PROJECT MANAGEMENT PRACTICES AND THE IMPLEMENTATION OF HUMAN IMMUNE VIRUS (HIV) PROJECTS

A CASE OF THE AIDS SUPPORT ORGANISATION (TASO) UGANDA.

BY

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DECLARATION

I, Christine Mirembe , do declare that the dissertation entitled , " **Project Management Practices and the Implementation of Human Immune Virus (HIV) Projects in Uganda: A case of The Aids Support Organization (TASO)"** has solely written by me except in instances where scholarly literature has been used and has never been submitted to any other Institution of Learning for any award.

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APPROVAL

This dissertation entitled, “project Management Practices on the Implementation of Human Immune Virus (HIV) Projects in Uganda: A case of The Aids Support Organization (TASO)”,has been submitted for examination with our approval as Institute Supervisors.

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DEDICATION:

I would like to dedicate my dissertation to my Family and Friends. I would also like to express deep gratitude towards my loving parents Mr.JoramKarukwitsya and Molly Karukwitsya, whose words of encouragement kept me going .I also dedicate this dissertation to my employers, Global Networks Ltd. There is no doubt that I could have completed this program without your unrelenting support and counsel.

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LIST OF ABBREVIATION AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
AMREF	African Medical Research Foundation
DASCO	District Aids and STI Coordinator
HERAF	Health Rights Advocacy Forum
HIV	Human Immune-Deficiency Virus
ICAD	Institute for Capacity Development
JAPR	Joint AIDS Programme Review Process
UNASA	Uganda National AIDS Spending Assessment
MDGS	Millennium Development Goals
NACC	National AIDS Control Council
NGOs	Non Governmental Organizations
PLHIV	People Living With HIV
PLWHA	People Living With HIV & AIDS
PMI	Project Management Institute
PRINCE2	Project in Controlled Environments, version 2
PMTCT	Preventing mother to child transmission
TOWA	Total War against AIDS
TEACH	Treatment Education Activists Combating HIV
TASO	the AIDS Support Organization
UNAIDS	United Nations Programme on HIV and AIDS

ABSTRACT

The aim of the study was to find out the relationship between project management practices and the implementation of HIV projects. The specific objectives of the study included to find out the effect of project design on the implementation of HIV projects, to find out the contribution of project staffing on the implementation of HIV projects and to examine the contribution of monitoring and evaluation on the implementation of HIV projects. The case study design was used where an accessible population of 210 respondents was identified from which females were 109 (51.9%)and males were 101 (48.1%). Key findings obtained include the positive relationship between project design, project staffing, project monitoring and evaluation on the implementation of projects. Based on discussion, TASO were heavily reliant on donors in terms of financing the projects they implemented. The most frequently implemented projects were Behavioral Change Communication projects, Care and Support for the Sick. Most donors have stringent, time consuming and laborious reporting requirements. There is need for donors to identify simpler and friendlier reporting formats for the recipients of their funds without compromising their interests but at the same time not overburdening TASO. Areas of further Research could be to determine the challenges TASO faces during the implementation of HIV projects, The impact of HIV Projects on performance of TASO.

CHAPTER ONE

1.1 Introduction

This study examines the relationship between Project management practices and the implementation of HIV projects in TASO. The project management practices were conceived as the independent variable whereas the Implementation of HIV projects was conceived as the dependent variable. This chapter presented the background to the study focusing on the historical, theoretical, conceptual and contextual perspectives. It also presented the problem statement, objectives of study, research questions, hypothesis, the conceptual framework, and the scope of the study, the significance, justifications and operational definitions of the study.

1.2 Background of the study

This section Presented background of the study from four perspectives which include, historical, theoretical, conceptual and contextual backgrounds as detailed below.

1.2.1 Historical Background

World over, NGO's and their focus on Implementation HIV projects have a history dating back to1839 and by 1914, there were 1083 NGO's with management of service delivery. (Davies et al 2007) Wise (2005) contends that globalization during the 20th century gave rise to the importance of NGO's because of many problems that could not be solved within developing nations, as a way of responding to such problems. NGO's intensified their operations and focused more on Project Management practices in order to implement the HIV projects like at The Aids Support Organization (TASO),Uganda.

Globally, the number of children under 15 years of age, living with HIV increased from1.6 million in 2001 to 2 million in 2007. In addition, it is important to note that HIV AIDS has not only affected the human race economically, it has also had profound psychosocial challenges including stigma and discrimination, gender based violence and reluctance and failure to disclose HIV among others (HIV counseling and testing manual, 2000).HIV/AIDS status implementation in a global contribution to people living with HIV/ AIDS.

The HIV/AIDS epidemic has had its profound impact to date in sub- Sahara Africa. The majority of the people are living with HIV/AIDS. HIV is also the leading cause of death in the region. Studies have found declines in life expectancy due to HIV in many of the hardest hit countries in

sub Saharan Africa including South Africa. (UNAIDS report 2002).AIDS was first observed in Uganda in the early 1980's like other countries throughout the world. Many people responded by denying the reality of AIDS and by stigmatizing those believed to have the disease. The first case of on HIV/AIDS victim was identified in Kasensero fishing village on the western shores of Lake. Victoria. Later, the disease spread rapidly to all parts of Uganda and other parts of east, central and western Africa. The sufferers of HIV, commonly known as 'SLIM' in Uganda were not only fishermen but also traders that were involved in smuggling goods to and fro Tanzania (Kaleebaet al.2000).

TASO, whose vision is *"A World without AIDS",* has the widest HIV/AIDS service delivery network in Uganda and directly complements the efforts of MOH. TASO has 11 Service Centers located in all the 4 Regions of Uganda (Central, Eastern, Northern and Western), in the districts of Gulu, Jinja, Kampala, Masaka, Masindi, Mbale, Mbarara, Rukungiri, Soroti, Tororo and Wakiso. Through these centers, TASO provides services for the host district and up to 4 surrounding districts raising the total number of districts served to 74 out of the 81 districts in Uganda serving both rural and urban communities in these districts. TASO also operates one International HIV/AIDS Training Centre and 4 Regional Training Centers, TASO (2008–2012) Strategic plan.

1.2.2 Theoretical Background

TASO report (2007) assumed in project design that dedicated clinics provide out-patient services for HIV-positive clients, HIV testing by the clinics, and chronic care management facilitates for HIV/AIDS model are also provided. In the project staffing, it is assumed most hospitals are understaffed, some several HIV/AIDS clinics have staff that are not well equipped with knowledge , general hospitals are mainly staffed by government employees. At most all HIV/AIDS clinics at sustain-supported hospitals require additional staff if they are going to continue providing quality services to a number of clients.

This study will be supported by the theory of constraints. This theory has been applied to production planning, production control, project management practices, performance measurement as well as for profit facilities (Blackstone, 2010). This theory helps in identifying the most important bottleneck in the processes and systems, so that project management practices can be improved. Theory of constraints is based on the fact that, a chain is no stranger than its weakest link, in any complex system at any point in time, there is most often only one aspect of that system

that limits its ability to achieve more of its goals. For that system to attain any significant improvement that constraint must be identified and the whole system must be managed with it in mind.

1.2.3 Conceptual Background

Project management is the application of knowledge, skills and techniques to execute projects effectively and efficiently. It's a strategic competency for organizations, enabling them to tie project results to business goals and therefore, compete in their markets. (Jack.R.Meredith, 2012). Project management is the science and art of organizing the components of a project, whether the project is the development of a new product, the launch of a new service, a marketing campaign, or a wedding. A project isn't something that's part of normal business operations. It's typically created once, temporary and specific. As one expert notes, "It has a beginning and an end." A project consumes resources (whether people, cash, materials, or time), and it has funding limits. (Harold Kerzner, 1984)

The HIV Projects

TASO celebrated her Silver Jubilee in 2012. The theme of the Silver Jubilee commemoration was *"Celebrating 25 years of positive living: the foundation of HIV prevention, care and support*". Over the years, TASO has had five strategic planning cycles that have yielded unparalleled results in preventing HIV infection, restoring hope and improving the quality of life of persons, families and communities affected by HIV and AIDS. The organization is transitioning into a new 5 year strategic planning cycle, 2013-2017 and is committed to scaling new heights in the HIV and AIDS response. The great service of TASO over the years is anchored to the founding Philosophy, Mission, Vision, Values and the broad objectives of the organization, that have remained relevant to the changing dynamics of HIV and AIDS and the achievements recorded by TASO.TASO is a non-government organization established in 1987 with the core services such as HIV counseling and testing, core treatment and advocacy. To date, the organization services have over 100,000 clients in Uganda with over 800 staff (TASO annual Report 2012), the Organization has grown to a national level organization comprising of 11 services centers at TASO center including regional units. It also has management teams whose role is to ensure effective employee performance for the successful implementation of the organizational objectives (TASO strategic Plan 2008-2012).

1.2.4 Contextual Background

TASO investigates the architectural design of the physical facilities where, AIDS Information Centre (AIC) as NGO and Treatment Education Activists combating HIV/AIDS (TEACH) as a project were used provide HIV services in Uganda. It is a qualitative case study, where the central region the AIC and TEACH are in focus. Interviews and observations are the main methods of data collection. AIC provides primarily voluntary counseling and Testing (VCT) and TASO receives clients who choose to seek ongoing services with them after testing positive. Results show that the broad range of HIV care and support demands architectural structures of high complexity and flexibility (TASO, 2007). Even though the services AIC and TEACH offer are different, the most important client issue they have in common is the provision of HIV services. This service has an impact on geographical location, as well as spatial conduciveness for specific services, for instance in rooms for counseling. Results show that clients' link good quality services (TASO, 2008). Client assessments are either spatially based, that is qualities, or activity based that is the judgment of physical space is influenced by their opinion of the service which takes place in a particular room. Length of membership in TASO is a determining factor in preferences for space and services. Good design has an impact on staff well-being.

The AIC and TASO have high ambitions regarding service provision which must be met by a corresponding high quality environment allowing a good staff performance to take place. Spatial problems, especially in TASO during the 90s, put staff under heavy stress, and prevented clients from receiving their services (TASO, 2008).The provision of space proves to be a challenging endeavor because of constantly changing services and growing client loads. AIC and TASO have met these challenges in non-conservative ways applying a number of spatial strategies, formal and informal. These can be divided into four major groups: Reorganization and reconstruction, improvisation and informal structures, construction and expansion, and relocation of Services and space have developed in tandem. There is a deep understanding about the relationship between high quality space and good services, as well as a sense of quality criteria and standards, developed by working practically with spatial and organizational problems. Experience has shown that activities and spatial quality are intertwined. Donor reluctance to fund physical infrastructure is another factor which has made the provision of space difficult for organization. There is awareness of continuous uncertainty regarding the provision of space in TASO. New services,

such as the provision of Anti-Retroviral Treatment (ART) or a vaccine, will have an impact; however, in whatever way is presently unknown.

