

India - Tuberculosis Social Network Project Impact Evaluation 2016-2017

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Report generated on: October 11, 2023

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Identification

SURVEY ID NUMBER

IND_2016-2017_TBSNP-IE_v01_M

TITLE

Tuberculosis Social Network Project Impact Evaluation 2016-2017

COUNTRY/ECONOMY

Name	Country code
India	IND

STUDY TYPE

1-2-3 Survey, phase 2 [hh/123-2]

SERIES INFORMATION

This impact evaluation took place between January 2016 and October 2017. It consists of a baseline survey and an endline survey. Both surveys are documented here.

ABSTRACT

Globally, tuberculosis (TB) affects some 8.7 million people. Women and children in the developing world are particularly vulnerable. The disease has high mortality rates, but even for survivors, the consequences can be debilitating, with long-term health consequences. Highly effective treatments are free and available to patients in developing countries, but many of those infected with TB are neither diagnosed nor in treatment. The under-detection of TB represents a key challenge for health officials in developing countries because identifying those who have the disease is crucial to the success of any treatment program.

KIND OF DATA

Sample survey data [ssd]

UNIT OF ANALYSIS

Individuals

Version

VERSION DESCRIPTION

v2.1: Edited, anonymous dataset for public distribution

Scope

NOTES

This study covers the following topics:

Baseline Survey: includes questions about demographics, household information, respondent/child TB test and/or treatment, social contacts, and the referral scheme

Endline Survey: includes questions about TB treatment, the referral scheme, and mental health

Referral Survey: includes questions about demographics, household information, the referral scheme, respondent/child TB test and/or treatment, social contacts, the interaction with the provider at the health centre, and mental health

New Patient Survey: includes questions about demographics, household information, respondent/child TB test and/or treatment, social contacts, the interaction with the provider at the health centre, and mental health

KEYWORDS

Keyword

Tuberculosis, Social Networks, Health, Randomized Controlled Trial, Incentives, India

Coverage

GEOGRAPHIC COVERAGE

10 cities across three states (Delhi National Capital Region, Madhya Pradesh, and Rajasthan)

GEOGRAPHIC UNIT

City

UNIVERSE

Operation ASHA patients receiving treatment for drug-susceptible TB who were at least two weeks into their course of medication when the baseline surveys commenced. The sample was expanded to include patients who had completed their six-month treatment in the three months before the start of the baseline surveys as well.

Producers and sponsors

PRIMARY INVESTIGATORS

Name	Affiliation
Jessica Goldberg	University of Maryland
Mario Macis	Johns Hopkins University
Pradeep Chintagunta	University of Chicago

PRODUCERS

Name	Affiliation
Strategic Impact Evaluation Fund	The World Bank Group

FUNDING AGENCY/SPONSOR

Name	Abbreviation
Strategic Impact Evaluation Fund	SIEF

Sampling

SAMPLING PROCEDURE

This study consisted of a randomized controlled trial implemented in 122 Directly Observed Treatment Short Course (DOTS) centers in 10 cities across three states (Delhi National Capital Region, Madhya Pradesh, and Rajasthan). The intervention was implemented by JPAL-South Asia in five waves between January 2016 and October 2017.

We augmented Operation ASHA's established use of community health workers and DOTS treatment by incorporating various types of referrals of new suspects by existing patients. Specifically, we used a cross-randomized design to test, respectively, three types of incentives for referrals and three types of outreach to prospective TB patients. The baseline sample included all Operation ASHA patients receiving treatment for drug-susceptible TB who were at least two weeks into their medication course when the baseline surveys commenced. We expanded the sample to include patients who had completed their six-month treatment in the three months before the start of the baseline surveys. Existing patients were either in the intensive phase (IP) of treatment, where they came to the clinic three times per week, or in the continuing phase (CP) of treatment (typically following IP), which required them to come to the clinic once a week. In cases where the patient was a minor, the survey questions and interventions were addressed to the legal guardian. The experiment was rolled out in five waves between March 2016 and October 2017. To address the possibility of spillover effects between patients, we randomized by center. A total of 3,176 patients were included in our study.

Data Collection

DATES OF DATA COLLECTION

Start	End	Cycle
2016-01	2017-10	Baseline and Endline

DATA COLLECTION MODE

Computer Assisted Personal Interview [capi]

DATA COLLECTION NOTES

For treatment and control centers, each existing patient was visited by a survey enumerator in a private location such as the patient's home. Enumerators obtained informed consent and administered a baseline survey. Information was collected on the existing patient's socioeconomic characteristics, physical and psychological health, and TB treatment, as well as on information-sharing networks. At the end of the survey, patients at treatment and control centers were prompted to think about individuals outside their households who they believed might be affected by TB ("Please think of people you know who have TB symptoms.") According to RNTCP protocol, immediate family members of TB patients are automatically tested for TB, and as such, were excluded from our referral schemes because they were already known to the system. Then, for treatment centers only, all patients were told, "We are promoting outreach for tuberculosis to encourage more people to get tested and treated, and we invite you to join this effort." They could do this by recommending TB testing for people they knew socially and believed to have symptoms; these new suspects would receive referral cards with information about the screening process. The cards contained information about Operation ASHA, names and addresses of local providers and treatment clinics, a list of TB symptoms, and an ID number used by Operation ASHA and the research team to link the card to the referrer and to distribute incentives according to the study design. New suspects were asked to bring these referral cards to Operation ASHA centers, where they would be screened by health providers and sent for further testing (if required) as per RNTCP mandates.

