JIMMA UNIVERSITY INISTITUTE OF HEALTH

ANALYSIS OF EMPLOYEES COMPENSATON AND PERFORMANCE APPRAISAL POLICIES AND PRACTICES IN OROMIA REGIONAL HEALTH BUREAU, ADDIS ABABA, ETHIOPIA

BY TERECHA BEKELE BERI

A THESIS SUBMITTED TO JIMMA UNIVERSITY INISTITUTE OF HEALTH, DEPARTMENT OF HEALTH ECONOMICS, POLICY AND MANAGEMENT IN PARTIAL FULFILLMENT FOR THE REQUIREMENT FOR MASTERS OF SCIENCE IN HUMAN RESOURCES FOR HEALTH MANAGEMENT

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Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

By Terecha Bekele Beri (BA in Management and BSC in Health Service Management)

Investigator signature_____ date November/2018

Thesis approved by examining board

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Abstract

Background: Compensation includes salaries and benefits in financial and non-financial forms. The compensation policy was highly linked to that of performance appraisal result. Hence, equitable salary and benefits schemes are prerequisites to effective retention of employees.

Objectives: To assess the human resource for health compensation and performance appraisal policies and practices in Oromia Regional Health Bureau, 2018.

Method: The study employed qualitative case-study design and in-depth-interview and document review data collection methods. The data were collected by three qualified personnel from purposively selected 15 key informants out of designed 21 sample size. To do so, ethical clearance was obtained from Jimma University and Oromia Regional Health Burau Institutional Review Boards to commence the study. The collected data were transcribed verbatim daily and analysed using transcription, coding, categorizing, thematizing and narration manually, from March 27/2018 to June 11/2018.

Results

The study found base salary and benefits namely incentives package (professional hazards/risk, top up, duty, house allowance and position fee), compensatory leaves, per diem pay, training and education opportunity, promotion, transfer, job injury benefits, compensatory leaves, medical benefit, social security and uniform allowance. And also it found the employee appraisal activities intended to be 360^0 evaluation: manager, self, team members and customer performance evaluation dimension.

Conclusion

The compensation policy covered were salary, leaves, medical benefits, per diem, uniform allowance, retirement pension, incentive package and training and education opportunities, and transfer and promotion were covered well, but not organization cars, mobile phones, cheap loans, extra vacations, gifts, travel expenses, vouchers, saving schemes, holiday expenses, and paternal leave. All worker compensation was based on performance appraisal result. The employee Performance appraisal intended to be $360^{0.}$ However, the linkage was poorly implemented.

Acknowledgement

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Abbreviations

ART: Anti-Retro Viral Treatment

BPR: Business Process Re-engineering

BH: Afan Oromo word equivalent to Secretariats and Accountant

BU: Afan Oromo word equivalent to administration

CEO: Chief executive officer

EC: Ethiopian Calendar

EH: Afan Oromo word equivalent to guard and labour

ETB: Ethiopia Birr

FMHACA: Food, Medicine, Healthcare Administration and Control Authority

HSDP: Health Sector Development Program

HP: Health Professional

IESO: Integrated emergency surgery officer

IPD: Inpatient department

MD: Medical Doctor

MDR-TB: Multi Drug Resistant Tuberculosis

MSC: Master of Science

MPH: Master of Public Health

OH: Afan Oromo word equivalent to Artisan

OPD: Outpatient department

ORHB: Oromia Regional Health Bureau

PCHU: Primary Healthcare Unit

PG: Afan Oromo word equivalent to semi-professional

PhD: Doctor of Philosophy

PS: Professional Science

WHO: World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Background

Human resource is one of the factors of production (Labor, Land and Capital). It is the source of achieving competitive advantages because of its capability to convert the other resources (money, machine, methods and material) into output. Healthcare system as the quality of delivering health services depends primarily on the performance of providers. Human resource for health (as key in-put) is one of six building blocks of healthcare system [1-7].

Human resources management is the integrated use of procedures, policies, and practices: **Acquisition (**human resources planning, recruitment, selection, orientation/induction, and placement); **Retention and maintenance (**performance appraisal, training and development, discipline and corrective counseling, compensation, employee assistance and career counseling, and health and safety); and **Separation**. In this context, the pillars of effective human resources management are systems, policies and management and leadership practices [1, 8].

Compensation can be direct and indirect financial and non-financial categories. Financial compensation includes equitable salaries and benefits. Benefit is compensation offered by the employer not strictly connected to the employee's individual tasks. The benefit common types are fair commission, merit increases/performance bonus, paid absence (vacation, holidays, sick leave, maternal/paternal leave, and annual leave), and social security benefits (retirement plan, employment insurance, study arrangements/training and funding of education), company cars, mobile phones and computers, cheap loans, income protection, daycare/child care, stock options, gifts, travel expenses, vouchers, saving schemes, holiday expenses, subsidized meals and clothing allowances. And non-financial compensation encompasses interesting duties and responsibilities (authority and autonomy), opportunity for recognition, feeling of achievement, advancement opportunity, fair and consistent practices and policies, competent supervision, fun and effective co-workers and flexible scheduling or working hours. Hence, equitable compensation and benefits scheme, workplace safety, employee development programs, enabling work environment, and employee relation programs are prerequisites to effective retention of employees [1, 9-11].

Performance appraisal is the process by which immediate managers and team leaders measure the actual performance of employees, compare it with planned performance, document it and provide feedback to employees on their success [12-13].

The performance appraisal is the evaluation process, in which the information is gathered, recorded, measured and analysed relating to the performance of the employees. It requires policy called performance evaluation policy. Performance appraisal can play important role in reward elements including base pay, contingent pay, employee benefits, and non-financial pays (intrinsic-in form of recognition) from the work. Performance based pay may increase with increasing rate of the best performance [12, 14-17].

Sound performance appraisal implementation results in advantages for both employer and employees [18].

Human resource policies should reflect sound practice, be written down, be communicated across the organization, and reviewed and modified periodically to reflect changing circumstances. The common/essential human resource policy areas include recruitment policies and procedures; compensation, benefits and reward policies; promotion policy; transfer policy; employee relations policy; performance appraisal policy; grievance policy; termination policy; dismissal policy; retirement policy and occupational health and safety policy [1].

Policy practice can be influenced policy itself, its formulation and dissemination; social, political and economic context; leadership for policy implementation; stakeholder involvement in policy implementation; implementation planning and resource mobilisation; operations and services; and feedback on progress and results. Therefore, it depends on content, process and context, and actors (Policy Triangle). It depends on the political will and commitment to formulate and implement evidence and need based health workers, and to allocate resources including finance [1, 19-21].

1.2. Statement of the problem

Globally, health workers compensation was different country to country leading to migration to wealthier countries where their demand is often driven by a combination of ‘pull factors’ in destination countries (better remuneration and living conditions) and ‘push factors’ in source countries (lack of infrastructure, few training opportunities and low wages) [22]

Poorly implemented performance appraisal may lead to employees quit due to results; false or misleading information utilization; lowered self-esteem; wasted time and money; damage of relationships; decrement in motivation to perform; and employees suffer from job burnout and job dissatisfaction. There is increased risk of litigation; managers are required to use an unjustified amount of resources; standards and ratings vary and are unfair; biases can replace standards [18].

In practice, there are many possible errors or biases in the performance appraisal process mostly caused by raters. These errors affect the objectivity of the appraisal very much [16].

WHO African countries office (2006) reported that many of human resource for health policies, strategies and plans have not been implemented due to lack of financial support, commitment and policy context [23].

In Zimbabwe, women working in the health sector often receive lower salaries and have fewer opportunities than their male colleagues to rise to the higher position levels of the hierarchy [24]

Ethiopia has faced poor motivation, retention and performance appraisal system due to limited investment into HRM capacity development. There are also major gaps in performance management and accountability where strong system and practices are required to link performance planning/goal setting with monitoring and improvement and regular performance appraisal, rewards/sanctions and professional development needs [25-26].

Ethiopian Ministry of Health (MoH), 2013, received approval to implement various financial allowances for health workers: duty, housing, telephone, risk/hazards and professional allowances and other non-financial incentives such as housing, loans, and transport facilities have been proposed but are not fully implemented. Many health workers in Oromia faced economic attrition and are not satisfied and motivated to perform well and to stay in the public health sector. The main reasons are low salary and lack of basic benefits cover for health workers and their families, working condition, performance evaluation system and its result utilization [7].

Researches uncovered that Gambella and Benishangul Gumuz Regional States health workers were discouraged by low salary, poor incentives, poor working condition, inadequate resources

to work limited career opportunities, limited training opportunities, hot weather condition, distance from the capital city and poor living condition [27-28].

Lack of financial reward, empowerment, recognition and clean hospital environment affected health workers satisfaction in Amhara Regional State. Both financial and non financial incentives were not exercised in the referral and district hospitals [29]

Addis Ababa hospitals do not supply transportation service for health workers. There was no a long term training opportunity given to nurses. Most of the time doctors had a chance for specialty training by taking sponsorship from the hospitals [30]

In Oromia hospitals, nurses were de-motivated due to lack of incentives; per diem of night and day duty for doctors is much higher 2.5 times than for all health care providers which was 50-60birr for doctors. And all HPs aggrieved due to lack of training and learning opportunities, low new entrants and educational upgraded salary scale, evaluation based carrier development and rewarding system, lack of means of transportation for professionals reside out of the hospital, and social infrastructure such as water and electric light supply in the hospital [31-32].

Jimma Zone health workers were not provided with housing, top up incentives, and free health care, limited further education, and lacked promotion whereas the Jimma University Specialised Hospital Nurses were de-motivated due to lack of recognition and positive feedback received from supervisors and matrons for their achievements and contribution. Al most all nurses working in Jimma University Specialized Hospital were dissatisfied with their remuneration, benefit, recognition, fair flexible work schedule, and deficiency in utilization of performance appraisal result [33-35].

1.3. Significance of the Study

The result of this study will be input as information gap filling for Oromia Regional Health Bureau decision-makers and it will encourage health system organizations implementing the policies aligning employees and organization goals/values in consistent decision-making. It will inform the health workforces their rights and obligation. Finally, it will be literature for future researchers on similar study.

CHAPTER TWO: LITERATURE REVIEW

Sufficient evidences were lacking on analysis of health worker compensation and performance appraisal policies and practices in Ethiopia and globally. Hence, some related unpublished literatures and guides documents were reviewed.

Employee compensation system based on expectancy of employees, comparable with market packages, competency based, and performance based, benefit sharing, covering both financial and non-financial is positively correlated with perceived organizational performance [36].

A study conducted in Bangladesh (2015) shows that there was financial incentives for health workers working in selected three rural districts of the Chittagong Hill Tracks (33% of total basic salary, not exceeding Bangladeshi Taka (BDT) 3,000 or USD 38) and not applied to other areas of the country. However, because it seems quite low compared to the current market, it could not attract and retain health workers. To be effective, it was suggested that financial incentives should complement with basic infrastructure available and better living environments and working conditions (road accessibility, communication, electricity, running water, internet, and schools for children, and availability of appropriate accommodation) can significantly improve attraction of health workers [37].

Republic of South Africa set minimum and maximum workers basic salary and benefits policy during the year 2008[38]:

Lower Salary Level 1 position salary scale in Rand 42,663-47,583, service bonus 3,555.25, housing allowance 6,000, employer contribution to medical scheme 26,100 and government employees pension fund (GEPF) of 13% employer contribution 5,546.19-6,185.79. Totally it accounted for 83,864-89,834 per year.

