Performance-Based Financing in the context of the 'complex remuneration' of Health Workers

Findings from a mixed-methods study in rural Sierra Leone

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Introduction

- Numerous studies explore the role of financial and non-financial incentives and strategies for HWs motivation
  - Franco et al, 2002; Buchan et al, 2000; Chandler et al, 2009; Lehmann et al, 2008; Willis-Shattuck M et al, 2008; Lagarde & Blaauw, 2009.
- Little evidence on the impact of PBF schemes on health outcomes and (even less) on HWs motivation and performance
  - Meessen et al, 2007; Kalk et al, 2010; Paul et al, 2014; Huillery & Seban, 2015.
- However, no work so far explores PBF payments in the context of the overall 'complex' remuneration of HWs

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Introduction

Research questions

- Overall research focuses on the ‘complex remuneration’ of HWs
- Specific **study objectives**:
  - investigate the absolute and relative contribution of PBF bonus to HWs income
  - explore the views of HWs on motivation and performance payments
  - analyze the HWs perceptions on revenues and livelihoods with regards of PBF and in interaction with other incomes

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Study setting

PBF policy design

- This study looks at the case of **Sierra Leone**, where a series of reforms have re-shaped HWs financial incentives:
  - payroll clean and salary increase (2010)
  - gradual elimination of most salary top-ups (2010-2012)
  - introduction (and discontinuation) of a remote allowance (2012)
  - introduction of a PBF scheme (2011)

- The PBF scheme:
  - covers *all* primary healthcare facilities,
  - is based on 6 MCH indicators + quality checklist
  - includes both facility (40%) and staff (60%) bonus

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Bertone MP, Samai M, Edem-Hotah J, Witter S: **A window of opportunity for reform in post-conflict settings? The case of Human Resources for Health policies in Sierra Leone, 2002-2012.** *Conflict & Health* 2014, **8**.

Study setting

Implementation of the PBF scheme

- **Weak verification** process
  - 12% to 73% difference between internal and external verification (April 2014)
- Long **delays** in payment of bonus
  - about one year delay in April 2014

> "The real key issue is that with all of these policies and all of these strategies, none of them have been properly operationalised and none of them have stayed around. Like, in 2002, there was a free health care policy announced [...] and then it just didn't happen. So free health care is announced again in 2010, and it's like, OK, it's happening, but is that going to slowly start to fall apart? If PBF is announced, it's like, oh it comes and then it stops, you know." (KII – NGO).

- **Dependency on actors at local level** (NGOs) for the correct implementation of the scheme and for extra support.

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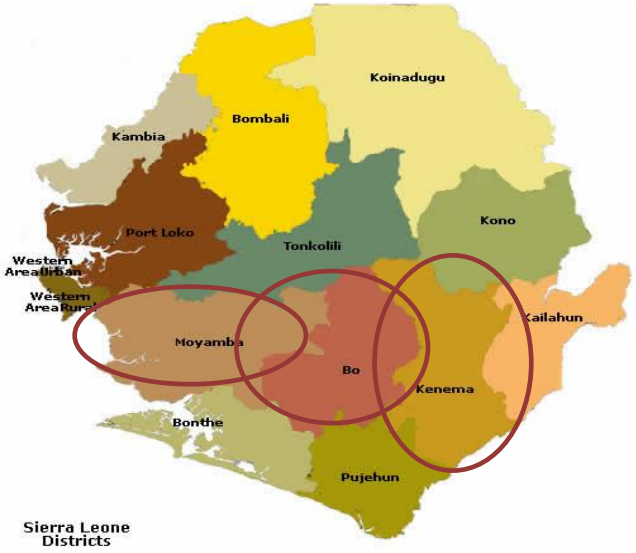
Bertone MP, Witter S: **An exploration of the political economy dynamics shaping health worker incentives in three districts in Sierra Leone**, *Social Science and Medicine* (under review)

Methods

Data collection



- Study undertaken in 3 **districts:**
  - Bo, Kenema, Moyamba

- **Quantitative data collection:**

in 198 randomly selected *primary healthcare centers,* **266 HWs** were surveyed selected among those present:

