



**COMMUNITY PARTICIPATION AND SUSTAINABILITY OF HIV/AIDS CARE –  
A CASE STUDY OF TASO TORORO**

**By**

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**DECLARATION**

I, Irene Bagala, hereby declare that this dissertation is my original work and has never been published or submitted to any university or institution of higher learning for any award. It has been submitted for examination with approval of the supervisors.

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**APPROVAL**

We certify that Irene Bagala wrote this Dissertation under our supervision. This dissertation has been submitted for examination in partial fulfilment of the requirements for the award of a Master's Degree in Business Administration with our approval.

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## **DEDICATION**

This work is dedicated to my mom Mrs. Eronie Nakamya Lutaaya, Dad Mr. Lutaaya John and my Uncle Mr. Kaweesi John. It is also dedicated to my brothers and sisters; Jenipher Lunkuse, Kabogoza Julius, Musisi Edward, Nakiwala Florence and Kimbowa Simon (RIP).

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## **ABBREVIATIONS/ACRONYMS**

AIDS:	Acquired immunodeficiency syndrome
ART:	Anti-Retroviral Therapy
CASA:	Community ART Support Agents
CCLAD:	Community Client Led ART Delivery
CDC:	Centres for Disease Control and prevention
HIV:	Human immunodeficiency virus
MOH:	Ministry of Health
PEPFAR:	Presidential Emergency Plan For AIDS Relief
PLHIV:	People Living with HIV/AIDS
TASO:	The AIDS Support Organisation.
UN:	United Nations
UNAIDS:	The Joint United Nations Programme on HIV and AIDS
UNICEF:	United Nations International Children's Emergency Fund
USAID:	United States Agency for International Development
WHO:	World Health Organization

## ABSTRACT

The study focused on examining the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo. Specifically, the study analyzed the relationship between community participation in planning, implementation & monitoring and sustainability of HIV/AIDS care at TASO Tororo. The study adopted a correlation research design using both quantitative and qualitative approaches. The researcher sampled 108 respondents. Quantitative data was analyzed by use of Pearson's correlation co-efficient to establish the relationship between community participation (IV) and sustainability of HIV/AIDS (DV). Qualitative data was analyzed through quoting and paraphrasing of statements.

Findings of the study revealed that there is a moderate positive significant relationship between community participation in planning & implementation and sustainability of HIV/AIDS care at TASO Tororo. Furthermore, there is a strong positive relationship between community participation in monitoring and sustainability of HIV/AIDS care at TASO Tororo. Key lessons learnt include the need for budgeting and cost allocation to be determined by project stakeholders including the community, the need for community members to be involved in selection of potential partners, the need for community members to be equipped with capacity to manage funds and need for community members to uphold monitoring of HIV/AIDS related activities. The study recommended that; TASO Tororo should increase access and control of its budget to community members as well as actively involving community members in budgeting and cost allocation. Further still TASO Tororo should offer trainings in financial resource management to community members and also create more avenues for community members to be involved in the monitoring of HIV/AIDS activities.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Introduction**

This study examined the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo. Community participation is the independent variable and this study was limited to community participation in planning, implementation and monitoring, while sustainability of HIV/AIDS care is the dependent variable and was measured in terms of technical and financial sustainability. This chapter covers the background to the study, the statement of the problem, the general objectives, the specific objectives of the study, the research questions, the hypotheses, the scope of the study, the significance, justification of the study, operational definitions of terms and concepts.

### **1.2. Background to the Study**

Background to the study consists of the historical, theoretical, conceptual and contextual background.

#### **1.2.1 Historical Background**

The concept of sustainability originated from the Germany forestry spheres by Hans Carl von Carlowitz in the 18<sup>th</sup> century intending to ensure a lasting supply of wood to the mining industry. This involved making sure that as old trees are harvested; there are enough young trees to replace them (Jacobus 2006). At the same time there were also issues about increase in population and its consequences on resource consumption. In the 19<sup>th</sup> century there was a shift in focus to coal and there were concerns that wasteful consumption of coal could lead to exhaustion of coal deposits. When the consumption of oil increased, there were still fears that oil supplies could be exhausted. All this led to drives to promote responsible use of resources for continued existence of society.

Hence sustainability could be traced from ancient times, as noticed that population growth, increase in consumption and the danger that critical resources could be exhausted increased the consciousness for sustainable use of resources. The fear that the present and future generations may be unable to sustain their livelihood led to the philosophy of sustainable development (Jacobus 2006).

Sustainable development and sustainability was first described as “development that meets the present needs while preserving the capacity of the future generation to meet their own needs” (World Commission on Environment & Development [WCED] 1987). Sustainability was known to be composed of three interconnected pillars – the environment, society and the economy. To deliver excellent healthcare services, there is need for sustainable use of resources which includes natural resources (environment), social resources (people and communities) and financial resources (budget) (NHS 2016).

On the other hand, the Acquired Immune Deficiency Syndrome (AIDS) was first recognized in homosexual men in the United States in 1981. Yet, it was not until 1983, that the human immunodeficiency virus (HIV) its etiological agent was identified. HIV silently spread throughout most of the world by the mid-1980’s with major effects in the sub-Saharan Africa (UNAIDS, WHO, 2003). In 1983, some doctors in Uganda had started reporting cases of a disease that seemed similar to one being reported in the USA. The reaction of Ministry of health (MoH) was that the war and the poor state of the economy that the country was already grappling with were more than enough issues without trying to include AIDS as well. The attitude was to forget about AIDS, deal with issues that had solutions present (Noeline & Sunanda, 2012).



In 1987, WHO launched the global program on HIV/AIDS, leading to the emergence of a global conscience about the disease and to the realization that a worldwide effort was required to stop the epidemic. The programme aimed at providing leadership and coordinating national AIDS programmes across the globe in order to contain the AIDS epidemic which was affecting the whole world (WHO 1987). At the same time in Uganda, The AIDS Support Organization (TASO) was established by Dr. Noeline Kaleeba and 15 other contemporaries affected by HIV. These included persons infected by HIV or affected by the AIDS epidemic that was sweeping through the country at the time. The founders had all encountered HIV/AIDS amidst limited knowledge about HIV and discrimination and stigma towards affected people. TASO started as a support group for emotional support and encouragement of its members and other HIV/AIDS affected people but ultimately it progressed to hospital visits to AIDS patients, linkage of HIV/AIDS patients to care and provision of counseling and material support. It started from Mulago Hospital and later grew to the 11 service centers and a training center. With time TASO attracted technical and financial support from partners including Action Aid, Irish Aid, USAID, PEPFAR, CDC, UNICEF and others (TASO, 2012). As TASO continues with its service care package, one of the factors of great concern to TASO is the sustainability of the HIV/AIDS care. TASO is continuously exploring and embracing initiatives that will contribute to sustainability of HIV/AIDS care (TASO, 2013)

### **1.2.2 Theoretical Background**

This study was directed by the Theory of **Community Based Health and Safety Programs** by Nilsen (2006). The theory has seven underlying suppositions of the community based approach to health and safety programs. This research majorly focused on the principle of participation. This principle states that community members should be involved in defining health problems and finding solutions. The theory further continues that people have an obligation to independently or

jointly participate in planning and implementing of the community's safety work. Community member involvement is also an avenue to unearth resources, technical skills as well as providing entrance to local leadership. Community member participation shows a bottom-up approach to planning and decision-making which encourages community ownership. Participation also creates identity and continuity of the program.

The United Nations (UN) designates three “pillars of sustainability”: economic, social and environmental (UN 2002). McConville & Mihelcic (2007) still sub divides the social pillar into three constituents: socio-cultural respect, political cohesion and community participation. He points out that, in order to enhance sustainability, the above mentioned factors, (community participation for this study), should be taken into consideration over the entire program, from commencement through implementation and completion. This is consistent with the theory of community based health and safety programs.

The above views are also supported by Howard – Grabman & Snetro (2002) who affirmed that the participation component in health activities goes beyond receiving feedback about implementation of an intervention to inclusive community control and involvement in problem identification, planning, implementation and monitoring & evaluation.

### **1.2.3 Conceptual Background**

Participation and sustainability were the key variables in this study.

WCED (1987) defines **sustainability** as satisfying the basic requirements of the present as well as maintaining the capacity of the future generations to meet their own needs. Sustainability can be attained when people can exist well without compromising the wellbeing of upcoming generations.

A sustainable health system is one that assures improved lives of the present and future people and communities served. The elements of such a system include but not limited to; improving the health of the overall population, use of new models of care delivery, it is financially responsible and works within communities. The health sector response to HIV is vital in the attainment of universal health coverage – one of the key health objectives of the Sustainable Development Goals. Universal health coverage is realized when everyone obtains the necessary and quality health services, without incurring financial hardship (WHO, 2016). Universal health coverage leads to a sustainable healthcare with adequate technical skills and adequate and sustainable finances. A **sustainable HIV/AIDS care** for this study was ensuring continuity of HIV/AIDS care to satisfy both the present and future needs of the communities served. Sustainable HIV/AIDS care will further be divided into financial and technical sustainability for this study.

**Sustainable healthcare financing** involves a policy that ensures that health care is made feasible, functional and in perpetual existence (Ebenezer & Daniel, 2014). Sustainable health financing models ensure universal health coverage, accessible & quality healthcare and ownership of the healthcare system.

**Technical sustainability** implies the ability to have activities and services implemented in the right way using recommended inputs to enable effectiveness and efficiency. In order to achieve technical sustainability, all stakeholders from community to international levels involved in implementation need to be empowered in information, resources and skills for the smooth running of activities (Gutwa, Towett, Kirui&Luvega, 2015).

**Participation** is educating citizens to enhance their competence (Brager, Specht, and Torczyner, 1987). Participation involves all stakeholders determining and contributing to decisions making, development initiatives as well as allocation of resources (World Bank, 1996). Armitage (1988)

described citizen participation as a way in which citizens respond to public concerns, take part in decision making and take accountability of the changes made in their community. Oakley and Marsden (as cited by Hussein, 2013) defined community participation as ensuring that individuals, families and communities develop capacity to assume responsibility of their own community development.

**Community participation** engages people in defining problems, development of solutions, formulation and implementation of policies for service delivery and taking action to achieve change (WHO, 2002). A community is a collection of people sharing interests, neighbourhood, or a common set of circumstances (WHO, 2002). For this study a community was regarded as a group of people living with HIV/AIDS, their families, friends and advocates. Community participation is seen as one of solution to the crisis of service sustainability. Since the 1990s, multilateral agencies such as the World Bank have stressed the need for stakeholder participation in ensuring sustainable development (Gonzales, 1998). Participation involves capacity building and training which leads to empowerment (Lyons, Smuts & Stephens 2001). If people and communities become self- sufficient, they can contribute to sustainability of services. Community participation has become very significant in the design and implementation of services. For this study the researcher focused on community participation in planning, implementation and monitoring.

**Planning** is a management function during which objectives are set and in-depth work plans are drawn including time, cost and resource estimates. **Implementation** is work done to bring about the product, service or desired outcome while **monitoring** is certifying that what has been planned is implemented and detection of any deviations. The key elements in planning in this study were community participation in strategy formulation, financial resource identification and budgeting

and cost allocation. Implementation in this study focused on performance of tasks and activities, selection of potential partners and resource management; while monitoring was progress assessment/reviews, identification of deviations from planned activities, ascertainment of problem areas and recommendations.

