**Paper 1: Aid and social capital**

**First stage:** does the location of aid activities reflect population density, income and/or costs?

[Background stylized fact: ethnicities closer to the coast are more likely to have aid projects located within their boundaries. [Briggs (2015)](http://aiddata.org/sites/default/files/wps13_does_aid_target_the_poorest.pdf) finds that aid projects more likely to be located in subnational regions with higher share of richer pop]

Run analysis at cell level (likely 1 km2, or 30 arc-sec) for Africa: something like:

NumProjectSites: Count of locations from all World Bank (IBRD/IDA) projects approved 2000-2011 coded to finest precision

Pop: Gridded Pop of World v4, 2000 (or Landscan)

TravelTimeToPort: Travel on road or river network to nearest major port, 2000

Lights: Nighttime Lights, 2000

DistCoast: Distance from cell to the coast. We could also add ethnicity-specific distance to the coast.

D\_c: Country FE

**Second Stage: Does aid performance depend on local cohesiveness/social capital/governance?**

Relying on previous work showing that modern levels of local governance and cohesiveness vary in part based on ethnicity-specific colonial/slavery experiences.

Run analysis two ways:

1. Aggregated by location (at either cell or district level):

Where

: Mean WB Independent Evaluation Group (IEG) project rating for projects with sites in cell *i* in country *c*

*:* Distance to the coast from cell center

*:* Distance to the coast from ethnicity centroid, averaged over all ethnicities in cell (weighted by area)

[Alternatively we could use other measures of early colonial exposure at ethnicity level, including railways transecting ethnicity boundaries]

X\_ic includes controls at project level (such as project funding size, approval dates, “quality-at-entry”, sector, etc) averaged up to cell level, and cell-specific characteristics (including pre-2000 controls from first stage)

2nd alternative:

Run analysis at project level:

Where is the IEG rating of project *i* in country *c* approved in year *t*

: Distance to coast for project i, averaged over all sites

: Distance to coast from ethnicity centroids in which project sites fall, averaged over all sites (with one distance assigned per site)

: Project-specific controls

: Country FE

: Year-of-project-approval FE

: Country-time varying controls (GDP, conflict, etc.), merged on project year-of-approval (or other common year)

Other questions:

Are effects largest for projects most relying on community involvement? (Construct rough typology of community involvement by sector, theme, or reviewing project docs)

Effects on other outcomes? (Use nighttime lights for electricity distribution network projects, DHS for ed and health projects)

**Paper 2: Do World Bank-funded medications and supplies lead to improvements in child survival?**

[Background: Large improvements in U5 mortality in Africa in past 15 years, often attributed to a number of large-scale interventions. Several papers already document impacts from specific interventions (for ex., BenYishay and Kranker 2015 in *JHR*). However, aggregate effect of spending on meds and supplies remains unclear.]

Use exchange rate fluctuations in several[[1]](#footnote-1) years after project approval to causally identify effects of *quantity* of meds/supplies provided by WB projects on all-cause child mortality.

1. Use aiddata.org core database to identify health sector projects likely to have imported meds/supplies (initial pass ~282 projects)
2. Project documents available through WB/aiddata.org to identify composition of (main types) of meds/supplies by project (initial pass through 20 docs: majority have useable procurement plans, although these will need to be coded)
3. Identify largest manufacturers of these main types and construct crosswalk of country-of-origin for these types
4. Merge project locations (for finest level locations) with DHS cluster locations. Depending on fineness/geographic scope of projects, use distance/proximity or district/province-level treatment measures. Use associated birth histories to construct child survival series.
5. Run child-month-level survival model on treatment status interacted with exchange rate shocks, with district/province-level FEs.

One challenge: not certain we’ll be able to generate Q of treatment in a complete and standardized way. So may not be able to run this as IV/2SLS with treatment intensity/coverage as endogenous var of interest. May have to settle for reduced form where explanatory var is interaction of exchange rate shocks with treatment area, i.e., lower exchange rates for USD/EUR (or GPB, Yen, etc) reduce treatment effects in treated areas.

**Paper 3: Do colonial experiences still color perceptions of aid and attitudes toward the west in Africa?**

Is take-up of aid-funded health interventions lower in places where distrust of colonial missions, outposts, or health interventions higher?

Examine large-scale vaccination campaigns (measles, polio) in one or more countries with non-negligible refusal rates.

Obtain sub-national data from Red Cross/CDC/WHO on these refusal rates or other plausible measures of voluntary non-participation.

Merge with already georeferenced data on colonial locations (possibly need to categorize or geocode health/hospital-specific outposts)

**Paper 4: Are Chinese aid and investment projects located where distrust of “traditional” aid organizations is higher or risks higher? Do they have differential impacts on living conditions?**

Nancy and I had discussed looking at road-building and electrification in the DRC as a starting point. Unfortunately, project data on these investments in DRC is sparse – really only this project:

<http://admin.china.aiddata.org/projects/407>

**Infrastructure Grant including Bukavu-Kavumu Airport Road**$6,056,102.57 to Congo, Dem. Rep. in 2006

<https://www.google.com/maps/dir/Bukavu,+Democratic+Republic+of+the+Congo/Kamenbe,+Kavumu,+Congo+(DRC)/@-2.4619459,28.6668656,10.75z/data=!4m13!4m12!1m5!1m1!1s0x19c29a1109f99adf:0x4f473ed756f3e8c!2m2!1d28.8480284!2d-2.5123017!1m5!1m1!1s0x19c2a59e95b6b7e9:0x85257dec0955f349!2m2!1d28.8079683!2d-2.3076872>

Outcome data:

# Congo, Dem. Rep. - Livelihoods, Basic Services, Social Protection and Perceptions of the State in Conflict-affected Situations Household Survey 2012, First Round

<http://catalog.ihsn.org/index.php/catalog/6039/study-description>

Will continue looking at China data for other settings with greater project coverage / variation

1. Refine “several” based on distribution of time from approval to first procurement plans [↑](#footnote-ref-1)