In the replication of Björkman and Svensson (2009) Donato and Mosqueira (2016) provide, in addition to the pure replication, an exercise which they label "additional analyses"; i.e., analysis of the data that were not pre-specified in their replication proposal. Specifically, Donato and Mosqueira (2016) add an explanatory variable – the presence of Community Based Organizations (CBOs) in the trial cluster prior to the intervention started – to a couple of specifications related to the findings on child mortality and child weight. They conclude, from the exercise, that these finding may not be very robust.

We very much disagree. In general, in a CRCT with 50 clusters as in Björkman and Svensson (2009), and a wealth of survey and administrative data, it is not difficult to find variables that when added to some specification, and for some outcome variable, will cause the standard errors on the treatment effect to slightly increase – a finding that doesn’t tell us much more than just that. “CBO presence” turns out to be one such variable. And a particular strange choice of variable to add. In fact, the 18 CBOs (active at baseline in at least some villages in roughly 50% of the control and 60% of the treatment clusters) were clearly part of the intervention and affected by it – they received training how to implement the intervention and may have learnt also from implementing the intervention. In essence, the variable “presence of CBO in the study area”, while pre-determined, should be viewed as endogenous and adding it as a regressor makes little sense. As we note in Björkman and Svensson (2009), it is possible that the intervention had an effect, through its effect on the CBOs actions and skills, on some outcomes we measure at the end of the trial in the areas in which the CBO used to be active. We concluded, however, that “There is no definitive way to sort out the role of community-based monitoring from the possible roles of the CBOs”. That still remains the case.

In addition, even if one would incorrectly treat CBO presence as a strictly exogenous regressor and had a good argument for why it should belong in the main specification – for example because the variable is a strong predictor of child mortality (which “CBO presence” is not) or there is important treatment heterogeneity with respect to CBO presence (which there is not) – Donato and Mosqueira (2016) do not provide an accurate description of their “robustness exercise”. First, in Björkman and Svensson (2009) we use both data collapsed at the cluster level and individual level data to estimate mortality effects. Donato and Mosqueira (2016) focus on the collapsed data where the treatment effect reported in Björkman and Svensson (2009) is not very tightly estimated (p-value=0.07). For that specification, they show that the standard errors increase and the point estimate becomes somewhat smaller (10%) when augmenting our main specification with “CBO presence”. However, in the specification with individual data where the treatment effects are relatively tightly estimated for younger children, our results remain
essentially unchanged when adding “CBO presence”. For the weight-for-age z-scores findings, while it is the case that the treatment effect becomes less precisely estimated when augmenting our baseline specification with “CBO presence”, it is actually the case that the point estimate is still significant at the 10% level and the effect size is only marginally smaller. It is also worth mentioning that for many other key outcomes, like utilization, augmenting our baseline specification with “CBO presence” essentially has no effect on the estimated treatment effects.

Overall our view is that Donato and Mosqueira (2016) over-interpret an exercise that we deem as improper. We believe our result are robust and our recently completed longer run evaluation of the intervention (Björkman Nyqvist, de Walque, Svensson, 2016), where we show that the treatment effects on health care delivery and health outcomes (including child mortality) documented after one year remain four years after the initial intervention despite minimal follow-up, further supports that claim.\(^1\)

**References**


Donato, Katherine and Adrian Garcia Mosqueira, 2016, “Power to the People?: a replication study of a community-based monitoring programme in Uganda”, 3IE.

\(^1\) For information, we repeated Donato and Mosqueira’s (2016) “robustness exercise” using data for the longer run evaluation. Adding “CBO presence at baseline” to our main specification has essentially no effect on the estimated treatment effects in the child mortality or child weight specifications.