

Medical Professionals Satisfaction and Compensation Survey

Draft Results from 190D implementation

October 2012

Study conducted by HRINC Consulting Division:

Insights that drive employee engagement and bottom-line performance

Objectives of the Briefing

- **This presentation focusses on the results of 19 Operational District implementation with a primary focus on compensation, satisfaction and dual practice. It provides an opportunity to:**
 - *Get a feel for data and results coming out*
 - *Provide commentary and thoughts around analysis*
 - *Understand high level analysis. Simple cross tabulations provided for the following drivers*
 - SOA and NON-SOA
 - HC and RH
 - Male and Female
 - *Please provide inputs on data presentation, as well as analytical outputs sought*
- **A wealth of information is collected in the survey and requires (at this stage) that the reader is aware of Cambodian context of Public Health Professionals and the general health sector landscape.**

Objectives of the Briefing

- **The sampling process has not been articulated for this briefing. In short a systematic sampling process was followed and agreed.**
 - *All types of health facilities are represented including Former District Hospitals (as they were in 2010). Today they are either Health Centres or Referral hospitals.*
 - *Provinces were selected based on geographical data as well as operational districts characteristics (including ensuring SOA and NON SOA facilities were present.)*
 - *Health workers were selected by strata.*
- **Total sample includes:**
 - *Health Centers: 94*
 - *FDH: 15*
 - *Referral Hospitals: 17*
 - *National Hospitals: 5 national hospitals were purposefully selected.*
 - *Total: 131, 19 Operational Districts across Cambodia plus Phnom Penh.*

Recap on Questionnaires

Two questionnaires were implemented during the public sector implementation. Only the public health professional questionnaire, in part, is presented in this briefing.

Questionnaires are broken into 2 datasets each with corresponding codes for cross tabulation and analysis.

Database Breakdown	Health Professional Questionnaire	Facility Manager Questionnaire
Database 1	<ul style="list-style-type: none">– Economic Profile– Training– Recruitment– Performance Management– Hours & Duties of Work– Perceptions on other sectors– Job Satisfaction	<ul style="list-style-type: none">– Facility needs– Management Challenges– Management Perceptions
Database 2	<ul style="list-style-type: none">– All compensation data	<ul style="list-style-type: none">– Census database

Total compensation in the public health sector comprises a variety of components classified under 2 distinct classifications

Public Sector Earnings		Private Practice / Dual Practice earnings	
<i>Fixed salaries and incentives received from working for government</i>		<i>Monies received from pursuing a second occupation in health</i>	
GA	Government Salary	PA	Home Visits
GB	Over time and public holiday work	PB	Private Practice: <ul style="list-style-type: none"> • Private Practice Ownership and/or • Working in Private Hospital/Clinic
GC	TOTAL Government Basic Salary (GA+GB =GC)	PC	Private Practice: Pharmacy Work <ul style="list-style-type: none"> • Pharmacy Ownership and/or • Working in Pharmacy and/or • Renting out license and/or
GD	Work on a health project	PD	TOTAL Private Practice Earnings (PA+PB+PC=PD)
GE	User Fees and HEF (Lump)		
GF	Service Delivery Grant	Total Earnings of Public Health Professional	
GG	Midwifery Incentives		
GH	Outreach Incentives	GC	Total Government Basic salary
GI	Total Government Incentives (GD+GE+GF+GG+GH=GI)	GI	Total Government Incentives
GJ	TOTAL Compensation from Government Opportunities (GC+GI=GJ)	PD	Total Private Practice Earnings
		GTE	Grand Total Earnings for Public Health Professional (GC+GI+PD=GTE)

Lump Sum:
If respondent cannot distinguish incentives but gets incentives paid or grouped together



Understanding the 190D sample breakdown

This section provides an overview of the respondents captured by the main drivers. No articulation provided.

Sample has a good representation across all income type totals

# Respondents	Total Government Salary			Total Government Incentives			Total Dual Practice			Grand Total	
	#	% Column	% Grand Total	#	% Column	% Grand Total	#	% Column	% Grand Total	#	% Column
Non-SOA	613	64.19%	64.19%	596	63.68%	62.41%	335	65.94%	35.08%	613	64.19%
HC	392	41.05%	41.05%	379	40.49%	39.69%	218	42.91%	22.83%	392	41.05%
Female	213	22.30%	22.30%	209	22.33%	21.88%	113	22.24%	11.83%	213	22.30%
Male	179	18.74%	18.74%	170	18.16%	17.80%	105	20.67%	10.99%	179	18.74%
RH	221	23.14%	23.14%	217	23.18%	22.72%	117	23.03%	12.25%	221	23.14%
Female	124	12.98%	12.98%	123	13.14%	12.88%	60	11.81%	6.28%	124	12.98%
Male	97	10.16%	10.16%	94	10.04%	9.84%	57	11.22%	5.97%	97	10.16%
<i>Non-SOA Female</i>	<i>337</i>	<i>35.29%</i>	<i>35.29%</i>	<i>332</i>	<i>35.47%</i>	<i>34.76%</i>	<i>173</i>	<i>34.06%</i>	<i>18.12%</i>	<i>337</i>	<i>35.29%</i>
<i>Non-SOA Male</i>	<i>276</i>	<i>28.90%</i>	<i>28.90%</i>	<i>264</i>	<i>28.21%</i>	<i>27.64%</i>	<i>162</i>	<i>31.89%</i>	<i>16.96%</i>	<i>276</i>	<i>28.90%</i>
<i>Non-SOA Workforce</i>	<i>613</i>	<i>64.19%</i>	<i>64.19%</i>	<i>596</i>	<i>63.68%</i>	<i>62.41%</i>	<i>335</i>	<i>65.94%</i>	<i>35.08%</i>	<i>613</i>	<i>64.19%</i>
SOA	342	35.81%	35.81%	340	36.32%	35.60%	173	34.06%	18.12%	342	35.81%
HC	221	23.14%	23.14%	220	23.50%	23.04%	108	21.26%	11.31%	221	23.14%
Female	111	11.62%	11.62%	110	11.75%	11.52%	43	8.46%	4.50%	111	11.62%
Male	110	11.52%	11.52%	110	11.75%	11.52%	65	12.80%	6.81%	110	11.52%
RH	121	12.67%	12.67%	120	12.82%	12.57%	65	12.80%	6.81%	121	12.67%
Female	59	6.18%	6.18%	58	6.20%	6.07%	26	5.12%	2.72%	59	6.18%
Male	62	6.49%	6.49%	62	6.62%	6.49%	39	7.68%	4.08%	62	6.49%
<i>SOA Female</i>	<i>170</i>	<i>17.80%</i>	<i>17.80%</i>	<i>168</i>	<i>17.95%</i>	<i>17.59%</i>	<i>69</i>	<i>13.58%</i>	<i>7.23%</i>	<i>170</i>	<i>17.80%</i>
<i>SOA Male</i>	<i>172</i>	<i>18.01%</i>	<i>18.01%</i>	<i>172</i>	<i>18.38%</i>	<i>18.01%</i>	<i>104</i>	<i>20.47%</i>	<i>10.89%</i>	<i>172</i>	<i>18.01%</i>
<i>SOA Workforce</i>	<i>342</i>	<i>35.81%</i>	<i>35.81%</i>	<i>340</i>	<i>36.32%</i>	<i>35.60%</i>	<i>173</i>	<i>34.06%</i>	<i>18.12%</i>	<i>342</i>	<i>35.81%</i>
Grand Total	955	100.00%	100.00%	936	100.00%	98.01%	508	100.00%	53.19%	955	100.00%
Total NON-SOA	613	64.19%	64.19%	596	63.68%	62.41%	335	65.94%	35.08%	613	64.19%
Total SOA	342	35.81%	35.81%	340	36.32%	35.60%	173	34.06%	18.12%	342	35.81%
Total HC	613	64.19%	64.19%	599	64.00%	62.72%	326	64.17%	34.14%	613	64.19%
Total RH	342	35.81%	35.81%	337	36.00%	35.29%	182	35.83%	19.06%	342	35.81%
Total Female	507	53.09%	53.09%	500	53.42%	52.36%	242	47.64%	25.34%	507	53.09%
Total Male	448	46.91%	46.91%	436	46.58%	45.65%	266	52.36%	27.85%	448	46.91%

Government salary consists of 3 components: Shift work, OT and Base salary.

# Respondents	Shift Work			Overtime (OT)			Base Salary			Total Government Salary		
	#	% Column Total	% Gov Salary Total	#	% Column Total	% Gov Salary Total	#	% Column Total	% Gov Salary Total	#	% Column Total	% Total Sample
Non-SOA	568	63.53%	59.48%	6	85.71%	0.63%	610	64.14%	63.87%	613	64.19%	64.19%
HC	361	40.38%	37.80%	4	57.14%	0.42%	389	40.90%	40.73%	392	41.05%	41.05%
Female	196	21.92%	20.52%		0.00%	0.00%	212	22.29%	22.20%	213	22.30%	22.30%
Male	165	18.46%	17.28%	4	57.14%	0.42%	177	18.61%	18.53%	179	18.74%	18.74%
RH	207	23.15%	21.68%	2	28.57%	0.21%	221	23.24%	23.14%	221	23.14%	23.14%
Female	117	13.09%	12.25%	1	14.29%	0.10%	124	13.04%	12.98%	124	12.98%	12.98%
Male	90	10.07%	9.42%	1	14.29%	0.10%	97	10.20%	10.16%	97	10.16%	10.16%
<i>Non SOA Female</i>	313	35.01%	32.77%	1	14.29%	0.10%	336	35.33%	35.18%	337	35.29%	35.29%
<i>Non SOA Male</i>	255	28.52%	26.70%	5	71.43%	0.52%	274	28.81%	28.69%	276	28.90%	28.90%
<i>SOA Workforce</i>	568	63.53%	59.48%	6	85.71%	0.63%	610	64.14%	63.87%	613	64.19%	64.19%
SOA	326	36.47%	34.14%	1	14.29%	0.10%	341	35.86%	35.71%	342	35.81%	35.81%
HC	218	24.38%	22.83%		0.00%	0.00%	220	23.13%	23.04%	221	23.14%	23.14%
Female	110	12.30%	11.52%		0.00%	0.00%	110	11.57%	11.52%	111	11.62%	11.62%
Male	108	12.08%	11.31%		0.00%	0.00%	110	11.57%	11.52%	110	11.52%	11.52%
RH	108	12.08%	11.31%	1	14.29%	0.10%	121	12.72%	12.67%	121	12.67%	12.67%
Female	52	5.82%	5.45%	1	14.29%	0.10%	59	6.20%	6.18%	59	6.18%	6.18%
Male	56	6.26%	5.86%		0.00%	0.00%	62	6.52%	6.49%	62	6.49%	6.49%
<i>SOA Female</i>	162	18.12%	16.96%	1	14.29%	0.10%	169	17.77%	17.70%	170	17.80%	17.80%
<i>SOA Male</i>	164	18.34%	17.17%	0	0.00%	0.00%	172	18.09%	18.01%	172	18.01%	18.01%
<i>SOA Workforce</i>	326	36.47%	34.14%	1	14.29%	0.10%	341	35.86%	35.71%	342	35.81%	35.81%
Grand Total	894	100.00%	93.61%	7	100.00%	0.73%	951	100.00%	99.58%	955	100.00%	100.00%
Total NON SOA	568	63.53%	59.48%	6	85.71%	0.63%	610	64.14%	63.87%	613	64.19%	64.19%
Total SOA	326	36.47%	34.14%	1	14.29%	0.10%	341	35.86%	35.71%	342	35.81%	35.81%
Total HC	579	64.77%	60.63%	4	57.14%	0.42%	609	64.04%	63.77%	613	64.19%	64.19%
Total RH	315	35.23%	32.98%	3	42.86%	0.31%	342	35.96%	35.81%	342	35.81%	35.81%
Total Female	475	53.13%	49.74%	2	28.57%	0.21%	505	53.10%	52.88%	507	53.09%	53.09%
Total Male	419	46.87%	43.87%	5	71.43%	0.52%	446	46.90%	46.70%	448	46.91%	46.91%

Government Incentives (1 of 2)

# Respondents	Project Income			User Fee			HEF			All UF & HEF Combined		
	#	% Column Total	% Total Incentives	#	% Column Total	% Total Incentives	#	% Column Total	% Total Incentives	#	% Column Total	% Total Incentives
Non-SOA	304	85.15%	32.48%	350	73.84%	37.39%	181	85.38%	19.34%	580	64.02%	61.97%
HC	248	69.47%	26.50%	256	54.01%	27.35%	115	54.25%	12.29%	366	40.40%	39.10%
Female	132	36.97%	14.10%	141	29.75%	15.06%	66	31.13%	7.05%	201	22.19%	21.47%
Male	116	32.49%	12.39%	115	24.26%	12.29%	49	23.11%	5.24%	165	18.21%	17.63%
RH	56	15.69%	5.98%	94	19.83%	10.04%	66	31.13%	7.05%	214	23.62%	22.86%
Female	35	9.80%	3.74%	52	10.97%	5.56%	40	18.87%	4.27%	121	13.36%	12.93%
Male	21	5.88%	2.24%	42	8.86%	4.49%	26	12.26%	2.78%	93	10.26%	9.94%
<i>Non SOA Female</i>	167	46.78%	17.84%	193	40.72%	20.62%	106	50.00%	11.32%	322	35.54%	34.40%
<i>Non SOA Male</i>	137	38.38%	14.64%	157	33.12%	16.77%	75	35.38%	8.01%	258	28.48%	27.56%
<i>Non SOA Workforce</i>	304	85.15%	32.48%	350	73.84%	37.39%	181	85.38%	19.34%	580	64.02%	61.97%
SOA	53	14.85%	5.66%	124	26.16%	13.25%	31	14.62%	3.31%	326	35.98%	34.83%
HC	38	10.64%	4.06%	104	21.94%	11.11%	23	10.85%	2.46%	208	22.96%	22.22%
Female	18	5.04%	1.92%	50	10.55%	5.34%	11	5.19%	1.18%	107	11.81%	11.43%
Male	20	5.60%	2.14%	54	11.39%	5.77%	12	5.66%	1.28%	101	11.15%	10.79%
RH	15	4.20%	1.60%	20	4.22%	2.14%	8	3.77%	0.85%	118	13.02%	12.61%
Female	7	1.96%	0.75%	13	2.74%	1.39%	6	2.83%	0.64%	57	6.29%	6.09%
Male	8	2.24%	0.85%	7	1.48%	0.75%	2	0.94%	0.21%	61	6.73%	6.52%
<i>SOA Female</i>	25	7.00%	2.67%	63	13.29%	6.73%	17	8.02%	1.82%	164	18.10%	17.52%
<i>SOA Male</i>	28	7.84%	2.99%	61	12.87%	6.52%	14	6.60%	1.50%	162	17.88%	17.31%
<i>SOA Workforce</i>	53	14.85%	5.66%	124	26.16%	13.25%	31	14.62%	3.31%	326	35.98%	34.83%
Grand Total	357	100.00%	38.14%	474	100.00%	50.64%	212	100.00%	22.65%	906	100.00%	96.79%
Total NON SOA	304	85.15%	32.48%	350	73.84%	37.39%	181	85.38%	19.34%	580	64.02%	61.97%
Total SOA	53	14.85%	5.66%	124	26.16%	13.25%	31	14.62%	3.31%	326	35.98%	34.83%
Total HC	286	80.11%	30.56%	360	75.95%	38.46%	138	65.09%	14.74%	574	63.36%	61.32%
Total RH	71	19.89%	7.59%	114	24.05%	12.18%	74	34.91%	7.91%	332	36.64%	35.47%
Total Female	192	53.78%	20.51%	256	54.01%	27.35%	123	58.02%	13.14%	486	53.64%	51.92%
Total Male	165	46.22%	17.63%	218	45.99%	23.29%	89	41.98%	9.51%	420	46.36%	44.87%

Notes: All UF & HEF combined include those professionals that cannot distinguish User Fee and HEF payments in their salary as well as those who can. In total 97% of professionals receive User Fee and HEF payments,.

Presentation of Government Incentives (2 of 2)

# Respondents	SDG			Midwifery			Outreach			Lumpsum Incentives			Total Incentives	
	#	% Column Total	% Total Incentives	#	% Column Total	% Total Incentives	#	% Column Total	% Total Incentives	#	% Column Total	% Total Incentives	#	% Column Total
Non-SOA		0.00%	0.00%	283	58.35%	30.24%	6	37.50%	0.64%	34	72.34%	3.63%	596	63.68%
HC		0.00%	0.00%	238	49.07%	25.43%	5	31.25%	0.53%	28	59.57%	2.99%	379	40.49%
Female		0.00%	0.00%	154	31.75%	16.45%	4	25.00%	0.43%	25	53.19%	2.67%	209	22.33%
Male		0.00%	0.00%	84	17.32%	8.97%	1	6.25%	0.11%	3	6.38%	0.32%	170	18.16%
RH		0.00%	0.00%	45	9.28%	4.81%	1	6.25%	0.11%	6	12.77%	0.64%	217	23.18%
Female		0.00%	0.00%	32	6.60%	3.42%	1	6.25%	0.11%	3	6.38%	0.32%	123	13.14%
Male		0.00%	0.00%	13	2.68%	1.39%		0.00%	0.00%	3	6.38%	0.32%	94	10.04%
Non SOA Female	0	0.00%	0.00%	186	38.35%	19.87%	5	31.25%	0.53%	28	59.57%	2.99%	332	35.47%
Non SOA Male	0	0.00%	0.00%	97	20.00%	10.36%	1	6.25%	0.11%	6	12.77%	0.64%	264	28.21%
Non SOA Workforce	0	0.00%	0.00%	283	58.35%	30.24%	6	37.50%	0.64%	34	72.34%	3.63%	596	63.68%
SOA	339	100.00%	36.22%	202	41.65%	21.58%	10	62.50%	1.07%	13	27.66%	1.39%	340	36.32%
HC	220	64.90%	23.50%	161	33.20%	17.20%	10	62.50%	1.07%	12	25.53%	1.28%	220	23.50%
Female	110	32.45%	11.75%	97	20.00%	10.36%	6	37.50%	0.64%	4	8.51%	0.43%	110	11.75%
Male	110	32.45%	11.75%	64	13.20%	6.84%	4	25.00%	0.43%	8	17.02%	0.85%	110	11.75%
RH	119	35.10%	12.71%	41	8.45%	4.38%		0.00%	0.00%	1	2.13%	0.11%	120	12.82%
Female	58	17.11%	6.20%	23	4.74%	2.46%		0.00%	0.00%	1	2.13%	0.11%	58	6.20%
Male	61	17.99%	6.52%	18	3.71%	1.92%		0.00%	0.00%		0.00%	0.00%	62	6.62%
SOA Female	168	49.56%	17.95%	120	24.74%	12.82%	6	37.50%	0.64%	5	10.64%	0.53%	168	17.95%
SOA Male	171	50.44%	18.27%	82	16.91%	8.76%	4	25.00%	0.43%	8	17.02%	0.85%	172	18.38%
SOA Workforce	339	100.00%	36.22%	202	41.65%	21.58%	10	62.50%	1.07%	13	27.66%	1.39%	340	36.32%
Grand Total	339	100.00%	36.22%	485	100.00%	51.82%	16	100.00%	1.71%	47	100.00%	5.02%	936	100.00%
Total NON SOA	0	0.00%	0.00%	283	58.35%	30.24%	6	37.50%	0.64%	34	72.34%	3.63%	596	63.68%
Total SOA	339	100.00%	36.22%	202	41.65%	21.58%	10	62.50%	1.07%	13	27.66%	1.39%	340	36.32%
Total HC	220	64.90%	23.50%	399	82.27%	42.63%	15	93.75%	1.60%	40	85.11%	4.27%	599	64.00%
Total RH	119	35.10%	12.71%	86	17.73%	9.19%	1	6.25%	0.11%	7	14.89%	0.75%	337	36.00%
Total Female	168	49.56%	17.95%	306	63.09%	32.69%	11	68.75%	1.18%	33	70.21%	3.53%	500	53.42%
Total Male	171	50.44%	18.27%	179	36.91%	19.12%	5	31.25%	0.53%	14	29.79%	1.50%	436	46.58%

Notes: DSA allowances are not presented here as very few people receive them. In the data presentation of compensation levels, DSA is included in the totals but never presented separately.

Presentation of Dual Practice (1 of 2)

# Respondents	Home Visits			Clinic Job			Clinic Own			Grand Total Income	
	#	% Column Total	% Total Dual Practice	#	% Column Total	% Total Dual Practice	#	% Column Total	% Total Dual Practice	#	% Colum Total
Non-SOA	263	64.94%	51.77%	24	80.00%	4.72%	43	67.19%	8.46%	613	64.19%
HC	196	48.40%	38.58%	1	3.33%	0.20%	13	20.31%	2.56%	392	41.05%
Female	105	25.93%	20.67%	1	3.33%	0.20%	5	7.81%	0.98%	213	22.30%
Male	91	22.47%	17.91%		0.00%	0.00%	8	12.50%	1.57%	179	18.74%
RH	67	16.54%	13.19%	23	76.67%	4.53%	30	46.88%	5.91%	221	23.14%
Female	38	9.38%	7.48%	12	40.00%	2.36%	10	15.63%	1.97%	124	12.98%
Male	29	7.16%	5.71%	11	36.67%	2.17%	20	31.25%	3.94%	97	10.16%
<i>Non SOA Female</i>	143	35.31%	28.15%	13	43.33%	2.56%	15	23.44%	2.95%	337	35.29%
<i>Non SOA Male</i>	120	29.63%	23.62%	11	36.67%	2.17%	28	43.75%	5.51%	276	28.90%
<i>Non SOA Workforce</i>	263	64.94%	51.77%	24	80.00%	4.72%	43	67.19%	8.46%	613	64.19%
SOA	142	35.06%	27.95%	6	20.00%	1.18%	21	32.81%	4.13%	342	35.81%
HC	97	23.95%	19.09%	2	6.67%	0.39%	7	10.94%	1.38%	221	23.14%
Female	40	9.88%	7.87%	1	3.33%	0.20%	2	3.13%	0.39%	111	11.62%
Male	57	14.07%	11.22%	1	3.33%	0.20%	5	7.81%	0.98%	110	11.52%
RH	45	11.11%	8.86%	4	13.33%	0.79%	14	21.88%	2.76%	121	12.67%
Female	21	5.19%	4.13%	1	3.33%	0.20%	3	4.69%	0.59%	59	6.18%
Male	24	5.93%	4.72%	3	10.00%	0.59%	11	17.19%	2.17%	62	6.49%
<i>SOA Female</i>	61	15.06%	12.01%	2	6.67%	0.39%	5	7.81%	0.98%	170	17.80%
<i>SOA Male</i>	81	20.00%	15.94%	4	13.33%	0.79%	16	25.00%	3.15%	172	18.01%
<i>SOA Workforce</i>	142	35.06%	27.95%	6	20.00%	1.18%	21	32.81%	4.13%	342	35.81%
Grand Total	405	100.00%	79.72%	30	100.00%	5.91%	64	100.00%	12.60%	955	100.00%
Total NON SOA	263	64.94%	51.77%	24	80.00%	4.72%	43	67.19%	8.46%	613	64.19%
Total SOA	142	35.06%	27.95%	6	20.00%	1.18%	21	32.81%	4.13%	342	35.81%
Total HC	293	72.35%	57.68%	3	10.00%	0.59%	20	31.25%	3.94%	613	64.19%
Total RH	112	27.65%	22.05%	27	90.00%	5.31%	44	68.75%	8.66%	342	35.81%
Total Female	204	50.37%	40.16%	15	50.00%	2.95%	20	31.25%	3.94%	507	53.09%
Total Male	201	49.63%	39.57%	15	50.00%	2.95%	44	68.75%	8.66%	448	46.91%