1.3 Statement of the Problem

Project management practices such as establishment of functional monitoring and supervisory system, to track performance both at district and national level to maintain quality assurance of services and the Implementation of projects has been carried by TASO ably networking with other key stakeholders to achieve a range of projects. (NACC, 2005) Conducting independent project midterm reviews usually by the external experts to evaluate the state of the projects and to give direction to later interventions and further improve performance. Between 2008 and 2015, the HIV projects implemented by TASO show that the organization has handled over 163,436 medical sessions, increased the laboratory facilitates, hired new technicians and improved the equipment, plus reducing the operational radius of each center from 75km-35km. TASO has also continued to recruit community workers, identifying and supporting PLWHA in their communities'. Although vigorous project management practices like Participatory planning, team-working among TASO staff and community Involvement strategies have been implemented a very big of number of people still die of HIV/AIDS, pregnant mothers still transmit HIV to their babies, (TASO,2008-2014). The study was aimed at finding out the relationship between project management practices and the implementation of HIV projects like HIV testing and counseling, Community education, condom and ARVs distribution.

1.4 Purpose of the study

The purpose of this study was to find out the relationship between project management practices and the implementation of Human Immune Virus (HIV) projects at The AIDS Support Organization (TASO) Uganda.

1.5 Specific Objective of the study

1. To find out how project design contributes to the implementation of HIV projects at TASO Uganda.
2. To find out how project staffing contributes to the implementation of HIV projects at TASO Uganda.
3. To examine how project evaluation contributes to the implementation of HIV projects at TASO Uganda.

1.6Research Questions

1. How does project design affect the Implementation of HIV projects offered at TASO Uganda?
2. How does project Staffing affect the Implementation of HIV projects offered at TASO Uganda?
3. How does project Evaluation contribute to the Implementation of HIV projects at TASO Uganda?

1.7Research Hypothesis

1. Project designs positively affect the Implementation of HIV projects.
2. There is a positive effect of project staffing on the Implementation of HIV projects.
3. Project Evaluation has positive contribution towards the Implementation of HIV projects.

1.8Conceptual framework

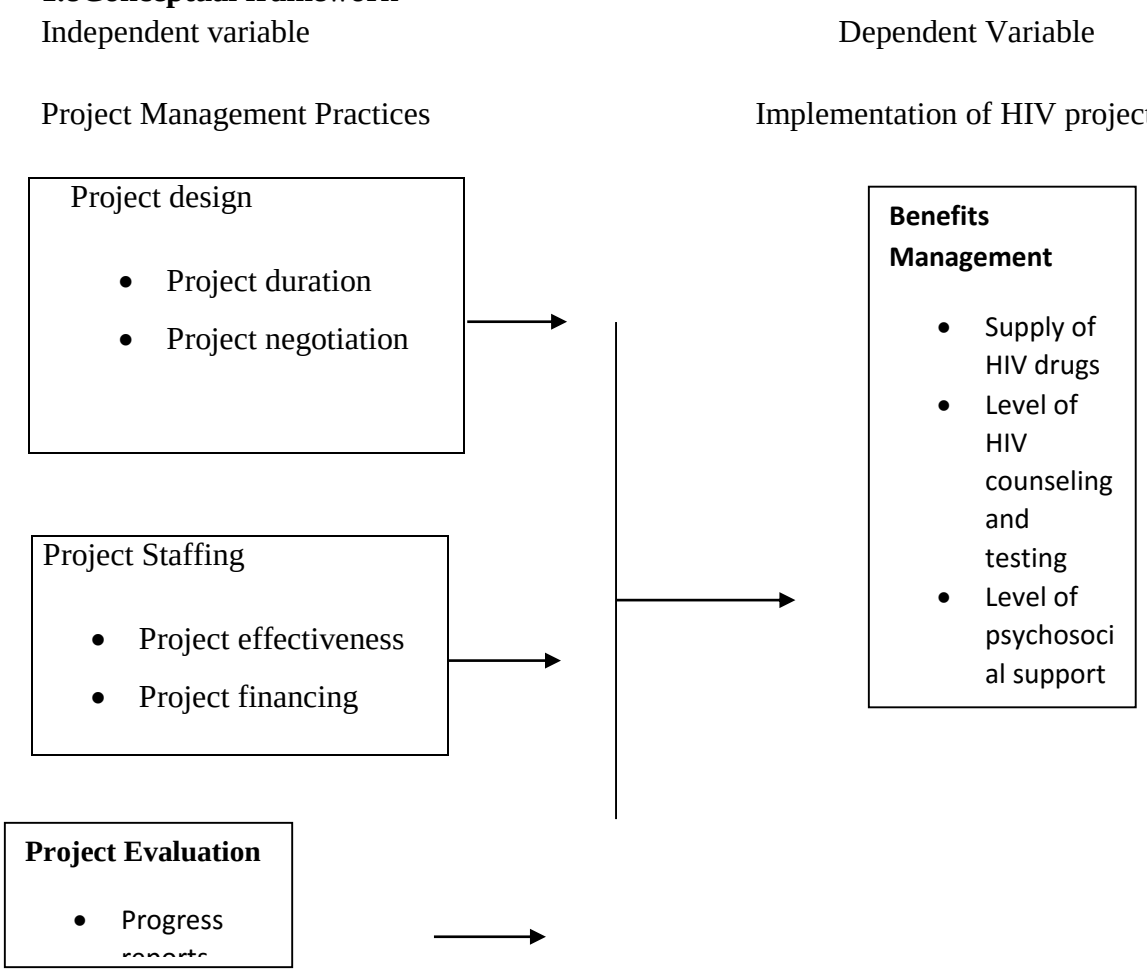

Figure 1: Conceptual Framework showing the relationship between project management practices and Implementation of HIV projects.

SOURCE: Adapted from TEACH Project Annual Report, TASO (2007) and moderated by the researcher

Effective project planning is assured (fax&Waldt, 2007), when the project design is rationally defined with clear objectives, deliverables description of the technical and resource requirements. Work should also be appropriately broken down into logical work packages that facilitate estimates and budgets and these have to be realistic and comprehensive to cover all the components of the project so that once completed, the result is functional. Lastly, scheduling of work ought to be an available resource so as not to lead to unrealistic targets which cannot be achieved. It is further

conceptualized that success is prescribed when a project is completed within budget and timely facilitates.

1.9 The scope of the study,

1.9.1 The Geographical scope

The Study was carried out in The AIDS Support Organization (TASO) in Uganda with Focus on central region. This was because it revealed that this region had the first centers for this organization and this may be representative enough for the rest of the off spring centers within TASO central region including, TASO headquarters, TASO Mulago, TASO Jinja, TASO Entebbe and Kanyanya Complex.

1.9.2 Content scope

The study involved the independent variable that is the project management practices like project design, project staffing and project monitoring and Evaluation in years between 2006 to 2012.The dependent variable involved the Implementation of HIV projects in financial and benefits management between the years of 2006 to 2012 basing on the case study TASO.

1.9.3 Time scope

The time scope was between 2000 to 2014 because this was the time when complaints over implementation of HIV projects of central region in Uganda had been released.

1.10 Significance of the study

The findings of this study provided National AIDS Control Council (NACC), Ministry of Health and Vision 2030 which were the key players in development projects, and other partners within an understanding on the extent to which Non- Government Organizations employ project management practices. This also helped them to formulate sound policies and decision making in the region. The findings also helped individual Non -Government organizations to improve the project management practices when implementing HIV projects with the benefit enabling improved performance of the projects and their accountability to the stakeholders in terms of resource use and impact of the projects they implement. The study enabled Ministry of Health staff to appreciate the usefulness of the HIV projects in the areas of quality services, systems and procedures. The Findings from the study contributed on academic knowledge in the areas of project management and its role in HIV projects Implementation. Other organizations dealing with necessity like Malaria Consortium used the findings to enhance malaria prevention.

1.11 Justification of the study

There was no empirical evidence highlighting the contribution of project management practices on the Implementation of HIV projects offered by TASO. There was need therefore to have a comprehensive understanding of the contribution of these practices on implementation of projects. This research also brought to light factors or untold conditions that make projects become unable to meet their objectives. The study also extended the literature on project management and hence contributing to the growth of management as a discipline. Finally, the study intended to investigate the contribution of project management practices on the Implementation of HIV projects in TASO.

1.11 Operation Definitions

Project management is the art of managing and coordinating human and material resources throughout the project life cycle using techniques of modern management to attain the predetermined objectives.

Non- Governmental organization is a legally constituted organization created by private persons or organizations with no participation or representation of any government.

Project Negotiation refers to the process during which goals, objectives and time frames are discussed and agreed upon by all the parties that have an interest or are affected by project activities.

Project Duration is the period for which the project is scheduled to last or the projects grant period.

Project Effectiveness is used to refer to the ability of the program to deliver on its intended objectives.

Project financing is used to refer to the sources of funds for the program, affordability of the program to the community and the strategies in place to facilitate gradual financial self-sufficiency.

Financial management is the ability to generate resources from a variety of sources which will reduce over time, its dependency on development assistance funds (cannon, 2002).

Benefit Management refers to the continuing availability of benefits such as NGO's beyond life of the project even if these are provided from other sources such as the state or the private sector (cannon, 2002)

1.12 Assumptions and limitations of the study

This research is assumed to provide enough correct and reliable findings because it will be carried out in an urban area where the situation is clearly defined.

However, the research expected to encounter some limitations including fear of management and victimization of the respondents. This was solved by assuring respondents confidentially of their information and convincing them that the research findings will be beneficial to them and their organization.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covered literature related to the study variables. It consisted of theoretical review, review of literature based on the themes of the study and summary of literature review. The study based her literature review on the objectives of the study.

2.2Theoretical Review

Project implementation of HIV projects is managed by a project coordinator, who is based on every center, and oversees the district management team, which comprises of senior staff within the five district-level partner institutions. The District management team is made up of approximately 25 individuals, including: director and staff from TASO from the central office. HIV/AIDS care and treatment services are provided through HIV clinics, which provide out-patient services to HIV-positive clients. The staff providing services in HIV clinics are mostly dedicated to HIV/AIDS services delivery; only a few provide other services or work in other parts of the clinics. HIV counseling and testing services are typically distributed throughout the clinics. PMTCT services are generally provided with other antenatal care services. Most of the HIV clinics operate five days a week from 8 AM to 5 PM, although the assessment found that service delivery was often compressed between mid-morning and early afternoon.

2.3 Project designs and the Implementation of HIV projects.

The evaluation findings indicated that the selection process and attachment was fully guided by the TEACH objective (improving service provider competences through in-service apprenticeship) and the standard operating procedures (SOPS). The TEACH Standard Operating Procedures (SOP) Manual was developed by TASO technical staff to ensure quality implementation of the project. It was observed that the project operated strictly in conformity with the guidelines and procedures stipulated in the document. This facilitated maximum learning by maintaining strategic focus on objectives of individual Attaché while at TASO. The consultant teams found out that TEACH instituted a selection committee that sits monthly to review Attachés applications to select the most appropriate or suitable candidate for attachment. However interviews with Alumni revealed that much as TASO had clear selection criteria, it was not solid enough to eliminate candidates not suitable for attachment, TASO (2008–2012) Strategic plan.

