

**THE IMPACT OF HIV/AIDS ON SERVICE DELIVERY IN,  
IGANGA DISTRICT: (A CASE STUDY OF  
BUYANGA SUB-COUNTY)**

**BY**

**MENYA FARUK**

**REGNO: BSW/45328/143/DU**

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## DECLARATION

I, MENYA FARUK hereby declare to the best of my knowledge that this research proposal is my original work and that has never been submitted to any university or higher institution of learning for the award of any degree, diploma and certificate or for other academic award.

Signature: ..... Menya Faruk .....

Date: ..... 11<sup>th</sup> / 09 / 2017 .....

Menya Faruk

REGNO: BSW/45328/143/DU

**APPROVAL**

This is to certify that this research proposal entitled ‘the impact of HIV/AIDS on service delivery in, Iganga district: a case study of Buyanga sub-county), has been conducted under my supervision and is now ready for submission to Kampala International University for the award of a Bachelor’s Degree in Social Work and Social Administration.

Signature .....

Date: 11.09.2017

**Nassiwa Shamirah**

**Supervisor**

### **DEDICATION**

This research proposal is dedicated to my beloved mother Nabanda Hadijah, my role model and Daddy, Samanya Jamali, my brothers Kirema Faizo, Juma Osman, my sister Mutesi Mariam my lecturer Nassiwa Shamirah, not forgotten at any one moment, friends Mutalya Faizo Mpairwe Francis, Munina Jane, Kibono Jamali and family and finally my supervisor Nassiwa Shamirah for their tremendous aid rendered towards me financially, academically, morally and spiritually.

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I first thank GOD, who gave me the abundant health, strength and courage to be able to complete this work. My sincere gratitude goes to my supervisor Madam Nassiwa Shamirah, the same token I wish to thank all lecturers in the department of applied psychology for their academic role that has led me towards the completion of my course.

Special thanks go to my beloved parents and guardians for their financial support for the three years at University.

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May the Almighty God bless you all.

## LIST OF ACRONYMS

AIDS	:	ACQUIRED IMMUNE DEFICIENCY SYNDROME
STD	:	SEXUALLY TRANSMITTED DISEASES
CBO	:	COMMUNITY BASED INTERVENTION
WHO	:	WORLD HEALTH ORGANISATION
HIV	:	HUMAN IMMUNE VIRUS
NGOs	:	NON GOVERNMENTAL ORGANISATIONS
DCDO	:	DISTRICT COMMUNITY DEVELOPMENT OFFICER
PO	:	PROBATION OFFICER
FGM	:	FEMALE GENITAL MUTILATION
KIU	:	KAMPALA INTERNATIONAL UNIVERSITY
IHL	:	INTERNATIONAL HUMANITARIAN LAW
URCS	:	UGANDA RED CROSS SOCIETY
AGM	:	ANNUAL GENERAL MEETING

## TABLE OF CONTENT

DECLARATION .....	i
APPROVAL.....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENT .....	iv
LIST OF ANCRYNOS .....	v
TABLE OF CONTENT.....	vi
LIST OF TABLES.....	ix
ABSTRACT.....	x
CHAPTER ONE.....	1
1.0. Introduction.....	1
1.1. Background of the study.....	1
1.2. Statement of the problem.....	4
1.3. Objectives of the Study .....	5
1.4. Research Questions .....	5
1.4. Scope of the study.....	5
1.4.1. Subject Scope.....	5
1.4.2. Geographical Scope .....	5
1.4.3. Time Scope.....	6
1.5. Aim of the of the Study .....	6
1.6. Limitations of the Study .....	6
1.7. Significance of the Study.....	6
1.9 Definition of Concepts .....	8
CHAPTER TWO .....	9
LITERATURE REVIEW .....	9
2.1 Introduction .....	9
2.2 THEORETICAL PERSPECTIVES .....	10
2.2.1 IMPACT OF HIV/AIDS ON SERVICE DELIVERY .....	10
2.2.2 GLOBAL STATISTIC ON HIV/AIDS PREVALENCE.....	14
2.2.3 HIV/AIDS AND THE PUBLIC SECTOR.....	16
2.3 HIV/AIDS AND THE PRIVATE SECTOR.....	17

CHAPTER THREE.....	20
METHODOLOGY.....	20
3.1 Introduction .....	20
3.2 Research design .....	20
3.3 Area of the study.....	20
3.4 Population of study .....	20
3.5 Sampling selection and techniques .....	20
3.6 Sample size.....	21
3.7 Methods of data collection.....	21
3.7.1. Interview schedule.....	21
3.7.2. Recording.....	22
3.7.3. Observation .....	22
3.7.4. Focus group discussions.....	22
3.7.5. Questionnaire: .....	23
3.7.6. Validity and reliability of the instruments.....	23
3.7.7. Data collection procedure .....	23
3.7.8. Data analysis .....	23
3.7.9. Expected limitations of the study .....	24
CHAPTER FOUR .....	25
PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA.....	25
4.0. Introduction .....	25
4.1. Study population .....	25
4.2. Socio-demographic characteristics.....	25
4.2.1. Response to research objective.....	30
4.2.3. Response to research objective.....	32
CHAPTER FIVE .....	34
SUMMARY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	34
5.0. Introduction .....	34
5.1. Summary of findings.....	34
5.2. Discussion of Findings.....	35
5.3. RECOMMENDATIONS.....	36
5.4. CONCLUSION.....	37

REFERENCES .....	38
APPENDIX I: INTERVIEW GUIDE.....	39
APPENDIX II: QUESTIONAIRES .....	40
APPENDIX III: TIME FRAMEWORK.....	43
APPENDIX IV: BUDGET.....	44

## LIST OF TABLES

- Table 1:** Showing the sample size of the respondents;
- Table 2:** Gender distribution of respondents
- Table 3:** Age distribution of respondents
- Table 4:** Education level of respondents
- Table 5:** Marital status of respondents
- Table 6:** working experience of administrators & employees at the district
- Table 7:** Showing the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district.
- Table 8:** The determine how HIV/AIDS has affected the delivery of
- Table 9:** The recommend strategic measures to deal with emerging issues.

## **ABSTRACT**

HIV/AIDS is social problem which affect all member of the society statistic indicate that there is an increase in the number of people affected by HIV/AIDS. This study critically examined the impact of HIV/AIDS on service delivery in, Iganga district.

It was the intention of the researcher to the impact of HIV/AIDS on service delivery in, Iganga district. He used different objectives to collect data from the field such as; To establish the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district, To determine how HIV/AIDS has affected the delivery of services in Buyanga Sub-county, Iganga district and To recommend strategic measures to deal with emerging issues as may be necessary.

The researcher collected data from the field using different source of example the secondary source in literature review by the use of in magazines, text books and many other authors' information about the impact of HIV/AIDS on service delivery. He continued using different methods of collecting data in chapter three such as questionnaires, interviews, recording, and so on.

The research designs used in the study were both quantitative and qualitative. Quantitative data was collected through administrative records and unpublished reports. Qualitative data was collected through Observations. Focus Group discussion (FGD) for parents and or guardians and in depth Interviews for the victims and informants. Data was analyzed through tables and graphs for quantitative while qualitative data was thematically analyzed. The objectives of this study revealed to establish the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district.

## CHAPTER ONE

### 1.0. Introduction

This chapter presented the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions scope of the study and significance of the study.

### 1.1. Background of the study.

UNAIDS (2016) stated that Sub-Saharan Africa remains the worst-affected region in the world with HIV/AIDS. According to Whiteside and Sunter (2000), the epidemic is not the same all over the world. The overwhelming total majority of people with HIV (some 95%) globally live in the developing world. That proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health systems, a lack of education, inequality and limited resources for prevention and care fuel the spread of the virus. FAO (2001) remarks about the HIV/AIDS epidemic that it has a major impact on development because it undermines three of the main determinants of economic growth: physical, human and social capital.

In Africa, Cornia and Zagonari [2001] stated that studies of businesses in East Africa show that it accounts for between a quarter and a half of the HIV/AIDS cost because of the disruption of the production cycle, under-utilization of equipment and the cost of hiring temporary staff. From the study conducted in Zambia, Whiteside and Sunter (2010) mentioned that the largest cement company reported that absenteeism for funerals increased often fold between 1992 and 1995. As a result, the company has restricted employee absenteeism for funerals to the funeral of a spouse, parent or child (Whiteside & Sunter, 2010).

HIV/AIDS remains one of the major socio-economic challenges facing South Africa today. UNAID (2016) reveals that the HIV incidence rate is believed to have stabilized subsequently, notwithstanding increasing incidence in a

number countries. However, Smith (2014) argues that the number of South Africans infected with HIV/AIDS will peak at 7.7 million in 2006-2007, creating the potential for an economic disaster in South Africa. This figure will taper off to about 7.2 million by 2010, mainly as a result of increased HIV/AIDS mortality. Burger and Braynard (2011) concur with Smith (2014): “although government has adopted an extensive programme to manage the HIV/AIDS epidemic, the HIV infection in South Africa ‘is still the fastest growing in the world. Moreover, South Africa lags behind other countries’ in successfully managing the effects of this deadly disease.

