EXAMINING THE CONTRIBUTION OF HEALTH AND SAFETY PROGRAMME TO THE ORGANISATIONAL PERFORMANCE

A CASE OF TEMEKE MUNICIPAL - DAR ES SALAAM
EXAMINING THE CONTRIBUTION OF HEALTH AND SAFETY PROGRAMME TO THE ORGANISATIONAL PERFORMANCE

A CASE OF TEMEKE MUNICIPAL – DAR ES SALAAM

By

Amani Shao

A Dissertation Submitted in Partial Fulfilment of the Requirement for the Degree of Master of Public Administration of the Mzumbe University
CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled Examining the Contribution of Health and Safety programme to the Organizational Performance, in partial/fulfilment of the requirements for award of the degree of Master of Public Administration of Mzumbe University Dar es Salaam Campus.

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DEDICATION

I would like to dedicate this dissertation to my wife Rhoda and my mother Susan Mahembe for their great moral support.
LIST OF ABBREVIATIONS AND ACRONYMS

CAG  Control and Auditing General
ESAW  European Statistic on Accident at Work
EU  European Union
EWCS  European Working Condition Survey
ILO  International Labour Organisation
LFS  Labour Force Survey
OSHA  Occupational Safety and Health Administration
UN  United Nations
WHO  World Health Organisation
USA  United States of America
EANPC  European Association of National Productivity Centres
UDSM  University of Dar-es-Salaam
HIV/AIDS  Human Immuno Deficiency Virus/Acquired Immuno-Deficiency Syndrome
ABSTRACT

This study was conducted at Temeke Municipal Council - Dar es Salaam with the main objective to examine the contribution of implementation of health and safety programme to the organisational performance. Particularly, this study intended to examine how Temeke Municipal implements the programme, to assess the success of the implementation of the programme and to evaluate the improvement of performance of employees at Temeke Municipal after the implementation of the programme.

This study employed a case study research design where the purposive and simple random techniques were used to acquire respondents. The questionnaires and interview were the instruments used for data collection from 30 respondents. The analysis of the data were done using the SPSS and Microsoft Excel spread sheet for quantitative data while the direct quotations were used to present the qualitative data. The findings of this study show that, there is direct link between health and safety at working place and the improvement of workers performance. The Temeke Municipal Council is embarked on implementation of various health and safety programme objectively to improve the workers performance and increase service provision to the society. Despite all the efforts, there various challenges which need to be addressed so as to reach the pre-determined goals. Those challenges include shortage of funds to enable the successful implementation of the programme, shortage of experts to train and create awareness to the employees on health and safety issues, but also the readiness of the employees to support the management on implementation of the programme.

The findings show that, the Municipal is working hard on resolving those challenges, however, the government has to invest and set enough budgets for the implementation of health and safety programmes for better performance of employees. The researcher insist on the proper utilization of the small funds that is available by setting the priority to the health and safety at working place. Workers spend a great deal of their time in organizational settings thus it has to be in better condition for better performance.
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CHAPTER ONE
INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction
Recently, there is an increase of attention paid to organizational health and safety due to pressure from Trade Unions, Labour Laws and enlightened attitudes of employers. The current situation necessitate the establishment of various organizations for instance OSHA in Tanzania mainly to foresee the health and safety of employees at their working place as well as to make sure the labour laws and policies patterning to employees health and safety are properly implemented. Workers spend a great deal of their time in organizational settings thus it has to be in better condition. There is direct link between organizational efficiency and health and safety. Gupta (2006) argues that unless the working conditions, lighting, ventilation, cleanliness, temperature and space proper workers cannot concentrate on work while safety helps to improve morale and productivity of workers as they can concentrate on their work with confidence and without fear.

Efforts to resolve issues of compliance or lack of contribution are often subject to the additional training, policies and punitive measures. Although training and progressive discipline procedure are important when an organisation sees an explainable trends in injuries or collective trend of disengagement in health and safety processes it is time for an organisation to reflect critically on other aspects of their business such as organisation culture (Health and Safety Ontario, Health work place journey to excellence).

An International Labour Organisation (ILO) and World Health Organisation (WHO) shared a common definition of Occupational Health and Safety since 1950. They define that Occupational Health should aim at the promotion and maintenance of the highest degree of physical, mental and social wellbeing of worker in all occupation. The prevention amongst workers of departure from health caused by their working conditions, the protection of workers in their employment from risk resulting to factor adverse to health, the placing and maintenance of the worker in occupational
environment adopted to his physiological and psychological capabilities. The main focus in occupational health is on three different objectives:

(i) The maintenance and promotion of workers health and working capacity
(ii) The improvement of working environment and work to become conducive to health and safety.
(iii) Development of work organisation and working culture in the direction which support health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertaking.

The concept of working culture in this context mean a reflection of essential values system adopted by the undertaking concern, such culture is reflected in practise in managerial system and personnel policy, principle for participation training policies and quality management of undertaking. Bokinni (2006) in his view described safety as control of recognised affair an acceptable level of risk while safety means freedom from the occurrence of injuries or loss.

Health and safety at work place have to be given a priority prior other human resource aspects. Unfortunately, this is not a case to most of organizations particularly in third world countries. For instance, in industries and manufacturing companies, some of machines are operated by human beings and equipment is not safe. The use of hand tools and many other operations call for attention from relevant authorities, regulatory bodies, societies, scientists, professional and businessmen to establish safety and health programs and laws governing all work activities.

1.2 The background information

The history of industrialized countries shows that social and economic developments are closely interdependent (Dialogues at Economic and social council United Nations, 2008). No Nation has achieved sustainable economic development by neglecting social programs nor has anyone achieved social wellbeing without standing on sound economic ground (Robert Paehlke). The essential link between health and economic phase is the working population. A healthy employee is a key
factor for sustainable social economic development. They contribute seriously to the wealth of an organisation. Worker became a back bone of massive industrialization and indiscriminate employment of vulnerable groups and children. Most employees were inexperienced and unskilled on the type of task involved in the occupation.

Employee then became special risk group, poor and unsafe working condition, rapid introduction of new industries, invention and application of new tools for mass production and other process brought about serious danger not anticipated to the employee. All these resulted to the significant danger to both employees and their families. They became exposed to various occupational diseases and serious accidents aggravated by endemic diseases like malnutrition, worm infection, malaria and others. Death toll was much, hence became the origin of occupational health as means of protecting health and welfare of employees.

The root of these problems is in USA and is known as Occupational Safety and Health Administration (OSHA) formed under the department of labour as the Occupational Safety and Health Act. That Act was signed by President Richard Nixon, on 29th December 1970. Its mission was to prevent work related injuries, diseases and occupational fatality by insuring and enforcing standards for work place, safety and health. The agency is headed by a Head Deputy Assistant Secretary of Labour.

The programme was designed to be implemented in the low income countries of sub Saharan African. Given that Temeke Municipal provided on the main source of Waged Employment. However, hospital construction and other activities like cleaning sewage are most dangerous areas with highest rate of risks accidents. The health of workers is very likely to be damaged by exposure to dust, noise as well as chemicals.

Tanzania, like other Sub Saharan African countries, the Occupational Health and Safety Administration dates back in the 1960s when the first legal instrument was introduced by colonial government (The Factory Ordinance Act, 1950). Recently
development in work place relation raised amendments to previous legislation and brought up to a legislation that extensively provides for Occupational Health Safety known as the Occupational Health and Safety Act, No 5 of 2003. The legislation is under the Ministry of Labour and Youth Development and it has raised the need to strengthen the factories inspectorate due to expansion of industrial sector that led to recruitment of Inspector Training and Acquisition of an assortment of Medical environment, monitoring and other technical equipment. Thus, OSHA programs are important in Tanzania work places whether Governmental or non-Governmental organisation.

Temeke Municipal Council constituted with a number of workers in different sectors and department. The study based on the availability of OSHA programs at the Municipal and how the program has affected employee performance whether positively or negatively. According to National Institute of Occupational Health and Safety (1994), Occupational Health and Safety implies health work environments. These two elements are necessary to workers as individual’s organisation, communities and country at large. The Occupational Health and Safety is important in ensuring the health and safety of workers at their working places as well as its positive contribution to productivity, quality of products, work motivation, job satisfaction and even overall quality of life of individuals and society at large.

The rationale of studying health and safety relies on the major issues of workers development focus on the maintenance of physical and mental health of workers in the context of work place. The Occupational Health and Safety Act, recognises that hazards are coming in many work places and affect large number of workers. Most of working places are characterized by hazardous physical, chemical or biological exposure that may be hazardous to health of an individual working capacity.

The rapid change in modernized working environment necessitate an increase demand of learning new skills, need to adopt new types of work, pressure of high productivity and quality of work, time, pressure, hectic jobs and with growing psychological work load and stress among the work force (WHO, 1990). Such kind
of development requires high priority to be given to the psychological aspect of work. Many individual spend one third of their adult life in such hazardous working environment. Occupational accidents with their fatalities occur annually in additional to unnecessary human suffering; the costs involved in these are very high.

