

**FACTORS INFLUENCING IMPLEMENTATION OF OUT-OF-SCHOOL
YOUTH HIV PREVENTION PROJECTS IN MBITA DISTRICT, KENYA**

BY

EVERLINE ATIENO ODIDA

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DECLARATION

This research project report is my original work and has not been presented for a degree or any other award in any other university.

Signature.....Date

EVERLINE ATIENO ODIDA

L50/61463/2011

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

Signature **Date:**

DR. CHRISTOPHER M. GAKUU

SENIOR LECTURER AND CHAIRMAN,

DEPARTMENT OF EXTRA – MURAL STUDIES,

UNIVERSITY OF NAIROBI

DEDICATION

This research project report is also dedicated to my parents Mr. and Mrs. Francis Otieno for their dedication, support and commitment in ensuring that I had all that I required for my schooling. To a special brother, Peter Omondi I say thank you for giving me special support during my undergraduate studies.

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ABBREVIATIONS AND ACRONYMS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
HBM	Health Belief Model
BCC	Behavior Change Communication
CBO	Community based organizations
CDC	Centre for Disease Control
NGO	Non-Governmental Organization
KAIS	Kenya AIDs Indicator Survey
KDHS	Kenya Demographic and Health Survey
M&E	Monitoring and Evaluation
PLWHA	people living with HIV and AIDS
PLHIV	People Living with HIV
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SPSS	Statistical Package for Social Sciences
VCT	Voluntary Counseling and Testing
UNAIDS	United Nations Programmes on HIV/AIDS
UNICEF	United Nations Children Emergency Fund
UNIGASS	United Nations General Assembly Special Session for Treatment of HIV/AIDS

ABSTRACT

This study explores factors influencing implementation of out-of-school HIV prevention projects in Mbita district, Kenya. The study was guided by the following research objectives; to determine the extent to which technical skills of personnel influences implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district; to assess how level of stakeholders involvement influence implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district; to establish the extent to which availability of resources influences delivery of out-of-school youth HIV/AIDS prevention projects in Mbita district and above all to assess the degree to which the monitoring and evaluation of the project influences implementation of out-of-school youth HIV/AIDS prevention projects for youths in Mbita district. The hypotheses tested aimed at establishing dependency between implementation of HIV projects and: personnel skills, level of stakeholder involvement, availability of resources and project monitoring and evaluation. This study was supported by a comprehensive literature review section in Chapter Two. Descriptive research survey design was used on a population census. Questionnaires were administered to 3 program staffs for each of the 11 institutions managing HIV programs in Mbita district. Data was collected and was analyzed by using Statistical Package for Social Sciences version 18 computer program. The findings were presented in the form of tables. The hypotheses were tested using chi-square test. Results showed that implementation of HIV projects and; technical skills of personnel, stakeholders' involvement and monitoring and evaluation of programs depend on each other. On the other hand, implementation of out-of-school HIV prevention projects and amount of resources are independent. Based on the results, the study recommended that the Kenyan government needs to increase the number of people who know their HIV status by promoting and expanding access to HIV testing policies that could lead to improvement of implementation of HIV projects. Government should set up policies the minimized inequalities and discrimination in doth education and employment. HIV control programmes should establish harmonized indicators and standard reporting and recording templates to collect data for monitoring and evaluation of collaborative HIV activities. HIV control programmes should implement procedures for voluntary, acceptable and confidential HIV counseling and testing for health-care providers and for reduction of occupational exposure to HIV infection in their services. It is hoped that the findings of the study will allow program facilitators to determine areas of strength and weakness, outcomes on HIV/STI rates and the program's impact on the target population's behaviors, beliefs and attitudes concerning HIV/AIDS. In particular, the implementers are likely to use the findings to re-design the program to meet needs of most at risk population and vulnerable groups. Working with this study may help inform future donor-funded HIV/AIDS prevention projects by drawing specific lessons on the factors influencing the implementation of the projects.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

More than twenty five years into the HIV/AIDS pandemic, it remains one of the most serious challenges to global public health. AIDS affects people primarily when they are most productive, harming the social and financial wellbeing of families, communities, and countries. Youths aged 15-24 comprise a segment of the population faced with unique sexual and reproductive health (SRH) challenges including poor access to SRH information and services. One-third of all currently infected individuals are youth, ages 15 to 24 and 45 percent of all new infections occur in youth the same age (UNAIDS 2008). In African countries with long, severe epidemics, half of all infected people acquire HIV before their 25th birthday and die by the time they turn 35(UNAIDS, 2000). According to the 2003 Kenya Demographic and Health Survey (KDHS), females aged 15 to 24 are three times more likely to be HIV-infected than their male counterparts. Undoubtedly, HIV/AIDS awareness and prevention campaigns need to focus on this younger AIDS generation.

The most important determinants of the HIV status of individuals are the behavioral risk factors. These include multiple sexual partners, frequent change of sexual partners, having unprotected sex, presence of sexually transmitted infections and lack of circumcision among others. Having unprotected sex with multiple partners remains the greatest risk factor for HIV with large

proportions (62%) of people living with HIV in long-term relationships in Kenya (UNAIDS 2010). Effective prevention and control of HIV and AIDS hinges on a combination approach of behavioural, biomedical and structural interventions delivered in a targeted manner depending on one's epidemic. Available biomedical interventions that are relevant for the youths include ART, male circumcision, HIV testing and counseling as well as treatment of sexually transmitted infections.

Comprehensive programs are needed to reach all persons who require treatment and to prevent transmission of new infections. Globally, sexual transmission is responsible for the majority of new HIV infections (UNAIDS, 2008). Behavior change programs seek to encourage people to adopt safer sexual behaviors that can reduce the risk of acquiring and transmitting HIV. A number of studies have documented the effectiveness of behavior change programs among a broad range of populations at risk of HIV infection (Auerbach, J.D. et al., 2006). Effective behavior change programs are tailored to the needs and values of the groups they are designed to reach (UNAIDS 2008).

A key to effective reproductive health (RH) and HIV prevention programs for youth is to provide the information, education, skills, and services that young people need to make choices that keep them healthy and able to pursue their potential in life. Out-of-school youth, who are often difficult to reach, present special challenges to providing comprehensive RH information and services. This is particularly true because the information they need — on human sexuality, abstinence, RH, Sexually transmitted infections (STIs), pregnancy prevention, HIV prevention, and skills for sexual decision-making — are difficult to address in informal settings since this

information requires sensitivity and focus. In addition, messages about sexuality issues and behavior change are complex and require multiple contacts from a variety of channels to be effective.

Programs for out-of-school youth must be flexible to meet the needs of this large and varied population. Out-of-school youth may congregate in mixed-age groups with highly diverse skill and educational levels. They may be geographically scattered. They may be on the move and unable to adhere to a fixed schedule. As a result, curricula for these populations must be designed to allow for maximum learning in short segments or must employ strategies that bring young people back for continued contact.

With South African youth aged 15-24 experiencing among the highest HIV prevalence in the world [Laga , Schwärtlander , Pisani , Sow and Caraël , 2001], the development of effective HIV prevention programmes is a top public health and policy priority. However, in spite of recent calls to increase attention to the high levels of HIV transmission to young women, particularly in southern Africa, little scientific consensus exists about how best to prevent HIV infection among youth. In countries where HIV prevalence has declined at population level, sexual behaviour change among young people has been cited as an important contributing factor [Stirling, Rees, Kasedde and Hankins, 2000]. Yet questions remain regarding how to achieve - and maintain - the individual-level behavioural changes needed to reduce HIV incidence.

A successful program such as Banana of Botswana realizes the importance of HIV/AIDS awareness building, and moreover, it also recognizes the importance of promoting safe behaviors and offering life-managing skills. Banana therefore adopts services such as peer education and

life skills education in order to successfully achieve its program objectives of raising awareness, promoting safe and low risk behaviors, and equipping youth with the skills to practice these safe and healthy behaviors (Harris, 2006).