And higher salary level 10 position salary scale in Rand 217,483-252,483, service bonus-18,123.5- 21,040.25, housing allowance 6,000, employer contribution to medical scheme 26,100, and government employees pension fund (GEPF of 13% employer contribution) 28,272.66-32,822.79. Totally it was 295,978- 338,446 per year.

And there was workers low salary scale and limited benefits in Republic of Kenya during 2012. It conducted study and set relatively best minimum and maximum ceiling workers basic salary scale and benefits package (See Table 9 at appendix) [39]:

Public servant lower job grade 'A' salary scale in Kenyan shilling 11,840-12,510 and higher job grade 'T' salary scale 160,600-315,700 per month (July 2017).

The public servants allowances and benefits declared by the Kenyan remuneration policies (See Table 7 at appendix) are [39]:

Health workers allowance, excluding HPs assigned at administrative positions, per month in Kenyan shilling are Emergency call allowance for all medical doctors (medical officers, dentist and pharmacist) 30,000; Extraneous allowance for all human resource for health at healthcare facilities, except drivers rather than hospital, at urban 5,000-40,000, at Rural was 5,000-35,000 and hardship area 8,000-40,000; Health risk allowance for all HPs 2,000-20,000; Non-practicing allowance for medical officers, dentist and pharmacist 12,000-60,000; and Uniform allowance for all Nurses 10,000 per year.

Allowance in the public service are house allowance for all public servants 2,250-100,000; hardship allowance for all public servants 2,800-60,000; daily subsistence allowance for government officers to attend to official assignment away from their duty station within the country and out of the country: local travel 2,100-12,000 and foreign travel in 13200-129,700; and Car loan and mortgage schemes for all state officers who either full time or part-time basis and other public officers who are permanent and pensionable basis: car loan at 3% interest for 4 years 600,000-4,000,000 and Mortgage at 3% interest for 20 years 4,000,000-20,000,000.

Medical schemes for public officers per annum, for Public officers (employee or principal member) and a spouse and four dependent children under age of 24, with exception of school children and disability of above 24 age: In-patient cover 750,000-2,000,000, Outpatient cover 100,000-250,000, Maternity cover 50,000-150,000, Dental cover 30,000 and Optical cover 15,000-35,000.

CHAPTER THREE: OBJECTIVES

3.1. General Objective:

To assess the human resource for health compensation and performance appraisal policies and practices in Oromia Regional Health Bureau, 2018

3.2. Specific objectives:

1. To identify human resource for health compensation policies contents
2. To identify human resource for health performance appraisal policies contents
3. To analyse human resource for health compensation policies contents and practices
4. To analyse human resource for health performance appraisal policies contents and practices

The first two objectives emphasized on human resource for health policies contents through document review while the later two objectives paid attention to the policies contents and implementation or practice, complementing the document review, by key-informants in-depth interview.

CHAPTER FOUR: METHODS AND MATERIALS

4.1. Study Area and Period

The study area was Oromia Regional Health Bureau (ORHB) where the study was conducted from March 27/2018 to June 11/2018.

ORHB is located in the capital city of Ethiopia, Addis Ababa. It was structured into ten directorate and five duputies holding different teams under them selves. And it is authorized to administer health system of Oromia which is subdivided into 20 zones and 18 city administration, 333 districts, 7,021 kebeles, 2017.

By the year 2017, Oromia has 64 hospitals (4 specialized), 1,358 health centers and 7, 021 Health Posts.

The ORHB health workforce at regional level were 291. 165 (57%) were health professionals and the rest 126 (43%) were Social/administrative and health related workers. Total health workforce were 60,282 at all levels, 18012 (30%) were Social/administrative workers and 42,270 (70%) were health professionals: Physicians 813 (Including specialists), all types of nurses 17,203, Health Extension Workers 13,618, other health proffesionals of different level of education and type 10,636 in 2017.

4.2. Study design

The study employed qualitative Case-study design. The cases were health workers compensation and performance appraisal policies.

4.3. Source Population

The source population of the study was the Oromia Regional Health Bureau (ORHB) workers and officials.

4.4. Study Population

The study population were the selected Oromia Regional Health bureau human resource for health policy implementers (human resource for health practitioners and officials)-key informants.

4.5. Inclusion Criteria

Only Oromia Regional Health Bureau policy decision-maker (Directorate Directors, Deputies, Job Process Owners, and human resource management experts) who were key informants and experienced more than one year implementing the human resource for health policies were included.

4.6. Sampling Technique

The study employed purposive sampling technique for interview and all available policy document review. Out of 21 sample size designed, fifteen key-informants were interviewed (six second and nine first degree holders). Three of them were women and twelve were males (two deputies or vice heads, four directors, four job process coordinators, four human resources for health management experts and one human resources for health management consultant).

4.7. Data Collection Techniques

The qualitative data collection methods namely in-depth interview and existing policy documents review were applied.

Qualitative data collection tools such as document review checklist and key informant interview guides were used.

The first part of the tools concerned about availability of policies on human resource for health and secondly, it paid attention to the policies implementation/practices.

For the purpose of exploring the human resource for health compensation and performance appraisal policies and practices, the checklists and guiding questions were developed by the investigator after reviewing different literatures and administered same.

The tools were translated to Afan Oromo, working language of the region, and back to the English version.

All interviewees were engaged well with the topic and responded enthusiastically to the data collection guides probed by interviewer. The in-depth interviews were recorded by voice recorder and transcribed later verbatim.

4.7.1. Data Collection Personnel

Three qualified data Collectors, BSC holder interviewer and Level IV holder facilitator and a degree holder supervisor were selected and trained for one day.

4.8. Data Analysis

Data obtained by document review, and interviews captured using the voice recorder was transcribed verbatim each day. The qualitative data analysis methods namely transcription, coding, categorizing, thematizing and narration were conducted manually. The findings were presented in narratives by thematic areas.

4.9. Study Variables

The study variables included employee Compensation (base salary and Benefits), Workers Performance Evaluation (Employee performance standard, job description and worker performance appraisal result consequences) and Linkage of the Compensation and performance appraisal result.

4.10. Operational Definitions

Policy Practice is human resource for health compensation and performance appraisal policies implementation through decision making consistently or applying what was intended. It was studied by in-depth interview to investigate whether the declared policies were implemented or not.

Employee Compensation includes base pay (salary) and fringe benefits. It comprised from financial and non-financial forms of compensation. Total compensation is all of the resources available to employees, which are used by the employer to attract, motivate and retain employees. Compensation package could take different forms and the major categories are financial and non-financial compensation.

Employee performance appraisal is periodical employees' actual performance evaluation activities based on preset standard and job description.

Employee performance Standard is the pre set standard in time, cost, quality and quantity with SMART objectives and indicators.

Analysis of policy includes the evaluation and criticism of the content and implementation of the health workers compensation and performance appraisal policies.

Policy Content is the human resource for health compensation and performance appraisal policy areas.

4.11. Data Quality Management

The policy areas data were collected through exhaustive document review. The policies implementation data collection tools were designed by the investigator after reviewing literatures and got face validity from independent qualified expert in the area. Experienced data collectors were recruited and given training. And the data collection was closely supervised by a supervisor.

4.12. Ethical Consideration

Ethical clearance was obtained from Jimma University and ORHB Institutional Review Boards to commence the study. And consents of the participants were obtained orally and confidentiality was secured by coding interviewees. The organization confidentiality was also secured.

4.13. Dissemination Plan

The result of the study will be disseminated to Jimma University Research and Post Graduate Office and Oromia Regional Health Bureau. Finally, all attempts will be made to publish on reputable journal

CHAPTER FIVE: RESULTS

Socio-demographic of the Interviewees:

All available policy documents were reviewed and fifteen key-informants were interviewed.
Out of the fifteen interviewed key-informants, six were second and nine were first degree holders. Three of them were women and twelve were males. By the position they held, two were deputies or vice heads, four directors, four job process coordinators, four human resources for health management experts and one human resources for health management consultant. The age of the participants ranged from 30 to 55 years.

The study results obtained by the policies document review and in-depth interview results were merged and presented together by quoting the words of the interviewees.

5.1. Human Resource for Health Compensation Policies and Implementation

The study found the Oromia National Regional State Constitution declared that employees have the right to reasonable limitation of working hours, to rest, to leisure, to compensatory leaves and for public holidays as well as healthy and safe work environment.

The Oromia Regional State civil servants proclamation of 2002 clearly identified employee base salary scale with periodic increment. The incentives package included (professional hazards/risk, top up, duty, house allowance and position fee in cash per month). The hospital medical service private wing was also intended as benefit for health specialist retention mechanism. Additionally, per diem pay, training and education opportunity by government sponsorship, promotion, transfer, compensatory leaves (annual leave, maternity leave, wedding leave and mourning leave, holyday and weekend rest days), job injury benefits (disability compensation, medical cost coverage, disability retirement pension, and survivors pension in case of death of employee), medical sick leave, medical benefit, social security and uniform clothing were fringe benefits covered by the policies.

The gross salary was taxable by tax rate ranging from 10%-35%. For instance, an employee with base salary of 14205 ETB was levied 35% income tax amounted to 3471.75 ETB monthly. However, the employee incentives and benefits were exempted from income tax.

The policies were faced implementation problems. There were problems of abiding by law because compensation and medical benefit of job injury, compensation of accumulated annual leave and medical scheme were not implemented yet. At the same time, allowing illegal Career structure compensation, and transferring (giving and taking favors) were other violations. For instance, a male interviewee said, ***"…there is violation of policies hiring and transferring illegally. We have identified that the policies and practices are far apart from each other. It was reported at different times and our Bureau's officials also knew it***." In addition, another male interviewee said***, "…there is no implementation of job injury benefits, employees' free medical services, and even accumulated annual leave compensation is not applied."***

Employees' salary scale:

There were two types (HPs and social workers) of human resource for health salary scales. The salary scale encompassed the base and maximum pay or ceiling with 1-9 steps indication between minimum and maximum level with periodical increments for each job grade

There were six common job grades: Afan Oromo abbreviations EH, OH, BH, PG, and BU equivalent to security and laborer, artisan, Secretariats and Accountant, semi-professional, and administration respectively, and Professional Science (PS). And also there were some special salary scales indicated by Roman Numbers: Level I-V for specific professional categories, for instance Health Information Technicians and Emergency Management Technicians (see the salary scale model table 1-4 at the Annex). It was declared that periodical revision of salary scales might be done based on economic changes and other relevant conditions at least once in every 5 years.

EH and PS were the minimum and maximum job grades respectively. Social workers minimum grade EH1 valued as ceiling 680-1,439ETB and EH5 valued as 1,370-2,197ETB; and PS1 valued as 2,748-4,269ETB, and PS 9 valued as 7,647-10,946ETB of ceiling salary scale [42].

And also the HPs salary scale was categorized into middle level and higher level health cadres based on educational status and entitled to different base salary. The middle level HPs salary

scale was PG 3/2-PG 12/2: PG 3/2 was valued as 1,511-2,404ETB for **juniors**, and PG 12/2 valued as 5,081-7,647ETB for **Experts**.

The higher level HPs salary scale ceiling was PS 1/1-PS 9/1, 9/3, 9/4, 9/5, 9/7 and 9/10: PS 1/1 valued as 3,653-6,488 ETB for **juniors**, and maximum scale PS 9/10 valued as 14,205-18,425ETB for **Consultant** HPs.

