AN ANALYSIS OF THE EFFECTS OF LABOUR TURNOVER ON
HEALTH SERVICE DELIVERY IN WAKISO DISTRICT

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ABSTRACT

This study analyzed the impact of labour turnover on health service delivery in Wakiso district. Out of the 15 sub-counties, 5 were studied, which have the Health Centers grouped as Class IV. It focused on the Health Centre class IV in each of the five sub-counties of Namayumba, Wakiso Town Council, Makindye, Nangabo and Gombe, to determine how the labour turnover among health personnel has affected health service delivery in Wakiso district, the following objectives were used: to examine the aspects of health services delivery in Wakiso District, to assess the effect of labour turnover on health service delivery in Wakiso district and to examine the challenges facing Wakiso District in the delivery of health service to its people. The methods used to collect data from the respondents were self-administered questionnaires and interview guides. The study used a cross-sectional survey design as it was necessary to analyze data on annual basis. The findings of the study showed that: There was lack of enough financial resources, there was further lack of presence of competent health care staff and the usage of physical facilities and equipment was highly lacking. The study concluded that the labour turnover influenced the formulation of expenditure plans and implementation of expenditure plans as it is in the framework of the labour turnover that before the recipients receive funding after they have put expenditure plans in place and because many implementing agencies lack transparency. The study recommends that the District should introduce new taxes so that it funds all its major health services delivery. The District should also introduce cost sharing so that the patients pay part of the health services delivery. The District should also be able to negotiate for subsidized drugs and other procured determine its health priorities for health services delivery by engaging donors that agree with funding the identified priority area.