Summary

During the first phase of the CLP (2004-2010), 55,000 extreme poor households received the CLP package through four, separate, annual transfers (or cohorts). During the second phase of the CLP (2010-2016), 67,000 extreme poor households will receive support through five, separate, annual cohorts.

To demonstrate impact, the first phase of the CLP introduced rolling baselines or pipeline controls. This is where the baseline status of new, annual entrants, or new cohorts, provided the basis against which one could measure the progress of earlier cohorts. During CLP-1 there was a great deal of debate about this approach to demonstrate impact but it ultimately received support and backing from the Overseas Development Institute (ODI) who described the approach as ‘best practice’ and DFID,B.

During the first year of CLP-2 the debate on this methodology of demonstrating impact was once again opened during the annual review (March 2011) and the Independent Impact Assessment (IIA) conducted by HTSPE Ltd. The advice from the IIA team was that the Innovation, Monitoring and Learning Division (IML) should commence monitoring a counterfactual sample at least a year in advance of programme interventions.

The Programme continues to use the rolling baseline approach to demonstrate impact. In addition however the CLP has collected baseline data from a control group (households meeting the selection criteria) from a sample of villages where the Programme will not work for at least one year, possibly two years. Baseline data on the control group were collected during October/November 2011, at the same time as baseline data were being collected from a treatment group (a sample of cohort 2.3 households).

IML will monitor progress of the control households on an annual basis.

This ‘additional’ control group will provide valuable information in the debate associated with rolling baselines.
Background

The CLP seeks to lift 67,000 extreme poor households, or core participant households (CPHHs), out of extreme poverty.

These 67,000 CPHHs live on remote island chars in eight districts\(^1\) and will receive the CLP package of support in groups, or cohorts, between 2010 and 2016. These are annual cohorts as shown in Table 1:

Table 1: Tentative roll out plan

<table>
<thead>
<tr>
<th>Cohort</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td># CPHHs</td>
<td>5,004</td>
<td>12,109</td>
<td>17,497</td>
<td>16,213</td>
<td>16,177</td>
</tr>
</tbody>
</table>

*1,000 pilot second tier CPHHs not included

At the time of preparing this note, the CLP has already supported 17,000 CPHHs (cohorts 2.1 and 2.2) and has largely identified cohort 2.3 who start receiving their assets from December 2011.

The CLP contracts NGOs, or implementing organisations (IMOs) to provide CLP assistance to CPHHs. The CLP currently has contracts with 17 IMOs.

The CLP aims to work with all CPHHs in an island *char* village before moving on to another village.

CLP’s traditional approach to demonstrate impact

The CLP aims to improve the incomes, asset status, nutrition status, etc. of core participant households. To demonstrate impact, the first phase of CLP (2004 to 2010) introduced rolling baselines or pipeline controls. The baseline status of new entrants, or new cohorts, provided the basis against which one could measure the progress of earlier cohorts. This approach to demonstrating impact continues during CLP-2.

The methodology was supported by DFID,B, during the first phase. The ODI, commissioned by DFID,B to develop a monitoring framework for DFID,B’s extreme poverty programmes also demonstrated strong support for this methodology describing it as 'best practice', which gave the team the 'green light' to continue:

“*The CLP has devised an innovative way round this problem, which exemplifies best practice. This is to use the baseline condition of new entrants into the programme as a 'control' against which to measure progress made by earlier entrants.*”\(^2\)

“*The [sliding control] process is illustrated in Figure 1. The curve for the treatment group represents those who were beneficiaries from the outset (Year 0). New entrants are added to the Programme each year and are regarded as a control*

---

\(^1\) Kurigram, Gaibandha, Jamalpur, Nilphamari, Rangpur, Lalonirhat, Pabna, Tangail and possibly Rajshahi, Natore and Chapai Nawabganj (these last three Districts to be confirmed at mid term).