Kenya has witnessed a declining HIV prevalence in recent years – in 1997/98 the prevalence was estimated at 10 percent; by 2009 this figure had lowered by more than a third to 6.3 percent (UNGASS, 2010). The decline has been attributed to a number of factors, including a reduction in risky behaviours (UNGASS, 2008). Kenya's education sector has taken an active role in the country's response to the AIDS epidemic, having a particularly positive effect on HIV and AIDS awareness and leading to a reduction of risk behaviour among young people (Actionaid, 2003).

The government of Kenya, international donor partners, local and international nongovernmental organizations, faith-based organizations, and many other facets of civil society are involved in activities and services to prevent the spread of HIV/AIDS among out-of-school youth. The success of these efforts to educate the youth of Kenya about AIDS depends on several factors; the effectiveness of HIV prevention messages is the high rate at which VCT services are being used if they are easily accessible, the amount of resources invested the stakeholder involvement, technical skills of personnel, length of the project and the poverty level. It seems clear that the continuing spread of HIV will remain a problem until effective prevention interventions can reduce the barriers related to HIV risk among young people.

1.2 Statement of the Problem

Mbita district is one of the poorest districts in Kenya. Nyanza province, where the district is located, has a Human Poverty Index (HPI) of well over 40% (The average for Kenya is 34.5). Nyanza Province has the highest rural HIV/AIDS prevalence in the country with Mbita district being the epicentre of the disease in the province with the prevalence reaching up to rate of 24% (according to KAIS 2009) of the overall population of the district. Mbita is actually the leading District in Kenya with the highest HIV prevalence rate! High maternal mortality, low contraceptive prevalence, early childbearing and low utilization of reproductive health (RH) services characterizes the district's reproductive health profile.

The AIDS Pandemic has devastated the population around the shores of Lake Victoria. At 24%, (KAIS, 2009) Mbita has one of the highest HIV/AIDS Prevalence rates in all of Africa, outside of South Africa. This has left an extremely high number of orphans and vulnerable children. Very few girls finish their education before they get pregnant, married off or are forced to drop out because they need to work. Because of high HIV prevalence there has been a huge amount of Non-Governmental Organization (NGO) and Community based organizations (CBO) aid into the area. However, despite the donor support and work of line ministries and volunteers, the problem still persists. The underlying factors that influence the effective implementation of HIV prevention services to the community must be assessed in order to streamline the delivery, reach more youths more efficiently and to implement effective policy to fix the problem. The problem of high HIV prevalence rate in Mbita would be attributed partly due to lack of adequate and accurate knowledge on the factors influencing implementation HIV prevention Projects targeting out-of-school youths.

1.3 Purpose of the Study

The purpose of this study is to determine factors influencing implementation of HIV/AIDS prevention projects in Mbita district.

1.4 Objectives of the Study

The study was guided by the following research objectives:

1. To determine the extent to which technical skills of personnel influences implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district.
2. To assess how level of stakeholders involvement influence implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district.
3. To establish the extent to which availability of resources influences delivery of out-of-school youth HIV/AIDS prevention projects in Mbita district.
4. To assess the degree to which the monitoring and evaluation of the project influences implementation of out-of-school youth HIV/AIDS prevention projects for youths in Mbita district

1.2 Research Hypotheses

H01: There is no significant relationship between technical skills of personnel and implementation of out-of-school youths HIV/AIDS prevention projects in Mbita district

H02: There is no significant relationship between stakeholders' involvement and implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district

H03: There is no significant relationship between availability of resources and implementation of out-of-school youth HIV/AIDS prevention projects for in Mbita district

H04: There is no significant relationship between monitoring and evaluation of the program and implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district

1.6 Significance of the Study

Like nearly every African nation, Kenya has been severely affected by the HIV/AIDS epidemic in the last two decades, which is associated by a number of development challenges. It is therefore important to recognize the role played by HIV prevention implementing agencies in development. In view of this, it is hoped that the study will give guidance to Kenya's economic planners and policy makers regarding HIV/AIDs prevention policy.

It is hoped that the findings of the study will allow program facilitators to determine areas of strength and weakness, outcomes on HIV/STI rates and the program's impact on the target population's behaviors, beliefs and attitudes concerning HIV/AIDS. In particular, the implementers are likely to use the findings to re-design the program to meet needs of most at risk population and vulnerable groups. Working with this study may help inform future donor-funded HIV/AIDs prevention projects by drawing specific lessons on the factors influencing the implementation of the projects.

The students and other researchers, who will carry future research in related areas, are likely to borrow from the study to confirm or verify the findings and already existing theories. The

academic contribution of the work will likely provide more source of knowledge from which scholars can draw necessary information.

1.8 Limitations of the Study

The study was hindered by the following constraints;

Firstly, the study used primary data which range from semi-structure to open-ended questionnaire as mode of data collection; this method has limitation since it give room for irrelevant responses, thereby making analysis of the data very difficult. This was overcome by researcher administering questionnaires herself and helped the participants internalized the whole process.

Secondly, respondent failing to complete part or the whole questionnaire, such as the questions dealing with sexual life and reproductive health thereby, ending up with incomplete questionnaires. Because of the sensitive nature of the information being gathered, the researcher followed strict confidentiality and anonymity protocols for interviews and questionnaires. Protection of confidentiality and anonymity was explained to the respondents before the interview and they consent to be part of the study.

The other shortcoming of the questionnaires was the challenge of the respondents misunderstanding the question put forward and failing to provide the required answer. This has effect of lowering the validity of the measuring instrument and in effect the findings of the research are not a true reflection of the reality the researcher seeks to study. The researcher mitigated this by devoting a great deal of time in designing the questionnaire, trying as much as

possible to use simple language. The researcher also piloted the questionnaire to a group of program officers in order to identify any ambiguities.

The research was costly. It was expensive to print questionnaires and even costly to reach respondents. This was to be encountered by the researcher sourcing funds from friends, relatives and credit from micro-finance institutions.

Finally, the research was affected by heavy rains. To solve this, the researcher procure field gargets (rain coat, safari boot, canvas bag and umbrella) used during research.

1.9 Delimitations of the Study

The research was conducted in Mbita district, Homa-bay County which is in Nyanza province of western Kenya. Mbita District has 3 divisions namely, Mbita, Mfangano and Labwe divisions. Mbita is the far end district that sits on the shore of the Lake Victoria, border Uganda to the west, Budalangi to the north, Bondo and Rarieda districts to the Northeast, Gwasii district to the South, Ndhiwa and Rangwe to the Southeast. It coverers two major fishing islands, namely Rusinga and Mfangano and other smaller islands such as Ngodhe, Ringiti, Takawiri and Rhemba islands and stretches over 1055km. The majority of the Mbita population lives along the lake in beach communities as the main economic activity is fishing. The district is remote and relatively isolated with certain parts such as the islands being almost out of reach. It is characterized by high levels of poverty as in the rest of Nyanza province.

The topography of the region itself is an enormous limiting factor, as much of the population is found on numerous islands in Lake Victoria. The dynamic population of the fishermen and their

often care-free, promiscuous behavior coupled with Luo traditions surrounding sex and the numerous commercial sex workers make Mbita district a prime place for the spread of HIV/AIDS. And, as prevalence statistics have continued to show, Mbita district is exactly that.

1.10 Basic Assumptions of the Study

The following were the basic assumptions of the study;

The study assumed that sample was a true representative of the population, respondents answered questions completely and correctly. The study also assumed that there will be 100% response rate and all the resources required to make the study successful will be adequate and available in time. Finally the study assumes that the instrument had validity.

1.11 Definition of Significant Terms as used in the Study

HIV - It is one of a group of viruses known as retroviruses. After getting into the body, the virus kills or damages cells of the body's immune system. The body tries to keep up by making new cells or trying to contain the virus, but eventually the HIV wins out and progressively destroys the body's ability to fight infections and certain cancers.