1.3 Statement of the Problem
Koffi Annan, former Secretary General of United Nations (UN) made a statement that “All too often lives are shatter unnecessarily of poor working condition and inadequate safety system. Let me encourage everyone to join the ILO in promoting safety and health at work, it will not only sound economic, policy but also a basic human right”. The statement above indicates that the occupational health and safety policy still are taken for granted. However the constant monitoring and auditing of safety, working condition at work place is of most important, Seun, 2002. Health and Safety at working environment is very important asset to every employee and has a positive contribution to the individual performance as well as productivity.

If workers are provided with safe working environment they can perform better in their jobs. Before 1950 health and safety programme was yet to be introduced in terms of being practised in Tanzania since it is very expensive and lacked expertise for establishment. Even few places where it was introduced the programme was associated with poor management thus caused unsatisfactory results (CAG report 2013). In 1950, health and safety programmes introduced officially in Tanzania and encouraged security hence increased productivity (Factories Ordinance, 1950).

Despite the introduction and the implementation of health and safety programs at working places, still both private and public organizations have not witnessed its direct effects in improving workers and organisation performance; (CAG report of 2013) Temeke Municipal Council being the case. Therefore, this study intended to look on the contribution of health and safety programme towards improvement of employee performance.
1.4 Objectives of the Study

This study was guided by the following general and specific objectives:

1.4.1 General Objective

Examine the contribution of health and safety programme to the organisational performance at Temeke municipal Council -Dar es Salaam.

1.4.2 Specific Objectives

Specific objectives of this study were;

i) To examine how Temeke Municipal implements the programme

ii) To assess the success of the implementation of the programme

iii) To evaluate the improvement of performance of employees at Temeke Municipal after the implementation of the programme

1.5 Research Questions

In order to examine the contribution of health and safety programme implementation to workers performance in Temeke Municipal the following questions were asked;

i) How does the Municipal implement the programme?

ii) Is the programme successful?

iii) How is the workers’ performance before and after the implementation of the programme?

1.6 Definition of Key Terms

1.6.1 Health

In human resource context, Health refers to a state of complete physical, mental and social well-being and not merely the absence of disease (Gupta, 2006). It is an interaction between the individual and his environment (ibid).

1.6.2 Safety

Safety is the state of being “safe”, the condition of being protected against physical, social, spiritual, financial, political, emotional, occupational, psychological, educational or other types or consequences of failure, damage, error, accidents, harm
or any other event which could be considered non-desirable (Charles, 2009). Safety can also be defined as the control of recognized hazards to achieve an acceptable level of risk. This can take the form of being protected from the event or from exposure to something that causes health or economic losses. It can include protection of people or of possessions (ibid).

1.6.3 Health and Safety at Work

According to the International Labour Organisation (ILO) and the World Health Organisation (WHO) health and safety at work is aimed at;

i) The promotion and maintenance at the highest degree of physical mental and social well-being of worker in all occupations.

ii) The prevention among workers of leaving due to health problems caused by their working conditions.

iii) The protection of workers in their environment from risk resulting from factors adverse to health.

iv) The making and maintenance of the worker in an occupational environment adapted to his or her physiological and psychological capabilities and summarised the adaptation of work to a person and of each person to their job.

1.6.4 Employees Performance Management

Employees Performance Management is a process for establishing a shared workforce understanding about what is to be achieved at an organisation level. It is about aligning the organisational objectives with the employees’ agreed measures, skills, competency requirements, development plans and the delivery of results. The emphasis is on improvement, learning and development in order to achieve the overall business strategy and to create a high performance workforce.

1.7 Significance of the Study

i) This study reveals the implementation of the Health and Safety programme in Temeke Municipal hence awareness creation to all stakeholders

ii) The outcome of this study identifies the major challenges of implementing Laws, Policies and Health and Safety programme in Public Organizations
iii) The study comes up with recommendations that will be useful in the improvement of workers performance through the implementation of the mentioned programme.
iv) This study adds more knowledge on field of human resource management specifically on workers performance improvement as well as health and safety at working place.

1.8 Organization of the dissertation

This dissertation is composed of five chapters, as follows; Chapter One is an introduction of this study, within this chapter the general overview of occupational health and safety programmes in working place are elaborated. The chapter is divided into eight different parts; back ground of the study, statement of the problems, objectives of the study, research questions, and significance of the study. Other parts include organisation of study, definition of key terms and the last part is conceptual frame work.

In chapter two, various literature related to the study are reviewed in order to incorporate the other people ideas to the study and identify literature gap. Both theoretical and empirical literatures regarding the subject matter are reviewed. In the part of theoretical literatures review, the main theories of the occupational health and safety programmes in organisation are elaborated. These theories are the base for argument as accentuated by Paul (2008) that, for any research field to advanced it has to have its own ‘core’ theory and set of reference displaces it draws on and contributed to in empirical review. The current literatures related to the study are reviewed. As whole this chapter lays the theoretical ground of the study.

Chapter three describes the research design and methodology that was used together and analyse the data collected. Very specifically this part presents research design, area of the study, population of the study, sample and sapling procedure data collection method and lastly data analysis.

Chapter Four is the analysis of the study; the chapter is formulated by sections which were developed from the questionnaire and interview questions. The discussion of
the findings has met the researcher’s objectives and given the answers of the research questions

Chapter Five, is the summary, conclusions and recommendations. This chapter provides the summary of the complete study. It illustrates an observation underside on the findings obtained in the field. Moreover, the researcher proposes some concerns which he believes that, if they are put into observation they will add to what is prevailing.

1.9 Conceptual Framework

Health and safety is the condition normally characterized by working condition where a worker is safe from suffering a bodily injury or loss in the work place. It is concerned with activities that are geared to prevent the occurrence of accident. A personal is said to be healthy, if he or she is free from illness, injuries and mental problems that impair his or her performance capabilities (Ngirwa 2005). WHO define health as states of complete physical mental and social well-being are not merely the absence of disease or infirmity.

In the process of ensuring that the working environment is safe, various programmes have been developed and implemented. The successful implementation of the programme needs to have enough resource like skilled human resource, technology as well as financial. However, these have posed a greater challenge on ensuring that the ultimate ends of the agreeable targets are achieved. Most of public organizations face this challenge resulting to poor performance. In relation to that, there is also lack of facilities and infrastructure as well as lack of commitment of some of top management on supporting the programme. This hinders the programme achievements. However, the presence of rules, policies, laws, regulation and the intervention of stakeholders regulate the situation. All these plays a greater role on implementation of health and safety programmes in the working places. The outcomes of programme implementation are; improving service delivery, increase production, increase workers morale and confidence. The combination of this entire outcome improves the organization performance. The figure 1.1 below shows the
conceptual frame work of implementing health and safety programmes in an organization.

**Figure 1.1 Conceptual framework of implementing health and safety programme**

Source: Researcher Construct 2014
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction
This chapter reviews various literature related to health and Safety in a working place. The aim is to incorporate other people’s ideas into the case under review. The chapter therefore reviews various literatures and how these literatures could be used to supplement the study.

2.2 Empirical Literature Review
2.2.1 General Overview and Conceptualization
Over the past thirty years, Tanzanian societies have undergone significant changes and development, with important repercussion for issues of health at work and expectation of specialist knowledge and performance of occupational health. For organisation markets have become globalised and national boundaries are no longer obstacles to the transfer of capital resources, technologies, labour force and knowledge. Both public and private sector of economic life operate under pressure for development and often conditions of hard competition. They have at the same time been in cuts, in public expenditure in Tanzania. Technology developments, in most labour market sectors continue at high pace. There are implications for the health of the labour force and condition at work place due to those developments. The increasing speed and volume of work pressure for flexibility in an organisation and people and slimming of organisation lead to strain and stresses on the staff of an organisation.

There is a conflict of interest between employers needed to increase output and efficiency and the employee needs to maintain good health and protected from hazards at the work place. The satisfaction from each part of needs, demands intelligent management decision and lost huge amount of money to the work organisation. The management will be reluctant to allocate money for the conduct of health and safety program for its cost, but employees, their union government and
social groups are showing increasing concern for having effective safety program in the work organisation for general benefit of the society.

According to WHO (1994) defines health as state of complete physical, mental and social well being and not merely the absence of diseases or infinity. (Nguira, 2005: 515) states that a person is said to be healthy if he or she is free from illness, injuries and mental problems that impair his or her performance capability. Health is also considered as basic and dynamic force in people’s daily lives, influenced by circumstances, belief, culture and social economic and physical environments. In this context, health is viewed holistically as an interacting system with mental, emotional and physical components.

Occupational Health is defined as person’s health status (or status) of wellbeing) within the context of the work environment. Safety on the other hand is freedom from or protection against hazards at the place of work. Safety is a freedom of a person from physical harm Nguira (2005:515). The main purpose of employee safety programs is to prevent work related injuries and accidents. Employee health and safety is a part of employee welfare. The employee welfare is the state of having good health and comfort as well as employee stability and propensity. Thus employee health and safety should be treated as being part of the important function of working for employee welfare.

Employee welfare historically is used to encompass the employee physical working conditions, for example facilities related to sanitation, canteens, bars vending machines, disperancies, shortening working hours and any other initiatives of job satisfaction and improvement of quality of work life in places of work. The ILO has adopted more than 40 standards specifically dealing with occupational safety and health as well as over 40 codes of practise. Nearly half of ILO instruments deal directly or indirectly with occupational safety and health issues.

