

Relationship between decision making competences and achievement of organizational objectives at Uganda Red cross. A cross-sectional study.

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Abstract

Background

Despite its crucial role in humanitarian efforts, Uganda Red Cross has failed to achieve its organizational objectives (Uganda Red Cross Society Report, 2024). Therefore, this study aimed at examining the relationship between decision making competences and achievement of organizational objectives at Uganda Red cross.

Methodology

The study employed a cross-sectional, correlational, and descriptive research design, using a mixed-methods approach that combined both quantitative and qualitative data. The population consisted of 350 staff, including board members, directors, project managers, and general staff, from which a sample of 184 respondents was selected using Morgan and Krejcie's table. Data were collected through questionnaires, interviews, and documentary review of organizational reports from 2020–2024. Quantitative data were analyzed using Pearson's correlation and linear regression in SPSS, while qualitative data were thematically analyzed.

Results

The results revealed that the majority of respondents were male (57.5%), while female respondents constituted 42.5%.

There was a significant positive relationship between leadership competences and the achievement of organizational objectives. Decision-making competences showed a positive correlation with organizational objectives ($r = 0.58$, $p < 0.01$), indicating that leaders with strong analytical and critical decision-making skills enhance the likelihood of achieving project and organizational goals.

Conclusion

Decision-making competences have a significant positive relationship with the achievement of organisational objectives ($r = 0.58$, $p < 0.01$). Leaders with strong decision-making skills characterized by analytical thinking, critical evaluation, and informed judgment enhance the likelihood of achieving project deliverables, maintaining budget efficiency, and ensuring timely completion of activities.

Recommendations

It recommends that the Uganda Red Cross Society should invest in training programs, adopt structured decision-making and performance management frameworks, and foster collaborative team environments to strengthen organizational effectiveness and sustainability.

Keywords: Uganda Red Cross Society, Decision making, competences, leadership competences

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Background to the Study

Effective leadership is crucial for the success of any organization, particularly in non-governmental organizations (NGOs) like the Red Cross, Uganda. As an organization dedicated to humanitarian assistance and emergency relief, the Red Cross operates in a complex and often challenging environment. The ability of its leaders to navigate these challenges, inspire their teams, and achieve organizational objectives is pivotal to its mission's success.

This study explores the relationship between leadership competences and the achievement of organizational objectives within the Red Cross, Uganda. Leadership competences encompass a range of skills and attributes that enable leaders to guide their teams effectively, make strategic decisions, and drive organizational success. Understanding these competences and their impact on

organizational outcomes is essential for enhancing the effectiveness of leadership within the organization.

Non-Governmental Organizations (NGOs) have played a pivotal role in global development and humanitarian efforts throughout modern history. From early 20th-century beginnings to the present day, NGOs like the Red Cross have been instrumental in providing disaster relief, promoting human rights, and addressing critical health issues (Schimmel, 2020). The global NGO sector has evolved significantly, adapting to changing needs and leveraging new technologies to enhance organizational outcomes. This evolution has been marked by increased focus on strategic planning, accountability, and the impact of leadership competences on organizational success (Mascarenhas, 2021).

In Africa, NGOs have been vital in addressing diverse challenges, including health crises, poverty alleviation, and disaster response. The role of NGOs has grown as they have become key partners in development organizational, working alongside governments and international agencies. Their ability to achieve organizational objectives has often depended on local leadership, resource management, and adaptability to the unique socio-political landscapes of African countries (Fabia et al., 2020).

Nigeria's NGO sector has been dynamic and influential, particularly in areas such as health, education, and humanitarian relief. Organizations like the Red Cross have made significant strides in managing and executing organizational aimed at alleviating the effects of conflict, disease outbreaks, and natural disasters (Ogunyemi & Nwagwu, 2022). The success of these organizational has frequently hinged on effective leadership, local engagement, and strategic partnerships with other stakeholders (Kariega, 2020).

In Ghana, NGOs have made notable contributions to development organizational focused on health, education, and rural development. The Red Cross in Ghana has been active in emergency response, health promotion, and community development. Achievement of organizational objectives in Ghana has often been driven by strong leadership, community involvement, and the capacity to mobilize resources effectively (Kwao & Amoak, 2022).

