



IPA Presents Financial Case for Providing Career Incentives to CHAs

In the previous IPA Health Bulletin (August 2015) we discussed the discernible positive differences in household behaviors and child health in districts where the Community Health Assistants were recruited using career incentives (“Career CHAs”) in comparison with those recruited using community incentives (“Control CHAs”). Over the past months IPA has been meeting with government stakeholders – including the MOH HR Technical Working Group – and presenting what these results mean for the cost-benefit of providing career incentives for the CHAs. A brief summary of that presentation is below.

Our research has shown that the Career CHAs are more productive than the Control CHAs and that productivity difference comes from career motivation – from feeling that their hard work could lead towards career growth opportunities. Career CHAs conducted, on average, 29% more household visits and 2.4 times more community meetings than the Control CHAs. As a result, for the same salary, it takes 1.3 Control CHAs to achieve the household visit productivity of a Career CHA and 2.3 Control CHAs to achieve the community meeting productivity of one Career CHA. This means household visits by Control CHAs “cost” \$5.09 more per visit and community meetings “cost” \$31.47 more. Therefore, the concern is if no career incentives are offered to CHAs, there will be lost motivation and the Career CHAs productivity could decrease. If the productivity of Career CHAs drops to that of Control CHAs, the GoZ will face over \$7M per year in lost productivity (assuming there are 5,000 CHAs deployed in the field) not to mention the loss in the health outcomes impact that comes with the motivated and high performing Career CHAs.

	Control CHAs	Career CHAs
Annual salary	\$6,000	\$6,000
Amount invested in household (HH) visits	\$4,800 (\$6,000 x 80%)	\$4,800 (\$6,000 x 80%)
Number of HH visits completed per year	213	275
Cost per HH visit	\$22.54	\$17.45
Amount invested in community meetings	\$600 (\$6000 x 10%)	\$600 (\$6,000 x 10%)
Number of meetings completed per year	11	26
Cost per community meeting	\$54.55	\$23.08

In addition to presenting this compelling evidence to the Ministries we are facilitating conversations about what career opportunities would need to be provided in order to maintain high level of motivation amongst the CHAs. As career opportunities are always limited, we speculate that only a few positions would need to be offered in order to promote the incentive for CHAs to work hard. The costs of providing a handful of new openings for trainings or promotions are likely to be significantly less than the cost of the CHAs losing their career-incentive based motivation.

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), Oriana Bandiera (London School of Economics), Scott Lee (Harvard), Mutinta Musonda (Government of Zambia). Partners: Ministry of Community Development, Mother and Child Health (MCDMCH), Ministry of Health (MOH), Clinton Health Access Initiative (CHAI).

Interpersonal Communication to Encourage Use of Female Condoms

Increasing the adoption rates of female-initiated methods of contraception may help fill an unmet demand for family planning and reduce rates of HIV infection in Sub-Saharan Africa. In Zambia, mass distribution and marketing campaign for the new Maximum Diva Woman’s Condom targeted at young adults will be launched by the Society for Family Health (SFH) in February. Researchers are conducting a randomized evaluation to measure how an interpersonal communication (IPC) intervention as an encouragement design impacts knowledge, acceptability, use of condoms and uptake of female condoms.

We are now completing a baseline survey, which was conducted in 40 wards across Lusaka, Chongwe, and Kafue districts. This survey collected data on the contraceptive knowledge and use of 2,389 young adults age 18-24.

Next month SFH will launch the new Maximum Diva Woman’s Condom (MDWC) and begin a social marketing campaign. The MDWC will be advertised widely in all study areas, targeting young, urban adults through radio, billboards, news media, social media, and a mobile website. We will randomly assign the 40 wards to either receive the IPC program or serve as the comparison group (20 wards each). The IPC program will be implemented by SFH and led by community recruited youth who will gather groups of peers to discuss condoms, demonstrate correct use of the Maximum Diva Woman’s Condom, and teach condom negotiation skills through role-playing.

Researchers: Thoai Ngo (IPA), Rachna Nag Chowdhuri (IPA), Jessie Pinchoff (IPA). Partners: Society for Family Health (SFH)



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

The intervention for the Maternal Mortality Risk and Male Involvement (MMRAMI) project began at the end of November after a month of intensive field staff training. The intervention - community meetings for couples - is composed of 3 stages:

1) Invitations: We are inviting respondents to attend meetings held over the weekend. These respondents were previously recruited and surveyed during the baseline.

2) Community meetings: Each weekend, we hold community meetings at Justin Kabwe School in Mandevu for these couples. We run one session for the wives and a concurrent one for the husbands. The exact content presented at those meetings differs based on the treatment arm to which they have been randomly assigned.

a. TREATMENT ARM 1: Husbands receive the Maternal Mortality (MM) curriculum composed of information about maternal mortality, risks associated with pregnancy, general family planning methods, and myths associated with family planning. At the same time wives receive the Family Planning (FP) curriculum which includes information on general family planning methods and myths associated with family planning.

b. TREATMENT ARM 2: The inverse- wives receive the MM curriculum and husbands receive FP curriculum

c. TREATMENT ARM 3: Both husbands and wives receive the FP curriculum only

3) "Willingness to Pay" data: Immediately after the respondents sit through the community meetings, he or she meets privately with a surveyor and participates in a "willingness to pay" experiment which is being used as a tool

to gauge the respondents' valuation of different services. For the husbands we are measuring their valuation of a voucher to access family planning services and for the women we ask about a ticket to have their spouse attend community meetings giving information about maternal mortality and risks associated with pregnancy.

Over the past 5 weeks of intervention, we have successfully invited, hosted, and surveyed 220 couples. The intervention is expected to continue for another 3 months, through the end of April 2016.

The field team is also beginning preparations for a midline survey that will help us track changes in behavior, practices, attitudes, risk perception about family planning among respondents as a result of the intervention. The midline survey is scheduled to be launched in the second week of March 2016 and will follow-up with couples 2.5 months after they have attended the community meetings.

The MMRAMI evaluation examines whether providing information about maternal mortality risk affects desired fertility and contraceptive use. Researchers: Nava Ashraf (Harvard), Erica Field (Duke), Alessandra Voena (University of Chicago), Roberta Ziparo (Paris School of Economics), Angel Mwiche (MCDMCH). Partners: Ministry of Community Development, Mother and Child Health (MCDMCH).

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About

Innovations for Poverty Action (IPA) discovers and promotes effective solutions to global poverty problems. We design, rigorously evaluate, and refine these solutions and their applications together with decisionmakers to ensure that the evidence created is used to improve opportunities for the world's poor.

The Zambia Health Bulletin is designed to keep stakeholders and partners informed of on-going research in the Zambian health sector. For more information, visit <http://www.poverty-action.org/zambia>.

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