AIDS - It is caused by HIV and occurs when the virus has destroyed so much of the body's defenses that immune-cell counts fall to critical levels or certain life-threatening infections or cancers develop

Out-of-school youth - is used in the study to define several groups of young people aged 15-24 years: those who have dropped out of school, those who never attended school, or those who participate in non-formal school programs

“VCT” - is defined broadly in this study and includes centres funded by the government, non-governmental organizations (NGOs), and community based organizations (CBOs).

Personnel technical skills – ability of staff to perform specialized tasks within the organization.

Specific areas of expertise

Monitoring and evaluation –Monitoring and evaluation is about clarifying what you are trying to do, and collecting and analyzing information which shows whether or not you are doing it and how you might do it better.

Stakeholders – any identifiable group or individual who can affect the achievement of an organization’s objectives or who is affected by the achievements of an organization’s objectives

Involvement – is synonymous with the term participation. Both terms have the meaning of “taking part in an activity or event”.

Stakeholders’ involvement - A term used interchangeably with stakeholders’ participation, which operates on a continuum from little meaningful participation to engagement in key activities to full decision-making and control.

HIV prevention- refers to practices done to prevent the spread of HIV. HIV prevention practices may be done by individuals to protect their own health and the health of those in their community, or may be instituted by governments or other organizations as public health policies.

1.12 Organization of the Study

This research project report contains five chapters and an appendices section. Chapter One, which is the Introduction study: this chapter includes the background to the problem, statement of the problem, objectives, research questions and hypotheses. In the late sections, the chapter discussed the significance, limitation of the study, delimitation of the study and basic assumption of the study. Finally, the definition of significance term discussed.

Chapter two; literature review, the chapter provides a background to HIV and AIDS intervention projects. It explores the factors influencing the implementation of HIV prevention projects. Several theoretical frameworks and prevention models is also discussed in this chapter. Finally, conceptual framework of the study discussed

Chapter three; research methodology, the chapter discusses research design, the study employed descriptive survey to examine factors influencing implementation of HIV prevention projects in Mbita district. Target population, sample and sampling techniques and research instruments discussed in the chapter. Finally pilot study and data analysis techniques discussed

Chapter four contains the presentation and interpretation of the findings arising from data analysis using the techniques described in chapter three. The findings are presented in form of tables accompanied by explanations of the findings below each table.

Finally, chapter five contains summary of the findings, discussions of the findings, conclusion and research recommendations. The chapter also outlines suggested areas for further studies arising from the study findings and is concluded with a section of the study's contribution to the body of knowledge.

The research project report also consists of an appendices section which contains a letter of transmittal, the questionnaires to be administered to the employees of HIV implementing agencies, and a research permit.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The value of literature study in research is that it determines what has been done in the field of study one is dealing with, so that the researcher can learn from others how they have theorized and conceptualized issues (Mouton, 2001). In this research the literature review deals with literature reviews touching on issues related to implementation of HIV prevention programs. The topics dealt with in this chapter concern the implementation of HIV prevention program in various countries and factors that influence implementation of HIV prevention programs in various countries of the world. And the final part consists of conceptual framework.

2.2 Overview of HIV/AIDS prevention projects

HIV and AIDS is a developmental and human rights problem whose determinants are anchored in a myriad of biological, physical, socio-demographic, economic, cultural, psychological, political and legal factors that drive the epidemic. The complex interactions among these factors acting at individual, community and institutional levels frustrate efforts to find consistent and effective responses to management of the HIV and AIDS epidemic in sub-Saharan Africa. There is a general agreement that engaging partners across all development sectors creates synergy to address HIV and AIDS issues within a multi-spectral and multilevel approach (Rehle, Shisana and Pilly, 2006).

Behavioural interventions aim to change individual behaviours only without any direct attempts to change the norms of the target community. Examples of safer sexual behaviour include abstinence, fidelity, condom use when having sex damage and disease control. The last factor comprises delay of sexual activity, limiting the number of partners, seeking treatment for STIs, and not having sex while infected with an STI or when there is damage to the genital skin or mucous membranes.

Socio-developmental interventions aim to change livelihoods of the target groups by influencing the general socio-economic, cultural and environmental conditions, primarily to promote positive behaviour and improve access to biomedical interventions (IASC, 2004; UNAIDS, 2008).

Finally, interventions at health service level include administrative, managerial and medico-legal decisions that influence quality and safety of biomedical interventions provided (UNAIDS, 2008). These include clinical services that reduce the risk of HIV and other STI infections such as management of sexually transmitted infections, opportunistic infections, PMTCT services, PEP, highly active antiretroviral therapy (HAART), safety in care of PLWAs, male circumcision, condom distribution in public settings, blood screening, needle exchange programmes, microbicides and vaccine development initiatives.

As the HIV/AIDS epidemic varies between countries, it is critical that countries understand how the epidemic is affecting them specifically to ensure prevention interventions are appropriate and cost-effective. This includes gathering information about HIV infection rates among different population groups within a given country. Ongoing country-level surveillance of the epidemic is essential for countries to plan and adjust their prevention strategies accordingly.

In India, where young people represent a large proportion of the country's population, an estimated 2.27 million people are living with HIV (UNAIDS 2010). In phase II of the country's National AIDS Control Programme, the Adolescent Education Programme (AEP) was launched. The programme aimed to train teachers and peer educators to educate the student community both in and out of school about life skills, HIV prevention and HIV related stigma and discrimination. Under the initiative 112,000 schools were covered and 288,000 teachers were trained (National AIDS Control Organization 2007).

In reality, it is crucial that young people learn about AIDS in areas with a low prevalence so that the prevalence stays low. In 2007 it was reported that a number of states had decided not to implement the Adolescence Education Programme in its present form, rejecting the material that had been supplied (National AIDS Control Organization, 2007). Many young people across India are still not receiving information about HIV/AIDS.

In Namibia, life-skills based HIV education is now taught in 79 percent of secondary schools, a national campaign was launched on HIV risk and alcohol abuse, and more than 25 million male condoms are distributed free of charge every year. Levels of knowledge about HIV and condom use have increased; rates of sex before the age of 15 and sex with more than one partner in the last 12 months have decreased; and HIV prevalence in young women attending antenatal clinics declined from 18 percent in 2003 to 14 percent in 2007[UNAIDS, 2008].

In Nicaragua, a communications for social change strategy to promote HIV stigma reduction, gender equity, and HIV prevention among youth called *Somos Diferentes, Somos Iguales*, resulted in a significant reduction of stigmatizing and gender-inequitable attitudes, an increase in

knowledge and use of HIV-related services, and a significant increase in interpersonal communication about HIV prevention and sexual behavior.

In Brazil, an integrated response to the epidemic which funds health care systems; promotes racial, gender, ethnic, and sexual orientation equality in access to information and treatment; and includes public education campaigns and condom promotion, has led to increased safer sex practices among young people and has stabilized the country's epidemic (Brazilian Ministry of Health, 2008).

Kenya has witnessed a declining HIV prevalence in recent years – in 1997/98 the prevalence was estimated at 10 percent; by 2009 this figure had lowered by more than a third to 6.3 percent. The decline has been attributed to a number of factors, including a reduction in risky behaviours (UNGASS 2008). Kenya's education sector has taken an active role in the country's response to the AIDS epidemic, having a particularly positive effect on HIV and AIDS awareness and leading to a reduction of risk behaviour among young people (Actionaid 2003).

Kenya has integrated AIDS education into all subjects at school, and introduced a weekly compulsory HIV and AIDS lesson into all primary and secondary curricula. An evaluation of 2000 schools found that AIDS education is effectively promoting healthy behaviours and reducing the risk of infection (Kenya National AIDS Control Council 2009).

2.2.1 Influence of personnel technical skills on implementation of HIV prevention projects

In Senegal, an impact assessment showed that, although 91 percent of surveyed health workers recognize that body fluid contamination is risky for HIV or hepatitis transmission, only 25 percent take necessary precautions. The additional risk of HIV/AIDS encountered by health

personnel may therefore depend on their adherence to proper protocols and procedures as well as on the availability of sterilization equipment, surgical power tools, and supplies.