South Africa's NGO sector has been marked by its response to the HIV/AIDS epidemic, social justice issues, and disaster management. The Red Cross has been actively involved in providing support and relief during crises and promoting health education (Abiddin, Ibrahim, & Abdul Aziz, 2022). Achieving organizational goals in South Africa has required a deep understanding of local contexts, effective leadership, and innovative approaches to resource mobilization and organizational implementation (Brophy, 2020).

In Rwanda, NGOs have played a crucial role in post-genocide reconstruction, health improvement, and economic development. The Red Cross has been instrumental in providing relief and support during and after crises (Mbabazi, 2024). Organizational success in Rwanda has been closely linked to the ability of NGO leaders to address both immediate needs and long-term recovery goals, while navigating a complex socio-economic landscape (Tuyishime & Nyambane, 2021).

Kenya's NGO sector has been active in areas such as food security, health care, and education. The Red Cross in Kenya has undertaken various projects aimed at improving community resilience and responding to emergencies (Chege & Bowa, 2020). Achieving organizational objectives has depended on effective leadership, collaboration with local

partners, and the ability to adapt to changing conditions and emerging challenges (Rumenya & Kisimbi, 2020). In Uganda, NGOs, including the Red Cross, have been pivotal in addressing health crises, disaster response, and community development (Eremugo & Okoche, 2021). The Red Cross has been involved in organizational ranging from disease prevention to emergency relief efforts. This study aimed to examine the relationship between decision making competences and achievement of organizational objectives at Uganda Red cross

Methodology

Research Design

The study employed a cross-sectional, correlational and descriptive design. Further, it used both qualitative and quantitative approaches hence mixed research.

It was correlational since it used Pearson correlation to derive the relationship between leadership competences and achievement of organizational objectives. The study was cross-sectional since it was for a short time and collected data at a point in time.

Study setting

This study was carried out at Uganda Red Cross Society head office in Kampala, Uganda.

Kampala is the largest city in Uganda and serves as the political, economic, and cultural hub of the country. It is situated in the central part of Uganda. The head office of the Uganda Red Cross Society is located at Plot 44/46, Rubaga Road, in the Rubaga Division of Kampala. It is strategically positioned along one of the main highways that connect Kampala to other regions of Uganda, making it accessible for both local and international stakeholders.

The geographical coordinates of the Uganda Red cross Society (URCS) head office are approximately 0.3476° N latitude and 32.6051° E longitude. The study covered a period of five years from 2020 to 2024. This particular period was considered because various reports have continuously indicated that failure to achieve organizational goals at Red cross Uganda (Redcross, 2023). Thus, sufficient information was obtained to tackle the problems at hand.

Study Population

The population for the study was 350 participants that consisted of 14 board members, 9 directors of departments, 13 project managers and 314 staff of Red Cross at its headquarters (Redcross, 2023).

Table 1: Target population, sample size and sampling techniques of the study

Category of people	Target Population	Sample size	Sampling technique
Board members	14	8	Convenience sampling
Directors of departments	9	4	purposive sampling
Program directors	13	7	Purposive sampling
Staff	314	165	Simple random sampling
Total	350	184	

Source: Uganda Red Cross Human Resource Report (2023)

Sample Size and Sample Selection

The researcher adopted Morgan and Krejcie (1970) table determining the sample size. Therefore 184 respondents were selected as the study sample size consisting of 8 board members, 9 directors of departments, 7 project managers and 165 staff of the organization.

Sampling Techniques

The study employed a combination of convenience, purposive, and simple random sampling techniques to select respondents from the Uganda Red Cross Society (URCS) headquarters. The use of multiple sampling approaches was necessitated by the heterogeneous nature of the target population, which comprised individuals occupying different hierarchical levels, roles, and responsibilities. These variations required sampling methods that would ensure representativeness, access to relevant expertise, and practicality in data collection.

Convenience Sampling

Convenience sampling was applied in selecting board members. Board members were selected through this method due to their limited availability and demanding schedules, which made the use of probability sampling impractical. As senior organizational actors whose presence at the headquarters is irregular, accessing them relied largely on their availability during the data collection period. Convenience sampling therefore provided a feasible and efficient means to include board members whose insights were essential to understanding strategic leadership competences within the organization.

