TOTAL QUALITY MANAGEMENT PRACTICES AND PERFORMANCE OF HIV/AIDS PROJECTS IN RWANDA - A CASE OF AIDS HEALTH CARE FOUNDATION

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Abstract:
Rwanda’s Vision 2030 puts healthcare as one of its integral pillars. HIV/AIDS is one of the biggest challenges in the health sector and Rwanda’s economy at large since the disease led to reduction of labour supply and productivity as well as increased government expenditure on importation of expensive healthcare goods. Total quality management is one of the key factors that affect the success of projects and has gained popularity among project managers overtime. This study sought to investigate total quality management practices and performance of HIV/AIDS projects in Rwanda. Specifically, the study analyzed the effects of top management commitment, employee involvement and staff training on the performance of HIV/AIDS control projects. The study is helpful to project managers in policy formulation and rational decision making. It is also helpful to the Rwandan government in making informed decisions towards achieving health care provision objectives. The donors’ confidence in funding health projects may also be boosted by the findings of this research. The study adopted descriptive and correlational research designs. A sample of 98 respondents was drawn from a population of 130 consisting of the staff and project managers of Aids Healthcare Foundation (AHF) Rwanda. Simple random sampling technique was used to select the sample size in this study. Data used was of primary nature collected using questionnaires. Quantitative and qualitative data collected were analyzed using IBM SPSS version 22 and the findings presented in tables and figures. Regression and correlation analysis were used to establish an interaction between the dependent and independent variables. Descriptive findings indicated that over 75%, 85% and 90% of respondents did agree that at top management commitment, employee involvement and training practices respectively are practiced at AHF Rwanda. Correlation findings did
indicate a Pearson correlation coefficient of 0.780, 0.630 and 0.690 for top management commitment, employee involvement and training practices respectively with significance values of 0.01 for all. Lastly the betta coefficients for top management training, employee involvement and training practices were 0.163, 0.235 and 0.126 respectively with corresponding probability values of 0.011, 0.002 and 0.036 and R squared value was found to be 71.5%. The study concluded that TQM including top management commitment, employee involvement and training are practiced largely at Aids Healthcare Foundation. Hence, a strong positive significant relationship between TQM practices and performance of HIV/AIDS projects in Rwanda. The study recommends AHF project managers to focus more on TQM practices, particularly management commitment on project activities, involvement of other employees in decision making and creating an enabling working environment and lastly, they should consider enhancing human resource training as a way to enhance project performance. Additionally, the government and the donors should ensure that TQM practices are implemented in the healthcare projects in order to realize positive results from such projects.

**JEL:** I10; I18; J21

**Keywords:** total quality management, HIV/AIDS projects, top management commitment, employee involvement, staff training, project performance

1. Introduction

1.1 Background of the Study

Globally, NGOs implementing projects in the health sector have had a great impact in determining important health agenda and creating a global change where it matters most on diseases such as HIV/AIDS, malaria and occasional epidemic outbreaks such as Ebola. These global changes have greatly determined the flow of funds in developing countries towards tackling the challenges. International partnerships resulting from this enable strengthening of research and avoid duplication of efforts thereby maximizing impact and projects performance. The international health partnership (IHP) serves as a focal point for developing countries and the bilateral donor community so that areas of need are funded. The increased funding in healthcare projects in the world has seen a tremendous reduction in new HIV infections overtime (WHO, 2013).

In the EAC region, the war against HIV infection has been ongoing for years with countries adopting several strategies in order to curb the vice. The government through their health Ministries work in collaboration with the private sector and NGOs to minimize the spread of deadly diseases like Cancer, Malaria, TB, HIV/AIDS not left behind. The healthcare expenditure in the corresponding health Ministries has been stable or rather rising overtime (EAC budget 2015 report) due to government’s commitment to ensure a healthy nation which translates to wealthy nation.
Rwanda’s progress in dealing with the spread of HIV/AIDS has been impressive over time. According to the data by UNAIDS (2016), the number of people living with HIV in Rwanda has been increasing since 2007 but the rate of increase has been falling with time due to rapid fall in number of new infections, fall in AIDS related deaths and increase in coverage of people receiving anti-retrovirals. The report however shows that new infections are higher in women and adolescent girls than men and children. Children record the least number of new infections.

After the civil war and the genocide which eroded the health system in Rwanda, the government adopted the community based model which required the community members to pay some premium based on their income in order to counter shortages in skilled professional and improve healthcare provision.

In Vision 2030, Rwanda targets to become middle income country and healthcare provision is very critical towards this achievement. Most of the aid that is directed towards healthcare provision comes from international bodies and developed countries and the Rwandan government plays a critical role in coming up with policies that ensures equity in the distribution and provision healthcare to achieve all inclusive.

The war against HIV in Rwanda involves collaboration of various stakeholders, the government, private sector and the local and international NGOs. NGOs play critical role in the war against communicable diseases in particular HIV/AIDS in terms providing funds to run the projects geared towards eliminating the epidemic and working closely with the government to follow up on the performance progress. The success of these projects depends on various factors; funds, stakeholders’ commitment, management capabilities and technical efficiency among others.

Total quality management is very fundamental in the success of any project. According to Pride, Hughes and Kapoor (2009), TQM encompasses collective efforts that aim at enhancing customer satisfaction, encouraging employee involvement, creating a strong tie between the organization and the suppliers and Lastly creating a healthy business environment that favors quality service and product. TQM focuses on three principles which includes continuous quality improvement, customer focus and team work (Sethuraman, 2005). The concept of quality According to Evans and Dean (2003) is meeting or exceeding customer expectations. According to Kelly (2006), managers in the health sector have a duty to create an enabling environment for customers and employees to ensure quality medical care is provided that meets customer expectations and needs. Team work literally means active involvement of employee towards improving quality. Therefore, the various involved parties have a common goal and purpose of quality improvement. The team members are therefore obliged to work together minimize delegation practices which may interfere with the desired outcome. The member’s performance is based on both individual and group contributions hence the need to work together as one team. Additional team work policy upholds group contribution above individual contribution. In a hospital, the care givers work as a team in offering patient services right from prevention to acute care and death (Kelly, 2006).
1.2 Statement of the Problem

Public planning and management have put interest on financing and implementation of various interventions in HIV/AIDS services globally Rwanda included. In vision 2020, Rwanda targets to become middle income country and healthcare provision is very critical towards this achievement. Most of the aid that is directed towards healthcare provision comes from international bodies and developed countries and the Rwandan government plays a critical role in coming up with policies that ensures equity in the distribution and provision of healthcare to achieve all-inclusive development. Vision 2030 and other sessional papers before it recognized the health sector as critical pillar towards achieving economic growth. Due to the criticality of the healthcare sector, solid procedures have evolved overtime on the running of healthcare projects to ensure that they become successful. In Africa HIV/AIDS has emerged to be the mostly discussed healthcare issues and has formed the center of regional and national policy on health agenda. Different actors both public and private have continuously worked hand in hand to reduce its prevalence (WHO, HIV/AIDS). According to UNAIDS (2016), 67% accounting 19.6million people suffering from HIV are in Sub Saharan Africa and out of this 220,000 live in Rwanda.

