



**THE EFFECTS OF MANAGEMENT FUNCTIONS ON SERVICE DELIVERY OF  
HIV/AIDS AT THE AIDS SUPPORT ORGANISATION (TASO) UGANDA**

**BY**

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## DECLARATION

I hereby declare that this is my original work and has not been submitted for a degree in any other university or institute for any award.

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## **DEDICATION**

This dissertation is dedicated to my parents; Mr. and Mrs. Maingo who have inspired me throughout my life and whose guidance and sacrifice has formed the foundation of my education and professional career.

## **ACKNOWLEDGEMENTS**

Accomplishment of any task like this necessarily depends upon the willingness and enthusiastic contribution of time and energy by many people. Many people have given so much to me that I may not even be in position to acknowledge all of them.

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Finally a word of thanks goes to all the respondents for their time and valuable contribution to this research process. There are no words good enough to express my gratitude, but all I can say is that may the good Lord bless you all.

## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>ART</b>	Anti Retroviral Therapy
<b>CDC</b>	Centers for Disease Control
<b>CSF</b>	Civil Society Fund
<b>DANIDA</b>	Danish International Development Authority
<b>DFID</b>	Department for International Development (UK)
<b>HIV</b>	Human Immune Deficiency Virus
<b>NGOs</b>	Non Governmental Organizations
<b>PEPFAR</b>	Presidents Emergency Plan for Aids Relief
<b>PLHIV</b>	People Living With HIV/Aids
<b>SCOT</b>	Strengthening HIV/Aids Counselor Training
<b>SIDA</b>	Swedish International Development Agency
<b>TASO</b>	The AIDS Support Organization.
<b>TEACH</b>	TASO Experiential Attachment to Combat HIV/Aids
<b>UAC</b>	Uganda Aids Commission
<b>UBOS</b>	Uganda Bureau of Standards
<b>UNAIDS</b>	Joint United Nations Program on HIV/Aids
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNDP</b>	United Nation’s Development Program
<b>UPHOLD</b>	Uganda Program for Human and Holistic Development
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing

### **ABSTRACT**

This study analyzed the effects of management functions on service delivery of HIV/Aids at The Aids Support Organization (TASO) Uganda. Management functions and its dimensions of planning, controlling and staffing were considered in investigating how they affect service delivery of HIV/Aids. The study used a descriptive cross - sectional design where both qualitative and quantitative approaches were used. A sample of 172 respondents was selected which included staff members of TASO as well as its clients. The response rate was 72%. Majority of the respondents were in the age bracket of 31-40 years which accounted for 45.1% with about 60.16% of the respondents being females. Pearson moment correlation coefficient was used to determine the relationship between the variables and regression analysis was done to ascertain how each of the selected management functions affects service delivery of HIV/Aids. The results showed that the planning function accounts for 21.1% of the variation in service delivery of HIV/Aids, 3.3% is accounted for by controlling while staffing accounts for 8.5% of service delivery of HIV/Aids. Employee commitment was also found to positively affect service delivery of HIV/Aids. The overall regression revealed that management functions in general account for 23.8 of the variations in service delivery of HIV/Aids. Based on the findings it's clear that of the three, the planning function is the most critical of all the management activities with the strength of the relationship between planning as an independent variable and the dependent variable service delivery of HIV/Aids at 0.461. It is therefore recommended that organizations' engage in systematic planning, specialist departments are created at TASO and continuous training of employees is made a priority. It is expected that an improvement in management functions particularly in planning will result in a remarkable improvement in service delivery of HIV/Aids.

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**CHAPTER ONE**

**INTRODUCTION**

**1.0 Introduction**

This study analyzed the effects of management functions on service delivery of HIV/Aids using The Aids Support Organization (TASO) as a case for the period 2002-2008. The entire dissertation comprises of five chapters namely; chapter one gives the introduction, chapter two; the literature review, chapter three; the methodology, chapter four; data presentation, analysis and interpretation and chapter five gives the summary of discussion, conclusions and recommendations. This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, hypotheses, conceptual frame work, significance of the study, justification of the study and limitations to the study as well as operational definitions.

### **1.1 Background to the Study**

Drucker (1974) points out that management is creative problem solving. This creative problem solving is accomplished through five functions of management namely planning, organizing, leading and controlling and staffing. The intended result is the use of an organization's resources in a way that accomplishes its mission and objectives. Megginson, Mosley and Pietri (1992) define management as the process of working with human, financial, and physical resources to achieve organizational objectives by performing the planning, organizing, directing and controlling functions. It involves the process of achieving organizational objectives within a changing environment by balancing efficiency, effectiveness and equity and obtaining the most out of limited resources and working with and through other people.

Management is not an activity that exists in its own right. Rather, it is a description of a variety of activities carried out by those members of the organization called the “manager”. These activities are grouped in terms of planning, organizing, staffing, controlling and directing activities (Chandan, 1997). These functions of management can have a tremendous impact upon the practice

of management, simplifying and improving it to achieve organizational goals and objectives. These are interrelated and interdependent functions such that a significant change in one of them, affects the functioning of others (Chandan, 1997).

Planning is the most basic of all management functions since it involves selection from among alternatives courses of action for the organization as a whole (Koontz, 1968). All the other functions of the management process must be reflected in the planning process. Planning involves selection of enterprise and organizational objectives and goals as well as determination of the means of reaching them. Koontz (1968) observes that good management involves good planning which is the key to successful service delivery. In essence, the success of a program in an organization depends on how it is planned and eventually delivered.

Organizations need to tackle challenges that arise in a more systematic way especially those that are more allied to the health sector for instance HIV/Aids service providers. The HIV/Aids epidemic is a global crisis which constitutes one of the most formidable challenges to development and social progress (International Labor Organization, 2001). HIV/Aids possess a great threat to the world and consequently tackling it effectively becomes the world's most urgent public health challenge (World Health Organization Report, 2006). By the end of 2000, almost 22 million people had died from AIDS, 13 million children had lost their mothers or both parents to the disease and more than 40 million people were living with the HIV virus 90% of them in developing countries and 75% in sub Saharan Africa (United Nations Development Program Report, 2002). The number of people dying from AIDS annually also increased from 2.2 million in 2001 to 2.9 million in 2006 (UNAIDS 2006). In just four years more 4 million people became infected with the virus bringing



the total of the infected persons to an estimated 40 million people worldwide (United Nations Economic Scientific and Cultural Organization, 2004).

The HIV/Aids pandemic is a concern that transcends geographical boundaries and has impacted on the various regions. Central and Eastern Europe and the commonwealth of independent states have fast rising infection rates, for instance, in Ukraine 240,000 people are reportedly infected, 1.3 million in Latin America (UNDP, 2002). The Report further warns that Asia is on the verge of an epidemic, estimating that one sex worker out of five in Vietnam is HIV positive, up from almost none in the mid 1990's, and notes that the Caribbean region has the second highest infection rate in the world. Nearly 4 million people in India are infected, which infection rate is second only to South Africa which is regarded as having the highest infection rate (UNDP, 2002). In Africa, Botswana is the most affected country with more than a third of the adults having tested positive for HIV/Aids. Burkina Faso, the 20<sup>th</sup> most affected country is estimated to have 330,000 adults living with the virus (UNDP, 2002). Around half of all people infected with HIV/Aids are under 25 years and rarely, if ever, live to reach the age of 35 (UNAIDS, 2008). Uganda, which ranks as one of the poorest countries in the world, the UNAIDS (2005) estimates that there are more than 70,000 new infections every year with current HIV prevalence standing at around 7% nationally. The country suffers major problems in the health care system with only about 49% of Ugandans living within 5kms of a health service unit (Uganda Bureau of Statistics, 2003). Gaps in staffing, facilities, commodities and coordination continue to hinder health service delivery (Garbus & Marseille, 2003). Ardent attention is needed to curb the HIV pandemic because it still remains a big challenge.

Over the last decade, organizations in Africa have significantly expanded their provision of training for community based action on HIV/Aids in recognition of the increased needs and demands arising from the continued spread and worsening impact of the pandemic. In Uganda, organizations like The Aids Support Organization (TASO) offer programs like training in counseling, capacity building and training of trainers in HIV/Aids care (TASO Annual Report, 2008). HIV/Aids in Uganda was first identified in Rakai District in the early 1980's and since then the disease has spread throughout all parts of the country. Within the last 20 years almost one million people have died of Aids. The national HIV/Aids prevalence stands at 6.7% and 135,000 new infections are registered every year (Daily monitor, 25 September, 2009). The impact of HIV/Aids has been felt across the country, with tremendous social and economic costs thus necessitating urgent attention. The government set up policies and strategies in addressing this crisis which eventually became an essential step for the success of subsequent interventions. As noted by the UNAIDS (2001) policies of openness and multi sectoral approach were adopted and this was manifested in the establishment of the National Aids Control Program (NACP) in 1986. Another development by the government of Uganda was the establishment of the Uganda Aids Commission (UAC) a statutory body based in the president's office. This body took a multi sectoral approach policy in order to unite the efforts of individuals, community groups, religious institutions and non governmental organizations. This approach not only emphasized the notion of collective responsibility but also encouraged the building and strengthening of organizational capacity among government and non governmental organizations to sustain anti AIDS activities. Non governmental organizations, faith based organizations (FBO's) and community based organizations were placed at the center of the response to the HIV/Aids Pandemic. In Uganda non governmental organizations have been responsible for the majority of the resources reaching

individuals and have played a leading role in developing and implementing sustainable strategies to mitigate and prevent the situation (Bechange, 2008).

TASO is the largest indigenous Non Governmental Organization (NGO) responding to the HIV/Aids pandemic through care and support services in Uganda. It contributes to the process of HIV prevention, restoring hope and improving the quality of life for persons affected by HIV/Aids. It has evolved from a small organization operating in one room from old Mulago with only 16 volunteers in 1987 to become the leading HIV/Aids care and support organizations in Uganda with headquarters, a training division, 4 regional centers and numerous service centers with over 1000 members of staff spread out in the service centers. The organization has established 15 mini TASO centers and 7 community based organizations to offer TASO like services (TASO Annual Report; 2006; 2007). The organization has operations ranging from counseling to medical services and these are offered on an outpatient basis at its numerous facilities and outreach centers and some of these sites attract over 400 clients to be served on a particular day.

The organization is donor funded with 90% revenue from donors and its sustainability greatly depends on donor facilitation and their willingness to fund the different programmes. Major donors include United States Agency for International Development (USAID), Department for International Development (DFID), Swedish International Development Agency (SIDA), Centre for Disease Control and Prevention (CDC), Danish International Development Agency (DANIDA) and Irish Aid. These donor agencies fund TASO through funding contracts usually lasting 5 years either directly or through a funding agency like Uganda Programme for Human and Holistic Development(UPHOLD) or Civil Society Fund (CSF). Continued availability of funding

is guaranteed through transparency, accountability, convincing strategic plans and funding proposals. All these require aggressive implementation of work plans and reporting backed by intensive data collection, monitoring and evaluation systems. Achievement of these need vibrant and committed human resource (TASO funding agreements 2003, 2007 strategic period).

TASO put on board new programmes like TEACH (Taso Experiential Attachment to Combat HIV/Aids) and SCOT (Strengthening Counselor Training) all aimed at trying to combat the pandemic but still service delivery of HIV/Aids remains inadequate. Management has failed to plan accordingly on certain occasions, for instance when donor funding was reduced, youth empowerment programs which were established to enable them guard against the pandemic like Aids Challenge Youth Club (ACYC) were abolished, food rations for clients became a thing of the past and few outreach centers exist despite the fact that Uganda has numerous districts and this implies limited access to drugs, limited access to vital information about the disease. TASO also regularly recruits new staff because the organization has a high turnover rate, implying that more time is spent on training new staff rather than delivering the required HIV/Aids services. Given the vulnerability of those affected and infected by the disease, there is need to put in place proper measures that will lead to effective service delivery especially in the wake of an escalating pandemic.

## **1.2 Statement of the Problem**

As one of the leading providers of HIV/Aids services in the country, TASO is faced with an overwhelming demand for HIV/Aids services. By the end of 2007, the organization had 193,242 cumulative registered clients seeking its services. The organization also supported 15 mini TASOs

and 7 community based organizations to offer TASO like services, had a growing competitive environment and pressure from both local and donor communities to implement and report on its activities in a timely manner. TASO is over 90% donor funded; hence, vulnerable to donor conditions and without donor support program implementation would not be possible. To be able to stand up to these demands the organization needs a strong management structure able to cope with the growing demands and deliver quality services within set timelines. Serious challenges are evident in TASO's struggle to deliver improved services. In 2007, several service centers registered client's way above their expected targets and were forced to exceed their projected annual targets by 6.3 % (TASO Annual Report, 2008). This impacted on services that were offered by the organization that included counseling, training and social support. This was further coupled with ineffective handling of client complaints and in retaining its employees who are fundamental as regards service delivery. The organization was forced to reduce on the number of beneficiaries of social support services, abolish programs like Aids Challenge Youth Club, and totally do away with food rations for the clients hence further limiting the services it offered. Well as TASO is an organization meant to restore hope and improve the quality of life of persons living with HIV/Aids, such a scenario greatly compromises the level of service delivery of HIV/Aids. The researcher therefore believed that the management functions have contributed to this challenge in service delivery and it was against this background that this study was undertaken to analyze the effects of management functions on service delivery of HIV/Aids at TASO Uganda.

### **1.3 General Objective of the Study**

The general objective of the study was to analyze how management functions affect service delivery of HIV/Aids at TASO Uganda.

## **1.4 Specific Objectives**

The following specific objectives guided the study:

1. To assess how planning affects service delivery of HIV/Aids at TASO Uganda.
2. To assess the effect of controlling on service delivery of HIV/Aids at TASO Uganda.
3. To find out how staffing contributes to service delivery of HIV/Aids at TASO Uganda.
4. To examine the moderating effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids at TASO Uganda.

## **1.5 Research Questions**

The following research questions were asked during the study:

1. How does planning affect service delivery of HIV/Aids at TASO Uganda?
2. What is the effect of controlling on service delivery of HIV/Aids at TASO Uganda?
3. How does staffing contribute to service delivery of HIV/Aids at TASO Uganda?
4. What is the moderator effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids at TASO Uganda?

## **1.6 Hypothesis of the Study**

The study tested the following hypotheses:

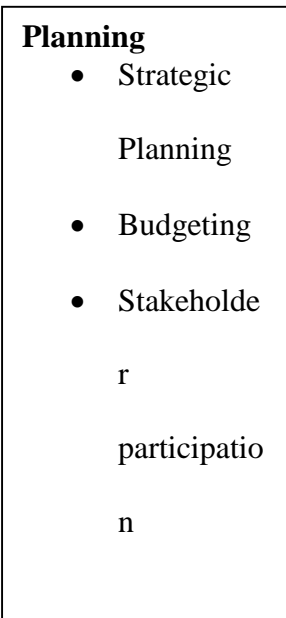
1. Planning significantly affects service delivery of HIV/Aids at TASO Uganda.
2. Controlling has a significant effect on service delivery of HIV/Aids at TASO Uganda.
3. Staffing significantly contributes to service delivery of HIV/Aids at TASO Uganda.

4. There is a significant moderator effect on the relationship between employee commitment, management functions and service delivery of HIV/Aids at TASO Uganda.

### 1.7 The Conceptual Frame Work Showing the Relationship between Management Functions and Service Delivery of HIV/Aids.

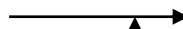
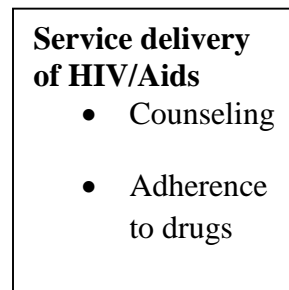
#### Independent Variable

##### Management functions



#### Dependent Variable

##### Service delivery of HIV/Aids



### Moderating Variable

Employee

**Figure 1:1** Conceptual framework showing the relationship between management functions and service delivery of HIV/Aids. *Source: Researchers compilation with information from Management Concepts and Strategies (Chandan, 1997), and Successful Models of Rural Health Service Delivery and Community Involvement in Rural Health (Bidwell, 2001).*

The conceptual framework in figure 1:1 presents a diagrammatic representation of the study variables. It indicates how the various variables relate to each other and the resultant effect there of. The study was conceptualised to consist of independent, dependent and moderating variables. The independent variable was management functions (planning, controlling and staffing) and service delivery of HIV/Aids (counselling, adherence to drugs and knowledge about HIV/Aids) was the dependent variable. The implication here was that in case of inappropriate plans the level of service delivery of HIV/Aids was most likely to be compromised. The controls such as complaint handling and appeal process would likewise affect the level of service delivery of HIV/Aids.



However TASO being an organisation more closely concerned with service provision, its performance is highly dependant on the commitment of its human resource hence having employee commitment being conceptualized as the moderating variable. This implies that the success of the various measures put in place have to depend a great deal on the commitment of the organisations employees. The latter would affect the extent to which the independent variable (management functions) impacts on the dependent variable.

### **1.8 Scope of the Study**

The study analysed the effects of management functions (the independent variable), on service delivery of HIV/Aids (the dependent variable) at TASO. The dimensions of Management functions during this study included planning, controlling and staffing, well as those of service delivery of HIV/Aids were counselling, adherence to drugs and knowledge about HIV/Aids. The study covered the period 2002-2008, a time when the organisation experienced fast growth rates characterised by increment in client enrolment which eventually led to opening up of new HIV/Aids service centres in other parts of the country. The organisational structure had to be adjusted to be able to accommodate the growing requirements hence the need for good management practices for better service delivery. During this strategic period, the organisation committed itself to contribute to the Uganda national HIV/Aids strategic plan which aimed at achieving a national HIV/Aids response resulting into sustained reduction of infection rates and improved access to quality and equitable prevention, care, support, and impact mitigation services for people infected and affected by HIV/Aids in Uganda (TASO Strategic Plan 2003-2007).

However due to time and resource constraints the research confined its self to the service centre of TASO (Jinja) Uganda which serves as a centre offering HIV/Aids services to more than four Districts in Eastern Uganda. Though the scope of this study was confined to only this service centre, it was assumed that the results obtained would be representative since the structures, skills and knowledge required are similar across all TASO service centres. The research targeted different levels with in the organization's management structure which included top management, middle management and the direct beneficiaries of the services like the clients all of whom happen to be actively involved with the organisation.