\(^2\) ODI, January 2008 (Draft), Monitoring Framework for Projects and Programmes that Impact on Poverty and Extreme Poverty, A Report to DFID Bangladesh
group for that year, being in their turn replaced when the next batch enters. Figure 1 suggests that without Programme interventions, the target group would have increased its average income from around Tk.15/day in Year 0 to Tk.20/day by year 5. This increase of just 33% in five years is equivalent to an annual rate of income increase for the poorest of 6% per annum, which is about the same as the rate of growth of the economy. The treatment group, on the other hand, achieved an average daily income growth from Tk.15/day to Tk.53/day over the same period, representing an annual growth of almost 25%. Since under this approach the ‘sliding control’ group become beneficiaries, there are no ethical issues. Meanwhile the data generated should make it possible to make a reasonable estimate of the benefits of the programme.3

Figure 1: CLP Control Groups: Sliding or Pipeline controls

![Graph showing income per person per day over time for control and treatment groups.](image)

Table 2: Strengths and weaknesses of the rolling baseline

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatively straightforward to understand the concept</td>
<td>When comparing the baseline status of new entrants with CPHHs who have already received CLP support inflation can be built into income and expenditure but not social indicators.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>No ethical concerns</td>
<td>Inclusion errors (CPHHs that do not actually meet the CLP’s selection criteria) can distort data</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>The CLP has several years of experience in using this method</td>
<td>The ideal situation would be to collect baseline data on a control and treatment group with the same characteristics at the same point in time.</td>
</tr>
<tr>
<td></td>
<td>With the rolling baseline methodology the</td>
</tr>
</tbody>
</table>

3 ODI, January 2008 (Draft), Monitoring Framework for Projects and Programmes that Impact on Poverty and Extreme Poverty, A Report to DFID Bangladesh
During CLP-1, CPHHs from later cohorts often came from villages in which CPHHs from earlier cohorts had already received support. Households from later cohorts may have learnt new ideas from these early cohort households and may have changed their behaviours e.g. on homestead gardening. The baseline status of later cohorts may have therefore included the effects of some ‘spill-over.’ Whilst some of the households\(^4\) from the first two cohorts of CLP-2 (cohorts 2.1 and 2.2) were drawn from villages where earlier cohorts had received CLP support, the Programme will now (from cohort 2.3) work in a village and not return unless absolutely necessary. This will therefore limit the effect of spill-over between earlier and later cohorts.

IML collects baseline data in two ways. It collects baseline data on all (census) CPHHs using it’s network of Community Development Organisers. This takes several months depending on the size of the cohort but it does provide rich information. Some households may have their baseline status recorded after receiving their assets and some social development support which may slightly distort the baseline (however analysis can overcome this). IML also collects baseline data on a panel sample of CPHHs (approximately 400 per cohort) before they receive CLP support. This is outsourced and data are collected relatively rapidly (within a month).

### Strengthening the current approach

Recognising the years of experience in using this approach and the clear support from DFID,B and the ODI, CLP-2 continued with the rolling baseline as a methodology for demonstrating impact. However, IML has added another control group, as advised by the IIA team.

HTSPE Ltd. was awarded the contract to undertake an independent impact assessment of the first phase of CLP-1. The IIA team recommended that ‘IML should commence monitoring a counterfactual sample at least a year\(^5\) in advance of programme interventions.’

---

\(^4\) In two out of 5 Districts

\(^5\) August 2011; DFID,B; Independent Impact Assessment of the Chars Livelihoods Programme – Phase 1; Page 66
The Way Forward

At the time of preparing this note the CLP has identified cohort 2.3 households and baseline data have been collected. In addition IML has collected baseline data from approximately 500 ‘control’ households drawn from approximately 20 control villages in which the CLP has not yet worked, nor will it work for at least one year (possibly two), thereby eliminating risks associated with spillover.

IML will collect data from the control households annually until they receive the CLP package of support (cohort 2.4 or possibly cohort 2.5).

The CLP will also continue to use the rolling baseline approach. Table 3 outlines the strengths and weaknesses associated with this proposed way forward.

**Table 3: Strengths and weaknesses of using control households + rolling baseline**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adds another ‘layer’ of control groups and reduces future criticism.</td>
<td>There are ethical considerations. The CLP could be criticised for identifying extreme poor households but not supporting them for at least two years⁶.</td>
</tr>
<tr>
<td>Adds to the body of knowledge on ‘innovative’ rolling baselines as a methodology for demonstrating impact i.e. triangulates.</td>
<td>Control households may be eroded, or migrate before they receive CLP’s support</td>
</tr>
<tr>
<td></td>
<td>Costs associated with identifying CPHHs from ‘control villages’ and collecting baseline status (including nutrition) from a sample</td>
</tr>
<tr>
<td></td>
<td>May result in inward migration to these island <em>chars</em></td>
</tr>
<tr>
<td></td>
<td>Control households may alter their behaviour if they know they will receive support from the CLP some time in the future.</td>
</tr>
</tbody>
</table>

⁶ The counter argument is that the CLP cannot possibly work in all villages at the same time due to logistics.

IML
January 2012