The researcher first engaged the Secretariat of the Uganda Red Cross to identify potential time slots when board members were likely to be present for meetings or official engagements. Board members who were physically available and willing to participate were approached and requested to take part in the study. Selection continued until the desired sample size of eight board members was reached. This ensured that the category was adequately represented despite accessibility limitations.

Purposive Sampling

Purposive sampling was employed to select 4 directors of departments and programme directors/project managers.

This technique was chosen because these groups possess specialized knowledge and play critical roles in decision-making, team leadership, and performance management competencies central to the study. Purposive sampling therefore ensured that respondents with the most relevant experience and insights into leadership competences and organizational performance were included.

Departmental directors and programme managers are key implementers of organizational strategies; their involvement provided informed perspectives necessary for examining the relationship between leadership competences and the achievement of organizational objectives. Their selection was thus based on their positional relevance, experience, and direct involvement in operational and strategic management.

The researcher obtained an updated organizational structure and role descriptions from the Human Resource Department. Directors and programme managers who met the inclusion criteria namely experience in leadership, involvement in decision-making processes, and tenure with the organization were identified and approached. Those who consented to participate were included until the required sample sizes of four directors and seven programme managers were achieved. This ensured the inclusion of respondents with the requisite expertise for the study.

Simple Random Sampling

Simple random sampling was employed to select 165 staff members from a population of 314. This probability sampling technique was deemed appropriate for this category because staff members constituted the largest and most accessible group in the population. Using simple random sampling gave each staff member an equal chance of selection, thereby minimizing selection bias and enhancing the representativeness of the sample. This was essential for ensuring the generalizability of the findings to the wider staff population.

A complete staff list was obtained from the Human Resource Department, forming the sampling frame for this group. Each staff member was assigned a unique identification number. The researcher then used a computer-generated random number system to draw 165 numbers corresponding to staff members on the list. Selected staff were contacted and invited to participate. In cases where selected individuals declined or were unavailable, replacement was done by selecting additional random numbers from the remaining

pool. This process ensured the integrity of the random selection procedure.

Data Source

Both primary and secondary data was used by the researcher. Primary data was collected through questionnaires and interviews. These were used for a period of two weeks where the researcher physically interviewed and administered questionnaires to the respondents.

Secondary data was collected from project documents at Red Cross for the different projects.

Further, the researcher used the generated reports of the organisation from 2020-2024 to gain information on achievement of the organizations' objectives.

To select 315 respondents from a total of 165 staff members at the Uganda Red Cross Society (URCS) using simple random sampling, the following steps were implemented:

- i) Each staff member was assigned a unique identifier, typically a number ranging from 1 to 315. This step was crucial for maintaining anonymity and facilitating random selection.
- ii) The researcher utilized a computer-based random number generator or statistical software such as Excel to generate 165 unique random numbers within the range of 1 to 315. This ensured that each staff member had an equal chance of being selected.
- iii) Once the random numbers were generated, the corresponding staff members were identified based on their assigned identifiers. Those selected formed the sample of 165 respondents.
- iv) The researcher then verified that the final sample adequately represented the diversity of roles, departments, and demographics within URCS.
- v) After selection, the identified respondents were informed about their participation in the study, ensuring that they understood the purpose of the research and the nature of their involvement.

Purposive sampling was used to select departmental directors and programme directors as respondents for the study since they were knowledgeable about the topic and could provide detailed information.

Convenience sampling was used to select board members to participate in the study. This method was used to select respondents who were easy to approach and available to provide information on the study topic.

Data collection instruments

Questionnaires

Using this instrument, a list of questions on paper was drawn for the staff at the Red Cross to answer. These were both open- and closed-ended questions. This approach was used because the questions were simple to apply and administer to respondents who had limited time to sit with the researcher for an exclusive interview. It therefore helped the researcher collect more data within a short period of time.

The Interview Guide

A discussion with the leaders (board members, directors) was held with the researcher and upon making appropriate appointments. This discussion involved open items or questions. This helped the researcher to get more detailed information about the study topic.

Documentary Review Checklist

Secondary data was collected from project documents at Red Cross for the different projects.

Further, the researcher used the generated reports of the organization from 2020-2024 to gain information on achievement of the organizations' objectives.