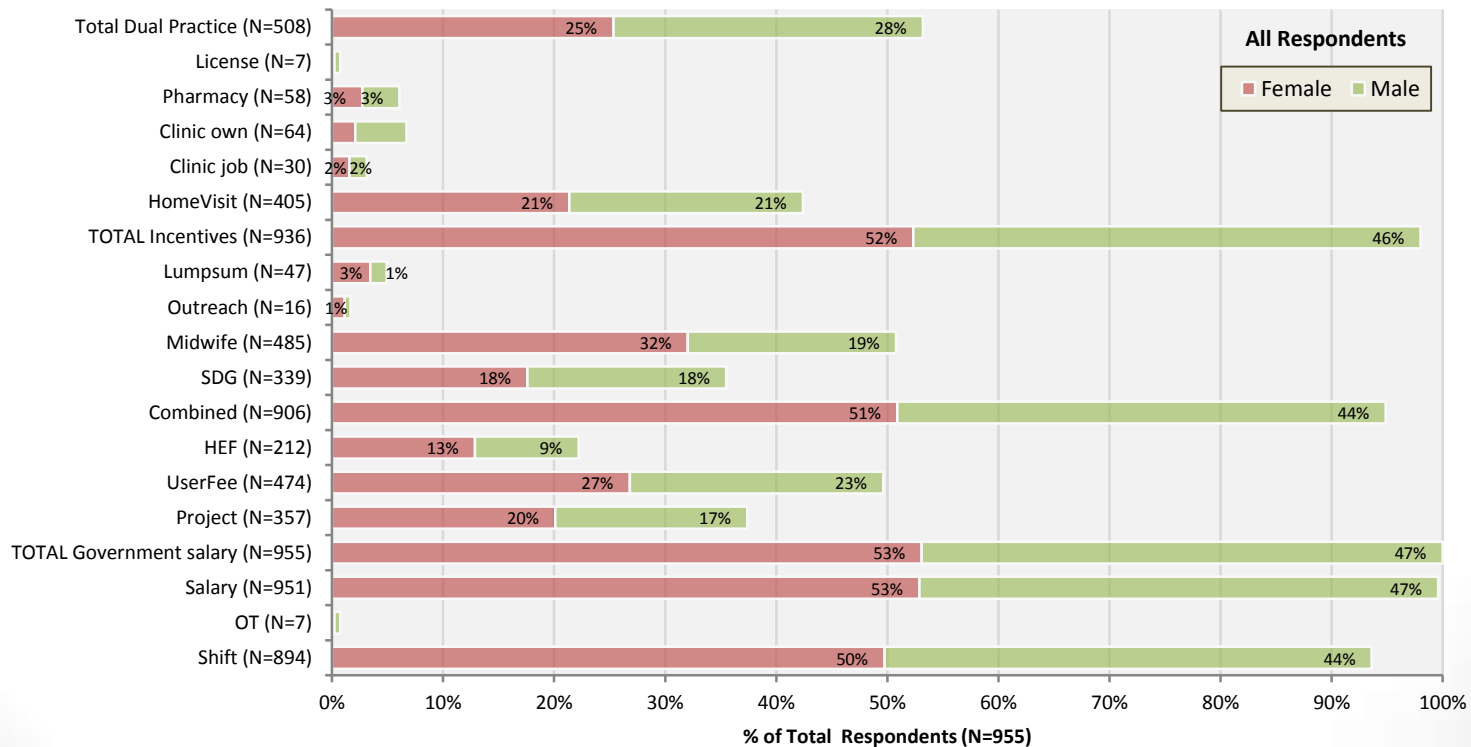
Presentation of Dual Practice (2 of 2)

# Respondents	Pharmacy			License			Total Dual Practice			Grand Total Income	
	#	% Column Total	% Total Dual Practice	#	% Column Total	% Total Dual Practice	#	% Column Total	% Grand Total	#	% Colum Total
Non-SOA	36	62.07%	7.09%	5	71.43%	0.98%	335	65.94%	35.08%	613	64.19%
HC	33	56.90%	6.50%	3	42.86%	0.59%	218	42.91%	22.83%	392	41.05%
Female	14	24.14%	2.76%		0.00%	0.00%	113	22.24%	11.83%	213	22.30%
Male	19	32.76%	3.74%	3	42.86%	0.59%	105	20.67%	10.99%	179	18.74%
RH	3	5.17%	0.59%	2	28.57%	0.39%	117	23.03%	12.25%	221	23.14%
Female	2	3.45%	0.39%	1	14.29%	0.20%	60	11.81%	6.28%	124	12.98%
Male	1	1.72%	0.20%	1	14.29%	0.20%	57	11.22%	5.97%	97	10.16%
<i>Non SOA Female</i>	16	27.59%	3.15%	1	14.29%	0.20%	173	34.06%	18.12%	337	35.29%
<i>Non SOA Male</i>	20	34.48%	3.94%	4	57.14%	0.79%	162	31.89%	16.96%	276	28.90%
<i>Non SOA Workforce</i>	36	62.07%	7.09%	5	71.43%	0.98%	335	65.94%	35.08%	613	64.19%
SOA	22	37.93%	4.33%	2	28.57%	0.39%	173	34.06%	18.12%	342	35.81%
HC	14	24.14%	2.76%	1	14.29%	0.20%	108	21.26%	11.31%	221	23.14%
Female	6	10.34%	1.18%		0.00%	0.00%	43	8.46%	4.50%	111	11.62%
Male	8	13.79%	1.57%	1	14.29%	0.20%	65	12.80%	6.81%	110	11.52%
RH	8	13.79%	1.57%	1	14.29%	0.20%	65	12.80%	6.81%	121	12.67%
Female	4	6.90%	0.79%	1	14.29%	0.20%	26	5.12%	2.72%	59	6.18%
Male	4	6.90%	0.79%		0.00%	0.00%	39	7.68%	4.08%	62	6.49%
<i>SOA Female</i>	10	17.24%	1.97%	1	14.29%	0.20%	69	13.58%	7.23%	170	17.80%
<i>SOA Male</i>	12	20.69%	2.36%	1	14.29%	0.20%	104	20.47%	10.89%	172	18.01%
<i>SOA Workforce</i>	22	37.93%	4.33%	2	28.57%	0.39%	173	34.06%	18.12%	342	35.81%
Grand Total	58	100.00%	11.42%	7	100.00%	1.38%	508	100.00%	53.19%	955	100.00%
Total NON SOA	36	62.07%	7.09%	5	71.43%	0.98%	335	65.94%	35.08%	613	64.19%
Total SOA	22	37.93%	4.33%	2	28.57%	0.39%	173	34.06%	18.12%	342	35.81%
Total HC	47	81.03%	9.25%	4	57.14%	0.79%	326	64.17%	34.14%	613	64.19%
Total RH	11	18.97%	2.17%	3	42.86%	0.59%	182	35.83%	19.06%	342	35.81%
Total Female	26	44.83%	5.12%	2	28.57%	0.39%	242	47.64%	25.34%	507	53.09%
Total Male	32	55.17%	6.30%	5	71.43%	0.98%	266	52.36%	27.85%	448	46.91%

Breakdown of all respondents compensation by gender

Notes:

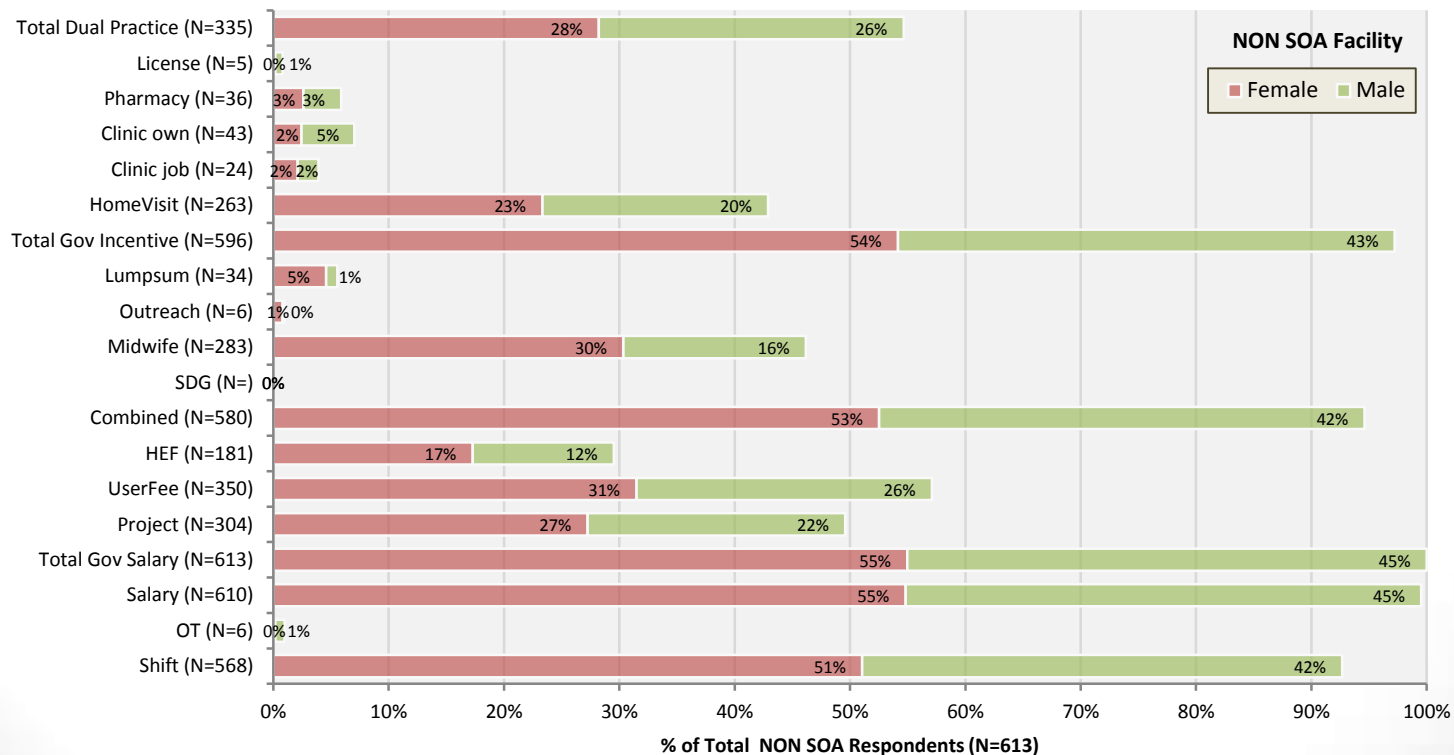
- Sample comprises majority women (52 percent vs. 47 percent for men)
- Almost no OT paid – this is an area of compensation that can be used to increase incomes and service patients better. In the final report, we will comment on the opportunity to improve/promote public health services, as a result, incomes of people. Overtime can be used as an income opportunity if carefully managed.
- Little payment for outreach activities was observed in this study. Does this mean no outreach activities are taking place?
- Very limited private clinic ownership found in the provinces. A truth or reality? To be discussed in the final report.



Breakdown of all compensation by Non SOA facility and gender

Notes:

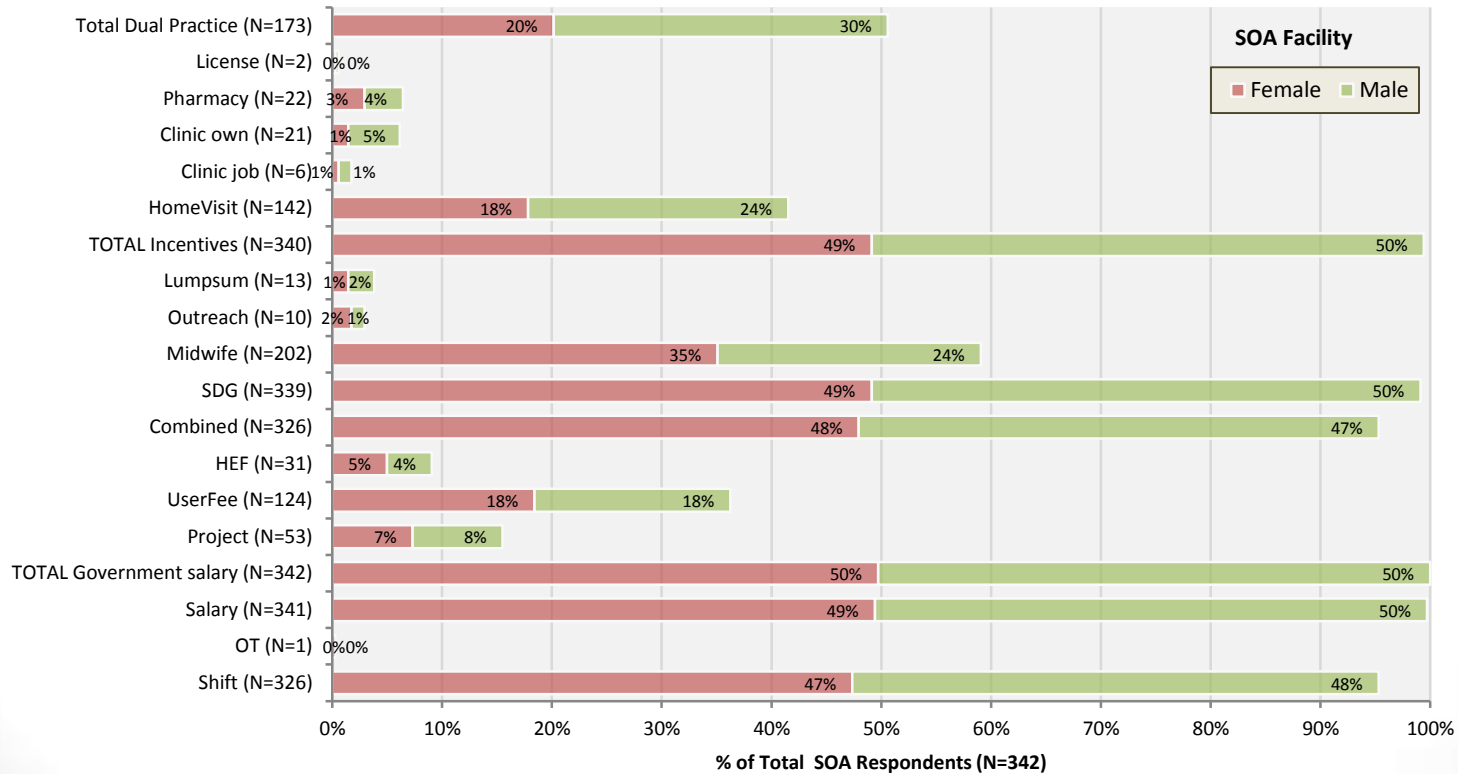
- SDG incentives not paid in Non SOA facilities
- Non SOA facilities have a higher percentage of professionals doing project work. Is this a result of sample or projects actively targeted at Non SOA facilities?
- The highest number of respondents doing a second clinic job is found in Non SOA facilities. Overall Non SOA facilities have a higher number of dual practice activities. Is this because SOA facilities have better incentives (SDG) and there is less time for dual practice or simply a factor of the sample? To be discussed in final report.
- Men and women are equally involved in dual practice in Non SOA facilities



Breakdown of all compensation by SOA facilities and gender

Notes:

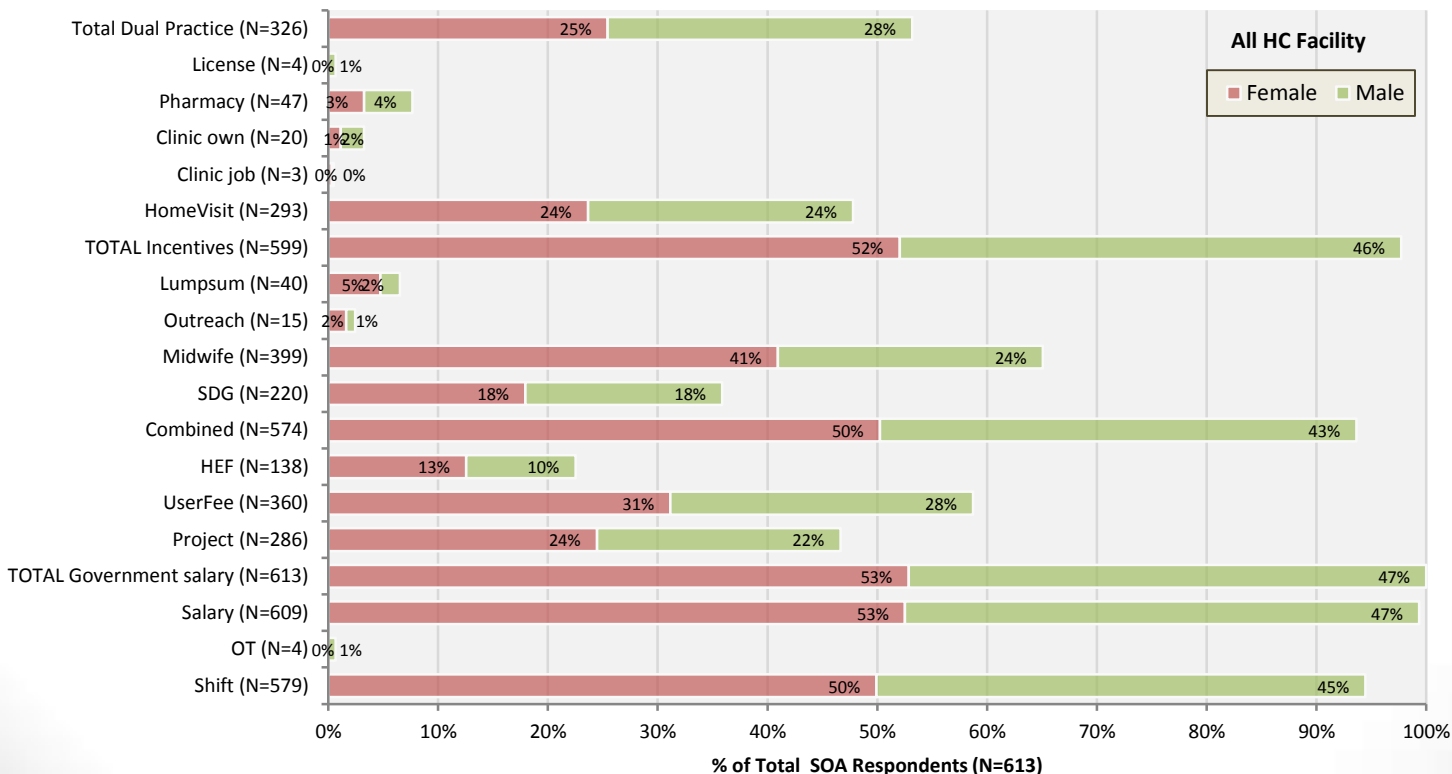
- Sample of SOA facilities is exactly 50 percent female and male. More women tend to get midwifery incentives than men, likely due to the profession? To be discussed in the final report.
- Men tend to be more active in dual practice in SOA facilities than women.



Breakdown of all compensation by HC Facilities and gender (includes SOA and Non SOA facilities)

Notes:

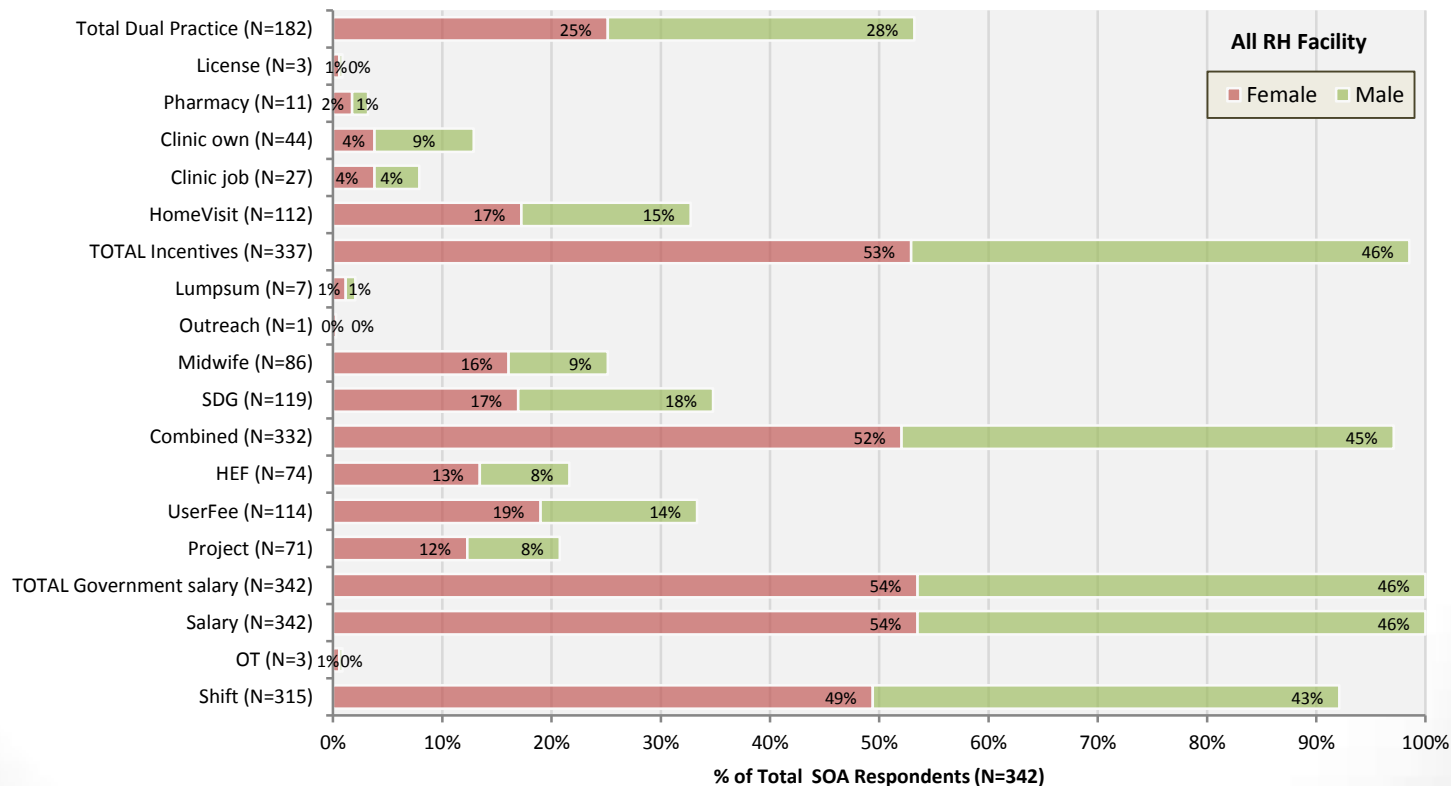
- Sample comprises 52 percent women and 47 percent men.
- Almost all staff get an income from shift work. Project work is prevalent in HCs with almost 50 percent of staff getting an income from project work.
- Outreach services are found in HC's only and not in RH hospitals.
- Home visits followed by pharmacy work are important dual practice income earners in Health Centres. Men and women are almost equally involved in dual practice in health centres.



Breakdown of all compensation by RH Facilities and gender (includes SOA and Non SOA facilities)

Notes:

- RH Sample consists of 54 percent women and 46 percent men. All incentives are present for RH facilities except for outreach activities, only found in HC facilities.
- HEF and User fees are the most prevalent government incentives for RH facilities. Many could not distinguish the payments (as can be seen by the lower individual response rate for HEF and User fee separately).
- A second job in private practice is most prevalent in RH facilities. Women tend to be slightly less involved in private practice than men in RH facilities.

