



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, 33% 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 \$3.09 more per visit and community meetings cost \$21.47 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 that come with the motivated and high-performing Career CHAs.

	Control CHAs	Career CHAs
Annual salary	\$4,000	\$4,000
Amount invested in household visits	\$4,000 / \$4,000 x 80% = 80%	\$4,000 / \$4,000 x 80% = 80%
Number of HH visits completed per year	213	276
Cost per HH visit	\$18.78	\$14.46
Amount invested in community meetings	\$4,000 / \$4,000 x 10% = 10%	\$4,000 / \$4,000 x 10% = 10%
Number of meetings completed per year	11	26
Cost per community meeting	\$363.64	\$153.85

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 workers' characteristics and job performance. Researchers: *Neil Ashraf (Harvard), Oriana Bandiera (London School of Economics), Scott Lee (Harvard), Muzono Mwanza (Government of Zambia), Partners: Ministry of Community Development, Mother and Child Health (MCD/MCH), 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 Dura Women'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, Chingwe, 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 Dura Women's Condom (MDWC) and begin a social marketing campaign. The MDWC will be advertised widely in all study areas, targeting young, urban adults through ads, 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 Dura Women's Condom, and teach condom negotiation skills through role-playing.

Researchers: *Thao Ngo (IPA), Achya Nag Chowdhury (IPA), Jesse Pinchoff (IPA). Partners: Society for Family Health (SFH)*

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