Research Procedure

- i) The researcher obtained an introductory letter from the University to allow him to undertake the research study after successfully defending his research proposal.
- ii) The researcher then made preparatory arrangements with the Chief Operations Officer for acceptance and to obtain a consent letter.
- iii) The researcher scheduled an appropriate date for issuing questionnaires and conducting interviews with the selected respondents.
- iv) After issuing the questionnaires, the researcher collected them after two weeks to allow respondents ample time to complete their responses.
- v) The study used both nominal and ordinal scales to measure the variables. The nominal scale of measurement was mainly used to capture demographic data, which comprised items with similar characteristics such as gender, age, and education level. The remaining items in the questionnaire were measured using the ordinal scale, employing a five-point Likert scale ranging from 5 – strongly agree, 4 – agree, 3 – not sure, 2 – disagree, and 1 – strongly disagree. This scale was used to measure both the independent and dependent variables against each other.

Validity & Reliability of the instruments.

Validity of instruments

Validity refers to the quality of a procedure or an instrument used in the research is accurate, correct, true, and meaningful and right (Xie, 2018).

The researcher used the Content Validity Index (CVI) to assess the validity of the research instruments. The research instrument was given to 3 experts for expert judgment and input. Each item in the instrument was evaluated for its relevance to the study objectives using a rating scale, and the number of items rated as relevant (n) was divided by the total number of items in the instrument (N). The resulting ratio represented the CVI.

In this study, 27 out of the 30 items were rated as relevant, giving a CVI of 0.9 (CVI = 27/30 = 0.9). This value was then compared with the minimum acceptable threshold of 0.7, as proposed by Amin (2005). Since the CVI value of 0.9 exceeded 0.7, the instrument was considered valid and appropriate for use in the study.

Furthermore, the questions that were identified as poorly stated, irrelevant, or ambiguous were revised and refined with the guidance of the supervisor to ensure clarity, accuracy, and alignment with the study objectives.

Reliability of instruments

The reliability of a research instrument concerned the extent to which the instrument yielded consistent results upon repeated trials. Although some degree of unreliability was inevitable, a quality instrument was expected to produce a high level of consistency in results obtained at different times. To ensure a high level of reliability and validity in this study, the questionnaires were pre-tested, ambiguous questions were clarified, and irrelevant ones were deleted.

The internal consistency of the instrument was then assessed using Cronbach's Alpha coefficient. Data obtained from the pre-test were entered into the Statistical Package for Social Sciences (SPSS), and the reliability analysis produced a Cronbach's Alpha value of 0.81.

Formula

$$\alpha = \frac{k}{k-1} \left(1 - \frac{\sum_{i=1}^k \sigma_i^2}{\sigma_T^2} \right)$$

Where:

- k = number of items
- σ_i^2 = variance of each individual item
- σ_T^2 = variance of the total (sum) of all items

Table 1: Reliability Indices for the Respective Sections of the Questionnaire

Variable	Description	Construct	No of Items	Cronbach Alpha
Dependent	Achievement of organizational objectives		30	0.834
Independent	leadership competencies	Decision making	30	0.862
		Team Building	30	0.736
		Performance management	30	0.821

Source: Primary Data (2025)

According to Amin (2005), a Cronbach's Alpha coefficient of 0.7 or higher is considered acceptable for a reliable research instrument. Since the obtained coefficient of 0.84 exceeded the recommended threshold, the instrument was regarded as highly reliable and suitable for data collection.

Data Analysis

The analysis was carried out using the Statistical Package for Social Scientists (SPSS) Version 25 and the results were presented in tables showing frequencies and percentages, as well as in graphs and pie charts. Pearson's correlation was used to establish the relationships in line with the research objectives, while a linear regression model was applied to determine the relationship between leadership competencies and the achievement of organizational objectives at the Uganda Red Cross Society (URCS).

To analyze qualitative data, the researcher organized the findings into a coherent narrative that presented themes supported by direct quotations from participants. The findings were then interpreted in relation to existing literature and their implications for the Uganda Red Cross Society were discussed. Finally, a summary of key insights and recommendations was made based on the analyzed data.

Ethical considerations

Ethical principles that governed the study were followed throughout the research process. The investigation took into consideration several ethical issues, including informed consent, whereby respondents were informed about the purpose and nature of the research before their participation. Privacy and confidentiality were carefully maintained, and participants' identities were protected. Additionally, honesty

in the disclosure and presentation of results was ensured to maintain the integrity of the research.