#### **1.2.4 Contextual Background**

Putting an end to the AIDS scourge as a public health peril by 2030 is one of the commitments by the international community (UNAIDS, 2016). Eradication of the AIDS epidemic will also play a part in poverty alleviation and facilitation of development (WHO, 2016). Facilitate

Uganda has the fourth largest population of PLHIV in sub-Saharan Africa with over 1.7 million PLHIV in 2013 (USAID, 2016). HIV prevalence, which had greatly reduced from 13% to less than 6% between 1990 and 2005 has increased over the past decade to 7.9% in 2015 (USAID, 2016).

One of the key priorities set in the Uganda national development plan II is human capital development which includes health. Under health, Uganda is placing more emphasis on scaling HIV prevention and treatment among other components (National Planning Authority, 2015).

HIV/AIDS care is faced with challenges of inadequate and constrained funding which is predominantly donor funded, persistent human capacity gaps in terms of skills and numbers and HIV interventions are still not conceptualised and delivered systematically which constrains quality, efficiency and coverage (UAC,2015). Uganda is implementing a Multi-Sectoral AIDS Control Approach which involves mobilization of all stakeholders including government, non-governmental stakeholders as well as public-private partnerships for a strong and coordinated HIV/AIDS response.

TASO, one of the HIV implementing partners was registered as a corporate entity in 1987 with the barking from AIDS Control Program of Ministry of Health. TASO is also registered under the

national NGO registration statute and policy as a Non-Governmental Organisation (NGO). TASO's aim is to play a role in the Uganda national HIV strategic plan that focuses on attaining a national HIV/AIDS response. This will in turn lead to a continual reduction of HIV infection rates, enhance access to quality and even distribution of prevention, care support and impact mitigation services for people infected and affected by HIV and AIDS in Uganda. It is comprised of 11 service centres distributed across the country including TASO Tororo, a training centre and has its headquarters in Mulago Hospital Complex.

TASO has encouraged community participation through its provision of services. It has adopted a greater involvement of PLHIV throughout its care process. There are two members of the governance board for every centre who are clients and a client liaison officer who is always a client as part of the management team. These are involved in planning and priority setting for the organisation.

At the level of implementation TASO has a clients' drama group which passes on information to communities through music dance and drama; it has community ART support agents who are leaders of groups of 50 clients who are stable on Anti-Retroviral Therapy (ART) and also provides basic counselling to clients on adherence. TASO has also recently trained the Client Led ART Delivery leaders who are expert clients in charge of groups of 10 clients and these deliver ARVs and Septrine to their fellow clients. The clients in care also contribute a small welfare fee of 2000/= which usually takes care of the general welfare of the needy clients and also to provide refreshments during the clinic visits for the clients.

At the monitoring stage TASO has put in place a client council which is charged with collecting the views of clients in regards to service delivery and these are forwarded to management for possible action.

TASO provides a comprehensive HIV/AIDS care package which includes: HIV prevention services like safe male circumcision, HIV counselling and testing and prevention of mother to child transmission of HIV; care and treatment services which include provision ART services, laboratory services, HIV/TB co-management and cervical cancer screening services; also offers orphans and vulnerable children support services and capacity building services through the health systems strengthening project especially to the public health facilities. TASO has invested in capacity building of its staff to improve the quality of service delivery.

TASO's budget is heavily financed with donor funding. TASO has had restructuring phases to meet the current financial challenges and changing trends. This has demonstrated the need to reduce reliance on donor funding (TASO, 2014). The restructuring also comes with reduction in skilled human resource in the process. All these threaten the sustainability of HIV/AIDS care. TASO has emphasized innovative delivery models which include Community Drug Distribution Points (CDDPs) and Community Client Led Art Delivery (CCLAD) models for task shifting in service delivery. These along with involvement of clients in planning and monitoring have been looked at as possible solutions to the current challenges faced. This study examined the relationship between community participation and HIV/AIDS care sustainability at TASO Tororo.

### **1.3. Statement of the Problem**

TASO has played a key role in policy formulation and management of the HIV epidemic in Uganda. It has contributed to the reduction of new HIV infections and HIV related deaths as well as well as improving the health of all people living with HIV/AIDS by acceleration of HIV prevention services, provision of anti-retroviral therapy and challenging pervasive stigma and discrimination. The central thread that has kept TASO at the fore front in the HIV/AIDS response

is its engaging communities in building structures and initiating practices that diminish the spread and the impact of HIV/AIDS (TASO, 2014). TASO has engaged people living with HIV/AIDS who work along with the staff and partners in mobilisation of resources and provision of HIV related services. These include client council members, drama group members, community ART support agents and mentor mothers.

Despite these interventions, visible gaps still remain which threaten the sustainability of TASO's operations. The organization is largely depending on donor funding which is also faced with changing trends in global policy and macro-economic situations way beyond TASO's control (TASO, 2015). TASO has also had shortfalls in the projected budgets due to close out of some donor supported projects and readjustments including downsizing which has created deficits in the technical capacity in TASO's operations. The thinking behind investment policy, local resource mobilization and innovative programming are aimed at addressing this gap for a more sustained response. UNAIDS (2014) notes that communities have a key responsibility to play in successful scale-up of HIV/AIDS services hence people living and affected by the epidemic should be part of the new movement of ending AIDS. This research explored the relationship between community participation in planning, implementation & monitoring and the financial & technical sustainability of HIV/AIDS care- a case of TASO Tororo.

#### **1.4. General Objective of the Study**

The purpose of the study was to examine the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo.

#### **1.5. Specific Objectives of the study**

This research was conducted basing on the following objectives;



1. To examine the relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo
2. To analyse the relationship between community participation in implementation and sustainability of HIV/AIDS care at TASO Tororo
3. To assess the relationship between community participation in monitoring and sustainability of HIV/AIDS care in TASO Tororo

### 1.6 Research Questions

The study sought after answering the questions below;

1. What is the relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo?
2. What is the relationship between community participation in implementation and sustainability of HIV/AIDS care at TASO Tororo?
3. What is the relationship between community participation in monitoring and sustainability of HIV/AIDS care in TASO Tororo?

### 1.7. Hypotheses of the Study

Below are the hypotheses guided the study;

1. There is a positive relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo.
2. There is a positive relationship between community participation in implementation and sustainability of HIV/AIDS care at TASO Tororo.
3. There is a positive relationship between community participation in monitoring and sustainability of HIV/AIDS care in TASO Tororo.

### 1.8. Conceptual Framework

#### Independent Variable:

#### Community Participation

##### Planning

- Strategy formulation
- Financial resource identification
- Budgeting and cost allocation

##### Implementation

#### Dependent Variable:

#### HIV/AIDS care Sustainability

##### Technical Sustainability

- Skilled personnel
- Capacity building of communities
- Ownership

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*(Source: Adapted from Howard – Grabman and Snetro, 2002 and modified by the researcher.)*

**Figure 1: The Conceptual Framework Diagram**

The diagram above explains the relationship between the independent and dependent variables. The independent variable was denoted by community participation which has three constructs namely; planning, implementation and monitoring. The dependent variable was denoted by sustainability of HIV/AIDS care and was further divided into technical and financial sustainability

The diagram indicates a positive relationship between the community participation and sustainability of HIV/AIDS care as shown by the arrow from the independent variable to the dependent variable.

**1.9. Significance of the Study**

The study findings will help TASO Tororo as they plan, implement, monitor and appraise HIV/AIDS care activities in their catchment areas. It will go a long way in informing project design for sustainability especially among HIV/AIDS care services in Uganda.

The findings from the study will contribute to the body of literature on community participation & sustainability, will also stimulate further research on sustainability in the health care system in Uganda and will enable the researcher attain a Master's degree in Business Administration of Uganda Management Institute.

### **1.10. Justification of the Study**

A number of studies have been conducted on community participation and sustainability. Studies have been carried out on community participation intervention to reduce AIDS stigma (Apinundecha, Laohasiriwong, Cameron & Lim, 2007), community participation and sustainability of the vasterbotten intervention program (Margareta, Yulia, Goran, Lennarth, Hans, Stig& Lars, 2012), deployment of community health workers for sustainable health work force response (AIDS 2010) and effect of peer health workers on AIDS care in Rakai Uganda (Larry, Kagaayi & Reynolds, 2010) among others. However, there was no study that had been conducted to provide a deeper analysis of sustainability related issues like donor dependency and technical capacity gaps in HIV/AIDS care at TASO Tororo. Therefore this research sought for an understanding of the relationship between community participation and financial and technical sustainability of HIV/AIDS care.

### **1.11. Scope of the Study (Geographical, Time and Content Scope)**

The study focused on the relationship between community participation and sustainability of HIV/AIDS care.

#### **1.11.1 Geographical Scope**

The study was conducted in TASO Tororo. Tororo district is located in the Eastern region of Uganda. TASO Tororo has employed greater involvement of the community in HIV/AIDS care.

This gave the researcher an opportunity to explore the relationship between community participation and sustainability.

### **1.11.2 Time Scope**

The study covered a period from 2011- 2015. This period has seen vast changes not only in HIV/AIDS care and management but also financing for HIV services. It has been marked with fluctuations in donor financing for HIV/AIDS care along with restructuring and downsizing of staff in TASO Tororo.

### **1.11.3 Content Scope**

The study focused on the relationship between community participation and sustainability of HIV/AIDS care. Community participation, the independent variable had three dimensions: planning further broken down into strategy formulation, financial resource identification and budgeting and cost allocation; implementation which looked at performance of tasks and activities, selection of potential partners and resource management; and monitoring which looks at progress assessment/reviews, identification of deviations from planned activities, ascertainment of problem areas and recommendations.

The dependent variable was sustainability of HIV/AIDS care which was broken down into two constructs: Technical sustainability which looked at ownership, capacity building for communities and skilled personnel; and financial sustainability which looked at user fee management, local resource mobilisation, strategic partners and investment.

## **1.12. Operational Definitions**

**A community:** A group of people living with HIV/AIDS, their families, friends and advocates in Tororo.

**Clients:** Persons receiving HIV/AIDS care services at TASO.

**Community participation:** is the involvement of people living with HIV/AIDS, their families, friends and advocates in Tororo in planning, implementation and monitoring of HIV/AIDS care activities in TASO.

**Planning:** is a process which involves setting of objectives and detailed plans of how HIV/AIDS care services will be carried out including setting time lines, cost estimates and identification of sources of resources.

**Implementation:** these are all the processes involved in delivering HIV/AIDS services.

**Monitoring:** this is ensuring that what has been planned is implemented and detection of any deviations in the provision of HIV/AIDS services.

**Sustainability:** is the capacity of a program to continuously satisfy its community's needs.

**Sustainable HIV/AIDS care:** is ensuring continuity of HIV/AIDS care to satisfy both the current and future needs of the communities served.

**Financial sustainability:** the ability to maintain financial capacity over time.

**Technical sustainability:** this involves empowering all persons and institutions with knowledge, abilities and resources needed for the smooth running of HIV/AIDS programs.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

This chapter presents review of related literature on community participation and sustainability of HIV/AIDS care as presented in textbooks, journals and magazines. It contains the theoretical

review, actual literature review and summary of the review. The literature is reviewed in the order of the study objectives.

