**‘I am managing’: complex remuneration and income use strategies of primary health workers in Sierra Leone**

**Presenting author:** Maria Paola Bertone, ReBUILD Consortium & Dept. of Global Health and Development, London School of Hygiene and Tropical Medicine (UK)

[maria.bertone@lshtm.ac.uk](mailto:maria.bertone@lshtm.ac.uk) | [mpbertone@yahoo.com](mailto:mpbertone@yahoo.com)

**Other authors:** Mylene Lagarde, Dept. of Global Health and Development, London School of Hygiene and Tropical Medicine (UK) – [mylene.lagarde@lshtm.ac.uk](mailto:mylene.lagarde@lshtm.ac.uk)

**Background:** The financial remuneration of health workers (HWs) is a key concern to address the human resources for health challenges that are acute in many countries of sub-Saharan Africa. In particular, exploring the entire set of formal and informal payments available to HWs is critical to understand the financial incentives they face, explore HWs motivation and performance, and ultimately devise effective incentive packages. In this study, we investigate these issues by looking at the ‘complex’ remuneration of HWs in Sierra Leone and the level and relative importance of each of their revenues.

**Methods:** We collected quantitative data through a cross-sectional survey and daily logbooks, focusing on the incomes of 266 public HWs at primary healthcare level in three districts in southern Sierra Leone. We complemented quantitative data collection with 39 qualitative in-depth interviews with a sub-sample of those HWs.

**Findings:** While earnings from governmental salary represent the largest share (60%), we find that the income of HWs is fragmented and composed of a variety of payments. There is a large heterogeneity in the importance of each income source, with per diems accounting for about 19% of the total remuneration, PBF for 10%, gifts/payment from patients for 5% and non-health activities for 4%. Further data analysis reveals the determinants of the incomes received and of their level based on individual and facility characteristics, and finds that these are not in line with HRH policies defined at national level. Additionally, we explored the views of HWs on each income and found that, beyond the monetary face value, each income has different features in terms of regularity, reliability, ease of access, etc. which are taken advantage of by the HWs in their income use strategies. Indeed, from the HWs narratives, it emerges that they are ‘managing’, in the sense both of ‘getting by’ and of actively enacting financial coping strategies, such as mental accounting (spending different incomes differently), income hiding to shelter it from family pressures, and re-investment of incomes to stabilize earnings over time. These strategies question the assumption of fungibility of incomes and the neutrality of increasing or regulating one rather than another of them.

**Conclusions:** Together, our findings on earnings and on income use patterns have important policy implications for how we go about (re)thinking financial incentive strategies. This is even more relevant as the country reflects on evidence-based approaches to health system strengthening reforms in the post-Ebola context.