

# **The Practice of Local Good Governance in Terms of Responsiveness**

## **The Study Conducted at Selected Health Centers from Boloso Bombe Woreda, Wolaita Zone, SNNPRS, Ethiopia**

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### **1. Abstract**

This study was conducted to assess the practice of good governance in terms of responsiveness in selected health centers of Boloso Bombe, Wolaita Zone, SNNPR Regional State in Ethiopia. To achieve this objective, the study has used proportionate to population size technique. It was employed to identify and draw respondents from service provider. Totally, 120 respondents were selected through proportionate to population size sampling technique. By using accidental sampling method; 30 service users were selected from each health centers. We employed a qualitative and quantitative approach to assess the practice of local governance. The results of the study reveals that: the challenges of the selected health centers with regard to responsiveness parameter, less work commitment of professionals, shortage of electric power, shortage of Ambulance facilities, lack of infrastructure, shortage of water, shortage of drug supply and medical equipments, inadequate budget allocation, lack of adequate professionals (human resource) in each department, low level of awareness among the community about the delivery services, lack of performance review, absence of adequate team coordination and less awareness of responsiveness. Moreover, a negative attitude of service providers responded that giving chance for upgrading, increasing salary, per diem payment, educational training, and positive reward for good achievement and supportive supervision was explained as another set of opportunity to promote responsiveness. Finally, we recommend that the sector have to improve annual budget share of the health sector, developing information dissemination, giving priorities to purchase drugs and medical equipments, increasing incentive system to those who serving the clients with filled dedication, and encourage clients to present their complaints are the most important activities to ensure responsive governance in the study area. At the end it would have an implication of positive view to such governance to make decentralized perfect decision and create an initiation for other similar sectors.

**Keywords:** Good Governance, Decentralization, Responsiveness.

### **2. Background of the Study**

Good governance has become a common term that is repeatedly used in development and political literatures since the end of the 1980s. Since then, it has gained significant attention in the world, especially, among international organizations as well as scholars in the academic world. However, during the Cold War, much importance was not given to good governance rather given priority to the Structural Adjustment Program (Imran, 2009).

People assumed responsive good governance when the accomplishment of the government is in a right way and the available resources are properly used for the good as well as when the majority of the people secured and their livelihood improved genuinely (Mekolo and Resta, 2005).

The historical condition of good governance in Ethiopia is not an exception to what was prevalent in other developing countries. Throughout its long history, monarchial type of administration was the dominant governance style in which the monarchs were sensitive more to the "Divine Power" than their subjects (Hope, 2003). The governance system was not changed as the country has adopted the doctrine of socialism in place of monarchial system. Similar, to its predecessors, the art of governance was the business of few military officials who were known as Dergue. No efforts have been undertaken towards good governance. The above reality was also the same on the study area. Therefore, this study was designed to assess the implementation of local good governance in terms of responsiveness at the selected health centers in Boloso Bombe Woreda \_Wolaita Zone \_ SNNPRS, Ethiopia.

### 3. Statement of the Problem

ADB and ADF (2009), identified the good governance consolidation challenges like: lack of adequately trained human resources in the legislature, the executive, judiciary and civil service. These challenges undeniably use a debilitating causal impact on the quality of service delivery. The process of promoting good governance practices at grass root level is facing various challenges and not strongly assessed to provided possible measures; it could significantly impede democratization, social, cultural and economic growth and development and poverty eradication endeavors of the country in general and the selected woreda in particular (Zemelak, 2009). Responsive has a number of important attributes but should not implemented in respect of the users through proactive, impractical, hidden in problem solving and facilitative approaches are not accessible in terms of hours of operation, location and technology, time lines or efficiency, incompleteness and how to adapt the response to the community. In support of these, lack of coordination among local government services, capacity to allow continual improvement through feedback (Armstrong, 2004). He found out, responsiveness requires that institution and process try to serve all stake holders within a reasonable time frame effectively and efficiently but the sectors are acting negatively.

The knowledge on good governance practice challenges and the successes achieved at grass root level seem blurred. Yet, there are strong lessons we can draw from studying context and area specific investigations. We can get it from doing so on both the challenges side and the opportunities and success markers in the process of consolidation and promotion of good governance at grass root level.

Therefore, the main purpose of this study is trying to illuminate and addition the existing conceptual and empirical knowledge concerning good governance practice from the perspective of responsiveness in the case of Boloso Bombe Woreda in SNNP Regional state in Ethiopia.