Response Rate

The response rate was determined using the formula;

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$$\text{Response Rate (\%)} = \frac{\text{Interviews Conducted}}{\text{Interviews Scheduled}} \times 100$$

Table 3: Response Rate of the Study

Category of People	Interviews Scheduled / Questionnaires to be Issued	Interviews Conducted / Questionnaires Returned	Response Rate (%)
Board members	7	5	71
Directors of departments	9	6	67
Program directors	13	10	77
Staff	155	139	90
Total	184	160	87

Source: Primary data (2025)

Table 3 presents the response rate of the study across different categories of respondents. A total of 184 interviews and questionnaires were scheduled to be administered, out of which 160 were successfully completed and returned, yielding an overall response rate of 87%.

Overall, the response rate indicates a high level of participation across the study population, which enhances the reliability and generalizability of the research findings. The slightly lower response rates among board members and departmental directors may be attributed to their limited availability due to professional commitments.

Demographic Characteristics of Respondents

This section presents the demographic profile of the respondents who participated in the study. The demographic characteristics considered include gender, age group, level of education, department, and years of service with the organisation (Table 4). These variables were analyzed to provide background information about the respondents and to help in understanding how their demographic attributes may influence the study findings.

Table 4: Demographic Characteristics of Respondents (N = 160)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	92	57.5
	Female	68	42.5
Age Group	24–30 years	38	23.8
	31–40 years	64	40.0
	41–50 years	42	26.3
	51 years & above	16	10.0
	Certificate/Diploma	24	15.0
Level of Education	Bachelor's Degree	78	48.8
	Master's Degree	42	26.3
	Tertiary (Professional/Technical)	10	6.3
	Other	6	3.8
	Administration	34	21.3
Department	Human Resources	26	16.3
	Finance & Accounts	28	17.5
	Operations/Production	30	18.8
	Marketing & Sales	22	13.8
	Information Technology	20	12.5
Years Working with the Organization	1–5 years	46	28.8
	6–10 years	58	36.3
	11–15 years	36	22.5
	16 years & above	20	12.5
Total		160	100.0

Source: Primary data (2025).

The results revealed that the majority of respondents were male (57.5%), while female respondents constituted 42.5%.

In summary, the demographic results show that the respondents were predominantly male, aged between 31 and 40 years, and highly educated with most holding at least a bachelor's degree. The majority had been with the organisation for six to ten years and represented a wide range of departments. These characteristics reflect a knowledgeable, experienced, and fairly balanced workforce, suitable for assessing the relationship between leadership competences and organisational performance.

Descriptive Findings on Decision Making Competences of Leaders at Uganda Red Cross Society

The study sought to assess the decision-making competences of leaders at the Uganda Red Cross Society. Respondents were asked to indicate their level of agreement with various statements describing leadership decision-making behaviors using a five-point Likert scale, where 5 = Strongly Agree, 4 = Agree, 3 = Not Sure, 2 = Disagree, and 1 = Strongly Disagree. The figures in the table show the number of respondents (frequency) agreeing or disagreeing with statements.

Decision making competences of leaders at Uganda Red Cross Society

Table 5: Decision-Making Competences of Leaders at the Uganda Red Cross Society (N = 160)

Statement	SA (5)	A (4)	N (3)	D (2)	SD (1)	Mean	Std. Dev.
Leaders break down problems into manageable components	20	34	38	46	22	2.82	1.12
Leaders analyze data to inform their decisions	16	30	42	50	22	2.76	1.09
Leaders remain calm under pressure	18	36	32	50	24	2.84	1.13
Leaders consider the feelings of others during decision-making	14	28	38	54	26	2.68	1.10
Leaders evaluate the validity of information before making decisions	20	30	36	52	22	2.80	1.08
Leaders systematically assess different options	18	32	40	48	22	2.82	1.06
Leaders consider the long-term implications of their decisions	16	34	34	54	22	2.76	1.09
Leaders align their decisions with the organization's strategic goals	18	30	38	50	24	2.76	1.10
Leaders communicate their decisions clearly	20	36	30	52	22	2.82	1.11
Leaders actively listen to team members' inputs and concerns	14	32	36	54	24	2.70	1.08
Leaders promote teamwork	16	34	34	50	26	2.74	1.09
Leaders are flexible and adjust their decisions based on new information	18	30	40	48	24	2.78	1.10
Leaders prioritize ethics in their decisions	20	32	38	46	24	2.84	1.07
Leaders demonstrate trust among members	18	30	36	50	26	2.74	1.10
Overall Mean						2.78	1.09