2.2.2 Fundamental Principal of Occupational Safety and Health

i) Occupational Safety and Health Convention 1989 (No. 155) and its protocol of 2002. The Convention provide for adoption of coherent national occupational
safety policy as well as action to be taken by the government and within enterprises to promote occupational safety and health and harmony working condition.

ii) Occupational Health services convention, 1985 (No. 169) Ratification. This Convention provided for establishment of enterprise level occupational health service which are entrusted with essentially preventive function and which are responsible for advising the employer, the workers and their representative in the enterprise on maintaining a safe and health working conditions.

iii) Promotional frame work for occupational safety and health convention, 2006 (No 187) Ratification. The Convention aims at promoting a preventive safety and health culture and progressively achieving a safe healthy working environment. It requires ratifying, states to develop in consultation with the most representative organisation of employers and workers, a national policy, national system and national programme on occupational health and safety. The national policy shall be developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155) and the National system and programmes shall be developed taking into account the principle set out in relevant to ILO instruments.

iv) Hygiene (Commerce and Office) Convention, 1964 (No. 120) ratification. This instrument has the objective of preserving the health and welfare of workers employed in trading establishment and establishment institution and administrative services in which workers are mainly engaged in office work and other related services through elementary hygiene measures responding to the requirement of the welfare at work place.

v) Working environment (Air pollution, Noise and Vibration) Convention, 1977 (No 148) ratification. The Convention provided that as far as possible, the working environment shall be kept free from any hazards due to air pollution, noise or vibration. To achieve this, technical measures shall be applied to enterprises and where this is not possible, supplementary measure regarding the organisation of work shall be taken instead.

vi) Chemical Convention, 1986 (No. 162) ratification. The Convention provides for the adoption and implementation of a coherent policy on safety in the house
of chemical at work, which includes the production, the handling, the storage, the storage and the transport of chemical as well as disposal and treatment of waste chemicals, the release of chemical resulting from work activities and the maintenance, repair and cleaning of equipment and containers of chemicals.

2.2.3 ILO Convention and Recommendation on Health and Safety
The ILO convenes annual sessions yearly to set and review common goals for all member countries. They always came out with Convention and recommendation as basic legislative frame work on social, political, cultural and economic matters (ILO 1992). They provide precise standards to be followed and adopted directly to any national legislation of respective member countries, usually upon ratification.

The ILO report of 1992 defines recommendation as non-binding guide lines that set the path for the formulation of national policies and action. These Conventions and Recommendation commands formulate and influence upon the development of social legislation in member countries at the world which can be of any subject matter thereof. According to the ILO Report 2002, the convention and recommendations represent international efforts to upgrade national measures and harmonize regulatory standards. They emphasize the need to establish a coherent national policy on health and safety. Particular emphasis is thus placed on the roles and responsibilities of the competent authority, supplier and employers as well as duties and rights of workers.

Some international convention ratified in Tanzania.

i) UN Covenant on Economic Social and Cultural Rights, 1966 (collected on 10/06/1976)
ii) UN Covenant on and Political Rights (1966) collected on 10/06/1976
iii) ILO paid educational leave convention, 1974 (No 140) ratified on 30/05/ 1985
iv) ILO Minimum Wage fixing Convention 1970 (No 131) ratified on 30/05/1983
v) ILO Human Resources Development Convention, 1975 (No 142) ratified on 30/05/1983
vi) ILO Chemical Convention 1990 (No 170) ratified
vii) ILO Protection of Wages Convention 1949, (No 95) ratified on 31/01/1963

2.2.4 Occupational Hazards and Diseases in Tanzania

Tanzania is experiencing rural, urbanization and modernisation which cause changes in mental and physical activities in particular the cities of Dar es Salaam and its Municipals especially Temeke Municipal which is the focus of this study. In Tanzania mainland the reported occupational accident during the 1990’s stood at the average of about 3,000 accidents annually with about 50% of accident recorded in Dar es Salaam region. In recent years the number of accidents reported has shown a decrease trend. In the recent years the number of accidents reported country wide were 1692 and 1889 respectively. During the same period a total of Tshs. 668,528,669.75 were used to compensate occupational accidents. The actual statistics might depict higher figures as there is a possibility of low level of reporting at the enterprises level.

Accidents and diseases are the products of unsafe and unhealthy condition at work place which can be available and preventable if necessary precautions become a matter of priority (Lerg, 1990).

The enforcement of occupational (health and safety standards in Tanzania is currently under taken by OSHA). The enforcement is accomplished through following activities work place registration, statutory inspection (electrical inspection, pressure vessels inspection and lifting equipment inspection) risk assessment training and information on occupational health and safety. Other activities includes diagnosis of occupational disease, occupational medical examination, environment monitoring.

2.2.5 Workplace Registration Status

The CAG Report of 2013 shows that OSHA has managed to register only 6,599 of estimated 27,500 work place in Tanzania which amount for 24% of the existing estimated work places. There are no strategies in place to identify unregistered work places. The same report also shows that few employees went through periodical and
exit medical examination. Out of 167 employees in 27 work places visited 66% of the employees have not undergone periodic medical examination while only 34% have attended medical examination within the three years period from 2009/2010 to 2011/2012 visited on 14\textsuperscript{th} March 2014.

2.2.6 Tanzania Health and Safety Legislation
This subtopic on legislations examines that safeguard health and safety of workers at their employment as well as general sphere of labour laws. The term law is literally defined by the Drake “the rule and measure of act whereby a man obliged to act or omit or refrained for acting or omitting things”. (Drake, 1983). Despite the non-obligatory structure of ILO Convention and Recommendations they set forth trends footage for member states to improve their statute. Significant step has been observed in Tanzania from the post-Independence. Several statutes relevant to employment area have been enacted. This has been confirming exercise in a bid to match the current international standards required. There are about four relevant and cardinal statutes with pertinent Regulations and Notices, flirt to that forms the basis of control and monitoring of occupational safety, health and the environment.

2.2.6.1 The Occupational Health and Safety Act, 2003 No. 5
This is a principal act which deals with the administration of occupational safety, health and welfare of employees and self-employed person at work. The protection of persons other than person at work against hazards to safety and health arising out of or in connection with activities of a person at work; and to provide for connected matter.

2.2.6.2 The Public Health Act 1992
This legislation aimed at improving the health state of the entire Tanzania and any other people therein.

2.1.6.3 The Workmen’s Compensation Act, 1966
This act is designed to shift some cost of occupational injuries and illness from the worker to the employer, thus it provides compensation or final remedy to an
employee who gets injured in the cause of the duty by the employer. The act
discusses into detail the coverage of workmen and the amount of compensation
payable. The distribution of the compensation procedures for recovery of
compensation, charges in event of failure to pay compensation. It also list the injuries
deemed to result in permanent and partial disablement and the loss of earning
capacity. It also contains all diseases.

2.2.7 General causes of Hazards and Accidents at Work place
Despite the progress made to improvement of working conditions and the efforts
undertaken by all concerned with occupational safety and health, the work place
remain hazardous environment. Occupational health hazard are common in many
economic sectors and affect large numbers of workers. The number of work accident
and incidence of occupational injuries and diseases are still too high world-wide.
There is no single isolated cause of occupational accident and diseases. The total
integration of global society and the advancement of production operation stand to
breed various causes of accident and diseases at work. Psychological and economic
factors when combined with human factor in production can be seen to be the cause

Stress, alcohol, violence and tobacco are the major psychological problems that are
threatening the performance of an organisation. The psychological problems are the
ones responsible for a number of occupational accidents leading to incapacity, illness
and death (Mgeni, 1997) argues that recent survey has shown the accelerating
exposure to psychological problems causes such as stress, alcoholism and excessive
workload. He further adds “The lack of early defection of potentially active
occupational hazards may lead to chronic and incurable diseases. The non-existence
of proper trained personnel on OHS is indisputably the master cause of non-
recognition of occupational accident and diseases”. According to Simonds (2002)
Stress is among causes of accidents at work place which hinder the performance of
an organisation. The Human factor includes resistance to safety rules, unsafe
personal act like fighting, stealing safe devices or makes them inoperable and
improper operation of equipment. Simonds further states that the environment factor
can also lead to stress to the employers and employees, among environmental factors are climatically variables, poor ventilation, inadequate light and work related stress like overtime.

Technological factors include unsafe chemical, defective tools and equipment, unsafe mechanical construction or design, lack or improper personnel protective equipment and inadequate mechanical guides.

**Empirical Approach on the List of Industrial Disasters**

There are notable industrial disasters which are disasters caused by industrial companies, either by accident, negligence or incompetence. They are a form of industrial accident where great damage, injury or losses of life are caused. Other disasters can also be considered industrial disasters, if their causes are rooted in the products or processes of industry. For example, The Great Chicago Fire of 1871 was made more severe due to the heavy concentration of lumber industry, wood houses, fuel and other chemicals in a small area. The largest industrial disaster to date is the Bhopal Disaster, Khan (1981).

**Chemical Industry**

- September 21, 1921: Oppau Explosion in Germany, occurred when a tower silo storing 4,500 tonnes of a mixture of ammonium sulfate and ammonium nitrate fertilizer exploded at a BASF plant in Oppau, now part of Ludwigshafen Germany killing 500-600 people and injuring about 2,000 more.