### 4. Specific Objectives of the Study

The specific objectives of the study are:

- To trace out the practice of good governance in terms of responsiveness
- To evaluate the challenges with regard to ensuring responsive governance in the study area.
- To bring out opportunities for the practice of Good Governance focus on responsiveness of selected health centers in the study area and these objective answered the following research questions like: how to trace out the practice of good governance interims of responsiveness?, what are the challenges that hinder ensuring the responsive governance? And how to bring out the opportunities in focus of good governance, responsiveness?

## 5. Justifications

### 5.1 Concepts of Governance

According to (Douglass North 2000), governance is "rules, enforcement mechanisms, and organizations". Governance is about power, relationships, and accountability which have influence, who decides, how citizens and other stakeholders have their say, and how decision makers are held accountable (Schacter, 2000). It is political authority and the management of economic and social resources, as well as the capacity of governments to formulate sound policies in equitable manner (Smith, 2007).

## 5.2 The Conceptual Framework of the Study

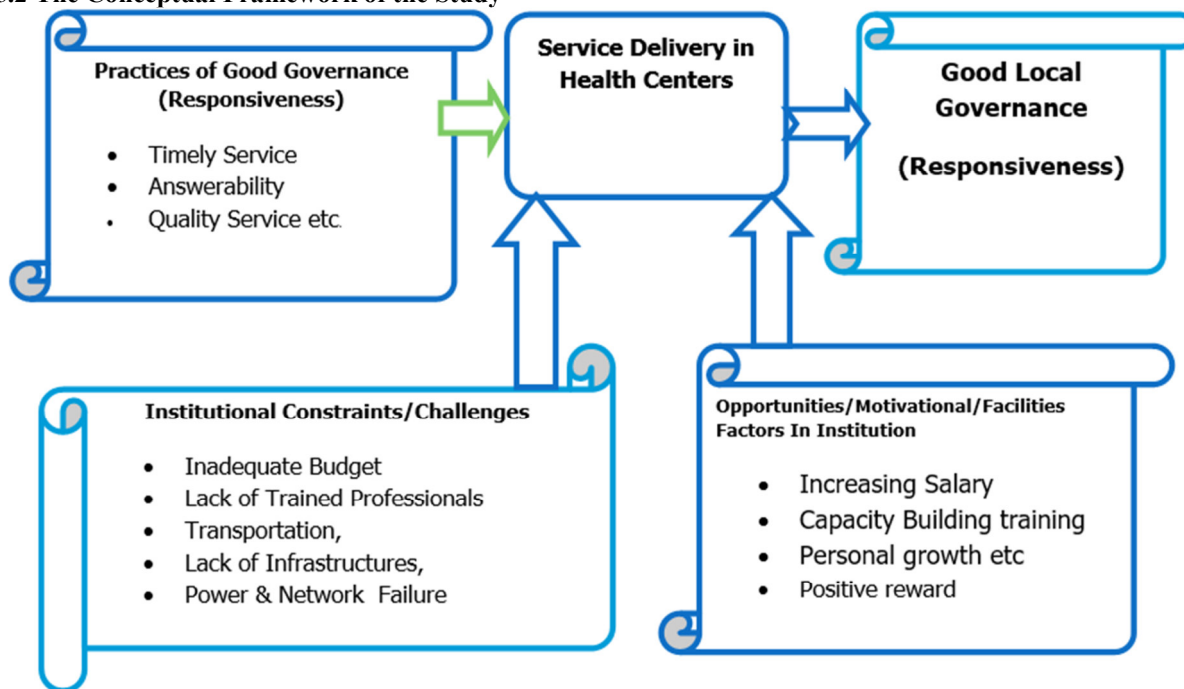


Figure 2.1. Conceptual Framework

Source: Researchers Own Sketch, 2017

## 5.3 Decentralization and Decentralized Governance

Decentralization is the transfer of authority and responsibility for public functions from the central government to subordinate or quasi-independent government organizations and or the private sector Kundishora (1994) cited in Philip (2009). According to Walker (2002) which cited by Hadingham and Wilson (2003), decentralization is also defined as it is the transfer of political power, decision making capacity and resources from central to sub-national levels of government. Decentralization coupled with local governance, can promote partnership between the governors and the governed. Partnership, in turn, is about sharing power, responsibility and achievement. As such, it is an essential ingredient in sound governance (Hadingham and Wilson 2003).