Source: Primary Data (2025)

Table 5 shows that the overall mean score for decision-making competences among leaders was 2.78, with a standard deviation of 1.09. This indicates a low level of decision-making competence among leaders, since the mean is below the midpoint of the scale (3.00). The relatively high standard deviation further suggests variability in respondents' opinions regarding the decision-making abilities of their leaders.

The findings reveal that the highest mean scores were observed for the statements "Leaders remain calm under pressure" (Mean = 2.84, SD = 1.13) and "Leaders prioritize ethics in their decisions" (Mean = 2.84, SD = 1.07). This implies that while leaders at the Uganda Red Cross Society

tend to demonstrate composure under challenging circumstances and place some emphasis on ethical considerations, these competencies are only moderately developed.

Moderate mean scores were also noted for statements such as "Leaders break down problems into manageable components" (Mean = 2.82, SD = 1.12), "Leaders systematically assess different options" (Mean = 2.82, SD = 1.06), and "Leaders communicate their decisions clearly" (Mean = 2.82, SD = 1.11). These results suggest that some leaders attempt to apply analytical and structured approaches in decision-making, but such practices are not consistently or strongly exhibited across the organisation.

On the other hand, the lowest mean scores were recorded for “Leaders consider the feelings of others during decision-making” (Mean = 2.68, SD = 1.10) and “Leaders actively listen to team members’ inputs and concerns” (Mean = 2.70, SD = 1.08). This indicates that leaders at the Uganda Red Cross Society may not adequately involve employees in decision-making processes or take into account their perspectives and emotions. Such tendencies may limit inclusivity and affect team morale and collaboration.

Overall, these findings suggest that decision-making within the Uganda Red Cross Society is characterized by limited analytical rigour, inadequate participatory practices, and inconsistent communication. While some ethical and composure-related strengths are evident, there remains a considerable need to enhance leaders’ decision-making competences—particularly in areas of teamwork, consultation, and critical evaluation of information. Strengthening these aspects could improve the quality and acceptance of decisions made, thereby contributing positively to the achievement of organisational objectives.

Qualitative Findings on Decision-Making Competences of Leaders at the Uganda Red Cross Society

To complement the quantitative data, in-depth interviews were conducted with three Board Members, two Departmental Directors, and three Programme Directors. The purpose of these interviews was to gain a richer understanding of how leaders at the Uganda Red Cross Society demonstrate decision-making competences in practice.

The responses revealed that decision-making processes within the organisation are slow, hierarchical, and insufficiently participatory, with limited use of analytical tools and data. Several participants noted that decisions tend to be reactive and short-term rather than strategic and inclusive. Selected detailed responses are presented below.

Board Member 1

“In most cases, the organisation’s leadership makes decisions under pressure, particularly during emergencies like disaster response or outbreak management. While quick action is sometimes necessary, it often happens without thorough analysis or consultation. For instance, resources are sometimes reallocated abruptly without assessing the long-term impact on ongoing programs. This kind of reactive decision-making compromises sustainability and coordination.”

Board Member 2

“From my observation, there is limited use of data to inform key organisational decisions. Proposals from the technical teams are not always reviewed comprehensively. Instead, decisions are sometimes influenced by personal judgment or internal politics. This leads to inconsistencies one day we

prioritize staff development, the next we cut the training budget due to unplanned expenditures. The absence of structured, evidence-based decision-making is a recurring concern.”

Board Member 3

“Our leaders focus heavily on solving immediate crises rather than addressing root causes. Strategic thinking is missing because meetings are often dominated by operational issues. When the Board pushes for analytical reports or alternative options, the management team rarely provides adequate evidence or risk analysis. This shows a gap in critical thinking and long-term planning among the leadership.”

