

Researchers

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Timeline

2017-2018

Sample Size

15 villages

Research Implemented by IPA

Yes

Saving During Pregnancy in Zambia

Abstract

Many pregnant women face financial barriers to accessing safe delivery services, including high costs associated with transportation to a health facility and materials needed for a safe delivery. In Zambia, researchers are piloting a set of home-based and village savings group interventions focused on empowering pregnant women to save in order to better access their preferred safe delivery services.

Policy Issue

In many low-income settings, pregnant women continue to face financial barriers to accessing safe delivery services, largely due to high costs associated with transportation to a health facility and the materials needed for a safe delivery. Likely barriers to saving during pregnancy include resource constraints associated with poverty, as well as behavioral bottlenecks including uncertainty regarding total savings needed and the tendency to be “present-biased”, i.e., to weight current financial demands higher than future ones. To address these barriers, researchers have partnered with World Vision to develop an innovative set of home-based and village savings group interventions designed to empower and support pregnant women to save.

Context of the Evaluation

In rural areas of Zambia, nearly half of pregnant women fail to deliver at a health facility, contributing to high levels of maternal and neonatal mortality.¹ There are ongoing efforts to

increase access to safe delivery services through supply-side interventions, such as training more skilled birth attendants and refurbishing maternity wards. In most cases, personal savings must be built up during pregnancy to afford the costs associated with safe delivery. However, women in Zambia often fail to save adequately during pregnancy.

Details of the Intervention

[Note: This study is not a randomized controlled trial.]

Researchers have partnered with IPA and World Vision to conduct an observational pilot study to investigate the feasibility of and demand for a set of interventions that encourage women to save during pregnancy in order to access their preferred safe delivery services. Prior to the start of the pilot, the interventions were designed and revised through a series of focus groups held with pregnant women in rural communities in the area, with support from Financial Sector Deepening Zambia.

The study is piloting two interventions in 15 villages and 46 savings groups in Zambia's Southern Province:

A home-based birth planning intervention delivered by community health workers who work with pregnant women to prioritize materials needed for safe delivery and set savings goals based on each woman's specific needs and preferences; and

A village savings group intervention in which groups are encouraged to integrate financial support services for members and their spouses who become pregnant into their constitutions. Financial support services include reduced interest rates on loans taken to purchase materials for safe delivery, cash incentives for demonstrating birth preparedness, and storing of personal savings in the group's cash box.

Over the one-year pilot study period, researchers will measure uptake and evaluate the feasibility of implementing the intervention at a larger scale.

Results and Policy Lessons

Pilot results

Initial results from the pilot, which is still ongoing, demonstrate that the components of the intervention package are feasible to deliver to rural communities in Zambia. Strong uptake among pregnant women and savings groups has also been found. All pilot savings groups adopted at least one of the financial support services and many adopted all three: 89 percent of groups chose to offer reduced interest rate loans for materials for safe delivery; 87 percent chose to provide a cash incentive for birth preparedness; and 100 percent chose to allow pregnant women to store their personal savings in the group lock box.

A rigorous evaluation of the intervention package is needed to understand the feasibility of implementing the intervention on a large-scale, and to measure impact on facility-based

delivery and maternal and child health, as well as on women's empowerment.

Sources

¹Zambia 2013-2014 Demographic and Health Survey. 2015. Central Statistical Office.
<https://www.dhsprogram.com/pubs/pdf/fr304/fr304.pdf>

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