

Research brief: A cross-sectional study of the income sources of primary care health workers in the Democratic Republic of Congo

Tulane University School of Public Health and Tropical Medicine

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Background

In the Democratic Republic of Congo (DRC), the government's system to pay health workers does not work well, often causing health workers to seek out other income sources increasing the potential for fraud in the health system. In 2013, government health spending was only 4.5 percent of the national budget, falling far short of the internationally recognized standard of 15 percent. Although all government health workers should receive a salary and occupational risk allowance (or "prime de risque"), not everyone receives these. Services therefore rely heavily on out of pocket payments from clients, with no accepted standard national tariff for consultations. Health workers have also become dependent on performance-based payments and/or per diems from international health partners.

Given the central role that health workers play in the health system, policy-makers need to ensure health workers are paid in a way which best incentivizes them to provide effective and good quality services. The purpose of this study was to describe the different sources and amounts of income paid to primary care health workers in Equateur, Maniema, Kasai Occidental, Province Orientale and Kasai Oriental provinces. It also explored characteristics associated with the receipt of different sources of income. This type of evidence is needed in order to design effective incentives packages for health workers, with the overall aim of improving their performance in the delivery of health care services.

Study Methods and Design

The empirical data used for the study come from health facility and health worker surveys carried out in Equateur, Kasai Occidental, Kasai Oriental, Province Orientale, and Maniema provinces in 2014 in 210 randomly selected facilities. The health worker survey included questions about the sources of amounts received, including those from salaries, occupational risk allowances, performance payments and per diems from nongovernmental partners, private clinical work, user fees from patients, informal payments or "gifts," allowances, and income from non-clinical activities. Respondents were also asked whether government payments were received on time, if there were delays receiving these payments, and amounts received compared to expectations.

Descriptive statistics were used to explore the demographic characteristics of health workers surveyed, and types and amounts of incomes received. A series of statistical regression models were estimated to examine the health worker and facility-level determinants of receiving each income source and of levels received. Qualitative research was carried out in Kasai Occidental province to explore health workers' perceptions of each income source and the reasons for receiving each type of income.

Study Findings

The study findings indicate that nurses made up the majority (90 percent) of workers in primary care and were mainly working in rural health care facilities. Among nurses, a third did not receive any form of government payment, only 32 percent received a government salary, while 75 percent reported compensation from user fees (Figure 1). Almost half of all nurses reported that they engaged in supplemental nonclinical activities, such as agriculture and trade (Figure 2). Among nurses receiving a salary and occupational risk allowance, over two thirds reported receiving the payments on time, but that the payments received were less than expected. In addition, many nurses expressed complaints about the frequency of salary payments, stating the payments were often irregular and were not made on any set day of the month. Many nurses also mentioned that they often ran out of money before the next pay day, and that they often had to borrow money from their family and friends to pay the rent or school fees.

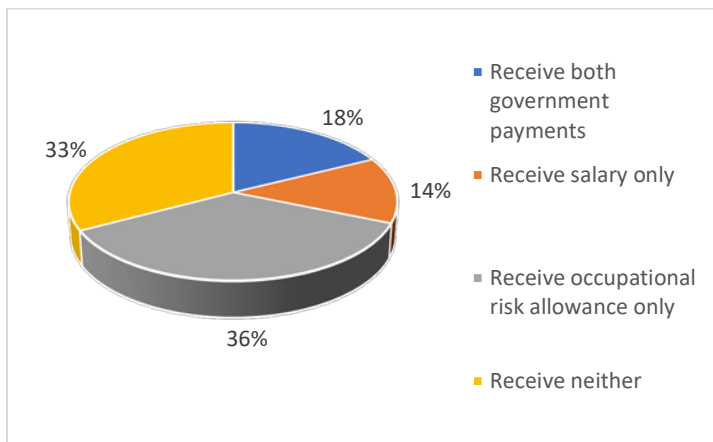


Figure 1: Proportion of nurses receiving both government payments, salary or occupational risk allowance only, or no government payments.

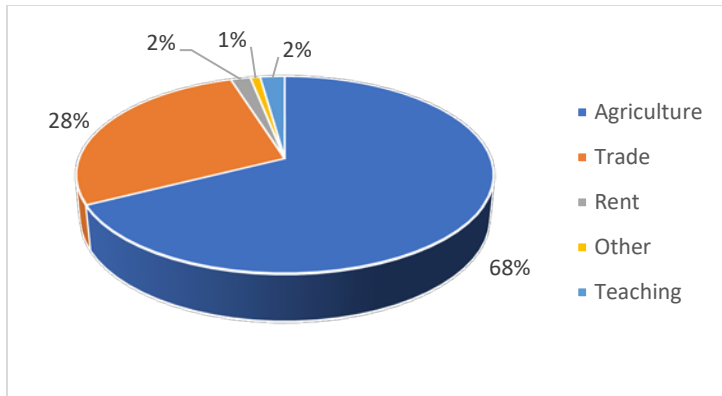


Figure 2: Types of supplemental non-clinical activities practiced by nurses.

Analysis was also conducted of the determinants of payments. Receipt of government payments was associated with income from private practice and non-clinical activities. Male nurses were more likely to receive per diems, performance payments, and higher total remuneration compared to females. Contextual factors such as provincial location, presence of externally financed health programs and local user fee policy also influenced the extent to which nurses received many income sources.

Limitations

There were several limitations to this study. Firstly, the health worker survey was limited to those available on the day of the survey and does not capture the views of those absent. Secondly, workers may have under-reported or inaccurately recalled their income. Due to resource constraints, qualitative interviews could only be conducted in one of the five provinces and so we were unable to identify reasons for the provincial variation observed. Finally, the facilities sampled represent 2.3 percent of the overall number of state primary care health centres and therefore the results are not necessarily representative of the provinces as a whole.

Conclusions and Recommendations

Only a minority of nurses received a government salary, and the receipt of government payments was unreliable and had implications for receipt of other income sources. A mixture of individual, facility and geographical factors were associated with the receipt of various income sources. Greater co-ordination is needed between partners involved in health worker remuneration to design more effective financial incentive packages, reduce the fragmentation of incomes and improve transparency in the payment of workers in the DRC.



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