A recent ILO pilot study undertaken in Sub Saharan Africa projects that the following proportions of the workforce in African countries will be HIV positive by 2015, one+ third of the semi-skilled or unskilled workers, 23% of the skilled workers and 13% of the highly skilled workers as pointed out by Barac and Otter (2011). The ING Barings study indicated that more than a quarter of the workforce will be infected by 2016. Coetzee (2016) reveals that currently HIV/AIDS cases in especially South Africa are estimated at approximately 30% of the population. Infection levels are very high amongst young, economically active persons. This indicates that HIV/AIDS will have an overwhelming effect on the current and potential workforce as the youth is our future and, therefore, HIV/AIDS amongst the youth is a great threat to achieving strategic business objectives and a great business risk for individual organizations.

According to a study done by the Minister of Public Service and Administration in 2010 in Uganda, AIDS is officially the biggest killer of public servants ,Skinner and Mfecane (2014) point out that as with most other countries worldwide, South Africa and Uganda has been reported as having the large number of ‘incidences of stigma. These include the murdering of HIV-positive individuals, not allowing children into schools, and exclusions or attempted exclusions from the work place.

Local government has a developmental mandate to deliver services to communities. The attainment of the mandate could now be threatened by the HIV/AIDS pandemic. Versteeg et al and Joseph (2010) reveal that while the institutional arrangements, composition and mandate of AIDS councils in the country differ widely, many have in common that they have been re-launched, revived and or re-established. Some AIDS councils have achieved levels of success but many others continue to experience difficulties in executing their mandate effectively. Various support programmes have been designed and implemented, but this has not always had the desired outcome.

The Iganga District has identified HIV/AIDS as one of the challenges to service delivery. The National Development Plan has indicated that HIV/AIDS is one of the most devastating conditions affecting the health of millions of people in Uganda. AIDS has significant effects in every workplace as it affects the workforce. The disease has serious socio-economic, employment and human rights implications. As infected employees become ill, they will need to take sick leave, thus their productivity will be negatively affected.

As a researcher, the motivation to study the issue "arises from the need to examine the HIV/AIDS situation in Iganga District, to determine the impact of the pandemic on the delivery of services and to explore how effective the District manages the challenges of HIV/AIDS in the workplace. It also aims to recommend strategic measures to deal with emerging issues.

Mazars (2008) mentions that one of the major roles of local government is to take the lead in changing this situation. Ultimately, the success of the projects depends on the ability of the stakeholders to work together and to understand that each has a role to play. It requires each local partner to engage in a paradigm shift and accept that any efficient, HIV/AIDS response cannot be driven solely by health; technical, academic, bureaucratic or charitable concerns, but requires a participatory developmental approach.

There is wide spread consensus that the severity of the HIV/AIDS epidemic cannot be curbed by the government on its own. Versteeg and Strom (2007) mention that in the light of this realization, The AIDS Support Organization (TASO), the highest-level multisectoral partnership body in Uganda, was established in 2000. Chaired by the Deputy President, its objectives include providing leadership, building consensus around HIV/AIDS policy and strategy matters, promoting intersectional collaboration and overseeing the overall implementation and review of the “National Strategic Plan on HIV/AIDS and Sexually Transmitted Infections” (Versteeg & Strom, 2007).

Iganga District views the disease in a very serious light and it is committed to providing measures for prevention, awareness, counseling, support and a non-discriminatory working environment for employees who are infected and affected. The District acknowledges its responsibility to provide a safe and healthy environment (Municipal Policy, 2006).

### **1.2. Statement of the problem**

The Iganga District Local Government acknowledges the existence of HIV/AIDS by having special programmes to tackle HIV/AIDS in the workplace although the impact is not clear on the extent of the pandemic (IDP, 2008-2011). Service delivery can be affected by different factors such as absenteeism, burnout, laziness and unproductively, but recently the main impact is noted to be due to HIV/AIDS., related illnesses.

Versteeg and Heynes (2007) state that in the third draft of the 2007-2011 IDP, it was acknowledged that the epidemic has an impact on the strategic developmental indicators and the conclusion was made that this has implications for service delivery planning in various areas such as housing and land usage, public healthcare, social welfare, and development.

### **1.3. Objectives of the Study**

The specific objectives of the study are:

1. To establish the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district.
2. To determine how HIV/AIDS has affected the delivery of services in Buyanga Sub-county, Iganga district.
3. To recommend strategic measures to deal with emerging issues as may be necessary.

### **1.4. Research Questions**

A number of pertinent questions are raised in the study, for example:

1. What is the impact of HIV/AIDS on Service delivery in Buyanga Sub County, Iganga district?
2. How has HIV/AIDS affected service delivery?
3. What are the indicators of the impact?

### **1.4. Scope of the study**

#### **1.4.1. Subject Scope**

The study will specifically assess the impact of HIV/AIDS on the operational functioning or service delivery in Sub-County, Iganga District.

#### **1.4.2. Geographical Scope**

The study will be carried out in Buyanga Sub County, Iganga District. It has 7 parishes, that are Bulunguli, Bwigula, Lubira, Bumози, Idudi, Kalalu, and Buwoya parish, 39 villages and it's bordered by Busembatya in the north, Bukooli in the East, Ibulanku in the South, and Nakalama sub-county in the West.

### **1.4.3. Time Scope**

The study will be conducted on the period of operation from June to August 2017 so that the researcher can come out with the appropriate work to be submitted.

### **1.5. Aim of the of the Study**

The central aim of the study is to assess the impact of HIV/AIDS on the operational functioning or service delivery in Iganga District.

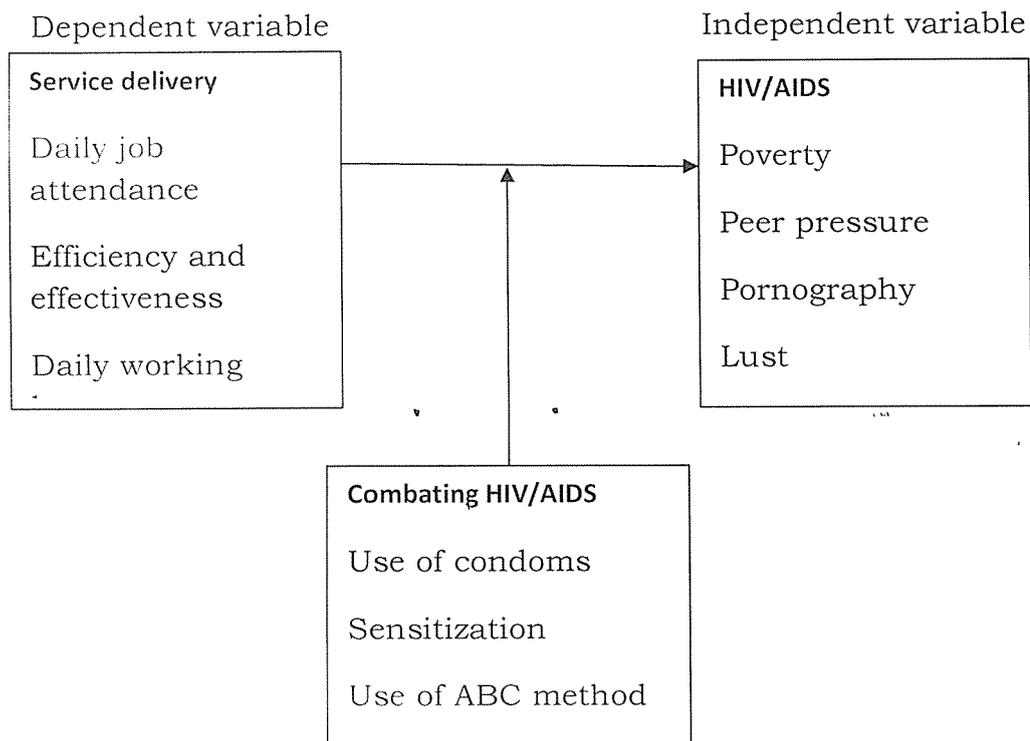
### **1.6. Limitations of the Study**

The study is limited to the local government, therefore the findings of the study shall be used to infer to the entire population.

### **1.7. Significance of the Study**

The study is expected to contribute to the knowledge base on the impact of HIV/AIDS to development and also to the public policy on HIV/AIDS programmes. As there has been minimal information on the nature of the study, the findings will contribute to broaden knowledge on the financial implications of HIV/AIDS. The study will also provide recommendations on strategic measures to deal with emerging issues in the Iganga District if necessary.

**Figure 1:1. The conceptual framework of the study**



**Source:** Versteeg and Heynes (2017)

**Explanation of the Conceptual diagram**

The above illustration is the conceptual frame work, showing how the researcher perceived the relationship between the variables of study; it had the independent variable which is HIV/AIDS and there include poverty, peer groups, pornography, and lust among others and dependent variables is service delivery which include daily attendance, daily working hours and duty accomplishment among others hence use of condoms, sensitization and use of ABC method were seen as intervening variables therefore will result into good performance.

