Influence of Capacity Building on Project Performance: A Case of Maasai Hiv/Aids Awareness and Preventive Projects, Kajiado South Sub-County, Kenya

By

Nelly Koonyo

A Research Project Report Submitted In Partial Fulfillment of The Requirements for The Award of The Degree of Master of Arts in Project Planning and Management of The University of Nairobi

2017

DECLARATION

I declare that that this is my original work and has not been presented for an award of a degree or diploma in this or any other University.

Signature……. Date…….

Nelly Koonyo

L50/70736/2013

This research project report has been submitted for examination with my approval as the University supervisor.

Signature……. Date…….

Prof. Christopher Gakuu,

ODeL Campus,

University of Nairobi.

DEDICATION

This research project report is dedicated to my parents Mr. and Mrs. Koonyo, my husband James Sopia and my lovely little boy Leintoi for their love, care, understanding and encouragement has made me the person I am today.

ACKNOWLEDGEMENT

The completion of this paper is as a result of support of many individuals and institutions; I wish to express my sincere gratitude to each of them.

First, I wish to extend my appreciation to my supervisor who steered me through the entire research process and the challenging task of report writing they did not tire, each draft he read and gave valuable comments and insights.

I wish to acknowledge with a lot of gratitude the following people for their support care and love notwithstanding: My family for their prayers and moral support.

Lastly I extend my deep appreciation to the respondents, the participants of the focused group discussion, and key informants from the organization working in the area, and all the other interviews who contributed to the research process

God bless them all

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LIST OF ABBREVIATIONS AND ACRONYMS

ADB	Africa Development Bank
AIDS	Acquired immune deficiency syndrome
APHIA	Aids-Population-And-Health-Integrated-Assistance
CB	Capacity Building
CDRA	Community Development Resource Association
FPFK	Free Pentecostal fellowship in Kenya
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NGO	Non Governmental Organization
OECD	The Organization for Economic Co-operation and Development
PLWHA	People living with HIV/AIDS
SMEs	Small and Medium-sized Enterprises
STD	Sexually transmitted Diseases
UN	United Nation
UNCAD	United Nations Conference on Environment and Development
UNDP	United Nations Development Programme
UNESCO	The United Nations Educational, Scientific and Cultural Organization
WRI	World Resources Institute
WTO	World Trade Organization

ABSTRACT

HIV AIDS Capacity Building aims to increase the capacity of both NGO and beneficiaries institutional accountability responsiveness to HIV and AIDS. The main objective of this study was to analyze the influence of capacity building on project performance in Kajiado South Sub County in Kenya. The study specifically; analyzed the influence of project leadership capacity building, project design capacity building, project implementation capacity building, financial management Capacity building and project monitoring and evaluation capacity building on HIV/AIDS project performance in Kajiado South sub county. The study adopted a descriptive survey research design. The target population comprised of 13 accessible community groups working in HIV/AIDS projects implanted by Free Pentecostal fellowship FPFK and APHIA Plus in Kajiado South sub county, and a total of 28 employees working for both free Pentecostal fellowship in Kenya and APHIA Plus. Each of the recruited community groups comprised of approximately 21 persons, which translates to 156 group Members. Thus the total target population was 184 people. The study used a sample to arrive at 126 respondents who became the target group. Data was collected using structured questionnaire and interview schedule. Data was analyzed using descriptive statistics, document analysis and the inferential statistics was done using Pearson Correlation and regression analysis. The question that did capacity building influence performance of Masaai HIV AIDS Awareness and Preventive Project is answered in the affirmative with project implementation capacity building influencing performance of Masaai HIV AIDS Awareness and Preventive Project whereas; project leadership, project design, financial management and M&E did not influence the project performance. The recommendation for the study is Stakeholders implementing HIV/AIDS projects need financial management skills to manage the ever rolling financial activities, and again should mainstream Monitoring and Evaluation in their projects to achieve the desired goals.

CHAPTER ONE
INTRODUCTION

1.1 Background to the study

The number of people living with HIV/AIDS (PLWHA) has also risen every year despite the global efforts in fighting the epidemic. Sub-Saharan Africa, with just over 10% of the world's population, has been the worst affected, accounting for almost two-thirds of the global number of people living with HIV/AIDS. With 24.7 million people infected with HIV, sub-Saharan Africa is the hardest hit region in the world (UNAIDS, 2014) and accounts for just under a third of the world's HIV infected population. With the availability of antiretroviral therapy (ART), people who are HIV infected and can tolerate treatment are now leading longer lives (Palella et al., 1998).

Evidence on reduced adult mortality suggests that people are now living with HIV as a chronic condition rather than an acute one (Floyd et al., 2012). Morbidity, mortality, and the incidence of opportunistic infections have decreased over time regardless of sex, race, age, and other HIV transmission factors (Palella et al., 1998). Researchers suggest there may be an increase in incidence among older adults, further contributing to an increasing pool of long-term HIV survivors (Emlet, 2006).

Kenya is one of the four HIV 'high burden' countries in Africa – about 1.5 million people were living with HIV infection at the end of 2015. Women in Kenya are more vulnerable to HIV infections compared to Kenyan men, with the national HIV prevalence at 7.0 per cent for women and 4.7 per cent for men as per the 2015 HIV Estimate report. The epidemic is geographically diverse, ranging from a high prevalence of 26 percent in Homa Bay County in Nyanza region to a low of approximately of 0.4 percent in Wajir County in North Eastern region.

The high burden of HIV and AIDS in Kenya accounts for an estimated 29 per cent of annual adult deaths, 20 per cent of maternal mortality, and 15 percent of deaths of children under the age of five. The epidemic has also negatively affected the country's economy by lowering per capital output by 4.1 per cent. Kenya has an estimated 71,034 new HIV infections among adults and about 6,613 new infections among children annually. Stable and married couples are the most affected, as this group accounts for 44 per cent of the new adult infections (GoK, 2016).

Development projects have changed their focus in the last decades (Horton et al., 2008). Although alleviating poverty and ameliorating the livelihoods of local people have always been common goals, development in 1950s was more focused on providing physical and financial infrastructure, while later approaches realized that not only the establishment of institutions was needed but also the strengthening of those institutions. In the 1970s the focus shifted to the intangible aspects, and the emphasis was set on education, health and population. Later on, formal education was substituted for short term training. The last tendencies tend to build on collaborative projects where processes and ownership are key factors, and include sustainability in their objectives (Horton et al., 2008).

Development projects have also evolved from an economic perspective that traditionally relied on the ready availability of natural resources, low labor costs, and lax taxes and regulations to recruit businesses to rural areas to a broader concept in which factors like capacity and capacity building may be more important for development than the traditional technology transfer system (Enemark & Ahene, 2002), especially in a global world where resources are becoming scarce and methods and technology of work have changed (WRI, 2008). Development strategies like improving links to more dynamic and profitable markets on the existing core capacities of resident people and firms, as well as on maintaining equilibrium with preservation of resources and way of life (WRI, 2008).

Many authors have recognized that community capacity contributes not only to economic growth but also to social development in rural communities (Cheers et al., 2005) for being human and cultural resources, so that its way of life can be maintained and improved over time (Aspen Institute, 1996). As such, the concept is very much related to rural development and sustainability of rural development projects (Schwarz, 2011). Capacity can be aligned with development projects through capacity building in order to have a more robust structure and to be adaptive to changes. Capacity building is therefore understood not only as human resource development but also as organizational and institutional development (UNESCO, 2010). Support organizations can help local organizations in different areas, including: building technical, financial, business, and political skills, building social and

institutional capital, upward influence and government capacity-building, facilitating finance, increasing equity and transparency and building linkages and networks (WRI, 2008).

The OECD has defined Capacity Development as "the process by which individuals, groups, organizations, institutions and societies increase their abilities to: (i) perform core functions, solve problems, define and achieve objectives; and (ii) understand and deal with their development needs in a broad context and in a sustainable manner" (Enemark, & Williamson, 2004:640). The concept was related to sustainable development and defined with a national perspective and a focus on policy. Skills, knowledge and technical know-how at the individual and institutional levels are necessary for institution-building, policy analysis and development management, including the assessment of alternative courses of action with a view to enhancing access to and transfer of technology and promoting economic development (UNCED, 1992).

Brown, LaFond & Macintyre (2001) indicate that most development organizations are involved in capacity building for achieving development goals and contributing to sustainability, which is seen as a long lasting result of capacity building. These organizations enhance or accelerate the internal process of capacity building especially in terms of specific skills through planned interventions, such as technical assistance, training courses and other actions. According to WRI (2008), the increase of social and economic resilience of local organizations is one of the outcomes of building capacity and inclusive local organizations from their core competencies.

Social capacities that can be enforced to increase social and economic resilience include group visioning and enterprise planning; undertaking collective management activities, crafting an equitable benefits distribution plan; resolving internal management disputes; negotiating with outside funders or government agencies; crafting a business plan; applying accounting and fiscal management; undertaking marketing and communication; and maintaining quality control.

Developing these latent capacities often requires systematic support from intermediary organizations that can act as facilitators, trainers, organizers, honest

brokers and connection points with government and the private sector (WRI, 2008). The Aspen institute (1996) also describes the outcomes derived from capacity building: expanding diverse, inclusive citizen participation; expanding leadership base; strengthened individual skills; widely shared understanding and vision; strategic community agenda; consistent, tangible progress toward goals; more effective community organizations and institutions; better resource utilization by the community.

1.1.1 HIV Prevalence in Kajiado South Constituency

HIV prevalence in Kajiado is lower than the national prevalence at 4.7% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (6.6%) than that of men (4.0%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2). Kajiado County contributes to 1.3% of the total number of people living with HIV in Kenya, and is ranked the twenty fourth highest nationally. By the end of 2015, a total of 20,268 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years. Approximately 99 children and 592 adults died of AIDS-related conditions in 2015.There was a decrease of 38% of HIV-related deaths among the children aged below 15 years and a decrease of 48% among adults aged 15 years and above since 2013 in the county (GoK, 2016).

In the context of the current HIV/AIDS pandemic in sub-Saharan Africa, one final paradoxical point must be noted. Despite the assumption of high levels of STDs among Maasai, there is a widely held view that Maasai have much lower levels of HIV/AIDS infection than other neighbouring ethnic groups. This is due in part to the idea that Maasai are representative of some untouched rural ideal, often expressed as "from the plains" or "from the bush". That these two images (riddled with STDs yet untouched by HIV/AIDS) of one ethnic group can co-exist highlights the complex nature of both endogenous and exogenous views of sexual behaviour.

1.1.2 Project Capacity Building

Capacity Building is not a new phenomenon. The United Nations (UN) dates the first efforts in CB back to the 1950s. However, in those days, CB was mainly focused on improving the institutional infrastructure of developing countries and to improve the ability of development organizations to implement donor-funded projects. Later on,

the focus of CB shifted from improving the infrastructure of a country and moved to the level of service delivery organizations and Small and Medium-sized Enterprises (SMEs). Capacity building hence goes beyond the mere technical assistance such as providing a company with training. The goal is to embed this assistance in the organization in such a matter, that the organization can achieve sustained growth. An old analogy illustrates this point: Give someone a fish, and he eats for a day; teach someone to fish, and he can feed himself for a lifetime. This view is supported by the WTO. In the Doha Ministerial Declaration in 2001, it was declared that: "technical cooperation and capacity building are core elements of the development dimension of the multilateral trading system."

It has already been established that CB projects can be distinguished from other projects, as they have a long term horizon, aim at improving the core skills and functions within an organization in a developing country and build up the capacity in an organization to improve its effectiveness in a sustainable way. The activities within a CB project to achieve these results are various. As a project is a unique undertaking, each CB project is unique and therefore different. However, the 4 steps we have discerned earlier should be in place (in whatever format) in a CB project. The activities that take place within each step differ per project. However a list of common CB activities in organizations in developing countries can be encountered.

One of the most important features of a CB project is the commitment from the recipient organization that has to be dedicated to the project to become successful. This commitment should be dedicated in two ways. Short-term commitment should be in place to make sure all stakeholders involved in the project are dedicated to the change process. Long-term commitment is important, so that after the project has been completed, the newly learned skills or processes are being incorporated into the organizational structure (Rutger, 2007).

1.2 Statement of the Problem

Capacity building is intended to help organizations respond effectively to new or changing situations through a structured, and strategic, decision-making and implementation process (Bryson, 2011; Cairns, Harris, & Young, 2005). While capacity building has garnered increasing attention in the nonprofit and voluntary

sector, this shift in focus towards the development of capacity has yet to be explored in the HIV AIDS setting. Without effective capacity building that should attack the HIV AIDS pandemics from multi-sectoral perspective, the rate of infection is likely to increase. The existing capacity building research has focused predominantly on its conceptualization, and on the assessment of particular strategies. (Casey, Payne, & Eime; Sobeck, 2008), thus contributing to a fragmented understanding of the process of building capacity and confusion regarding what it exactly entails capacity building in HIV AIDS projects and the what contribute to successful capacity building efforts. Particularly, research on the influence of capacities in project specific areas as; leadership, design, implementation, financial management and monitoring and evaluation on project performance is scanty necessitating this study that will analyze influence of capacity building on HIV/AIDS projects performance in Kajiado South sub county.

1.3 Purpose of the Study

This study sought to analyze the influence of capacity building on performance of Masaai HIV/AIDS Awareness and Preventive Projects, case study of Kajiado South Sub-County in Kenya. The research findings were documented to inform better ways of approaching community capacity development interventions with intention to enhance project performance focusing on Maasai HIV and AIDS projects.

1.4 Objectives of the Study

The following are the study objectives;

i. Analyze the influence of project leadership capacity building on performance of HIV AIDS awareness and preventive projects in Kajiado South Sub-County, Kenya.
ii. Establish the influence of project design capacity building on performance of HIV AIDS awareness and preventive projects in Kajiado South Sub-County, Kenya.
iii. Assess the influence of project implementation capacity building on performance of HIV AIDS awareness and preventive projects in Kajiado South Sub-County, Kenya.

iv. Determine the influence of financial management capacity building on performance of HIV AIDS awareness and preventive projects in Kajiado South Sub-County, Kenya.
v. Ascertain the influence of project monitoring and evaluation capacity building on performance of HIV AIDS awareness and preventive projects in Kajiado South Sub-County, Kenya.

1.5 Research Questions

The following are the research questions that will guide this study;

i. Does project leadership capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya?
ii. How does project design capacity building influence HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya?
iii. Is HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County affected by project implementation capacity building?
iv. Does financial management capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya?
v. Is HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County affected by project monitoring and evaluation capacity building?

1.6 Significance of the Study

There is growing demand of sustainable projects whose impact will change the society, strategies are efficient and the generated technology to remain in the community far after the project is completed. This demand can only be met when all the project stakeholders are capacity built on key aspects of the project including; project leadership, design, implementation, financial management and monitoring and evaluation. Project capacity building therefore is important because of the following reasons: Firstly, if the project stakeholders are not informed of the details of the project cycle then the project may collapse on the way causing losses in resources and time invested. Secondly, projects that do not achieve their objectives make the communities to be worse than before the projects were started.