All interviewees reported that the employee compensation was inequity comparing to inter sectoral and intra-sector discriminating scales. For instance, a male interviewee said, ***"…comparing to other sectors, even if the HPs salary is better, the social workers are disadvantaged in salary scale. For instance, ORHB finance Directorate and Oromia Finance and Development Cooperative office workers were not paid equally, the later is paid better. And Healthcare institutions (hospitals and Health Centers) cleaners' salary is not fair based on the work load compared to other sectors and health offices. Concerning to incentives, there is discrimination among the workers working in the same facility at the same time, for example card room workers are discouraged."***

Equal Pay for Equal Work

The employee compensation policy declared that all positions of equal value shall have equal base salary without any discrimination. However, human resource for health (HPs and social workers) was paid differently by different salary scale working in the same sector, even at the same position, HPs paid better salary. For instance, a female interviewee said, ***"…a HP degree and social degree have no equal base salary working at the same position. In health sector, I think the degree of social worker is not known as degree. The career structure and benefits allowed to HPs, but excluded social workers. This caused employees' job dissatisfaction."*** And a male interviewee said, ***"…HPs and other professional salary is not the same. It is determined based on field of education. HPs do elapse four years in college and others three years. The service they rendering is also the vital; HPs serve patients and feel humanity."***

Periodical Increment of Salary

Oromia civil servants proclamation of 2002 declared, ***"Civil servants may be entitled to periodical salary increments based on their performance evaluation results..."***

However, there was no time limitation included in the policy when the salary increment shall be done while federal government limited it to every two years. And there was the only HPs career structure in form of periodical salary increment in two service year interval. For instance, a male interviewee said, ***"… HPs are entitled to career structure based on criteria: two service year intervals, performance evaluation result, professional title and license, and one research published on accredited journal for specialist HPs."***

Even if the civil servant proclamation of 2002 allowed, social workers periodical salary increment was not implemented yet. For example, a male interviewee said, ***"…administration workers wait for salary scale improvement and have no right to ask periodical salary increment, because there is no regulation and directive obliging the periodic salary increment and it is unfairly denied..."***

HPs career structure had minimum and maximum limitations based on the professional title: Junior, Professional, Senior, Chief, Expert, Chief expert, senior expert and Consultant, but not the same for all HPs-For middle level health professionals (Certificate and Diploma holder HPs): Five Stage-Junior, Professional, Senior, Chief and Expert; For First and second degree graduates: seven stages-Junior, Professional, Senior, Chief, Expert, Chief expert and senior expert; For General Practitioners and related field Graduates: Five Stage-Junior, Professional, Senior, Chief and Expert; For Specialist Doctors and other Health Specialist HPs: two categories, Five Stage: Professional, Senior, Chief, Expert and consultant, and Six Stage: Junior, Professional, Senior, Chief, Expert and consultant.

Career Structure of HPs assigned to Health Institution level was stepping up **vertically** from lower job grade to the next higher job grade, for example, from PS 1/1 to PS 2/1, while that of HPs assigned to position of health Offices in the hierarchy and regional laboratory Center was limited to **horizontal** salary increment within the same job grade between minimum and maximum salary scale. For example, a male interviewee said, ***"…a circular from federal***

government stated that the HPs assigned to the office position are not allowed vertical career structure, but horizontal step salary addition…"

HPs Career Structure has Criteria: Professional License/Title, Performance appraisal (The average of three times Performance appraisal result limit career steps from job title Junior to Professional was 70%, from Professional to Senior 71-75%, from Senior to Chief 76-79% and above of chief 80% and more), experience, education status, and research published on accredited journal (specific to higher HPs or specialists).

However, HPs career structure policy implementation was encountered problem. For instance, a male interviewee said, ***"…HPs Career structure compensation is not based on only two service year interval, but also performance appraisal result and education level. This is implemented by some districts and not by others which caused variances of salary among health professionals graduated and hired at the same time which put ground for grievances."*** In addition, a female interviewee said, ***"…I know three people who were attending regular university education paid illegal career structure …"***

Allowances and Incentives

The incentive package was concerned selective HPs working only in Hospitals and Health Centers: professional hazards/risk, top up, duty-on-duty and on-call, house allowance, position fee paid monthly in cash, and Private wing medical service in hospitals. For example, a male interviewee said, ***"…the HPs incentives are Professional hazards/risk, top up, duty, house allowance, and position fee,*** **Professional Title based career structure and Private wing medical service in hospitals."**

The **Top up** concerned all health medical specialists and General Practitioners, **2000** ETB and **1000** ETB respectively.

House Allowance allowed to all specialists, General Practitioners s and Integrated Emergency Surgery officer /IESO equally **1000** ETB.

Professional Hazard/ Risk incentive allowed for Specialist of Surgeon, Gynecologist, IEESO, Emergency specialist, Orthopedics specialist, Emergency Surgeon specialist, General Practitioners, Clinical Pathologist, Anesthologist specialist and professional, and Radiology specialist was **1225** ETB and midwife, delivery room serving Nurse, all diploma anesthesia

professionals, psychiatry professionals, X-ray diploma and degree professionals, emergency medical technicians and nurses serving ICU and triage rooms was **470** ETB.

HPs Duty was allowed for worked time out of the regular working hours: night, weekend and holiday. The duty payment was calculated worked hours multiplied by hourly salary to be paid at the end of the month.

On-duty was applied Monday to Friday from 5:30 pm evening to 8:30 am morning **(Night Duty)** paid for 7 hours per day. **Weekend and holidays** paid for 15 hours per day for **night duty** and 8:30 am morning to 11:30pm evening paid for 8 hours per day. HPs on-duty shall be off in the next day. However, HPs working in hospitals less than 50% physician standard, General Practitioners on night duty could not be given off and shall serve up to 12:30 am morning and paid 11 hours per day.

On-call was applied for the recorded worked hours daily and summarized monthly. Its compensation was calculated with his/her hourly salary. If s/he was not called, then shall be paid 30% of daily pay. If s/he was assigned from 11:30 pm evening to 2:30am morning and do not called, s/he would be paid 5 hours and not be off. If assigned from 2:30 am morning to 11:30 pm evening on weekend and holiday and was not called would be paid 2:40 hours per day.

There was duty policy violation. For instance, a male interviewee said***, "… there is problem with assignment of On-call Professionals as on-duty and on-duty as on-call. Even there is illegal pay of duty. I know an on-call Hp worked for 2 hours and was paid 15 hours in a hospital."***

Position Fee

It was paid for assignee at Hospitals and Health centers administrative positions.

Chief Executive Officer/CEO was paid 900 ETB, 1200 ETB and 1500 ETB at District Hospital, Zonal Hospital and Referral Hospital respectively; Medical Director was paid 700 ETB, 1000 ETB and 1300 ETB at District Hospital, Zonal Hospital and Referral Hospital respectively; And PHCU director at Health Center was paid 470 ETB per month.

Emergency, OPD and IPD Service **Aspect heads** were paid 500 ETB, 700 ETB and 900 ETB at District Hospital, Zonal Hospital and Referral Hospital respectively per month.

Medical, Gyn., Pediatrics, Surgical, Orthopedics, Dental, Ophthalmology, Physiotherapy, Psychiatry and MDR TB **Ward Heads** were paid 300 ETB, 500 ETB and 700 ETB at District Hospital, Zonal Hospital and Referral Hospital respectively per month.

Matrons were paid 400 ETB, 600 ETB and 800 ETB while vice matrons were paid 300 ETB, 400 ETB and 650 ETB at District Hospital, Zonal Hospital and Referral Hospital respectively. Medical, Pediatrics, Obs.gyn, Surgical wards Head Nurse, Neonatal and adult ICU, Emergency unit and Operation unit head nurse, and X-Ray, Pharmacy, Laboratory, Delivery, Mother and Child Healthcare, ART and Triage Team Coordinator were paid 200 ETB, 300 ETB and 350 ETB at District Hospital, Zonal Hospital and Referral Hospital respectively per month.

There was also Private wing medical service in hospitals intended as specialist health professional retention mechanism. For instance, a male interviewee said, ***"…hospital Private wing medical service is retention mechanism of specialists HPs and is initiated in Oromia. It is being executed during out of regular working hour 12:30 am-1:30 pm afternoon and 5:30-7:00pm evening. The income generated from the medical services is shared to HPs 70%, from the left 30%, 15% goes to the managers and social worker participated at that time. Doing so, the HPs incur no cost, the costs covered by government."***

Per Diem Compensation

Per Diem compensation was aimed to cover out of pocket expenses due to field work, to conduct meetings, and training of workers. It was categorized into government Regular Budget and Development Assistant Groups (DAG) budget, also called Fund. Similarly, the per diem is divided into employees and government officials payment scales which were not the same. A male interviewee said, ***"… there are two types of per diem scales in our Bureau: regular budget and fund budget per diem scales..."***

Regular government budget per diem was categorized as the Employees and government official per diem compensation scale.

It was allowed for employees as per salary scale. Accordingly, the minimum per diem per day 93 ETB at Woreda and woreda towns and the maximum is 206 ETB per day at Addis Ababa and Special Zones Surrounding Finfine in Oromia.

Government officials per diem at regional and zonal towns, chief government officials were paid minimum 350 ETB Afar- Dalfagie and maximum 755 ETB Addis Ababa; senior government officials, minimum 305 ETB Benishangul-Matakal, Kamashi and Mandir maximum 595 ETB Adama; Regional Council Members, Minimum 212 ETB Afar-Gulina and Dalfagie and maximum 225 ETB Tigray-Mekele; woreda council members, minimum 101 ETB Afar-Gulina and Dalfagie and maximum 192 ETB Hawasa; Others, minimum 91 ETB Afar-Gulina and Dalfagie and maximum 182 ETB Hawasa; and junior government official: as per salary scale interval.

Government officials per diem at woreda towns, chief and senior government officials were paid according to the salary scale just like at above paragraph. In addition to this, deducting 40% from the total they paid 50% of the total payment for pension/accomodation based on the receipt they present. This was because the officials were might not access to standard hotel at woreda towns and may use zonal towns.

The Development Assistant Group (DAG) budget per diem compensation scale for government officials was the same at federal, regional and zonal level with that of regular budget. However, the policy stated erroneously as 420 ETB fund budget but it was to be 320ETB as regular budget for senior government officials.

At federal, regional and zonal level and travel from federal to regions, all employees paid 300 ETB equally per day. Other than these places, all employees were paid 210 ETB per day.

If the Development Assistant Groups covered all costs/full board accommodation-food and pension, then no per diem would paid except transportation and fuel fee based on receipts. Similarly, if the events were prepared at the same town where the participants were living but traveling to the venue from the working area, then no per diem would paid, but 100 ETB for transportation. Where the desert allowances were allowed, 20-40% additional per diem was payable.

Even though it aimed to cover out of pocket expenses, there was discrimination between employees and government officials, and even between government official categories. For instance, a male interviewee said, ***"…regular budget per diem scale is not the same for all***

workers for it is paid based on workers' salary scale as the rate set prior, and the fund budget per diem scale is the same for all employees. Per Diem for both regular and fund budgets is paid as especial compensation for government officials based on receipts they present…"

Work Uniform Allowance

The uniform allowance was for the puprpose of the work not thought of employees' benefit.
It was allowed for health workers assigned to some specific positions and HPs in kind, not in cash payment: guards, messengers, cleaners and HPs caring for patients (Doctors, Public Health Officers, Nurses, Pharmacist, Blood analyst, Laboratory Technicians, X-ray technicians, Radio Therapist, Medical Technicians). The type of the uniform to be provided were coat, trousers, shirts, jacket, dress, cape, silk overcoat, female under wear and rain coat, and shoes.
It was obligatory to wear the uniform during regular working hours, unless disciplinary penalty may follow by policy violation.

