



Impact Data and Evidence Aggregation Library

# Intervention details

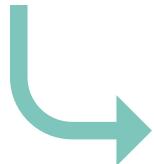
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## INTRODUCTION

**IDEAL aims to standardize results, effect sizes, and contextual information to make it easier to work with evidence.**



Capturing the details of the intervention are key for researchers and policymakers who want to understand if- and how-similar interventions work



# Agenda

1. Intervention details concepts

# 1 Implementation details concepts

Understanding key details of an intervention





# Target population

The **target population** of an intervention is the specific group of units that are the goal of an intervention

- Implementers/governments/researchers might have different target populations for the same intervention
- Target populations might be different from the unit of analysis
- Eligibility requirements for a study (or intervention) might be more narrow than the target population



# Example target population

- Suppose you are evaluating a labeled cash transfer, where households are told it is labeled for primary school fees
- The target population is primary-school-aged children
- The unit of analysis might be the household (or village, if the design is clustered at that level)
- Your funding organization might require you to work in the poorest 40% of villages, which means there are some members of your target population (primary-school-aged children in the top 60% of villages) that are excluded from the study



# Eligibility

Eligibility criterion determine which units **can** receive an intervention

E.g., age, household income, gender

- Not all interventions (studies) have eligibility criteria
- Eligibility criterion *may* be different from sample inclusion/exclusion rules



# Scale

Scale is one method for determining the *size* of an intervention

- Scale is typically measured by the number of units an intervention is delivered to
- Note that sometimes, **units who are not part of the study receive the intervention**
  - In this case, the intervention scale is larger than the study scale



# Intervention scale

The **intervention** scale is the number of units who received an intervention, regardless of if they were in the study or not

Authors may present this as:

- Number of units (e.g., households), or
- Geographic regions covered by intervention

Intervention scale will only differ from study scale when the study includes only some portion of units who receive the intervention



# Study scale

The **study** scale is the number of units who received an intervention **in the study**

Authors typically present this as the number of units (e.g., households) that received the intervention





# Implementation Fidelity

Interventions often have many different components, or take place over multiple sessions

Fidelity describes **how faithfully** interventions are implemented in relationship to the intervention protocol



# Implementation Fidelity

For example, suppose your intervention is an after school tutoring session, held twice per week for 15 weeks at a duration of 90 minutes per session

Any deviation from the above protocol constitutes a lack of fidelity to the intervention protocol, such as:

- Tutor was ill and couldn't hold sessions for 2 weeks
- The school lost power and couldn't hold one session
- Some tutors shortened the sessions to 45 minutes



# Implementation Fidelity

Fidelity **does not describe** deviations from the **randomization** protocol (e.g., when units assigned to control receive the intervention or vice versa - that's compliance)

However, capturing the fidelity of an intervention might help explain the absence of treatment effects, especially in cases when fidelity was low



# Take-up

Take-up is a measure of how many units in a study arm participated in an intervention

Recall that arms are assigned to either receive an intervention(s); or receive nothing

Both types of arms may choose to take up interventions or not



# Take-up

Ideally, take-up will be high in arms assigned receive an intervention, and low in arms assigned to control

Take-up may also explain the absence of treatment effects, especially in cases where take-up is *low* in intervention arms and/or high in control arms

Thank you  
for listening

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