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Can cash transfers decrease the no-show rate for surgical patients in low-resource settings?

Submission date
19/11/2020

Recruitment status
No longer recruiting

Registration date
23/11/2020

Overall study status
Completed

Last Edited
01/09/2021

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Surgical access is critically important for strong health systems. Although 30% of the world's disease burden is surgical, five billion people are unable to access safe, affordable, and timely surgical care. An estimated 143 million necessary surgical procedures are not done every year. Barriers to accessing surgical care are especially high among the poor worldwide and in low- and middle-income countries (LMICs).
A 2017 retrospective study of surgical patients in West Africa found that they were almost twice as likely to show up for their scheduled surgery if their transportation costs were paid for. Vouchers for transportation have also been successful at increasing facility delivery for mothers in Bangladesh, although the voucher system itself proved difficult to administer.
Cash transfers, in which participants are given small amounts of cash in exchange for salutary behavior, are simpler to administer than vouchers and have shown success in health, nutrition, and education. Cash transfers have not yet been studied in surgery.
Building on a prior study of cash transfers for surgical patients in Guinea, this paper undertook a randomized, controlled trial (RCT) of a cash transfer for surgical patients in the country. We hypothesized that cash transfers would improve patient compliance and that, specifically, cash transfers given before patients faced the barrier of transportation costs would have a significant positive effect.

Who can participate?
Any patient who had been determined to be eligible for surgery by a specialized surgical screening team. There was no age limit, although if the patient was a child, the parent was the participant.

What does the study involve?
Participants in this study were randomized to three trial arms. Group 1 patients received the cash transfer conditional on their arrival for their surgery. Patients in Group 2 received the transfer as a mobile banking deposit 2 – 4 days prior to the day they were scheduled to leave their homes to come to the screening city for transportation to Conakry. The transfer was "labelled" with a concurrent text message. Patients in the control arm received a bag of food and staples on the day of enrollment. No further assistance was given toward their transportation costs.

What are the possible benefits and risks of participating?
Benefits: The patients would be receiving free surgery plus a cash transfer.
Risks: Aside from the minimal risk of unmasking of patient information, no other risks were likely to occur.

Where is the study run from?
Mercy Ships, a surgical charity operating a hospital ship at Conakry (Guinea)

When is the study starting and how long is it expected to run for?
January 2017 to June 2019

Who is funding the study?
Damon Runyon Cancer Research Foundation (USA)

Who is the main contact?
Prof. Mark Shrime
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
CI 91-17

Study information

Scientific Title

Cash transfers may decrease the no-show rate for surgical patients in low-resource settings: A randomized trial

Acronym
CASH

Study objectives
Cash transfers will improve patient compliance with scheduled surgery and, specifically, cash transfers given before patients faced the barrier of transportation costs would have a significant positive effect.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 12/06/2017, Massachusetts Eye and Ear Infirmary (Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, MA 02114, USA; +1 617 523 7900; jan_trott@meei.harvard.edu), ref: 15-166H

Study design
Single center interventional single-blinded randomized trial with three arms

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Utilization of surgical services by surgical patients in Guinea

Interventions
Three arms:
"Conditional cash transfer": these patients will receive 80,000 GNF (approx €7) conditional on them arriving for their scheduled surgical appointment, whether or not the surgery actually happened.

"Unconditional cash transfer": These patients received 80,000 GNF as a mobile banking deposit 2 – 4 days prior to the day they were scheduled to leave their homes to come to the screening city for transportation to Conakry. The transfer was “labeled” with a concurrent text message. If patients in this arm did not have a cell phone or a SIM card, these were provided. All transfer costs were covered.

"Control group": Patients in the control arm received a bag of food and staples on the day of enrollment. No further assistance was given toward their transportation costs.

Patients were recruited once they had been given an appointment for their on-ship screening. Allocation proceeded via simple randomization. Slips each containing a random study identification number and group allocation were concealed in an opaque envelope. Patients drew a number from the envelope in view of the researchers, local staff, and their families. The first author, who performed the data analysis, was blinded to the allocation and randomization.

Intervention Type
Other

Primary outcome(s)
Number of patients attending scheduled surgical appointment (measured throughout the study)

Key secondary outcome(s))
There are no secondary outcome measures

Completion date
01/06/2019

Eligibility

Key inclusion criteria
Any patient who had been determined to be eligible for surgery by a specialized surgical screening team. No age limit, although if the patient was a child, the parent was the participant.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
All

Sex
All

Total final enrolment
453

Key exclusion criteria
No diagnosed surgical disease

Date of first enrolment
16/10/2018

Date of final enrolment
07/02/2019

Locations

Countries of recruitment
Guinea

Study participating centre
Mercy Ships
m/v Africa Mercy
Conakry
Guinea
-

Sponsor information

Organisation
Massachusetts Eye and Ear Infirmary

ROR
https://ror.org/04g3dn724

Funder(s)

Funder type
Charity

Funder Name
Damon Runyon Cancer Research Foundation

Alternative Name(s)
Cancer Research Fund of the Damon Runyon-Walter Winchell Foundation, Damon Runyon, DAMON RUNYON CANCER RESEARCH FND, DRCRF

Funding Body Type
Government organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available due to lack of consent.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Preprint results		26/03/2021	01/09/2021	No	No