## 5.4 Elements of Responsiveness

- **Participation:** All men and women should have a voice in decision-making, either directly or through legitimate intermediate institutions that represent their interests (ADB cited in UNESA, 2007).
- **Rule of law:** The term "rule of law" is used to mean independent, efficient, and accessible judicial and legal systems, with a government that applies fair and equitable laws equally, consistently, coherently, and prospectively to its entire people (Zaelke, 2000).
- **Transparency:** Transparency is all about availability and clarity of information provided to the general public about government activity. (UNDESA, 2000).
- **Consensus Orientation:** Good governance mediates differing interests to reach a broad consensus on what is in the best interest of the group and, where possible, on policies and procedures (UNDP, 1997)
- **Equity and Inclusiveness:** All men and women have opportunities to improve or maintain their well-being (UNDP, 1997).
- **Accountability:** Decision-makers in government, the private sector and civil society organizations are accountable to the public, as well as to institutional stakeholders. (UNDP, 1997).

## 6. Research Methodology

We applied descriptive approaches and employed qualitative, quantitative and cross sectional research design type since it involved in collection of data once during a limited amount of time in specific district.

Both quantitative and qualitative data were employed to answer the basic questions stated in the study and to attain desired objectives of the study. Data's were generated from both Primary and Secondary sources. The primary data were collected from respondents, in the form of oral interviews and questioner. The secondary data were collected from documents like records, current performance evaluation reports of the selected health centers, Woreda government office information, and published, unpublished documents. In addition, books and websites were supposed to improve this study. As some of the indicators of good governance like the level of

satisfaction, of the governed on their government agencies and institutions performance are normative; the researcher assessed and analyzed them qualitatively.

The sample size was selected proportionate to population size technique on the following formula which was generated by Yemana Tora (1967):

$$n = \frac{N}{1 + N(e)^2} \quad \text{Where;}$$

n = Sample size  
N = the total servants  
e = Level of Precision

Based on the above formula the researcher was selected 120 respondents.

$$n = \frac{209}{1 + 209(0.05)^2} = 137$$

## 7. DATA ANALYSIS AND DISCUSSION

In conducting the study, 137 questionnaires were distributed and 120 were returned from customers. The response rate from the categories of the respondents was 99.83%. It is discussed in the following manner:

### 7.1 Awareness about the Services Available

According to Federal Democratic Republic of Ethiopia (FDRE) Service Delivery Policy (2001) Citizen should be given full information, accurate information about the public service that they are entitled to stimulate. Concerning aware of services available 92 (76.7%) of respondents were aware of the services available in selected health centers while 28 (23.3%) were not aware of the services in health centers. Client's response regarding awareness of the service availability is summarized in Table 1 below at appendix A.

### 7.2 Practices of Good Governance interims of Responsiveness in the Study Area

One of the key indicators to check the practice of good governance in terms of responsiveness is providing timely service to customers. Out of total respondents 75 (62.5%) reported that they obtain timely service from the organization and while the rest 45 (37.5%) reported that they didn't obtain timely service from the providers. This is supported by table 2 below at appendix A.

Furthermore, the respondents were requested about the quality of service provision they obtain from the organization. The data clearly shows in table 3, majority of respondents 80 (66.6%) responded that there was a problem on the quality of the service they obtain and the remaining 40 (33.4%) of respondents have doubts on the quality of the service they obtain.

Patients should have suitable travel and short waiting times for getting care as soon as wanted having short waiting times for having examination done during emergency (Rylance, George1999). In relation to rapid patient's care the service users/clients/replied that, 47 (39.2%) of respondents judged the quickness of service during emergencies was poor while 15 (12.5%) said very good, 25 (20.8%) said good, 28 (23.3%) said moderate and the rest 5 (4.2%) said very poor which was supported by table 4.

Therefore, from the above three indicators it is possible to recommend that the organization should have to check its system of service provision in order to improve the practice of good governance in terms of responsiveness.

### 7.3 Major challenges in providing responsive service in the Organization

This study tried to investigate the major challenges which hinder effective provision of services as per the demand of the customers in the organization. Based on this, the result of qualitative data collected through focus group discussion with top management bodies and employees of the organization clearly depicted that inadequate budget, shortage of power, lack of information destination, lack of trained professionals, transportation problem and lack of timely information identified as the major challenges with their degree of influence were known respectively.

According to clients (customers) response in order to get responsiveness from selected health centers, both customers and service providers should cooperate; service providers have to be transparent, service providers should be committed, respect rules and regulation of civil service, use resource effectively and efficiently; Inter-sectoral cooperation should be strengthened; medical supply of equipment and material have to be improved; waiting areas should be comfortable for patients; qualified professionals should be employed and existing should be trained; and budget allocation have to be improved.