For instance, a male interviewee said***, "…work uniform clothing is compulsory and supplied for some position and HP twice a year."***

Employees Promotion

The Oromia Civil servant proclamation of 2002 declared that every civil servant who completed his probation could compete for promotion. However, competitors of the job process position and sector head by merit who were believed competent were used to be identified by the sector head and authorized responsible body respectively, and communicated to the promotion committee for selection-every employee had no right to compete.

The competition criteria among employees were service year 10%, education preparedness 10% Performance appraisal result 51%, written exam or practice 24% and discipline 5%, vacant position availed, allocated budget and planned promotion in the budget year. The criteria set by percentage had breakdown to share the portion for competition.

There was problem in Women Engagement or empowerment through promotion. For instance, a female interviewee said, ***"…females are not benefited equally with males. Women are ignored to be assigned at higher position at which salary increases with it, because government officials assigning males without competition between males and females."***

The payment or the salary of the new position was limited to 1-3 stage from the prior position salary for Diploma (10+3)/ Level III holders and above, and 1-6 stage for less than Diploma (10+3)/ Level III holders. The position salary improvement concerned social workers for HPs were collecting career structure other than position change. For example, a female interviewee said, ***"…social workers have promotion with salary increment while HPs have career structure."***

Employee Transfer

Internal and external employee transfer was based on employee and the office agreement. It was based on competition among interested employees and job requirement.

Human resource for health transfer had specific policy. For instance, a male interviewee said, ***"…employee transfer is administered by health sector specific human resource* for health *transfer policy. However, the general Oromia civil servant transfer policy is applied Cross border of Oromia region, for instance, transfer between regions."***

The employee transfer policy criteria were marriage, sickness supported by medical board evidence, experience, employee-by-employee, exceptional life threaten cases and social problems which had different weights. The weights were: working place out of 15%, service year out of 30% and performance evaluation result out of 55%, except the ORHB, Adama Hospital Medical College, Regional Blood Bank, and Health Science Colleges (service year out of 20% and Performance appraisal out of 80%, Cumulative Grade Point Average 2.75 and above for colleges).

There were problems with implementation of Human Resource for Health transfer policy. For example, a male interviewee said, ***"…human resource for health specific transfer policy is not being implemented as intended for there is unfair transfer."***

Regular Working Hours and Office Hours

The regular working hours of civil servant was declared to be determined on the basis of the conditions of their work and shall not exceed 40 hours a week. The entrance and exit time was intended to be determined by regulations of the council of regional government. However, it was not that there was neither regular working hour regulation nor directive limiting the entrance and exit, tea break and lunch time. For example, a male interviewee said, ***"…still there is no regular working hour policy. Based on habit, we enter at 8:30am morning, exit at 6:30 am for lunch, come back at 7:30 pm afternoon, and exit 11:30pm. However, it is based on the circumstances of the geographical climate. For example, if you go to Gambella, entrance time is 7:00am morning and exit time is 3:00pm afternoon. Even here at Adama, entrance time is 8:00am morning, exit time for lunch is 12:00am, entrance time after lunch is 1:00pm afternoon and exit time is 5:00pm afternoon..."***

Public Holidays and Weekly Rest Days

Public holiday were declared in generic words that any civil servant had no obligation to work on public holidays and shall incur no reduction in his regular pay. If ordered to work on the day, due to compelling circumstances, should be entitled to overtime pay. However, there was no specific national holy days by name, for instance new year, Easter and the like) and similarly, no weekly rest days declared specifically. Hence, the holydays were applied based on the fiscal calendar while weekly rest days assumed to be on Saturday and Sunday. For example, a male interviewee said, ***"…we have no policies for holy days and weekly rest days specifically. But we implement holy days based on calendar and Saturday and Sunday weekly rest days."***

Compensatory Leaves

The compensatory leaves entitled to the workers were annual leave, Sick leave, maternity, job injury, wedding, mourning, examination and maternity leaves were administered as per the events occurred. Specifically, Sick leave required recognised or licensed healthcare institution, either government or private institution written evidence. For example, a male interviewee said, ***"…every employee has right to be granted annual leave, maternity leave, sick leave including job physical injury leave, wedding leave and mourning leave whenever required. However,***

medical certificate is required from recognised health institution to grant sick leave. But the accumulated annual leave compensation is not in practice."

Annual leave

Annual leave was being granted based on the government schedule and employee interests at the end of the fiscal year. The minimum and maximum annual leave days were 20 and 30 working days in a fiscal year based on the service year. The head of a government institution might authorize the postponement of annual leave for two budget years, where the government office, due to compelling reasons, was unable to grant a civil servant his annual leave within the same budget year. However, the accumulated leave should be granted to the civil servant in the third budget year. Payment for accumulated annual leave was prohibited except for unused annual leave due to termination of appointment and postponed annual leave for two years may be claimed payment half of his accumulated leave in third year. However, the compensation was denied.

Maternity Leave: A pregnant civil servant should be entitled maternity leave for medical examination as per a doctor's recommendation. She was entitled to 30 consecutive days paid leave before, **if recommended by a Doctor,** and a period of 60 consecutive days after her confinement. However, it ignored the **paternity leave** to care for the mother and newborn.

Sick Leave: Any civil servant should be entitled to sick leave where he was unable to work due to sickness. The duration of sick leave to be granted to a permanent civil servant should not exceed eight months in a year or twelve months in four years, whether counted consecutively or separately starting from the first day of his sickness. It was granted with full pay for the first three months, half pay for the next three months and without pay for the last two months based on medical evidences.

Leave for Personal Matters: Any civil servant was entitled to leave **mourning, wedding, examination** and the like for a maximum of three consecutive days.

Medical Benefits

Principal permanent civil servants were entitled right to all medical services free of charge via pre contribution, and with 50% discount for his spouse and minor children, in government medical institution for some contribution from pay roll. However, it lacked implementation. For example, a male interviewee said, ***"…even if there is policy, Human Resource for Health medical benefit is not implemented yet."***

Job Injury Medical Benefits, Compensation and Injury Leave

The government office should cover the necessary medical expenses incurred by a civil servant due to employment injury. Any civil servant who had sustained an employment injury should be entitled to leave with pay until he recovers and resume work or until it was medically certified that he or she was permanently disabled. However, the leave so granted should not exceed 12 months.

A civil servant who was unable to recover and resume work within 12 months declared to be entitled to the benefits of **disability pension and compensation.**

A **permanent** civil servant who had sustained permanent total or partial disability due to employment injury should be entitled to benefits provided for in the **pension law** while a **temporary one** should be entitled to compensation amounting to 5 times of his annual salary.

Where an employment injury resulted in **death** of the civil servant, his/her survivor should be entitled to **pension gratitude** payable under the relevant pension law if the deceased was a permanent civil servant and compensation amounting to 5 times of his annual salary **for temporary** civil servant.

However, the workers job injury medical expenses and disability compensation and pension were not implemented. For example, a male interviewee said, ***"…job injury medical benefit and injury disability compensation is not implemented yet."***

Human Resource for Health Training and Education Opportunity

Human resource for health training and education opportunities encompassed long-term and short-term training (In-service Training) and college tuition opportunities nationally and internationally by government sponsorship. The education opportunity was used to cover tuition fee, and personal expenses covered by full and half monthly salary for the local and abroad education opportunity respectively. For instance, a male interviewee said, ***"…human resource for health training and education opportunities is being executed by education up-grading job process based on the training and education policy specific to the health sector."***

However, there was no enforcing specific policy to decide on base salary after graduation. The study found the circular dated to 30/09/1993EC (2001GC) by Federal Ministry of Health clearly specified the criteria and salary after graduation:

For less than two Service years, the initial position for the educational upgrading from Certificate to Diploma was PG 7/2 Professional, from Diploma to BSC is PS 3/1 Senior, from BSC to MSC was PS 4/1 Chief, from degree of MD to MD+MPH/MSC was PS 8/1 Public Health Specialist, Dental Specialist I and Medical Specialist I.

For two and above Service years, the initial position for the educational upgrading from Certificate to Diploma was PG 8/2 Senior, from Diploma to BSC was PS 4/1 Chief, from BSC to MSC was PS 5/1 Expert, from degree of MD to MD+MPH/MSC was PS 9/1 Senior Public Health Specialist, Dental Specialist I and Medical Specialist I, PS 9/3 Chief Dental Specialist II and Medical Specialist II. Unfortunately, this policy was repealed. For example, a male interviewee said, ***"… it was transitional directive to solve problems encountered at that time and replaced by HPs salary scale and career structure qualification requirement directive."***

There was malfunctioning to decide the benefits of employees after graduation. For instance, the salary and career structure qualification requirement policy allowed doubling the time period elapsed at college as experience to decide starting salary and professional title, but undermined. For instance, a male interviewee said, ***"…the initial salary for HPs educational up-grade is included in career structure. HP who has four service years before joining university or***

college and upgraded from diploma to first degree is being assigned to PS 3/1, from first degree to second degree is assigned to PS 4/1 and from second degree to third degree (Specialist HP) is assigned to PS 8/1. In special case, if the employee stepped above the upgrading by career structure, then nothing will be added and continue earning the previous salary. The cut point of service year is four year and no experience is considered during the regular time the employee elapsed in college except non regular programs attendants."

In addition, another male interviewee said, ***"… if a diploma holder HP up-graded into first degree with less than four service year, then s/he will be served accordingly. With less than two service year s/he will be assigned to PS 1/1, two service year assigned to PS 2/1 and four service year assigned to PS 3/1 and no more step even if s/he has 20 service years. However, there is ambiguity with the up-grading policy from first degree to second degree to take decision"***

There was no law enforcing to limit social workers salary for their up-graded education alike that of HPs unless position was available.

Retirement Pension

Oromia National Regional State has no itself retirement regulation and directive concerning social security. It adapted the Federal Public Servants' Pension proclamation. The service of a civil servant whose service was not extended beyond retirement age of 60 should be terminated on the last date of the last month in which he attained the retirement age. The civil servants were notified of their retirement in writing three months prior to his retirement.

A public servant who had completed at least 10 years and separated from the service by voluntary resignation or for any other cause other than disciplinary action should receive retirement pension for life upon attaining retirement age of 60. The retirement pension of any public servant who had completed 10 years of service should be 30% of his average salary for the last three years preceding retirement and should be increased for each year of service beyond10 years by 1.25%. The retirement pension to be paid may not exceed 70% of the average salary of the public servant for the last three years of service preceding retirement.

A public servant who separated from the service after completing at least 25 years of service should receive retirement pension for life beginning with five years prior to retirement age.

A public servant who has not completed 10 years of service and retired on attaining retirement age should receive gratuity. The gratuity payable should be for a public servant his salary for 1.25 month preceding retirement multiplied by the number of years of service.

Old age pension policy was exactly implemented as per the Federal retirement law. For instance, a male interviewee said, ***"…workers retirement pension is being granted whenever a permanent employee fulfilled the criteria by concerning law. However, the job injury disability retirement pension compensation was not implemented."***

5.2. Health Workforce Performance Appraisal Policies and Implementation

There was no employee performance appraisal policy formulated policy by authorized body, but manual called Strategy Plan Result Evaluation System with checklist except HPs selective specific performance appraisal policy developed by ORHB. For example, a male interviewee said, ***"… there is worker performance evaluation system manual as a general and specific HPs performance appraisal policy..."***

The purpose of performance evaluation was to enable civil servants to effectively discharge their duties in accordance with the expected level, quality standards and time; to identify their strengths and weaknesses; and to improve their future performances and develop self initiative. It was intended to be transparent and be carried out with the collective participation of civil servants working together (team work as Civil Servant Change Army).

