

**CAPACITY DEVELOPMENT AND SUSTAINABILITY OF HIV/AIDS SERVICE
DELIVERY IN UGANDA: A CASE STUDY OF GOAL FUNDED
NGOs IN BUGIRI DISTRICT**

BY

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DECLARATION

I, Moses Mutumba, hereby declare that the work presented in this dissertation entitled ‘Capacity development and sustainability of HIV/AIDS service delivery in Uganda, a case study of GOAL supported NGOs in Bugiri District’ is my original work and has not been presented anywhere for any academic award or for any other purposes before

Signature:

Date:

APPROVAL

We certify that this study was conducted under our supervision and has been submitted for award of a Masters Degree in Management Studies of Uganda Management Institute with our approval.

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DEDICATION

To my dear wife Rachael Nabwire whose support was behind my success, Uncle Beza William Balyegisagha for the role he has played in my life. Without his love, support and care, I would not be what I am today.

Finally to my children Enid Kirabo and Emily Kukiriza who sacrificed their father's care and love for the sake of this work

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God bless them all.

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LIST OF ACRONYMS

ART	Anti Retroviral Therapy
BCC	Behavior Change Communication
CD	Capacity Development
CIDA	Canadian International Development Agency
DAC	Development Assistance Committee
DCD	Development Cooperation Directorate
DV	Dependent Variable
FOC-REV	Friends of Christ Revival Ministries
HCT	HIV Counseling and Testing
HIV	Human Immune Virus
IDAAC	Integrated development and AIDS Concern
IEC	Information Education and Communication
MAP	Multi Country HIV/AIDS Program
MDG	Millennium Development Goals
NGO	Non Government Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
SPSS	Statistical Packages Social Scientists
UHSHS	Uganda HIV/AIDS Sero Behavior Survey
UMI	Uganda Management Institute
URHB	Uganda Reproductive Health Bureau
WHO	World Health Organization

ABSTRACT

The study assessed the influence of capacity development and sustainability of HIV/AIDS service delivery, a case study of GOAL funded NGO's in Bugiri District. Specifically, the study investigated the influence of financial management capacity development, Institutional capacity development, strategic planning capacity development and resource mobilization capacity development on the sustainability of HIV/AIDS service delivery in Bugiri District. This study used a case study research design using both quantitative and qualitative approaches to study a sample of 487. Data was basically collected using Questionnaires, Focus Group Discussions and Interview guides and analyzed using correlations to show the relationships between variables followed by regression (ANOVA) analysis to show the extent to which capacity development impacts on sustainability of HIV/AIDS service delivery using SPSS statistical package version 16.0.

The study revealed that all the variables; financial management capacity development, institutional capacity, strategic planning capacity and resource mobilization capacity had a moderate positive significant relationship with sustainability of HIV/AIDS service delivery. Financial management capacity development significantly influenced sustainability of HIV/AIDS service delivery ($r = 0.531^{**}$ at $p=0.000$), institutional capacity ($r = 0.388^{**}$ at $p=0.000$), strategic planning ($r = 0.657^{**}$ at $p=0.000$) and resource mobilization ($r = 0.690^{**}$ at $p=0.000$)

The study recommended that in order to enhance sustainability of community based service delivery, NGOs need to ensure meaningful development of financial management, resource mobilization, strategic planning and institutional capacity.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study assessed the influence of capacity development and sustainability of HIV/AIDS service delivery. The independent variable was capacity development and dependent variable was sustainability of HIV/AIDS service delivery. This chapter presents the background to the study, statement of the problem, a general objective and specific objectives, research questions, research hypotheses, justification for the study, scope of the study, limitations and conceptual framework that guided the execution of the study.

1.1 Background to the Study

This section gives the background of the study in four perspectives as historical, theoretical, contextual and conceptual framework as below.

1.1.1 Historical Background

Since the late 1970s, NGOs have played an increasingly prominent role in the development sector, widely praised for their strengths as innovative and grassroots driven organisations with the desire and capacity to pursue participatory and people centred forms of development and to fill gaps left by the failure of states across the developing world in meeting the needs of their poorest citizens. While levels of funding for NGO programmes in service delivery and advocacy work have increased alongside the rising prevalence and prominence of NGOs, concerns regarding their legitimacy have also increased. There are ongoing questions of these comparative

advantages, given their growing distance away from low-income people and communities and towards their donors. In addition, given the non-political arena in which they operate, NGOs have had little participation or impact in tackling the more structurally-entrenched causes and manifestations of poverty, such as social and political exclusion, instead effectively de-politicizing poverty by treating it as a technical problem that can be 'solved

How, therefore can NGOs 'return to their roots' and follow true participatory and experimental paths to empowerment? As this paper explores, increasingly, NGOs are recognised as only one, albeit important, actor in civil society. Success in this sphere will require a shift away from their role as service providers to that of facilitators and supporters of broader civil society organisations through which low-income communities themselves can engage in dialogue and negotiations to enhance their collective assets and capabilities.

It was perceived failures of state-led development approaches throughout the 1970s and 1980s that fuelled interest in NGOs as a development alternative, offering innovative and people-centred approaches to service delivery, advocacy and empowerment. While NGOs and their position within the development sector have risen dramatically, the taxonomy of NGOs remains problematic (Vakil 1997).

NGOs continue to rise in prevalence and prominence. Global figures are hard to come by, given the lack of a coordinating body, but Epstein and Gang (2006) reveal that for all Development Assistance Countries, Official Development Assistance (ODA) to NGOs increased by 34 percent between 1991-92 and 2002, from US\$928 million to US\$1246 million and the number of international NGOs grew by 19.3 percent over this decade. Along with rapid increase in NGO numbers, there has been a

simultaneous trend towards expansion in the size of NGOs, whose early successes were another justification for the rising interest in NGOs as a development alternative (Edwards and Hulme 1996; Barr et al 2005). NGOs are no longer minor actors on the development stage, in some cases receiving as much or more funding than their government counterparts (Brass 2012).

Characterized by its history of active associational life, Africa experienced its NGO boom a decade later, starting in the 1990s. Kenya, for example, experienced a rapid increase in registered NGOs, from 400 in 1990 to over 6,000 in 2008 (Brass 2011). Likewise, in Tanzania, the 41 registered NGOs in 1990 had increased to more than 10,000 by 2000 (Hearn 2007) and in Uganda, the NGO sector is viewed with mixed feelings, including rampant suspicion that the public good is not the primary motivation fuelling NGOs (Barr 2005).

Their reliance on the programmatic and geographic priorities and definitions of poverty by donors means that NGOs do not hold, as commonly perceived, strong comparative advantages in grassroots-driven development. Their limitations in designing and following community-driven and participatory development strategies and interventions mean that their interventions tend to align with the social, political and economic agendas of donors, rather than those of local communities and the poor whom they are meant to represent. The increasingly professionalized and depoliticized nature of NGOs marked by this departure from the grassroots leads to many undesirable consequences, including the invalidation of participatory approaches, reduced cultural sensitivity, weakened ties with the local level, and a dilution of the NGO's core values (Elbers and Arts 2011)

International Non Government Organisations date back to the mid nineteenth century (<http://www.wikipedia.com> 2009). They were important in anti slavery movement, the movement for women suffrage and the World disarmament conference. With the establishment of the United Nations Organisation in 1945, provisions in article 71 of chapter 10 of the United Nations Charter defined them as legally constitutional organisations created by private persons or organisations with no participation or representation of Government.

1.1.2 Theoretical Background

The theoretical basis of the study was derived from the General System Theory of Ludwig Von Bertalanffy (1968) advanced by Stephen Robbins (2001). He defines a system as a set of elements standing in interaction, having something in common. He relates a system to community development with very complex activities and elements involved, that it seems almost impossible to describe development in a clear and organized manner.

The theory provides a framework that outlines some of the key concerns in community development as assessing power and influence, understanding the dynamics of inter-group relationships and considering the changes involved in planning development activities.

He concludes by highlighting some of the basic concepts that form the foundation of a system as applied to community development, emphasizing that most community development work usually involves the following steps: Assessing the community; Selecting development goals; Planning a strategy to reach those goals; Carrying out activities to achieve goals, and; Evaluating progress and including the results of evaluation in subsequent activities. The use of the systems theory can help

development workers to acknowledge the patterns in complex community processes as they plan and carry out development activities.

Like many NGOs, the theory is based on the assumption that organisations are made up of interrelated sub parts. If any of the sub parts perform poorly, it will negatively affect the performance of the whole system. Effective capacity development requires successful interactions with environment constituencies. Survival of organisations requires planning, goal setting and a steady replenishment of those resources consumed and failure to replenish results in the organisations decline and possible death.

1.1.3 Conceptual Background

This study was guided by the concepts of capacity development and sustainability of service delivery.

The concept of Capacity Development in NGOs goes back as early as the 1950s and 1960s where donors and academics focused on public sector institution capacity building through human resource development (DAC, 2006) and transfer of knowledge from North to South using Technical Cooperation

However, (DAC, 2006; Evans, 2009) increasingly criticized the concept due to poor or very low results in many countries. Many felt that it failed to enable developing countries to create their own sustainable capacities (Nair, 2011). An in-depth review of Technical Cooperation, found that despite some successes, the sustainability of efforts was questioned: “While technical Cooperation (TC) has undoubtedly contributed to very significant development successes around the world, it also continues to perpetuate many counterproductive practices” (UNDP, 2009).

1.1.4 Contextual Background

Goal Uganda (2008) recognizes the strengths and capacities of local people and organisations in Bugiri and the commitment many show to meeting development needs in their communities and believes that by working together with such organisations, they will promote appropriate, sustainable and effective responses to HIV/AIDS and other development and emergency challenges.

According to GOAL Uganda Organisational Capacity Development Strategy (2008), GOAL works in partnership with civil society organisations implementing projects in HIV and disability sectors with the aims to build the capacity and support the development of a strong civil society that can work hand in hand with government to promote development. GOAL's intention is not just to provide funding to partners for HIV/AIDS projects, but to technically and organizationally support partners to implement quality projects and to build the capacity of partners so that in future they are more able to access funding from other sources.

Goal Uganda (2008) defines capacity building as the provision of technical or material assistance designed to strengthen one or more elements of organizational effectiveness. The goal of capacity building is to strengthen an organisation in terms of its overall sustainability

Bugiri District Local Government is increasingly turning to NGOs and Civil Society as partners in meeting the development needs. This expanded role for the NGO sector has been accompanied by heightened expectations and requirements for demonstrable evidence that NGOs can significantly contribute to development (GOAL Uganda Comparative HIV KAPB results 2001, 2007 and 2010).

The comparative report however, noted that beneficiaries in Bugiri are facing challenges of coping with the conditions when NGOs close, with some of them not sure of how they can survive if NGOs stopped helping them. Organisational capacity and sustainability is critical to the continued existence of the NGO sector and their ability to become a viable partner with governments and the donor community

The Bugiri District Local Government HIV/AIDS Strategic Plan 2010/11-2014/15 notes that the success of the health care system depends on a number of factors, in particular local commitment, strategy, a local district plan built on local experiences, district health team as part of a multi level structure with clearly defined roles which recognize the different tasks in community and local community involvement. The plan identifies the following as requirements for success of a district programme for primary health care; Awareness among health workers, health planners and lay people of the basic health problems, Commitment to improve the health of the population and development of a coping mechanism by the society.

With the trend towards decentralization, Bugiri district is experiencing a certain degree of autonomy in Preparing and implementing district health plans, Coordinating the work of the private sector and NGOs in line with the overall health objectives of the district, Promotion of community participation in local health activities and training and supervision of community health workers (Bugiri District annual report 2010).

However, Bugiri District Local Government HIV strategic plan 2010/11-2014/15 identifies weaknesses in organisation, planning and management expertise, goals, targets and procedures, poor information collection and analysis and lack of

integration of programmes into the overall district health plans as critical issues that have affected sustainability of efforts of the district health systems.

1.2 Statement of the Problem

Capacity development and sustainability of service delivery have become universal tenets of development programmes (GOAL Uganda capacity development manual 2008). For ten years of GOAL's partnership with local NGOs to support HIV initiatives in Bugiri District, the strategy has been largely based upon the development of local organizational systems and essential skills for sustainability.

However, available literature in Bugiri suggests that sustainability is still a latent concern that does not move in tandem with service delivery goals and objectives (Goal Uganda, 2010). This is manifested by inefficient service delivery, limited community ownership and project closures among organisations that currently depend on donor funding (UNAIDS 2007). While applauding the large scale work done by GOAL in Bugiri, NGOs and beneficiaries are uncertain about funding with very weak organizational reflection on internal future planning and strategizing and no strategies are in place to translate into continuous linkages to constituencies and therefore undermining their service delivery sustainability (GOAL Uganda Comparative HIV KAPB results 2001, 2007 and 2010)

With the increase in HIV prevalence in Bugiri estimated at 7% (UAC, 2004), the District may be heading for disaster with the closure of HIV/AIDS service delivery organisations and project. The study therefore assessed the influence of capacity development on sustainability of HIV/AIDS service delivery in Uganda using a case study of GOAL supported HIV partners in Bugiri district and therefore contributed to

the understanding of how capacity development can contribute to HIV service sustainability.

1.3 General Objective of the Study

This study assessed the influence of capacity development on sustainability of HIV/AIDS service delivery in Uganda focusing on GOAL HIV/AIDS funded NGOs in Bugiri District.

1.4 Specific objectives of the study

The following specific objectives guided the study:

- 1) To determine the influence of financial management capacity development on the sustainability of HIV/AIDS service delivery.
- 2) To find out the effect of institutional capacity development on sustainability of HIV/AIDS service delivery.
- 3) To examine the relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery.
- 4) To find out the influence of resource mobilization capacity development on sustainability of HIV/AIDS service delivery.

1.3.2 Research Questions

This study was guided by the following research questions.

- 1) What is the influence of financial management capacity development on the sustainability of HIV/AIDS service delivery
- 2) How does institutional capacity development affect the sustainability of HIV/AIDS service delivery

- 3) What is the relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery
- 4) What is the influence of resource mobilization capacity development on sustainability of HIV/AIDS service delivery

1.3.3 Research hypotheses

The study was guided by the following hypotheses

- 1) Financial management capacity development significantly influences the sustainability of HIV/AIDS service delivery.
- 2) Institutional capacity development among NGOs significantly affects the sustainability of HIV/AIDS service delivery.
- 3) There is a positive relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery.
- 4) Resource mobilization capacity development among NGOs significantly influences sustainability of HIV/AIDS service delivery.

