

**FINANCIAL MOTIVATION AND HEALTH SERVICE DELIVERY
IN NLOCAL GOVERNMENT IN TANZANIA: A CASE STUDY OF
ILALA MUNICIPALITY**

By

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CERTIFICATION

The undersigned, certifies that has read and hereby recommends for acceptance by the University of Dodoma, a dissertation entitled: “*Financial Motivation and Health Services Delivery in Local Government Authorities, Tanzania: A Case Study of Ilala Municipality*”, in partial fulfilment of the requirements for the Degree of Master of Public Administration of the University of Dodoma.

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DEDICATION

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ABSTRACT

The purpose of this study was to assess financial motivation and health services delivery in health institutions under the local government authority. Ilala Municipality was taken as the case study, name of the healthy facility which were involved are Amana, Mnazi Mmoja, Buguruni, Magereza Ukonga and IDC Clinic.

Randomly selected were 80 respondents as a sample size of the study so as to get relevant and reliable information concerning the study and probability and non probability sampling procedures was utilized to get this sample. Primary data and secondary data were utilized whereby social survey and interview used as method of data collection. Also questionnaire and interview schedule were utilized to get primary data. Data analysis was employed both qualitative and quantitative; whereby SPSS Version 16 also employed.

This study reveals that employers do not provide enough motivation to their employees. Consequently, they do not perform better in their jobs and finally provide non quality public health services in different public sector. The findings reveal that; there is lack of motivation, poor working conditions, poor pay, poor management or supervision.

The study recommends that the government should provide allowance at an appropriate time and incorporates the principles of rewards, in a sense that rewards or punishments which are provided on time can be much beneficial in motivating a person in order to attain good performance of the workers. Eventually, the employers should give their employees the required authority, equipment and information needed to assist them in the performance of their assigned task with greater independence as well as having the self confidence to effectively and efficiently perform new task.

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LIST OF ABBREVIATIONS AND ACRONYMS

HF	Health Facilities
HW's	Health Workers
ICESCR	International Convernant on Economic Social and Cultural Right
LDC	Low Developing Countries
LGRP	Local Government Reform Programme
MLHW	Mid-level Health Workers
MoHSW	Ministry of Health Social Welfare
MRALG	Ministry of Regional Administration and Local Government
MSD	Medical Stores Department
MTPP	Medium Term Pay Policy
NMS	National Minimum Standard
SASE	Selective Accelerated Salary Enhancement
SPSS	Statistical Package for Social Science
TASAT	Tanzania Social Action Fund
UDHR	Universal Declaration Human Right
URT	United Republic of Tanzania
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

The function of local government authorities in Tanzania is traced since the colonial period. It started officially at the village or ward level with the Native Authorities Ordinance in 1926. Moreover from 1927 to 1953 the colonial government established municipalities in order to strengthen and reduce the financial dependence and improve the public services. Nevertheless, from 1961-1971 the Government of Tanzania under J.K. Nyerere emphasized and encouraged citizens to develop local government authorities which had to perform socio- economic activities so as to implement socialism ideologies (MRALG, 1998). In the liberal economy the government of Tanzania adopted the reform programs. As a result it then formed Local Government Reform Programme (LGRP) and it formulated three main principles. These principles included political, financial and administrative decentralizations; financial decentralization means that councils have financial discretionary power to levy local government. The principle also allows to pass their own budget reflecting their own priority, but the present system of allocating resources and revenue does not meet these criteria MRALG (MRALG, *ibid*). Accordingly, this chapter presents an overview of the study and it entails the background of the problem, statement of the problem, objectives of the study (both general and specific), research questions and significance of the study.

1.2 Background of the Research Study

Motivation needs to be long lasting reinforced by rewards and admiration. Motivation needs to be maintained by managers to ensure a high level performance and productivity

and to create a working environment where employees will have positive attitudes, commitment toward their work and most importantly the belief that they are not only valued but also of crucial interest to that institution (Canwel, 2004). In United Kingdom and Germany the public sector financial incentives are generally associated with better performance although perverse impacts can also be observed when cash reward shows to have higher value when remuneration is low, in some developed countries motivation in organization have focused primarily on private sector organizations (Landy and Conte, 2007).

Motivational levels in health sector are much higher in Taiwan than in the United State of America. There is also a strong positive perception of public sector in Taiwan and the greatest understanding and commitment to participate in the financial incentives like salary, pension insurance, and bonuses and so on. Others are indirect such as subsidized meal, clothes or housing. It is important to make a distinction between a proper level of pay to reward performance (Landy and Conte, (2007).

Moreover World Health Organization and the Global Health Workforce Alliance have been focusing attention on health workers in India, particularly on the pervasive problems with low remuneration, staffing shortages, poor job conditions, and extensive migration (Chen et al, 2004). As the backbone of the health system, health workers usually account for the largest share of public expenditures on health. The presence of high-quality, motivated staff is a key aspect of health system performance, but also one of the most difficult inputs to ensure (Gilson , et al, 1994).

The main determinant of health sector performance is the health worker motivation, and while resource availability and worker competence are necessary, they are not sufficient (Garcia, 2004). To this end, an understanding of employee motivation is necessary to

design systems with the right incentives. In India, low job satisfaction among health workers in the public sector is evident from the highest reported rates due absenteeism of motivations of a various public health sector (Peters et al, 2002).

Previous analysis on public sector health workers argue that , lack of adequate remuneration is the main health worker grievance in low income countries, and the main reason why public sector health workers are frequently missing or working elsewhere, (Garcia, 2004 and Mathauer 2004). So according to that in 2006 World Health Organization Report identified ten major strategies to improve the performance of health workers, after discovery the challenge of poor performance to the health worker these strategies including those related to improving paying health workers sufficiently and on-time these were identified as necessary for improving motivation of health workers, particularly to recruit and retain staff, and to prevent absenteeism and collection of informal payments from patients. Efforts to improve health worker motivation have focused on financial incentives, including pay-for-performance (Eichler, 2009), particularly since wages for health workers tend to be low (Chen, et al 2004). Yet well-intentioned efforts to improve financial incentives for health workers can actually undermine morale and lead to negative consequences for health workers (Dudley, 2005).

Zimbabwe recently made a more concerted effort to address public health sector worker motivation through a series of reforms, including financial reforms, management strengthening, decentralization, and contracting out. However, the mismanaged reform implementation process and the government's poor communication with health workers undermined the potential positive impacts of the reforms (Mutizwa, 1998).

In Tanzania the history of local government continued to operate constant in the 1990s. During 1990s was noted as Local Government Reform Programme (LGRP) phase I, it

commenced in 1996 with its main objective to address and promote social and economic development at the local level, through improving quality, access and equitable public services, particularly to the poor both in outskirts and urban public social services (Othman and Liviga, 2002). In the 2000s was noted as a second phase for the Local Government Reform Programme (LGRP) these started in July 2008 to the present. It was done through realization of Decentralization by Devolution (D-by-D) policy from local to central governments. The policy integrated the Tanzanian ministries, and thus implemented effectively basic socio-economic services and developments (Othman and Liviga *ibid*).

As part of efforts to improve remuneration in the public service, the Presidential Pay Commission was formed in 2006. The Commission was tasked with advising the Government on how to improve public service pay and other incentives. The Commission recommended among other things revision of the Medium Term Pay Policy (MTPP); harmonisation of salaries across the public service; making salaries both internally and externally competitive; tying pay above the statutory minimum to the individual's efficiency and productivity instead of length of service; reviewing public sector salaries and other remunerations regularly informed by continuous research; reducing the current number of remuneration management authorities to one; alleviation of staffing problems in some LGAs; and establishment of the Productivity and Remuneration Board (URT, 2010)

Apart from that effort of government but Tanzanian health sector faced by number of challenges, it included shortage of trained laborers, and little motivation from local government to central government 70 percent of health workers in the rural population lacked to get adequate health services and 40 percent of the health vacancies in rural areas

are unoccupied. Since 2008 to the present the government still faces a number of changes from local to central government. These problems are such as little motivation, low productivity of workers and poor distribution of health instruments and medicine. (Othman and Liviga op cit: 22.).

In order to increase the motivation hence productivity for health workers the government established the implementation of Selective Accelerated Salary Enhancement (SASE). It aimed to increase salary in order to retain health workers in the public services. However, the strategy did not promote motivation because the majority health workers were not paid as a result discontent through riots and demonstration at working places viewed and were aired out (Kombo et al, 2003).

The government has developed the health policy as an effort to strengthen the health services in the country. These are both national and international policies, which were in line with The Millennium Development Goals and National Vision Reform 2025, (URT, 2007). In the Tanzania Development Vision 2025 the major objectives are to attain all issues relating to socio- economic development to the majority Tanzanians. The United Republic of Tanzania has stipulated clearly the guidelines for the Development-Vision 2025 such as access to quality primary health care for all, access to quality reproductive health service for all individuals of appropriate ages, reduction in infant and maternal mortality rates by three quarters of current levels, universal access to clean and safe water, life expectancy comparable to the level attained by typical middle-income countries, food self sufficiency and food security, gender equality and empowerment of women in all health parameters, and encourage the participation of community in the delivery of health services (URT, 2007).

A number of researchers such as Silvan, (2009) and Willis. (2008) documented the aftermath of poor motivation on health sector this is to say poor motivation among health workers lead to health workers' performance retardation and the kind of motivation which received at working places did not match with the duties and responsibilities at working places. (Das et al, (2008). Besides (ibid) Stated salary is a challenge for health workers. Even though a strike of health workers in 2005 resulted in pay's being improved by more than 70% for doctors, and by around 30% for nurses, clinical officers and medical attendants, salaries are still very low when compared to the cost of living and the inflation rate, especially for lower-ranked cadres. Indeed, salary was frequently reported as insufficient when compared to needs and workload. (Silvan, S 2009).

In the same vein Rowe et al, (2005), state that in low and Middle Income Countries inadequate health-workers performance is a widespread problem due to poor motivation. Similarly, The Joint Learning Initiative Report (2004) argues that the health workers are the neglected essential building block of effective health systems and the workers are disappointed due to poor motivation. In Tanzania, health sector has major problems related to health worker motivation. Some studies discuss health workers' motivation in the Tanzanian context and other studies link poor performance to low motivation.

1.3 Statement of the Problem

Motivation is driving force which allows us take action on our desires or goals (Patrick, 2008). Issues about employees motivation has been addressed in Tanzania where employees in the public sector have been facing the number of challenge concerning their working environment, salaries, job security and the like. In fact fact job performance and productivity in most of the public institution and companies in Tanzania have always been going down due to de-motivation factors in workplace in service sector like health (Simon, 2006).

Local government reform was expected to help Local Government Authorities (LGAs) significantly improve their performance, to stimulate local economic development, and to deliver better quality services, especially in the pro-poor sectors such as health institution in local government authority but this is not known to the people who are supposed to get the services from health centers at Ilala municipality hence it brings the negative impacts such as poverty to the local area. Due to brain drain, death of man power, poor services delivery and low zeal of employee in public institution. This raises a question, are the reform at local level working to ensure that the users get quality services?

Good health is an important element required for National development, poverty alleviation and other health development gains needed by all Tanzanians. To achieve this, the government has since independence emphasized on delivery of equitable and quality, curative and rehabilitative health services at all levels (URT, 2003). Generally, the quality of health services in Tanzania, despite remarkable improvements over the years since the advent of health sector reforms in the early 1990s, is still unsatisfactory. This unsatisfactory features in a form of low motivation also problems with absenteeism, whose rates are high, including absences of training, hence this brings poor health service and death of man power and child. (Manzi *et a.*, 2012).

For a long time, the performance of the health sector has been negatively affected by limited resources which have led to an unsatisfactory quality of health care provision at all levels. The reforms are aimed at enhancing the effectiveness and efficiency in the provision of health services in line with the health sector policy of ensuring accessibility to health care services by all Tanzanians (URT, 2007). Health programme reform go hand in hand with the National Health Policy which aimed at providing direction towards improvement and sustainability of the health status of all the people, by reducing

disability, morbidity and mortality, improving nutritional status and raising life expectancy. The policy recognizes that, good health is a major resource essential for poverty eradication and economic development (URT, 2003). With inactive or ineffective implementation of government aims, health policy reforms and National Health Policy results into prevalence of morbidity and mortality rate due to poor health services provision, hence unsatisfactory health services among communities.

However, despite those efforts made by the government to improve health services through implementation of various strategies such as motivation to health workers, still but is little empirical information which explain the role of financial motivation for the health workers in Tanzania particularly, Ilala municipality. This study therefore, intends to examine the role of financial motivation to health workers in improving health services.

1.4 Main Objective of the Study

The main objective of the study focused at investigating the impact of financial motivation on the delivery of health service in Tanzania.

1.4.2 Specific Objectives

The investigation aimed at addressing the following specific objectives

- i. To evaluate the quality of health services in Ilala municipality.
- ii. To explore the impact of the financial incentive or motivation on the employee in Ilala municipality.
- iii. To identify the major challenges on the use of financial incentives to motivate employees in the health sector in Ilala municipality.