The finding from the study will be of benefit to the community to which the project is being implemented in knowing the contribution of capacity building to the project performance outcomes. The findings will also enable practitioners like APHIA Plus, free Pentecostal fellowship in Kenya and other HIV AIDS practitioners on project management know on how to accelerate project outcome performance using capacity building as a development wheel. Other practitioners of project management will also appreciate the findings in terms of starting to reflect how capacity-building strategies can be domesticated to fit their project operations and evaluated alongside their growth measurement parameters.

Capacity building is emerging as one of the block competitive strategies in various project management environments. The findings from the study will inform the NGO coordinating Board in evaluating the existing NGO policy and making the necessary policy adjustments, change and new aspects of the policy as far as influence of capacity building on project performance is concern.

The finding from the study will also benefit scholars development studies, education, research, sociology, anthropology who directly generate information related to project management, monitoring and evaluation, community participation, community believes and norms among others to understand the influence of capacity building on project performance in Kajiado South sub county in Kenya form the information generated out of the study.

1.7 Assumptions of the Study

This study assumed that the recruited groups in HIV/AIDS project in Kajiado South sub county and employees of APHIA Plus and FPFK understand the capacity building in the project to enable them give accurate information on capacity building. The study also assumes that the respondents understand the parameters used to measure project performance. The study will also assume that the respondents will give the required information intended to achieve the objectives of the study without fear of victimization.

1.8 Scope of the Study

This study was confined to the influence of capacity building on project performance in Kajiado South Sub County in Kenya. The study collected data from groups recruited into HIV/AIDS project in Kajiado South Sub County and employees working for APHIA Plus and FPFK. The study specifically analyzed the influence of leadership, project design, project implementation, financial management and M&E capacities on project performance. Project performance was measured based on the following parameters; rate of infection and rate of stigma.

1.9 Limitation of the Study

The study was limited to the influence of project monitoring and evaluation capacity building on HIV/AIDS awareness and preventive project performance in Kajiado South Sub-County. It may not be possible to generalize the findings in projects implemented by other development organization since their capacity level vary across the board and therefore may be the limitation of this study.

Another limitation of the study was associated by vastness of land mass in Kajiado South Sub-County with limited road access and thus the researcher had to condone with extra cost to meet transportation expenses.

1.10 Definition of Terms

Capacity Building - is a conceptual approach to social or personal development that focuses on understanding the obstacles that inhibit people, governments, international organizations and non-governmental organizations.

Financial Management Capacity - refers to the people, governments, international organizations and non-governmental organizations ability to efficiently and effectively manage HIV AIDS awareness and preventive project money (funds) in such a manner as to accomplish the project objectives.

Monitoring and Evaluation. Its goal is to improve current and future management of outputs, outcomes and impact of the project.

Project Design – this is conceptualization of the Masaai community problem related to HIV AIDS and implementable strategies that can solve the problem.

Project Implementation - is the phase where HIV AIDS awareness and Preventive project visions and plans become reality. This is the logical conclusion, after evaluating, deciding, visioning, planning, applying for funds and finding the financial resources of a project.

HIV AIDS Project Performance – This is the measure of rate of infection and stigma raising awareness of HIV AIDS.

1.11 Organization of the Study

The project report is organized in five chapters. Chapter one deals with the general introduction and background of the proposed study, problem statement, purpose of the study, guiding research objectives and questions, justification and significant of the study, basic assumptions and anticipated limitation of the study and definition of significant terms that dominated research narratives.

Chapter two reviewed literature of the previous scholarly work done in the field and related information on the study variables, theoretical framework and related empirical literature on research topic and the conceptual framework.

Chapter three outlined research methodology with broad explication of preparation and research design, planning of the research, target population, sampling procedure, construction of research instruments and qualifying reason for use, administration of the instruments, validity and reliability of the instruments and data analysis procedure.

Chapter four presents analysis of data obtained from the field based on their itemization, presentation and interpretation. Among the analysis is the respondent rate, Gender profile education level, respondent age and effectiveness of capacity building.

Chapter five deals with summary of the findings, discussion, conclusions and recommendation.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section presents literature review on; project performance, project capacity building, theoretical framework, conceptual framework, identified knowledge gaps and summary of the reviewed literature.

2.2 Project Performance

Performance covers actions, which can be scaled and measured compared with the set results that was meant to be achieved. The outcome aspect refers to the consequence or result of the individual's behavior (Vater, 2012). In many situations, the behavioral and outcome aspects are related empirically, but they do not overlap completely (Bonham, 2008). Outcome aspects of performance depend also on factors other than the individual's behavior. In practice, it might be difficult to describe the action aspect of performance without any reference to the outcome aspect. Because not any action but only actions relevant for organizational goals constitute performance, one needs criteria for evaluating the degree to which an individual's performance meets the organizational goals.

Performance of the project is considered as a source of concern to both public and private sector clients. Thomas (2002) defined performance measurement as monitoring and controlling of projects according on a regular basis. Kuprenas (2003) stated that project performance measurement means an improvement of cost, schedule, and quality for design and construction stages. Long et al (2004) stated that a project performance measurement is related to many indicators such as time, budget, quality, specifications and stakeholders' satisfaction.

Cheung et al (2004) identified project performance categories such as people, cost, time, quality, safety and health, environment, client satisfaction, and communication. Navon (2005) that a control system is an important element to identify factors affecting project effort obtains it. Pheng and Chuan (2006) obtained that human factors played an important role in determining the performance of a project. Ling et

al (2007) obtained that the most important of practices relating to scope management are controlling the quality of the contract document, quality of response to perceived variations and extent of changes to the contract.

Project performance remains a prominent issue in project delivery all over the world. This is so because projects involve defined objectives, which must be achieved, and numerous resources, which need to be efficiently utilized. Several researchers also developed numerous parameters for measuring project performance (Naoum, 1999; Ling and Chan, 2002; Thomas et al., 2002; Josephson and Lindstrom, 2007). In a review of the parameters used for measuring project performance in 16 journal papers, Josephson and Lindstrom (2007) identify 250 parameters.

Enshassi, Mohamed and Abushan (2009) did a study on factors affecting the performance of construction projects in the Gaza strip. Their variables focused on delays due to road closures, qualification of personnel and availability of quality raw materials. The researchers recommended that further studies should focus on developing human resources in the construction industry through proper and continuous training programs about construction project performance. Takim and Akintoye (2010) carried out a study on the performance indicators for successful construction project management. The variables focused on three company performance indicators namely: safety, profitability and productivity. The research recommended further study in developing a robust framework for bench marking construction project development that reasonably takes into account the stakeholder's expectations, objectives and priorities for the project. The study did not analyze influence of capacity building on HIV AIDS projects performance in Kajiado South Sub-County, which the current study will analyze.

2.3 Project Capacity Building

Capacity refers to an organization's ability to achieve its mission effectively and sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals (Linnell, 2003). According to Honadle (1986) "„capacity" also means the ability of an organization to be self sustaining". Brinkerhoff (1995 cited in Melen, 2001) believed that "capacity is an instrument for an individual, team, organization or system to achieve objectives". Melen (2001) stated that the ability of individuals,

groups and organizations to establish and implement development objectives on a sustainable basis all contribute to sustainability.

UNESCO (2006) reports that capacity building focuses on increasing an individual and organization's abilities to perform core functions, solve problems, and objectively deal with developmental needs. This is supported by Morgan (1997, cited in Horton 2002) who referred to capacity building as improving or upgrading the ability of the person, team and institutions to implement their functions and achieve goals over time. Capacity building is important for all levels, from individuals to national organizations (Horton, 2002).

2.3.1 Stages in Capacity Building

a) **Capacity building at Individual Level: -** Capacity building may relate to leadership development, advocacy skills, training/speaking abilities, technical skills, organizing skills, and other areas of personal and professional development (Linnell, 2003). Adhikari, Bhandari & Shrestha (2007) similarly described individual level capacity building as linked to personal development such as leadership development, advocacy skills, training and facilitating abilities, technical skills and organizing skills. Often good leadership or strong leadership is needed for an efficient institution.

b) **Capacity Building at Institutional Level: -** Institutional capacity building as the strengthening of institutional vision, mission, strategy, structures, systems and processes, as well as management and leadership capacity, to enhance institutional, team and individual performance (Linnell, 2003).

2.3.2 Types of Capacity Building

This section reviews types of capacity building, which are the main independent variables in the study; Leadership, project design, project implementation, financial management and monitoring and evaluation capacity.

2.3.3 Leadership Capacity Building and Projects Performance

Capacity building includes creating the conditions, opportunities and experiences for development, collaboration and mutual learning (Harris 2002). It involves tapping into the reservoir of underutilized talent within an organization'(Barth 2003) and

thereby providing others with the opportunity to share their talent and contribute to schoolwork. Leaders who intentionally strive to build capacity promote leadership in others (Slater 2008). Capacity building involves providing opportunities for people to work together in a collaborative way (Stoll 1999).

People and organisations who seek to promote more sustainable practices as 'agents of change' typically face considerable challenges. They need to be able to initiate and drive change often in the face of considerable resistance from those who favour the status quo. They need to work in concert with other leaders in networks that typically cross boundaries relating to organisational responsibility, professional expertise and management levels. In short, they need to have advanced leadership abilities to do their job well.

Whilst in the 20th century the need for leadership capacity was seen as something that was relevant to people occupying formal and senior 'leadership positions (for example, executives and politicians), this is no longer the case. In the 21st century and especially in rapidly changing, turbulent work environments, leadership skills are needed throughout organisations as professionals need to drive change, influence others, adapt to rapidly changing circumstances, and lead cross-boundary project teams. This trend has been referred to as the 'southerly migration of leadership'; meaning that leadership is no longer just a competency for executives. The research findings relating to sustainability leaders support this contemporary view (Taylor, 2010) as does our experience. It is also common for networks or groups of sustainability leaders share a vision and work together to drive more sustainable practices. These networks typically include executive and non-executive leaders, and change agents (see Benn et al., 2006a, 2006b; Brown and Clarke, 2007; Dunphy et al., 2007).

Leadership development initiatives need to draw on a reliable knowledge base that has three dimensions. First it contains information on the target leaders (their key traits and skills, the leadership roles they play, the types of power they have access to). Second, it contains data on the leadership processes they help to drive (role in these processes, the phases of such processes, and the key leadership behaviours they use in different phases). Third, it provides information on the nature of the target

leaders' work context (the types of challenges they face, the windows of opportunity they use). This information helps to select an appropriate design for a leadership development intervention, and choose relevant content for the intervention (the types of knowledge, skills and networks to help strengthen).

Taylor et al. (2012) published a six-step process for building customised leadership development tools for sustainability leaders (champions). The six-step process begins by building some preliminary conceptual models of the target leaders (their key skills), the leadership processes they drive, the context they work in, and/or the design of effective leadership development tools. The second step is to gather some local data to test the validity of these models. For example, gathering information on the key leadership behaviours the target leaders use. The third step involves refining the models and using this information to start building customised capacity building tools (focused short-course training programs, guidelines, mentoring programs, leadership development programs). The fourth step involves consulting with practitioners to ensure the tools are practical and meet the needs of the target audience. This audience is not just the target leaders themselves but also their organisations. The validated capacity building tools are implemented and evaluated in the fifth step.

Effective leadership can be achieved through the following steps;
Step One: Recruitment of talent The recruitment process is essential to finding the talents necessary to manage a complicated and challenging business, namely the customs service of today and tomorrow. We need to identify, constantly develop and review our competence profiles, the necessary requirements and skills to attract and select talent in global competition.

Step Two: Career planning for managers We not only have to find ways to attract the best talent for management but also need to retain them and offer development, long-term learning and career opportunities. We must introduce career planning, fast-track development programs and different ways to offer project management work and international opportunities.

Step Three: Leadership education as a leader and manager you need the necessary education to be ready to face the challenges of decision making. Professional

standards and best-practice models based on academic research and experience are available for all customs administrations to employ.

Step Five: Mentors – having one, being one Mentoring, meaning supporting and fostering another individual in a personal development relationship, has become more popular in recent years and it is an important part of leadership development. A more experienced and skilled person helping a person with less experience and knowledge, and giving guidance using his/her own experiences, is a typical capacity building exercise. Mentoring is more than just answering occasional questions or providing help as the need arises. It must be a structured, continuous relationship of learning, dialogue, and challenge. It is very valuable both having a mentor and being one.

Step Six: Taking the executive leadership challenge W.G. Bennis quipped that 'Managers are people who do things right and leaders are people who do the right thing' (Bennis 2003). During a management career, the leadership of an individual is tested many times. After practising management on different levels of an organisation, step-by-step, learning through everyday decision-making, it is time to take the last leap to executive responsibility for an organisation, small or large.

Literature reviewed on project leadership capacity touched on various organization but failed to analyze the influence of project leadership capacity on HIV AIDS project performance which this study hopes to fill which is the literature gap identified in the literature reviewed.

2.3.4 Project Design Capacity Building and Projects Performance

Implementing a project involves designing and planning the project management activities carried out during the project life cycle. Fangel (2008) identifies the following six project phases: pre-project, preparation, start-up, coordination, evaluation, and closure. These guidelines are structured according to the six project phases. Activities at the project management level involve four activity areas: 1) Planning and evaluation of the project management effort; 2) organising the project management phases; 3) performing overall project management, i.e. conducting anchoring, analysis, and master planning; and 4) performing ongoing project management, i.e. carrying out detailed planning, project monitoring, and ongoing leadership. To a varied degree, each of the six phases involves all or some of the four

activity areas, e.g. during preparation, start-up, and evaluation most of the activities are addressed or at least briefly reviewed. In the guidelines, the focus is on the main activities carried out during the specific project phase, and activities are presented as a linear process.

Design changes had been acknowledged by Elinwa and Joshua (2001) as one of the critical factors causing time-overrun of building projects in Nigeria. A further investigation with about forty per cent of the respondents of the survey indicated that design changes mostly occur because of the continuous changes in the client brief despite the fact that design has been completed and construction work is in progress. This according to them affects the orderly development of work and causes delay which in turn demand more cost that most clients are ready to bear and as such, affects the quality of building projects that are delivered.

Projects are designed, planned and implemented in tandem with the sequence displayed by the project cycle. The Log Frame is the specific planning tool that is used to design, appraise, manage, monitor and evaluate the passage of a project through the project life cycle from policy framework to final evaluation. It presents the objectives-related activities and corresponding assumptions and pre-conditions of the project design of different hierarchical level matrix format (Chikati, 2009).

Literature reviewed on project design capacity touched on various organization but failed to analyze the influence of project design capacity on HIV AIDS project performance which this study hopes to fill which is the literature gap identified in the literature reviewed.

2.3.5 Project Implementation Capacity and Project Performance

Project implementation consists of those processes performed to complete the work defined in the project management plan to satisfy the project specifications. This involves coordinating people and resources, as well as integrating and performing the activities of the project in accordance with the project management plan. Project closing includes the formal acceptance of the project and the ending thereof to come up with lessons learned. A review of literature reveals that a lot of research on analysis of effective project implementation has been undertaken in developed countries, Asia

and Africa and Kenya in particular. Most studies in Kenya have however focused on reasons for project failures rather than success. Effective project implementation is repeatable and requires a great deal of work to understand planning effort, team motivation, technical capabilities and project scope (Ashley et al, 2007).