## **2.2. Theoretical Review**

The research was directed by the theory of community based health and safety programs by Nilsen (2006). The theory has seven principal suppositions of the community based approach to health and safety programs. These include; community focus, community member participation, inter-sectoral collaboration, substantial resource requirements, long-term programme view, multifaceted interventions and population outcome.

Community focus indicates that members of a community have a sense of identity, share objectives, interests, values and norms with the other members of the community. A community can be based on either a geographical location (town, city and municipality) or a relational entity (qualities of human interaction and social ties).

Community participation is the engagement of local members in identifying their health problems and finding solutions. It is the process of taking part individually or collectively in planning, deliberations and actions to effect the agreed service, life or resource improvement. Participation brings about empowerment since people develop skills in assessment of needs, priority setting and control of their environment. It also brings about a sense of identity and long-lasting responsibility for the program which culminates into ownership of the program.

Inter-sectoral collaborative efforts also called community coalitions; are made of individuals of varied organisations and sections in a community who consent to working together to accomplish a common target. Community coalitions foster team work which leads to achievement of the vision. Team work leads to better coordination of services by individual entities leading to efficient use of resources as well as reducing redundancy in community services.

Substantial resource requirements; entails discovery and putting together the available community resources. These may include obtaining funding from community agencies, human resources, meeting space and technical equipment.

Long-term program view: looks at a continuous course of creating an atmosphere based on trust, inclusion and proper awareness of local health concerns.

Multifaceted interventions; this strategy is aimed at making the best of a program in the entire community by relying on a synergy existing among the various components of the program since it addresses numerous risk factors using multiple interventions in multiple settings at different community levels.

Population outcome; this looks at community interventions that achieves broad based health and safety effects. That is, many of the interventions are directed not only to the high- risk individuals but to the general population.

One of the weaknesses of this theory is that a geographical community may not necessarily have the same interests. They may differ in values and aspirations which may hinder community participation. However it also stresses a community of those having similar values which will be more applicable and for this study we are focusing on people infected and affected by HIV/AIDS. This theory is also comprised of 7 underlying principles. Each of these should not be in isolation but they should be considered in a collaborative way just as stated by the author. Community participation involves drawing together people of similar interests (community focus), mobilization of adequate resources which are necessary for the activities and ensuring community ownership for continuity (population outcome) all of which are key components of this study. This study sought to investigate the relationship between community participation and sustainability of HIV/AIDS care in TASO Tororo.

## **2.3. Community Participation and Sustainability.**

### **2.3.1. Community Participation in Planning and Sustainability**

Planning involves goal setting, drawing roadmaps and implementation strategies as well as identification and allocation of resources to accomplish the goals (UNDP, 2009). Participatory planning provides an opportunity to engage stakeholder in management. It is also helpful in setting up organisational cultures and arrangements as well as streamlining rights, responsibilities and modes of conflict management (Geoghegan, Renard & Brown, 2004). Barasa, (2013) also asserts that one of the major contributors of development at a community level is community participation in planning and management; this is very instrumental in sustainable development and a basis for national development. When prospective beneficiaries contribute to making key decisions, participation shifts to a stage of self-initiated actions (Mansuri & Rao 2003).

McConville (2006) noted that involvement of the local people in needs identification improves understanding and support for the interventions. This in turn will motivate the community to get involved in bringing about change. The intervention designs can then presented to the community for suggestions, concerns and feedback which can be incorporated in the final designs of the intervention to come up with a more suitable product or service. Barasa and Jelagat (2013) also emphasizes that if the needs identification process is only left to the outside world excluding the community, they will not legitimise it. Brody (2003) observes that collective involvement by the concerned communities in the planning process helps ensure that the plans will be more widely accepted by its future beneficiaries.

WHO (2004) asserts that having the community getting involved in shaping program priorities and assigning significant responsibilities to community health workers leads to the achievement of



greater population health gains. Greater involvement of the community is essential in achieving justice and fairness of any health policies and programs including those of HIV/AIDS.

All the scholars note the need for community participation in planning to ensure sustainability of projects however they remained silent about the magnitude of the relationship between community participation and sustainability. Hence this study aimed at measuring the relationship between community participation in planning and sustainability of HIV/AIDS care.

### **2.3.2. Community Participation in Implementation and Sustainability**

Implementation includes technical training and community education components that eventually determine post intervention success (UNEP 2005). Ademiluyi & Odugbesan (2008), argue that the current correct pragmatic approach is full engagement of the community in all stages of implementation and management. Not only does the initial design of an intervention have an effect on the long-term sustainability but also the way it is implemented. By encouraging participatory approaches, maintaining flexibility amid setbacks and building the ability of stakeholders to plan and manage the running of an intervention have a long-lasting impact on communities served.

Manuri & Rao (2003) emphasized the importance of community involvement in development as an essential building block in the designing and execution of development projects. Community involvement allows the underprivileged to have power over development assistance. This will in turn allow distribution of funds according to the community's needs, goal oriented poverty programs, improved service delivery, increased government responsiveness, well maintained community assets and increased knowledge and involvement of the citizens.

Reviews of Primary Health Care have persistently indicated that community participation has considerable health benefits and hence it should be encouraged (WHO, 2004). It is one way of

breaking barriers between clients, communities and health services as well as making the most of the unique skills and knowledge available in the community. Some organisations are performing task shifting from health workers to community members, activities like, adherence counseling, supervision of pill intake and monitoring of side effects. However, the capacity of communities to be involved in execution of health activities has been limited by the inadequate resources, deeply-rooted social and professional hierarchies and discrimination. Hence, to ensure effective community participation there is need for significant investment in training and support supervision (WHO, 2004). Hence this study intended to find out whether there is a positive relationship between community participation in implementation and sustainability of HIV/AIDS care.

### **2.3.3. Community Participation in Monitoring and Sustainability**

Participatory monitoring engages primary stakeholders in the assessment of activities as well as learning from change in an inclusive way that represents the interests of those most directly affected (World Bank 2010). Stakeholders include among others the end users of the goods and services. Involving beneficiaries in monitoring increases its reliability, strengthens ownership, contributes to all involved and provides an opportunity for positive feedback and plans for corrective action. Although it can be time consuming and dominated by a few strong voices (Philip, Anton & Berraondo, 2008).

According to IFAD (2009), monitoring is a significant concern of consideration of sustainability because the criteria and the measurement of sustainability is described within the monitoring system. Furthermore, the monitoring system contains information needed in determining the level progress in the direction of sustainable outcomes.

Barasa and Jelagat (2013) assert that if an intervention from the design to planning and management has involved a component of participation, then necessitates that it should in the same way be appraised by maintaining the key role played by the key stakeholders throughout the process.

As Karl (2000) puts it, the local people provide a more rational scrutiny of what work or does not work and hence give a better verdict of what amounts to success. Ultimately when people are given chance to determine their goals, be part of the implementation, appraise the outcomes as well as the ability to allow creativity using the available indigenous knowledge will all lead to successful and sustainable interventions. When the community is involved in Monitoring, Gutwa et al (2015) argues that the community will facilitate early detection of problems in implementation sooner than they escalate into adverse events.

Barasa and Jelagat (2013) further argue that an intervention's success or its sustainability also depends on people's participation in management and monitoring and not only on the availability of funds. There is need to value the traditional community structures since they validate and justify and intervention irrespective of whether it is funded by the government or a donor agency. Involvement of the community in the management ensures acceptance of the intervention and proper accountability of funds of the program by the local leadership.

Amidst all the arguments about the relationship between community participation in monitoring and sustainability, the researchers do not support their arguments with evidence and therefore they remain as mere claims. This research intended to backup arguments with empirical evidence.

#### **2.4. Summary.**

According to Bown (1998) when communities participate in problem identification and planning leads to the advancement in knowledge, talents, attitudes and values among members of the

community and also builds the capacity of the community members as change agents. Hence genuine participation facilitates involvement of all groups of the community at all levels of the intervention from design and planning all the way to monitoring.

It is fundamental to have a comprehensive understanding of community participation and its relationship with sustainability since the participatory ventures are time- intensive, demanding and expensive. In fact, Mansuri and Rao (2004) concluded that there is limited knowledge about how community participation affects community- based projects. The ignorance is attributed to lack of meticulous systematic appraisals. Hence vigorous evidence concerning the influence of community participation on community projects is urgently required. And this study was designed to fill some the gaps that remain.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1. Introduction**

This chapter presents the research methodology of conducting the study of community participation and sustainability of HIV/AIDS care at TASO Tororo. The chapter contains the research design, study population, sample size determination, sampling techniques and procedures, data collection methods, the data collection instruments. It also includes measurement of reliability

and validity of the various instruments, data collection procedure, data analysis, measurement of variables and ethical consideration.

### **3.2. Research Design**

The researcher used a correlation research design. A correlation design comprises of gathering facts in order to determine whether and to what extent a connection exists amongst the variables being studied (Amin, 2005).

The design was considered appropriate for this study because it clearly measures the strength and direction of the relationship between community participation and sustainability of HIV/AIDS care. Hence this design helped to identify the extent in which community participation and sustainability of HIV/AIDS care are related.

The researcher also used both qualitative and quantitative research approaches also known as triangulation approach. A qualitative approach is descriptive in nature and is presented in non-numerical terms while a quantitative approach is a research approach which presents finding in numerical term (Amin, 2005). The researcher opted to elaborate or expand on the findings by using a triangulation method. The triangulation method assisted the investigator extract meaningful facts and interpretations of the study

### **3.3. Study Population**

In this study, the target population were all the staff of TASO Tororo, members of the centre advisory committee, the client council members, Community ART Support Agents and the Community Client Led Art Delivery Leaders. The study population had a total of 147 respondents. Of the 147 people 7 were members of the centre advisory committee, 6 management team members, 29 TASO staff, 5 members of the client council, 40 Community ART Support Agents

(CASAs) and 60 Community Client Led Art Delivery (CCLAD) leaders (TASO Tororo Report, 2016).

### 3.4. Determination of the Sample Size

Sampling involves choosing members to take part in the investigation from a distinct population with the purpose that the sample signifies the population (Mubaazi, 2008).

**Table 1: Sample Size and Selection**

No	Category	Population	Sample Size	Sampling Technique
1	Centre Advisory Committee	7	5	Purposive
2	Management Team	6	5	Purposive
3	Staff TASO Tororo	29	21	Simple random sampling
4	Client Council	5	4	Purposive
5	Community ART Support Agents	40	29	Simple Random Sampling.
6	Community Client Led ART Delivery leaders	60	44	Simple random sampling
	<b>Total</b>	<b>147</b>	<b>108</b>	

*Source: Primary data*

The researcher sampled 108 respondents selected from the population described above. The sample selection method was adopted from Krejcie and Morgan (1970); as annexed by Amin (2005). Out of the target population of 147, 108 respondents were selected. The facts acquired were used to generalise the study findings to the study population.

