

**HUMAN RESOURCE PLANNING AND HEALTH SERVICES DELIVERY IN
WAKISO DISTRICT IN UGANDA**

BY

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Declaration

I **Kaguna Gloria**, hereby declare that the work herein is original with exception of sources of information which are duly acknowledged and referenced and I declare that it has never been presented to any institution of higher learning for any award.

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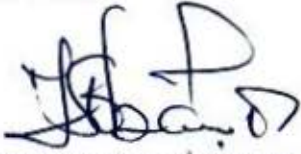
Approval

This is to certify that this research project has been under our supervision and is now ready for submission for examination.

Submitted with our consent;

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DEDICATION

This piece of work is dedicated to God Almighty who always sees me through all the challenges that come my way.

ACKNOWLEDGEMENT

During the practicum period, I learned much from the reactions of my site supervisor and colleagues.

My appreciation goes to both of my supervisors Dr. Peter W. Obanda Dr. Regis Zombeire for the guidance rendered to me during my practicum and to the staff of Grant Thornton for their support

I will forever be indebted to my workmate for the endless consultations they attended to. It's this support that has made my practicum a success. May the Almighty God reward you all abundantly

I'm very proud and thankful to God Almighty that He never leaves me, his always there for me to support me in all my needs and wants. God has always been very faithful to me. He is always there, to guide and protect me; he gives me strength to overcome all my trials and temptations.

I thank my parents and family, for always being there for me, to the support, care and most of all love me.

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List of Abbreviations and Acronyms

HC IIs: Health Centre twos

HC IIIs: Health Centre threes

HC IVs: Health Centre fours

HHRP: Health human resources planning

MOH: Ministry of Health, Uganda

RBV: Resource-based view

SOME: School of Management and Entrepreneurship

WHO: The World Health Organization

ABSTRACT

This study examined the effect of Human resource planning on health services delivery in health centres in wakiso district. The study specifically explored the effect of human resource needs assessment, acquisition and coordination on health services delivery. A total of 98 respondents, including 20 key informants and 78 employees, participated in the study. Primary data was obtained using a structured questionnaire and a structured interview guide. Data was analysed using descriptive and inferential quantitative as well as qualitative methods.

The findings have revealed that; a poor human resource planning culture exists in health centres in Wakiso district. Human resource needs assessment, acquisition and coordination are not given the emphasis they deserve. Human resource planning was more centralised and done at the district. Officers at the health centres did not participate in human resource planning. As a result, the human resource needs of the health centres were not accurately known and were hence not meet. Officers at the health centres were not involved in human resource planning, yet they had better knowledge of resource needs and this resulted into right employees not being are hired. There was almost no human resource acquisition and coordination at the health centres. This was partly because these functions were being done at the district level and also officers at the centres did not have human resource planning skills.

The study recommends that; Districts should implement a participatory human resource planning model. Officers at the health centres should be given opportunity to actively get involved in human resource planning. A bottom –up approach to human resource planning could be more appropriate, since the officers at the health centres have better knowledge of the real human resource needs of their institutions. There is need to equip officers in charge of health centres with human resource planning skills, so as to effectively participate in this activity. Human resource planning should be made make a yearly activity in all health centres. Health centres need professional human resource officers to oversee the activity of human resource planning.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The purpose of this study was to examine the influence of human resources planning on health services delivery in public health care institutions. The existence of shortage of key human resources in local government run- health care centres made it imperative for an empirical study on this aspect (Report of the parliamentary committee on health, 2012/2013). This first introductory chapter presents the context and insight into the research problem: the statement of the problem; the purpose of the study; research objectives; research questions; scope of the study; significance of the study and justification of the study. Therefore the starting point is to provide a detailed background and rationale for the study and operational definition of key terms and concepts.

1.1.1 Historical back ground

Human resources are the most important asset to any organization. Organizations that have good human resource planning get the best out their human resources (Stone & Fiorito, 1986). Human resource is one of the corners stones of organizations success. Human resource planning has been active since the primitive period when there were no industries or firms (Alpander, 1982). Currently human resource planning is one the major functions of management in modern organizations organisations are adopting various human resource planning practices in order to

get the best out of their employees, so as to survive in this competitive environment. It is clearly evident now that organizations whether public or private, with best human resource will succeed.

1.1.2 Conceptual back ground

The key concepts of the study are human resource planning and health services delivery. According to Dreesch et al. (2005), human resource planning involves accurate projection of future human resource needs, taking inventory of existing workforce, comparing the force with the existing one and taking corrective measures with the primary objective of improving organizational performance. Theroux (2010) adds that human resource planning includes: acquiring qualified and appropriate number of workers for an organization, determining and acquiring other resources and proper allocation of these resources. In addition, co-ordination of activities of all members and parts of an organization is another major purpose of human resource planning in order to boost service delivery. The United Nations Human Development Report (2009) shows that it is through good human resource planning those public organizations in developing countries like Uganda can achieve development goals in the areas of health, education and agriculture. This is the case because human resource Planning provides answers to what? How? and When? human resource can be used to achieve organizational goals

So, Proper planning enhances the productivity of an organization by resolve the problem of shortage of staff in organizations.

In health care organizations, a major indicator of their performance is the quality of their Health services. Health services delivery is defined as interactions with patients, in by providing care

and treatment, cure and prevention and positive health counselling (Dewa, Thompson & Jacobs, 2011; Harrison.; Jamal, 201). A healthcare institution is a higher performer if it is able to provide efficient and effective services. This all depends on the quality and performance of its human resources (cho, Woods, & Mayer, 2005). Human resource planning affects service delivery in health care institutions by influencing the knowledge, skills and abilities among employees. Good human resource planning also empowers employees by giving them employment security and motivation through both incentive such as compensation and benefits and promotions (Yongmei, James, David, & R, 2007).

1.1.3 Contextual background

Availability of qualified medical practitioners in the health sector is one of the key success factors towards achieving an effective health system worldwide. Despite having human resources for health policy to guide recruitment, deployment and retention of health staff, the Ugandan health sector is facing acute shortage of health workers. The MOH, 2011 health assessment survey and the Parliamentary Committee on health report, 2012/2013 shows that, 37% of positions in district health facilities are not filled, 38.9% at HC IVs are not filled, 54% in HC IIIs and 55% in IIs are not filled.

Uganda operates a decentralized Health care delivery framework since 1995. The framework has national and district levels. The system is organized in tiers, from the Village Health teams to general hospitals (formerly district hospitals). The district health services (village teams, HC IIs, HC IIIs, HC IVs) and general hospitals are managed by local governments (MoH, 2008a). The

national and regional referral hospitals are semi-autonomous institutions supervised by the ministry of health and they handle complicated cases from the district health facilities. In this system, local governments fund operations and equip health facilities, recruit administrative and medical personnel who work in these facilities, identify and meet health needs of the community (Ministry of Health, 2010f). The district is responsible for identifying and filling positions for health care personnel in their areas. The MOH, 2011 health assessment survey shows a serious lack of personnel in these facilities.

The World Health Organization (WHO, 2010) report indicates that one of the major challenges affecting health care service deliver in developing countries is lack of adequate human resources. WHO, (2010) estimates a shortage of almost 4.3 million physicians, midwives, nurses and support workers in developing countries. The shortage is severe in 57 of the poorest countries, in sub-Saharan Africa including Uganda. The situation was declared on World Health Day 2010 as a "health workforce crisis". An examination of Wakiso district's current Health care status indicates that the district has significant human resources issues. The district is heavily dependent on central government funding which accounts for 81.5% of its budget. But, the staffing levels of the healthy sector are only 60%, leaving a staffing gap of 40% in the entire district. The district also has significant health challenges. For example, Wakiso District Development Plan 2010- 15 indicates that her maternal mortality rate is 450/100,000 compared to the country's 350/100,000. The HIV prevalence rate is 8.9% compared to the countries' 6.4%. Wakiso's infant mortality rate is 94/1000 compared to the country's 76/1000 While the district has significant health problems, reports indicate it has not been able to achieve her human resources for the health sector plans for the last seven years.