Effective communication in project implementation creates a common perception, changing behaviors and acquiring information (Brown 2011). Project communication is an informative tool, which communicates to all relative groups what is happening in the project. The importance of communication in the success of a project is immense. Careful communication planning and setting the right expectations with all the project stakeholders is therefore extremely important.

A key component of the organizational capacity of the project includes establishing internal controls that comprehensively address the entirety of the support, administrative and logistic systems required for successful implementation (Stier&Kjellin, 2009). Poor or excessive internal controls reduce productivity, increase the complexity of systems, increase the time required to complete processes and add no value to the activities. For smooth project implementation, NGOs need to know what is and what is not legal in order to operate successfully. Each country has its own set of rules and regulations and these affect global NGOs.

Literature reviewed on project implementation capacity touched on various organization but failed to analyze the influence of project implementation capacity on HIV/AIDS project performance which this study hopes to fill which is the literature gap identified in the literature reviewed.

2.3.6 Financial Management Capacity and Projects performance

Aligning scope with capacity is a constant struggle in a non-profit organization. Davidson (2010) suggests (from government's perspective) that achieving goals is a combination of financial strategies that consider short and long term needs, effective planning, efficiency, and proper forecasting based on current economic conditions. So what are the alternatives to a deficit budget and revenue shortfalls? The answers are consistent across non-profit and for-profit organizations: reduction in services, reduction in personnel and resources, or alternative revenue programs.

If financial sustainability is reliant on prudent financial planning, then how should a nonprofit organization's financial performance be measured and reported? Non-profit organizations do not prioritize profitability, which means that typical cost/benefit analysis "is poorly suited to evaluate a not-for-profit entity which has no stock price to monitor and no equity shareholders" (Drom, 2007). Non-profit organizations are "statutorily created to serve a specific purpose and achieve specific policy goals, unrelated to profit Measuring a non-profit organization's financial sustainability then becomes a matter of measuring its ability to efficiently and effectively deliver on its mandate, successfully raise funds, and expertly control costs. However, measuring success can be very challenging because "benefits are not easily quantified in economic terms." Also, measuring success is intrinsically tied to social values embedded in community and whether or not benefits fit with the larger values and priorities systematically promoted within the community or region being served by the non- profit.

The efficient and transparent use of funds is at the heart of building a strong relationship with funders, whereby funders trust not only the capacity of the organization to deliver on its mandate, but the competent and resourceful use of funds in the process. Monitoring and forecasting is common practice and considers spending (or actuals) against forecasts (or budget). This practice helps to ensure that actual expenditures do not exceed what was planned and therefore leadership can make informed decisions about budget management and program or service delivery (Kotloff & Burd, 2012).

Financial capacity can be defined as "available organizational resources and relationships (both external and internal) that enable organizations to pursue their mission and fulfill their roles" (Canadian Council on Social Development, 2003). Others have defined financial capacity as "the resources that give an organization the wherewithal to seize opportunities and react to unexpected threats" (Bowman, 2011, p 38). Financial capacity has also been simply defined as "an ability to do things and withstand unexpected shocks." (Bowman, 2007). Financial capacity is complex – it includes the ability to generate and administer funds, while on the other hand

including the instruments and mechanisms that structure the relationship between the organization and the funder (Canadian Council on Social Development, 2003).

The concept of resources are arguably the most central aspect of financial capacity, because it can affect so much of what an organization is able to undertake and achieve (The Urban Institute, 2001). Traditional efforts to build non-profits capacity have typically focused on expanding an organization's resources. Simply providing more resources, however, is not always the answer to the challenges faced by non-profits. How resources are used is a critical factor. In a rapidly changing environment, upgrading skills, revamping procedures, and improved technology are some of the ways that help to stretch limited resources (The Urban Institute, 2001).

According to the National Endowment for the Arts (2011), there are seven characteristics of financially healthy non-profits: - Sufficient income to ensure stable programming; Internal source of cash or ready access to cash in times of shortfall; Engaged in income-based, rather than budget-based, spending; Retains a positive cash fund balance (surplus); When deficit does occur, there are accumulated surpluses sufficient to cover the current year's deficit; Has established (or plans to establish) an operating reserve to finance growth and cash shortfalls; The board and management hold themselves responsible for the financial stability of the organization.

Essentially, financial sustainability is the ability to maintain financial management capacity (Bowman, 2008). This includes short-term sustainability, as indicated by annual surpluses, as well as long-term sustainability indicated by asset growth (Bowman, 2011). Short-term sustainability is associated with the ability to be resilient, while long-term sustainability is associated with the ability to maintain services. Financial sustainability requires growth of assets faster than the long-term rate of inflation of 3.4 percent (Bowman, 2008). In the same 2011 study mentioned above, Bowman found that more than half of the non-profit organizations included in the study were unsustainable in the long-term, with 45% of them demonstrating negative returns. The author further recommends that non-profit organizations should regard poor returns seriously, and "begin planning a capital campaign when return on assets fall appreciably below 3.4 percent." (Bowman, 2011). National US data

demonstrated that non-profits are more focused on generating unrestricted cash in the short-term rather than long-term capital preservation.

As the literature has demonstrated, financial management capacity is a critical element of organizational effectiveness. The capacity of an organization to develop appropriate and effective financial management processes and systems, strategically use financial information to support program development and costing, and to ensure stability and sustainability are essential to a healthy and vibrant organization. While it is important to understand and reflect on the elements of financial management capacity, how can one assess whether any one of the above mentioned areas are present in an organization? What concrete measures exist to indicate that an organization has the financial management capacity it needs and requires?

Financial management capacity is an area of capacity building that has often focused on accounting principles and practices. While critically important, this is not the only area that contributes to a strong, financially healthy non-profit organization. Connecting financial management to mission-focused organizational objectives is critical, as well as ensuring that the organization has not only capacity but sustainability over the long- haul. Building financial management capacity requires attention – not just to the material outputs of financial management work, but also to the process that supports those outputs. By viewing financial management capacity building as a worthwhile investment of time and resources, organizations can begin to increase their overall effectiveness through understanding the strategic value of having such capacity within their organizations.

Literature reviewed on financial management capacity touched on various organization but failed to analyze the influence of financial management capacity on HIV AIDS project performance which this study hopes to fill which is the literature gap identified in the literature reviewed.

2.3.7 Project Monitoring and Evaluation Capacity and Project Performance

Monitoring can be defined as the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives while evaluation is a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which they are achieving stated objectives and contributing to decision making (UNDP, 2009). Monitoring and evaluation is conducted for several purposes namely to learn what works and does not; to make informed decisions regarding programme operations and service delivery based on objective data; to ensure effective and efficient use of resources; to track progress of programmes; to assess extent the programme is having its desired impact; to create transparency and foster public trust; to understand support and meet donor needs; and to create institutional memory.

Jerry & Anne (2008) define participatory M & E as a process in which primary and other stakeholders collaborate and take an active part in assessing and evaluating the performance and achievement of a project or an intervention. In this approach, ideally all the stakeholders are involved in identifying the project, setting objectives, and identification of indicators that will be used in monitoring and evaluation. Participation could be enhanced if Monitoring and Evaluation systems are simple and easy for application by the stakeholders. Thus, during project formulation stage organizations need to give adequate attention to design simple and locally applied systems and tools.

A significant capacity limitation particularly in human resource and budget constraints are the prominent features of local NGOs. because of such capacity limitations local NGOs often fail to set clear objectives, conduct baseline survey, set compatible data collection tools and are in line with policy/legal frameworks (MA, 2013). Local NGOs due to their minimal salary scale unable to recruit skilled personnel's. Because of poor salary structure high staff turnover prevails in local nongovernmental organizations as well.

The role of M&E staff varies at different organizations, but typically designing projects, analyzing problems, developing log frames, indicator tracking tables, and evaluation frameworks, managing valuations, utilizing evaluations, rolling up

indicators, and conducting operations research (ULGDP, 2009). Local NGOs often lack well-defined roles for M&E both at head office and project offices. because of this Staffs frequently lack clarity regarding their M&E responsibilities. It leads to confusion about "who, what, when and why questions of staff roles and responsibilities (action aid, 2009).

Providing sufficient time and resources for M&E activities in the beginning stages of project design can make M&E more effective, more efficient, and more useful. Among the key components of resources need allotted for monitoring and evaluation is financial resource. Some organizations such as Family health international (2007), recommend for monitoring and evaluation budget to be about 5% to 10% of the total budget.

The conceptualization of project Monitoring and Evaluation (M&E) has evolved over time and has mirrored the paradigm shifts that have occurred in management of projects (Nyonje, Ndunge, & Mulwa, 2012). In the 1950s, M&E practice was dominated by a strong emphasis on prudent utilization of resources, reflecting the social scientific trend of the era (Rodgers & Williams, 2006). The focus of M&E then, sought to concentrate on lived experiences, and give voice to as many stakeholders in a consensus-shaping evaluation process (Schwandt & Burgon, 2006).

Monitoring and evaluation can help identify problems and their causes and suggest possible solutions to problems (Shapiro, 2001). In this way, M&E can have influence on project performance much as there is inadequate information on this (Singh & Nyandemo, 2004). So then, what activities are involved in M&E? According to UNDP (2009), conducting monitoring and evaluation involves a number of complementary activities of which the most important is to formulate a plan for M&E, which guide the rest of the exercise. Shapiro (2001) adds that monitoring and evaluation should be part of the project planning process and that there is need to begin gathering information about project performance in relation to targets right from the start.

Regarding M&E training, M&E resource and capacity assessment carried out earlier during project planning helps identify initial capacity gaps in M&E as well as the

resources needed to conduct M&E training. Thereafter, training needs assessments can be informal based on knowledge of staff experiences and performance or can be a more formalized process. The route to choose depends on the size and complexity of the project being implemented. On larger projects with more staff, it is important to be sure the training plan is very well tailored to staff capacity gaps, as there will be a limited number of opportunities to engage with individual staff members. With training needs identified, there is need to develop an M&E training and capacity building plan that include topics to be covered and persons to be trained (Alcock, 2009). It is important to note that not all management and staff members need training in all the topics or at the same level of detail.

According to Kusek and Rist (2004), one of the most powerful tools that influence the performance of a project, program, or policy is Monitoring and Evaluation (M&E). This is echoed by Shapiro (2004) that monitoring and evaluation enable one to assess the quality and impact of a project, against project plans and work plan. Wysocki and McGary, (2003) crowns it all by saying " If you don't care about how well you are doing or about what impact you are having, why bother implement a project at all? You can only tell how well you are doing by monitoring performance (Wysocki & McGary, 2003).

Literature reviewed on monitoring and evaluation capacity touched on various organization but failed to analyze the influence of M&E capacity on HIV/AIDS project performance which this study hopes to fill which is the literature gap identified in the literature reviewed.

2.4 Theoretical Framework

The study adopts capacity building framework by Allan Kaplan, formerly of Community Development Resource Association (CDRA), a development and capacity building organisation, focuses on the unique interface between organisational change and individual capacity development. He advocates the need to abandon reductionist discourse in exchange for a more morphogenic approach where relationships and the '(in)visible' social patterns and behaviours matter as much as the process of building essential skill sets (Kaplan, 2002). Kaplan developed a theory in the early 1990s, later published in the 1999 United Nations Dossier, 'Organisational

Capacity: A different perspective'. The theory outlines seven elements of capacity that are considered requirements upon which all other capacity is built upon: Context and Conceptual Framework, Vision, Strategy, Culture, Structure, Skills and Material Resources. Within these elements, Kaplan outlines what he considers visible and invisible capacity building processes, treating capacity building as living and dynamic concept. The invisible concepts referred to (Kaplan, 1999) are not easy to tangibly measure, such as one's attitude, one's perception of the world, how the individuals of an organisation fit together to create the whole. Therefore, Kaplan's framework is built upon a loose hierarchy that values the invisible social processes first and the tangible outputs second. He believes capacity building should be seen as a "point of transition" where "processes will at times lose their coherence, form and rhythm, so as to enable the new to emerge" (Kaplan, 2002).

Kaplan's framework was considered alongside other frameworks but was ultimately chosen because of its longevity of existence, with more than two decades of application across the NGO community and beyond (Fowler and Ubels, 2010). The framework identifies seven organisational components, placed in loose hierarchy, and viewed as necessary to maintain changes in capacities over time. The components are described as (Kaplan, 1999); *Context and conceptual framework* – A framework that reflects the organization's understanding of the world. Its attitude, confidence and ability to believe it can affect its world. *Vision* – Interaction between understanding of particular context and appreciation of particular responsibility yields organizational vision. *Strategy* – Organizational vision yields an understanding of what the organization intends to do; strategy is a translation into how the organization intends to realize its vision. *Culture* – The norms and values, which are practiced in an organization; the way of life; the way things are done. What people say they value and believe in and what is practiced in the organization are often very different. *Structure* – Roles and functions are clearly defined and differentiated, lines of communication and accountability untangled, and decision-making procedures transparent and functional. *Skills* – The growth and extension of individual skills, abilities and competencies – the traditional terrain of training courses. g. Material resources – Finances, equipment, office space, and so on.

Kaplan believes a paradigm shift is required in an approach to capacity building, describing it as an "important and ubiquitous concept with little coherent or collective appreciation – either for the theory or the practice" (1999, Development Dossier,). He calls for alternatives to what aid practitioners are doing now, for "genuine attempts to think through one's own practical response to thoughts of implementing such an alternative perspective".