Labor effectiveness is reduced by the fear factor, the associated stress of caring for infected patients, and by inadequate HIV/AIDS-related knowledge and practices. The underlying causes of ineffective performance include fear of contracting the disease from patients, stigma associated with caring HIV/AIDS patients discomfort with the sexual dimensions of the disease, and a sense of professional inadequacy due to high mortality rates (Masini and Mwapeta, 1993). Perhaps the main cause of stress is the realization that they share the risks that resulted in the infection of patients in the first place.

Health personnel often do not have the psycho-social support capabilities that are important to deal with patients' emotional traumas. Some may feel a great social distance from clients and patients who are commercial sex workers or individuals with sexually transmitted infections. A Tanzanian study found that 96 percent of health workers at one hospital did not sympathize with infected sex workers, homosexuals, or drug abusers (Masini and Mwampeta 1993). Staff may have cultural, social, or moral objections to the advice that they are supposed to convey (e.g., the use of condoms). Moreover, personnel may inadvertently be blamed for shortages of drugs and equipment resulting from the scale of the epidemic and system impacts (Drysdale et al. n.d.). Among other things, a willingness to perform well and the requisite skills to do the job (Martinez and Martineau 1998).

Several studies have shown that the effectiveness of HIV/AIDS counseling and prevention work on hospital wards depends on the health workers' knowledge and attitudes regarding HIV infection (Ngoumo, Klepp, Rise and Mnyika, 1995). The Tanzanian study on the societal

response, discrimination, and stigmatization of HIV/AIDS has indicated a great deficiency in the provision of quality care due to inadequate knowledge and negative attitudes among staff. Forty-six percent (46%) of health personnel sampled in one hospital had no education and no counseling skills for AIDS prevention. Fifty-eight percent (58%) said that confidentiality of HIV testing results is not practiced, though 80 percent felt it should be (Masini and Mwampeta 1993). To mitigate the impact of the epidemic on health system staff, programs can provide training to improve knowledge and shift attitudes as well as provide and care for HIV-infected health personnel.

The lack of improvement in knowledge for the Ugandan programme (Kinsman, Nakiyingi, Carpenter, Quigley, Pool and Whitworth, 2001) appears curious. This programme was an adaptation of the WHO/UNESCO School Health Education to prevent AIDS and STD and was evaluated with tools designed for it. Although implementation was not formally monitored, interviews with teachers and students following the programme revealed that it was not implemented in the majority of schools. The authors pointed out that positive outcome are jeopardized when large-scale implementation precludes the possibility of close supervision and support.

2.2.2 The value of Stakeholders with regard to their involvement in the implementation of HIV prevention projects

A stakeholder is an individual or group that makes a difference or that can affect or be affected by the achievement of the organization's objectives (Brinkerhoff and Crosby, 2002). Since stakeholders are directly involved or affected by the program, their views and satisfaction are important to take into account when assessing the program and can often be good indicators for

the success of a program. Stakeholders include policymakers, opinion leaders, community leaders, religious leaders and members of target populations, including people living with HIV (PLHIV). Their active participation at appropriate stages of BCC strategy development is essential.

The involvement of parents/guardians in dealing with the effects of HIV and AIDs is critical. Under normal circumstances many children spend much of their early growing period with their parents. As a consequences they acquire much of their socialization from them, it make sense that parents should be involved in helping to alleviate the effect of HIV and AIDS because they are directly and in a very personal manner involved when their children suffer from the effects of HIV and AIDS; their status as parents and close association with their children gives them a greater influence over their children; as a responsible parents they would considerable concerned about the possibility of their children contracting HIV(Bennell, 2001)

Clients are usually in a better position to monitor programs and services than most supervisors in public sector agencies—who provide the compact and management. When the policymaker-provider link is weak clients may be the best positioned due their regular interaction with frontline providers. As documented in the case of Education, where parents had the ability to hire and fire, as well as monitor teachers (Blackburn, 1999) , as well as the case on school management Bangladesh(Robert 2002), improvements in basic education often depend on participation by parents (Shubham and Patrick, 2004). Although parents cannot monitor all aspects of education, they can monitor attendance by teachers and even illiterate parents can tell if their children are learning to read and write.

Some experts have recognized the unique contribution of aforementioned stakeholder in issues related to HIV and AIDs. For example, in many cultural groups in Botswana, women are entrusted with the responsibility of giving care to the family members and others. In addition, the fact that women outnumber men in Botswana and that women have higher rates of HIV and AIDs than men, emphasizes their need to be involved in strategic planning of the fight against the effects of HIV/AIDs on the department of secondary education.

The Youth Activist Organization (YAO) in Zambia involves peer educators in its Youth Football and Sexual Reproductive Health Camp for boys (beginning at age 14) and their parents. This program combines sports with education on male responsibility in RH, HIV prevention, family planning, and child health. The camps last about a week, and out-of-school youth participate alongside in-school youth. The peer educators report that they often correct misconceptions held by the youth, such as the idea that if a woman has had an abortion and a man has sexual intercourse with her, he will contract HIV. Six months after a YAO football camp in 2000, the local health clinic noted a reduction in the number of unplanned pregnancies and a greater awareness among the community about the transmission and prevention of HIV (Hachonda 2001).

Zimbabwe encouraged participation during the development of its HIV/AIDS policy. Progress toward a national HIV/AIDS policy did not formally begin until the creation of a Steering Committee in 1994. The Steering Committee, charged with planning the process and providing leadership, was composed of representatives from a variety of sectors, including universities, the Attorney General's Office, PLHAs, NGOs, and the National AIDS Control Program. The committee solicited a great deal of input from the public and made significant attempts to widely

circulate draft documents, even printing drafts in newspapers to ensure widespread readership. In forums held in seven provincial workshops, more than 4,500 people participated in a discussion of the policy (Stover and Johnston, 1999).

In the AIDS policy arena, the GIPA Principle has highlighted the need for greater involvement of people living with HIV/AIDS in policymaking and program implementation (UNAIDS, 1999; UN, 2002). UNAIDS has developed a continuum of participation, which culminates with the involvement of PLHIVs in decision making and policymaking (UNAIDS, 1999). PLHIVs advocates and activists have also played an enormous role over the past few years in making AIDS treatment available in developing countries at an affordable price (AFSC, 2003; TAC, 2003).

Local service providers in Vancouver, Canada, were convinced that they understood the needs of young people using drugs, and yet they had never asked them what kind of services they wanted or needed. A program that was developed by and for street-involved methamphetamine users, called Crystal Clear, sought to provide young people with the services they wanted to have access to in their community. The program asked their peers and friends about the what, when, where, and how of programming for young methamphetamine users. As the group developed the program, they surveyed their peers, used focus groups, and shared the findings with local service providers. As a result, the providers changed the ways they were reaching the young people.

A study of community participation in rural water supply projects in India provides some relevant lessons and with assessing the impacts of community participation in service delivery. The study sought to demonstrate that there were specific results showing that community participation leads to better project outcomes (Manikutty, 1998).The review of rural water supply

projects was based on several factors that are useful for determining the benefits of community participation's impacts on projects

In Tanzania, the local community of a school has taken the initiatives in raising funds and developing programmes in response to AIDS. Among the programmes the funds are used to support orphans so that they can continue attending school (Shaeffer, 2002).

The 2003 Kenya Demographic and Health Survey documented a stall in progress on key fertility measures and contraceptive use. Why was this trend occurring, and what should be done about it? MEASURE Evaluation worked with local counterparts to apply the Stakeholder Engagement tool to ensure broad involvement and ownership in the analysis. The team knew that if corrective actions were to be effective, a broad range of key decision-makers needed to be involved from the very beginning—not just in approving a study, but also in selecting the issues to be studied.

The above cases demonstrate that seemingly unrelated stakeholders such as PLHIVs and NGOs could successfully work together in various programs/projects to mitigate the effect of HIV and AIDs within the community.