1.5 Research Question

In order to facilitate the investigation, the study was guided by the following research questions:

- i. What is the quality of health services in Ilala municipality?
- ii. What is the impact of financial incentives on performance of employee in the health sector at Ilala municipality?
- iii. What major challenges on the use of financial incentives to motivate employees in the health sector in Ilala municipality.

1.6 Significant of the Study

This research is significant to the government and academicians in general in number of ways. Firstly, the study is significant to the government and other development partners on the issue of employee motivation in health institutions that make emphasize on health workers by considering on the potentiality of their activities to human health and welfare. Secondly the study is of great importance to policy makers, as is the road map towards preparing and implementing meaningful policy that enhance positive performance to workers in health sectors and last theoretically the study it act as an instrumental tool to the existing knowledge gap and future researchers to employ effectively the non monetary and monetary motivation in both public and non-health organizations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter provides the analytical definitions of the terms and concepts. It also analyses the major models and theories that are relevance for the study. Moreover, the chapter presents empirical literature review, conceptual and research that attests motivation and financial motivation. The concepts that are detailed in the study include motivation, intrinsic motivation, extrinsic motivation and health worker motivation.

2.2 Definition the Concept of Motivation

The most popular definition of motivation in the health perspectives referred to as an individual's degree of willingness to exert and maintain an effort towards organizational goals. It is based on the assumption that individual behavior changes with the situation of the organizational goal (Songstad et al., 2012).

More over Motivation has been conceptualized by Franco as an individual's degree of willingness to exert and maintain an effort towards organizational goals" (Franco et al., 2002). (Other important motivating factors include recognition, appreciation and opportunities for career advancement. Research has shown that workers and their managers do not always perceive motivation in the same way (WHO, 1993; Smith, 1999).

Fadia (2009) provided definition according to administrative perspectives. She defined motivation as the processes that account for an individual's intensity, direction and persistence of efforts toward attaining a goal. Work motivation in health, the issue of

motivating employees is as old as organizational activity (Vroom,1970) and motivational theories, approaches and definitions are numerous with disciplines overlapping Franco, (Bennett and Kanfer, 2002).

For the purpose of this study the widely used definition by Deci and Ryan will be deployed: “To be motivated means to be moved to do something. A person who feels no impetus to act is thus characterized as unmotivated. Whereas someone who is energized or activated towards an end is considered motivated” (2000, 54). With motivation determining form, direction, intensity and duration of behavior the study of motivation can be considered as an exploration into the why of behavior (Deci and Ryan 1985, Buetow, 2007) and while the correlation between motivation and performance is difficult to measure, evidence supports that workers performance depends mainly on the level of motivation for example (Garcia.et al , 2005).

Studies of motivation of health workers have placed substantial emphasis on remuneration and other financial aspects of working conditions (McCoy, 2008) but have also pointed out aspects such as career development, educational opportunities, hospital infrastructure, resource availability, hospital management and recognition as important in ensuring motivated staff. Willis, (2008). argue that health worker motivation "reflects a range of personal, organizational, and societal factors, including relationships with others."

Motivation at a general level concerns what makes a person decide what to do and with what effort. (Ryan and Deci, 2000) state that “to be motivated means to be moved to do something. The international organization like WHO defined motivation according to morals and work ethics. It defined motivation as the forces that act either internally or external to a worker that arouse enthusiasm initiation and persistence to attain some work courses (WHO, 2006).

2.2.1 The Typologies of Motivation

According to Awases et al. (2003) stated that motivation can be intrinsic or extrinsic in term of positive or negative (as in disincentive), financial or non financial, tangible or intangible, but for this study the researcher chose extrinsic based on financial motivation because founds that poor wages in countries like Tanzania were the most important factor affecting health workers' decisions to migrate.

2.2.2 Intrinsic Motivation

Intrinsic motivation is defined as the doing of an activity for its inherent satisfactions rather than for some separable consequence. When intrinsically motivated a person is moved to act for the fun or challenge entailed rather than because of external stimulus, pressures, or rewards. Intrinsic motivation is animated by personal enjoyment, interest, or pleasure (WHO, op.cit.).

2.2.3 Extrinsic Motivation

Extrinsic motivation referred to a kind of motivation that comes from things or factors that are outside the individual. For example, being motivated to work hard at the office because you are looking for a promotion is a type of extrinsic motivation. Also, social recognition, money, fame, competition or material achievements are all patterns of extrinsic motivation (WHO, op.cit.)

This study base on monetary that is financial incentive can be defined as financial incentives are integral to the employment contract. Financial incentives involve direct monetary payment from employer to employee (Kingma, 2003), such as wages, bonuses or loans. They fall into three main categories. First, there are the basic wages and

conditions that are offered to staff related to their role description and work classification. Second, there are additional payments or bonuses that are linked to the achievement of performance outcomes, with access to the payment either specified in advance or retrospectively assessed as part of a staff review or supervision process. Third, there may be additional financial incentives that are not directly related to the performance of the person's duties, such as access to financial services or fellowships.

2.2.4 Health Worker Motivation

Health Worker's (HWs) defined in this case as staff directly involved in healthcare service delivery and their allied personnel within and beyond healthcare facilities may act as facilitators or decelerators of such reforms through their motivation-based performance in the implementation of various activities or processes designed to achieve the reform's programme goals (Mangiza, 1998).

According to this study Health Worker can be defined as human resource for health or health care provider, comprise all people whose main activity is enhance health by providing health services in social desired in technically professionally standard quality. Such workers include doctors, nurse, pharmacists, laboratory, and technician, management team, supporting staff such as financial officer, cooks, driver and cleaner WHO fact sheet (2006). However, little effort has so far been made to explore and analyze the individual and collective reactions, both in terms of attitudes or motivation towards the practices related to HSR from the HWs' perspective. it is very important, therefore, to evaluate HW motivation since low motivation can have a negative impact on the performance of individual HWs, health facilities (HFs) and the health system as a whole. In addition, a number of scholars defined health workers motivation on health perspectives. For example, Songstad *et al.*, (2012) defines health worker motivation as "the level of effort

and desire to perform well” and emphasizes the importance of increasing motivation to enhance performance.

2.3 Theories Concerning Motivation

In these part different theories related to financial motivation was reviewed. Four theories have been explored in an attempt to understand the phenomena under study.

2.3.1 Self-Determination Theory

Self-determination theory Ryan and Deci, (2000) is a humanistic theory of motivation and well- being. The central argument for this theory is that individuals have intrinsic tendencies towards personal growth and force that are either satisfied or dissatisfied by their immediate environment.

The optimal conditions in which their inborn tendencies are enacted are defined by the satisfaction of psychological needs for competence, relatedness and autonomy. In other words it is associated with the degree to which individuals experience a sense of ability, social connectedness and choice in settings that are important to them. (Ryan and Deci, 2000). When these needs are fully satisfied, individuals exhibit optimal motivation and well-being. Conversely, when these needs are thwarted, individuals experience deficits in both motivation and wellbeing. Therefore, intrinsic motivation is in instability and exists in connection between a person and a task. If the work environment is not conducive to nurture the intrinsic motivation, the total motivation can only be upheld if extrinsic motivation is increased.

Extrinsic motivation implies that motivation is the result of factors external to the person, for example incentives, rewards or sanctions against behavior. (ibid, 2000) again point out

that extrinsic motivation refers to doing something because it leads to a separable outcome. One approach to increasing motivation and in effect performance is to offer incentives or rewards to increase the extrinsic motivation. (Prendergast, 2004). A person's total motivation towards a task however comprises both intrinsic and extrinsic motivation.

2.3.2 Psychological Contract Theory

The psychological contract theory addresses the unwritten part of the relationship between the employer and the employee. At any workplace staff members have expectations towards the employer in terms of payment and other aspects of the working conditions. Such expectations may be based on promises made by the employer as well as more general perceptions of what the employer ought to do in terms of providing proper working conditions, (Rousseau, 2001).

In essence, the psychological contract emerges when an employee perceives that the employer is obligated to reciprocate in response to work effort. (Rousseau and Tijoriwala 2002) made a distinction between the psychological contract and the wider expectations towards the employer and delimit the psychological contract to promises made by the employer. On the other hand, Cable (2008) claimed that psychological contracts are not formally negotiated and hence the extent of coherence of shared goals between employer and employee is difficult to assess. Albeit, the contested delimitations of the psychological contract, is a useful complement to other theories explaining causes of loss of motivation

2.3.3 Job Satisfaction Theory

The theory was developed by Frederick Herzberg in (1959). The prime contribution Herzberg is the emphasis on explaining motivation as complex and influenced by several

factors. A comparison of the two-factor theory and the distinction between intrinsic and extrinsic motivation shows that hygiene factors largely refer to extrinsic factors whereas the motivators are intrinsic factors.

Some theoretical approaches to motivation make a distinction between motivation and job satisfaction Fadia, (2009). A health worker can be satisfied with the working conditions, for example the ratio between workload and salary, without being motivated to perform above the minimum level to fulfill the employer's requirements. Here, Herzberg made a distinction between motivators and hygiene factors and hence separated motivation and job satisfaction. The hygiene factors are considered important to be in place to avoid workers getting demotivated, whereas the motivators are factors which increase motivation and effort. Herzberg found that salary is a hygiene factor and not necessarily a motivator (Buchbinder, 2007).

The concepts motivation and job satisfaction are sometimes mixed and used interchangeably. As (Aullife et al., 2009) states that, job satisfaction has multiple dimensions and refers to different aspects of the work environment. However, Peters et al., (2010) defined job satisfaction as the attitude towards one's work and the related emotions, beliefs, and behaviour. Dieleman et al., (2006) have also argued that two different areas of motivation are often confused: motivation to be in a job and motivation to perform a job. Dieleman and Harnmeijer (2006) moreover, pointed out that, job satisfaction not necessarily leads to motivation and this argument is resonates with Herzberg distinction between motivators and hygiene factors

The apparent lack of agreement and the diverging views on what job satisfaction is in relation to motivation does however not compromise the generally agreed notion of the need to address a wide range of factors important for motivation. The theoretical

approaches briefly outlined above provide useful insights to understand motivation, how staff can be motivated and the risk of demotivating staff. It is necessary also to emphasize that any study on motivational factors, or interventions aimed at increasing motivation, take place in a historical and socio-economic context with much influence on how motivation is conceptualized. No study or intervention is void of this impact. To identify challenges and devise strategies to improve motivation and ultimate performance it is vital to apply the theoretical approaches in parallel with a focus on the local context.

2.3.4 Principal-Agent Problem Theory

The principal-agent problem theory postulates that an increased alignment between the agent's and the principal's goals can be achieved if the principal offers rewards or incentives to the agent. The relevance of this theory in a study of health worker motivation is the focus on incentives and in particular the results-based payment. However, Andvig et al., (2001); and Huss et al., (2010) argues that for the model of principal-agent to hold water, the principal should be honest to agent and also the legal framework must be effective.

In a context where other factors than the agent's evaluation of the reward or incentives offered by the principal influence decision making caution is required in explaining behaviour as a result of increased alignment of goals. Interventions to increase extrinsic motivation require close attention so that the intrinsic motivation is not compromised. Usually, the principal-agent problem arises when the principal hires an agent to do a job, and when the desires or goals of the principal and agent conflict and it is difficult or expensive for the principal to verify what the agent is actually doing (Robbins, 2006).

A range of studies have been trying to address the issue of potential negative effects of extrinsic rewards on intrinsic motivation. For example, Maslow, (1970) as quoted by Peters D, et al, (2010) argues that, when money is used as an external reward, intrinsic motivation tended to decrease but also, when verbal reinforcement and positive feedback are used, intrinsic motivation tended to increase.

An influential approach to workplace motivation is formulated through agency theory in economics, a theory which postulates that increased alignment between the goals of principal employee and the agent employee can be achieved if the principal offers rewards to the agent. Eisenhardt, (1988) points out that agency theory refers to situations where the desires or goals of the principal and agent conflict. The underlying assumption of the agency theory is that rewards motivate workers to perform better (Songstad et al., 2012).

2.3.5 Adams' Equity Theory

The health workers' argument is in line with Adams' (1963) equity theory of motivation. Adams' Equity Theory calls for a fair balance to be struck between employees inputs such as hard work, skill levels, tolerance, and enthusiasm and employees outputs such as salary, benefits, and intangibles such as recognition. According to the theory's finding, a fair balance serves to ensure a strong and productive relationship with the employees, with the overall result being satisfied, thus motivated employees. The theory is built-on the belief that employees become de-motivated, both in relation to their job and their employer, if they feel as though their inputs are greater than the outputs.

Employees can be expected to respond to this in different ways, including de-motivation generally to the extent the employee perceives the disparity between the inputs and the

outputs exist, reduced effort, becoming disgruntled, or, in more extreme cases, perhaps even disruptive

2.4 Empirical Literature Review

This study focus on the different empirical literature review which deal with motivation of employee from global level to the local level.