2.5 Conceptual Framework

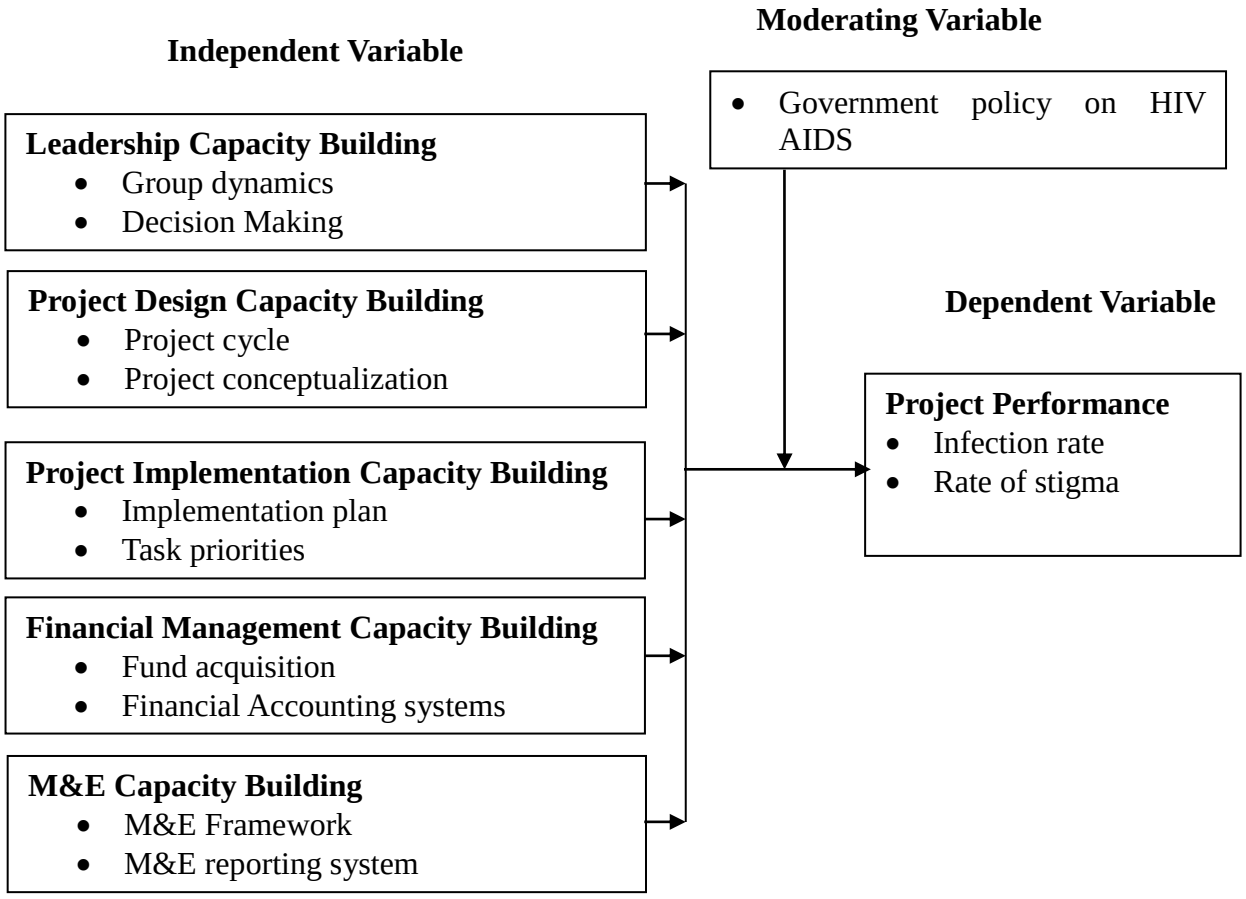


Figure 1: Conceptual framework

The changes in capacity can be analyzed by looking at changes in functions of project performance. The independent variables are key areas project capacity is built including; leadership capacity, project design capacity, project implementation capacity, financial management capacity and monitoring and evaluation capacity. The dependent variable is project performance measured through rate of HIV AIDS infection and rate of stigma. Leadership capacity is attained through both project and

beneficiaries group dynamics and decision making capacity. Project design capacity building is attainable proper conceptualization of the project and through the project implementers going through the entire project cycle. Project implementation capacity building is achievable through developing working implementation plan and task priorities. Financial management capacity is achievable through proper fund raising and financial accounting systems. M&E capacity building is attainable through the development of effective M&E framework and reporting systems. The moderating variable government policy on HIV /AIDS. It is assumed that when the project stakeholders' capacity is built on leadership, project design, project implementation, financial management, monitoring, and evaluation under controlled government policy on HIV and AIDS, then project performance will increase in terms of reduced infection rates and low HIV/AIDS stigmatization.

2.6 Knowledge Gap

The reviewed literature indicates inadequacy of literature on the following areas; how leadership capacity has influenced infection rate of HIV/AIDS and the rate of stigmatization of the disease in Kajiado Sub-County. There is no single literature that addressed how project design, implementation, financial management, monitoring and evaluation capacity building influenced infection rate of HIV/AIDS and the rate of stigmatization of the disease in Kajiado Sub-County that creating knowledge gaps on these specific areas the current study hopes to fill

2.7 Summary

This chapter reviewed relevant literature on different aspects of project performance, project design capacity-building, project implementation capacity building, financial management capacity building, monitoring and evaluation capacity building, theoretical framework based capacity-building framework by Allan Kaplan, formerly of Community Development Resource Association (CDRA) and conceptualization of the independent, dependent and moderating variables for the current study.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

The chapter describes the methods that were used to carry out the study. It contains the research design, the location of the study, population of the study, sampling procedure and sample size, instrumentation and data collection, and the methods that were used in analyzing the data.

3.2 Research Design

The study adopted a descriptive survey research design. Descriptive study is concerned with finding out who, what, where and how the variables of the concerned research. According to Orodho (2002), descriptive survey design as claimed by Luck and Rubin (1992) allow the researcher to gather the information, summarize, present and interpret for the purpose of clarification. Kothari (2004) asserts that descriptive research is concerned with specific predictions with narration of facts and characteristics concerning individual group or situation. In this study budget implementation process was the concern under investigation. The design was adopted since it is carefully designed to ensure complete description of the situation, making sure that there is minimum bias in the collection of data and to reduce errors in interpreting the data that was collected.

The descriptive study purpose is to use both quantitative and qualitative data to analyze the influence of capacity building on project performance. Particularly the design was used to analyze the influence of project leadership capacity, project design capacity, project implementation capacity, financial management Capacity and project monitoring and evaluation capacity on HIV/AIDS project performance in Kajiado South sub county. This design is ideal for this study since the general role of capacity building projects is already known but the influence of project leadership capacity, project design capacity, project implementation capacity, financial management Capacity and project monitoring and evaluation capacity on HIV/AIDS project performance are not yet known. Therefore, the design enabled the researcher to measure, classify, analyze, compare and interpret data in order to understand the extent to which project leadership capacity, project design capacity, project

implementation capacity, financial management Capacity and project monitoring and evaluation capacity contributes to HIV/AIDS project performance.

3.3 Target Population

The target population as defined by Frederic (2010) is a universal set of the study of all members of real or hypothetical set of people, events or objects to which an investigator wishes to generalize the result. The study targets community groups recruited for HIV/ AIDS projects and employees working for APHIA Plus and FPFK. The target population comprise of 13 accessible community groups working in HIV/AIDS projects implanted by APHIA Plus and FPFK in Kajiado South Sub County, 17 employees working for APHIA Plus and 11 employees from FPFK HIV/AIDS. Each of the recruited community group is comprised of approximately 21 persons, which translates to 156 group Members. The total target population, including employees working for APHIA Plus and FPFK in Kajiado South sub county was184 people.

The study was conducted in Kajiado South Sub-County in Kajiado County whose total population is 147,730 persons with 75,652 being female majority of which are 0-14 age bracket. The area under the study is predominantly pastoralist with culture that do not recognize women including the girl child who are more predisposed to HIV/AIDS pandemics compared to men.

3.4 Sampling size and Sampling Procedure

The study used sampling formula recommended by Cooper and Schindler (2008). It is a physical representation of the target population and comprises all the units that are potential members of a sample (Kothari, 2004). This sampling technique is relevant to influence of capacity building on performance of Masaai HIV/AIDS project because the population of 238 recruited for the project is large enough and requires unbiased representation. Given total target population of 184 people, the study obtained representative sample using the formula below.

$$n = \frac{N}{1+N(e)^2}$$

Where: N= Population size taken

n = Sample size

e = Margin error of the study set at ± 0.05

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{238}{1+82(0.05)^2} = 126$$

The researcher therefore collected data from 126 people both employees of APHIA Plus and FPFK Project and members of the recruited groups from the community. In order to organize for smooth data collection, a proportionate sample based on the strength of the population was distributed as shown in table 3.1.

Table 3.1: Sample Distribution According to Strata

Category	Population (Number)	Sample	%
Recruited groups from community	156	107	85
APHIA Plus employees	17	11	9
FPFK Employees	11	7	6
Total	**184**	**126**	**100**

3.5 Research Instruments

Mixed instruments were used to collect data to avoid the challenges that come along with the use one data collection method. The data collection instruments included: questionnaires, interview guides. Questionnaires enabled the researcher to gather the accurate information within a short period of time, while interview guide allowed the glimpse of respondent's gestures, tone of voice and thus revealed his/her feelings (Ogula, 2005). It also permitted the researcher to ask for elaboration of points that the respondent would have not made clear among others. Document analyses were used to obtain the number, type and nature of capacity building done and project performance from the implementing agencies (APHIA Plus and FPFK), analyzing the projects reports did this.

According to Ogula (2005), a questionnaire is an important research instrument that enables a researcher to collect data directly from people. This research instrument helped the researcher to obtain valuable information directly from the groups and employees implementing the project. Two different questionnaires developed, one for the recruited groups and APHIA and FPFK Employees. These questionnaires consisted of both open ended and closed ended questions.

Each questionnaire had four sections. Section A collected demographic information about the groups and employees. Section B consisted of questions related to the general information about Capacity Building in HIV/AIDS projects. Section C solicited information on capacity building on leadership, project design, implementation, monitoring and evaluation and financial management. Section D contained questions that solicited information on issues to do with project performance.

Interview guide is important for data collection because it is a social encounter and respondents were more willing to respond in a socially acceptable or desirable way (Cohen, Manion & Morrison, 2000). Interview gives a higher response rate in a natural setting and the researcher can probe respondents to express their views freely and openly. Interview guides was used in the study to collect in-depth information from the recruited groups on how the implementing agencies have conducted capacity building based on information flow presented in the questionnaire.

3.6 Validity and Reliability of the Research Instruments

Mugenda & Mugenda (2003) states that validity is the degree to which results from the analysis of data actually represents the phenomena under study. Validity is the quality of data gathering instrument or procedure that enables it to measure what is purported to measure (Best and Kahn, 2003). The researcher ensured that the content in the instruments are relevant to the research objectives and the topic under study and that the variables used in the study are appropriate and the criteria in which the instruments are selected and used.

In order to check the content and face validity of the questionnaires, the instruments was given to the research supervisors and three other experts from Project Management of the university of Nairobi was asked to assess the relevance and validity of the instruments. Their suggestions on the improvement of the tools was considered and included when writing the instruments. According to Nachmias and Nachmias (1996), content validity is the degree to which the sample test/instrument items represent the content that the instrument is designed for, while face validity is the degree to which an instrument appears to measure what is supposed to measure.

This was used to validate the different instruments to help the researcher in eliminating contradiction, ambiguity, misunderstanding and overlaps (Ogula, 2005).

According to Stringer (2008), reliability is estimated by measures of the extent to which similar result may be expected from similar sample within the population studied across different contexts and at different times. He further adds that reliability focuses on stability of results across time, setting and samples.

To measure the reliability, a pilot study was carried out FPFK HIV/AIDS Projects in Kajiado south sub county and the Alpha (Cronbach) technique was employed. Cronbach Alpha is a model of internal consistency, based on the average inter-item correlation. However, implicit in the notion of standardization are the assumptions that respondents are able to understand the questions being asked, that all respondents understand questions in the same way, and that respondents are willing and able to answer such questions. Kline (1999) noted that acceptable value for Cronbach's alpha is between 0.7 and 0.9 of which the study is adoptable of which the pilot study obtained 0.81 Cronbach's alpha, which was taken to be reliable enough for the study.

3.7 Data Collection Procedure

After successfully defending the proposal and making all recommended corrections, the researcher obtained an official letter from University to enable application of research permit from The National Commission for Science, Technology and Innovation (NACOSTI). After obtaining the permit from NACOSTI, the researcher obtained an introductory letter to the authorities of Kajiado Sub-County. The researcher hired 3 research assistants who were also trained to assist in data collection. The researcher lead the data collection process by supervising the data collection activities carried out by the research assistants.

3.8 Data Processing and Analysis

Document Analysis that is a social research method and an important research tool in its own right and is an invaluable part of most schemes of triangulation. Documents analysis guide helped the researcher to authenticate the information given by the respondents. Documents are written materials that can be read and are related to some aspect of the social world. Documents such as reports, project designs and

implementations and minutes of meetings were fruitful sources of data, depending on what one is looking for (Bryman, 2002).

The document analysis guide was used to obtain information that were have been written in the questionnaires, interviews or observation guide as far accuracy/exactness of information is concerned. For instance, the details on frequency/the number of times the capacity building is carried out. Data collected was processed, coded and analyzed based on the research objectives. Both descriptive and inferential statistics was used. This was achieved with the help of the Statistical Package for Social Sciences (SPSS).

The qualitative data from interview guide and document analysis guide was transcribed. Responses from different participants and data which was obtained from different documents was compared and trends and patterns in the responses was established. Narratives, direct quotations, interpretive reports as well as excerpts was written down to depict the situation as it is on the ground.

Quantitative data obtained from closed ended questions, the researcher categorized the instruments into homogenous groups, code the quantitative data and summarize it using descriptive statistics such as frequencies and percentages. Hence, the inferential statistical methods used in the study were the correlation and multiple regression analyses. correlation analysis was used to determine the nature of the relationship between variables at a generally accepted conventional significant level of P=0.05. Multiple regression analysis was applied to analyze the relationship between a single dependent variable and each of the independent variables respectively (Hair et al., 2005). The beta (β) coefficients for each independent variable was generated from the model. Therefore, the regression model which was used in the study is assumed to hold under:

The model tested the influence of capacity building on project performance, which was measured in terms of perceived projects performance by the groups and implementing agencies employees.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 \, \boldsymbol{\varepsilon}$$

Where,

Y = Project performance

X_1= Leadership capacity

X_2 = Project design capacity

X_3 = Project implementation capacity

X_4 = Financial Management capacity

X_5 = Monitoring and Evaluation capacity

ε = Random or error term

B_1, B_2, B_3, B_4, B_5– Parameter estimates

B_0- intercept

The models assume that there is little or no multicollinearity in the data. Multicollinearity occurs when the independent variables are not independent from each other. Secondly it assumed that the error of the mean was independent from the independent variables

3.9 Ethical Considerations

The researcher endeavored to uphold ethical issues while administering the research instruments. The ethical issues that were taken into consideration included proper ethical conduct of the researcher in; seeking informed consent from respondents and concerned authorities before collecting data, adhering to appropriate behavior in relation to the right of the respondents, treating with utmost confidentiality information that was obtain from the respondents and their identities, full acknowledgement by proper referencing of sources for secondary materials, and presenting without subjective manipulation in favor or interests of the outcomes for the research findings.

According to Mugenda and Mugenda, (2003), ethical considerations are important for any research. The researcher sought a transmittal letter from the University of Nairobi and approval from National Council for Science and Technology before conducting the study. The researcher further sought approval and obtained an introductory letter from the local administration to carry out the study.

The researcher explained the purpose of the study to the respondents, seek their verbal consent before interview and assure them of confidentiality of their responses and identities. The researcher ensured informed consent of the respondents by providing

them with all the information required including explanation on their right to privacy and protection, respect and assurance on the use of research information generated, voluntary participation in the study and anonymity and confidentiality of all the information and identities.