- 1932-1968: The Minamata Disaster was caused by the dumping of mercury compounds in Minamata Bay, Japan. The Chisso Corporation, a fertilizer and later petrochemical company, was found responsible for polluting the bay for 37 years. It is estimated that over 3,000 people suffered various deformities, severe mercury poisoning symptoms or death from what became known as Minamata Disease, Mitchel (1975).
April 16, 1947: Texas City Disaster, Texas. At 9:45AM an explosion occurred aboard a docked ship named the Grandcamp. The explosion and subsequent fires and explosions is referred to as the worst industrial disaster in America. A minimum of 578 people lost their lives and another 3,500 were injured as the blast shattered windows from a far away as 25 mi (40km). Large steel pieces were thrown more than a mile from the dock. The origin of the explosion was fire in the cargo on board the ship. Detonation of 3,200 tons of ammonium nitrate fertilizer aboard the Grandcamp led to further explosions and fires. The fertilizer shipment was to aid the struggling farmers of Europe recovering from World War II. Although this industrial disaster was one of the largest involving ammonium nitrate, many others have been reported including a recent one in North Korea, Dewis (1994).

1948: A Chemical tank wagon explosion within the BASF’s Ludwigshafen, Germany site caused 207 fatalities, Dewis (1994).

June 1, 1974: Flixborough Disaster, England. An explosion at a chemical plant near the village of Flixborough kills 28 people and seriously injures another 36.

July 10, 1976: Seveso Disaster, in Seveso, Italy, in a small chemical manufacturing plant of ICMESA. Due to the release of dioxins into the atmosphere and throughout a large section of the Lombard Plain, 3,000 pets and farm animals died and later 70,000 animals were slaughtered to prevent dioxins from entering the food chain. In addition, 193 people in the affected areas suffered from chloracne and other symptoms. The disaster led to the Seveso Directive, which was issued by the European Community and imposed much harsher industrial regulations, Dewis (1994).

December 3, 1984: The Bhopal Disaster in India is the largest industrial disaster on record. A faulty tank containing poisonous methyl isocyanate leaked at a Union Carbide Plant. About 20,000 people died and about 570,000 suffered bodily damage. The disaster caused the region’s human and animal populations severe health problems to the present, Dewis (1994).
• November 1, 1986: The Sandoz Disaster in Schweizerhalle, Switzerland, releasing tons of toxic agrochemicals into the Rhine.

• June 28, 1988: Auburn, Indiana, improper mixing of chemicals kills four workers at a local metal-planting plant in the worst confined-space industrial accident in U.S history, a fifth victim died two days later, Dewis (1994).

• October 23, 1989: Phillips Disaster: Explosion and fire killed 23 and injured 314 in Pasadena, Texas. Registered 3.5 on the Ritcher Scale.

• September 21, 2001: Toulouse, France. An explosion at the AZF fertilizer factory killed 29 and injured 2,500. Extensive structural damage to nearby neighborhoods, Dewis (1994).

Construction Industry
• January 20, 1909: Chicago Crib Disaster. During the construction of a water intake tunnel for the city of Chicago, a fire broke out on a temporary water crib used to access an intermediate point along the tunnel. The fire began in the dynamite magazine and burned the wooden dormitory that housed the tunnel workers. 46 workers survived the fire by jumping into the lake and climbing onto ice floes or the soil heap near the crib, 29 men were burned beyond recognition and approximately 60 men died. Most of the remainder drowned or froze to death in the lake and were not recovered, Dewis (1994).

• April 27, 1978: Willow Island Disaster. A cooling tower for a power plant under construction in Willow Island, West Virginia collapsed killing 51 construction workers. The cause was attributed to placing loads on recently poured concrete before it had cured sufficiently to withstand the loads. It is thought to be the largest construction accident in United States history, Dewis (1994).

Defense Industry
• July 17, 1944: Port Chicago Disaster. A munitions explosion that killed 320 people occurred at the Port Chicago Naval Magazine in Port Chicago, California.
August 9, 1965: Little Rock AFB in Searcy, Arkansas. 53 contract workers were killed during a fire at a Titan missile silo. The cause of the fire was determined to be a welding rod damaging a hydraulic hose allowing hydraulic vapors to leak and spread throughout silo, which were then ignited by an open flame source, Khan (1981).

Energy Industry

- March 1967: The Torrey canyon oil supertanker was shipwrecked off the Western coast of Cornwall, England, causing an environmental disaster. This was the first major oil spill at sea, Khan (1981).
- March 28, 1979: Three Mile Island accident. Partial nuclear meltdown. Mechanical failures in the non-nuclear secondary system, followed by a stuck-open pilot-operated relief valve (PORV) in the primary system, allowed large amounts of reactor coolant to escape. Plant operators initially failed to recognize the loss of coolant, resulting in a partial meltdown. The reactor was brought under control but not before up to 481 PBq (13 million curies) of radioactive gases were released into the atmosphere, Khan (1981).
- November 20, 1980: A Texaco oil rig drilled into a salt mine transforming the Lake Peigneur, a freshwater lake before the accident, into a salt water lake, Khan (1981).
- April 26, 1986: Chernobyl disaster. At the Chernobyl Nuclear Power Plant in Prypiat, Ukraine a test on reactor number four goes out of control, resulting in a nuclear meltdown. The ensuing steam explosion and fire killed up to 50
people with estimates that there may be up to 4,000 additional cancer deaths over time among the approximately 600,000 most highly exposed people. Fallout could be detected as far away as Canada. The Chernobyl Exclusion Zone, covering portions of Belarus and Ukraine surrounding Prypiat, remains poisoned and mostly uninhabited. Prypiat itself was totally evacuated and remains as a ghost town, Khan (1981).

- May 5, 1988: Norco, Louisiana, shell oil refinery explosion after hydrocarbon gas escaped from a corroded pipe in a catalytic cracker and was ignited. Louisiana state police evacuated 2,800 residents from nearby neighborhoods. Seven workers were killed and 42 injured. The total cost arising from the Norco blast is estimated at US$ 706 million, Khan (1981).

- July 6, 1988: Piper Alpha Disaster. An explosion and resulting fire on North Sea Oil production platform kills 167 men. Total insured loss is about US$ 3.4 billion. To date it is rated as the world’s worst offshore oil disaster in terms of both of lives lost and impact to industry, Khan (1981).

- March 24, 1989: Exxon Valdez oil spill. The Exxon Valdez an oil tanker bound for long beach, California, hits Prince William Sound’s Bligh Reef dumping an estimated minimum 10.8 million US (40.9 million litres or 250,000 barrels) of crude oil into the sea. It is considered to be one of the most devastating human-caused environmental disasters ever to occur in history. 100,000 to as many as 250,000 seabirds died as well as at least 2,800 sea otters, approximately 12 river otters, 300 harbor seals, 247 bald eagles and 22 orcas and billions of salmon and herring eggs were destroyed. Overall reductions in population have been seen in various ocean animals, including stunted growth in pink salmon populations. Sea otters and ducks also showed higher death rates in following years, partially because they ingested prey from contaminated soil from ingestion of oil residues on hair due to grooming. The effects of the spill continue to be felt 20 years later, Khan (1981).

- March 23, 2005: Texas City Refinery Explosion. An explosion occurred at a British Petroleum Refinery in Texas City, Texas. It is the third largest
refinery in the United States and one of the largest in the world, processing 433,000 barrels of crude oil per day and accounting for 3% of that nation’s gasoline supply. Over 100 were injured and 15 were confirmed dead including employees of the Fluor Corporation as well as BP. BP has since accepted that its employees contributed to the accident. Several level indicators failed leading to overfilling of a knock out drum and light hydrocarbons concentrated at ground level throughout the area. A nearby running diesel truck set off the explosion, Khan (1981).

- December 11, 2005: Hertfordshire Oil Storage Terminal Fire. A series of explosions at the Buncefield Oil Storage Depot described as the largest peacetime explosion in Europe devastated the terminal and many surrounding properties. There were no fatalities. Total damages have been forecast as 750 million, Khan (1981).

- February 7, 2010: 2010 Connecticut Power plant explosion. A large explosion occurred at a Kleen Energy Systems 620-megawatts, Siemens combined cycle gas and oil fired power plant in Middletown, Connecticut, United States. Preliminary Reports attributed the cause of the explosion to a test of the plant’s energy systems. The plant was still under construction and scheduled to start supplying energy in June 2010. The number of injuries was eventually established to be 27. Five people died in the explosion, Khan (1981).

- April 20, 2010: Deepwater Horizon Oil spill in the Gulf of Mexico. 11 oil platform workers died in an explosion and fire that resulted in a massive oil spill in the Gulf of Mexico, considered the largest offshore spill in U.S. history, Khan (1981).

**Food Industry**

- May 2, 1878: The Washburn “A” Mill in Minneapolis was destroyed by a flour dust explosion, killing 18. The mill was rebuilt with updated technology. The explosion led to new safety standards in the milling industry.
• January 15, 1919: The Boston Molasses Disaster. A large molasses tank burst and a wave of molasses rushed through the streets at an estimated 35 mph (56 km/h) killing 21 and injuring 150. The event has entered local folklore and residents claim that on hot summer days the area still smells of molasses.


• February 7, 2008: The 2008 Georgia sugar refinery explosion in Port Wentworth, Georgia, United States. Thirteen people were killed and 42 injured when a dust explosion occurred at a sugar refinery owned by Imperial Sugar.

