or state model
- Rarely include social processes
- Common sort of question: 'what would happen to HIV incidence if we successfully treated STIs in this context?'

MARKERS

Context matters: CMOs, support factors

"A short absence can do much good.""Absence lessens moderate passions and intensifies great ones, as the wind blows out a candle but fans up a fire."

Voodoo that works

Lipsey: different models of bullying in primary and secondary schools

PolSci: democracies won't go to war

Lipsey MW (2009) The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders*

Strevens M (2012) Ceteris paribus hedges: Causal voodoo that works. *Journal of Philosophy*



EVALUATION APPROACHES

Approach	Summary
Test theories not interventions	Orienting evaluations to accumulate knowledge that refines theory, rather than testing the effects of interventions.
Integrated mixed-methods process evaluation	Gathering data on multiple elements: components of the intervention; implementation; mechanisms (mediators) and effect of context (moderators); representativeness of samples; risk factors; features of target place; practitioner experiences.
Leverage heterogeneity	Conducting multi-site and pragmatic trials to test assumptions in multiple contexts.
	Using case studies to identify conditions where diverse outcomes are observed focusing on context, implementation differences, and "trajectories of change" to predict whether replication or scale up is possible.



Leverage heterogeneity

Multi-site trials Sample for difference Shadish, Cook, Campbell Bonell: systematic CMOs

Causal case studies

- Causal density
- Process tracing, symptoms, side effects
- Small-n

Shadish WR, Cook TD and Campbell D (2002) *Experimental and quasi-experimental designs for generalized causal inference*.

Woolcock M (2013) Using case studies to explore the external validity of 'complex' development interventions. *Evaluation*

Hey SP (2014) Theory Testing and Implication in Clinical Trials. Available at: http://philsci-archive.pitt.edu/11045/1/biomarker_theory_testing-psa.pdf

Cartwright N (2017) Single case causes: What is evidence and why. In: *Philosophy of Science in Practice*.

Pragmatic? *efficacy* of delivery Voucher only Not of primary interest to policy-makers



Testing theory

Testing theory

'What works'

Interventions are imperfect tests Thinking against oneself

Bonell and bullying:

Underpowered analysis Potentially confounded mediator analysis

Blattman C (2016) Why what works is the wrong question - Evaluating ideas not programs. URL: https://chrisblattman.com/2016/07/19/14411/

Glennerster and JPAL:

The J-PAL framework begins with the question, 'what is the disaggregated theory behind the program?', where 'theory' is described as ways of simplifying the world to help make and test predictions. The framework then focuses on the local conditions (and whether the theory is likely to apply), the evidence available to support the behaviour-change underpinning the intervention theory, and considers the evidence that the programme can actually be implemented in this setting. With reference to cases from various contexts, the authors argue that superficial contextual differences might not be important when mechanisms travel and that learning about theory will require synthesis methods that interrogate the mechanisms behind the interventions.



Outcome theory

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Using evaluation to ask: why does the outcome occur at all?
Randomisation = exogenous variation
IV
Burchett, Ghana
Local understanding of problems
Efficacy studies
Stephen Birch: policy makers care about how health comes about
Shift focus from providers and services
To populations and problems
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Burchett HED, Mayhew SH, Lavis JN, et al. (2015) The usefulness of different types of health research: Perspectives from a low-income country. *Evidence and Policy*

Birch S (1997) As a matter of fact: evidence-based decision-making unplugged. *Health Economics*

ADAPTIVE DESIGN

The 'intervention' *is the response* to context Formative? Democratic?

'the intervention' =



Examples Women's groups Adaptive management





Synthesis

Interpolation



Quantitative

Qualitative

- Meta-analysis
- Meta-regression
- Re-weighting
 - Blinder-Oaxaca decomposition
 - matching methods
 - machine learning
- Overlap needed
- Large contextual factors difficult (often personal only) – theory?

Wang et al (2005) suggested that a 'list of attributes that may impact on applicability and transferability can be developed, based on knowledge of the proposed intervention. Then the applicability and transferability of the intervention to the local setting can be rated, and given a score, based on knowledge of the local setting'

Burchett - none of the frameworks work

- Structural models (economics)
 - Tuition fees & wages
- Infectious-disease models
- Testing theories in RCTs
- General equilibrium models
- Bayesian integration

Design focus

- Design strategy for "hybrid prevention programmes" that "build in" adaptation to enhance programme fit (Castro)
- ADAPT-ITT model (Wingood and DiClemente)
 - Eight phases, including formative research



Transport formula

When are causal inferences estimable from both the statistical information available and the causal information transferred from the experiments?

Use 'selection diagrams', extensions of DAGS; S depicts the things that differ



Requires considerable confidence in one's understanding of the causal model in both populations in order to specify the key ways in which they differ.

Requires a minimal compatibility between graphs.

Nodes are assumed to be identical in different contexts, which is a challenge for construct validity, and may require that latent variables are added



Left of the ToC

Reminder: most things don't 'work' Contexts vary a lot

When things don't work, are we looking in the right place?

EEF example





Contextual information

How did this ToC, this intervention, get applied here in the first place?

Why do we think of the 'intervention' as starting *after* the design is finished?

DISCUSSION

Summary

- Interventions are based on theories, and evaluations can help strengthen them
- Need to embrace heterogeneity
- Don't be scared of assumptions (=theory)
- Need to think about how to respond to context in evidence-based way

Context-centred delivery

- Not sure if it 'worked' (counterfactual = normal delivery)
- Not everyone got what they wanted
- Was voting a good way? How would better ways be found? And evaluated?

Dissent! More science? Scientists would say that

Sociology of science China -> Tanzania

Design processes

Recommendations

Gap map of theories Theory hubs Theory-focused synthesis Putting theory in ToC Theory-testing in evaluations Think about markers