Workers Performance appraisal Standard and job description:

There was no specific job standard and job description identified by law, except the one included in Business Process Reengineering manual lacking all inclusiveness. Example, a male interviewee said ***"…we could not set standard for all jobs which limits workers scope of responsibility and therefore plan was preferred as standard, because there was no legal ground to set standard for each job. Due to this, some employees were rejecting to accept individual activities plan managers share them."*** In addition, another male interviewee said,

"… even in Oromia, there is no complete and scientific employee job description declared by law in Ethiopia...."

It was declared that outstanding performance can be awarded. However, there was no implementation. For instance, a female interviewee said, ***"…even if the Strategy Plan Result Evaluation System manual embraces awarding component, the performance based compensation is not implemented yet."***

The employees' performance appraisal was intended to be 360^0: 50% performance evaluation by immediate manager based on achievement and 50% by Self, Customer and Team evaluation.

Immediate head (50%): It based on the employees plan and performance (Employee Scorecard) from finance, customer, internal process, and capacity and growth perspectives. It required quality, quantity, time and cost dimensions of work achieved, but not.

Team member evaluation (20%): six performance criteria such as participation in team work, documentation, efficient performance as standard, abiding by law/ethics and value of the organization, contribution and being free from and struggling corruption.

Customer evaluation (20%): had five performance criteria (information dissemination, quality service provision, responsiveness, being free from and struggling corruption and customer respect).

Self evaluation (10%): had five performance criteria (plan and report, bridging the gap of self capacity or self development, contribution through achievement, documentation, and understanding, making understood by others and working with the organization vision, mission and values).

The HPs performance appraisal policy was limited to Health Centers level HPs supporting Health Extension Workers and Health Development Army. It had declared job description and performance evaluation criteria for selected HPs including rural Health Extension Workers.
Rural Health Extension Workers should be evaluated from Mother and Child Healthcare, hygiene, working with Health Development Army and disease prevention dimensions achieving 100%. They should not be evaluated by Strategy Plan Result Evaluation System.

Health Centers level Nurses, and public Health Officers supporting HPs should be evaluated 50%, midwives 20%, and PHCU Director 60% according to this policy and the left by Strategy Plan Result Evaluation System.

It was declared that the level of achievement of performance appraisal results were outstanding (90% and above); very high (80-89%); high (65-79%); satisfactory (50-64%); and unsatisfactory (less than 50%).

There was challenge in employee actual performance evaluation. For example, a male interviewee said, ***"…the performance appraisal policy implementation is not the same at all levels…"*** Hence, interviewees highly condemned its implementation. For instance, a male interviewee said, ***"… for it is subjective, there is no right performance appraisal based on plan and actual performance of employees; it is give and take system***

The employee performance appraisal implementation problem was due to lack of employee job standard and job description stating their responsibility. Example, a male interviewee said, ***"…for the workers performance evaluation practice is subjective, it is wrong in 90%. I know employee self evaluation result out of 10% (one was 10%, 8% and others were 7%) was presented to immediate manager for approval. He called and asked the one who evaluated himself at 10%. He replied that he had performed what he planned. The manager could not go beyond and approved the result. After some months, education opportunity was availed and all employees competed equally. Then the wrongly evaluated employee won it. So, our evaluation system is not right."***

Effect of Employee Performance Result and Linkage with Compensation:

Performance based Benefit

The employee performance evaluation system manual stated as ***"sectoral offices and job processes should facilitate for employees who were evaluated at high and above results (65% and above) for benefits as per concerned policy of salary increment, award and incentives."*** However, this was dependent on and referring to unknown other policies which made it left not implemented. And also it did not identify specific kind of awards. All interviewees reported that

there was no performance based benefit. For instance, a male interviewee said, ***"…there is no performance based compensation for social workers in practice. There was no time when budget was allocated for the award purpose."***

Poor Performance Result Management

The workers achieved satisfactory (50-64%) must improve their achievement to high level (65-79%) by the next two consecutive performance appraisal, unless they will be **demoted** one step from the current job grade. The workers achieved unsatisfactory (less than 50%) should given the capacity building and must improve achievement by the next two consecutive performance appraisal, unless they should be **fired from the sector.** However, nothing is done yet.

Generally, there were health sector government officials and human resource for health practitioners did not pay attention to integrate human resource for health policies to other healthcare programs. Even, they ignored to correct policies violation. For instance, a male interviewee said, ***"…the sector focused only on other programs. No budget was allocated to hold review meetings with the human resource for health experts at lower levels. And wrong people were assigned to the position at different levels… "***

5.3. Policy Evaluation: Mechanism to Check the Worker Policies Practices

There was no legally identified mechanism and intention of policy evaluation to identify and take measure on the intended and unintended consequences. No intention to update the policies, even to correct failures encountered just-in-time. For instance, a female interviewee said, ***"…policies which were intended to bring changes were wrongly implemented. To correct, there is no intended and unintended consequences evaluation system and nothing is done yet."*** In addition, a male interviewee said, **"*…the policies were formulated and there is no purposively established task force/committee to follow up the implementation of the policies. There was no intention to evaluate the policy's intended consequences."***

However, when and where problems occurred, one time problem solving mechanisms (Supportive supervision, review meeting, reviewing task force feedback, and report analysis) were practiced. For instance, a male interviewee said, ***"…checklist based Supportive supervision, review meeting, and report analysis mechanisms are being practiced when problems occurred to solve them. We have no other specific mechanisms."***

CHAPTER SIX: DISCUSSION

The Oromia Civil Servant proclamation of 2002 lacked employees' compensation and Performance appraisal Regulations which made them incomplete and endangered its implementation. The available documents as directives were not passed through the policy formulation steps and procedures of policy triangle to be called as directives for they were availed in circular form [1, 19]. Most of them were cascaded from Federal Ministries in form of circular letters.

Human Resource for Health Compensation Policies

The compensation policy stated briefly the salary scale. However, there was discrimination of salary scale between HPs and social workers as well as between sectors for similar positions and same activities. HPs were paid better than that of the social workers working at the same position. Even there was unfair salary scale for health institutions card room workers and cleaners in relation to the workloads and their patient contact that is more exposure to risk than others sectors and health office level.

Comparing to that of the Republic of Kenya, and Oromia Finance and Development Cooperation office and Oromia Inland Revenue Authority, the Oromia health workforce salary scale was so low.

ORHB paid HPs 1511-14,205 ETB and social workers 860-7647 ETB while Oromia Finance and Development Cooperation office paid 960-11057 ETB and Oromia Inland Revenue Authority paid 1564-11057 ETB [42]. Likewise Republic of Kenya salary scale was 11,840-160,600 K/Shilling all employees in relation to the assignment to the job grade [39].

The currency exchange of 1 United State Dollar (1USD) was equal to100 Kenyan shilling while 1USD was equal to 27.25ETB in June, 2018. Likewise, 1 Kenya shilling was equal to 0.27ETB. And also GDP growth rate per cent was 8.1 and 5.1 for Ethiopia and Kenya respectively in 2017. So, Ethiopia has better capacity to pay citizens than Republic of Kenya [39-41].

Even if there was intention of salary periodical increment, it mentioned nothing about the time period while the federal civil servant proclamation limited to every two years. Hence, there was no periodical salary increment in practice, except that of the HPs career structure by every two year.

Health workers benefits namely compensatory leaves, medical benefits, employment injury disability pension and compensation, social security including old age retirement pension, allowances and incentive package and training and education opportunities, and employee transfer policies and promotion contents were covered well. However, the policy did not cover organization cars, mobile phones and computers, cheap loans, meal checks, income protection, extra vacations, gifts, bonus, travel expenses, vouchers, saving schemes, holiday expenses, subsidized meals, flexible working hours and paternal leave. And The three consecutive days assigned to personal matters leave (mourning, wedding and examination), and maternity leaves (90 days) were not sufficient for the purpose of the new borne baby care for there was no daycare station in public organization, ignoring exclusive breast feeding up to six month (180 days). Regular working hours and office hours were not determined by regulation and directive specifically as intended by the Civil servant proclamation and so it was administered in habit [1, 9-14].

However, the covered policy of accumulated annual leave compensation, employee medical benefits (medical cost coverage), job injury compensation and medical benefit were denied.

Even if the health workforce training and education opportunity was well stated by the policy, its selection criterion of performance appraisal result was violated by wrongly evaluated workers. The benefits after graduation were violated in implementation due to lack of specific policy for HPs salary scale and career structure qualification requirements directive did not specify clearly about the starting salary for HPs up-grade their professions and ignored the social workers. Its implementation encountered problem of starting salary which led to misleading decisions of educational upgrading starting salary. For instance, one year served HPs upgraded from Diploma or Level IV Clinical Nurse to first degree of three year program in the same profession should have seven year experience doubling the school time three years and adding to the one year service before joining college (1+3*2=7), but it was ignored. The professional Title to be given to this HP was **senior (PS 3/1** equivalent to **5294ETB current HP salary scale.** However, in practice, these HPs were limited to one year service before joining college and given **Junior (PS 1/1** equivalent to **3653ETB current HP salary scale)** for upgraded to first Degree. This is painful violation of employees' right.

Based on the career structure and qualification requirement policy, the starting job grade of the above given example was unknown because there is no professional Title in the career structure policy offering one year diploma and zero year degree experience exactly. It considered only four consecutive service year prior to joining college and zero year of upgraded: for example, it was limited to PS 3/1 for Diploma to degree and PS 4/1 for first degree to second degree upgrading HPs served four years before joining college. And also career structure policy had its own criteria: two consecutive service year intervals, performance appraisal result and educational level. So it is impossible to take starting salary decision of education upgrading lacking performance appraisal result using this policy. It was used illegally because it is clearly stated as no HP on regular education is allowed career structure.

Employee promotion was not compulsory and not employee oriented benefit. Even if its selecting criteria were impressive, it was criticized by the purposive selection by head and the limited starting salary.

The incentives package was not all inclusive and also discriminated between HPs and social workers. The duty and risk incentives policies did not included all eligible. And also the duty compensation based on the hours worked per hourly salary rate and professional categories rather than fixed amount of money which was not fair for it discriminated between low and higher salary HPs.

The employee benefits, incentives, transfer, compensatory leave, training, retirement pension, per diem and uniform clothes policies were implemented exactly as declared. Compared to that of Kenyan Public servant allowances and incentives, it was so lower [39].

Although the employee retirement and old age pension policy was not determined by regulation and directive in Oromia and adopted federal government public servant retirement and pension policy which was implemented as intended.

Even if the per diem compensation aimed to cover expenses out of pocket of the workers, the payment was discriminated among and between workers and government officials. It gave more right to government officials than workers by especial per diem scale for the officials. Even it discriminated between senior, chief and other government officials at the same place for the

same purpose. This policy lacked morality and economic protection for violating law of rights declared as human beings are equal before law.

The work uniform clothes allowance was task oriented not employees centered. Its contents and included workers are relevant and implemented exactly.

Human Resource for Health Performance Appraisal Policies

The employee Performance evaluation was better intended to be 360^0, but prone to subjectivity and error [18]. It had two policies lacking standardization to evaluate performance of health workforce by the same standard. It also lacked preset performance evaluation standard (other than employees' individual plan agreed up on with their respective line managers) and job description except the healthcare centers level but limited to PHCU and to some selected HPs.