The following formula was applied to arrive at the sample size for each category.

$$\frac{\text{Population in category}}{\text{Total population}} \times \text{Total sample size}$$

Application of the formula

1. Centre Advisory Committee:  $\frac{7}{147} \times 108 \approx 5$  respondents.

2. Management Team:  $\frac{6}{147} \times 108 \approx 5$  respondents.

3. Staff TASO Tororo:  $\frac{29}{147} \times 108 \approx 21$  respondents.
4. Client council  $\frac{5}{147} \times 108 \approx 4$  respondents.
5. CASAs  $\frac{40}{147} \times 108 \approx 29$  respondents.
6. CCLAD leaders  $\frac{60}{147} \times 108 \approx 44$  respondents.

### **3.5. Sampling Techniques and Procedure**

The researcher employed two sampling techniques namely; random sampling and non-random sampling methods while conducting the study. The sampling techniques were used to complement each other.

#### **3.5.1 Simple Random Sampling**

In simple random sampling, a sample is got from the population whereby samples of the same size have equivalent odds of being nominated (Amin, 2005). This technique was employed to select a sample from the population from which quantitative data was collected. This was used because it provides an equal chance of respondents being selected hence eliminating bias (Mugenda & Mugenda, 1999).

#### **3.5.2 Purposive Sampling**

The researcher employed a purposive sampling technique. This is a non-probability sampling method that uses the investigator's decision to choose participants that will assist the investigator find answers to the questions of the thesis (Saunders, Lewis & Thornhill, 2007). The centre advisory committee members, the management team and client council members were selected by purposive sampling because of their wealth of information and being in a better position to provide the relevant data.

### **3.6 Data Collection Methods**

#### **3.6.1 Questionnaires Survey**

A questionnaire survey is a research method for collecting information from a selected group using standardised questionnaires (Amin, 2005). Questionnaires deliver a great degree of capability in signifying a big population as the data collected possesses a description of the comparative features of the overall population involved in the investigation. They are reliable and dependable for large samples, and are also low cost, convenient for data gathering and free from interviewer bias. The questionnaires were distributed to 21 TASO Tororo staff, 29 CASAs and 44 CCLAD leaders.

#### **3.6.2 Interview Method**

Interview method offers the investigator a chance to adapt questions, simplify them by expending suitable words, clear qualms and launch a relationship hence probing for more data (Sekaran, 2004). The researcher used face-to-face interviews to gather facts from the management team, centre advisory committee members and the client council members because of their wealth of information on the subject matter to allow an in-depth discussion.

Interviews were considered because they are flexible, adaptable and give an interviewer an opportunity to control the environment.

#### **3.6.3 Documentary Review Method**

Documentary review encompasses delivering data by prudently reviewing printed documents or visual data from sources understood as documents (Amin, 2005). Documentary reviews help in assessing credibility, whether the facts are free from mistakes and alteration. This method also assures validity by determining whether the facts gathered are truthful and dependable (Scott, 1990). Secondary data was obtained from TASO, UMI library, and UMI resource centre. Sources like journals, articles, reports and books were used in gathering and compiling information. These



documents helped to supplement data from other instruments with the intention of collecting independently verifiable data and information.

### **3.7 Data Collection Instruments**

#### **3.7.1 Questionnaire**

A questionnaire is a tool used for collecting data in relation to the research questions and objectives needed for the thesis (Amin, 2005). This tool was considered because it is less expensive, convenient for the respondent and offers greater assurance of anonymity. The questions in the questionnaire were formed in relation to the objectives of the study. The questionnaire was applied to TASO Tororo staff, CASAs and CCLAD leaders.

#### **3.7.2 Interview Guide**

An interview is a verbal survey where the researcher collects information in a face to face manner with the respondents (Amin, 2005). Interviews are useful for getting the story behind the participant's experience. The instrument ensures that reliable and accurate information is gathered from the leadership that was selected to participate; because, it facilitates an in-depth investigation into the topic under study. It also helps the researcher to explain or clarify questions thereby increasing likelihood of useful responses. The interview guide contained both semi-structured and unstructured questions.

#### **3.7.3 Documentary Checklist**

A documentary checklist was developed and used to guide the researcher on the data to look for in order to generate the necessary information for the study. Documentary checklist was used to collect secondary data during the study from various documents such as work plans, progress reports and minutes.

### **3.8 Data Quality Control.**

#### **3.8.1 Validity**

Validity is the appropriateness of the instrument used (Amin, 2005). He further states that validity is the ability to produce findings that are accurate and measure what they are supposed to measure.

The research instruments were subjected to expert judgement by UMI supervisors to establish their face validity to review and comment on instruments. The researcher also pre-tested the instruments by administering the same to a few pre-selected respondents who were not involved in the actual study. In this case the data collected represented the respondents' opinion. Content validity was also performed on the constructs to ensure that the scale items are meaningful to the sample and that they are capturing the issues being measured. This was done through the calculation of Content Validity Index (CVI), given by the formula:

$$\text{CVI} = \frac{\text{No. of items pronounced Valid}}{\text{Total no. of items on the instrument}}$$

Total no. of items on the instrument

The CVIs for each variable and for the entire tool are shown in the table below.

**Table 2: CVI for the questionnaire**

Variable	No. of previous items	No. of items retained	CVI
Community participation	11	10	0.909
Implementation	10	8	0.800
Monitoring	7	5	0.714
Sustainability	12	10	0.833
Entire data collection tool	40	33	0.825

**Source:** Primary data

The table2 above shows a CVI of 0.909 for Community participation where 10 items were retained, 0.800 for Implementation where 8 items retained, 0.714 for Monitoring where 5 items were retained, 0.833 for Sustainability where 10 items were retained and 0.825 for all the constructs in the study where 33 items were maintained. The instrument consequently approved the test of validity for all of the constructs and variables since they were all above 0.7as recommended by Amin (2005).

### **3.8.3 Reliability**

The Cronbach's Alpha Reliability Coefficient for Likert-Type Scales test was done to ensure reliability of quantitative data. It is usually conducted as a measurement of inner reliability. According to Sekaran (2004), before the tool can be used experts require a consistence test result of 0.7 and above to ascertain reliability. This implies that results above 0.7 should be taken as reliable whereas results below 0.7 should be declared as unreliable. Below are the results of Cronbach's alpha for each construct and for the whole tool.

The alpha Cronbach's coefficients results below were calculated using SPSS

**Table 3: Reliability Analysis Coefficients**

Variable	Cronbach's Alpha coefficient	No. items retained
Community participation	0.710	10
Implementation	0.770	8
Monitoring	0.708	5
Sustainability	0.771	10
Entire data collection tool	0.876	33

*Source: Primary Data*

The table3 above shows a Cronbach alpha of 0.710for Community participation with 10 items, 0.770 for Implementation with 8 items, 0.708 for Monitoring with 5 items, 0.771for Sustainability with 10 items and 0.876 for each of the variables in the study totalling 33 items. Consequently the instrument pronounced all of the variables passed since they were all above0.7 (Amin, 2005) making the instruments suitable for data collection

### **3.9 Procedure of Data Collection**

The research proposal was submitted to the School of Business and Management for approval. After successful defence of the proposal, the researcher obtained an introductory letter from the Uganda Management Institute authorising data collection. The researcher then tested instruments for validity and reliability on a sample of respondents and used the comments obtained to make modifications were necessary. The researcher then made contact with TASO Uganda Ltd before conducting the study. The researcher also sought for permission from respondents before the start of data collection. Data collection was done by the investigator with the assistance of some assistants. All the data was kept with discretion minus revelation of participants' names. No data was improved or transformed. All the data was documented to avoid loss and it was later analysed.

### **3.10 Data Analysis**

Data analysis comprises of attaching meaning to the data collected. It involves moving further and further into understanding the facts, it involves interpreting findings into summaries so as to get

meaning out of the large amount of data (Amin, 2005). Data analysis was done both qualitatively and quantitatively

### **3.10.1 Qualitative Analysis**

Qualitative data collected by interviews was analysed using content analysis. Findings were presented in form of paraphrases or quoted up on permission of the respondents. Some findings were shortened in a descriptive arrangement as a demonstration of the key results of the thesis where the researcher demonstrated the relationship of the variables and was presented objective by objective.

### **3.10.2 Quantitative Analysis**

This involves expressing and interpreting of research findings using numbers. The Results put in quantitative data analysis comprised of descriptive statistics and inferential statistics.

Data was compiled, sorted and entered into the computer by use of Statistical Package for Social Scientists (SPSS). Descriptive statistics were used to designate sample features. Inferential statistics of correlation analysis (Pearson's correlation coefficient) was used to find out whether a linkage exists amidst the independent variable and dependent variable.

### **3.11 Measurement of Variables**

The investigator measured variables using the likert scale, a five scale continuum of "Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree", where 1 = Strongly Disagree and 5 = Strongly Agree was considered. Participants were queried to show the extent to which they agree with the different items under the different dimensions on a five point gauge ranging from 1 as "strongly disagree" to 5 as "strongly agree".

### **3.12 Ethical Considerations**

The information given by the respondents was kept confidential and therefore the study did not harm any individuals either physically or psychologically. The researcher also sought the consent of the respondents to conduct the study. The findings will be used for their intended purpose and not for any other purpose. The researcher also took ethical apprehensions regarding the copy rights respect and possession of academic property to avoid plagiarism. This was very important while referencing other person's work.

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS**

#### **4.1 Introduction**

The study aimed to examine the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo. There were three specific objectives, namely: To examine the relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo; To analyse the relationship between community participation in implementation and sustainability of HIV/AIDS care at TASO Tororo; To assess the relationship between community participation in monitoring and sustainability of HIV/AIDS care in TASO Tororo. In this chapter the study presents the response rate, background information and the findings of each of the objectives.

The study adopted both quantitative and qualitative approaches where the results of qualitative source are used to supplement those from the quantitative data source to give deeper understanding of the problem and overcome weaknesses of over relying on one approach.

#### **4.2 Response Rate**

The response rate for the study was computed using a formula ( $\text{Actual responses} / \text{Target response} * 100\%$ ) and findings are presented in table below 4 below:

**Table 4: Response rate**

Category	Target response	Actual response	Response rate(%)
Centre Advisory Committee	5	4	80.0
Management Team	5	3	60.0
Client Council	4	4	100.0
Sub-total (Interview guides)	14	11	78.6
Staff TASO Tororo	21	19	90.5
Community ART Support Agents	29	26	89.7
Community Client Led ART Delivery leaders	44	43	97.7
Sub-total (Questionnaires)	94	88	93.6
<b>Total</b>	<b>108</b>	<b>99</b>	<b>91.7</b>

**Source:** Primary data

From table 4 above, out of a total of 14 key informants who were targeted for interviews, only 11 were actually interviewed representing a response rate of 78.6%, a total of 94 questionnaires were distributed but only 88 were fully filled and returned implying a response rate of 93.6%. The overall response rate for the study was 91.7%, such a response rate was deemed good enough since according to Mugenda & Mugenda (2009), a response rate of 50 per cent is adequate for analysis and reporting.

## **4.2 Background Information**

Respondents were asked to provide background information on education level, age, sex, experience and department of the respondents. The findings are presented in the tables below.

### **4.2.1. Education Level of the Respondents**

Respondents were also requested to indicate their highest levels of education. The aim was to determine their ability to understand the study; and the findings were presented in the table below:



**Table 5: Education level of the Respondents**

<b>Education level</b>	<b>Frequency</b>	<b>Percent</b>
High school	44	50.0
Diploma	18	20.5
Bachelors	16	18.2
Masters	2	2.3
Others	8	9.1
<b>Total</b>	<b>88</b>	<b>100.0</b>

**Source:** Primary Data

Table 5 shows that the highest number of respondents, 44 (50.0%) were of High school level of education, whereas 18 (20.5%) possessed Diplomas and 16 (18.2%) possessed Bachelor's degrees. Only 2 (2.3%) possessed Masters' degrees and 8 (9.1%) possessed other education levels different to those categorized above. This suggests that all the respondents had sufficient education to give objective answers to the questions raised in the research study.

#### **4.2.2 Age of Respondents**

The study collected information on the age so as to establish the distribution across the sample of respondents and the findings are presented below.

**Table 6: Age of respondents**

<b>Age</b>	<b>Frequency</b>	<b>Percent(%)</b>
Below 25 years	12	13.6
25 - 35 years	6	6.8
36 - 45 years	32	36.4
46 - 55 years	28	31.8
Above 55 years	10	11.4
<b>Total</b>	<b>88</b>	<b>100.0</b>

**Source:** Primary data

Table 6 shows that the highest number of the respondents, 32 (36.4%) were aged 36-45 years closely followed by 28 (31.8%) aged 46-55 years, while 10 (11.4%) were aged above 55 years.

Those aged below 25 years comprised of 12 (13.6%) and 6 (6.8%) only were aged 25-35 years. This finding implies that majority of the respondents 79.6% were over 35 years of age, they were mature enough to understand and appreciate the study interest. Such people, therefore, could be relied on for valid information.

#### 4.2.3 Sex of Respondents

The study collected information on sex so as to establish the distribution across the sample of respondents and the findings are presented below.

**Table 7: Sex of Respondents**

<b>Sex</b>	<b>Frequency</b>	<b>Percent</b>
Male	34	38.6
Female	54	61.4
<b>Total</b>	<b>88</b>	<b>100.0</b>

**Source:** Primary data

Table 7 shows that both male and female respondents participated in the study, with the females constituting the majority, 54 (61.4%) whereas the males constituted 34 (38.6%). The females dominated in number because even the total number of females working in TASO Tororo as well as in the total clientele is a majority as compared to the males.

#### 4.2.4 Experience at TASO

The study collected information on the experience of respondents so as to establish the duration they have stayed at the organization and judge their understanding of the research subject and the findings were presented below.

**Table 8: Experience at TASO**

<b>Experience at TASO</b>	<b>Frequency</b>	<b>Percent</b>
2 years and less	14	15.9
3 - 5 years	10	11.4
6 - 9 years	26	29.5
10 - 12 years	30	34.1
13 years and above	8	9.1

<b>Total</b>	<b>88</b>	<b>100.0</b>
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**Source:** Primary data

Table 8 shows that all the ranges for years of experience were represented in the study. Only 14 (15.9%) of the respondents had less than 2 years' experience. The majority, 74 (84.1%) had over 2 years' experience, a period sufficient enough for an employee or community member to learn and appreciate the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo.

#### **4.2.5 Department of Respondents**

The study collected information on the department of each respondent so as to assess whether all departments were represented in the study and the findings were presented below.

**Table 9: Department of respondents**

<b>Department</b>	<b>Frequency</b>	<b>Percent</b>
Medical	9	10.2
Counseling	6	6.8
Data Management	4	4.6
CCLAD Leader	43	48.9
CASA	26	29.5
<b>Total</b>	<b>88</b>	<b>100.0</b>

**Source:** Primary data

Table 9 shows that all the departments were represented in the study. The CCLAD Leaders constituted the highest number of 43 (48.9%) closely followed by CASA 26 (29.5%). These were representing the client groups who participate in service delivery. The staffs were represented in their respective departments of Medical, Counseling and Data management. These had Medical 9 (10.2%), followed by Counseling 6 (6.8%) and Data Management 4 (4.6%). These numbers were representative of the staffing levels in the different departments as Medical department has the biggest number of employees followed by Counseling department and Data Management Department with the least number of employees at TASO Tororo.



### 4.3 Empirical Findings

The findings of the key variables are presented using descriptive statistics (absolute numbers and percentages) to describe and summarize the data, and using inferential statistics of correlation analysis (Pearson’s correlation coefficient) to establish degree and direction of relationship between the independent variables and dependent variable and to test the hypotheses.

#### 4.3.1 Findings on relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo

In order to establish the relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo, ten statements regarding community participation in planning were posed to the respondents to which they were required to indicate their level of agreement or disagreement and the findings are presented in table 9 below. The qualitative findings from interview guide were used to validate the quantitative findings.

**Table 10: Community participation in planning**

Statements	SA (%)	A (%)	N (%)	D (%)	SD (%)
Community members are involved in the planning process for HIV/AIDS care services.	6 (6.8)	44 (50.0)	0 (0.0)	28 (31.8)	10 (11.4)
Community members participate in strategy formulation at TASO Tororo	26 (29.5)	22 (25.0)	0 (0.0)	32 (36.4)	8 (9.1)
Community members participate in financial resource identification at TASO Tororo	18 (20.5)	40 (45.5)	2 (2.2)	20 (22.7)	8 (9.1)
Community members are willingly to make resource contributions for HIV/AIDS care activities.	24 (27.3)	40 (45.5)	2 (2.2)	20 (22.7)	2 (2.3)
Community participation in financial resource identification positively influences financial sustainability	18 (20.5)	34 (38.6)	4 (4.5)	28 (31.9)	4 (4.5)
Budgeting and cost allocation at TASO Tororo was determined by the project stakeholders including the community	22 (25.0)	16 (18.2)	2 (2.3)	44 (50.0)	4 (4.5)
Budgets are shared with the beneficially communities.	10 (11.4)	38 (43.2)	4 (4.5)	28 (31.8)	8 (9.1)
The community has access and control on TASO Tororo’s budget	8 (9.1)	22 (25.0)	6 (6.8)	40 (45.5)	12 (13.6)
Strategy formulation bonds with financial sustainability	16 (18.2)	26 (29.5)	6 (6.8)	38 (43.2)	2 (2.3)
Planning positively influences sustainability of HIV/AIDS care	44 (50.0)	32 (36.4)	0 (0.0)	8 (9.1)	4 (4.5)

**Source:** Primary data

Table 10 above shows that the majority of the respondents, 56.8% indicated that community members are involved in the planning process for HIV/AIDS care services; 6.8% strongly agreed and 50.0% agreed. Similarly, the majority 54.2% revealed that community members participate in strategy formulation at TASO Tororo; 29.5% strongly agreed and 25.0% agreed. On whether community members participate in financial resource identification at TASO Tororo, the majority 66.0% agreed; 20.5% strongly agreed and 45.5% agreed. Asked further whether community members are willingly to make resource contributions for HIV/AIDS care activities, the majority 72.8% agreed; 27.3% strongly agreed and 45.5% agreed. On whether community participation in financial resource identification positively influences financial sustainability, the majority 59.1% agreed; 20.5% strongly agreed and 38.6% agreed.

When a key informant was asked whether community members are involved in the planning process, strategy formulation and financial resource identification at TASO Tororo he explained:

“CASAs and client council members help in planning appropriate calendar days for ART refill and viral load screening for the clients served in the community by TASO Tororo. Client council members help in strategy formulation by collecting views from clients and presenting them during national council meeting for all TASO centres. These views are then incorporated during strategic planning. The CASAs and CCLAD leaders participate in financial resource identification through mobilization. The Centre Advisory Committee has a subdivision called the resource mobilization committee that is responsible for mobilizing resources for TASO Tororo.”-Key informant I.

Table 8 further shows that the majority 54.5% disagreed that budgeting and cost allocation at TASO Tororo was determined by the project stakeholders including the community; 4.5% strongly

disagreed and 50.0% disagreed. In collaboration with the above quantitative findings a key informant identified the project stakeholders that determine budgeting and cost allocation at TASO Tororo, he said; *“The major stakeholders that determine budgeting and cost allocation are Heads of Departments, Centre and Headquarters staffs and Donors”* – Key informant III.

On whether budgets are shared with the beneficiary communities, the majority 54.6% agreed; 11.4% strongly agreed and 43.2% disagreed. Asked further whether the community has access and control on TASO Tororo’s budget, the majority 59.1% disagreed; 13.6% strongly disagreed and 45.5% agreed. A key informant when asked how the community accesses and controls TASO Tororo’s budget pointed out as follows; *“The community generally does not have access and control on the budget. They however access and offer some advisory input during Centre Advisory Committee meetings and the Annual General Meeting”* – Key informant V

Table 8 further shows that the highest number of respondents, 47.7% agreed that strategy formulation bonds with financial sustainability; 18.2% strongly agreed and 29.5% disagreed. On whether planning positively influences sustainability of HIV/AIDS care, the majority 86.4% agreed; 50.0% strongly agreed and 36.4% disagreed. When a key informant was asked whether community participation in planning positively influences sustainability of HIV/AIDS care, he said;

*“Planning that involves the community helps to identify right activities which will meet the needs of the community (demand driven activities) as well as attracting the eye of the donors for funding, which by so doing will lead to better sustainability of the care”* - Key informant II .

#### 4.3.1.1. The relationship between community participation in planning and sustainability

The study statistically tested whether there is a relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo. This was guided by the following hypothesis:

**Hypothesis:** *There is a positive relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo.*

##### 4.3.1.1.1 Correlation Analysis for community participation in planning and sustainability

The hypothesis was tested at a 95% level of significance (two-tailed) using Pearson’s product-moment correlation coefficient, which measured the degree and direction of relationship between community participation in planning and sustainability. The results are presented in table 9 below.

**Table 11: Correlation matrix for community participation in planning and sustainability**

Variables		Community participation	Sustainability
Community participation	Pearson Correlation	1	.590*
	Sig. (2-tailed)		.000
	N	88	88
Sustainability	Pearson Correlation	.590*	1
	Sig. (2-tailed)	.000	
	N	88	88

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

Table 11 shows that there is a moderate positive relationship between community participation in planning and sustainability, ( $r=0.590$ ,  $p=0.000$   $N=88$ ). The relationship is statistically significant at 95% confidence level since p-value (Sig.) is less 0.050 ( $=0.000$ ) the limit at 95% level of significance. This implies that improvements in community participation in planning shall be related to improvements in sustainability of HIV/AIDS care at TASO Tororo. Similarly declining community participation in planning shall be related to declining sustainability of HIV/AIDS care at TASO Tororo.



Study findings from correlation analysis established that community participation in planning has a moderate positive statistically significant relationship with sustainability of HIV/AIDS care at TASO Tororo. Further findings from qualitative confirmed the same and therefore the hypothesis that was stated that “*There is a positive relationship between community participation in planning and sustainability of HIV/AIDS care at TASO Tororo*” was accepted.

From the analysis of objective one, findings revealed that there is a moderate positive relationship between community participation and the sustainability of HIV/AIDS care at TASO Tororo. This implies that greater involvement of community members in planning enhances sustainability of HIV/AIDS care at TASO Tororo.

#### **4.3.2 Findings on relationship between implementation and sustainability of HIV/AIDS care at TASO Tororo**

In order to establish the relationship between implementation and sustainability of HIV/AIDS care at TASO Tororo, eight statements regarding implementation were posed to the respondents to which they were required to indicate their level of agreement or disagreement and the findings are presented in table 10 below. The qualitative findings from interview guide were used to validate the quantitative findings.

**Table 12: Implementation**

<b>Statements</b>	<b>SA (%)</b>	<b>A (%)</b>	<b>N (%)</b>	<b>D (%)</b>	<b>SD (%)</b>
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Community members actively participate in implementation of HIV/AIDS care services at TASO Tororo	30 (34.1)	38 (43.2)	0 (0.0)	14 (15.9)	6 (6.8)
Community members are involved in selection of potential partners.	14 (15.9)	28 (31.8)	0 (0.0)	36 (40.9)	10 (11.4)
Selection of potential partners positively influences sustainability of HIV/AIDS care.	28 (31.8)	40 (45.5)	2 (2.3)	16 (18.2)	2 (2.3)
Community members have been equipped with capacity to manage funds	20 (22.7)	20 (22.7)	3 (3.4)	33 (37.5)	12 (13.6)
Community members are involved in resource management	0 (0.0)	32 (36.4)	2 (2.3)	38 (43.2)	16 (18.2)
Community members are involved in performance of tasks and HIV/AIDS care activities.	24 (27.3)	40 (45.5)	0 (0.0)	22 (25.0)	2 (2.3)
Community involvement in performance of tasks and activities positively influences technical sustainability of HIV/AIDS care at TASO Tororo	30 (34.1)	46 (52.3)	0 (0.0)	12 (13.6)	0 (0.0)
Community involvement in performance of tasks and activities positively influences financial sustainability of HIV/AIDS care at TASO Tororo	30 (34.1)	34 (38.6)	0 (0.0)	18 (20.5)	6 (6.8)

**Source:** Primary data

Table 12 above shows that the majority of the respondents, 77.38% indicated that community members actively participate in implementation of HIV/AIDS care services at TASO Tororo; 34.1% strongly agreed and 43.2% agreed. On whether community members are involved in selection of potential partners, the majority 52.3% disagreed; 11.4% strongly disagreed and 40.9% disagreed. Asked whether selection of potential partners positively influences sustainability of HIV/AIDS care, the majority 77.3% agreed; 31.8% strongly agreed and 45.5% agreed. When a key informant was asked whether community members participate in implementation of HIV/AIDS care services and selection of potential partners, she pointed as thus;

“Community members especially volunteers and client representatives identify weak clients, give health talks to fellow clients, participate in giving adherence counselling, make home visits and recommend referrals and linkages. However they are not involved in the selection of potential partners as that is done by TASO management and TASO headquarters” – Key Informant VI

Table 10 further shows that the majority 51.1% disagreed that community member have been equipped with capacity to manage funds; 13.6% strongly disagreed and 37.5% disagreed. On whether community members are involved in resource management, the majority 61.5% disagreed; 18.2% strongly disagreed and 43.2% disagreed. In support of the above findings a key informant when asked whether community members have been equipped with capacity to manage funds and whether community members are involved in resource management, explained;

“Most of the community training are about health related issues and not resources management. However some few community members have been trained on village savings in order to sustain themselves. There has been no specific training for the community on issues of organisational financial management.” – Key informant II.

Table 10 further shows that the majority 72.8% agreed that community members are involved in performance of tasks and HIV/AIDS care activities; 27.3% strongly agreed and 45.5% agreed. On whether community involvement in performance of tasks and activities positively influences technical sustainability of HIV/AIDS care at TASO Tororo, the majority 86.4% agreed; 34.1% strongly agreed and 52.3% agreed. Furthermore on whether community involvement in performance of tasks and activities positively influences financial sustainability of HIV/AIDS care at TASO Tororo, the majority 72.7% agreed; 34.1% strongly agreed and 38.6% agreed.

When key informants were asked whether community members are involved in performance of tasks and HIV/AIDS care activities and whether those tasks and activities positively influences technical and financial sustainability of HIV/AIDS care, he said;

“TASO Tororo has a client number of over 8000 active clients receiving care at TASO Tororo. With just less than 30 members of staff, TASO alone cannot be able

to handle the high number of clients in care. So, a lot of work is handled by community members. The community offers human resources (volunteers involved in delivering drugs to fellow clients, providing counselling among others) which in turn leads to cost minimization and hence leading to technical and financial sustainability.” – Key informant VII.

Another key informant added; “*Community members’ involvement in performance of tasks and HIV/AIDS care activities helps us to be able to plan, generate proposals and lobby for funding. The involvement therefore positively influences both technical and financial sustainability of HIV/AIDS care*” – Key informant III

#### **4.3.2.1. The relationship between implementation and sustainability**

The study statistically tested whether there is a relationship between implementation and sustainability of HIV/AIDS care at TASO Tororo. This was guided by the following hypothesis:

**Hypothesis:** *There is a positive relationship between implementation and sustainability of HIV/AIDS care at TASO Tororo.*

##### **4.3.2.1.1 Correlation Analysis for implementation and sustainability**

The hypothesis was tested at a 95% level of significance (two-tailed) using Pearson’s product-moment correlation coefficient, which measured the degree and direction of relationship between implementation and sustainability. The results are presented in table 9 below.

**Table 13: Correlation matrix for implementation and sustainability**

<b>Variables</b>		<b>Implementation</b>	<b>Sustainability</b>
Implementation	Pearson Correlation	1	.571*
	Sig. (2-tailed)		.000
	N	88	88
Sustainability	Pearson Correlation	.571*	1
	Sig. (2-tailed)	.000	

N	88	88
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\*. Correlation is significant at the 0.05 level (2-tailed).

Table 13 shows that there is a moderate positive relationship between implementation and sustainability, ( $r=0.571$ ,  $p=0.000$   $N=88$ ). The relationship is statistically significant at 95% confidence level since p-value (Sig.) is less 0.050 ( $=0.000$ ) the limit at 95% level of significance. This implies that improvements in implementation shall be related to improvements in sustainability of HIV/AIDS care at TASO Tororo. Similarly declined community participation in implementation shall be related to declined sustainability of HIV/AIDS care at TASO Tororo. Study findings from correlation analysis established that implementation has a moderate positive statistically significant relationship with sustainability of HIV/AIDS care at TASO Tororo. Further findings from qualitative confirmed the same and therefore the hypothesis that was stated that *“There is a positive relationship between implementation and sustainability of HIV/AIDS care at TASO Tororo”* was accepted.

Findings from the analysis of objective two indicated that there is a moderate positive relationship between community participation in implementation and the sustainability of HIV/AIDS care at TASO Tororo. This implies that greater contribution of the community in implementation will lead to greater levels of sustainability of HIV/AIDS care at TASO Tororo.

#### **4.3.3 Findings on relationship between monitoring and sustainability of HIV/AIDS care at TASO Tororo;**

In order to establish the relationship between monitoring and sustainability of HIV/AIDS care at TASO Tororo, five statements regarding implementation were posed to the respondents to which they were required to indicate their level of agreement or disagreement and the findings are

presented in table 4.11 below. The qualitative findings from interview guide were used to validate the quantitative findings.

**Table 14: Monitoring**

<b>Statements</b>	<b>SA (%)</b>	<b>A (%)</b>	<b>N (%)</b>	<b>D (%)</b>	<b>SD (%)</b>
Community members monitor HIV/AIDs related activities	34 (38.6)	42 (47.7)	2 (2.3)	6 (6.8)	4 (4.5)
Community participates in identification of problem areas for monitoring	34 (38.6)	38 (43.2)	2 (2.3)	10 (11.4)	4 (4.5)
TASO gives feedback reports to the community	36 (40.9)	30 (34.1)	0 (0.0)	22 (25.0)	0 (0.0)
The community is involved in giving recommendations concerning service delivery	28 (31.8)	36 (40.9)	0 (0.0)	24 (27.3)	0 (0.0)
Monitoring HIV/AIDS care services positively influences sustainability	46 (52.3)	34 (38.6)	0 (0.0)	8 (9.1)	0 (0.0)

**Source:** Primary data

Table 14 above shows that the majority of the respondents, 86.3% indicated that the community members monitor HIV/AIDs related activities; 38.6% strongly agreed and 47.7% agreed. Similarly the majority, 81.8% agreed that the community participates in identification of problem areas for monitoring; 38.6% strongly agreed and 43.2% agreed. On whether TASO gives feedback reports to the community, the majority 75.0% agreed; 40.9% strongly agreed and 34.1% agreed.

When a key informant was asked whether community members monitor HIV/AIDs related activities; participate in identification of problem areas for monitoring and whether TASO gives feedback reports to the community, one said;

“Community members directly monitor fellow clients by reminding them to go for their drug pickup and also to ensure adherence among clients. The heads of community members also remind TASO management and staff about the dates for drug refills and viral load screening. They also give management updates when there are some issues they deem important. Such issues include the need for

support, drug adherence and special counselling sessions. Similarly TASO gives feedback to the community through Community Advisory Committee meetings, Bi-annual and annual meetings for community volunteers and also during the TASO Tororo annual general meetings” – Key informant V

Table 4.11 further shows that the majority 72.7% agreed that the community is involved in giving recommendations concerning service delivery; 31.8% strongly agreed and 40.9% agreed. Another key informant when asked whether the community is involved in giving recommendations concerning service delivery said; *“Some community members come to the centre to give recommendations, others do it through their community leaders and also during the several engagements TASO has with the community”* – Key informant III

Furthermore the majority 90.9% agreed that monitoring HIV/AIDS care services positively influences sustainability; 52.3% strongly agreed and 38.6% agreed. In collaboration with the above finding a key informant when asked whether monitoring HIV/AIDS care services positively influences sustainability, said;

“Monitoring helps to check impact of service delivery and determining the way forward. If there are deviations, you redirect. Giving and collecting feedback helps you to discuss and improve on the services which in a way lead to improved sustainability of HIV care” – Key informant VI.

#### **4.3.3.1. The relationship between monitoring and sustainability**

The study statistically tested whether there is a relationship between monitoring and sustainability of HIV/AIDS care at TASO Tororo. This was guided by the following hypothesis:

**Hypothesis:** *There is a positive relationship between monitoring and sustainability of HIV/AIDS care at TASO Tororo.*

#### 4.3.3.1.1 Correlation Analysis for monitoring and sustainability

The hypothesis was tested at a 95% level of significance (two-tailed) using Pearson’s product-moment correlation coefficient, which measured the degree and direction of relationship between community monitoring and sustainability. The results are presented in table 9 below.

**Table 15: Correlation matrix for monitoring and sustainability**

Variables		Monitoring	Sustainability
Monitoring	Pearson Correlation	1	.737*
	Sig. (2-tailed)		.000
	N	88	88
Sustainability	Pearson Correlation	.737*	1
	Sig. (2-tailed)	.000	
	N	88	88

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

**Source:** Primary Data

Table 15 shows that there is a strong positive relationship between monitoring and sustainability, ( $r=0.737$ ,  $p=0.000$   $N=88$ ). The relationship is statistically significant at 95% confidence level since p-value (Sig.) is less 0.050 ( $=0.000$ ) the limit at 95% level of significance. This implies that improvements in monitoring shall be related to improvements in sustainability of HIV/AIDS care at TASO Tororo. Similarly declined monitoring shall be related to declinesustainability of HIV/AIDS care at TASO Tororo.

Study findings from correlation analysis established that monitoring has a strong positive statistically significant relationship with sustainability of HIV/AIDS care at TASO Tororo. Further findings from qualitative confirmed the same and therefore the hypothesis that was stated that “*There is a positive relationship between monitoring and sustainability of HIV/AIDS care at TASO Tororo*” was accepted.



The analysis of findings from objective three indicated a strong positive relationship between community participation in monitoring and sustainability of HIV/AIDS care at TASO Tororo. This shows that more involvement of community members in monitoring will lead to better sustainability of HIV/AIDS care at TASO Tororo.

#### **4.4 Conclusion**

From the Descriptive and inferential statistical findings attained, it was revealed that community participation has a significant positive relationship with the sustainability of HIV/AIDS care at TASO Tororo. The research findings revealed that each variable under consideration in community participation namely; planning, implementation and monitoring, has a contribution to sustainability of HIV/AIDS care. The inferential statistical model, Pearson's correlation coefficient revealed that; community participation has a positive relationship with sustainability of HIV/AIDS care at TASO Tororo. Hypotheses testing positively predicted well of community participation. The study findings confirmed the relevancy of community participation and the implication this has on the sustainability of HIV/AIDS care at TASO.

## **CHAPTER FIVE**

### **SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents a summary, discussion, conclusions and recommendations of the study on relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo. The first section shows a summary of the study findings in relation to the specific objectives. This is followed by a discussion, conclusion, and recommendations of the study in relation to the objectives of the study. Limitations of the study, contributions of the study and recommendations for further studies are also shown in this chapter.

#### **5.2 Summary of the Study Findings**

This sub section presents a recap of the study findings on the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo as found in the previous chapter.

##### **5.2.1 Community participation in planning and sustainability of HIV/AIDS care at TASO Tororo**

The study established that community members are engaged in the planning process, strategy formulation and financial resource identification at TASO Tororo. It was also established that the community does not determine budgeting and cost allocation and does not have access and control on TASO Tororo's budget. The study further established that there was a moderate positive significant relationship between community participation in planning and sustainability of HIV/AIDS care. ( $r = 0.590$ ,  $p < 0.050$  ( $= 0.000$ )).

### **5.2.2 Implementation and Sustainability of HIV/AIDS care at TASO Tororo**

The study established that community members participate in implementation of HIV/AIDS care services and are involved in performance of tasks and HIV/AIDS care activities. It was also established that community members are not involved in selection of potential partners, have not been equipped with capacity to manage funds and are not involved in resource management. The study further established that there was a moderate positive significant relationship between implementation and sustainability ( $r = 0.571$ ,  $p < 0.050$  ( $=0.000$ )).

### **5.2.3 Monitoring and Sustainability of HIV/AIDS care at TASO Tororo**

The study established that community members monitor HIV/AIDS related activities, participates in identification of problem areas for monitoring and give recommendations concerning service delivery. The study further established that there was a strong positive significant relationship between monitoring and sustainability ( $r = 0.737$ ,  $p < 0.050$  ( $=0.000$ )).

## **5.3 Discussion.**

This subsection looks at the discussion of the findings research question by research question;

### **5.3.1 Community Participation in planning and sustainability of HIV/AIDS care**

Under objective one, the study findings revealed that there is a moderate positive relationship between community participation in planning and sustainability, ( $r=0.590$ ,  $p=0.000$   $N=88$ ). The findings were in agreement with Barasa and Jelagat (2013), who agree that community involvement in planning and administration is key in the growth of the community; a key instrument for sustainable growth and a basis for a country's growth. When potential stakeholders give important choices, community involvement shifts to the level of self-driven activities. Furthermore it was also emphasizes that if the community does not take part in identifying community needs, even if the need is established with the help of specialists and external people

they will not justify it. Brody (2003) posits that collective involvement by the concerned communities in the planning process helps ensure that the plans will be more widely accepted by its future beneficiaries. This was further cemented by WHO (2004) posits that community health standards can only improve with community participation, where natives' involvement helps to design health programmes and priorities with medical workers taking on key health roles and responsibilities. The idea of community involvement is important for the success of policies and programs related to HIV/AIDS.

### **5.3.2 Community Participation in implementation and sustainability of HIV/AIDS care**

In regards to objective two, the study findings revealed that there is a moderate positive relationship between implementation and sustainability, ( $r=0.571$ ,  $p=0.000$   $N=88$ ). The findings were in agreement with Ademiluyi & Odugbesan (2008), stresses that implementation and administration of medical services in today's world requires massive and full involvement of community members at all levels. Similarly to the early design, the mode an intervention is applied may have a substantial impact on its lasting sustainability. For example, by encouraging participatory methods, staying elastic in the face of unavoidable obstacles, and consolidating the ability of community members to strategize and manage future activities. This can enhance interventions to have a long lasting influence on the vulnerable societies they work for. Further Mansuri & Rao (2003) posits that for community development projects to be rendered successful and effective, community members must be involved. Local members' involvement allows the low income earners and the poor to extend their power and control over external aid for development. In the end funds allocation will be directed to solve the needs of the poor and the community members quickly. This helps to alleviate poverty amongst the community members as well as making government programmes and services more effective. This was further supported

by WHO, (2004) report which states that establishing assistance for community involvement and their participation leads to significant health benefits namely; profiting from their special skills and expertise that aid in overcoming obstacles between health works, societies and clients.

### **5.3.3 Community Participation in monitoring and sustainability of HIV/AIDS care**

Findings from study revealed that there is a strong positive relationship between monitoring and sustainability, ( $r=0.737$ ,  $p=0.000$   $N=88$ ). The findings were in agreement with World Bank (2010) who states that Involving beneficiaries in monitoring increases its reliability, strengthens ownership, contributes to all involved and offers the chance to obtain valuable feedback as well as thoughts for corrective actions. Although it can be time consuming and may be influenced by strong people in the society. Further Karl (2000) agrees that involving local people offers a realistic understanding of what is important and which is not. Therefore, such interventions will yield more results and hence being more maintainable when people are involved in setting objectives. In the same sense they will be able manage the implementation, evaluate the results and hence incapacitate the skills and knowledge of local people. When the society is involved in Monitoring, Gutwa et al (2015) agrees that the society will assist to identify difficulties when implementing the idea at inception before they turn into serious causes of misunderstandings and wastefulness. Barasa and Jelagat (2013) further agrees that the presence of resources alone is not enough to guarantee success of the solutions and hence extending its sustainability is key; that community involvement in administration and monitoring is necessary. The old local systems must be appreciated since they justify the interventions whether sponsored by the government or an external Agency. Their participation in the administration permits them to accept the interventions and make the local management team responsible and accountable for the money spent and how the project runs.

## **5.4 Conclusions**

In relation to the findings of the study, several conclusions were reached at in line with the objectives of the study as stated in chapter one. This section summarizes the key findings of the study in relation to each research objective in order to make conclusions about the study.

### **5.4.1 Community Participation in planning and sustainability of HIV/AIDS care**

The study findings revealed that there is a moderate positive relationship between community participation in planning and sustainability, the study further established some key lessons which included; a need for budgeting and cost allocation at TASO Tororo to be determined by the project stakeholders including the community; a need for Budgets to be shared with the beneficially communities; a need for the community to have access and some control on TASO Tororo's budget; and a need for Strategy formulation to bond with financial sustainability.

### **5.4.2 Community Participation in implementation and sustainability of HIV/AIDS care**

In regards to objective two, the study findings revealed that there is a moderate positive relationship between implementation and sustainability, the study further established some key lessons which included; a need for Community members to be involved in selection of potential partners; a need for Community members to be equipped with capacity to manage funds; and a need to have Community members to be involved in resource management.

### **5.4.3 Community Participation in monitoring and sustainability of HIV/AIDS care**

Findings from study revealed that there is a strong positive relationship between monitoring and sustainability, the study further established some key lessons which included; a need for Community members to uphold monitoring of HIV/AIDS related activities; upholding of the Community members' participation in identification of problem areas for monitoring; upholding

of the community in giving recommendations concerning service delivery and upholding of TASO offering of feedback reports to the community.

## **5.5 Recommendations**

In light of the study conclusions, a number of recommendations were made which were in line with the objectives of the study.

### **5.5.1 Community Participation in planning and sustainability of HIV/AIDS care**

Findings from the descriptive statistics revealed that community members are not majorly involved in budgeting process and cost allocation of funds at TASO Tororo. Therefore for TASO to secure continued sustainability, most of the community members should be actively involved in the budgeting and cost allocation process at TASO Tororo.

The study findings also indicated that most of the community members have limited access and control on TASO Tororo's budget. This may lead to reduced morale by the community members which will in turn jeopardise key activities performed by the community members. Therefore TASO Tororo should increase access and control of its budget to community members since it boosts community ownership needed for the sustainability of TASO Tororo.

### **5.5.2 Community Participation in implementation and sustainability of HIV/AIDS care**

TASO Tororo should offer trainings in resource management to community members in order for them to be able to manage resources at their level. This is informed by the findings from the study which indicated that community members are not fully engaged in resource management. Once the community members are trained in resource management they will acquire the capacity required for managing resources which will enhance financial sustainability.

Study findings revealed that community members are actively involved in performance of tasks and activities at TASO Tororo. This should be further strengthened by TASO Tororo since it is a strong predictor of technical sustainability of HIV/AIDS care.

### **5.5.3 Community Participation in monitoring and sustainability of HIV/AIDS care**

Findings revealed that TASO Tororo gives feedback reports to the community. TASO Tororo should continue giving feedback of the major events or occurrences in TASO Tororo and HIV/AIDS care. This helps the community members to keep motivated and updated on the on-going activities in TASO Tororo and also facilitates easy uptake of the changes and new guidelines in HIV/AIDS care.

Similarly, TASO Tororo should ensure more involvement of community members in the monitoring of HIV/AIDS related activities. More avenues for the community to monitor activities not only lessen the work for TASO Tororo staff but also strengthens ownership and hence sustainability of HIV/AIDS care.

### **5.6 Limitations of the Study.**

The study adopted a correlation research design which is used to measure magnitude and direction of a relationship but cannot be used to draw conclusions about the causal relationships among the measured variables for instance, to examine whether community participation leads to sustainability.

In terms of coverage, the study was limited to Tororo District and the study results portray the relationship between community participation and sustainability of HIV/AIDS care at TASO Tororo which covers four other districts in Eastern Uganda other than Tororo. The geographical limitation was hinged to financial and time constraints which could not allow the study to be conducted in more than one district.



### **5.7 Contributions of the Study**

The study offers original information, adds to the body of knowledge and has assisted fulfil literature gaps by adding statistical facts on the connection between community participation in planning, implementation & monitoring and sustainability of HIV/AIDS care. The study has made contributions in making recommendations for subsequent scholarly research effort aimed at deeper and comprehensive appraisal of community participation and sustainability of HIV/AIDS care.

The study has also tried to make various recommendations that are significant in policy formulation and implications of improving community participation and sustainability.

### **5.8 Areas Recommended for Future Research**

The study recommends that a similar and more extensive study involving other districts and TASO centres should be carried out. The study also recommends further studies comparing different HIV/AIDS communities both in Non-Governmental Organizations and the public health facilities about the relationship between community participation and sustainability. More studies about other factors related to sustainability other than community participation should also be explored.

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**APPENDIX 1:  
QUESTIONNAIRE**

Dear Respondent,

I am Irene Bagala a Master's student of Business administration at Uganda Management Institute, undertaking a research project on community participation and the sustainability of HIV/AIDS care at TASO Tororo. You have been selected to participate in this study. Your views and opinions are very important and you are requested to answer the following questions in the questionnaire fully and honestly, basing on your personal opinion.

This study is for academic purposes; however the results will be useful for improving HIV/AIDS care in Uganda especially at TASO Tororo, Kindly note that all responses will be treated with the highest degree of confidentiality.

Your participation in the study will be highly appreciated.

Thank you in advance.

Yours sincerely,

Irene Bagala

0782018165/ 0705622968

**Research Topic: A study of community participation and sustainability of HIV/AIDS care, a case of TASO Tororo**

**SECTION A: BACKGROUND INFORMATION (Please tick as appropriate)**

a) Highest academic qualification of the respondent

High school	Diploma	Degree	Masters	Others (specify)

b) Age of the respondent

Below 25yrs	25-35yrs	36-45yrs	46-55yrs	Above 55 yrs

c) Sex of the respondent

Male	Female

d) Number of years worked formally or informally with TASO

0-2	3-5	6-9	10-12	Above 13de

e) Department of the respondent

Administration	Medical	Counselling	Data Management	CCLAD Leader	CASA

**SECTION B: COMMUNITY PARTICIPATION AND SUSTAINABILITY OF HIV/AIDS CARE**

The scale below indicates the extent to which you agree or disagree with the statements given, please use it to indicate the extent to which you agree or disagree with each by ticking on the most appropriate number to the right side of each statement

- 1. Strongly Disagree (SD)    2. Disagree (D)    3. Neutral (N)    4. Agree (A)**  
**5. Strongly Agree (SA)**

**1. COMMUNITY PARTICIPATION IN PLANNING**

		<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>
1	Community members are involved in the planning process for HIV/AIDS care services.	1	2	3	4	5
2	Community members participate in strategy formulation at TASO Tororo	1	2	3	4	5
3	Community members participate in financial resource identification at TASO Tororo	1	2	3	4	5
4	Community members are willingly to make resource contributions for HIV/AIDS care activities.	1	2	3	4	5
5	Community participation in financial resource identification positively influences financial sustainability	1	2	3	4	5
6	Budgeting and cost allocation at TASO Tororo was determined by the project stakeholders including the community	1	2	3	4	5

7	Budgets are shared with the beneficially communities.	1	2	3	4	5
8	The community has access and control on TASO Tororo's budget	1	2	3	4	5
9	Strategy formulation bonds with financial sustainability	1	2	3	4	5
10	Planning positively influences sustainability of HIV/AIDS care	1	2	3	4	5

## 2. IMPLEMENTATION

1	Community members actively participate in implementation of HIV/AIDS care services at TASO Tororo	1	2	3	4	5
2	Community members are involved in selection of potential partners.	1	2	3	4	5
3	Selection of potential partners positively influences sustainability of HIV/AIDS care.	1	2	3	4	5
5	Community members have been equipped with capacity to manage funds	1	2	3	4	5
6	Community members are involved in resource management	1	2	3	4	5
7	Community members are involved in performance of tasks and HIV/AIDS care activities.	1	2	3	4	5
8	Community involvement in performance of tasks and activities positively influences technical sustainability of HIV/AIDS care at TASO Tororo	1	2	3	4	5
9	Community involvement in performance of tasks and activities positively influences financial sustainability of HIV/AIDS care at TASO Tororo	1	2	3	4	5

## 3. MONITORING

1	Community members monitor HIV/AIDS related activities	1	2	3	4	5
2	Community participates in identification of problem areas for monitoring	1	2	3	4	5
3	TASO gives feedback reports to the community	1	2	3	4	5
4	The community is involved in giving recommendations concerning service delivery					
5	Monitoring HIV/AIDS care services positively influences sustainability	1	2	3	4	5



#### 4. SUSTAINABILITY

1	The community identifies with TASO Tororo (ownership)	1	2	3	4	5
2	The communities are provided with training in basic HIV/AIDS care	1	2	3	4	5
3	Trained personnel enhance technical sustainability	1	2	3	4	5
4	Communities are involved in local resource mobilisation	1	2	3	4	5
5	Local resource mobilization leads to financial sustainability	1	2	3	4	5
6	Communities are empowered with skills to diagnose some of the critical conditions and do appropriate referral.	1	2	3	4	5
7	Capacity building for communities improves technical sustainability	1	2	3	4	5
8	Communities are involved in user fee management	1	2	3	4	5
9	The community is involved in the investment plans.	1	2	3	4	5
10	Investment leads to financial sustainability	1	2	3	4	5

**APPENDIX II:  
INTERVIEW GUIDE**

**A study of community participation and sustainability of HIV/AIDS care, a case of TASO**

**Tororo**

Dear Respondent,

I am Irene Bagala a Master's student of Business administration at Uganda Management Institute, undertaking a research project on community participation and the sustainability of HIV/AIDS care at TASO Tororo. You have been selected to participate in this study. Your views and opinions are very important and you are requested to answer the following questions fully and honestly, basing on your personal opinion.

This study is for academic purposes; however the results will be useful for improving HIV/AIDS care in Uganda especially at TASO Tororo, Kindly note that all responses will be treated with the highest degree of confidentiality.

Your participation in the study will be highly appreciated.

Thank you in advance.

**A: Community planning**

1. How are community members involved in the planning process for HIV/AIDS care services?
2. Under what circumstances are the community members not involved in the planning processes?
3. How do community members participate in strategy formulation at TASO Tororo?
4. Under what circumstances do community members not participate in strategy formulation at TASO Tororo?
5. How do community members participate in financial resource identification at TASO Tororo?
6. Under what situations do they not participate in financial resource identification?
7. Why are community members willingly to make resource contributions for HIV/AIDS care activities?

8. Under what circumstances are community members not willingly to make resource contributions for HIV/AIDS care activities?
9. Which project stakeholders determine budgeting and cost allocation at TASO Tororo?
10. Why them specifically?
11. How does the community access and control TASO Tororo's budget?
12. If it does not in question 11 above why?
13. How does strategy formulation bond with financial sustainability?
14. Does community participation in financial resource identification positively influence financial sustainability? Yes/No
15. If yes elaborate
16. Does planning positively influence sustainability of HIV/AIDS care? Yes/No
17. If yes elaborate

**B: Implementation**

1. How do community members participate in implementation of HIV/AIDS care services at TASO Tororo?
2. Under what circumstances don't they participate?
3. How do community members get involved in the selection of potential partners?.
4. Under what circumstances don't they get involved?
5. Does the selection of potential partners positively influence sustainability of HIV/AIDS care?
6. How does it?
7. How have community members been equipped with capacity to manage funds?
8. If they have not been equipped, why?
9. How are community members involved in resource management?
10. If they are not involved, why?
11. How are community members involved in performance of tasks and HIV/AIDS care activities?
12. If they are not involved, why?
13. Does community involvement in performance of tasks and activities positively influence technical sustainability of HIV/AIDS care at TASO Tororo? Yes/No
14. If yes, elaborate.

15. Does community involvement in performance of tasks and activities positively influence financial sustainability of HIV/AIDS care at TASO Tororo? Yes/No.

16. If yes, elaborate.

### **C: Monitoring**

1. How do community members monitor HIV/AIDS related activities?
2. If they don't monitor, why?
3. What feedback reports does TASO give to the community, and how often are the feedback reports given?
4. How does the community get involved in giving recommendations concerning service delivery?
5. If they don't get involved, why?
6. Does monitoring HIV/AIDS care services positively influence sustainability?
7. If yes, elaborate.

### **D: Sustainability**

1. How does the community identify with TASO Tororo?
2. What trainings have been provided to the communities?
3. How do communities get involved in local resource mobilisation?
4. Does local resource mobilization lead to financial sustainability? Yes/No
5. If yes, elaborate.
6. How have communities been empowered with skills to diagnose some of the critical conditions and do appropriate referral?
7. Does capacity building for communities improve technical sustainability? Yes/No
8. If yes, elaborate.
9. How do communities get involved in user fee management?
10. How does the community get involved in the investment plans?
11. Does investment lead to financial sustainability? Yes/No
12. If yes, elaborate.

**APPENDIX III:  
DOCUMENTATION CHECKLIST**

Research topic: Community participation and sustainability of HIV/AIDS care, a case of TASO Tororo.

Required Information	Source of information	Location of information	comments
Planning	TASO Tororo work plans	Heads of departments Managers office	
Fundraising	Resource mobilization reports	Cash office Finance department	
Resource utilization	Budgets Expenditure reports	Finance department	
Monitoring			
	Minutes of meetings (staff, management, client council)	Human Resource and administration	
	Performance review reports	Data management Department	
	TASO reports, Annual, AGM	Human Resource	

**APPENDIX IV:**

**Sample Size Table for Determining Sample Size from a given Population**

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

*Source: Source: Krejcie, R.V., Krejcie & Wilson, C. Morgan (1970). Determining Sample Size Activities for Educational and Psychological Measurements, (30), 606-610, sage publications, as cited by Amin, 2005).*

Note.—*N* is population Size. *S* is Sample Size.

## APPENDIX V: Introductory Letter



# UGANDA MANAGEMENT INSTITUTE

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P.O. Box 20131  
Kampala, Uganda  
Website: <http://www.umi.ac.ug>

Your Ref:

Our Ref: G/35

23<sup>rd</sup> October, 2017

TO WHOM IT MAY CONCERN

MASTERS IN BUSINESS ADMINISTRATION DEGREE RESEARCH

**Ms. Irene Bagala** is a student of the Master of Business Administration of Uganda Management Institute 13<sup>th</sup> Intake 2015/2016, **Registration Number 15/MBA/KLA/WKD/0012.**

The purpose of this letter is to formally request you to allow this participant to access any information in your custody/organization, which is relevant to her research.

Her research Topic is: "*Community Participation and Sustainability of HIV/AIDS Care: A case of TASO Tororo*".

Yours Sincerely,

Oluka Pross Nagitta  
AG. HEAD, DEPARTMENT OF ECONOMICS AND MANAGERIAL  
SCIENCE

**APPENDIX VI: Field Research Letter.**

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Your Ref:

Our Ref: **G/35**

23<sup>rd</sup> October, 2017

**Ms. Irene Bagala**  
**15/MBA/KLA/WKD/0012**

Dear Ms. Bagala,

**FIELD RESEARCH**

Following a successful defense of your proposal before a panel of Masters Defense Committee and the inclusion of suggested comments, I wish to recommend you to proceed for fieldwork.

Please note that the previous chapters 1, 2 and 3 will need to be continuously improved and updated as you progress in your research work.

Wishing you the best in the field.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Oluka Pross Nagitta', is written over a light blue horizontal line.

**Oluka Pross Nagitta**  
**AG. HEAD, DEPARTMENT OF ECONOMICS AND MANAGERIAL**  
**SCIENCE**



## **APPENDIX VII: Anti-Plagiarism Report**