### **1.9 Justification of the Study**

Although significant strides have been registered in striking balances in HIV prevention efforts and infection rates have declined, the HIV/Aids problem in Uganda still remains a challenge. Current HIV prevalence, around 7% nationally (Uganda HIV/Aids Sero Behavioural survey, 2005) is still unacceptably high and new infections are still occurring and many HIV infected people are becoming ill because of AIDS. Recent data also suggests that the rate of decline in HIV prevalence has slowed (UNAIDS, 2005). This casts doubt on the nature of management practices especially with regard to HIV/Aids and thus the need to conduct this study. Similarly many researchers have conducted studies on HIV/Aids; however, very few interested themselves in finding out how management functions affect the delivery of services associated with reducing on the effects of this pandemic. As HIV/Aids continues to spread, there is urgent need for better management practices in order to counter its associated effects while delivering the essential services to the less advantaged parts of the world especially on the African continent. This research sought to analyse

the effects of management functions on service delivery of HIV/Aids with focus on TASO in Uganda.

### **1.10 Significance of the Study**

The study enabled the researcher to identify weak areas and provide recommendations on how to improve them thereby improving organisational performance. This study also contributes to the existing body of knowledge on HIV/Aids and service delivery in general that can be used by other researchers. The study provides managers with information on administration of service centres so as to further bolster service delivery. This study also benefits clients by availing information pertaining to improved service delivery as a result of new strategies by management and recommendations on how best good management can be used to sustain service delivery of HIV/Aids. The study adds to the existing body of knowledge in the area of HIV/Aids service delivery.

### **1.11 Operational Definitions.**

The following concepts were frequently used during this research study;

**Communication:** Refers to relating with clients and this could be in the form of verbal communication like instructions, meetings or written documents like letters, faxes etc.

**Controlling:** Refers to the process of establishing performance standards based on the Organizations' objectives, measuring and reporting actual performance, and taking corrective or preventive action as necessary.

**Counselling:** Refers to a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.

**Customer satisfaction:** Refers to the extent to which the perceived standard of service matches the expectations of the customer.

**Directing:** Refers to influencing people's behavior through motivation, communication, group dynamics, leadership and discipline.

**Employee commitment:** Refers to the ability and willingness of employees of a given organisation to carry out their respective duties right on time.

**Manager:** Refers to a person whose role is to manage a staff, or an organization.

**Management:** Refers to forecasting and planning, to organise, to command, to coordinate and to control.

**Management functions:** Refers to the management activities of planning, controlling, staffing, directing and organizing.

**Management process:** Refers to the planning and controlling the performance or execution of any type of activity.

**Performance:** Refers to the action of doing things, using things, and attending to conditions, processing, communicating and achieving results.

**Pharmacy:** Refers to the drug outlet, may be wholesale or retail for "prescription only" of drugs.

**Planning:** Refers to the on going process of developing an organization's mission, objectives and determining how they can be accomplished.

**Service delivery:** Refers to work that's done by an organisation which is required by the customers.

**Staffing:** Refers to the management function of attraction and selection of people for jobs where their skills can be utilised.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter discusses the literature relating to management functions and service delivery of HIV/Aids. The literature is presented following the objectives that guided the study. In this chapter, both the theoretical and conceptual reviews are also presented. This chapter comprises of reviewed literature on planning, controlling and staffing in relation to service delivery of HIV/Aids and then finally a summary of the reviewed literature.

#### **2.1 Theoretical Review**

Koontz (1968) points out that one of the keys to successful management is the ability to understand and apply modern management principles and techniques effectively. Managers must develop an in-depth knowledge of the past and present models, theories and processes in order to manage effectively and intelligently. According to Mugenda and Mugenda (1999) a theory is defined as a system of explaining phenomena by stating constructs and the laws that inter-relate these constructs to each other. Many theories have been advanced about management but however, in this chapter the researcher opted to review the classical organizational theory ascribed to Henri Fayol, Max Weber and Fredrick Taylor.

Both Cole (2004) and Chandan (1997) attribute the origins of modern management to Henri Fayol (1841-1925), Max Weber (1864-1924) and Fredrick Taylor (1856-1917). Fayol promulgated the activities of planning and forecasting, organizing, commanding, coordinating and controlling as some of the principle management functions that can be employed to run an organization effectively. Chandan (1997) agrees with the above and further states that those who acquire the general knowledge of managerial functions and principles can manage all types of organizations

Weber (1864-1924) on the other hand describes the 'ideal bureaucracy' and contends that it's one way of managing an organization. He puts forward six essential features namely specialization, hierarchy, written rules and regulations, impartiality, impersonality, and record-keeping. These features are seen as essential to delivering bureaucratic efficiency within an organizational setting. The distinguishing features of a bureaucracy includes the definition of roles within a hierarchy where job holders should be appointed on merit, are subject to rules and are expected to behave

impartially (Cole, 2004). Just like Fayol, Weber was less interested in the day to day operations than in the broad structure of administration (Bennet, 1995).

Taylor (1856-1917) believes that the workload should be evenly shared between the workers and management, with management performing the science and instruction and the workers performing the labor, each group doing the work for which it was best suited. Taylor emphasizes training workers to be first class at some specific task. To him, work and responsibility should be divided equally between workers and management cooperating together in close interdependence. The five principle roles of management are actively practiced today and the concept of giving appropriate authority with responsibility is also widely commented on and is well practiced (Olum, 2004). However the contingency approach to management suggests that there is no “one best way” to manage and organize. But it agrees that while many of these principles are applicable to most situations, none could be applied to “all” situations. As a result Fayol further developed other principles of administration to go along with management’s five primary roles which include specialization/division of labor, unity of command, linkage of authority to responsibility, a fair internal disciplinary system, centralization of plans, and use of organization charts/job descriptions, creation of stable work groups and job security for personnel. These principles can often be applied for more efficient managerial behavior (Cole, 2004).

The initial review identifies the underlying principles of management practices and demonstrates its role in supporting management within an evolving organization. In this study therefore management is aligned more closely with the management concepts of planning, controlling and staffing to communicate clearly how these can have an impact on the level of service delivery.

There is no single best way to achieve operational and organizational objectives as each is dependent on the other and requires a balance of all the elements.

In essence, to be in position to achieve a certain level of satisfaction in an organization, the five principle roles of management have to be seriously practiced. Organization functions can be observed from a managerial point of view and this leads us to believe in the universality of management reason being that those with the general knowledge of managerial functions and principles are in position to manage all types of organizations. So the core issues arising from this section for instance planning, organizing, commanding, coordinating and controlling can be of greater value in supporting the ever evolving organizational structures and thus the need to adopt them during this study.

## **2.2 Conceptual Review**

According to Amin (2005) this is part of the background where the researcher conceptualizes the study variables and shows their relationship in the study. In this study, management functions and service delivery of HIV/Aids are examined within the context of TASO in Uganda. Management is creative problem solving and this creative problem solving is accomplished through the four functions of management namely planning, organizing, leading and controlling. The intended result is the use of an organization's resources in a way that best accomplishes its mission and objectives (Koontz, 1968).

Megginson, Mosley and Pietri (1992) define management as the process of working with human, financial, and physical resources to achieve organizational objectives by performing the planning,



organizing, directing and controlling functions. In this study management is modified to align more closely with the management concepts of planning, controlling and staffing to communicate clearly how the above three concepts for instance planning, controlling and staffing can have an impact on service delivery of HIV/Aids. Of all the four functions of management planning is the most fundamental function from which the others stem. The organizing, staffing and controlling functions stem from the planning function. The need for planning is often apparent after that fact. Further more planning gives managers and other employees within the organization some purpose and direction. Moving in the right way can only happen when plans are in existence (Koontz, 2002).

Planning is an ongoing process that involves developing the business' mission and objectives and determining how best they can be accomplished (Chandan, 1997). Planning includes both the broadest view of the organization that is its mission, and the narrowest, for example a tactic for accomplishing a specific goal thus it's a decision making activity that requires the process of ascertaining objectives and deciding on activities to attain these objectives (Chandan, 1997). Since these are interdependent functions, planning gives the basis for the other functions like controlling which involves the determination of whether or not goals are being accomplished and standards met. The planning function provides the goals and standards that drive the controlling function (Koontz, 1968)

According to Mockler (1984) controlling is a systematic effort to set performance standards with planning objectives, to design information feedback systems, to compare actual performance with these pre determined standards, to determine whether there are any deviations and to measure their

significance, and to take any action required to ensure that all corporate resources are being used in the most effective and efficient way possible in achieving corporate objectives. It's a four-step process of establishing performance standards based on the organization's objectives, measuring and reporting actual performance, comparing the two, and taking corrective or preventive action as necessary (<http://www.accelteam.com/motivation/index.html>).

Management therefore has the responsibility to put in place controls that can lead to quality service delivery. The control process should begin the establishment of standards of performance against which activities of an organization can be measured (Chandan, 1997). These are levels of activities used to evaluate performance with an aim of trying to achieve quality service delivery which can be viewed in terms of achieving differentiation, customer value and satisfaction.

A number of factors contribute towards the success of an organization. However, the human factor is the most significant one since it's the people who have to use all the other resources (Chandan, 1997). Human capital is a very important factor of production and it's able to move an organization in the direction of meeting societal requirements and thus the need to include staffing as one of the key variables of management in this study. Employees are always responsible for client's perception since they represent the organization to clients during the course of service provision (Lytle, Hom & Mokwa, 1998). The success or failure of an organization largely depends on its human resource and thus the need to examine the issues that affect it. TASO is a service organization; hence, the researcher examined the commitment of its employees and included employee commitment as one of the variables of management.

Managers and management researchers have long believed that organizational goals are unattainable without enduring commitment of members of the organization. It's generally acceptable that the people aspect is a very crucial factor to the survival of any organization and those highly committed employees usually perform to their highest potential. (<http://www.accelteam.com/motivation/index.html>). For good service delivery in an organization, employees have to be treated as competent, capable professionals and also empowered to use their judgment in satisfying client needs.

Effective service delivery of HIV/Aids is the mobilization, management and distribution of health resources including staff, information and financing to serve the health needs of a specific population, contributing to effective and equitable health outcomes (UNAIDS 2006). The success of a program critically depends on how that program is delivered. Effective service delivery is not an accident; rather it's a result of careful planning and intention on the part of program developers. The response to HIV/Aids in Uganda has been sustained through use of a balanced and multipronged approach focusing on prevention, care and treatment. In organizations dealing with HIV/Aids, these efforts have yielded success by reducing HIV prevalence and improving the quality of life of individuals infected and affected by the disease.

For the case of TASO, improved service delivery of HIV/Aids has been viewed in terms of abstinence programs in schools, voluntary counseling and testing, information about HIV, education and communication, condom distribution, treatment of opportunistic infections, ART as well as home based care. Management's responsibility therefore is to ensure the consistency and coherence of the many different activities that contribute to the aim of good health care. Similarly

the task of defining the way in which health care can be most efficiently and effectively delivered is the concern of all health care staff (Dummer, 2007).

Smith (2003) observes that customers allow an organization to exist. In order for an organization to operate more smoothly in its activities, it must focus a lot on clients' needs. Very poor levels of client satisfaction in an organization means that an organization is treading on dangerous ground and if this is coupled with the general conviction that they are doing good and do not need to do better, its either an arrogant monopoly or an organization on the edge of failure. In other words there should be no room for complacency (Bukirwa, 2008).

### **2.3.1 Planning and Service Delivery of HIV/Aids.**

Planning is a decision making activity that requires the process of ascertaining objectives and deciding on activities to attain these objectives. During planning, managers assess the future, determine the goals of the organization and develop the overall strategies to achieve these goals (Chandan, 1997). Good organizations are managed according to two types of plans namely strategic and operational plans. The purpose of planning is to initiate coordinated efforts within an organization purposely for organizational success. Dummer (2007) emphasizes that it benefits managers, professionals and patients if patient's views are regularly built into the process involved in the planning and delivery of health services. The idea being that these views can be used to create better quality services. Management's task therefore would be to define steps to that goal and always to encourage and support work in this territory. For instance involvement of various

groups of people by the Ugandan government in the fight against the HIV pandemic helped bring down prevalence rates in the country from 30% in 1993 to the current 6.7 % (UNAIDS 2001). The need for planning at TASO has been apparent after projected annual targets have exceeded actual targets which have then resulted in an impact on service delivery of HIV/Aids. This therefore calls for proper management practices so as to be able to counter such problems.

Chandan (1997) however, notes that while planning may not guarantee success in organizational objectives, it is a critical management activity that has to be undertaken and companies that have engaged in formal planning have consistently performed better than those with none or limited formal planning and improved their own performance over a period of time. Louise (1995) concurs with planning in health care and asserts that if this were to become the norm, there would be improvement in health care provision thus leading to satisfaction with services and this would also ensure that what is provided meets the expectations of those for whom the services are intended. Similarly at TASO strategic planning is done every after five years and this includes enhancing and orienting of partnerships that is all aimed at improving on the quality of services delivered to its clients (Annual Report, 2002). It's therefore the duty of management to ensure the consistency and coherence of different activities which will then contribute to the aim of good health care. Moving in the right way can only happen when plans are in existence. The basic purpose of planning therefore is to reduce on the risk of uncertainties and to initiate a coordinated effort within the organization for the purpose of organizational success (Koontz, 2002).

### **2.3.1.1 Strategic Planning and Service Delivery of HIV/Aids.**

The purpose of strategic planning is to produce results that realize the vision of the organization (Kourdi, 1999). This means continuous improvement and development of the organization and continuous measurement of progress against the organization plan. The task of defining the way in which health care can be most efficiently and effectively delivered is the concern of all health care staff (Dummer, 2007). Strategic management is normally done by top management to ensure survival of the organization. Without good strategic management, there is likely to be a conflict of approaches on how to run organization activities and this would definitely pose a huge hindrance to service delivery of HIV/Aids. As an organization, TASO undertakes strategic planning approximately after every five years and this includes internal capacity building, enhancing and orienting of partnerships (TASO Annual Report, 2007). Management's task therefore is to spearhead conversion of corporate strategy, customer requirements, shareholders needs and all the other strategic issues into achievable action plans for their team. In Uganda for instance, government has always emphasized collective responsibility of individuals, community groups, different levels of government and other agencies towards the prevention of HIV infection (UNAIDS, 2001). Data obtained also indicated that 92% of the clients and counselors agreed that strategic planning is an effective means of achieving service delivery requirements compared to only 3% who disagreed. The overall objective of strategic planning in TASO is to contribute to efforts aimed at achieving access designed for quality and comprehensive HIV prevention, care, support, treatment and impact mitigation in an equitable and sustainable approach through enhanced partnerships (TASO Annual Report, 2007). This argument is similar to the one raised by Van der Waldt (2004) who contends that critical elements like formulation of long term goals, clarification of institutional mandate and involvement of key stakeholders are key essentials to good strategic management and the planning process.

Management is therefore required to commit resources to action, allocate and utilize them properly which can be able to bring results in the long run and if this is not observed, then the plans become useless (Chandan, 1997). As a result management has the responsibility of ensuring the consistency and coherence of the many different activities that contribute to the aim of good health care. Drucker (1974) points out that what makes a plan capable of producing good results is the commitment of key people to work on specific tasks. In the same way the organization has continued to work with other stakeholders for instance it has continued to mobilize individuals, communities, institutions, government and other development partners to observe and protect the rights of those with HIV. It's through such partnerships that communities are sensitized on HIV/Aids issues and the need for their support and involvement in the response thus boosting service delivery levels (TASO Annual Report, 2008).

#### **2.3.1.2 Budgeting and Service Delivery of HIV/Aids.**

Chandan (1997) defines a budget as a statement, usually expressed in financial terms, of the desired performance of an organization in the pursuit of its objectives in the short term. Having sustainable provision of HIV/Aids services is a challenge that requires both financial and non financial resources yet health care systems lack sufficient resources to effectively carry out care and treatment programs (MOH, 2002). NGOs usually work with poor communities and this does not usually generate income or compensate for their operational costs. This uncertainty of funds makes it difficult for NGOs to do long term planning, improve their services or reach their full potential. TASO is a nonprofit making organization with over 90% of its budget being donor funded. So to survive, an NGO must gather enough financial resources to offer services to people because

without an appropriate level of financial resources it becomes incapacitated and difficult for them to operate (Kaplan, 1999; UNDP, 2002).

However, at TASO, budgeting is interactive and in most cases they use the bottom up approach that begins with the various departments submitting in their proposals to the top management for recommendation. This ensures that managers do plan for future operations, and consider how conditions might change and what steps to be taken (TASO Annual Report, 2008). It's expected that this kind of decentralization is expected to empower department managers, motivate them to participate in the budgeting process and enhance their productivity within their managerial roles.

Currently there are many agencies, organizations and foundations which have engaged themselves in financing HIV/Aids programs like UNDP, UNICEF which are important channels for deploying funding from bilateral donors (UNAIDS, 2002). As an organization, TASO receives donor support from agencies like USAID, DANIDA, SIDA and DFID (TASO Annual Report, 2002). Globally the reality of HIV/Aids as a big threat to development has been recognized and consequently many countries have pledged to pool resources especially funds together to fight the pandemic. Some countries have allocated funds from their national budgets to support service delivery of HIV/Aids while others haven't taken this serious. In countries like Swaziland where just 17% of the country's total budget for AIDS was spent on prevention despite a national HIV prevalence rate of 26%, consequences have been devastating (UNAIDS 2000). However for a budgeting process to be effective, it must be participatory in nature where all staff contributes ideas, making budget estimates, implementing agreed activities, meeting set targets and monitoring budget performance (Okumu, 2006). Participation in the budgeting process can be motivational for managers and this



potentially motivating effect of participative budgeting could in turn be expected to enhance the productivity of health sector managers.