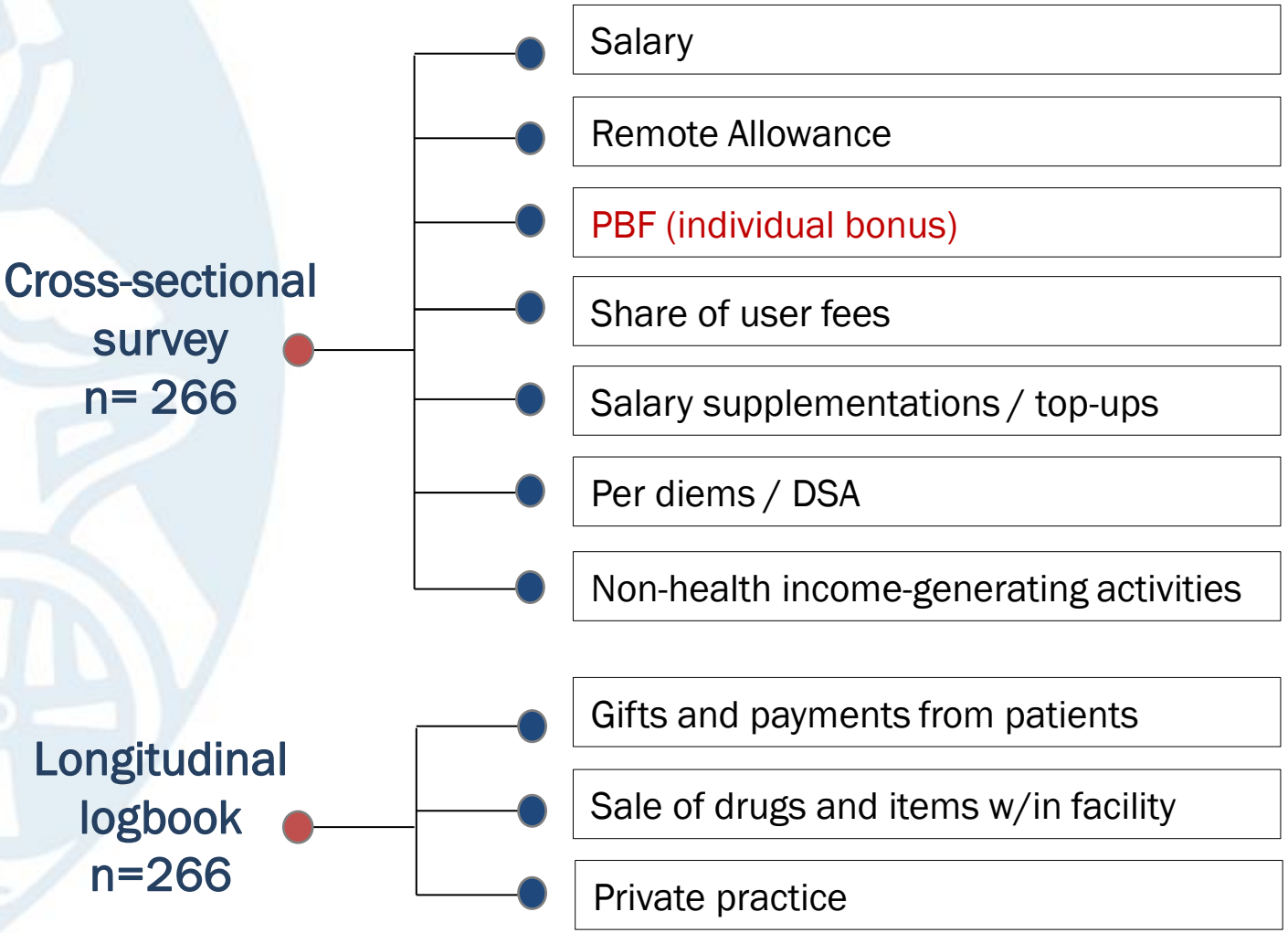
  - only Community Health Officers (CHOs), Community Health Assistants (CHAs)+nurses, Maternal and Child Health (MCH) Aides
  - in-charge or highest in rank
  - 1 or 2 HWs per facility