1.4 Conceptual Framework

Independent Variable

Capacity Development

- Financial management capacity
 - Financial management systems
 - Human resource

- Institutional capacity
 - Vision and missions
 - Organization leadership, structure and mandate

- Strategic planning capacity
 - Goal setting
 - Strategy formulation

- Resource mobilization capacity
 - Long term donor commitments
 - Collaborations and partnerships
 - Local resources
 - Grant proposal writing

Dependent Variable

Sustainability of HIV/AIDS

Service Delivery

- Sustainability of HIV/AIDS service delivery
 - Efficient service delivery
 - Community ownership
 - Self sufficiency
 - Cost effectiveness

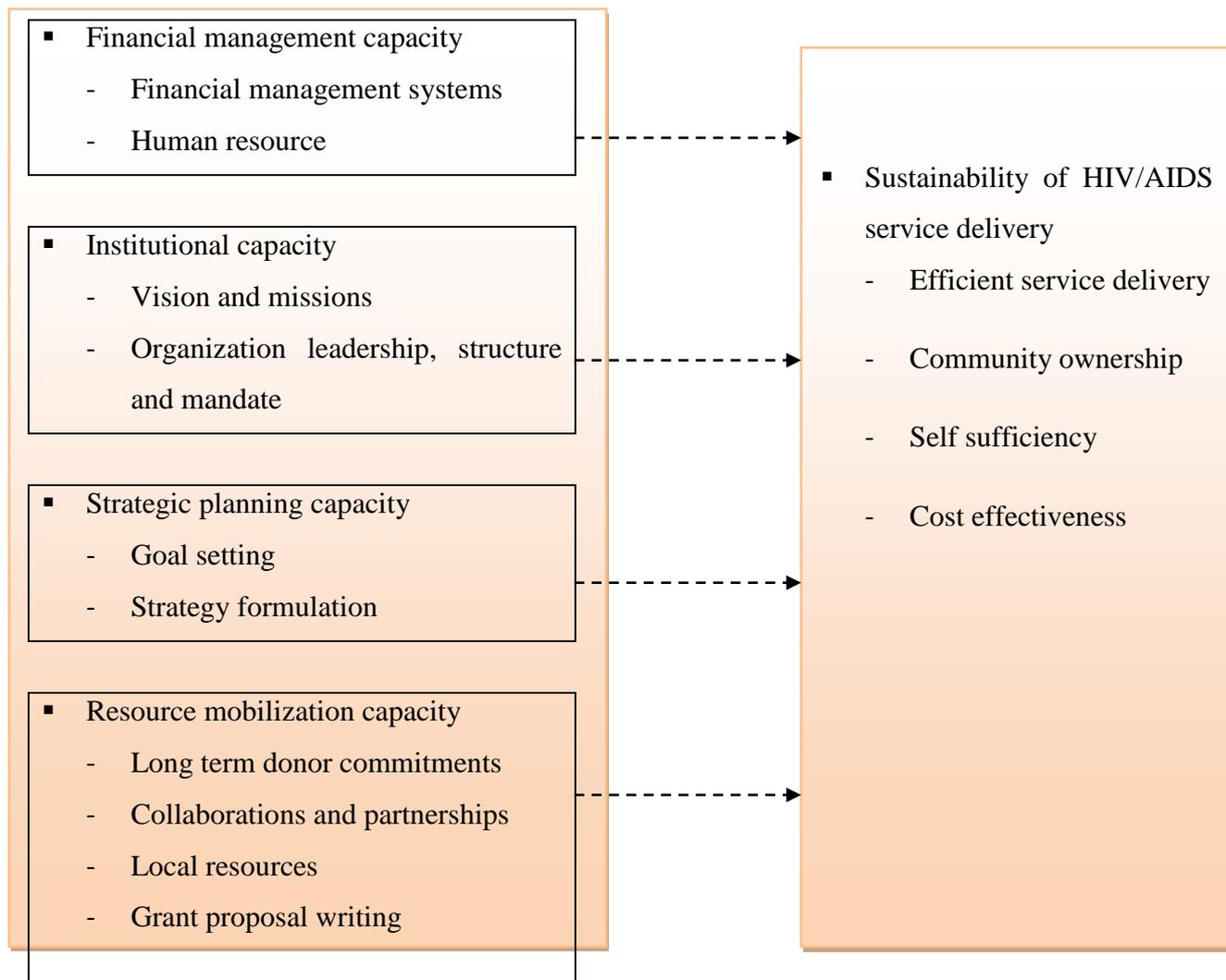


Figure 1; Conceptual Framework showing the relationship between NGO capacity development and Sustainability of service delivery

Source: *Adopted and modified from Freudenberg (1995), Strengthening individual and community capacity to prevent disease and promote health- Theories and principles*

The conceptual framework illustrates the relationship between the variables in the study. The dependent variable is sustainability of HIV/AIDS service delivery with specific reference to NGO's in Bugiri District.

Capacity development dimensions that play a role in service delivery continuity or closure are the factors the researcher describes as the independent variables. Capacity development is operationalised into financial management, institutional capacity, strategic planning and resource mobilization capacity that affect sustainability of HIV/AIDS service delivery.

Sustainability factors include; effective service delivery, community project ownership, self-sufficiency and cost effectiveness. For the NGOs to sustain HIV/AIDS services, the benefits derived from them have to continue

In the conceptual framework, capacity development is hypothesized to affect the sustainability of service delivery. The framework postulates that the extent of capacity development defined as financial management capacity, institutional capacity development and strategic planning and resource mobilization capacity determines sustainability of HIV/AIDS service delivery.

1.5 Significance of the Study

The findings of the study are beneficial to Bugiri District in developing effective interventions and aligning capacity development to sustainability of delivery of HIV/AIDS services.

The study findings will also be used by policy makers in Uganda to inform policy formulation and review concerning capacity development and sustainability of delivery of HIV/AIDS services

To the academia, the findings of the study add to the knowledge base and form a foundation for further research in the areas of capacity development and sustainability of HIV/AIDS services.

1.6 Justification for the Study

To perform well, organizations require adequate resources as well as competent and dedicated leadership and management. However, different organizations have different capacity needs depending upon their missions, their operating environments, and their strengths and weaknesses in the different capacity areas. Most NGOs in Bugiri have demonstrated consistent low capacity to deliver high quality services when and where individuals need them while others have neither the infrastructure nor experience to sustain their efforts independently

At such a time when Goal, an international funding organisation that had funded over ten local NGOs in Bugiri for over ten years was preparing to exit, there was need to prepare for continuity of services for the HIV/AIDS beneficiaries by identifying the capacity areas that local NGOs can strengthen for better sustainable HIV/AIDS service delivery. It's against this that the researcher considered the study not only timely but also justifiable.

1.7 Scope of the Study

1.7.1 Geographical Scope

The study was conducted in Bugiri District that is located in the eastern part of Uganda. The study targeted NGOs that are operating in the district with funding from GOAL Uganda. These included MUCOBADI, KIWODA, IDAAC, UMURDA, SIWAO, HUKESEHO, BUNASO, BUDUPED, URHB and FOC-REV.

1.7.2 Time Scope

The study considered NGOs that have been operational between 2002 and 2011 because it was in 2002 when GOAL started working with local organisations building their capacity and providing funding through a partnership approach.

1.7.3 Content Scope

The study was limited to organizational related capacity development areas including financial management capacity, institutional capacity, strategic planning capacity and resource mobilization capacity focusing on how these affect sustainability of HIV/AIDS service delivery. Each of these variables was further conceptualized in the conceptual framework.

1.8 Operational Definitions of Terms and Concepts

Sustainability: As used in the study refers to the ability of an organization to continue with the activities that support the provision of the intended services to the intended population. It also means having the capacity to provide uninterrupted services to the beneficiaries.

Non Government Organizations: These are organizations without a profit motive, carrying out activities with a heart to serve the communities that are less advantaged. They are outside the government realm and distinct from business community, with a value based orientation to their programs.

Capacity building is a process by which organizations enhance their abilities to identify and meet development challenges in a sustainable manner. It's a tailor-made

process which seeks to strengthen the effectiveness and impact of an organisation and its programmes in relation to their mission, context and resources.

Capacity development: A process by which organizations increase their abilities: to perform functions, solve problems and achieve objectives; to understand and deal with their development needs in a broader context and in a sustainable manner.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This study assessed the influence of capacity development on sustainability of HIV/AIDS service delivery in Uganda focusing on GOAL HIV/AIDS funded NGOs in Bugiri District. This chapter presents the review of the Literature related to capacity development and HIV/AIDS service delivery sustainability. It particularly focuses on financial management capacity development, institutional development, strategic planning capacity development and resource mobilization capacity development as independent variables and sustainability of HIV/AIDS service delivery as the dependent variable and a summary of the literature. The chapter is structured under theoretical review, actual review and summary of literature review.

2.1 Theoretical Review

Bertalanffy (1968), in the General Systems Theory defines a system as "a set of elements standing in interaction, having something in common which he relates to community development with very complex activities and elements involved, that it seems almost impossible to describe development in a clear and organized manner.

The general systems theory provides a framework that outlines some of the key concerns in community development as assessing power and influence, understanding the dynamics of inter-group relationships and considering the changes involved in planning development activities.

Bertalanffy continues that the foundation of a system as applied to community development work usually involves the following steps: assessing the community; selecting development goals; planning a strategy to reach those goals; carrying out activities to achieve goals and evaluating progress and including the results of evaluation in subsequent activities stressing that the use a systems theory helps development workers to acknowledge the patterns in complex community processes as they plan and carry out development activities.

However, Stephen (2001) in his modification of the systems theory describes systems as organisations that acquire inputs, engage in transformation, process and generate outputs emphasizing that defining organisation effectiveness solely in terms of goal attainment results is only a partial measure of effectiveness. He bases his argument on the assumptions that effective organisations should also be judged by their ability to acquire and process inputs, channel the outputs and maintain stability and balance.

He continues that, end goals are only one element in a more complex set of criteria. The theory is important as it emphasizes criteria that increase the long term survival of the organisation – such as the organization’s ability to acquire resources, maintain itself internally as a social organism and interact successfully with its external environment.

Like many NGOs, the theory is based on the assumption that organisations are made up of interrelated sub parts. If any of the sub parts perform poorly, it will negatively affect the performance of the whole system. Effective capacity development requires successful interactions with environment constituencies. Survival of organisations requires planning, goal setting and a steady replenishment of those resources

consumed and failure to replenish results in the organisations decline and possible death.

2.2 Actual Literature Review

The study presents the actual review of literature focusing on financial management capacity development, institutional capacity development, strategic planning capacity development and resource mobilization capacity as independent variables and Sustainability of HIV/AIDS service delivery as the dependent variable.

2.2.1 Financial Management Capacity and Sustainability of HIV/AIDS service delivery

Globalization during the 20th century gave rise to the importance of NGOs. Many problems could not be solved within a nation. International treaties and international organisations such as World Trade organisation were perceived as being too centered on the interests of capitalist enterprises and in an attempt to counter balance this trend, NGOs developed to emphasize humanitarian issues, development aid and sustainable development. Today, internationally operating NGOs are estimated to be about 40,000. However, many of these are uncertain of the future due to financial challenges. They are so much dependent on donor support which seems insufficient and dwindles each day. The situation has been worsened by the credit crunch and its implications (UPHOLD 2004).

Oxfam report (2005) observed that since the mid - 1980's, NGOs' have proliferated round the world with a handful becoming huge and influential. When NGO's budgets reach multi-million dollar levels, it is not surprising that demands for fundraising and branding overwhelm the behind-the-scenes, long term community work.

Brown (2005) acknowledges that NGOs play a big role in the global development just like governments do. He further adds that NGOs also focus on the critical challenges that face the increasingly interdependent world and are more trusted by the general public than the government and business sector worldwide. This originates from the fact that NGO staff and leaders respect their positions and the work they do in communities and majorly depend on their reputation, financial management systems, financial reporting and performance to mobilize resources. They have limited chances to divert resources to other uses and they mobilize people and resources through commitments to social values.

However, (Edwards 2008) asserts that while their potential for offering development alternatives remains high, their leverage over long-run drivers of change will continue to be weak and NGOs will never achieve the impact they aim for

2.2.2 Institutional Capacity Development and Sustainability of HIV/AIDS Service Delivery

Leadership is a requirement for achieving sustainability in health care and it emphasizes the importance of frontline Managers in effecting positive changes in health delivery (Block and Manning, 2007). At all levels of health care strategy implementation, management should be consistent with planning, coordination, monitoring and management of the implementation process. This then requires experienced managers and champions to drive the process.

Shriberg (2002) pointed out that lack of leadership support is a key barrier to progress and concluded that at least one individual with broad and substantial influence needs to be a vocal advocate for sustainability initiatives in order to be successful.

UNDP human development report (May 2010) agrees with Shriberg that the lack of capacity is one of the compelling development challenges facing Sub-Saharan African countries and regional institutions, capacity constraints are serious impediments to the design and implementation of growth-oriented programmes at regional, national and sub-national levels. But it quickly adds that capacity development should be a process through which individuals, organisations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time (UNDP 2010).

Capacity development are activities, approaches, strategies, and methodologies which help organizations, groups and individuals to improve their performance, generate development benefits and achieve their objectives (Canadian International Development Agency 2011). However, according to the World Bank, capacity is the proven ability of key actors in a society to achieve socio-economic goals on their own (World Bank - Africa Region report 2010). This is demonstrated through the functional presence of a combination of most of the following factors: viable institutions and respective organizations; commitment and vision of leadership; financial and material resources and skilled human resources.

Michael (2009) noted that NGOs rely on funding sources from individual, foundations, corporations and governments. Critics however, point out that funding sources can seriously affect NGO policy, making these organisations potential creatures of special interests. Such judgments challenge NGO legitimacy and mandate especially when funds come from “outside”. This has either reduced on the funds that the individual NGOs receive or have remained at the same level of funding as there are many NGOs to which the designated funds have to be distributed. This calls for NGOs to solicit for other sources of funding in order to remain sustainable in the

future. An NGO's funding source partly determines the degree of autonomy for the organization in developing programs and in working with its target groups.

Elbers and Arts 2011 argues that their reliance on the programmatic and geographic priorities and definitions of poverty by donors mean that NGOs do not hold, as commonly perceived, strong comparative advantages in grassroots-driven development. Their limitations in designing and following community-driven and participatory development strategies and interventions mean that their interventions tend to align with the social, political and economic agendas of donors, rather than those of local communities and the poor whom they are meant to represent. The increasingly professionalized and depoliticized nature of NGOs marked by this departure from the grassroots leads to many undesirable consequences, including the invalidation of participatory approaches, reduced cultural sensitivity, weakened ties with the local level, and a dilution of the NGO's core values (Elbers and Arts 2011)

From the review of Literature, Guler (2008) draws four key lessons that provide useful recommendations for non-profit organisations to improve performance and effectiveness. He presents that "Vision without action is a day dream and action without vision is a nightmare". He continues that organizational strategic knowledge is a key to gain leverage and credibility: Investing more in interactive partnerships among NGOs, public and private organisations are required for sustainable impact on development.

He however, added that when it comes to the need for strong leadership and commitment by NGO staff, it is worth mentioning that many NGOs, especially those in less developed countries, may suffer from the leadership bailout and staff turnover

as a result of the lack of institutionalization and overdependence on the founders, which in turn creates a great risk of collapse at the demise of founders.

2.2.3 Strategic Planning capacity development and Sustainability of HIV/AIDS

Service Delivery

The role of strategic planning, which is a key stage in the process, is often found weak in Southern NGOs since they simply orient their priorities towards the choices of their Northern partners (Guler 2008). This weakness in strategic planning is also an important issue as the international aid system has been clustering around realizing the Millennium Development Goals and setting unifying parameters for NGO access to official aid. Under this context and trends, maintaining a clear link between vision and action and staying focused on primary stakeholders and mission require strong leadership, staff commitment, and also optimum degree of organizational flexibility to respond to changing needs, interests, and priorities.

Critics describe this process as a new form of ‘donorship’ rather than a real partnership, endangering NGO values such as independency and ownership. As International NGOs increasingly support their local partners through capacity-building programmes, the much-debated North-South issues resurge and bring back the question of the domination of Northern over Southern NGOs, and what implications this has for future development work. As Eade (2007) confirms, “NGOs can and do, pick up and then abandon their Southern ‘partners’ without being called to account”. Eade (2007) equally suggests that the term ‘capacity building’ only applies to Southern NGOs:

The World Health Report (2002) notes, that about 32% of the health workforce in Uganda is made up of nursing assistants who help substitute for the shortage of professional nurses. Worse still, a key cadre of HIV counselors is not established and therefore not catered for on the pay roll. In this situation any intervention goals set to improve the national HIV/AIDS response needs to be cognizant of the status and capacity of the health system. As resources committed to AIDS and other health problems continue to increase, more emphasis is required to strengthen the systems to collect and analyze data and to improve on the quality of such data to strategically guide programming.

The National HIV Strategic Framework (NSF) 2000/1-2005/6 guides the implementation of all the policies on HIV/AIDS and its mainstreaming into the development of sectors policies. Most line ministries and districts have designed integrated HIV/AIDS strategies and developed appropriate budget lines. In addition, resources have been mobilized by both governments and civil society to help run HIV/AIDS programs at district and community and to help the poor access such services.

Furthermore, HIV/AIDS related national policies and strategies were systematically translated into actions at sector and decentralized levels through a multiplicity of actors that ensured universal coverage especially with targeted information and education services utilizing local resources supplemented by external funding.