Manufacturing Industry

• January 10, 1860: Pemberton Mill was a large factory in Lawrence, Massachusetts that collapsed without warning. An estimated 145 workers were killed and 166 injured.

• March 20, 1905: Grover Shoe Factory disaster was a boiler explosion, building collapse and fire that killed 58 people and injured 150 in Brockton, Massachusetts.

• March 25, 1911: Triangle Shirtwaist Factory fire in New York. This was a major industrial disaster in the U.S causing the death of more than one hundred garment workers who either died in the fire or jumped to their deaths. The fire led to legislation requiring improved factory safety standards and helped spur the growth of the International Ladies’ Garment Workers’ Union which fought for better working conditions for sweatshop workers in that industry.

• May 10, 1993: Kader Toy Factory Fire. A fire started in a poorly built factory in Thailand. Exit doors were locked and the stairwell collapsed. 188 workers were killed, mostly young women.

• May 13, 2000: Enschede fireworks disaster. A fire and an explosion at a fireworks depot in Enschede, Netherlands leaves 22 people dead and 947
injured. About 1,500 homes are damaged or destroyed. The damage is estimated to be over US$ 300 million in insured losses.

- April 18, 2007: Quinghe Special Steel Corporation disaster. A ladle holding molten steel separated from the overhead iron rail, fell, tipped and killed 32 workers injuring another 6.

**Mining Industry**

- March 10, 1906: Courrieres mine disaster in Courieres, France. 1,099 workers died including children in the worst mine accident ever in Europe.
- April 26, 1942: Benxihu Colliery disaster in Benxi, Liaoning, China. 1,549 workers died in the worst coal mine accident ever in the world.
- May 28, 1965: 1965 Dhanbad coal mine disaster took place in Jharkhand, India killing over 300 miners.
- October 21, 1966: Aberfan disaster was a catastrophic collapse of a colliery spoil tip that occured in the Welsh Village of Aberfan, killing 116 children and 28 adults.

### 2.2.8 Potential Sources of Stress

Stress is one of the occupational problems. Dimartino (2000) define stress as an individual symptom having the following: some people are exhausted at the end of the day, not able to sleep through the night, felt like crying and no energy on the job, burnt out, felt like yelling at people, difficult concentration, anger, felt like helpless in control of own life. Cole (2002) highlights factors that influence the level of stresses such factors are the external environment, the nature of individuals’ job, the organisation structure and culture and the quality of personnel in relationship at the work place and personal factor.
2.2.9 External Environment
The nature of a place is affected by frequency changes in external conditions like economic, competitive or technological, individuals who are less happy with constant changes like to become stressed. In a greater extent the external environment affects both positively and negatively the organizational productivity.

Productivity
Productivity is an expression of how efficiently and effectively goods and service. (i.e goods and service which are demanded by inter) are being produced. Thus its key characteristics are that it is expressed in physical or economic units-in qualities on value (money) based on measurements which are made at different levels. On the level of the economy over all, that of a sector or branch of the economy, that the enterprise and its individual plant/units and that of individual (EANPC, 2005).
Moreover, productivity is not only measured the quantity and quality but also by the benefit the customer obtains. This is especially time for the service industry. The concepts of productivity are also increasingly linked with quality of output - input and the process itself. A element of key importance is the quality of work force, its management and its working conditions and it has been generally recognised the improving quality of working life and rising productivity do tend to go hand in hand. Productivity could be considered as a compressive measure of how organization satisfies the following criteria (Prokopenko, 1987).

- Objectives: The degree to which they are achieved.
- Efficiency: How effectively the resource are used
- Effectiveness: What is achieved compared with what is possible
- Comparability: How productivity performance is recorded over time.

Mental, physical and social conditions of workplaces and the adequacy of health and safety measures are the main indicator of quality of working life. In this context to include health and safety measures to the list if productivity improving techniques at work places in gaining popularity in recent years.

Global Performance

The finding of the study by Lahmm, Lamb, Massey, and Perry (2006) shows that there is an increasing and compelling evidence that providing a health and safety in working environment has the potential to increase labour productivity and return increase business profits.

2.2.10 Economic impact of occupational accident and disease

Data shows that work related risk have significant effect on work force and productivity. The effects are considered on make and enterprise level.

Data on Work–Related Risks

Almost 25% of works in Europe (EU 27) say that their health a safety is at risk because at their work. This is shown by the result of the fifth European working conditions survey (EWCS 2010). These data from European survey of working conditions on perceived exposure of work related risks are confirmed by the statistic
on health related outcomes such as accident at work and work related diseases. According to a Euro study (2010) 3.1% of work force in the EU-27 reported accident at work in the past 12 month (Labour force Survey (LFS) from 2007). This means that approximately 6.9 worker are confronted with an accident at work. The European Statistics on Accident at Work (ESAW) show more positive evolution for the occurrence of non-fatal accident with more than three days of sick leave. These figures decline from 4% in 1999 to 2.9% in 2007 (EU-15). Also, fatal accident decreased from S.275 in 1999 to 3,580 fatalities in 2007.

The Impact on Macro Level
Accident at work and work related in health place an important burden on global economy and hinder economic growth. The countries with best records on accident at work are the most competitive leading to the conclusion that poor working condition put a heavy burden on the economy and hinder economic development. The ILO has estimated that the total costs such accidents and U-health amount to approximately 4% of world GDP (ILO 2006). The fact that cost accidents at work and work related in health accounts for 2% to 4% of the GDP can be found in several estimates on the economic impact.

The Impact on enterprise level
According to an ILO training module the title introduction to health and safety at work (ILO, 2013) work related accidents or diseases are very costly and can have many serious direct and indirect effects and outcomes on both the lives of workers, their families and also on the financial status of the enterprises. The costs to employers of occupational accident or witness can be enormous for employer some of the cost can be enumerated as:-

i) Payment for work not performed
ii) Medical and compensation payments
iii) Repair or replacement of damaged machinery and equipment.
iv) Reduction or temporary halt in production
v) Increased training expresses and administration insurance & pension cost
vi) Possible reduction in the quality of work.
Negative effect on morale in other workers in addition to these costs, one should also consider costs related to the following:

i) The injured / work has replaced
ii) A new worker has to be trained and given time adjust
iii) It takes time before the new worker is producing at the rate of original worker.
iv) Times must be devoted to obligatory investigation to the writing of reports and filling out at forms.
v) Accidents often arouse the concern of the fellow workers and influence labour relation in negative way.
vi) Poor health and safety conditions in work place also result in poor public relations.

The consequences of occupational safety and health hazards, such as accidents and in-health, do not only encompass the organization but also individual workers/victims as well as their facilities and social network. Society as whole has to deal with these negative outcomes of the production. This means that the motives for developing an effective occupational safety and health policy storm from social as well as from economic objections. If one considers health and safety to be basic rights for every worker, the economic goals have to be amended in the social policy of the organisational proposal.

**Organisation structure and culture**

The job holder’s place in the job hierarchy and the extent which individual autonomy is encouraged or restricted are the key factors in producing or avoiding stress. The dominant culture may emphasise long hours, maximum efforts and may not tolerate any mistakes; team leader may not be supportive.

**Job characteristics**

The way job is put together can often cause stress, for example conflicting task, job that allows little pressure, discretion tend to increase the potential of stress work relationship. The quality of working relationships with one’s superior and colleagues
can have great influence on the relative level of stress in job; harassment is frequent cause of stress at work.

**Indicators of stress in the Organisation**
When organisation’s employees suffer from stress, the result are likely to take one or more of the following forms: High level of sickness and absenteeism, reduced productivity, increased accidents and error rates, increasing number of internal conflicts between individual and or undesirable high rate of staff turnover.

**Injuries**
Injuries are kind of accidents which occur when municipal workers especially those who work in hospitals, when attending a patient can cut his or her body.

**Intestinal Diseases**
Intestinal diseases are due to poor sanitation and low standards of hygiene among the labour force. These all are preventable conditions which call for need of better sanitation facilities and improved health education.

**Ergonomic Factor**
Ergonomic is the science of designing the work place and job to fit the worker unsuitable seats with incorrect height and in a devaluate foot and back support create unnecessary stress and bulk strain, inappropriate height of working surfaces, poor layout, lack of sufficient space for access working and exist, glare or reflection on computer screen cause eye strain.

**The Importance of Health and Safety**
The Health and Safety of an employee in an organisation can be explained on concerned society on the programme as well as the reason why the organisation support these programmes. In early 1970’s, Eva and Oswald (1981) identified a number of reasons why British Trade Unions were concerned with health and safety in an organisation.

1) Despite the health and safety laws the number of accidents continued to rise.
ii) New technologies were continually being introduced that created new hazards not covered by the existing laws.

iii) New diseases caused by working conditions began to be detected.

iv) Over six million workers in the rapidly growing welfare and state sectors like schools, hospitals and government services were not covered by the legislation.

v) Several incidents had also cast doubt on the ability of factory inspectorate to uphold the law.

vi) The early 1970’s was a period of pay restraint and the unions were keen at this time to get involved in the health and safety from this point of view there are variety of reasons as to why employers support the provision of its programmes in work place.