Departmental Director 1:

“The decision-making process is highly centralized. Even for small operational matters, such as procurement approvals or staff deployment, we have to wait for top management to decide. This not only delays implementation but also reduces the sense of ownership among department heads. Sometimes, by the time approval comes through, the opportunity to act has already passed. It feels as though trust in the capacity of middle managers is lacking.”

Departmental Director 2

“One of the biggest issues is the limited verification of information before decisions are made. For example, financial or operational data may be presented without being cross-checked, yet decisions are taken immediately based on that information. This has led to confusion and even reversals of previous decisions. Leaders seem to rely more on experience and intuition rather than structured analysis or evidence.”

Programme Director 1

“There’s minimal consultation during decision-making. Field staff, who have firsthand experience of community needs, are rarely involved in planning or policy formulation. This top-down approach leads to decisions that look good on paper but are difficult to implement in the field. It also creates frustration because staff feel their voices don’t matter.”

Programme Director 2

“The communication of decisions is often abrupt and unclear. Sometimes, you receive a directive by email with no context or explanation, leaving teams confused about priorities or expected outcomes. Moreover, feedback from staff is not always welcomed. Leaders tend to view alternative opinions as criticism rather than constructive input, which discourages open dialogue.”

Programme Director 3

“Leaders at the organisation are quite rigid. Once a decision has been made, it’s rarely revisited—even when new evidence or field realities suggest the need for change. For example, during one disaster response, several field teams

proposed revising the resource allocation plan after realizing the initial assessment was inaccurate, but management insisted on sticking to the original plan. This rigidity reduces effectiveness and demotivates staff who feel unheard.”

Page | 9 **Table 6: Key Themes on Decision-Making Competences of Leaders at the Uganda Red Cross Society.**

Theme	Key Issues Identified	Illustrative Evidence / Quotes	Implications
1. Reactive and Short-Term Decision-Making	Decisions are often made under pressure during emergencies without thorough analysis or consultation. Focus is on immediate problems rather than long-term sustainability.	“Decisions are made under pressure... without assessing long-term impact.” (Board Member 1); “Our leaders focus heavily on solving immediate crises rather than addressing root causes.” (Board Member 3)	Limits strategic thinking and undermines sustainable program outcomes.
2. Limited Use of Data and Analytical Tools	Minimal use of evidence or analytical tools in decision-making; reliance on intuition and personal judgment instead of structured data analysis.	“There is limited use of data to inform key organisational decisions.” (Board Member 2); “Leaders rely more on experience and intuition rather than structured analysis.” (Departmental Director 2)	Leads to inconsistent and less reliable decisions; reduces organisational learning capacity.
3. Centralized and Hierarchical Decision-Making	Decision authority is concentrated at the top; delays occur even for routine matters. Middle managers and field staff have little decision autonomy.	“Even for small operational matters... we have to wait for top management.” (Departmental Director 1); “Field staff are rarely involved in planning or policy formulation.” (Programme Director 1)	Slows responsiveness, reduces ownership and empowerment among lower-level staff.
4. Poor Communication and Consultation	Decisions are made and communicated with limited consultation or explanation. Feedback is not encouraged.	“You receive a directive by email with no context.” (Programme Director 2); “Minimal consultation during decision-making.” (Programme Director 1)	Creates confusion, reduces morale, and limits shared understanding across teams.
5. Lack of Strategic and Critical Thinking	Meetings focus on operational issues; limited evidence-based analysis or risk assessment in decision processes.	“Meetings are often dominated by operational issues.” (Board Member 3)	Weakens long-term planning and innovation within the organisation.
6. Rigidity and Resistance to Change	Decisions are rarely revisited even when new evidence emerges; leaders show inflexibility.	“Once a decision has been made, it’s rarely revisited—even when new evidence suggests the need for change.” (Programme Director 3)	Reduces adaptability and effectiveness, demotivates staff.
7. Low Trust and Empowerment of Staff	Senior leadership exhibits limited trust in departmental and field staff capabilities; decisions remain top-down.	“It feels as though trust in the capacity of middle managers is lacking.” (Departmental Director 1)	Erodes team confidence and hampers participatory leadership culture.

Source: Primary Data (2025)

Table 7: Correlation between decision-making competences are positively correlated with the achievement of organisational objectives at Redcross Society

Variables	Correlation	Achievement of organizational objectives
Decision-making competences	Pearson correlation Sig.	0.58 0.000
N		

Correlation Findings

The results indicate that decision-making competences are positively correlated with the achievement of organisational objectives ($r = 0.58, p < 0.01$). This suggests that leaders who demonstrate strong decision-making skills tend to enhance the likelihood of meeting the organisation's objectives.