2.4.1 Employees' Motivation in Global Perspectives

Motivation needs to be long lasting reinforced by rewards and praise, motivation needs to be maintained by managers to ensure a high level of performance. This enables creation of a working environment where by employees has positive attitudes, commitment toward their work. More importantly, this has to be part of the belief that they are not only valued but considered to be of crucial interest to that institution (Canwel, 2004).

In developed countries such as Britain and United State of America, public servant perform their jobs in good working conditions and this has helped them public services in public entities (Johnson, 2009) It is believed that employees in developed countries enjoy their jobs because of better working conditions in their working places as they are paid better salaries better housing working allowances, and job security. Both Korea and Taiwan have tried to attract scholars and researchers. Intensive reining programmers search out order professionals and conditions and help them with housing working allowances and job security. Both Korea and Taiwan have tried to attract scholars and researcher. Intensive recruiting programmes search out older professionals and conditions and help them with housing and children schooling this a has ultimately increases job performance and hence provide satisfactory public services in all sector in these countries.

Doran (2010) argues that local government authorities in developed countries, act as centre of excellence of delivery public service as employment are well motivated compared to those of developing countries. In special sector like education and health sector employee receive better salaries have a direct effect on job performance. (Le arrant, 2003) reveals that individual are either pure altruist hot pure against, and we therefore, expect them to be more satisfied with higher paid jobs. This association is however also tested for moderator effects of sector and public services provision. In this regard, (Perry and Wise 1990) argue that utilitarian incentives might matter less in public organizations attracting employees with high levels of public service motivation.

Incentive measures, such as salaries, secondary benefits and intangible rewards precognitive or sanctions have traditionally been used to motivate employees to increase performance and this highly done among government employees in developed countries. Incentive such as salaries, secondary benefits and intangible reward, recognition or sanction have traditional by been used to motivates employees can be financial, which come in some form of payment or cash transfer some of the financial incentives are direct such as salary, pension insurance, bonuses and so on others are indirect such as subsidized meal, clothes or housing it is important to make a satiation between a proper level of pay and special incentive pay to reward performance. (Land and Conte 2007)

2.4.2 Employees Motivation in Africa

Employees motivation in Africa countries is still a major challenges facing public sector working condition are almost poor in many countries in Africa (Derrick, 2009) The majorities of employees received low of employees received low salary and do their jobs under poor working condition. (Landy and Conte 2007) state that poor job performance in health sector for example health workers suffer a lot from low salaries and low

allowances. This situation has seriously caused poor service delivery among majority citizen to some of the African countries. Managers complain that their employees are no longer motivated to work. However, it is often the managers and organizational practices that are the problem and not the employees

Malawi established an independent public service remuneration board to oversee the implementation of the medium term pay policy South Africa also set up periodic national pay commissions composed of members from different organizations including the private sector (Simon 2006). But the later have not proven very simultaneous jump in the prices of essential commodities leaving almost everyone in society in dire straits (Simon, *ibid*:36). But experience show that pay and compensation reforms cannot be done in isolation from other policies, in particular those related to macro-economic controls, reduction of military expenditures, measures to reduce corruption and irresponsible management.

Other strategies included introducing special pay scales for the senior civil service, core functions special purpose agencies and selective enhance compensation for technical and professional staff. Most LDC's are still grasping with many difficult less related to these reforms it is quite common that unions menacingly agitate for higher pay levels than what is warranted for their semi skilled and unskilled members.

Employees in most of African countries receive inadequate recognition and reward, about half of the employees receive little or no credit, and almost the third say management is much more likely to criticize them for poor performance than praise them for good work. There is the monetary side wages are too low and pay scales that at best are barely sufficient to live off are not competitive with the private sector or do not compensate for posting to remote location wages are too compressed not reflecting the training and

seniority of management as compared with low paid jobs (Robson 2007). Further non-monetary compensation and allowance play a major role in total compensation benefit such as housing allowance, official cars, pensions and other retirement benefits often form a large part of total compensation.

Employees in developing countries do face number of challenge in their working place such challenge include; abusive supervisors who strike young workers, below minimum wage payment, absence of written contracts, compulsory overtime sexual or other harassment of employees and late or short wage payment among other concerns about working condition in developing countries (Derrick,(2009).

2.4.3 Employee Motivation in Tanzania

Quality and satisfactory service delivery in Tanzania public sector will only be enhanced once employees are well motivated in their working place (Ulembo, 2005). In Tanzania employers believe that money is the only motivators which can make their employees perform better in their jobs (Dada, 2006). This is to say employees expect to see changes in their personal needs in order to fulfil organizational goal. However, when these changes are not perceived it becomes problematic. The local government in Tanzania cannot have a high volume of success without correctly trained and motivates staff many local government in Tanzania have failed to have proper in service training for employees and this has been an obstacle towards delivering quality services in the public sector.

Mshau, (2010) insists that in order for local government authorities in Tanzania to deliver quality public health services employees must be well motivated. A system reality in Tanzania that public service incentive is weak. Wages are too low and pay scales that are barely sufficient to live off be not competitive with the private sector do not compensate

for posting to remote locative. Wages are too compressed not reflecting the skills training and seniority of management positive as compared with low paid jobs.

The argument that adequate pay is crucial to sustaining motivation performance and integrity of public servants have been widely accepted and documented. There is evidence from all around the world that government workers of either cut back their productivity or hours of work when salaries are low. The reduction is greater as the compensation diminishes otherwise they will actively seek to change jobs to the private sector. (Melkedezek. T, 2008)

In 1999, following adoption of policy and medium term strategic framework for public services pay perform in the previous year. The government of Tanzania made comparatively heavy salary increase in order to motivate public servants so as to make them provide better services, ranging from 14 to 53 percent. In line with the medium term strategy targets, the highest salary raise was given to this middle to senior salary grade where most technical and professional staff fall and the lowest to the junior salary grades the interesting question is whether the decision were taken to enhance pay or transparency (Kireigu and Mukandala, 2005). The president and the government have not been very concerned about the level of pay especially of the middle and senior rank. The medium-term pay reform is on the one hand appreciated as a serious effort to improve governance in the medium and long term. It is not seem as urgent in the short term. The issue has not been given to high priority. It also need to be noted that while most allowances have been consolidated in salaries and efforts continues to eliminate corruption – petty or otherwise in the public service employees still continue with their or projects. Doctor operates clinics in private tutoring services.

The government is aware of this and the relatively large increase given to lower- paid groups have been a result of several reasons In Tanzania, any public servants do complain against the government due to poor working condition including low salary payment. In order for Tanzania to have efficient and effective public servants, there should be organization and institutions with quality human resources management policies and practice, and salary should be of the compensation system because it corresponds to the value of skills, experience and responsibility level of the job performed by the employee (Mshau, 2010) in the organizations and institution as well.

The adequate pay is crucial to sustaining motivation performance and integrity of public servants in Tanzania. But many public servants in Tanzania do not enjoy their jobs there is evidence from all around the world that government workers either ant back their productivity or hours of work when salaries are low. (Melkidezek T, 2008)

More systematic approaches of linking performance with financial incentives such as the performance improvement fund in Tanzania have been very limited in scope and are not yet translated into benefits for individual employee (Mshau, 2010).The achievement of individual and organization goal and independent process linked by employee work motivation. Individual motivate themselves to satisfy their personal goal they invest and direct their effort for the achievement of organizational objectives to meet with their personal goal also. It means that organizational goals are directly proportional t the personal goal of individual.

Rober, (2005) reported that the manager's job is to ensure the work done through employees is possible, if the employees are self motivated towards work rather directed. The manager's involvement is not so much important in the motivation of employees. The employees motivate themselves to work hard. The major issue in all services organization

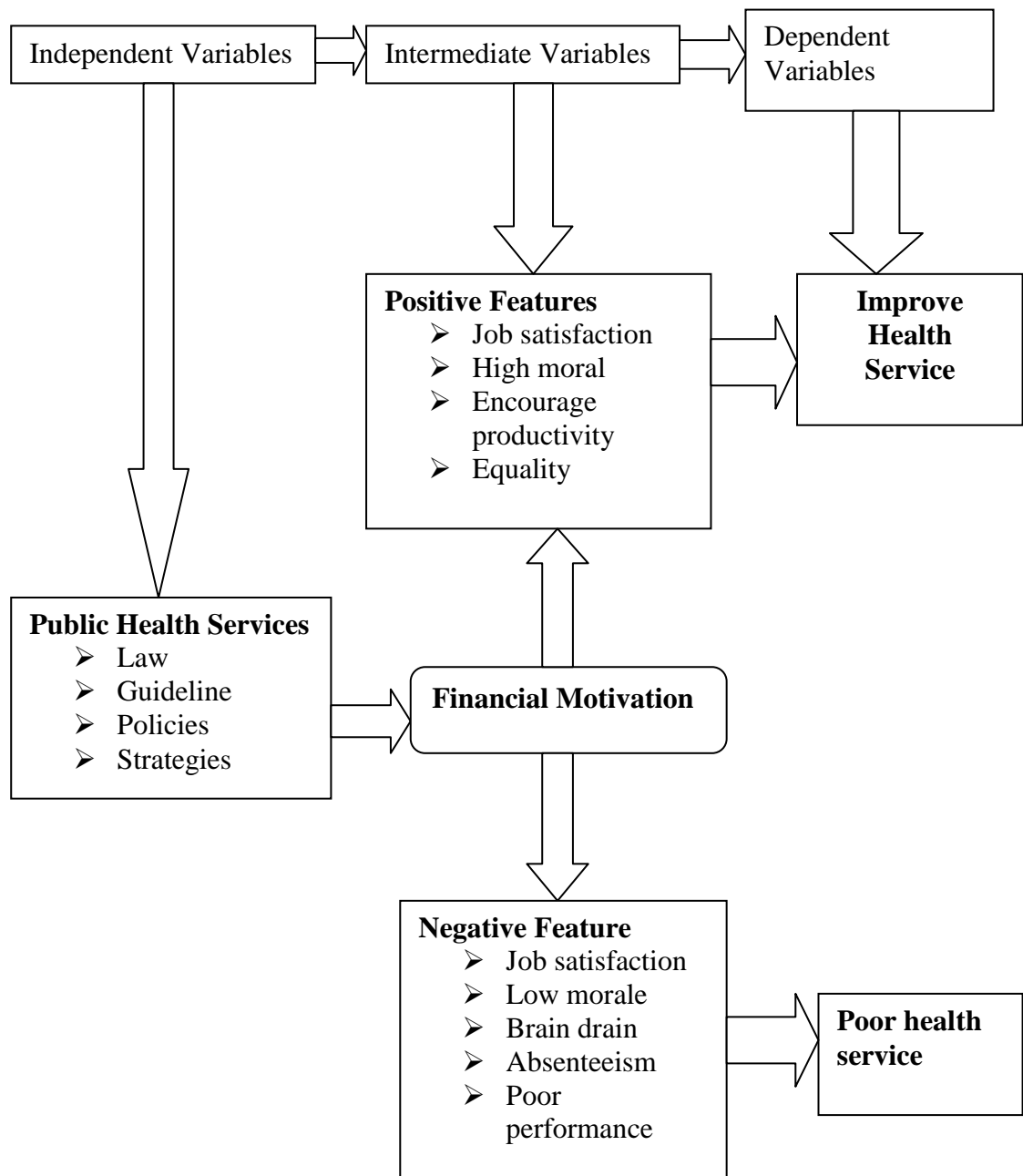
is the motivation employees whether they are skilled or unskilled or professionals. Employee's financial motivation is also a major issue for the health institution particular in Ilala municipality.

2.5 Conceptual Framework

According to Patricia, (2007) a conceptual frame work consists of statement that link abstract concepts to empirical data. A theory allow us to move from observation to observation and make sense of similarities and differences Conceptual frame work according to health researcher (Smyth, 2004), are structured from a set off broad ideas and theories that help a researcher to properly identify the problem that are looking at, frame their questions and find suitable literature. Most academic research uses a conceptual framework at the outside because it helps the researcher to clarify his or her research question and aim. A conceptual framework is a tool researchers use to guide their inquiry; it is a set of ideas used to structure the research, a sort of map that may include research question, the literature review, method and data analysis. Researcher use conceptual framework to guide their data collection analysis.

The conceptual framework below expressed by Job satisfaction Theory and tries to show how the motivation can have impact the health workers output or performance .The notion behind this is if health worker are motivated whether intrinsically or extrinsically then they are likely to increase morale to work, retention capacity and hence productivity. This can be illustrated in the figure1below.