## **1.9 Definition of Concepts**

### **AIDS**

Acquired Immuno-deficiency Syndrome, as explained by Evian (2003). It is a relatively new and unique disease. It was first described in America in 1981 after a number of men had developed a rare pneumonia caused by a parasite called *Pneumocystis carinii*. A person is described as having AIDS when the HIV related immune-deficiency is so severe that various life-threatening opportunistic infections

### **HIV**

It refers to human immuno deficiency virus Evian, (2003). HIV was discovered to be the cause of AIDS in 1983. It is unclear from where the virus came, or why it appeared. There is evidence that the virus has been around for at least 20 years, and it is possible that it was present even before that time. It has recently been discovered that the HIV virus developed from a mutation of the simian virus which infected chimpanzees. The virus later spread to monkeys and from monkeys to humans. After entering the body, it destroys important cells which control and support the immune system. HIV attaches to the CD4 receptors, mainly on dendrite cells and T- lymphocytes, known as helper cells. It can also attach to other cells, such as monocytes, macrophages and others, if they possess a CD4 receptor on their surface.

### **SERVICE DELIVERY**

The moment customer needs help the dedicated customer service representative swings into action. The customer should be made to feel that he is priority number one, not that has on the bottom of a list and will have to wait his turn. The empowered customer service representative is given what he needs to be able to provide outstanding customer service. .

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The chapter presents theoretical perspectives or debates about the relationship between HIV/AIDS and service delivery. It focuses on review of evidence on the impact of HIV/AIDS as well as the impact indicators and how they can be measured in the context of an organization.

The chapter also reviews the literature on how HIV/AIDS can affect an organization in terms of its operations, effectiveness and efficiency. A situation analysis of HIV/AIDS within the Iganga Municipality is presented, based on limited available evidence. Gaps are identified and these will be addressed in the research.

Sub-Saharan Africa represents just over 10percent of the world population. Smith (2006) points out that over 60percent of all people in Sub-Sahara Africa are living with HIV. This statistic is shocking, and over 70percent of these people are working and supporting family members. Smith (2006) furthermore argues that in 2015 2.4 million adults and children died of AIDS. More than half of these people added value to an organization and contributed to the growth of a company. Organizations are feeling the impact of increased absenteeism and increase in staff turnover. This can set companies back a fair amount costing the company's time and money (Smith, 2006).Swindells (2000) argues that Africa's biggest economy faces slower economic growth, contracting GDP, increased household poverty, and the loss of its most economically active people as HIV/AIDS takes more lives in the next 20 years. The serious setback in development experienced by some countries may not be captured in the Gross Domestic Product (GDP) per capita figure (FAO, 2001).

The HIV/AIDS epidemic primarily affects working age adults and far outweighs any other threat to the health and wellbeing of Ugandan employees. AIDS deaths will soon exceed all other causes of death put together amongst employees in Uganda's workforces. Over the next 10 years, the number of employees lost to AIDS is expected to be the equivalent of 40-50% of the current

Workforce in many Uganda firms (Kingdom, Soderlund, and Conway 2000). According to Durden and Nduulwa (2007), prevalence to arise in the Country, more and more private companies are seeing a need to address HIV/AIDS related issues in the workplace. These initiatives are driven by economic necessity as the HIV prevalence rate climbs amongst the key economically active age group of 15 to 35 years.

## **2.2 THEORETICAL PERSPECTIVES**

### **2.2.1 IMPACT OF HIV/AIDS ON SERVICE DELIVERY**

A number of authors have presented theoretical arguments on how HIV and AIDS affect service delivery in various organizations or sectors. Authors such as Swindells (2000), Macklin (1989), Tawfik and Kinoti (2006), Dally (2000), Bloom, Mahal and Path (2001), Mattes (2003), Gill and Thompson (1997-2008) agree that HIV/AIDS destroys the workforce and compromises potential economic growth. Organizations are experiencing declines in productivity, reduced profit, and long periods of absenteeism, skills shortages, limited performance, staff turnover, inefficiency and disruption of service continuity.

The United Nations (2003) indicate that while HIV/AIDS may severely compromise the ability of any organization to deliver, the effects may be particularly pronounced in Government if it lacks the flexibility to respond to new pressures and the loss of key personnel in any ministry would adversely affect the functioning of that ministry. Strand, Matlosa, Strode and Chirambo (2004) state that democracy requires strong institutions and the full participation of citizens in political, social and economic life to be sustainable.

However, HIV/AIDS, as research has confirmed, is depleting the skills base in all developmental sectors and reducing the capacity of societies to be productive and secure the livelihoods of their citizens. Employees who are sick may work more slowly, and a rise in accidents in the workplace may be expected as a result of fatigue and stress. Morale within the company will be low as employees see their colleagues fall ill and eventually die. As deceased and retired workers are replaced, the average age and level of experience of the workforce decrease and the company is forced to bear the cost of employing and training new employees. Health care and medical aid costs rise. Businesses with a high number of HIV-positive employees can expect reduced productivity, increased operating costs; a loss of trained and experienced workers, and depressed profit. Absenteeism escalates as workers take time off to attend to their own health needs, as well as to care for sick family members and attend funerals (Durden & Nduhura, 2007). It was deduced from Lubisi (2008)'s findings that firms are already experiencing small to moderate negative impacts of HIV/AIDS on efficiency variables such as work performance, overall production, work unit productivity, quality of output, service delivery, absenteeism due to sick leave / funeral attendance and customer satisfaction.

AIDS-related illnesses and the deaths of workers affect employers by both increasing their costs and reducing revenues. They have to spend more in areas such as health care, burial, training and recruitment of replacement employees. Revenues may be decreased because of absenteeism due to illness or attendance of funerals, as well as time spent on training. Labour turnover can lead to a less experienced and, therefore, less productive work force (ILO, 2000). The effect on the affordability includes a number of issues: the direct loss of family income, due to AIDS, from the illness and death of productive members of the family and the loss of income due to the costs of treatment, care and funerals. High expenditure on treatment and funeral ceremonies and care of AIDS patients has significantly reduced the family savings (Tibaijuka,

1997; Mkoyogo and William, (1991) in Hill, Katabaro, Katahoire and Oulai, 2002).

In many countries, commercial farms suffer sharp cuts in output and profit as a result of the loss of workers and decreased working hours due to illness, death, stress, attendance of funerals and home care of ill dependants indicated (Comia & Zagonari, 2001). Mattes (2003) indicate that because HIV infection is spread predominantly through sexual activity, AIDS-related illness and death occur disproportionately amongst younger, economically active people. This is expected to reduce household earnings and personal savings, as well as human capital and the size and skills of future work forces. Firms are expected to face higher wage bills because of increased employer contributions to pension, life and medical benefits, as well as higher training and replacement costs. Productivity is expected to decrease as a result of a decreased skills base, lower worker morale, increased absenteeism and the necessity of constantly replacing skilled workers (Mattes, 2003). Thliza and Sabo (2007) explain that HIV/AIDS has a significant implication for the sustainability of agricultural and rural livelihood, death of productive persons and loss of time as family members take time off farm activities to look after the sick, or mourn the dead as the case may be. It was also pointed out that the commercial agricultural sector was facing a severe social and economic crisis caused by HIV/AIDS. The loss of skilled and experienced labour to the epidemic is a serious concern.

In fact, the agricultural sector is often the single largest source of employment in developing countries. Given agriculture's reliance on labour, illness and death directly affect productivity and, therefore, affect crop yields, the types of crops being cultivated, income, and ultimately food security. The sector already faces many challenges such as drought, existing food shortages, and the extreme poverty of farmers, all of which are worsened by HIV/AIDS (HJKFF, 2007). FAO (2006) reveal that the widespread loss of active adults affects the entire society's ability to maintain and reproduce itself. Mechanizing for

transferring knowledge, values and beliefs from one generation to the next are disrupted, and social organization is undermined.

According to the United Nations (2004) in addition to the direct effects arising from increased costs and loss of productivity, firms confronted with a high level of adult HIV prevalence may be faced with other, less quantifiable effects. For example, HIV/AIDS can result in a substantial decline in morale among workers. As employees witness the deaths of their co-workers, they may adopt a fatalistic attitude towards work and life in general, which may have a detrimental impact on the production of firms. It is further indicated that absenteeism might result in extra work for healthy workers by standing in for the sick colleagues. In some companies, healthy workers were increasingly working extra hours to compensate for the time lost by their sick colleagues. As a result, companies not only paid more extra hours but also exhausted the healthy workers. Working long hours can produce stress among employees, which may result in a decline on both the quantity and quality of the final product.