Table 3.2: Operationalization of Variables

Research Question	**Independent Variables**	**Dependent Variable**	**Statistical Procedures and Test**
Does project leadership capacity have influence on HIV AIDS project performance in Kajiado South Constituency?	Project Leadership Capacity building	- Rate of Infection - Rate of Stigma	Frequencies and Percentages, Correlation and Regression Analysis
How does project design capacity building influence HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya?	Project Design capacity building	- Rate of Infection - Rate of Stigma	Frequencies and Percentages, Correlation and Regression Analysis
Is HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County affected by project implementation capacity building?	Project Implementation Capacity building	- Rate of Infection - Rate of Stigma	Frequencies and Percentages, Correlation and Regression Analysis
Does financial management capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya?	Financial Management Capacity building	- Rate of Infection - Rate of Stigma	Frequencies and Percentages, Correlation and Regression Analysis
Is HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County affected by project monitoring and evaluation capacity building?	Project monitoring and evaluation capacity building	- Rate of Infection - Rate of Stigma	Frequencies and Percentages, Correlation and Regression Analysis

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETION

4.0 Introduction

This chapter presents analysis of data obtained from the fielded based on their itemization as per the study questionnaire. From the findings, analysis and presentation was done through frequency tables, numerical values and percentages produced through Statistical Package for Social Science (SPSS) (Version 21) computer software. Each analysis is followed by presentation and then a brief description as per the objectives of the research and a discussion on the research findings from the analyzed data. the analysis was meant to explain influence of capacity building on performance of Masaai HIV/AIDS Awareness and Preventive Projects, case study of Kajiado South Sub-County in Kenya.

4.1 Respondents Rate

The questionnaires were distributed to 126 randomly selected respondents and 115 were completed and returned, giving a response rate of 91.3%. The collection procedures entailed personal administration, follow up after distribution of questionnaires through mobile phone calls for confirmation date when they would be ready for collection and personal collection whenever possible. The response rate was found to be adequate to answer the set objectives of the study. The unreturned questionnaire 11(8.7%) could be attributed to delay on the part of the respondent completing and hence being unable to return by 30th June 2017.

4.2 Respondents Demographic Information

The demographic characteristics of the respondents were analyzed in terms of gender, highest educational level, age and work experience as analyzed, presented and interpreted in the following sub-sections.

4.2.1 Gender profile of the respondents

The respondents indicated their gender profile in terms of either male or female in order to determine the nature of gender relations in the projects. Table 4.1 illustrates gender profile of the sample.

Table 4.1: Gender of Respondents

Gender	Frequency	Percent
Male	41	36
Female	74	64
Total	**115**	**100**

The study found that 74 (64 %) respondents were female and 41 (36%) male. The results indicate that the HIV/AIDS Awareness and Preventive Project in Kajiado South Sub-County is dominated by the female gender who account for the overwhelming majority of the respondents.

4.2.2 Highest education level

The respondents were requested to state the highest level of achievement for academic qualifications. Table 4.2 illustrates the levels of qualification for the entire sample.

Table 4.2: Respondents Level of Education

Level	Frequency	Percent
No Formal Education	52	45
Primary	27	23
Secondary	19	17
Diploma	8	7
Bachelors Degree	7	6
Masters Degree	2	2
Total	**115**	**100**

Majority of the respondents 45% had no formal education, 23% had primary education, 17% had secondary education, 7% had diploma qualifications, 7% had Bachelors Degree qualifications and 2% had Masters Degree qualifications. This finding indicated that Maasai women who were the majority recruited in the projects being from pastoralist community where education is not valued more especially the women; majority of them had no formal education. The few who had high level of education like Bachelors Degree and Masters Degree were employees working for APHIA Plus and FPFK Projects.

4.2.3 Age of respondents

The respondents stated their age brackets as requested in the questionnaire and the results are shown in table 4.3 below.

Table 4.3: Respondents Age Bracket

Age (in years)	Frequency	Percent
>30	35	30
30-35	51	44
36-40	17	15
41-45	5	4
46-50	5	4
<50	2	2
Total	**115**	**100**

Majority of the respondents in the study 51(44%) were within in the age bracket of (30-35) years, (30%) had age bracket less than 30 years, 17(15%) had age bracket of 36-40 years and 12(10%) had age bracket greater than 40 years. This finding indicated that majority of the respondents were middle age who were sexually active and therefore were at high risk of HIV/AIDS infection.

4.3 Capacity building

4.3.1 Capacity building

Table 4.4: Organization Carrying Capacity Building

Capacity building responses	Frequency	Percentage (%)
No	26	23.0
Yes	89	77.0
Total	**115**	**100.0**

Majority of the respondents 77% of the respondents observed that their organization carry out capacity building compared to 23% who observed that their organization does not carry out capacity building. This finding indicated that Masaai HIV AIDS Awareness and Preventive Projects carried out capacity to enhance their project performance.

Table 4.5: Period of Capacity Building

Period in years	Frequency	Percentage (%)
<2 yers	26	23.0
2-5 years	71	62.0
>5years	18	16
Total	**115**	**100.0**

Table 4.5 presents findings on the period Masaai HIV AIDS Awareness and Preventive Project carried out capacity building. Majority of respondents 62% observed that the organization carried out capacity building between 2-5 years 23% had carried out capacity building for less than 2 years and 16% had carried out capacity building for more than 5 years.

Table 4.6: Types of Capacity Building by Masaai HIV AIDS Awareness and Preventive Project

Type of Capacity building responses	Frequency	Percentage (%)
Least effective	16	14.0
Less effective	71	62.0
Not sure	11	10.0
Effective	9	8.0
Very effective	8	7.0
Total		**100.0**

Majority of respondents 59% observed that Masaai HIV AIDS Awareness and Preventive Project carried out project implementation 15% on leadership, 10% of M&E and 8% on financial managements. This finding is supported by Ashley et al (2007) who found out that a review of literature reveals that a lot of research on analysis of effective project implementation has been undertaken in developed countries, Asia and Africa and Kenya in particular.

Table 4.7: Effectiveness of Capacity Building

Type of Capacity building responses	Frequency	Percentage (%)
Least effective	16	14.0
Less effective	71	62.0
Not sure	11	10.0
Effective	9	8.0
Very effective	8	7.0
Total	**115**	**100.0**

The study established that majority of respondents 76% observed that capacity building carried out by Masaai HIV AIDS Awareness and Preventive Project were not effective, 15% who found them effective and 10% who were not sure. This finding indicated that although majority of the Masaai HIV AIDS Awareness and Preventive Project carried out much of implementation capacity building, the capacity building was not effective.

4.3.2 Leadership Capacity Building

The first objective was to analyze the influence of project leadership capacity building on HIV AIDS awareness and preventive project performance in Kajiado South Sub-County, Kenya. The key variables analyzed here were; group dynamics, decision making, organizational visioning, strategic planning, resource mobilization and motivation capacity building.

Table 4.8: Leadership Capacity

Leadership Capacity	Strongly Agree (%)	Agree (%)	Not Sure (%)	Disagree (%)	Strongly Disagree (%)
Groups dynamics	29	34	15	13	9
Decision making	9	7	11	38	35
Organizational visioning	14	6	0	41	39
Strategic planning	19	3	0	45	33
Resource mobilization	35	28	0	29	8
Motivation	17	4	0	43	36

The study established that majority of respondents 63% agreed that Masaai HIV AIDS Awareness and Preventive Project carried out-group dynamics capacity building compared to 22% who disagreed and 15% who were not sure. Majority of respondents 63% agreed that the project carried out resource mobilization capacity building compared to 37% who. Majority 73% disagreed that the project carried out decision making capacity building, 16% agreed and 11% were not sure. Majority 80% disagreed that the project did not carry out organizational visioning capacity compared to 20% who agreed. Majority of the respondents 78% disagreed that the project did not carry out strategic planning capacity compared to 22% who agreed. Majority 79% disagreed that the project carried out motivational capacity building compared to 21% who agreed. This finding showed that apart from group dynamics and resource mobilization capacity building, the Masaai HIV AIDS Awareness and Preventive Project did not carry out adequate decision making, organizational visioning, strategic planning and motivational capacity buildings. This finding is in reflection of the fact that sustainability leaders support this contemporary view (Taylor, 2010) as does our experience. It is also common for networks or groups of sustainability leaders share a vision and work together to drive more sustainable practices. These networks typically include executive and non-executive leaders, and change agents (see Benn et al., 2006a, 2006b; Brown and Clarke, 2007; Dunphy et al., 2007).

In order to attain effective leadership capacity building, projects should follow Taylor (2012) six step process for building customised leadership development tools for sustainability leaders (champions). The six-step process begins by building some preliminary conceptual models of the target leaders (their key skills), the leadership processes they drive, the context they work in, and/or the design of effective leadership development tools. The second step is to gather some local data to test the validity of these models. For example, gathering information on the key leadership behaviours the target leaders use. The third step involves refining the models and using this information to start building customised capacity building tools (focused short-course training programs, guidelines, mentoring programs, leadership development programs). The fourth step involves consulting with practitioners to ensure the tools are practical and meet the needs of the target audience. This audience

is not just the target leaders themselves but also their organisations. The validated capacity building tools are implemented and evaluated in the fifth step.

4.3.3 Project Design Capacity Building and capacity building

The second objective of the study was to establish the influence of project design capacity building on HIV/AIDS awareness and preventive project performance in Kajiado South Sub-County, Kenya. The main variables analyzed here were; project cycle, project conceptualization, environmental scanning, setting project objectives, stakeholders' analysis and project budgeting capacity building.

Table 4.9: Project Design Capacity Building

Project Design Capacity	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Project cycle	35	41	15	9
Project conceptualization	8	13	38	41
Environmental scanning	16	4	43	37
Setting project objectives	12	16	40	32
Stakeholders analysis	17	11	43	39
Project budgeting	46	28	19	7

Table 4.9 was used to analyze how Masaai HIV AIDS Awareness and Preventive Project carried out project design capacity building. The study established that majority of respondents 76% agreed that the project carried out project cycle capacity building compared to 24% who agreed. Majority 74% agreed that the project carried project budgeting capacity building compared to 26% who disagreed. On the other hand, majority 79% disagreed that the project carried out project conceptualization capacity building compared to 21% who agreed. Majority 80% disagreed that the project carried out environmental scanning capacity building compared to 20% who agreed. Majority of respondents 72% disagreed that the project carried out capacity building on setting project objectives compared to 28% who agreed. Last, majority of respondents 82% disagreed that the project carried out stakeholders capacity building compared to 18% who agreed. This finding indicated that although Masaai HIV/AIDS Awareness and Preventive Project carried out capacity building on project cycle and budgeting, they did not carry out adequate capacity building on project

conceptualization, environmental scanning, setting project objectives and stakeholders analysis which are important elements of project design capacity building.

The finding is supported by Elinwa and Joshua (2001) who identifies project design as one of the critical factors causing time-overrun of building projects in Nigeria. A further investigation with about forty per cent of the respondents of the survey indicated that design changes mostly occur because of the continuous changes in the client brief despite the fact that design has been completed and construction work is in progress. This according to them affects the orderly development of work and causes delay which in turn demand more cost that most clients are ready to bear and as such, affects the quality of building projects that are delivered.

4.3.4 Project Implementation Capacity Building

The third objective of the study was to assess the influence of project implementation capacity building on HIV AIDS awareness and preventive project performance in Kajiado South Sub-County, Kenya. The key variables analyzed here included; implementation plan, Gantt Chart, work plan, work breakdown structures, milestone tracking and task prioritization capacities.

Table 4.10: Project Implementation Capacity Building

Implementation Capacity	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Implementation Plan	28	41	18	13
Gantt Chart	39	42	13	6
Work plan	47	32	15	6
Work Breakdown Structures	39	35	16	10
Milestone Tracking	46	28	19	7
Task Priorities	37	39	11	13

Table 4.10 was used to analyze Project Implementation Capacity Building by Masaai HIV AIDS Awareness and Preventive Projects. The study established that majority of the respondents 69% agreed that implementation plan capacity was carried out compared to 31% who disagreed. Majority 81% agreed that Gantt Chart capacity building was carried out compared to 19% who disagreed. Majority 79% agreed that

work plan capacity was carried out compared to 21% who disagreed. Majority 74% agreed that work breakdown structure and milestone tracking capacity building was carried out respectively compared to 26% who disagreed. Majority 78% agreed that task prioritization capacity was carried out compared to 22% who disagreed.

This finding therefore indicated that Masaai HIV AIDS Awareness and Preventive Project did a great job as far as project implementation capacity was concern by adequately carrying out implementation plan, Gantt Chart, work plan, work breakdown structures, milestone tracking and task prioritization capacities. This finding is supported by the fact that a review of literature reveals that a lot of research on analysis of effective project implementation has been undertaken in developed countries, Asia and Africa and Kenya in particular.

4.3.5 Financial Management Capacity Building

The fourth objective of the study was to determine the influence of financial management capacity building on HIV/AIDS awareness and preventive project performance in Kajiado South Sub-County, Kenya. The key variable analyzed under this objective included; fund raising, financial accounting, financial budgeting, interpreting financial statements, financial statutory obligations and financial reporting.

Table 4.11: Financial Management Capacity Building

Financial Management Capacity	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Funds Acquisition	43	31	18	8
Accounting	11	9	47	33
Budgeting	35	39	14	12
Statements	8	17	46	39
Statutory obligation	17	12	41	30
Reporting	21	8	44	27

The study established that majority of respondents 74% agreed that they were capacity built on fund acquisition and financial budgeting respectively compared to 26% who were not. Majority of respondents 80% disagreed that they were capacity built on financial accounting compared to 20% who were not. Majority 85%

disagreed that they were capacity built on interpretation of financial statement compared to 15% who agreed. Majority 71% disagreed that they were capacity built on financial statuary obligation and financial reporting respectively compared to 29% who agreed. This finding therefore indicated that apart from fund raising and financial budgeting stakeholders in the Masaai HIV/AIDS Awareness and Preventive Project were not capacity built on financial accounting, financial statement interpretation, financial statutory obligations and financial reporting which are important components of financial management capacity building.

The finding is further supported by that fact that the efficient and transparent use of funds is at the heart of building a strong relationship with funders, whereby funders trust not only the capacity of the organization to deliver on its mandate, but the competent and resourceful use of funds in the process. Monitoring and forecasting is common practice and considers spending (or actuals) against forecasts (or budget). This practice helps to ensure that actual expenditures do not exceed what was planned and therefore leadership can make informed decisions about budget management and program or service delivery (Kotloff & Burd, 2012).

4.3.6 Monitoring and Evaluation Capacity Building

The fifth objective of the study was to ascertain the influence of project monitoring and evaluation capacity building on HIV/AIDS awareness and preventive project performance in Kajiado South Sub-County, Kenya. Key variables used to analyze this objective were; importance of monitoring and evaluation in project cycle, monitoring and evaluation systems, monitoring and evaluation reporting system, monitoring and evaluation outcome tracking, use of monitoring and evaluation results and integrating monitoring and evaluation in project strategy.

Table 4.12: Monitoring and Evaluation Capacity Building

M&E Capacity	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Importance of M&E	8	6	43	43
M&E Systems	15	3	42	40
M&E Reporting Systems	11	9	46	43
Outcome tracking	7	14	42	37
Use of Results	9	13	44	34
Integrate M&E in project strategy	3	5	47	45

Table 4.12 was used to analyze Monitoring and Evaluation Capacity Building in Masaai HIV/AIDS Awareness and Preventive Project. Majority of respondents 86% disagreed that they were capacity built on importance of monitoring and evaluation in project cycle compared to 14% who agreed. Majority of 82% disagreed that they were capacity built on monitoring and evaluation systems compared to 18% who agreed. Majority 89% disagreed that they were capacity built on monitoring and evaluation reporting system compared to 11% who agreed. Majority of respondents 81% disagreed that they were capacity built on monitoring and evaluation outcome tracking compared to 19% who agreed. Majority 78% disagreed that they were capacity built on the use of monitoring and evaluation results compared to 22% who agreed. Last, Majority 92% disagreed that they were capacity built on integrating monitoring and evaluation in project strategy compared to 8% who agreed.