This process, from a suspect's arrival at an Operation ASHA health center to testing and, if necessary, treatment, was recorded in a referral register at the center that was updated with the relevant outcome at each step, including the result of the screening, whether the new symptomatic got tested, the results of the test (for symptomatics who got tested), and whether the newly identified TB-positive individual enrolled in treatment.

New suspects were always told that they had been targeted for outreach by someone who knew them personally, and shown where their information would be recorded on the card that linked them back to the contact who provided the referral. While they were asked to bring referral cards with them to Operation ASHA, they - like any other individual - could seek care at Operation ASHA (or a public sector facility) without providing a referral card or other documentation. Operation ASHA continued to conduct outreach, screening, and enrollment of new patients following its regular procedures throughout the duration of the study, including enrolling new patients who did not have referral cards. Any new suspect who was approached by or on behalf of an existing patient in this study, but who was concerned about having their visit to Operation ASHA linked to the contact who referred them, could present for screening and receive identical care without submitting the referral card. To the extent that this occurred, we will underestimate the extent of case finding as a result of the outreach and incentive conditions tested in this study.

After the intervention, endline surveys were conducted with existing patients to capture information on health outcomes and satisfaction with Operation ASHA. Intake surveys were also administered to the new suspects identified through the schemes: these measured their characteristics and history of care for TB.

DATA COLLECTORS

Name	Abbreviation
The Abdul Latif Jameel Poverty Action Lab	J-PAL

Questionnaires

QUESTIONNAIRES

Four survey instruments were used for this study:

Baseline Survey:

- Section A: General Information
- Section B: PII Information
- Section C: Demographics
- Section D: Household Information
- Section E: Health
- Section F: Information Sharing
- Section G: Referrals
- Section H: Survey Status Code
- Section I: Re-Entering Unique ID Code
- Section J: Comments
- Section Y: Record GPS Coordinates

Endline Survey:

- Section AAA: General Information
- Section AA: PII Information
- Section A: TB Treatment
- Section B: Referral Cards
- Section C: Reward Information
- Section D: Optimism and Happiness
- Section E: Buy-Back Scheme
- Section F: Comments
- Section G: Survey Status Code
- Section H: Re-Entering Unique ID Code
- Section Y: Record GPS Coordinates
- Section Z: Survey Accompaniment

New Patient Survey:

- Section A: General Information
- Section B: PII Information
- Section C: Demographics
- Section D: Household Information
- Section E: Health
- Section F: Information Sharing
- Section G: Quality of Care
- Section H: Optimism and Happiness
- Section I: Survey Status Code
- Section J: Re-Entering Unique ID Code
- Section K: Comments
- Section Y: Record GPS Coordinates
- Section Z: Survey Accompaniment

Referral Survey:

- Section A: General Information
- Section B: PII Information
- Section C: Demographics
- Section D: Household Information
- Section X: Referral Scheme Related Information
- Section E: Health
- Section F: Information Sharing
- Section G: Quality of Care
- Section H: Optimism and Happiness
- Section I: Survey Status Code
- Section J: Re-Entering Unique ID Code
- Section K: Comments
- Section Y: Record GPS Coordinates

The questionnaires are provided in English and Hindi and are made available for download.

Access policy

Name	Affiliation	Email
Strategic Impact Evaluation Fund	The World Bank Group	siefimpact@worldbank.org

ACCESS CONDITIONS

Public Access

CITATION REQUIREMENTS

Use of the dataset must be acknowledged using a citation which would include:

- the identification of the Primary Investigator
- the title of the survey (including country, acronym and year of implementation)
- the survey reference number
- the source and date of download

Example:

Jessica Goldberg (University of Maryland), Mario Macis (Johns Hopkins University) and Pradeep Chintagunta (University of Chicago). India - Tuberculosis Social Network Project Impact Evaluation 2016-2017. Ref: IND_2016-2017_TBSNP-IE_v01_M. Dataset downloaded from [URL] on [date].

ACCESS AUTHORITY

Name	Affiliation	Email	URL
Strategic Impact Evaluation Fund	The World Bank Group	siefimpact@worldbank.org	Link

LOCATION OF DATA COLLECTION

World Bank Microdata Library

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DISCLAIMER

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Metadata production

DDI DOCUMENT ID

DDI_IND_2016-2017_TBSNP-IE_v01_M_WB

PRODUCERS

Name	Abbreviation	Affiliation	Role
Development Economics Data Group	DECDG	The World Bank Group	Documentation of the study

DATE OF METADATA PRODUCTION

2023-09-28

DDI DOCUMENT VERSION

Version 01 (September 2023)

Data Dictionary

Data file	Cases	Variables
tb_analysis_data_sep.dta This dataset includes baseline and endline survey data for this study.	4203	2328