

### How much do our recommendations cost?

Deciding whether a policy reform should be implemented requires an assessment of both benefits and costs. While researchers and practitioners regularly use rigorous evidence on program impacts to estimate the benefits of educational reforms, costs tend to be an afterthought and are rarely estimated in a rigorous and systematic way. In a recent presentation ([video](#), [slides](#)), Alaka Holla and Yilin Pan outlined what [careful cost capture](#) entails, using examples from (i) a randomized control trial of adding an extra year of preschool in Bangladesh, (ii) an assessment of budget targets for community schools in Afghanistan, and (iii) prospective costing exercises for school re-openings during and after the COVID-19 pandemic. Through these case studies, they demonstrate how solely relying on budgets and financial records can be misleading for estimating costs; how costs can be measured carefully even in a data-scarce, fragile context; and how cost data can be used to shed light on implementation.



### Increasing preventive screening in Armenia

An [evaluation in Armenia](#) from SIEF's portfolio of [nimble evaluations](#) recently tested the effectiveness of different strategies to increase rates of screening for hypertension and diabetes among adults. The research team tested the relative effectiveness of personal invitations from a physician, personal invitations with information about peer screening behavior, an unconditional cash transfer in the form of a pharmacy voucher, and a conditional cash transfer in the form of a pharmacy voucher that could only be redeemed after a screening visit. Compared with the control group in which only 3.5 percent of participants went for both screenings during the study period, the personal invitations and the unconditional voucher led to a significant increase of 15 percentage points in screening rates; the conditional voucher increased take-up of screening for both diseases by 31.2 percentage points. The cost per additional person screened was similar across the personal invitation and conditional voucher groups, but was higher among the group that received the unconditional vouchers.