Ngirwa (2005) identified the following to be the reasons:

i) They are legally obliged to have health and safety programmes.

ii) Due to the losses incurred by employers from working place accidents.

iii) An effective health programmes produce employee who are more productive, loyal to their employer and are satisfied from jobs.

iv) Provide positive public image to the society.

v) To safeguard people and their properties.

vi) Effective health and safety programmes saves costs like insurance, accidents, hospitalization, compensation to injured employee and many other costs.

Mackay (1986) emphasises that, there is general feeling that employees whose health and safety needs are well looked after by the employer will be more productive and loyal employees and may cause fewer industrial problems. It is difficult for a person treated well by his employer to turn against his employer. Beaumont (1982) pointed that many safety officers interviewed suggested that as a result of recession, production consideration consistently to outweigh its matters as priority in management calculation.

The study by Mackeros (2004) addressed the factor that hinders management of health and safety function in the higher learning institution, case of University of Dar
es Salaam. The research came out with the following findings, there was no significant motivation at the main campus of UDSM to encourage employee to observe health and safety at work place, they were no frequent training on health and safety to employee, same employee had not attended any training more than ten years. Moreover, although top management at the main campus supported its function but most of the employees were not aware of the law governing their health and safety at work place.

Buyisizwes (1999) in his study on occupational hazards and diseases control in manufacturing and processing industry in the Kingdom of Swaziland revealed that most of the employer had a negative attitude towards protecting the employee because of profit maximization. Also due to unavailability of employment, employees were afraid of voicing out their concern on their safety health to their employers. It was further discovered that most workers were never trained on health and safety issues at work place. Most of the top management personnel had a less or they were none oriented to health and safety matters at work place. Their presence had no bearable influence to the management of health and safety.

Personal protective equipment were given to employee at their respective work place and at free cost but there was high level of misuse of such vital protective gears by workers. The employers provided endurable and low quality personal protective equipment, supply of such protective devices without a thorough or an in-depth campaign on how to use them as good as nothing to employee.

Anguana (1989) on his study on the workers’ health and safety in Kenya and Tanzania, His study was comparative between the two countries. The research came up with the following findings in both countries: the work place was devoid of element that could facilitate knowledge in the work place. In the first instance, there were no enough health care facilities available in the work place. In few factories were health care personnel existed, they were answerable to the employer, a disincentive to siding with workers in the case of health problems.
Despite having all these studies in place, still few have been written on health and safety at Municipal level which basically employ different professionals’ different departments like hospital, land office, environment and other utilities like water installation and sewage maintenance. This study intends to explore the issue of awareness of health and safety programmes to the employee in Temeke Municipality so as add knowledge to respective area.

2.3 Theoretical Literature Review

In the 1930s, William Herbert Heinrich, published groundbreaking theories about safety and health in the workplace. One such theory became known as Heinrich’s Law; the law states that in a workplace, for every accident that causes a major injury, there are 29 accidents that cause minor injuries and 300 accidents that cause no injuries. Because many accidents share common root causes, addressing more commonplace accidents that cause no injuries can prevent accidents that cause injuries. However this theory was challenged by some of scholars like Fred Manuele in his article called Professional Safety. Manuele challenged the validity of the Heinrich’s law; he focused on incident frequency reduction will equivalently achieve severity reduction. What Manuele found is that if you manage the small incidents effectively, the small incident rate improves, but the major accident rate stays the same, or even slightly increases.

Manuele concluded that, addressing low to medium severity does nothing to address serious or life threatening observations such as fall protection hazards or excavations. It is very difficult to manage greatest risks mostly because of cost fearing.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction
This Chapter focuses on research design and methodologies that were used together and analyse data. Therefore this part of research presents research design, area of the study, sample and sampling technique, data collection method and lastly data analysis and presentation.

3.2 Research Design
A Research Design is the conceptual structure within which research is conducted. This study employed a case study research design which focuses on a single area and allows variety of data collection method to be deployed. Saunder (2000) defines case study as strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple source of evidence. This is a case study design.

Moreover, this type of study design allows the researcher to intensively explore and analyse information over the life of that single unit (Tripath, 2002). The case study design has been chosen due to its ability to provide a depth insight of the issues to be studied or investigated and it also provides room for similar studies and comparison.

3.3 Area of Study
Temeke was first established as a district in 1972 following the introduction of the Decentralization Policy in Tanzania. Prior that time Dar es Salaam City and Coast Region constituted a single region known as Coast Region that constituted Mzizima, Kilwa, Rufiji, Kisarawe, and Bagamoyo and Coastal districts. Later on, the region was further subdivided into two Regions namely Coast (Pwani) and Dar es Salaam. While the former included Kisarawe, Bagamoyo, Rufiji, Mafia, Mkuranga and Kibaha districts, the later encompassed Ilala, Kinondoni and Temeke districts. Of recent, a portion of land was apportioned from Mkuranga District and added to the present Municipality's area of jurisdiction. Temeke Municipal Council executes its
functions and roles as provided in the Local Government (Urban Authorities) Act No. 8 of 1982 which aims at improving service delivery and promotes Management Capacities and efficiency.

3.3.1 Vision of the Council
Temeke Municipal Council to have a well developed population with better livelihood.

3.3.2 Mission Statement
Temeke Municipal Council is committed to provide sustainable quality socio-economic services to its population through good governance and effective use of resources at all levels.

The key objectives of establishing the Temeke Municipal Council was to:

i) Provide Services improved and HIV/AIDS infection reduced.

ii) Enhance, Sustain and effective Implementation of National Anticorruption Strategy

iii) Access and sustainable quality social services improved

iv) Quantity and quality of economic services and Infrastructures improved.

v) Good Governance and administrative services at all levels enhanced.

vi) Management of natural resources and environment improved.

vii) Social welfare, Gender and Community empowerment improved.

viii) Emergence preparedness and disaster management improved.

This study carried out at Temeke Municipal Council. The Temeke Municipal has been chosen because it employs different kind of personnel. The study conducted over a range of variables but addressing to the problem under investigation. Various data collection methods were used because of their flexibility in this case study.

3.4 Sampling Methods
A sample is a target group to be studied or covered. It is the total collection of elements about which we wish to make inferences (Krishnaswami, 2002). The targeted sample size of this study were 50 Respondents whereby 40 were the
ordinary staff who benefited with the program implemented and 10 key informants management members who are directly involved on implementation of the programmes. However, the actual data collected were from 30 respondents 5 from top management and 25 ordinary staff. The method used is stratified. The sampling techniques in this study were purposive and random techniques at different points in time. Purposive sampling was used to ensure that those key informants involved in implementation of this program were included in the research. In purposive sampling, the researcher purposely chooses a person who, in his judgment about some appropriate characteristics required of the sample members, is relevant to the research topic and easily available to him (Rwegoshora, 2006). On the other hand, simple random sampling was used to select samples that have equal chance to be selected in this study.

Table 3.1 Distribution of Respondents

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency (F)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management members (Programme Implementers)</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Staff (affected by Project implementation)</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researcher 2014

3.5 Data Collection Methods

In this study, data were collected from both primary and secondary sources. Primary data were collected from the field through questionnaires and structured interview guides. Further, secondary data were collected from documentation such as scholarly paper, publication and the relevant documentation.

3.5.1 Primary Data Collection

According to Elhouse cited in Rwegoshora (2006), primary data are those which are collected for time and are thus original in character. In this study both questionnaires and interview as the major data collection instruments were used. This is because
those data which were not captured through questionnaire were captured through the interview.

3.5.1.1 The Questionnaires

The questionnaire is the quite popular, particularly in the case of big enquiries (Kothari, 2008). In this study questionnaire was used to capture overviews and general information about programme implementation. This technique has various advantages, it has the nature of inclusiveness as well as the ability to collect large amount of data in short period of time, but also it covers the wider geographical area. It gives respondents great freedom to express their views the way they want hence the chance of bias is very minimal. In this study, the questionnaires were distributed to ordinary staff so as to capture their general overview.

3.5.1.2 Interviews

As argued by Hussey and Hussey (1997), interview is the method of collecting data in which selected participants are asked questions in order to find out what they do, think or feel. Interviews make it easy to compare answers and may be face to face, voice to voice or screen to screen, conducted with individual or group of individuals. There are two types of interview guides: (i) open ended interview and (ii) closed ended interview. The open ended interview are less formal and provides the interviewees with the opportunity to free express their opinions while the closed ended interview contains specific information regarding quality or quantity desired. Based on the reasons above, the researcher chose for an open ended interview so as to enable the researcher to understand the attitude toward the programme implementation and the change of performance of employees. The interview was conducted to the top management whom the researcher believes they have detailed information as they supervise the project implementation.

3.5.2 Secondary Data Sources

Secondary Data means the data that are already available, the data which has already been collected and analysed by someone else, (Kothari, (2004)). They are not original because they have already been processed by others. These may either be
published or unpublished material. One of the major sources of Secondary Data is documentary review; this method entails the use of various relevant documents. In this study documents like various reports patterned to the study were consulted. Apart from relevant reports, other documents like files, publication, journals and magazines and other office records were reviewed.