Discussions

The study investigated the influence of leadership competences decision-making, team building, ii) and performance management on the achievement of organisational objectives at the Uganda Red Cross Society. The discussion below relates the empirical results to existing literature, highlighting consistencies, gaps, and implications for practice.

The study found that decision-making competences have a strong positive correlation with the achievement of organisational objectives ($r = 0.58, p < 0.01$). Leaders at the Uganda Red Cross Society who demonstrated analytical thinking, critical evaluation of alternatives, and structured decision-making were more likely to achieve project deliverables and organizational goals.

This finding aligns with the literature emphasizing vi) that decision-making is a critical leadership function in NGOs, influencing strategy, operations, and overall effectiveness (Mbabazi, 2024; Zafar et al., 2021). Competent decision-making enables leaders to allocate scarce resources efficiently, respond to emerging challenges, and make strategic choices that enhance the sustainability of programs. Moreover, the integration of emotional intelligence and critical thinking in decision-making, as noted by Facione (2011), explains why leaders capable of managing stress, understanding team dynamics, and questioning assumptions tend to make more effective choices.

The study also supports previous findings that participative and inclusive decision-making fosters ownership among team members and improves project outcomes (Awan & Khan, 2023). Leaders who involve stakeholders in decision-making, including staff, beneficiaries, and donors, can enhance trust and collaboration, thereby increasing the likelihood of achieving organizational objectives (El-Amin et al., 2021).

Conclusions

Decision-making competences have a significant positive relationship with the achievement of organisational objectives ($r = 0.58, p < 0.01$). Leaders with strong decision-making skills—characterized by analytical thinking, critical evaluation, and informed judgment—enhance the likelihood of achieving project deliverables, maintaining budget efficiency, and ensuring timely completion of activities. This implies that effective decision-making is a key driver for operational efficiency and strategic success in NGOs.

Limitations of the Study

Despite the researcher's efforts to ensure the quality and accuracy of the study, certain limitations were encountered that may have influenced the results and generalizability of the findings.

Time Constraints: The study was conducted within a limited timeframe, which restricted the depth of data collection and analysis. This may have affected the researcher's ability to explore some emerging themes in greater detail.

Limited Resources: Financial and logistical limitations affected the researcher's ability to reach all potential respondents across different URCS branches, which may have constrained the representativeness of the sample.

Respondent Availability: Some staff members and board members had busy schedules and limited availability, which occasionally delayed questionnaire collection and reduced the response rate.

Self-Reported Data: The study relied heavily on self-reported information from respondents, which might have introduced bias due to social desirability or inaccurate recall.

Geographical Scope: The study focused on selected departments and programmes within the Uganda Red Cross Society; therefore, the findings may not fully reflect the perspectives of all branches or regional offices.

Non-Response and Missing Data: A few respondents did not complete all sections of the questionnaire, which slightly reduced the completeness of the data used for analysis.

Recommendations

Leadership should invest in training programs that enhance analytical thinking, critical reasoning, and strategic decision-making skills.

Leaders should adopt structured decision-making frameworks such as SWOT analysis, decision trees, and scenario planning to improve the quality and timeliness of decisions.

iii) Leaders should leverage data analytics and knowledge management systems to inform decisions and ensure alignment with the organisation's strategic objectives.

iv) Leaders should actively engage stakeholders, including staff, beneficiaries, and donors, in the decision-making process to enhance transparency, legitimacy, and ownership.

Areas for Further Research

Future research should examine how decision-making, team building, and performance management competences influence organisational objectives over time. Longitudinal studies can provide insights into causal relationships and long-term effects on project success and organisational performance.

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List of abbreviations

CBLT	Competence Based Leadership Theory
CVI	Content Validity Index
EI	Emotional Intelligence
EPRRN	Economic Policy Research Network Rwanda
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.
NGO	Non-Government Organization
URCS	Uganda Red Cross Society

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The author declares no conflict of interest

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Author's contribution

MA a principal investigator of this study.
PT supervised the study

Data availability

Data is available on request

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