

# Evidence-informed policymaking for health workers in Zambia

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## Highlights

### Evidence impact

- Zambia's Ministry of Health collaborated with the researchers of the 3ie-supported evaluation to research different incentive designs to recruit high-quality community-based health workers.

### Factors that contributed to impact

- The researchers engaged with the Ministry of Health from the beginning of the project to determine how future findings may inform strategies for the government to recruit and motivate community-based agents.
- Findings were shared in a digestible format to the stakeholders, including Zambia's directorate of public health and research.
- The research questions and findings were available in time to inform an evaluation of alternative recruitment strategies for the planned government cadre of community health associates.

## Impact evaluation details

Title: [No margin, no mission? Evaluating the role of incentives in the distribution of...](#)

Authors: Nava Ashraf, Oriana Bandiera, Kelsey Jack

Status : Completed December 2011



## Context

**Female condoms can help prevent HIV and other sexually transmitted infections and give women the ability to take protection into their own hands. However, at the time of the evaluation, female condom uptake had not been high in Zambia, unlike in other parts of Southern Africa.**

**To improve the uptake of health goods, non-profit and public organisations often rely on the services of community members, yet research on the motivation and performance of these agents is scarce.**

**In 2009, the Society for Family Health in Lusaka planned to rely on hairdressers and barbers as a novel distribution channel to promote their CARE brand of female condoms. Trained hairdressers and barbers were expected to promote and distribute female condoms, as well as to provide information to customers about the dangers of unprotected sex and the benefits of using condoms properly. However, it was not clear how these agents could be selected and motivated to carry out these tasks.**

**Researchers from the Harvard Business School and London School of Economics collaborated with the Society for Family Health to evaluate how different incentive designs would work to motivate 1,222 agents located in 200 distinct geographical areas.**

**Researchers also engaged with officials at Zambia's Ministry of Health and were aware even at the evaluation design stage that the findings could be salient to the ministry, as they planned to set up a new cadre of community health workers called community health associates.**

Between 2009 and 2010, the evaluation tested four incentive designs for effects on the agents' participation in the programme, condom sales and intrinsic motivation to serve in a social cause. The intervention arms were: (1) standard volunteer contracts offered by NGOs; (2) small monetary rewards on the basis of condom sale performance; (3) large monetary rewards on the basis of condom sale performance; and (4) non-financial social recognition in the form of stars posted on a thermometer displaying condom sales.

## Evidence

The findings showed that the type of incentive scheme did not affect participation from the hairdressers and barbers. The non-financial reward was a cost-effective means to elicit effort. Agents in the star or social recognition group sold more than twice as many condoms as those in any of the other groups. Star treatment agents were 12 per cent more likely to sell at least one pack of female condoms and 13 per cent more likely to sell 12 or more packs than agents in the business-as-usual volunteer contract group.

The star treatment elicited more effort from agents who expressed greater pre-treatment motivation for the social cause. No evidence was found to suggest that financial incentives crowd out intrinsic motivation. Agents who were offered financial rewards, either large or small, were as effective as stylists in the business-as-usual group.

Finally, the evidence indicated that the effect of incentives on effort depended on whether social comparisons were possible and how much agents valued monetary rewards.

## Evidence impacts

### **The findings informed the health ministry's later evaluations**

Following a review of evidence that included the findings of the 3ie-supported evaluation and a meeting with the researchers, the director of public health and research at Zambia's Ministry of Health asked the researchers to find the most effective ways to recruit and motivate community-based health workers. These interactions in July 2010 led to [three subsequent evaluations](#). These evaluations have informed health worker recruitment in Zambia and have also been cited in the [World Health Organization's 2018 guideline](#) to optimise community health worker programmes.

## Suggested citation

International Initiative for Impact Evaluation (3ie), 2020. *Evidence-informed policymaking for health workers in Zambia* [online summary], Evidence Impact Summaries. New Delhi: 3ie.

## Related

### [Improving the motivation and performance of health workers in Africa](#)

This research impact case study on the website of the London School of Economics and Political

**Science profiles the collaboration between the researchers of the 3ie-supported evaluation and Zambia's Ministry of Health.**

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