2.2.4 Resource Mobilization Capacity and Sustainability of HIV/AIDS Service Delivery

Linden berg and Bryant (2001) simply put, “the days of working in isolation and separation are ending and today’s trend is towards improved partnership between

NGOs, governments and the private sector”. This obviously helps NGOs develop core competencies, get advantage of different expertise, and influence policy actors. However, regarding collaboration among NGOs, the real picture is still full of many NGOs competing for limited financial support, hesitating to collaborate with each other, duplicating efforts in the same field and often involving in a dominant North-South NGO contract culture with either a passive, consultative or at most functional levels of partnership.

If the scale up of HIV services continues at the same pace as in the recent past, the necessary funding is projected to reach US dollars 15.4 billion by 2010 and US dollars 22.5 billion by 2015 (UNAIDS financial resources document, 2007).

In January 2003, President George W. Bush announced the Presidential Emergency Plan for AIDS Relief (PEPFAR) targeting 15 developing countries. The PEPFAR plan was 5 years and intended to direct the 15 billion Dollars to places where it was needed most. In 2003, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimated that USD 22.1 billion was needed to effectively respond to the epidemic. Generally while the developed countries have continued to commit more funds towards HIV, more NGOs have come on board as implementers.

Growing rapidly in size, the primary concern of NGOs throughout this became to keep funds flowing, feeding into their programmatic choices at the grassroots level (Stiles 2002). Fierce competition for donor funds exacerbate these problems, preventing NGOs from forming networks or coalitions that could be beneficial for obtaining funding, advancing their advocacy work and fulfilling their objectives in line with their value bases (Hudock 1999). This also poses a threat to the sustainability of NGOs as sustainable civil society organisations.

Fisher (2005), states that a great majority of NGOs largely depends on donor funding and often faces the risk of collapse when these funds cease. Perhaps more importantly, even when funding from such sources continues, the greater dependence on them may also threaten NGOs performance, distort their autonomy and weaken legitimacy. In fact, Fisher mentions reducing dependency on a single donor as a key factor tied to autonomy. NGO Managers need to find an optimum mix of quantity and quality of funds in relation to organization's mission, culture and strategy.

While Fowler (2004) agrees that quality of NGO funds is that type that is free from stringent conditions, allocated on programs rather than projects, not constrained by administrative requirements, predictable and reliable in terms of flow, disbursed timely, he emphasizes that it should be based on demonstrated performance.

He continues that it can be a strategy to stay in the aid system, by having multiple donors instead of a single one. As a second strategy, NGOs can look for alternatives to official aid. Basically, these are self-financing (income-generating activities), local fund-raising (public, corporations, national/local governments, local foundations) and external financing (venture capital, revolving loan/credit funds, etc). In fact, for Southern NGOs, raising money domestically is perhaps the strongest alternative viable, autonomous and truly indigenous.

However, philanthropic tradition is still weak and domestic fund-raising is in infancy in less developed countries. Thus, NGOs in those countries should give special priority in designing and implementing effective fund-raising strategies. As Fowler (2004) concludes, NGOs today are skating on a thin ice. So, what is required to manage an NGO under such circumstances is easier said than done.

The experience of experts has found that there are no quick fixes or set solutions in capacity that fit all circumstances (DAC, 2006; Evans, 2009). Relationships take time and particularly partnerships need to be built on trust, which cannot happen overnight. As each approach must be tailored to the specific needs and the context in which the partner is, it should not be rushed.

2.2.5 Sustainability of HIV/AIDS Service Delivery

Sustainability is another concern discussed in relation to NGO programmes, given their reliance on short- and medium-term project-based funding. Projects with defined timescales, measurable outputs, and an emphasis on physical capital development are not well suited to long-term structural change, particularly when implemented by multiple and competing small-scale NGOs (Murray and Overton 2011). Research in Uganda highlights the high turnover of NGOs, with the study's authors only able to trace 25 percent of the 1,777 NGOs registered with the government (Barr et al 2005).

The principles of sustainability were echoed in the 2005 Paris Declaration and the 2008 Accra Agenda for Action. The advocates of Capacity Development acknowledged that sustainability of development assistance is connected to local capacity, and that capacity development should be 'an endogenous process of change' that strengthens these capacities. With ownership seen to be key to sustainable development, the focus is to support initiatives which are led from the within the community (UNDP, 2009). It was noted that the proliferation of NGOs in the North and South since the late 90s has brought critical questions about NGOs effectiveness and sustainability: It is time to think about NGOs' role in development and to explore ways to improve their effectiveness and service delivery sustainability.

Baser 2007, argues that in order to promote sustainability of service delivery, people and organisations should have the abilities to be able to react to external pressures and identify their own solutions to problems that arise. The World Bank (2009) agrees with this notion that capacity is built faster when the process is endogenous adding that vital for sustainability is not only sufficient quantity of funding, but also quality and diversification. Dependency on one donor may distort an NGO's autonomy and weaken legitimacy therefore, when mobilizing funds, NGOs need to find multiple donors with an optimum mix of quantity and quality of funds.

In contrast, the Development Cooperation Directorate (DCD 2006) notes that NGOs share key values about sustainability, but are skeptical about approaches perceived as disconnected from field reality. Experience has it that sustainable achievements occur through the interaction of capable local stakeholders and communities. This depends strongly on enabling conditions, which NGO projects should advance. Sustainability assessment is multidimensional, value-based and embeds health within a larger sustainable development perspective. It reduces, but does not eliminate, the unpredictability of long-term outcomes. It should start with the consideration of the 'local systems' which need to develop a common purpose.

Capacity development is therefore not an 'add on' solution or as UNDP (2009) put it: an ineffective 'afterthought'. It requires combining different activities (more than training alone) developed with a long-term vision (JICA, 2006). The report adds that most Northern NGOs resort to it as a convenient exit strategy when they want to take away support from a community.

It is interesting to note that with ownership seen to be key to sustainable development, the focus is to support initiatives which are led from within the country. "If human

development is the 'what' of UNDP's mandate, then capacity development is essentially the 'how'" (UNDP, 2009).

There are agreements that there was a lack of consideration to the broader political and social context or the 'enabling environment' within which initiatives take place leading to poor local ownership and therefore lack of commitment (Evans, 2009; Bolger, 2000). Instead of adapting to the country and understanding the culture and current circumstances, approaches were externally designed and implemented without real community commitment (DAC, 2006).

Oxfam (2005), notes that the increasing level of resources for the response has been a strong factor for an effective response. Local and external resources have steadily increased over the years supporting the expansion of health and social services to communities. It is however observed that resources without individual and organizational commitment to action might not deliver desired results. Similarly most innovations have been initiated without promise of access to sustainable resources often leading to short term interventions that leave both the service provider and beneficiaries frustrated. The need to ensure harmonization and alignment of resources from the various sources to national priorities and monitoring resources effectiveness should be emphasized.

2.2.6 Summary of Literature Review

It is clear that sustainability of health services especially HIV/AIDS is a pertinent issue to many writers, agencies and stakeholders. Studies done in developed world (Nancy, et al 2006 and Knowlton, et al 2004) among others have given the uniqueness of different sections of the world. This literature needs to be tested in local contexts like in Bugiri District.

Many of the cases cited in the literature have looked at health service sustainability in general terms with limited focus on HIV/AIDS NGOs in a local context. Little attention has been paid to the capacity model for NGOs as a sustainability mechanism. There was need therefore to generate findings that are specific to NGO capacity development and its influence on sustainability of HIV/AIDS service delivery.

This study was therefore conducted on NGOs in Bugiri district that have been dependent on GOAL for financial and technical capacity development. The findings generated are more generalisable to most of the HIV/AIDS service NGOs in Uganda.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The study assessed the influence of capacity development on sustainability of HIV/AIDS service delivery in Uganda focusing on GOAL HIV/AIDS funded NGOs in Bugiri District. The chapter presents the methodology of the study. It includes research designs, study population, sample size, strategies for selection, the sampling techniques and procedures, data collection methods and instruments, validity and reliability of the instrument and methods of data analysis.

3.2 Research Design

The study was a case study design, measuring all study variables once among Goal supported NGOs in Bugiri District. The case study design helped the researcher to do an in-depth investigation of GOAL supported HIV/AIDS NGOs in Bugiri District based on the premise that the cases are typical of many other donor funded NGOs in Uganda and provides enough information for other NGOs working in similar situations, (Amin 2005:443).

Both qualitative and quantitative research approaches were used. Qualitative research was to promote greater understanding of not just the way things are, but also why they are (Amin 2005). This triangulation is supported by Sekaran, (2003) and Amin (2005) as it helped in describing the characteristics of an event and in determining the degree of relationship between variables.

3.3 Study Population

The Population from which the sample was drawn included; 10 Top management and 20 Line Management staff of GOAL supported organisations, 90 Board members from all the organisations, 15,294 clients and 10 District Officials who will be community development officers. The total accessible Population was 15,424.

The choice of the study population was based on the fact that Managers are believed to have adequate information regarding the objectives of the study as they directly over see program implementation and actively participate in resource mobilization to ensure sustainable service delivery. On the other hand, board members were selected owing to their roles as policy makers, strategic direction and vision bearing. The clients on the other hand were beneficiaries of the services and therefore directly affected by sustainability of service provision

3.4 Sample Size and Selection

Statistical tables by Krejcie and Morgan (1970) were used to determine the sample size as it was easy, time saving and needed little information, (Amin 2005: 256). The sample of clients obtained was then distributed in the 10 GOAL supported organisations using stratified random sampling to get samples that were proportional to the clientele load per organisation as shown in table 1 below.

Table 1: Sample Size and Selection

Category	Accessible Population	Sample size	Sampling Techniques
Top Management staff	10	10	Purposive Sampling
Line Managers	20	19	Simple Random Sampling
Board members	90	73	Systematic Sampling
Community Development Officers (Key informants)	10	10	Purposive Sampling
Clients (Beneficiaries)	15,294	375	Stratified Sampling
Total	15,424	487	

From table 1 above, the sample size was 487 respondents, out of which 375 were clients, 10 were top managers, 19 were line managers and 10 were Community Development Officers in the District.

3.5 Sampling Techniques and Procedure

Clients (beneficiaries) from the ten organisations were selected using systematic sampling, a statistical method that relies on arranging the population in order and then selecting elements at regular intervals. It involved a random start and then proceeded with selection of every K^{th} element and onwards (Amin, 2005). Clients were arranged in order of their numbers and an interval calculated by dividing the population with the sample size of the clients in the organisation. Any number between one and the interval number were used as the starting point until all the required participants were obtained. This method ensured that each client has equal known probability of being selected.

The following formula was used when selecting samples from each organisation: $(s=P/S)$ where s is the sample of clients required from a specific organisation, P the total client population served by all organisations and S is the total sample of clients.

Purposive sampling was also used to select respondents with the required characteristics and key information, (Mugenda and Mugenda, 2003). The researcher used his own judgment or common sense regarding the participants' deeper knowledge about the subject of research, (Amin, 2005). This method was used to collect information from Top Management Staff and District Community Development Officers since they had crucial roles in sustainability of HIV/AIDS services

3.6 Data Collection Methods

The study used both qualitative methods such as interviews, focus groups, document review and quantitative ones such as Questionnaires for triangulation purposes

3.6.1 Questionnaire Method

This method was used for purposes of obtaining specific information on each objective or research question. Questionnaires were self-administered and this gave the respondents enough time and space to complete them. Mainly structured closed and open ended questions were used because they were less time consuming and made it easy to quantify and analyze responses. The researcher chose the method because questionnaires could be easily filled at the convenience of the respondents especially mailed ones. This increased chances of getting valid information. The method offered greater assurance of anonymity. Sensitive information was given without fear, (Amin 2005).

3.6.2 Interview Method

Interviews were conducted with the help of the interview guide and used mainly on beneficiaries who had problems with English. These included Board members and key beneficiaries community members. Interviews helped the researcher clarify on some questions in cases where respondents did not understand them which helped them to give relevant information. It also increased the response rate since respondents could not ignore the interviewer in front of them than throwing a way the questionnaire (Babbie, 2001).

Interviews also helped the researcher to get as much information at source as he needed since it gave an opportunity of probing further for answers hence reducing on the respondents' "I don't know". (Babbie, 2001)

3.6.3 Document Review

Primary and Secondary data was collected through analysis of organizations' documents to gain a clear understanding of the formation, the structure and how programs are implemented. The researcher reviewed strategies and policies including; NGO capacity development plans, annual reports for Local NGOs in Bugiri District, NGO strategic plans and other publications to explore HIV/AIDS service delivery and sustainability mechanisms.

3.6.4 Focus Group Discussions

Four Focus Group Discussions were held with 5-8 of the beneficiaries from the organisations sampled. The respondents freely shared their experiences. The method

enabled the researcher to gather views from the clients and gain in-depth understanding of the situation when programs close

3.7 Data Collection Instruments

3.7.1 Questionnaires

Questionnaires were self-administered, with structured questions, which were followed by a list of alternatives from which respondents chose the answer that best described their situation. They were easier to administer and analyze since they were in their immediate usable form and elicited specific responses. (Mugenda and Mugenda 2003:72, Amin 2005).

The study used a 5 Likert Scale ranging from 5 (strongly agree) to 1 (strongly disagree), the higher the number, the greater the influence of capacity development on sustainability of service delivery, (Mugenda and Mugenda, 2003). This helped the study to indicate the presence or absence of the relationship among variables being investigated and made data analysis easy since results were easily quantifiable.

3.7.2 Document Review Guide

This involved review of primary sources that included the local NGO publications, NGO service delivery reports, capacity building plans. This enabled the researcher to obtain data that are thoughtful, (Oso and Onen 2009: 91)

3.7.3 Interview Guide/Schedule

Semi structured interview guides were used for all Managers to stimulate their detailed discussion of the effectiveness of capacity building on sustainability of HIV service delivery. The method was to collect information from respondents who had

problems with filling the questionnaires. The guides helped to standardize the interview situation and obtain data to meet the objectives of the study.

3.7.4 Focus Group Discussion Guide

Focus Group Discussions were used for groups of 5-7 clients to allow easy flow of information about what they thought of capacity development and HIV/AIDS service delivery by NGOs in the District.

3.8 Quality Control of Instruments

3.8.1 Validity

Validity is the appropriateness of the instrument in measuring whatever it is intended to measure, (Amin, 2005:284). It's also the extent to which study results can be accurately interpreted and generalized to other populations, (Oso and Onen, 2009). The study used a triangulation method to ensure the validity of research findings; the data collection instruments were presented to peers for review and to Two Consultants of Uganda Management Institute for face and constructs validity. The questionnaires were pre-tested with 10 participants having similar characteristics as the actual study participants but did not form part of the actual study sample and the responses were used to measure content validity. The findings and recommendations from the two UMI consultants and lessons learnt from the pilot study were used to improve/redesign the data collection instruments. Using the formula for Content Validity Index (CVI) = n/N , the study concluded that the instruments were valid to be used since CVI was 0.846, according to Amin, 2005 for an instrument to be considered valid CVI should be above 0.7.

Using formula

$$\text{Consultant 1} = 44/49 = 0.897$$

$$\text{Consultant 1} = 39/49 = 0.795$$

$$\text{Therefore total Validity} = 0.897 + 0.795 = 1.692/2 = 0.846.$$

3.8.2. Reliability

Reliability is the measure of the degree to which research instruments yields consistent results or data after repeated trials, (Mugenda and Mugenda 2003:95). Reliability in research is influenced by random error. As random error increases, reliability decreases. Reliability coefficient of 0.80 or more imply that there is a high degree of reliability of the data, (Mugenda and Mugenda 2003:96)

A test-retest method that involved administering the same instrument twice to the same, appropriate group of subjects was used to 5% of the target population at two different intervals (after one week) and the results were analyzed to establish their relationship. This helped the researcher to identify vague questions and deficiencies, hence making adjustments for a reliable instrument. The Cronbach's Alpha reliability Coefficient (α) was calculated by running a statistical test using Statistical Package for Social Scientists (SPSS) computer program which uses the formula stated below.

Cronbach's α is defined as

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

Where K was the number of components (K-items or test lets), σ_X^2 the variance of the observed total test scores, and $\sigma_{Y_i}^2$ the variance of component i for the current sample

of persons. The coefficient ranges between $\alpha=0.00$ for no reliability, $\alpha =1.00$ for perfect reliability. The closer alpha gets to 1.0 the better. Therefore, for this study, the measurements of the instruments were found to be 0.85, the instruments were considered reliable to use.

Table: 2 Summary of reliability statistics for the four objectives

Variable	Reliability Statistics	%
Financial management capacity development	0.83	83%
Institutional capacity development	0.80	80%
Strategic planning capacity development	0.88	88%
Resource mobilization capacity development	0.89	89%
Total	3.4	
Average	$3.4/4=0.85$	85%

Source: Primary Data

3.9 Data Collection Procedure

Upon approval of the proposal the researcher obtained a cover letter from Uganda Management Institute. Validated questionnaires were hand delivered to the respondents assuring them of voluntary participation, anonymity and confidentiality. Some of the questionnaires were directly administered by the researcher and research assistants while others were self-administered. For the FGDs and key informants, the researcher directly contacted the participants and briefed them about the study and obtained their consent to participate, their responses were transcribed and translated where need arose. Research assistants were adequately trained by the researcher and

their questionnaires were constantly checked for consistence, completeness and accuracy in data collection.

3.10 Data Analysis

3.10.1 Qualitative data analysis

Qualitative data was analyzed through sorting, coding and categorization of the responses into themes after the interviews. The researcher then interpreted the results and lessons learnt through establishment of patterns and relationships from the information gathered. An in-depth analysis was done to find out whether the information answered the research questions, (Amin 2005, Mugenda and Mugenda 2003).

3.10.2 Quantitative Data Analysis

Quantitative data was analyzed using descriptive statistics that is, mean, use of frequency distribution tables and standard deviation. The relationship between variables was analyzed using the Correlation Coefficient and regression method using the SPSS package.

3.11 Measurement of Variables

An Ordinal Scale was used to measure the variables. This scale provided for variables which generated responses that can be ranked. Since this study used a 5 likert scale, the level of agreement was ranked (strongly agree reflects more agreement than just agree just like strongly disagree compared to disagree).

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Introduction

In this chapter, the results are presented, analyzed and then interpreted. The chapter highlights the response rate, demographic characteristics of the respondents and empirical findings based on the objectives of the study. Triangulation by data source and method is done, identifying similarities among and differences between different methods of data collection. It also focuses on the financial management capacity development, institutional capacity development, strategic planning capacity, resource mobilization capacity and sustainability of service delivery.

4.2 Response Rate

This section presents the response rate per category of respondents and key informants included in this study as shown in table 3 below

Table 3; Response Rate

Category	Accessible Population	Sample size	Response Rate	% of Return
Top Management staff	10	10	10	100%
Line Managers	20	19	14	73.7%
Board members	90	73	55	75.3%
Key informants	10	10	10	100%
Clients (Beneficiaries)	15,294	375	228	60.8%
Total	15,424	487	317	
Response rate				65.1%

Source: Primary data

The research had a study population of 15,424 and from this; a sample size of 487 was selected for the study using the statistical table constructed by Krejcie and

Morgan. Of these sampled respondents, a total of 228 returned the questionnaires and 89 were interviewed using an interview guide giving an average response rate of 65.1%. Mugenda & Mugenda (1999) suggest that a response rate of 50% is adequate; therefore 65.1% was good response for the study and also suggests that the results contain substantial data collected and the survey results are representative of the survey population.

4.3 Background Information

To establish the background characteristics of the respondents, the study focused on age of respondent, education level, marital status and gender. This information was presumed to be vital since it all has an influence on capacity building interventions in an organization and the sustainability of HIV services. The age of the respondents was important because the perception of issues, participation in community work as well as independence in decision making differs with the age.

Likewise Gender has an implication on the effectiveness of capacity development and greatly influences health seeking behavior of any population, the will to participate and level of contribution of any individual in service delivery. Marital status on the other hand influences participation during design and implementation of community development interventions and so is very critical to sustainability of services. Lastly education status was considered crucial for this study as it was presumed to influence decision making, capacity to conceptualize project issues and participate in planning, designs, program implementation and capacity to monitor and evaluate project performance.

4.3.1 Age of the Respondents

The age of respondents was analyzed to find out whether the variations had any influence on capacity development and sustainability of HIV/AIDS service delivery.

The responses were categorized as below 20 years, 20-30 years, 31-40 years and above 40 years. A question about age of the respondents was administered and the results were analyzed using descriptive statistics and are presented in table 4 below;

Table 4; Age of the respondents

Age of respondent	Frequency (f)	Percentage (%)
Below 20 years	12	5.3
20-30 years	103	45.2
31-40 years	75	32.9
Above 40 years	37	16.2
Total	227	99.6
Missing	1	0.4
Total	228	100.0

Source: Primary data

The table above shows age data got from clients only. The majority of the respondents were aged between 20-30 years (45.20%), followed by 31-40 years at 32.9%, above 40 years at 16.2%, below 20 years at 5.3%. Most respondents were in age group of 20-30 years which is the most active age group in the community; people in the age group of 20-30 years were more willing to participate in community interventions and are readily available to offer voluntary services.

4.3.3 Education level of the Respondents

The Education level of the respondents was categorized as No formal education, primary education, secondary education and tertiary level education and other. A question about education level of respondents was administered to only clients and the results were analyzed using descriptive statistics and are presented in table 5 below;

Table 5; Education level of the respondents

Education level	Frequency (f)	Percentage (%)
No formal education	9	3.9
Primary education	46	20.2
Secondary education	46	20.2
Tertiary level education	100	43.9
Other	27	11.8
Total	228	100.0

Source: Primary data

The table above shows education data got from clients only. From table 5 above, the study found that most of respondents/clients had tertiary level education at 43.9% followed by Secondary education at 20.2%, 20.2% were at primary education, 11.8% are other and 3.9% belonged to No formal education. Most respondents belonged to tertiary level education which comprise of the university graduates, postgraduate holders and professional courses, these results implied that most of respondents are highly educated and understood the questions put to them in the questionnaire and were indeed able to give their objective assessment/responses, this implies that the results are correct and truly reflects the intent of the researcher, they also imply that

management can involve beneficiaries in planning, designing and implementation stages of projects. A big percentage of the respondents had attained primary education and above.

4.3.4 Marital status of the respondents

This section looked at the marital status of the respondents/clients which was categorized as never married, married, divorced and widowed. A question about marital status of respondents was administered to find out whether their marital status had any influence on how they responded to the study objectives. The results were analyzed using descriptive statistics and findings are presented in the table 6 below;

Table 6: Marital Status of the Respondents

Marital Status	Frequency (f)	Percentage (%)
Never married	68	29.8
Married	148	64.9
Divorced	5	2.2
Widowed	7	3.1
Total	228	100.0

Source: Primary data

The table above shows marital data got from clients only. A big number of respondents (64.9%) were married followed by 29.8% that were never married while 2.2% were divorced and 3.1% were widowed. The findings show that most of respondents were married; these findings are in conformity with responses on age of respondents where the majority were 20-30 years of age and could suggest that more interventions in HIV should target the married. According to UAC (2004), the HIV

prevalence is highest among the married population and least among those who have never married.

4.3.1 Gender of the Respondents

This section looked at the gender of the respondents which was categorized as male and female. A question about gender of respondents was administered to clients to find out the influence gender would have on sustainability of HIV/AIDS services and the results were analyzed using descriptive statistics. Table 7 below shows the distribution of responses;

Table 7: Gender of the respondents

Gender	Frequency (f)	Percentage (%)
Male	122	53.5
Female	103	45.2
Missing	3	1.3
Total	228	100.0

Source: Primary data

The table above shows gender data got from clients only. The study findings show that 53.5% of respondents were males and 45.2% were females and 1.3% of respondents did not answer. The male respondents were the majority and this could be because more men are available to participate in local community based activities than women. Women are pre-occupied by domestic work and this largely limits their participation in consultations about the development projects. From the Focus Group Discussions although females were few, they seemed to be more satisfied with and willing to offer voluntary services in their communities. This implies that Project Managers should innovatively find a way of attracting women in community

programmes by scheduling community activities at a time and places convenient for women.

4.4 Empirical Findings

This study was intended to examine the influence of capacity development and sustainability of HIV/AIDS service delivery in Uganda a case study of GOAL supported HIV/AIDS NGO's in Bugiri District. The study presents the extent to which the variables of financial management capacity, institutional capacity and strategic planning capacity development and resource mobilization capacity development influence sustainability of HIV/AIDS service delivery. The findings are arranged in order of study variables and further down to the dimensions. Those for the influence of financial management capacity development on sustainability of HIV/AIDS service delivery are categorized into financial management systems and human resource where as those for institutional capacity development are categorized into vision and missions and organization leadership, structure and mandate and those for strategic planning are categorized into goal setting and strategy formulation while those for resource mobilization capacity are categorized into long term donor commitments, collaborations and partnerships, local resources and grant proposal writing.

While analyzing the study objectives, a five point likert scale was used by assigning levels; "Strongly Agree"=5, "Agree"=4, "Not Sure"=3, "Disagree"=2 and "Strongly disagree"=1. The results are presented in descriptive tables and figures showing the percentage of responses under each variable. The results are further explained using correlations in order to show relationships between the variables followed by regression analysis to find out the extent to which capacity development impacts on

sustainability of HIV/AIDS service delivery. Comparison of qualitative and quantitative data is also made. Mean which is above 3.0 meant that the respondents were in agreement, mean of 3 denotes neutral and mean below 3.0 suggest disagreement with the statement. The Standard Deviation is a measure of how spread out numbers are; a small standard deviation indicates that the scores are very close to the mean which denotes a stronger agreement, large standard deviation indicates more widely spread-out from the mean which denotes a weaker agreement.

4.4.1 Financial Management Capacity Development and Sustainability of HIV/AIDS Service Delivery

This section looked at the first objective of the study which was to determine the influence of financial management capacity development on the sustainability of HIV/AIDS service delivery. Two dimensions of financial management systems and human resource were looked at and measured using five point likert scale and the respondents were asked to agree or disagree with the constructs as shown in table 8 below.

Table 8; Descriptive Statistics for Financial Management Capacity Development and sustainability of HIV/AIDS service delivery

Financial Management Capacity Development	Disagree			Agree		Mean	S.D
	SD	DA	NS	A	SA		
Financial management systems							
Goal funded NGOs have transparent and accountable systems for financial management	0.4% (1)	0.9% (2)	12.3% (28)	46.9% (107)	39.0% (89)	4.24	0.732
Goal funded partners offer us with uninterrupted HIV services	1.8% (4)	13.2% (30)	14.0% (32)	54.8% (125)	16.2% (37)	3.71	0.951
Goal supported NGOs allocate project finances to areas of dire need for services	0.4% (1)	4.4% (10)	12.7% (29)	50.9% (116)	31.6% (72)	4.09	0.808
Beneficiaries are involved in monitoring the use of funds	7.5% (17)	15.4% (35)	17.1% (39)	43.0% (98)	17.1% (39)	3.47	1.163
Human resource							
Goal funded NGOs have qualified and experienced staff to offer quality HIV services	0.4% (1)	1.3% (3)	6.6% (15)	46.1% (105)	45.6% (104)	4.35	0.702
Goal supported NGOs have staff who are committed towards the HIV/AIDS service delivery	1.3% (3)	3.5% (8)	5.3% (12)	57.5% (131)	32.5% (74)	4.16	0.783
In my view the staff in HIV/AIDS service delivery organizations are available and are enough to meet our needs	6.1% (14)	17.1% (39)	17.1% (39)	44.7% (102)	14.9% (34)	3.45	1.123
Summary of Average Mean & SDV for Financial Management Capacity						3.93	0.47

Source: Primary data

Financial Management Capacity Development

On the question “Goal funded NGOs have transparent and accountable systems for financial management”, 1.3% (3) disagreed with the statement, 12.3% (28) were not sure on the question asked and 85.9% (196) respondents agreed with the statement.

The respondent were asked if Goal funded partners offer them with uninterrupted HIV services, 15% (34) disagreed with the statement, 14.0% (32) were not sure on the question asked and 71% (162) respondents agreed with the statement. On the question “Goal supported NGOs allocate project finances to areas of dire need for services”, 4.8% (11) disagreed with the statement, 12.7% (29) were not sure on the question asked and 82.5% (188) respondents agreed with the statement. When respondent were asked if Beneficiaries are involved in monitoring the use of funds, 22.9% (52) disagreed with the statement, 17.1% (39) were not sure on the question asked and 60.1% (137) respondents agreed with the statement.

On the question “Goal funded NGOs have qualified and experienced staff to offer quality HIV services”, 1.7% (4) disagreed with the statement, 6.6% (15) were not sure on the question asked and 91.7% (209) respondents agreed with the statement. When respondent were asked if Goal supported NGOs have staff who are committed towards the HIV/AIDS service delivery, 4.8% (11) disagreed with the statement, 5.3% (12) were not sure on the question asked and 90% (205) respondents agreed with the statement. On the question “In my view the staff in HIV/AIDS service delivery organizations are available and are enough to meet our needs”, 23.2% (53) disagreed with the statement, 17.1% (39) were not sure on the question asked and 59.6% (136) respondents agreed with the statement.

The overall mean of financial management capacity was 3.93 and standard deviation was 0.47 which indicates that majority of respondents agreed that financial management capacity development affect sustainability of HIV/AIDS service delivery since the mean was above 3 and standard deviation very small.

The above study findings seem to be in agreement with the interview findings from top managers. IDAAC noted that “organizations get grants and donations to offer services to the community through grant proposal writing and partnerships as the major source of funding citing donors like GOAL, Positive Action for Children’s Fund, STAR-EC and Civil Society Fund”. However, 3 of the respondents reported other sources like; membership, annual subscriptions and income generating avenues like a medical centre for the case of URHB and Local Community through their contributions in Kind.

The findings further agree with Brown (2005) who acknowledges that NGOs play a big role in the global development, focus on the critical challenges that face the increasingly interdependent world, are more trusted by the general public than the government and business sector worldwide, their staff and leaders respect their positions and the work they do in communities and majorly depend on their reputation, financial management systems, financial reporting and performance to mobilize resources and have limited chances to divert resources to other uses.

When asked about the systems that are in place to ensure proper management of financial resources, 65% of the Line Managers reported existence adequate systems and financial procedures evidenced by the financial manuals/policies and accounting systems like quick books, petty cash systems, project budgets and mid-term reviews.

One Accountant from KIWODA noted that;

“The procedures are stipulated in the financial policy of the organisation such as requisitions, authorizations and approval and accountability and as regards reporting, there are standard reporting tools on addition to payment vouchers, cash books, monthly bank reconciliations and receipt are in place”.

The study findings on issues GOAL emphasizes during the financial capacity development interventions in relation to human resource showed that sustainability was a big component of GOAL’s work. One CEO notes;

“GOAL emphasizes self understanding for sustainability such that the continuity is in built within the day to day operations of the organization’s performance; this in itself allows the organizations to look beyond GOAL”.

Another Manager asserted that;

“Staffs are encouraged to put into practice the skills they gain from the trainings. Others said the skills are used in resource mobilization, report writing, implementation and programming and are assigned more tasks in line with the skills acquired from the trainings”.

One ED stressed that;

“The staff is assigned different duties that make them utilize the capacities so gained. It helps the NGO to have resource base to effectively and efficiently serve its service consumers and helps in creation of customer satisfaction and builds the organization face with the outside World and potential partners”.

4.5 Hypotheses Testing

The study tested the stated hypotheses in order to be able to generalize the findings from the samples to the population. This was done by use of inferential statistics. Correlation and regression analyses were conducted to establish whether there was any relationship between the independent and dependent variables, the magnitude and direction of the relationships and to establish the relationship model and test the hypotheses.

Table 9: Correlation between financial management capacity development and sustainability of HIV/AIDS service delivery

		Sustainability of Service Delivery	Financial Management Capacity
Sustainability of Service Delivery	Pearson Correlation	1	.531**
	Sig. (2-tailed)		.000
	N	228	228
Financial Management Capacity	Pearson Correlation	.531**	1
	Sig. (2-tailed)	.000	
	N	228	228

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data

Table 9 above shows that there was a moderate positive significant relationship between financial management capacity development and sustainability of HIV/AIDS service delivery where Pearson’s correlation coefficient was $r = 0.531^{**}$ and $p = 0.000$. It means that when financial management capacity is enhanced, sustainability of service delivery will also be enhanced; implying that HIV funded partners would benefit more from enhancing financial management capacity.

4.5.1 Regression Results between Financial Management Capacity Development and Sustainability of HIV/AIDS Service Delivery

To establish the extent to which financial management capacity development influenced sustainability of HIV/AIDS service delivery, a regression analysis was conducted using the ANOVA techniques of adjusted R^2 values, and the significance measured at 0.05 levels. The results are tabulated in the Table 10 below.

Table 10: Model summary of financial management capacity development and sustainability of HIV/AIDS service delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.531 ^a	.282	.279	.36801

a. Predictors: (Constant), Financial Management Capacity

Source: Primary Data

The model summary in table 10 above shows adjusted R^2 value of 0.279 between financial management capacity development and sustainability of HIV/AIDS service delivery which suggests that financial management capacity alone predicted 27.9% of the variance in sustainability of HIV/AIDS service delivery. The adjusted $R^2 = 0.279$ and standard error of the estimate= 0.36801 suggested that financial management capacity was a relatively significant predictor of sustainability of HIV/AIDS service delivery.

Further regression analysis was made to understand the variation in financial management capacity development by sustainability of HIV/AIDS service delivery and results are presented in the table 11 below

Table 11: Variation in Financial Management Capacity Development and Sustainability of HIV/AIDS Service Delivery

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	12.029	1	12.029	88.820	.000 ^a
Residual	30.608	226	.135		
Total	42.637	227			

a. Predictors: (Constant), Financial management capacity

b. Dependent Variable: Sustainability of Service Delivery

Source: Primary Data

The study tested the null hypothesis which was stated that financial management capacity development significantly influences the sustainability of HIV/AIDS service delivery.

The study also tested the alternative hypothesis which was stated that financial management capacity development does not significantly influences the sustainability of HIV/AIDS service delivery.

The study had the level of significance at $\alpha=0.05$ and ANOVA statistical method was used to analyse the data.

From the table 11 above, it can be deduced from the regression analyses that financial management capacity development has got a strong influence to the sustainability of HIV/AIDS service delivery, $F=88.820$ ($0.000a$).

This means that enhancement of financial management capacity development would result in improvement in sustainability of HIV/AIDS service. This implies that administrators should focus on financial management capacity development to achieve stated goals.

Since significance calculated 0.000a is lower than 0.05, the researcher accepted the hypothesis which was stated that “Financial management capacity development significantly influences the sustainability of HIV/AIDS service delivery”.

4.6. Institutional Capacity Development and Sustainability of HIV/AIDS Service Delivery

This section looked at the second objective of the study which was to find out the effect of institutional capacity development on sustainability of HIV/AIDS service delivery. Institutional capacity development factors consisted of dimensions of vision and missions, organization leadership, structure and mandate.

Table 12: Descriptive Statistics for Institutional Capacity Development and sustainability of HIV/AIDS service delivery

Institutional capacity development	Disagree			Agree		Mean	S.D
	SD	DA	NS	A	SA		
Goal supported NGOs have clear leadership structures that help to drive HIV/AIDS service provision	1.3% (3)	1.8% (4)	9.6% (22)	49.1% (112)	38.2% (89)	4.21	0.791
Goal supported HIV/AIDS NGOs align their policies to funding priorities of their donors	0.4% (1)	1.3% (3)	20.2% (46)	48.2% (110)	29.8% (68)	4.06	0.769
Goal supported NGOs that have clear missions and vision	1.3% (3)	3.9% (9)	11.4% (26)	48.7% (111)	34.6% (79)	4.11	0.853
Staff turnover among Goal funded NGOs affect the sustainability of HIV/AIDS services	2.6% (6)	7.5% (17)	22.8% (52)	40.4% (92)	26.8% (61)	3.81	1.000
Summary of Average Mean & SDV for Institutional capacity development						4.048	0.47

Source: Primary data

Institutional Capacity Development

On the question “Goal supported NGOs have clear leadership structures that help to drive HIV/AIDS service provision”, 3.1% (7) disagreed with the statement, 9.6% (22) were not sure on the question asked and 87.3% (201) respondents agreed with the statement. When respondents were asked if Goal supported HIV/AIDS NGOs align their policies to funding priorities of their donors, 1.7% (4) disagreed with the statement, 20.2% (46) were not sure on the question asked and 78% (178) respondents agreed with the statement. On the question “Goal supported NGOs that have clear missions and vision and are more likely to sustain HIV service delivery”, 5.2% (12) disagreed with the statement, 11.4% (26) were not sure on the question asked and 83.3% (190) respondents agreed with the statement. When respondents were asked if staff turnover among GOAL funded NGOs affect the sustainability of HIV/AIDS services, 10.1% (23) disagreed with the statement, 22.8% (52) were not sure on the question asked and 67.2% (153) respondents agreed with the statement.

The overall mean was 4.048 and standard deviation was 0.47 which indicates that majority of respondents agreed that Institutional capacity development affect Sustainability of HIV/AIDS Service Delivery since the mean was above 3 and standard deviation very small.

Interview results in relation to institutional capacity development and sustainability of HIV/AIDS services point to a close relationship as noted by the informants below

When asked whether there is a link between staff capacity and NGO vision, mission and goal, one Manager said;

“There was a strong link evidenced by recruitment of staff basing on needs in line with vision but also development of human resource manuals and

organizational structures that are in agreement with the vision and mission statements of the organizations”.

Another Manager added;

“Exactly because the organization must be moving towards achieving what it is set to achieve in terms of objectives, Goals, Mission and Vision, is why we normally try to evaluate ourselves sometimes with the help of our donor especially GOAL Uganda, Civil Society Fund help us understand where we are, which consequently lead to revision of some parts of our mission”.

This was augmented by another Manager who noted that;

“The commitment and determination of leaders in organizations to the delivery of services and also the zeal to ensure set objectives are met is very important. Many activities have had impact for example HIV prevention and skills training in specific HIV prevention strategies in the community due to the commitment of the leaders”.

This is in agreement with (Block and Manning, 2007) who asserts that leadership is a requirement for achieving sustainability in health care with emphasis on frontline Managers who cause positive changes in health delivery. At all levels of health care strategy implementation, management should be consistent with planning, coordination, monitoring and management of the implementation, a process that requires experienced Managers and champions.

However, according to Guler (2008), having well focused visions alone may not make any greater strides without action. HIV/AIDS NGOs need to continue to use organisational strategic structures and mandate as a key to gain leverage and

credibility. He continues that under all contexts and trends, maintaining a clear link between vision and action and staying focused on primary stakeholders and mission require strong leadership, staff commitment and also optimum degree of organizational flexibility to respond to changing needs, interests, and priorities.

4.6.1 Correlation Results between Institutional Capacity Development and Sustainability of HIV/AIDS service delivery

To test if there was relationship between the institutional capacity development and sustainability of HIV/AIDS service delivery, a correlation analysis was conducted using Pearson's correlation(r) coefficient and significance (p) at the two tailed levels.

Table 13: Correlation Matrix between Institutional Capacity Development and Sustainability of HIV/AIDS service delivery

		Sustainability of Service Delivery	Institutional Capacity Development
Sustainability of Service Delivery	Pearson Correlation	1	.388**
	Sig. (2-tailed)		.000
	N	228	228
Institutional Capacity Development	Pearson Correlation	.388**	1
	Sig. (2-tailed)	.000	
	N	228	228

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data

Table 13 above shows that there was a moderate positive significant relationship between institutional capacity development and sustainability of HIV/AIDS service delivery where Pearson's correlation coefficient $r = 0.388^{**}$ and $p = 0.000$. It means that when institutional capacity development is given more attention, sustainability of service delivery will improve in the same direction, implying that HIV/AIDS NGOs

would benefit more from enhancing institutional capacity development for their organisations to perform better and render sustainable services to the local population

4.5.1 Regression results between institutional capacity development and sustainability of HIV/AIDS service delivery

To establish the extent to which institutional capacity development influenced sustainability of HIV/AIDS service delivery, a regression analysis was conducted using the ANOVA techniques of adjusted R^2 values, standardized beta values, t-values and the significance measured at 0.05 levels. The results are tabulated in the table 14 below.

Table 14: Model summary of institutional capacity development and sustainability of HIV/AIDS service delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.388 ^a	.151	.147	.40029

a. Predictors: (Constant), institutional Capacity Development

Source: Primary Data

The model summary in table 14 above shows adjusted R^2 value of 0.147 between institutional capacity development and sustainability of HIV/AIDS service delivery which is suggesting that institutional capacity development alone predicted 14.7% of the variance in sustainability of HIV/AIDS service delivery. The adjusted R^2 (0.147) and significance (0.40029) suggested that institutional capacity development was a relatively strong significant predictor of sustainability of HIV/AIDS service delivery.

Further regression analysis was made to understand the variation in institutional capacity development by sustainability of HIV/AIDS service delivery and results are presented in the table 15 below

Table 15: Variation in institutional capacity development and sustainability of HIV/AIDS service delivery

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	6.424	1	6.424	40.089	.000 ^a
Residual	36.213	226	.160		
Total	42.637	227			

a. Predictors: (Constant), Institutional Capacity Development

b. Dependent Variable: Sustainability of Service Delivery

Source: Primary Data

The study tested the null hypothesis which was stated that institutional capacity development among NGOs significantly affects the sustainability of HIV/AIDS service delivery.

The study also tested the alternative hypothesis which was stated that Institutional capacity development among NGOs does not significantly affect the sustainability of HIV/AIDS service delivery.

The study had the level of significance at $\alpha=0.05$ and ANOVA statistical method was used to analyse the data.

From the table 15 above it can be deduced from the regression that institutional capacity development has got a strong contribution to the sustainability of HIV/AIDS service delivery, $F=40.089$ (0.000a).

This means that improvement in institutional capacity development would result in improvement in sustainability of HIV/AIDS service. This implies that NGO Managers should center on institutional capacity development to achieve stated visions, missions, goals and objectives.

Since significance calculated 0.000^a is lower than 0.05, the researcher accepted the hypothesis which was stated that “institutional capacity development among NGOs significantly affects the sustainability of HIV/AIDS service delivery”.

4.7. Strategic planning capacity development and sustainability of HIV/AIDS service delivery

This section looked at the third objective of the study which was to examine the relationship between strategic planning capacity development and the sustainability of service delivery. Strategic planning capacity development took the dimensions of Goal setting and Strategy formulation and the findings are displayed in table 16 below.

Table 16: Descriptive Statistics for Strategic Planning and sustainability of HIV/AIDS service delivery

Strategic planning	Disagree			Agree			
Goal setting and strategy formulation	SD	DA	NS	A	SA	Mean	S.D
Goal supported NGOs design projects with clear phase out strategies	3.5% (8)	8.3% (19)	10.5% (24)	52.6% (120)	25.0% (57)	3.87	0.996
Goal supported partners have guidelines and procedures of HIV/AIDS service provision and are well known to us	1.8% (4)	6.6% (15)	11.4% (26)	55.7% (127)	24.6% (56)	3.95	0.884
In my view Goal funded partners have the capacity to formulate strategies for long term HIV/AIDS service delivery	3.1% (7)	6.1% (14)	15.8% (36)	57.0% (130)	18.0% (41)	3.81	0.909
Goal funded NGOs carry out regular surveys of beneficiaries needs and uses them in planning	4.8% (11)	11.8% (27)	15.8% (36)	42.1% (96)	25.4% (58)	3.71	1.116
Goal funded NGOs continuously consult us about our changing needs, interest and priorities	6.1% (14)	11.0% (25)	11.8% (27)	53.5% (122)	17.5% (40)	3.65	1.082
We are aware of how long HIV/AIDS services are to be provided	9.6% (22)	9.6% (22)	17.5% (40)	47.4% (108)	15.8% (36)	3.50	1.159
Summary of Average Mean & SDV for Strategic planning						3.74	0.68

Source: Primary data

Strategic planning

When respondents were asked if Goal supported NGOs design projects with clear phase out strategies, 11.8% (27) disagreed with the statement, 10.5% (24) were not sure on the question asked and 77.6% (177) respondents agreed with the statement.

On the question “Goal supported partners have guidelines and procedures of HIV/AIDS service provision and are well known to us”, 8.4% (19) disagreed with the statement, 11.4% (26) were not sure on the question asked and 80.3% (183) respondents agreed with the statement. When respondents were asked if their view Goal funded partners have the capacity to formulate strategies for long term HIV/AIDS service delivery, 9.2% (21) disagreed with the statement, 15.8% (36) were not sure on the question asked and 75% (171) respondents agreed with the statement.

On the question “Goal funded NGOs carry out regular surveys of beneficiaries needs and uses them in planning”, 16.6% (38) disagreed with the statement, 15.8% (36) were not sure on the question asked and 67.5% (154) respondents agreed with the statement. When respondents were asked if Goal funded NGOs continuously consult us about our changing needs, interest and priorities, 17.1% (39) disagreed with the statement, 11.8% (27) were not sure on the question asked and 71% (162) respondents agreed with the statement. On the question “We are aware of how long HIV/AIDS services are to be provided”, 11.6% (44) disagreed with the statement, 17.5% (40) were not sure on the question asked and 63.2% (144) respondents agreed with the statement.

The overall mean was 3.74 and standard deviation was 0.68 which indicates that majority of respondents agreed that strategic planning capacity development affect sustainability of HIV/AIDS service delivery since the mean was above 3 and standard deviation very small.

These findings were backed up by interview results, hence suggesting that strategic planning capacity development had a big impact on sustainability of HIV/AIDS service delivery as noted by some key informants.

One technical Manager noted;

“NGOs adopt programmes through consultations, visitations to the beneficiaries, conducting surveys and involving beneficiaries in project designs, planning, implementation, evaluation and carrying out needs assessments to inform the design of projects, other notable ways are through review of the existing strategic plans and policies but most importantly through collaborations, referrals and networking with other service providers”

Another one agreed with this fact saying that;

“During the design and implementation of projects, the guidance of the National HIV/AIDS strategic plan and the national priority action plans are paramount reference points but decried of not having enough copies of the policy and inadequate dissemination by the Government arm”.

On the contrary, one key informant said;

“There is great involvement of donors (GOAL) much of it is hands on for example during the planning phase which begins with concept development meeting. The existence of GOAL Staff to support partners in the development of proposals has influenced and impacted on the partner NGO’s creativity. In my opinion partner organizations would be left to handle their business without interference”.

This is supported by Michael (2009) who pointed out that funding sources can seriously affect NGO policy, making these organisations potential creatures of special interests and challenge NGO legitimacy and mandate adding that NGO's funding source partly determines the degree of autonomy for the organization in developing programs and in working with its target groups.

This argument largely agree with Elbers and Arts (2011), who argue that reliance on the programmatic and geographic priorities and definitions of poverty by donors mean that NGOs do not hold, as commonly perceived, strong comparative advantages in grassroots-driven development. Their limitations in designing and following community-driven and participatory development strategies and interventions mean that their interventions tend to align with the social, political and economic agendas of donors, rather than those of local communities and the poor whom they are meant to represent.

This was emphasized by one key informant who noted;

“The major limitation was lack of flexibility and innovativeness outside the GOAL strategies which were usually developed top-bottom. In addition some partners had staff with inadequate basic skills for meaningful participation and as a result GOAL staff indirectly hijacked the process and thus ended up developing the proposals. GOAL Country team's emphasis on adherence to timeliness and proposal development also put their staff under pressure and since it was an appraisal objective for them they resorted to taking over the process to move it faster with limited concern of skilling the partner staff to take over the process”.

Importantly, one Monitoring and Evaluation Officer from MUCOBADI said;

“We adopt programmes to the changing needs through attending different disseminations and presentations about the trend of HIV/AIDS, getting involved in understanding and dissemination of the national strategic direction, reading other players report and analyzing their best practices, but also using our own data collected from the field and analyzing it for use in planning and re-planning”.

All top Managers concurred with the process and importance of involving stakeholders with all of them saying;

“We involve stakeholders from the planning, goal setting and implementation, monitoring and review processes of projects through conducting joint meetings”, In all their plans, there had been a component of planning with different stakeholders”.

One CEO said;

“There are issues that cannot be overlooked like the mere fact that we can’t do everything and yet sometimes one achievement can bring in another challenge. For example if some stake holders are not involved in the planning e.g. setting goals they may either intentionally sabotage the project or may not offer any support which the organization may need at one time”.

However, beneficiaries in one focus group discussion revealed that they are not sure of any strategy in place developed by the organisations in case of closure of GOAL funding. Some went ahead to suggest that they would rather start paying money for the services or forming partnerships with other agencies that are funded by other

donors instead of those funded by GOAL, an issue that raises questions on whether the beneficiaries are informed of the trend and direction of service delivery by the NGOs funded by GOAL. This implied that there is still need for more and meaningful involvement of the beneficiaries in the planning processes of the organizations.

When asked about how favorable the design and methodology of project/program capacity building process was, key informants said the process allows for greater say by the organizations in design as they are allowed to assess them and any area they score below 50% could call for capacity building and training as reported by more than 70% of the respondents.

However, some disagreed with this notion saying that the process is donor dominated and does not allow for meaningful participation of beneficiaries. Also given the fact that the design and methodology are developed by the donor and the organisation, it rarely gives the beneficiaries opportunity to participate.

This is in agreement with the CEO IDAAC who had this to say;

“I think it is favorable although in some cases the staff in the organization may tend to read the mind of the donor which sometimes affects the organization in the long run”.

This agrees with (Guler 2008) who stated that strategic planning, which is a key process of sustainability is often found weak in Southern NGOs since they simply re-orient their priorities towards the choices of their Northern partners.

It was also evident that some NGOs had procedures in place that allows for integration of their activities into sub county/district plans as noted by one informant;

“Through District and Sub county strategic planning process, where we are invited to participate as stakeholders to identify areas that need improvement, hold dialogues with stakeholders and integrate our work into the sub counties and district plans”.

Other NGOs reported to participate through budget conferences, quarterly reviews held at the sub counties and district and copying of report to the sub counties and district for meaningful integration while others launch their plans and discuss them with the sub county to avoid duplication of service and getting into conflict with the local managers of government policies, but also remembering that all we do is done on behalf of the government of Uganda.

In circumstances where resources are limited, NGO Managers need to consciously plan to integrate their work with other development actors especially Government as government has sustainable funding and structures for service delivery so that when donor projects close, beneficiaries can easily get the services.

4.7.1 Correlation results between strategic planning capacity development and sustainability of HIV/AIDS service delivery

To test if there was relationship between the strategic planning capacity development and sustainability of HIV/AIDS service delivery, a correlation analysis was conducted using Pearson’s correlation(r) coefficient and significance (p) at the two tailed levels.

Table 17: Correlation Matrix between Strategic Planning and Sustainability of HIV/AIDS Service Delivery

		Sustainability of Service Delivery	Strategic planning
Sustainability of Service Delivery	Pearson Correlation	1	.657**
	Sig. (2-tailed)		.000
	N	228	228
Strategic planning	Pearson Correlation	.657**	1
	Sig. (2-tailed)	.000	
	N	228	228

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data

Table 17 above shows that there was a moderate positive significant relationship between strategic planning and Sustainability of service delivery where Pearson’s correlation coefficient $r = 0.657^{**}$ and $p = 0.000$. It means that when strategic planning is given more attention in its full details, sustainability of service delivery will improve by a big proportion, implying that NGOs Manager would benefit more from giving more attention and support to strategic planning.

4.5.1 Regression results between strategic planning capacity development and sustainability of HIV/AIDS service delivery

To establish the extent to which strategic planning capacity development influenced Sustainability of HIV/AIDS Service Delivery, a regression analysis was conducted using the ANOVA techniques of adjusted R^2 values, standardized beta values, t-values and the significance measured at 0.05 levels. The results are tabulated in the table 18 below.

Table 18: Model summary of Strategic Planning and Sustainability of HIV/AIDS

Service Delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.657 ^a	.432	.430	.32734

a. Predictors: (Constant), Strategic Planning

Source: Primary Data

The model summary in table 18 above shows adjusted R² value of 0.430 between strategic planning and sustainability of HIV/AIDS service delivery which is suggesting that strategic planning capacity development alone predicted 43% of the variance in sustainability of HIV/AIDS service delivery. The adjusted R² = 0.430 and significance.32734 suggested that strategic planning was a strong significant predictor of sustainability of HIV/AIDS service delivery.

Further regression analysis was made to understand the variation in strategic planning capacity development by sustainability of HIV/AIDS service delivery and results are presented in the table 19 below.

Table 19: Variation in strategic planning capacity development and sustainability of HIV/AIDS service delivery

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	18.421	1	18.421	171.913	.000 ^a
	Residual	24.216	226	.107		
	Total	42.637	227			

a. Predictors: (Constant), Strategic planning

b. Dependent Variable: Sustainability of Service Delivery

Source: Primary Data

The study tested the null hypothesis which stated that there is a positive relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery.

The study also tested the alternative hypothesis which stated that there is a negative relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery.

The study had the level of significance at $\alpha=0.05$ and ANOVA statistical method was used to analyse the data.

It can be deduced from the regression that strategic planning capacity development has got a strong contribution to the sustainability of HIV/AIDS service delivery, $F=171.913$ (0.000a).

This means that enhancement of strategic planning capacity development would result in development in sustainability of HIV/AIDS service delivery. This implies that administrators should focus on strategic planning to attain stated goals.

Since the significance calculated 0.000^a is lower than 0.05, the researcher accepted the hypothesis which was stated that “there is a positive relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery”.

4.8. Resource Mobilization Capacity Development and Sustainability of HIV/AIDS Service Delivery

This section looked at the fourth objective of the study which was to find out the influence of resource mobilization capacity development on sustainability of HIV/AIDS service delivery. Resource mobilization capacity development dimensions

consisted of long term donor commitments, collaborations and partnerships, local resources and grant proposal writing and the findings are displayed in table 20 below.

Table 20: Descriptive Statistics for Resource Mobilization Capacity Development and sustainability of HIV/AIDS service delivery

Resource mobilization capacity	Disagree			Agree		Mean	S.D
	SD	DA	NS	A	SA		
Long term donor commitments							
In my view the funding available can sustain HIV service delivery	13.6% (31)	20.2% (46)	27.2% (62)	31.1% (71)	7.9% (18)	3.00	1.174
There are strong strategies in place among Goal supported NGOs to ensure that HIV/AIDS services will be available even in future	3.5% (8)	11.8% (27)	33.8% (77)	40.4% (92)	10.5% (24)	3.43	0.952
Collaborations and partnerships							
Goal supported NGOs have strong links with other HIV/AIDS services organisations	1.3% (3)	5.3% (12)	11.4% (26)	47.4% (106)	34.6% (79)	4.09	0.886
Goal funded NGOs work closely with local leaders and Government structures in the implementation of projects	1.8% (4)	3.5% (8)	5.3% (12)	43.0% (98)	46.5% (106)	4.29	0.857
Goal funded NGOs work and share material and financial resources with national and international organizations	7.5% (17)	9.6% (22)	14.9% (34)	45.6% (104)	22.4% (51)	3.66	1.148
There are no incidences of duplication of services among Goal funded NGOs	9.6% (22)	11.8% (27)	14.0% (32)	37.7% (86)	26.8% (61)	3.60	1.264
Local resources							
In my view clients should have some financial and material contribution towards the HIV services they receive	14.0% (32)	22.4% (51)	10.5% (24)	32.9% (75)	20.2% (46)	3.23	1.370
In my view clients should engage in	4.4%	11.0%	7.0%	45.6%	32.0%	3.90	1.1

activities that generate money to fund HIV/AIDS services	(10)	(25)	(16)	(104)	% (73)		04
NGO is capable of attracting volunteer support.	3.1% (7)	4.4% (10)	11.0% (25)	40.4% (92)	41.2% (94)	4.12	0.9 81
Grant proposal writing							
The capacity of fundraising among local Goal funded NGOs matches HIV/AIDS needs of the beneficiaries	6.6% (15)	12.7% (29)	24.6% (56)	40.8% (93)	15.4% (35)	3.46	1.1 00
There are strategies in place to ensure that these HIV/AIDS services will be available even in future	3.9% (9)	12.3% (28)	34.2% (78)	36.4% (83)	13.2% (30)	3.43	0.9 97
Summary of Average Mean & SDV for Resource mobilization capacity						3.65	0.5 2

Source: Primary data

Resource Mobilization Capacity

When respondents were asked if in their view the funding available can sustain HIV service delivery, 33.8% (77) disagreed with the statement, 27.2% (62) were not sure on the question asked and 39% (89) respondents agreed with the statement. On the question “There are strong strategies in place among Goal supported NGOs to ensure that HIV/AIDS services will be available even in future”, 15.3% (35) disagreed with the statement, 33.8% (77) were not sure on the question asked and 50.9% (116) respondents agreed with the statement.

When respondents were asked if Goal supported NGOs have strong links with other HIV/AIDS services organizations, 6.6% (15) disagreed with the statement, 11.4% (26) were not sure on the question asked and 82% (185) respondents agreed with the statement. On the question “Goal funded NGOs work closely with local leaders and Government structures in the implementation of projects”, 5.3% (12) disagreed with

the statement, 5.3% (12) were not sure on the question asked and 89.5% (204) respondents agreed with the statement. When respondents were asked if Goal funded NGOs work and share material and financial resources with national and international organizations, 17.1% (39) disagreed with the statement, 14.9% (34) were not sure on the question asked and 68% (155) respondents agreed with the statement. On the question “There are no incidences of duplication of services among Goal funded NGOs”, 21.4% (49) disagreed with the statement, 14.0% (32) were not sure on the question asked and 64.5% (147) respondents agreed with the statement.

When respondents were asked if in their view clients should have some financial and material contribution towards the HIV services they receive, 36.4% (83) disagreed with the statement, 10.5% (24) were not sure on the question asked and 53.1% (121) respondents agreed with the statement. On the question “In my view clients should engage in activities that generate money to fund HIV/AIDS services”, 15.4% (35) disagreed with the statement, 7.0% (16) were not sure on the question asked and 77.6% (177) respondents agreed with the statement. When respondents were asked if NGO is capable of attracting volunteer support, 7.5% (17) disagreed with the statement, 11.0% (25) were not sure on the question asked and 81.6% (186) respondents agreed with the statement.

On the question whether the capacity of fundraising among local Goal funded NGOs matches HIV/AIDS needs of the beneficiaries, 19.3% (44) disagreed with the statement, 24.6% (56) were not sure on the question asked and 56.2% (128) respondents agreed with the statement. When respondents were asked if there are strategies in place to ensure that these HIV/AIDS services will be available even in future, 16.2% (37) disagreed with the statement, 34.2% (78) were not sure on the question asked and 49.6% (113) respondents agreed with the statement.

The overall mean was 3.65 and standard deviation was 0.52 which indicates that majority of respondents agreed that resource mobilization capacity affect sustainability of HIV/AIDS service delivery since the mean was above 3 and standard deviation very small.

An interview with one top Manager on long term donor commitments revealed that though some Managers were very uncertainty about the future, other very aggressive Executive Directors for organizations like MUCOBADI, FOC-REV and URHB are on the other hand sure of the future, noting that;

“Goal has built our capacity in HIV/AIDS service delivery in areas like proposal development, governance, leadership, financial management and sustainability. This has enabled us to lobby for more funds from other donors to complement on the GOAL activities”.

The Executive Director FOC-REV said by June 2012, they had registered 1,333 clients more than what they were reaching with funding from GOAL.

Regarding collaborations and partnerships, a top manager attested;

“We consider resource mobilization as a key area for sustainability, we raise resources through grants and donations, writing grant proposals and partnerships as the major source of funding, we have funding partnerships with Independent Development Fund (IDF), Civil Society Fund (CSF), The AIDS Support Organization (TASO), Strengthening TB and AIDS Responses in Eastern Uganda, IFAD, GOAL Uganda and have approached Global Fund, Robbert Carr, Lewis Foundation”.

Three of the sampled NGOs had well established additional sources of funding like membership, annual subscriptions and income generating avenues like a medical centre for the case of Uganda Reproductive Health Bureau.

When asked about whether NGOs in Bugiri have the competence to develop diversified resources to contribute to long term services, one informant from GOAL said;

“Some organizations for example FOC-REV, UMURDA, MUCOBADI and URHB had developed capacity to attract more than one funder but others have entirely depended on the existence of GOAL to the extent that their survival is at risk when GOAL phases out”.

This totally agrees with Fisher (2005) who stated that a great majority of NGOs largely depends on donor funding and often face the risk of collapse when these funds cease, adding that even when funding from such sources continues, the greater dependence on them may also threaten NGOs performance, distort autonomy and weaken legitimacy meaning that Managers of HIV/AIDS funded partners should use their capacity to resource mobilize to reduce dependency on a single donor to achieve autonomy of organisations.

With the capacity building, the chairperson of MUCOBADI looks at the future with a lot of certainty but adds that there is need to intensify on resource mobilisation and fundraising, developing more effective partnerships and creating awareness among beneficiaries on the alternatives. This can be a welcome move for sustainability as 77.6% of the respondents when asked whether clients should engage in activities that generate money to fund HIV/AIDS services agreed with the statement.

Emphasis for collaborations and partnership is also made by Linden berg and Bryant (2001) who said;

“The days of working in isolation are ending and today’s trend is towards improved partnership between NGOs, governments and the private sector which he says helps NGOs develop core competencies, get advantage of different expertise and influence policy actors”.

Most NGOs are in agreement with the fact that their institutions are regarded as valuable resources by the Districts and other stakeholders which is a big factor for the sustainability of the organisations as noted by one Manager;

“Our organisation is involved and participates in the quarterly review meetings by the district, always called upon when there is a problem in the communities, invited and asked to make presentations during days like the national World AIDS Day but most importantly, the District has been carrying out joint support supervision”.

Top Managers and Chairpersons in the sampled organisations cited the following as mechanisms that are in place for continued service delivery if GOAL closes; coordination and networking with CSOs in HIV service delivery and the District Health office, strong referral system, continued resource mobilisation through development of more fundable proposals to other donors, user fees from established facilities like clinics and more efforts directed towards domestic funding strategies and supporting community structures to own and maintain HIV related programs.

This is in agreement with the results of one Focus Group Discussion that mentioned;

“We are not very well aware of any strategies in place to sustain service but if the GOAL funded NGOs fail, we suggest they hand over to District Health Office”.

However, for beneficiaries from HUKESEHO, the future is dim as noted;

“We are not sure of our continuity, because even now we have not received drugs from HUKESEHO for almost a month because GOAL stopped funding; a condition that was common across most of the organisations funded by GOAL in Bugiri whose funding cycle had just ended”.

4.8.1 Correlation results between resource mobilization capacity development and sustainability of HIV/AIDS service delivery

To test if there was relationship between resource mobilization capacity development and sustainability of HIV/AIDS service delivery, a correlation analysis was conducted using Pearson’s correlation(r) coefficient and significance (p) at the two tailed levels.

Table 21: Correlation Matrix between resource mobilization capacity development and sustainability of HIV/AIDS Service Delivery

		Sustainability of Service Delivery	Resource mobilization capacity
Sustainability of Service Delivery	Pearson Correlation	1	.690**
	Sig. (2-tailed)		.000
	N	228	228
Resource mobilization capacity	Pearson Correlation	.690**	1
	Sig. (2-tailed)	.000	
	N	228	228

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data

Table 21 above shows that there was a moderate positive significant relationship between resource mobilization capacity development and sustainability of HIV/AIDS service delivery where Pearson’s correlation coefficient $r = 0.690^{**}$ and $p = 0.000$. It means that when resource mobilization capacity development is given more attention in its full details, sustainability of HIV service delivery will improve by a big proportion, implying that GOAL funded HIV/AIDS NGOs would benefit from giving more attention and support to resource mobilization capacity development.

4.5.1 Regression results between resource mobilization capacity development and sustainability of HIV/AIDS service delivery

To establish the extent to which resource mobilization capacity development influenced sustainability of HIV/AIDS service delivery, a regression analysis was conducted using the ANOVA techniques of adjusted R^2 values, standardized beta values, t-values and the significance measured at 0.05 levels. The results are tabulated in the table 22 below.

Table 22: Model summary of resource mobilization capacity development and sustainability of HIV/AIDS service delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.690 ^a	.476	.474	.31437

a. Predictors: (Constant), Resource mobilization capacity

Source: Primary Data

The model summary in table 22 above shows adjusted R^2 value of 0.474 between resource mobilization capacity development and sustainability of HIV/AIDS service

delivery which is suggesting that resource mobilization capacity development alone predicted 47.4% of the variance in sustainability of HIV/AIDS service delivery. The adjusted $R^2 = 0.474$ and significance 0.31437 suggested that resource mobilization capacity development was a strong significant predictor of sustainability of HIV/AIDS service delivery.

Further regression analysis was made to understand the variation in resource mobilization capacity development by sustainability of HIV/AIDS service delivery and results are presented in the table 23 below.

Table 23: Variation in resource mobilization capacity development and sustainability of HIV/AIDS service delivery

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.302	1	20.302	205.432	.000 ^a
	Residual	22.335	226	.099		
	Total	42.637	227			

a. Predictors: (Constant), Resource mobilization capacity

b. Dependent Variable: Sustainability of Service Delivery

Source: Primary Data

The study tested the null hypothesis which stated that resource mobilization capacity development among NGOs significantly influences sustainability of HIV/AIDS service delivery.

The study also tested the alternative hypothesis which stated that resource mobilization capacity development among NGOs does not significantly influences sustainability of HIV/AIDS service delivery.

The study had the level of significance at $\alpha=0.05$ and ANOVA statistical method was used to analyse the data.

From the table 23 above, it can be deduced from the regression that resource mobilization capacity development has got a strong contribution to the sustainability of HIV/AIDS service delivery, $F=205.432$ (0.000a). This means that enhancement of resource mobilization capacity development would result in improvement in sustainability of HIV/AIDS service. This implies that NGO staff should focus on resource mobilization capacity development to achieve sustainable service delivery.

Since significance calculated 0.000a is lower than 0.05, the researcher accepted the hypothesis which was stated that “resource mobilization capacity development among NGOs significantly influences sustainability of HIV/AIDS service delivery”.

Table 24: Summary of the Study Hypotheses

Hypothesis	Accepted/ Rejected	Inferential statistics
H₁: Financial management capacity development significantly influences the sustainability of HIV/AIDS service delivery	Accepted	adjusted $R^2 = 0.279$, $r = 0.531^{**}$, and sig = 0.000
H₂: Institutional capacity development among NGOs significantly affects the sustainability of HIV/AIDS service delivery	Accepted	Adjusted $R^2 = 0.147$, $r = 0.388^{**}$, and sig = 0.000
H₃: There is a positive relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery	Accepted	Adjusted $R^2 = 0.430$, $r = 0.657^{**}$, and sig = 0.000
H₄: Resource mobilization capacity development among NGOs significantly influences sustainability of HIV/AIDS service delivery	Accepted	Adjusted $R^2 = 0.474$, $r = 0.690^{**}$, and sig = 0.000

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of findings, discussion, conclusions and recommendations of the findings; they are presented objective by objective.

5.1 Summary of Key Findings

The summary of the findings is presented objective by objective

5.1.1 Financial management capacity development and sustainability of HIV/AIDS service delivery

The study findings showed that there is moderate positive significant relationship between financial management capacity development and sustainability of HIV/AIDS service delivery. The financial management capacity development features such as financial management systems and human resource influence sustainability of HIV/AIDS service delivery. Financial management capacity development was found to have a moderate positive significant relationship with sustainability of HIV/AIDS service delivery given by Pearson correlation $r = 0.531^{**}$ and significance of 0.000. The study also showed that financial management capacity development influences sustainability of HIV/AIDS service delivery by 27.9%. Furthermore the study accepted the stated hypothesis that “Financial management capacity development significantly influences the sustainability of HIV/AIDS service delivery”.

5.1.2 Institutional capacity development and sustainability of HIV/AIDS service delivery

The study findings showed that there is a moderate positive significant relationship between institutional capacity development and sustainability of HIV/AIDS service delivery. The institutional capacity development features such as Vision and missions and organization leadership, structure and mandate influence sustainability of HIV/AIDS service delivery. Institutional capacity development was found to have a moderate positive significant relationship with Sustainability of HIV/AIDS service delivery given by Pearson correlation $r = 0.388^{**}$ and significance of 0.000. The study also showed that institutional capacity development influences sustainability of HIV/AIDS service delivery by only 14.7%. Furthermore the study accepted the stated hypothesis that “Institutional capacity development among NGOs significantly affects the sustainability of HIV/AIDS service delivery”.

5.1.3 Strategic planning capacity development and sustainability of HIV/AIDS service delivery

The study findings showed that there is a moderate positive significant relationship between strategic planning and sustainability of HIV/AIDS service delivery. The strategic planning features such as goal setting and strategy formulation influence sustainability of HIV/AIDS service delivery. Strategic planning capacity development was found to have a moderate positive significant relationship with Sustainability of HIV/AIDS service delivery given by Pearson correlation $r = 0.657^{**}$ and significance of 0.000. The study also showed that Strategic planning capacity development influences sustainability of HIV/AIDS service delivery by 43%. Furthermore the study accepted the stated hypothesis that “there is a positive

relationship between strategic planning capacity development and the sustainability of HIV/AIDS service delivery”.

5.1.4 Resource mobilization capacity development and sustainability of HIV/AIDS service delivery

The study findings showed that there is a moderate positive significant relationship between resource mobilization capacity development and sustainability of HIV/AIDS service delivery. The resource mobilization capacity development features such as long term donor commitments, collaborations and partnerships, local resources and grant proposal writing influence sustainability of HIV/AIDS service delivery. Resource mobilization capacity development was found to have a moderate positive significant relationship with sustainability of HIV/AIDS service delivery given by Pearson correlation $r = 0.690^{**}$ and significance of 0.000. The study also showed that resource mobilization capacity development influences sustainability of HIV/AIDS service delivery by 47.4%. Furthermore the study accepted the stated hypothesis that “resource mobilization capacity development among NGOs significantly influences sustainability of HIV/AIDS service delivery”.

5.2 Discussions

5.2.1 Financial Management Capacity Development and Sustainability of HIV/AIDS Service Delivery

The study findings showed that there is moderate positive significant relationship between financial management capacity development and sustainability of HIV/AIDS service delivery. These findings are in line with assertion by Oxfam report (2005) that observed that since the mid - 1980’s, NGOs’ have proliferated round the World with a

handful becoming huge and influential. When NGO's budgets reach multi-million dollar levels, it is not surprising that demands for fundraising and branding overwhelm the behind-the-scenes, long term community work. This view was supported by respondents who agreed that Goal funded NGOs have transparent and accountable systems for financial management and this view is shared by World Bank (2009).

However, Edwards (2008) argued that while their potential for offering development alternatives remains high, their leverage over long-run drivers of change will continue to be weak and NGOs will never achieve the impact they aim for.

According to Baser (2007), to promote sustainability of service delivery, people and organisations should have the abilities to be able to react to external pressures and identify their own solutions to problems that arise, this is shared by respondents on the question Goal supported NGOs allocate project finances to areas of dire need for services which is further shared by World Bank (2009) who agreed with this notion that capacity is built faster when the process is endogenous adding that vital for sustainability is not only sufficient quantity of funding, but also its quality and diversification.

However, according to Murray and Overton (2011), sustainability is another concern discussed in relation to NGO programmes, given their reliance on short- and medium-term project-based funding. Projects with defined timescales, measurable outputs and an emphasis on physical capital development are not well suited to long-term structural change, particularly when implemented by multiple and competing small-scale NGOs. Research in Uganda highlights the high turnover of NGOs, with the

study's authors only able to trace 25 percent of the 1,777 NGOs registered with the government (Barr et al 2005).

5.2.2 Institutional Capacity Development and Sustainability of HIV/AIDS Service Delivery

The study findings showed that there is a moderate positive significant relationship between institutional capacity development and sustainability of HIV/AIDS service delivery. These findings are supported by Block and Manning (2007) who argued that leadership is a requirement for achieving sustainability in health care and it emphasizes the importance of frontline Managers in effecting positive changes in health delivery. Respondents agreed that goal supported NGOs have clear leadership structures that help to drive HIV/AIDS service provision. This is also supported by Shriberg (2002) who pointed out that lack of leadership support is a key barrier to progress and concluded that at least one individual with broad and substantial influence needs to be a vocal advocate for sustainability initiatives in order for an organisation to be successful.

Michael (2009) noted that NGOs rely on funding sources from individuals, foundations, corporations and governments. In order to fulfill this, GOAL supported HIV/AIDS NGOs need to align their policies to funding priorities of their donors. However, as stated by critics, NGOs should not lose their identity in the pretext of fundraising.

Eade (2007) critically describes this process as a new form of 'donor-ship' rather than a real partnership, endangering NGO values such as independency and ownership. As International NGOs increasingly support their local partners through capacity-building programmes, the much-debated North-South issues resurge and bring back

the question of domination of Northern over Southern NGOs and what implications this has for future development work saying that “NGOs can, and do pick up and then abandon their Southern ‘partners’ without being called to account” and adding that “one could be forgiven for thinking that capacity building is an exclusively Southern need”.

According to Guler (2008), who draws four key lessons that provide useful recommendations for non-profits to improve organizational performance and effectiveness, he further presents that “Vision without action is a day dream and action without vision is a nightmare”, respondents agreed with this when asked if Goal supported NGOs have clear missions and vision and are more likely to sustain HIV service delivery.

However, according to Michael (2009) an NGO’s funding source determines the degree of autonomy for the organization in developing programs and in working with its target groups. This is in agreement with a respondent who expressed that they are no longer getting services because GOAL had stopped funding their organisations.

5.2.3 Strategic Planning capacity development and sustainability of HIV/AIDS service delivery

The study findings showed that there is a moderate positive significant relationship between strategic planning capacity development and sustainability of HIV/AIDS service delivery.

The study findings are in line with The National HIV Strategic Framework (NSF) 2000/1-2005/6 that guides the implementation of all the policies on HIV/AIDS and its mainstreaming into the development of sector policies. Most line ministries and districts have designed integrated HIV/AIDS strategies and developed appropriate

budget lines. In addition, resources have been mobilized by both governments and civil society to help run HIV/AIDS programs at district and community levels and to help the poor access such services, this view was further supported by respondents when asked if in their view Goal funded partners have the capacity to formulate strategies for long term HIV/AIDS service delivery. Furthermore, all NGOs were in agreement with the fact that during the design and implementation of projects, the guidance of the National HIV/AIDS strategic plan and the national priority action plan are paramount reference points.

The role of strategic planning is often found weak in Southern NGOs since they simply re-orient their priorities towards the choices of their Northern partners (Guler 2008). This is contradictory to the finding of the study where key respondents emphasized involvement of stakeholders in the planning and goal setting and implementation, monitoring and review processes of projects through conducting joint meetings, a practice that has enabled joint planning and resource allocation between actors.

The World Health report (2002) notes that as resources committed to AIDS and other health problems continue to increase, more emphasis is required to strengthen the systems to collect and analyze data and to improve on the quality of such data to strategically guide programming. This is in agreement with respondent who supported the statement that Goal funded partners carry out regular surveys of beneficiaries needs and uses them in planning and continuously consult them about their changing needs, interest and priorities.

5.2.4 Resource mobilization capacity development and sustainability of HIV/AIDS service delivery

The study findings showed that there is a moderate positive significant relationship between resource mobilization capacity development and sustainability of HIV/AIDS service delivery. Likewise, Linden Berg and Bryant (2001), equally submitted that the days of working in isolation and separation are ending and today's trend is towards improved partnership between NGOs, governments and the private sector. This view was shared by respondents who agreed that GOAL supported NGOs have strong links with other HIV/AIDS services organizations. Furthermore, Top Managers in all organisations reported grants and donations through grant proposal writing and partnerships as the major source of funding.

This argument was further strengthened by Fisher (2005), who stated that a great majority of NGOs largely depends on donor funding and often faces the risk of collapse when these funds cease. The study respondents further revealed sound strategies in place to ensure that these HIV/AIDS services will be available even in future including aggressive fundraising efforts

However, regarding collaboration among NGOs, the real picture is still full of many NGOs competing for limited financial support, hesitating to collaborate with each other, duplicating efforts in the same field and often involving in a dominant North-South NGO contract culture with either a passive, consultative or at most functional levels of partnership yet as stated by UNAIDS financial resources document (2007) if the scale up of HIV services continues at the same pace as in the recent past, the necessary funding is projected to reach US dollars 15.4 billion by 2010 and US dollars 22.5 billion by 2015.

According to Fowler (2004), the quality of NGO funds is that type that is free from stringent conditions, allocated on programs rather than projects, not constrained by

administrative requirements, predictable and reliable in terms of flow and disbursed timely. This agrees with the findings of the study that shows that the capacity of fundraising among local Goal funded NGOs matches HIV/AIDS needs of the beneficiaries

5.3 Conclusion

Conclusions of the study were based on the study findings. The study revealed that all variables; financial management capacity development, institutional capacity development, strategic planning and resource mobilization significantly influence sustainability of HIV/AIDS service delivery. The findings from the interview revealed that sustainability was a big challenge and expressed worries about their future when GOAL funded partners close.

5.3.1 Financial management capacity development and sustainability of HIV/AIDS service delivery

The study concluded that financial management systems influence sustainability of HIV/AIDS Service Delivery among NGOs. This was reflected in the responses on the question of whether GOAL funded NGOs have transparent and accountable systems for financial management where most of respondents agreed with the statement and this could be due to the fact that beneficiaries are involved in monitoring the use of funds and allocation of project finances to areas of dire need for services.

5.3.2 Institutional capacity development and sustainability of HIV/AIDS service delivery

Capacity development has been given a serious consideration in sustainability of HIV/AIDS service delivery. This can be seen in responses on the question Goal supported NGOs have clear leadership structures that help to drive HIV/AIDS service

provision in Bugiri district, where most of respondents agreed with the statement. This study concludes that institutional capacity development significantly influences sustainability of HIV/AIDS service delivery.

5.3.3 Strategic planning capacity development and sustainability of HIV/AIDS service delivery

This study concludes that strategic planning significantly influences sustainability of HIV/AIDS service delivery. When strategic planning is enhanced, sustainability of HIV/AIDS service delivery among Goal supported NGOs will also be enhanced.

It was revealed that some NGO projects and designs still run in parallel to the existing and already established government structures. There is need for HIV/AIDS NGOs programs to exploit the opportunity of existing health service delivery structures so that even in the face of closure of donor funding, HIV/AIDS services continue to be delivered to the community.

5.3.4 Resource mobilization capacity development and sustainability of HIV/AIDS service delivery

In order to increase long term donor commitments for sustainability of HIV/AIDS service delivery, strong strategies have been put in place among Goal supported NGOs, these should be available even in future. This study concludes that resource mobilization capacity development significantly influences sustainability of HIV/AIDS service delivery.

Where as a number of respondents pointed to the fact that NGOs had developed the capacity to resource mobilize and were effective in delivering services and the intended outputs, a number of them saw little and a near to dark future in terms of

prospects for long term service delivery because of lack of alternative sources in funds to run the projects.

This was a pointer to the lack of resource mobilisation capacity to steer through. Mobilisation of financial and non financial support from the various stakeholders including the beneficiaries is very crucial for effective and sustainable service delivery. This was unfortunately given little attention in the NGO capacity development model by GOAL.

5.4 Recommendations

On the basis of the analysis of the study and the conclusions drawn, the researcher made the following recommendations.

5.4.1 Financial Management Capacity Development and Sustainability of HIV/AIDS Service Delivery

HIV/AIDS NGOs have well designed and documented finance manuals and guidelines for implementation of the financial controls. However, much as all organisations have these policies in place, very few are able to refer to them during their day to day operations. Therefore the NGOs need to follow and refer to the guidelines and policies for effective implementation of the financial controls and systems.

There is a great need for training of all project staff and even Board members in financial management especially in the area of report writing, checks and balances and the use of the financial manuals. The trainings and capacity building should target overseers and Executive Directors who are supervisors and accounting officers.

5.4.2 Institutional capacity development and sustainability of HIV/AIDS service delivery

During the Focus Group Discussions, clients advocated for regular meetings and discussions with their service providers. This can provide an opportunity through which ideas can be discussed and challenges addressed. Managers are encouraged to enable project beneficiaries to focus on the long term visions and benefits of the project more than the short term deliverables.

The study also recommends that NGOs should maintain and intensify the popularization of the missions and vision since most of the respondents agreed that clear missions and vision are important for sustainability of HIV service delivery. Clarity of vision of the organisation rallies support for NGOs programs among the stakeholders and beneficiaries and attracts resources from within the community in support of the project success.

Management of GOAL supported HIV/AIDS NGO's should put incentives in place to reduce staff turnover. Management needs to put in place incentives to maintain their leadership and staff structures since clear structures help to drive HIV/AIDS service provision and enhance sustainability of HIV/AIDS services.

5.4.3 Strategic planning capacity development and sustainability of HIV/AIDS service delivery

HIV/AIDS NGO's should carry out joint planning with government and other key actors for many of the community programmes and meaningfully involve of males and females in health programmes. For strong community ownership and sustainability, services should be integrated in the mainstream health sector which

already has established management structures, infrastructure and payments systems; HIV and other NGO projects should not exist as standalone projects.

Donors should engage more in supporting NGOs to develop clear phase out strategies for projects. This was supported by most respondents who said that projects with clear phase out strategies from onset are more sustainable. In terms of logistics like drugs, remuneration of staff and information systems management, clear phase out structures are helpful when donor funding is withdrawn.

5.4.4 Resource mobilization capacity development and sustainability of HIV/AIDS service delivery

Project Directors and Manager need to be more innovative so as to find alternative means of funding HIV programs instead of banking on Donors whose funding is very insufficient and unreliable. They should work towards making the centres and organisations self-sustaining by generating their own revenue. Through skills programs, clients can be able to make mats, crafts, furniture and projects like poultry that can be marketed for income. This was supported by when clients agreed that they should have some financial and material contribution towards the HIV services they receive.

Besides the financial contributions, beneficiaries can be encouraged to contribute in-kind towards the programs in order to cut costs and even enhance ownership and accountability. Caregivers can contribute labour, development ideas, food items and skills trainings for people living with HIV/AIDS.

With the growth of middle class in Uganda and much publicity of HIV, NGOs should design programs and encourage local sponsorship and fundraising for program activities among churches, banks, community members and the corporate.

5.5 Limitations of the study

The study focused on GOAL supported HIV/AIDS NGO's in Bugiri district. The challenges faced by these projects may be unique to all other HIV/AIDS NGO's. Therefore it may not be easy to generalize the findings.

The study also focused on four variable of capacity development that affects sustainability of HIV/AIDS service delivery as these were deemed important by the researcher. There could be other capacity development variable that may influence the sustainability of HIV/AIDS service delivery but due to limitations in resources, the researcher could not study all of them. This could form a basis for further research.

The study did not address the moderator/intervening variables which may also have influence on the capacity development and sustainability of HIV/AIDS service delivery in Uganda.

5.6 Areas for further research

The study focused on the capacity development and sustainability of community based service delivery in Uganda, a case study of GOAL supported HIV/AIDS NGO's in Bugiri district. It should be noted that many organisations are providing similar or related services and they may be facing similar or different challenges which may not cut across. Therefore, the researcher recommends a similar study focusing on another project.

Most of the respondents in this study were quite educated and have had experience with working in GOAL supported HIV/AIDS NGO's. It could be interesting to have research done on respondents who have not interfaced with those projects before.

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Appendix A: Questionnaire (Clients)

Topic: Capacity development and sustainability of HIV/AIDS service delivery in Uganda. A case study of GOAL supported NGO’s in Bugiri District

Introduction

Dear respondent,

My name is Moses Mutumba, a student of Uganda Management Institute and I am pursuing a Masters degree in Management Studies. As part of the requirements for the award of this degree, am undertaking a study to assess the influence of Capacity development and sustainability of HIV/AIDS service delivery in Uganda. A case study of GOAL supported NGO’s in Bugiri District. The findings of the research are purely for academic purposes. Please I request you to spare time and give the most appropriate and honest responses

Section A: Background Information

In this section, please tick the category that best describes you

Age of respondent

1. Below 20 years	
2. 20-30 years	
3. 31-40 years	
4. Above 40 years	

Education Level

1. No formal Education	
2. Primary Education	
3. Secondary Education	
4. Tertiary level education	
5. Other (please specify)	

Marital Status

1. Never married	
2. Married	
3. Divorced	
4. Widowed	

Sex

1. Male	
2. Female	

Section B: Independent Variable (Capacity Development)

(A) Financial Management Capacity

In this section please tick in the box that corresponds to your response according to a scale of, 5=Strongly Agree, 4= Agree, 3= Not sure, 2= Disagree, 1=Strongly Disagree.

1)	Financial management systems	5	4	3	2	1
FMS1	Goal funded NGOs have transparent and accountable systems for financial management					
FMS2	Goal funded partners offer us with uninterrupted HIV services					
FMS3	Goal supported NGOs allocate project finances to areas of dire need for services					
FMS4	Beneficiaries are involved in monitoring the use of funds					
2)	Human resource	5	4	3	2	1
HR1	Goal funded NGOs have qualified and experienced staff to offer quality HIV services					
HR2	Goal supported NGOs have staff who are committed towards the HIV/AIDS service delivery					
HR3	In my view the staff in HIV/AIDS service delivery organisations are available and are enough to meet our needs					

(B) Institutional Capacity Development

In this section please tick in the box that corresponds to your response according to a scale of, 5=Strongly Agree, 4= Agree, 3= Not sure, 2= Disagree, 1= Strongly Disagree

1)	Organization vision, mission, leadership, structure and mandate	5	4	3	2	1
ICD1	Goal supported NGOs have clear leadership structures that help to drive HIV/AIDS service provision					
ICD2	Goal supported HIV/AIDS NGOs align their policies to funding priorities of their donors					
ICD3	Goal supported NGOs that have clear missions and vision and are more likely to sustain HIV service delivery					

ICD4	Staff turnover among Goal funded NGOs affect the sustainability of HIV/AIDS services					
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(C) Strategic planning

In this section please tick in the box that corresponds to your response according to a scale of, 5=Strongly Agree, 4= Agree, 3= Not sure, 2= Disagree, 1= Strongly Disagree

1)	Goal setting and strategy formulation	5	4	3	2	1
SP1	Goal supported NGOs design projects with clear phase out strategies					
SP2	Goal supported partners have guidelines and procedures of HIV/AIDS service provision and are well known to us					
SP3	In my view Goal funded partners have the capacity to formulate strategies for long term HIV/AIDS service delivery					
SP4	Goal funded NGOs carry out regular surveys of beneficiaries needs and uses them in planning					
SP5	Goal funded NGOs continuously consult us about our changing needs, interest and priorities					
SP6	We are aware of how long HIV/AIDS services are to be provided					

(D) Resource mobilization capacity

In this section please tick in the box that corresponds to your response according to a scale of, 5=Strongly Agree, 4= Agree, 3= Not sure, 2= Disagree, 1=Strongly Disagree.

1)	Long term donor commitments	5	4	3	2	1
RMCL1	In my view the funding available can sustain HIV service delivery					
RMCL2	There are strong strategies in place among Goal supported NGOs to ensure that HIV/AIDS services will be available even in future					
2)	Collaborations and partnerships	5	4	3	2	1
RMCC1	Goal supported NGOs have strong links with other HIV/AIDS services organisations					
RMCC2	Goal funded NGOs work closely with local leaders and Government structures in the implementation of projects					
RMCC3	Goal funded NGOs work and share material and financial resources with national and international organizations					
RMCC4	There are no incidences of duplication of services among Goal					

	funded NGOs					
3)	Local resources	5	4	3	2	1
RMCLR1	In my view clients should have some financial and material contribution towards the HIV services they receive					
RMCLR2	In my view clients should engage in activities that generate money to fund HIV/AIDS services					
RMCLR3	NGO is capable of attracting volunteer support.					
4)	Grant proposal writing	5	4	3	2	1
RMCG1	The capacity of fundraising among local Goal funded NGOs matches HIV/AIDS needs of the beneficiaries					
RMCG2	There are strategies in place to ensure that these HIV/AIDS services will be available even in future					

Section C: Dependent Variable

(A) Sustainability of Service Delivery

In this section please tick in the box that corresponds to your response according to a scale of, 5=Strongly Agree, 4= Agree, 3= Not sure, 2= Disagree, 1=Strongly Disagree.

1)	Efficient Service Delivery	5	4	3	2	1
D1	I receive the full range of services as promised by the NGO					
D2	I am satisfied with the services offered to me					
D3	Goal funded NGOs offer HIV services depending on the view we give them about how best the services should be delivered					
D4	HIV services are provided at any time you request					
D5	Projects implemented by Goal funded partners have led to successful changes in people's lives					
2)	Community Ownership	5	4	3	2	1
D6	Community members are willing to offer and volunteer on the NGO HIV programmes					
D7	The structures we use to receive services from NGOs are the ones we used even before the NGOs came in place					
D8	There are appropriate structures that reach the grass root communities by Goal funded NGOs					
D9	Beneficiaries see the NGO as a valuable resource and partnership for a common purpose					

D10	Goal supported NGOs empower the community and other stakeholders to support the implementation of the project					
3)	Self sufficiency	5	4	3	2	1
D11	There is always continuous supply of services to HIV affected families by the Goal funded NGOs					
D12	The services provided by Goal funded partners are adequate					
D13	Goal funded partners have the competence to provide services for a length of time					
D14	Am satisfied with the quality of services provided by Goal funded partners					
4)	Cost Effectiveness	5	4	3	2	1
D15	The services offered by the Goal supported NGOs are cheap and easily accessible					
D16	Beneficiaries perceive HIV service delivery by NGO as cost effective					
D17	Am willing to be trained by the NGO to offer free services to other HIV affected persons					

Thanks a lot you for your response

Appendix B: In-depth Interview Guide for Top Managers

Topic: Capacity development and sustainability of HIV/AIDS service delivery in Uganda. A case study of GOAL supported HIV/AIDS NGO's in Bugiri District

Introduction

Dear respondent,

My name is Moses Mutumba, a student of Uganda Management Institute and I am pursuing a Masters degree in Management Studies. As part of the requirements for the award of this degree, am undertaking a study to assess the influence of capacity development and the sustainability of HIV/AIDS service delivery. The findings of the research are purely for academic purposes. Please I request you to spare time and give the most appropriate and honest responses

Position in the organisation

1. What are your sources of funding?
2. Is the project/program capacity building process favorable (not donor dominated, allow for greater say by the organisation in design and methodology?)
3. What issues does Goal emphasize during the capacity building process?
4. Are the staff trainings/capacity building based on the NGO's capacity needs & objectives
5. How does the NGO utilize the staff skills acquired from capacity building trainings
6. Is there a clear link between staff capacity and NGO vision, mission and goals
7. Does the NGO have relevant subject expertise to perform HIV/AIDS tasks
8. How does the NGO adopt programmes to the changing needs of HIV/AIDS beneficiaries
9. Do you involve different stakeholders in the planning, goal setting and implementation of projects (employees, clients, local leaders, government etc)
10. How are the NGO plans and activities integrated into sub county/district plans?
11. Is the NGO regarded as a credible and valuable resource to the donor and government and engage in frank dialogue. If yes, explain circumstances when frank dialogues occur
12. What measures do you have in place already to ensure that HIV/AIDS services continue beyond Goal/donor funding

Thanks a lot for your cooperation

Appendix C: Interview Guide (Line Managers and Board Members)

Topic: Capacity development and sustainability of HIV/AIDS service delivery in Uganda. A case study of GOAL supported HIV/AIDS NGO's in Bugiri District

Introduction

Dear respondent,

My name is Moses Mutumba, a student of Uganda Management Institute and I am pursuing a Masters degree in Management Studies. As part of the requirements for the award of this degree, am undertaking a study to assess the influence of capacity development and the sustainability of HIV/AIDS service delivery. The findings of the research are purely for academic purposes. Please I request you to spare time and give the most appropriate and honest responses

Position in the NGO

1. How does your organisation generate funds to run the programs
2. How do you participate in the project design and what are your roles
3. How does the supply of logistics affect the implementation of activities at the organisation level
4. Are there appropriate and adequate financial procedures and reporting systems put in place by the organisation for the smooth running of the programs
5. How do you perceive the continuity of HIV services delivery after the closure of funding from Goal Uganda
6. Has the NGO got diversified contacts with donor communities
7. What measures do you have in place that can lead to continued HIV service delivery in case the donor (Goal) closes funding
8. Which other factors do you think affect sustainability of HIV/AIDS services?
9. What other suggestions do you have that may favor sustainability of HIV/AIDS services

Thanks a lot for your Cooperation

Appendix D: Interview Guide (Key Informants)

Topic: Capacity development and sustainability of HIV/AIDS service delivery in Uganda. A case study of GOAL supported HIV/AIDS NGO's in Bugiri District

Introduction

Dear respondent,

My name is Moses Mutumba, a student of Uganda Management Institute and I am pursuing a Masters degree in Management Studies. As part of the requirements for the award of this degree, am undertaking a study to assess the influence of capacity development and the sustainability of HIV/AIDS service delivery. The findings of the research are purely for academic purposes. Please I request you to spare time and give the most appropriate and honest responses

1. Are you involved in planning and implementation processes of the GOAL funded NGOs service delivery? If yes, how are you involved in this process
2. Do you find any limitations to participation in Goal funded partners' projects?
3. Do NGOs in Bugiri have the competence to develop diversified resources to contribute to long term services?
4. Do you have action plans for continuity of service delivery in case of closure by the donors?
5. How would you want the capacity building of HIV service delivery NGOs to be designed?
6. Comment on the strength of HIV/AIDS NGOs that are supported by GOAL
7. Do you have any plans to take on the HIV/AIDS beneficiaries of GOAL supported partners in case funding closes?
8. Suggest ways in which organisations can deal with the internal financial, institutional and planning weaknesses that affect sustainability of service delivery
9. How best can donors build NGOs capacity for sustainable HIV service delivery?

Thanks a lot for your cooperation

Appendix E: Focus Group Discussion Guide (Clients)

Topic: Capacity development and sustainability of HIV/AIDS service delivery in Uganda. A case study of GOAL supported HIV/AIDS NGO's in Bugiri District

Introduction

Dear respondent,

My name is Moses Mutumba, a student of Uganda Management Institute and I am pursuing a Masters degree in Management Studies. As part of the requirements for the award of this degree, am undertaking a study to assess the influence of capacity development and the sustainability of HIV/AIDS service delivery. The findings of the research are purely for academic purposes. Please I request you to spare time and give the most appropriate and honest responses

Duration in the organisation program

1. Are you involved in planning process of GOAL supported partner projects?
2. Do you receive all the services you need from the Goal supported NGOs?
3. Do the HIV beneficiaries support project activities implemented by NGO funded partners as owners
4. What is your role in ensuring that you receive all the services as you need them?
5. Goal funded NGOs depend on funding from donors to deliver services. Do you know of any strategies in place to ensure continuity of HIV services in case donors stop funding?
6. In case Goal closed tomorrow, can you suggest strategies that can be put in place to ensure continued delivery of HIV services by local organisations?

Thanks a lot for your cooperation

APPENDIX F Table determining sample size from a given population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: “N” is population size

“S” is sample size.

Krejcie, Robert V., Morgan, Daryle W., “Determining Sample Size for Research Activities”,

Educational and Psychological Measurement, 1970