

Community Health Workers



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Can strategic selection and remuneration improve retention and performance of community health workers?

Community health workers (CHWs) are commonly regarded as a potential solution to the shortage of formal health workers throughout sub-Saharan Africa. Recruited from their communities, trained, and then deployed back to their communities, it is thought that CHWs are more likely to have the necessary relationships, local knowledge, and sense of community responsibility to deliver health services to underserved populations in rural areas, where retention of formal health workers is a perennial challenge.

While informal CHW programs have existed for many years, recently many countries in sub-Saharan Africa have sought to formalize the CHW cadre and implement national CHW programs at

scale. Little is known, however, about how to carry out this process effectively. In particular, there is a dearth of evidence on two fundamental questions: Who are the 'right' people within communities to become CHWs, and how can incentives (both financial and non-financial) be used to motivate CHWs to the highest performance levels? Recruiting the best workers and motivating them effectively are critical for ensuring low turnover and high performance of a national CHW workforce.

In 2010, the Government of Zambia announced a new national **Community Health Assistant (CHA) Strategy** that will aim to train 5,000 new CHWs by 2015—a massive investment in a country with only 6,000 nurses. These

community health workers will undergo a year of formal training, and will then be posted back to their rural communities, where it is envisioned that they will do most of their work directly within the community. The national strategy intends that CHWs will be the first line of health care for Zambians living in the most remote regions of the country.

Before launching the full strategy, the Government of Zambia is implementing a pilot study involving the recruitment, training, and deployment of 315 community health workers across 48 rural districts. Innovations for Poverty Action is partnering with the Government of Zambia to rigorously test different recruitment and incentive strategies in this pilot.

Building the Evidence

Working Paper: "No Margin, No Mission? A Field Experiment on Incentives for Pro-Social Tasks." N. Ashraf, O. Bandiera, and K. Jack. *Draft mimeo*, Sept 2011

Ongoing Research: "Selection and Compensation of Community Health Workers in Zambia." N. Ashraf, O. Bandiera, S. Lee, and M. Musonda.

Previous Research

Evaluating financial and non-financial incentives

In a field experiment with Population Services International Zambia, IPA researchers provided incentives to 1,200 local hairdressers and barbers for distributing and encouraging use of female condoms among customers. Trained stylists were randomized into four incentive types: low financial margin; high financial margin; social recognition; or a completely volunteer contract.

Results demonstrated that, contrary to economic intuition, financial margins were no more effective than volunteer contracts, and **social recognition** was the most effective motivator, where promoters sold twice as many packs as hairdressers in all other treatments. Social recognition proved especially effective for those who had expressed stronger support for the HIV cause in pre-program surveys, suggesting that the social recognition treatment leverages existing pro-social motivation in a way that a standard volunteer contract does not.

This pioneering project provides the first experimental evidence to date on the use of social incentives for pro-social tasks. Given that all health work is pro-social, the results of this project suggest that governments may benefit greatly from integrating social incentives such as recognition and feedback more systematically into remuneration packages for health workers.



“What will happen if they now see themselves as civil servants? Will they retain their connection to the community?”

Director of Human Resources, Ministry of Health of Zambia

Initial Findings: Recruitment

During the recruitment phase of the national Community Health Assistant strategy, IPA partnered with the Government of Zambia to test two different recruitment strategies: one that emphasized the community service aspects of becoming a CHA, and another that emphasized the career benefits. Our results indicate that the two recruitment strategies resulted in two distinct cohorts of final selected candidates. For example, those who received career-oriented recruitment messages are more predominantly male, older, and have more technical knowledge. As these two distinct cohorts progress through the CHA program, their relative retention and performance will shed important light on how the Government of Zambia should frame recruitment as it scales up the CHA strategy.

Next Steps: Incentives

In addition to recruiting optimal “types” of people to become community health workers, strategic motivation can also lead to higher retention and performance. In partnership with the Ministry of Health, IPA is testing different non-financial incentive schemes during the CHAs’ year-long training to assess which schemes have the greatest impact on training performance.

When the CHAs complete their training and return to their communities, we hope to test different incentive schemes in the field. We will evaluate these incentives with respect to multi-dimensional health performance measures. Thus, this project will provide valuable insight into how the Government of Zambia and other governments can use social and non-financial incentives to improve health worker motivation

Interested in learning more about, or supporting, this research?
Please contact Research Manager Kristin Johnson (kjohnson@hbs.edu)