## Overview

The code and data provided in this package replicates all tables in Goldberg, Macis, Chintagunta (2022) using STATA. Users can either run the entire do-file "GMC_analysis_AEJ_RR_vJan2022.do" to produce all tables OR run portions of the file to produce individual tables. **Before attempting to run any file, the package should be unzipped into the directory of the user's choice, and the user must specify the paths at the top of the file (approximately lines 17-38).**

## Data Availability

This project uses survey data collected between January 2016 and October 2017 by JPAL-SA, as well as administrative data collected by Operation Asha during the same time period.[1]

Raw data files are unavailable as they contain sensitive information. Clean, de-identified datasets have been provided. These data are sufficient to replicate all tables within the paper.

The codebook for the cleaned dataset is available in the file "GMC_Codebook.xlsx"

Dataset List

Three datasets are provided with this replication package. These data are sufficient to replicate all tables within the paper. All variables are labeled, and the codebook for the dataset is available in the file "GMC_Codebook.xlsx"

- TB_data.dta
- new_patient_admin_merged.dta [Tables B24 & B25]
- new_patient_data_forappend.dta [Table B23]

## Computing Requirements

This code was last run on a 4-core intel-based laptop with a Windows 10 OS. Runtime was approximately 3.5 hours.

## Software Requirements

This code was last run using Stata 16. All user-written packages used in the files are installed when the replication do file is run, and are listed below for convenience:

--boottest—(version 2.7.1, 8 May 2020)
--orth_out—(version 2.9.4, 3 February 2016)
--putexcel—(version 2.1.7, 18 April 2019)
--estout—(version 3.23, 31 May 2019)
--smileplot—(3 July 2008)

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[1] Jessica Goldberg and Mario Macis and Pradeep Chintagunta. 2023. "Data and code for:Incentivized Peer Referrals for Tuberculosis Screening: Evidence from India" *American Economic Association* [publisher], Inter-university Consortium for Political and Social Research [distributor]. http://doi.org/10.3886/E150781V1

--qqvalue—(8 October 2012)
--pdslasso—(version 1.0.03, 4 September 2018)
--lassopack—(14 December 2020)
--winsor—(version 1.3.0, 20 February 2002)
--ritest—(version 1.1.7, February 2020)
--mdesc—(version 2.1, 25 August 2011)
--outreg2—(version 2.3.2, 17 August 2014)

**All tables EXCEPT for appendix tables B11-B13 can be run using Stata 15. Appendix tables B11-B13 require the built-in lasso package –dsregress-- available in Stata 16 and higher.**

## Instructions for Replicators

- Unzip the contents of the folder into the directory of your choice
- **Set paths specified at the top of the dofile before attempting to run the file**
- **Note that the do file uses ';' as the delimiter.**
- To produce all tables (except Table 6 and Table B26), run the do file in its entirety. All output will appear in the output folder specified by the user
- To produce a subset of the results, refer to the table below for the lines of code that roughly correspond to each set of results. **Note that you cannot simply run these lines of code. You may need to run additional lines of code to obtain the correct sample prior to running the code that produces the table. In particular, note that:**
    - Randomization Inference p values are not automatically included in output latex tables, and need to be manually transferred from the log output
    - Q values are not automatically included in output latex tables, and need to be manually transferred from the log output
- Table 6 and Table B26 are computed in excel, not Stata, using estimates of the intervention impact (available in main tables) and costs of the intervention specified in each table.
- **Tables B11-B13 require the –dsregress—command, available in Stata v16 or higher.**
- **Tables B11-B13 were produced using Stata 16. Replicators using more recent versions of Stata might obtain slightly different numbers due to rounding errors.**

## List of Tables & Code

The following table summarizes how each table in the paper can be produced. Prior to running any of the code below, the user MUST ensure that they have specified the paths at the top of the do file, and have installed all user-written programs (automatically done by the do file in lines 28-37.

The beginning of the file finishes some minor cleaning, and then proceeds to replicate all but two of the tables in the paper and appendix. The two tables NOT replicable using this file are Table 6 and Table B26, which show the cost of detection under two different cost assumptions, using impact estimates produced in tables 1-5.

| **Table** | **Line Number** |
|---|---|
| Table 1: Experimental design and sample sizes | 267-270 |
| Table 2: Effects of Financial incentives on TB screening and detection | 276-392; 462-491; 496-562; 599-606; 636-656 |
| Table 3: Effects of outreach type on TB screening and detection | 276-392; 462-491; 496-562; 608-617; 636-648; 652-656 |
| Table 4: Complementarities between peer outreach and financial incentives on TB screening and detection | 400-453; 462-491; 566-597; 621-630; 636-648; 658-662 |
| Table 5: Effect of treatments on referral quality | 1363-1449 |
| Table 6: Cost of detection | N/A |
| **Appendix Tables** | |
| Table B1: Testing whether attrition was associated with experimental condition | 237-242 |
| Table B2: Testing whether the size of OpASHA centers was associated with experimental condition | 1312-1322 |
| Table B3: Summary statistics, by incentive type | 667-674 |
| Table B4: Summary statistics, by outreach type | 677-682 |
| Table B5: P-values for pairwise omnibus balance tests | 684-754 |
| Table B6: Number of referrals named by existing patients | 757-765 |
| Table B7: Number of returned cards, by experimental condition (peer outreach only) | 768-800 |
| Table B8: Effects of financial incentives on TB screening, testing, and detection (including baseline covariates) | 859-936 |
| Table B9: Effects of outreach strategies on TB screening, testing, and detection (including baseline covariates) | 859-936 |
| Table B10: Complementarities between peer outreach and financial incentives on TB screening and detection (including baseline covariates) | 941-967 |
| Table B11: Effects of financial incentives on TB screening, testing, and detection (covariates selected by double lasso)* | 1483-1654 |
| Table B12: Effects of outreach strategies on TB screening, testing, and detection (covariates selected by double lasso)* | 1483-1654 |
| Table B13: Complementarities between peer outreach and financial incentives on TB detection (covariates selected by double lasso)* | 1483-1654 |
| Table B14: Effects of financial incentives on TB screening, testing, and detection (weighted regressions) | 969-1045 |
| Table B15: Effects of outreach strategies on TB screening, testing, and detection (weighted regressions) | 969-1045 |

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|---|---|
| Table B16: Complementarities between peer outreach and financial incentives on TB detection (weighted regressions) | 1049-1075 |
| Table B17: Effects of financial incentives on TB screening, testing, and detection (center-level specification) | 1325-1335 |
| Table B18: Effects of outreach strategies on TB screening, testing, and detection (center-level specification) | 1338-1348 |
| Table B19: Complementarities between peer outreach and financial incentives on TB screening, testing, and detection (center-level specification) | 1350-1361 |
| Table B20: New patients enrolled at Operation ASHA clinics (center-level data) | 1452-1476 |
| Table B21: Heterogeneous effects of financial incentives on the number of referrals | 1082-1172 |
| Table B22: Heterogeneous effects of outreach strategies on the number of referrals | 1082-1172 |
| Table B23: Comparison of existing patients and new symptomatics | 1175-1190 |
| Table B24: Effects of financial incentives on characteristics of referred patients | 1192-1213 |
| Table B25: Effects of outreach type on characteristics of referred patients | 1192-1213 |
| Table B26: Cost of detection: reduced-cost scenario | N/A |


*Requires Stata 16 or higher