



Community Health Assistant (CHA) Career Incentives Shown to Increase Breastfeeding and Immunizations, Reduce the Number of Underweight Children

The results are in for the Community Health Assistant (CHA) incentives evaluation: increases in the productivity of CHAs that were recruited via career (versus social) incentives are mirrored by significantly improved health outcomes at the household level.

Survey data collected from 738 rural households in late 2014/early 2015 reveal that children under 2 living in areas served by career CHAs are 5 percentage points more likely to be breastfed, and their stools are 1.2 percentage points more likely to be safely disposed. We also know that career CHAs also increase the incidence of deworming treatments by 16% and the likelihood that the child is on track with the immunization schedule by 4.7 percentage points. We also measure effects on the incidence of three main illness symptoms: fever, diarrhea, and cough. These are fairly common at 47%, 26%, and 49% of children in control areas had experienced them in the past two weeks. We find that using career incentives to recruit CHAs reduces the incidence of cough symptoms by 7 percentage points while leaving the others unchanged. Finally, we find that children in career CHA areas are 5 percentage points less likely to be underweight (25% of the control group mean) and 3 percentage points less likely to be severely underweight (35% of the control group mean).

Taken together, these findings show that using career versus social incentives to recruit CHAs generates discernible differences in household behaviors and child health outcomes. A full working paper featuring the evaluation results is available at <https://doi.org/10.2139/ssrn.2680866>.

We are also pleased to report that we recently received a funding commitment from USAID's Development Innovations Ventures (DIV) program to conduct an additional round of household surveys in all 162 health post/catchment areas reached by the first wave of CHAs in 2012. This increased sample will allow us to detect more subtle changes in health knowledge, behaviors, and outcomes as well as determine whether the observed impacts endure over time.

We look forward to keeping our Ministry and ethics board partners updated on these planned activities.



The Community Health Workers evaluation tests the effect of career versus social incentive recruitment strategies on applicants' characteristics and job performance. Researchers: *Nava Ashraf* (Harvard), *Oliver Bandiera* (London School of Economics), *Scott Lee* (Harvard), *Mutinda Mwanika* (Government of Zambia). Partners: Ministry of Community Development, Mother and Child Health (MCD/MCH), Ministry of Health (MOH), Clinton Health Access Initiative (CHAI).

Strategies for Measuring Change in Demand for Reproductive Health Education and Family Planning in Lusaka's Compounds

The Maternal Mortality Risk and Male Involvement (MMRAM) project has completed piloting of both the community meetings and post-intervention data collection and is set to launch this month, pending relevant approvals.

Over the past few months, the field team conducted a series of pilot exercises to determine the best strategy to detect both sensitive and immediate changes in spouses' valuations of vouchers that provide access to maternal mortality education for husbands or family planning for wives. These pilots have helped us establish a variation of the Becker-DeGroot-Marschak "willingness to pay" method (Becker, DeGroot, Marschak, 1964), whereby respondents formulate a bid between 0 and 15 kwacha that is accepted or refused based on a random lottery. This approach ensures that the amount the participant reports he or she is willing to pay accurately reflects his or her valuation of the voucher. This outcome measure allows for greater response than voucher redemption alone, and will thus enable us to detect

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