Comments on:
The Impact of CCTs on Children's School Achievement: Evidence from Colombia
(by: Garcia and Hill)

Juan F. Vargas

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An important question, but elusive...

- There is a fair amount of evidence on effects of CCTs on enrollment rates
- But effect on school *achievement* greatly understudied
- ...because it's methodologically challenging:
  - Due to (selected) enrollment shock, schools in treatment group undergo compositional changes
  - Failing to control for these may (*downward*) bias the estimates
- This study: corrects for such potential bias
  - Previously done in Mexico but limited scope due to lack of data
- *Effect of "Familias en Acción" on retention rates & test scores*

Methodology: compare apples and apples

- Given the *potential outcomes* there are four possible strata:
  - Always enrollers, Newcomers, Dropouts, Defiers (assumed away)
- Treatment effect on the always enrollers: "given that child i enrolls anyway, how would i's school achievement change if she took the program?"
- Matching:

	treatment	control
enrollees	always enroller / newcomer	always enroller

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Some comments

- Descriptive statistics report that treatment group subjects (enrolled at follow-up) are less advantaged both in terms of household background and pretreatment school outcomes

- This supports the hypothesis that motivates the paper: "When treatment and control group performance is compared a negative effect estimate may emerge due to these changes rather than real changes in achievement"

- However results challenge this interpretation:
  - Treatment effect on test scores of 5th graders larger for unmatched sample (except for rural areas)

- Any ideas why? You should comment on this

Some comments

- Interesting asymmetry in the mechanisms of why better test-scores
  - For urban children it is health improvements
  - For rural children it is less labor, and so it is for urban adolescents
- Something to build more on

- Do you allow for interactions in the probit model for the propensity score (*a la* Dehejia and Wahba, 1999)?
- Not sure given reported model:

$$\Pr(Z = 1)_{ij} = \alpha + \beta W_i + \gamma M_j + \varepsilon_{ij}$$

- This may help you achieve balance in *banks per person*

Minors

- Sample: Why only 831 (out of over 18,000) have test-score data?
- Would be interesting to see estimates of the overall treatment effect (all ages)
- Explain your DD strategy:
    - Report estimated equation
    - Do you include controls?
    - Have you checked if the parallel trends assumption holds?
- More discussion on unexpected results
    - E.g. Why grade retention *increases* for adolescents?