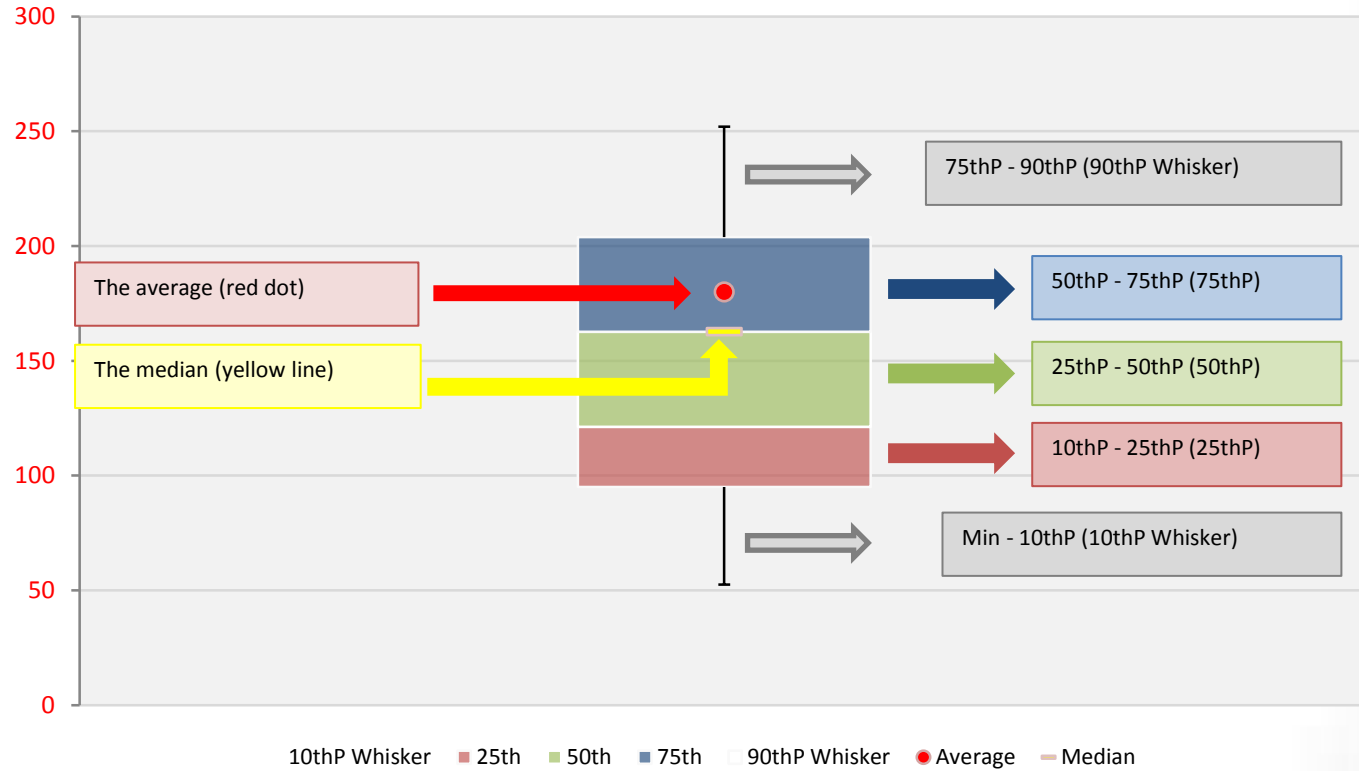


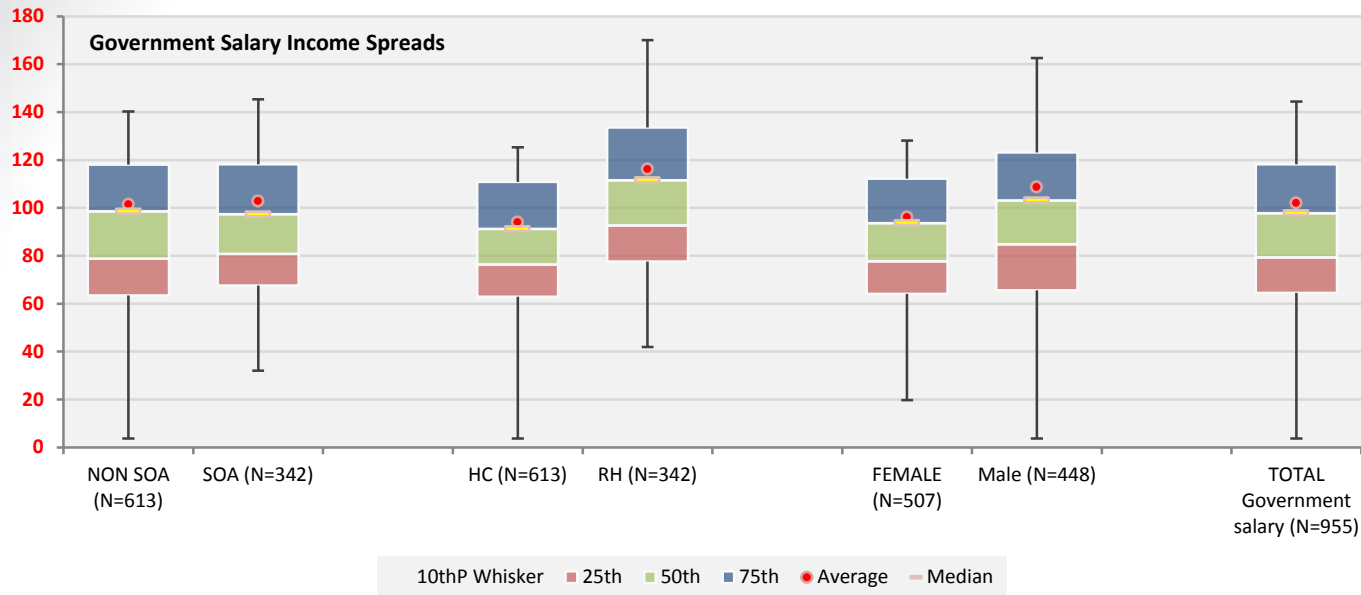
Compensation in Public Health Sector

This section presents compensation in public health sector by the three main totals. Data is presented by showing percentiles and spread of income from the Minimum to 90thP including 25thP, 50thP and 75thP. All data in USD.

Notes on reading the graphs

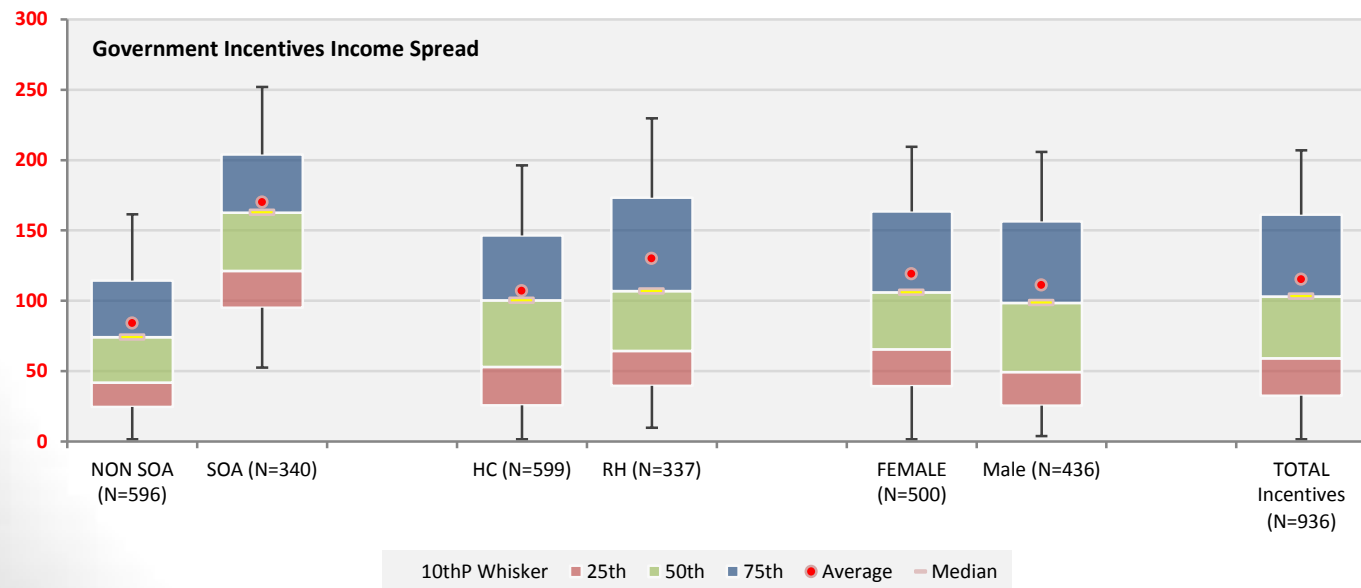
**** Review the axis before making assumptions on salary spreads. When the axis is highlighted in red, it draws attention to the fact that the axis has changed!**





Notes on Government Salary Income spreads.

- Income spreads include 3 types of income.
- Spreads are significant especially for Non SOA, HC, Male and Total income.
- Women have slightly lower incomes than men. HC salaries lower than RH.
- Average and median incomes in government salary are similar, showing a good spread of data.



Notes on Government Incentives Income spreads.

- Income spreads include all types of incentives including DSAs.
- Note the axis change as the incomes are higher in incentives compared to base salary.
- Overall a significantly broader spread of income in incentives.

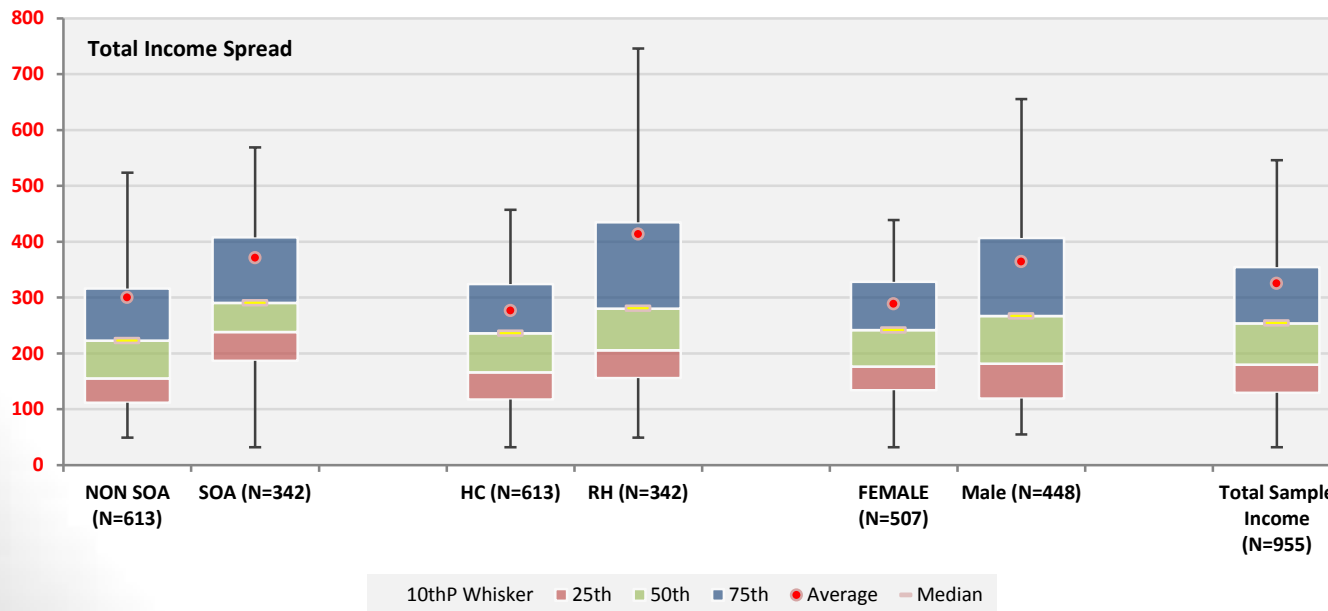
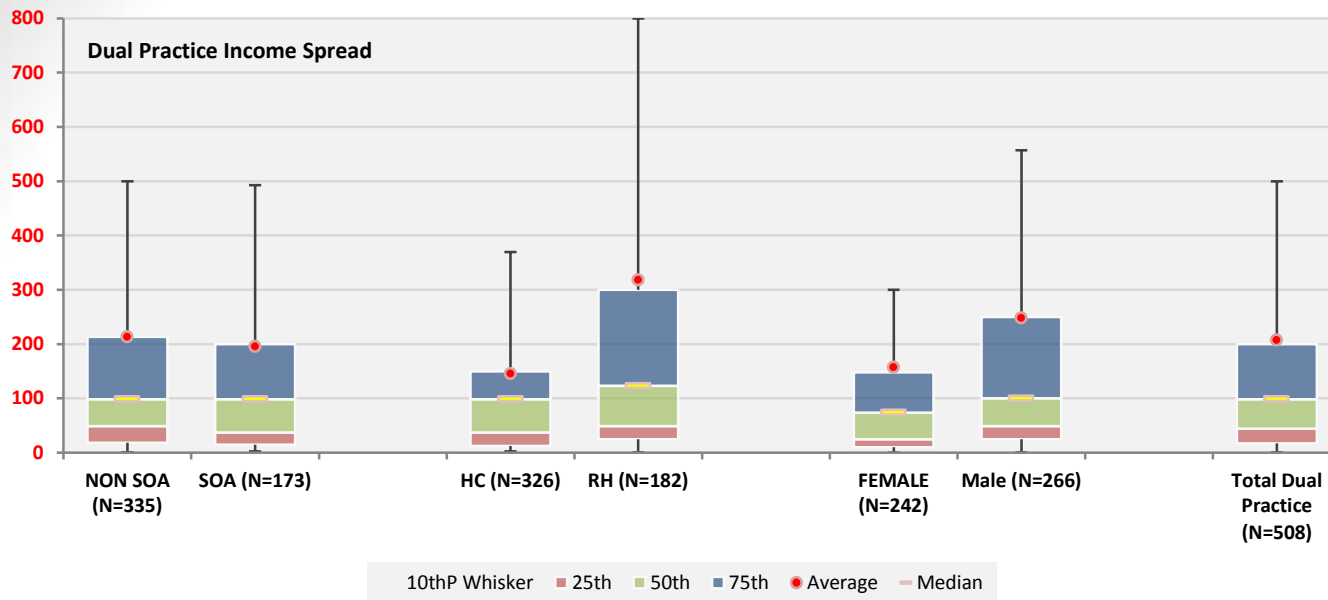
Note to read the graphs: 25th, 50th and 70th percentiles are presented in the box plot. The black line (whisker) shows the Min to 90thP spread

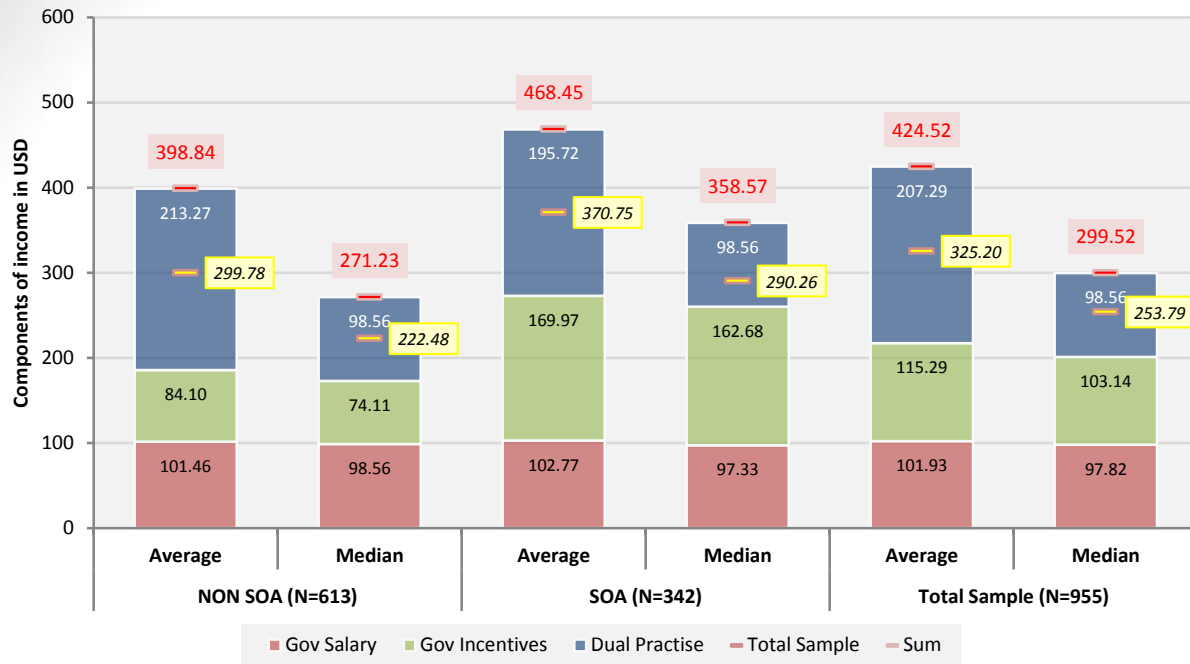
Notes on Dual Practice Income spreads.

- All income types included
- Note Axis change to USD800
- Average data is significantly higher than median, as high as 75thP pulled upwards by higher earners in dual practice.
- As expected the dual practice incomes shows the diversity of earnings achievable although for the majority (median) for all is around US\$100

Notes on Total Income spreads.

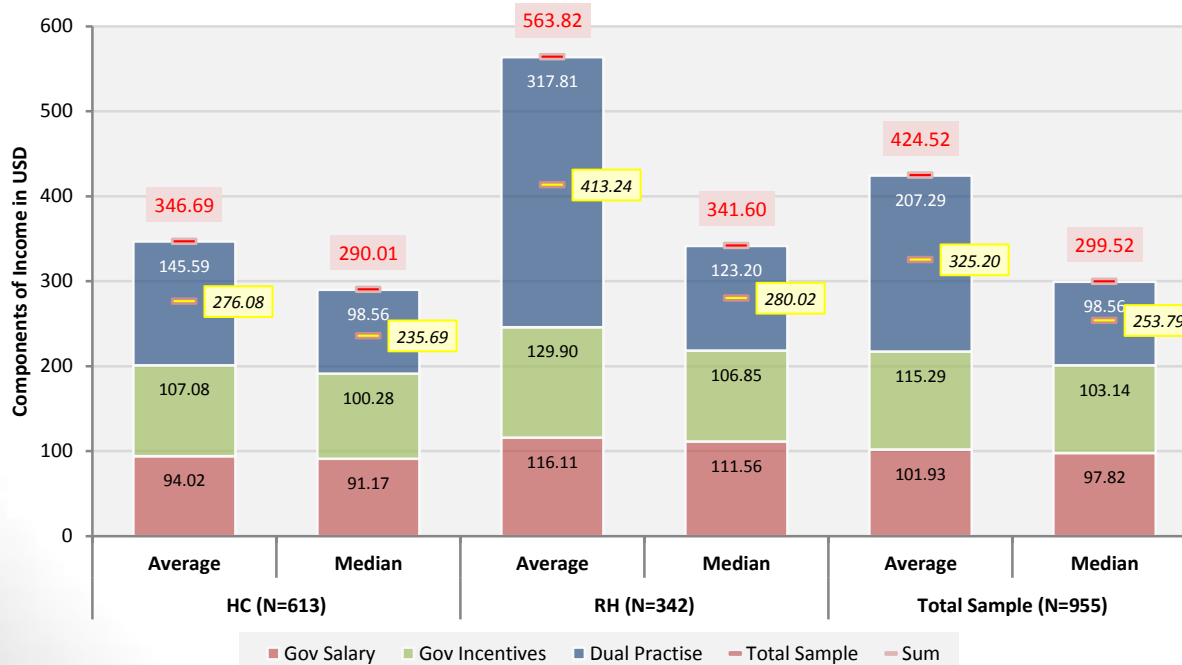
- Includes ALL income from government, incentives and dual practice.
- Axis is the same as Dual practice.
- Average data is significantly higher than median for all drivers. Spreads are also diverse.





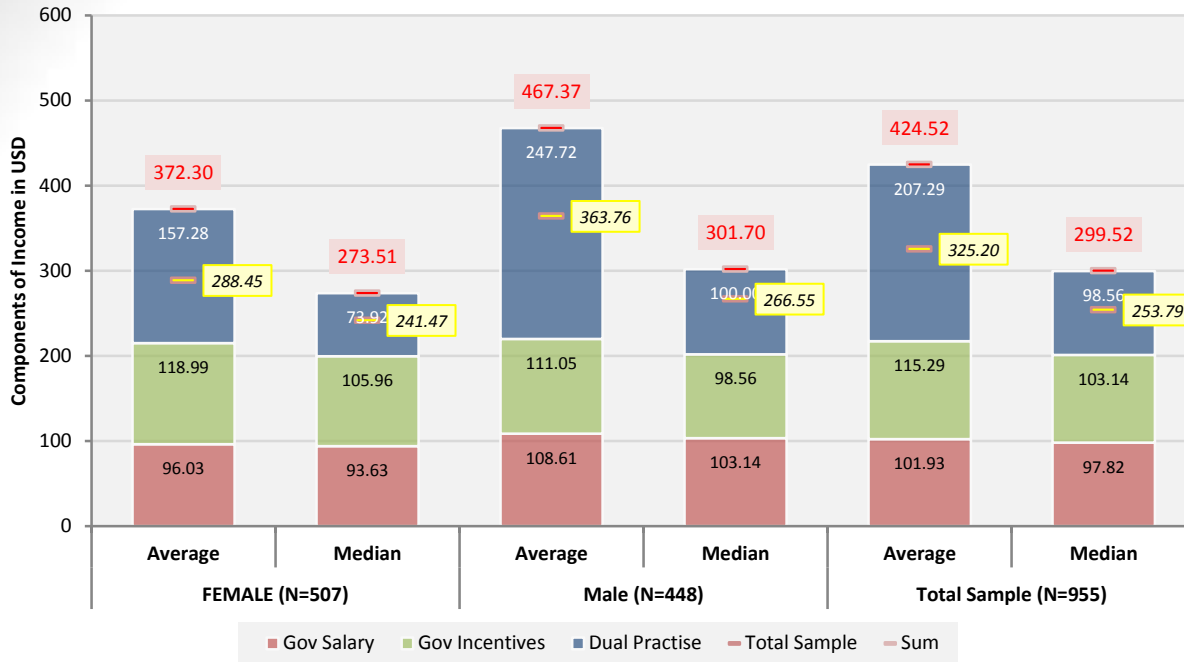
Notes on Average and Median Comparison: Non SOA and SOA:

- The bars (red, green and blue) stack the average and median incomes for each type of income. The yellow shows the total particular sample average or median, which is noticeably lower than the individual components of salary.
- Averages are significantly higher than median incomes for all characteristics presented.
- ..
- ..



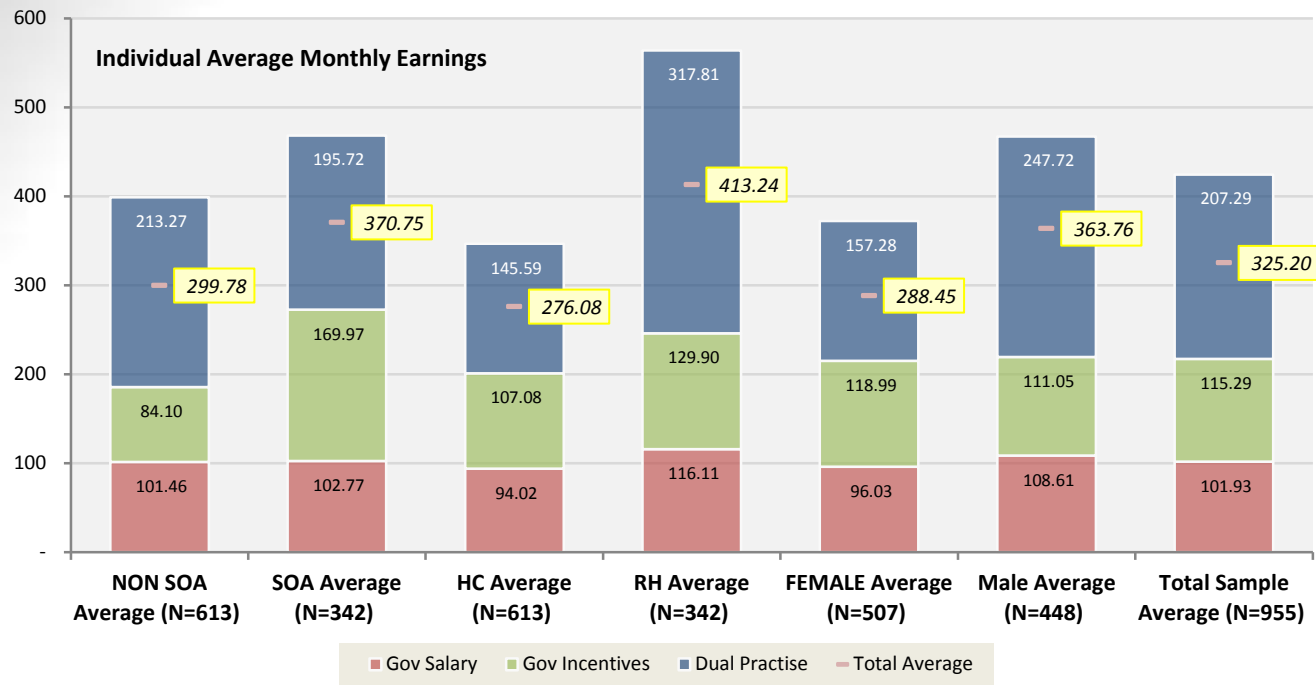
Notes on Average and Median Comparison: HC and RH

- As above.
- ..
- ..