2.2.3 Influence of availability of resources on implementation of HIV projects

Prevention efforts require the availability of sustainable and adequate resources. Effective models of prevention efforts frequently have a number of common features such as adequate human resource, time, funds and institutional capacity.

There is no doubt that governments play a leading role in HIV/AIDS education as they set policy and facilitate the implementation of policy. However, one of the reasons why Africa is over-represented in the statistics for infection and death is that many African countries do not have the resources or the infrastructures to carry out effective prevention programs. Without the necessary funding, health care budgets are grossly inadequate to provide basic healthcare, let alone implement effective prevention programs. Furthermore, with the modest funds they have, governments are still expected to disburse the money across all sectors of society. As a result, responses to HIV/AIDS in many African countries have been slow and inadequate. Botswana is a solid example whereby the government has made strong efforts to fight HIV/AIDS yet due to the lack of funding, they have struggled to make improvements. For example, in Botswana, teachers are often expected to educate students without the necessary teacher materials, or the HIV/AIDS material that is available is outdated (Gachuhi, 1999). The political will is increasingly there; the money is not. Unfortunately, Botswana is not the only country in Africa that is faced with this dilemma.

In June 2006, the United Nations General Assembly adopted a political declaration on HIV and AIDS which included a commitment to pursue all necessary efforts towards the goal of universal access to comprehensive prevention programs, treatment, care and support by 2010. To meet the goal of global universal access by 2010, available financial resources for HIV and AIDS must reach up to US\$ 42.2 billion— more than quadruple the resources that were available in 2007. While a lack of resources for HIV and AIDS in general is an issue, there has been debate regarding the relative allocation of HIV and AIDS funding—how much should go towards treatment and how much towards prevention. Although resource constraints make decisions

about allocation inevitable, there is an emerging consensus that treatment and prevention are best viewed as complementary strategies rather than in competition with one another.

In Asia, where the HIV epidemic is concentrated among high risk groups including sex workers, Injecting Drug Users (IDUs) and men who have sex with men (MSM), more than nine out of ten young people infected with HIV are part of at least one of these groups. Yet, resources for HIV prevention amongst young people in this region have not been found to be targeted towards young people within high risk groups (Fritz, 2011). The success of a peer education programme may be compromised if it is not delivered correctly. Notably, peer educators need to be properly trained to deliver education and programmes need to be planned and implemented well to succeed in unstable and resource limited settings (Amanda Mason-Jason et.al 2011).

Calculations have shown that in Botswana, if the average person working in the health sector uses just 60 days of sick leave in their last year of life, the public health sector could lose around 23,000 work days to AIDS in 2003 and 31,000 in 2005. Using a full six months of sick leave, these losses could be in the magnitude of 42,500 work days in 2003 and 57,000 in 2005. Additional absenteeism for funerals and care of dependents is likely to be considerable (Abt Associates South Africa 2000).

The case of Swaziland demonstrates a striking interrelationship between human resource policies, absenteeism, productivity, staff recruitment, and training. As of the mid-1990s, public sector staff in Swaziland could receive one year of continuous sick leave with the first six months on full pay and the second on half salary. Moreover, staff could not be replaced until their claim for benefits expired. Because economic structural adjustment programs keep many institutions from replacing staff on sick leave, such policies, combined with absenteeism, reduce

productivity significantly. A lengthy illness or death of even a few healthcare workers can create severe supply shortages (Anonymous 1995).

Making changes and maintaining subsequent high levels of service performance cannot be achieved in any organization without good human resource management (Martinez and Martineau 1998). With health reforms and the introduction of new prevention, care, and treatment approaches to the epidemic, human resource planning is a larger task than producing the numbers and types of health staff to match the health services. For example, a study from Côte d'Ivoire suggests that the introduction of new therapies will involve systemic responses for client follow-up and appropriate counseling. In response to the inequity in providing antiretroviral between the developed countries and resource-poor countries, the Côte d'Ivoire Ministry of Health and UNAIDS launched an initiative to provide antiretroviral therapy and other AIDS-related therapies at reduced cost to HIV/AIDS patients.

Funding for the National Response: In the past and today, the National Response was/is hampered by insufficient public funds. Although, HIV/AIDS features high in the government budget, the Medium Term Expenditure Framework (MTEF) and the Public Expenditure Review (PER), leading to allocations of US\$ 8 million in 2001/2002 and US\$ 19 million in 2002/2003, disbursements and availability of these funds were and are far less than satisfactory. The overwhelming majority of HIV/AIDS projects and interventions were financially shouldered by Tanzania's development partners.

The Kenyan government has pledged to address their HIV funding crisis by focusing on past and present shortfalls in financial management, tracking and transparency. In addition, Michel Sidibe, executive director of UNAIDS, has identified Kenya's need to achieve financial

sustainability for its AIDS programmes through domestic funding. The government of Kenya has pledged \$34 million annually for five years to go towards HIV and AIDS programmes (NACC, 2009). However, external sources continue to account for 85 percent of all HIV funding (UNAIDS, 2010).

The donors should be more active, advises the CBO organizer, in managing the funds donated. Rather than just collecting reports on where the money is spent, a representative with knowledge on such matters should be stationed in Mbita at the onset of the organization. Money can be managed and planned at first by NGO representatives, and local organizers can be taught basic management skills. Taking this step will help save some money from being mismanaged as well as save money from being spent on an accountant.

To accomplish program goals, continued funding by donors and governments is needed. Such investments are critical to ensure progress in controlling the HIV/AIDS epidemic and mitigating its effects on families and communities.

2.2.4 Influence of monitoring and evaluation on implementation of HIV prevention projects

Integrating monitoring and evaluation (M&E) into program design is critical for determining the program's efficacy, efficiency and sustainability. Monitoring is the assessment of ongoing activities and progress. It centers mostly on the inputs, outputs, and processes related to an activity. Evaluation is the episodic assessment of overall achievements and results. It centers mostly on the outcomes and impacts.

Monitoring and Evaluation (M&E) of HIV and AIDS programmes is critical in today's environment of heavily donor-funded projects and other reporting requirements. M&E is an

essential field of its own necessary to monitor and shape the direction of national responses to the epidemic, as a tool for resource mobilization and as a guide to resource allocation. The processes involved in developing M&E for national and other programmes can also be very important, in terms of empowering and mobilizing diverse stakeholders, a means of forging a common national vision and a renewed effort to tackle the many complex challenges associated with HIV and AIDS

Strategic information on the epidemic and the response is essential to guide programme planning and implementation, sustain commitment, and ensure accountability. WHO and UNAIDS develop standards, guidelines and tools to improve HIV surveillance and generate the best estimates of the HIV epidemic in a country. Using various sources of data, including HIV prevalence in different population groups and household surveys, WHO and UNAIDS work with national AIDS programmes to generate and publish country and global updates on a regular basis.

World Health Organization (WHO) also takes the lead in monitoring and evaluation of the health sector response to HIV. WHO provides assistance to countries to set national targets for key interventions and to monitor progress against relevant indicators. A global report on progress in the health sector towards universal access is published each year, bringing together data from national programmes, surveys and scientific literature.

Much as there are a lot of funds being invested in the fight against HIV/AIDS, very little is trickling down to the grass root NGOs that are at the forefront of combating HIV/AIDS. There is need for the donors to provide more resources to the NGOs, so that their activities can have impact. With insufficient funds, monitoring and evaluation is looked at as a luxury and hence the

projects do not benefit from it. With more funds the NGOs can train and retain the critical skills that they are lacking especially in monitoring and evaluation.

Monitoring and evaluation is a natural step in the program planning and implementation process. When M&E is incorporated into a program design, this helps to ensure that the project is clearly defined and articulated, is well researched, and can be objectively measured and verified with sound data collection methods. In this way, M&E provides an objective basis for describing the project and its accomplishments to others. Planning an intervention and designing an evaluation strategy are inseparable activities.