3.6 Data Analysis
After data has been collected they have to be analysed. Data and information gathered and obtained were edited and checked for their clarity and sufficiency before being further analysed. Therefore, from assorted data and information were categorised and classified in terms of their relationship to the research objective. Thereafter, the refined data and information were quantitatively analysed in order to meet the research objectives envisaged by this study. Generally, the tabulation of response was used to summarize and describe data from the returned questionnaires. On the other hand, for continuous variables descriptive analysis involving computation of means, medium and model were used. The presentations of finding were in form of tables, figures, text, description, diagrams, bar chart and pie charts for easier interpretation and understanding.

3.7 Ethical Consideration
The researcher put considerations on ethical principles of social science research as follows;

i) Authorization for accessibility to Organization
The researcher submitted the letter of authorization for data collection from MU to Temeke Municipal Council. The management approved and permit the data collection and accessibility of other information in regard to the topic studied.

ii) Consent
During the process of data collection, respondents were given all the freedom they wanted to express themselves. There were no uses of force in the whole process of data collection.
iii) **Confidentiality and Anonymity**

The rule of confidentiality was observed. No respondent was mentioned by his/her name in the reporting.

### 3.8 Limitations of the Study

- The return of unduly filled questionnaires. Due to lack of full cooperation from respondents, some of the questionnaires were returned blank. However those which were filled were detailed enough to fill the gap.
- Lack of documentary literature review. It was very hard to access the documentary literature review because of poor recording system at the municipal.
- Time and shortage of funds to facilitate this study, hence small sample size.
CHAPTER FOUR
RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction
This chapter focuses on analyzing and discussing the findings and interpretation of data. As notified in chapter three the quantitative data were analyzed using SPSS and Microsoft Excel Spreadsheet. On the other hand, descriptive statistics were derived shown in frequencies and percentages. In view of the fact that numbers from quantitative information by themselves do not give adequate meaning, qualitative information based on description used to supplement them. Quotations were used to prove what respondents have said about the matter under discussion. In actual fact, the presentation of the analysed data is in the form of tables, pie charts and bar charts. It comprises an explanation on examining the contribution of implementation of health programme to the organization performance.

4.2 Demographic Information of the Respondents
The demographic information covers sex, age, level of education, working experience as well as the department in which the respondent is working on in the ministry. The researcher saw the need of acquiring this information of respondents as they have direct link with the issue presented as it will prove itself in the course of discussion.

4.2.1 Distributions of Respondents
The targeted respondents in this study were 50, however the actual data were collected from 30 respondents due to lack of full cooperation from some of staff at the municipal. The sample presented in Table 4.1 below indicates the expected data from 50 respondents and the actual data collected from 30 respondents.
Table 4.1 Shows the Expected data to be collected and the Actual data collected

<table>
<thead>
<tr>
<th>Level</th>
<th>Expected Data collected</th>
<th>Actual Data Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Management Members</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>(Programme Implementers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff (Affected by the programme implementation)</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Data 2014

4.2.2 Sex of the Respondents

As formerly indicated, the total number of respondents was 30, who included management members and staff at the municipal council, 18(60%) of whom were male and 12(40%) were female as it is shown in Table 4.2 below. This implies that the issue of gender is considered at local government. This enabled a researcher to get hold of the balance responses.

Table 4.2 Sex of the Respondents

<table>
<thead>
<tr>
<th>Category of Response</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Data 2014
4.2.3 Education Level

According to Figure 4.1 below and Table 4.3, the educational level of the respondents was as follows, Post graduate/masters 8(%), Advance diploma/first degree 15(%) and diploma 7(%).

**Figure 4.1 Education levels of the Respondents**

![Bar Chart](chart.png)

**Source:** Field Data 2014

<table>
<thead>
<tr>
<th>Category of Response</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postgraduate/Masters</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Advance diploma/First degree</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>Diploma</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Source:** Field Data 2014

The above findings depict themselves that the number of educated staff increased in the government thus the researcher was able to acquire information from the knowledgeable people and easy understanding. Thus, the information provided to be more reliable.
4.2.4 The Age of Respondents

The researcher was very keen to find out as to whether age has an impact on programme implementation. He wanted to know how the different groups of age comments and their views patterning to the programme implementation. Figure 4.2 and Table 4.4 below presents the distribution of the respondents belonging to different age groups as follows. The age between 25 - 35 years was 10 (33%). The age groups 35-55 had 15 (50%) respondents and the above 55 were 5 (17%) of all the respondents.

Table 4.4 The Age of Respondents

<table>
<thead>
<tr>
<th>Category of Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35 Years Old</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>35-55 Years Old</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>55 And Above</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field Data 2014

Figure 4.2 The Age of respondents

Source: Field Data 2014
The findings above necessitated a researcher to conduct an interview with respondents of different groups. From an interview with one respondent from the age of 55 and above he said;

“the government is now putting the emphasis on improving the working environment by ensuring is safe and healthy, but previously when we were employed, there were no such kind of things, we were working in a very poor environment, it has to continue improving more and more”

On the other hand, one respondent aged 25-35 said, “the working environment now has changed, we are now working in the safe environment, we do not have fear and we are confident enough in our performance”.

This kind of remarks shows that, the situation has changed following the pressure from workers associations and activists as commented by Gupta (2006) that recently, there is an increase of attention paid to organizational health and safety due to pressure from trade Unions, Labour laws and enlightened attitudes of employers . The government is responding positively on improving working environment.

4.3 Awareness of the Programme

Awareness of programme implementation at working place is very crucial. A researcher believes that, if the employees have the clear understanding of the programme implemented they can be in a very better position to support its implementation. Having realised that, researcher wanted to find out about the employees awareness of the programme of health and safety implemented at Temeke Municipal Council. 25(83%) of all the respondents had the full awareness of the programmes implemented while 5(17%) did not had full understanding of the health and safety programmes implemented at the Municipal. The findings necessitated the researcher to hold an interview with one respondent who had awareness on the implementation of the programme.

The Management invest a lot of financial resources on implementation of health and safety, for instance there is programme to fight against environmental pollution and
fire fighting. There are various trainings organized by the management so as to create awareness to all staff, like how to use the fire extinguisher.

The member of management said;
“most of the time we are organizing the training to our employees so that they can have full understand about their health and safety at working place, those who do not have awareness they do not like to attend the training, they always tend to ignore it.”
These kind of comments imply that, the municipal put into priority health and safety of the employees for better performance, however some of employees do ignore the training provided hence lack of awareness. Table 4.5 and Figure 4.3 below summarise the findings;

**Table 4.5 Awareness of Programme Implementation**

<table>
<thead>
<tr>
<th>Category of Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full aware of the programme implementation</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>Do not have awareness about the programme implementation</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

*Source: Filed Data 2014*
4.4 Implementation of Health and safety Programme at Temeke Municipal Council

As Gupta (2006) argues that; the working conditions, lighting, ventilation, cleanliness, temperature and space has to be proper for better performance. In Temeke Municipal various programmes are implemented under the health and safety programme. Each department like waste and environment works and fire rescue, implement the specific health and safety programme.

The Member from Management team explained;

“In the process of implementing the programme, we set aside the budget for those programmes which are not Donor funded. After the budget being approved, we purchase the equipments and facilities for improving the working environment. We also organize the training to our employees as the awareness creations strategy”. However, some of the employees are not cooperative by not attending various programmes organized by the management.”
The explanations above prove the commitment of the municipal on the implementation of the programmes and ensure that all the employees’ health and safety at working place are taken care.

4.5 The Success of the programme implementation

Gupta (2006) said, workers cannot concentrate on work while safety helps to improve morale and productivity of workers as they can concentrate on their work with confidence and without fear. If the working environment is not proper, employees do not feel working hard continuously for long time; as a result productivity will be low. Also, ill health will force employees to be absent from work. The researcher wanted to find out about the success of programme implementation at Temeke municipal, 5(17%) respondents commented that, the health and safety programme maintained and improve productivity and quality of work. They commented that “employees are working hard; they have become motivated due to the satisfaction they get out of good working environment”.

Six (20%) respondents argued on minimization of absenteeism and labour turnover, they said “previously, most of employees were quitting the job due to poor working environment, but after the introduction of these programmed now employees have increased their working morale”. 8 (26%) respondents said health and safety programme implementation help to reduce unrest, indiscipline and accidents; they said “the employees are now working with peace and rest; they do not have fear of the occurrence of accidents. Due to resting mind they increase productivity, they attend the customers with respect and discipline”. On the other hand, 5 (17%) respondents said “the programme reduced the spoiling and the cost of operations and the remaining 6 (20%) respondents commented of the preservation of the physical and mental health of employees.

The findings above give an impression that, the introduction of the programme and its implementation has brought about the bigger success in the Municipal. The respondents commented positively and they are in support of the programme. Table
4.6 and Figure 4.4 show the response on success of the implementation of the programme at Municipal.

### Table 4.6 Success on the implementation of the programme at the Municipality

<table>
<thead>
<tr>
<th>Category of Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and safety programme maintained and improve productivity and quality of work</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Minimization of absenteeism and labour turnover</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Reduce unrest, indiscipline and accidents</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Programme reduced the spoiling and the cost of operations</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Preservation of the physical and mental health of employees</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field Data 2014

![Figure 4.4 Success on the implementation of the programme at the Municipality](image)

Source: Field Data 2014
4.6 The evaluation of the improvement of the performance

Workers spend a great deal of their time in organizational settings thus it has to be in better condition. There is direct link between organizational efficiency and health and safety (Gupta 2006). The researcher wanted to see as to whether there is direct link between the implementation of the programme and the improvement of the employee’s performance. From an interview with one of the Management members he said:

“Cleanliness has created the conducive environment to employees, dirty are removed daily from the work place, furniture and staircase. The rats, pests and insects are destroyed as there are the worst carriers of diseases. Also we have provided drinking water, toilets, restaurant and canteen to our workers.”