Now, there is a clear consensus among scholars and institutions that good governance and sustainable development are two sides of the same coin. However, there are numerous challenges of good governance in many developing countries. ECA (2005), in its governance report, mentioned some of the challenges faced

African countries. Among these: the democratic process is fragile, uneven, tenuous and remain pathetic and barely institutionalized, the culture of political authoritarianism manifested in military dictatorship and one party system is dominant; in most countries, institutional capacity is weak, there is little transparency and accountability, corruption is the common phenomena in the business of the government, inefficient service delivery is common in some countries. These arguments of ECA strongly support our case study health Centers at table 6 and 7 below.

#### **7.4 Opportunities of Responsiveness, Staff Motivation Mechanisms and Interview Result**

Opportunities of good governance consolidation and promotion moves of the current government include: presence of good constitution, conducive policies and some initiatives by government; the establishment of Ethics and anti-corruption commission, Ombudsman, Human Right Commission, Ministry of Women's Affairs, initiative of civil societies, and presence of favorable condition to get organized and the existence of better education opportunities and exposure to mass media are paramount one (DFID, 2007). Concerning opportunities for good governance responsiveness total (100%) service providers revealed that there are some opportunities which promote terms of responsiveness to improve good governance in the study area such as 1 to 5 development networks and command post which regularly discuss and give feedback at the end of each week in the gap of service delivery to take all necessary actions to narrow the gap, and then preparing community forum to receive extra feedback were practicing as the opportunities of responsiveness.

##### **A. Service Provider's Response for the Evaluation of Staff Motivating Mechanisms**

According to Gredler, Broussard and Garrison (2004), motivation as governed by reinforcement, the attribute that moves us to do or not to do something. Intrinsic motivation is motivation that is animated by personal enjoyment, interest, or pleasure. Motivation energizes and sustains activities through the spontaneous satisfactions inherent volitional action. Service providers concerning motivation (table 8), more than half, 58 (58%) of providers responded that the staff motivating mechanism of their institution was poor, Where as 10 (10%) of the service providers responded that the motivating mechanism of their institution was very good, while 11(11%) of the respondents responded that the motivating mechanism of the institution was good and 10 (10%) of the service providers responded that the motivating mechanisms of their institution was very poor. According to service provider's response that the motivating mechanism of them given here under: per Diem payment, giving opportunity for training, increment of salary, giving chance for up grading, impartiality, creating conducive working environment, and having a response/praise/from the community for giving appropriate service for the community.

##### **B. Service Providers Response for Staff Motivation**

Service Providers were asked for factors that encourage them in their office and accordingly factors that encourage them in their office included out of total respondents 24% service providers responded that giving chance for upgrading motivate them, 22% of service providers responded that increasing salary motivate them, 20% of service providers responded that per diem payment as motivating factor in their office, 17% of service providers replied that fair professional handling, as a motivating factor, 17% reported that educational training as motivating factor in their office, 17% reported that positive reward for good achievements a motivating factor in their office, and 8% of the service providers reported that supportive supervision as motivating factor and motivate them in their office summarized in table 9.

##### **C. Competency of Health Workers**

To provide quality service and fulfill the needs of clients, providers have to be technically competent. According to in-depth interview with head of health centers, most providers were technically competent; however some of the professionals who were graduated from private colleges and universities were less competent.

##### **D. Rules and Regulation in the Health Center**

During in-depth interview, head of health centers cited rules and regulations followed in health centers for service delivery to minimize complaints and improve responsiveness. These included being peaceful in work environment, respecting professionals ethics, respecting clients, keeping medical records confidential, maintaining privacy during physical examination, providing cost free service maternal care, guiding clients that don't know where to go for services and others and those who fail to perform his duties have been punished accordingly.

## **8. CONCLUSION AND RECOMMENDATIONS**

### **8.1 CONCLUSION**

The main objectives of the study was to assess the local Good Governance emphasizing on Responsiveness with indication to the case of selected health centers in Boloso bombe woreda. Stress was given to different features such as practice of good governance in terms of responsiveness in the selected health centers; the challenges faced by the selected health centers with regard to ensuring responsive governance and the opportunities for the practice of Good Governance focus on responsiveness in the study area.