2.3 Theoretical framework of the study

A theoretical framework is a conceptual model of how one theorizes or makes logical sense of the relationships among several factors that have been identified as important to the problem (Sekaran, 2000). In essence, it attempts to integrate key pieces of information especially variables in a logical manner, and thereby conceptualizes a problem that can be tested. A number of theoretical frameworks and prevention models have been proven effective by the CDC and others (Mantell, DiVittis and Auerbach, 1997), and have been successfully used to reduce HIV risk behaviors. The most commonly cited theories in HIV prevention literature are outlined: The Health Belief Model, the AIDS Risk Reduction Model, the Stages of Change, and the Theory of diffusion of innovation.

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. The HBM was developed in the 1950s as part of an effort by social psychologists in the United States Public Health Service to explain the lack of public participation in health screening and prevention

programs (e.g., a free and conveniently located tuberculosis screening project). Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS. This study has employed this theory to gain a better understanding of sexual risk behaviors.

The Diffusion of Innovation Theory posits that certain individuals (opinion leaders) from a given population act as agents of behavior change by disseminating information and influencing norms in their community (Rogers 1983). Peer education draws on elements of each of these theories in its assumption that certain members of a given peer group (peer educators) can be influential in eliciting individual behavior change among their peers. The study has borrowed heavily from the theory key aspect such as diffusion of information. In order to change sexual behavior, program implementers ought to disseminate information regarding abstinence and healthy sexual practices to individuals and the community.

Stages of change model: This model, developed early in the 1990s specifically for smoking cessation by Prochaska, DiClemente and colleagues, posits 6 stages that individuals or groups pass through when changing behaviour: pre-contemplation, contemplation, preparation, action, maintenance and relapse. In order for an intervention to be successful it must target the appropriate stage of the individual or group. For example, awareness raising between stage one and two. Groups and individuals pass through all stages, but do not necessarily move in a linear fashion (Prochaska, 1992). As with previous theories, the stages of change model emphasize the importance of cognitive processes and uses.

The Theory of Participatory Education also has been important in the development of peer education programs (Freire 1970). “Participatory or empowerment models of education posit that powerlessness at the community or group level, and the economic and social conditions inherent to the lack of power are major risk factors for poor health” (Amaro 1995). Empowerment, according to Freire, results through the full participation of the people affected; through dialogue the affected community collectively plans and implements a response to the problem or health condition in question (Wallerstein 1988). Many advocates of peer education claim that this horizontal process of peers (equals) talking among themselves and determining a course of action is key to peer education’s influence on behavior change. The theory will be used to show the value of meaningful involvement of stakeholders in the HIV prevention program.

AIDS Risk Reduction Model (Catania, Kegeles and Coates, 1990), which take into account the barriers to change at each stage of change. Interventions based on these models use approaches such as consciousness-raising, self-evaluation, peer counseling and effective communication to enhance knowledge, change attitudes, and increase and maintain safer behaviors. To be successful, they must be grounded in an accurate understanding of the factors that influence or determine at-risk populations' knowledge, norms, beliefs, access to services and barriers to change. They also must be appropriate for and acceptable to the targeted population. The theory states that a person’s perception of the social norms or beliefs that people important to them hold about a particular behavior can influence behavior change (Fishbein and Ajzen 1975).

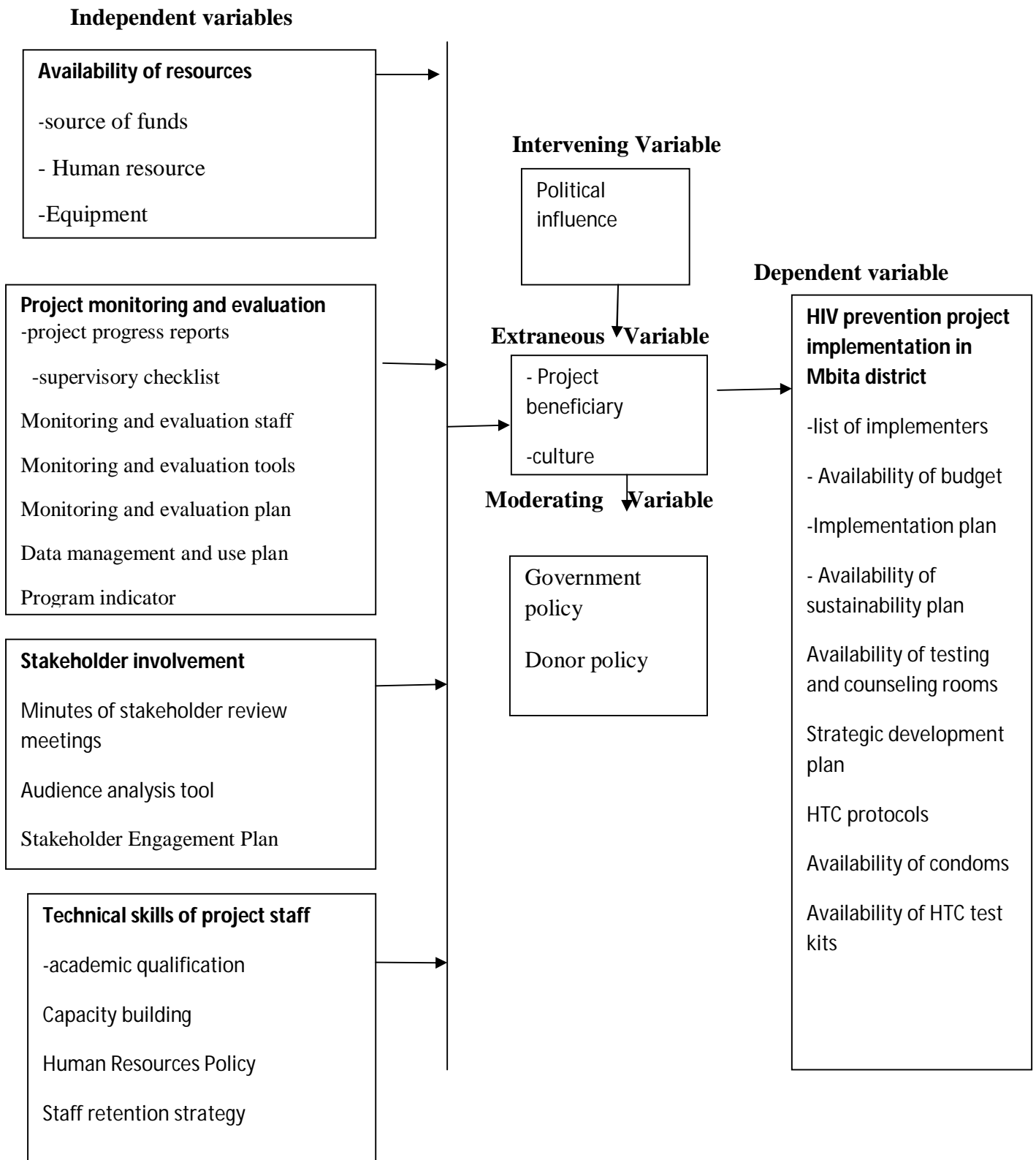
In conclusion, many theories specify attitudes, beliefs, and/or intentions as proximal determinants of behaviour. As a result, changes in attitudes are viewed as an important goal in

many AIDS prevention programmes and intentions to engage in low-risk behaviours are often taken as a sufficient indicator of subsequent behaviour. A theory-based integrated behavioral intervention can improve HIV treatment adherence and reduce HIV transmission risks. HIV treatment as prevention should be bundled with behavioral interventions to maximize effectiveness.

2.4 Conceptual Framework of the study

A conceptual framework is not merely a collection of concepts but, rather, a construct in which each concept plays an integral role. According to Miles and Huberman (1994), a conceptual framework “lays out the key factors, constructs, or variables, and presumes relationships among them”. In order to conceptualize the factors influencing the implementation of HIV/AIDS prevention programs for out-school-youth in Mbita district, HIV implementation will be measured using Dependant Variables which includes: list of implementers, availability of budget plan, availability of implementation plan, availability of strategic plan, availability of sustainability plan and availability of HIV counseling and testing rooms. For the purpose of the research, factors influencing the implementation of HIV prevention projects will be characterized by independent variable (IV) which include; availability of skilled personnel, availability of resources, level of stakeholder involvement and availability of monitoring and evaluation department.