Productivity SA (2008) in Van Zyl and Lubisi (2009) verify that labour productivity is closely linked to the level of efficiency of a firm and that any negative productivity shock will impact negatively on firm efficiency. Their report further indicated that labour productivity is viewed as a measure of the efficiency with which labour input is utilised. Dickson (2003) indicates that AIDS constitutes a critical threat to the development of Uganda. It presents a major challenge to the creation of a prosperous Uganda in which all citizens are able to fulfill their potential. HIV prevalence rates differ (substantially across skill groups and the epidemic will, therefore, have a differential impact on labour force growth by skill category. Arndt and Lewis, (2000), BER, (2001), ING Barings, (2000) in Booysen, Geldenhuys and Marinkov (2003) reveal that in Uganda there is an inverse relationship between HIV prevalence and skill class, with unskilled and semi-skilled workers having much higher prevalence rates than their skilled or highly skilled counterparts. Due to this fact and the

current composition of the labour force, projected losses in the labour force at lower skill levels far exceed losses at higher skill levels, while the epidemic is also likely to exacerbate the skills shortage in the country.

### **2.2.2 GLOBAL STATISTIC ON HIV/AIDS PREVALENCE**

It is evident that the global impact of HIV/AIDS is not different from country to country, because HIV/AIDS targets and destroys mostly the young in their productive years. In fact, the epidemic is wiping out the workforce and impacting on economic growth and sustainable development. Social and economic circumstances add to vulnerability to the HIV infection which strengthens the impact and severity of the disease and ultimately weakens the human resource functioning. From the information gained from the different studies, it is evident that HIV/AIDS affects productivity, profitability, skills, labour costs, staff turnover, memory continuity, performance, and efficiency, and as a result impact on service delivery.

By 1985, with cases of HIV/AIDS reported in every region of the world, a group of scientists and health professionals came together under the auspices of the World Health Organization to recommend a global strategy for AIDS prevention and control that was then endorsed by the World Health Assembly and the United Nations General Assembly. With the establishment of the Global Programme on AIDS in 1987 and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996, the United Nations moved to address AIDS not as an isolated health problem but as a human development issue as significantly as any facing the world today (UNAIDS, 2006). HIV/AIDS has a pervasive impact on growth, income and poverty for nations heavily affected by the epidemic as well as for the global economy (HIV/AIDS statistic, 2005).

It is stated in the UNAIDS (2006) that Sub-Saharan Africa remains the worst-affected region in the world. Across the region, rates of new HIV infections peaked in the late 1990s, while a few of its epidemics show recent declines, notably in Kenya, Zimbabwe and in urban areas of Burkina Faso. Overall, HIV

prevalence in this region appears to be leveling off, albeit it has exceptionally high levels in Southern Africa. Such apparent “stabilization” of the epidemic reflects situations where the numbers of people being newly infected with HIV roughly match the numbers of people dying of AIDS-related illnesses. The Brookings report (2001) points out that the epidemic is not the same all over the world. The global overwhelming majority of people with HIV some 95% live in the developing world. That proportion is set to increase even further as infection rates continue to rise in countries where poverty, poor health systems, a lack of education, inequality, and limited resources for the prevention and care fuel the spread of the virus.

Rosen, Hamazakazaka, Feeley and Fox (2006) signify that in Zambia, and in many other developing countries, budgets for line ministries, education, health, housing, environment are often too small to provide basic services to all those in need even without the impact of the AIDS epidemic. The epidemic increases demands for government services like healthcare and social welfare, while skills shortages and budget shortfalls combine to keep the service delivery agencies persistently understaffed and inadequately ‘experienced. High HIV/AIDS-related morbidity and mortality in government workforces thus intensify the problem in three ways: skilled and experienced ‘employees die prematurely; many of those still in the workforce are sick and unproductive; and the costs of care, benefits, and replacement drain the operating budget (Rosen et al (2006). Short-term concerns focused on ‘the labour impacts of AIDS including recruitment; training and development; and employee benefits. Long-term concerns focused on the way on which AIDS would affect the markets (Barac & Otter, 2001). UNAIDS (2004) specified that studies in Tanzania, Cameroon, Zambia, Swaziland, Kenya and other sub-Saharan African countries have found that the rate of economic growth may be reduced by as much as 25 per cent over a 20-year period as a result of the HIV/AIDS pandemic. .

### **2.2.3 HIV/AIDS AND THE PUBLIC SECTOR**

The Government faces some of the same issues as the private sector. The illness and death of workers increase costs and reduce productivity as mentioned in the HJKFF (2007). HIV/AIDS also poses special challenges for governments and the public sector. The epidemic increases demands on the government and on the public services at a time when both human and financial resources may be compromised. HIV may also erode the revenue (tax) base of government by increasing mortality among adults in their prime productive years; revenue may be reduced further as the private sector, a key source of tax revenue, is impacted by the epidemic. UNAIDS (2004) acknowledges that the epidemic has created a need for robust, flexible health systems at a time when many affected countries have been reducing public service spending to repay debt and conform to international financial institutions' requirements. So already weakened systems are being forced to cope with the extra burden of sickness and the loss of essential staff through sickness and death related to AIDS. Patel, Buss and Watson (2003) mention that this announcement came on the heels of a declaration by the speaker of Malawi's parliament those 28 members of parliament had succumbed to AIDS from 1999 to 2003. These numbers suggest that the labour force," including teachers and civil servants, is being depleted because of HIV/AIDS in Sub-Saharan Africa; thereby undermining the administrative capacities and development potential of the state. -According to Hill et al (2002) teachers like many others, are not spared by HIV/AIDS so that that even if facilities continue to be available, there may be a lack of teachers and other personnel to provide teaching services. It is clear that the number of trained teachers is decreasing.

National and local governments may invest in services that are under; utilised because of an unanticipated fall in demand, or they may face unanticipated demands because their ability to supply has fallen faster than the decline in the overall population. Overall, it appears that there is consensus from the

theoretical debates that HIV/AIDS tends to have adverse or negative effects on the public sector. The studies tend to use the following key indicators of the HIV/AIDS impact: productivity, efficiency, memory continuity, skills, labour costs, absenteeism and death.

According to Swartz and Roux (2004), the municipalities cannot deal with HIV/AIDS without the cooperation and support of other government departments, religious, welfare and community organizations and volunteers. To become developmental, local governments are expected, amongst other things, to maximize social and economic development, integrate and coordinate development activities, empower communities, and provide leadership. In line with the principle of the IDP, local governments should play a coordinating role in identifying and mobilizing key actors in each community. Local government is by its very nature and extent of responsibilities arguably the best conduit for developing and implementing multisectoral strategies (Swartz & Roux, 2004).

### **2.3 HIV/AIDS AND THE PRIVATE SECTOR.**

Fourie and Schoeman (2006) explain that the transport sector is highly dependent on labour, and for many operations this is particularly skilled labour. In terms of the trucking industry there is real pressure to keep drivers on the road, because a truck that is standing is not earning money.

Their mobility makes it very difficult to apply HIV/AIDS initiatives. The loss of colleagues, increased workloads, potential discrimination and general uncertainty about HIV/AIDS may undermine staff morale. Akukwe (2005) indicates that HIV also affects long-term rural growth, as it interrupts the transmission of farming knowledge across generations (du Guemy 1999). Barnett's (1994) study on Uganda, confirms that mortality seems to have a greater impact than morbidity in rural areas, not only because of labor loss, but also as a result of the termination of farming knowledge in (Akukwe, 2005).

According to HJKFF (2007), by affecting adults during their prime working years, HIV/AIDS has the potential to impact the labour supply and, therefore,

businesses and firms in the private sector. AIDS-related illness and death among employees may increase costs, reduce productivity and change a firm's operating environment. Higher costs have significant implications for businesses, and effects on profitability and competitiveness.

SIAPAC (2003) indicates that for many businesses, the loss of skilled and semi-skilled, experienced personnel will be especially devastating, while unskilled labour will generally be quickly replaced. Being able to effectively replace these people will be undermined by the costs associated with the loss of personnel (such as sick leave, and pension monies), and the shortage of people with the requisite skills and marketplace as more and more employers are trying to obtain people with the requisite skills and experience (SIAPAC, 2003). According to the studies conducted by Ouattak (2000), the Bureau for Economic Research (2001) and Shisana and Simbayi (2002) in Van Zyl and Lubisi (2009) the relationship between HIV/AIDS prevalence rates and skill level was explored. It was concluded in all the three studies that the HIV/AIDS prevalence rates were higher among unskilled and semi skilled labour when compared to highly skilled labour. Van Zyl and Lubisi (2009) further confirms that the studies conducted by Fraser, Grant, Mwanza and Naidoo (2002) highlighted the positive link between skill levels and firms efficiency, suggesting that high levels of HIV/AIDS incidence would impact negatively on firms efficiency. Thus, the pandemic is likely to devastate large portions of policy-makers, national legislators, local counsellors, election officials, soldiers, and civil servants- including doctors, nurses, teachers, ambulance drivers, fire-fighters, and the police. In Durban, fire department managers have noted that while it takes three months to train a fire-fighters, it takes years to create one with enough skills to pass knowledge onto younger members through informal training. United Nations (2004) remark that some firms have reduced employees' benefits, restructured employment contracts, outsourced less skilled jobs and changed production technologies to require fewer workers.

Firms are also hiring and training older workers, who are less likely to have HIV/AIDS (United Nations, 2004).

The theoretical perspectives presented in the literature have some useful methodological implications. In terms of impact analysis, the review highlights the following key indicators of the impact of HIV/AIDS and service delivery: - absenteeism, costs, skill retention, death, decline in performance, decline in production and less output.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter introduces the researcher to various methods which was used to carry out the research; it consisted of the study design area of the study population of the study sampling selection and techniques instruments of data collection, research procedure, data analysis and the limitation.

#### **3.2 Research design**

The study was guided by a cross section survey design because data was collected from respondents to reduce on the costs that were involved. It was a survey because it involved relatively big number of population for example community members, around Buyanga sub- County among others.

Quantitative design was involved in depth of interviewing of the different people in the society. On the other hand the quantitative design was involved, by use of close ended questionnaires which was issued to the members as the method is convenient for the fill during their free time.

#### **3.3 Area of the study**

This study was conducted in Buyanga sub-county Iganga district eastern Uganda.

#### **3.4 Population of study**

The population of study was consisted of about 70 respondents who were elected as respondents out of the targeted 180 respondents from the community members, local leaders and government officials. However every respondent had the same chance of being elected.

#### **3.5 Sampling selection and techniques**

The researcher used random sampling to come up with 70 respondents. A pie study visit was taken in the community in order to identify specific locations

where the informal activities were carried out. This can be crucial to enable the researcher reaching the sample group who were to engage in various activities.

Words to be selected during the pre-visit were based on the existence of HIV/AIDS infections in the county. The selection of respondents were engaged those staying around the community which was done using the snow balling technique and convenience sampling due to the people's high mobility levels.

### 3.6 Sample size

In view of the nature of the target population where the numbers of people were many a sample was taken from different members. Selection however base on the convenience sampling and snow balling techniques owing to the fact that local leaders would have high mobility. Key informants on these effects of HIV/AIDS were to be purposely chosen and these were the government officials, local leaders and community members at large.

**Table 1 below showing the sample size of the respondents;**

<b>Population</b>	<b>Targeted population</b>	<b>Sample</b>
Community members	80	30
Government officials	70	22
Local leaders	30	18
Total population	180	70

**Source: primary data**

### 3.7 Methods of data collection

#### 3.7.1. Interview schedule

This is the method of collecting data where the interviewer and respondent get involved into a conversation for the purpose of obtaining the information. Both

qualitative and quantitative data were collected using an interview guide especially during focus group discussions and questionnaires for individual responses.

This method was to ensure that the answers are got from respondents themselves since the researcher was involved in a direct conversation with the respondents, he was able to observe facial expression and other behavioral factors, some related questions about the respondent's background, was asked and this facilitated in the interpretation of information in the interpretation of information.

### **3.7.2. Recording.**

Answers from the respondents were recorded down as they were explained and towards the end of the interviews, the researcher went through the response schedule to make sure that all applicable questions had answered.

### **3.7.3. Observation**

According to Ranjit (2008) defined observation as a purposeful, systematic and selective way of watching and listening to an interaction or event as it takes place due to the nature of the study of the researcher deemed the work of data collection. Some information which was revealed by the respondents were therefore obtained through observation. Particular attentions were to be paid to the time and kinds of activities the local government engage in and at what time they do so.

### **3.7.4. Focus group discussions**

The researcher gathered a panel of the people to meet for a short duration to exchange ideas, feelings and experiences on the research to pick those who enabled him to gather information regarding to the impact of HIV/AIDS on Service delivery in Buyanga Sub-County, Iganga district which enabled the researcher to gain information in a relatively short period of time.

### **3.7.5. Questionnaire:**

Questionnaires were the main instruments used in the study and were both structural and un-structural questionnaires particularly to distribute the situation. The questions were prepared in logical sequences in order to address the research objectives and were open-ended allowing the respondents to give a wider view about their problem under study.

This method was used because it targeted a wider group of respondents and most importantly, the researcher was able to get the information that would not readily be given face to face especially that dealt with community perceptions and attitudes.

### **3.7.6. Validity and reliability of the instruments**

The validity of questionnaire was determined by asking relevant questions which measure the researcher's variables reliability of the instrument was assumed through expert judgment and the researcher made sure that the validity of the research must be 80% the researcher consulted his supervisor for any guide on making questionnaire.

### **3.7.7. Data collection procedure**

The researcher got authority from Kampala international university and the local leaders of Buyanga sub-county, Iganga district eastern Uganda the researcher visited the place so that he can start his research like giving out questionnaires to respondents and also interview them.

### **3.7.8. Data analysis**

The information obtained through questionnaires, interview guide and observation was handled, edited and coded upon returning from the field. Editing was done to discover possible errors which would arise and other weakness in the data thereby ensuring completeness and accuracy of the study. The data was tabulated form for effective presentation and to provide a basis for statistical computations using convenient sampling.

### **3.7.9. Expected limitations of the study**

The researcher may encounter to the problems in interviewing the community members about HIV/AIDS infections, as they had less and low focus

The researcher had to move so much in the way that he may be to visit different homes and villages like Bumozi, Lubira among others where he met the different people and also go to the other working place to confirms the statement that made in order to collect quality data

The researcher also faced a problem of language barrier as likely respondents who may be interviewed may prefer their respective local languages.

## CHAPTER FOUR

### PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA

#### 4.0. Introduction

This chapter presents the findings of study. It analyses and interprets data following the research objectives and questions. In presenting data, the researcher used tables and figure to bring out the characteristics of data. The aim for the interpretation of the data was to link and research for the broader meaning of the responses got from the study.

It is from this that recommendations and conclusions were made.

#### 4.1. Study population

The study population comprised of the Community members, Government official and local leaders

#### 4.2. Socio-demographic characteristics.

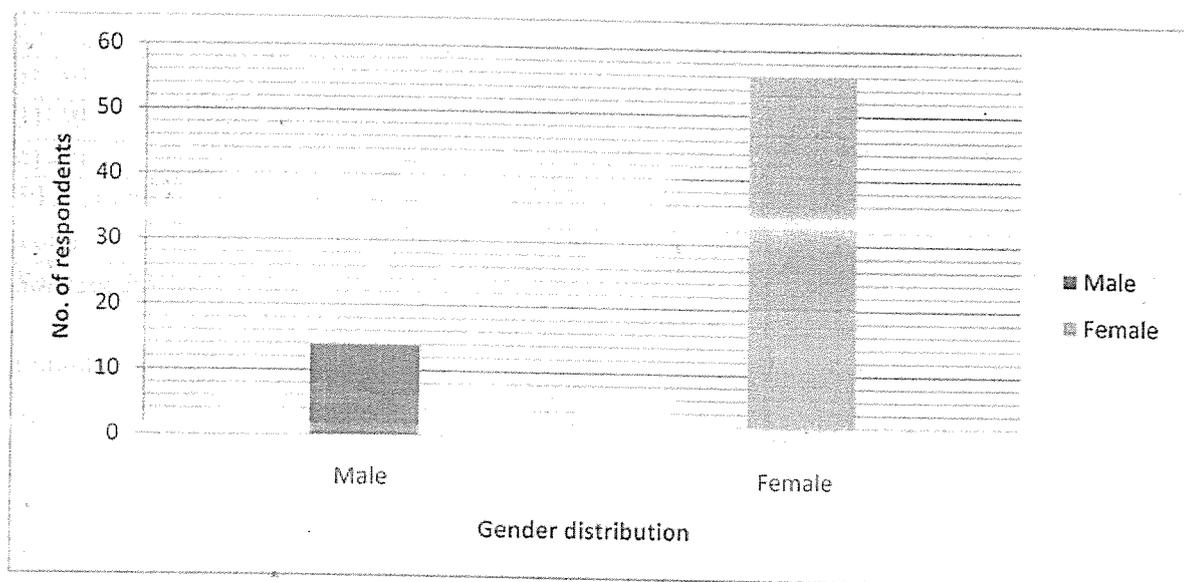
**Table 2: Gender distribution of respondents**

Category	No. of Respondents	Percentage %
Male	14	20
Female	56	80
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: Primary Data (2017)**

The table above indicates that majority of the respondents were the Female respondents and this is because of the nature of the work, thus accounting for 80% compared to males who were 20%.

**Figure I: A bar graph showing the gender distribution of respondents**



**Source: Primary Data (2017)**

The findings from the figure above indicate that majority of the respondents were the female respondents and this is because of the nature of the work, thus accounting for 80% compared to males who were 20%.

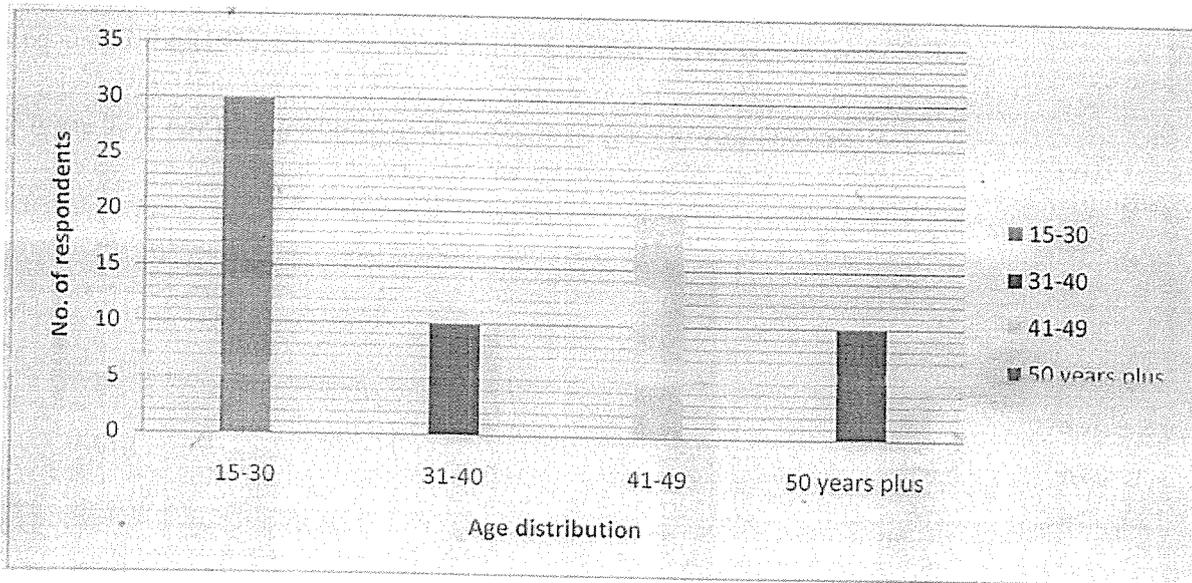
**Table 3: Age distribution of respondents**

Category	No. of Respondents	Percentage %
15-30	30	44
31-40	10	14
41-49	20	28
50 years plus	10	14
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: Primary Data (2017)**

Findings of the table above revealed that majority of the respondents were under the age bracket of 15-30 and these accounted for 44% followed by the age bracket of 41-49 which accounted for 28%, followed by 31-40 and 50 years and above with 14% respectively.

**Figure 2: A Bar Graph showing Age distribution of respondents**



**Source: Primary Data (2017)**

Findings of the figure above revealed that majority of the respondents were under the age bracket of 15-30 and these accounted for 44% followed by the age bracket of 41-49 which accounted for 28%, followed by 31-40 and 50 years and above with 14% respectively.

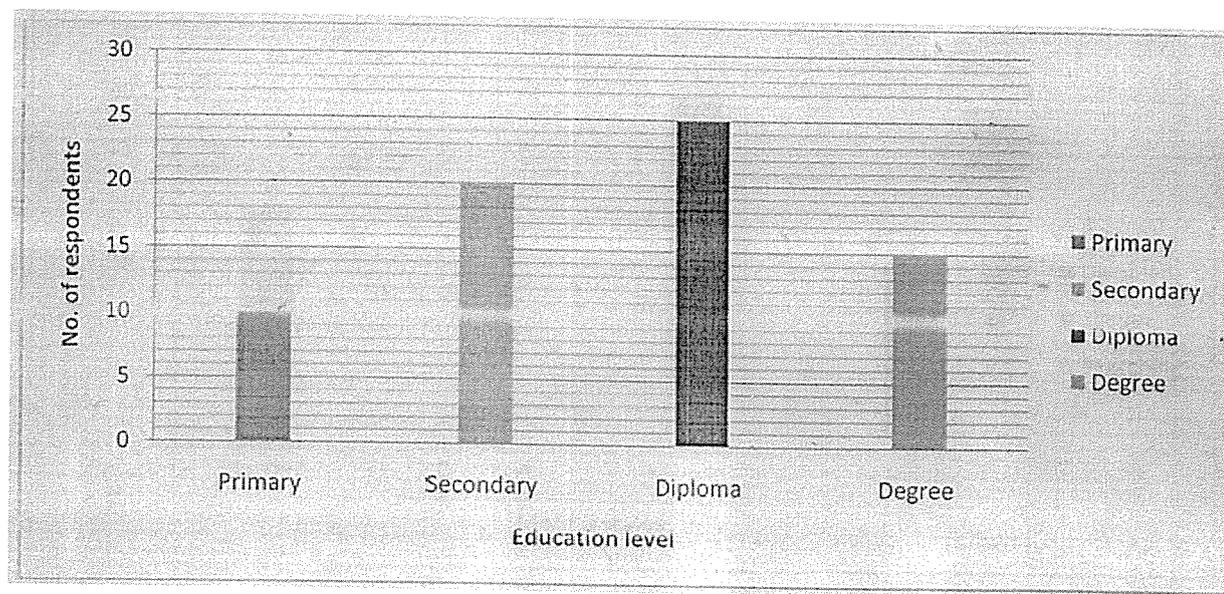
**Table 4: Education level of respondents**

Category	No. of Respondents	Percentage %
Primary	10	14
Secondary	20	29
Diploma	25	36
Degree	15	21
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: primary data (2017)**

The table above revealed that among all respondents, those with a Diploma took the leading position with 36% followed by the secondary level with 29% followed by degree which accounted for 29%, the least were those at primary level who were 24%.

**Figure 3: A bar graph showing the education level of respondents**



**Source: Primary data (2017)**

The figure above revealed that among all respondents, those with a Diploma took the leading position with 36% followed by the secondary level with 29% followed by degree which accounted for 29%. The least were those at primary level who were 24%.

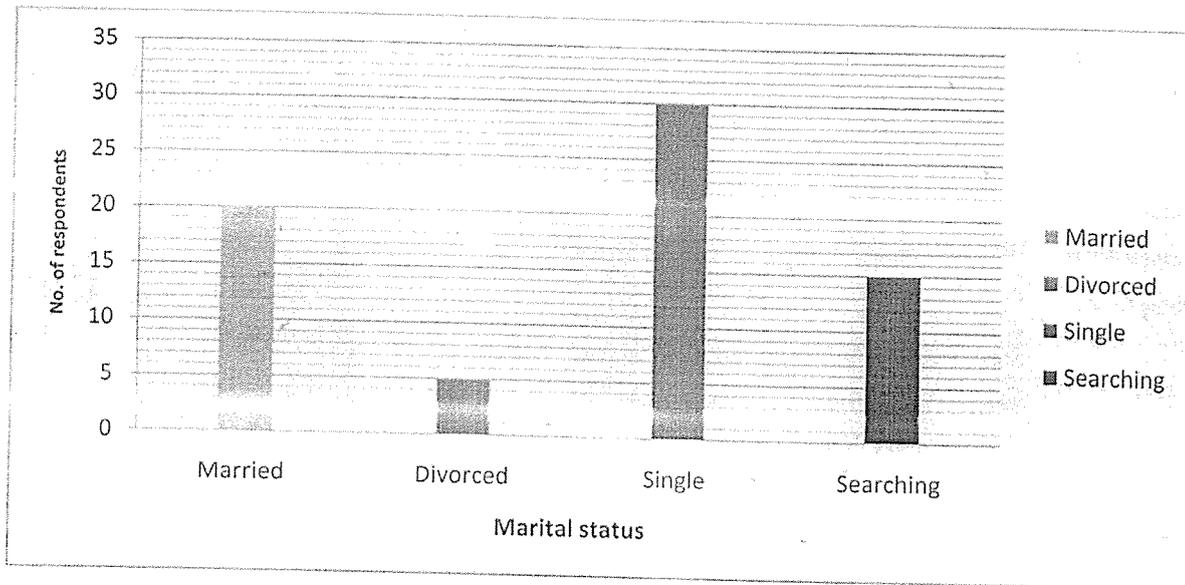
**Table 5: Marital status of respondents**

Category	Frequency	Percentage %
Married	20	29
Divorced	05	7
Single	30	43
Searching	15	21
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: Primary Data (2017)**

The table above revealed that among all respondents, the biggest number was for those who were single and these accounted for 43% followed by those who were married with 29%, these were followed by those searching who accounted for 21% and the least were the divorced group with 7%.

**Figure 4: A bar graph showing the marital status of respondents**



**Source: Primary Data (2017)**

The figure above revealed that among all respondents, the biggest number was for those who were single and these accounted for 43% followed by those who married with 29%, these were followed by those searching which accounted for 21% and the least were the divorced group with 7%.

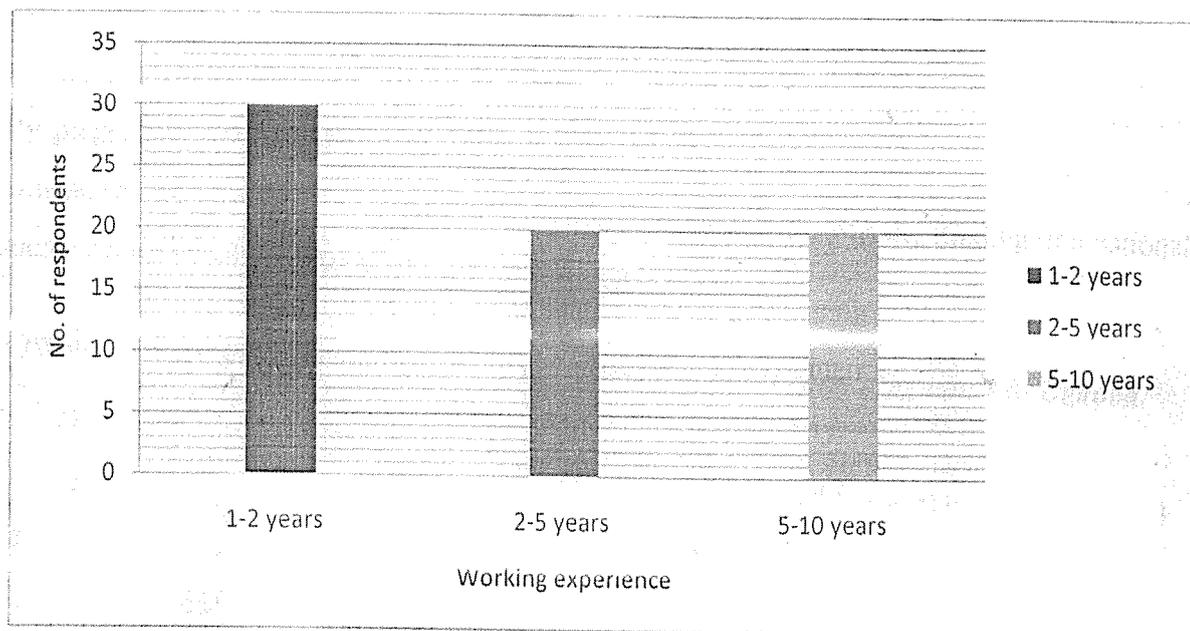
**Table 6: working experience of administrators & employees at the district**

Department of work	Frequency	Percentage %
1-2 year	30	42
2-5 year	25	29
3-10 years	25	29
Total	<b>70</b>	<b>100</b>

**Source: Primary Data (2017)**

The findings of the table above revealed that the district is having a lot of workers who have joined and these have worked for only 1-2 years which accounted for 42%, followed by those between 2-5 and 5-10 years which accounted for 29% respectively.

**Figure 5: A bar graph showing the working experience of administrators & employees at the district.**



**Source: Primary Data (2017) Appendix**

The findings of the figure above revealed that the district is having a lot of workers who have joined and these have worked for only 1-2 years which accounted for 42%, followed by those between 2-5 and 5-10 years which accounted for 29% respectively.

**4.2.1. Response to research objective**

**(i) To establish the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district.**

From the field, the researcher asked respondents about the impact of HIV/AIDS on service delivery, they replied with many answers of which the researcher analyzed as shown in table and figure below;

**Table 7: Showing the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district.**

<b>Response</b>	<b>No. of respondents</b>	<b>Percentage %</b>
Media campaigns	30	42
Congress should send a strong abstinence messages coupled with education about contraception	25	37
The federal government should fund national resource centre to collect and disseminate information	15	21
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: Primary Data (2017)**

The findings from the table above revealed that the common impact of HIV/AIDS towards service delivery included the media campaigns. This was followed by the sending of a strong abstinence message with education about contraception and the last was the funding of a national resource centre to collect information about HIV/AIDS.

#### **4.2.2. Response to research objective**

**(ii) To determine how HIV/AIDS has affected the delivery of services in Buyanga Sub-county, Iganga district.**

The researcher went into the field and asked respondents about how HIV/AIDS has affected the delivery of services, many answers were raised because at least it has done something as it is shown in the table and figure below.

**Table 8: The determination on how HIV/AIDS has affected the delivery of services.**

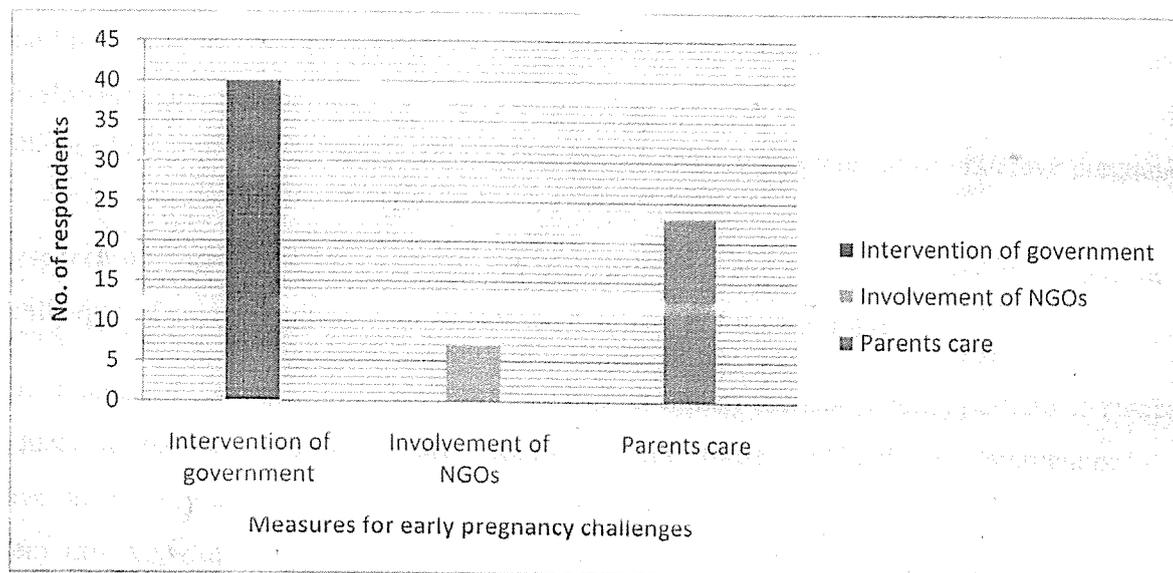
<b>Response</b>	<b>No. of respondents</b>	<b>Percentage%</b>
Intervention of government	40	57
Involvement of NGOs	10	10
Parent care	20	33
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: Primary Data**

The findings of the table above revealed that there were many determine how HIV/AIDS had affected the delivery of services and these included the intervention of the government, the involvement of NGOs and also the care

from parents to the children which helps them grow up with parents' love thus reducing HIV/AIDS in the area.

**Figure 9: A bar graph showing the determine on how HIV/AIDS has affected the delivery of services.**



**Source: Primary Data (2017)**

#### 4.2.3. Response to research objective

(iii) To recommend strategic measures to deal with emerging issues as may be necessary.

The researcher went into the field and asked respondents about whether the recommend strategic measures to deal with emerging issues as may be necessary, many answers were raised because at least it has done something as it is shown in the table and figure below.

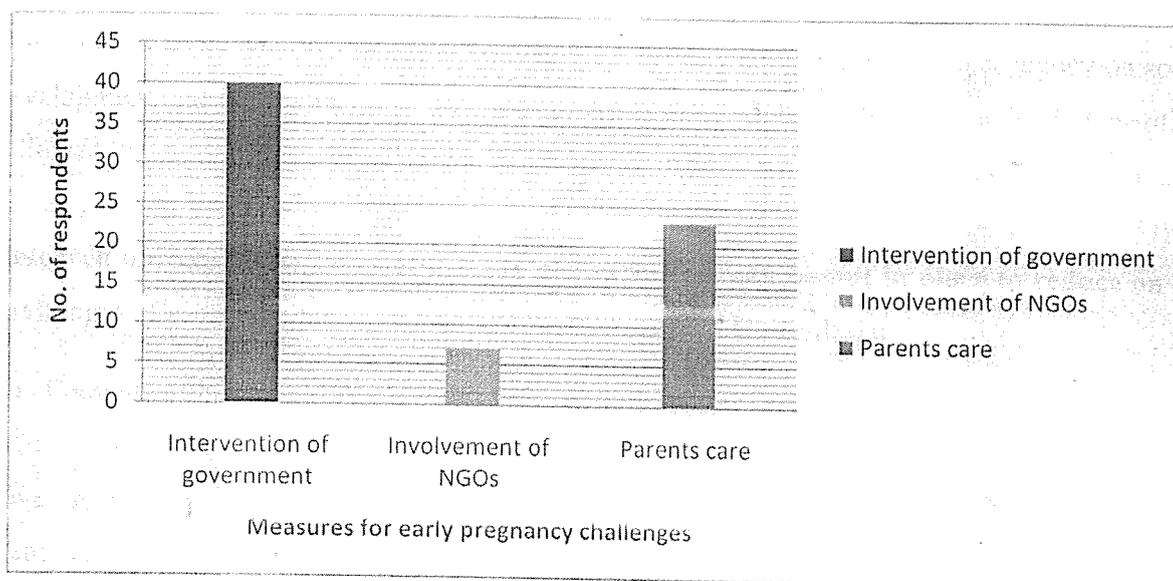
**Table 9: The recommend strategic measures to deal with emerging issues.**

Response	No. of respondents	Percentage%
Intervention of government	40	57
Involvement of NGOs	10	10
Parent care	20	33
<b>Total</b>	<b>70</b>	<b>100</b>

**Source: Primary Data (2017)**

The findings of the table above revealed that there are many measures being put into existence to recommend strategic measures to deal with emerging issues as may be necessary to reduce HIV/AIDS and these included the intervention of the government, the involvement of NGOs and also the care from parents to the children which helps them grow up with parents' love thus reducing on the threats of cultural beliefs in the area.

**Figure 8: A bar graph showing the recommend strategic measures to deal with emerging issues as may be necessary.**



**Source: Primary Data (2017)**

## CHAPTER FIVE

### SUMMARY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0. Introduction

This chapter presents the discussion of findings, recommendations and making conclusions in accordance with the study objectives.

#### 5.1. Summary of findings.

##### **Response to research objective (i) To establish the impact of HIV/AIDS on Service Delivery in Buyanga Sub County, Iganga district.**

The findings from the table above revealed that the common early marriage towards girl-child education included the media campaigns. This was followed by the sending of a strong abstinence message with education about contraception and the last was the funding of a national resource centre to collect information about HIV/AIDS on service delivery.

##### **Response to research objective (ii) to determine how HIV/AIDS has affected the delivery of services in Buyanga Sub-county, Iganga district.**

The findings of the table above revealed that there are many measures being put into existence to determine how HIV/AIDS has affected the delivery of services and these included the intervention of the government, the involvement of NGOs and also the care from parents to the children which helps them grow up with parents' love thus reducing on HIV/AIDS in the area.

##### **Response to research objective (iii) To recommend strategic measures to deal with emerging issues as may be necessary.**

The findings of the table above revealed that there are many measures being put into existence to reduce on the recommend strategic measures to deal with emerging issues and these included the intervention of the government, the involvement of NGOs and also the care from parents to the children which helps them grow up with parents' love thus reducing on HIV/AIDS in the area.

## **5.2. Discussion of Findings**

The findings of this study revealed that HIV/AIDS had a greater impact on service delivery; that HIV/AIDS was a hindrance to service delivery in Buyanga Sub County; and was negatively affected most government workers that in most cases workers did not made their work as expected that is as they were planned in time, quantity and quality.

These findings are consistent with Okojie et al (1996), Sandbur et al (2005), Bunyi (2004) and Idabawa (2004) who had earlier and rightly observed that the HIV/AIDS had negatively impacts on service delivery and that, some villages traditions, caste systems, rural community were wrongly given poor quality service for example schools, hospital and so on due to the workers had been affected with the disease.

Lastly, the study also revealed that the HIV/ AIDS holds sway among some workers that domestic chores are the basic responsibilities of government workers to inhibition to service delivery, and that the notion by some receipts that grown up in the sub county are to cater for their financial needs has a way of negatively impacting on the peoples' lives in the aspirations of their standards.

These findings are consistent with the findings of several authors that gendered domestic duties and the fear of not benefiting from the investment on the impact HIV/AIDS on service delivery (Ekwukoma, 2014; Onochie, 2008; Chimombo et al, 2000; Osagie, 2008; Iruloh, 2008 and Idabawa).

### **5.3. Recommendations**

#### **The recommendations are that:**

1. A research on issues involved in the impact of HIV/AIDS on service delivery where a larger sample should be done, so that policymakers and practitioners can plan interventions necessary to address the size, nature and complexity of the problem.
2. Ministry of Gender and Local government in collaboration with Chief Administrative officer (C.A.O) should extend sensitization and awareness programmes throughout the country including rural areas on the importance of proper planning and management of services.
3. Government of the Republic of Uganda through the Ministry of Transport, Works, Supply and Communication should employ more inspectors especially in rural areas to encourage more reporting on performance.
4. Adequate funding for relevant authorities like Doctors, counselors among others is needed to enable them carryout their responsibilities and Awareness programmes comprehensively throughout the country.
5. Ministry of Health should train Medical doctors in forensic evidence to ensure certain guidelines and formalities are strictly followed by the workers and this will lead to an increase on the performance and motivation in the country.
6. The government should speed up the construction of the upcoming first ever forensic laboratory in Uganda to ensure the quality of evidence presented is up to the required standard performances and treatment of the workers in order to improve service delivery among local government all over the country.

#### **5.4. Conclusion**

It is clear from the findings that poor service deliveries offered to the sub county of Buyanga in Iganga district were some experiences as a result of HIV/AIDS among the worker in the district. The vice has negative impacts on the people. They experience trauma, shame, and stigma, self-blame and low self esteem. Worse still they suffer negative impacts such as teen pregnancy for girls, fading to excrete faces for boys, depression, contracting HIV and AIDS and sexually end up with difficulties in doing their work.

This research has shown information that explicitly focuses on the factors that prevent effective delivery of service by the victims of HIV/AIDS. The victims in this study revealed how they were threaten by the perpetrators; how they depended on the gift they were being given by the perpetrators. Both male and female focus groups discussions held with the community cited lack of time to do their work due to prevailing factor which hindered them.

Findings in this study evidently show that relevant government service centers like hospitals, schools, among others face challenges in getting support and other facilities. Some of the challenge cited in the study was lack of transport, few doctors to examine the victim; lack of forensic laboratory, lack of sufficient structures, poor corroboration and unwillingness to continue due to weakness of infected workers

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## **APPENDIX I: INTERVIEW GUIDE**

I MENYA FARUK, a student for the above stated University. I am doing my research on the impact of HIV/AIDS on service delivery in, Iganga district: (a case study of Buyanga sub-county). This research is part of my requirement for bachelors' degree in Social work and social Administration.

You are requested to answer these questions to the best of your knowledge and the information will be handled confidentially and be used for the purpose of research.

- a) What do you think could be the cause of HIV/AIDS?
- b) What are the challenges faced when reporting HIV/AIDS cases?
- c) What are some of the outcomes?
- d) What are the strategies that can be put in place to solve the challenges?
- e) How does the local community respond to poor service delivery?
- f) What do you think should be put in place to change the situation?

## APPENDIX II: QUESTIONNAIRES

I, MENYA FARUK a Bachelor student of Kampala International University. I am conducting a research on the impact of HIV/AIDS on service delivery in Iganga district a case study of Buyanga Sub County, Iganga district Eastern Uganda.

The purpose of this study is to fulfill my academic requirements. Your response will be treated with the highest degree of confidentiality therefore, I kindly request you to answer for me the following questions

### BACKGROUND INFORMATION

#### SECTION A

Please tick in the most appropriate box

#### Age

- A) 18-25  C) 36-45   
B) 26-35  D) 46-56

#### Sex

- A) Male   
B) Female

#### Marital status

- A) Married   
B) Single

#### Level of education qualification:

- A) Primary Level   
B) Secondary Level

#### Professional certificate

- A) Diploma  B) Degree

**Religion**

A) Catholic

B) Protestant

C) Moslem

D) Others

**Departments of employment**

A) Human Resource

B) Administration

C) Sales and marketing

D) Finance and Accounting

**SECTION B**

Questions addressed in the research about provisions in each of our case studies areas were:

1. Has a local needs assessment been undertaken in relation to the people living in the community?

.....  
.....

2. What sort of preventive and early intervention services exist, and what evidence is there of the impact?

.....  
.....

3. What services are provided once community needs for protection or family support have been identified?

.....  
.....

4. Are services responsive to the needs of victims in different circumstances and at different times?

.....  
.....

5. How many services offer a range of interventions, differentiated according to community needs?

.....  
.....

**APPENDIX III: TIME FRAMEWORK**

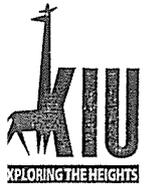
<b>Month Activities</b>		<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>
Proposal writing						
Submission and approval						
Collection of literature						
Instrument design						
Pilot test						
Corrections						
Data collection						
Data analysis and report writing						
Approval and submission						

**Source: primary data 2017**

**APPENDIX IV: BUDGET**

<b>S/No</b>	<b>Items</b>	<b>Unit cost (ugshs)</b>	<b>quantity</b>	<b>Total cost (</b>
01	Typing and printing	200	250 pgs	50,000
02	Binding	8000	3 bks	24,000
03	Transport	30,000	2 journey	60,000
04	Communication			10,000
05	Data collection			100,000
06	Meals	30,000	1	30,000
07	Stationeries	20,000	1	20,000
08	Miscellaneous	40,000		40,000
09	<b>Grand total</b>			<b>334,000</b>

**Source: Primary data 2017**



*Office of the Head of Department*

September 5, 2017

Dear Sir/Madam,

**RE: INTRODUCTION LETTER FOR MENYA FARUK  
REG NO. BSW/45328/143/DU.**

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Bachelors Degree in Social Work and Social Administration.

He is currently conducting a field research for her dissertation entitled, "THE IMPACT OF HIV/AIDS ON SERVICE DELIVERY IN, IGANGA DISTRICT: A CASE STUDY OF BUYANGA SUB-COUNTY."

Your organisation has been identified as a valuable source of information pertaining to his research project. The purpose of this letter then is to request you to accept and avail him with the pertinent information he may need.

Any data shared with him will be used for academic purposes only and shall be kept with utmost confidentiality.

Thanking you in advance.

Yours truly,

*W. Karugahé*  
15/SEP/2017

Dr. Wilber Karugahé

HOD-Applied Psychology