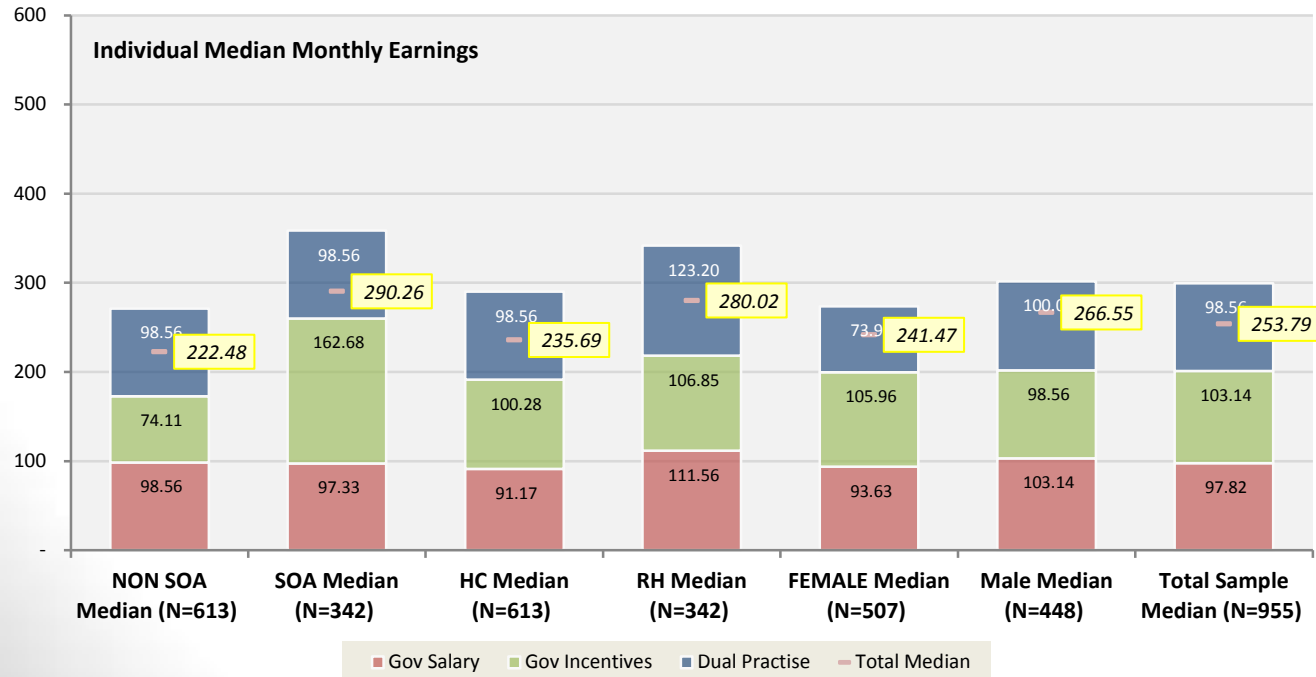
Notes on Average and Median Comparison: Female and Male

- Women earn less than men.
- Averages higher for both men and women.
- ..
- ..



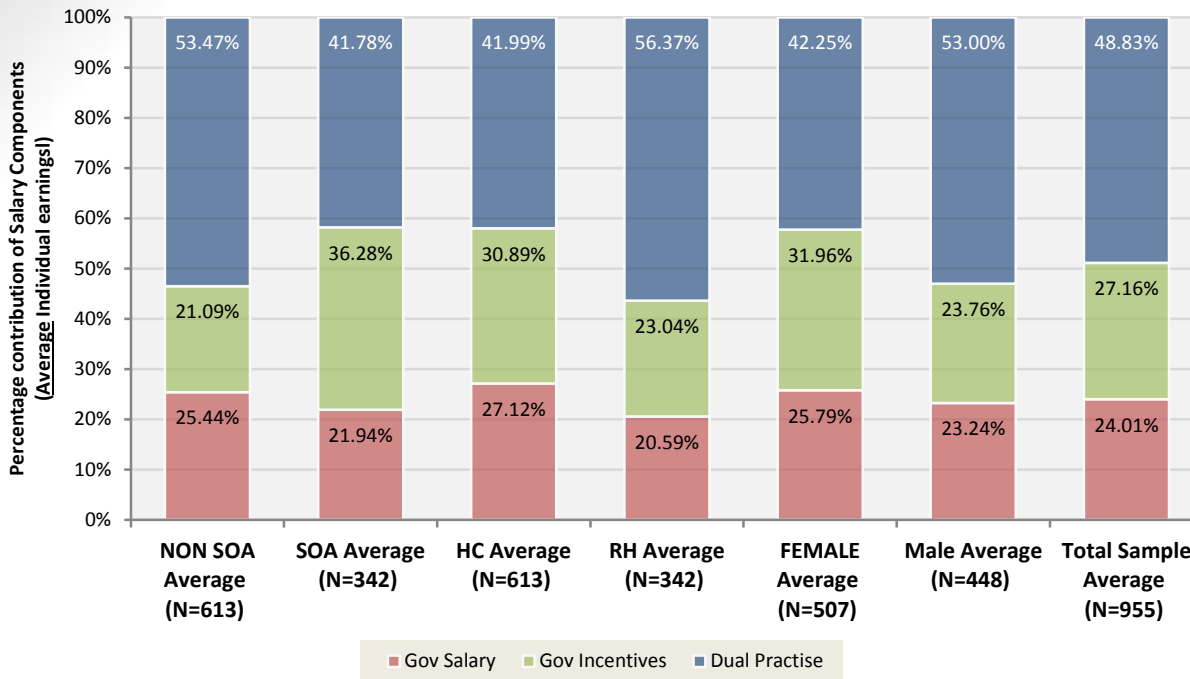
Notes on Average Comparison.

- The average comparison shows a wide variance in income potential for all characteristics presented.
- Private practice plays an important role in income earnings (presented in % later_



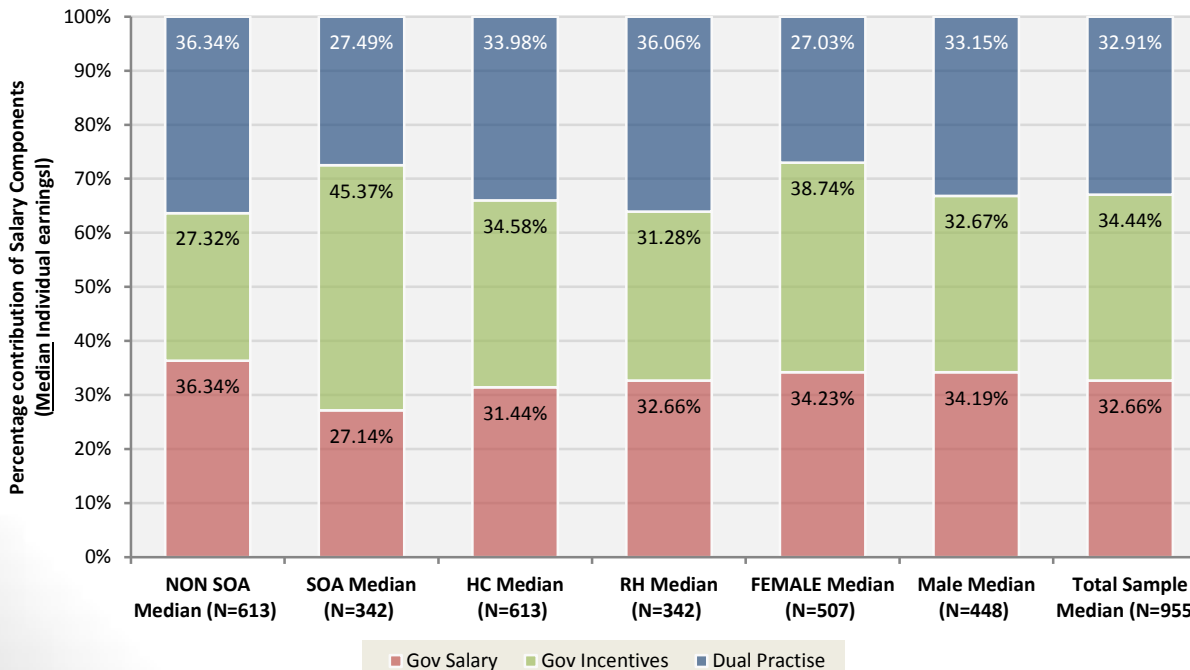
Notes on Median Comparison.

- Median earnings are significantly lower than average earnings.
- Likely a better indicator to use in policy recommendations (please comment on this)
- Total median is also closer to the total addition of all different salary components.



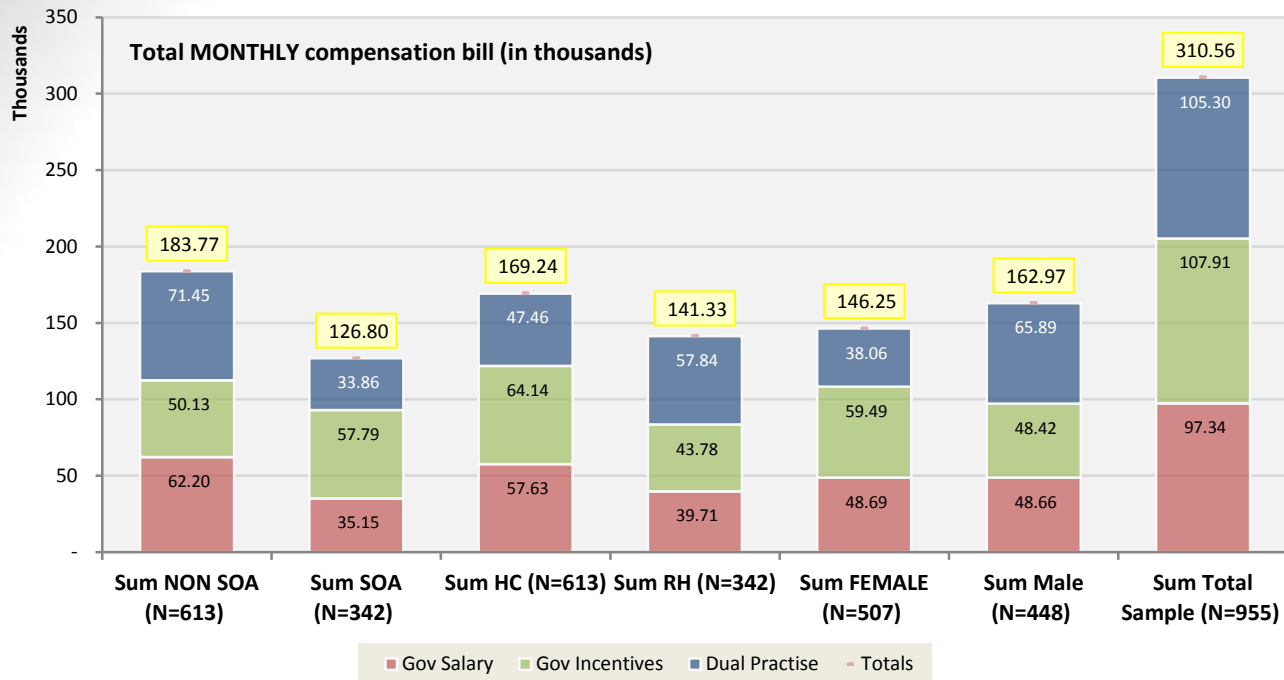
Notes on Average Comparison of contribution of different salary components to total earnings:

- Government salary accounts for less than 30 percent of earnings.
- Incentives are an important contributor to total “guaranteed incomes”
- Dual practice is indispensable when using average data.



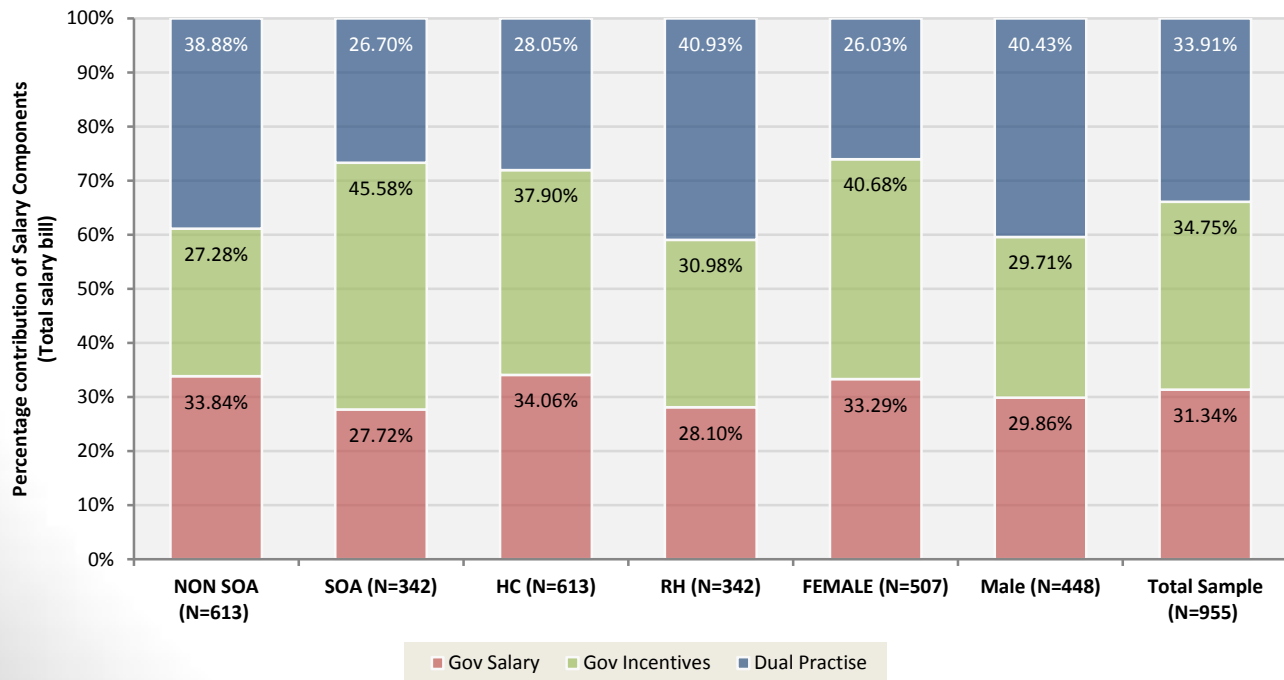
Notes on Median Comparison of contribution of different salary components to total earnings:

- A more ‘Realistic and perhaps representative spread of income contribution (to be discussed with Dr. Kiri and Mr. Mey Sambo)
- Together, government salary and incentives account for the biggest portion of total income (>60 percent)



Notes on adding up total earnings by salary component:

- Chart is presented in thousands.
- This shows that “overall” income earned amounts for over 310 thousand per month, government salary and incentives accounting for approximately 200 thousand of that (approximately 65%) of total earnings.



Notes on distribution of income types of total monthly earnings:

- Presents a more realistic picture (closer to median earnings breakdown presented in previous slide)
- Government salary and incentives accounting for at least 60 percent of total earnings.

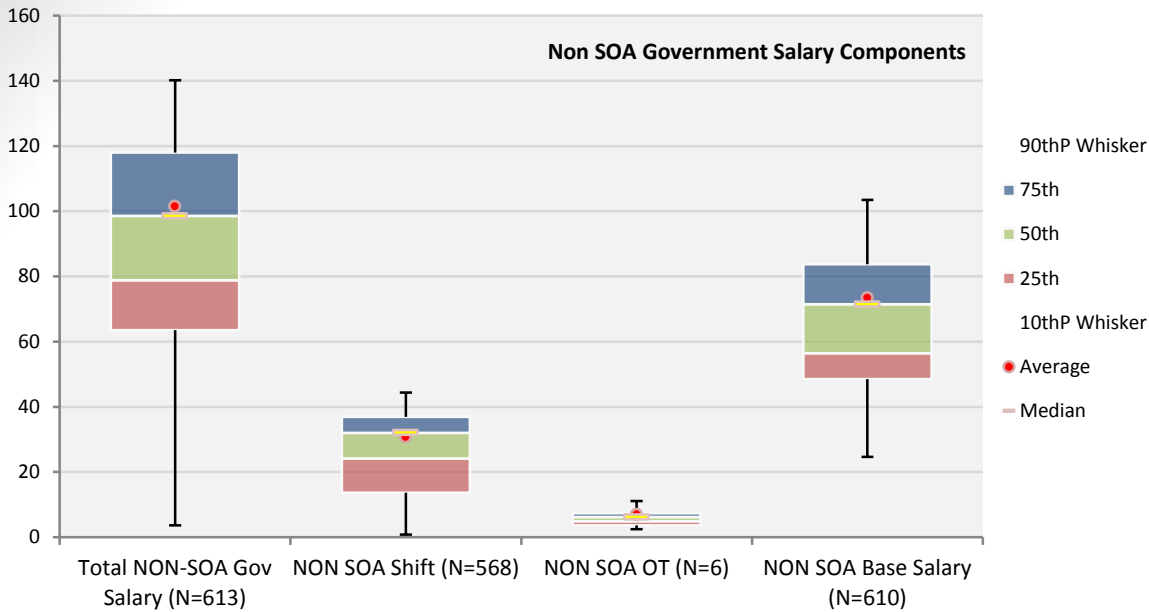
Commentary on spreads

- **Averages are pushed much higher, particularly in dual practice due to high income earnings.**
 - *Averages are realistic when reviewing incentives and government salary, but are skewed when including dual practice.*
 - *Average salary reflects the “realities” of the market perhaps, but is it a good analytical driver for policy recommendations (to be discussed)*
- **Within the incomes, are a variety of independent components reviewed in the next section. They are important to consider to structure the analytical work in the final report.**
- **General comments and policy implications to be discussed in the final report:**
 - *Administration related to incentives is “taxing” or efficient? Is it slowing down the system, or easy to implement. Are systems in place to manage effectively? A vast range of implementation and decision making found in the field.*
 - *Have incentives resulted in stricter management? Stricter monitoring of working hours? No time for dual practice as income opportunity is good in public sector?*
 - *Dual practice income will be linked to other sections in the report, to comment on strategies to improve public health sector services and delivery of services (including perceptions on fees related to dual practice and public sector. Preliminary results suggest the health professionals feel that “Only poor people going to public sector” clinics – this should not be the case. A strategy to attract “all people” (link to National Social Security Fund, improve skills, improve equipment and facilities etc. to ensure sustainability of public sector health centers.*

Breakdown of Compensation in Public Health Sector

This section presents breakdown of government salary, government incentives and dual practice earnings.

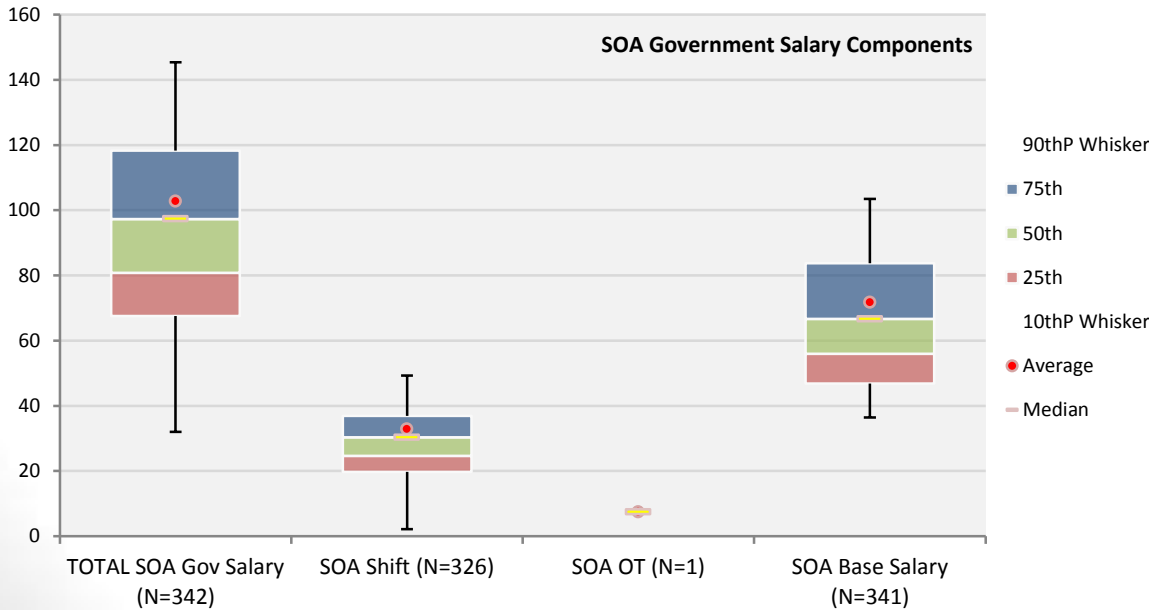
Please note DSA is not included in breakdown, however included in totals. DSA is a component of government incentives



Non SOA Government Salary

Component Spreads:

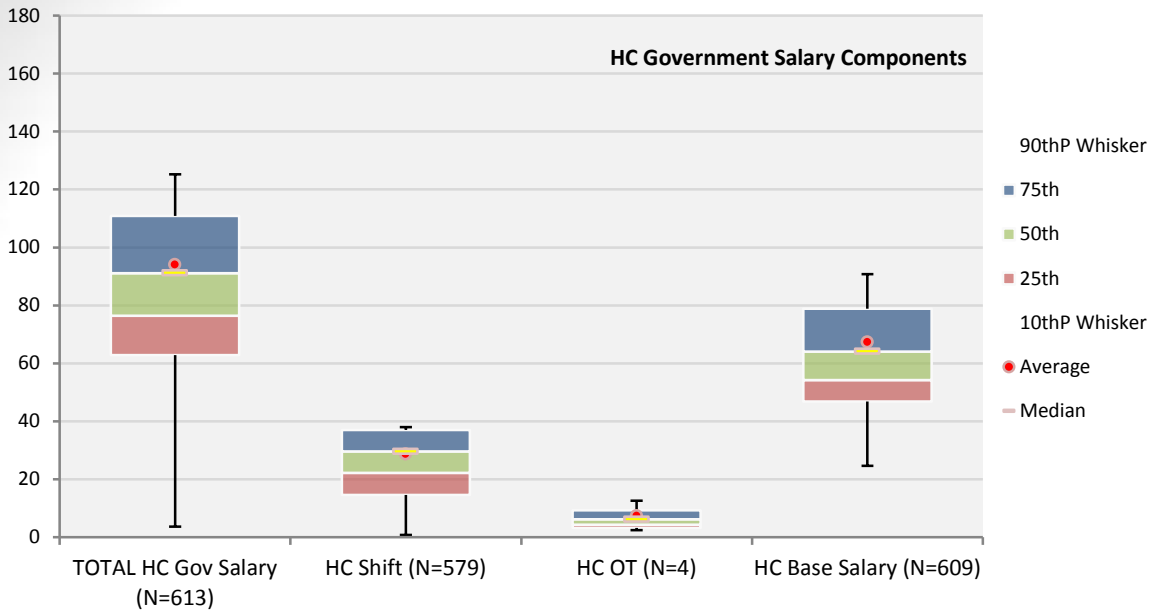
- Government salary is made up of 3 component, base salary, OT and shift work.
- Most prevalent is Base salary and shift work.
- Base salary contributes higher amounts to total government salary than other components.



SOA Government Salary Component

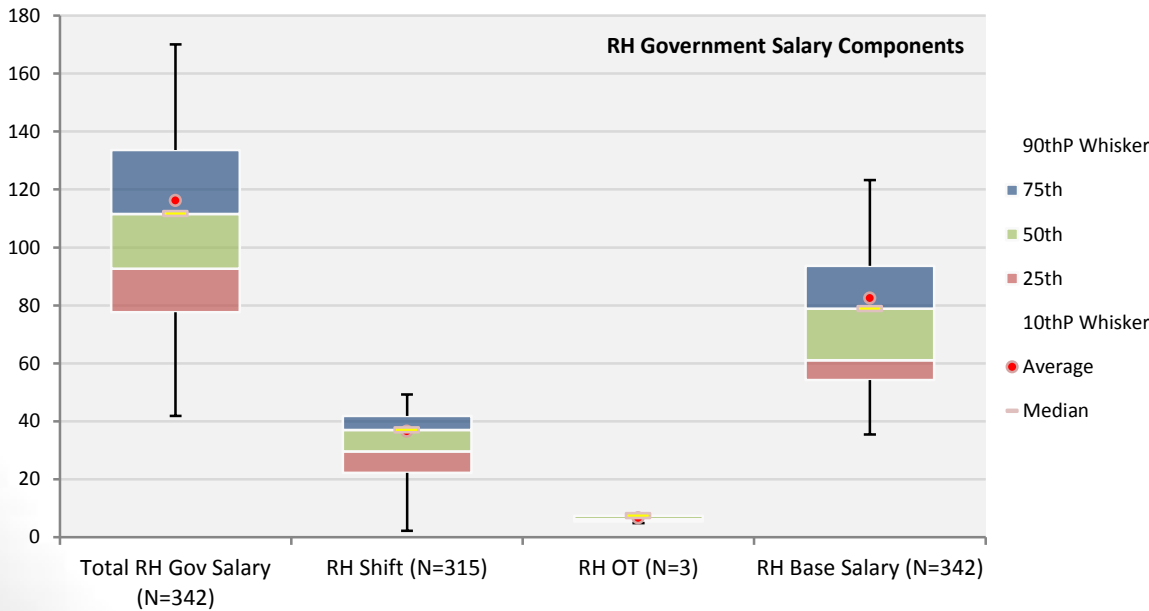
Spreads:

- As above



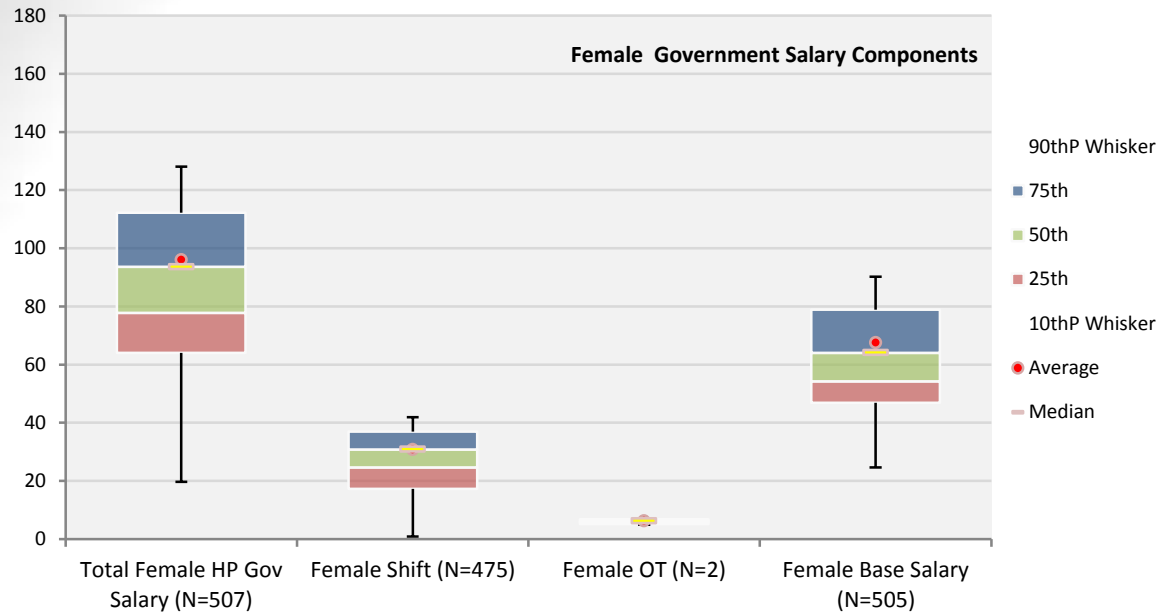
HC Government Salary Component Spreads:

- Axis increased to 180 so comparable to RH salary below.
- RH Salaries higher than HC salaries.