The employee actual performance or planned activities evaluation had no standard to fit the actual performance evaluation checklist in practice and had subjectivity to measure. It lacked actual performance time, cost, quality, quantity and weights for each activity to be performed and measured accordingly. Employees plan and perform what they feel using their respective department key performance indicators and programs. Therefore, it was exposed to errors or biases in all evaluation dimensions (falsification, favoring some employees by give and take approach and harming others intentionally) [1, 2, 6, 7, 19, 21-38]. For this reason, wrong people were favored over right men to take advantages of education and training opportunities, and transfer, for instance.

The employee performance evaluation system has its own check lists focused on individual workers plan document, self capacity building, behavior, documentation, information dissemination, participation in teamwork and meetings, organization mission, vision, values, abiding by law/ethics, free from corruptions which had no measurement unit to be planned and measured. It lacked performance evaluation based on volume (quantity), quality, and time and cost for there was no preset standard fitting these check lists.

The employee performance evaluation missed to follow performance evaluation steps, the logical sequence to perform the task of evaluation because the planned activities and evaluation practices were unlike. It missed to align human resource for health responsibilities and goals

with that of the organizational responsibilities and goals or program objectives. It missed management by objectives (MBO) lacking good characteristics of objective (SMART) [4, 12].

The employee compensation and performance appraisal policies were declared to have strong interconnection and performance based positive and negative reinforcement. However, it was not implemented [1, 4, 15-17].

In general, the Oromia health workforce compensation and performance appraisal policies based on a civil servant proclamation enforcing since August, 2002 for 16 year. Except salary scale, employees' promotion and HPs incentives package, other human resource for health compensation and performance evaluation policies were circulars which were adopted from federal government missing the policy formulation triangle and lacked regulation and directives for its full implementation.

There was no intention for workers policy analysis from policy elites. As a general, the human resource for health policies implementations follow up was limited. Even if the policies were in written document and cascaded/communicated to the lower levels, it was not emphasized to the policies periodical review and modification, reformulating (amending or completely revise) and adapting based on changing circumstances. There was no policy evaluation practice whether it achieved or not the intended goals-it failed to review the success and/or failure [1, 6, and 21].

Limitation of the Study

There were two parties in employment namely employer and employees who had rights and duties. This study was conducted on the employer side only which means study area was limited to the policies implementers at ORHB level. It did not touch the employer side at lower level in the health organizations and employee sides at all levels to explore the policies practices status. Therefore, the employer representatives (directors, deputies and job process coordinator) intentionally might hide whether the policies were implemented well or not and why.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

Conclusion

The compensation policy stated briefly the salary scale with its ceiling of periodic increment which was not implemented for the social workers.

Health workers compensatory leaves, medical benefits, employment injury disability pension and compensation, uniform allowance, social security including old age retirement pension, allowances and incentive package and training and education opportunities, and employee transfer policies and promotion contents were covered well.

However, it excluded organization cars, mobile phones and computers, cheap loans, meal checks, income protection, extra vacations, gifts, bonus, travel expenses, vouchers, saving schemes, holiday expenses, subsidized meals, flexible working hours and paternal leave.

The accumulated annual leave compensation, employee medical benefits (medical cost coverage), job injury compensation, benefit after education upgrading and medical benefit were not practiced.

The incentives package was not all inclusive (duty and risk incentives did not included all eligible HPs and social workers). And the duty compensation based on the hours worked per hourly salary rate and professional categories rather than fixed amount of money which was not fair for it discriminated between low and higher salary HPs.

Employee promotion was not compulsory and not employee oriented benefit and was criticized by the purposive selection by respective head and limited starting salary.

The per diem compensation gave more right to government officials than workers by especial per diem payment scale for the officials.

Workers performance appraisal policy held no preset performance evaluation standard and job description except the healthcare centers level which was limited to PHCU and to selected HPs.

The employee actual performance appraisal had no standard to fit the actual performance evaluation checklist in practice and had subjectivity to measure (time, cost, quality, quantity and weights for each activity to be performed and measured). However, employee Performance evaluation intended to be $360^{0.}$

The employee compensation was declared to be dependent on the performance appraisal result. However, it was linked poorly to apply performance based positive and negative reinforcement.

Recommendation

Oromia National Regional State Policy makers should amend the civil servants proclamation to meet the nowadays circumstance. Along with the proclamation, it should formulate regulations and directives on compensation and performance evaluation to enhance consistent decision making at all levels.

For it was authorized to do so, the Oromia Public Service and Human Resource Development Bureau should follow up the policies practice to identify their success or failure.

The Oromia Regional Health Bureau must suggest to the policy makers the revision of existing civil servant proclamation and formulation of the non available regulation and directives on the workers compensation and performance appraisal. Then it must apply same when availed through the hierarchy in health system organization levels. This can be achieved through policy communication to all levels and capacity building in the policies implementation at all levels.

Finally, the next researchers might conduct study at other levels of the health system organization and from the employee side.

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ANNEX:

A. Oromia Model Civil Servants Salary Scale

Table 1: Human Resource for Health Salary Scale and Salary Level

HPs Employees' Salary Scale											
		Middle Level HPs			Higher Level HPs						
Salary Level		PG 3/2	PG 4/2	PG 12/2	PS 1/1	PS 9/1	PS 9/3	PS 9/4	PS 9/5	PS 9/7	PS 9/10
Minimum Level	Minimum	1511	1743		3653		NA		NA		
	Maximum	2404	2748		6488		NA		NA		
Maximum Level	Minimum			5081		11037	NA	12062	NA	13114	14205
	Maximum			7647		14589	NA	15787	NA	17068	18425

Administration Workers' Salary Scale													
Salary Level		EH1	EH5	OH1	OH10	BH1	BH12	PG1	PG12	BU1	BU9	PS1	PS9
Minimum Level	Minimum	680		961		961		1068		2100		2748	
	Max	1439		1586		1586		1743		3278		4269	
Maximum Level	Minimum		1370		3137		4085		4662		6036		7647
	Max		2197		4867		6291		7081		8852		10946

B. Source: Developed by Investigator from Oromia Civil Servant Salary Scale, 2017

Note: NA represents Not Available

Table 2: Government Employees' (Social Workers) salary scale

Duukadeemtuu I

Iskeelii Mindaa Hojjettoota Mootummaa (Amajjii, 2009)

Olka'iinsa Sadarkaa	Gosa Tajaajilaa						Mindaa Ka'umsa	Guluntaa Mindaa									fiixee
	EH	OH	BH	PG	BU	PS		1	2	3	4	5	6	7	8	9	
I.	1						860	909	961	1013	1068	1123	1182	1243	1305	1370	1439
II.	2	1	1				961	1013	1068	1123	1182	1243	1305	1370	1439	1511	1586
III.	3	2	2	1			1068	1123	1182	1243	1305	1370	1439	1511	1586	1663	1743
IV.	4	3	3	2			1182	1243	1305	1370	1439	1511	1586	1663	1743	1828	1916
V.	5	4	4	3			1370	1439	1511	1586	1663	1743	1828	1916	2008	2100	2197
VI.		5	5	4			1586	1663	1743	1828	1916	2008	2100	2197	2298	2404	2514
VII.		6	6	5			1828	1916	2008	2100	2197	2298	2404	2514	2628	2748	2872
VIII.		7	7	6	1		2100	2197	2298	2404	2514	2628	2748	2872	3001	3137	3278
IX.		8	8	7	2		2404	2514	2628	2748	2872	3001	3137	3278	3425	3579	3740
X.		9	9	8	3	1	2748	2872	3001	3137	3278	3425	3579	3740	3909	4085	4269
XI.		10	10	9	4	2	3137	3278	3425	3579	3740	3909	4085	4269	4461	4662	4867
XII.			11	10	5	3	3579	3740	3909	4085	4269	4461	4662	4867	5081	5304	5538
XIII.			12	11	6	4	4085	4269	4461	4662	4867	5081	5304	5538	5781	6036	6291
XIV.				12	7	5	4662	4867	5081	5304	5538	5781	6036	6291	6547	6809	7081
XV.					8	6	5304	5538	5781	6036	6291	6547	6809	7081	7364	7647	7936
XVI.					9	7	6036	6291	6547	6809	7081	7364	7647	7936	8236	8539	8852
XVII.						8	6809	7081	7364	7647	7936	8236	8539	8852	9177	9507	9849
XVIII.						9	7647	7936	8236	8539	8852	9177	9507	9849	10202	10567	10946

EH-Tajaajila Eegumsaa fi Humnaa
OH-Tajaajila Ogummaa Harkaa
BH -Tajaajila Barreessaa fi Herregaa
PG -Tajaajila Piroofeeshinaalii Giddu-galeessaa
BU-Tajaajila Bulchiinsaa
PS- Tajaajila Piroofeeshinaalii Saayinsii

Source: Oromia National Regional State civil servant salary scale Directive No 9/2017

Table 3: Government Employees' Degree holder HPs salary scale

Duukadeemtuu VII

- Iskeelii Mindaa Ogeessota Piroofeshinaalii Fayyaa (Amajjii, 2009)

Olka'iinsa Sadarkaa	PS	Ka'umsa Mindaa	Gulantaa Mindaa									Fixee
			1	2	3	4	5	6	7	8	9	
I	1/1	3653	3911	4173	4446	4725	5009	5294	5583	5879	6179	6488
II	2/1	4446	4725	5009	5294	5583	5879	6179	6488	6799	7111	7424
III	3/1	5294	5583	5879	6179	6488	6799	7111	7424	7740	8057	8379
IV	4/1	6179	6488	6799	7111	7424	7740	8057	8379	8702	9028	9358
V	5/1	7111	7424	7740	8057	8379	8702	9028	9358	9690	10024	10360
VI	6/1	8057	8379	8702	9028	9358	9690	10024	10360	10698	11037	11377
VII	7/1	9028	9358	9690	10024	10360	10698	11037	11377	11718	12062	12412
VIII	8/1	10024	10360	10698	11037	11377	11718	12062	12412	12762	13114	13468
IX	9/1	11037	11377	11718	12062	12412	12762	13114	13468	13832	14205	14589
X	9/4	12062	12412	12762	13114	13468	13832	14205	14589	14983	15380	15787
XI	9/7	13114	13468	13832	14205	14589	14983	15380	15787	16206	16635	17068
XII	9/10	14205	14589	14983	15380	15787	16206	16635	17068	17512	17967	18425

Source: Oromia National Regional State civil servant salary scale Directive No 9/2017

Table 4 : Government Employees' Middle Level HPs salary scale

Duukadeemtuu VIII

Iskeelii Mindaa Ogeessota Pirofeshinaalii Giddugaleessaa Fayyaa (Amajjii, 2009)

Olka'iins Sadarkaa	PG	Mindaa Ka'umsa	Gulantaa Mindaa								Fiixee
			1	2	3	4	5	6	7	8	9
I	3/2	1511	1586	1663	1743	1828	1916	2008	2100	2197	2298	2404
II	4/2	1743	1828	1916	2008	2100	2197	2298	2404	2514	2628	2748
III	5/2	2008	2100	2197	2298	2404	2514	2628	2748	2872	3001	3137
IV	6/2	2298	2404	2514	2628	2748	2872	3001	3137	3278	3425	3579
V	7/2	2628	2748	2872	3001	3137	3278	3425	3579	3740	3909	4085
VI	8/2	3001	3137	3278	3425	3579	3740	3909	4085	4269	4461	4662
VII	9/2	3425	3579	3740	3909	4085	4269	4461	4662	4867	5081	5304
VIII	10/2	3909	4085	4269	4461	4662	4867	5081	5304	5538	5781	6036
IX	11/2	4461	4662	4867	5081	5304	5538	5781	6036	6291	6547	6809
X	12/2	5081	5304	5538	5781	6036	6291	6547	6809	7081	7364	7647

