Research brief: Investigating the effects of removing performance-based payments from health workers on motivation in the Democratic Republic of Congo

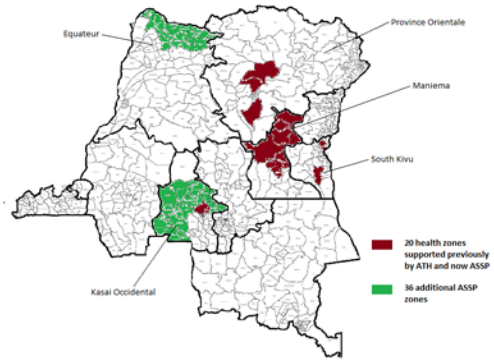
Tulane University School of Public Health and Tropical Medicine

Background

In the Democratic Republic of Congo (DRC), the government's system to pay workers does not work well, as many health workers do not receive the government salary. Consequently, some donors have used performance-based financing (PBF) strategies in order to motivate health workers to supply better health services. However, long-term financing of PBF by donors is not always assured, raising questions over its sustainability. Little is also known about the consequences for health worker motivation when PBF is withdrawn.

In the DFID-funded project called Access to Health-Care (ATH), PBF was introduced in all health zones supported by the project, but was ended under a subsequent project, the DFID-funded ASSP Project, in 2014. Figure 1 shows the 20 ASSP-supported health zones where PBF was introduced under the ATH Project and the 36 ASSP-supported health zones where PBF was not introduced, including eleven zones in the province of Equateur and 25 zones in the province of Kasai Occidental.

Figure 1: Map of DRC showing ATH and ASSP health zones



This study has two main aims: the first is to identify important determinants and outcomes of motivation of health workers in the DRC in order to inform the development of policies targeted at strengthening health worker motivation and performance, thereby improving the efficiency of health services. The second aim is to identify how the withdrawal of PBF may impact upon the motivation of workers.

Study Methods and Design

The study is based on both quantitative and qualitative data. The quantitative data come from a health worker survey was carried out in Equateur, Kasai Occidental, Kasai Oriental, Province Orientale, and Maniema provinces in 2014 in 210 randomly selected facilities using a structured survey containing questions related to aspects of motivation. Various analytical techniques were used to analyse the data, including exploratory factor analysis and multivariate regression modelling in order to identify relationships between health worker characteristics and health worker motivation.

To complement that quantitative analysis, qualitative data collection was also carried out in November 2014 in the province of Kasai Occidental. Two urban and two rural health zones where workers had previously received PBF payments under the ATH programme were selected as well as two urban and rural health zones which had not previously received PBF. Health workers were asked about their perceptions on: the working environment e.g. in terms of resources, relationships with colleagues and superiors, workload and the quality of services offered, barriers or facilitators in performing tasks, commitment to the job, management of the facility, behaviour of themselves and colleagues at work, non-financial incentives such as training, financial incentives, and overall satisfaction. Those workers whom had previously received performance-based payments were asked an additional set of questions to explore their perceptions of PBF, and any changes which had occurred following the removal of PBF.

Study Findings

The results of the study suggest that individual traits, such as the conscientiousness and self-efficacy, were significantly lower among workers who had previously been exposed to PBF. The scores for measures of overall motivation, working environment and relationships and perceptions of financial reward were also significantly lower in workers who were no longer receiving PBF. The loss of income from the PBF payments meant staff relied more heavily on user fees charged to clients, which was a much lower amount than the previous PBF payment. This may have impacted upon relationships between staff in the facility. For example, the qualitative study found that a common cause of disputes was the allocation of the user fee between personnel at the end of the month.

The results of the qualitative analysis also yielded other interesting findings. While many respondents commented that they are generally satisfied with their work as nurses and that they have good working relationships with their colleagues, all nurses expressed deep frustration with the financial compensation they receive. Some nurses mentioned that their income was not enough to pay the costs of food and other necessary households items. Disputes about how income from user fees was divided among health workers were cited several times in the interviews. In addition, some nurses reported that they were not satisfied with the amount of training opportunities, and that the process of choosing which workers received these opportunities was unfair. In terms of ASSP workers, many respondents commented that the project has better defined their roles and responsibilities. However, some commented that they

receive no extra compensation for some of the extra increased job responsibilities that have been assigned, such as reporting.

Limitations

There were several limitations to this study. Firstly, the health worker survey only recruited workers present on the day of the survey. It is possible that the motivation of workers who are likely to be present in facilities differs from that of workers who are less frequently working in facilities, yet the extent of this selection bias could not be determined. Secondly, the study was subject to certain biases, including social desirability bias where respondents' perceptions of what constitutes an acceptable answer or what they think the researcher wishes to hear may have influenced their responses. Thirdly, due to resource constraints, interviews could only be conducted in one province and so it is not possible to generalise the findings to other provinces. A significant limitation of the study is that it is cross-sectional and, as such, we were not able to attribute causality between the removal of PBF payments and effect on motivation. Once the protocol for this study had been accepted, the removal of PBF payments had already commenced and so the motivation of workers during the PBF payments could not be measured.

Conclusions and Recommendations

Overall, the findings of this study indicate a need to carefully consider the effects of withdrawing financial support from workers. In this case, ending a PBF programme may have had an impact on the livelihoods of staff, behaviour of staff and the relationships between staff and communities. The introduction of user fees also negatively affected access to health care by communities, with many preferring to go to traditional healers, private clinics or not access health care at all. Lessons learned going forward are to consider the effects the withdrawal of PBF may have on the health workers and the communities, and putting in place strategies to mitigate any negative consequences. For instance, monitoring staff performance at these facilities and ensuring clear communication to the community that workers are no longer receiving PBF payments. Furthermore, despite the phased withdrawal of PBF payments over a few months, the changes in livelihood experienced by workers following the removal of PBF were reportedly dramatic as these payments had previously made up the majority of their income. Future programmes considering PBF should take into account the relative contribution that PBF payments will make to overall health worker income.

Tulane University
SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

ASSP

This project was funded with UK aid from the UK government. This material has been funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.