Figure 1: Conceptual framework showing relationship between variable



2.5 Summary of the literature review

In this research, the literature concerns various aspects related to implementation of HIV and AIDs interventions for different population. The topics dealt with in literature review concern the factors influencing implementation of HIV prevention. It was clear that for HIV prevention project to impact, there should be adequate resources and closer supervision of all aspects of the project; without resources, reaching large numbers of people with HIV prevention intervention is extremely difficult. Besides that, meaningful involvement of key stakeholders and political good will is key to program success. The literature study demonstrates that culture is a factor in the social trends that contribute to infection and HIV/AIDS in turn has an impact on people's lives. This suggests that an engagement with culture is needed to address HIV/AIDS prevention, treatment and care.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discussed the methodology used in conducting this study. Research methodology focuses on the research process tools and procedures used to answer the research question. In other words, it involves the how and what of the question to address the problems investigated (Babbie & Mouton 2001).

3.2 Research design

The study used the descriptive research survey design. Mugenda and Mugenda, (2003) describes a survey design as an attempt to collect data from members of a population in order to determine the current status of that population with respect to one or more variables. The design was applied because it enabled the researcher to establish relationships between variables in order to achieve an in depth analysis of factors influencing implementation of out-of-school HIV prevention projects in Mbita District in Kenya. The design provided self-reported facts about respondents and their inner feelings, attitudes, opinions and habits. According to Best and Kahn, (1998) it is appropriate and economical for finding out characteristics and attitudes of a population and a rich source of information.

3.3 Target population

The study was conducted in Mbita district, Homa Bay County, Nyanza province, Kenya. Nachamias and Nochamias (1996) define population by referring to it “as the aggregate of all

cases that conform to some form of designated set of specifications,” with reference to the study specifications it will be HIV/AIDS prevention institutions in Mbita district. According to the list given by Mbita District AIDS and Sexually Transmitted Diseases Control Coordinator (DASCO), there are 11 organizations implementing HIV projects in the District. Population is also defined as the totality of persons, events, organization units with which research problem is concerned. Therefore these 11 organizations was the study’s target population.

3.4 Sample and sampling techniques

The study used population census on the organizations whereby all the 11 institutions managing HIV projects in Mbita district were interviewed. In each organization the study interviewed program director/ coordinator, project officer in charge of youth intervention were purposively selected. The program director/coordinator represented the HIV policy and the financing of HIV implementation in organizations. Program officer constituted the population that is directly concerned with the delivery of HIV prevention services in Mbita district. One service provider in the organization was selected randomly by use of simple random sampling. Service providers represented implementation of HIV prevention services to the community. They therefore gave information related to their areas of concern, so that findings would be relevant for a wide audience. The study therefore interviewed 33 respondents from all the organization. The organizations are listed in the table 3.1 below:

Table 3.1 Lists of organizations in Mbita district and the Number of respondents

Organizations	Number of employees	number of respondents
IMC	25	3
DEVLINK	15	3
VIAGENCO	19	3
GETHSEMANI	10	3
WAPA	9	3
IMPACT	19	3
FACES	74	3
EKELOKIONA	3	3
KAGENO TRUST	10	3
RUSINGA TRUST	8	3
HUMANIST	8	3
Total	192	33

3.5 Research instruments

A questionnaire was used as the main tool for data collection; questionnaires were used to determine factors influencing implementation of HIV prevention projects in Mbita district. The questionnaire method was considered most appropriate since data collected were majorly quantitative. A questionnaire also collects data within a short period of time. The questions were

both open-ended and closed-ended. Open-ended questions allow the respondents to give their own responses without being constrained by a fixed set of possible responses. Closed-ended questions in which respondents answers are limited to a fixed set of responses, this intended to reduce bias and irrelevant answers.

3.5.1 Instrument Validity

Validity refers to the degree to which a measurement really measures what it suppose to measure (reliability and validity, Accessed 11/10/2003). Issues of content validity (whether the questionnaires represents what is supposed to covered) and face validity (considers issues of structure and appearance) are considered (Johnson & Christensen 2000, Brown 2004). According to above mentioned authors, “validity of an instrument that determines how well the instrument reflects the abstract concept being examined”. To achieve the objective of authenticity the researcher will use the process of **pre-testing** in this study.

A pre-test was carried out to determine in so far as possible whether the instrument is clearly worded and free from major biases and whether it was appropriate for the type of information envisioned. Pre-testing helps to validate the accuracy, correctness and appropriateness of the research instrument for purposes of obtaining meaningful and quality information (Brink 1996; De Vos 2002). A pilot study was conducted to check the feasibility of the proposed techniques and to determine reliability and validity of the questionnaire. For this study, pre-testing of the research instrument was completed within 2 weeks before collection of data to give the researcher time to make necessary corrections.

3 questionnaires were administered to the program officers who were not necessarily the representatives of the research population but people to whom the questionnaire was least relevant. All the necessary protocols were followed.

In addition, to ensure reliability and validity, a feedback form was attached to the questionnaires to enable respondents comment on whether the instruction and the questions were clear. They were also asked any difficulties they might experience and make suggestions to improve the measures. Analysis of the responses and the interviewers' comments were used to improve the questionnaire.

3.5.3 Instrument Reliability

De Vos (2002) states that reliability is a concept that explains whether a particular method applied repeatedly to the same objects would yield the same results. The process is meant to determine the extent of which an independent administration through consistent use of the instrument would yield the same results under same comparable conditions. Reliability in this study is measured by computing the degree of internal consistency (whether the individual questions of the questionnaires measures the same thing) of the questionnaire. The study assessed questionnaires using the **Test-Retest method**. Test-Retest reliability refers to the test's consistency among different administrations. To determine the coefficient for this type of reliability, the same test is given to a group of subjects on at least two separate occasions (Kaplan & Saccuzzo, 2001). The scores are correlated, and if the reliability coefficient is positive and high, the test is reliable.

The incorporation of these measures assists instrumentation designs to avoid common errors and therefore improve their quality in terms of accuracy in capturing the intended piece of data (Mouton, 2001). A pilot study also addressed other aspects of reliability and validity.

3.6 Data collection procedures

A letter of identification from the University of Nairobi was obtained from the Extra – Mural centre which was used to obtain a research permit. Permission was sought from the relevant authorities prior to the commencement of the study. The researcher reported to the relevant authority before proceeding to the field. The researcher visited all HIV prevention organizations in Mbita district. The researcher submitted a letter to program co-ordinators asking for a permission to conduct research in their organizations which were involved HIV prevention officers for about 30 minutes. The researcher only visited the organization after the permission had been granted.

At each visit the researcher invited program coordinator/HIV prevention project officer in charge of youths to respond to the questionnaire. Each officer was given a letter inviting them to take part in the research. The letter also assured them that their identity would not be revealed. The researcher waited the officers to fill the questionnaires and collect them back.

3.7 Data analysis procedures

The study applied quantitative research methods which included both descriptive and inferential methods. Checks for errors and inconsistencies were carried out before data entry. Survey responses were recorded using a coded system and subsequently entered into a computer's database system using SPSS version 18 for windows. The data were further analyzed using the

SPSS software, where tests for hypothesis were based on the chi-square test. Frequency procedures and means were performed for the demographic variables. The purpose of descriptive statistics is to summarize sets of scores so that features were seen and understood more easily (Linn and Miller 2005). It is only after the descriptive analysis that meaningful interpretation of the data is possible.

3.8 Ethical consideration of the study

Ethics deals with matters of right and wrong. This implies that anyone involved in social scientific research should be aware of agreements shared by researchers and participants about what is proper and improper in the conduct of the research (Babbie & Mouton 2001). The ethical considerations included respect for the respondents' freedom, the right to self-determination, privacy, autonomy, volunteerism, confidentiality and avoidance of harm.

