



## Monetary incentives can increase antenatal care visits and health facility deliveries in Zambia

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### Key messages

- **Monetary incentives for community-based volunteers can increase the number of women accompanied to seek antenatal care during their first trimester of pregnancy and the number of deliveries in health facilities.**
- **Increasing early antenatal care visits and health facility deliveries is important for reducing maternal and neonatal mortality rates in rural Zambia.**
- **Providing and sustaining incentives to community-based volunteers can mobilize community structures to improve health outcomes in rural areas.**

### Late or lack of antenatal care increases maternal mortality

Less than a third of pregnant women in Zambia seek antenatal care (ANC) in their first trimester (31% in 2018)<sup>1</sup>. This late initiation of ANC is contributing to Zambia's high maternal mortality rate, which is disproportionately concentrated in rural areas. Late initiation of ANC may be due to a variety of factors including cultural norms, distance to the health facility and financial barriers. In Zambia's predominantly rural Central Province, the proportion of women seeking ANC in the first trimester of pregnancy is among the lowest in the country at 19.2%<sup>1</sup>.

The Government of Zambia recognizes that maternal, neonatal and child health (MNCH) outcomes are deteriorating and has been seeking a way to improve access to and increase the use of MNCH services. However, the focus so far on motivating frontline health workers—including through incentives such as results-based financing—with little attention paid to community-based volunteers (CBVs) has proved ineffective.

The Ministry of Health's 2017-2021 Community Health Strategy proposed monetary and non-monetary incentives (including refreshments, transportation refunds, training, free health consultations) for members of neighbourhood health committees (NHCs) and CBVs. However, these incentives are not harmonized, with reimbursements varying according to the implementing partner that provides the service.

In collaboration with the government, a team of local PEP researchers sought to understand the impact of providing monetary incentives to community-based volunteers for referring or accompanying women to ANC visits within the first trimester of their pregnancies.

<sup>1</sup> Ministry of Health (2018). Health Management Information System Database. Lusaka, Zambia.

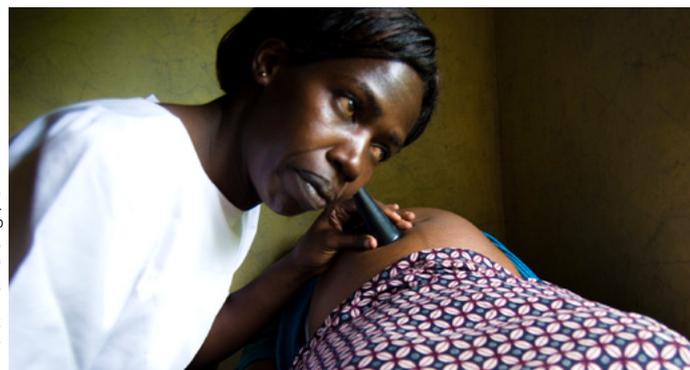


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### What are NHCs and CBVs?

Neighbourhood Health Committees (NHCs) link the community to health centres. Members of NHCs usually include traditional and community leaders, adults and youths, representatives from the poorest families and different cultural groups, retired civil servants, and representatives of NGOs.

NHCs supervise the activities of community-based volunteers (CBVs). CBVs reside in the community and are usually well-known by community members. They deliver services in their communities under health and other social sector programs on an unpaid, part-time basis (Ministry of Health, 2017). They also provide information to health facility managers to better understand and serve community needs through healthcare promotion and case management.

## The experiment

The research team used a **matched-pair, cluster-randomized parallel design** to evaluate the impact of a **Government program to provide monetary incentives to community-based volunteers (CBVs)** in Zambia's Central Province.

Ninety-eight rural health centres were paired based on administrative data. One of each pair was randomly assigned to the treatment group, the other to the control group.

To separate the effect of monetary incentives from other reminders, orientation meetings were held in all facilities to remind Neighbourhood Health Committees (NHCs) of the importance of pregnant women attending antenatal care (ANC) visits within the first trimester.

Posters were placed in all health facilities, and reminder text messages were sent to NHCs in both treatment and control sites.

The government paid ZMW 5.00 to NHCs for each woman referred or accompanied (equivalent to about 14% of the daily basic minimum wage).

*To find out more about the research methods and findings, read the full research paper [No. 2022-02](#), published as part of the [PEP working paper series](#).*



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## Key findings

**Providing monetary incentives to community-based volunteers (CBVs) significantly increased the number of pregnant women who were accompanied to seek antenatal care (ANC) visits in the first trimester as well as the number of facility deliveries.**

- The number of women accompanied by CBVs to ANC visits in the first trimester increased by 29 percentage points.
- Facility deliveries increased by 22 percentage points.

However, there was no significant change in the proportion of women who went unaccompanied and overall first trimester antenatal care attendance did not increase.

Qualitative evidence suggests that CBVs face a number of challenges that affect how effectively they can support pregnant women in their community. For example, CBVs without transportation must sometimes walk long distances to visit clients. They may also have difficulty identifying women who could not disclose their pregnancy early enough.

## Conclusions and policy implications

The findings that providing monetary incentives to community-based volunteers leads to more women initiating timely antenatal care (ANC) visits suggests that these small incentives could be important for reducing mother and new-born mortality.

Motivating the CBVs is linked to the broader maternal health benefits of initiating antenatal care during the first trimester. These benefits include the knowledge that pregnant women gain from prenatal classes (how to stay healthy during pregnancy, looking after and feeding the new-born, making a birth plan, child immunisations, important vitamins, screening, diagnosis), managing and controlling risk, and the importance of giving birth at the health facility, etc. Together, these benefits would lead to improved maternal and child outcomes.

To mobilize the community structure effectively and efficiently, and for service delivery continuity, **the Government of Zambia needs to provide and sustain incentives to CBVs.**

While regular compensation for CBVs may provide a sign that their work is acknowledged and approved, small monetary incentives may not be sufficient to outweigh the other challenges they face. As such, it will be important to **evaluate other factors that might motivate CBVs**, such as community leadership and governance.

Therefore, the research team recommends that more resources be allocated to **critically examine other factors that hinder timely attendance** beyond the action of health workers and volunteers. For example, strengthening community structures through training and mentorship programs may help address socio-cultural and attitudinal obstacles to ANC visits among pregnant women.



Photo: Kate Consavage / USAID

This brief summarises policy analysis outcomes from the project **PIERI-20379**. To find out more about the scientific research methods and findings, read the full research paper **No. 2022-02**, published as part of the **PEP working paper series**.

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*The views and opinions expressed in this publication are those of the authors and do not necessarily reflect those of PEP.*