1.2 Statement of the Problem

In Wakiso district, a number of health facilities in rural areas are not operational because of lack of adequate staff and infrastructure (District Five Year Development Plan 2010/11-2014/15). HC IVs that provide emergency services like minor operations, caesarean sections, and blood transfusion are few due to lack of full-time doctors (Orach, 2015). MOH (2011) reveals that one hospital with a CT scanner was unable to use it for a period of four years due to the lack of qualified personnel. Significant shortages of some specialist cadres like dentists, anaesthetists, anaesthesiologists, psychiatrists, and pathologists were noted. Staff shortage was compounded by absenteeism and inability to retain critical cadres even when health workers have been recruited (Human Resources Health Audit Report, 2015). This scenario had led to high mortality rates and delayed service delivery which had subsequently affected the performance of the health sector in Uganda (Mugagga, 2013). It is evident that the above scenario had resulted from ineffective human resources planning in the public health care sector, especially at district level (Report of the parliamentary committee on health, 2012/2013). There were also no empirical studies that have been done on these issues. This created a knowledge gap that the study intended to fill. This study, thus sought to establish the influence of human resource planning on health services delivery in health centres managed by the district.

1.3 Objective of the Study

1.3.1 General objective of the study

1.3.2 Specific objectives

The study was guided by the following objectives;

1. To determine the effect of human resource needs assessment on health services delivery in Wakiso district.
2. To establish the effect of human resource acquisition on health services delivery Wakiso district.
3. To assess the effect of human resource development on health services delivery Wakiso district.

1.4 Research questions

The study sought answers to the following questions;

1. What is the effect of human resource needs assessment on health services delivery in Wakiso district?
2. What is the effect of human resource acquisition on health services delivery Wakiso district?
3. What is the effect of human resource development on health services delivery Wakiso district?

1.5 Scope of the study

The scope of the study is divided into content, area and time scope.

1.5.1 Content Scope

The study explored the influence of human resource planning on the delivery of health services in health centres in wakiso district. With regard to human resource planning, human resource needs assessment, acquisition and coordination were explored. As far as health services delivery is concerned, the study examined whether institutions have timely service delivery, efficient work operations and patients are satisfied with quality of services.

1.5.2 Area scope

The study was done in selected health centres in Wakiso district. All categories of healthy centres were sampled. These included health centre IIs up to healthy centre IVs.

1.5.3 Time scope

The study considered human resource planning practices affecting the delivery of health services since the inception of decentralised health care services delivery in 1996. The study collected data spanning a period of 18 years.

1.6 Significance of the Study

The findings have highlighted current weakness in human resource planning in health care facilities under the decentralised health care system and provide a basis for making improvements in policies on human resource management.

Ministry of health

Findings will enable the ministry of health, responsible for supervision health care institutions to ensure that have the needed and professional personnel at these institutions. The findings may also be used by the ministry to evaluate the current human resources for health policy. The findings will also enable the ministry to initiate programmes to improve the current human resources planning practices in public health care institutions.

Ministry of local government

Findings will be used by the ministry of local government to improve her implementation of effective human resources planning in a decentralised health care services delivery.

Capacity development NGOs

A number of non government organisations her supporting public health care institutions in capacity development. Most of them work with local governments. These organisations will use the findings to initiate or even strengthen programmes for developing effective human resources planning structures in health care institutions under local governments.

Bridging Knowledge Gap

The findings of this research will fill the gap in human resource planning in health care institutions under local governments. The results will offer important insights for all other public service institutions under local governments that are supposed to play an important role in the delivery of basic life services to the citizens.

1.7 Conceptual Framework

The diagram below gives a graphical conceptual representation of the variables of study and how they relate to each other. The independent variable was human resource planning while the dependent variable was health services delivery. The moderating variable was government human resources policies that govern recruitment of employees in public institutions.

Independent variable

Dependent variable

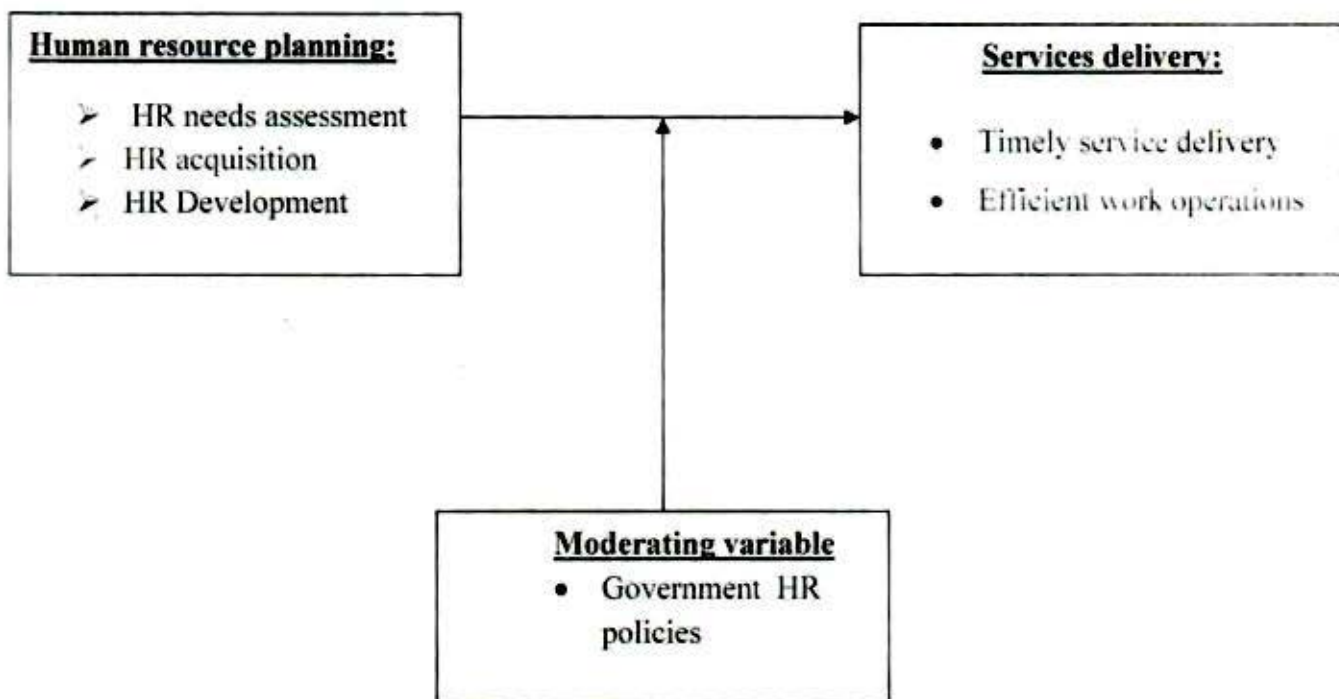


Figure 1: The Conceptual Framework: Adapted from: the WHO report (2010) and modified by the researcher.

The above frame work indicates that in order to have relevant human resources that they can use to provide good services public organizations need to have good human resource planning practices. These involve assessing human resource needs, acquiring the needed human resources

and then, developing the acquired personnel so that they are more efficient. In case of service organisations such as health centres, the relevant work force enables them to have efficient work operations and timely service delivery that subsequently leads to patients' satisfaction. Both the independent and dependent variables are moderated by government policies which determine the ability of public institutions in acquiring and maintaining the quantity and quality of the needed human resource.

1.8 Chapter Conclusion

This chapter has defined the research problem and explained its context and relevancy. The chapter has indicated that the public health care system in Uganda especially at local government level faces significant human resources issues related to ineffective human resources planning. The chapter has also shown the significance of the research problem, its scope and conceptual frame work.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature related to the research problem. It first reviews the theories on which this study was based and the key concepts of the study. It then, shows how this research relates to the existing body of knowledge, and identifies the gaps existing in the current body of knowledge.

2.2 Theoretical Review

Barney (1995) contended that human resource planning is theoretically and empirically positioned in the resource-base view (RBV) theory of the organization development. Delery (1998) asserted that the resource-based view suggests that an organisation can gain a competitive advantage from the resources it possesses. The theory holds that they can be heterogeneity or organisation-level differences among organisations that permit some of them to sustain competitive advantage. It emphasises strategic choice, transforming the organisation's management with the essential tasks of identifying, improving and deploying important resources to maximise returns. Therefore, in order to develop a sustained competitive advantage organisations must enhance resource in a way that is rare, valuable, imperfectly imitable and non-substitutable (Barney, 1991). Also, it is has been argued by Youndt and Wright (1996) and Wright and McMahan (1992) that because the resources that have historically offered firms with competitive advantage are simply and speedily imitated, the human resources of the firm may be a great significant source of sustained competitive advantage.

The resource-based view theory is a theoretical paradigm derived from the field of strategic management. It presumes that resources and features of the organization are more essential to sustained competitive advantage than industry structure and competitor's actions (Barney, 1997). Barney (2001) defined the term 'resources' as the tangible and intangible assets that an organization employs to choose and implement its strategies. This consists of organizational, human, financial and substantial resources. Also, the framework for determining if a resource can be regarded as a source of sustained competitive advantage has been summarised by Barney (1991) and Teece, Pisano and Shuen (1997). The main components of the framework expect resources to be valuable, uncommon, unique and non-substitutable. Factors such as technology, natural resources and economics of scale can generate value, resource-base view argued that these factors of value are highly available to almost everyone everywhere and they are simple to imitate, while human resources which is defined as 'the pool of employees under the organisation's influence in a direct employment relationship (Wright & McMahan, 1992) can offer the organization with a source of competitive advantage as regards to its competitors.

The key criteria are the value added to the organisation's production processes, each employee's contribution having its effect on the outcome of the organisation's performance as a whole. In addition, as employees are different, their attitudes are in limited supply in the labour market and often make it difficult to imitate. As it is not easy to recognise the specific source of competitive advantage and repeat the essential conditions necessary for it to take place. More so, human resources cannot be easily replaced; although short-term substitutes may be established, it is doubtful that they will result in a sustainable competitive advantage such as the type provided by

human resources. Barney (1991) argued that firms may not acquire the maximum utility from their workforce because the employees are not adding to their fullest potential. On the other hand, it was argued that firms, through the impacts of their HRM practices could maximise the knowledge, abilities and skills of employees.

2.3 Conceptual Review

2.3.1 Human Resource Planning

Health human resources (“HHR”) also known as “human resources for health” (“HRH”) or “health workforce” is defined as “all people engaged in actions whose primary intent is to enhance health”, according to the World Health Organization's World Health Report 2006. Human resources for health are identified as one of the core building blocks of a health system. They include physicians, nurses, advanced practice registered nurses, midwives, dentists, allied health professions, community health workers, social health workers and other health care providers, as well as health management and support personnel - those who may not deliver services directly but are essential to effective health system functioning, including health services managers, medical records and health information technicians, health economists, health supply chain managers, medical secretaries, and others.

Human resources planning is an important aspect of human resource management that was formerly known as ‘personnel management’ (Legge, 1999). Torrington and Hall (1998) that human resource management is more resource-centred and human resource planning is the tool used to ensure that organisations have the best human resources. Compeer et al. (2005) define human resources planning as activities that forecast human resources needs, availability of

used to ensure that organisations have the best human resources. Compeer et al. (2005) define human resources planning as activities that forecast human resources needs, availability of relevant human resources and selection, developing and retaining employees with required features (Jackson & Schuler, 1995; Deshpande & Golhar, 1994). According to Armstrong (2006) human resource planning is defined as a strategic and coherent approach to the management of a firm's most valued assets – the employees who personally and collectively add to the attainment of the business objectives. For Storey (1995), human resource planning is a distinctive approach to employment management which tries to attain competitive advantage through the deployment of a highly committed and skilled workforce, using a range of techniques.

Scholars and practitioners have regarded human resource planning as the source of competitive advantage for companies operating in a global economy (Ferris et al. 1999), and they have asserted that traditional methods of getting competitive advantage have to be supplemented with organisational capability, that is the organisation's capacity to manage people (Ulrich and Lake, 1991). Pfeffer (1994) suggests that organisations wishing to thrive in today's global business environment must make proper human resource investments to acquire and develop employees who possess better skills and capabilities than their competitors. Indeed, enhancing a talented workforce is vital to sustainable competitive advantage (Kundu & Vora 2004).

2.3.2 Health Services Delivery

Nabyonga-Orem et al. (2008), define health services delivery as a situation where employees have an obligation to offer services to maintain or improve other people's health, safety or well-being. This category of employees includes nurses, physicians and other medical workers. Delivery of health services can be perceived at individual or organisational level. Individual service delivery is the ability of an employee to delivery services with passion for the job and enthusiasm (Vakola & Nikolaou, 2005). It includes having morale, initiative and heightened interest in working. Employees have high capacity to perform their roles and this increases their job performance and efficiency. Good services delivery from an individual is measured by increase in productivity and high quality products and services (Ssenkooba, 2010).

At organizational level, Services Delivery is the extent to which the organisation is able to motivate her workforce to provide high quality products and services to clients, maintain good relationships with clients and have a positive publicity (Stacciarini, 2004). The study explored health services delivery at the institutional level. The ability of the whole healthcare centre to provide quality and timely medical services was examined.

2.4.1 Human resource Needs Assessment and Acquisition and Service Delivery

Human resource needs assessment involves identifying current and future personnel needs of an organization. It specifically involves knowing current and future needs of personnel, their required skills, and recruitment of these employees and development of personnel (Miller, Burack, & Albrecht, 2009). Human resource needs assessment and human resource audit are the two most important components of human resources planning. Human resource needs

assessment helps in determining the organization's future demand for number, type, and quality of various categories of employees. When the assessment is based on present and future policies and growth trends the organisation will have the needed personnel to support its service delivery goals. The techniques for needs assessment include the formal expert survey, Delphi technique, statistical analysis, budget and planning analysis, and computer models. The human resource audit gives an account of the skills, abilities, and performance of all the employees of an organization (Werther & Davis, 2010). Stoner and Freeman, (2014, p. 388) define human resources acquisition as a strategy to recruit and select employees who that will be needed to achieve the defined service goals of an institution. Lynton and Pareek (2009) argue that this process identifies and prepares suitable employees through mentoring, training to replace key players within an organisation as those key players leave their positions for whatever reasons (Hayward, 2009).

Werther and Davis (2010) indicate that human resource needs assessment and acquisition in many organisations is beset with many challenges. Matching human resources with planned organizational activities for the present and the future is one of the main problems faced by an organization. Human resources have a certain degree of inflexibility, both in terms of their development and their utilization. It takes several months to recruit, select, place, and train the average employee; in the case of higher-echelon management personnel in large organizations, the process may take years. Decisions on personnel recruitment and development are strategic and produce long-lasting effects. Therefore, organisation need to have very well organised human resource needs assessment and acquisition strategies as part of a functional planning processes. Establishing long-term human resources requirements is closely related to strategic

business plans. Strategic plans should provide a minimum base of information on which viable human resources plans can be built. On the other hand, management should consider labour availability when they establish strategic human resource acquisition plans because current and potentially available human resources affect the viability of strategic plans (Alpander, 2012).

A study by Walker (2013), indicates that organisations that have active human resource needs assessment and acquisition practices were more competitive and had many clients. Walker (2013) adds that these organisations regularly estimated future labour availabilities and needs, that is, to assess the supply of labour, both within and outside of the organization. They also determined the future demand for specific numbers and types of employees. Dalaney and Huselid (2006) also found positive relations in 590 profit and non-profit organisations from the National Organisations Survey between human resource planning practices, like needs assessment and coordination. MacDuffie (2014) in his studies also found that a number of inter-related human resource planning practises had more influence on performance than individual practises working in isolation. Cascio (2009) notes that in contrast to human resources acquisition, needs assessments are beset with multiple uncertainties, such as consumer behaviour, technology and general economic environment, and so forth.

2.4.2 Human resource development and Services Delivery

Pareek (2013) defines Human resource development as improving the quality and proficiency of the acquired human resources through training. Chadhury et al (2006) explains that in some organisations, Human resource development is distributed among labour market participants. In others, there is an explicit policy or strategy adopted by governments and systems to plan for

adequate numbers, distribution and quality of health workers to meet health care goals. According to the International Council of Nurses (2012) Human resource development results into an organisation having the right quality of health care workers with the right knowledge, skills, attitudes and qualifications. With this kind of personnel, the organisation is able to perform the right tasks in the right place at the right time. This enables the organisation to achieve the predetermined health services delivery targets (Canadian Health Human Resource Strategy –HHRS, 2011). However, Dal Poz et al (2012) note that in resource-limited countries, Human resource development is neglected or often driven by the needs of targeted programmes or projects and ends up being irrelevant. But the WHO (2013) health workers Staffing Needs (WHWSN) recommends that Human resource development should be a management tool that should even be used in assessing performance of health care institutions. This health managers of health care institutions need to maintain a systematic and active Human resource development practice. This will enable them to make effective staffing decisions in order to better manage their human resources (The world health report 2012).

A number studies to confirm the relationship between human resource development and organizational performance have been done .Pfeffer and Veiga (2009) revealed that human resources development offered several important sources of improved organizational performance. Human resource systems have essential, practical effects on the survival and financial performance of organisations, and on the productivity and quality of work life of the individuals (Cascio, 2009). Guest (2007) and Wood (2008) have correspondingly offered a better summary of the theoretical perspectives and empirical studies that have become known in the area. Huselid (2009) studied the effects of the use of thirteen human resource planning practices

on organizational performance. Two measures of human resource planning practices were noted. The first of these were specific employee skills and organizational structures, with practices improving skills, role performance and abilities, and the second was identified 'employee motivation', with practices aimed at evaluating and reinforcing desired employee attitudes. His results showed when these two measures were reverted on productivity, individually, both measures were positive and important, but when they were entered concurrently, only the motivation measured stayed significant.

Wood (2008) notes that for human resources planning to significantly contribute to good service delivery first, different human resource practices should be consistent and complement each other. Secondly, there should be a fit between the coherent sets of human resource practices and other systems within the firm. Thirdly, the human resource systems should be in line with the business strategy of the firm. And fourthly, the human resource system adopted by the firm should be compatible with its operating environment. However, in spite of the debate of internal versus external 'fit', these framework of human resource planning propose a symbolic relationship between human resource practice, policy, strategy and performance. Developing countries like Uganda can use adapt the Global Code of Practice on the International Recruitment of Health Personnel, adopted by the WHO's 63rd World Health Assembly in 2010. The Code promotes principles and practices for the ethical international recruitment of health personnel. It also advocates the strengthening of health personnel information systems to support effective health workforce policies and planning in countries (Sayedoff, 2011). The WHO report (2013) notes human resource development in healthcare institutions can be prevented by a good human resource development policy.

CHAPTER THREE

METHODOLOGY

3.0. Introduction

This chapter presents the techniques that were used to collect and analyse data . It describes the research design, study population, sample size and selection and sampling techniques. The methods and instruments that were used to collect data, data quality control and data analysis methods are explained.

3.1 Research Design

A case study design was used. A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1984, p. 23). A case study method was employed because of its strength in allowing the researcher to concentrate on a specific situation and to identify, the various interactive issues affecting the research problem (Ary, and Razavieh, 2002). A case study was more appropriate because of being more holistic and specific; it enables suggestion of possible links between phenomena, a very important requirement for this particular study (Yin, 1994). According to Correlational methods were used to analyse data. This approach was used because of its strength in relation to the research problem. The study sought to establish the magnitude and direction of the relationship between the independent and dependent variables (Saunders *et al* .2003). The researcher also measured the influence of the independent variable on the dependent variable. Data on human resources planning practices was correlated and regressed with data on service delivery. The study employed both quantitative and qualitative methods. Quantitative research methods were used because they enabled a structured statistical measurement of variables

(Trochim, 2006). Qualitative methods were used so as to collect in-depth information on the research variables and this enabled triangulation of the data collected so as to increase its validity (Ary, and Razavieh, 2002). Data was collected using a questionnaire and a key informant interview guide. Quantitative data was analyzed using statistical methods.

3.2. Study Population

The study population for this study included all categories of health care workers employed in public health centres located in Wakiso district. The health centres included Kasangati health centre IV located in Kasangati town, Kira health centre III located at the head quarters of Kira town council, Kireku health centre II in Kira town council, Nansansa health centre III in Nansana town council and Zzinga HC II, in Bussi Sub-County. Other health centres that were sampled included Ndejje Health Centre IV, Kakiri HC III and Wakiso HC IV in Wakiso TC. The Human Resources Department records (2013/14) show that these eight (8) health centres have a total of 140 health care workers. The workers were divided into Administrators and medical workers and non medical staff. The administrators included the in-charge of the health centre, the assistant and heads of departments. Medical workers included doctors, medical assistants, nurses and lab technologist. Non medical workers included, support staff such as accountants, drivers and cleaners.

3.3. Sample size

The Krejcie and Morgan (1970) guide was used to determine sample size. For a population of 140, Krejcie and Morgan (1970) suggest a sample of 103 respondents. Therefore, a sample of 103 respondents was selected from the institutions. All administrators provided data as key informants. The table below, shows the categories of respondents who participated in the study.

Table 3.1: Population, Sample and Sampling Strategy

Category	N	s	Sampling Strategy	Data
1. Administrators	32	20	Purposive	Qualitative (interview guide)
2. Medical staff	84	69	Stratified random	Quantitative (questionnaire)
3. Non-medical	24	14	Stratified random	Quantitative (questionnaire)
Total	140	103		

As indicated in the table above, from the total population of 140 was targeted 20 respondents were purposively selected from administrators of health centres, 69 were selected from medical staff and 14 were selected from non-medical staff. This brought the total sample to 103 respondents. However, 2 questionnaires from the medical staff and 3 from non medical staff were not well completed and were not included in the final sample: bring the actual sample to 98 respondents.

3.4. Sampling Techniques

Both probability and non-probability sampling techniques were used to select a representative sample. Simple random sampling was used to select medical and non- medical workers. This method was used because as indicated by Ary & Razaieh (2002) it allows all prospective respondents in this category to have an opportunity of being part of the sample. This minimizes bias and enables collection of valid data (Amin, 2005). Purposive sampling was used to select administrators who were the key informants. This sampling technique enabled the researcher to target information rich respondents, who had good knowledge of the research question.

3.5. Data Collection Methods

Only primary data was collected. It was collected using a structured questionnaire and an interview guide.

3.5.1 Structured Questionnaire for Medical and non medical staff

A structured questionnaire (see appendix A) was used to collect data from medical and non medical staff. The questionnaire had structured items. Structured questions were used because they allow collection of specific data. Using questionnaires also allowed the respondents some time to reflect on answers to avoid hasty responses (Mugenda and Mugenda, 1990). The use of questionnaire also enabled the collection of data from a large number of respondents and respondents gave sensitive information without fear as their personal identity was not needed on the questionnaire. This supports Amin's (2005) contention that questionnaires offer greater

assurance of anonymity thus enabling the respondents to give sensitive information without fear and at their leisure.

Section A of the questionnaire measured the demographic variables of respondents. Variables that were measured included; employee category, gender, and organizational tenure. Section B. measured the independent variable, human resource planning practices, while section C measured health services delivery. New scales were constructed for these items following Saunders *et al*; (2003) steps. This was done, because no scale was available on human resource planning practices of public health centres as well as their performance in Uganda. For all items in sections B and C respondents responded on a five-point scale for which 1 represented “strongly disagree” to 5 “strongly agree”.

3.5.2 Interview guide for Key informants

An Interview guide was used to collect in-depth information from officers in charge of the health centres and heads of sections. Interviews were used because the study wanted to target respondents’ real opinions on the research problem. The interview questions focused on the major themes of the study (Kvale and Brinkmann, 2009).

3.6 Validity and reliability of Instruments

In order to collect reliable and valid data, the researcher ensured that good instruments are used. Good research instruments are required to be reliable and valid. Besides, they should be easy to complete so that respondents are motivated to provide honest responses. A pilot study was done to pre-test the validity and reliability of the instruments. Data was collected from ten respondents. This data was used to test the psychometric properties of the questionnaire. A pilot study was also done in order to identify any ambiguities, misunderstanding or inadequacies (Amin, 2005). The psychometric properties of the instruments that were tested are described in the section below.

3.6.2 Validity

The validity of the two instruments was tested. According to Arya et al. (2002), Validity refers to the degree to which results obtained from analysis of the data actually represents the phenomenon under study. The validity of the research instrument was determined by pre-testing. Mugenda and Mugenda (2005) assert that pre-testing ensures clarity and accuracy of results so that data collected gives meaningful, reliable results representing variable in the study. The researcher ensured that all items in the questionnaire had face validity. The researcher also ensured that the instruments had simple wording and clarity. Besides, the instrument was made easy to complete and the total time needed to complete it was limited to about 10 minutes.

With regard to content validity of the instruments, the two supervisors evaluated the two instruments for their content validity. As recommended by Amin (2005), items that were found to be ambiguous and those judged to be inappropriate were either eliminated or adjusted. In the

content validity test, the validity of each item was evaluated on a scale for which 1 = relevant, 2 = quite relevant 3 = somehow relevant and 4 = not relevant. The validity of the instrument was tested using the Content Validity Index (CVI). The CVI were measured using the formula: Content Validity Index (CVI) = Number of items declared /Total number of items. The findings are shown in the table below.

Table 3.2: Content validity index (CVI)

Expert	Content validity index	
	Questionnaire	Interview guide
Supervisor 1	0.81	0.79
Supervisor 2	0.84	0.82
Average	0.825	0.805

Source: Pilot data

As indicated in Table 3.2, all CVIs for the two instruments were above 0.80, indicating that the items in the instruments actually measured the study variables. On average, the content validity index for the questionnaire was 0.82 while that of the interview guide was 0.81. These values were in agreement with Amin (2005) and Mugenda (2003) who recommended that for an instrument to be valid for research purposes, its content validity index has to be 0.8 and above.

3.6.3 Reliability

When an instrument is reliable, it yields consistent responses because it is interpreted well. If the desired variable is not measured reliably, the information obtained would not be correct and therefore not be valid. Pilot data was used to help in enhancing the reliability of the instruments. Data from the ten respondents was entered in the Statistical Package for Social Sciences (SPSS) and a Cronbach alpha coefficient test of reliability was calculated using the formula below:

$$\alpha = \frac{K}{K-1} \left(1 - \frac{\sum_{i=1}^K \sigma_{Y_i}^2}{\sigma_X^2} \right)$$

Where σ_X^2 was the variance of the observed total item scores, and $\sigma_{Y_i}^2$ was the variance of component i for the pilot sample. The variables with an alpha correlation coefficient of at least 0.7 were taken to be reliable (Ahuja, 2005). The reliability test findings are presented in the table below.

Table 3.3: Reliability of the Questionnaire

Variable	Alpha coefficient
Human resource needs assessment	0.72
Human resource acquisition	0.88
Human resource development	0.71
Health services delivery	0.78
Average	0.77

Source: Pilot data

Findings in table 3.3 above revealed that the alpha coefficients of the sub variables making the independent variable of human resources planning were; human resource needs assessment = 0.72, human resource acquisition = 0.88 and human resource development = 0.71. The alpha coefficient for the dependent variable, health services delivery was 0.789. All Cronbach alpha coefficients were above 0.70 which indicated that the questionnaire was reliable enough to be used as a research instrument (Amin, 2005).

Furthermore, the questionnaire used was made simple to understand in order to avoid ambiguity, misinterpretation and response biases. Social desirability effect, the tendency for respondents to guess what might be socially acceptable was avoided by confirming that the respondents' answers are kept strictly confidential. Respondents were also encouraged to express their true feelings against the statements. In addition, no names were asked to be noted down. As advised by Saughnessy & Zechmeister (1997), these steps minimised the attempt of the respondents to make a good impression.

Finally, the layout of the questionnaire was condensed in a few pages so that multiple pages could not act as a de-motivator for the respondents to comply with the surveys' most important requirement; the willingness of the respondents to respond in a motivated and genuine manner.

3.7. Research procedure

After the research proposal was approved and data collection tools, the researcher obtained a letter from the University granting permission to proceed with data collection. This was presented to the concerned authorities at the Health centres, for acceptance and authorization to undertake the study in their institution. The authorities' permission was needed to clarify and

avert suspicion about the study and helped to elicit increased willingness on the part of respondents to be objective and honest while responding to questions posed to them. In addition the letter requested for assistance to be offered to the researcher. One research assistant was recruited to ensure that the influence of personal factors of the research during data collection are minimized by bringing on board a person who is neutral about the research variable relationship and the selected organization of the study. The assistant was trained for three days before going to the field to ensure quality work. Contact was made with the various authorities where the study was carried out and together they made appointments when to carry out the study. This approach enabled proper planning and mobilization of resources on the agreed dates. The research ensured that during data collection, questions were discussed in the presence of respondents in order to be well understood and where necessary make adjustments to reduce chances of non compliance and non reliability of the tool.

3.8 Data Analysis

3.8.1 Quantitative Data Analysis

After data was collected, it was edited, cleaned and coded. Descriptive statistics, means, standard deviation and frequency tables were used to present and analyse descriptive and qualitative data. Regression analysis was used to examine the influence or contribution of the independent variables on the dependent variable. According to Zikmund (2010), this inferential data analysis technique is very effective in predicting the dependent variable on the basis of one or more independent variables. . Regression analysis was used to show the effect of human resource needs assessment, acquisition, and coordination on health services delivery. Basing on Saunders et al (2003), responses given by each respondent in section B and C were summed up

to convert ordinal measurement into a continuous scale to enable multivariate analysis possible. Higher scores on each of the variables indicated higher level of the variable in the study sample and vice versa.

3.8.2 Qualitative Data Analysis

Qualitative responses were analysed using interpretational and structural analysis. Using the procedure recommended by Trochim (2006), interview data was examined and classified in terms of themes derived from the objectives. Then the relationships among data structures were explored. Data was broken down into component parts and examined, compared and categorized.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study that examined the influence of human resources needs assessment, acquisition and coordination on health services delivery in health centres in wakiso district. The findings are presented under themes derived from the research objectives.

4.2 Demographic characteristics of respondents

In the study, the demographic information on respondents that were then used to explain the findings was collected. Respondents provided data on gender and tenure. The Findings are presented in tables and figures below.

4.2.1 Gender of Respondents

Respondents indicated their gender. The findings are presented in the table below.

Table 4.1: Gender of Respondents (N=98)

Gender	Frequency	Percent
Female	60	61.2
Male	38	38.8
Total	98	100.0

According to the findings in table 4.1, majority of respondents 61.2 % were female while the rest (38.8 %) were male. Therefore, both genders were well presented and the findings reflect the views of both gender.

4.2.2 - Tenure of Service

The number of years respondents had worked in the health facilities were explored and the findings are indicated in the table below.

Table 4.2: Length of Service in Health Centres (N=98)

Tenure	Frequency	Percent
1-5 years	11	11.2
6-10 years	36	36.6
11-15 years	23	23.1
15 years and above	28	28.2
Total	98	100.0

The table above shows that majority of the respondents (36.6 %) had served from 6– 10 years, followed by respondents who had served for 15 years and above (28.2 %). Other respondents had worked in health centres for 11-15 years (23.10%) and (11.2 %) has worked for 1-5 years. This implies that respondents had served for long enough to understand the work environment of these institutions. So their responses were rich in experience.

4.3 The Effect of human resource needs assessment On Health Services Delivery

The first objective of the study was to determine the effect of human resource needs assessment on health services delivery in Health Centres in Wakiso District. Descriptive statistics were first used to explore the extent to which health centres assess staffing needs. The mean responses on each of the items were calculated. The means ranged from 1, representing strongly disagree to 5 representing strongly agree. Items with higher mean responses meant that those aspects are done while aspects with lower means meant that the aspects are not done. The findings are shown in the table 4.1 below.

Table 4.3: Human Resource Needs Assessment

Human resources needs Assessment	Mean response	Sd	Overall rating
We have updated human resource records showing ,current number of employees, their capacity, performance and potential	3.4	2.1	Agree
We regularly predict how many employees we need to run our institution effectively	1.2	3.0	disagree
We have accurate records of the human resources we will need to provide quality health services	3.1	2.2	Not sure
We know the existing staff who are likely to transit to new	3.7	1.7	agree

positions			
We have an estimate of the yearly turnover rate of our employees	1.2	1.5	Strongly disagree
We have a profile of human resources required at different positions	1.7	2.7	Strongly disagree
We have a proper matching of job description and job specification of all our employees	2.1	2.8	disagree

(Source: Primary Data)

The findings in the table 4.3 show that, respondents strongly disagreed that they predict how many employees are needed to run the institution effectively (mean=1.2,SD=3.0), estimate the yearly turnover rate of employees (mean=1.2,SD=1.5), do profiling of human resources required at different positions (mean=1.2,SD=1.5). They also disagreed that they have a proper matching of job description and job specification of all our employees (mean=2.1,SD=2.8), accurate records of the human resources needed to provide quality health services (mean=2.1,SD=2.8). They were not sure whether they have updated human resource records showing current number of employees, their capacity, performance and potential (mean=3.4,SD=2.1). Respondents only agreed to knowing the existing staff who are likely to transit to new positions (mean=3.7,SD=1.7). This indicates that health care institutions do not do serious human resource needs assessment and so were not aware of their actual human resource needs.

The views of key informants were also explored on this issue. The findings from the key informants confirm the above conclusion. The in charge of Kireku health centre said “we do not have human resource planning activities in our yearly planner, human resource planning is done at the district”. This means that human resource planning for grass root health centres is done by officials at the district. This scenario led to ineffective human resource planning because the district officials sometimes did not have a true picture of human resource needs of grass root health centres. This was confirmed by the resident nurse of Kira town council health centre who said that “we at the work stations are not given opportunity to suggest our human recourse shortages; we just receive instructions from the district”. This is why a number of key positions are not filled. Liner regression was done to establish the effect of human resource needs assessment on health services delivery. Pearson correlation coefficients were first calculated to establish the strength and direction of relationships between the variables. The findings are shown in the matrix below.

Table 4.4: Correlation Matrix of human resources needs assessments, acquisition and development

	ass	acq	dev	servd
Ass	1	-.417*	-.543*	.543*
Acq		1	.613*	.521*
Dev			1	.432
Servd				1

* Correlation is significant at the 0.05 level (2-tailed).

Key

Ass= human resources needs assessment

Acq=human resources acquisition

Deve= human resource development

Servd= heath services delivery

The findings in the table show that all the three independent variables were positively related to the dependent variable. The correlation between human resources needs assessment was $r= 0.54$, that between human resources acquisition was $r= 0.52$, while that between human resources development was $r= 0.43$. Hence, as each of the three independents variables increased or improved, health services delivery also improved. This implies that the independent variables were significant predictors of the dependent variable. This conclusion was examined using simple linear regression analysis in the tables below.

Scores on human resource needs assessment were regressed on scores on health service delivery. The findings are shown in the table below.

Table 4.5: Showing Regression Results showing the effect of human resource needs assessment on services delivery

R	R square	Adjusted square	R	B	Beta	Sig.
0.54*	.291	.282		1.020	.54	.03

(Source: Primary Data)

Values significant at 0.05 level (2-tailed)

Predictor: Human Resources Needs Assessment, Dependent variable: health services delivery

From the regression model summary in Table 4.5, the correlation (linear relationship) between human resources needs assessment (independent variable) and health service delivery is indicated by $R= 0.54$. This implies that, generally, assessing human resources needs was

moderately and positively related to health services delivery. The relationship was significant at $p\text{-value} < 0.05$. This means that if health centres do regular human resources needs assessment, they can recruit appropriate human resources which can subsequently increase health services delivery. The results of the regression model indicated an adjusted R-square of 28.2 percent. This implies that on average, human resource needs assessment contributes to a 28.2 percent variation in the quality of health services delivery. Recruiting qualified and relevant employees into key positions, results into more efficient services delivery to patients.

4.4 The Effect of Human Resource Acquisition On Health Services Delivery

The second objective of the study was to find out the effect of human resource acquisition on health services delivery Health Centres in Wakiso District. The extent to which information on the potential of existing employees is collected and efforts to attract best employees in the institution exist was first explored using descriptive statistics. Then human resource acquisition scores were regressed with scores on services delivery. Again lower mean responses meant that the aspect of human resource acquisition is not being implemented while a higher a mean response meant that the aspect is implemented. The findings are shown in the table 4.5 below.

Table 4.6: Human Resource Acquisition Practices

human resource acquisition	Mean response	Sd	Overall Rating
We have accurate information of the existing education and other qualifications of the human resources we may need	3.0	4.2	Not sure
We know and regularly consider government laws and regulations that can affect recruitment of the human resources we may need	4.2	2.1	agree
We have accurate information on the potential of our existing employees.	2.2	3.4	disagree
We have information on the expectations of employees we may want to recruit	1.3	2.1	Strongly disagree
We know the best employees we may want to attract in our institution	2.3	1.8	disagree
We can acquire the number and types of employees we need to fill our staffing forecasts.	1.3	1.5	Strongly disagree

(Source: Primary Data)

The findings in the table 4.5 show that respondents strongly disagreed that they can acquire the number and types of employees we need to fill staffing forecasts (mean=1.3 ,SD= 1.5). have information on the expectations of employees to be recruited(mean=1.3 ,SD=2.1). Respondents also disagreed that they have accurate information on the potential of existing

employees (mean=2.2, SD=3.4) or know the best employees to attract in the institution (mean=2.3, SD=1.8) . This indicates lack of serious human acquisition.

The views of key informants on these issues were also explored through interviews. The findings were in line with the above findings. The chief lab assistant from Zzinga health centre said that *“our health centre has lacked specialist doctors for sometime due to the fact that the district has not made frantic efforts to know the kind of employees to recruit”* . A health officer in charge of Busi health centre said that *“the district places more emphasis on the supply of drugs and other medical materials and it neglects supply of workers to districts these drugs”* . Of course a centre having a good supply of drugs without the personnel to distribute them may not improve services delivery. This conclusion is supported by the comments of nurse in charge of Ndeje health centre who said that *“while we have an adequate amount of drugs to distribute to patients, many go back without treatment because of lack of enough staff to attend to them”*

Liner regression was done to establish the effect of human resource acquisition on health services delivery. Scores on human resource acquisition were regressed on scores on health service delivery. The findings are shown in the table below.

Table 4.7: Showing Regression Results of human resource acquisition Vs health services service delivery

R	R square	Adjusted square	R	B	Beta	Sig.
0.526*	.27	.26		0.96	.052	.02

(Source: Primary Data)

Values significant at 0.05 level (2-tailed).

Predictor: human resource acquisition, Dependent variable: health service delivery

From the regression model summary in Table 4.6 , the correlation (linear relationship) between health service delivery (dependent variable) and human resource acquisition is indicated by $r = 0.52$. The relationship was significant at $p\text{-value} < 0.05$. This implies that, human resource acquisition is positively related to service delivery in health centres. The results of the regression model indicated an adjusted R-square of 26 percent. This implies that on average, human resource acquisition explains a 26 % improvement in health services delivery in health centres. This is because through acquisition the institution is able to identify needed staff and actually recruit them to provide the needed services. This meets the service needs of patients.

4.5 The Effect of human resource development on Health Services Delivery

The last objective was to assess the effect of human resource development on health services delivery Health Centres in Wakiso District. Human resource development practices were explored using descriptive statistics. Lower mean responses meant that the aspect is not being implemented while a higher mean meant that aspect is implemented .The findings are shown in the table below.

Table 4.8: Human resource development

Human resource development	Mean response	Sd	Overall rating
We have a structure to balance the demand for employees with the supply of employees available.	1.2	2.3	Strongly disagree
We have a recruiting planning based on our human resource development	2.3	3.1	disagree
We are able to attract the employees we need to fill our needs	1.3	2.6	Strongly disagree
We have a structure to balance our full-time and part-time employee needs.	3.6	1.5	agree
We regularly prepare to fill positions of employees who are laid off or who have reached , retirement	1.1	1.4	Strongly disagree
We regularly review employees who may need to be demoted or moved into a lateral position	2.3	3.1	disagree

(Source: Primary Data)

The table above shows that the respondents strongly disagreed that their institutions prepare to to fill positions of employees who are laid off or who have reached retirement(mean=1.1 ,SD 1.4), balance their needs for employees with the acquisition (mean 1.2 ,SD 2.3) or do attract the employees they need to fill their needs(mean=1.3 ,SD=2.6). Respondents also disagreed that their recruiting planning is based on human resource development (mean 2.3,

SD=3.1) they review employees who may need to be demoted or moved into a lateral position (mean=2.3, SD=3.1). This shows that there is almost human resource development being done. This points to lack of human resource planning structure in these institutions.

The views of key information on these issues were also collected. Their views coincided with those of other employees. The in-charge of Nansana health centre said that *"we have significant personnel shortages that sometimes we use Askaris to distribute drugs"*. He added that *"without a structure to identify our personnel needs, we are not able to recruit the needed staff"*. A health officer from Kasangati health centre said that in most rural based health centres, *"non medical staff such as Askaris, cleaners and administrators, perform roles of medical officers"*. They distribute drugs, do diagnosis and give injections due to lack of medical staff.

Liner regression was done to establish the effect of forecasting needs on health services delivery. Scores on human resource development were regressed on scores on health service delivery. The findings are shown in the table below.

Table 4.9: Showing Regression Results of human resource development and health services delivery

R	R square	Adjusted square	R	B	Beta	Sig.
0.438	.129	.112		1.020	.43	.04

(Source: Primary Data)

Values significant at 0.05 level (2-tailed)

Predictor: reconciling human resources needs, Dependent variable: health services delivery

From the regression model summary in Table 4.8, the correlation between human resource development and health services delivery was $r= 0.43$. This implies that human resource development is moderately and positively related to health service delivery. The relationship was significant at $p\text{-value} < 0.05$. The results of the regression model indicated an adjusted R-square of 11.2 percent. This implies that on average, human resources development causes a corresponding 11.2 percent increase in health services delivery.

4.6 Overall contribution of human resources planning on Health services delivery

The researcher finally investigated the combined (overall effect) of human resources planning on health services delivery. Scores on human resource needs assessment, acquisition and coordination were regressed with scores health services delivery. The table below shows this effect.

Table 4.10: Multiple Regression results of Human resources Planning (Human resource needs assessment, acquisition, coordination) Vs Health services delivery

Model	R	R square	Adjusted R square	Std. Error of the estimate	Sig.
1	.56 ^a	.641	.643	2.90648	.043 ^a

a. Predictors: (Constant) Human resource needs assessment, acquisition, Coordination

b. Dependent variable: Employee health services delivery

The multiple regression summary in Table 4.9 shows that overall correlation (linear relationship) between health services delivery (dependent variable) and merger is $r=0.56$. This implies that, generally, human resources planning is positively related to health services delivery. The relationship was significant at $p\text{-value} < 0.05$. This means that well planned human resource needs assessment acquisition and coordination can significantly increase the quality and delivery of health services. The results of the regression model indicated an R-square of 64%. This implies that on average, human resource planning can explain about 64 per cent of an improvement in health services delivery. The combined effect of the three sub variables is almost equal to the summated (28.2 + 26 + 11.2) individual contributions of each of the three sub variables to health services delivery. This, further confirms that human resource planning has a significant effect on health services delivery and should therefore be highly emphasised in these institutions.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a discussion, conclusion and recommendations of the study that examined the influence of human resources needs assessment, acquisition and coordination on health services delivery in health centres in wakiso district. A discussion of the findings is presented first, followed by a conclusion and finally by recommendations for action and research.

5.2 Discussion

5.2.1 The Effect of human resource needs assessment On Health Services Delivery

The first objective of the study was to determine the effect of human resource needs assessment on health services delivery in Health Centres in Wakiso District. The findings indicated that health centres in wakiso District do not do serious human resources needs assessment. This was probably due lack of human resource planning activities at these institutions. Human resource planning seemed to have been left to the officials at the district level. This scenario is against modern human resource planning practices recommended by Scheffler *et al* (2011). for they say, this is inappropriate because officials at the districts or headquarters may not have a true picture of the human resources needs of the grassroots institutions. It was also revealed health centres do not predict how many employees are needed to run their institution effectively, or estimate a profile of human resources required at different position. They also did not do matching of job

description and job specification of all their employees. As indicated by Cascio (2009), the scenario in the health centres showed ineffective human resources needs assessment which would subsequently cause poor delivery of services in these institutions.

Findings further revealed most health centres do not have accurate records of the human resources needed to provide quality health services. It was discovered that human resources departments place more emphasis on updating human resource records and knowing the existing staff who are likely to transit to new positions. The findings indicate lack of a structured human resource planning in health care institutions managed by the districts. Therefore, as indicated by Doty and Glick, (1993), these institutions can not have enough and the right employees to carry out the various functions of the centres. It was evident that there was limited participation of employees in human resource planning. Officials at the district do not consult employees at the grassroots of their human resource development . Human resource planning is more centralized and based on budgetary allocation. This negatively affected service delivery as a number of key services posts were not filled (MacDuffie, 2014). Therefore patients were not able to have these services. This findings agree with Dalaney and Huselid (2006) who found poor institutional performance in institutions that did not have active human resources needs assessment.

5.2.2 The Influence of human resource acquisition On Health Services Delivery

The second objective of the study was to find out the influence of human resource acquisition on health services delivery Health Centres in Wakiso District. The findings revealed very weak human resource acquisition practices. Health centres did not having access to the number and types of employees they need to fill staffing forecasts or information on the expectations of employees to be recruited or accurate information on the potential of existing employees. This scenario had resulted into poor services delivery in most health centres especially those at level II. This finding agrees with Barney (2001) who said that when institutions fail to have effective human resources acquisition practices, they always have no human assets they can use to implement their services strategies. Health centres did not have any strategies to know the best employees to attract in the institution. As indicated by Stacciarini (2004), without effective human resources acquisition institutions can not have effective human resources and this affects its performance.

5.2.3 The Effect of human resource development on Health Services Delivery

The last objective was to assess the effect of human resource development on health services delivery Health Centres in Wakiso District. The findings showed very little human resources development was being done. This affected the availability of qualified employees in health care institutions and subsequently lowered the quality if service delivery. This finding agrees with Ferris et al. (1999) who said that institutions can only perform well if they have the qualified human resources got through effective needs forecasting.

It was evident that institutions do not have any initiatives for preparing to fill positions of employees who are laid off or who have reached retirement. It was discovered that health

centres have no structure to balance the demand for employees with the supply of employees available. The district planning officers dominated human resource planning and did not give officers in the health centres opportunity to participate. Health centres did not have the ability to attract the employees they need to fill their needs and were unable to recruit based on human resource development or review employees who may need to be demoted or moved into a lateral position. This points to lack of human resource planning structure in these institutions. As indicated by Grepin and Savedoff (2009), this scenario will result in the district being unable to achieve its yearly health staffing plan for any years to come. It also implies that some health facilities may not be operational because of lack of adequate staff. This will subsequently result in poor health services delivery in Wakiso district.

5.3 Conclusion

The findings have indicated a poor human resource planning culture in health centres in Wakiso district. Human resource planning was more centralised and done at the district level. Officers at the health centres did not participate in human resource planning. As a result, the human resource needs of the health centres were not accurately known and were hence not met. Involving officers at the health centres in human resource planning was important in ensuring that the right employees are hired. This is because these officers have a better knowledge of human resource needs of the centres. There was almost no human resource acquisition and coordination at the health centres. This was partly because these functions were being done at the district level and also officers at the centres did not have human resource planning skills. This implies that planning for human resource development in the health sector in the districts is not a priority activity. More emphasis is placed on materials supply neglecting the human resources. This

points to lack of human resource planning structure in the district. This scenario resulted into the district not being able to achieve its yearly health staffing plan for many years to come. This definitely lowered the quality of medical services offered in the district. The shortage of health workers remains a major challenge in improving the health of the population in Wakiso district.

5.4 Recommendations

In view of the findings, the following recommends are made:

5.4.1 Improving Human resource needs Assessment

Districts need to have a more participatory human resource planning model. Where, officers at the health centres actively get involved in human resource planning.

A bottom –up approach is more appropriate, since the officers at the grass root(health centres) have a better knowledge of the real human resource needs of their institutions.

The district should have a regular (at least yearly) human resources needs assessment schedule that should involve all departments the grass root.

5.4.2 Improving Human resource acquisition

Human resource planning is mainly based on budgetary considerations. However, this practice does not effective meet the needs of institutions. More practical considerations should be adopted.

There is need to equip officers in charge of health centres with human resource planning skills. This is when they will better participate in this activity.

5.4.3 Improving Human resource development

Human resource planning should be made a yearly activity in all health centres. Needs should be submitted through annual reports from the centres.

Health centres need a human resources officer to oversee the activity of human resource planning. This officer will be able to coordinate and keep up to date the human resource planning activities.

5.5 Recommendations for Further Research

The researcher recommends that further research should be carried out on the human resource planning skills needs of officers in charge of health centres.

The researcher recommends that further research should be carried out on appropriate strategies to develop effective human resource planning practices in health centres managed by local governments.

The model of human resource planning relevant to health centres in Uganda should be investigated.

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Appendix 1: Questionnaire

Dear respondent, I am called Gloria Kaguna. I am researching on “The influence of human resource planning on health services delivery in wakiso district health centres..You have been selected to participate in this academic research. I kindly request you to candidly complete this questionnaire. The information you give will be treated with utmost confidentiality and it will be used for the purpose for which it was collected.

Thank you.

Section A: Demographic characteristics of respondents

Please tick what is most appropriate to you:

1. Sex .

Male	Female
1	2

2. Number of years worked in health care institutions

2 and less years	6-10 yrs	Over 10 years
1	2	3

Section B: Human resource planning practices

Instructions

Please circle the number on the scale that best indicates your human resource planning practices in the areas of forecasting your staffing needs, human resources supply and how you reconcile demand and supply..

- 1 = Strongly Disagree (SD) 2 = Disagree (D)
 3 = Not Sure (NS) 4 = Agree (A) 5 = Strongly Agree (SA)

Human resource planning practices					
1. Human resources Needs Assessment					
We have updated human resource records showing ,current number of employees, their capacity, performance and potential	1	2	3	4	5
We regularly predict how many employees we need to run our institution effectively	1	2	3	4	5
We have accurate records of the human resources we will need to provide quality health services	1	2	3	4	5
We know the existing staff who are likely to transit to new positions	1	2	3	4	5
We have an estimate of the yearly turnover rate of our employees	1	2	3	4	5

We have a profile of human resources required at different positions	1	2	3	4	5
We have a proper matching of job description and job specification of all our employees	1	2	3	4	5
2. Human resource acquisition	1	2	3	4	5
We have accurate information of the existing education and other qualifications of the human resources we may need	1	2	3	4	5
We know and regularly consider government laws and regulations that can affect recruitment of the human resources we may need	1	2	3	4	5
We have accurate information on the potential of our existing employees.	1	2	3	4	5
We have information on the expectations of employees we may want to recruit	1	2	3	4	5
We know the best employees we may want to attract in our institution	1	2	3	4	5
We have access to the number and types of employees we need to fill our staffing forecasts.	1	2	3	4	5
3. Human resource development	1	2	3	4	5
We have a structure to balance the demand for employees with the supply of employees available.					
We have a recruiting planning based on our human resource development					

We are able to attract the employees we need to fill our needs				
We have a structure to balance our full-time and part-time employee needs.				
We regularly prepare to fill positions of employees who are laid off or who have reached , retirement				
We regularly review employees who may need to be demoted or moved into a lateral position				

Section C: Services delivery of the health centre

In this section Please circle the number on the scale that best indicates the quality of services delivery in your health centre's performance in the aspects below.

Services delivery in your Health centre	1	2	3	4	5
In our health centre we always attend to patients immediately when they come					
In our health centre our staff always take history relevant to the patient's complaint(s)					
In our health centre we have staff who are able to review past medical history and / documents					
In our health centre we have personnel to prescribe recommended treatment as per national guidelines					
In our health centre we have staff who always pay attention to					

patients' complaints					
In our health centre we have enough staff to explain which drugs have been prescribed to patients	1	2	3	4	5
our health centre has qualified staff who clearly explain to patients what they are suffering from	1	2	3	4	5
In our health centre we have enough Staff to do all the medical work assigned to them	1	2	3	4	5
Our health centre has qualified staff to use all gadgets available for medical work					
The size of our medical staff is enough to cater for all patients received at the hospital	1	2	3	4	5
In our health centre we all patients received get the full doses prescribed for them	1	2	3	4	5
All patients who report to our health centre are fully treated before they are discharged	1	2	3	4	5

Thank you for your kind co-operation.

Appendix 2: Interview for key informants

1. What are your human resource needs ?
2. How do identify your humans resource needs?
3. How do you do your human resources planning?
4. How do you know which human resources are available at the job market?
5. What do you do to make your organization attractive to the needed human resources?
6. What human resource planning challenges do experience?