

**CORRESPONDENCE****Non-monetary incentives for pregnant women and antenatal attendance among Ethiopian pastoralists**R. Zachariah,<sup>1</sup> M. De Smet,<sup>1</sup> W. Etienne,<sup>1</sup> M. Khogali,<sup>1</sup> R. van Den Bergh,<sup>1</sup> R. Veerman,<sup>1</sup> A. D. Harries<sup>2,3</sup><http://dx.doi.org/10.5588/pha.14.0062>

The March edition of the *Public Health Action* published a short communication on the effect of non-monetary incentives on antenatal clinic (ANC) attendance among Ethiopian pastoralists.<sup>1</sup> Encouragingly, the introduction of incentives was associated with significant increases in ANC attendance (48% in the first year and 60% in the second year of the programme). The incentive package that was provided during four scheduled ANC visits included a bar of soap and a bucket at the first visit; a mosquito net at the second visit; sugar, cooking oil and a jerrycan at the third visit; and a delivery kit at the fourth visit.

The incentives were designed based on the needs of pregnant women in the local setting and were culturally acceptable, as there was a process of community participation. In addition, the total cost of the incentives was US\$10, a reasonable financial investment for the reported gains.

However, a point worthy of discussion but unfortunately missed in the paper was the chronology of incentives and whether this could be improved. A mosquito net was part of the incentive package but was given at the second visit. In malaria-endemic areas where pregnant women are particularly susceptible to

malaria, maximal malaria-related benefit would be expected if mosquito nets were given at the first contact rather than the second.

This programmatic issue has been corrected and the current global institutional policy is to include mosquito nets as an early and priority incentive for pregnant women in all malaria-endemic areas.

In conclusion, although we showed that the introduction of a package of incentives had a positive effect on antenatal clinic attendance, further patient and public health benefit could be reaped by thinking carefully about the order of priority for distribution of the specific items contained in an incentive package.<sup>2, 3</sup>

**References**

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