



Can Educating Men on Maternal Mortality Align Fertility Preferences in Zambian Households?

The Maternal Mortality Risk and Male Involvement (MMRAMI) program completed its baseline survey in December 2014 and the project's researchers have been carefully analyzing the data to identify trends, patterns, and relationships which may offer insight into the mechanisms underlying discordant fertility preferences between husbands and wives in Lusaka's urban compounds.

Consistent with our theory of change, preliminary baseline data reveal that husbands desire a higher number of children than wives. The data also show that men are less likely to be aware of the causes of maternal morbidity/mortality risk during pregnancy. Interestingly, we observe a significant relationship between conflicting fertility preferences and the probability of communicating about maternal risk: as husbands desire more children than their wives, wives' ability to convey information about maternal mortality decreases and husbands' likelihood of reacting poorly to communication increases. As such, we theorize that women facing high conflict of fertility preferences will showcase higher demand for maternal mortality training for their husbands from a neutral party. Recent focus group meetings in the Ngombe compound support this hypothesis, with many women sharing that they would feel unpersuasive, uncomfortable, and/or ineffective in educating their husbands on maternal mortality and would thus prefer an external party deliver the message.

To test this, we are piloting a new evaluation that will measure willingness of wives to pay for maternal mortality education for their husbands. Similarly, we will measure changes in husbands' willingness to pay for family planning in response to maternal mortality training. Field piloting of these new measures continues, and we look forward to sharing the updated research design with the health ministries and appropriate research ethics review boards in the coming weeks.

The MMRAMI evaluation examines whether providing information about maternal mortality risk affects desired fertility and contraceptive use. In addition—through targeting the curriculum to husbands versus wives—we hope



to learn how this information spreads in the household, shedding light on the extent to which intra-household information sharing determines household behavior. Researchers: Nava Ashraf (Harvard), Erica Field (Duke), Alessandra Voena (University of Chicago), Roberta Ziparo (Paris School of Economics)

Career Incentives Improve Community Health Assistant (CHA) Performance and Health Outcomes in Rural Zambia

Endline data collection for the Community Health Assistants (CHAs) evaluation of career versus social incentives in recruitment was completed in February, with four survey teams surveying a total of 752 households across 47 districts in rural Zambia. Analysis of household endline data is ongoing, and findings will be incorporated into a working paper on CHA performance as well as shared in this bulletin. Earlier results show that CHAs recruited through career incentives conducted 29 percent more household visits, organized twice as many community meetings, and saw an equal number of patients at the health facility, with no differences in retention. In addition, career incentives increased the number of women giving birth at the health facility by 31 percent. Children under five were also more likely to receive care, with health centers served by career CHAs providing 24 percent more health checks, 21 percent more weight checks, and 20 percent more immunizations against polio. The latest wave of data collection will further enable us to see if the career treatment improves health knowledge, practices, and outcomes at the household level.

In March, Researchers Nava Ashraf and Oriana Bandiera visited Lusaka to update key partners at the cabinet office, Ministry of Health, and Ministry of Community Development, Mother and Child Health on these findings, as well as open up dialog on opportunities for future research and policy collaboration. In addition, Professor Bandiera disseminated the study's findings at a public seminar organized in partnership with the International Growth Centre (IGC) and the Economics Association of Zambia, which was widely attended by key stakeholders in Zambia's health sector.

A new text-based survey of households visited by the CHAs is set to launch in April, with the aim of collecting additional confirmation on CHAs' visits to the community. The project is also undergoing a new round of funding applications to expand the endline evaluation to all 162 health posts in 47 districts serviced by the CHA program's first cohort.

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)

Strategies for Reducing Stunting in Chipata

In the last week of January, we conducted our second set of meetings (of a three meeting sequence) for the 43 villages receiving the community-based nutrition intervention. The event was well attended and we measured mid-upper arm circumference (MUAC), length, and weight for all children between 6 months and 5 years old.

At the first round of meetings, 44 percent of the children were identified as stunted. We gave the children that were both stunted and under the age of 2 a small amount of supplemental food in the form of soya meal. Early evidence from the second round of meetings suggests that these protein supplements could improve growth, as we observed weight and MUAC gains just three months after providing the soya supplement.

We will be conducting the final round of community meetings in the last week of April. In late July, we will begin endline data collection which will allow us to assess the impact of both interventions on parental awareness as well as child growth and cognitive development.

The Improving Parental Recognition of Developmental Deficits in Children evaluation is testing the impact of two simple programs designed to improve child health by increasing parents' awareness of their children's physical development. The first intervention distributes full-size growth charts to households so parents can measure their



children and the second consists of quarterly community meetings where children are measured as a group and parents are provided with nutrition education and food supplements for stunted children. Researchers: Günther Fink (Harvard), Peter Rockers (Boston University)

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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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