RH Government Salary Component Spreads:

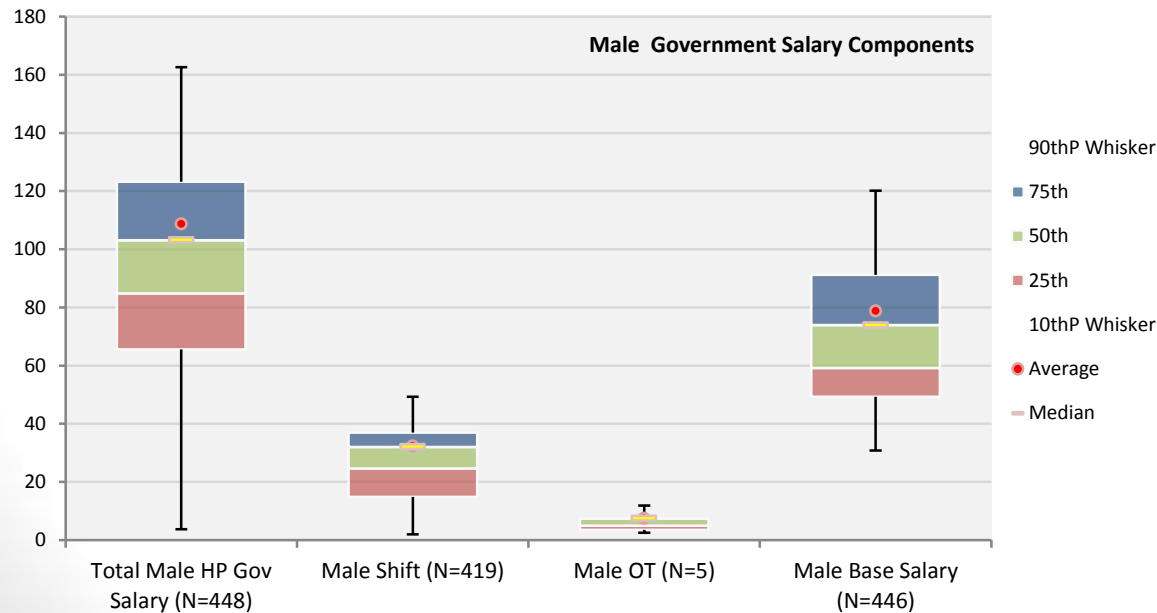
- As above



Female Government Salary

Component Spreads:

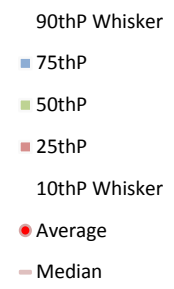
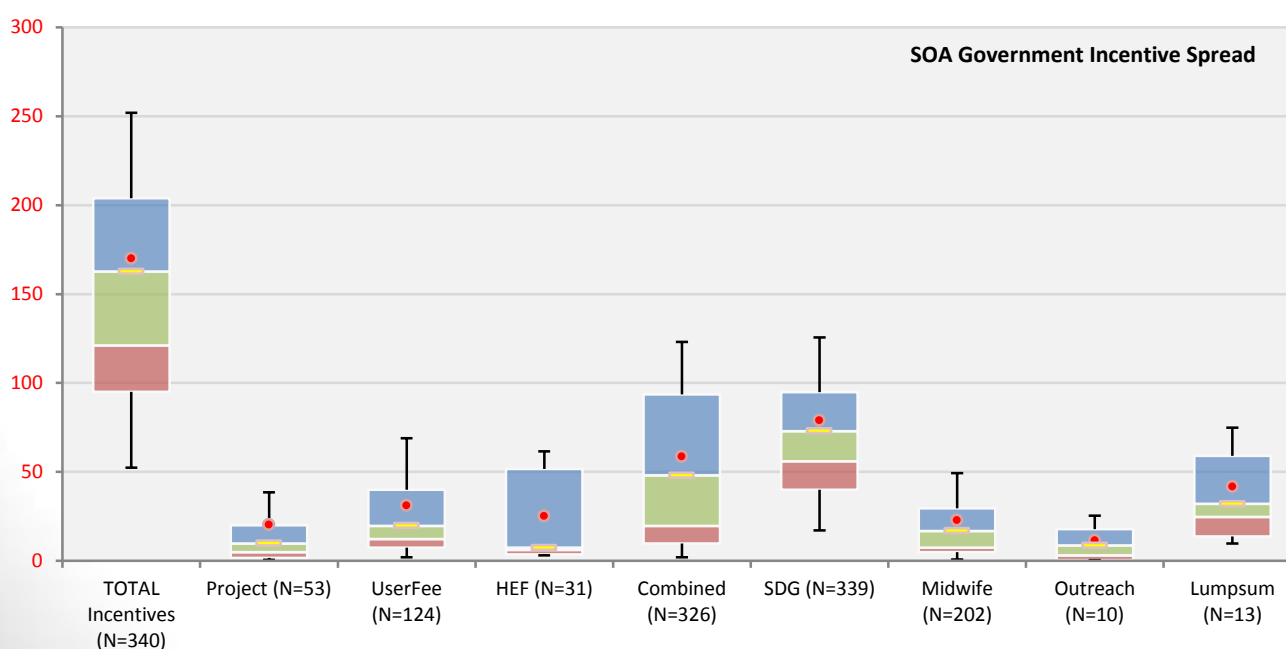
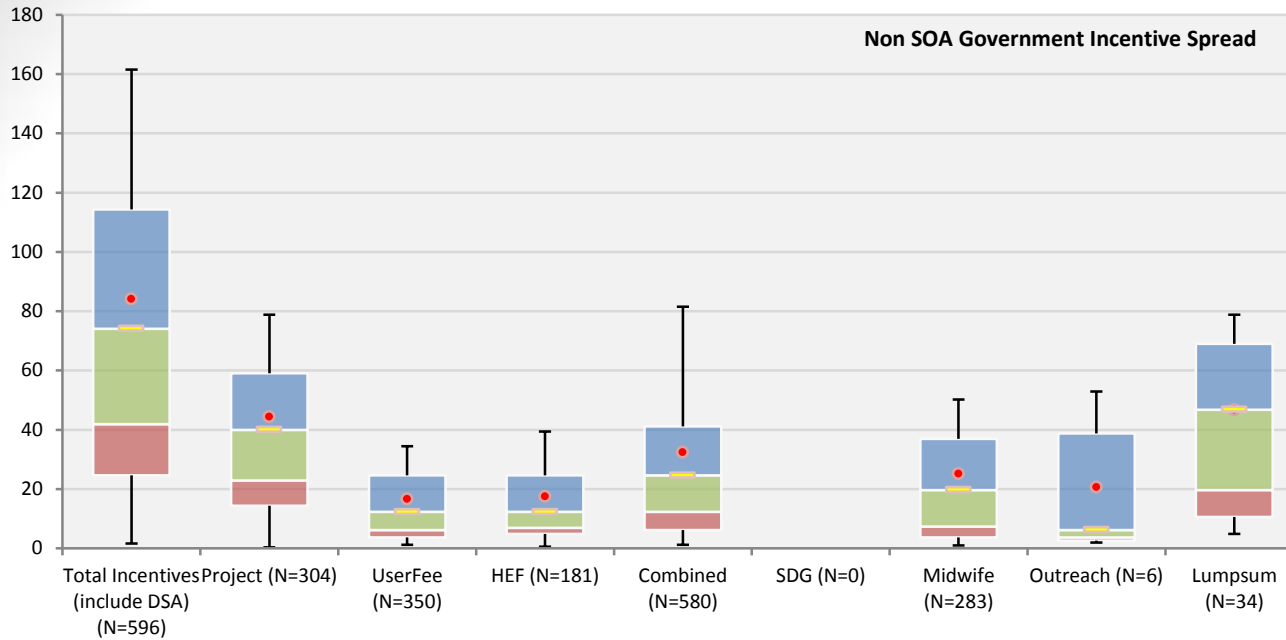
- Male salaries higher than female salaries
- Male salaries also have a wider spread than females.

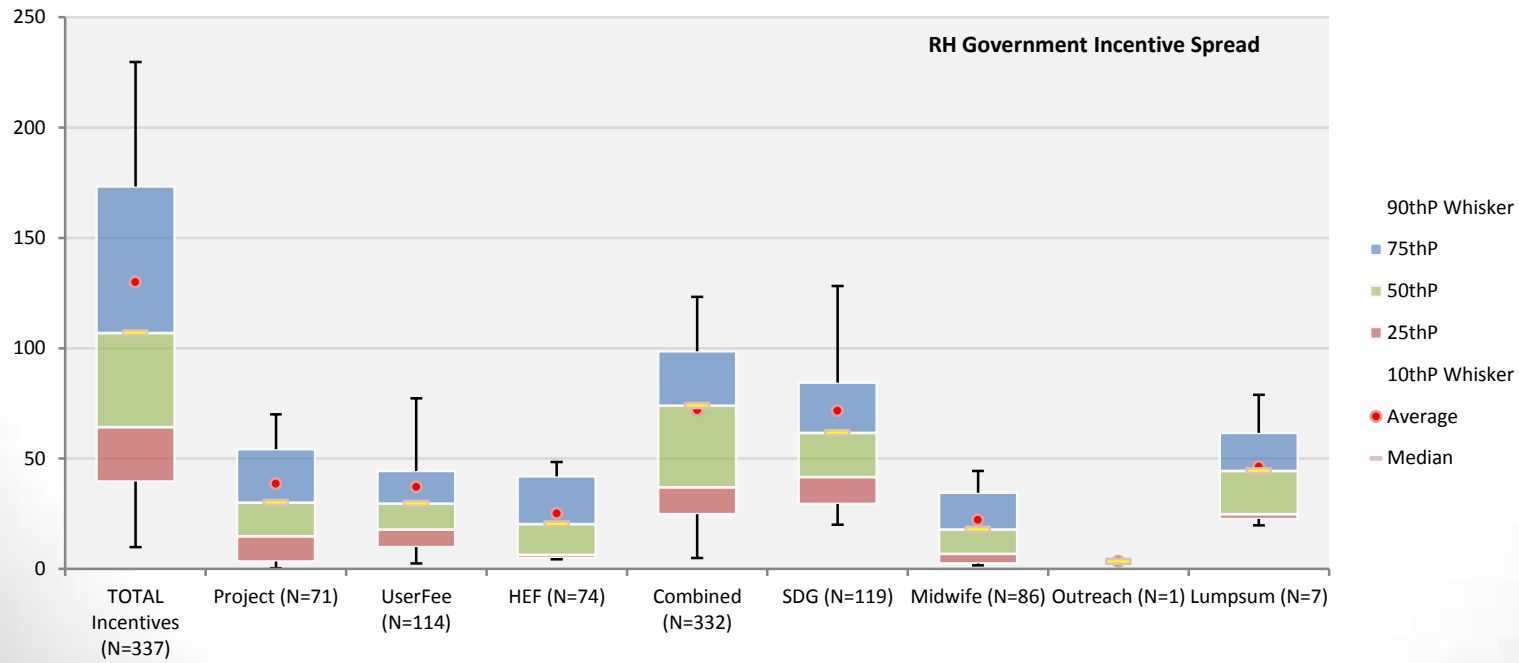
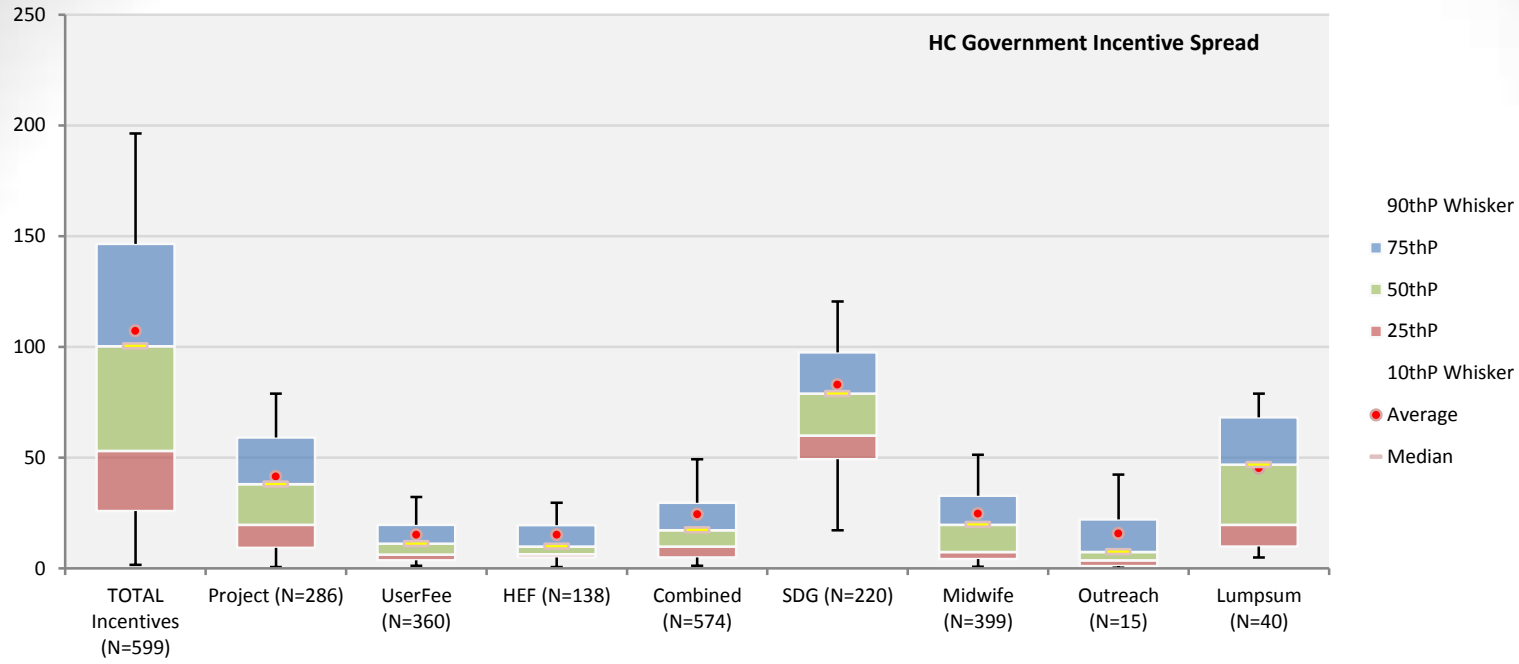


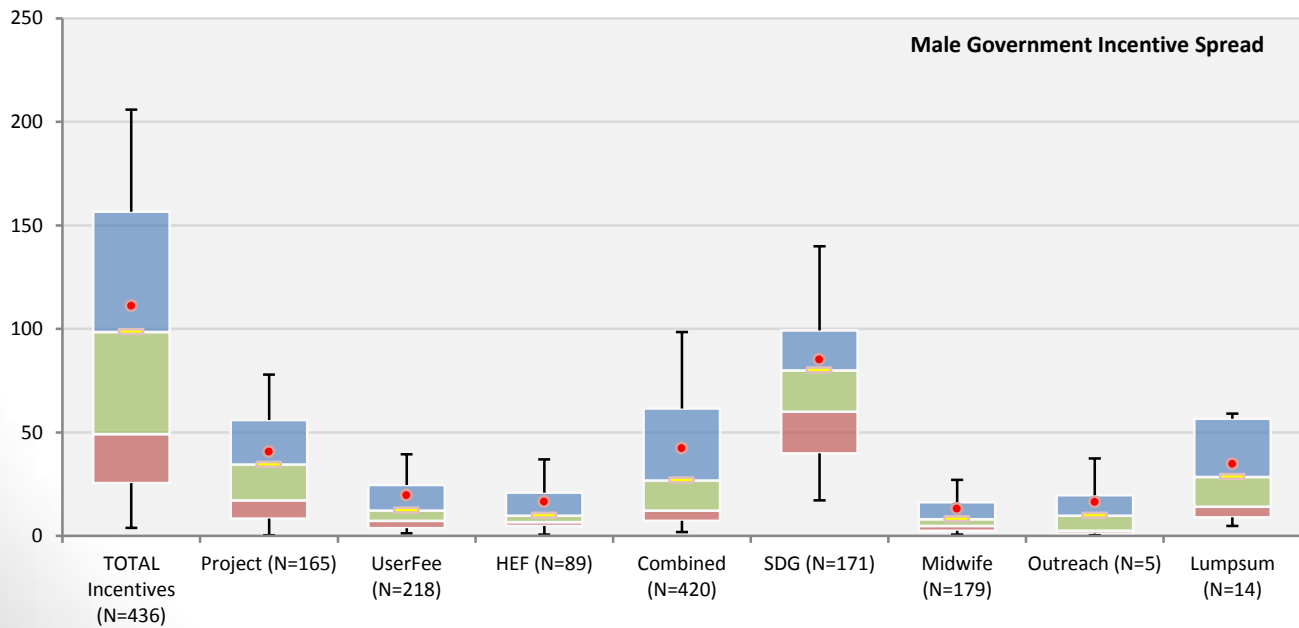
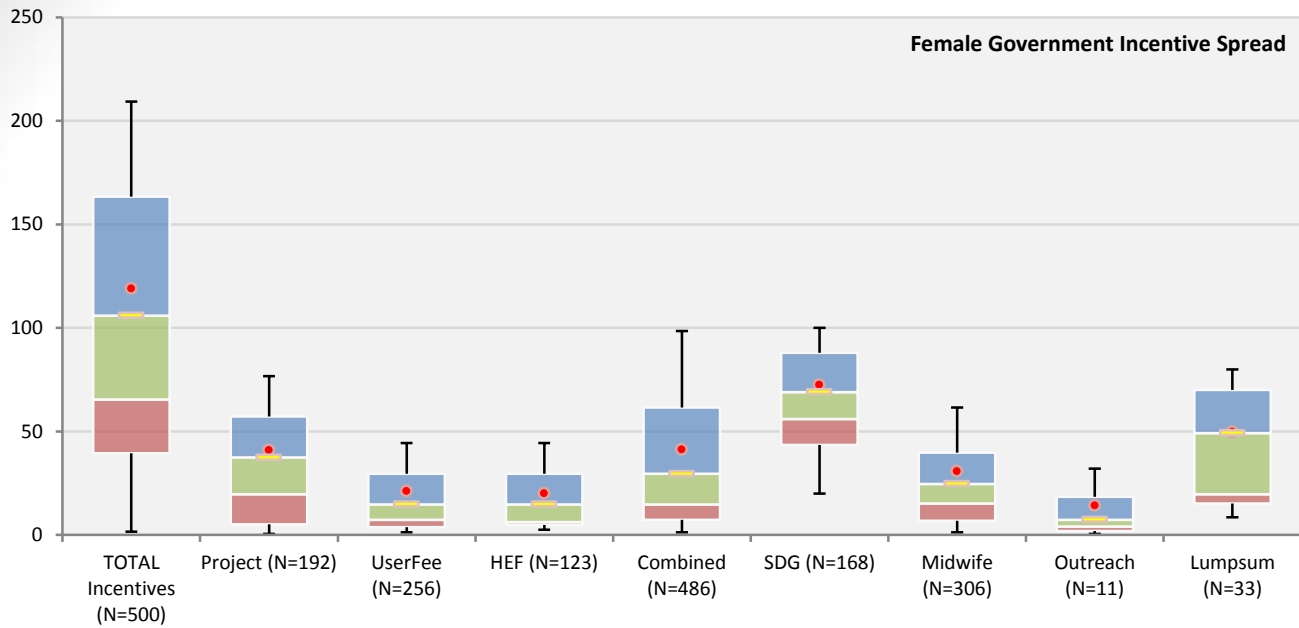
Male Government Salary Component

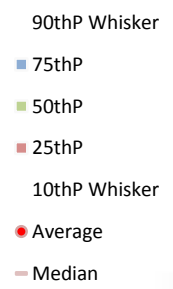
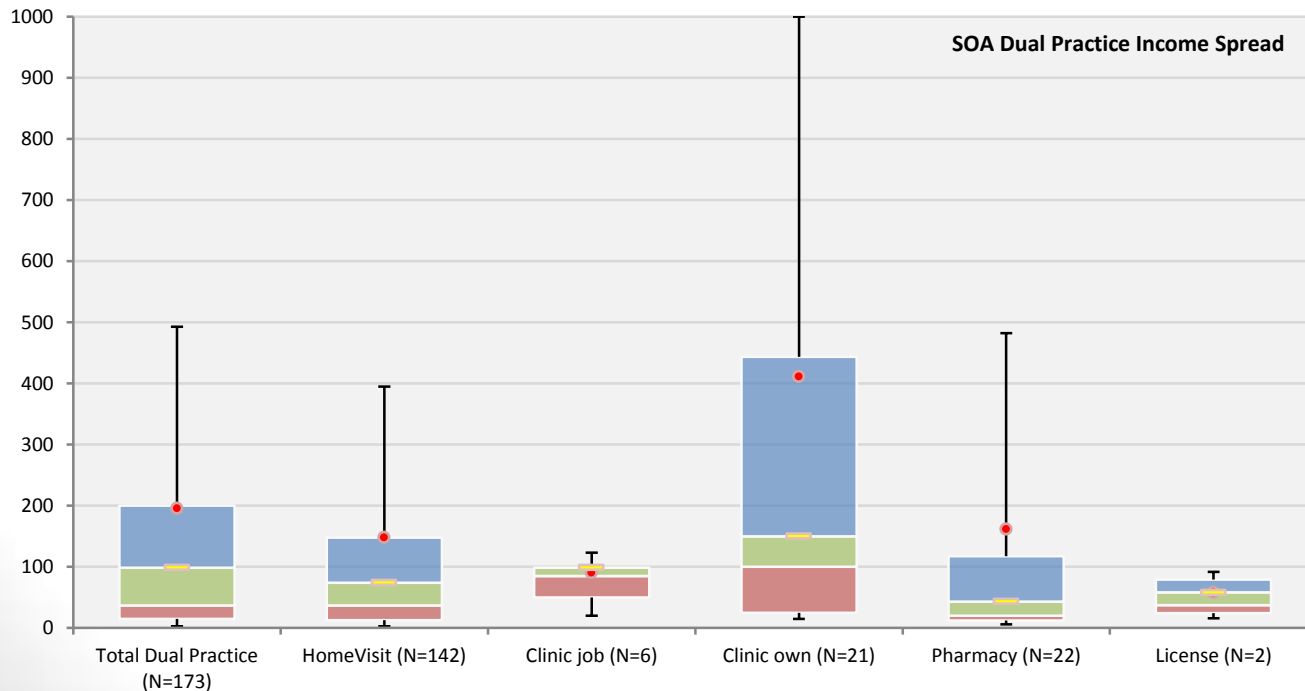
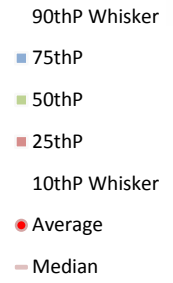
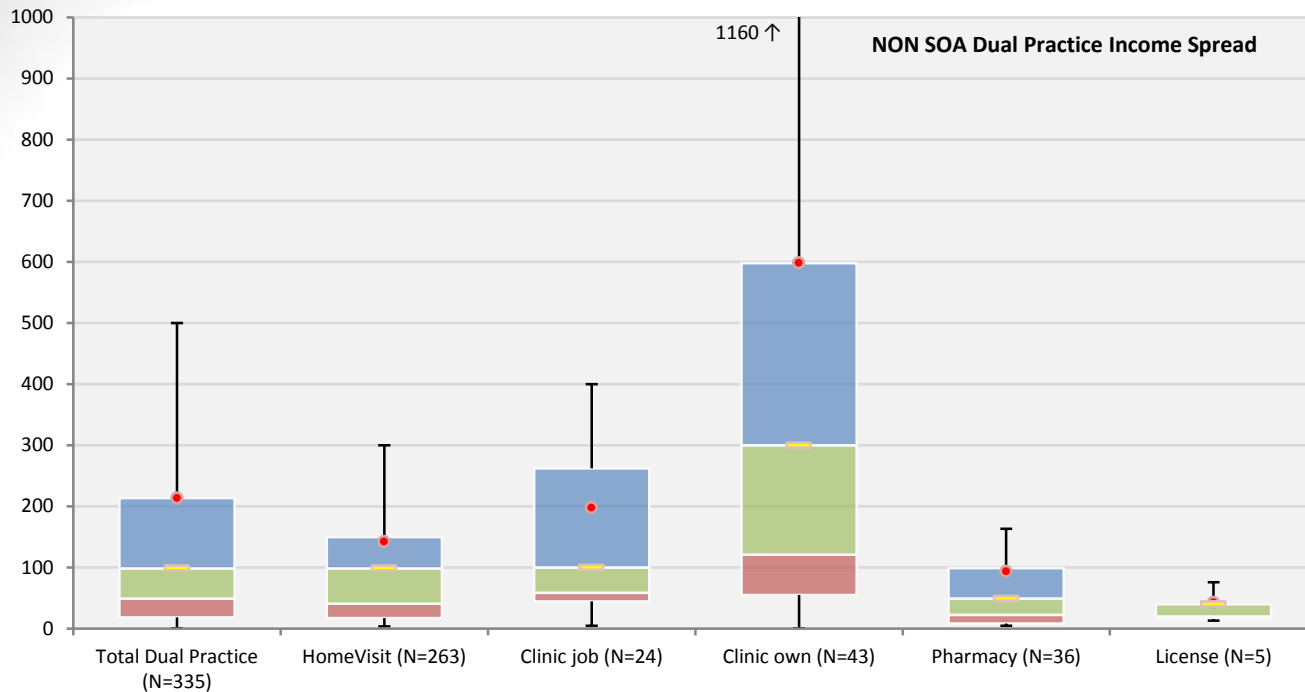
Spreads:

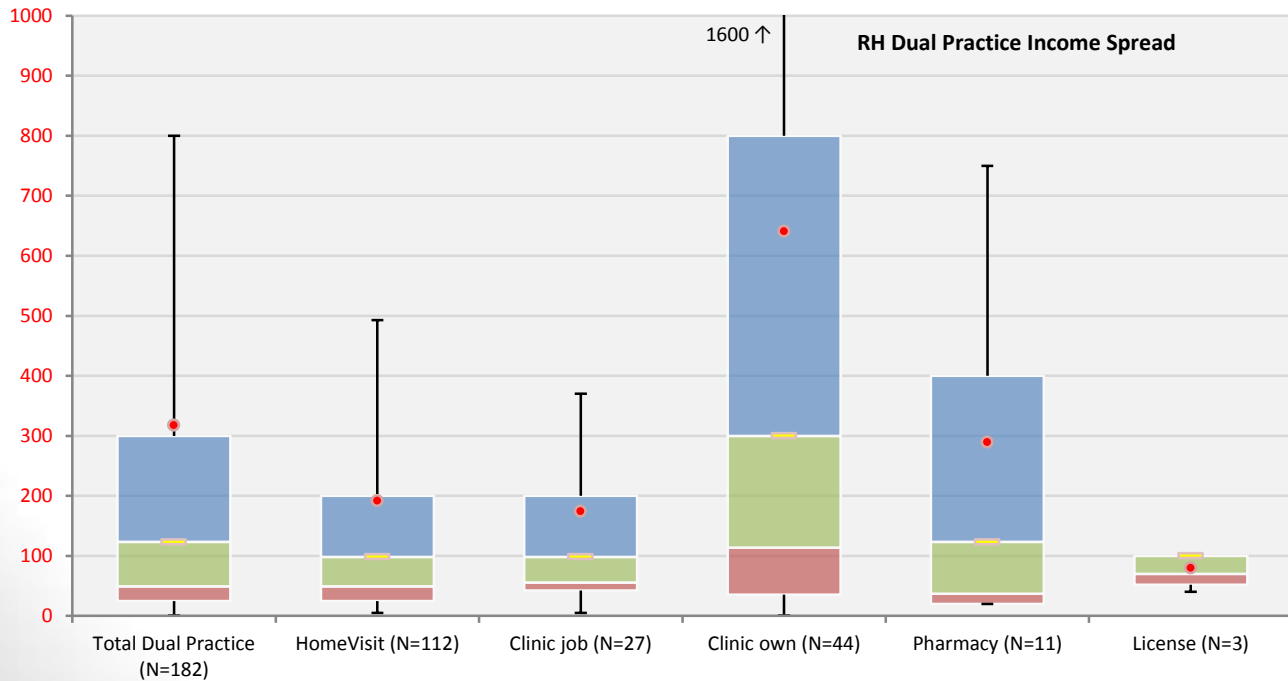
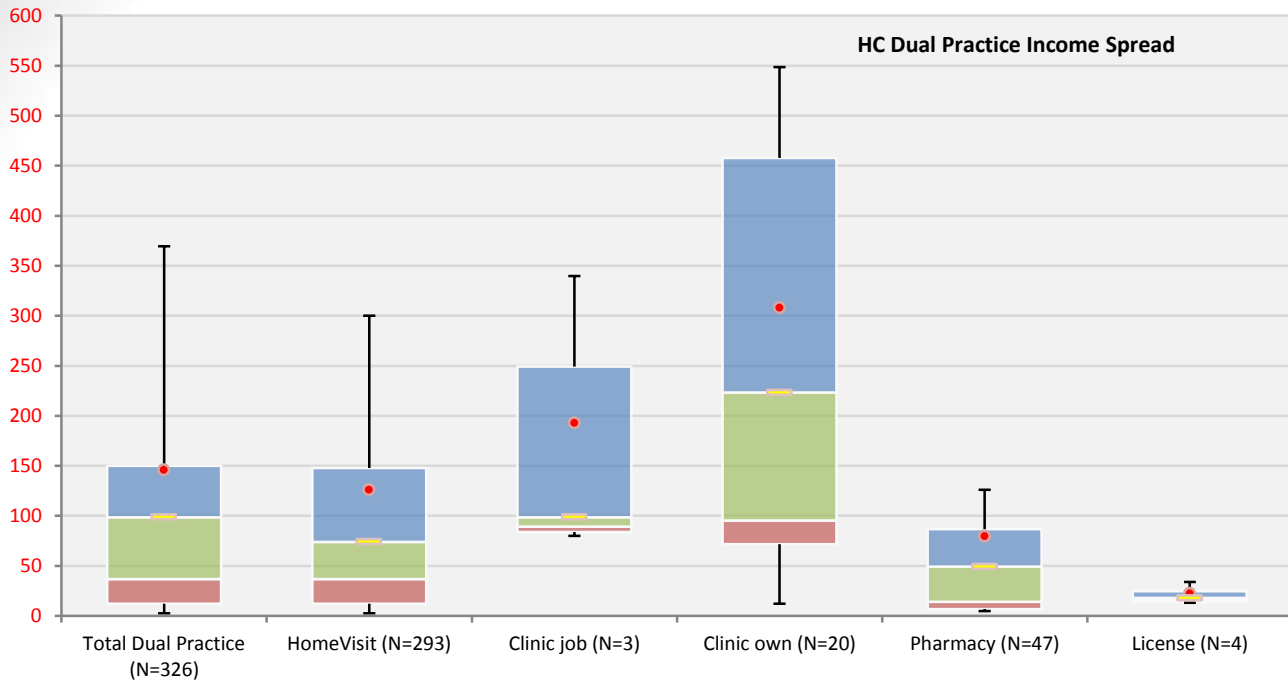
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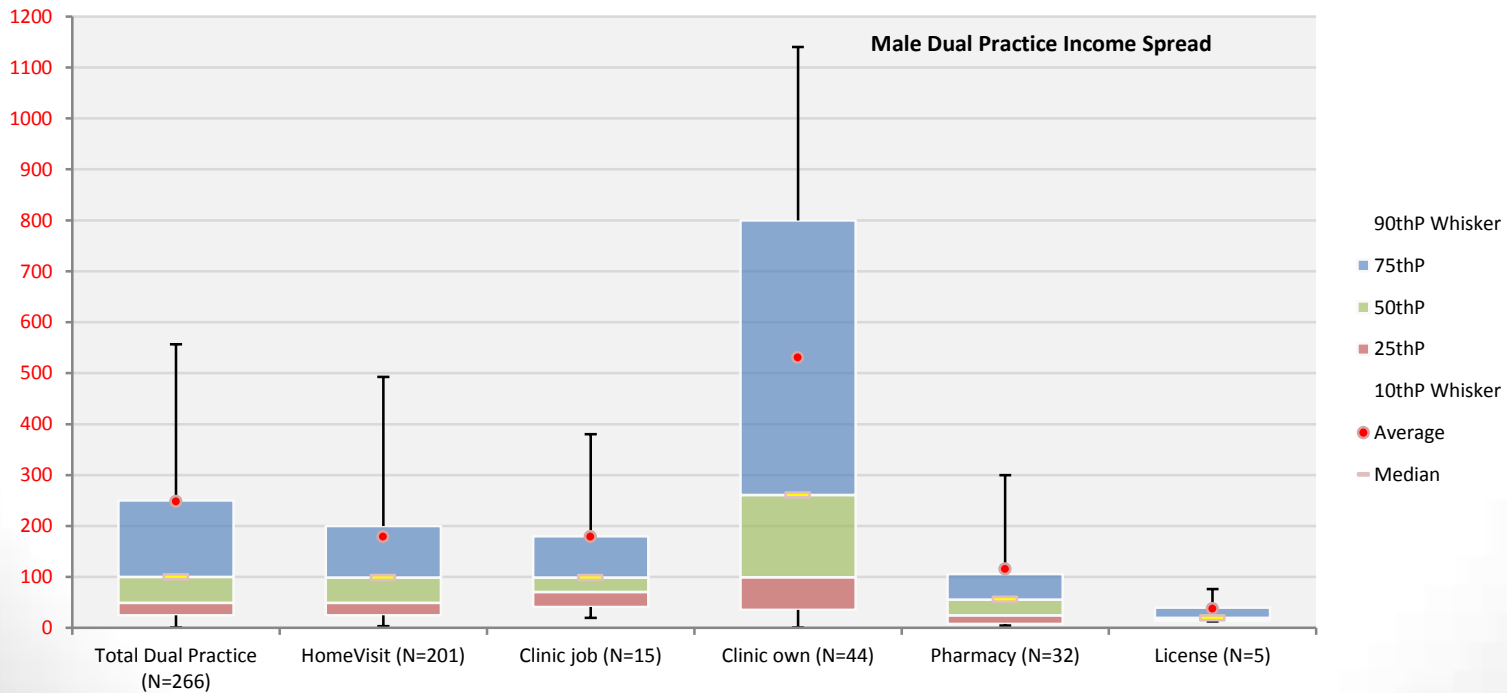
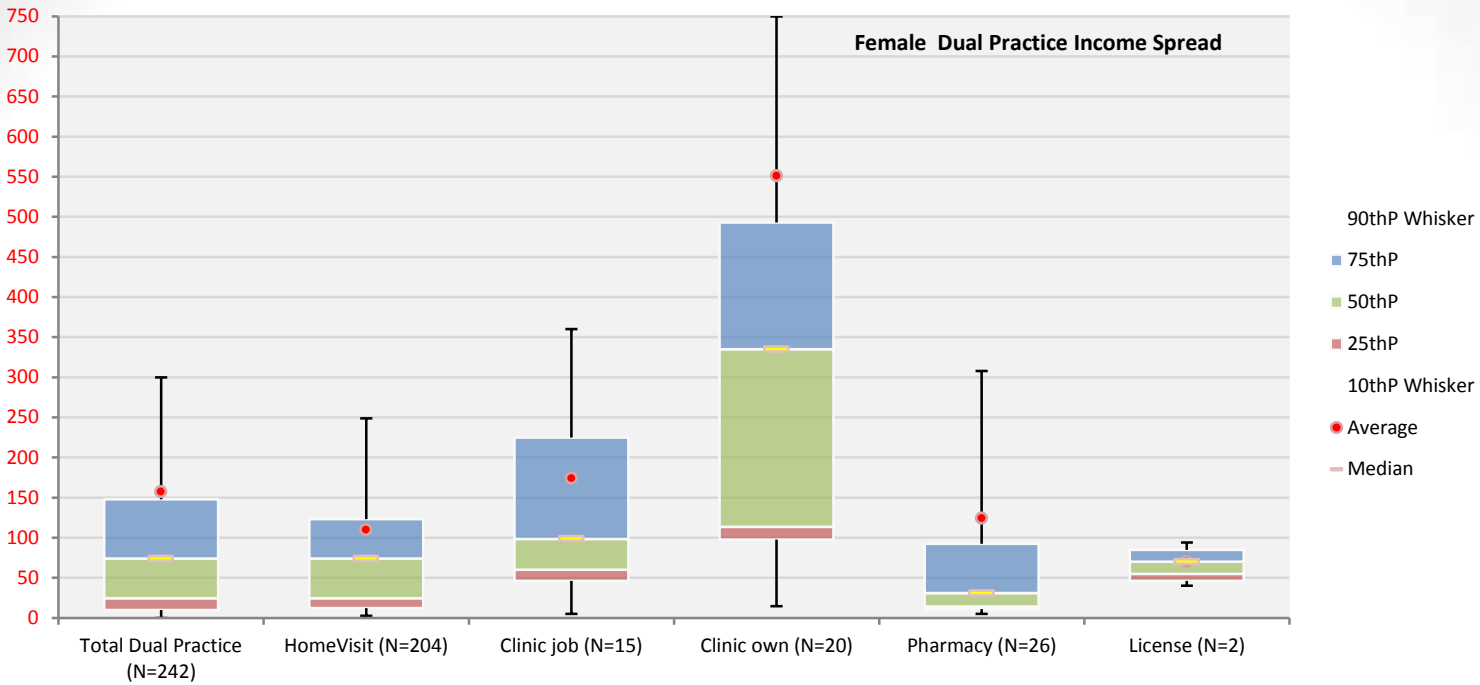


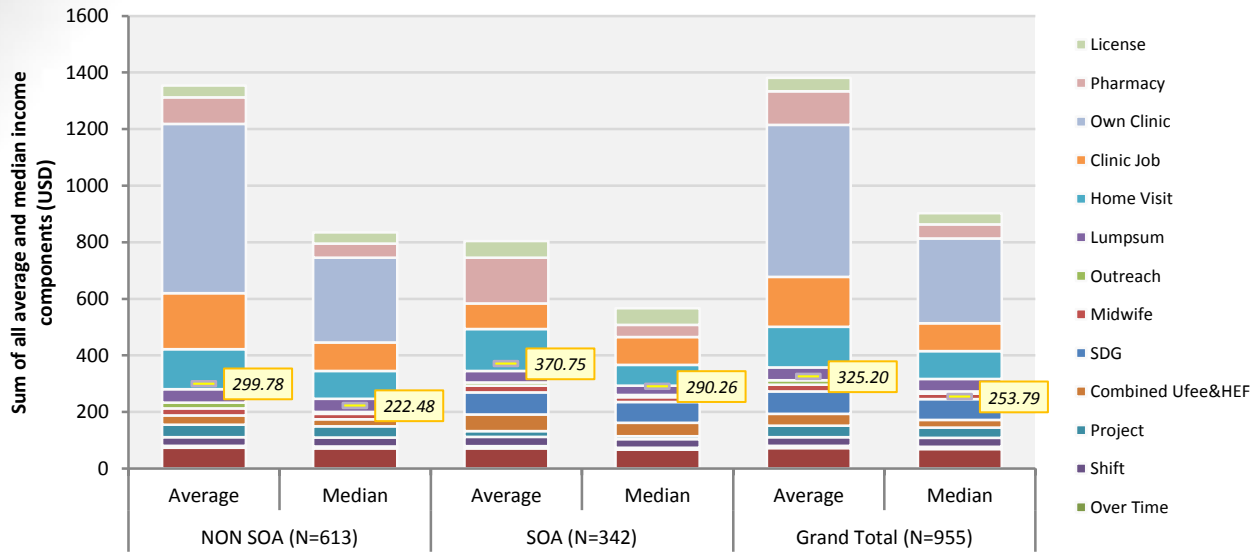






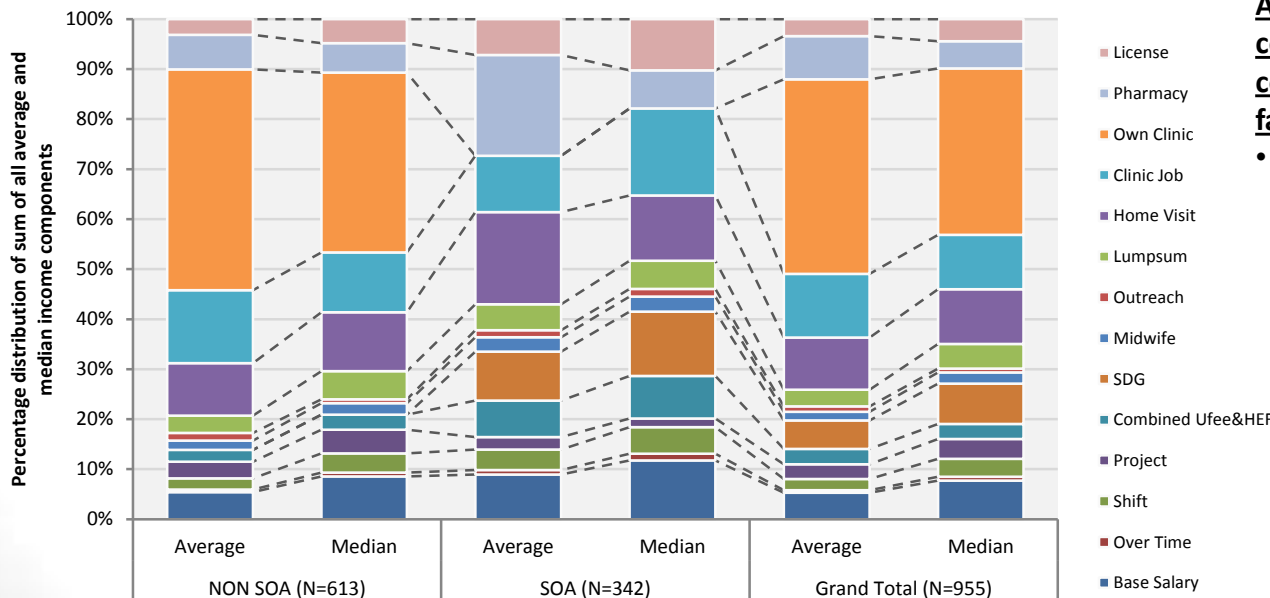






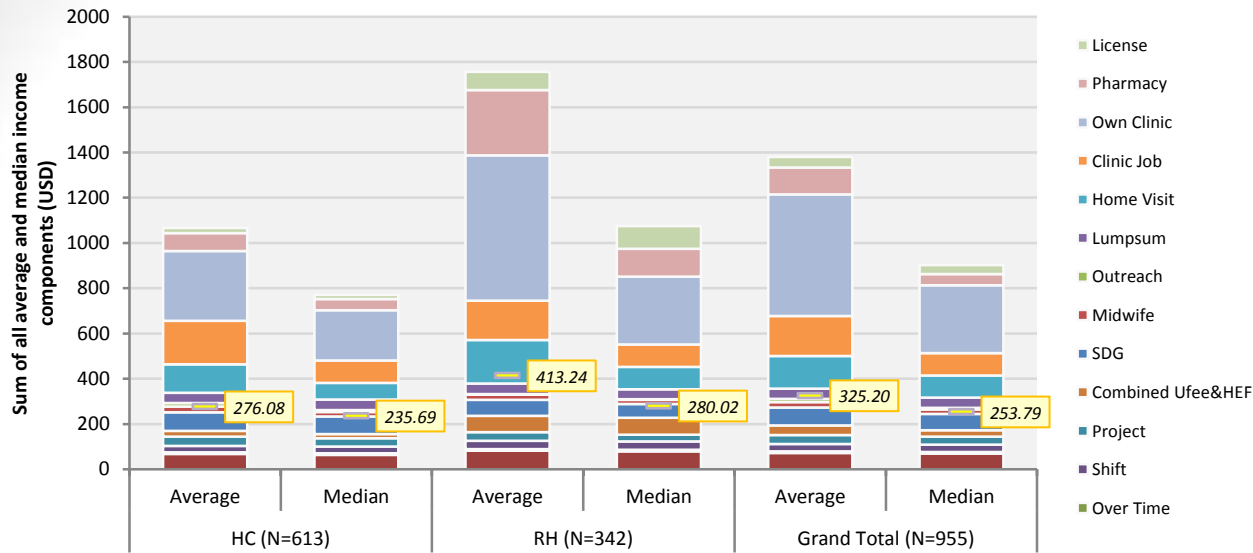
Average and median of all salary components by Non SOA and SOA facilities:

- The yellow data point is the overall average or median income. The stacked bar is the average or median income for the particular type of income.
- Clinic jobs the orange block (fewer respondents) have significant earnings
- Although Non SOA appear to earn more than SOA, overall average and median is lower than SOA facilities.



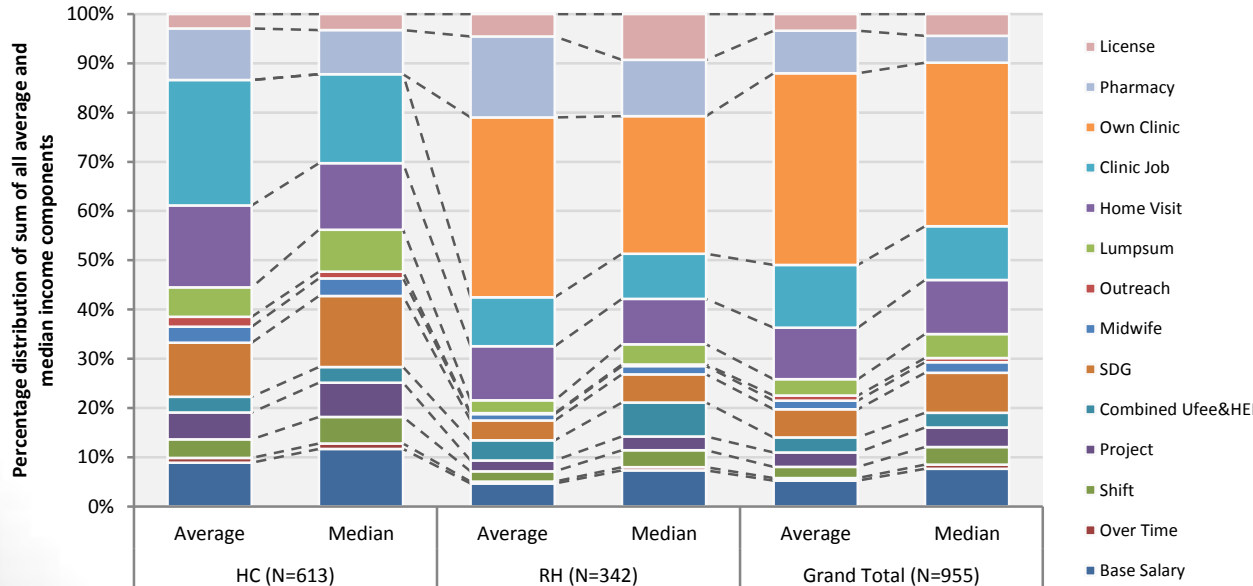
Average and median percentage contribution of all salary components by Non SOA and SOA facilities:

- --



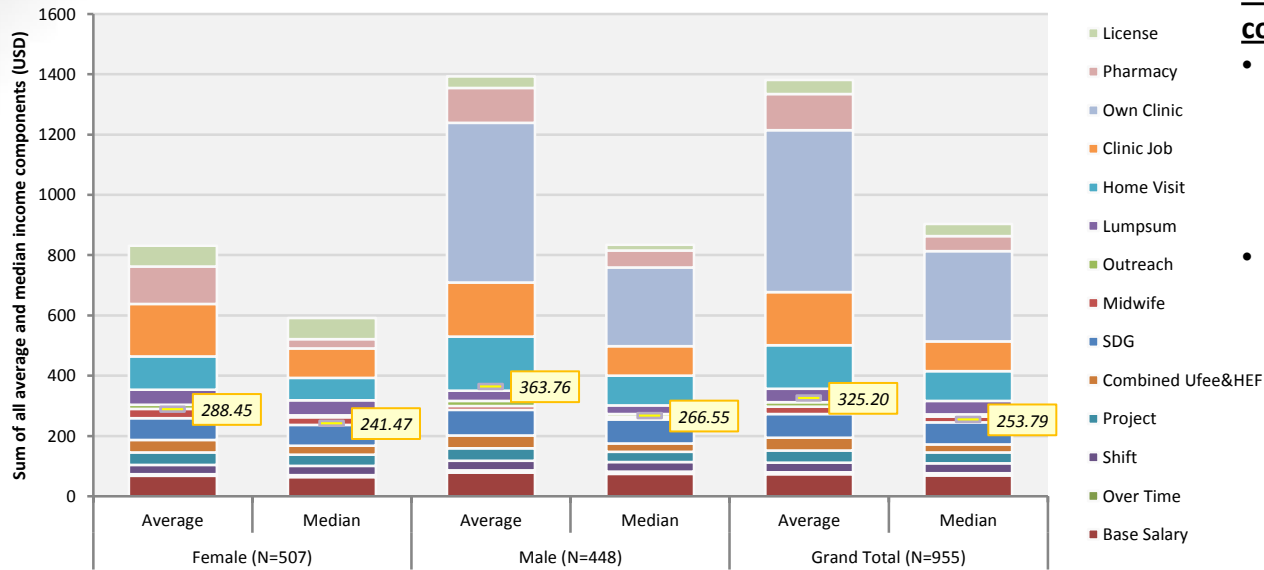
Average and median of all salary components by HC and RH facilities:

- The yellow data point is the overall average or median income. The stacked bar is the average or median income for the particular type of income.
- HC facilities have significantly lower incomes than RH's.
- Need to ensure HCs are attractive to work in (Internship programs for students) and incentives to work in those areas.