- **Qualitative data collection:**

in-depth interviews with **39 HWs** purposively selected from the survey sample

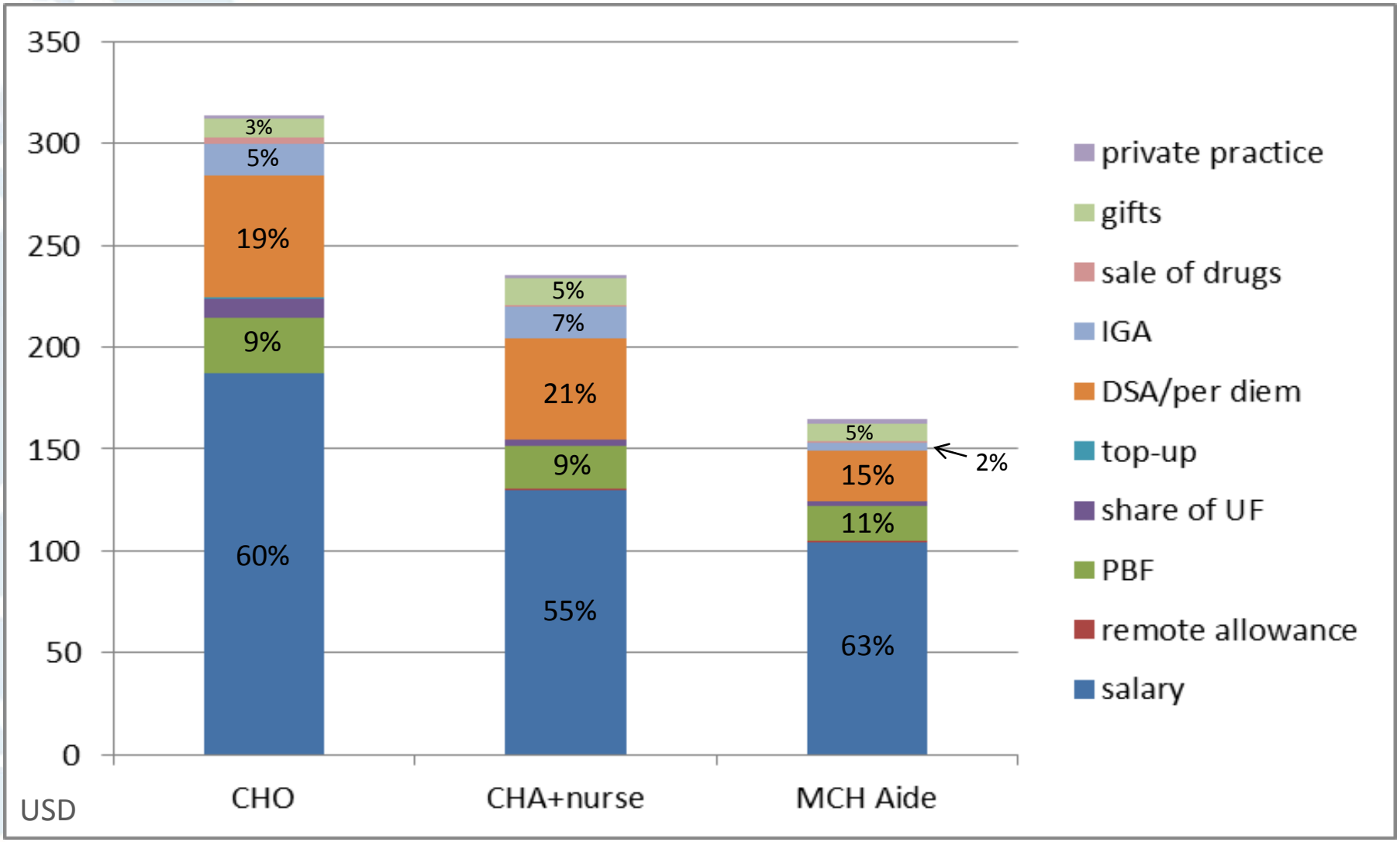
Methods

Types of income covered and data sources



HWs perspectives

PBF as one of the incomes within a 'complex remuneration'