This finding therefore showed that the Masaai HIV AIDS Awareness and Preventive Project did not carry out adequate monitoring and evaluation capacity on the project stakeholders evident by lack of adequate capacity building on; importance of monitoring and evaluation in project cycle, monitoring and evaluation systems, monitoring and evaluation reporting system, monitoring and evaluation outcome tracking, use of monitoring and evaluation results and integrating monitoring and evaluation in project strategy.

Lack of adequate capacity building on monitoring and evaluation could have happened because of lack of sufficient time and resources for M&E activities in the beginning stages of project design can make M&E more effective, more efficient, and

more useful. Among the key components of resources need allotted for monitoring and evaluation is financial resource. Some organizations such as Family health international (2007), recommend for monitoring and evaluation budget to be about 5% to 10% of the total budget.

4.4 Influence of Capacity Building on Performance of HIV AIDS Awareness and Preventive Project

The overall goal of the study was to analyze the influence of capacity building on performance of Masaai HIV/AIDS Awareness and Preventive Project, case of Kajiado South Sub-County in Kenya. The input variables were aspects of capacity building; leadership, project design, project implementation, financial management and M&E. the expected output variable was Masaai HIV/AIDS Awareness and Preventive Project performance. The study used Pearson Correlation and the Regression following regression model to establish this relationship.

Table 4.33: Pearson Correlation Results

Variable		PL	PD	PI	FM	M&E	Performance
PL	Pearson Correlation	1	.522**	.505**	0.579	.634**	0.119
	Sig. (2-tailed)		0	0	0	0	0.736
PD	Pearson Correlation	.522**	1	.516**		.403**	0.108
	Sig. (2-tailed)	0		0		0	0.913
PI	Pearson Correlation	.505**	.516**	1		.639**	.611**
	Sig. (2-tailed)	0	0			0	0
FM	Pearson Correlation	.575**	.586**	1	.761**	.639**	0.094
		0	0		0	0	0.671
M&E	Pearson Correlation	.634**	.403**	.639**		1	0.069**
	Sig. (2-tailed)	0	0	0			0.916
Performance	Pearson Correlation	.675**	.328**	.483**		.769**	1
	Sig. (2-tailed)	0	0	0		0	

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

Key: PL – Project Leadership, PD – Project Design, PI – Project Implementation, FM – Financial Management, M&E – Monitoring and Evaluation.

The analysis to answer the first research question that; does project leadership capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.8. The study established weak insignificant correlation(r=0.119) and significant relationship (P=0.736>0.05) between project leadership capacity building and Masaai HIV/AIDS Awareness and Preventive Project performance indicating that project leadership capacity building did not significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

The analysis to answer the second research question that; does project design capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.9. The study established week insignificant correlation(r=0.108) and significant relationship (P=0.913>0.05) between project design capacity building and Masaai HIV AIDS Awareness and Preventive Project performance indicating that project design capacity building did not significantly influenced project performance of Masaai HIV AIDS Awareness and Preventive Project.

The analysis to answer the third research question that; does project implementation capacity building have influence on HIV/AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.10. The study established a strong significant correlation(r=0.611**) and significant relationship (P=0.000≤0.05) between project implementation capacity building and Masaai HIV/AIDS Awareness and Preventive Project performance indicating that project implementation capacity building significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

The analysis to answer the fourth research question that; does financial management capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.10. The study established week

insignificant correlation(r=0.094) and significant relationship (P=0.671>0.05) between financial management capacity building and Masaai HIV AIDS Awareness and Preventive Project performance indicating that financial management capacity building did not significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

The analysis to answer the fifth research question that; does project monitoring and evaluation capacity building have influence on HIV/AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.12. The study established weak insignificant correlation(r=0.069) and significant relationship (P=0.916>0.05) between project monitoring and evaluation capacity building and Masaai HIV AIDS Awareness and Preventive Project performance indicating that project monitoring and evaluation capacity building did not significantly influenced project performance of Masaai HIV AIDS Awareness and Preventive Project.

Table 4.14: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.62	0.21	0.09	0.07

The R^2 value indicates how much of the dependent variable, " performance of Masaai HIV/AIDS Awareness and Preventive Project ", was explained by the independent variables, "project leadership, project design, project implementation, financial management and monitoring and evaluation capacity building". In this case, the R Squared is 0.21 indicating that 21% of the variation in performance of Masaai HIV/AIDS Awareness and Preventive Project is explained by the independent variable. The difference, that is, 79% of the variation in job satisfaction is explained by factors that are not included in this study.

Table 4.45: Full Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig (p).
		B	Std. Error	Beta		
	(Constant)	1.29	0.15		8.71	0.00
	PL	0.71	0.04	0.76	6.88	0.715
	PD.	-0.45	0.03	-0.48	-1.70	0.639
	PI	-0.04	0.05	-0.04	-0.76	0.03
	FM	0.48	0.04	0.61	10.97	0.714
	M&E	0.42	0.08	0.78	11.5	0.645

a. Dependent Variable: performance of Masaai HIV/AIDS Awareness and Preventive Project

As indicated in Table 4.15, from the unstandardized coefficients, the following equation was developed:

$y = 1.29+0.71x_1-0.\ 0.45x_2-0.04x_3+0.48x_4+0.42+\varepsilon$

From the full regression model, the standardized coefficients indicate that project implementation capacity building has a positive influence on performance of Masaai HIV/AIDS Awareness and Preventive Project whereas project leadership, project design, financial management and M&E capacity building have a negative influence. Further, the results indicate that project implementation capacity building has a greater influence on j performance of Masaai HIV/AIDS Awareness and Preventive Project (Beta=0.48) followed by financial management capacity (Beta=0.48), project design capacity (Beta=-0.45) and M&E capacity building (Beta=-0.42). In conclusion, therefore, the question that did capacity building influence performance of Masaai HIV/AIDS Awareness and Preventive Project is answered in the affirmative with project implementation capacity building influencing performance of Masaai HIV/AIDS Awareness and Preventive Project whereas; project leadership, project design, financial management and M&E did not influence the project performance.

CHAPTER FIVE
SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.0 Introduction

The following chapter presents a summary of the study findings and comes up with conclusions based on the outcome of the data collected and analyzed. In the chapter, recommendations to the policy and practioners in the project management will be made on a number of aspects within the industry that require to be addressed so as to enhance capacity building so as to accelerate performance of Masaai HIV/AIDS Awareness and Preventive Project. Further research areas will also be outlined in this chapter.

5.1 Summary

Demographic characteristics of the population of HIV/AIDS Awareness and Preventive Project in Kajiado South Sub-County were dominated by the female gender who account for the overwhelming majority of the respondents. Maasai women who were the majority recruited in the projects being from pastoralist community where education is not valued more especially the women; majority of them had no formal education. The few who had high level of education like Bachelors Degree and Masters Degree were employees working for APHIA Plus and FPFK Projects. Majority of the respondents were middle age that were sexually active and therefore were at high risk of HIV/AIDS infection.

Findings on capacity building established that; Masaai HIV/AIDS Awareness and Preventive Projects carried out capacity to enhance their project performance. Majority of respondents 59% observed that Masaai HIV/AIDS Awareness and Preventive Project carried out project implementation 15% on leadership, 10% of M&E and 8% on financial managements. Although majority of the Masaai HIV/AIDS Awareness and Preventive Project carried out much of implementation capacity building, the capacity building was not effective.

As far as project leadership, project design, project implementation, financial management and M&E are concern; apart from group dynamics and resource

mobilization capacity building, the Masaai HIV/AIDS Awareness and Preventive Project did not carry out adequate decision making, organizational visioning, strategic planning and motivational capacity buildings. The analysis to answer the first research question that; does project leadership capacity building have influence on HIV AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.11. The study established weak insignificant correlation(r=0.119) and significant relationship (P=0.736>0.05) between project leadership capacity building and Masaai HIV/AIDS Awareness and Preventive Project performance indicating that project leadership capacity building did not significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project. Although Masaai HIV/AIDS Awareness and Preventive Projects carried out capacity building on project cycle and budgeting, they did not carry out adequate capacity building on project conceptualization, environmental scanning, setting project objectives and stakeholders analysis which are important elements of project design capacity building. The analysis to answer the second research question that; does project design capacity building have influence on HIV/AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.11. The study established week insignificant correlation(r=0.108) and significant relationship (P=0.913>0.05) between project design capacity building and Masaai HIV/AIDS Awareness and Preventive Project performance indicating that project design capacity building did not significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

The Project did a great job as far as project implementation capacity building was concern by adequately carrying out implementation plan, Gantt Chart, work plan, work breakdown structures, milestone tracking and task prioritization capacities. The analysis to answer the third research question that; does project implementation capacity building have influence on HIV/AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.11. The study established a strong significant correlation(r=0.611**) and significant relationship (P=0.000≤0.05) between project implementation capacity building and Masaai HIV/AIDS Awareness

and Preventive Project performance indicating that project implementation capacity building significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

Other than fund raising and financial budgeting stakeholders in the Masaai HIV/AIDS Awareness and Preventive Project were not capacity built on financial accounting, financial statement interpretation, financial statutory obligations and financial reporting which are important components of financial management capacity building. The analysis to answer the fourth research question that; does financial management capacity building have influence on HIV/AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.11. The study established week insignificant correlation(r=0.094) and significant relationship (P=0.671>0.05) between financial management capacity building and Masaai HIV/AIDS Awareness and Preventive Project performance indicating that financial management capacity building did not significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

Masaai HIV/AIDS Awareness and Preventive Project did not carry out adequate monitoring and evaluation capacity on the project stakeholders evident by lack of adequate capacity building on; importance of monitoring and evaluation in project cycle, monitoring and evaluation systems, monitoring and evaluation reporting system, monitoring and evaluation outcome tracking, use of monitoring and evaluation results and integrating monitoring and evaluation in project strategy. The analysis to answer the fifth research question that; does project monitoring and evaluation capacity building have influence on HIV/AIDS awareness and preventive projects performance in Kajiado South Sub-County, Kenya? was conducted using Pearson's Correlation. The results are shown in Table 4.10. The study established week insignificant correlation(r=0.069) and significant relationship (P=0.916>0.05) between project monitoring and evaluation capacity building and Masaai HIV/AIDS Awareness and Preventive Project performance indicating that project monitoring and evaluation capacity building did not significantly influenced project performance of Masaai HIV/AIDS Awareness and Preventive Project.

On influence of capacity building on performance of Masaai HIV/AIDS Awareness and Preventive Projects, the study established that the R Squared is 0.21 indicating that 21% of the variation in performance of Masaai HIV AIDS Awareness and Preventive Projects is explained by the independent variable. The difference, that is, 79% of the variation in job satisfaction is explained by factors that are not included in this study.

5.2 Conclusion

The main purpose of the study was to analyze the influence of capacity building on performance of Masaai HIV/AIDS Awareness and Preventive Project, case of Kajiado South Sub-County in Kenya. In conclusion, therefore, the question that did capacity building influence performance of Masaai HIV/AIDS Awareness and Preventive Project is answered in the affirmative with project implementation capacity building influencing performance of Masaai HIV/AIDS Awareness and Preventive Project whereas; project leadership, project design, financial management and M&E did not influence the project performance.

Most studies in Kenya have however focused on reasons for project failures rather than success. Effective project implementation is repeatable and requires a great deal of work to understand planning effort, team motivation, technical capabilities and project.

5.3 Recommendations of the study

Based on the findings of the study, the following recommendations are put forward as far as influence of capacity building on performance of Masaai HIV AIDS Awareness and Preventive Project.

i. National AIDS Control Counsel should carry out further capacity building in the entire project cycle to create awareness on how HIV/AIDS projects are specifically run through the cycle
ii. Stakeholders implementing HIV/AIDS projects need financial management skills to manage the ever rolling financial activities as a means to track expenses and link them to project activities. Project implementers of HIV/AIDS projects should take it a priority to capacity builds their stakeholders on effective project financial management.

iii. Monitoring and evaluation is an emerging concept in project management that gives information on how project activities are moving towards the project goals and also in evaluating project impact. This in most cases was lacking as per the information analyzed from the study. The project implementing agencies therefore must mainstream M&E in their project activities to achieve this goal

5.4 Suggestions for Further Studies

The purpose of the study was to analyze the influence of capacity building on performance of Masaai HIV/AIDS Awareness and Preventive Projects, case of Kajiado South Sub-County in Kenya. The study did not analyze information in the following areas, which are recommendation for further study;

i. A study on factors affecting implementation of HIV/AIDS project among pastoralist should be carried out to complement to the finding of this study.
ii. A study to map the impact of migratory culture of the Masaai on intake of ARVs among HIV/AIDs Patients should be carried out to add to the information that the analysis of the current project has brought.

REFERENCES

Adhikari, A., Bhandari, B., & Shrestha, P. K. (2007). *Strengthening Institutional Capacity* http://190.144.167.140/prga/descargas/plantbreeding/small_grant_reports/Cap.

Alcock, P. (2009). *Targets, Indicators and Milestones*. Public Mangement Review, 6(2).

Aspen Institute Rural Economic Policy Program (1996) *Measuring community capacity building: A workbook-in-progress for rural communities.* Retrieved February 6, 2017 from http://www.aspeninstitute.org/publications/measuring-community-capacity-building

Barth, R. (2003). *Lessons Learned: Shaping Relationships and the Culture of the Workplace*, Thousand Oaks, CA: Corwin Press.

Benn, S., Dunphy, D., & Griffiths, A. (2006a). Enabling change for corporate sustainability: An integrated perspective. *Australasian Journal of Environmental Management, 13, 156-165.*

Bennis, Warren G & Nanus, Burt (2003). *Leaders: strategies for taking charge*, HarperBusiness Essentials, New York, NY

Biswas, A.K. (1996). Capacity Building for Water Management: some personal thoughts‟ *Water Resources Development, 12(4): 399-405.*

Bonham, S. S. (2008). *Actionable strategies through integrated performance, process, project, and risk management*. Boston: Artech House.

Bowman, W. (2011). Financial capacity and sustainability of ordinary non-profits. *Non‐profit Management & Leadership, 22(1), 37‐51*

Brinkerhoff, D.W. & Goldsmith, A.A. (1992). Promoting the Sustainability and Development Institutions: a framework for strategy. *World Development, 20: 369-383*

Brown, L., LaFond, A., & Macintyre, K. (2001). *Measuring capacity building. MEASURE Evaluation.* Carolina Population Center, University of North Carolina at Chapel Hill.

Brown, R., & Clarke, J. (2007). Transition to water sensitive urban design: The story of Melbourne, Australia. Melbourne, Victoria: Facility for Advancing Water Biofiltration and National Urban Water Governance Program, Monash University.