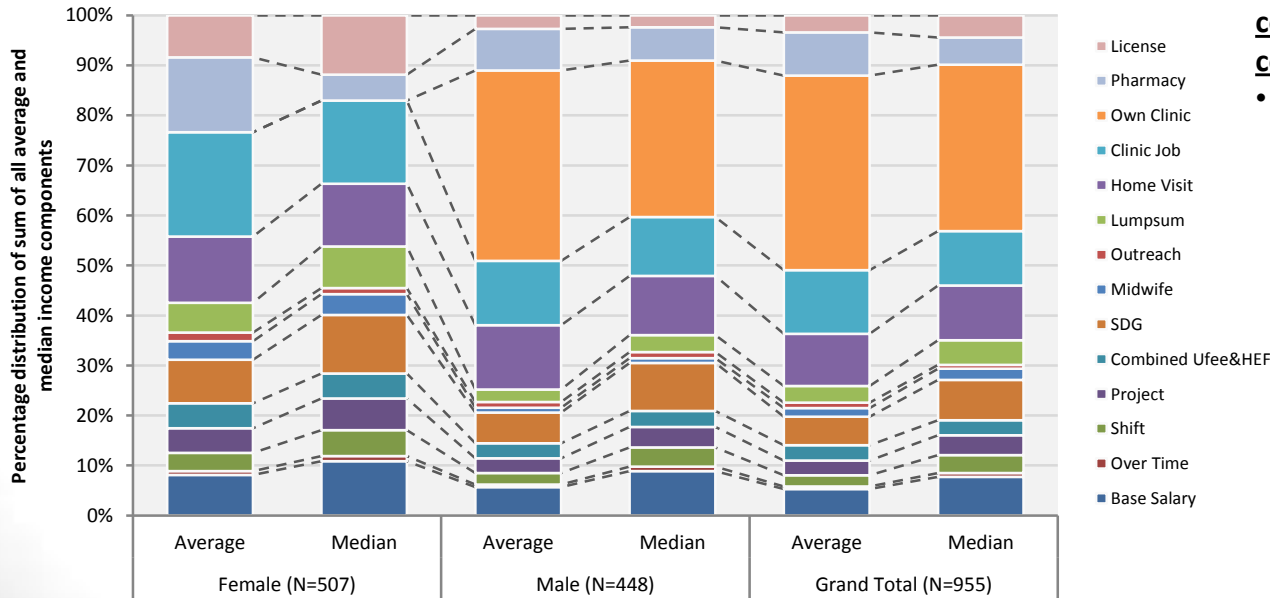
Average and median percentage contribution of all salary components by HC and RH facilities

- --



Average and median of all salary components by female and male:

- The yellow data point is the overall average or median income. The stacked bar is the average or median income for the particular type of income.
- Women incomes are lower than men



Average and median percentage contribution of all salary components by female and male:

- --

Survey Results: 19 OD Satisfaction Index

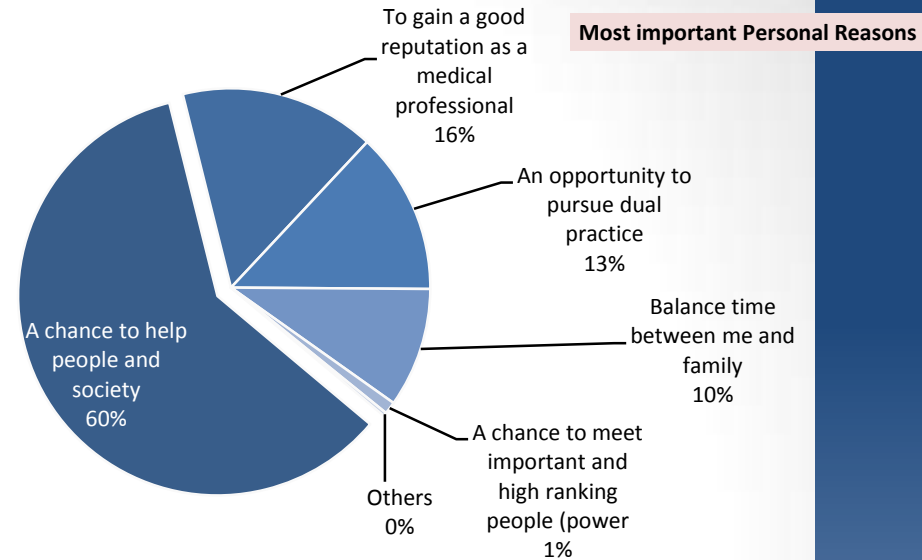
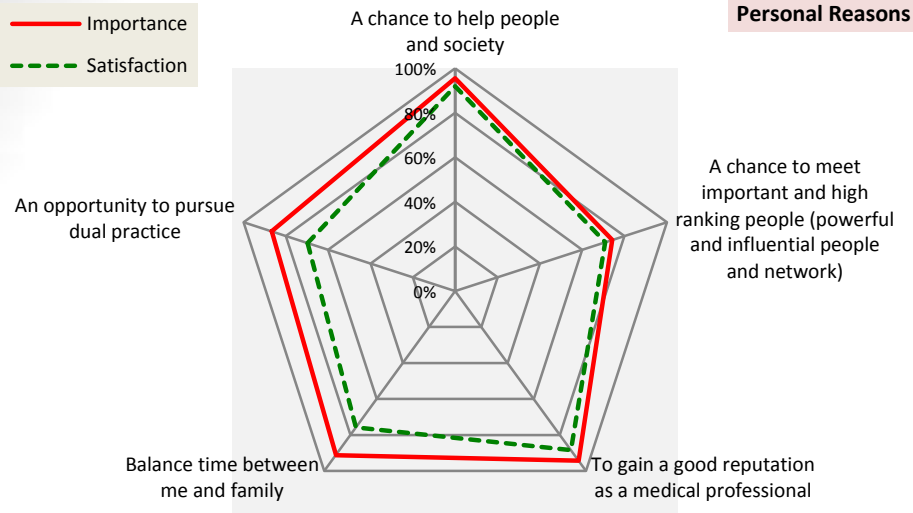
This section reviews motivation and satisfaction index amongst health professionals by total sample only.

Satisfaction and motivation questions are structured into 4 particular sections

- **4 Sections with four to six questions each.**
 - *Personal reasons*
 - *Work environment*
 - *Management and*
 - *Benefits and opportunities.*
- **First Ranking: How important are the following factors in staying in public sector? 5 point ranking scale provided.**
 - *Classified as Importance in the following charts.*
- **Second Ranking: How satisfied are you at the moment in your current work environment? 5 point ranking scale provided.**
 - *Classified as “Satisfaction” in the following charts*
- **Final Ranking: Which is the most important advantage of working for government? Select only 1 of the questions posed in each section or provide personal response.**

How will this section feed into policy?

- **Understanding motivations of people will help to understand where to invest resources to ensure staff remain vested in what they are doing.**
- **Understanding what drives staff, can also help to structure “non-financial” policies and strategies.**
- **Understanding how the current work environment satisfies their motivations and needs, can also help to identify “easy wins” to make changes that will have a marked impact on staff.**
- ...
- ...
- ...

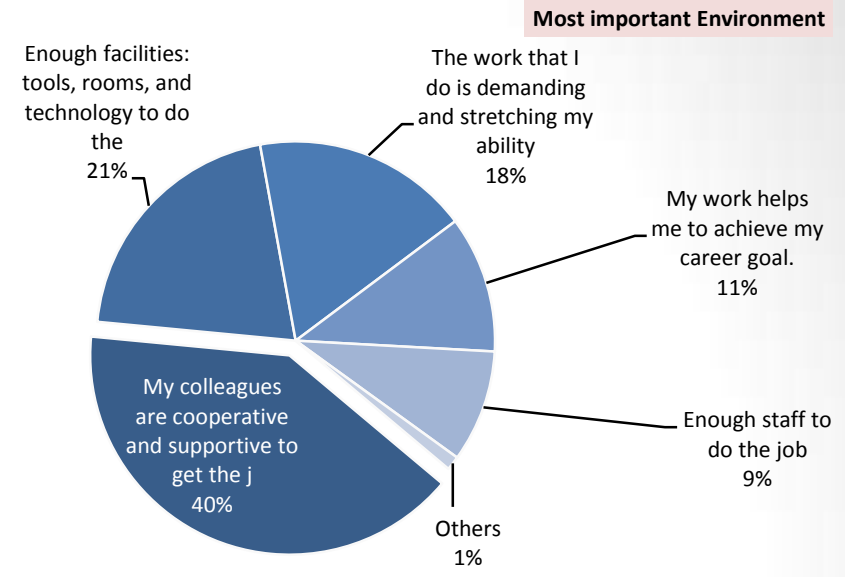
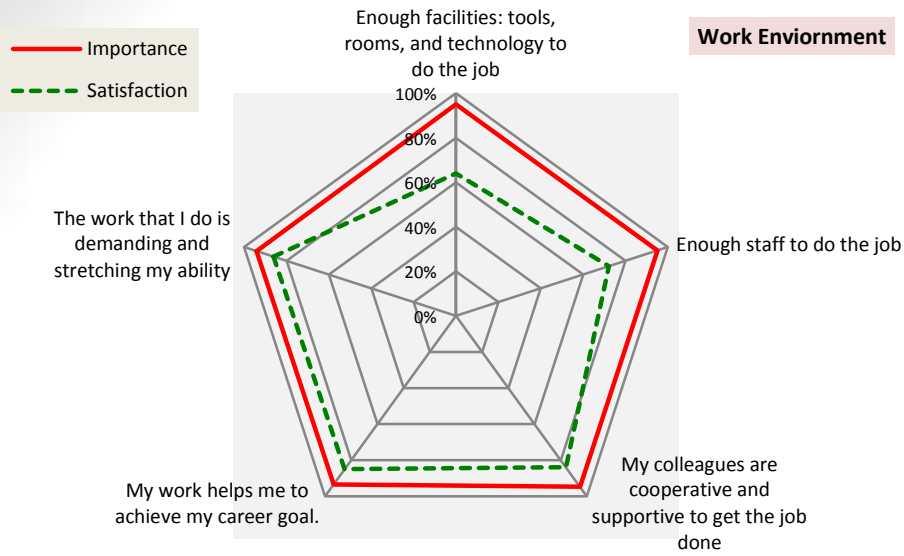


Personal Reasons
Importance & Satisfaction

- Personal reasons are “intrinsic” motivators, that help to understand what staff are driven by.
- Motivated by helping people and staff have the opportunity to do so.
- More than 50% of the workforce is female. Work life balance is clearly an issue. (Need to analyze gender)
- It is important for staff that they have the opportunity to pursue dual practice (clearly an incentive to have), however, satisfaction is not meeting expectations. Not a challenge, as long as people are earning sufficient income.

Personal Reasons: What matters most? What matters most? What is the most important advantage of working for government?

- The most important advantage of working for government is to have the opportunity to help people and society.
- Government employment is also important to gain a good reputation as a medical professional.

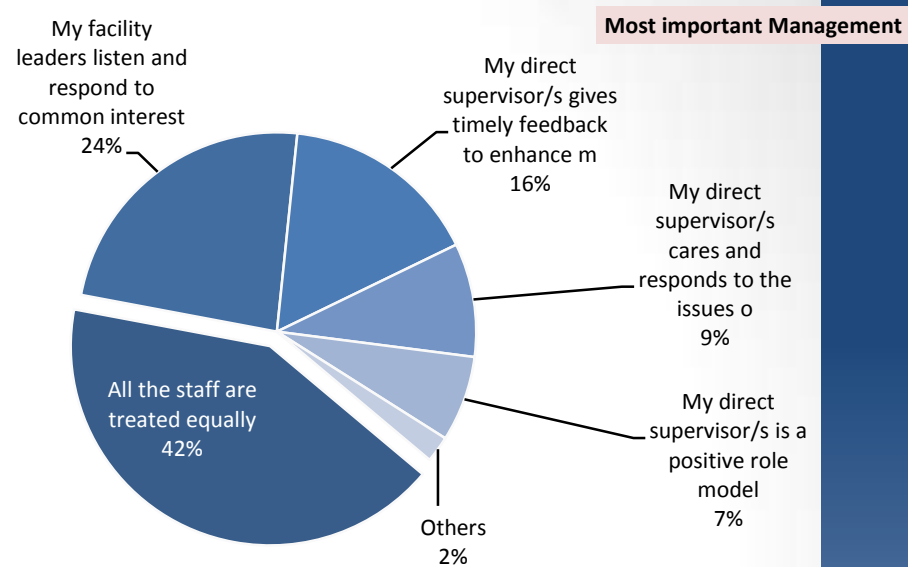
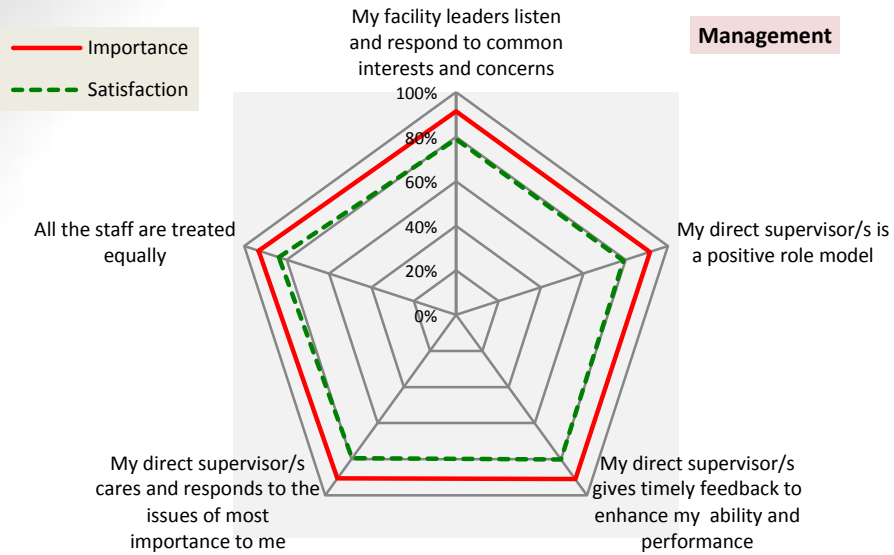


**Work Environment
Importance & Satisfaction**

- The working environment is clearly important to staff – from work colleagues to physical infrastructure provided.
- Investment into sufficient facilities is important (Link to facility manager questionnaire)
- Ensuring sufficiently qualified and skilled staff requires attention and a long term planning approach – training, skilling and up-skilling current staff and promoting the medical profession to young people to pursue to ensure a talent pool available for future recruitment.

Work Environment: What matters most? What matters most? What is the most important advantage of working for government?

- Supportive and cooperative colleagues are the most important advantage of working for government.
- Requires further analysis.

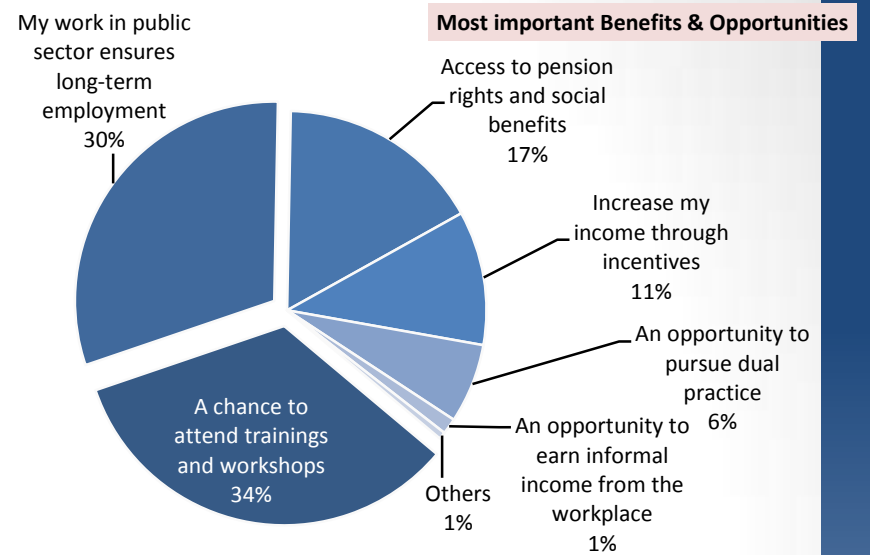
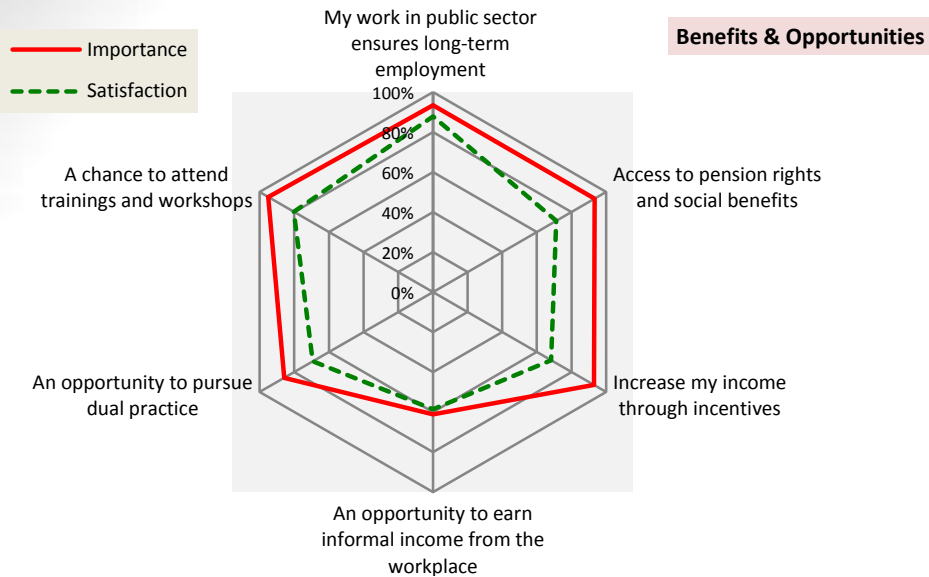


Management Importance & Satisfaction

- **Management will always require improvement. (Link to facility manager questionnaire on management perceptions for training and development)**

Management: What matters most? What matters most? What is the most important advantage of working for government?

- **The most important advantage here of working for government is that everyone is treated equally.**
 - *Is this a good thing? Should star performers not be treated differently (i.e. pay, promotion or other)*
 - *This can be good and bad and requires further thinking and debate for policy.*



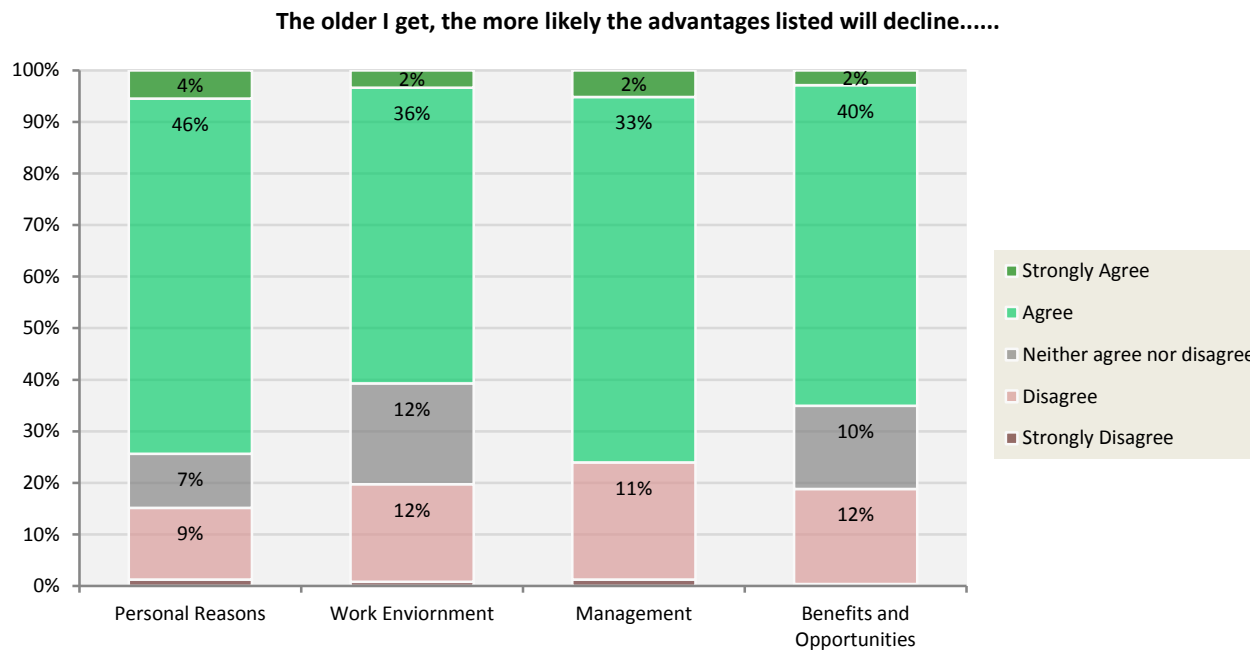
Benefits & Opportunities
Importance & Satisfaction

- Not surprisingly, benefits and opportunities will always receive a low ranking in a satisfaction survey.

Benefits & Opportunities: What matters most?
What matters most? What is the most important advantage of working for government?

- The most important advantage of working for government is the chance to attend training and workshops as well as the security of long term employment in close second.

Do the benefits decline or improve the older people get?



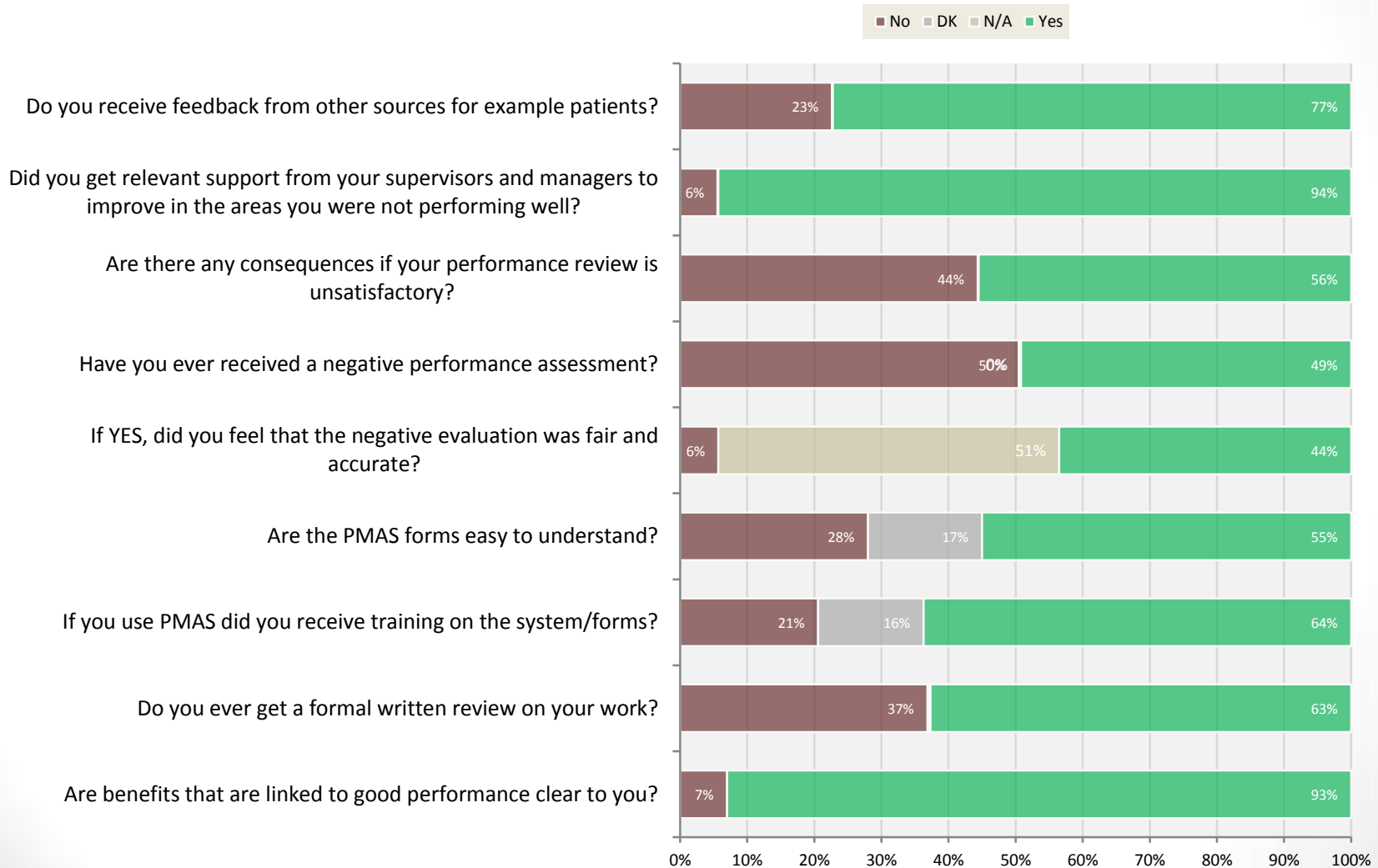
Other analysis that will be included in the final report

- **NON SOA and SOA facility satisfaction**
- **HC and RH facility satisfaction**
- **Gender satisfaction**

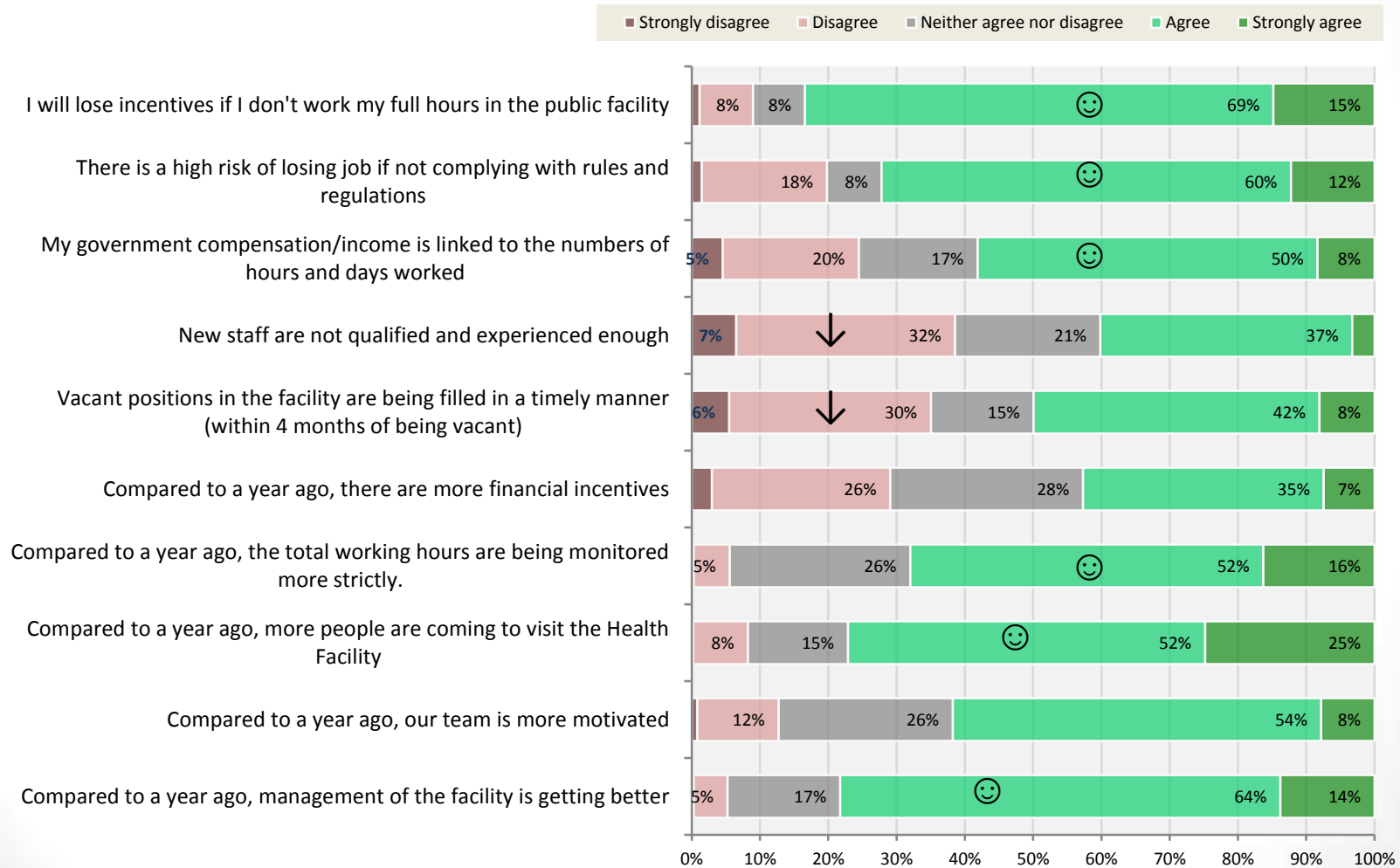
Management and HR Tools Highlights

This section reviews how management is evolving as well as general HR tools used in the workplace.

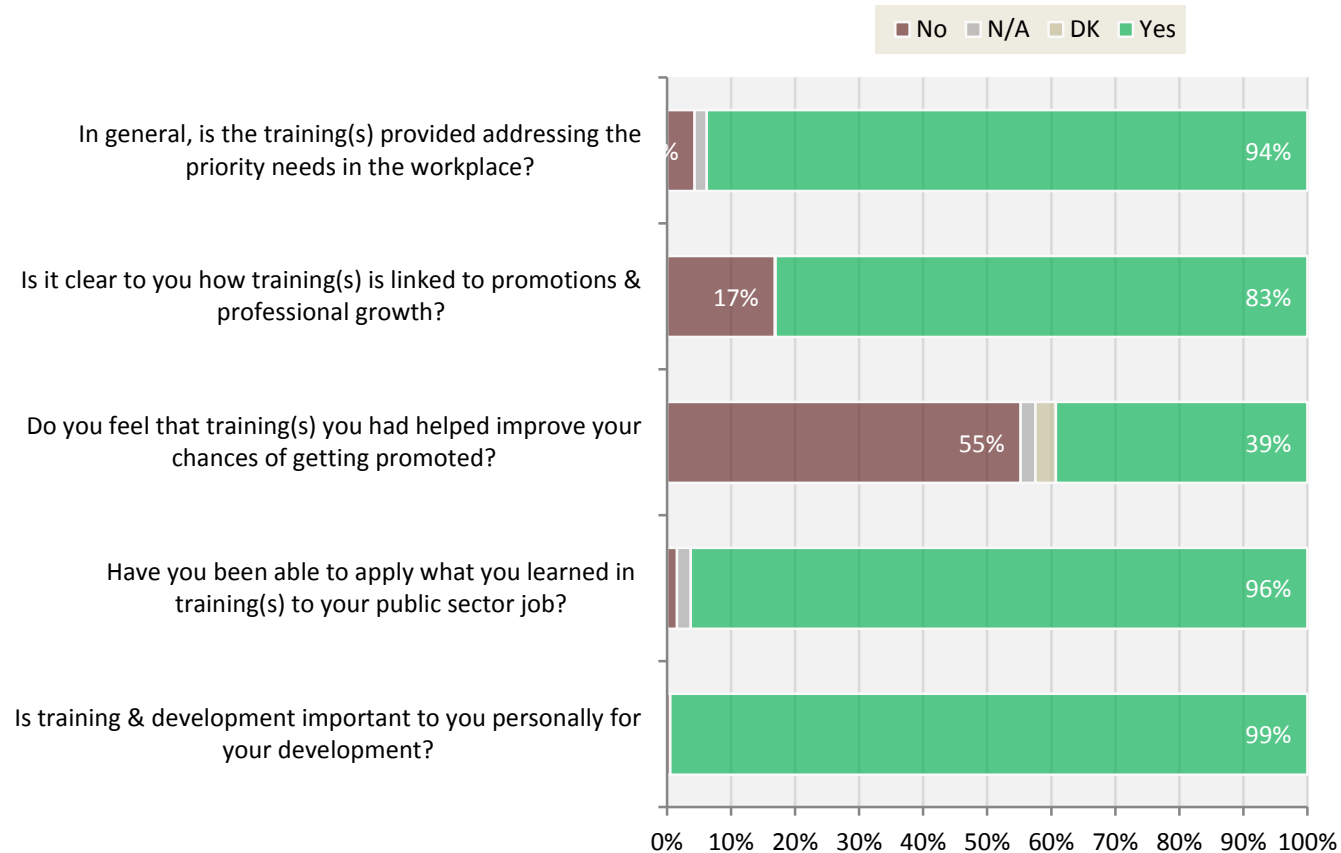
Staff are being constructively reviewed and understand the consequences of unsatisfactory performance. Performance Management tools can be improved and require further simplification or training to ensure that professionals understand them.



Management of facilities is becoming more strict. Recruitment appears to be a challenge as well as the sourcing of talented individuals to contribute to the effectiveness of overall performance of the facility. Motivation of staff, given average tenure, is an important factor to address.



Training provided is addressing workplace needs and staff recognise the importance of training to personal development. Lack of training and career development (promotion) requires to be further addressed in the overall HR framework for public sector.

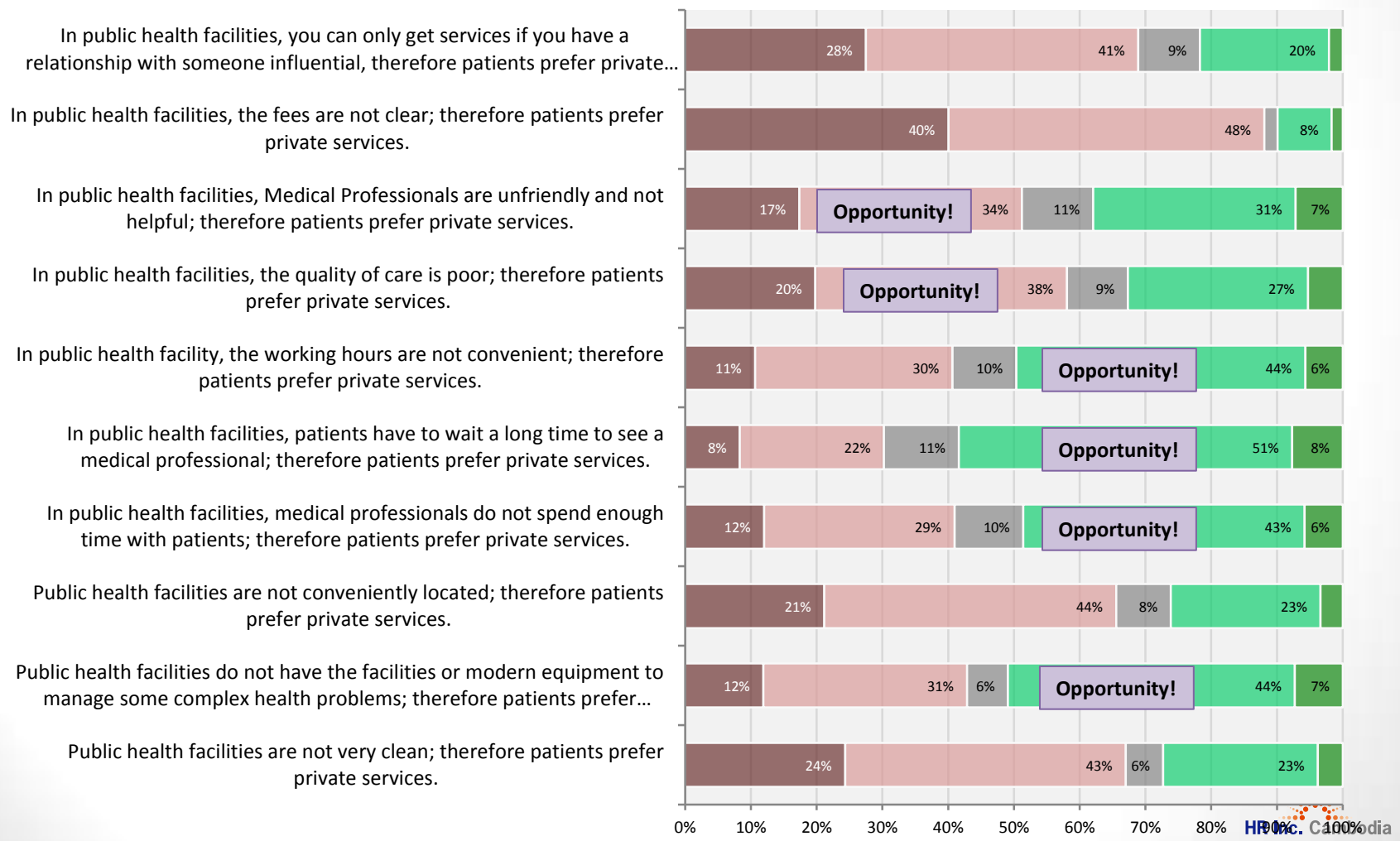


Does Public Sector Work Impact Dual Practice Opportunities or Vice Versa?

This section reviews the impact of dual practice on public sector work and how professionals perceive the impact of dual practice on public sector work.

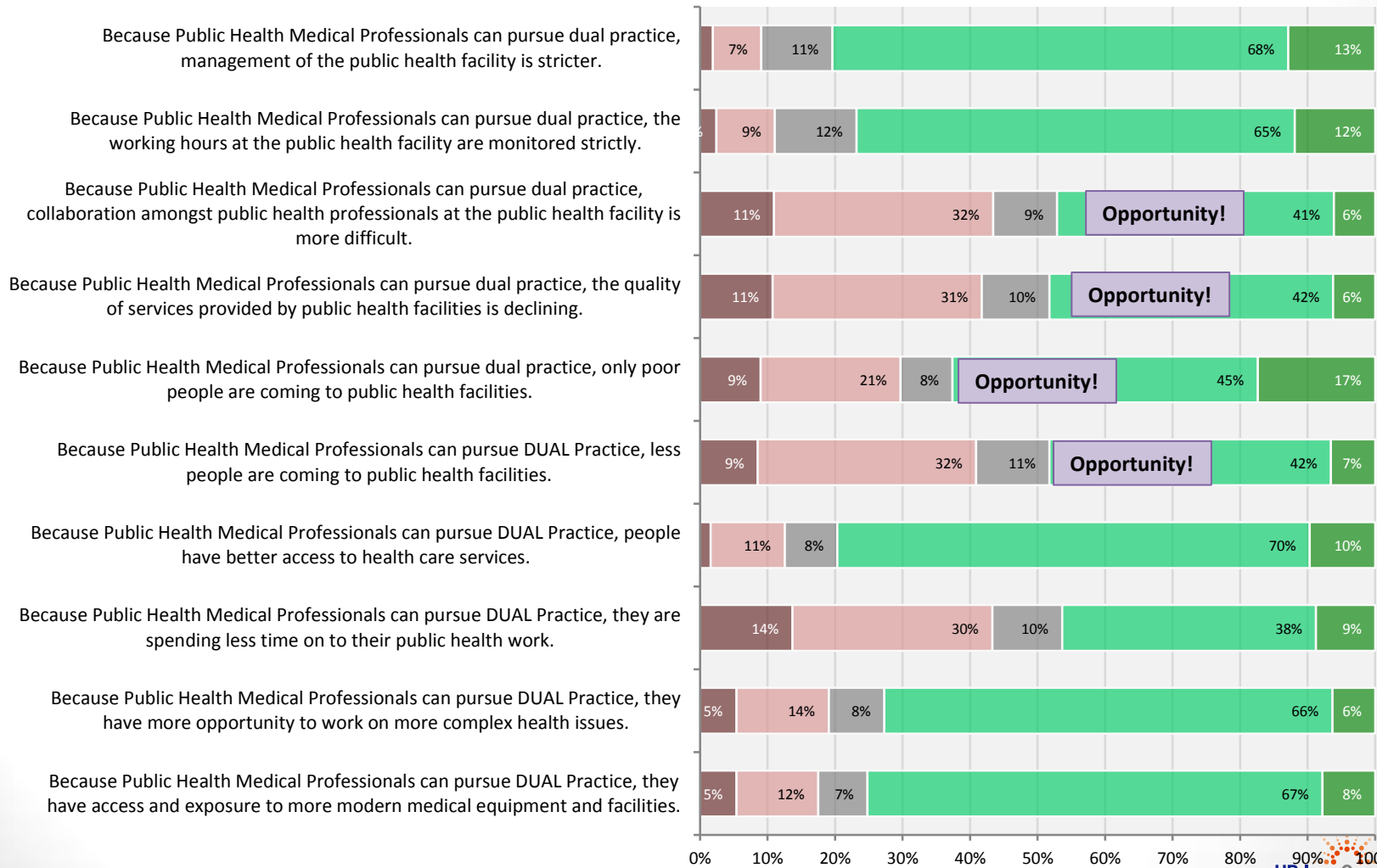
Perceptions of public health workers on public health facilities and their attractiveness

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree



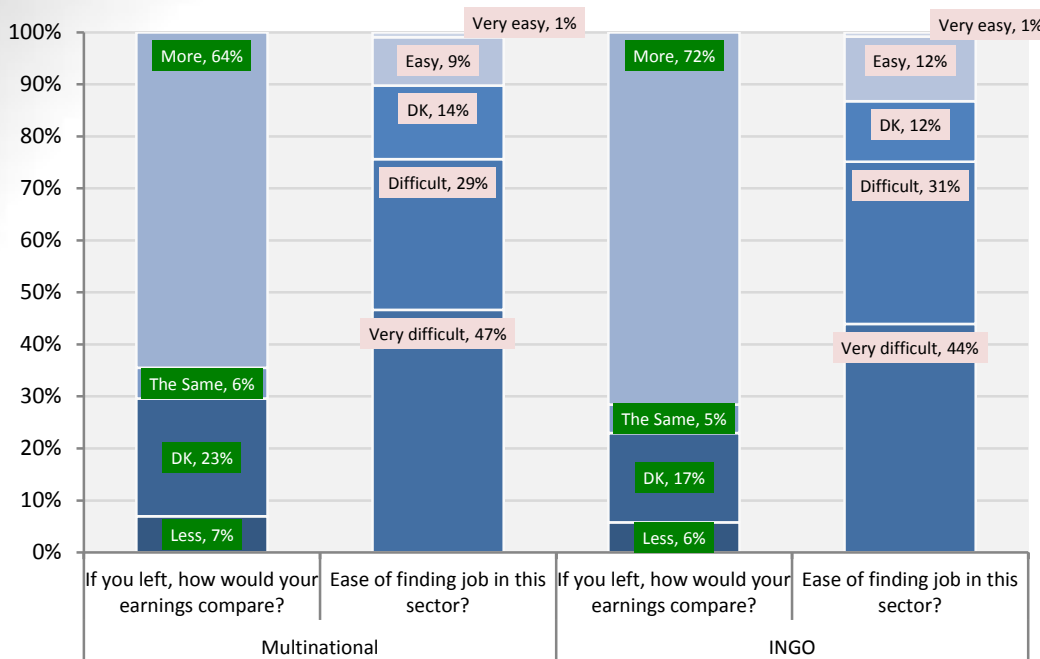
Perceptions of public health professionals on impact of dual practice on public health services

■ Strongly disagree
 ■ Disagree
 ■ Neither agree nor disagree
 ■ Agree
 ■ Strongly agree



Summary notes on perceptions

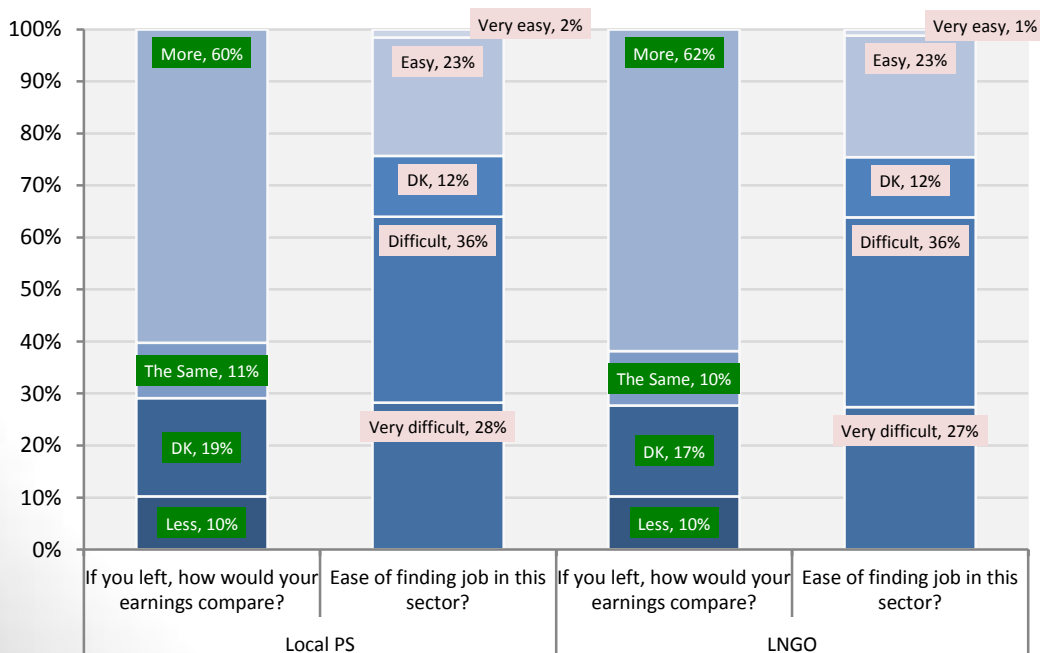
- **Dual Practice allows for skills development, exposure and building intellectual knowledge. Such knowledge could be extremely valuable for public sector as long as mechanism are in place to transfer knowledge and skills to other PH professionals.**
- **PH work may be suffering as a result of multiple priorities and jobs. This needs to be monitored. (final report will review working hours in dual practice)**
- **Access to health care is improving because of the opportunity to pursue dual practice. This has several implications for public facilities**
 - *Ability to generate revenue from private patients reduces for public sector*
 - *Reliance on donor programs for poor people only impacting sustainability of health care*
 - *A debate around whether or not allowing private practice vs. not allowing it, the pro's and con's and opportunities that it presents.*
- **Dual practice has a clear impact on management of public health facilities. Management is becoming stricter and working hours are being monitored more closely. (Needs to link with Facility Manager questionnaire)**
- **Almost 40% of respondents feel that PH services are getting worse, additional management support to management and a focus on service quality is important.**



- Although respondents feel they could earn more in other sectors, they mostly feel it would be difficult or very difficult to get a job in these sectors.
- Getting a job in local companies appears to be easier to respondents than multinational or international agencies.

Possible policy implications

- *Competitiveness of workforce?*
- *Training and Education of workforce?*
- *Up-skilling and reskilling strategy?*
- *Career progression and new talent strategy?*



Annex: Data Sheets

This section provides data sheets for compensation