Among the goals of the second NSP on HIV/AIDS (2013-2018) was to reduce AIDS mortalities to 2000 people every year and halve the new AIDS infections to 2500 per year. According to the existing statistical from WHO and UNAIDS of 2016, this has not been achieved though there is a tremendous improvement in curbing the pandemic. HIV is one of the biggest challenges in the health sector and Rwanda economy at large since it reduces labour supply and productivity and increased government expenditure on importation of expensive health care goods.

The bulk of the literature on project performance in Rwanda exists in the construction sector (Wanderi, 2015, Theophile, 2017). Literature on how project performance for HIV/AIDS projects is impacted by the three variables that is top management commitment, employee involvement and training especially in Africa though available is still not fully developed(Sansom, 2011). An attempt to establish critical TQM factors that impact performance of health sector projects specifically HIV/AIDS projects lead to the primary purpose of this study and how those projects have contributed in other spheres of managing HIV/AIDS in Rwanda.

1.3 Objectives of the Study

1) To determine if top management commitment influences the performance of HIV/AIDS projects in Rwanda.
2) To assess whether employee involvement influences the performance of HIV/AIDS projects in Rwanda.
3) To establish whether staff training practices influences the performance of HIV/AIDS projects in Rwanda.
1.4 Research Hypothesis

H01: There is no significant influence of top management commitment on the performance of HIV/AIDS projects in Rwanda

H02: There is no significant influence of employee involvement on the performance of HIV/AIDS projects in Rwanda.

H03: There is no significant influence of staff training on the performance of HIV/AIDS projects in Rwanda.

2. Review of Literature

2.1 Theoretical Literature

2.1.1 Total Quality Management

TQM encompasses collective efforts that aims at enhancing customer satisfaction, encouraging employee involvement, creating a strong tie between the organization and the suppliers and lastly creating a healthy business environment that favors quality service and product delivery. TQM is based on three principles (Sethuraman, 2005). These principles include continuous quality improvement, customer focus and team work. The concept of quality according to Evans and Dean (2003) is meeting or exceeding customer expectations. Kelly (2006) defines TQM as the coordination of efforts directed at improving the customer satisfaction, increasing employee participation, strengthening supplier partnerships and facilitating an organizational atmosphere of continuous quality improvement in healthcare provision. According to Kelly (2006), managers in the health sector have a duty to create an enabling environment for customers and employees to ensure that quality medical care is provided that meets customer expectations and needs.

TQM practices if implemented by an organization enhances efficiency, productivity, effectiveness and competitiveness according to Halis (2017). The health care projects HIV/AIDS control projects included should therefore implement TQM practices if they are to perform effectively and meet the objectives.

2.1.2 Performance of HIV/AIDS Projects

Project Performance is a successful completion of project targets that encompasses cost, time and attainment of objectives (Theophile, 2017). A model of factors that affect performance of HIV/AIDS project aids in project design which enables identification of factors that could impede project success so that proper mitigation mechanisms can be put in place and additionally it aids in identification of project success factors so that they can be strengthened. These success factors are helpful as they act as diagnostic tools hence aiding in correcting any deviations from success path towards improvement of project performance and delivery (Muller et al., 2012). Project performance is based on completion time, total cost and quality requirements.
2.2 Empirical Literature

2.2.1 Top Management Commitment and Performance of HIV/AIDS Projects

A study was carried out in Sweden by Everett (2002) on quality improvement in Pen states. From the findings, it was evident that without quality leadership, quality service provision cannot be achieved. From these findings, it is essential that leadership quality be given a lot of preference. This can be reflected through managers’ efforts to create a good environment for all stakeholders that ultimately leads to improved productivity and performance (Rao et al., 2006).

Top management commitment therefore plays a very critical role in the implementation of TQM. This is further stressed by Juran (2003) who argued that management failures account for greater percentage of quality problems. Therefore, top management must put quality on the forefront before costs and schedules and they must stress that when quality is achieved there will be spillover effects on cost and schedules performance. The arguments of Juran (2003) were also supported by Warnack (2003).

According to Huq et al. (2005) who analyzed barriers to TQM implementation in service industry in USA, leadership and quality assurance contributes greatly to performance of an organization managers drive TQM implementation through setting goals and giving directions to all other stakeholders to ensure that the goals are achieved and the customers are comfortable. He further contended that with the support of management will enhance better allocation of resources that improves training hence contributing to improved organizational performance in terms of quality measurement and customer comfort. These arguments were also supported by Halis (2017) who stressed the need for strong leadership principles to be exhibited by the top management and they should lead by example in the implementation of quality standards and principles.

Esin and Hilal (2014) carried a study in Turkey to determine the effects of TQM on performance. According to their study, a firm is a system, and the leaders have roles to ensure the system moves smoothly. Among these roles include supporting employee development, enabling efficient communication among all stakeholders; leaders also actively get employees involved in decision making process, hence empowering them. The researcher recommended that that managers should go an extra mile in offering more leadership in order to empower employees in TQM practices.

Project Management Institute (PMI) in 2005 reviewed the importance of leadership and its impact on performance of projects. Muller et al (2012) in his assessment of literature on leadership regarding project management right from the works of Confucius (500 BC) reported that project manager’s leadership approach and competence are critical towards delivery of project mandate. However, Villicana (2013) in his suggestion opined that different leadership styles are applied in different project stages and circumstances emerging in the process of project execution. The study reported the vital role played by project managers in creating a favorable atmosphere that promotes achievement of project goals. This creates an opportunity for the leader to develop further and promote
project performance by working towards achieving project set goals. Leadership therefore is very crucial in enabling coordination of the various factors so that the benefits flow to the project. The rate at which the manager conducts key roles and responsibilities influences the outcomes and results of the project (Kerzner et al, 2009).

Anunda (2016) conducted a study on influencing factors on projects implemented by NGOs in the health sector in Kenya. From the findings, leadership type and style were found to be very influential. In addition, team structure, participative leadership and situational leadership were found to influence project performance. There commendations from the study were that project managers should strive to create the right conditions to enable the projects to be delivered within the stipulated timelines and within the budgeted costs in the in the work breakdown structure. Additionally, the study recommended that the signaling systems in place for risk management should minimize the deviations from the expected. For this to be realized, managers must strive to motivate team members by applying situational leadership and promoting flexibility to the realities of the project in addition to undertaking other work plan activities.

2.2.2 Employee Involvement and Performance of HIV/AIDS Projects
Employees form the greatest percentage of human resources of an organization. They directly engage in all the activities of the organization. Therefore, for performance improvement employees play a critical role. For employees to contribute greatly to performance, there is need for empowerment so that they feel part and parcel of the organization enhancing their freedom and hard work. For TQM to be achieved in an organization there is need for involvement of everyone in the daily activities (Crosby, 2000).