Figure 1: Conceptual Framework



Source: Developed by author, 2014

This conceptual framework above is based on Job Satisfaction Theory which clearly inspired by the two-factor theory of job satisfaction and motivation developed by Herzberg and colleagues (1993). The two-factor theory considers job satisfaction and

dissatisfaction as separate constructs. Factors associated with job satisfaction, labeled 'motivators', are different from the factors associated with dissatisfaction. Motivators are associated with the job itself, such as achievement, challenging work and professional development. Health services are contextual factors surrounding the work, such as policies, supervision and collegial relationships and to a lesser extent salary and working conditions. Herzberg and colleagues found that motivators were more frequently cited by their interviewees when referring to positive work situations, but their presence had minimal relationship with reported feelings of dissatisfaction with one's job (Bentley, 2012).

In addition, considering the subject, objectives of the study and reviewed literatures which guiding this study, the conceptual framework assumes that due to poor health services delivery, importance of motivation to employees especially to health workers for improvement of health services in local level. The figure 1.1 above depicts variables which are independent, intervening and dependent which have relationship each other as figuratively summarized in the figure. The independent variables indicate the poor health service and low employee's performance while the intermediate variables presenting the employee motivation especially financial motivation. Finally, the figure presents the improved health services delivery which stands as dependent variables.

2.6 Research Gap

The definitions concerning motivation are clearly defined by many authors such as Songstad et al, (2012), Franco, (2002) and Fadia, (2009). Theories concerning motivation has explaining clearly about the topic of the study such as self determination theory, psychological contract theory and job satisfaction theory. Also empirical are explaining

about motivation forexample scholars as Canwel, (2004) and Derrick, (2009) explained the role of motivation to the public servants.

Most of the study has been done in Dar-es-salaam and most of them focused on " Non-Pay Motivation and Performance at health sector," (Adams, O. 2002) Therefore researcher chooses Ilala municipality so as to assess "Financial Motivation and Health Services Delivery in Local Government Tanzania" because low motivation has a negative impact on the performance of individual health workers, facilities and the health system as a whole.(WH0,2003) Moreover, it adds to the push factors for migration of health workers, both from rural areas to the cities and out of the country(WH0,ibid)

Furthermore, Mathauer and Imhoff et al (2006), identified insufficient funding as an obstacle for quality health care provision. Empirical evidence suggests that health workers are not primarily motivated by material incentives and that pure financial incentive systems are not sufficient and moreover have adverse effects on the quality of health-care services Consequently, this investigation attempts to look on different phenomena in assessing local government financing mechanism towards quality health care provision of which and seemingly could fill the gap and modestly contribute to earlier studies done on so far this issue.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The term methodology means the system of explicit rules and procedures in which research is based and against which claims of knowledge are evaluated Ojo, 2003). The research methodology has two interrelated parts that is, the research design and data collection methods. This chapter on research methodology described the area of the study, research design, and study approach, the targeted population of the study, the sample and sampling procedures. The chapter also discussed about data collection methods which was employed in answered the research questions, data analysis and issues related to data credibility.

3.2 The Area of the study

This study was conducted at Ilala Municipal in Dar es Salaam region. In June 1996 the government abolished the city council and appointed the Dar Es Salaam City the new restructuring was focusing on 3 aspects. Establishment of three municipalities (Ilala, Temeke and Kinondoni), which are autonomous responding to the local demands and conditions as well as delivering services. The City council performs a coordinating role and attends to issues cutting across the three municipalities such as Health services, fire and rescue and transportation Mungure, (2008).

Therefore; Researcher was chosen Ilala municipality as area of study because, despite of different effort made by government including Tanzania National Health Policy,(1990)

emphasize quality of health service as one of the major issues and later translated in the Health Sector Reforms in 1993, furthermore Government of Tanzania (URT, 1998) and place a certain international obligation on Tanzania to ensure that these rights are respected (Article 9f). But this is not known to many local government hospitals and hence creates the poor quality of health services to majority Tanzanian particular in Ilala municipality.

Ilala municipality is relevant to this study of financial motivation and health delivery within local government authorities because, municipality is autonomous responding to the local demand and conditions as well as delivering service particular the issue of health service.

3.3 Ilala Municipality Profile

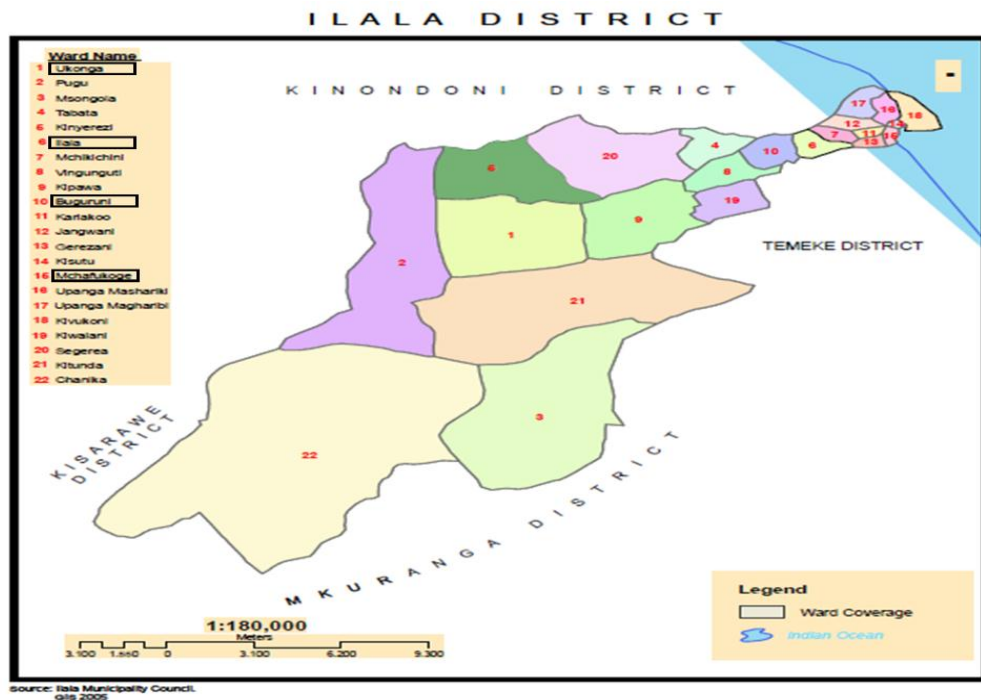
Ilala municipality bears the status of “A District Administrative Centre in Dar Es Salaam Region”. It has an area of 210 square Kilometers and a population of 1,220,611 according to the 2012 national census with males 595,928 and females 624,683 (URT, 2013). In its administration, Ilala is subdivided into 3 divisions, 22 Wards, 65 Sub Wards and 9 villages. It further comprises of two settings, Urban and Semi Urban areas of which urban consist of 17 Wards and the semi urban 5 Wards. To achieve good governance, the municipality is shaping its participatory budgeting and planning process in the council’s plan and budget, by involving the community levels from all the 22 wards of the municipality to participate and total of 9 departments. (Ilala Municipal Council, 2008)

The waste management department was formerly a part of a Health department but due to failures to deliver proper services to the community under this department, it was then shifted and established as an independent department (Mungure, 2008).

Municipal Services: Education, health, agriculture extension services, rural water supply, solid waste management, markets, micro-enterprises and informal sector development services, roads, community economic and social infrastructure, natural resource development and management, (fisheries, forest, bee keeping, etc.), co-operative development, social welfare services, coordination of HIV and AIDS control, credit facilities for women and youth, drainage improvement.

Economic Activities: Agriculture (25%), livestock (60%), natural resources, industries, and trade (15%). Employment Status: Agriculture (25.28%), non agriculture (43.57%), employees (28.18%), family workers (1.63%), farmers (23.43%), street vendors (16.69%), 4 services and shop sales workers (15.48%). Others are craftsmen (9.47%), technicians and professionals (7.84%), and elementary occupation (7.95%). (Ilala Municipal Council, Report, 2004 3) The study consisted four wards of Ilala municipality namely Buguruni ward, Ilala ward, Ukonga ward, and Mchafukoge ward took five health facilities namely Amana hospital, Mnazi mmoja health center, Buguruni health center, Magereza ukonga dispensary and IDC clinic.

Figure 2: Map of Ilala municipality



3.4 Research Design

A research design is the framework for a study that specifies how each activity should be conducted to accomplish the research objectives, which includes specifying the information required, designing the instruments, selecting the sample, collecting and analyzing the data (Robson, 2002). Research design also is a plan used to get out the expected results of the study; it is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Research design was needed because it facilitates the smooth sailing of the various research operations (Kothari, 2004).

For this study the researcher chose a cross-sectional research design because a cross-sectional research design allows data to be collected at single point in the one time and used in descriptive study and for determination of relationship of variables. (Bailey, 1998

and Babbie, 1990). Descriptive research approach was intended to gain more information about the nature of a particular area of study. This approach therefore used to provide a picture of a situation so as to identify the problems (Burns and Grove 1999). With this approach people can focus on how they make sense out of their everyday life when they encounter a researcher, and at the same time the researcher is able to get into the people's lives and construct practical explanations from the perspective of the people (Harry, 1999).

So this study makes use of the quantitative and qualitative techniques in data collection and analysis. This is to make use of compatibility of the quantitative and qualitative methods rather than polarizing. Accordingly, the science-based objectivity of quantitative methods (Conway, 1997), is complimented with the science-based quality of things. The main purpose of descriptive research is to provide a description on the state financial motivation affairs as it exists at present in the health workers (Kothari, 2005).

3.5 The Target Population

Best and Kahn, (2006) defines population as a group of individuals who have one or more characteristics in common that are of interest to the research. Kothari, (1990). Population refers to the total number of items about which the information is desired. In this study, population of study includes health provider in Ilala municipality who were 16,633 and health service receiver. They have roles to play directly or indirectly regarding financial motivation and health service delivery within local government authorities in Ilala municipality. Moreover, they have the knowledge and experience on impact of financial motivation and health care services in the study area. The study could not cover the entire population due to some limitation of accessibility, time and resources. The study consisted four wards of Ilala municipality namely Buguruni ward, Ilala ward, Ukonga ward, and

Mchafukoge ward took five health facilities namely Amana hospital, Mnazi mmoja health center, Buguruni health center, Magereza ukonga dispensary and IDC clinic. This five health facility consisted 400 health care provider.

3.6 Sampling Techniques

Sampling is defined as the strategy used to select a sample of participants chosen from the whole population to gain information about the larger group. Sample Technique is the procedure used to select people, places or things to study in the target area (Cohen, et al, 2007). A sample is “a smaller but hopefully representative collection of units from a population used to determine truths about that population” (Gray, 2005).

In this study, purposive and random sampling was adopted. Gall et al, (2005), define purposive sampling as the process of selecting cases that are likely to be information-rich with respect to the purpose of a particular study. Information-rich participants are likely to be knowledgeable and informative about the phenomenon under investigation. Purposive sampling method was employed to select (30) respondents who were administrator, patient and others stake holders from government hospitals, health centers, dispensary and clinic in Ilala municipality

Moreover, the study employed simple random sampling technique to select a sample of (50) health care providers from government hospitals, health centers, dispensary and clinic in Ilala municipality Random sample ensures the law of Statistical Regularity which states that if an average the sample chosen is a random one, the sample would the same composition and characteristics as the universe (Kothari, 2004). The target population (group) for this study was health care providers. The sample size of 80 was also found appropriate because according to Hogg and Tanis (1977) a sample size of 25 to 30 is

enough for analysis and reporting purposes. However, this study amplified the sample size to 80 in order to increase accuracy of the findings (Saunders et al, 2000).

3.7 Sample Size

The sample size was 80 respondents from four wards of Ilala municipality namely Buguruni ward, Ilala ward, Ukonga ward, and Mchafukoge ward. 80 health care provider from government hospital, health centers, dispensary and clinic were selected as sample and 30 patient, administrators and stake holders The size of the sample was estimated based on Yamen’s formula indicated in equation 1 and described by Rwegoshora (2006).

$$n = \frac{N}{1 + N(e)^2} \dots\dots\dots (1)$$

Whereby:

n =sample size ?

N = Total female population16,633

e = error of detector (0.1)

Therefore:

$$n= 16,633/1+16,633(0.1^2)$$

$$n= 80$$

n = 80 respondents.

3.6 Types of Data

In this research, two main types of data were used to gather information, namely; Primary and Secondary data. Primary and secondary sources of data collection were employed. The study used three sources of information for the primary data collection. This includes interviews, survey; collection of information from a group through interviews or application of questionnaire. The primary data collection were through the interviews and

discussion has been important because in Tanzania a country which is used as a case study.

However, secondary data collected from libraries, health facilities, internet and other resource centers. Collection of secondary data was done through reading and summarizing various published and unpublished materials such as books, journals, government circulars, municipal records reports and policies. According to Kombo and Tromp, (2006) advantages of using secondary data are as follows; It is usually available more cheaply, existing data are likely to be available in more convenient form, secondary data allows the research to extend the time base and less time consuming.

3.7 Data Collection Methods

Three methods were used for data collection which was survey; interview and documentary review because there is no single method that claims to offer convincing information.

3.8 Survey

In this study researcher used social survey, social survey involves focusing a study on a particular population or phenomenon in order to study some or all of its attributes and characteristics (Olatunde, 1994). Under the survey method the researcher used a questionnaire tool is one of the most popular tool of collecting primary data Mouton,(2001). A questionnaire is a set of questions that respondents are asked to answer this implies that a researcher must therefore take time to first prepare the list of topics or questions to ask. There are many advantages of using questionnaires but the major advantage is that they are flexible since they could be used on small or large numbers and

various questions could be asked. It is important to note that while using questionnaires the researcher had to design questions that remained relevant to the topic in order to acquire relevant data for the research (Mouton, 2001)

3.8.2 Interview

A personal interview is the most commonly used method in collecting data in public administration research (McNabb, 2002). It entails conducting individual conversations between a researcher and the individual. In order to keep the research focused, it is imperative for the researcher to have a guideline of questions in order to extract the needed information from the respondent. The questions that were used in the research were both open ended giving the respondent the liberty to answer from a non direct opinion and closed ended questions that need either a yes or no answer. The major advantage of using an interview is the fact that a lot more data could be collected since the researcher deals directly with the respondent although the downside to this is that the researcher could very easily influence the data being collected (ibid, 294)

For key informants category of respondents who were approached for interview were: Head of Department, District Medical Officer, Patient, Human Resource Officer were used interview by using a checklist. The interview was semi structured questions which were used to obtain information from each respondent on the subject of the study. Also unstructured interviews were conducted to get in-depth view on the related matters as per specific objectives.

3.8.3 Documentary Review

Documents are any written or recorded materials which are not prepared at the request of the inquirer or for the purpose of evaluation (Ghuba and Lincoln, 1985). A document analysis usually entails doing a content analysis of official government records, internal organizational annual reports or memos, or external reports or articles about a case subject. Although doing a document analysis could require critical analytical skills, there is an advantage of doing a document analysis since it does not interfere with or distort the case setting in anyway (McNabb, 2002). For the research, various government documents and reports were analyzed relating to how public health workers performance is addressed in the public service reform programme. The study reviewed different reports of health workers from health institution. This study were used various sources of information such as report, data base and minutes

3.9 Validity and Reliability

The validity of data collection instruments were assured by accommodating comments from the research supervisor. Also were valid as data collection instruments were administered by the researcher face to face interview. In addition testing of tool before the actual data collection could make data to be valid. As for reliability coverage of the respondents during data collection could make the study reliable for its findings to be obtained from the field. Different questions were constructed cutting across research questions, hence the reliability of data to be collected. Insurance of confidentiality of information from respondents will make data reliable.

3.10 Ethical Consideration

The ethical issues were adhered by the study. In the first place, permission to carry out research was sought from the relevant authorities such as the University of Dodoma research especially to consultancy department. Second, respondents were asked to get permission from the study area which is Ilala Municipal Council. Third, respondents from the field were assured confidentiality of the information they were provided by being told that such information was used for research purpose only.

3.11 Data Processing and Analysis

The data, after collection has to be processed and analyzed in accordance with the outline laid down for the purpose at the time of developing the research plan. (Kothari, 1990) the term analysis refers to the computation of certain measures along with searching for patterns of relationship that exist among groups or data.

3.12.1 Processing

The research ensured that the data obtained is accurate and consistent throughout questions. This was done by editing to detect errors, omit and correct them as must be coded, edited and classified. Coding was used to assign symbols to make the information limited for classification through Statistical Package for the Social Sciences. The information was classified according to the nature of data to be collected. This gave clear information and made it easy for researcher to interpret and understand the findings.

3.12.2 Analysis

Data analysis in a general way involves a number of closely related operations, which are performed collected data and organizing these in such a manner that they answer the research question Kothari (1990). After data collection, the items in the instruments were coded and entered in the Statistical Package for Social Sciences (SPSS) programme version 16.0. Data entry were followed the coding instructions that formed in the coding scheme. The SPSS analysis was involved the computation of frequency and percentage.

However, as far as the study based in qualitative some data were analyzed through a process known as content analysis. Content analysis means analysis of the contents of an interview in order to identify the main themes that emerge from the responses given by the respondents. The data collection were summarized and presented in tables to make it easy for interpretation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

The study intended to investigate the impact of financial motivation on the delivery of health services in Tanzania, Ilala Municipality was taken as the case study. This chapter seeks to present the findings after data analysis. Nature of the objectives and variables involved in the study required a researcher to use qualitative and quantitative analysis techniques, specifically frequency analysis technique which is the type of descriptive statistics method. The results are presented in table; these types of table are recommended to be used for qualitative and quantitative variables. The study involved categorical variables and few open-ended questions. The sample size involved was 80 respondents to whom the questionnaires were administered.

4.2 Profile of the Respondents

In this section, the distribution of respondents by category (by name of facility which respondent work, type of facility which respondent work, sex, age, job or working position of respondents, education, and working experience).

4.2.1 Distribution of Respondents by Name of Facility

According to Ilala Health Facility Inventory-Data Base, Ilala municipality have 145 public and private facility but the researcher chose only five public facility namely were operated under local government authorities these were Amana hospital, Mnazi mmoja health center, Buguruni health center, Magereza ukonga dispensary and IDC clinic.

Table 1 shows that 22 (27.5%) of respondents have served in Amana hospital likewise to Mnazi mmoja health centre, 15(18.8%) served in Buguruni health centre, 12(15.0%) served in Magereza ukonga and last 9(11.2%) come from IDC Clinic. (Table 1)

Table 1: Name of the Health Facility Where Respondents are Working

Name of the Health Facility	Frequency	Percent
Amana Hospital	22	27.5
Mnazi Mmoja Health center	22	27.5
Buguruni Health Center	15	18.8
Magereza Ukonga Disp	12	15.0
IDC Clinic	9	11.2
Total	80	100.0

Source: Fieldwork Survey, 2014

4.2.2 Distribution of Respondents by Type of Facility

Respondent in this study area were found with different type of facilities in Ilala municipality such as hospital, health centre, dispensary and clinic. Result show occupation of respondent from different facility. Majority came from health centre 34(42.5%), followed by hospital 22 (27.5%), dispensary 14 (17.5%) and minority are respondent from clinic facility 10 (12.5%) (Table 2) This suggests that respondents from health centres were the large number of respondents participated in this study.

Table 2: Type of Health Facility Where Respondents are Working

Type of facility	Frequency	Percent
Hospital	22	27.5
Health Centre	34	42.5
Dispensary	14	17.5
Clinic	10	12.5
Total	80	100.0

Source: Fieldwork Survey, 2014

This implies that majority of the interviewee came from health centre because majority of the in-patient or out-patient were attended firstly to health centre or dispensary at their locality before to referral hospital, so this make easier to researcher to accumulate information about performance from both health care provider and patient and get the accurate information due to the quantity number of respondents.

4.2.3 Distribution of Respondents per Sex

The word sex when used as noun means the state of being either male or female. But when it is used as a verb it means discovering whether an animal is a male or female (Cambridge Advanced Learner's Dictionary, 2003). In this study, this word has been used to mean the number of male and female respondents participated. Sex has been considered important in this research because the researcher wanted to avoid sexual bias. This gave an opportunity for both men and women to participate in giving their views and opinions about the impact of financial motivation on the delivery of health service in Tanzania, and their impact to the society in Ilala Municipality. The study found out that, out of 80 respondents, 29 (36.2%) were females and 51 (63.8%) were males (Figure 3).

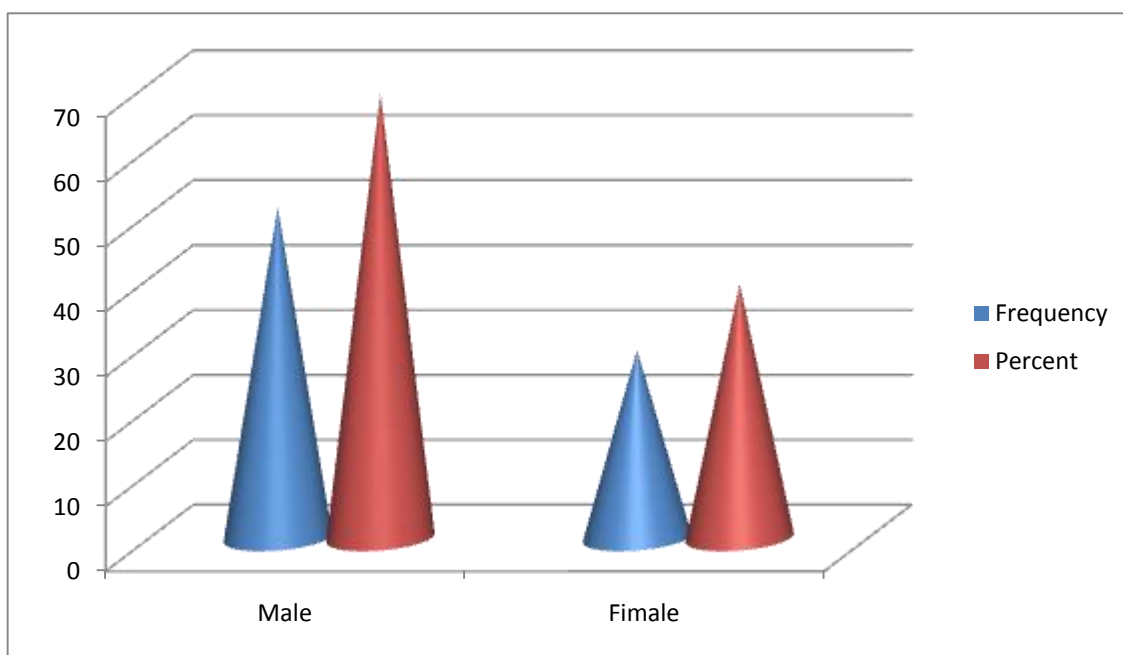


Figure 3: Sex of the Respondents

Source: Fieldwork Survey, 2014

This finding concurs with employment created by TASAF project Tanzania 2011/2012 the health sector which started that male were 70% and 59%, (Tanzania Census, 2012). This implies that most work in the health was owned by male and few activities were owned by female. This was revealed during the interview where by majority of members acknowledged that male play a big role in performing their duties. However, most decisions were performed by male who are owned the senior position This might be a challenge to women to engage much in science studies so as to have gender balance among the health care provider.

4.2.4 Distribution of Respondents per Age

Age means the period of time someone has been live or something has existed or the length of time that a person or a thing has existed (Cambridge Advanced Learner's Dictionary, 2003). In this research, age was considered because it has a great influence on someone's activeness, thinking capabilities, life experiences and critical views on

assessing the role of financial motivation to the health workers in Tanzania and their impact to the society in Ilala Municipality as well as suggestions on solving the problem.

Respondents' age ranges from 15 years old and above

In terms of age, 35 (43.8%) of the respondents were aged between 26 to 36 years old, were 27 (33.8%) were between 37 to 47 years old, were 9 (11%) were between 48 to 58 years old and the other 9 (11%) were aged between 15 to 25 years. (Table 3).

Table 3: Age of the Respondents

Year	Frequency	Percent
15-25	9	11.2
26-36	35	43.8
37-47	27	33.8
48-58	9	11.2
Total	80	100.0

Source: Fieldwork Survey, 2014

Therefore the majority 62 (77.6%) of respondents aged between 26-47 years old thus imply that most of the respondents were mature enough to support the research so majority of the respondents were aged hence they have relevant information concerning financial motivation and health services delivery

4.2.5 Distribution of the Respondents per Level of Education

According to the Cambridge Advanced Learner's Dictionary, education is the process of teaching or learning in a school or college, or knowledge that someone gets from this. In this sense the term education in this work has been used to mean the level of knowledge

the respondents had during the time of data collection. The level of education is an important factor in a person's life because it has great influence in the way of someone's thinking, reasoning, interacting with others, reflecting, judging, ability to make solutions or decisions with regard to the problems someone happens to encounter in his or her life.

In education qualification 31 (38.8%) of the respondents had diploma qualification, 26 (32.5%) percent had bachelor degree qualification, 17 (21.2%) had certificate qualification and 6 (7.5%) had master's degree. Therefore the majority of respondents had diploma and Bachelor degree in terms of qualification as stated in figure 4 below

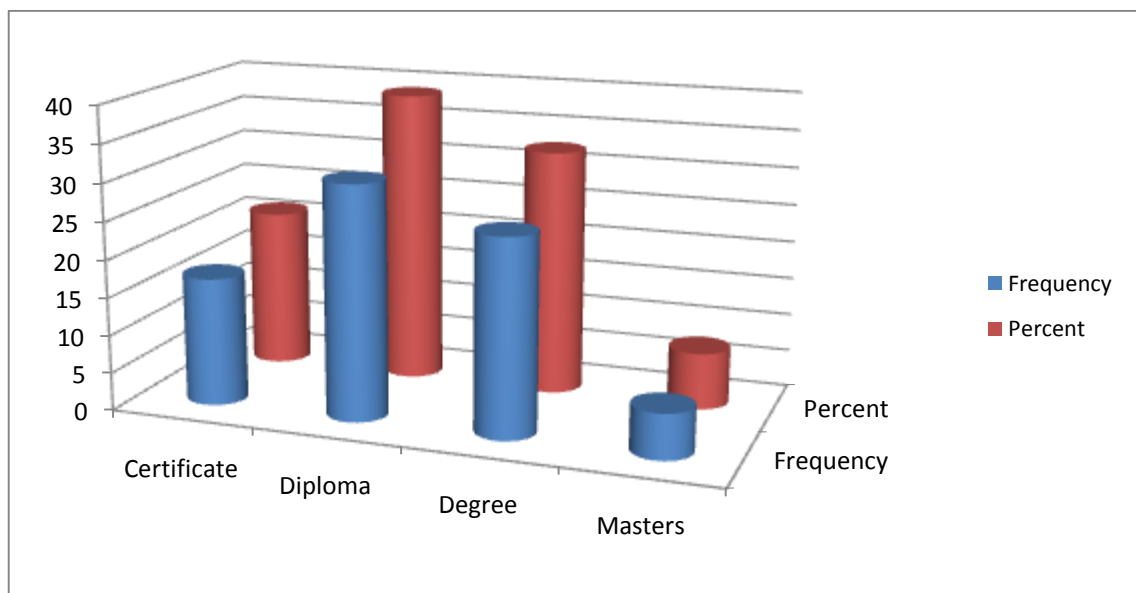


Figure 4: Education Qualification of the Respondents

Source: Fieldwork Survey, 2014

Therefore, it implies that, most of them were knowledgeable enough to provide reliable information due to professional concern their task which helped them to adopt new technology hence increase performance in the health service delivery. The more level of education to health provider are the more health quality performance

4.2.6. Distribution of Respondent by Working Experience

Working experience of an employee has influence on motivation. Table 4 indicates that the study include both people with low and higher experience on working in public institution. It was founded 29 (36.2%) of the respondents had less than 5 years in local government while 27 (33.8%). had worked 5-10 years, 15 (18.8%) had worked between 10 to 20 years and 9 (11.2%) have worked for more than 20 years.

Table 4: Working Experience of the Respondents

Experience	Frequency	Percent
less than 5 years	27	33.8
5 to 10 years	29	36.2
10 to 20 years	15	18.8
more than 20 years	9	11.2
Total	80	100.0

Source: Fieldwork Survey 2014

This implies that this was done to take people from difference working experience purposely to ensure fair representation of respondents, because in this study have been involved in order to get both sides thought about getting different experience. However distribution imply that the government tends to employ health workers most every year to fill the gap of the retired one but also to meet the demand of health practitioners.

4.2.7 Distribution of Respondent by Working Position

With regard to working position the study intended to investigate health workers from different designation so as to have fair representative from the respondent's feedback. Basing on respondent's job position, nurses contributed by 37(46.2%) followed

by clinical officer who contributed by 22(27.5%) then assistant medical officer 11(13.8%) while medical doctor were 10(12.5%) (Figure. 5)

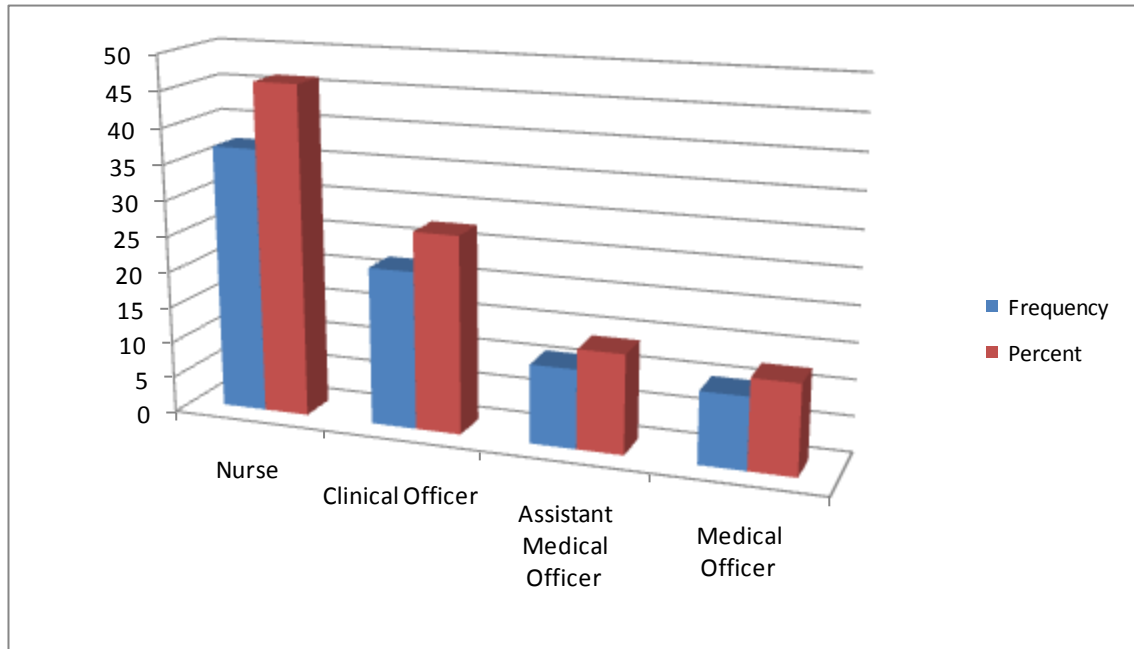


Figure 5: Designation of the Respondents

Source: Fieldwork Survey, 2014

The nurses dominated the sample because they a number compared to other health workers in the study area, likewise, majority of nurses have many claims on motivation in their work places that is why they dominated the sample as shown in figure 5. Aslo the government must put more effort to increase number of doctors in the public facilities. This correspond with study of Melkizedekl (2008) stated that nearly one third of the nursing staffing and almost 29% of doctors were dissatisfied to the extent of considering resignation from their position due to the heavy burden.

4.3 The Quality of Health Services

A researcher highlighted some variables concerning health services, and collect opinions from the respondents. These variables included satisfy of the quality of health services, health service meet expectations of the respondents, standard of the health services delivery and availability of equipment and health services providers. The result of each question are briefly analyzed, discussed and then presented through Tables

4.3.1 Satisfaction of Quality of Health Services

Quality is a measure of how good something is, something has quality if the object or the service meets or exceeds the expectations of the user (MoHSW, 2002). Satisfaction of quality of health service it mean that if the patient were satisfy with the service from the health provider so in assessing respondent's if they are satisfied with the quality of health service, it was found that out of 80 respondents, 53 (66.2%) of them rejected the quotation of satisfaction toward the quality of health services, meanwhile only 27 (33.8%) of the respondents were satisfied by the quality of health services in their respective areas (Figure 6).

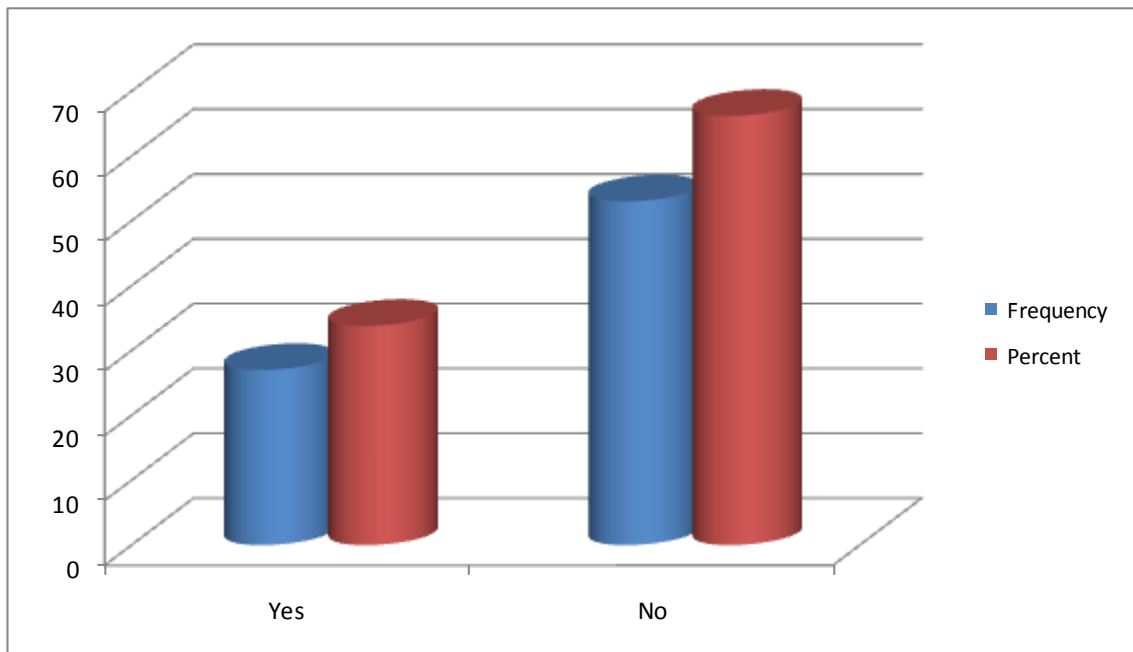


Figure 6: Quality of Health Services in the Respondent's Area

Source: Fieldwork Survey, 2014

Therefore the majority 53(66.2%) of respondents are not satisfied with the health service in the area. These findings are aligned with Tanzania national health policy (1990), emphasized the quality of health is one of the major issue in the country mainly at local level. However, there a lot of efforts which have been taken by the government including establishment of Quality Improvement Framework, still the level of dissatisfaction is relatively high as presented by the results in figure 6 above present these result

4.3.2 The Level of Health Service

In an institution there is standard of performance in order to insure accurate in the performance likewise in the health sector they have given their standard according to the manpower they have. From the table 5 below, the research findings show that the level of health services does not meet the expectation of the user. The results from the field

indicate that 35(43.8%) of the respondents' expectation toward health services delivery was poor, 37 (46.2%) said health service meets their expectations moderately, 7 (8.8%) of the respondents confirmed health services to be good and 1 (1.2%) suggested the services are better according their expectations, (Table 5).

Table 5: Level of Health Services

Responses	Frequency	Percent
Poor	35	43.8
Moderate	37	46.2
Good	7	8.8
Best	1	1.2
Total	80	100

Source: Fieldwork Survey, 2014

The indicator of user's expectation on health services is still realized by the most of the respondents as evidenced by the results from field. A researcher refers it as consistence of the problem which is a result of inadequate financial motivation which leads under deliver services to the users. Generally, the majority of the users confirmed health services do not met their expectations as presented on the table 9 above

4.3.3 Realization of Standards of Health Services from Health Care at the Local Level

The Ministry of Health standardize these units in all parameters including the staffing level, equipment, drugs, medical supplies, dental oral health and building plans (Songstad, 2011) Moreover, a researcher intended to examine how far standards of health services which were set by the local government in health care

are met. 69 (86.2%) of the targeted respondents were negative to the fact that health services are delivered according the standards which have been set by their institutions; however, 11 (13.8%) of the respondents accepted the fact out of 80 respondents, (Table 6).

Table 6: Health Service Delivery Standards

Health Standard	Frequency	Percent
Yes	11	13.8
No	69	86.2
Total	80	100.0

Source: Fieldwork Survey, 2014

The finding is in line with NMS (2007) approach that suggests that, the local governments are to focus on having more hospital beds and other necessary resources which define standards of health services. The results from the field indicate most of the health care/hospital are have not met these standards as presented on the below table 10. However, these standards may vary from one health care/hospital to another because the central government has given authority these institutions at the local level to set their own standards. For example, in some hospitals one medical doctor is supposed to attend 400 patients per month, that is, average of only13 people per day in order to have good consultation. However, this standard is not known to many government hospitals so instead of that, one medical doctor attend 887 patient per month average of 30 people per day. So the researcher found that this situation have direct relationship with motivation simple because many of medical doctors shifting from government hospital to private hospital. Therefore in governmental hospital remain with the heavy burden of patient with

very small number of medical doctor, this situation lead health service not provided according to their standard. As shown in the table 6 above

4.3.4 Availability of Health Service Providers

Health provider in Tanzania relies on a range of health workers to staff public health programs and provide clinical care. Only a very small proportion of these health workers are professionals, for example, doctors, dentists, pharmacists, or specialized nurses. Most are ‘mid-level health workers’ (MLHW) that is ‘health care providers who have received less training and have a more restricted scope of practice than professionals; who, in contrast to community or lay health workers, however, do have a formal certificate and accreditation through their countries’ licensing bodies. Apart from the former standard of health service can also be measured by looking at the availability of health provider, a researcher intended to know if there are enough health providers at workplace, most of respondent did not agree with the view and statistics show that 79 (98.8%) of respondents said there are no enough health provider to care the patient but only 1 (1.2%) of respondents said there are enough health provider, (Table 7)

Table 7: Availability Health Service Providers

Enough health care	Frequency	Percent
Yes	1	1.2
No	79	98.8
Total	80	100.0

Source: Fieldwork Survey, 2014

Therefore it can be concluded that there were no enough health provider to care the patients The view concur with the MOHSW, (2006) which estimated that there were 29

000 staff working in government health facilities an estimated 65 per cent shortage. This imply that the health service at local level were very poor due to the burden of patient hence make the service be very poor at the local level. The support of the results are presented as presented on the table 7 above:

4.3.3.2 Availability of Health Equipment

Availability of health equipment or facilities was also a challenging matter.77 (96.2%) of the respondent who were involved in the study said the health equipment were not enough while 3(3.8%) confirmed that health facilities were adequate to enable them to provide services to the patients. Therefore it can be concluded that the health equipment to count demand for the health services provision in the area.

Table 8: Availability of Health Equipment

Health Equipment	Frequency	Percent
Yes	3	3.8
No	77	96.2
Total	80	100.0

Source: Fieldwork Survey, 2014

These findings are aligned with Kahabuka, (2012) who highlighted lack of equipment and unreliability of supplies: Chronic shortages of equipment and supplies (including vaccines, antibiotics, and other essentials) compounding poor quality of services at primary health-care facilities are repeatedly documented. Irregular supply of essential drugs at all levels of the health delivery system leads to unnecessary referrals. URT, MOHSW (2007) Problems with hygiene are regularly encountered, particularly in

dispensaries and health centers where water supplies are often non-existent, erratic, and unsafe.

4.4 The Impact of Financial Motivation to the Employees

Motivation for better performance in health care has several modes and methods. They are designed to motivate and encourage people to perform well and improve their outcomes. They may include monetary or non-monetary incentives and may be applied to consumers, individual providers or institutions. One such model is the Pay-for-Performance system. In this system, beneficiaries are compared with one another based on a set of performance indicators and those that achieve a high level of performance are rewarded financially. This system is meant to recognize and primarily to reward high performers. Its goal is to encourage beneficiaries to strive for better performance. This system has been applied in several countries and for several recipients and settings. Early indications show that this system has had mixed effects on performance (Eichler., 2009)

4.4.1 Financial Motivation at Work Place

Motivation can be either monetary or non-monetary. This study will base on monetary incentives include Pay for Performance (P4P), cash, Such incentives have a varying impact on performance and behavior. Monetary incentives for health workers have been introduced not just in developed countries, but in a number of countries world-wide. The common factor between these projects was improving performance or enhancing behavioral change through incentives primarily monetary (Eichler, 2009)

For that fact a researcher intended to ask if health workers receive any financial motivation at their particular institutions. The results showed 60 (75%) of the respondents

were against the claim that they receive adequate financial incentive meanwhile 20 (25%) said received financial motivation.

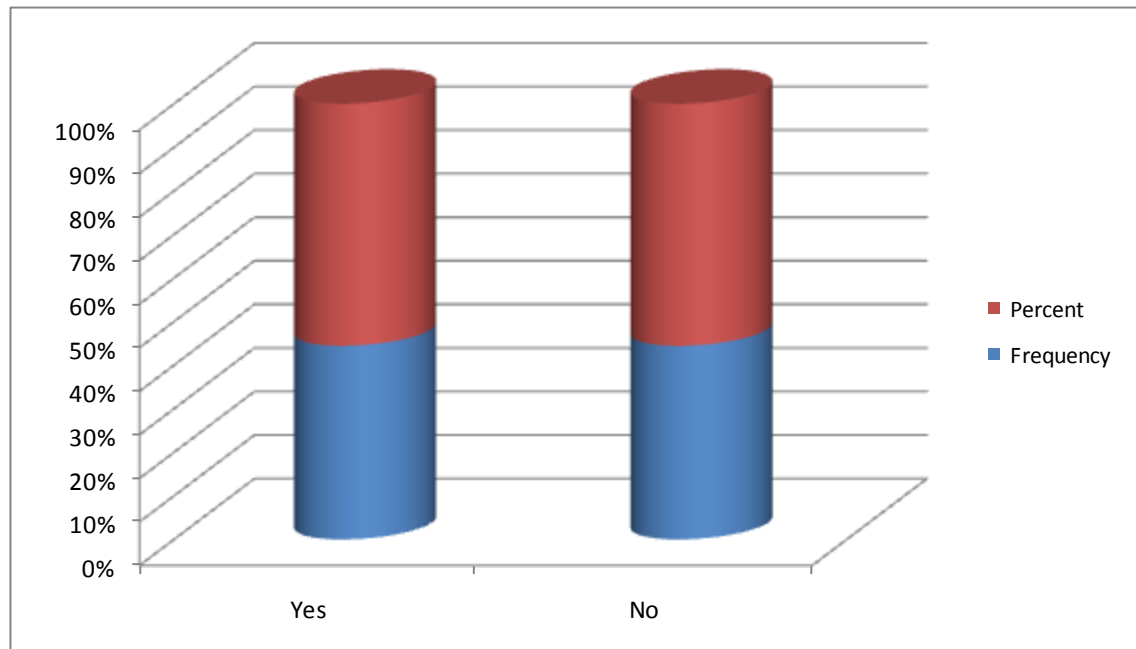


Figure 7: Financial Motivation at Work Place

Source: fieldwork Survey 2014

This implies that majority of interviewee do not agree with the system of motivation at work place because only 20 (25%) percent receive the financial motivation, this reflect had poor impact of performance. Motivation leads to better job performance by explaining that well motivated employee become satisfied in his or her job and this create high job morale and finally lead to better job performance and good service delivery. These findings is in agreement with the findings by La Motta (1995) who found out that any employee may still not provide better services if there is no motivation. So according to the below table which express majority did not receive financial motivation hence health workers cannot perform well and lead to the poor service delivery.

This finding is in line with an argument of one of the interviewee at Mnazi Mmoja Health Center on 1st of July 2014 who said;

“The financial rewards for good performance are directed to few senior health officers rather than normal health workers this was termed by the respondents as unfair management. Different benefit packages such as leave allowance, transport allowance, transfer allowance, risk allowance, telephone allowance, housing and accommodation allowance are infrequently provided to health care provider in order to remain in health sector”

4.4.2 Range of Financial Motivation

The researcher aimed at examining the normal range (or size) of financial motivation provided by the health care/hospitals. The results show that 16 (76.2%) out of 21 respondents said that they got low level financial motivation and 5 (23%) out of 21 respondents get moderate level financial motivation

Table 9: Demonstrates the Range of Financial Motivation

Financial Motivation	Frequency	Percent
Low level	16	20.0
Moderate level	5	6.2
Total	21	26.2

Source:Fieldwork Survey 2014

This is in the line with the Mwananchi Newspaper 4th of June 2014 reported statement of the member of parliament from opposition part DR.Antony Mbaso who said that the budget of MOHSW this year 2014/2015 is 622 Billion Tsh whereby last year 2013/2014 it was 743 billion, the difference of 121 billions Tsh. This means the budget has decreased

about 17% of 2013/014. So financial motivation to the health, as shown in the table 9 above

This finding is concurring with an argument of one of the interviewee at IDC clinical officer on 7th of June 2014 who said;

“The government should also give priority to health workers about good salaries so that they can have moral to cure the patient. Many health workers complained about low salaries without any incentives compared to the great work they do to provide treatment. By doing this, health care provider will not leave and continue to work with health sector”.

4.4.3 Term of Health Financial Motivation

The study also intended to know what kind of financial motivation that health workers receive much more, this is between monetary (cash) and goods in kind motivation. 11 (52.4%) of the out 21 respondent said that they received goods more than monetary incentives while 10 (47.6%) respondents said they received more financial motivation than otherwise.

Table 10: Depicts the Type of Health Financial Motivation

Responses	Frequency	Percent
Monetary	10	47.6
Goods	11	52.4
Total	21	100.0

Source: Fieldwork Survey 2014

This finding related with study of Manafa et al, (2009) who reported that respondents were of the view that they were paid poor salaries and which prevented them from meeting their individual families needs. This was a source of discouragement for retention

and better performance. Additionally, a study by Wills-Shattuck et al. (2008) found that low salaries demotivate health workers as they feel their skills were not valued. Similarly, it was reported that in Kenya, nurses complained of inadequate hardship allowance and other financial incentives that discourage health workers' willingness to work in rural areas (Mullei, 2010).

There are very limited information from other authors which have addressed which type financial motivation is applied more than the other but from the field the results show financial incentives in monetary terms is less used compared to financial motivation in kind (or goods). This is in line with Maslow (1954) hierarchy of needs Theory who agreed on the needs for self actualization as the highest form of needs. Again the esteem needs that calls for recognition and appreciation that again portrays a non financial motivation.

4.4.4 Relationship Between Financial Motivation and the Performance of Workers

According to Petcharak (2002), one of the functions of management is related to insure employees' workplace motivation. In Tanzania many public servant do complain against the government due to poor working condition including low salaries payment. In health sector for example health workers such as cleaners, Nurse and Clinical officer are not paid any working allowance and if they paid not on time and very few. Health workers are responsible to pay house rent bill, electricity bill for those working in urban areas, transport charges during working periods, among others from their month salaries. This situation cause poor services delivery among public hospital and lead to poor performance among health workers.

From that argument the researcher raise more question if the respondents ask if the motivation can improve the performance or not, most of the respondent said strongly

agree 68 (85%), those who agree are 8 (10%), but less disagree 1(1.2%), and strong disagree 3 (3.8%.) (Table 11). Therefore the majority of respondents strongly agree that there is relationship between motivation and performance

Table 11: Financial Motivation Improves the Performance of Workers

Motivation Improves the Performance	Frequency	Percent
Strong agree	68	85.0
Agree	8	10.0
Disagree	1	1.2
Strong disagree	3	3.8
Total	80	100.0

Source: Fieldwork Survey, 2014

These results are highly supported by Schwerzel (2006) who stated that “a mix of financial and nonfinancial incentives was perceived to be the most effective strategy for improved retention of health workers. Furthermore, the results are in agreement with the findings of Patrick (2009) who found out that rewards are so important in motivating employees because rewards can be a driving force towards better job performance.

Alongside the findings of Patrick (2008), Locke and Latham (1990) while studying on the role of employee’s motivation on the services delivery in South Africa, found out that commitment among employees is measured to be higher when financial motivation are offered for partial success and when incentives are given to those who archive high performance, they can become important instrument to encourage the continuance of the desired behavior. On the other hand, Robbins, (2003) stated that employers who feel that

their employees have lack motivation should reassess the reward system being used in the company or institution. So, this proves that financial motivation can influence better job performance among employees as the table 11 above support the fact;

4.4.5 Satisfy Level of Financial Incentives

Moreover, the study wanted to reveal whether health workers are satisfied with the level of financial incentives that is provided by institution. Most of health workers were not satisfied with level of the financial incentive that is provided by the institution. Where by about 81% of respondents were not satisfied with financial incentive provided by their institution. Only 19% of respondents agree that they are satisfied with the financial motivation, at high level. Therefore, the majority of health workers are not satisfied with the financial motivation provided by the institution, the below table 12 express

Table 12: Satisfy Level of Financial Incentives

Satisfy motivation	Frequency	Valid Percent
Yes	15	19.0
No	64	81.0
Total	79	100.0

Source: Fieldwork Survey, 2014

4.4.6 Shortage of Financial Motivation

The researcher asked the respondent if they face any shortage of financial motivation at their work place. Most of the respondents agree that they faced challenge to get financial motivation. The large percentage said there is a shortage of financial motivation 73

(91.2%) and very few said there is no shortage of financial motivation which was 7 (8.8%). Therefore it can be concluded that the majority of respondents said that there is shortage of financial motivation faced by institution.

Table 13: Shortage of Financial Motivation

Shortage	Frequency	Percent
Yes	73	91.2
No	7	8.8
Total	80	100.0

Source: Fieldwork Survey 2014

The minister of government Mark Mwandosya on behalf of prime minister during to parliament budget 2014/2015 suggested that health budget must get priority and that will solve the challenge of shortage of financial motivation among health workers. The figure above supports this argument.

4.4.7 The Extent Lack of Financial Motivation Bring the Effect to the Health

Workers

The finding in table 19 shows that 66 (82.5%) of respondents said there is high rate of lack of financial motivation. 11 (13.8%) of the respondents said there is moderate rate of lack of financial motivation while 2 (2.5%) said that, is low rate of lack of financial motivation. Therefore it can be concluded that there is high rate of lack of financial motivation.

Table 14: The Extent Lack of Financial motivation

Average	Frequency	Percent
Low	2	2.5
Moderate	11	13.9
High	66	83.5
Total	79	100.0

Source: Fieldwork Survey 2014

4.4.8 The Contribution of Financial Motivation in the Health Services Delivery

Furthermore respondents they mentioned some of the contributions of financial motivation to the health workers as follows; increase moral 52 (67.5%), equality in provision of health services 17 (21.2%), get treatment on time to the patient.9 (11.2%) Therefore it can be concluded that increase performance is the major effect of financial motivation in institution as shown in table 15 below

Table 15: Contribution of Financial Motivation in the Health Services Delivery

Contribution	Frequency	Percent
Increase performance	54	67.5
Equality in the provision of health services	17	21.2
Get treatment on time to the patient	9	11.2
Total	80	100.0

Source: Fieldwork Survey,2014

4.4.9 Challenges Faced by MoHSW

It is a today's challenge for the management in this competitive world to motivate employees to offer efficient and good services that customers expected so for. The employee motivation. their enthusiastic and energetic behavior toward task fulfillment play a key role in success of organization benefit (Cheng, 1995).The findings in table 21 shows the different challenges causing failure to provide financial motivation to employeee such as shortage of fund 72 (90%,) andshortage of health equipment 8 (9.9%), also there is few health resource, poor incentive policy,not only that but also the administrator and management Therefore from finding it canbe conducted that lack of budget is the major challenge facing the MoHSW

Table 16: Challenges Faced by Health Administrators to Provide Financial Incentives to Health Workers

Challenges	Frequency	Percent
Shortage of fund	72	90.0
Shortage of health equipment	8	9.9
Total	80	100.0

Source: Fieldwork Survey, 2014

These results are highly supported by study of Dieleman M. et al ,(2006). Staffing problem in some Local Government Authorities LGAs The study on staffing problems at LGAs conducted in 2005 revealed include lack of special incentives; lack of supplementary income opportunities lack of suitable quality housing lack of adequate access to health and education facilities lack of adequate access to telephone and internet services; lack of adequate access to water and electricity; political interference;

management and organization practices.

4.5 The Need of Measures to Address Problem of Financial Motivation in Health

Sector in Tanzania

Respondents were asked if there is a need to address problem of financial motivation in the health sector. The results showed that 97.5% said yes there is a need to address the problem and 2.5% were did not support the opinion. See the results below;

Table 17: Problem of Financial Motivation in Health Sector in Ilala Municipality

Any problem	Frequency	Percent
Yes	78	97.5
No	2	2.5
Total	80	100.0

Source: Fieldwork Survey, 2014

Furthemore the researcher interview of respondents on what can be the possible measures to address problem of financial motivation in health sectors in Tanzania and health service delivery.

The nursing officer in Ilala district on 13rd April 2014 had the following to say;

“she is not satisfied with the current salary scale, during the discussion it was found that the inflation which increase hardship because it is insufficient to full fill the need of the employee. Again payment of house allowance she said that is house allowance are only provided to the health workers who are senior doctors. Another aspect to be consired is to give leave allowance overtime should be paid on time, In this respondent complained that these allowance do not reach on time”.In an interview, one orespondent stated

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presents the summary of the study, conclusion and recommendations made on the basis of the findings guided by research objectives and respective research questions. Together with the introduction, other parts of the chapter include: summary of the findings, conclusion and recommendations made on the basis of the findings

5.2 Summary of the study

The study was based on the impact of employees' motivation in delivering public services in local governments in five selected hospital which are Amana hospital, Mnazi mmoja health centre, Buguruni health centre, Ukonga magereza dispensary and IDC Clinic. The study was conducted in Ilala municipality due to a number of claims which have been raised by employees concerning motivation in their workplaces. The study focused on identifying impact of motivational which could help employees provide better services in local governments whereby different literature were reviewed in the world, regional, and local aspect. The data collection methods in this study included semi-structured interview and documentary review, and the research instrument was self-administered questioners with both open and close ended questions. The data were analyzed by Statistical Package for Social Science (SPSS) with both qualitative and quantitative approach. The study employed number of 80 respondents who provided relevant data about the study.

5.3 Summary of findings

The study revealed that financial incentives and administration system can contribute to better job performance hence, provision of quality health services in local governments in Tanzania particularly in the study area. On the other hand, it was revealed in this study that poor services delivery by employees in local governments especially in the study area is highly caused by low motivation among employees whereby low allowance, poor incentive policy of employees leading to poor services delivery by employees in these five selected hospital.

Additionally, the study also revealed that employees are committed in their jobs whereby reward are said to be catalyst in provision of health quality services in local government when reward are given to those who achieve high performance, they can become an important instrument to encourage the continuance of desired behavior. In workplace, external reward include incentives, benefits and other monetary forms of rewards such external reward are often used as motivator by the employers or managers.

5.4 Conclusion

In this study it was revealed that employee's motivation is a key factor toward provision of quality of health services in local government in Tanzania. Different motivation factors such as better salary, leave allowance, housing allowance and transport allowance and working allowance were revealed in this study as factors which can influence employees in their local governments to have better performance in their job and finally deliver health quality services and hence patients satisfaction.

On the other hand, the study revealed that poor remuneration, bad working condition such as lack of instruments, poor human resource management are main challenge of the provision of quality of health service. There are many of ways to motivates employees. Every motivation theorist comes up with a different approach. Motivation may differ from employee to employee; differ according to the nature of the job sector.

The provision of quality public health services depends impact of employee motivation. Motivation factors like better salaries and good working condition can highly motivates employees and hence, be able to provide quality of health service in their work place. Also there are factors like low salary, poor allowance and poor working condition can for greater extent de-motivate employee and finally fail to provide better service in their work places. To do their job effectively, employer need to take time and effort to understand what their employees are looking for in their work and try to meet these need and want to be best of their ability.

Strengthening health services and system especially at local level is critical to meeting the MDGs and human resource desire are essential to achieving this. High quality of health service cannot be provided unless issues of de-motivated staff are comprehensively addressed, effective human resource strategies and policy decisions. Financial incentives or motivation and management issue are core factors affection motivation. It is clear that salary increment and other allowance is highly influential in health works motivation; furthermore adequate and appropriate are factors improve morale.

5.5 Recommendations to Employers/Managers

This study has revealed that employers are required to provide motivation to their employees so that the (employees) can perform better in their jobs and finally provide

quality public health services in different public sector. Employers are the ones who can make employees to perform better in their jobs. The employer should take the motivators examined in this study into consideration when perform the human resource function and also when drafting strategies to retain and motivate their employees. Therefore, employers and managers should take the following into consideration;

- i. Employers should keep their employees motivated in order to lower the turnover rate and also create better performance.
- ii. Employer should take into consideration to provide employees with better remuneration so as to render quality services and enhance customer satisfaction.
- iii. Employers should find out from the employees what they are looking for in their jobs and what they expect from their workplace
- iv. Employers should communicate to their employees what the institution expect from them and what the institution is willing to provide them with.
- v. Institution should assess the employees' motivation level and what they need, want expect from their employers through use of questionnaires
- vi. Employers should give their employees the required authority, equipment and information needed to assist them in the performance of their assigned task with greater independence as well as having the self confidence to effectively and efficiently perform new task.

- vii. The government official should provide allowance at appropriate time. The government here can incorporate the principles of rewards especially that time, in a sense that rewards or punishment which provided on time can be much beneficial in motivating and remembered to a person respectively. Hence the output of that could be much worth than delaying.
- viii. Since motivation has become increasingly important for organizations and companies of all sizes that want to reach their organizational objectives. Thus helping all employees maintain a high level of motivation can help keep employees committed to working hard and contribute much to provision of better health care.
- ix. The management procedure on health system should be revised and should incorporate the aspect of employee motivation for all categories of the people working on the institution. That means the government should ensure that motivation policy is not bias and thus considers all staff regardless of their positions and age. This can be done by putting the motivation aspects legally so as for the government to be legible in implementing such action on time and as required. The year, and this should incorporate all matters of free and fair principles when revising both the management procedures and those aspects of motivation in health workers for better health services delivery.

5.6 Area for Future Research

From this study therefore, the researcher recommends the following areas for future research;

- i. This study looked at contribution of employees' financial motivation in delivering public health services in local governments; further research can be carried out in non financial motivation in public sector.
- ii. Future study can be done on how organization culture can be an influence on employees' motivation
- iii. There is a need to study the correlation between management and employees' motivation in public sector.

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APPENDICES

APPENDIX A: QUESTIONNAIRE TO THE HEALTH WORKERS

Respondents' General Particulars

Name of the health facility

Type of health facility (a) hospital (b) health centre (c) dispensary ()

Sex of respondent (a) male (b) female ()

Age (a)15-25 (b)26-36 (c)37-47 (d)48-58 (e) 59+ ()

Position of respondent (a) Nurse (b) Clinical Officer (c) Assistant Medical Officer (d) Medical Officer ()

Education level (a) Certificate (b) Diploma (c) Degree () Other (specify).....

Employee experience at working place (a) less than 5 to years (b) 5 to 10 years (c) 10 to 20 years (d) more than 20 years ()

1.1 There is the quality of health services in your area?

(a) Yes (b) No ()

1.2 Which level the health services meet or exceed the expectation of the user.

(a) Poor (b) Moderate (c) Good (d) Better ()

1.3 Health service is delivery of according to the standards which have been set?

(a) Yes (b) No ()

1.4 Are health service providers enough in caring patients?

(a) Yes (b) No ()

1.1.5 Are health equipments enough in health facilities?

(a) Yes (b) No ()

2.1 .1Do you have any health financial motivation at your health centre?

(a)Yes (b) No ()

2.1.2 If Yes to what extent

(a)Low level

(b) Moderate level

(c) High level ()

2.1.3 What type of health financial motivation

(a)fiscal/monetary (b) goods ()

2.4 Does financial motivation improves the performance of worker?

(a) Strong agree

(b) Agree

(c) Disagree

(d) Strong disagree ()

2.5Are you satisfied with the level of financial incentives provided by your institution/Office? (a)Yes (b)No ()

2.6 If Yes to what degree does improve your performance?

(a) Low degree

(b) Moderate degree

(c) High degree ()

2.7Do you face shortage of financial motivation?

(a)Yes (b)No ()

2.8If yes to what extent lack of financial motivation affects working condition?

(a)low

(b)moderate

(e)high ()

2.9 Some of the following are the contribution of financial motivation in the health services delivery

Put a tick in a correct answer

- (a)Increase moral
- (b) encouraging productivity
- (c)Reduce absentism to the health workers
- (d) equality in the provision of health services
- (e) Get treatment on time to the patient ()

3.1.1 The following are some of the challenges faced by health administrators to provide financial incentives to health workers.

Put a tick the correct answer.

- (a) Shortage of fund
- (b)Shortage of qualified or skilled health workers
- (c) shortage of health equipment
- (d) Abusive language to out-patient and in-patient ()

3.1.2 T he government of Tanzania through its Ministry of Health and Social Affairs face some of the following problems

Put a tick the correct answer

- (a)Few health resources
- (b)Poor incentive policy
- (c) Graft and corruption
- (d) Shortage of budget ()

4.1.1 Do you need any measurers to address problem of financial motivation in health sector in Ilala municipality?

(a) Yea (b) No ()

4.1.2 If Yes in what extents

(a)low

(b) moderate

(c) high ()

4.1.3 What are measures to address problem of financial motivation in health sector in Tanzania?

i.....

ii.....

...

iii.....

...

APPENDIX B: QUESTIONNAIRE TO THE ADMINISTRATION AND NON HEALTH WORKERS

1.1.1 Are you satisfied by the provision of health services in your area?

(a) Yes (b) No ()

1.1.2 If yes, at what level you satisfy?

(a) High level (b) Moderate level (c) Low level ()

1.1.3 What is the quality of health services in your area?

(a) Poor (b) Moderate (c) Good (d) Better ()

1.1.4 The health service meets or exceeds the expectation of the user?

(a) Yes (b) No ()

1.1.5 Are health facilities (equipments) enough in health facilities?

(a) Yes (b) No ()

2.1.1 Do you have enough health providers at your centre? Make the answer

(a) Yes

(b) No

2..1 If yes how many

(a) 1-20

(b) 21-40

(c) Above-41

2.1.2 The government of Tanzania through its Ministry of Health and Social Affairs face some of the following problems

Put a tick the correct answer

- (a) Few health resources
- (b) Poor incentive policy
- (c) Graft and corruption
- (d) Riot and social unrest of workers
- (e) Shortage of funds
- (f) All the above ()

2.1.3 What are measures to address problem of financial motivation in health sector in Tanzania?

- i.....
- ii.....
- iii.....

Appendix C: Interview Guide to health workers, patients and administrators

- 1.What is the situation of quality health service in your health facility?
- 2.What do you think are the major factor contribute to get poor health service?
- 3.What is the effort made by Ilala municipality to prevent the problem of poor health services?
4. Do you have any motivation at work place?
- 5.What kind of motivation mostly used? And why?
- 6.Do you think those motivation have positive impact on prevention poor health service?
- 7How did you involve employees in organising and implementing motivation strategies?
- 8.To are the major challenges faced you to provide financial incentives to employees?
- 9.Can you propose the measures to address problem of financial motivation in health sector in Tanzania?

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