Another member commented on temperature and ventilation,

“we know that the flow of fresh air with right temperature is very necessary for protection of health. The stale air cause headache to workers while in hot and humid climate employees feels tired and sleepy thus we provide fans, air conditioners to help maintain the right temperature, this also remove dust, smoke and fumes”.

On the other hand, another member argued on working space and seating arrangements;

“we have provided the adequate space to allow the free seating and movements of employees, the seating arrangement is very essential for comfort and health employees. The overcrowding should be avoided because it spoils the health and efficiency.”

Confidently, the management members strongly supported the improvement of the performance due to implementation of the health and safety programme. They admitted that, the resources invested on improving the working environment have brought the changes on the workers performance. The required services are provided to the clients with maximum achievements.
4.7 Challenges on implementing the programme

In the course of implementing the programme the Management faces challenges. A researcher wanted to know what those challenges that they face are, so as to come up with recommendations to improve the situation. To implement the programme is not an easy task, there are varied challenges that we are facing, Management member said” some of those challenges include; lack of enough financial resource to purchase the facilities and equipments, shortage of experts to provide training to our employees, modern technology is too expensive to afford, but also the readiness of the employees to accept and give support on programme implementation. Those are some of challenges that the Management face on programme implementation”. However the Management is not idle, is trying to find the solutions of the mentioned challenges.

The study by Mackeros (2009) in addressing the factor that hinder management of Health and Safety function in high learning, case study of University of Dar es Salaam came up with the following findings, there were no significant motivation at main campus of UDSM to encourage employee to observe health and safety at work place, there were no frequent trainings on health and safety to employee and some employees have not attended any training for more than ten years.

Anguana (1999) on his study on the workers’health and safety in Kenya and Tanzania his study was comparative between two countries, he came up with the following findings in both countries; the work place was devoid of elements that could facilitate knowledge in working place. In the first instance, there was no enough healthcare facilities available at work place. In few factories where healthcare personnel existed, they were answerable to the employer, a distinctive to side with workers in the case of health problem.

Buyisizwes (1999) in his study on occupation, hazard and diseases control in manufacturing and processing industry in the Kingdom of Swaziland revealed that most of the employers had negative attitude towards protecting the employees because of profit maximization.
Looking to the remarks above and the findings of other researchers you can find that the most challenging issue in implementing health and safety programme at work place is shortage of experts to provide trainings to employees. The Government budget is always a deficit. The most important thing is to set priority to the little that is available.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
In this chapter researcher confer the summary of the entire work. It grants the observation found in the findings obtained during the field work. The summary articulates the whole study so as to put the main objective of the study in clear perspective. Finally, a researcher recommends the steer concern which in his view believes that, they will add more in what is already explored.

5.2 Overall Summary of the Study
The basis of this study was to examine the contribution of implementation of health and safety programme to the organisational performance at Temeke Municipal Council - Dar es Salaam. In specific a researcher wanted to examine how Temeke Municipal implements the programme, also to assess the success of the implementation of the programme and to evaluate the improvement of performance of employees at Temeke Municipal after the implementation of the programme.

Every chapter of this study was guided by the research objectives. Chapter one is an introduction of this study. The chapter is divided into different parts which includes; introduction and background of the study, statement of the problem, objectives of the study, research questions and significance of the study, Other parts include definition of key terms, organization of the study, and the last part is conceptual framework.

Chapter two, in this chapter, essentially various related literatures are reviewed in order to prop up the findings of the study. Also, theoretical and empirical literatures regarding the theme were reviewed. In empirical literature review the recent literatures related to this study were reviewed.

Chapter three, this chapter describes the research design and methodology that was used to gather and analyze the data of the study. This part shows research design,
area of the study, and population of the study, sample and sapling procedure, data collection method and the last part is data analysis. All these methods of data collection and analysis elaborated.

Chapter Four is the analysis of the study; the chapter is formulated by sections which were developed from the questionnaire and interview questions. The discussion of the findings has met the researcher’s objectives and gave the answers of the research questions.

Chapter Five, is the summary, conclusions and recommendations. This chapter provides the summary of the complete study. It illustrates an observation underside on the findings obtained in the field. Moreover, the researcher proposes some concerns which he believes that, if they are put into observation they will add to what is prevailing.

5.3 General Conclusion

The findings of this study show that, there is direct link between health and safety at working place and the improvement of workers performance. The Temeke Municipal Council has embarked on implementation of various health and safety programme objectively to improve the workers performance and increase service provision to the society. Despite all the efforts, there various challenges which need to be addressed so as to reach the pre-determined goals. Those challenges include shortage of funds to enable the successful implementation of the programme, shortage of experts to train and create awareness to the employees on health and safety issues, but also the readiness of the employees to support the management on implementation of the programme. The researcher insists on the proper utilization of the small funds that is available by setting the priority to the health and safety at working place as Gupta (2006) argued “Workers spend a great deal of their time in organizational settings thus it has to be in better condition for better performance”.

5.4 Recommendations

i) Health and Safety Policy at working place. The government has to ensure that, there is policy and is implemented. Once the policy has been spelt out, various
programmes have to be formulated and implemented. Those programmes have to focus on reducing the number of hazardous which might cause accidents. The programmes must also focus on improving the working environment for better health of employees.

ii) Cooperation between Management and employees. Those programmes must get full support from the top management. Health and safety must be the integral part of all phases in planning, supervision and control.

iii) Health and Safety education and Training. Employees should be educated in safe procedures and safety rules. Health and safety education and training should be provided to employees, supervisors and executives to develop the safety consciousness and safe working habits. They have to be trained on proper use of safety devices. Principles of first aid and precautions required in case of fire and the accidents may be explained.

iv) The employees have to give full support the implementation of those programmes. They have to realize that, those programmes are of their own benefits.

v) The government has to set aside enough budgets for the implementation of the health and safety programmes at working place for better performance of employees.
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APPENDICES

APPENDIX I - TEMEKE MUNICIPAL COUNCIL MAP
APPENDIX II
INTERVIEW GUIDE TO MANAGEMENT MEMBERS

i) What is health and safety programme?

ii) What kind of health and safety programme does your office implement?

iii) How does your office implement the programme?

iv) Do your employees have the awareness about this programme, what is their perception?

v) Do your employees corporative on this programme implementation?

vi) To what extent did this programme succeed?

vii) Does the programme have impact on organization performance?

viii) What are the challenges on implementing the programme?

ix) What exactly do you think the government and other stakeholders should do to overcome the mentioned challenges?
APPENDIX III

Dear respondent, my name is Amani Shao, a student at Mzumbe University in Dar es Salaam Campus, pursuing Master of Public Administration (MPA). I am currently conducting a research as part of requirement to complete my second degree study, my research has based on examining the contribution of implementation of health and safety programme to the organisational performance. I am very interested with your office as is one among public organizations who implement this kind of programme. I wish to assure you that all information provided in this questionnaire will be treated as confidential and will be used for academic purposes only. I highly appreciate your cooperation as well as your contribution.

REQUIRED; Tick the most correct answer

PART A: GENERAL INFORMATION

i) What is your Sex?
   ( ) Male
   ( ) Female

ii) What is your age category?
   ( ) below 25 years old   ( ) between 25 and 35 years old
   ( ) between 35 and 55 years old   ( ) above 55 years

iii) What is your highest education level?
    ( ) Advanced Secondary education
    ( ) Certificate   ( ) Diploma
    ( ) Advanced Diploma/First degree   ( ) Postgraduate Diploma/ Masters
    ( ) PhD

iv) For how long have you been in this organization?
( ) Less than 2 years  ( ) between 2 and 5 years
( ) Between 5 and 12 years  ( ) above 12 years

v) In which department are you working in this organization?
........................................................................................................................................
........................................................................................................................................

PART II: DETAILED INFORMATION

i) What is do you know about health and safety programme?
........................................................................................................................................
........................................................................................................................................

ii) Does your office implement that programme, if yes how?
........................................................................................................................................
........................................................................................................................................

iii) Does your office provide training patterning to health and safety?
........................................................................................................................................
........................................................................................................................................

iv) How does this programme contribute positively to your daily practice?
........................................................................................................................................
........................................................................................................................................

v) If no, to the above question what might be the causative of not performing efficiently?
........................................................................................................................................
........................................................................................................................................

vi) 11. Is there any different to your performance before and after the implementation of the programme if yes or no why?
vii) To what extent does the programme help to solve the problems associated with your performance?
……………………………………………………………………………………..
……………………………………………………………………………………..

viii) What are the merits of the programme?
……………………………………………………………………………………..
……………………………………………………………………………………..

ix) What do you think are the challenges of implementing this programme?
……………………………………………………………………………………..
……………………………………………………………………………………..

x) What do you think should be done by your office to improve the programme implementation?
……………………………………………………………………………………..
……………………………………………………………………………………..

Thank you for your cooperation.