The implementation of TQM recognizes employee involvement as one of the key critical factors (Huq, 2005). Employees’ involvement contributes to easy flow of information from one department to another enhancing harmony and good working relationship which greatly brings success in service and product delivery. Employee involvement also creates a good organizational image which is significant in attracting and maintaining customers since it shows a symbol of unity among the employees and other stakeholders. TQM aims at broadening the work responsibilities among the employees. Halis (2017) argued that involvement of staff in the process of establishment and implementation of local and external publications that are concerned with the quality management standards is very vital for the success of health care projects and institutions.

According to Stupac and Leitner (2001), performance is measured through first of all determining the variable to be measured then identifying the method to use in data collection and finally going ahead to collect data. An evaluation is done on the project activities and the outcomes to determine the causal association between the two. These two that is performance and evaluation are key components of performance based management that the employees should be well acquainted with if success is to be achieved. Performance management advocates for employees to have the relevant
resources required to produce optimally including skills. The study carried out by Wilson M. (2016) in Kenya on the performance of HIV programs recommended that all employees should be engaged and be made aware of the strategic direction of the program.

Rao et al (2006) conducted an empirical study on effectiveness of performance management in India. From the study findings, employee involvement programs were found to significantly affect performance and business conditions. Thus, employee involvement programs can have viewed as assets for organizations in the current competitive environment. According to Oakland, 2000) employee involvement and commitment to TQM goals is a necessary condition towards successful implementation of the project.

2.2.3 Staff Training and Performance of HIV/AIDS Projects

Training involves skills development and improvement. Staff training involves imparting new knowledge and skills to the staff members in an organization and improving on the already acquired skills. Training in an organization is a very important aspect and should be carried out more often so that the staff and the management can be able to carry out their duties efficiently which impact positively on product and service quality. In the health sector, training is one of the quality management practices that promote medical research and quality service delivery to the patients. Rad (2005) states that for the organization to be consistent and systematic in its efforts, the management should pass the skills to the employees by training them and this will ultimately change their behavior positively hence leading to organization growth. Provision of problem-solving skills to employees through training is advantageous and necessary in achieving a positive organizational transformation (Taylor & Wright, 2003).

According to Halis (2017) study in Libya on the importance of TQM in healthcare institutions, TQM is very critical in smooth running of healthcare activities. The recommendation from the study was that staff awareness on TQM should be increased by organizing trainings continuously in the areas of quality standards and expectations. The key area of priority should be on quality management trainings for the managers and heads of departments in order to create relevance of TQM in leadership and its implementation in institutions.

Organizations that are keen on quality management should make necessary efforts to provide their employees with relevant and quality training in their duties which will ultimately translate to success of the organization and quality sustainability. Through trainings organizations are able to adapt rapidly to behavior changes and this enables them to develop some unique behavior which differentiates them from other organizations giving them an upper hand achieving better performance. Quality in an organization cannot be brought by only a section of the organization rather it’s a collective effort of all the departments in the entire organization. therefore, training should target all employees in all departments based on training needs assessment if
quality is to be achieved since all these departments are interdependent (Esin & Hilal, 2014) According to Esin and Hilal (2014) effective training is very important to an organization since through training employees will be well acquainted with organization structure, motivated and improves their loyalty to the organization. Moreover, through training, employees would be able to produce high quality products which improves customer satisfaction and reduced complaints. NGOs offering healthcare services particularly in controlling the spread of HIV/AIDS pandemic should therefore offer quality training to their staff who are engaged in providing services to the patients and to the general public through counseling AIDS patients, carrying out AIDS awareness campaigns, provision of ARVs and other services which are geared towards achieving the projects objectives of reducing the spread of the killer disease.

2.3 Critical Review and Research Gap Identification

From the literature identified above, TQM practices are very crucial for a project’s success. Most of these literature analyze the importance of TQM practices on performance of projects and organizations in general. However, the performance of projects may differ from one sector to another. Literature regarding TQM practices in the heath sector though exists not very widely explored as compared to other sectors like construction. The effects of TQM practices in the heath sector may be different from other sectors due to difference in customer focus, resource difference among others. Even though few studies exist on health sector performance in East Africa, in Rwanda no study has analyzed the effects of TQM practices on the performance of AIDS control projects. According to Felix (2016), determination of among local government administrators to build a better society, increased awareness among the population about health risks, improved water and sanitation and hygienic conditions, improved literacy, lower fertility levels were ranked as the top determinants of increased healthcare in Rwanda. The study however concentrated on the health sector in general.

Even though there has been increased interest on TQM factors and project performance, relatively few studies have focused on TQM in the health sector particularly HIV/AIDS control projects. only relative handful studies have specifically looked at the influence of TQM on project completion and performance specifically in HIV/AIDS control projects. Therefore, through an extension of the critical review of literature, the gap could be reduced. Chan (2004) and Naomi (2014) conducted a case study to determine the influence of critical success factors for delivery of health care projects. A total of 185 respondents from staff and management participated in the study. The results showed that the following critical success factors influence project completion; 80% for project leadership, 80.73% for sufficient resources (funding), 90%stakeholder involvement and 92.4% for effective planning. These results are however different from the ones of Anunda (2016) who found 48.7% for funding, 39% for stakeholder involvement and 57.8% for effective planning.
In Rwanda apart from an analysis done by Felix (2016) on the determinants of improved healthcare in Rwanda which identified determination among local government administrators, to build a better society, increased awareness in among population about health risks, improved water and sanitation and hygienic conditions, improved literacy, lower fertility levels amongst others, there is little to indicate that factual contribution of other scholars has been made in the target area. Hence there is need to fill this gap by looking at TQM factors that are critical to the performance of HIV/AIDS control projects. This gap calls for further research on the inherent TQM factors influencing success of projects in healthcare. Such information is crucial and forms an integral part in the planning and execution of health projects.

2.4 Theoretical Framework
2.4.1 Stakeholder Management Theory
This theory was put forward by Freeman in 1984. The main argument of this theory is that organizations excellent performance is vested on effective management of all stakeholders. It’s important that project managers devote much energy in ensuring that there is good relationship amongst all stakeholders (Griffin, 2010). By doing this, project managers will be able to understand all stakeholders better, get information on the possible risks that the project may be subjected to and come up with mitigation measures on time through sharing and discussion with all stakeholders and this will ultimately reduce project delays. Happy (2010) goes further to state that good management of stakeholders reflects managers influence in an organization and also a good reflection to a better project environment.

Project managers must create an enabling environment for success to be achieved according to Brown (2008). He cited that among the contributions of success of technological projects is user involvement which is basically promoted by good relationship among various stakeholders in terms of communication, timing and good trust among the stakeholders. Project managers must therefore be in a position to manage their stakeholders effectively so as to win their support.

A stakeholder is a person or organization actively involved in the project and whose interests may be influenced either positively or negatively by project outcomes (Chinyio, 2010). A stakeholder may have influence on the service or products that the project intends to provide (Gay and Larson, 2008). At the initiation stage of the project cycle where there is need to carry out feasibility study and identify the product or services needed it is necessary that a project manager identifies all stakeholders in the project to ensure a smooth and successful startup.

Stakeholder in a project may be a large number and therefore as a good project manager there is need to carry out stakeholder analysis in order to get information from each stakeholder which may be different from one stakeholder to another. This difference may be in form of the roles, needs and interests of the various stakeholders in the project and reactions to various situations among others (Van et al., 2012). The understanding of these key facts will help the project manager to have varied approaches to various
stakeholders depending on the issue at hand. It will give the project manager a deeper insight and understanding of the stakeholders hence able to manage them effectively.

One of the key project manager’s goals is to strengthen relationships of stakeholders for project success. A project manager must always be aware of the various signs that show disquiet among stakeholders which are replica of poor management of stakeholders. These may include confusion, conflict of duties, stakeholders not meeting deadlines and expression fears among stakeholders. These problems can however only be settled amicably through effective communication approach with the stakeholders. Communication approach is very effective since it tends to clarify the information flow right from the beginning to the end and good communication may also act as a motivation to the various stakeholders who may after feeling that their grievances are indeed taken with a lot of concern leading to effective delivery of the project (Berman, 2007). A communications planning matrix may be adopted when the project manager wants to convey information or discuss a certain issue with stakeholder. This matrix summarizes all stakeholder information as pertains communication in terms of the role played by stakeholder, the message to be conveyed, at what time to convey the message, communication format and if there is need for feedback.

Communication is one of the key responsibilities of a project manager and it helps keep a check on stakeholders and therefore project manager must demonstrate a sense of flexibility in communication (Griffins, 2010). The structure of governance also matters in communication. It outlines how meetings are set up, the roles and responsibilities of various stakeholders and how to go about the risks for ultimate decision making. This is very necessary in ensuring that there is smooth flow of communication, the various obstacles to effective communication are removed and the stakeholder’s behaviors are watched (Harris & Short, 2014).

In this study the stakeholders’ management theory is very applicable in the sense that one of the TQM practices is the employee involvement in project affairs. Employees and top management forms part of the stakeholders’ team in a project. The theory posits that for the success of the project, all stakeholders must be involved in decision making and implementation of the project’s set goals. Top management team which is the most influential must possess necessary leadership and management skills in order for them to manage and give right directions to the employees which finally results to success of the project.

2.4.2 Project Management Competency Theory
This theory was developed by McClelland and McBer in the 1980s. McClelland stated that competency of an individual and his/her performance in a job situation has a strong correlation. This implies that the more the competent an individual is the better performance in the job. Therefore, for better performance project managers must be competent enough in their job so as to bring efficiency in terms of service delivery and product quality improvement. Beer (1990) goes ahead to stress that if stakeholders in a
project who are directly involved in various project activities are competent then there will be better performance and organizational success.

The running of daily activities of a project is the responsibility of a project manager. The manager has to report the progress of the project and must ensure that the resources are utilized effectively without wastage. He has to also ensure that the goals of the project are achieved on time and within the required budget (Hass, 2009). All these duties require that the project manager poses the relevant management skills that ensures effective delivery of project goals and targets. There is need for involvement of all project users more so during implementation to ensure the failures or complications do not arise which may impact negatively on project deliverables.

According to Rojas (2009), the user can be one representative or more. He further states that the user is the boss of project outcomes. The project manager is the user's representative of any project. The project manager has the direct link with the funders of the project and other key stakeholders such as the government. He has the mandate to discuss any issue with the funders and government where necessary on any threat to project activities that may arise. Every project attracts different skills since projects fall in different sectors which require different expertise (Harris & Short, 2014). The appraisers or funders therefore must be convinced that there exists competent team in the project that is able to work and ensure that the project goals and objectives are achieved. Therefore, it is the responsibility of the project manager to ensure that it assembles the necessary and competent team that is able to steer the project in the right direction that convinces and makes the project appraisers happy.

2.4.3 Empowerment Theory

Fawcett et al. (1995) who are the pioneers of the empowerment theory in the provision of healthcare expressed that there are complementary influences guiding stakeholders’ partnerships in the public service sector. In this regard, for effective implementation of health care projects, there is need for an interactive empowerment process that factors in collaborative planning, governing, community action, capacity building and community change (Fawcett et al., 1995). On his part, Perkins and Zimmerman (1995) opined that collaborative empowerment is a process that involves different civil society organizations and other grant making organizations aiming at bringing change in the society that tackles community concerns like healthcare. They also argued that capacity building in form of regular training of organization staff and transparent staff recruitment procedures is very vital for the success of any organization.

This theory is applicable in this study since it is analyses the influence of training on performance of projects. Training is one of the capacity building strategies that the theory talks about as very key for the success of the organization. Healthcare project managers must therefore carry out regular training to their staff in order impart necessary skills and experience needed for attainment of projects goals.
3. Research Methodology

3.1. Research Design
Quantitative research approach was utilized in this study where it involved use of numerical data in the analysis to achieve the research objectives. According to Cooper and Schindler (2014), research design is the foundation of research and it outlines the overall strategy adopted by researcher in consolidating logically the various parts of the study in a manner that effectively addresses the research problem. Researcher adopted descriptive research design due to its superiority in describing phenomena towards getting accurate information (Chandra, 2004). The researcher administered questionnaires to the staff and project managers of AHF Rwanda. In addition, correlational design was also adopted in this research to determine the degree of association between TQM practices and performance of HIV/AIDS projects.

3.2 Target Population
Population entails a collective group of objects, persons or events that share a visible common trait (Mugenda & Mugenda, 2010). The target population for this study was 130 comprise of clinical staff and project managers at AHF Rwanda. The project managers (top level and middle level) and the staff were selected because they interact with the PLHIV on a regular basis. The clinical staff comprised of clinical officers, medical officers and nurses.

| Categories       | Status             | Number | Percentage (%) |
|------------------|--------------------|--------|----------------|
| Clinical staff   | Nurses             | 50     | 38.5           |
|                  | Clinical officers  | 30     | 23.1           |
|                  | Medical officers   | 25     | 19.2           |
| Project managers | Top level managers | 10     | 7.7            |
|                  | Middle level managers | 15 | 11.5          |
| Total            |                    | 130    | 100            |

Source: Researcher, 2021.

3.3 Sample design
3.3.1 Sample Size
The researcher applied Yamane’s formula as shown below

\[ n = \frac{N}{1 + Ne^2} \]

Where n, N and e are sample size, total population and sampling error respectively. hence the sample size is 98 respondents by applying the above formula.
3.3.2 Sampling Techniques
Mugenda & Mugenda (2003) stated that sampling is a process of selecting a specimen from the population to be utilized in a study. This study adopted stratified and simple random sampling techniques. The various groups of target population ranging from nurses, clinical officers, medical officers, top level managers and middle level managers will be assigned numbers then the researcher chooses the numbers randomly to arrive at the required sample size for each group of the population which is then summed up to form the sample size for the study. Simple random sampling was used in this study since it is unbiased in individual selection.

3.4 Data Collection Methods
3.4.1 Data Collection Instruments
Researcher utilized questionnaires as the main research instrument for collecting primary data. Questionnaire is a method of collecting primary data where respondents give their responses to questions in an orderly manner (Saunders et al 1996). Questionnaires are very economical when it comes to collection of large data from a significant population. Kothari (2014), ease of gathering large set of responses, Mackenzie (2000). The questionnaire was structured in accordance with specific objectives of the study.

3.4.2 Data Collection Procedures
Data collection involves gathering information concerning the variables under study. This is done using the data collection instruments and the sampling the respondents. Data collected can either be primary data which is original from the field or secondary data which majorly exist in journal articles, publications, newspapers and magazines, reports or books.

Closed ended questionnaires were deemed appropriate in collecting data from respondents in this study. According to Nachmias (2008), questionnaires are very easy in administration, scoring of items and analysis. Closed ended questionnaires are known to offer increased respondent rate and are easily coded and analyzed (Mugenda & Mugenda, 2003).

The researcher distributed questionnaires some in hard copy and some sent through email randomly to 18 project managers and 70 clinical staff which included nurses, clinical officers and medical officers. This was done after getting an approval from...
the AHF management. The researcher gave them one week which was enough for them to respond to the questions and return back the questionnaires. Those who were served with soft copy of questionnaire filled and emailed back within the timeline of one week.

3.5 Data Analysis
Data analysis involves reducing the data volume to a size that enables easy summary development and promotes easy application of appropriate statistical techniques. Data analysis involved coding and entering the data in IBM SPSS software version 22. Data was analyzed both descriptively and inferentially. Descriptive analysis involved computation of frequencies and percentages. Inferential analysis involved computing Pearson correlation coefficient, beta coefficients and analysis of variance. These results were interpreted accordingly to answer the research objectives. The results of the study concerning the influence of independent variables on dependent variable under this study were presented in form of tables and graphs.

Pearson Correlation coefficient was computed to ascertain the strength of relationship between the selected TQM practices that is top management commitment, employee involvement and trainings and the performance of AIDS control projects.

The linear model applied in this study to link the dependent and independent variables was as follows:

\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon \]

Where:
- \( Y \) = Project performance
- \( \beta_0 \) = Model constant
- \( \beta_1 \ldots \beta_3 \) = Model coefficients for independent variable \( X_1 \ldots X_3 \)
- \( \varepsilon \) = Error term assumed as normally distributed, \( \varepsilon \sim N(0, \sigma^2) \)
- \( X_1 \) = Top management commitment
- \( X_2 \) = Employee involvement
- \( X_3 \) = Staff training

4. Research Findings and Discussion

4.1 Presentation of Findings
The study focused on three specific objectives which included to determine if top management commitment practices influence the performance of HIV/AIDS control health care projects in Rwanda, to assess whether employee involvement practices influence performance of HIV/AIDS projects in Rwanda and lastly to establish whether training practices influence performance of HIV/AIDS projects in Rwanda. This section presents both descriptive and inferential findings regarding these objectives.
4.1.1 Top Management Commitment and Performance of HIV/AIDS Projects in Rwanda

The commitment of the management team is key towards the success of any project. This is because the management team act as leaders and they are mandated to ensure that the right policies are in place necessary to steer the project towards achieving its goals. Therefore, top managers need to be committed to the project activities and goals for the success of the project.

a. Descriptive Findings on Top Management Commitment at AHF Rwanda

Descriptive findings aim to describe the situation as it is currently. Therefore, the researcher sought opinion from the respondents regarding the state of top management at AHF Rwanda to determine whether top managers are up to their task and are committed towards achieving the project goals. The various top management commitment practices were assessed in a scale of 1 to 5 where 1, 2, 3, 4 and 5 denoted strongly disagree, disagree, neutral, agree and strongly agree respectively.

| Top management commitment                                      | SA  | A  | N  | D  | SD | Mean |
|----------------------------------------------------------------|-----|----|----|----|----|------|
| There is clear policies formulated by the top management       | 34.5%| 60%| 5.5%|    |    | 4.12 |
| Existence of timely and appropriate decision making by the top management | 41%  | 56%| 3%  |    |    | 4.23 |
| Top management possess appropriate managerial and leadership skills | 20%  | 72%| 2%  | 6% |    | 4.25 |
| There is clear defined roles for all the staff drafted by the top management | 35%  | 41.5%| 5%  | 18.5%|    | 3.89 |
| Existence of good relationship between top management and subordinate staff members | 24%  | 76%|    |    |    | 4.20 |

Source: Primary data, 2021.

The above table presents the descriptive findings regarding the state of top management commitment at AHF Rwanda. From the table, it’s clear that over 75% of the respondents did indicate that there are clear policies formulated by the top management, sound decisions are made on a timely manner, the top management have proper leadership and managerial skills, existence of clearly defined roles among staff members and lastly there is good relationship between top management and other staff members. The table also shows that 5.5% of respondents were of the opinion that there are no clear policies formulated by the top management. In addition, 6% and 18.5% of respondents also opined that the top management staff do not possess managerial and leadership skills and that there are no clearly defined roles for all the staff respectively. These results widely indicate that the top management of AHF Rwanda are highly committed and works towards achieving the goals of the foundation which is majorly to reduce the prevalence rate of AIDS in Rwanda through implementation of various AIDS control
programs. This can be supported by the fact that there has been dramatic reduction in new AIDS virus infections overtime and the reduced AIDS mortality rates.

b. Correlation between Top Management Commitment and Performance of HIV/AIDS Projects
To determine the strength of association between top management commitment and performance of HIV/AIDS projects, the researcher conducted correlation analysis between top management commitment and performance of HIV/AIDS projects. This was done by computing the Pearson correlation coefficient between the two variables. The findings are presented in the below table:

| Top management commitment | Top management commitment | Project performance |
|---------------------------|---------------------------|---------------------|
| Pearsons Correlation      | 1                         | .780**              |
| Sig. (2-tailed)            |                           | .001                |
| N                         | 98                        | 98                  |
| Project performance       | Pearsons Correlation      | .780**              |
| Sig. (2-tailed)            | .001                      | 1                   |
| N                         | 98                        | 98                  |

Source: Primary data, 2021.

The Pearson correlation coefficient between top management commitment and performance of HIV/AIDS projects is 0.78 at 0.001 significance level (table 4). This implies that there is a strong positive significant correlation between top management commitment and performance of AIDS projects. Top managers act as leaders and they direct how things are supposed to be done and therefore their commitment is very crucial for the success of a project. They need to set clear policies, coordinate project activities and create a healthy working environment. This will go a long way in improving the performance of the project.

4.1.2 Employee Involvement and Performance of HIV/AIDS Projects in Rwanda
Employees are very crucial resources since through them the projects activities get to be done. There is need to involve employees in project activities in all the project stages right from inception to closure. This is because they know a lot about the project and the management can get some ideas from them which can be useful in decision making. Lack of involvement of employees has been reported to be demotivating factor to the employees and it brings confusion and misunderstanding between the management staff and the subordinates. In addition, it leads to lack of freedom of the employees to express themselves or advice to the management which can affect the performance of the project.

a. Descriptive Findings on Employee Involvement at AHF Rwanda
The researcher sought the opinion of respondents regarding employee involvement practices at AHF Rwanda to determine the extent to which employees are involved in
project activities and stages at AHF Rwanda. The findings of the descriptive analysis are shown in the following table. The scale of measurement was from 1 to 5 where 1, 2, 3, 4 and 5 denoted strongly disagree, disagree, neutral, agree and strongly agree respectively.

**Table 5: Employee Involvement at AHF Rwanda**

| Employee involvement                                                      | SA  | A  | N  | D  | SD | Mean |
|--------------------------------------------------------------------------|-----|----|----|----|----|------|
| Employee are involved in decision making                                 | 40% | 49%| 11%|    |    | 3.68 |
| Employees attend meetings regularly                                      | 32% | 52%| 2% | 12%|    | 3.85 |
| There is delegation of authority to junior employees by the management   | 12% | 77%| 6% | 5% |    | 4.10 |
| Employees are involved in policy implementation                          | 32% | 51%| 4% | 13%|    | 3.79 |
| Employees are actively involved in success measurement                   | 40% | 53%| 2% | 5% |    | 3.91 |

*Source: Primary data, 2021.*

The above show the findings on the state of employee involvement at AHF Rwanda. From the findings, over 85% of respondents are of the opinion that employee involvement is widely practiced in terms of involving employees in decisions making, attending meetings regularly, involving employees in policy implementation, in success measurement and finally involving employees in terms of delegation of tasks. However, there is a significant percentage of respondents who were of a contrary opinion. From the findings, 11% and 12% of respondents did disagree that employees are involved in decision making and regular meetings attendance respectively. Additionally, 5%, 13% and 5% of respondents were also of the opinion that employees are not involved in delegation of authority, policy implementation and success measurement. From these findings it’s evident that at AHF Rwanda, employees are widely involved in project activities and this has led to achievement of the mandate of AHF Rwanda in reducing prevalence rate of virus. Therefore, the success of a project is contributed heavily by the involvement of employees.

### b. Correlation between Employee Involvement and Performance of HIV/AIDS Projects

The researcher conducted correlation analysis to ascertain the correlation between employee involvement and performance of HIV/AIDS projects in Rwanda. The findings of the analysis are presented in the following table:

**Table 6: Correlation between Employee Involvement and Project Performance**

| Employee involvement          | Employee involvement | Project performance |
|-------------------------------|----------------------|---------------------|
| Pearsons Correlation          | 1                    | .630**              |
| Sig. (2-tailed)               |                      | .001                |
| N                             | 98                   | 98                  |

| Project performance           | Pearsons Correlation | 1                   |
|-------------------------------|----------------------|---------------------|
| Sig. (2-tailed)               | .630**               | .001                |
| N                             | 98                   | 98                  |

*Source: Primary data, 2021.*
From Table 6 above, Pearson correlation coefficient is 0.630 with a significance value of 0.001. This implies that there is a strong positive significant association between employee involvement and project performance. The more the employee involvement is enhanced the more the increase in project performance. Therefore, there is need for active involvement of employees in all project activities at each project stage in order to realize positive results in terms of achievement of project goals.

4.1.3 Training and Performance of HIV/AIDS projects in Rwanda
The last objective of the study was to assess whether training practices influence the performance of HIV/AIDS projects in Rwanda. Training involves acquisition of skills and knowledge necessary to perform a given task successfully. Staff need to be furnished with regular trainings to enhance their skills and hence able to perform effectively. Training further improves employee motivation to perform a task in addition to enhancing productivity.

The researcher assessed the state of employees training at AHF by presenting questions on training practices to the respondents to gather their opinion on whether those practices exist or not and to what extent are they practiced. The findings are summarized in the following Table 7.

| Training practices                                      | SA | A  | N  | D  | SD  | Mean |
|---------------------------------------------------------|----|----|----|----|-----|------|
| The staff receives trainings on a regular basis          | 27%| 73%|    |    |     | 4.55 |
| The staff receives different kinds of trainings         | 17.5%| 75%| 7.5%|    |     | 4.35 |
| There are enough trainers to conduct training           | 32%| 68%|    |    |     | 4.45 |
| Both internal and external trainings are organized for the staff | 32%| 58%| 10%|    |     | 4.15 |
| The trainers are competent enough to conduct successful training | 63%| 32%| 5% |    |     | 4.63 |

The table above presents respondents’ opinion regarding the state of staff training at AHF Rwanda. The table show that over 90% of respondents agreed staff training practices do exist at AHF. The staff are trained regularly, they receive different kinds of training, the trainings are both internal and external and there is availability of competent trainers. The table further show that 7.5% of respondents declined that staff receive regular trainings and 10% also affirmed that there are no internal and external trainings. Lastly 5% of respondents disagreed that the training staff are competent enough. These results indeed indicate that at AHF, staff training is taken as a matter of importance and therefore is widely practiced. This adds value to the success of the organization through attainment of its goals.

c. Correlation between Training and Performance of HIV/AIDS Projects in Rwanda
The researcher conducted correlation analysis to determine the correlation between training and performance of HIV/AIDS projects. Pearson correlation coefficient was
computed to determine the strength of association between the two. The findings are as shown in the following table.

**Table 8: Correlation between Training and Project Performance**

|                | Training | Project performance |
|----------------|----------|---------------------|
| Training       | Pearson's Correlation | 1                   |
| Sig. (2-tailed)|          | .690**              |
| N              |          | 98                  |
| Project        | Pearson's Correlation | .690**              |
| performance    | Sig. (2-tailed)          | .001                |
| N              |          | 98                  |

*Source: Primary data, 2021.*

The above table shows that the Pearson correlation coefficient between training and performance of HIV/AIDS projects is 0.690 with a significance value of 0.001. This implies that there is a strong positive significant association between training practices and project performance. Enhancement of training activities leads to improvement in performance of HIV/AIDS projects.