The main objective of this study was to assess the practice of good governance in terms of responsiveness in the study area. Hence, the responsiveness was examined as per the indicators such as timely service, answerability, quality of the service, institutional and human resource related issues in the selected area. The assessment showed that health service deliveries at the health centers are not yet responsive for the clients in the study area. The health service delivery is extremely interrelated to the resource availability that can backup health service measures need to be delivered. Thus, the study identified the availability of financial, human, material resources together are the major prerequisites to provide responsive health service delivery in the study area.

The results of this study reveals shows about the challenges that hinder the effective functioning of the institution and need action for further improvement of the institution include poor professionals commitment, lack of electric power, network problem, shortage of Ambulance, lack of infrastructure, shortage of water supply, shortage drug supply, medical equipment, shortage of budget, lack enough professionals (human resource) in each department, hard topography of the area, less awareness of the community, lack of review of performance regularly, poor utilization of allocated budget, poor team coordination, less awareness of responsiveness and partiality among professionals and less NGO'S participation. Therefore, the study identified the challenges as the major factor impediments that the health service delivery in the selected health centers. This idea was supported by directors of selected health centers.

The third objective of the study was to assess the opportunities for the practice of Good Governance focus on responsiveness of selected health centers. The presence of 1 to 5 development networks and command post which regularly discuss and give feedback at the end of each week in the gap of service delivery to take all necessary actions to narrow the gap, and then preparing community forum to receive additional feedback were found in the study area as the opportunities of responsiveness. Moreover, service providers responded that giving chance for upgrading, increasing salary, Per Diem payment Educational training (training which are related with their profession), Positive reward for good achievement and Supportive supervision was also identified as one of the opportunities to promote good governance in general and responsiveness in particular in the study area. Thus the findings of the study explained the identified opportunity to increase responsiveness in selected health centers.

## 8.2 RECOMMENDATIONS

As remedies for better success in terms of local good governance responsiveness should delivery:

- **The encouragement of Clients:** As this study reveals there was no satisfaction in service delivery of health centers in the study area regarding to immediate feedback on their complaints through entire delivery of the services. Therefore, it is better that the health centers should encourage clients to present their complaints and exercise their right when they are dissatisfied with the service in the health center as well as the center should be committed to give immediate response in presented complains at the right time.
- **Upholding Service Providers' Motivation:** The findings of the study concerning the motivation of the service providers' shows that they were not motivated in terms of salary and other benefits. They also mentioned that there is a lack of opportunity for education, lack of short term in-service capacity building training etc. Hence, it is better that the health office of the Woreda should encourage the employees of health centers by providing educational opportunities, short term capacity building based on authentic work performance. Further, it is better that if the government revises their salary against their work load.
- **Establishing a System for Regular Health Center Performance Monitoring and Support:** As far as the network aspect of the sampled health centers concerned, there is a lack of coordination among different stakeholders of health service delivery. Hence, the woreda health sector office should establish a concrete partnership among various stakeholders in the study area to promote more responsive health governance at Woreda level. In order to achieve this, they are expected to have a standardized monitoring mechanisms and support system.
- **All Necessary Materials or Logistics should be fulfilled:** The major challenges of responsive health service delivery are lack of drugs, shortage of medical equipments, absence of water facilities in health center, low commitment of the health professionals working in health centers and low professional working capabilities of professionals. Thus to improve such constraints during budget allocation, the health sector required to give priorities with regard to purchase of the required amount of drugs, fulfillment of medical equipments and improving the health service facilities at the level of health centers. Consistent training programs should be given to undertake related field of work. In order to ensure better quality of health service provision, provision of basic infrastructures and facilities ought to be immediately fulfilled to retain public servants and to deliver consistent and timely service to the clients of the health centers in the study area. We reveal that there was less answerability in selected sector for the complaints clients after availing the services from service providers. Thus to create consistent and answerable governance at the study area, local governments in collaboration with the regional government and partners should put in place of responsive service delivery. Hence, creation of

grievance/complaints handling mechanisms should be developed in the study area.

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## Appendix A

| Table No. | Variables                       | Responses | Frequencies |    | n   | Percentage |      | Total |
|-----------|---------------------------------|-----------|-------------|----|-----|------------|------|-------|
|           |                                 |           | Yes         | No |     | Yes        | No   |       |
| Table 1:  | Awareness of Services Delivered |           | 92          | 28 | 120 | 76.7       | 23.3 | 100   |
| Table 2:  | On time service                 |           | 75          | 45 | 120 | 62.5       | 37.5 | 100   |
| Table 3:  | Obtain Quality Service          |           | 40          | 80 | 120 | 33.4       | 66.6 | 100   |

Source: Field Survey by Authors, 2017

## Appendix B

| Table 4: Health Service during Emergencies | Frequency  | Percentage |
|--|------------|------------|
| Very Good                                  | 15         | 12.5       |
| Good                                       | 25         | 20.8       |
| Moderate                                   | 28         | 23.3       |
| Poor                                       | 47         | 39.2       |
| Very poor                                  | 5          | 4.2        |
| <b>Total</b>                               | <b>120</b> | <b>100</b> |

Source: Field Survey by Authors, 2017

### Appendix C

| <b>Table 5: Clients' Suggestion to improve responsiveness</b>                          | <b>Frequency</b> |
|--|------------------|
| Service providers and clients should cooperate   | 23               |
| Service providers have to be transparent,  | 7                |
| Service providers should be Committed,   | 19               |
| Respect rules and regulation of civil service  | 15               |
| Use resource effectively and efficiently   | 18               |
| Inter- Sector cooperation should be strengthened                                       | 6                |
| Medical and material supply to be improved   | 25               |
| Waiting areas should be comfortable for patients                                       | 10               |
| Qualified professionals should be employed and trained                                 | 43               |
| Budget allocation has to be improved   | 15               |
| <b>Source:</b> Field Survey by Authors, 2017 <b>Key:</b> Multiple Answers are possible |                  |

### Appendix C

| <b>Table 6: Challenges during Service Delivery</b>                                     | <b>Frequency</b> |
|--|------------------|
| Few peer and Poor professionals Commitment   | 5                |
| Lack of inter - Sector Collaboration,  | 3                |
| Lack of Electric Power   | 4                |
| Network Problem  | 5                |
| Shortage of Ambulance  | 7                |
| Lack of Infrastructure and transportation  | 7                |
| Shortage of Water Supply   | 6                |
| Shortage of Drug Supply  | 8                |
| Shortage of Medical Equipment  | 7                |
| Shortage of Budget   | 9                |
| Hard topography of the area,   | 3                |
| Lack enough human resource in each department  | 7                |
| Less awareness of the Community  | 3                |
| Lack of review of performance Regularly  | 5                |
| Poor utilization of allocated Budget   | 5                |
| Poor team Coordination   | 4                |
| Less awareness of Responsiveness   | 4                |
| Partiality among Professionals and less motivation                                     | 4                |
| Less NGO'S Participation   | 4                |
| <b>Source:</b> Field Survey by Authors, 2017 <b>Key:</b> Multiple Answers are Possible |                  |

### Appendix D

| <b>Table 7: Suggestions by Service Provider</b>           | <b>Frequency</b> |
|---|------------------|
| Assigning additional Ambulance for Emergencies            | 7                |
| Solving infrastructures Problem                           | 7                |
| Availing solar energy for Power interruption              | 4                |
| Improving Medical Equipment and Drug Supply               | 12               |
| Increasing Participation of Non-Governmental Organization | 8                |
| Increasing Budget Allocation System                       | 25               |
| Creating Awareness for the Community                      | 3                |
| Motivating Professionals equally                          | 4                |
| Promoting peer and Professionals Commitment               | 18               |
| Increasing review of performance regularly                | 5                |
| Using resources effectively and efficiently               | 12               |
| Cooperation and Collaboration of all Stakeholder          | 15               |
| Giving reward for good Performed Professionals            | 8                |
| Increasing employment of qualified Professionals          | 9                |
| Training the staffs about Responsiveness                  | 8                |
| <b>Source:</b> Field Survey by Authors, 2017              |                  |



**Appendix E**

| <b>Table 8: Staff Motivating Mechanisms</b> | <b>Frequency</b> | <b>Percentage</b> |
|---|------------------|-------------------|
| Excellent                                   | 11               | 11                |
| Very Good                                   | 10               | 10                |
| Good  | 11               | 11                |
| Poor  | 58               | 58                |
| Very poor                                   | 10               | 10                |
| <b>Total</b>                                | <b>100</b>       | <b>100</b>        |

**Source:** Field Survey by Authors, 2017

**Appendix F**

| <b>Table 9: Factors of Motivation</b> | <b>Frequency</b> |
|---------------------------------------|------------------|
| Giving Chance for Upgrading           | 24               |
| Increasing Salary                     | 22               |
| Per Diem Payment                      | 20               |
| Educational Training                  | 17               |
| Positive Reward for Good Achievement  | 17               |
| Fair Professional Handling            | 17               |
| Supportive Supervision                | 8                |

**Source:** Field Survey by Authors, 2017 **Key:** Multiple Answers are Possible