Bryman, A., Stephens, M., & á Campo, C. (1996). The importance of context: Qualitative research and the study of leadership. *The Leadership Quarterly, 7(3), 353-370.*

Bryson, J. M. (2011). *Strategic planning for public and nonprofit organizations: A guide for strengthening and sustaining organizational achievement*. Hoboken, NJ: Wiley Publishers.

Bryson, J. M., & Roeing, W. D. (1995). Initiations of strategic planning by governments. *Public Administration Review, 48 (6), 995-1095.*

Cairns, B., Harris, M., & Young, P. (2005). Building the capacity of the voluntary nonprofit sector: Challenges of theory and practice. *International Journal of Public Administration, 28, 869-885.*

Canadian Council on Social Development (2003). *Funding Matters: The Impact of Canada's New Funding Regime on Non-profit and Voluntary Organizations*. Retrieved February 6, 2011 from www.ccsd.ca

Casey, M. M., Payne, W. R., & Eime, R. M. (2009a). Building the health promotion capacity of sport and recreation organizations: A case study of regional sports assemblies. *Managing Leisure, 14(2), 112-124.*

Casey, M. M., Payne, W. R., & Eime, R. M. (2009b). Partnership and capacity-building strategies in community sports and recreation programs. *Managing Leisure, 14, 167-176.*

Cheers, B, Cock, G., Keele, L. H, Kruger, M, & Trigg, H. (2005). *Measuring Community Capacity: An Electronic Audit Too*l. 2nd Future of Australia's Country Towns Conference. Bendigo.

Cheung Sai On, Suen Henry C.H. and Cheung Kevin K.W., (2004), PPMS: a Web-based construction Project Performance Monitoring System, *Automation in Construction, Vol. 13, PP. 361– 376*

Chikati, J. (2009), *Project Cycle Management, 'An Integrated Approach and Logical Framework'.*

Cohen, E. & Rossimiller, R. (2007). Research on effective schools: Implication for less developed countries. *Comparative Education Review Journal, 31(3), 377-399.*

Cooper, C. R., & Schindler, P. S. (2008). *Business research methods* (10 ed.). Boston: McGraw-Hill.

Davidson, L. C. (2010). Budgeting for sustainability: A Florida perspective. *Government Financial Review, 26(2), 51-55.*

Drom. R.A. (2007). New metrics for measuring the success of a non-profit RTO. *Energy Law Journal 28(2), 603-630.*

Elinwa, A.U. and Joshua, M. (2001). Time overrun factors in Nigeria construction industry. *Journal of Construction Engineering and Management,ASCE, 127(5}, 419- 25.*

Emlet. (2006). “You’re Awfully Old to Have This Disease”: Experiences of Stigma and Ageism in Adults 50 Years and Older Living With HIV/AIDS. *The Gerontologist, 46(6), 781–790*. http://doi.org/10.1093/geront/46.6.781

Enshassi, A. ,Mohamed, S. &Abushan, S. (2009). Factors Affetcing the Performance of Construction Projects in the Gaza Strip.*Journal of Civil Engineering and Management, 15(3), 269-280.*

Ernst, C., & Chrobot-Mason, D. (2010. *Boundary spanning leadership: Six practices for solving problems, driving innovation, and transforming organizations*. New York, New York: McGraw-Hill.

Fangel, M. (2008). *Proactive Project Management: How to Make Common Sense Common Practice*. Fangel Projektledelse A/S

Frederic, E. C. (2010). *Research Methods in Ecology*. Theclassics.Us. United States

GoK (2016). *Kenya HIV AIDS County Profile*

Hair, J.F, Money, A. H., Samouel, P. & Page, M. (2005). *Research Methods for Business*. Chichester: John Wiley and Sons,. Print.

Harris, A. (2002b). Improving schools through teacher-leadership. *Education Journal, 59(Jan), 22-23.*

Harris, A. and Lambert, L. (2003). *Building Leadership-Capacity for School-improvement*, Open University Press

Horton, D. (2002). Planning, Implementing, and Evaluating Capacity Development. International Service for National Agricultural Research (ISNAR) Briefing Paper 50: Retrieved 23 February 2017 from http://portals.wi.wur.nl/files/docs/ppme/capacity_development_isnar .pdf

Horton, D., Alexaki, A., Bennett-Lartey, S., Brice. K. N., Campilan, D., Carden, F., de Souza silva, J., Duong, L. T., Khadar, I., Maestrey Boza, A., Kayes Muniruzzaman, I., Perez, J., Somarriba Chang, M., Vernooy, R., & Watts, J. (2008). Evaluacion del Dessarollo de capacidedes. Experiecias de investigecion y Dasarrollo alrededor del mundo. Cali, Colombia: Centro Internacional de Agricultura Tropical (CIAT).

Jerry, A. & Anne, G. (2008). *Participatoty Monitoring and Evaluation in Practice. INTRAC-Praxis Paper 21, 9-11*: Unpublished.

Josephson, P.E. and Lindstrom, J. (2007). *Measuring performance in construction projects. In R. Milford and T.O. Haupt (eds). Construction for Development: Proceedings of CIB 2007 World Building Congress.* Cape Town, ZA, South Africa, 14–18 May. Rotterdam: International Council of Building Research (CIB), 383–394.

Kothari, C. (2004). *Research methodology, Methods and techniques*; News Delphi; International P. ltd.

Kotloff, L.J. & Burd, N. (2012). *Building stronger nonprofits through better financial management: Early efforts in 26 youth-serving organizations. Public/Private Ventures*, The Wallace Foundation.

Kuprenas John A., (2003). Project management actions to improve design phase cost performance, *Journal of Management in Engineering, Vol. 19, No.1, PP. 25-32*

Kusek, J. Z., & Rist, R. C. (2004). *Ten Steps to a Results-Based Monitoring and Evaluation System.* Washington DC, United States of America: The International Bank for Reconstruction and Development / The World Bank.

LaFond, A. & Brown, L. (2003). *A Guide to Monitoring and Evaluation of Capacity-Building intervention in the Health Sector in Developing Countries*: Measure Evaluation Manual Series, No.7. Chapel Hill:Carolina Population Center, University of North Carolina. Retrieved 12 October 2007.

Ling Florence Yean Yng, Low Sui Pheng, Wang Shou Qing and Lim Hwee Hua,(2007), Key project management practices affecting Singaporean firms' project performance in China, *International Journal of Project Management*

Linnell, D. (2003). *Evaluation of Capacity Building: Lessons from the Field*. Washington, DC: Alliance for Nonprofit Management.

Long Nguyen Duy, Ogunlana Stephen, Quang Truong and Lam Ka Chi, (2004). Large construction projects in developing countries: a case study from Vietnam, *International Journal of Project Management, Vol. 22, PP. 553–561*

Morgan, D. L. (2002). Focus Group Interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), A *Handbook of Interview Research: Context & Method*. Thousand Oaks, California: Sage.

Mugenda, O. M. & Mugenda, A. G. (2003). *Research Methods: Quantitative and Qualitative Approaches:* African centre of technology studies. Nairobi acts press.

Nachmias, C.F. & Nachmias, D. (1996). *Research methods in the social sciences*. London. St. Martins press.

Naoum, S., Fong, D. and Walker, G. (2004). *Critical success factors in project management', in proceedings of International Symposium on Globalization and Construction*, Thailand, 17- 19September.

Neuman, W. L. (2006). *Social Research Methods: Qualitative and Quantitative Approaches*.

Navon, Ronie, (2005). Automated project performance control of construction projects, *Automation in Construction, Vol. 14, PP. 467– 476*

Nyonje, R. O., Ndunge, K. D., & Mulwa, A. S. (2012). *Monitoring and Evaluation of Projects and Programs - A Handbook for Students and Practitioners*. Nairobi, Kenya: Aura Publishers.

Ogula, P.A. & Jane, O. (2009). *Handbook on teaching and learning in higher education*. Nairobi: CUEA press.

Ogula, P. A. (2002). *Monitoring and Evaluation of Educational Projects and Progrmas*. Nairobi, Kenya: New Kemit Publishers.

Orodho (2009). *Techniques of data Analysis using Statistical Package for social sciences (SPSS)*. Computer Program: ISBN: 978-9966-7350-3-8

Orodho, A.J. & Kombo, D.K. (2002). *Research method*. Nairobi: Kenyatta University Press. Institute of open learning Module, Nairobi, Kenya.

Palella FJ, Jr., Delaney KM, Moorman AC, et al.' (1998). Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. HIV Outpatient Study Investigators. ***N Engl J Med.*** *1998;338(13):853–860.*

Pheng, L.S. and Ting, D.L.L. (1998). Factors influencing design development time of commercial properties in Singapore', *Facilities, 16(1/2), 40-51*.

Rodgers, P., & Williams, B. (2006). Evaluation for practice improvement and organisational learning, In Shaw, I.F., Greene, J.C. and Mark, M.M. (Eds) *The SAGE Handbook of Evaluation*. London: Sage Publishers

Schwandt, T. A., & Burgon, H. (2006). Evaluation and the study of live experience. In In Shaw, I.F., Greene, J.C. and Mark, M.M. (Eds) *The SAGE Handbook of Evaluation*. London: Sage Publishers.

Shapiro, J. (2001). Monitoring and Evaluation. *Johannesburg: CIVICUS: World Alliance for Citizen Participation*

Singh, D. K., & Nyandemo, S. N. (2004). *Aspect of Project Planning, Monitoring, Evaluation and Implementation.* Duhra Dune, India: Bishen Singh Mahendra Pal Singh.

Slater, L. (2008). Pathways to building leadership-capacity, Educational Management *Administration & Leadership, 36(1), 55-69.*

Stier, J. &Kjellin, M. S. (2009). Communicative challenges in multinational project work: *Journal of Intercultural Communication, Issue 21*

Stoll, L. (1999). Realizing our potential: understanding and developing capacity for lasting improvement, *School Effectiveness and School-improvement, 10(4), 503-532.*

Stringer, E. (2008). *Action research in education*. Upper Saddle River: Pearson Education.

Takim, R, & Akintoye, A. (2002). Performance Indicators for Successful Construction Project Performance. *Association of Researchers in Construction Management, 2(2), 545-555*

Taylor, A. (2010). Building leadership capacity to drive sustainable water management: The evaluation of a customised program. *Water Science & Technology, 61(11), 2797–2807*.

Taylor, A., Cocklin, C., & Brown, R. (2012). Fostering environmental champions: A process to build their capacity to drive change. *Journal of Environmental Management, 98(2012), 84-97.*

The Urban Institute (2001). *Building Capacity in Non-profit Organizations*. C.J. De Vita., & C. Fleming (Eds). Retrieved January 29th, 2017 from http://www.urban.org/uploadedpdf/building_capacity.pdf

Thomas, S.R., Macken, C.L., Chung, T.H. and Kim, I. (2002). *Measuring the Impact of the Delivery System on Project Performance: Design-Build and Design-Bid-Build NIST GCR 02-840*. Austin, US: Construction Industry Institute

Vater, S. (2012). *Project Planning as Key to Success in Project Management*. M nchen GRIN Verlag GmbH.

UNDP. (2009). *Going for Scale, Going for Sustainability, Going for Quality*. [Electronic version] New York: Capacity Development Group, Bureau for Development Policy, United Nations Development Program. Available from http://www.undp.org/capacity

UNDP. (2009). *Handbook On Planning, Monitoring And Evaluating For Development Results.* United States of America: A.K.Office Supplies (NY).

UNDP. (2010). *Results-Oriented Monitoring and Evaluation: A Handbook for Program Managers*. UNDP.

UNESCO (2006). *Guidebook for Planning Education in Emergencies and Reconstruction* (Chapter 3) Capacity Building. Retrieved 2 February 2017, from http://www.unesco.org/iiep/eng/focus/emergency/guidebook.htm

WHO (2017). *Human capacity-building plan for scaling up HIV/AIDS treatment*

World Resources Institute (WRI) in collaboration with United Nations Development Programme, United Nations Environment Programme, and World Bank. (2008). World Resources 2008: *Roots of Resilience Growing the Wealth of the Poor*. Washington, DC: WRI.

Wysocki, R. K., & McGary, R. (2003). Effective Project Management - Traditional, Adaptive and Extreme (3rd ed.). (R. M. Elliott, Ed.) Indianapolis, Indiana: Wiley Publishing.

APPENDICES

APPENDIX I: LETTER OF TRANSMITTAL

Nelly Koonyo

P.O Box 922

Narok.

25th April 2017

Dear Sir/Madam,

RE: REQUEST TO CARRY OUT RESEARCH WITHIN KAJIADO SOUTH SUB COUNTY

I am postgraduate Student University of Nairobi. I am doing a research on **the influence of capacity building on project performance in Kajiado South Sub County in Kenya**. I do request to be allowed to carry out the above research within the Sub-County offices. This research is to be conducted purely for academic purposes only. However, evaluation results may be made public after the completion of the study for future researchers and other relevant stakeholders to guide them in their work.

Every care will be taken in the data collection procedure to ensure that it is within ethical limits.

Thank you in advance for your cooperation.

Yours faithfully

Nelly Koonyo

APPENDIX II: QUESTIONNNAIRE FOR PROJECT IMPLEMENTERS

001 –Interviewer code ----------/----------/Name----------

002 –Name of the Group----------

003 – Date of interview:---------/---------/------Start time: …… End Time: …….

004 – Checked by supervisor. (1) Yes (2.) No

Signature---------- day----------month----------year.