### **2.3.1.3 Stakeholder Participation and Service Delivery of HIV/Aids.**

In any organization employee participation removes doubt and mistrust on the side of the staff hence enhancing quality service delivery. According to Rehman and Rehman (1998), the term participation can be used to refer to the involvement of stakeholders in the implementation process by contributing physically, mobilizing resources, monitoring and evaluation of the policy performance. Uganda would be helpless in the fight against the deadly HIV/Aids scourge without the active involvement of other partners like CSO's (TASO Annual Report, 2007). These have played a key role in HIV/Aids policy formulation and decision making as well as spearheading institutional systems strengthening and reforms (Daily monitor 1<sup>st</sup> December 2009). Participation of people in activities broadens disclosure and creates an enabling environment for stakeholders to openly talk about service delivery of HIV/Aids. Similarly in an effort to involve more people, in 1991 TASO came up with a youth empowerment program that aimed at targeting the youth known as the ACYC (Aids Challenge Youth Club). It became fully operational in 2002 and it was tasked with disseminating correct information about HIV/Aids to the youths through out the country. Other efforts included capacity building of individuals, institutions and communities all aimed at improved levels of service delivery of HIV/Aids (TASO Annual Report, 2002).

Schopper and Walley (1992) emphasize the need to involve the community in the form of community based health workers, peer counselors, community based groups. As an organization TASO has mobilized individuals, communities, institutions, government and other development

partners to observe and protect the rights of people living with HIV (Annual Report, 2008). For any intervention to become successful there is need to involve the key stakeholders because they are not only important resources for success but they are also affected by the project results. This is in agreement with a report by the UNAIDS (2003) which emphasizes the need to involve people in policy making because this makes them own the policy and have the desire to implement it and thus this can truly be one way of enhancing service delivery. Therefore for good service delivery, it's important that stakeholders get involved and the people for whom the policy is intended must participate in the process of decision making by contributing ideas and then also trying to monitor the whole process.

### **2.3.2 Controlling and Service Delivery of HIV/Aids.**

Minwoo (1997) points out that in any organization, management's four primary functions are decision making and planning, organizing, leading and controlling. As part of its controlling duties, management designs and maintains a system of internal controls. The control process usually begins with the establishment of standards of performance against which activities of an organization can be measured. These are levels of activities used to evaluate performance with an aim of trying to achieve quality service delivery, which can be viewed in terms of achieving differentiation, customer value and satisfaction (Chandan, 1997).

Mockler (1984) defines controls as a systematic effort to set performance standards with planning objectives, to design information feedback systems, to compare actual performance with these pre determined standards, to determine whether there are any deviations and to measure their significance, and take any action required to ensure that all corporate resources are being used in the most effective and efficient way possible in achieving corporate objectives. Management

therefore has the responsibility to put in place controls that will lead to quality service delivery. Internal controls at TASO have included staff appraisals which are intended to check whether the intended objectives of the organization are being achieved.

Eithmal (1998) observes that service delivery represents a customer's assessment of the overall level of service offered by an organization and this assessment is often based upon the perceptions of service encounters. The term service encounters is used to denote person to person encounters between a customer and an employee of an organization during the "purchase of a service". Controls in an organization should therefore be purely a means to an end; the end is control. They must be focused on action because action rather than information is their purpose. Controlling in an organization helps in determining what is being accomplished, for instance, evaluating the performance and if necessary applies corrective measures so that the performance takes place according to plans (Drucker, 1974).

### **2.3.2.1 Complaint Handling and Service Delivery of HIV/Aids.**

Complaints can, if properly handled can turn a disaster into a triumph. Indeed organizations may be able to enhance the relationship with the customer by effectively dealing with a complaint (Cartwright, 2000). An organization must be willing to entertain customer complaints and when entertained, the affected person should end up being assisted by the system. The more the complaint handling procedure achieves this, the better the customer care shown by the organization. It's therefore necessary that an organization puts in place a specialist department to deal with customer queries and complaints quickly. However, much as it's important that organizations set up specialist departments to handle customer complaints, this does not appear to

be the state of affairs at TASO since the organization does not have a specialist department that's meant to handle client complaints when they come up. Putting one in place would most likely result in having satisfied customers. These satisfied customers are likely to exhibit favorable behavioral intentions which are beneficial to the health care provider's long term success.

Bukirwa (2008) suggests that greater customer service should not end with answering your customer's questions expediently, rather it should continue by making the necessary changes to eliminate the questions from arising again in future. In well run organizations, customer complaints are taken very seriously because good customer service always builds the relationship and completes the transaction (Bukirwa, 2008). The degree to which customers believe that their expectations have been met determines their level of satisfaction and by definition service quality. However, in contrast complaints at TASO have been handled depending on how "serious" they might be and this definitely may not serve the interests of the clients thus compromising on service delivery levels.

#### **2.3.2.2 Appeal Process and Service Delivery of HIV/Aids.**

Berry (1995) contends that establishing a long term relationship with a service provider holds a unique appeal to consumers. Communication is one way a service provider has control over the post encounter level of satisfaction and future behavioral interactions. Without proper communication it's impossible to influence satisfaction and loyalty and the reverse is true. Customers desire more personalized closer relationships with service providers for both on going service and service provided intermittently and health care is one where this process is applicable. In his opinion McNeil (1988) suggests that although customer may not have subsequent contact

with the provider organization for some time, communication can provide on going contact and important influence over both satisfaction and future behavioral intentions clearly. This view is echoed by Erickson (1991) who emphasizes that communication is vital in altering consumer beliefs and attitudes and essential in fostering satisfaction. Regular and one on one communication can reinforce behavioral intentions that can guide client behavior.

### **2.3.3 Staffing and Service Delivery of HIV/Aids.**

Human resource is an important factor of production in any organization as it controls all the others (Chandan, 1997). The success or failure of an organization depends largely on its human resource and thus the need to examine the issues that affect it. HIV/Aids poses a great threat to the world of work as it affects the most productive segment of the labor force as it leads to low productivity and earnings, disruption of the production cycle as well as loss of skills (ILO, 2001).

Management of human capital would therefore include recruitment, training and development, supervising, performance appraisal and retaining of these resources. Lytle, Hom and Mokwa (1998) observe that the importance of human capital to the success of an organization presents a great challenge in its proper management. TASO has been plagued by a high rate of labor turn over which implies that there is possibly a problem with the way human resource is managed. Given the vulnerability of those affected and infected by the disease, there is need for proper measures in regard to staffing that will ensure proper service delivery. In this regard, an HIV/Aids policy becomes the starting point for the management of this pandemic which eventually leads to

proper service delivery. It's therefore the duty of managers to play a role in the organizations response in addressing issues caused by the disease. Continued HIV/Aids service delivery would require overall training systems for staff and other stakeholders to deal with the disease (WHO, 2004).

Similarly in its 2008-12 strategic plan, the organization pledges to continue contributing to the human resource requirements of the national HIV response through capacity building of individuals, institutions and communities all aimed at improving service delivery (TASO Annual Report, 2008). As a result, successful implementation of service delivery programs would include the involvement of other key stakeholders like local consultants and peer educators where possible and to a greater extent the organization has tried to achieve this. Therefore there is need to support them where necessary to effect change in the community as this would lead to better levels of service delivery (Dickson, 2006).

Dummer (2007) emphasizes that the task of defining the way in which health care can be most efficiently and effectively delivered should be the concern of all health care personnel. It therefore rests on the ability to clarify aims, agree performance criteria and measures and wherever possible and appropriate, set up standards. Management's task is sometimes to define the steps to that goal and always to encourage and support work in this territory some of which might include staffing. For that reason it's in the interest of every organization to develop its human resource base especially when aiming at better levels of service delivery.

### **2.3.3.1 Recruitment and Service Delivery of HIV/Aids.**

Chandan (1997) defines recruitment as a process designed to attract a qualified pool of job applicants to the organization. One of the most crucial roles of the human resources professionals in any organization is recruitment. However when making recruitments, organizations need to fully understand the type of employees they need and what skills and knowledge employees need to succeed at the service station. A report by the UNAIDS (2000) emphasizes that the richest resource a country has when it comes to caring for people with HIV/Aids is its own people and in this case they include medical personnel, counselors, policy makers and implementers.

Human resource therefore becomes an important factor in the control of HIV/Aids. One of the main challenges that TASO has encountered in its efforts to combat the HIV/Aids pandemic has been the way it has handled its employees. Labor turnover is relatively high and as a result the organization has spent a considerable amount of its time recruiting and at the same time training the new personnel. In essence this implies that attention has been divided between service delivery of HIV/Aids and training of new staff. Therefore in order to survive, an organization must attract an adequate supply of employees and this must go hand in hand with assigning them to the jobs for which they are best suited. In case of existence of a gap in terms of resource personnel, then problems with service delivery are likely to be enormous. At TASO regular recruitment of new staff is always done because the organization has a high rate of labor turnover, implying that more time is spent on training new staff rather than delivering the required HIV/Aids services. This makes it a necessity to ensure compatibility between the job and the applicant as absence of relevant human resource may yield no significant results (Chandan, 1997).

Therefore the level of performance of an organization depends on the effectiveness of its recruitment function (Strauss & Sayles, 1972). Good recruitment strategies help an organization

to have the best talent and to utilize their resources optimally thus leading to quality service delivery.

### **2.3.3.2 Employee Motivation and Service Delivery of HIV/Aids.**

Performance in an organization is bent on how well its human element is motivated to work which in the long run leads to the attainment of organizational objectives. The key to improvement in health care delivery is the improvement of the relationship between motivational tendencies, professional as well as personal development among health care professionals. It's further been observed by Amundsen and Corey (2000) that motivation goes way beyond provision of incentives but works well with the presence of other factors like leadership style and empowerment that influence job satisfaction and work motivation among health care workers.

Munera (2005) associates' motivation to a process of arousing behavior, sustaining and channeling that behavior in a specific course and the result should be work performance. Health care professionals need to ensure a work environment with the characteristics of work known to be linked to job satisfaction, motivation and good outcomes. In many developing countries, Uganda inclusive health workers will only accept to deliver services if the benefits of doing so out weigh the opportunity cost and the reverse is true. As result to improve recruitment and retention of health care personnel would require offering higher rewards that would make alternative employment less attractive. Generally the supply of skilled professionals and improvement in health care delivery rises as rewards increase. Many will return to the workforce given the fact that health care workers value both financial and non financial rewards (Hongoro & Normand, 2001).



So to achieve the best performance from motivated employees, management must provide stable and consistent systems that allow performing at the highest level. Nakawunde (2009) for instance highlights the need of embarking on deliberate human resource development program because this is the vehicle for developing personnel competence; skills and understanding to enable the organization achieve its mission and goals.

### **2.3.3.3 Employee Training and Service Delivery of HIV/Aids.**

The efficiency of any organization depends directly on how well its members are trained. Adequate job training improves job performance skills among employees (Strauss & Sayles, 1972). People infected and affected by HIV and disease are at the center of TASO's training and capacity development activities since training programs foster the initiative and creativity of employees. These activities aim at developing competencies for better service provision (TASO Annual Report, 2008).

Training can yield results when conducted continuously as organizational changes arise but should also be based on a thorough research of training needs at all levels of the organization (Ferrell, 2001). As health professionals work towards the discovery of good treatment for the HIV virus, training becomes crucial both to care provider and organization as it expands their knowledge base, exposes them to recent and relevant ways of combating the epidemic. Similarly in its 2008-12 strategic plan, the organization pledges to continue contributing to the human resource requirements of the national HIV response through capacity building of individuals, institutions and communities (TASO Annual Report, 2008).

The purpose of training should be to improve organizational as well as program performance. It should not be something aimed at making ones career better but to as well change the behaviors of employees to suit the expectations of the clients during service delivery (Ferrell, 2001). There is no greater organizational asset than that of trained personnel and that precisely explains why employees who understand their jobs are likely to have a higher morale to work harder thus improving on service delivery. This is true of TASO which boasts of four training units that have helped to boost staff knowledge and expertise in the field of HIV/Aids all aimed at improving on the levels of service delivery.

Nakawunde (2009) asserts that the impact of training on individual staff skills and performance can be demonstrated using a training impact evaluation tool which helps managers to identify and strengthen links between training and performance of the staff. This can eventually help managers to make recommendations to decision makers and find solutions to performance problems. Good individual performance will result into better client services and eventually make a significant realization of organizational goals (Nakawunde, 2009).

#### **2.3.4 The Moderating Effect of Employee Commitment and Service Delivery of HIV/Aids.**

According to Porter and Lawler (1968) commitment can be viewed as the willingness of an employee to exert high levels of effort on behalf of the organization, a strong desire to stay with the organization and an acceptance of its major goals and values. Commitment is not a natural thing rather it's something that has to be harnessed by both the employer (management) and employee, hence when trying to cultivate commitment, employer has to put in place remunerations that are commensurate to employees input and output (Nakanwagi, 2009). People who feel

committed to an organization usually have strong identification with it, agree with its objectives and value systems and they are prepared to work hard on its behalf. So organizations that are capable of recruiting, training and retaining their experienced staff will shine and outlast the competition.

It's generally acceptable that the people aspect is a very crucial factor to the survival of any organization and the highly committed employees usually perform to their highest potential. For good service delivery in an organization, employees have to be treated as competent, capable professionals and also empowered to use their judgment in satisfying client needs. Managers and management researchers have long believed that organizational goals are unattainable without enduring commitment of members of the organization.

Mugerwa (2004) suggests that to have satisfied external customers, which is an indication of good service delivery, the institution must have satisfied employees and that it's important to know and understand the internal customer's needs as this would help cultivate employee commitment. TASO's continued achievement well above its targets is attributed to hard work and commitment by staff teams and high levels of collaboration from its other partners.

## **2.4 Summary of Literature Reviewed**

Management is not an activity that exists in its own right; rather it's a description of a variety of activities carried out by those members of the organization called the "manager". These activities are grouped in terms of planning, organizing, staffing, controlling and directing activities. They are interrelated and interdependent functions such that a significant change in one of them affects

the functioning of the others. Much of the literature that has been reviewed in the previous chapters focuses on planning as a critical management activity that has to be undertaken by any organization that is aiming at effective service delivery. The argument being based on the assumption that plans give managers and employees within the organization some purpose and direction. Moving in the right way can only happen when plans are in existence (Koontz, 1968; Chandan, 1997).

Dummer (2007) highlights that the task of defining the way in which health care can most efficiently and effectively be delivered should be the concern of all health care staff, thus the need for management to clarify aims, agree performance criteria measures as well as setting up standards of performance. The literature reviewed noted the critical responsibility of management in ensuring the consistency and coherence of the many different activities that contribute to the aim of good health care as being budgeting, recruitment, and stakeholder participation among others. It was therefore imperative to determine the effects of planning, controlling, and staffing as well as the moderator effect of employee commitment on service delivery of HIV/Aids at TASO Uganda.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the areas studied and the methods that were used during the study to analyze the effects of management functions on service delivery of HIV/Aids at TASO Uganda. It also outlines the research design that was used to address the questions that were asked during the study.

#### **3.1 Research Design**

In this study, the researcher used a descriptive cross - sectional design where both qualitative and quantitative approaches were used. The qualitative approaches were used to generate opinions while quantitative approaches were used to generate quantitative data on the “extent” of the opinions. The major aim of the above research design was to provide a systematic description that is factual, accurate and to give a complete enumeration of the study findings (Amin, 2005). The sample population was taken from the TASO service center in Jinja. The above design also known as triangulation was considered to be the most appropriate since it helps to achieve a higher degree of validity and reliability of results of the research and enabled the researcher to acquire and analyze data from all angles and give a more concrete and realistic description of the findings (Amin, 2005).

### 3.2 Study Population

This study population comprised of clients, counselors and top managers at the TASO service center of Jinja. The total population of the study was 245 people. Out of these, 200 were clients, 40 were counselors/line managers and 5 were from the top management.

### 3.3 Sample Size and Selection Strategies

In this study, the researcher stratified the accessible population by category (clients, line managers/counselors and top managers) and then used the statistical table below constructed by Krejcie and Morgan (1970) to determine the sample size.

**Table 3.1 Sample size and selection strategies.** *Adapted and modified from krejcie and Morgan (1970) table for determining sample size from a given population.*

<b>Category</b>	<b>Target population</b>	<b>Sample size</b>	<b>Sampling technique</b>
Clients	200	132	Systematic sampling
Counselors	40	36	Systematic sampling
Top managers	5	5	Purposive sampling
<b>Total</b>	<b>245</b>	<b>172</b>	

### **3.3.1 Sample Selection Techniques**

The researcher used both random sampling and non random sampling techniques while conducting the study. Systematic random sampling was used where the sample was derived from the table for determining sample size from a given population (Krejcie & Morgan, 1970). Purposive sampling was used to select the key informants who were knowledgeable about the situation in the organization.

### **3.4. Data Collection Methods**

Both primary and secondary data were collected during the study.

#### **3.4.1 Questioning**

This is a data collection method which employees closed and open ended questions to generate responses from a group of respondents (Mugenda & Mugenda, 1999). Considering the sample size, it's a suitable method as it saves time and responses generated are easy to quantify and analyze.

This method was used for clients and counselors using closed ended questionnaires.

#### **3.4.2 Interviews**

An interview is an oral questionnaire where the investigator gathers data through direct verbal interaction with participants. Interviews are superior to other research tools because of their flexibility, can be useful as follow ups to certain respondents to questionnaires and they also allow

for deeper probing into an issue (Amin, 2005). It can be done through a face to face interaction. During this study, all the top managers participated in an oral interview to enable a deeper analysis based on their role and experience in managing HIV/Aids programs.

### **3.4.3 Documentary Review**

More information was gathered through documentary review where a number of documents were reviewed and these included annual reports, magazines and annual work plans. These documents were obtained from the organization (TASO). It entailed careful study of grey literature, conference proceedings, papers presented at conferences and publications on financing from donors and news paper articles.

## **3.5 Data Collection Instruments**

This study used questionnaires and an interview guide. A brief description of how each one was used is contained on the next page;

### **3.5.1 Questionnaires**

This was one of the primary sources of data collection and analysis. Questionnaires are a valuable method of collecting a wide range of information from a large number of respondents (Mugenda & Mugenda, 1999). Structured questionnaires were used for both clients and counselors because this seemed to be the most appropriate instrument for such a big sample. The questionnaire used a 5-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree), in order to provide consistent responses. The questionnaire was divided into six sections for instance Section A comprised of background/demographic characteristics of the respondents, section B comprised of statements on planning, section C of statements on controlling, section D comprised of statements



on staffing, section E of statements on service delivery of HIV/Aids while section F had statements on the moderator effect of employee commitment. This was done to get perceptions from the different categories of respondents on statements about the effects of management functions on service delivery of HIV/Aids at TASO Uganda.

### **3.5.2 Interview Guide**

Semi structured interview guides were used for the top managers to stimulate them into a detailed discussion of how management functions affect service delivery of HIV/Aids. The interview guide was used to collect data from the program implementers who were unable to respond through the questionnaire on a one on one basis to complement on the responses from the questionnaire. It was also specifically used to collect data where responses from the questionnaire had proved to be slow. This eased data editing and enabled clarification. The interview guide constituted standardized questions which helped the researcher in finding appropriate answers regarding management functions and service delivery of HIV/Aids.

### **3.5.3 Documentary Review Checklist**

A documentary review checklist was to be used as a guide to show the researcher the relevant information pertaining to the effects of management functions on service delivery of HIV/Aids at TASO Uganda to ensure that relevant information was included.

## **3.6 Validity and Reliability of Research Instruments**

### **3.6.1 Validity**

The researcher used triangulation to ensure validity of research findings. The purpose of triangulation was based on the assumption that any bias inherent in a particular data source would be neutralized when used in conjunction with other data sources. A validity test was carried out during the pilot testing of the research instruments and this was done in order to find out whether the questions were capable of capturing the intended data. For a research instrument to be accepted as valid, the content validity index should be 0.7 or above (Amin, 2005). The results indicated a content validity index of 0.83 showing that the questions were capable of capturing the information which was stated in the study objectives. Data collection instruments were presented to peers for review and to consult for face and construct validity and their suggestions were incorporated. The questionnaire was also pre-tested on 5 participants who were not part of the actual study sample. According to Mugenda and Mugenda (1999) a pretest sample is between 1% and 10% depending on the sample size. The sample size for this study was 172. The purpose of the pre-test was to ascertain the suitability of the instruments in capturing what they were intended to elicit. The responses from those who were given the questionnaires were used to measure content and construct validity. Fundamentally, content validity helped to focus upon the extent to which the content of an instrument corresponds to the content of the theoretical concept it's designed to measure while construct validity focused on whether a particular measure relates to other measures consistent with theoretically derived hypotheses concerning the relationships among the concepts (Amin, 2005).

### **3.6.2 Reliability**

Reliability of the questionnaire was the main instrument of data collection was assessed through a test re test technique where by the same instrument was administered twice to the same group of

subjects (Mugenda & Mugenda, 1999). Reliability was calculated using Cronbach's coefficient alpha to test for internal consistency with the scores listed in table 3.2. This coefficient measures the internal consistence of a test and it generally increases when the correlation between the variables increases. It ranges from 0 to 1 and the more the value is closer to 1, the more reliable the instrument is at measuring the variables. During this study, the reliability coefficient of the research instrument was calculated at 0.796. De Vellis (1991) stipulates that reliability that is tested to reach for a confident value of at least 0.70 is one which is acceptable. As a result, the coefficient of 0.796 reflects a high reliability which renders the research instrument reliable at measuring what it was intended to measure.

**Table 3.2: Reliability Statistics Results**

Cronbach's Alpha	Number of Items
.796	63

The coefficient of 0.796 shown in table 3.2 reflects a high reliability coefficient which indicated that all sub areas had been included in their correct proportions.

### 3.7 Data Collection Procedure

After the approval of the research proposal, the head of department (UMI) cleared the researcher to proceed to the field. The researcher obtained an introductory letter from Uganda Management Institute that was to help him conduct the study. Using this letter, the researcher sought permission from the organization to conduct interviews and also access documents to review. A pretested questionnaire was administered to ascertain validity and reliability. A pretest sample is between 1% and 10% depending on the sample size (Mugenda & Mugenda, 1999). The sample size for this study was 172. The questionnaire was piloted on 5 people so as to get the comments and advise

on where changes were needed. He trained two research assistants for about one week to acquaint them with the process of data collection from the respondents. Validated questionnaires were hand delivered to the respondents assuring them of voluntary participation, confidentiality and anonymity. The research assistants then proceeded to collect the data. Key informants were interviewed by the researcher himself.

### **3.8 Data Processing and Analysis**

Both quantitative and qualitative data was collected and analyzed.

#### **3.8.1 Quantitative Data Analysis**

Quantitative data was collected; sorted, coded, edited. Before and during data processing, the information was checked for completeness and internal consistency. The sorted questionnaires were then serially numbered from 1 up to 123 and then entered into the computerized statistical package for social scientists (SPSS) data editor versions 16 for all the respondents and analyzed for descriptive and relational Statistics. The descriptive statistics gave results in the form of graphs, bar graphs and pie charts frequency tables, standard deviation and variance. Relational statistics like cross tabulations and correlations were used to analyze the degree of the relationship between the variables (Amin, 2005). Regression analysis was used to determine cause and effect and enabled the researcher to determine whether management functions affect service delivery of HIV/Aids.

#### **3.8.2 Qualitative Data Analysis**

For qualitative data responses were transcribed into themes and categories, in order to support the hypotheses tested. Detailed information was then scrutinized, analyzed, collected and presented in form of paraphrases or quoted upon permission of the respondents. This analysis was done manually and responses were summarized in a narrative form as a representation of the major finding of the study.

### **3.9 Measurement of Variables**

The variables were measured using a Likert scale that had five different choices ranging from strongly disagree (scale 1) to strongly agree (scale 5). The Likert scale is an example of an interval scale which taps the differences, the order and the equality of magnitude of the differences in the variable. The researcher opted to use the above type of scale because it's more flexible, can be used to measure peoples attitude and it's a more powerful scale than the other scales like the Thurston scale (Sekaran, 2003).

## **CHAPTER FOUR**

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

#### **4.0 Introduction**

This chapter presents the discussion, analysis and interpretation of the study findings. The presentation is made along the following themes; the relationship between planning, controlling, staffing and service delivery of HIV/Aids at TASO. The general objective of the study was to analyze how management functions affect service delivery of HIV/Aids at TASO Uganda. The demographic factors of the respondents are presented first followed by the findings under the four research hypotheses. The study generated both qualitative and quantitative data. The findings are presented in the form of frequency counts, percentages in tables and figures such as bar graphs and pie charts. Analysis and interpretation are presented following the findings. There were 123 respondents out of a sample of 172 which accounts for 72%.

#### **4.1 Response Rate**

Out of a sample size of 172 respondents, there were 123 respondents from whom data was collected using questionnaires and interviews and the response rate was 72%. Of these 92 were clients who accounted for 53% while 31 were counselors thus accounting for 18%. 49 respondents did not return the questionnaires which accounted for 28%. The lack of response could be attributed to factors like failure to get time due to the tight work schedules of both the counselors

and clients. However, for the case of the clients other factors like involvement in organization activities like the drama group, stigmatization that still surrounds HIV/Aids victims in our communities, the fear of being reported to top management for disclosing relevant information about the organization also hindered the flow of information. The same fear was also expressed by some of the counselors. They expressed fear of losing their jobs in case they did reveal certain information about the organization. This was coupled together with tight work schedules given the bigger numbers of clients they had to attend to. However, during the study cross tabulations were carried out to enable opinions of various categories to be summed up and analyzed.

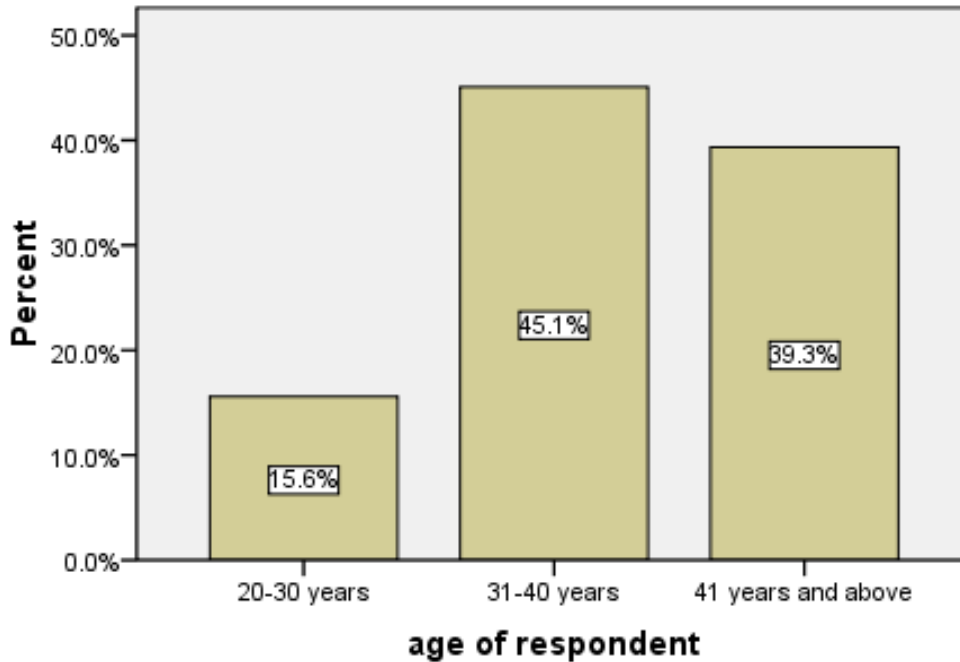
#### **4.2 Background Information of the Respondents.**

This was based on the quantified demographic characteristics of the respondents such as age, education, number of years spent with the organization, gender and marital status. This was obtained using questionnaires and the results are summarized below,

##### **4.2.1 Age of Respondents**

The researcher sought to find out the age of the respondents. The respondent's age ranked between 20 to above 51 years. The results are presented in the bar graph in figure 4.1 which shows the age category of the respondents.

**Figure 4.1: Bar Graph Showing the Age of Respondents**



**Source: Primary Data**

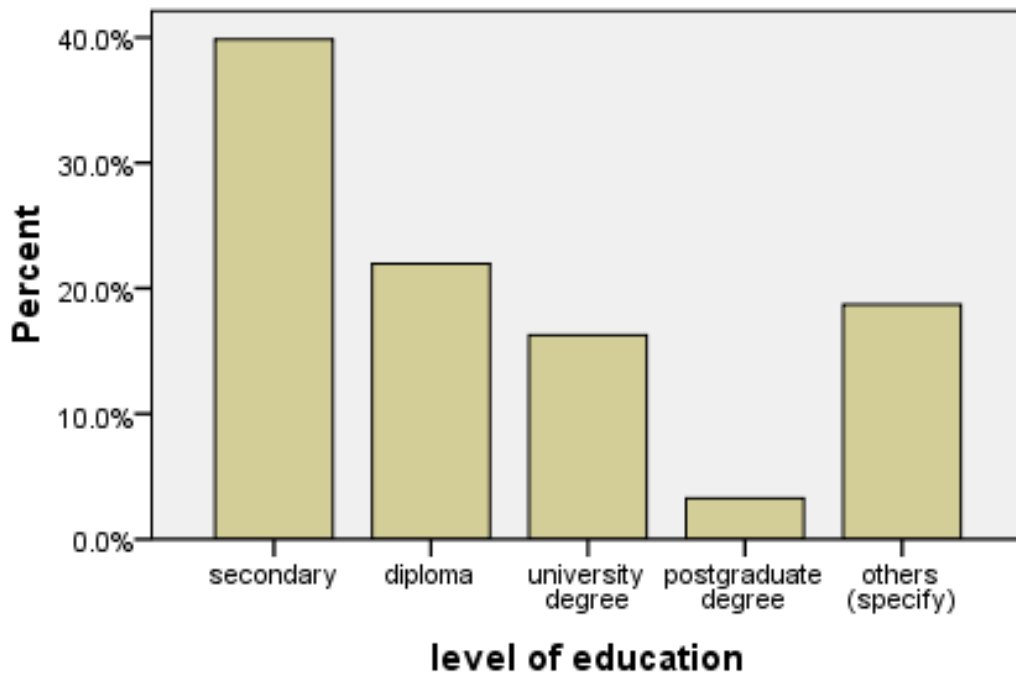
Majority of the respondents were in the age bracket of 31-40 years which accounted for 45.1% followed by those in the age bracket of 41 years and above accounting for 39.3%. These two age brackets symbolized the most active years in service with the organization which implied that most of the respondents had experience in their various capacities and could be counted on to respond adequately with the right information. In addition they were aware of the organizations activities, strengths and weaknesses as regards service delivery of HIV/Aids and also seemed to have the feeling that their needs could best be met by TASO.

**4.2.2 Level of Education**



The findings revealed that majority of the respondents had been able to attain up to a certain level of education as indicated below.

**Figure 4.2: Bar Graph Showing Level of Education of the Respondents**



**Source: Primary Data**

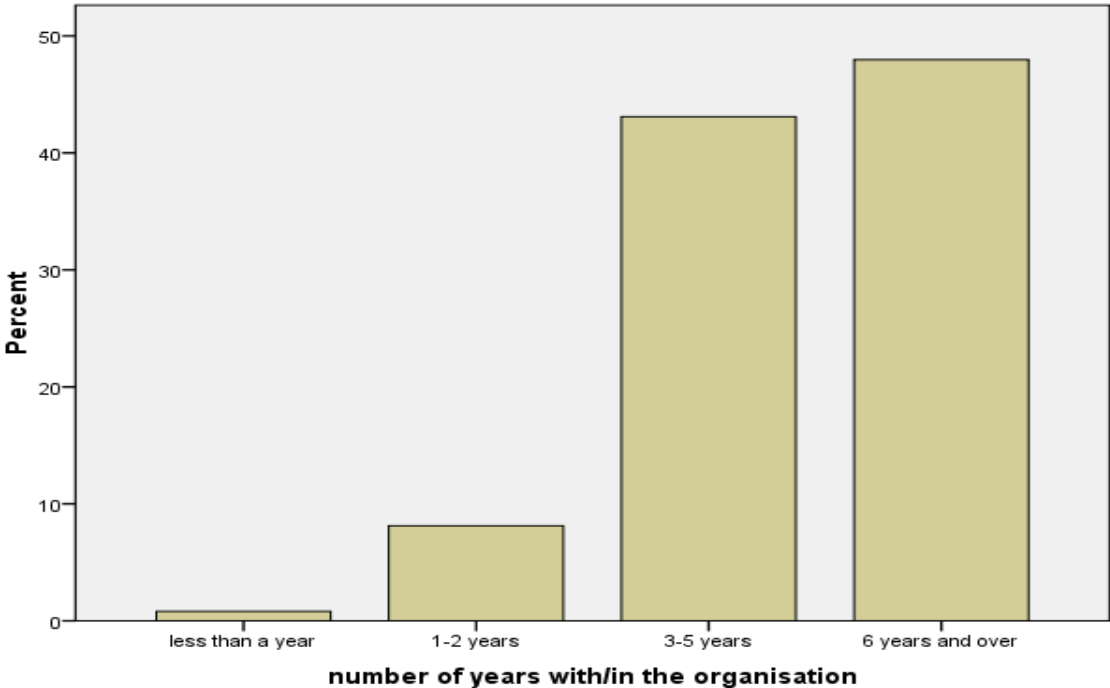
The findings revealed that most of the respondents had been able to attain up to a certain level of education. The cumulative frequency of those who had managed to attain under graduate and post graduate degrees was 19.6%, diploma holders' amounted to 20 which accounted for 16.3%. Those who attained secondary level education were 49 thus accounting for 39.8%. This is an indication that the organization has qualified people who are in position to deliver the required services to those who require them. It therefore appears that the organization engages with educated people who are in position to comprehend their various roles. In addition, for the case of the clients and counselors, it implied that they were in position to read and comprehend questions that were paused

to them. This level of education also puts the clients of the organization in a much better position to understand their rites as clients as well as the services being offered to them. This consequently enabled the researcher to have confidence in the responses obtained.

### 4.2.3 Number of Years with the Organization

The researcher sought to find out the number of years the respondents had been involved with the organization and the findings are presented in the bar graph shown in figure 4.3.

**Figure 4.3: Bar Graph Showing Number of Years Spent with the Organization**



**Source: Primary Data**

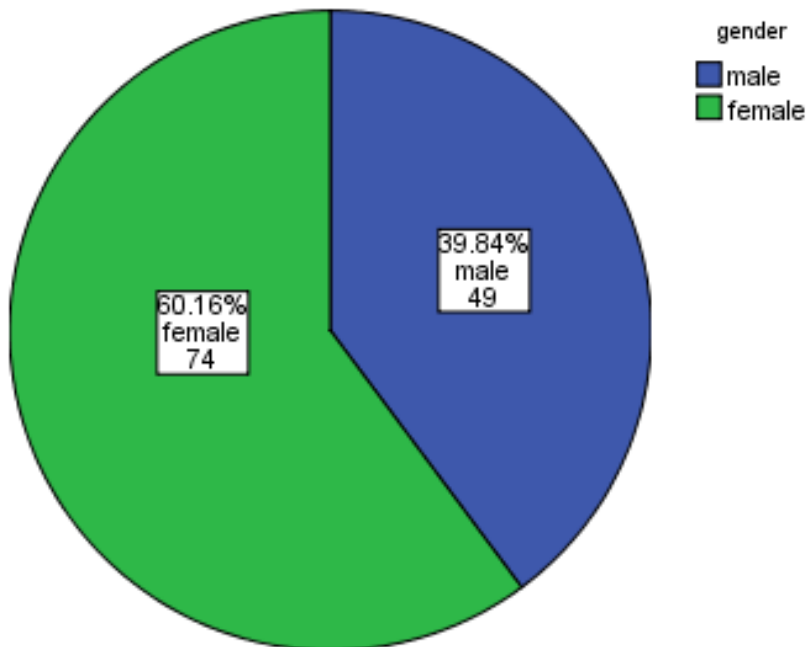
The Majority of respondents had spent quite a long period of time with the organization. Out of a sample size of 172 respondents, 47.9% had been with the organization for over 6years while 43%

had been involved with the organization for a period of time ranging from 3-5 years. Given this longevity of time, the knowledge and experience gained by the counselors after working for the organization implies that they are better equipped to handle clients who come to seek for HIV/Aids services offered by the organization. In addition, they are also acquainted with the working mechanisms of the organization and thus know the areas that need ardent attention and those that require less. For the clients, the longer they stay with the organization the more they are in good position to tell the strengths and weaknesses of the organization as regards service delivery of HIV/Aids because they have firsthand experience on the type of services offered.

#### **4.2.4 Gender**

This information was obtained using a questionnaire that was administered to the respondents. The results are presented in the pie chart shown in figure 4.4. The results in figure 4.4 revealed that 60.16% (74 out of 123) of the respondents were female while 39.84% (49 out of 123) were male.

**Figure 4.4: Pie Chart Indicating Gender of the Respondents**



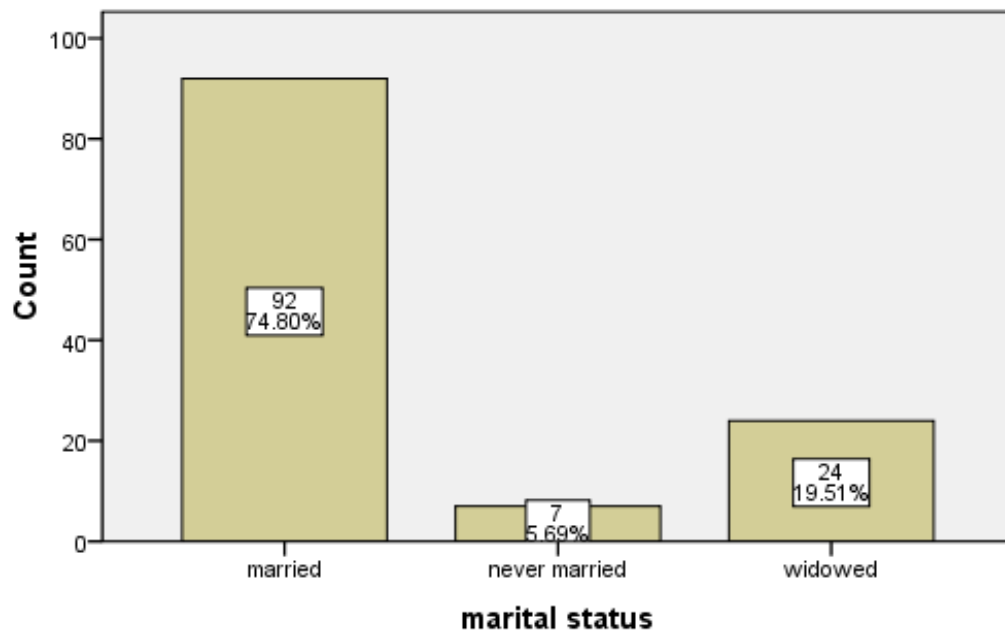
**Source: Primary Data**

The results revealed that 74 out of the 172 respondents were female which accounted for 43%. This research seemed to have generated a bigger percentage of female respondents than males because of the vulnerability of women in our communities which greatly exposes them to the dangers of getting the infection. This implies that women are more open, free and willing to discuss issues pertaining to the spread of HIV/Aids than compared to their male counterparts who prefer to stay quiet. This therefore puts the women at the forefront of benefitting from any services that could be available.

#### 4.2.5 Marital Status

This information was obtained using a questionnaire that was administered to the respondents. The results are presented in the bar graph shown in figure 4.5.

**Figure 4.5: Bar Graph Showing Marital Status of the Respondents**



**Source: Primary Data.**

Out of the sample size of 172 respondents, there were 92 who were married which accounted for 74.8%, 7 were never married which accounted for 5.7% while 24 were widowed accounting for 19.5%. The findings obtained indicated that those who are married have been the ones most affected by the virus. Recent studies have also indicated an increase in the prevalence of HIV/Aids among married couples (UNAIDS, 2008). This implies that those who are married are more exposed to the dangers of the epidemic and are more likely to seek for services offered by the organization and thus the need to put in place measures that can boost service delivery of HIV/Aids.

### **4.3 Presentation of Findings**

This section presents results that were based on a study meant to investigate management functions and their effects on service delivery of HIV/Aids at TASO. The results are arranged following the objectives that guided the study. They are categorized as planning and service delivery of HIV/Aids, controlling and service delivery of HIV/Aids, staffing and service delivery of HIV/Aids as well as the moderator effect of employee commitment on service delivery of HIV/Aids at TASO. The variables were analyzed using a five point Likert scale and the results are presented in descriptive tables showing the percentage of responses under each variable. The results are then further explained using regression in order to show the relationships between the variables. Statistical test results were computed at the 2-tailed level of significance. The results from the quantitative source are compared with the qualitative ones. Statistical tables were used for easier understanding and interpretations.

#### **4.3.1 Planning and service delivery of HIV/Aids.**

The purpose of this objective was to assess how planning affects service delivery of HIV/Aids at TASO. In order to comprehend the effect planning has on service delivery of HIV/Aids, the indicators of planning which included strategic planning, budgeting and stakeholder participation were used. Questionnaires were used to get responses from the various respondents and a Linkert scale was used to determine their perceptions. The results are given basing on indicators.

#### **4.3.1 Strategic planning and service delivery of HIV/Aids**

The researcher further determined the extent of discussion of strategic plans. Respondents were further required to rate the extent to which plans met their expectations. The findings are presented in table 4.1 in percentage form.

**Table 4.1 Showing respondents perceptions to statements on planning and service delivery of HIV/Aids**

Item	S/D%	D%	NA/D%	A%	S/A%
Strategic planning meets service delivery requirements for clients in this organization.	0	0.8	2.4	63.4	33.3
Client's views are considered during the planning process in the organization.	5.7	21.1	13.8	48.0	11.4
Strategic planning is an effective means of achieving service delivery requirements.	3.3	2.4	1.6	49.6	43.1
Organizational plans meet expectations of the clients.	0	3.3	17.1	43.9	29.3

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

Data obtained indicates that 96.7% of the respondents agreed that strategic planning meets service delivery requirements for clients in the organization, 2.4% neither agreed nor disagreed while only 0.8% disagreed implying that planning is a critical management activity that has to be undertaken by organizations. In response to whether client's views are considered during the planning process in the organization, 59.4% agreed, 13.8% neither agreed nor disagreed while 26.8% disagreed. Additional data obtained indicated that 92.7% of the respondents agreed that strategic planning is an effective means of achieving service delivery requirements, 1.6% neither agreed nor disagreed while 5.7% disagreed. On whether organizational plans meet the expectations of the clients, 73.2% agreed, 17.1% neither agreed nor disagreed while only 3.3% disagreed. Chandan (1997) observes that while planning may not guarantee success in organizational objectives, it's a critical management activity that has to be undertaken and that companies which have engaged in formal

planning have consistently performed much better than those with none or limited formal planning and improved their own performance over a period of time.

Results from the interviews revealed that planning is critical for the survival of any organization and that its one good way to meet service delivery requirements at this organization. However, the complexity that TASO faces some times is when the organization gets an influx of clients when free offers from donors come up along the way like ARV's which most times may not have been planned for by management. This has resulted into situations like the organization being forced to compromise on the already existing levels of service delivery. But since TASO is not a profit making organization, free offers are not turned down and as a result they have to try as hard as they can to serve all the clients who come to them. Such a scenario could probably explain why 5.7% of the respondents could not agree with the concept of strategic planning as one way of achieving improved service delivery. Nonetheless it should be noted that without plans, objectives cannot be achieved in an organization. This is similar to Koontz (1968) who contends that surely planning is one way to initiate coordinated efforts within an organization purposely for organizational success.

#### **4.3.2 Budgeting and service delivery of HIV/Aids**

The areas for consideration under budgeting that were investigated included sufficient budget allocations, staff and client involvement in the budgeting process, whether adequate funding for HIV/Aids ensures regular and prompt implementation of activities as well as the timeliness of funding. Respondents were required to rate the extent to which the budget met their expectations. The findings are presented in table 4.2 in percentage form.



**Table 4.2: Showing respondents' perceptions to statements on budgeting and service delivery of HIV/Aids**

Item	S/D%	D%	NA/D%	A%	S/A%
HIV/Aids budget in the organization has adequate funds allocated for HIV/Aids activities.	11.4	39.0	8.1	29.3	12.2
Staff is involved in the planning and budgeting process for HIV/Aids activities.	8.9	23.6	4.1	41.5	22.0
Adequate funding for HIV/Aids activities ensures regular implementation of the activities.	0	22.8	19.5	29.3	18.7
Funds are released on time for HIV/Aids activities.	0	22.8	19.5	29.3	18.7

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

Respondents were asked to give their responses to different statements on the role of budgeting towards service delivery of HIV/Aids. 41.5% agreed that the budget of the organization has adequate funds allocated for HIV/Aids activities, 8.1% neither agreed nor disagreed while 50.4% disagreed with that statement. On whether staff is involved in the planning and budgeting process of HIV/Aids activities, 63.5% agreed, 4.1% neither agreed nor disagreed, 32.5% strongly disagreed. This implies that for a budgeting process to be effective it must be participatory in nature where all staff contributes ideas, making budget estimates, implementing agreed activities, meet set targets and monitoring budget performance (Okumu, 2006). On whether adequate funding for HIV/Aids activities ensures regular implementation of the activities, 48% agreed, 19.5% neither agreed nor disagreed while 22.8% disagreed. On whether funds are released on time for HIV/Aids activities 48% agreed, 19.5% neither agreed nor disagreed while 22.8% disagreed.

Results from the interviews revealed that at TASO the planning and budgeting process is done at individual centers by all members of staff along with the client representatives. The center management team and center advisory committee go through it and the budget is finally sent to headquarters for approval. It's an interactive process and in most cases they use the bottom up approach that begins with the various departments submitting in their proposals to top management for recommendation. Similarly Okumu (2006) observes that for budgeting to be effective it must be participatory in nature where all staff members contribute ideas; make budget estimates, implements agreed activities, and meets set targets as well as monitoring budget performance. Kaplan (1999) and UNDP (2002) observe that having sustainable provision of HIV/Aids services is a challenge that requires both financial and non financial resources.

### **4.3.3 Stakeholder participation and service delivery of HIV/Aids**

The researcher established the extent of effectiveness of stakeholder meetings at TASO. Table 4.3 gives the findings of the study.

**Table 4.3: Showing respondents' perceptions to statements on stakeholder participation and service delivery of HIV/Aids**

<b>Item.</b>	<b>S/D%</b>	<b>D%</b>	<b>NA/D%</b>	<b>A%</b>	<b>S/A%</b>
The organization works closely with other stakeholders/clients as it implements its activities.	<b>0</b>	<b>0.8</b>	<b>0</b>	<b>54.5</b>	<b>44.7</b>
Stakeholders meetings are held in this organization.	<b>3.3</b>	<b>5.7</b>	<b>4.1</b>	<b>60.2</b>	<b>26.8</b>
Stakeholder meetings are effective when it comes to service delivery of HIV/Aids.	<b>8.1</b>	<b>0</b>	<b>13.8</b>	<b>57.7</b>	<b>20.3</b>
The organization has strong links with other HIV/Aids service providers in the country.	<b>0</b>	<b>3.3</b>	<b>1.6</b>	<b>38.2</b>	<b>56.9</b>

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**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree, S/D=strongly disagree, %=percentage**

On whether the organization works closely with other stakeholders/clients as it implements its activities 99.2% of the respondents strongly agreed while only 0.8% disagreed. Item two required participants opinion on whether stakeholders meetings are held in this organization, 87% agreed, 4.1% neither agreed nor disagreed while 0.9% disagreed. This implies that the organization works closely with other stake holders as it implements its activities. This seems to be in agreement with Schopper and walley (1992) who emphasize that participation of people in activities broadens disclosure and creates an enabling environment for stakeholders to openly talk about service delivery of HIV/Aids. In response to whether stakeholders meetings are effective when it comes to service delivery of HIV/Aids, 78% agreed, 13.8% neither agreed nor disagreed while 8.1% strongly disagreed. On whether the organization has strong links with other HIV/Aids service providers in the country, 95.1% strongly agreed, 1.6% neither agreed nor disagreed while 3.3% disagreed.

Results from the interviews revealed that the organization works closely with other stakeholders and that having stakeholders meetings is an effective means of achieving service delivery requirements. TASO as an organization has close ties with other service providers like the Aids Information Center among others; they hold an annual general meeting every year that brings key participants in this organization together to review activities that have been carried throughout the year and forge a way forward. Similarly much of the literature that has been reviewed stresses that

for any intervention to become successful there is need to involve the key stakeholders because they are not only important resources for success but they are also affected by the project results. This is in agreement with a UNAIDS report (2003) which emphasizes the need to involve people in policy making because this makes them own the policy and have the desire to implement it.

In order to determine the relationship between planning and service delivery of HIV/Aids, a Pearson correlation matrix was used. The matrix revealed the direction, strength and significance of the relationship between the variables. The correlation was 0.461<sup>\*\*</sup> revealing a moderate and positively significant relationship between planning and service delivery of HIV/Aids.

**Table 4.3.1 Pearson Correlation Matrix of Planning and Service Delivery of HIV/Aids**

### Correlations

		Planning	Service delivery of HIV/Aids
Planning	Pearson Correlation	1	.461**
	Sig. (2-tailed)		.000
	N	123	123
Service delivery of HIV/Aids	Pearson Correlation	.461**	1
	Sig. (2-tailed)	.000	
	N	123	123

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

#### **Source: Primary Data**

Table 4.3.1 reveals that the variable of planning was statistically significant at the 0.000 level and less than 0.05. A significance of such a value is the generally accepted conventional level in social science research (Sekaran, 2003).

The findings in the correlations table 4.3.1 also revealed a correlation coefficient of 0 .461\*\* at a significance of 0.000 (2tailed). Sekaran (2003) notes that the correlation must be 0.178 or greater to be statistically significant. This implies that there is a moderate and significantly positive relationship ( $r = 0.461^{**}$   $p < 0.000$ ) between planning and service delivery of HIV/Aids.

In order to assess how planning affects service delivery of HIV/Aids at TASO, the researcher carried out regression analysis and the findings are reflected in table 4.3.2.

#### **Table 4.3.2 Model Summary on Planning and Service Delivery of HIV/Aids**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.461 <sup>a</sup>	.212	.206	.264

a. Predictors: (Constant), Planning

### Source: Primary Data

The model summary in table 4.3.2 reveals the R square value of 0.212 which is the coefficient of determination. The R square tells how a set of independent variables explains variations of a dependent variable (Mugenda & Mugenda, 1999). This implies that 21.2% of the variation in service delivery of HIV/Aids can be explained by planning.

To test the hypothesis that planning significantly affects service delivery of HIV/Aids, a standardized coefficients table was used and the results are shown in table 4.3.3.

**Table 4.3.3 Coefficients of Planning**

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.046	.216		14.126	.000
	Planning	.316	.055	.461	5.712	.000

a. Dependent Variable: Service delivery of HIV/Aids

### Source: Primary Data

In table 4.3.3, the results show that the effect of a dependent variable (service delivery of HIV/Aids) is measured by a standardized regression coefficient (Beta). The results show that

statistically the planning standardized regression coefficient (Beta) was 0.461. The higher the Beta value the greater the impact of the predictor variable on the criterion variable (University of New England, 2000). The Beta value also shows how strongly the independent variable is associated with the dependent variable (Dallal, 2000). This implies that the strength of the relationship between planning as an independent variable and the dependent variable service delivery of HIV/Aids is 0.461. The unstandardised coefficients (B) are the regression coefficients.

In the regression equation  $y = a + bx$ ; where  $y$  = service delivery of HIV/Aids,  $a$  = the intercept,  $b$  = the slope and  $x$  = planning, therefore service delivery of HIV/Aids at TASO =  $3.046 + 0.316x$  which implies that a unit change in planning causes a 0.316 change in service delivery of HIV/Aids at TASO. As a result, it can be concluded that planning is positively related to service delivery of HIV/Aids at TASO. Therefore, if there is any variation in planning, there will be a corresponding effect on service delivery of HIV/Aids. This particular finding confirms the hypothesis that planning significantly affects service delivery of HIV/Aids at TASO.

#### **4.4 Controlling and service delivery of HIV/Aids**

The purpose of this objective was to assess the effect of controlling on service delivery of HIV/Aids at TASO. The indicators of controlling which included complaint handling and appeal process were used.

##### **4.4.1 Complaint handling and service delivery of HIV/Aids**

Respondents were required to rate the extent of satisfaction as regards the organizations complaint handling system. The aim was to find out from the respondents if management handled their

complaints satisfactorily and whether this met their expectations. The findings are presented in table 4.4.

**Table 4.4: Showing respondents’ perceptions to statements on complaint handling and service delivery of HIV/Aids**

<b>Item</b>	<b>S/D%</b>	<b>D%</b>	<b>NA/D%</b>	<b>A%</b>	<b>S/A%</b>
The office has a suggestion box through which clients can air their complaints.	<b>2.4</b>	<b>14.6</b>	<b>13.8</b>	<b>27.6</b>	<b>41.5</b>
It takes long for a complaint to be addressed at this organization.	<b>18.7</b>	<b>39.8</b>	<b>17.1</b>	<b>16.3</b>	<b>8.1</b>
Complaints that are handed in are satisfactorily addressed at this organization.	<b>4.1</b>	<b>10.6</b>	<b>13.0</b>	<b>49.5</b>	<b>22.8</b>
Seeing a concerned officer at this organization takes quite a long time.	<b>9.8</b>	<b>17.9</b>	<b>4.9</b>	<b>42.3</b>	<b>25.2</b>

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

On whether the office has a suggestion box through which clients can air their complaints, 69.1% respondents agreed, 13.8% neither agreed nor disagreed while 17% strongly disagreed. Item two required participants opinion on whether it takes long for a complaint to be addressed at this organization, 24.4% strongly agreed, 17.1% neither agreed nor disagreed while 58.5% disagreed. In response to whether complaints that are handed in are satisfactorily addressed at this organization, 72.3% agreed, 13.0% neither agreed nor disagreed while 14.7% disagreed. These findings seem to be in agreement with most of the literature that has been reviewed which indicates that Complaints can, if properly handled turn a disaster into a triumph. Similarly (Cartwright,



2000) asserts that indeed organizations may be able to enhance their relationship with the customers by effectively dealing with their complaints. On whether seeing a concerned officer at this organization takes quite a long time, 67.5% of the respondents strongly agreed, 4.9% neither agreed nor disagreed, 27.7% disagreed. Bukirwa (2008) observes that the degree to which customers believe that their expectations have been met determines their level of satisfaction and by definition service quality.

Results from interview revealed that though majority of the respondents were of the view that the organization handled its clients in a professional manner, they were dissatisfied with having to wait for so long to access their counselors on clinic days, spending so much time queuing up in order to be able to access drugs at the pharmacy. They were also of the view that the organization gets extra personnel to deal with the ever increasing numbers of clients who come to the organization to seek for HIV/Aids services. This is in harmony with a report by the UNAIDS (2000) which states that in order to survive, an organization must attract an adequate supply of employees and must assign them to the jobs for which they are best suited. In case of existence of a gap in terms of resource personnel, problems with service delivery are likely to be enormous.

#### **4.4.2 Appeal process and service delivery of HIV/Aids**

The researcher further established the extent of effectiveness of the appeal system at TASO. Respondents were required to give their opinion as regards the organization's appeal process. The

aim was to establish whether through the appeal process client complaints were dealt with satisfactorily. The findings are presented in table 4.5.

**Table 4.5: Showings respondents’ perceptions to statements on appeal process and service delivery of HIV/Aids.**

<b>Item</b>	<b>S/D %</b>	<b>D%</b>	<b>NA/D %</b>	<b>A%</b>	<b>S/A %</b>
The organization has an appeal system that handles with client issues.	3.3	13.0	9.8	48.8	25.2
The appeal system is an effective way of handling client issues in the organization.	2.4	3.3	10.6	63.4	20.3
The organization handles its clients in a very professional manner.	0.8	17.1	12.2	42.3	27.6
Having an appeal system helps the organization enhance on its level of service delivery of HIV/Aids.	0	13.0	13.0	37.4	35.0

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

On whether the organization has an appeal system that deals with client issues, 74% of the respondents strongly agreed, 9.8% neither agreed nor disagreed while 16.3% strongly disagreed. Item two required participants opinion on whether the appeal system is an effective way of dealing with client issues in the organization, 83.7% agreed, 10.6% neither agreed nor disagreed while 5.7% disagreed. This implies that the tries to handle client complaints that may come up to them. Similarly Berry (1995) observes that customers desire more personalized closer relationships with service providers for both ongoing service and service provided intermittently and health care is one where this process is applicable. On whether the organization handles its clients in a very professional manner, 69.9% agreed, 12.2% neither agreed nor disagreed while 17.9% disagreed

with that statement. Additional data that was obtained indicated that 72.4% of the respondents further agreed that having an appeal system helps the organization enhance its levels of service delivery of HIV/Aids, 13.0% neither agreed nor disagreed while another 13.0% disagreed with that statement. Much of the literature that has been reviewed suggests that communication is one way a service provider can have control over the post encounter level of satisfaction and future behavioral interaction (Berry, 1995). This in essence implies that communication is vital in altering consumer beliefs and attitudes and essential in fostering satisfaction hence improving service delivery.

Results from interviews revealed that though TASO as organization has an appeal system, certain issues within the appeal process needed to be put right for instance the amount of time that is spent handling client complaints is unnecessarily long ranging from 2-3 weeks and this depends on the nature of the complaint. Clients expressed the view that all problems are the same and do not need to be classified as either being minor or major. They lament that for a minor complaint could be addressed as soon as it is raised and this takes just one day while if it is a major complaint then it has to go through a hierarchy of individuals who could most likely take some time that ranges from 2-3 weeks to deal with. However this kind of scenario seems to differ with Bukirwa (2008) who observes that customer complaints should be taken seriously because good customer service always builds the relationship and completes the transaction. The degree to which customers believe that their expectations have been met determines their level of satisfaction and by definition service quality.

A Pearson correlation matrix was used to establish the relationship between controlling and service delivery of HIV/Aids. The correlation was 0.183\* revealing a very weak but positively significant relationship between the two variables. This illustration is given in table 4.4.1.

**Table 4.4.1 Pearson Correlation Matrix of Controlling and Service Delivery of HIV/Aids**

		<b>Correlations</b>	
		Controlling	Service delivery of HIV/Aids
Controlling	Pearson Correlation	1	.183*
	Sig. (2-tailed)		.043
	N	123	123
Service delivery of HIV/Aids	Pearson Correlation	.183*	1
	Sig. (2-tailed)	.043	
	N	123	123

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

**Source: Primary Data**

Table 4.4.1 reveals that the variable of controlling was statistically significant at the 0.043 level and less than 0.05. The findings in the correlations table 4.4.1 also revealed a correlation of 0.183\* at a significance of 0.043(two tailed). Correlation must be 0.178 or greater to be statistically significant (Sekaran, 2003). Therefore this implies that there is a weak but positive relationship ( $r = 0.183^* \quad P < 0.043$ ) between controlling and service delivery of HIV/Aids at TASO.

To assess the effect of controlling on service delivery of HIV/Aids at TASO, regression analysis was also done. The findings are reflected in table 4.4.2.

**Table 4.4.2 Model Summary on Controlling and Service Delivery of HIV/Aids**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.183 <sup>a</sup>	.033	.025	.292

a. Predictors: (Constant), Controlling

**Source: Primary Data**

The model summary in table 4.4.2 reveals the R square value of 0.033. The R square tells how a set of independent variables explains variations of a dependent variable (Mugenda & Mugenda, 1999). This implies that 3.3% of the variation in service delivery of HIV/Aids can be explained by controlling.

To test the hypothesis that controlling has a significant effect on service delivery of HIV/Aids, a standardized coefficients table was used and the results are indicated in table 4.4.3.

**Table 4.4.3 Coefficients of Controlling**

**Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.852	.206		18.712	.000
	Controlling	.114	.056	.183	2.045	.043

a. Dependent Variable: Service delivery of HIV/Aids

**Source: Primary Data**

In table 4.4.3, the results show that the effect of a dependent variable (service delivery of HIV/Aids) is measured by a standardized regression coefficient (Beta). The Beta coefficient shows how strongly the independent variable is associated with the dependent variable. The results show that statistically the controlling standardized regression coefficient (Beta) was 0.183

meaning that controlling as the independent variable influences the dependent variable service delivery of HIV/Aids by 0.183 and this is the strength of the relationship between the two variables.

The findings suggest that controlling is positively related to service delivery of HIV/Aids by 0.183.

In the regression equation  $y = a + bx$ ; where  $y$  = service delivery of HIV/Aids,  $a$  = the intercept,  $b$  = the slope and  $x$  = controlling, therefore service delivery of HIV/Aids at TASO =  $3.852 + 0.114x$  which implies that a unit change in controlling causes a 0.114 change in service delivery of HIV/Aids at TASO. As a result, it can be concluded that controlling is positively related to service delivery of HIV/Aids at TASO. Therefore, if there is any variation in controlling, there will be a corresponding effect on service delivery of HIV/Aids.

#### **4.5 Staffing and service delivery of HIV/Aids**

The purpose of this objective was to find out how staffing contributes to service delivery of HIV/Aids at TASO. This was analyzed using the indicators of recruitment, motivation as well as training.

##### **4.5.1 Recruitment and service delivery of HIV/Aids**

The researcher further established the importance of recruitment towards service delivery of HIV/Aids at TASO. Respondents were requested to give their perception about recruitment at this organization. The purpose of this was to establish whether it had an impact on the level of service delivery of HIV/Aids. The findings are given in table **4.6**.

**Table 4.6: Showing respondents' perceptions to statements on recruitment and service delivery of HIV/Aids**

<b>Item</b>	<b>S/D%</b>	<b>D%</b>	<b>NA/D%</b>	<b>A%</b>	<b>S/A%</b>
Staffing levels in this organization have an impact on the level of service delivery of HIV/Aids.	<b>6.5</b>	<b>4.1</b>	<b>4.1</b>	<b>53.7</b>	<b>31.7</b>
Recruitment is done so often to boost service delivery of HIV/Aids.	<b>2.4</b>	<b>15.4</b>	<b>2.4</b>	<b>53.7</b>	<b>26.0</b>
Staff is confident and knowledgeable about information related to HIV/Aids service delivery.	<b>0</b>	<b>0</b>	<b>1.6</b>	<b>60.2</b>	<b>38.2</b>
Staff recruited is capable of addressing HIV/Aids related issues at their work place.	<b>0</b>	<b>0</b>	<b>1.6</b>	<b>64.2</b>	<b>34.1</b>

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

On whether staffing levels in the organization have had impact on the level of service delivery of HIV/Aids, 84.5% agreed, 4.1% neither agreed nor disagreed, 10.6% disagreed. Much of the literature reviewed is in support of staffing as one of the ways to improve on service delivery levels. Similarly Chandan, (1997) suggests that the success or failure of an organization largely depends on its human resource. Item two required participants opinion on whether recruitment is done so often to boost service delivery of HIV/Aids, 79.7% agreed, 2.4% neither agreed nor disagreed while 17.8% disagreed. In response to whether staff is confident and knowledgeable about information related to service delivery of HIV/Aids, 98.4% agreed, 1.6% neither agreed nor disagreed. In addition much of the staff recruited is capable of addressing HIV/Aids related issues at their work place as indicated from the findings which stated that 64.2% agreed, 34.1% strongly

agreed, 1.6% neither agreed nor disagreed with that statement. This implies that majority of the respondents were in agreement over the key role played by the staff in undertaking various activities in the organization.

Results from the interviews revealed that all the members of staff at the organization were well trained and qualified in their respective fields and thus delivered good services to the clients of the organization, consequently many clients have continued to receive counseling services and many other HIV/Aids related services like relevant information about the pandemic from the organization. Dummer (2007) argues that the task of defining the way in which health care can be most efficiently and effectively met has to be the concern of all health care personnel. Management’s task therefore is to define the steps to that goal and to always encourage and support work in this territory some of which might include staffing.

#### **4.5.2 Motivation and service delivery of HIV/Aids.**

The researcher established the extent of effectiveness of motivation on the level of service delivery of HIV/Aids at TASO. Respondents were asked to give their opinion as far as motivation was concerned. The results from the study are summarized in table 4.7.

**Table 4.7: Showing respondents perceptions to statements on motivation and service delivery of HIV/Aids**

<b>Item</b>	<b>S/D%</b>	<b>D%</b>	<b>NA/D%</b>	<b>A%</b>	<b>S/A%</b>
Motivation of staff in this organization has an impact on the level of service delivery of HIV/Aids.	<b>0</b>	<b>6.5</b>	<b>4.1</b>	<b>48.0</b>	<b>41.5</b>
Motivation is one way of enhancing the level of service delivery of HIV/Aids.	<b>0</b>	<b>0.8</b>	<b>3.3</b>	<b>52.8</b>	<b>43.1</b>



Motivation encourages staff to be committed to their duties.	3.3	0.8	5.7	51.2	39.0
Incentives given to staff in the organization improve on the level of service delivery of HIV/Aids.	0	8.1	20.3	51.2	19.5

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

Participants were asked to give their responses to different statements on the role played by motivation during service delivery of HIV/Aids. In response to whether motivation of staff in the organization has an impact on service delivery of HIV/Aids, majority of the respondents that is 89.5% agreed, 4.1% neither agreed nor disagreed, 6.5% disagreed. This implies that performance in an organization is bent on how well its human resource is motivated to work which in the long run leads to the attainment of organizational objectives. Item two stated that motivation is one way of enhancing service delivery of HIV/Aids, 95.9% agreed with this, 3.3% neither agreed nor disagreed while .8% disagreed. On whether motivation encourages staff to be committed to their duties, 51.2% agreed, 39.0% strongly agreed, 5.7% neither agreed nor disagreed while 4.1% disagreed. On whether incentives given to staff in the organization improve on service delivery of HIV/Aids, 70.7% agreed, 20.3% neither agreed nor disagreed while 8.1% disagreed.

From the interviews, respondents were able to reveal that the staff at TASO is adequately motivated and this can be observed through the numerous refresher courses conducted for their employees, salary increments that come every year depending on their level of performance and

all this is aimed at improving on the levels of service delivery in the organization. Amundsen & Corey (2000) argue that the key to improvement in health care delivery is the improvement of the relationship between motivational tendencies, professional as well as personal development among health care professionals. So to achieve the best performance from motivated employees management must provide stable and consistent systems that allow performing at the highest level.

#### 4.5.3 Training and service delivery of HIV/Aids.

The researcher further established the importance of training on service delivery of HIV/Aids at TASO. Respondents were asked to give their opinion on its impact and the findings were obtained by the use of questionnaires and administering interviews. The results are given in table 4.8.

**Table 4.8: Showing respondents perceptions to statements on training and service delivery of HIV/Aids**

Item	S/D%	D%	NA/D%	A%	S/A%
Training of staff members in the organization has an impact on service delivery of HIV/Aids.	0	0	4.1	37.4	58.5
Training workshops are often conducted in this organization.	6.5	1.6	10.6	39.8	41.5
Trainings are organized to strengthen and update staff knowledge and skills in the area of HIV/Aids.	0	0	2.4	36.6	61.0
Staff is knowledgeable about the facts concerning HIV/Aids.	0	0	0	40.7	58.5

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

Participants were asked to give their responses to different statements on the impact of training on service delivery of HIV/Aids. In response to whether training of staff members in the organization has an impact towards service delivery of HIV/Aids, 95.9% of the respondents agreed, 4.1% neither agreed nor disagreed. In essence this implies that the efficiency of any organization depends directly on how well its members are trained. Adequate job training improves job performance skills among employees (Strauss & Sayles, 1972). Item two stated that training workshops are often conducted in the organization, 81.3% strongly agreed, 10.6% neither agreed nor disagreed while 8.1% disagreed.

On whether trainings are organized to strengthen and update staff knowledge and skills in the area of HIV/Aids; 97.6% strongly agreed, 2.4% neither agreed nor disagreed with that statement. On whether staff is knowledgeable about the facts concerning HIV/Aids, 99.2% strongly agreed with the statement. This implies that majority of the respondents were of the view that training has an important role to play as far service delivery of HIV/Aids is concerned.

Results from the interviews revealed that training workshops are often conducted in the organization to boost staff knowledge and skills in the field of HIV/Aids. People infected and affected by HIV/Aids are at the center of the organizations training and capacity development activities. For instance when TASO introduced new programs on board like Anti Retro Therapy staff members had to be trained on how to be able to administer this to the clients. In addition, each department also gets a refresher course annually and all this is aimed at developing competencies for better service delivery.

As health professionals work towards the discovery of good treatment for the HIV virus, training becomes crucial both to care provider and organization as it expands their knowledge base, exposes them to recent and relevant ways of combating the epidemic. In essence, the purpose of training should be to improve organizational as well as program performance and not something aimed at making ones career better but to as well change the behaviors of employees to suit the expectations of the clients during service delivery (Ferrell, 2001).

To measure the degree of association between staffing and service delivery of HIV/Aids, correlation analysis was done and the results are indicated in table 4.5.1

**Table 4.5.1 Pearson Correlation Matrix of Staffing and Service Delivery of HIV/Aids**

**Correlations**

		Staffing	Service delivery of HIV/Aids
Staffing	Pearson Correlation	1	.291**
	Sig. (2-tailed)		.001
	N	123	123
Service delivery of HIV/Aids	Pearson Correlation	.291**	1
	Sig. (2-tailed)	.001	
	N	123	123

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

**Source: Primary Data**

The findings in table 4.5.1 reveal a weak but positive significant relationship between the two variables of staffing and service delivery of HIV/Aids. The correlation coefficient was 0.291\*\* at a significance of 0.001(two tailed). Therefore this implies that there is a positive relationship ( $r = 0.291^{**}$   $P < 0.001$ ) between staffing and service delivery of HIV/Aids at TASO.

To find out how staffing contributes to service delivery of HIV/Aids at TASO, regression analysis was done. The findings of the regression analysis are illustrated in table 4.5.2.

**Table 4.5.2 Model Summary on Staffing and Service Delivery of HIV/Aids**

<b>Model Summary</b>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.291 <sup>a</sup>	.085	.077	.284

a. Predictors: (Constant), Staffing

**Source: Primary Data**

The model summary in table 4.5.2 reveals the R square value of 0.085. The R square value tells how a set of dependent variables explains variations of a dependent variable (Mugenda & Mugenda, 1999). This implies that 8.5% of the variation in service delivery of HIV/Aids can be explained by staffing. The rest of the variation in service delivery of HIV/Aids can be explained by other variables.

To test whether staffing significantly contributes to service delivery of HIV/Aids, a table of coefficients was used and the findings are indicated in table 4.5.3.

**Table 4.5.3 Coefficients of Staffing**

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.177	.328		9.700	.000
	Staffing	.257	.077	.291	3.348	.001

**Source: Primary Data**

Table 4.5.3, the results show that statistically the staffing standardized regression coefficient (Beta) was 0.291 implying that the strength of the relationship between staffing as independent variable the dependent variable service delivery of HIV/Aids is 0.291. Dallal (2000) asserts that the Beta coefficient answers the question of which of the independent variables has a greater effect on the dependent variable. This would imply that staffing influences service delivery of HIV/Aids by 0.291.

In the regression equation  $y = a + bx$ ; where  $y$  = service delivery of HIV/Aids,  $a$  = the intercept,  $b$  = the slope and  $x$  = staffing. Service delivery of HIV/Aids at TASO =  $3.177+0.257x$  which implies that a unit change in staffing causes a 0.257 change in service delivery of HIV/Aids at TASO. Therefore it can be said that staffing is positively related to service delivery of HIV/Aids at TASO. So any variation in staffing will result into a corresponding effect on service delivery of HIV/Aids.

#### 4.6 The moderating effect of employee commitment and service delivery of HIV/Aids

The aim of this objective was to examine the moderating effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids at TASO.

**Table 4.9: Showing respondents perceptions to statements on the moderator effect of employee commitment and service delivery of HIV/Aids**

Item	S/D%	D%	NA/D%	A%	S/A%
Professional and hard working	0.8	4.1	0.8	49.6	44.7
show concern to only those they know	0	39.0	21.1	4.9	10.6
Good time management	0.8	2.4	22.0	56.1	18.7
Have an “I don’t care attitude”	31.7	41.5	5.7	1.6	19.5
Communicate effectively to the clients	0	0	2.4	44.7	52.8
Actively involved in organization activities	0	0	0	40.7	59.3

**Source: Primary Data**

**Key: SA=strongly agree, A=agree, NA/D=neither agree nor disagree, D=disagree,**

**S/D=strongly disagree, %=percentage**

TASO being a service organization, it relies heavily on the commitment of its employees for service delivery of HIV/Aids. Respondents were asked to give their opinion on whether the

employees of the organization are professional and hard working; 94.3% of the respondents agreed, 0.8% neither agreed nor disagreed, while 4.9% disagreed to this statement. Item two required participants opinion on whether staff shows concern to only those they know, 15.5% agreed, 21.1% neither agreed nor disagreed, 39.0% disagreed. In response to whether staff was able to manage their time well, 74.8% agreed, 22.0% neither agreed nor disagreed while 3.2% disagreed.

On whether staff has an “I don’t care attitude”, 21.2% agreed, 5.7% neither agreed nor disagreed while 73.2% strongly disagreed. In response to whether staff communicates effectively to the clients, 97.5% of the respondents strongly agreed while only 2.4% neither agreed nor disagreed. This is similar to Erickson (1991) who contends that communication is vital in altering consumer beliefs and attitudes and essential in fostering satisfaction. The last item required participant’s opinion on whether staff is actively involved in organization activities, 100% of the respondents strongly agreed to that statement. Much of the literature reviewed suggests that for good service delivery in an organization, employees have to be treated as competent, capable professionals and also empowered to use their judgment in satisfying client needs.

Results from the interviews also revealed that majority of the employees had spent quite a long period of time serving with this organization and few had moved on to other places to search for other jobs. This implies that the majority of the employees are duly committed to their duties and obligations with the organization. Commitment is not a natural thing rather it’s something that has to be harnessed by both the employer and employee. To further commit its employees the organization annually increases it’s staff salary depending on the level of performance, it has a



welfare scheme that gives loans to its employees in case they have troubles to deal with at personal level. All this is aimed at cultivating the commitment of its employees so as to boost service delivery levels. It's generally acceptable that the people aspect is a very crucial factor to the survival of any organization and those highly committed employees usually perform to their highest potential.

A Pearson correlation matrix was used to determine the direction, strength and significance of the relationship between the two variables of the moderator effect of employee commitment and service delivery of HIV/Aids. The results are indicated in table 4.6.1.

**Table 4.6.1 Pearson Correlation Matrix of the Moderator effect of Employee Commitment and Service Delivery of HIV/Aids**

Correlations			
		Employee commitment	Service delivery of HIV/Aids
Employee commitment	Pearson Correlation	1	.183*
	Sig. (2-tailed)		.043
	N	123	123
Service delivery of HIV/Aids	Pearson Correlation	.183*	1
	Sig. (2-tailed)	.043	
	N	123	123

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

**Source: Primary Data**

The findings in table 4.6.1 revealed that there was a weak but positively significant relationship between the two variables of employee commitment and service delivery of HIV/Aids. Correlation was 0.183\* at a significance of 0.043 (two tailed). The results are an indication that the moderator

effect of employee commitment has a positive correlation ( $r = 0.183^*$   $P < 0.043$ ) on service delivery of HIV/Aids at TASO.

Regression analysis was also done to examine the moderating effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids. The findings are reflected in table 4.6.2

**Table 4.6.2 Model Summary on the Moderator effect of Employee Commitment and Service Delivery of HIV/Aids**

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.183 <sup>a</sup>	.033	.025	.292

As. Predictors: (Constant), Employee commitment

**Source: Primary Data**

The table reveals that the R square value of 0.033 is the explained variance which implies that 3.3% of the variation in service delivery of HIV/Aids can be explained by employee commitment. To further examine the moderating effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids, a standardized coefficients table was used and the results are reflected in table 4.6.3.

**Table 4.6.3 Coefficients of Employee Commitment**

Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.807	.228		16.721	.000
	Employee commitment	.126	.062	.183	2.045	.043

a. Dependent Variable: Service delivery of HIV/Aids

### Source: Primary Data

In table 4.6.3, the results show that statistically the standardized regression coefficient (Beta) of employee commitment was 0.183 implying that the strength of the association between employee commitment as a moderating variable and the dependent variable service delivery of HIV/Aids is 0.183. This implies that employee commitment influences service delivery of HIV/Aids by 0.183.

From the regression equation  $y = a + bx$ ; where  $y$  = service delivery of HIV/Aids,  $a$  = the intercept,  $b$  = the slope and  $x$  = employee commitment. Therefore service delivery of HIV/Aids at TASO =  $3.807 + 0.126x$  which is an indication that a unit change in the commitment of the employees causes a 0.126 change in service delivery of HIV/Aids at TASO. In conclusion therefore, employee commitment is positively related to service delivery of HIV/Aids at TASO. As a result, any variation in the commitment of the employees would result into a corresponding effect on service delivery of HIV/Aids.

## 5.0 General Regression Analysis of Management Functions and Service Delivery of HIV/Aids

A general regression analysis was also done to analyze how management functions affect service delivery of HIV/Aids at TASO. The findings that were obtained indicated a direct positive relationship between the dimensions of management functions and service delivery of HIV/Aids. All the dimensions were assessed using multiple regression analysis to ascertain how each explains the variance in service delivery of HIV/Aids. The findings are reflected in table 5.1,

**Table 5.1 Model Summary on Management Functions and Service Delivery of HIV/Aids**

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.488 <sup>a</sup>	.238	.219	.262

a. Predictors: (Constant), Staffing, Controlling, Planning

**Source: Primary Data**

The model summary table 5.1 reveals that the R square value of 0.238 is the explained variance of all the three dimensions of management functions which include, planning, controlling and staffing. This therefore implies that 23.8% of the variation in service delivery of HIV/Aids can be explained by management functions. The rest of the variation can be explained by other factors.

**CHAPTER FIVE**

**SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

**5.0 Introduction**

This chapter presents the summary of the findings, discussions, conclusions and recommendations drawn from the research and also highlights the areas for future research in the field of service delivery of HIV/Aids. The above items are presented following the objectives that guided the research.

## **5.1 Summary of Findings**

This study analyzed the effects of management functions on service delivery of HIV/Aids at TASO. The researcher developed four objectives and hypotheses to guide this research. The independent variable consisted of planning, controlling and staffing. Employee commitment was the moderator variable while service delivery of HIV/Aids was the dependent variable.

The study was carried out at the TASO service center of Jinja and the response rate was 72% which accounts for 123 respondents out of a sample size of 172. The correlations revealed that there was a moderate and significantly positive relationship ( $r = 0.461^{**}$   $p < 0.000$ ) between planning and service delivery of HIV/Aids, a very weak but significantly positive relationship ( $r = 0.183^*$   $P < 0.043$ ) between controlling and service delivery of HIV/Aids, and a weak but significantly positive relationship ( $r = 0.291^{**}$   $P < 0.001$ ) between staffing and service delivery of HIV/Aids. Regression analysis was done to analyze the effects of management functions on service delivery of HIV/Aids. The results revealed an R square which gives a proportion of variance between two variables. The R square illustrated that planning accounts for 21.2% of service delivery of HIV/Aids, controlling accounts for 3.3%, while staffing accounts for 8.5% of service delivery of HIV/Aids. A multiple regression analysis revealed that management functions account for 23.8% of the variation in service delivery of HIV/Aids at TASO.

## **5.2 Discussion of Findings**

Management functions positively contribute to service delivery of HIV/Aids at TASO. During this study the functions of management were looked at under the dimensions of planning, controlling and staffing. The study was based on the classical organizational theory ascribed to Henri Fayol, Max Weber and Fredrick Taylor. In this study management is aligned more closely with the functions of planning, controlling and staffing to establish how they can affect service delivery of HIV/Aids.

For that reason to be in position to achieve a certain level of satisfaction in an organization, the five principle roles of management have to be seriously practiced. Therefore the core issues arising from this section for instance planning, controlling and staffing can be of greater value in supporting the ever evolving organizational structures and thus the need to adopt them during this study.

### **5.2.1 Planning and Service Delivery of HIV/Aids at TASO.**

From the findings, planning was viewed as critical activity as far as service delivery of HIV/Aids at TASO was concerned. Planning accounts for 21.2% of the variation in service delivery of HIV/Aids. This study revealed a moderate and significantly positive relationship between planning and service delivery of HIV/Aids. Data obtained indicates that a cumulative frequency of 92.7% of the respondents agreed that strategic planning is an effective means of achieving service delivery requirements. This was further echoed by the project officer who states that “*proper planning at this organization is the basis of what makes them stand out from the other service providers*”. He

stresses that for instance during the budgeting process all members of staff are brought on board to do what he calls “*interactive budgeting*” where every department submits their own budget estimates which are eventually put together with the master budget of the whole organization which is all aimed at making the employees be part of the planning process. In essence this implies that the purpose of planning in such a scenario would be to initiate coordinated efforts with the organization mainly to attain success because without plans nothing can be achieved. Additional data obtained indicated that 63.5% of the respondents agreed that staff involvement in organization activities like budgeting helps to improve on the levels of service delivery of HIV/Aids. This seems to concur with Louise (1995) who emphasizes that if planning were to be the norm in health care, there would be an improvement in health care provision thus leading to satisfaction with services and this would also ensure that what is provided meets the expectations of those for whom the services are intended.

Furthermore, stakeholder participation was found to be satisfactory at 57.7% as far as service delivery of HIV/Aids was concerned. In essence this implies that there is need to involve people in organization activities like policy making because this makes people to own the policy and eventually have the desire to implement. This helps to remove doubt and mistrust on the side of those involved hence improving service delivery. This is truly one way of enhancing service delivery at the organization. This seems to be consistent with the views expressed by Chandan (1997) who opines that planning is a critical management activity that has to be undertaken by any organization and that companies that have engaged in formal planning have consistently performed much better than those with none or limited formal planning. Similarly Dummer (2007) suggests that it would benefit managers, professionals and patients, if patient’s views are regularly built into

the process involved in the planning and also the delivery of health services. Majority of the respondents agreed that planning is critical and therefore argue that this calls for the need to involve various groups of people at TASO who include the clients and counselors during the planning process. However, much as this seemed to be their wish, clients were not always consulted as much as they needed. If and when they are asked for input, their views are not fully reflected in the final plan which implies that their consultation only serves as a mere formality. It's therefore the researcher's argument that the organization continues to contribute to efforts aimed at creating an equitable and sustainable approach that will not only listen to other people's ideas but also put them into practice.

Koontz (1968) emphasizes that the basic purpose of planning is to reduce on the risk of uncertainties and to initiate a coordinated effort within the organization for the purpose of organizational success. Similarly according to managers at TASO the organization has a strategic plan which is reviewed every five years and all this is aimed at ensuring quality service delivery. Without this kind of approach there would be so many uncoordinated efforts within the organization which would all yield to nothing. Drummer (2007) contends that the task of defining the way in which health care can be most efficiently and effectively delivered is the concern of all health care staff. Members of staff at TASO agreed that they participate in meetings and articulate their views and opinions and thus argue that their priority is on effective delivery of health care.

### **5.2.2 Controlling and Service Delivery of HIV/Aids at TASO**

Controlling accounts for 3.3% of the variation in service delivery of HIV/Aids at TASO. This study revealed a very weak but positively significant relationship between the two variables. Data obtained indicates that having an appeal system at the organization enhances the level of service



delivery of HIV/Aids. Cartwright (2000) observes that complaints can if properly handled turn a disaster into a triumph and indeed organizations can be able to enhance their relationship with customers by effectively dealing with their complaints. This therefore implies that an organization must be willing to entertain complaints and those affected must be helped by the system. This shows a greater level of customer care for a service organization like TASO. Bukirwa (2008) asserts that greater customer service should not end with answering your customer's questions expediently, rather it should continue by making the necessary changes to eliminate the questions from arising again in future. As an organization TASO must be willing to entertain client complaints because this helps in building the relationship between the clients and service providers. If this is not done in time then the affected persons are not helped which in the end casts a lot of doubt on the level of service quality.

Additional data obtained indicates that 72.3% of the respondents agreed that complaints at this organization are satisfactorily handled while 83.4% agreed that having an appeal system is an effective way of dealing with client issues in the organization. Nonetheless, much as this seemed to be the case, the organization still lacked a specialist department meant to handle people's complaints. A number of clients noted that much as their complaints were received, some times they are simply listened to and not dealt with and thus not solving the actual problems they might be having. Consequently in well run organizations, customer complaints are taken very seriously because good customer service always builds the relationship and completes the transaction. The center manager however notes that the organization maintains a suggestion box for aggrieved people to voice out their concerns. She stated "*these are levels of activities used to evaluate performance with an aim of trying to achieve quality service delivery*".

### **5.2.3 Staffing and Service Delivery of HIV/Aids at TASO**

The importance of staffing as far as service delivery of HIV/Aids at TASO was concerned could not be ignored and thus had to be established. During the study, the indicators of staffing included recruitment, motivation as well as training. In a service organization like TASO, It's always very important to note that the success or failure of an organization largely depends on its human resource. Therefore, it's always important to examine issues that affect human resources. From the data obtained 85.4% of the respondents agreed that staffing levels in the organization have had an impact on service delivery of HIV/Aids. This finding is similar to a report published by the UNAIDS (2000) which observes that the richest resource a country has when it comes to caring for people with HIV/Aids is its own people and in this case these include medical personnel, counselors, policy makers and implementers. It should therefore be in the interest of an organization like TASO to develop its human resource base through overall training systems for staff and other stakeholders to deal with the pandemic. If this is not done then enormous problems with service delivery are likely to be encountered.

Nonetheless it's also important to note that service delivery of HIV/Aids in an organization like TASO does not only depend on staffing but also on other factors like training. Training is fundamental to any organization because the efficiency of any organization depends directly on how well its employees are trained. Adequate job training improves job performance skills among employees. As a result people infected and affected by HIV and disease have been at the center of this organizations training and capacity development activities which are aimed at developing competencies for better service provision. These are usually conducted if and when the need arises

for instance when a new program is introduced. This can arguably explain for the low prevalence rates of HIV/Aids in the country. But it should be noted that training can only yield results if it's done continuously. Never the less 97.6% of the respondents agreed that trainings are organized in the organization to strengthen and update staff knowledge and skills in the area of HIV/Aids. Therefore the purpose of training should be to improve organizational as well as program performance and not something aimed at making ones career better but to as well change the behaviors of employees to suit the expectations of the clients during service delivery.

Additional data obtained indicated that 95.9% of the respondents agreed that training of staff members in the organization has an effect on service delivery of HIV/Aids. Therefore as health professionals work towards the discovery of good treatment for HIV, training becomes crucial both to the care provider and the organization as this expands their knowledge base. Consequently, TASO as an organization pledges to continue contributing to the human resource requirements of the national HIV response through capacity building of its employees, individuals, institutions as well as communities. This is in agreement with Chandan (1997) who argues that the success or failure of any organization largely depends on its human resource and thus the need to examine the issues that affect it.

#### **5.2.4 The Moderating Effect of Employee Commitment on the Relationship between Management Functions and Service Delivery of HIV/Aids at TASO**

The moderator effect of employee commitment accounted for 3.3% of the variation in service delivery of HIV/Aids at TASO. The study revealed a weak but positively significant relationship between the moderator effect of employee commitment and service delivery of HIV/Aids. From

the findings obtained, a cumulative frequency of 94.3% respondents agreed that the employees of this organization were professional and hardworking. Additional data indicates that 97.5% of the respondents agreed that employees of the organization communicate effectively with the clients while 100% strongly agreed that employees of this organization were actively involved in organization activities. Nakanwagi (2009) opines that people who feel committed to an organization usually have strong identification with it and agree with its objectives and value systems and therefore prepared to work for it. Therefore it's generally acceptable that the people aspect is a very crucial factor to the survival of any organization and those highly committed employees usually perform to their highest potential.

TASO being a service organization, it has to rely heavily on the commitment of its employees for service delivery of HIV/Aids. As a result this implies that employees have to be treated as competent, capable professionals and also empowered to use their judgment in satisfying customer needs and if this is not observed then most likely there will be a compromise in service delivery levels. It ought to be noted that commitment is not a natural thing but rather some thing that has to be harnessed by both the employer and the employee. This therefore implies that employees thus have to put in place remunerations that are commensurate to employees' inputs and outputs. As an organization TASO has tried to achieve this through increasing its staff salary annually depending on the level of performance and all this is aimed at improving service delivery levels.

### **5.3 Conclusions**

The following conclusions were drawn from the study findings;

#### **5.3.1 Planning and Service Delivery of HIV/Aids at TASO**

Planning is positively related to service delivery of HIV/Aids. 21.2% of the variation in service delivery of HIV/Aids can be explained by planning. This was concluded after conducting regression analysis to assess how planning affects service delivery of HIV/Aids. The correlated findings also revealed a moderate and significantly positive relationship between planning and service delivery of HIV/Aids ( $r = 0.461^{**}$   $p < 0.000$ ). The results further showed that statistically the planning function standardized regression coefficient (Beta) was 0.461 which implies that the strength of the relationship between planning as an independent variable and the dependent variable of service delivery of HIV/Aids is 0.461. Results from the coefficients table and the regression equation revealed that a unit change in planning will cause a 0.316 change in service delivery of HIV/Aids. Any variation in planning will cause a corresponding effect on service delivery of HIV/Aids. The rest of service delivery of HIV/Aids can be attributed to other factors.

### **5.3.2 Controlling and Service Delivery of HIV/Aids at TASO**

Controlling is positively related to service delivery of HIV/Aids. 3.3% of the variation in service delivery of HIV/Aids can be explained by controlling. Correlated findings revealed a very weak but positively significant relationship between the two variables ( $r = 0.183^{*}$   $p < 0.043$ ). Regression analysis was also done to assess the effect of controlling on service delivery of HIV/Aids. Results revealed that statistically the controlling function regression coefficient (Beta) was 0.183 implying that controlling as the independent variable influences the dependent variable service delivery of HIV/Aids by 0.183 and this is the strength of the relationship between the two variables. The findings from the regression equation suggest that a unit change in controlling will cause a 0.114 change in service delivery of HIV/Aids. Therefore any variation in controlling will cause a

corresponding effect on service delivery at TASO. The rest of service delivery of HIV/Aids can be attributed to other factors

### **5.3.3 Staffing and Service Delivery of HIV/Aids at TASO**

Data obtained indicates that 8.5% of the variation in service delivery of HIV/Aids can be explained by staffing. Correlated findings revealed a weak but positively significant relationship between staffing and service delivery of HIV/Aids ( $r = 0.291^{**}$   $p < 0.001$ ). Regression analysis was done to find out how staffing contributes to service delivery of HIV/Aids and results revealed that statistically the staffing function regression coefficient (Beta) was 0.291 implying that strength of the relationship between staffing as independent variable the dependent variable service delivery of HIV/Aids is 0.291. The findings also reveal that a unit change in staffing will cause a 0.257 change in service delivery of HIV/Aids. As a result it can be concluded that staffing is positively related to service delivery of HIV/Aids and that any variation in staffing will cause a corresponding effect on service delivery. The rest of service delivery of HIV/Aids can be attributed to other factors.

### **5.3.4 The Moderating Effect of Employee Commitment on the Relationship between Management Functions and Service Delivery of HIV/Aids at TASO**

Results indicate that the moderator effect of employee commitment has a positive correlation ( $r = 0.183^*$   $p < 0.043$ ) on service delivery of HIV/Aids. Regression analysis was done to examine the moderating effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids and results revealed that 3.3% of the variation in service delivery of HIV/Aids can be explained by employee commitment. Results further indicated that statistically

the regression coefficient (Beta) was 0.183 meaning that strength of the association between employee commitment as a moderating variable and the dependent variable service delivery of HIV/Aids is 0.183. The results also indicate that a unit change in the moderator variable of employee commitment will cause a 0.126 change in service delivery of HIV/Aids.

#### **5.4. Recommendations**

The following recommendations were drawn basing on the findings and conclusions of this study. They address key areas in the field of management functions that have been studied.

##### **5.4.1 Planning and Service Delivery of HIV/Aids at TASO**

The first objective was to assess how planning affects service delivery of HIV/Aids at TASO. Louise (1995) observes that if planning were to be the norm in health care provision, then there would be an improvement in the services delivered thus leading to satisfaction. Based on the findings the following recommendation was made;

1. It's therefore necessary that during the planning process, it would be of benefit to TASO if the managers, other health professionals as well as clients and their views are regularly built in the process involved in the planning as well as the delivery of health services. This will enable closer interaction and exchange of information from all those involved which in turn results into improved service delivery of HIV/Aids.

##### **5.4.2 Controlling and Service Delivery of HIV/Aids at TASO**

The second objective was to assess the effect of controlling on service delivery of HIV/Aids at TASO. Controlling in an organization helps in determining what is being accomplished for

instance evaluating the performance and if necessary applies corrective measures so that the performance takes place according to plans (Drucker, 1974). Based on the findings the following recommendations were made;

1. The organization needs to have a specialist department that is specifically meant to deal with client queries and complaints quickly when they arise.
2. Efforts should also be geared towards ensuring that HIV/Aids service beneficiaries of the organization are attended to in the shortest time possible in order to avoid unnecessary delays. This will in turn help the organization improve on its levels of service delivery.

#### **5.4.3 Staffing and Service Delivery of HIV/Aids at TASO**

The third objective was to find out how staffing contributes to service delivery of HIV/Aids at TASO. The organization needs to attract, develop and utilize human resources. Continued HIV/Aids service delivery would require overall training systems for staff and other stakeholders to deal with the disease (WHO, 2004). The following recommendation was made;

1. Continuous training of the organizations employees should remain a priority as this enables them to acquire new skills and knowledge that puts them in a superior position to handle issues related to service delivery of HIV/Aids.

#### **5.4.4 The Moderating Effect of Employee Commitment on the Relationship between Management Functions and Service Delivery of HIV/Aids at TASO**

The fourth objective was to examine the moderating effect of employee commitment on the relationship between management functions and service delivery of HIV/Aids. Based on the findings the following recommendation was made;



1. It's generally acceptable that the people aspect is a very crucial factor to the survival of an organization. Therefore for good service delivery of HIV/Aids in the organization, the employees should be treated as competent, capable professionals and they should also be empowered to use their judgment in satisfying the needs of the clients.

### **5.5 Limitations to the Study**

Data collection took longer than anticipated because some clients found it hard to interpret some of the questions in the questionnaire as majority of them lacked good command of the English language. This eventually resulted in questionnaires being brought back late thus were making data collection a little difficult.

Another limitation was the fact that though majority of the respondents had been sensitized about this study, others still had the fear that they would be reprimanded by the organisation for uttering relevant information about the organisation to the researcher. Consequently this may have rendered some of the responses as not really genuine and honest.

### **5.6 Contributions of the Study**

The study improves on the existing body of knowledge in the field of management functions and service delivery of HIV/Aids. The research revealed that at TASO planning accounted for 21.2% of the variation in service delivery of HIV/Aids thus implying that planning is a critical management activity that has to be undertaken by organizations in case they are to realize their objectives. There have been recent reports in the media of how organizations dealing with HIV/Aids have been mismanaged in Uganda through bad management practices among which

include improper planning. These findings could therefore be used by administrators and policy makers in their effort to deliver improved and quality services to the various beneficiaries.

### **5.7 Areas for further Research**

Since this study was conducted in only one NGO, it's inevitable that more studies are carried out in other organizations within the country that deal with HIV/Aids in order to establish how management functions can affect service delivery of HIV/Aids. This will give room to compare results with other studies that already exist. It will also help to supplement and enhance the concept of management functions and how they can contribute to improved levels of service delivery of HIV/Aids since there are already so many organizations working within this field that require this information. Additional research could also be carried out on other factors like: The role of leadership styles on service delivery of HIV/Aids.

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## **APPENDIX 1: QUESTIONNAIRE FOR COUNSELLORS**

Dear respondent,

This is a questionnaire purposely for academic research aimed at studying the effects of management functions on service delivery of HIV/Aids at The Aids Support Organization (TASO) Uganda. This is part of the requirement for the award of a Masters Degree in Management Studies. Please spare some time and give your most appropriate and honest response. There is no need to indicate your name.

### **Part A: BACKGROUND INFORMATION**

You are kindly requested to circle the category that best describes you.

A). **Age of respondent**

B). **Gender**

- 1). 20 years and below
- 2). 20-30 years
- 3). 31-40 years
- 4). 41 years and above

- 1). Male
- 2). Female

**C). Marital status**

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

**D).Level of education**

- 1). Secondary
- 2). Diploma
- 3). University degree
- 4). Postgraduate degree
- 5). others (specify).....

**E). No of years in the organization**

- 1). Less than a year.
- 2). 1-2 years.
- 3). 3-5 years
- 4). 6 years and over.

**SECTION B. PLANNING**

For the next questions, please select from the scale of 1 to 5 below and tick in the corresponding box. Below is the key to the scale of 1 to 5:

- 1. Strongly disagree**      **2. Disagree**      **3. Neither agrees nor disagrees**
- 4. Agree**      **5. Strongly agree**

**I: Strategic planning**

		1	2	3	4	5
1	The strategic plans of the organization meet service delivery requirements					
2	Clients in this organization are consulted during the planning process					
3	Strategic planning in the organization is done every after five years,					



4	Strategic planning is an efficient way of improving on service delivery of HIV/Aids					

## II: Budgeting

		1	2	3	4	5
1	HIV/Aids budget in the organization has adequate funds allocated for HIV/Aids activities					
2	Staff are involved in the planning and budgeting process for HIV/Aids activities					
3	Adequate funding for HIV/Aids activities ensures regular implementation of the activities					
4	Funds are released on time for HIV/Aids activities					

## III: Stakeholder participation

		1	2	3	4	5
1	The organization works closely with other stakeholders/clients as it implements its activities					
2	Stakeholders meetings are held in this organization					
3	Stakeholder meetings are effective when it comes to service delivery of HIV/Aids					
4	The organization has strong links with other HIV/Aids service providers in the country					

## SECTION C: CONTROLLING

### I: Complaint handling

		1	2	3	4	5

1	The office has a suggestion box through which clients can air their complaints.					
2	It takes long for a complaint to be addressed at this organization					
3	Complaints that are handed in are satisfactorily addressed at this organization					
4	Seeing a concerned officer at this organization takes quite a long time					

**II: Appeal process**

		1	2	3	4	5
1	The organization has an appeal system that deals with client issues					
2	The appeal system is an effective way of dealing with client issues in the organization					
3	The organization handles its clients in a very professional manner					
4	Having an appeal system helps the organization enhance its service delivery of HIV/Aids					

**SECTION D: STAFFING**

**I: Recruitment**

		1	2	3	4	5
1	Staffing levels in this organization have an impact on the level of service delivery of HIV/Aids					
2	Recruitment is done so often to boost service delivery of HIV/Aids					
3	Staff are confident and knowledgeable about information related to service delivery of HIV/Aids					
4	Staff recruited are capable of addressing HIV/Aids related issues at their work place					

**II: Motivation**

		1	2	3	4	5

1	Motivation of staff in this organization has an impact on service delivery of HIV/Aids					
2	Motivation is one way of enhancing service delivery of HIV/Aids					
3	Motivation encourages staff to be committed to their duties					
4	Incentives given to staff in the organization improve on service delivery of HIV/Aids					

### III: Trainings

		1	2	3	4	5
1	Training of staff members in the organization has an impact on service delivery of HIV/Aids					
2	Training workshops often conducted in this organization					
3	Trainings are organized to strengthen and update staff knowledge and skills in the area of HIV/Aids					
4	Staff are knowledgeable about the facts of HIV/Aids					

## SECTION E: SERVICE DELIVERY OF HIV/AIDS

### I: Counseling

		1	2	3	4	5
1	The organization has trained counselors					
2	Counseling is one way of enhancing service delivery of HIV/Aids					
3	Counseling sessions on HIV/Aids are conducted regularly					
4	Counseling greatly impacts on the lives of the clients					

### II: Adherence to drugs

		1	2	3	4	5
1	Staff at the organization help clients to adhere to their HIV/Aids drugs prescriptions					

2	Delivery of drugs to client's homes improves on the level of service delivery of HIV/Aids					
3	It takes quite a long time for clients to access drugs at the pharmacy					
4	It is easy to access a concerned officer for a service by a client					

**III: Knowledge about HIV/Aids**

		1	2	3	4	5
1	Counselors in this organization are aware of HIV prevention mechanisms					
2	Counselors of this organization are conversant with the facts concerning ARV's for clients					
3	Counselors are aware of the different modes of HIV transmission in Uganda					
4	There are other means through which the HIV virus can be acquired					
5	Adequate training about HIV is carried out in the organization					
6	Counselors have the right competencies for interpreting HIV results for the clients					

**F. EMPLOYEE COMMITMENT**

Which of the following alternatives provided in the table best describes the employees of this organization?

(Please use the scale provided below to rank their commitment)

**1. Strongly disagree      2. Disagree      3. Neither agrees nor disagrees**

**4. Agree      5. Strongly agree**

	<b>EMPLOYEE COMMITMENT</b>	1	2	3	4	5
1	Professional and hard working					

2	Show concern to only those they know						
3	Good time management						
4	Have an “I don’t care attitude”						
5	Communicate effectively to the clients						
6	Actively involved in organization activities						

**Thank you so much for your response**

## **APPENDIX 2: QUESTIONNAIRE FOR CLIENTS**

Dear respondent,

This is a questionnaire purposely for academic research aimed at studying the effects of management functions on service delivery of HIV/Aids at The Aids Support Organization (TASO) Uganda. This is part of the requirement for the award of a Masters Degree in Management Studies. Please spare some time and give your most appropriate and honest response. There is no need to indicate your name.

### **Part A: BACKGROUND INFORMATION**

You are kindly requested to circle the category that best describes you.

**A). Age of respondent**

- 1). 20 years and below
- 2). 20-30 years
- 3). 31-40 years
- 4). 41 years and above

**B). Gender**

- 1). Male
- 2). Female

**C). Marital status**

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

**D).Level of education**

- 1). Secondary
- 2). Diploma
- 3). University degree
- 4). Postgraduate degree
- 5). others (specify).....

**E). No of years in the organization**

- 1). Less than a year.
- 2). 1-2 years.
- 3). 3-5 years
- 4). 6 years and over

**SECTION B. PLANNING**

For the next questions, please select from the scale of 1 to 5 below and tick in the corresponding box. Below is the key to the scale of 1 to 5:

- 1. Strongly disagree**
- 2. Disagree**
- 3. Neither agrees nor disagrees**
- 4. Agree**
- 5. Strongly agree**

**I: Strategic planning**

		1	2	3	4	5
1	Strategic planning meets service delivery requirements for clients in this organization					

2	Client's views are considered during the planning process in the organization					
3	Strategic planning is an effective means of achieving service delivery requirements					
4	Organizational plans meet expectations of the clients					

## II: Budgeting

		1	2	3	4	5
1	Budget allocations are enough to fund HIV/Aids activities					
2	Staff and clients are involved in the planning and budgeting process for HIV/Aids activities					
3	Adequate funds ensure regular and prompt implementation of HIV/Aids activities					
4	Funding for HIV/Aids activities arrives on time					

## III: Stakeholder participation

		1	2	3	4	5
1	Organization works closely with other stakeholders/clients as it implements its activities					
2	Stakeholder meetings are effective in the delivery of services for HIV/Aids					
3	Stakeholders meetings are regularly conducted in the organization					
4	Organization partners with other HIV/Aids service providers in the fight against the scourge.					

## SECTION C: CONTROLLING

### I: Complaint handling

		1	2	3	4	5
1	The office uses the help of a suggestion box to deal with client complaints					
2	Complaints take long to be addressed at this organization					
3	Complaints are handled with urgency at this organization					

4	Its not difficult to see a concerned officer when you require a service					

**II: Appeal process**

		1	2	3	4	5
1	Organization has an appeal system that deals with clients concerns					
2	The appeal system is an effective means of handling client complaints					
3	Contented with the ways in which the organization deals with clients concerns regarding service delivery					
4	Organization needs a customer appeal system because this one way of improving on level of service delivery					

**SECTION D: STAFFING**

**I: Recruitment**

		1	2	3	4	5
1	Staffing levels have had an impact on service delivery					
2	Recruitment is relevant in boosting service delivery of HIV/Aids					
3	Staff are knowledgeable about the facts concerning service delivery of HIV/Aids					
4	Staff recruited are confident and capable of addressing HIV/Aids related issues in their work					

**II: Motivation**

		1	2	3	4	5
1	Staff motivation has an impact on service delivery of HIV/Aids					
2	Motivation has improved on the level of service delivery of HIV/Aids					
3	Motivation is an effective way of boosting service delivery of HIV/Aids					
4	Motivation comes frequently to help enhance service delivery of HIV/Aids					

**III: Trainings**

		1	2	3	4	5



1	Trainings conducted in this organization have an impact on the level of service delivery of HIV/Aids					
2	There is need for training workshops to be conducted at this organization					
3	Training strengthens and updates skills and knowledge in the area of HIV/Aids					
4	Information is available about the facts concerning HIV/Aids					

## SECTION E. SERVICE DELIVERY OF HIV/AIDS

### I: Counseling

		1	2	3	4	5
1	Counseling impacts on the level of service delivery of HIV/Aids to clients					
2	Counseling in this organization enhances the level of service delivery of HIV/Aids					
3	Counseling sessions are regularly conducted with the clients					
4	Counseling has helped to improve on the lives of those affected by the virus					

### II: Adherence to drugs

		1	2	3	4	5
1	Staff members in the organization help clients to adhere to their HIV/Aids drugs					
2	Delivery of drugs to client homes is aimed at improving the level of service delivery					
3	Access to drugs at the organization pharmacy is not difficult					
4	There is easy accessibility to a doctor for HIV/Aids consultation					

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**III: Knowledge about HIV/Aids**

		1	2	3	4	5
1	Organization provides you with sex education					
2	The organization informs you of your status after an HIV blood test					
3	Provision of condoms and sex education promotes sex among people					
4	Unprotected sex is the commonest mode of HIV transmission in Uganda?					
5	Organization sensitizes the masses about the dangers associated with contracting HIV					
6	Staff are aware of benefits and challenges associated with the provision of condoms to clients					

**F. EMPLOYEE COMMITMENT**

Which of the following alternatives provided in the table best describes the employees of this organization?

(Please use the scale provided in the box to rank their commitment)

- 1. Strongly disagree      2. Disagree      3. Neither agrees nor disagrees**

**4. Agree**

**5. Strongly agree**

	<b>EMPLOYEE COMMITMENT</b>	1	2	3	4	5
1	Professional and hard working					
2	Show concern to only those they know					
3	Good time management					
4	Have an “I don’t care attitude”					
5	Communicate effectively with the clients					
6	Fully participate in organizational activities					

**Thank you so much for your response**

**APPENDIX 3: Interview guide** (Top managers)

**Topic:** The effects of management functions on service delivery of HIV/Aids at The Aids Support Organization (TASO) Uganda.

1. Do strategic plans meet service delivery requirements for clients of this organization?
2. Are staff and clients involved in the budgeting process for HIV/Aids activities?

3. How effective are stakeholder meetings in this organization?
4. What management controls do you have in this organization?
5. How long does it take for a complaint to be addressed at this organization?
6. How effective is the customer appeal system in this organization?
7. Do you think that the quality of staff in your organization has an impact on the level of service delivery of HIV/Aids?
8. Are the members of staff in this organization adequately motivated?
9. What are the expectations of the clients as far as service delivery of HIV/Aids is concerned in this organization?
10. Are training workshops regularly conducted in this organization?
11. What other factors do you think affect service delivery of HIV/Aids in this organization?

**Thank you so much for your cooperation.**

#### **APPENDIX 4: UMI Letter**



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Your Ref:

Our Ref: G/35

03 May 2010

**Mr. Dennis Maingo**  
09/MMSPAM/18/065

Dear Mr. Maingo,

## FIELD RESEARCH

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

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

Wishing you the best in the field.

Yours sincerely,

Benon C. Basheka

**HEAD, HIGHER DEGREES DEPARTMENT/  
PROGRAMME MANAGER MMS**

**APPENDIX 5: Krejcie & Morgan (1970) Table of Determining Sample Size from a given Population.**

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

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**Note.**—*N* is population size.

*S* is sample size.