Source: Oromia National Regional State civil servant salary scale Directive No 9/2017

C. South African Salary and Benefits level

Table 5: Republic of South African Salary and Benefits level during 2008/9

Salary Level	Base salary (Notch) Position	Salary on July 2008	Service bonus (13th Cheque:1/12 of base salary)	Employer contribution to government pension fund (13%)	Maximum Housing allowance	Maximum employer contribution to medical scheme	potential total package
		Guaranteed (in Rands per year)			Potential(in Rands per year)		
	Min	42663	3555.25	5546.19	6000	26100	83864.44
1	Max	47583	3965.25	6185.79	6000	26100	89834.04
	Min	47787	3982.25	6212.31	6000	26100	90081.56
2: Cleaner	Max	53316	4443	6931.08	6000	26100	96790.08
	Min	54879	4573.25	7134.27	6000	26100	98686.52
3	Max	63717	5309.75	8283.21	6000	26100	109410
	Min	64410	5367.5	8373.3	6000	26100	110250.8
4	Max	74772	6231	9720.36	6000	26100	122823.4
	Min	76194	6349.5	9905.22	6000	26100	124548.7
5	Max	88464	7372	11500.32	6000	26100	139436.3
	Min	94326	7860.5	12262.38	6000	26100	146548.9
6	Max	109515	9126.25	14236.95	6000	26100	164978.2
	Min	117501	9791.75	15275.13	6000	26100	174667.9
7	Max	136419	11368.25	17734.47	6000	26100	197621.7
	Min	145920	12160	18969.6	6000	26100	209149.6
8	Max	169410	14117.5	22023.3	6000	26100	237650.8
	Min	174243	14520.25	22651.59	6000	26100	243514.8
9	Max	202287	16857.25	26297.31	6000	26100	277541.6
	Min	217482	18123.5	28272.66	6000	26100	295978.2
10:scientist	Max	252483	21040.25	32822.79	6000	26100	338446

Source: Republic Of South Africa. Salaries and Benefits in the Public Service. 2008

Table 6: The South Africa Unique Remuneration Structure and Progression Opportunities

Health Profession	Years service or experience	Basic salary (notch) on 1 July 2008 (in Rand)		Potential total package, including pension, medical and service bonus and housing (in Rand)	
		Per annum	Per month	Per annum	per month
Professional Nurse in General ward (Normal Performer)	0	117225	9769	174333	14528
	5	124365	10364	182996	15250
	10	144174	12015	207031	17253
	30	205563	17130	281516	23460
Professional Nurse in an identified Specialty ward or a Primary Health Care Nurse (normal performer)	5	177318	14777	247245	20604
	10	188121	15677	260353	21696
	30	268218	22352	357537	29795

Source: Republic Of South Africa. Salaries and Benefits in the Professional Nurse. 2008

Table 7: Summary of allowances of civil servants in Kenya (in shilling)

Type of allowance		Minimum		Maximum	Beneficiaries or Eligible
Health workers allowance, excluding HPs assigned at administrative positions	Emergency call allowance	30,000/month		30,000/month	All medical doctors (medical officers, dentist and pharmacist)
	Extraneous allowance	Urban	5,000/month	40,000/month	All Human Resource for Health at healthcare facilities, except drivers rather than hospital
		Rural	5,000/month	35,000/month	
		Hardship area	8,000/month	40,000/month	
	Health risk allowance	2,000/month		20,000/month	All HPs
	Non-practicing allowance	12,000/month		60,000/month	medical officers, dentist and pharmacist
	Uniform allowance	10,000/ year		10,000/year	Nurses
Allowance in the public service	House allowance	2250/month		100,000/month	All Public Servants
	Hardship allowance	2,800/month		60,000/month	All Public Servants
	Daily subsistence allowances	Local travel in shilling	2,100	12,000	Government officers to attend to official assignment away from their duty station within the country
		Foreign travel in USD	132	1,297	Government officers to attend to official assignment out of the country
Car loan and Mortgage	Car loan at 3% interest for 4 years	600,000		4,000,000	All state officers and other public officers who are permanent and

schemes	Mortgage schemes at 3% interest for 20 years	4,000,000	20,000,000	pensionable basis
Medical schemes for public officers per annum	In-patient cover	750,000/annual	2,000,000	Public officers (employee or principal member) and a spouse and four dependent children under age of 24, with exception of school children and disability of above 24 age
	Outpatient cover	100,000/annual	250,000	
	Maternity cover	50,000/annual	150,000	
	Dental cover	30,000/annual	30,000	
	Optical cover	15,000/annual	35,000	

Source: Kenya Salary and Remuneration Commission, 2014-2017, available from www.src.go.ke

Table 8: Summary of Ethiopia Vs Kenya Economy Statistics

	Year	Kenya	Ethiopia
GDP growth rate	2017	5.1	8.1
Overall fiscal balance, including grants (%GDP)	2016	-8.0	-2.4
Government expenditure and Revenue (%GDP)	2017	12.1	10.3
Current account balance including grants (%GDP)	2016	-5.5	-10.6
External debt (%GDP)	2016	32.0	32.0
GDP per person employed [2011 poverty-percent of population(ppp$)]	2016	8583.1	3455.8

Source: East African Economy Outlook 2018, available from www.afdb.org>afdb>2018AEO

Table 9: List of Job Groups and Civil Servant Salary Scale per month in Kenyan shilling, on 11th July 2017

Job Group	Minimum	Maximum	Eligible workers
A	11840	12510	very low skilled basic workers such as cooks, clerks, security guards, messengers, copy readers, drivers, telephone operators and receptionists, Officer III, Support Staff, Operator III, Attendant III
B	12510	13510	Skilled and low level supervisory staff- Assistant Officer I,II&III, Senior Assistant I, Intern, Senior Inspector, Senior Technologist, Technologist I,II&III, Chief Technician, Technician I,II&III, Assistant Officer I,II&III Chief Driver, Senior Charge Hand, Charge Hand, Senior Office Assistant, Chief Clerical Officer, Superintendent Artisan, Artisan, P1 teacher, Office Assistant, Senior Driver, Driver I, Driver II.
C	12790	13980	Supervisors and high level skilled officers-Senior Principal Superintendent, Principal Officer, Senior Principal Officer, Senior Foreign Service Officer, Senior Superintending Officer, Principal Lecturer, Chief Officer, Senior Economist, Senior Officer, Principal Assistant Officer, Senior Officer, Engineer I, Chief Assistant, Chief Officer, Lecturer I, Senior State Counsel, State Counsel I&II, Deputy Chief, Assistant Chief, Assistant Secretary, Assistant Administrator, Geologist I, Geochemist I, Geophysics I, Economist I, Senior Officer, Senior Assistant Officer, Officer II, Assistant I.
D	13510	15030	Senior and Middle Management & High level specialists (Heads of departments & Section heads). They include; Senior Deputy Director, Deputy Director, Chief Officer, Director, Principal, Senior Assistant Director, Assistant Director, Deputy Director, Senior Deputy Administrator, Deputy Chief, Senior Assistant Director, Senior Assistant Commissioner, Assistant Commissioner, Senior Principal Superintending, Principal Superintending, Deputy Commissioner, Chief Economist, Senior Assistant Director, Assistant Director, Deputy Chief Economist, Senior Principal, Principal, Chief Superintending

E	14490	16250	Top executives and most senior specialists (Heads of institutions).
F	15620	19160	Not very well skilled but at least more skilled than all the previous job groups
G	19770	24350	NA
H	22380	27680	The entry level for a person with a **diploma.** This is however a person that will undergo on the job training after graduation for a while before they are fully absorbed into the job industry.
J	27680	32920	Professionals that have a higher academic qualification and a bit of working experience. This forms the largest percentage among the working population.
K	34260	44750	The entry level for a person with a **degree.** This person also requires a on the job training similarly to the job group H person.
L	39110	49180	Mostly, professionals here are in the entry level management like supervisory positions.
M	44750	59860	NA
N	51660	69990	the personnel is more professional and probably in the management level
P	81940	109800	Professionals in this group are highly skilled and may either be in middle or high level management.
Q	94850	127110	Highly skilled and specialized personnel with high quality education and a matching working experience to pride in. They are at the high level management positions.
R	115290	153170	
S	127110	189200	
T	160600	315700	

Source: Kenya Salary and Remuneration Commission, 2014-2017, available from www.src.go.ke

Table 10: ORHB Compensation for Professional Nurse BSC and General Practitioners

Health Profession	Years service or experience	Basic salary (notch) on 1 March 2018 (in ETB)		Potential total package, including pension, top up and housing (in ETB)	
		Per annum	Per month	Per annum	per month
Professional Nurse BSC in General ward (Normal Performer)	0	43836	3653	4822	402
	5	63528	5294	30988	2582
	10	96684	8057	34635	2886
	30	108336	9028	35917	2993
General Practitioners in General ward (Normal Performer)	0	74148	6179	32156	2680
	5	96684	8057	34635	2886
	10	120288	10024	37232	3103
	30	120288	10024	37232	3103

Source: Developed by Investigator from the Oromia HPs Salary Scale, March 2018.

D. Government Officials

Federal Level chief government officials

Ministers, State Ministers, Speaker and Vice-speaker of House of Federation and Peoples Representative, President and Vice President of Federal Higher Court, Addis Ababa and Dire Dawa mayors.

Federal Level senior government officials

General Directors and Vice General Directors of Federal Agencies and organizations, Federal Offices Heads and Vice Heads, Members of houses of Peoples representatives and Federation, Higher Education Commission Presidents and Vice Presidents, Ambassadors, Addis Ababa and Dire Dawa cities Executive Managers, Federal Police Commissioner and Vice Commissioner.

Regional Level chief officials

Regional State Presidents and Vice Presidents, Speaker and vice speaker of Regional states councils of people, Regional Higher Courts President and Vice Presidents, Zonal Councils Members and Zonal Leaders.

E. Health Professional Levels

Higher level professionals by their Profession Category: are General surgeon Specialist, Gyn. Obs. Specialist, Integrated Emergency Surgery officer /IESO, Orthopedics Specialist, Emergency Surgeon Specialist, Emergency Treatment Officer/ General Practitioners, Clinical Pathologist specialist, Anesthologist specialist, Conchologist specialist, Anesthetist professional and Radiologist specialist.

Middle level professionals by their Profession Category: Midwife, Nurse serving in delivery service, diploma anesthesia professionals, psychiatry professionals, diploma and degree X-Ray Professional, emergency medical technicians, Nurse serving in ICU room, Emergency Triage worker.

