Precommitment, Cash Transfers, and Timely Arrival for Birth: Evidence from a Randomized Controlled Trial in Nairobi Kenya

Nearly 2.5 million mothers and babies die each year from complications in the immediate period around childbirth. Nairobi, Kenya has among the highest maternal and neonatal mortality rates in the world. Mounting evidence suggests delivering in a facility is not enough...
to drive mortality reductions, with utilization of poor quality facilities and delays in receiving
care the major contributors to continued poor outcomes (Lozano et al. 2011). In addition to
delivering in well-equipped facilities, women must arrive at the facility and be attended to in
time for complications to be effectively managed. The “three delays” model attributes poor
outcomes to delays in: (i) seeking care; (ii) arriving at the facility for delivery; and (iii)
receiving adequate treatment once at the facility (Thaddeus 1994). These delays are strongly
associated with morbidity and mortality (Pacagnella et al. 2014).

Delays could occur for many reasons including the need to travel far distances, information
gaps about when to seek care in labor, or because women are away from facilities (e.g.,
because of overcrowding). Our preliminary work in Nairobi suggested that delays could also
be occurring because of behavioral barriers to effective decision making and planning around
facility delivery. Nairobi offers a very large, complex set of highly heterogeneous maternity
facility options. Previous work has highlighted how choice in this type of decision context can
lead to deferring decisions (Tversky and Shafir, 1992). In our preliminary work, we found that
decisions about where to deliver were often made very late in pregnancy. We hypothesized
that decision-making delays could lead to poor birth planning, which has been shown to
increase delays in seeking care. We designed a “precommitment transfer package” which
bundles a labeled cash transfer and precommitment conditional transfer (see online
Appendix Section I). This intervention was designed to help women deliver where they want
and to reduce delays, both by relieving financial barriers to on-time arrival and by facilitating
earlier and more deliberate planning and implementation of plans for delivery. In other work,
we analyze the impact of the intervention on the quality of delivery care received.

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