Part A: Respondents Bio Data

1: Gender: Male ☐ Female ☐

5. Educational qualification

Diploma ☐ MA/M.Sc. ☐

BA/B.Sc. ☐ PhD ☐

Others (specify) _____

6. Age _____

Part B: Capacity Building

1. Does you're your organization conduct capacity building? Yes ☐ No ☐

Don't know ☐

2. For how long have you been conducting capacity building? (Write in Years) _____

3. Please tick the areas that you have been conducting capacity building

Leadership ☐

Project design ☐

Project Implementation ☐

Financial management ☐

Monitoring and evaluation ☐

4. Please rate effectiveness of capacity building in your organization

Least Effective ☐

Less Effective ☐

Not Sure ☐

Effective ☐

Very Effective ☐

3. Listed in the table below are application of capacity building in organization, to what extent do these aspects of capacity building applicable in your organization? Please tick **(□)** your choice in the box provided. 5 – SA – Strongly Agree 4. A – Agree, 3. N – Neutral, 2 – D – Disagree 1 – SD – Strongly Disagree

	5	**4**	**3**	**2**	**1**
Leadership Capacity building					
We have capacity built the groups on groups dynamics					
We have capacity built leaders on decision making					
We have capacity built leaders on organizational visioning					
We have capacity built leaders strategic planning					
We have capacity built leaders on resource mobilization					
We have capacity built leaders on motivating followers					
Project Design capacity building	**5**	**4**	**3**	**2**	**1**
We have capacity built leaders on project cycle					
We have capacity built leaders on project conceptualization					
We have capacity built leaders on environmental scanning					
We have capacity built leaders on setting project objectives					
We have capacity built leaders on stakeholders analysis					
We have capacity built on project budgeting					
Project Implementation capacity building	**5**	**5**	**3**	**2**	**1**
We have capacity built leaders on developing project implementation plan					
We have capacity built leaders on developing Gantt charts					
We have capacity built leaders on developing work plan					
We have capacity built leaders on work break down structures					
We have capacity built leaders on milestone tracking					
We have capacity built leaders on tasks priorities					
Financial Management Capacity building	**5**	**4**	**3**	**2**	**1**
We have capacity built leaders on fund raising					
We have capacity built leaders on financial accounting					
We have capacity built leaders on financial budgeting					
We have capacity built leaders on financial statement interpretation					
We have capacity built leaders on financial statuary laws					
We have capacity built leaders on financial reporting					

M&E Capacity building	**5**	**4**	**3**	**2**	**1**
We have capacity built leaders on importance of M&E					
We have capacity built leaders on designing M&E systems					
We have capacity built leaders on M&E reporting systems					
We have capacity built leaders on how track outcomes					
We have capacity built leaders on how to track impacts					
We have capacity built leaders on to use M&E results					
We have capacity built leaders on to integrate M&E in project strategies					

Others please specify

…….....**.....**

Part C: Project Performance

1. Are you aware of how to measure project performance?

Yes ☐ No ☐

2. Does capacity building enhance project performance in your organization?

Yes ☐ No ☐

3. The table below list elements of project performance brought about by capacity building, indicate the one applicable in your organization? 5 – SA – Strongly Agree 4. A – Agree, 3. N – Neutral, 2 – D – Disagree 1 – SD – Strongly Disagree

Project performance	**5**	**4**	**3**	**2**	**1**
Project performance have generally improved					
Implementation strategies have improve					
Project outcome are realized early					
Project impact is eminent					
Projects sustainability can be foreseen					
Project replication is foreseen					

4. Do you think your university is facing challenges achieving project performance?

Yes ☐ No ☐

5. The table below lists some of the challenges that an institution can face in achieving the envisaged project performance. 5 – SD – Strongly Disagree, 4 – D – Disagree, 3 – NS – Not Sure, 2 – Agree, 1 – Strongly Agree.

Challenges	**5**	**4**	**3**	**2**	**1**
Capacity building in project management is generally a challenge					
Stakeholders integration is a challenge					
Project adoptability is a challenge					
Financial resources is a challenge					
Human resource is a challenge					
Project adoptability is a challenge					

Others (please specify)

……..……

……

……

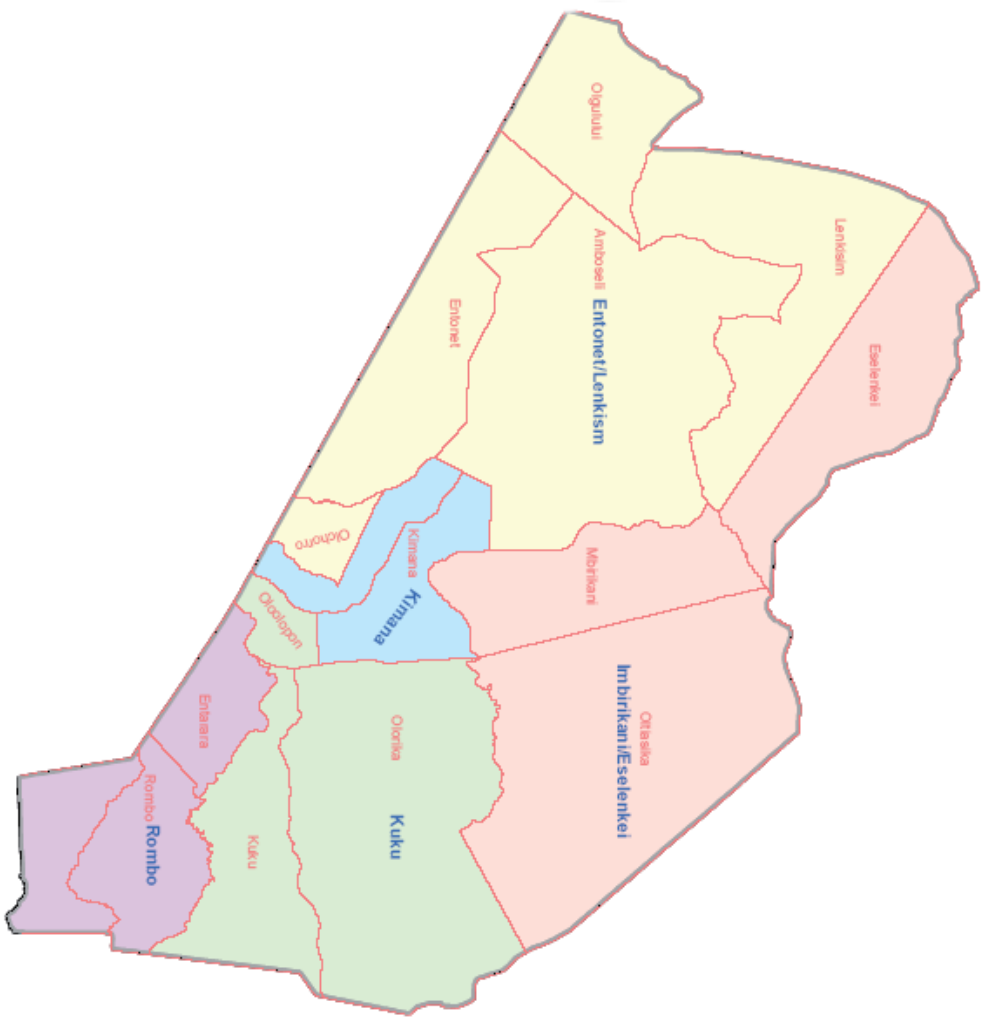
APPENDIX II: INTERVIEW GUIDES FOR BENEFICIARIES

Part I: Demographic and Socioeconomic characteristics of the respondent				
Qn.	Questions	Responses/Variables	Code	Skip rule
1	Age of respondent:	1.) 18-22yrs 2.) 23 – 27yrs 3.) 27-31yrs 4.) 32-35yrs 5.) Above 36 yrs		
2	Sex of respondent	1.) Male 2.) Female		
3	Marital status	1.) Married 2.) Single 3.) Separated 4.) divorced 5.) Widowed 6.) Others Specify…….		
4	Occupation	1.) House wife 2.) Farmer 3.) Small Scale traders 3.) Unemployed 4.) Others specify…….		
5	Monthly income. What is your monthly income	Kshs……..		
6	Religion	1.)Catholic 2.) Protestant 3.) Traditional 4.) Islam 5.) Others specify…		
7	Ethnic Origin	1.) Maasai 2.) Kikuyu 3.) Luo 4.) Luhyia 5.) Kalenjin 6.) Kamba 7.) Others specify……..		
8	Highest level of Education	1.Primary 2.) Secondary 3.) Tertiary 4.) University		

		5.) Others specify		
9.	Do you belong to any group?	1.) Yes 2.) No		
10.	If Yes, which group and what activities are you involved in			
11.	What leadership role do you play in this group?	1.) Chairperson 2.) Treasurer 3.) Secretary 4.) Member 5.) Others		
12.	Have you received any capacity building training in that role?	1.) Yes 2.) No		
13.	If Yes, how has the training benefitted you			
14.	How has the training benefitted the community at large			
15.	Are you motivated since the training offered?	1.) Yes 2.) No		
16	Explain your answer in Q15 above			
17	What changes have you observed since the inception of this project within this community?			
18	In a scale of 1-5,how do you rate the trainings offered to project performance (Where 1 is lowest rate and 5 is highest rate)			
19	What aspect of capacity building contributes highly to Project Performance (Probe for aspects like Training, Coaching, Mentoring, Awareness creation, Campaign and lobbying)			
20.	In your opinion does Capacity building have an influence on project performance?			
21.	Give any other comments			

1. Has the implementing partner capacity built your skills?
2. Please tell me the frequency (in terms of years) capacity building has been carried out
3. List the areas that were capacity built?
4. Was capacity building effective?
5. Did capacity building help reduce further infection of HIV/AIDS?
6. Can you now replicate the project without the help of the implementing organizations?
7. Can you use information obtained from the capacity building exercise to train other people?
8. What is your attitude towards capacity building conducted by the implementing agencies?
9. Is there any challenges related with capacity building that you are currently facing
10. Please list some recommendations you hope to see on capacity building

APPENDIX IV: MAP OF KAJIADO SOUTH SUB-COUNTY



Adopted from Google map Data 2016

APPENDIX V: STUDY AREA DEMOGRAPHIC INDICATORS AND HOUSEHOLDS SIZE

Country/County/Wards		Kenya	Kajiado County	Kajiado South
Gender	Total Population	37,919,647	676,752	147,730
	Male	18,787,698	338,380	72,107
	Female	19,131,949	338,372	75,652
Age group	0 – 5 years	7,035,670	130,959	23,121
	0 – 14 years	16,346,414	283,245	51,131
	10 – 18 years	8,293,207	130,909	23,047
	15 – 34 years	13,329,717	261,306	33,085
	15 – 64 years	20,249,800	378,243	48,895
	65 + years	1,323,433	15,264	2,793
Sex rate		0.982	1.000	0.951
Total dependency ratio		0.873	0.789	1.103
Child dependency ratio		0.807	0.749	1.046
Aged dependency ratio		0.065	0.040	0.057

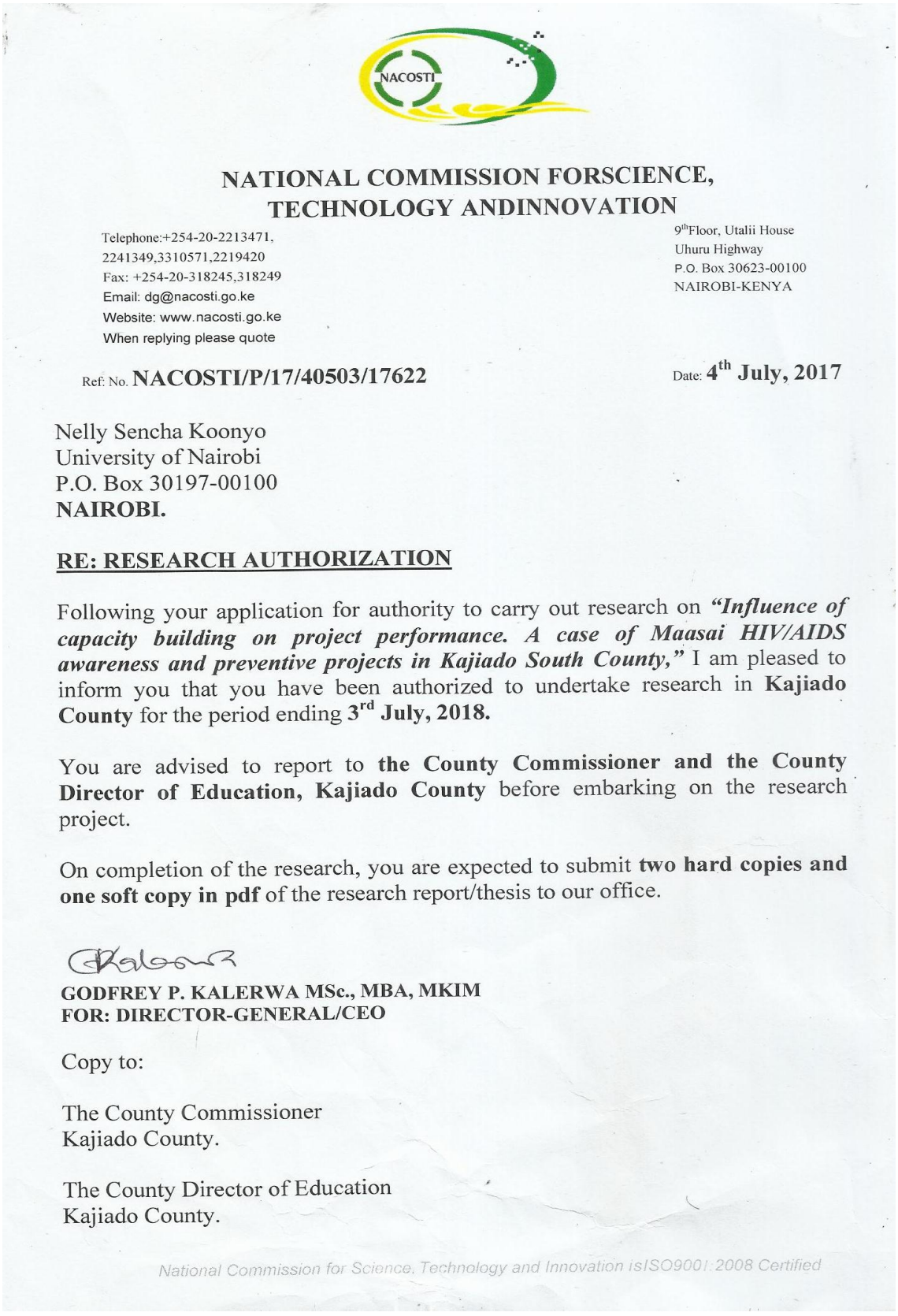
Source: KNBS 2014 Report on inequalities in Kenya

Study Area Demographic Indicators and Households Size

Constituencies	**Sub-counties**	**Area Km^2**	**No. of divisions**	**No. of Locations**
Kajiado North	Kajiado North	6,344.9	4	30
Kajiado Central	Kajiado Central	5,186.0	3	32
Kajiado East	Isinya	1,056.0	2	16
Kajiado West	Mashuru	2,903.0	2	11
Kajiado South	Loitoktok	6,411	6	16
Total		**21, 900.9**	**17**	**105**

Source: Kajiado County Development Profile (2013)

APPENDIX VI: RESEARCH AUTHORIZATION LETTER



NATIONAL COMMISSION FORSCIENCE, TECHNOLOGY ANDINNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/17/40503/17622**

Date: **4th July, 2017**

Nelly Sencha Koonyo
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Influence of capacity building on project performance. A case of Maasai HIV/AIDS awareness and preventive projects in Kajiado South County,"*** I am pleased to inform you that you have been authorized to undertake research in **Kajiado County** for the period ending **3rd July, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Kajiado County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Kajiado County.

The County Director of Education
Kajiado County.

National Commission for Science, Technology and Innovation isISO9001:2008 Certified

APPENDIX VII: RESEARCH CLEARANCE PERMIT

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
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REPUBLIC OF KENYA

NACOSTI

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No.A 14627

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:
MISS. NELLY SENCHA KOONYO
of UNIVERSITY OF NAIROBI, 46479-100 Nairobi,has been permitted to conduct research in *Kajiado County*

on the topic: *INFLUENCE OF CAPACITY BUILDING ON PROJECT PERFORMANCE A CASE OF MAASAI HIV/AIDS AWARENESS AND PREVENTIVE PROJECTS IN KAJIADO SOUTH COUNTY*

for the period ending:
3rd July,2018

Permit No : NACOSTI/P/17/40503/17622
Date Of Issue : 4th July,2017
Fee Recieved :Ksh 1000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation