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Determinants and Challenges of Health Workers Motivation in Rural Tanzania, a Story from Rombo District Council North Eastern Tanzania, East Africa

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Abstract:

The paper aims at exploring the experiences of health workers working in the health care facilities in Rural Tanzania, in terms of their motivation to work. Through questionnaires, and documentary reviews the study reveals that staff were motivated due to intrinsic motivation because management trusted them. Other motivators were found to be, positive superior subordinate feedback, and involvement in decision making. However the following were found to be the main challenges: Inadequate staff promotion, incompatible financial incentives with promotions, inadequate staff recognition, and job descriptions, lack/inadequate training programme, shortage of supplies and equipment as well as shortage of staff and unsatisfactory remuneration package. To rectify the situation the paper recommends for: (i) Design of a promotion schedule which will form the basis for criteria and periodic staff promotion (ii) Preparation of Recognition schemes (iii) Have clear and agreed training plan and finally (iv) Job descriptions should be written to all the staff to avoid confusions in day to day performance of tasks.

1. Introduction and Background

Little is known about the motivational factors that are important for health workers in developing countries like Tanzania. As the Ministry of Health gives importance to a public health network in rural areas in Tanzania, knowledge on motivation of staff working in rural areas seems important. However, in Tanzania little research has been conducted that document perspectives of health workers – at commune and district level in rural areas – on HRM factors influencing their motivation. Gaining a better insight in the way these health workers perceive their jobs and the importance they give to the various influences on their motivation will assist in developing strategies for improving performance of health workers in rural Tanzania (Manongi RN 2006) The MoH has developed career development structures for each category of health worker, including criteria for upgrading. Other incentives for health workers may include housing and appreciation of good performance as well as improvement of communication between different levels of the health system.

Several Tanzanian studies have explored user satisfaction with health services and quality of care given to users and found weaknesses in both structural and process quality aspects of care given to users. (Gilson L, Alilio M 1994: 49) From the Literature, performance has been associated with training policies and improving health workers' availability and retention¹. (Hongoro C, McPake B) However, in Tanzania very few studies have investigated on the job satisfaction for instance study on Rural Medical Aides who were providing oral health care². (Ntabaye MK, et 1996 16: 40 -44)

Hertzberg's theory for motivation at the workplace was used as a basis for this study design. This model assists in clarifying the complex issue of motivation for health workers. The two-factor theory distinguishes between motivating factors (or 'satisfiers') that are intrinsic to the job and the primary causes of job satisfaction, and dissatisfiers (which Hertzberg also calls 'hygiene factors') that are extrinsic to the job and the primary causes of job dissatisfaction, or "unhappiness on the job". Job satisfaction and job dissatisfaction are not opposites. Motivating factors include: "achievement, recognition for achievement, the work itself, responsibility, and growth or advancement" and lead to job satisfaction. Their absence leads to *lack of* job satisfaction. Dissatisfiers include: "company policy and administration, supervision, interpersonal relationships, working conditions, salary, status, and security" and determine the level of job dissatisfaction. Hertzberg found that many of the dissatisfiers had a small effect on job satisfaction e.g. supervision; likewise some motivating factors reduced job dissatisfaction to some extent e.g. achievement. Manongi RN et al 2006

The relevance of Herzberg's theory is the need to clarify whether the problem being addressed is mainly one of job satisfaction or one of job dissatisfaction, and then to select the appropriate personnel management strategies. For example attending to salary levels and working conditions will primarily reduce job dissatisfaction and therefore increase staff retention ((Manongi RN et al 2006)To improve motivation and thereby increase staff performance, attention should be given to motivating factors, for example by increasing the individual's sense of achievement and to demonstrate recognition of that achievement ((Manongi RN et al 2006)) Another important element for staff motivation could be feed back from the community. This could play an important role with respect to recognition and achievement, especially when supervision is not frequent and feed back from colleagues and managers is lacking. Although feed back from the community is not an adequate substitute for professional appreciation of service delivery of staff, reactions from clients on the service they received can help staff in assessing if their services are 'job satisfiers' and motivate them to put more effort in service delivery ((Manongi RN et al 2006))

The current human resources shortage in the health sector – mainly of Sub-Saharan African countries – threatens the realization of plans for scaling up interventions to control the spread of diseases such as HIV/AIDS, malaria and tuberculosis. Without improvements to the human resources situation, particularly motivation for the existing Human resources for health, the health-related Millennium Development Goals cannot be achieved. The problems are multiple, the most serious being staff shortages and inadequate motivation, particularly in rural and remote areas. In many countries, the effects of insufficient capacity development in the health system are aggravated by migration and a mounting burden of disease. The *World health report 2006* gathers ample evidence of the human resource challenges, but also provides ways forward to address the problems (WHO 2006: 56).

In 1992 the Tanzanian Ministry of Health (MoHSW) reviewed the National Health care Strategy and decentralized primary health care delivery from national level to district level. It was envisaged that making local governments responsible for staffing and maintaining health centres and dispensary-based facilities would improve the provision of services³ (MoHSW 1992: 103) the strategy also incorporated continuing education to health workers as a means of improving their knowledge and skills and as an important motivation factor.

The MoH has developed career development structures for each category of health worker, including criteria for upgrading. Other incentives for health workers may include housing and appreciation of good performance as well as improvement of communication between different levels of the health system

Guidelines for effective and efficient health care delivery require District Health Management Team (DHMT) members to directly supervise each health facility at least once a quarter. Despite relatively widely distributed urban and rural health care services in Tanzania, questions about the functionality of the health care facilities (HCF) infrastructure still remain. Several Tanzanian studies have explored user satisfaction with health services and quality of care given to users and found weaknesses in both structural and process quality aspects of care given to users.⁴ (Gilson L& Alilio 1994: 39) From the Literature, performance has been associated with training policies and improving health workers' availability and retention⁵ (Hongoro C & McPacker B 2003: 965-966). However, in Tanzania this area is hardly investigated.

The current human resources shortage in the health sector – mainly of sub-Saharan African countries – threatens the realization of plans for scaling up interventions to control the spread of diseases such as HIV/AIDS, malaria and tuberculosis. Without improvements to the human resources situation, the health-related Millennium Development Goals cannot be achieved. The problems are multiple, the most serious being staff shortages, particularly in rural and remote areas. In many countries, the effects of insufficient capacity development in the health system are aggravated by migration and a mounting burden of disease. The *World health report 2006* gathers ample evidence of the human resource challenges, but also provides ways forward to address the problems⁶ (WHO 2006:57)

With respect to existing human resources, the low level of health worker motivation has often been identified as a central problem in health service delivery. For example, the results from a survey undertaken by the Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation, GTZ) among representatives of ministries of health and GTZ staff from 29 countries showed that low motivation is seen as the second most important health workforce problem after staff shortages. From the perspective of health professionals, the challenges include lack of equipment, frequent shortages of supplies and a mounting workload – all these exacerbated in small and rural facilities. Furthermore, despite decentralization efforts, key functions of human resource management (recruitment, overall staff distribution, remuneration, promotion and transfers) remain highly centralized.

Despite interest in the issue of human resources for health, human resource management and the question of what can be done to strengthen health worker motivation in developing countries like Tanzania has so far not received as much attention as the subject merits.

There is a small but growing body of qualitative studies looking at motivation of health workers in developing countries that indicate the limitations of financial incentives on motivation and that reveal the importance of non-financial incentives. (Mutizwa Mangida D, 1998)

A study in South Africa on the effects of a newly introduced, so-called "rural allowance" showed the limited impact on retention and motivation. (Reid S, 2004) Similarly, analysing the role of wages in health worker migration, Vujcic et al. concludes that what they call non-wage instruments may be more effective in reducing migration flows, as portrayed in a WHO report.

Low motivation has a negative impact on the performance of individual health workers, facilities and the health system as a whole. Moreover, it adds to the push factors for migration of health workers, both from rural areas to the cities and out of the country. It is therefore an important goal of human resources management in the health sector to strengthen the motivation of health workers, from heads of health facilities to auxiliary staff (Manonge 1998)

Financial incentives are important, and the problem of low salaries must be addressed, especially in situations where income is insufficient to meet even the most basic needs of health professionals and their families. As in Manonge 2006, the evidence suggests that increased salaries are by no means sufficient to solve the problem of low motivation. More *money* does not automatically imply higher motivation. It is therefore suggest that any comprehensive strategy to maximize health worker motivation in a developing country context has to involve a mix of financial and non-financial incentives such as Motivation, recognition and retention as shown on Figure 1 below.

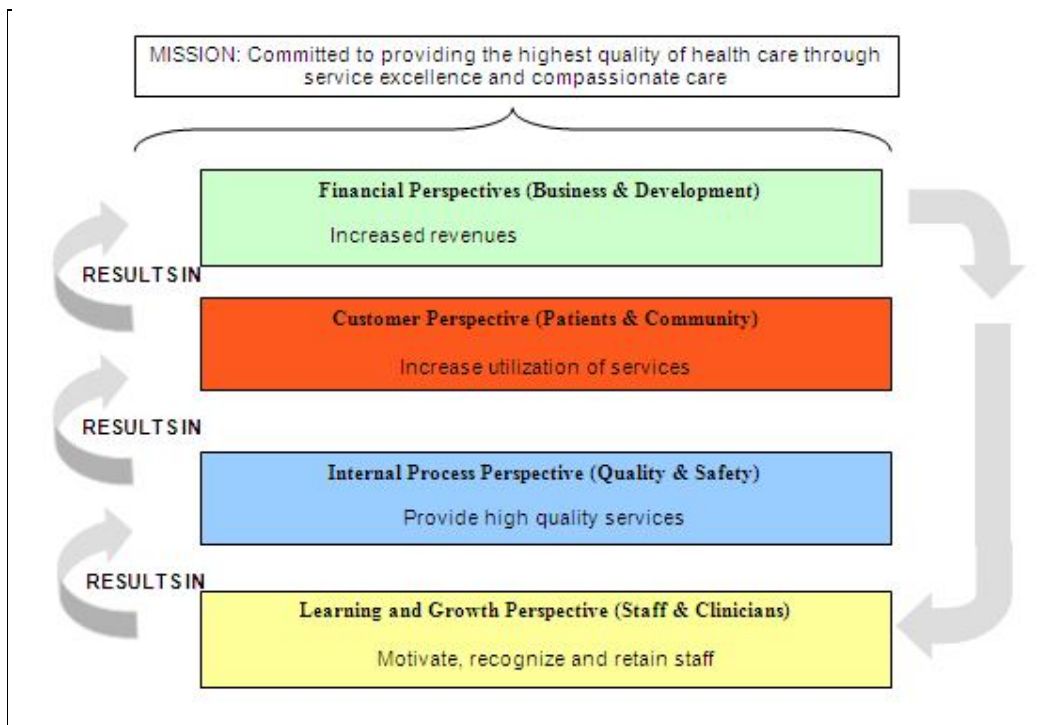


Figure 1: Theoretical Framework to Show how motivated health workers can contribute to increased performance in Health care
 Source: Adopted from: Prof. Feser, U.M, ILT Hospital Management January 2007: 17, Unpublished

The most common understanding of financial incentives is a transfer of monetary values or equivalents, such as wage increases, allowances, performance-related bonuses or housing. Adams/Hicks also include the basic salary, allowance schemes, health insurance premiums, housing or housing allowances in this category. Obviously, in practice it may be difficult to differentiate between the basic salary package and additional financial incentives. Non-financial incentives are by contrast those incentives that involve no direct transfers of monetary values or equivalents to an individual or group. This includes, for example, granting unpaid holidays, token awards or recreational facilities, as well as recognition and supervision⁷ (Global Health Workforce Strategy Group Geneva. 2001.)

Human resources management (HRM) is the management of people in an organization. HRM tools comprise the policies, practices and activities at the disposal of managers to obtain, develop, use, evaluate, maintain and retain the appropriate number, skill mix and motivation of employees to accomplish the organisation's objectives. There is a huge body of literature on HRM and tools, which cannot be captured

2. Study Approach

The study design employed is a cross sectional survey. The study approach was mainly quantitative by assigning values to motivation of health workers. The study employed simple random sampling in order to enable the researcher to obtain relevant data from respective respondents and sources. From the district a list of all health workers employed in government dispensaries and health centres was obtained. The list was further stratified to nurses (all cadres) and clinicians (all those qualified to prescribe drugs to patients) and Managers. Using a simple random method as well as purposive sampling, a total of 97 health workers were sampled from a total of 322 health workers in the district. This is about 30% of all health workers. The sample was obtained from 20 health facilities in the district. Since the District has a total 41 health facilities the sample represented about 50% of the total Health facilities in the District Table 1. The study team explained to the health workers on objectives of the study and the voluntary nature of participation. The government health facilities were chosen primarily because the government health system is the backbone (Manongi RN 2006) of the Tanzanian health system and employs most health workers, compared to the private sector. Table 1 below show the details of the above explanations

		Frequency	Percent
1	Ushiri Dispensary	5	5.2
2	Mkuu Dispensary	1	1.0
3	Kiungu Dispensary	7	7.2
4	Nanjala Dispensary	5	5.2
5	Ikuini Dispensary	3	3.1
6	Keni Health Centre	9	9.3
7	Karume Health Centre	11	11.3
8	Mengwe Juu H/C	7	7.2
9	Shimbi Dispensary	5	5.2
10	Huruma DDH	3	3.1
11	DMO Office	2	2.1
12	Mahorosha Dispensary	6	6.2
13	Ubetu Dispensary	1	1.0
14	Tarakea H/C	9	9.3
15	Kikelelwa Dispensary	4	4.1
16	Holili Custom Dispensary	2	2.1
17	Mahida Dispensary	6	6.2
18	Manda Juu Dispensary	1	1.0
19	Mokala Dispensary	5	5.2
20	Kirokomu Dispensary	5	5.2
	Total	97	100.0

Table 1: Percentage Distribution of Health workers (Respondents) by each health Facility.
Source: Field Primary data processed

3. Data and Methods

Data for this paper were gathered through questionnaires, and documentary reviews in Rombo District Council Tanzania. Multiple cadres from health staff working in government primary health care facilities, Nurse Auxiliaries, Assistant Medical officers to Managers, were given the Questionnaires for completion. Primary data was collected from respondents mainly from questionnaires and documentary reviews. The analysis of the data was made in the form of descriptive statistic mainly producing the frequency tables.

In addition to the above different documents were reviewed based on their contents. Therefore different texts and reports were reviewed several times in order to understand its content and information was noted down to support data interpretation where the Content analysis technique was used. From such analysis, common themes and patterns from these documents were examined to allow identification of key differences and similarities.

4. Findings

4.1. Factors Leading to Staff Motivation in Rombo District Council

Since the study aimed at exploring the experiences of health workers the following factors were found to be positive i.e. Leading to staff motivation in Rombo District Council Table 2 shows the factors that lead to staff satisfaction:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	62	63.9	64.6	64.6
	agree	28	28.9	29.2	93.8
	neutral	3	3.1	3.1	96.9
	disagree	1	1.0	1.0	97.9
	strongly disagree	2	2.1	2.1	100.0
	Total	96	99.0	100.0	
Missing	System	1	1.0		
	Total	97	100.0		

Table 2: Organizational/Company trust to employees
Source: Field Primary data processed

Table 2 shows that 90% of the staff agreed that that there was high trust to them. Only 3% said they were not trusted. This high percentage shows very high degree of trust which lead to staff motivation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	34	35.1	35.8	35.8
	agree	32	33.0	33.7	69.5
	neutral	11	11.3	11.6	81.1
	disagree	2	2.1	2.1	83.2
	strongly disagree	16	16.5	16.8	100.0
	Total	95	97.9	100.0	
Missing	System	2	2.1		
	Total	97	100.0		

Table 3: Percentage distribution of staff according to their intrinsic motivation
Source: Field Primary data processed

Table 3 above shows that about 66% off all employees were working because they had intrinsic motivation only. Only 18% disagreed. This intrinsic motivation is very important because it leads to total employee satisfaction.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	48	49.5	50.5	50.5
	agree	29	29.9	30.5	81.1
	neutral	11	11.3	11.6	92.6
	disagree	2	2.1	2.1	94.7
	strongly disagree	5	5.2	5.3	100.0
	Total	95	97.9	100.0	
Missing	System	2	2.1		
	Total	97	100.0		

Table 4: Percentage distribution of respondents according to the Superior subordinate feedback
Source: Field Primary data processed

In order for the health system to function well it is better that there is feedback from different levels. For instance when a clinician refers a patient to a higher-level facility or a doctor there should be feedback from the other end. In table 4 above 77% of health workers agreed that that they get feedback from their superiors. The other 7% disagreed.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	40	41.2	42.1	42.1
	agree	27	27.8	28.4	70.5
	neutral	4	4.1	4.2	74.7
	disagree	3	3.1	3.2	77.9
	strongly disagree	21	21.6	22.1	100.0
	Total	95	97.9	100.0	
Missing	System	2	2.1		
	Total	97	100.0		

Table 5: Involvement of staff in major projects and decision making
Source: Field Primary data processed

From the tables above (table 5 and 6) about 70% of respondents were involved in major project and decision making. About 20% of staff disagreed that that they were involved in decision making. This very high percentage of staff involvement in decision making is very important for staff to be motivated

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	44	45.4	46.8	46.8
	agree	28	28.9	29.8	76.6
	neutral	9	9.3	9.6	86.2
	disagree	2	2.1	2.1	88.3
	strongly disagree	11	11.3	11.7	100.0
	Total	94	96.9	100.0	
Missing	System	3	3.1		
	Total	97	100.0		

Table 6: Employees empowerment and participation in decision making.

Source: Field Primary Data processed

5. Challenges

5.1. Delay of Staff Promotions

According to the documents reviewed Rombo District Council Motivation policy is to ensure that an employee who performs better should be promoted at least every after three years. However it was found that promotions are delayed for up to 10 years or more. In the question which asked about promotion 20% said they had been promoted in the past three years, and About 70% of all staff said that they had not been promoted. Table 7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	10	10.3	11.1	11.1
	agree	10	10.3	11.1	22.2
	neutral	8	8.2	8.9	31.1
	disagree	1	1.0	1.1	32.2
	strongly disagree	61	62.9	67.8	100.0
	Total	90	92.8	100.0	
Missing	System	7	7.2		
	Total	97	100.0		

Table 7: Percentage distribution of staff according to whether they were promoted on time or not

Source: Field Primary data processed

5.2. Inadequate Training for Health Workers

In order for an organization to achieve its goals it must make sure that it invests in people i.e. training and development of staff is the key to success of any organization. About 68% of staff agreed that they were given adequate training. About 28% of the staff who were interviewed said that they were not given adequate training. (Table 8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	44	45.4	45.8	45.8
	agree	24	24.7	25.0	70.8
	neutral	7	7.2	7.3	78.1
	disagree	1	1.0	1.0	79.2
	strongly disagree	20	20.6	20.8	100.0
	Total	96	99.0	100.0	
Missing	System	1	1.0		
	Total	97	100.0		

Table 8: Percentage distribution of health workers according to training

Source: Field Primary data processed

5.3. Staff Recognition

Reinforcement theory states that motivation is all those factors that trigger repetition of a desirable behavior. Therefore it is better that management recognizes the employee when he she performs better. Table 9, 42% of staff agreed that they were recognized by the management when they performed better. Another 42% were not recognized. 11% of them said nothing.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	23	23.7	24.2	24.2
	agree	19	19.6	20.0	44.2
	neutral	11	11.3	11.6	55.8
	disagree	4	4.1	4.2	60.0
	strongly disagree	38	39.2	40.0	100.0
	Total	95	97.9	100.0	
Missing	System	2	2.1		
Total		97	100.0		

Table 9: Percentage of staff recognition by Management
Source: Field Primary data processed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	23	23.7	24.2	24.2
	agree	19	19.6	20.0	44.2
	neutral	11	11.3	11.6	55.8
	disagree	4	4.1	4.2	60.0
	strongly disagree	38	39.2	40.0	100.0
	Total	95	97.9	100.0	
Missing	System	2	2.1		
Total		97	100.0		

Table 10: My superior never notice when I did a good job.
Source: Field Primary data processed

5.4. Remuneration Package

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	3	3.1	3.1	3.1
	agree	6	6.2	6.2	9.3
	neutral	4	4.1	4.1	13.4
	disagree	7	7.2	7.2	20.6
	strongly disagree	77	79.4	79.4	100.0
	Total	97	100.0	100.0	

Table 11: Percentage distribution of staff according to level of salary they get
Source: Field Data processed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Between 50,000 & 100,000	4	4.1	4.7	4.7
	Between 100,000 & 150,000	17	17.5	20.0	24.7
	Between 200,000 & 250,000	36	37.1	42.4	67.1
	Between "250,000 & 500,000	26	26.8	30.6	97.6
	More than 500,000	2	2.1	2.4	100.0
	Total	85	87.6	100.0	
Missing	System	12	12.4		
Total		97	100.0		

Table 12: Percentage distribution of respondents Salary Distribution
Source: Field Primary data processed

From the tables 11 and 12 above almost 84% of employees were dissatisfied with the salaries they get. Despite the government efforts to increase the salaries for health workers in Tanzania it is still evident most of them (ie about 60%) are getting less than TShs. 200,000 which is less than USD 150 per month.

On the other hand only 2% of all health workers were getting more than TShs 500,000 ie about USD 450 per month.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	34	35.1	36.6	36.6
	agree	10	10.3	10.8	47.3
	neutral	4	4.1	4.3	51.6
	disagree	2	2.1	2.2	53.8
	strongly disagree	43	44.3	46.2	100.0
	Total	93	95.9	100.0	
Missing	System	4	4.1		
	Total	97	100.0		

Table 13: Percentage staffs who works overtime per week
Source: Field Primary data processed

From the table above 44% of staff are working overtime. This may be due to shortage of staff. On the other hand about 45% of staff is not working overtime. 4% of health workers said nothing and therefore they were neutral

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	14.4	16.3	16.3
	No	72	74.2	83.7	100.0
	Total	86	88.7	100.0	
Missing	System	11	11.3		
	Total	97	100.0		

Table 14: Percentage Distribution of employees who get accommodation
Source: Field Primary data processed

From the table above 72 % of staff are not given accommodation. Only 14% were provided with accommodation. This may be due to the act it is the government policy not to grant accommodation to some of the staff. Only some high managers are provided with accommodation. This might lead to health workers dissatisfaction.

5.5. Improving Staff Motivation

Health workers motivation is important for the improvement of health care quality, efficiency and effectiveness of health care services provided to the community. The effect and impact of staff dissatisfaction pervade most activities of the District both in Human resources planning and quality of health care services provided to the community.

Motivation for health care workers is probably the primary determinant of improvement of health care quality in the district

The following are the suggestions put forward by employees in order to improve motivation for health care workers in Rombo District Council. Employees need effective promotion plan put in place. Most of employees complained that they had not been promoted for more than 10 years. In the study question that asked when they were promoted most of them responded by saying that they were promoted last time in the year 1999. The management should make sure that every employee is promoted on time and promotion schedule put in place. The promotion should be done to every employee who has high performance in every after 3 years. This is in accordance with the Tanzania labour laws.

The employees also suggested for a fair promotion, which should go with payment of salaries according to promotion. Most of staff complained that they were not paid the arrears after promotion. It is recommended that that the promotion salary should be paid as immediately as the decision to promote the employee is made.

Some employees commented that it would be useful if the Council would establish a system of writing letters of appreciation to employees whose performance is satisfactory. This can be very motivating since it is sign of recognition and appreciation.

Some of health Workers suggested that in order for staff to be motivated the Council need to award employees according to their individual performance. It is good to reward an individual performance due to his or her performance so as to motivate them. This will avoid employees being lazy in performing their work and this can be done by performance related pay that is when someone performs well can be rewarded even with money or bonuses and non financial rewards such as praise, recognition and opportunity for more challenging tasks.

Most health workers suggested that the management should ensure that that there is enough supplies and equipment. Most of staff complained when they ordered medicines from MSD what was received did not match the order. It was also suggested that training of staff should be done effectively as there is no proper training plan. Presence of training plan would avoid biasness in opportunities for training. Most of the employees complained that they were not get getting training because there is biasness in selection of who should go for training. "There are people who go on getting training opportunities repeatedly and we are not getting the same chance. Participants for the seminars were repeatedly attending the seminars while others were not."

The health workers also required housing and transport allowances be provided to all the staff instead of the current situation where only higher managers are getting accommodation

Most of staff agreed that there is clear job description but it was not written. They suggested that it is put in writing so that every staff has a copy of job description. This is very important for motivation so as to avoid confusion of who should do which task.

Since most of the health workers get less than USD 150 per it may be very dissatisfying. Some employees recommended that effort done to liaise with the government to increase staff salaries to cope with the current economic situation and increasing inflation rates.

6. Discussion, Conclusions and Policy Implications

Firstly, based on the study findings it is concluded that, Staff promotion system is inadequate due to the fact that some of staff has not been promoted for at least ten years. In addition promotion was not given concurrently with the financial incentives.

Secondly, health workers revealed the problems which lead to their dissatisfaction and therefore demotivation. There is inadequate staff recognition as they perform better, unwritten job descriptions, and poor working conditions. The health workers also revealed that the criteria used to select those who should go for training whether on the job or off the job was full biasness as there was no proper training plan. Shortage of staff, supplies and equipment as well as unsatisfactory remuneration packages are other factors which were found to be very dissatisfying.

Based on the above the paper recommends that, in order for Tanzania to improve staff motivation and therefore ensure effective, efficient and quality health care services delivery to the community it serves the following issues must be considered:

1. Design a promotion schedule which will form the basis for criteria and periodic staff promotion without delays. The schedule will enable management managers to make decisions on promotions from time to time.
2. There must a recognition scheme for recognition of staff who reach excellence in performing their duties for example recognition letters of appreciation
3. There should be a clear and agreed training plan which show who should attend training, where and when and with which sources of fund.
4. Job descriptions should be written to all the staff to avoid confusions in day to day parlance of tasks
5. There should proper schedule for ordering supplies and equipment in order to avoid delays
6. Liaise with the government on the possibility of increasing salaries to those who are underpaid
7. Ensure proper human resources planning to avoid high rates of turnover that lead to shortage of staff
8. Introduce a system of MBO in OPRAS where every staff has objectives, implement them and account for

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