HWs perspectives

Results from logistic and linear regressions

	(1) pbf (logistic) *received* PBF bonus (yes/no)		(2) pbf (linear) *amount* of PBF bonus	
male	0.456		0.266	
young (U35)	-0.341		--	
Community Health Officers	-0.884		0.118	
Community Health Assistants + nurses	-1.057	**	0.054	
in-charge	1.342	***	0.332	**
Community Health Centre	0.735		0.022	
Community Health Post	0.920	**	-0.126	
urban	0.189		0.109	
Bo	-0.199		-0.656	***
Kenema	0.677	*	-0.160	
constant	-0.609		11.570	***
obs	266		163	
R-squared	-		0.240	

(***, **, * indicates significance at 1%, 5% and 10% level)

HWs perspectives

HWs views on being paid based on performance

- Perceptions on being paid **by performance:**
  - positive relation with motivation and effort exerted

> "We put more effort" " We work harder" (IDI - K108, K402)
>
> "PBF motivates us. Where do I feel there is a lack? Why are my friends getting more than me? What was my problem? Then you sit down and check yourself" (IDI - K304).

- **Non-financial motivation from PBF:**
  - clarifies tasks and requirements and improves service delivery

> "I prefer PBF because it helps me. Now I know what to do and what not to do" (IDI - K903)
>
> "PBF is good, but not only the money. You receive the money and you eat it, but when you are used to [fill in] the partograph, then you enjoy your job" (IDI - M905)

  - the 'facility' part of the bonus contributes to improving the working environment

HWs perspectives

Revenue from PBF and financial coping strategies

- Views on **revenues from PBF**:
  - usually positive, especially if compare to less positive views on salary

> **PBF** "helps", is "good money", is "really enough" (IDI - B313, K004, M607; B407, K905; K903)
>
> **Salary** is "not enough", "is small for the job", is "not satisfying" (IDI - B003, B112, B410, B503, K108, K304, K308, M204; K408, K903, M205, M406, M906; M607)

- **Financial coping strategies:**
  - considered a 'complement', an unexpected extra

> "It [PBF] is manageable, it is just an addition" (IDI - K905)
>
> "[PBF] helps because if you are getting your salary, then you have a small amount adding to that" (IDI - K304).

  - evidence on differential use of incomes: salary used for high and regular expenditures (e.g., school fees, family livelihoods), while PBF and other unstable incomes used for emergency expenditures, personal subsistence or re-invested in IGAs (0.151, se:0.077).

HWs perspectives

Implementation issues as 'demotivators'

- **Delays** in payment of PBF bonus
  - no direct link between performance and payment
  - complicated sharing practices with staff who moved to another facility
  - misappropriation of PBF bonus and mismanagement of system by some in-charges
  - practice of sharing with non-eligible staff (CHWs and TBAs, as well as 'new' HWs)
- Difficult **access** via bank account in district town

> "PBF does help actually, but the time to get out PBF is our problem. Because the time when it [the PBF bonus] comes, we have to go through a lot of process before ever accessing it. Certain times you pay transport to Kenema and be there for one or two days and you are not able to access the money, or they tell you to come another time" (IDI - K707).

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Conclusions

- Pay for 'performance':
  - represents about 10% of the total income for primary HWs (3rd main revenue)
  - seems to be well perceived by HWs, despite the implementation issues and the relative small amount compared to the overall income
  - contributes to HWs livelihoods as 'addition' for family emergencies, subsistence, or re-investment
- The PBF scheme's design and implementation has an important impact on the ways it (de)motivates HWs
- Remuneration is 'complex' and interrelated, as HWs enact compensating and coping strategies
- Relevance for EVD / post-EVD health system strengthening
- Next steps: explore whether the remunerations received by HWs influence the *activities* they undertake

Acknowledgements

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