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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 12 percentage points more likely to be safely disposed. We observe 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 as 47%, 26%, and 45% 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 (55% 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 <http://bit.ly/1xofXho>.

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), 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).

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

The Maternal Mortality Risk and Male Involvement (MMRAMI) 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 for detecting 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

differences in demand across program arms using a smaller sample of participating couples.

Since the last bulletin, the field team also made other preparations for the intervention, including recruiting motivators, organizing the venue and logistics for the community meetings, procuring contraceptives, programming data collection forms, finalizing the intervention protocol, and coordinating the clinic-based family planning and contraceptive services. We also conducted a “soft launch” earlier this month to test the logistics of the entire intervention, from invitation distribution to post-intervention data collection, and incorporated learnings into the intervention protocol.

We aim to submit the study amendment to the Zambian research ethics review board in mid August and hope to receive approval by late August at which point we will begin training surveyors and motivators and start the community meetings. The community meetings will continue for the next 3 months, followed by a midline survey.

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), Angel Mwiche (MCDMCH). Partners: Ministry of Community Development, Mother and Child Health (MCDMCH).

Can Providing Parents Information About Nutrition and Children’s Growth Improve Health Outcomes?

In May we held the last of the three community meetings during which we measured the length/height, mid-upper arm circumference, and weight of children under the age of 5. All parents in the community were invited to have their children measured. During the meetings, parents were reminded of the importance of a balanced diet for children, and also of the importance of early childhood growth for later life outcomes.

Half of all children in Chipata district are stunted, but many parents are unaware that their children are too small for their age. Measuring child length/height is not a standard part of child health check-ups in Zambia and parents do not understand that height—like weight—is an important indicator of a child’s nutritional status. One of the most common

questions we receive is: “If height is determined by genes, how can diet also affect height?”

We hope that with the information we have provided during these meetings, parents will begin to recognize the importance of protein in their children’s diet and the significance of height in determining physical and cognitive development. More importantly, we hope this new knowledge will translate into behavioral changes, such as greater participation in under-5 check-ups and reserving small amounts of groundnuts or soya for child nutrition following the harvest. Results of the intervention are awaiting endline data collection and analysis, and we expect to report an update toward the end of 2016.

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 School of Public Health), Peter Rockers (Boston University). Partners: National Food and Nutrition Commission (NFNC).

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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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