### 4.2 Regression analysis

In order to investigate the influence of total quality management practices on performance of HIV/AIDS projects, the study adopted a linear regression model to connect the two variables. The three TQM practices that the study focused on included top management commitment, employee involvement and training. The linear model therefore connects these TQM practices which act as independent variables and performance of HIV/AIDS projects as dependent variable. This was presented in chapter three. The researcher regressed the TQM practices against the project performance in order to determine the coefficients and the constant to be replaced in the model fit. The model summary, ANOVA and coefficients tables were computed as shown below.

**Table 9: Model Summary**

| Model | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|----------|-------------------|---------------------------|
| 1     | .715     | .685              | .47395                    |

*Source: Primary data, 2021.*

The model summary table above shows that the R squared value is 0.715 equivalent 71.5%. This is an indication that the three TQM practices including top management commitment, employee involvement and training explains 71.5% of the variations in performance of HIV/AIDS projects. The remaining 28.5% is explained by other factors which are not captured in this study but affect project performance. The percentage is so high signifying the criticality of top management commitment, employee involvement and training on the performance of healthcare projects.
ANOVA in full means analysis of variance. It’s conducted to ascertain the validity or appropriateness of the model adopted in the study. From the ANOVA table above, the calculated F statistic is reported as 98.744 with a significance value of 0.000. The calculated F statistic value is large and is significant since the p value is less than 0.05. This implies that the linear regression model used to determine the influence of TQM practices on performance of HIV/AIDS projects is appropriate.

From the table above the coefficients for the constant term, top management commitment, employee involvement and training are 0.212, 0.163, 0.235 and 0.066 respectively. The corresponding probability values are 0.000, 0.011, 0.002 and 0.036 respectively. From the coefficients values obtained, a one percent change in top management commitment, employee involvement and training respectively leads to a 16.3%, 23.5% and 12.6% change in performance of HIV/AIDS projects keeping other factors constant. There is a positive influence of top management commitment, employee involvement and training on project performance since all the coefficients are all positive. Since all the p values are less than 0.05, the TQM practices focused in this study all have a significant influence on project performance. The model fit now becomes

\[ Y = 0.212 + 0.163X_1 + 0.235X_2 + 0.066X_3 + \varepsilon \]

where \( P \), \( X_1 \), \( X_2 \) and \( X_3 \) and \( \varepsilon \) are project performance, top management commitment, employee involvement, training and error term respectively.

The results of this study clearly indicates that TQM practices are very crucial in the success of the project hence should be given keen focus by the project managers and other stakeholders. Total quality management practices have a significant positive influence on project performance. These results are in concurrence with the results of
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Halis (2017), Esin and Hilal (2014) and Anunda (2016) in USA, Turkey and Kenya respectively. These researchers found that TQM practices have positive significant effect on project performance. Therefore, this study adds the same results by focusing on the Rwandan case and more specifically on healthcare provision projects.

4.3 Discussion
4.3.1 Top Management Commitment and Performance of HIV/AIDS Projects in Rwanda
The first objective of this study focused on determining if top management commitment practices influence performance of HIV/AIDS projects in Rwanda. From the findings presented earlier, a greater percentage of respondents of over 75% did agree that top management commitment practiced highly exist at AHF Rwanda. From the findings, the Pearson’s correlation coefficient was reported as 0.780 with a significance of 0.001 an indication that there is a strong positive significant correlation between top management commitment and performance of HIV/AIDS projects. Additionally, the regression findings did indicate that the beta coefficient for top management commitment is 0.163 with a p value of 0.011. this shows that keeping other factors constant, a 1% change in top management commitment leads to a 16.3% proportionate change in performance of HIV/AIDS projects. The p value is less than 0.05 hence the null hypothesis of no significant influence of top management commitment on performance of HIV/AIDS projects is rejected and the alternative accepted. Therefore, top management commitment has a significant influence on performance of HIV/AIDS projects in Rwanda. These findings are similar to the findings of Rao et al (2006) and Esin and Hilal (2014) in Kenya and Turkey respectively who also found that top management commitment is very key to performance of projects. performance.

4.3.2 Employee Involvement Practices and Performance of HIV/AIDS Projects in Rwanda
The second objective of this study was to assess whether employee involvement practices influence performance of HIV/AIDS projects in Rwanda. From the findings, majority of respondents accounting for over 85% did agree that employee involvement practices are highly practiced at AHF Rwanda. Pearson’s correlation coefficient was reported as 0.630 with a significance of 0.001 an indication that there is a strong positive correlation between employee involvement practices and performance of HIV/AIDS projects. Additionally, the regression findings did indicate that the beta coefficient for employee involvement practices was 0.235 with a p value of 0.002. Therefore, ceteris paribus, 1% change in employee involvement results to a 23.5% proportionate change in performance of HIV/AIDS projects. The p value is less than 0.05 implying that the null hypothesis of no significant influence of employee involvement on performance of HIV/AIDS projects is rejected and the alternative accepted. Employee involvement indeed have a significant influence on performance of HIV/AIDS projects in Rwanda. The findings indeed support the previous literature such as those of Halis (2017) and Wilson M (2016) in Libya and
Kenya respectively who stressed the importance of involvement of staff on project activities on project performance.

4.3.3 Staff Training and Performance of HIV/AIDS Projects in Rwanda
The last objective of this study was to establish whether staff training practices influence performance of HIV/AIDS projects in Rwanda. From the findings, 90% of respondents did agree that staff training is highly practiced at AHF Rwanda. Pearson’s correlation coefficient was reported as 0.690 with a significance of 0.001 an indication that there is a strong positive significant correlation between staff training and performance of HIV/AIDS projects. Additionally, the regression findings did indicate that the beta coefficient for staff training practices was 0.126 with a p value of 0.036. Therefore, ceteris paribus, 1% change in staff training results to a 12.6% proportionate change in performance of HIV/AIDS projects. The p value is less than 0.05 implying that the null hypothesis of no significant influence of staff training on performance of HIV/AIDS projects is rejected and the alternative accepted. Staff training indeed have a positive significant influence on performance of HIV/AIDS projects in Rwanda. The findings support the previous studies such as Esin and Hilal (2014) and Halis (2017) in Turkey and Libya respectively who found that staff training is very significant in achievement of greater performance of healthcare projects and recommended enhanced staff awareness as a strategy to achieve greater performance.

5. Conclusions and Recommendations

5.1 Conclusions
The following conclusions were drawn from the findings presented above.
Concerning how the top management commitment influence performance of AIDS control projects, the study concluded that there is a positive significant influence of top management commitment on performance of HIV/AIDS projects. This is because the findings reported a positive beta coefficient and p value of less of than 5%. Additional there was strong positive significant association between top management and performance of HIV/AIDS projects from correlation findings.

To answer the research objective two which focused on to what extent does employee involvement influence performance of healthcare projects, the study found that employee involvement practices are widely practices at AHF. From the findings, the study concluded that employee involvement influences project performance positively and to a great extent. There is significant influence of employee involvement on performance healthcare projects in Rwanda according to the regression and correlation findings.

Lastly on training influences, the study concluded that there is positive significant influence of training on performance of HIV/AIDS projects. The correlation coefficient was found to be very high and positive hence there is a strong positive association between training and performance of HIV/AIDS projects.
5.2 Recommendations
First of all, this study recommends that AHF project managers to focus more on TQM practices specifically commitment by top management on their duties should be paramount in terms of coming up with sound policies, create a healthy working environment, offer appropriate leadership and managerial skills among others. This will add positively to the performance of the project. Additionally, project managers should ensure employees are free and get involved in decision making, attending meetings and engaged in all project activities to enhance their productivity hence adds positively to project performance. Training practices should be organized by the AHF managers for the staff to equip them with relevant skills to conduct their duties diligently.

Lastly, the study recommends government and donors to give more focus on TQM practices if they are to realize the success of HIV/AIDS projects. Donors expect positive results as they fund a certain project and this can only happen if among other factors proper TQM practices are in place and fully practiced such as commitment by top management, employee involvement and trainings offered to staff. The government also benefits if these healthcare projects are successful since they reduce mortality rate and hence reduced loss of competent labour force. Therefore, much focus should be given to TQM practices by the government and the donors if they are to see these projects realize their ultimate goal.

Conflict of Interest
The authors in this study declare no conflict of interest.

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References
Anunda J. (2016). Factors Influencing the Performance of Projects Implemented by the NGOs in the Health Sector. A Case of HIV/AIDS Projects in Nairobi County, Kenya. Nairobi: University of Nairobi.
Berg B. (1998). Qualitative Research Methods for Social Sciences. Boston: Allyn and Bacon.
Berman J. (2007). Maximizing Project Value. Defining, Managing and Measuring for Optimal Return. New York: American Management Association.
Brown J. (2008). The Handbook of Program Management. How to facilitate Project success with Optimal Program Management. New York: Mc Graw Hill.
Chandra B. (2004). Principles of Management and Administration. New Delhi, India: Prentice Hall.
Chinyio E. (2010). Construction Stakeholder Management. Chichester: Wiley Black.
Cooper D.R and Schindler P. (2014). Business Research Methods. New York: Mc Graw Hill.
Crawford N. (2010). Competencies for Managing Change. International Journal of Project Management, 405-412.
Crosby P. (2000). Let’s Talk Quality. 96 questions that you always wanted to ask Phil Crosby. New York: Mc Graw Hill.
Everett C. (2002). Penn States Commitment to Quality Improvement. Quality Progress Journal, 35(1), 44-49.
Fawcett S. B. (1995). Using Empowerment Theory in Collaborative Partnerships for Community Health and Development. American Journal of Community Psychology, 677-697.
Felix L. (2016). Drivers of Improved Health Sector Performance in Rwanda. A Qualitative View from within. BMC Health Services Research, 16-123.
Griffin J. (2010). Residential Construction Management. Managing According to the Projects Life Cycle. Lauderdale: Ross Publications.
Halis, Mohammed and Muhsin (2017). Total Quality Management Implementation in the Health care Industry. Findings from Libya. Journal of Management Issues in Health Systems, 4-21.
Happy R. (2010). Microsoft Project Management. Real World Skills for Certification and Beyond. Indianapolis: Willey Publications.
Harris R. (2014). Workforce Development Perspectives and Issues. Singapore: Springer Publications.
Huq Z. (2005). Managing Change. A Barrier to TQM Implementation in service Industries. Managing Service Quality. An International Journal, 452-469.
Kelly D. (2006). Applying Quality Management in Health care. A Systems Approach. Chicago Illinois: Health Administration Press.
Kerzner H. (2009). Value Driven Project Management. Wiley: International Institute for Learning.
Kothari C. (2004). Research Methodology. Methods and Techniques. New Delhi: New Age International Publisher.
Mackenzie L. (2000). Perspectives in Social Research Methods and Analysis. New Delhi: Sage Publications.
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Mugenda & Mugenda (2003). Research Methods. Quantitative and Qualitative. Nairobi: African Centre for Technology Studies.

Muli N. (2014). Quality Improvement Practices and Business Performance among Commercial State Corporations in the Ministry of Health, Kenya. Nairobi: University of Nairobi.

Naomi T. (2014). Indicators of NGOs Success and Impacts on NGOs Role in HIV Policy Process in Kenya. Malmo: Malmo University.

Oakland J. (2000). Total Quality Management. Text with Cases. Boston: Butterworth-Heinemann.

Orodho J. (Techniques of Writing Research Proposal and Reports in Education and Social Sciences. Maseno, Kisumu: Kanezja Enterprises.

Rad A. (2005). A Survey of total quality management in Iran. Barriers to Successful Implementation in Healthcare Organizations. Leadership in Health Sciences, 12-34.

Rao A. (2006). Total Quality Management: Across –functional Perspective. Willey: John and Sons.

Riaza(2016). Top management support and Project Performance: An Empirical study of Public Sector Projects. Proceedings of the American Society for Engineering Management 2016 International Annual Conference.

Rogers P. (2011). Purposeful Program Theory: Effective use of theories of Change and logic models. Wiley: Wiley Publications.

Saunders M. (1996). Research Methods for Business Students. New Delhi India: Pearson Education.

Sethuraman H. (2005). Total Quality Management in Health care. Healthcare Administration.com.

Taylor and Wright (2003). The Impact of Senior Managers Commitment on the success of TQM Programs: An Empirical Study. International Journal of Manpower, 24(5).

Theophile M. (2017). Effect of Stakeholders Management Practices on Performance of Construction Projects in Rwanda. Unpublished project.

Toledo, R. J. (2012). Effects of project management training on professional individual performance related to engineering and construction projects development. PA Project Management Institute. British Columbia, Canada.

UNAIDS (2016). Practical Guidelines for Intensifying HIV Prevention. Global Report on AIDS Pandemic. Geneva: UNAIDS.

Van, Moseley and Desinger (2012). Fundamentals of Performance Improvement. Optimizing Results Through People. Francisco: Willey Imprint.

Wanderi E. (2015). Evaluation of Factors influencing Total Quality Management Implementation in Rwanda Construction Industries. European Journal of Business and Social Sciences, 14-28.

Warnack M. (2003). Continual Improvement Programs and ISO 9001:2000. 42-49. Penang Malaysia: Quality Press.
World Bank (2008). World Bank’s Commitment to HIV/AIDS in Africa. World Bank Publications.

WHO (2013). Integrating Gender into HIV/AIDS Programs in the Health Sector: Tool to improve responsiveness to women’s needs. WHO Journal 87, 883.

Wilson and Mbogo (2016). Factors Affecting Performance of HIV/AIDS Programs in Kenya. The case of Eastern Deanery AIDS Relief Program. Nairobi: United States International University.