Home-based care, the program that offers health care services to support the care process in the home of the HIV infected person (WHO/GPA, 1989), has been a major care and support strategy since the inception of the epidemic in Uganda. This was against a background of scarce health care facilities, difficulty in accessing the available care facilities by the very ill, and the preference for terminal care and death in the home-setting (Kalluvya, 1997). Consistent with the comprehensive care strategy recommended for HIV/AIDS infected and affected individuals (Osborne et al., 1997:11B; Osborne 1996: 10), Home-Based Care Programs aim to alleviate human suffering and

pain, and mitigate the impact of HIV/AIDS through comprehensive care package of nursing care, treatment of opportunistic infections including symptoms and pain, counseling and emotional support assistance with essentials like food and soap, poverty alleviation measures like income generating activities; orphan care; legal aid including will making; Advocacy; prevention strategies of education and awareness programs for behavior Change and condom distribution. The extent of service depends on the Home-based care programs' objectives and strategies and available resources. The documented land benefits of these programs include: enhancing the quality of life, easing of pressure on the few health facilities; alleviation of families' lack of essentials; stigma reduction and high risk behavior change (Campbell 1988; WHO/GPA 1989; Chela et al 1995; Ndyanabangi et al, 1995; Kaleeba et al., 1997; Family Health International, 1997, MacNeil and Anderson, 1998:12).

According to Afri CASO Directory of 2000, there were 39 registered home-based care programs in Uganda, a likely underestimate as many community-based organizations operate unregistered. Some home-based care programs are initiated and operate within the community (community-based organizations CBOs); some are Faith-Based Organizations (FBO), operating as facility outreaches; some Non-governmental Organizations (NGOs), operating from facilities or within the communities and a few are governmental (attached to government facilities). The FBOs and NGOs operate with varying degrees of community mobilization and participation. The facility based programs utilized medical personnel, mainly nurses while the CBOs utilize mainly volunteers. An umbrella organization, the Joint Home Care that aims at promotion of experience sharing through networking among the Home-based care programs in Kampala.

Each program is allocated a specific area to avoid overlapping of activities, duplication of efforts and waste of resources (Rwomushana, 1997; Eriki et al., 1997).There is no government policy and direct participation in Home-based Care. Therefore, there are no guidelines or standards to regulate their activities. The cost of home-based care is borne by the private sector often religious or charity with funds largely from external donors. However some CBO programs receive insufficient funds from the District Sexually Transmitted Infections (STI) Program (Mulago, 1998).

As other countries seek to learn from the Uganda experience and implementation in reducing the HIV prevalence from about 30% to 5% (Mbutaiteye et al, 2002).Home-Based care will be one of

the strategies to focus on. Furthermore, with the current recognized inadequacy of prevention alone in HIV/AIDS epidemic control, and the new thrust on care and support, including treatment for opportunistic infections and anti-retroviral therapy, there is a need for strengthening and expanding the existing Home-Based Care Programs. This would position them for participation in this new thrust. A need therefore arises for an overview of the existing programs regarding the care offered and the strengths and weaknesses, with the overall aim of improving the quality of care, and drawing out lessons for other AIDS programs and policy both nationally and internationally. It was against this background that this assessment of Home-Based Care Programs in Uganda was conducted. The aim was to improve the quality of home-based care provided for the people living with HIV/AIDS and terminal cancers. This was to be achieved through the following objectives: assessing the components and practices of home-based care by programs of different strategies including ;the cost of care, identifying the factors necessary for providing quality home-based care and identifying the strengths and weaknesses in the delivery of home-based care by the programs using the UNAIDS Best Practice criteria for AIDS Home-Care.

The TEACH project (phase one) targeted HIV/AIDS service providers from Africa. From the review of records, TEACH demonstrated that Attachés recruited came from this continent. By the end of 2007, TEACH had reached 24 African countries.

The effectiveness of a program or practice is the extent to which it produces the defined outcomes and meets its objectives. Effectiveness of a program is demonstrated by: a clear link between its activities and the effects; a quantifiable change in the situation that is being addressed, demonstrated through quantitative data or interview of the beneficiaries; outcomes (medium-term results) and overall impacts (long-term results).

2.4 Project Staffing and the Implementation of HIV Projects

All the Home-Based Care Programs had a common mission of reducing HIV/AIDS associated suffering in the patients, families and communities. They had written objectives, target population and coverage areas though there were no outcome measures for impact assessment. With written policies on services, personnel, job description, salaries and benefits, they had organizational structures and plans or charts, though these were available in only MHC, MPK, and KMHC. Various management activities were in place. They had administrative heads of programs with different appellations.

TASO structurally has three management or administrative levels; TASO headquarters, Regional offices and TASO centers. Evaluation findings indicated that TEACH management structure is well integrated into TASO established structure from the headquarters to the Centre level. Due to this integration, the project naturally obtained technical support at all levels. At headquarters, the Directorate of finance extends support in financial management while programming and implementation is supported by Directorate of training and capacity development. It was also found out that TEACH also receives support from other directorates of programs, planning and strategic information. The project also receives management support from the TASO regional and centre offices through the Regional and Centre Management including all heads of departments at Centre offices.

TEACH project is directly headed by the Project Coordinator. This Coordinator worked with TASO in the projects and planning department before he joined TEACH. He is directly assisted by the Project Assistant. The Project Coordinator is functionally supported by public relations volunteers at all TASO service delivery centers/branches. The evaluation team feels that the recruitment of the project Coordinator who was already in the TASO system was strategic. Interviews with the Coordinator revealed that it helped him translate the project objectives into tangible results. The recruitment of the Project Coordinator, other staff and volunteers was also done in time which facilitated smooth implementation of TEACH activities. However the consultants found out that TEACH project was understaffed and the Public Relations Officers (PRO) volunteers had stayed with the project for three years as volunteers.

In addition, TASO had no clear capacity or training strategy to improve their competencies in mentoring and handling people of various professional backgrounds and cultures from various countries. Interviews with TEACH volunteers revealed that they needed to be considered as full time staff to further motivate them and effectively implement TEACH activities, TASO(2008–2012) Strategic plan.

TEACH project is housed at TASO Kanyanya International training complex. There is a designated TEACH facility where Attachés are coordinated, oriented and supported. The evaluation found out that the facility has basic facilities such as computers, communication and internet facilities to facilitate the coordination and implementation of TEACH. Due to TEACH integration in other TASO main stream services, TASO headquarters, Regional and Center level

offices also provide space to allow conducive and maximum learning for Attaché during the attachment. However, the study found out that designated computers for Attaché's in some offices lack internet facilities. The office space was also found limited much as TASO had provided substantial support in this.

The evaluation findings indicated that TEACH program had institutionalized partnerships in order to implement the TEACH strategy. The partnerships were both local and international. Locally, the partners identified included: Mild may: Infectious Disease Institute (IDI); Joint Clinical Research Council; Medical Research Council(MRC); Center for Disease Control (CDC); Straight Talk Foundation; Christian Helping Community; Red-Cross Uganda; Jinja Diocesan Development Organization (JIDDECO); Masaka Diocese Development Organization(MADDO) Farming for development organization Mbale (FADEP); International Rescue Committee in Gulu; Kinyara Sugar Works; World Vision Gulu, AIDS Information Center (AIC); Uganda AIDS Commission (UAC: and Mini-TASOs and CBOs partnering with TASO, TASO (2008): Annual Draft Evaluation Report.

Internationally, all the Alumni organizations were institutionalized partners who co-opted others in implementing the TEACH strategy. Some of the partners identified included, Ghana Aids Commission; Swaziland AIDS Control Program and Society for Family Health in Zambia, TASO (September, 2005): TEACH Project Review Report.These partners helped in scaling up sharing of HIV/AIDS management and service delivery models in addition to what TASO could offer. Based on the learning objectives of the attaché's, TEACH project supported the attaché's to obtain additional orientation on certain specific HIV/AIDS delivery models of interest to the attaché's. However, this collaborative management was found informal i.e. without official MOU signed between TASO and the partners spelling out specific roles and responsibilities.

2.5 Monitoring and Evaluation Practices and Implementation of HIV projects.

Monitoring and evaluation tends to be understood as one and the same thing. Though related, however, they are two different sets of organizational activities. Monitoring is the routine collection and analysis of information to track progress of a project against set plans and check compliance to established standards. It helps to identify trends and patterns and help project implementers to make informed decisions.

Gudda (2011), defines monitoring as the art of collecting the necessary information with minimum effort in order to make a steering decision at the right time. This information also constitutes an important and necessary data base for analysis, discussion, evaluation and reporting. According to Gebremedhin, Getachew, &Amha, (2010), "Monitoring involves the collection of routine data that measures progress towards achieving project/program/policy objectives. It is used to track changes in the intervention performance over time. On the other hand, evaluation involves identifying and reflecting upon the effects of what has been done and judging their worth. Evaluation basically aims to determine as systematically and objectively as possible the effectiveness, efficiency, relevance, sustainability and impact of a project or programme.

Mulwa, (2008) defines evaluation as a process that involves systematic collection, analysis and interpretation of project related data. It aims to provide valuable management information, judge the value and merits of an intervention and draw lessons which can be used to make decision in future. Monitoring and evaluation contribute to the strengthening of institutions, human resource capacity-building and professional financial management. Through the application of monitoring and evaluation (M & E) techniques, civil society organizations will improve their overall capacity for efficient and effective project management and implementation. Even if an organization has a good plan and a good budget in place, you cannot expect project implementation without problems along the way. It is therefore that during project implementation, project implementers monitor and control project progress based on the objectives that were established in the project plan. It is also important to make necessary adjustments to address unforeseen challenges, obstacles and opportunities as they arise that may occur. Monitoring therefore should be done in parallel with the donor's reporting requirements. It is also important that during project implementation, actual costs should be constantly compared with the planned budget in order to note any significant deviations from the plan. Because monitoring and evaluation are the basic functions essential to the effective management of disaster preparedness, emergency response programs and to the achievement of program objectives, these inter-related functions should be planned for in the project document. The document should specify when and how project monitoring and evaluation will occur including what indicators will be used to monitor progress and determine success of the project or programme. Holden (2004), emphasizes that monitoring and evaluation is a weak component of much development work and mainstreaming HIV/Aids is, so far, no exception.

However, M&E is critical for learning about what is effective, for ensuring that modifications results from mainstreaming do not do more harm than good and for assessing the impact of mainstreaming HIV/AIDS.

Mulwa (2008), states the need for monitoring and evaluation as follows; monitoring and evaluation provides project staff with a clear basis for decision making and enables project staff to strengthen the performance of their projects thus increasing the impact of project results to the beneficiaries. M&E provides the project manager to maintain control of the project by providing him with information on the project status at all times, it promotes greater transparency and accountability in terms of use of project resources and information obtained through M&E can be used in future for project planning and development. Government officials, development managers and civil society are increasingly aware of the value of M&E of development activities.

Monitoring and evaluation provide a better means of learning from past experience, improving service delivery, planning and allocating resources and demonstrating results as part of accountability to key stakeholders (World Bank, 2004). Civil society organizations play a key role in the response to the AIDS pandemic in many countries. The wide range of strategic and tactical expertise with civil society organizations makes them ideal partners in global, regional and national processes of M&E. Through a consultative process outlined in the UNAIDS guidelines on the construction of core indicators, civil society can be fully engaged in the production of a truly national report (UNAIDS, 2004).

A learning-focused Monitoring and Evaluation system builds on what people already know and do, using and developing their existing abilities and skills to monitor their progress. It is a cyclical process in which communities and civil society organizations reflect continuously on the effects of their actions and where the process is leading them. It is this learning process that creates conducive conditions for change and action. Combined pressures to improve the quality and adequacy of performance while working more efficiently and effectively, are encouraging agencies and projects to ask the question of how they can learn better to improve their work not just account for it. The core questions shift from what has happened to why there has been implementation or failure and so what are the practical and strategic implications (Hilhorst&Guijt, 2006). With increased resources made available to respond to the epidemic, it has become mandatory for the national response to have timely and accurate data for assessing whether the

interventions are making a difference and whether the resources are being used effectively to achieve the desired effect (NACC, 2004).

2.6 The summary of literature review

Much as the authors above are highlighting the key functions and roles of project management practices in projects as the pillar of implementation. The above research has mainly been carried in developed countries like United States of America, Netherlands, and German to find out whether project management practices have led to the implementation of projects while in developing countries like Uganda there is still little literature on the topic mentioned above. Here, the researcher has taken great interest in finding out the contribution of project management practices on the implementation of HIV projects at TASO in order to get more information.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methods that are used in the study. It described and discussed the research design, population of the study, sample size and selection, the data collection methods used and their corresponding data collection instruments, and analysis procedure as well as steps that were taken to ensure validity and reliability during the study and measurement of variables.

3.2 Research Design.

The cross sectional survey was adopted because the Researcher intended to conduct an intensive investigation on the variables under study in a particular program which is TASO in the selected districts of the Central Region. Since the study sought to examine the relationship between variables, a simple correlation design was adopted to determine the relationship between project management practices and the Implementation of HIV projects under TASO. The study used both

quantitative and qualitative approaches. The quantitative approach was adopted because the study intended to allow the collection of numeric data on observable individual behavior of samples. This subjected the data to statistical analysis as suggested by Amin (2005).A qualitative approach was also adopted to enable the researcher in capturing more in-depth information on the topic under investigation.

3.3. Target population

The target population included 210 top management employees of TASO in central region. The population categories included supervisors, Area managers, senior managers, branch managers and other staff (program Managers, Accounts and Monitoring and Evaluation specialists). The sample size was derived at using the predetermined table for determining sample size by Krejice and Morgan (1970) as cited in Amin (2005).

3.4 Sample Size and Selection

Table 1: Shows the population and sample size distribution

Category of Respondents	**Target Population**	**Sample Size**	**Sampling Technique**
Supervisors	7	7	Purposive
Area Managers	8	8	Purposive
Senior Managers	40	36	Systematic Sampling
Branch Mangers	35	32	Simple Random Sampling
Other staff(program managers, Accountants &M&E specialists)	120	92	Systematic Sampling
Total	210	144	

SOURCE; T*ASO Human Resource Manual*, 2013

3.5 Sampling techniques and procedures.

A number of sampling techniques were used to select respondents to the study namely; systematic, simple random and Purposive. The researcher used systematic sampling to be able to collect data from senior managers and other staff. This was because Systematic sampling technique requires respondents who selected from an ordered sampling frame in the study enables generalization of results across the entire study population. Simple random sampling technique was also used to select the members of the, branch managers of TASO in the central region. This was because it ensured least bias and ensures generalization of research findings (Sekaran, 2003). Purposive technique was used to select the supervisors and the area managers of TASO. This was used because the supervisors and the area managers of TASO were believed to have specialized knowledge on the topic under investigation by the virtue of their offices.

3.6 Data collection Method

The following are some of the data collection methods that were used during the course of the study; Questionnaire Survey, Interview and Documentary Review Methods.

3.6.1 Questionnaire Survey Method

The study used the questionnaire method to collect data. The use of a questionnaire in this study was important mainly because it allowed respondents express their views and opinions without fear of being victimized and also busy respondents filled it at their convenient time. Such information was best obtained on a closed ended questionnaire which allows easy correlation and regression of the respondent's attitudinal disposition on the independent and dependent variables. This method was subjected to senior managers, branch managers and other staff.

3.6.2 Interview Method

The study employed interview method. Interviews in this study helped the researcher obtain more information because it provided the researcher with an opportunity to adapt questions, clarify the questions by using the appropriate language, clear doubts and establish rapport and probe for more information (Sekaran, 2003). Interviews were subjected to supervisors and area managers.

3.6.3 Documentary Review Method

The researcher reviewed documents in order to obtain recorded information that is related to the issue under investigation. This method was used because it enabled the researcher access data at her convenient time, obtain data that was thoughtful of the informants given attention in obtaining them and enabled the researcher obtain data in the language of the respondent (Oso&Onen, 2008). Documents that the researcher reviewed include project human resource manual, project proposals and project monitoring and Evaluation plan.

3.7 Data Collection Instruments

The instruments used in this study were self-administered questionnaire, interview guide and document review checklist.

3.7.1 Self-Administered Questionnaire

The study employed a questionnaire as a tool of data collection. The questionnaire had five sections. Section A, dealt with the demographic characteristics of the respondents, section B focused on project design, section C looked at project staffing and implementation of HIV Projects, section D focused on Monitoring and Evaluation and section E dealt with the implementation of HIV projects.

Close ended questions were developed to help respondents make quick decisions. In addition, closed ended questions helped the researcher to code the information easily for subsequent analysis and narrow down the error gap while analyzing data as observed by Sekaran (2003).

3.7.2 Interview Guide

An unstructured interview guide was used as a tool for collecting in depth information from the key informants. The guide had a list of topical issues and questions which were explored in the course of conducting the interviews. The guide was drawn with the questions soliciting for the perception of the key informants regarding the contribution of project management practices on the Implementation of HIV projects .The interview guide was used because it provided in-depth data which was not possible to obtain when using self-administered questionnaires (Mugenda&Mugenda, 1999; Kakoza, 1999).

3.7.3 Documentary Review Checklist

A document review checklist was used to collect more in-depth data on the topic under investigation. The checklist was used to provide in-depth qualitative information which was not possible to collect with the closed ended questionnaire.

3.8Quality control

Two techniques including validity and reliability were used to check the quality of the instruments as indicated in 3.8.1 and 3.8.2 below.

3.8.1 Validity

To ensure validity, the questionnaire was developed and given to three expert judges from UMI and TASO Uganda to score the relevance of each question in providing answers to the study. After which a content validity index C.V.I was computed using the formula; number of items declared valid/number of items in the questionnaire. A CVI of above 0.7 was acceptable as suggested by Amin (2005). Validity Index (C.V.I).C.V.I = items rated 3 or 4 by both judges divided by the total number of items in the questionnaire. Using these assumptions, Lawshe developed a formula termed the content validity ratio: $CVR = (n_e - N/2)/(N/2)$where $CVR =$content validity ratio, $n_e =$number of relevant items indicating "essential", $N =$total number of items. This formula yielded values which range from +1 to -1; positive values indicated that at least half rated the item as essential. The mean CVR across items may be used as an indicator of overall test

content validity. Upon performing the validity tests the results that will be 0.7 and above were regarded valid (mugenda and mugenda 1999). The results of the tests were deposited in the table below.

Variables	Index
Project staffing	0.25
Project design	0.24
Project evaluation	0.21
Total	0.7

3.8.2Reliability

To ensure reliability, the researcher used the pretest method by giving questionnaires to the respondents who were not part of the population study in order to find out how reliable the instrument was. A pretest was done on 5% of the sample size. Data was coded and entered into the computer. Cronbach's Alpha Reliability Coefficients was generated using the statistical package for social scientists (SPSS) computer program to estimate the reliability of the questionnaire. The Cronbach's alpha reliability coefficient of above 0.7 was accepted. (Sekaran, 2003).the Cronbach's αcan also be defined as

$$\alpha = \frac{K\bar{c}}{(\bar{v} + (K-1)\bar{c})}$$

Where $K$is as above, $\bar{v}$the average variance of each component (item), and $\bar{c}$the average of all covariance between the components across the current sample of persons (that is, without including the variances of each component).

Variable name	Cronbocha	Number of items
Project staffing	0.24	3
Project design	0.25	3
Project evaluation	0.21	4
Total	0.7	12

3.9 Research procedure

I obtained a letter of introduction from UMI which was presented to the authorities in the 3 Districts of; Kampala, Wakiso and Mukono. After presenting the letter to the authorities, I purposively selected key informants for interviews and other respondents, who included senior managers of project management practices and other staff of TASO to participate in the study. Data was collected from these respondents by use of a self-administered questionnaire. After data collection, data was analyzed; a report was written and submitted to UMI for review and defense.

3.10 Data Analysis

3.10.1 Quantitative Data

The statistical package was used for analysis of data in the study that is to say; the SPSS version 16.0. Different statistical techniques were used namely: correlation and regression analysis. The upper level of statistical significance for hypothesis testing was at 5%. All statistical test results were computed at 2-tailed level of significance. Data was analyzed and correlated using Pearson Product-Moment correlation coefficient to establish the relationship between project management practices and the implementation of HIV projects. The Pearson Product-Moment Correlation Coefficient is a statistic that indicates the degree to which two variables are related to one another (Amin, 2005; Sekaran, 2003). The sign of correlation coefficient (+ or-) indicates the direction of the relationship between-1.00 and +1.00. Variables may be positively or negatively correlated. A positive correlation indicates a direct, positive relationship between two variables. While a negative correlation indicates an inverse negative relationship between two variables (Amin, 2005). For this study the Pearson Product- correlation analysis was used to determine the relationship between project management practices and the Implementation of HIV projects.

For this study, project management practices were regressed against the implementation of HIV projects. This was aimed at determining the extent to which Project management Practices explained the variation in the Implementation of HIV projects.

3.10.2 Qualitative data

Qualitative data was analyzed using content analysis. Responses from key informants were grouped into recurrent issues. The recurrent issues emerged in relation to each guiding questions presented in the results, with selected direct quotations from participants offered as illustrated.

3.11 Measurement of variables

Project management practices were measured in terms of project design, project staffing and project monitoring and Evaluation. The Implementation of HIV projects was measured in terms of compliance with guidelines, minimization of corruption and waste, economy, audit trail and ease to trace payments. All the items were measured using a 5 point Likert Scale like 5 – Strongly Agree; 4-Agree; 3-Undecided/Not sure; 2- Disagree; and 1-Strongly Disagree

3.12 Ethical Considerations

To ensure utmost confidentiality of the data provided by the respondent as well as reflecting on the ethics practiced in this study, the research was guided by the principles of respect for people, beneficiaries, and justice. The researcher ensured participants' rights that included the right to be informed about the study, the right to freely decide whether to participate in the study and the right to withdraw at any time without penalty would be considered. The participants were requested to sign an informed consent.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

In this chapter, the researcher specifically presented, analyzed and interpreted the research findings as from the field. This was done mainly to provide a clear meaning of the findings and thereby achieve the objectives of the study on the topic; the contribution of project management practices on the implementation of Human Immune Virus (HIV) projects at The AIDS Support Organization (TASO) Uganda. The researcher used administered questionnaires, carried out interviews and Documentary Reviews as ways of Data Collection.

4.2 Response Rate

Questionnaires were given to 210 staffs that were obtained from the TASO Human Resource manual 2013 combined with an updated member list that was initially targeted in the sample by the time the survey was conducted. This was necessary in order to increase the response rate to an acceptable level. Different authors define and prescribe acceptable response rates for surveys. Baruch (2004) analyzed (100-300) surveys as reported in academic journals and found an average response rate of 63.1% with . Haycock, (1992) and Henig*et al*. (1995) ascited by Hager *et al.* (2003) found acceptable response rates not-for-profit.

*I*nstrument	Numbers used	Returned tools	percentage
Interview guide	14	14	6.67%
Questionnaire	196	196	93.3%

4.3 CHARACTERISTICS OF THE RESPONDENTS

4.3.1 GENDER OF THE RESPONDENTS

As shown in Figure 1, there were 210respondents represented by 100%. The majority of the respondents were the female with a frequency of 109(51.9%) andthe male had a frequency of 101 (48.1%).Since the women were the majority, this implies that women are always the most involved in TASO services like counseling and guiding which is also reflected in TASO 2013 report

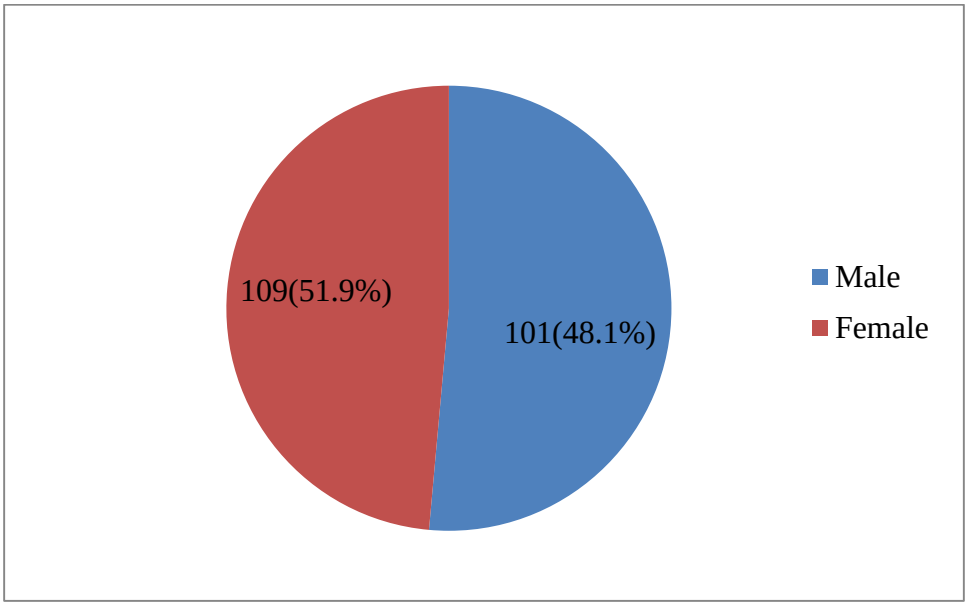

Figure 1: Shows the Gender of the Respondent
Source: Primary Data

4.3. 2 Age OF Respondents

Age group	Frequency	Percentage
18-30	25	11.9
31-40	125	58.6
41-50	62	29.5
Total	210	100.0

Source: Primary Data

Table 2 Age of the Respondents

As shown in Table 1, there were 210 respondents represented by 100%. Majority of the respondents are in the Age group of 31-40 years. These are represented by a percentage of 58.6% and a frequency of 125. Next are Respondents in the Age group of 41 -50 years. These are represented by a percentage of 29.5% and a frequency of 62. Lastly are the respondents in the Age group of 18 – 30. These are represented by a frequency of 25 and a percentage of 11.9%. According to the Human Resource Management manual, TASO employs peoplebetween ages 31-40years mainly because they are energetic and experienced in handling the projects faster and properly. It can be concluded that most of the project implementers are aged between 31-40 years of age.

4.3.3 Employment Duration of Respondents

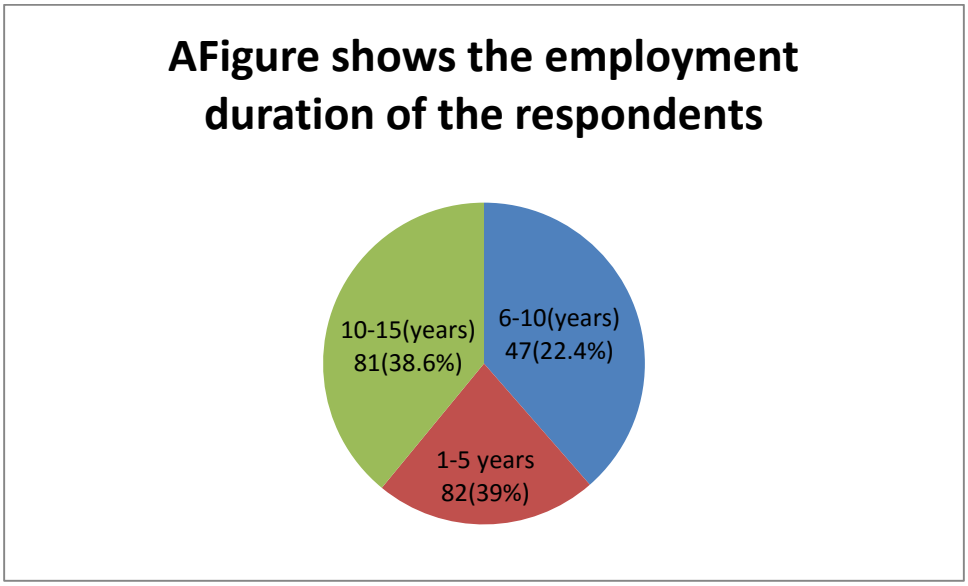

Figure 2: showing Employment Duration of Respondents
Source: Primary Data

As shown in figure 2, there were 210 respondents represented by 100%. Majority of the respondents have worked in TASO for 1-5 years. These are represented by a percentage of 39% and a frequency of 82. Next are Respondents who have worked with TASO for 10- 15 years. These are represented by a percentage of 38.6% and a frequency of 81. Lastly are the respondents who have worked in TASO for 6-10years. They have a frequency of 47 and percentage of 22.4%. Therefore employees in TASO always spend at least 5years in the organization. This implies most

employees of TASO leave the organization after 5years because most people get enough training and experience (TASO HRM manual 2013)

4.3.4 Nature of Activities carried out by the Organization

	Frequency	Percentage
Behavioral change and communication	38	18.1
Support, care and treatment of the sick	23	10.9
HIV/Aids advocacy and human rights	80	38.1
Others activities	69	32.9
Total	210	100.0

Source: Primary Data

Table 3: Nature of activities carried out by the organization

As shown in Table 2, there were a total of 210 respondents represented by a percentage of 100%. Majority of the respondents stated that the nature of activities carried out by the Organization (TASO) are; HIV/Aids advocacy and human rights. These are represented by a percentage of 38.1% and a frequency of 80. The other activities that is; sensitization of the public on ways of prevention and treatment of HIV/AIDS are represented by a percentage of 32.9 % and a frequency of 69. Support, care and treatment of the sick is represented by a percentage of 10.9% and a frequency of 23 and lastly, Behavioral change and communication was represented by a percentage of 18.1% and a frequency of 38. The main activity TASO carries out is HIV/AIDS advocacy and Human rights.

The above was also supported by interviewee 5 who says that the main activity of TASO is the HIV advocacy and human rights. Here the clients are taught equal opportunities for both HIV positive and negative clients. During advocacy, all clients at different status are being encouraged to attend.

4.3EMPIRICAL FINDINGS

4.3.1 Project Monitoring and implementation of HIV projects

4.3.1Table 3: Potential users of monitoring and evaluation reports * disseminate monitoring and evaluation findings Cross tabulation

		disseminate monitoring and evaluation findings					
		no dissemination	on the notice board	report to donor	community meetings	Beneficiaries	Total
Potential users of monitoring and evaluation reports	Donor	0	30	33	3	0	66
	beneficiaries	0	9	9	18	3	39
	government	3	33	18	6	6	66
	management	0	3	0	3	0	6
	Staff	0	9	0	9	0	18
	Others	0	12	0	3	0	15
Total		3	105	60	33	9	210

			Potential users of M& E	Disseminate M& E findings
Spearman's rho	Potential users of M& E reports	Correlation Coefficient	2.000	.147
		Sig. (2-tailed)	.	.463
		N	210	210
	Disseminate M & E findings	Correlation Coefficient	.147	2.000
		Sig. (2-tailed)	.463	.
		N	210	210

Source: primary data

As shown in Table 3 basing on monitoring and Evaluation in relationship with implementation of projects, the researcher was able to cross tabulate the potential users of monitoring and evaluation reports and ways of disseminating monitoring and evaluation findings. The researcher was able to find out that out of the total 210respondents, Donors and the Government were the majority potential users of monitoring and evaluation findings.These came to a total of 66 respondents with least potential users being management. The main potential users of monitoring and Evaluation reports in TASO are donors and government; this is because they are the groups that input a lot of resources in the projects. There is a positive relationship between project monitoring and Evaluation and implementation of HIV projects since TASO is able to disseminate its reports to majority of its potential users. From the table,since the significance level is 0.463 this shows there is relationship between project design and implementation of HIV projects.

However according to *interviewee three, monitoring and Evaluation findings should be disseminated through the beneficiaries (clients) as its potential users since they play key primary role in all the HIV projects.The interviewee also mentioned that TASO's findings are disseminated through its clients because it's the easiest way to disseminate findings.*

Interviewee four also mentioned that since TASO is mainly supported (funded) by donors, they usually request that findings of most projects should be disseminated through clients (beneficiaries) first.

According to the monitoring and evaluation work plans of TASO 2015, the findings are supposed to be disseminated to the beneficiaries at the beginning of the project, the middle of the project and the end of the project.

4.3.2 Project design and implementation of HIV projects

Table 4Shows Whether the Organization has a Mission Statement * whether Mission Organization Cross tabulation Statement is Clearly Understood, Agreed and Approved by all Members of the

		Whether Mission Statement is Clearly Understood, Agreed and Approved by all Members of the Organization				
		Have a vague idea of the Mission	Can describe the Mission but they have never been agreed upon r written down	M;ission written down, but few people Consulted	Mission Statement agreed by all members and used to guide decisions about projects	Total
Whether Organization has a Mission Statement	Yes Count	2	25	7	36	70
	% within Whether Organization has a Mission Statement	2.9%	35.7%	10.0%	51.4%	100.0%
	% within Whether Mission Statement is Clearly Understood, Agreed and Approved by all Members of the Organization	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	2.9%	35.7%	10.0%	51.4%	100.0%
Total	Count	2	25	7	36	70
	% within Whether Organization has a Mission Statement	2.9%	35.7%	10.0%	51.4%	100.0%
	% within Whether Mission Statement is Clearly Understood, Agreed and Approved by all Members of the Organization	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	2.9%	35.7%	10.0%	51.4%	100.0%

all Members of the

Source: Primary Data

From the above Table 4 out of the Total Number of Respondents with a Percentage of 100% representing a Frequency of 70, Majority agree that TASO has a Mission Statement. None of the

Respondents disagree with the fact that TASO has a Mission Statement. Majority of the respondents who agree stated that; the mission Statement was known by all members and used to guide decisions about projects. These had a percentage of 51.4% and a frequency of 36. They were followed by respondents who believed that; the members can describe the Mission but it has never been agreed upon or written down. These were with a percentage of 35.7% and a frequency of 25. Next were those that stated that;the mission is written down, but few people were consulted. These had a percentage of 10% and a frequency of 7. Lastly were respondents who stated that; members have a Vague Idea of the Mission. These made a percentage of 2.9% and a frequency of 2. Therefore themission of TASO just comes from the top management but was never explained clearly to the project members.

The interviewee one supported that for the mission of TASO to be stated only the top management is considered, then the other employees take part in the implementation.

The interviewee two also mentioned the mission is being supported and implemented mainly the low management of TASO, the top management just only states the mission.

Table 5; Project staffing and implementation of HIV Projects

			Respondent Level of Education	Areas Respondent was Trained on
Spearman's rho	Respondent Level of Education	Correlation Coefficient	1.000	.138
		Sig. (2-tailed)	.	.553
		N	210	210
	Areas Respondent was Trained on	Correlation Coefficient	.138	1.000
		Sig. (2-tailed)	.573	.
		N	210	210

The table showing the correlations between the education of level and areas of training, it shows positive relationship since sign level is 0.573.

			Ways of training					
			on-job training	off the job training	workshops	Others	5	Total
Education level	Primary	Count	2	2	2	4	0	10
		% within Education level	20.0%	20.0%	20.0%	40.0%	.0%	100.0%
		% within area trained	3.3%	3.7%	4.3%	8.7%	.0%	4.8%
	College	Count	40	38	30	36	2	146
		% within Education level	27.4%	26.0%	20.5%	24.7%	1.4%	100.0%
		% within area trained	66.7%	70.4%	65.2%	78.3%	50.0%	69.5%
	Secondary	Count	12	4	2	6	2	26
		% within Education level	46.2%	15.4%	7.7%	23.1%	7.7%	100.0%
		% within area trained	20.0%	7.4%	4.3%	13.0%	50.0%	12.4%
	University	Count	6	10	12	0	0	28
		% within Education level	21.4%	35.7%	42.9%	.0%	.0%	100.0%
		% within area trained	10.0%	18.5%	26.1%	.0%	.0%	13.3%
Total		Count	60	54	46	46	4	210
		% within Education level	28.6%	25.7%	21.9%	21.9%	1.9%	100.0%
		% within area trained	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Primary source

As shown in Table 5 basing on project staffing in relation to implementation of projects, the researcher was able to cross tabulate the Education level and ways of training done. The researcher was able to find out that out of the total 210 respondents, from those at primary level, the majority, 40% are trained in other ways like reading guides, books, assistance from workmates among others. From those at the college level the majority,27.4%are trained on job. From those at secondary level,46.2% of the respondents are also trained on job. At the university the majority42.9%, are trained through workshops.

Basing on the above findings, there is a positive relationship between project staffing and implementation of projects since the majority of the staff at all levels of education undergo training. *Interviewee six and seven supported the quantitative data that most staff of TASO are being well trained and are given the right job and right description to do their duties. Most of the staff are trained on job to enable them gain the necessary experience.*

Interviewee two says that no matter the level of education attained at all levels of management inTASO; they are all at least trained. Hence,there is a positive relationship between project staffing and implementation of HIV projects.

According to Human resource management manual 2014-2015, every staff recruited in the operation of TASO, should receive training at the beginning of the job and twice a yearat least.

4.3.3 Project Design and implementation of HIV projects.

Table 6showing vision statement Cleary understood and Implemented* have work plans cross tabulation

		Whether Vision Statement is Clearly Understood and Agreed by all Members of the Organisation	Whether the Organisation has Work Plans
Whether Vision Statement is Clearly Understood and Agreed by all Members of the Organisation	Pearson Correlation	1	.138
	Sig. (2-tailed)		.253
	N	210	210
Whether the Organisation has Work Plans	Pearson Correlation	.138	1
	Sig. (2-tailed)	.253	
	N	210	210

Since the significant level is 0.253, there is relationship between project evaluation and implementation of HIV projects.

As shown below in Table 6 project design in relationship with implementation of HIV projects, the researcher was able to cross tabulate the vision statements clearly understood and have work plans. The researcher found out that of the total 210 respondents, those that can describe the vision but never agreed upon it were 31(14.9%). The respondents who say that the vision is written down, but few people consulted were 75(36.1%). While those that know the necessary interventions have developed a work plan in guiding Participatory Monitoring and Evaluation are102 (49%).Since the majority of the respondents agreed that the vision statement is being used in the participatory monitoring and evaluation, this shows that there is a positive relationship between project design and implementation of HIV projects. It is also evidenced by the respondents that implementation of the projects includes having the vision in mind and being used when designing work plans.

The interviewees seven and three mentioned that whenever the TASO projects are being carried out, usually the vision statement is taken as a guide to help them achieve their objectives especially in participatory monitoring and evaluation designs.

			have work plans			
			not aware of need of any	knows the necessary interventions to be carried out but has not developed work plan	knows the necessary interventions and has developed a work plan to guide to PM&E	Total
vision statement Cleary understood and implemented		Count	3	0	1	4
		% within vision statement Cleary understood	75.0%	.0%	25.0%	100.0%
		% within have work plan	9.7%	.0%	1.3%	1.9%
	vision written down, but few people consulted	Count	9	13	17	39
		% within vision statement Cleary understood	23.1%	33.3%	43.6%	100.0%
		% within have work plan	29.0%	12.7%	22.7%	18.8%
	vision statement agreed by all members and used to guide Vision and projects	Count	5	27	10	42
		% within vision statement Cleary understood	11.9%	64.3%	23.8%	100.0%
		% within have work plan	16.1%	26.5%	13.3%	20.2%
Total		Count	31	102	75	208
		% within vision statement clearly understood	14.9%	49.0%	36.1%	100.0%
		% within have work plan	100.0%	100.0%	100.0%	100.0%

Source: Primary source

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMEDATIONS

5.1 Introduction

This chapter presents the summary of findings, discussion, conclusions and recommendations of the study. It also makes areas for further study.

5.2 Summary

5.2.1 Project Design and implementation of HIV projects

The research study was limited to comparing the Project management practices of TASO with the best practices in order to determine how effectively the HIV/AIDS projects were monitored and evaluated. It also determined the challenges TASO faced in project management projects they implement. Further research would be required to determine empirically the actual impact on the performance of the projects and hence the fight against HIV/AIDS by the inadequacies identified in the project Management practices of TASO. Since monitoring and controlling projects and evaluating them should be an integrated with project planning and design, further research should try investigating the project design and planning practices of TASO.

The respondents in the study confirmed that relevant skills in monitoring and evaluation are important for its effective implementation. As earlier discussed the respondents had attained good education at job entry as well as relevant professional qualification. However though they were participating in the monitoring, their participation was only very insignificant. This was evident when they described their level of participation as passive. The study reveals that the respondents are only involved in responding to the queries developed by the external monitors. They further explained that they are even guided in the manner to respond to these queries. This shows their incapacitation level as far as monitoring and evaluation is concerned. The study confirmed that the relevant skills in monitoring were lacking when the majority of the respondents both staff and project managers confessed to having average skills. They further explained that they have not received a formal training in monitoring and evaluation but only achieved skills in responding to the monitors' queries which can be attributed to the years of experience at work. The respondents

did not have any relevant skills in monitoring and evaluation with majority only having average skills which they said had resulted from the years of experience working with external monitors.

Therefore, how can they implement what they cannot handle? It is very necessary to equip them with the necessary skills in order to implement the system? This lack of skills is also evident in the response as to whether the respondents had attended any meeting in monitoring and evaluation. The study revealed that though 69.7% of them attended monitoring and evaluation meetings they clarified those meetings to be the monitors' briefing sessions before and after the monitoring visit to discuss what to expect and to give them findings at the end of that visit. This shows staff who are lacking in terms of relevant skills if they are to be involved wholly in the monitoring and evaluation process. There can never be a successive implementation of monitoring and evaluation system without having staff that have the relevant skills.

5.2.2 Project Staffing and implementation of HIV projects

There is a good indicator that all of the respondents have attained college education with majority having attained diplomas in their respective fields at job entry .Because there were no direct measures for ''skills", indicators of educational attainment have typically been used as a proxy measure, with educational attainment being measured as the highest level of education completed, ranging from certificate to postgraduate degree.

However, these indicators cannot distinguish between the acquisition of specific knowledge required in implementation of monitoring and evaluation versus literacy skills. It is therefore expected that the implementation of monitoring and evaluation can be enhanced by increasing capacity building of the staff. This study confirms that there is no respondent who confirmed to have been trained in monitoring and evaluation at job entry. The monitoring and evaluation skills were lacking in all the respondents and those who confessed to have average skills acknowledged that they were as a result of the years of experience and interaction with the monitors. This confirmed that no staff were designated to the monitoring and evaluation department which was also non-existent. It is clearly evident that for a monitoring and evaluation system to be effectively implemented there is need for staff capacity in terms of numbers as well as skills. The level of professionalism among the respondents is upheld where there are staffs allocated to various departments with respect to their professional qualification. But one vital profession, the monitoring and evaluation was missing from that cadre. There should be staff dedicated to handle the operations of the system. Lack of the monitoring and evaluation department summarizes the

whole problem of inefficiency of monitoring and evaluation. The staffs also lack skills in monitoring and evaluation to be able to conduct it. 75.7% agreed that the organization was fully staffed but they made it clear that the staffing capacity is only meant to handle the protocol related duties. They acknowledged that there are no adequate staffs to handle their day to day activities and still be involved in monitoring and evaluation activities.

5.2.3 Project evaluation and implementation of HIV projects

The research study was limited to comparing the Project management practices of TASO with the best practices in order to determine how effectively the HIV/AIDS projects were monitored and evaluated. It also determined the challenges the TASO faced in project management projects they implement. Further research would be required to determine empirically the actual impact on the performance of the projects and hence the fight against HIV/AIDS by the inadequacies identified in the project Management practices of the TASO. Since monitoring and controlling projects and evaluating them should be an integrated with project planning and design. Further research should try investigating the project design and planning practices of the TASO.

In terms of management commitment to staff capacity building there is indication that nothing has been done to enhance skills in the staff. The duration one works in an organization should be proportional to the level of capacity building one has received if there is commitment on the management. Majority of the respondents seems to have worked in the organization for a period of 6-10 years. This should therefore easily reflect the staff capacity building in terms of relevant skills in monitoring and evaluation if the system is in existent. Relevant skills in monitoring and evaluation are known to greatly influence its implementation and therefore all the staff involved should be equipped with these vital skills for effectiveness and productivity. However despite the fact that the staff have been participating in monitoring and evaluation there is no initiative seen to train the staff on this practice. From the study it is clear that staff capacity has influence on implementation of the monitoring and evaluation. But there seems to be no action being taken by the management to build their capacity. This to some extent may be attributed to the lack of interest from the management to have a monitoring and evaluation system since they are the ones responsible to liaise with the donors regarding this necessity. 44 Budget allocation is the responsibility of the management and it takes commitment and interest to allocate finances in areas of priority. According to this study the budget allocated to monitoring and evaluation is not

adequate, this could be argued that monitoring and evaluation is not a priority and thus does not need to be given emphasis as far as its budgeting is concerned. Up to 80% of the respondents acknowledged that there was a budget set for monitoring and evaluation. The study indicates that management has great influence on the implementation of monitoring and evaluation. It was evident that there was no monitoring and evaluation department in place contrary to what the management had indicated. This is because they acknowledged that the process was conducted by the sponsors and there were no staff dedicated to it. There was laxity on the part of management to set the monitoring and evaluation system since they seemed comfortable with the existing system which is controlled by the sponsor

5.3 Discussions of the Study

5.3.1 Project design and implementation of HIV projects.

For the community to impart HIV prevention and values-based life skills World Vision Uganda (WVU) increased the capacity of volunteers, including teachers, community counselors, club leaders, Faith-based organizations and youth leaders, to train in-school and out-of-school children aged 5 to 15 years using the Adventure Unlimited curriculum developed by Scripture Union. Schools were the main platform for implementation of the HIV prevention model. To implement the HIV prevention and values-based life skills model, Katwe Area Development Programme that undertook the following activities:

• Conducted district-based workshops targeting District Education Officers, head teachers, teachers, parents, members of the school management committees and community volunteers
• Trained peer educators
• Equipped parents, religious leaders and school management committee members with HIV prevention messages and life skills
• Trained youth and club leaders
• Provided peer educators and AIDS clubs with musical instruments and costumes.

Peer educators were selected based on their knowledge of HIV and AIDS, ability to speak in public, and good character, as well as their interest in teaching others about HIV and AIDS. Peer trainers communicated HIV and AIDS preventive messages through speeches, poems, debates, music, dance and drama and through informal interactions with their peers.

Parenting sessions were held to expose parents and school management committee members to positive parenting and HIV prevention life skills, while community volunteers were trained as peer educators for youth and out-of-school children.

5.3.2 Project Staffing and implementation of HIV projects

Human resource management requires attracting, developing, and maintaining an effective workforce within an organization. Human resource management professionals forecast human resource needs, recruit and select individuals to match job needs. They also develop training programs, performance appraisal procedures, and compensation systems. Human resource management majors are in demand of a variety of business sectors, including manufacturing, retailing, banking, transportation, technology, health care, and hospitality, as well as government agencies and non-profit organizations.

5.3.3 Project Evaluation and implementation of HIV projects

The contextual use of the term "Best practices" in monitoring and evaluation is meant to refer to those practices that have been found to be effective and hence recommended by authorities in this field of monitoring and evaluation. Through research and practice these practices have come be known as effective in achieving monitoring and evaluation objectives. Webb and
Elliot (2000) argue that the term best practices should not be taken literally: it should be taken as theoretical concept. Best practices are more about sharing effective practices. The best practices associated with monitoring and evaluations are described below:

A baseline study should be undertaken before the project commences so that the conditionprior to the implementation of the project is determined. This aids the evaluation function in order to determine whether the designed project did have an impact (Webb and Elliot, 2002:andGyorkos, 2003). Hughes-d'Aeth (2002) argues that a baseline study helps asses the stateof the community in terms of what the project intends to achieve. This is important forevaluating the project for it provides a point of reference to determine how far the communitymoved in terms of the achieving the project objectives. With reference to a BCC project, abaseline may determine the levels of HIV/AIDS knowledge in the community before theproject, to be compared with levels of knowledge at the end of the project to determine howsuccessful the project was on that aspect.

The project should have a monitoring and evaluation plan. The plan should be prepared as an integral part of project plan and design (PASSIA, 2004: and McCoy *et al.,* 2005). The integration is for clear identification of project objectives for which performance can be measured.

Monitoring and evaluation should be aided by a coherent structured conceptual framework.

The framework aids in identifying the logic behind project elements and performance measurement, how they are elated and the underlying assumptions. One of the best practices that has been adopted because of its structured approach is the use of the LFA as a tool to aid both the planning and the monitoring and evaluation functions during implementation (Aune, 2000: and FHI, 2004). Vannopen (1994) as quoted by Aune (2000) argues that the LFA makes the planner's of the project from the onset to think in terms of measuring performance by identifying the measures and criteria for success during the planning stage. This gives it great leverage in that from the beginning the project design hence implementation are integrated with performance measurement through identification of indicators that will demonstrate how the project is performing during implementation.

The project budget should provide a clear and adequate provision for monitoring and evaluation activities. A monitoring and evaluation budget can be clearly delineated within the overall project budget to give the monitoring and evaluation function the due recognition it plays in project management (Gyorkos, 2003: and McCoy *et al*., 2005). Some authors argue for a monitoring and evaluation budget to be about 5 to 10 percent of the total budget (Kelly and Magongo, 2004: IFRC, 2001: and AIDS alliance, 2006). The intention with this practice is not to be prescriptive of the percentage that is adequate, but to come up with sufficient funds to facilitate the monitoring and evaluation activities. Provision of a budget for monitoring and evaluation ensures that the monitoring and evaluation activities take place when they are due. It also ensures that monitoring and evaluation are not treated as peripheral function.

The monitoring and evaluation activities of the project should also be included in the project schedule so that they are given the due importance they require, not only done at the whims of the project manager (IFRC, 2001: AUSAID, 2006: and McCoy *et al.,* 2005).

There should also be an individual who is directly in charge of the monitoring and evaluation as a main function (Kelly and Magongo, 2004) and an identification of different personnel for the

different activities of the monitoring and evaluation such as data collection, analysis, report writing, dissemination of the monitoring and evaluation findings (AUSAID, 2006:Gyorkos, 2003: and McCoy *et al.*, 2005). Having staff clearly designated with monitoring and evaluation roles ensures that when the monitoring and evaluation is due somebody is available to do it, and staff appreciate that the project managers value monitoring and evaluation not as a compliance to the funding agency but as a tool for project management, learning and improving on the performance of the project.

Passia (2004) argues that monitoring and evaluation should be integral components of the Project management cycle including project planning and design. Thinking in terms of Monitoring and evaluation at the design stage facilitates the project stakeholders to think in terms of performance measurement even before implementation starts with a clear picture of Expectations of what a successful project would look like.

Passia (2004) further argues that poorly designed projects are hard to monitor or evaluate. The project plan defines the project budget and schedule of activities and outputs which act as baselines against which implementation performance is assessed periodically during the project monitoring process. The project plan also defines the project's expected outcomes and goals and facilitates the evaluation to determine the extent to which the objectives were achieved. Monitoring and evaluation can only be as good as the project plan, if the project. Plan is flawed and unrealistic then monitoring and evaluation will not be of any significant value to the project stakeholders. Gyorkos (2003) notes that project planners should include a clearly delineated monitoring and evaluation plan as an integral part of the overall project plan. The monitoring and Evaluation plan he argues, should have the following components: monitoring and evaluation activities, persons to carry out the activities, frequency of activities, sufficient budget for activities, specification of the use of monitoring and evaluation findings, having a clearly delineated monitoring and evaluation plan ensures that monitoring and evaluation activities are given the due attention they require and are not treated as a peripheral function on the project.

(HIV and AIDS Strategy, 2008-2012)

5.4 Conclusions

5.4.1 Project Design and implementation of HIV projects

The study shows that the staffs are aware that they need to be equipped with relevant skills for them to perform better. The skills in monitoring and evaluation are known to match the outcome and impact of the project (Chaplowe, 2008). Any organization dedicated to seeing the success of its interventions must invest heavily on equipping the staff with the monitoring and evaluation skills (World Bank, 2002). The respondents confirmed that relevant skills greatly influence the implementation of monitoring and evaluation system. This actually confirmed what the 1FAD (2002), in its report said that in order to implement an effective monitoring and evaluation system it is vital to equip the staff with the relevant skills on the same. The monitoring and evaluation capacity requirements of the project should be considered in the context of the capacity needs of sectoral and national institutions in the country (World Bank Independent Evaluation GROUP, 2006). A monitoring and evaluation design should build on these 50 arrangements but develop further technical skills required to plan for information needs, design data collection, execute studies and surveys, analyze data and report in a format relevant to users (Dyason, 2010)

5.4.2 Project Staffing and implementation of HIV projects

In terms of dedicating staff to the monitoring and evaluation, staff capacity building and availability of monitoring and evaluation department influences the implementation of monitoring and evaluation. The study shows lack of management commitment towards implementation of monitoring and evaluation. Despite the fact that the organization is fully staffed there seems to be no staff dedicated to the monitoring and evaluation department neither is the department existing. The exercise is conducted by the sponsor who controls when and what to monitor. Management as well as all the other staff only plays a passive role. This is a confirmation of what IFAD (2002) report said that most organizations do not have the management capacity and enabling environment for implementing monitoring and evaluation. It further says that lack of monitoring and evaluation system as well as staff dedicated to it is a hindrance to the implementation of monitoring and evaluation system. The management is the key determinants of the success or failure of a project, (Nokes, 2007). A weakness of the monitoring and evaluation system means lack of data to guide programming, coordination and implementation of program or project interventions (Ediau, 2012). Ediau (2012) further noted that the management staff were the pillar

of success of these projects and were the backbone of a strong monitoring and evaluation system. The management, who are the key decision makers (Margoluis R., 1998) , should be the key initiators for a monitoring and evaluation system (DAC, 2005), which is a key tool in management practice (Nokes, 2007). This however is lacking because most of the project managers are not well equipped in monitoring and evaluation skills. Most of the third world projects are known to fail due to management team who are not success oriented (World Bank, 2000). There should be clear indication that the management is actively pushing for the implementation of a monitoring and evaluation system 48 which is lacking according to this study. IFAD (2002) in its report said for success and sustainability of any project there should be a strong monitoring and evaluation system. It is the responsibility of every program/project manager to ensure that there is a very active and efficient monitoring and evaluation department to ensure success (Lahey, 2005).

5.4.3 Project evaluation and implementation of HIV projects

The study investigated the monitoring and evaluation practices and challenges faced by the TASO implementing HIV/AIDS projects in uganda. The study findings showed that the project implemented by the TASO were not effectively monitored and evaluated. The study also unearthed the lack of funding faced by the TASO in this area of HIV/AIDS. This was mainly as a result of lack of expertise in this area.

Most of the donor funded projects are faced with premature termination incase the donors withdraw because they lack a system to guide them and direct them on their progress to ensure sustainability (Lahey, 2005). The project directors and coordinators need to factor their own budget for implementing a monitoring and evaluation system when applying for funding (Worldbank, 2004). There is a confirmation from the study that finances are required to have a strong monitoring and evaluation system. It shows that the sponsor controls the monitoring and evaluation budget. This has led to the organization not having a monitoring and evaluation department and the exercise is controlled by the sponsor where the staffs for monitoring are sent and paid by the sponsor and the organization has no control. Lack of adequate financial resources was noted to affect the performance as well as quality of monitoring and evaluation (Langi, 2008). Langi, further found out that project appraisal documents made limited provision for systematic baseline and subsequent beneficial surveys. The budget implications for baseline surveys, setting up management of monitoring and evaluation were systematically underestimated. It was recognized that failure to ensure spending of a reasonable proportion of resources on this important aspect of

the program/ project management is likely to reduce internal learning and result in poor performance (Pasteur and Turall, 2006)

5.5 Recommendations of the study

It is imperative that findings of the study are briefly reiterated before recommendations are made. The following were the research findings.

The TASO were heavily reliant on donors in terms of financing the projects they implemented The mostly frequently implemented projects were Behavioral Change Communication projects and Care and Support of the Sick. The Human Rights and Advocacy projects are least frequently implemented projects although ensuring the basic human rights the HIV/AIDS vulnerable groups is very critical in fight against the pandemic. The Project management practices of the TASO were found wanting in comparison with the recommended best practices. Most of the best practices were inconsistently done on the projects. . Some of the best practices such as use of qualitative indicators were generally not used by majority of the TASO. This can be explained by the fact that they lacked expertise in project management as highlighted by the findings. Other challenges faced by the TASO included among others stringent requirements from donors,, lack of involvement of PLWHA in the process of M&E . The adequacy and effectiveness of monitoring and evaluation of the projects implemented was severely hampered by the challenges identified by the respondents. The researcher makes the following recommendations to address some of the key findings of the study.

5.5.1 Project Design and implementation of HIV projects

Generation of own income, it is imperative that the TASO start or involve themselves more in income generating activities in order to reduce their over reliance on the donors for funding their activities as means of ensuring sustainability of their activities in event that the donors cease funding. The findings of the research also highlight the fact that there is not much involvement of PLWHA in the activities of the TASO particularly M&E. as a means of fostering sustainability the PLWHA should be more involved in activities of the TASO, particularly setting the agenda.

More funding to TASO,Much as there are a lot of funds being invested in the fight against HIV/AIDS, very little is trickling down to the grass root TASO that are at the forefront of combating HIV/AIDS. There is need for the donors to provide more resources to the TASO, so that activities can have impact. With insufficient funds, monitoring and evaluation is looked at as

a luxury and hence the projects do not benefit from it. With more funds the TASO can train and retain the critical skills that they are lacking especially in monitoring and evaluation.

Need for a more participatory approach, There is need for the TASO to involve all the stakeholders in the design of the HIV/AIDS projects. The beneficiaries should not be passive recipients of the services the project is offering. an active involvement of the beneficiaries such as PLWHA will mitigate the challenges of collecting monitoring and evaluation data from them. It has got an added advantage of demonstrating accountability to them and also ensuring sustainability of the project when the donors withdraw funding.

5.5.2 Project Staffing and implementation of HIV projects

Training, the findings found a critical lack of expertise in monitoring and evaluation of projects implemented by the TASO. There is need for training in this aspect of monitoring and evaluation. Donors in conjunction with government should institute programmes to impart HIV/AIDS projects monitoring and evaluation skills amongst the local TASO. it is imperative that the implementers of these projects have skills in monitoring and evaluating them.

5.5.3 Project evaluation and implementation of HIV projects

Donors need to relax the reporting requirements. Most donors have stringent, time consuming and laborious reporting requirements. There is need for donors to identify simpler and friendlier reporting formats for the recipients of their funds without compromising their interests but at the same time not overburdening the TASO.

The study investigated the monitoring and evaluation practices and challenges faced by the TASO implementing HIV/AIDS projects in Uganda. The study findings showed that the project implemented by the TASO were not effectively monitored and evaluated. The study also unearthed the lack of funding faced by the TASO in this area of HIV/AIDS. This was mainly as a result of lack of expertise in this area.

5.6 Limitations of the Study

The following limitations were encountered in the study, but managed by the researcher and thus did not affect the results of the study;

i) In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures were indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study. Intervening or confounding variables; this was beyond the researcher's control such as honesty of respondents and personal biases. To minimize such conditions, the researcher requested respondents to be as honest as possible and to be impartial/ unbiased when answering the questionnaires.

ii) The research environments were classified as uncontrolled setting where extraneous variables influenced on the data gathered such as comments from other respondents, anxiety, stress, motivation on the part of the respondents while on the process of answering the questionnaires. Although these were beyond the researcher's control, efforts were made to request the respondents to be as objective as possible in answering the questionnaires.

iii) Testing: It was feared that the use of research assistants rendered inconsistencies such as differences in conditions and time when the data will be obtained from respondents. This was minimized by orienting and briefing the research assistants on the data gathering procedures.

5.7Areas for future studies

The research study was limited to comparing the Project management practices of TASO with the best practices in order to determine how effectively the HIV/AIDS projects were monitored and evaluated. There is also need to determine the challenges the TASO faces the implementation of HIV Projects. Further research would be required to determine empirically the actual impact on the performance of the projects in the fight against HIV/AIDS as identified in the project Management practices of the TASO. Since monitoring and controlling projects and evaluating them should be integrated with project planning and design. Further research should try investigating the project design and planning practices of the TASO.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear Respondent,

I am a Masters student at Uganda Management Institute undertaking a study on Project Management Practices and the implementation of HIV Projects under the TASO. The study is in partial fulfillment of the requirements for the award of a master's degree in management studies of Uganda Management Institute.

I kindly request you to answer the questions sincerely and accurately. The information will only be used for academic purposes and it will be treated with maximum confidentiality. Thank you for your kind cooperation.

Yours faithfully,

Christine Mirembe

Please respond to each question by putting a tick or writing in the space provided. DO NOT indicates your name anywhere in this questionnaire. All responses you shall give will be handled with utmost confidentiality.

SECTION A: BACKGROUND INFORMATION

1.Gender

[] Male

[] Female

2.Age

[] 18-30

[] 41-50

[] 31-40

[] Above 50

3.How long have you worked in with TASO?

[] Less than one year

[] 10-15yrs

[] 1-5yrs

[] 6-10 yrsAbove 15yrs

[] Above 15yr

4.Please tick the nature of activities carried out by your organizations.

[] Behavior change communication

[] Support, care and treatment of the sick

[] HIV/Aids advocacy and human rights

[] Others (*Specify*)……..

PROJECT MONITORING & EVALUATION

5.How can you describe monitoring and evaluation of the progress of HIV/AIDS activities in your organization?

[] No monitoring undertaken

[] Responds to donor monitoring guidelines only

[] Organization has monitoring procedures

[] Monitoring processes are documented and data is used to inform management decisions, donor reporting and to provide feedback to the community

6.Does your organization prepare progress reports?

[] Yes [] No

7.Who do you consider as the potential users of monitoring and evaluation reports? (*You can tick more than one*)

[] Donor [] Management

[] Beneficiaries [] Staff

[] Government (e.g. NACC, DASCO)

[] others (*specify*)……

8.How do you disseminate monitoring and evaluation findings? (*You can tick more than one*). [] No dissemination [] On the notice board [] Report to the donor [] Community meetings [] Report to the beneficiaries

[] Other (*Specify*)……

9.How can you rate monitoring and evaluation reporting requirements from your donors?

[] Not strict [] Less strict

[] Strict [] Very strict

10.Which of the following stakeholders do you involve in planning the monitoring and evaluation of the Projects? (*You can tick as many as possible*).

[] Donors [] Project implementation staff

[] Community [] Project beneficiaries e.g. orphans

[] We do not involve any stakeholders

11In your opinion what do you think are the challenges facing monitoring and evaluation in your organization?

[] Lack of adequate training on monitoring and evaluation [] Lack of funding for monitoring and evaluation [] Not viewed as a priority by the organization [] Inadequate monitoring and evaluation strategies [] others (*specify*)…….

12 How can you describe monitoring and evaluation of the progress of HIV/AIDS activities in your organization?

[] No monitoring undertaken [] Responds to donor monitoring guidelines only [] Organization has monitoring procedures [] Monitoring processes are documented and data is used to inform management decisions, donor reporting and to provide feedback to the community

13. Does your organization prepare progress reports?

[] Yes

[] No.

14. Whom do you consider as the potential users of monitoring and evaluation in projects?

[] Donor

[] Management

[] Beneficiaries [] Staff

[] Government (e.g. NACC, DASCO)

[] Others (*specify*)……

15. How do you disseminate monitoring and evaluation findings?

[] No dissemination

[] On the notice board

[] Report to the donor

[] Community meetings

[] Report to the beneficiaries

[] Other (*Specify*)……

16. How can you rate monitoring and evaluation reporting requirements from your donors?

[] Not strict

[] Less strict

[] Strict

[] Very strict

17. Which of the following stakeholders do you involve in management the monitoring and evaluation of the Projects?

[] Donors

[] Project implementation staff

[] Community [] Project beneficiaries e.g. orphans

[] We do not involve any stakeholders

18. In your opinion what do you think are the challenges facing monitoring and evaluation in your organization?

[] Lack of adequate training on monitoring and evaluation

[] Lack of funding for monitoring and evaluation

[] Not viewed as a priority by the organization.

PROJECT STAFFING AND PROJECT MANAGEMENT PRACTICES

1. State your level of education

[] Primary

[] Tertiary (college)

,.[] Secondary

[] University

2. Have you ever had any training on project management?

[] Yes

[] No

. If yes, which areas were you trained on?

3.What was the mode of training?

[] on-job training

[] off-the job training

[] workshops

[] others (specify)

4. Do you feel such training programs are helpful in bringing about development and efficiency in your organization?

[] Yes

[] No

5. Which areas would you like to be trained on?

PROJECT DESIGN AND PROJECT MANAGEMENT

6. Does TASO have a vision statement?

[] Yes [] NO

If No, Explain, why

7. If yes is the vision statement clearly understood, agree by all members of the organization?

Have a vague idea of the vision []

Can describe the vision but they have never been agreed upon or written down []

Vision written down, but few people consulted []

Vision statement agreed by all members and used to guide mission and project 26.Does your organization have a mission statement? [] Yes

[] No .

If No, explain why.

If yes is the mission statement clearly understood, agree and approved by all members of the organization? [] Have a vague idea of the mission

[] Can describe the mission but they have never been agreed upon or written down []

Mission written down, but few people consulted []

Mission statement agreed by all members and used to guide decisions about projects.27. Does your organization have work plans? [] Not aware

of need of one [] The

organization knows the necessary interventions to be carried out but has not developed a work plan. [] The

organization knows the necessary interventions; has developed a work plan for some to guide project Monitoring and Evaluation. []

the organization knows the necessary interventions; has developed a work plan to guide project monitoring and Evaluation.

28. Does the organization clearly assign lead responsibility for action plan implementation to a person or, alternately, to a team? []

Yes [] No

APPENDIX II: INTERVIEW GUIDE

EFFECT OF PROJECT MANAGEMENT PRACTICES ON THE SUCCESS OF HIV PROJECTS.THE CASE STUDY OF TASO.

1. In your own opinion, do you think there are proper project designs at TASO?

Do you think these Project design affect the e Success of HIV projects at TASO?

2. In your own perception, do you think that the staffs are professionally trained on Project management practices at TASO?

If yes, does this influence the success of HIV projects?

3. Did you think that there are proper project management practices in regards to looks and mannerisms within the staff of TASO?

4. Does this influence the choice of your TASO?

5. How does project staffing lead to the success of HIV projects?

6. How do you disseminate monitoring and evaluation findings?

7. How can you rate monitoring and evaluation reporting requirements from your donors?

8. Which of the following stakeholders do you involve in management the monitoring and evaluation of the Projects?

9. In your opinion what do you think are the challenges facing monitoring and evaluation in your organization?

APPENDIX III: DOCUMENTARY REVIEW CHECKLIST

During the documentary review the research will review the following document in order to get the primary data.

Project design on the implementation of HIV projects,

1. Project proposals will be read in order to find whether they were designed properly
2. The researcher also finds out what kind of project designs are being used today.
3. The researcher will also find out what project designs have led to the success of HIV projects.

Project Staffing affect the implementation of HIV projects

- The project human resource manual will be reviewed in order to find out whether the right number of staffs was recruited, with right qualifications and experience, given the right contracts or appointment letters.

Project Monitoring Evaluation contribute to the implementation of HIV projects

- The project monitoring and Evaluation plan will be reviewed in order to find out the right indicators, activities, inputs and outputs of different projects.

APPENDIX IV: Krejcie and Morgan Sample Size Determination Table

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
S 40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	10000	384

Note: “N” is population size “S” is sample size.