Table 11: Professional Categories, Titles and Salary Scale of ORHB

Career Structure Beneficiary Level of Health Professionals	Education Level	Job Grade, professional Title and Salary			
		Lower Level	Salary	Upper Level	Salary
Health assistant	Certificate	SP3/2	1511	SP7/2	2628
Assistant Clinical Nurse	Certificate	SP 4/2	1743	SP 8/2	3001
Assistant Public Health Nurse	Certificate	SP 4/2	1743	SP 8/2	3001
Clinical Nurse	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Public Health Nurse	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Staff Nurse	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Specialized Nurse	Diploma	SP 8/2	3001	SP 12/2	5081

Advanced Specialized Nurse	Diploma	SP 9/2		SP 12/2	5081
Nurse Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Nurse Specialist	Diploma	SP 8/2		SP 11/2	
Nurse Level IV and COC	Adv. Dip/ Level IV	SP 7/2	2628	SP 11/2	4461
Nurse Level V	Level V	SP 10/2		SP 12/2	
Tutor I	Diploma	SP 8/2		SP 11/2	
Tutor II	Diploma	SP 9/3		SP 12/3	
Assistant Midwife	Certificate	SP 4/2	1743	SP 8/2	3001
Midwife	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Midwife	BSC Degree	PS 1/1	3653	PS 7/1	6488
Ophthalmic Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Assistant Medical Equipment Maintenance Man	Adv. Dip/ Level IV	SP 7/2	2628	SP 10/2	
Medical Equipment Maintenance Man	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Advanced Medical Equipment Maintenance Man	Diploma	SP 8/2	3001	SP 11/2	
Medical Equipment Maintenance Engineer	BSC Degree	PS 1/1	3653	PS 9/1	11037
Laboratory Technician Aid	Certificate	SP 3/2	1511	SP 7/2	2628
Assistant Laboratory Technician	Certificate	SP 4/2	1743	SP 8/2	3001
Medical Laboratory Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Medical Laboratory Technician I	Diploma	SP 8/2	3001	SP 11/2	
Medical Laboratory Technician II	Diploma	SP 9/2		SP 12/2	5081
Medical Laboratory Technologist	BSC Degree	PS 2/1	4446	PS 7/1	7424
Medical Laboratory Technology Specialist	MSC Degree	PS 6/1-8/1	8057	PS 9/3, 9/5	10024, No 9/3,9/5
Assistant Druggist Technician	Certificate	SP 4/2	1743	SP 8/2	3001
Druggist	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Druggist I	Diploma	SP 8/2	3001	SP 11/2	
Druggist II	Diploma	SP 9/2		SP 12/2	
Pharmacist	BSC Degree	PS 2/1	4446	PS 8/1	10024

Pharmacy Specialist	MSC Degree	PS 8/1	10024	PS 9/3,9/5, 9/7	No 9/3,9/5, 13114
Doctor of Pharmacy	First Degree	PS 4/1		PS 8/1	
Assistant Environmental Health Technician	Certificate	SP 4/2	1743	SP 8/2	3001
Environmental Health Technician/Sanitarian	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Environmental Health/Sanitary Science/ Professional	BSC degree	PS 1/1	3653	PS 7/1	6488
Environmental Health/Sanitary Science/ Specialist	MSC Degree	PS 6/1-891	8057	PS 9/3,9/5	10024, No 9/3,9/5
Radiographer Aid	Certificate	SP3/2	1511	SP 7/2	2628
Assistant Radiographer	Certificate	SP 4/2	1743	SP 8/2	3001
Radiographer	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Radiographer I	Diploma	SP 8/2	3001	SP 11/2	
Radiographer II	Diploma	SP 9/2		SP 12/2	
Physiotherapy Technician Aid	Certificate	SP3/2	1511	SP 7/2	2628
Assistant Physiotherapist Technician	Certificate	SP 4/2	1743	SP 8/2	3001
Physiotherapy Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Physiotherapy Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Physiotherapy Technician II	Diploma	SP 9/2	3425	SP 12/2	5081
Physiotherapy Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Physiotherapy Specialist	MSC Degree	PS 6/1-8/1	8057	PS 9/3, 9/5	10024, No 9/3,9/5
Assistant Orthopedic Technician	Certificate	SP 4/2	1743	SP 8/2	3001
Orthopedic Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Orthopedic Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Orthopedic Technician II	Diploma	SP 9/2	3425	SP 12/2	5081
Prosthetist Orthotist	BSC Degree	PS 1/1	3653	PS 7/1	6488

Prosthetist Orthotist Specialist	MSC Degree	PS 6/1-8/1	8057	PS 9/3, 9/5	10024, No 9/3,9/5
Assistant Rehabilitation Technician	Certificate	SP 4/2	1743	SP 7/2	2628
Rehabilitation Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Occupational Therapy Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Occupational Therapy Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Occupational Therapy Technician II	Diploma	SP 9/2	3425	SP 12/2	5081
Optometry Technician	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Optometry Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Optometry Technician II	Diploma	SP 9/2	3425	SP 12/2	5081
Optometry Technician Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Optometry Technician Specialist	MSC Degree	PS 6/1-8/1	8057	PS 9/3,9/5	10024, No 9/3,9/5
Dental Technician 10+1	Dip/Level III	SP 6/2	2298	SP 10/2	3909
Dental Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Dental Technician II	Diploma	SP 9/2	3425	SP 12/2	5081
Dental Hygiene Technician	Dip/Level III	SP 6/2	2298	SP 10/2	4461
Dental Hygiene Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Dental Hygiene Technician II	Diploma	SP 9/2	3425	SP 12/2	5081
Dental Surgeon	First Degree MD	PS 4/1	6179	PS 8/1	10024
Dental Specialist	MSC Degree	PS 8/19/3, 9/5	10024	PS 9/7	No 9/3,9/5, 13114
Community Health Practitioner I	Diploma	SP 8/2	3001	SP 11/2	4461
Community Health Professional	Certificate	SP 3/1	1511	Sp 7/1	2628
Community Health Professional Specialist	MSC Degree	PS 6/1-8/1	8057	PS 9/3,9/5	10024 no

					salary of 9/3, 9/5
Community/Public Health Intern	MSC Degree	PS 8/1,9/3, 9/5, 9/7	10024	PS 9/7	13114, no of 9/3,9/5
General Community/Public Health Practitioner	First Degree MD	PS 4/1	6179	PS 8/1	10024
Community/Public Health Specialist	MSC Degree	PS 6/1-9/1		PS 9/3,9/5	
General Medical Practitioner	First Degree in MD	PS 4/1-8/1	6179	PS 9/5,9/7	10024, 13114, no of9/5
Medical Specialist	MSC Degree	PS 8/1-9/1	10024	PS 9/3,9/5, 9/7	13114, no of 9/3,9/5
Health Science Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Health Science Specialist	MSC Degree	PS 6/1-9/1	8057	PS 9/5	10024, no salary of 9/5
Social Science Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Social Science Specialist	MSC Degree	PS 6/1-9/1	8057	PS 9/3,9/5,	11037, No salary of 9/3 and 9/5
Health Science Technician II	Diploma	SP 9/2	3425	SP 12/2	5081

Health Science Technician	Dip/Level III	SP 6/2	2298	Sp 10/2	3909
Health Science Technician I	Diploma	SP 8/2	3001	SP 11/2	4461
Social Science Technician	Dip/Level III	SP 6/2	2298	SP10/2	3909
Social Science Technician I	Diploma	SP8/2	3001	SP 11/2	4461
Social Science Technician II	Diploma	SP 8/2	3001	SP 12/2	5081
Dental Technology assistant	Certificate	SP 4/2	1743	SP 8/2	3001
Rural Health Extension Workers 10+1	Certificate	SP 4/2	1743	SP 8/2	3001
Health Extension Service Pr ovider Level III and COC	Level III	SP 6/2	2298	SP 10/2	3909
Rural Health Extension Workers Level IV and COC	Level IV	SP 7/2	2628	SP 11/2	4461
Health Education and Promotion Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Health Education and Promotion Professional Specialist	BSC Degree	PS 2/1-9/1	4446	PS 9/4, 9/7	11037/ 12062/ 13114
Anesthesiology Professional	BSC Degree	PS 2/1	4446	PS 8/1	7424
Radiography Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Dental Science Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Dental Science Professional Specialist	MSC Degree	PS 6/1-9/1	8057	PS 9/4, 9/7	11037/ 12062/ 13114
Speech and Language Pathology Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Psychiatry Professional	BSC Degree	PS 1/1	3653	PS 7/1	6488
Pediatrics and Child Health Officer	BSC Degree	PS 2/1	4446	PS 8/1	7424
Clinical Infectious Disease Officer	BSC Degree	PS 2/1	4446	PS 8/1	7424
Tropical and Infectious Disease Officer	BSC Degree	PS 2/1	4446	PS 8/1	7424
Maternity and Reproductive Health Nursing Officer	BSC Degree	PS 2/1	4446	PS 8/1	7424
Tropical Dermatology Officer	BSC Degree	PS 2/1	4446	PS 7/1	6488
Cataract Surgeon	BSC Degree	PS 1/1	3653	PS 7/1	6488
Environmental and Occupational Health and Safety	BSC Degree	PS 1/1	3653	PS 7/1	6488

Professional					
Clinical Histotechnologist	BSC Degree	PS 1/2		PS 7/2	
Emergency Medical Technician Level III and COC	Level III	SP 6/2	2298	SP 10/2	3909
Emergency Medical Technician Level IV and COC	Level IV	SP 7/2	2628	SP 11/2	4461
Emergency Medical Technician Level V and COC	Level V	SP 8/2	3001	SP 12/2	5081
Health Service Management professional	BSC Degree	PS 1/1	3653	PS 7/1	6488

Source: Federal Government HPs Salary Scale and Career Structure Qualification Requirement Directives since 2001

F. Data Collection Tools:

I. Policy Document Review Checklist

Respondent Personal Profile

Name: _____Sex: _____Age_____ Educational Status_____ Position: _____Date of assignment to the position_____ Experience to date_____

1. Available documents of Human Resource for Health **PROCLAMATIONS on** Human Resource for Health Compensation and Performance appraisal **approved by Caffee Oromia.**
2. Available document of all Human Resource for Health **REGULATIONS** on Compensation and Performance appraisal developed and approved by Oromia Regional State Council.
3. Available document of all Human Resource for Health **DIRECTIVES** on Compensation and Performance appraisal developed and approved by Oromia Public Service and Human Resources Development Bureau.
4. Available document of Human Resource for Health **STRATEGIES** on Compensation and Performance evaluation.

Table 12: Checklist of policies contents detection

General Policy Area	Specific Policy Area		
Compensation and Benefits	Compensation	Benefits	
	New employee initial/basic salary	Equitable Per Diem	
	Periodical salary increment (Career Structure)	Paid Leave	Sick leave
			Medical Benefits and Injury
			Annual leave and its payment
	Educational upgrade salary		Maternity and Paternity leave
			Weekend and holiday leave
	Salary levels-Lower and upper level of salary for Human Resource for Health	Special leave without pay	
	Similar pay for similar job	Working	Flexi work hour schedule
			Tea break time
	Compensation for disability caused from job injury		Lunch time
			Weekly working hour
		Allowances	House allowance
			Position allowance
			Vehicle and Fuel allowance
			Risk allowance
		Healthcare services	
		Pension	
		Materials and financial support	
		ICT and phone	
Performance evaluation	Employees job descriptions		
	Standard of Performance Appraisal-planning and agreeing		
	Actual Performance evaluation		
	Comparison of the standard and actual performance		
	Deviation correction system		
	Achievement awards		
	Performance based payment		

Source: Developed by the investigator after reviewing different literatures, 2018

II. Face-To-Face In-Depth Interview Guide

Respondent Personal Profile

Name: _____Sex: _____Age_____ Educational Status_____ Position: _____Date of assignment to the position_____ Experience to date_____

1. What are the enforcing health workforces' policies in Oromia?
2. Which are the components of Human Resource for Health Compensation and Performance appraisal policies are being applied?
3. How the Oromia public health sector workforces are being treated in relation to Compensation equitably at all levels?
4. How the Oromia public health workforces' performances are being appraised?
5. Is there any mechanism to check the implementation/practices of the Human Resources policies?
6. What corrective measures will be taken if implementation defects are detected?
7. What are the encountered problems of the Compensation and Performance appraisal in Oromia Public Health Sector?
8. What are the reasons why the policies are not fully applied?
9. What other else opinion do you want to add in relation to the Human Resource policies and practices?