The following ethical measures were considered to ensure ethical and legal compliance in conducting this research: the researcher sought informed consent from Ministry of Education to conduct research. Consent to conduct research in individual organization was sought from program coordinators. Each participating service provider gave his/her written permission to participate in the research. In addition, the researcher maintained the appropriate anonymity and confidentiality of all participants and any classified information.

3.9: Operationalization table

Table 3.2: Operationalization table

RESEARCH OBJECTIVE	TYPE OF VARIABLE	INDICATOR	MEASURE	LEVEL OF SCALE	DATA COLLECTION METHOD	DATA ANALYSIS
To establish how provision of resources influence implementation of hiv projects	Independent variable Availability of resources	-funding -human resource capacity	-Sources of funds -Level of funding -Number of personnel	-Ordinal -Ordinal -Ordinal	survey	Qualitative/quantitative
	Dependent variable -Implementation of project	-presence of budget - presence of list of implementers -Presence of office equipment	-Budget plan -Personnel Organogram -Asset register book	-Nominal -Nominal -Nominal	survey	Qualitative/quantitative

To examine the influence of monitoring and evaluation on implementation of HIV projects	Independent variable Project monitoring and evaluation	-Project progress reports -minutes of review meeting -evaluation report -supervisory checklist -M&E tools Program indicators	Program reports	Nominal	survey	Qualitative/quantitative
	Dependent variable -Implementation of project	presence of M&E budget -presence of supervisory plan - presence of M&E staff	Budget plan -Workplan, strategic plan, M&E plan document -Personnel Organogram	Nominal	survey	Qualitative/quantitative
To explore the extent to which	Independent variable	Minutes of stakeholder	Frequency of review meetings	ratio	survey	Qualitative/quantitative

stakeholder involvement influence implementation of HIV projects	Stakeholder involvement	meetings Audience analysis tool				
	Dependent variable -Implementation of project	-presence of budget -presence implementation plan - presence of list of implementers	Budget plan Workplan, strategic plan, M&E and sustainability plan document -Personnel Organogram	Nominal	survey	Qualitative/quantitative
To assess how technical skills of personnel influence implementation of HIV projects	Independent variable Technical skills	Presence of skilled personnel	Staff recruitment policy documents -performance appraisal document	Nominal	survey	Qualitative/quantitative
	Dependent variable - Implementation	presence of budget -presence implementation	Budget plan -Workplan, strategic plan,	Nominal	survey	Qualitative/quantitative

	of project	plan - presence of list of implementers	M&E and sustainability plan document -Personnel Organogram			
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CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This section presents findings of the study under sample characteristics and hypothesis testing. The study main quest was to determine factors influence of technical skills of personnel on the implementation of out-of-school HIV prevention program; stakeholders' involvement on the implementation of out-of-school HIV prevention program; availability of resources on the implementation of out-of-school HIV prevention program; and monitoring and evaluation of the program on the implementation of out-of-school HIV prevention programs in Mbita district. To achieve the objectives of the study, data was collected from the employees working in HIV programs in Mbita district, Kenya.

4.2 Response rate

A total of 33 questionnaires were administered to the respondents. All the 33 respondents gave back their questionnaires, which represents 100% response rate.

4.3 General Characteristics of the respondents

The demographic characteristics were collected on the sex of respondent, education qualification position in the organization, profession, experience and skills for AIDs prevention. They were therefore sought from the organization in order to determine factors influencing implementation of out-of-school HIV prevention programs in Mbita district.

4.3.1 Sex of respondents

Respondents were asked to indicate their sex and the findings is given in Table 4.1

Table 4.1: Sex of respondents

Sex of respondent	Frequency	percentage
Male	20	60.6
Female	13	39.4
Total	33	100

From the above table, 60.6% of the respondents were males and 39.4% females. The higher percentage of males compared to females, maybe simply because males were free and willing to supply required information.

4.3.2 Level of education attained

Education is considered an important factor in the labour markets. Respondents were asked to indicate their level of education. According to the findings, 9.1% of the respondents had attained master's degree, 24.4% had bachelor degree, and the table shows further that 30.3% had attained diploma. The percentage of those who had attained college certificate was 27.3%, while 9.1 attained O'level certificates and the result is given in Table 4.2

Table 4.2: Education level of respondents

Level of education	frequency	percentage
Master	3	9.1
Bachelor	8	24.2
Diploma	10	30.3
Certificate	9	27.3
O'level	3	9.1
Total	33	100

4.3.3 Position of respondents in the organization

Respondents were asked to indicate their post in the organization and result is given in Table 4.3

Table 4.3: Position respondents in the organization

Post	frequency	percentage
Coordinator/director	9	27.3
Program officer	5	15.2
VCT counselor/facilitator	7	21.2
Program assistant	4	12.2
Others	2	6.2
Total	33	100

The level of post of the respondent is shown in the above table. The analysis revealed that 27.3% of the respondents interviewed were program coordinators/director, 15.2% were program

officers, 21.2% VCT counselor/facilitator, 12.2% were field officers, 18.2% were program assistant and 6.2% of participants held several positions apart from the ones mentioned above. This implies that majority; of the respondents were management teams, hence boosting the reliability of the information provided.

From the total number of respondents, 66.7% work in their field of profession and 33.3% do not work in related profession. 21.2% of the respondent said that they have been involved in the current position for less than a year, 12.1% had 1-2 years experience, 39.4% had 3-5 years and 27.3 had over 5 years experience in the current job.

4.3.5 Type of the organization

Respondents were asked to indicate the organization type and the result is as given in Table 4.4

Table 4.4: Type of the organization

Type	Frequency	Percentage
Local NGO	6	18.2
International NGO	12	36.4
Community based NGO	12	36.4
Community group	3	9.1
Total	33	100

The type of the organization is shown in the above table. The table indicates that 18.2% of the respondents worked with local NGO, the percentage of those working with international and community based NGO is 36.4% each. 9.1% worked with community groups.

4.3.5 Geographical coverage of services

Respondents were asked to indicate the geographical coverage of services and the findings is given in Table 4.1

Table 4.5: Coverage of services

Division	Frequency	Percentage
Mbita	12	36.4
Lambwe	3	9.1
Mfangano	3	9.1
Mbita & Mfangano	6	18.2
All	9	27.3
Total	33	100

According to the finding the majority of the respondents 12 (36.4%) indicated that their organization cover Mbita division, 9(27.3%) said they implement program in the entire Mbita district, 3 (9.1%) in lambwe, 3(9.1%) in Mfangano division and while 6 (18.2%) respondent indicated that their organization cover Mbita and Mfangano divisions with their services.

The interpretation was that the most dominated division in terms of the number of organization among divisions in the district was Mbita division.

4.2 The influence of technical skills of personnel on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District

This section presents the findings in respect to objective 1 which sought to establish the influence of technical skills of personnel on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District.

4.4.1 Skills for AIDs prevention

When the respondent were asked whether they have been trained on skills for HIV and AIDs prevention, from the above table we can see that 63.6% had been educated on the skills while 36.4% had not been trained on such skills and yet employed in HIV/AIDs program.

Table 4.6 Respondents skills for AIDs prevention

Trained on HIV skills	frequency	percentage
Yes	21	63.6
No	12	36.4
Total	33	100

The study performed a comparison between participants' education level and the level of engagement into the program and the result is presented in Table 4.7

Table 4.7: Education qualification and level of engagement into the program

		Level of involvement into the project					
		At baseline	planning& survey	Implementation	M&E	All stages	
Total			design				
Education qualification	Master	1	0	0	0	2	3
	bachelors	0	2	1	2	3	8
	Diploma	1	1	1	0	6	6
	Certificate	0	1	6	2	0	9
	O'level	0	0	1	2	0	3
	Total	2	4	10	6	11	33

Education attainment of the labour force is important in determining the stock of available manpower levels needed in an organization.

From the table, out of 3 respondents with Master degree 2 were involved at all stages of program while only 1 was involved during baseline survey alone. 3 out of 7 respondents with Bachelor degree were involved in all stages of program cycle, 2 during monitoring and evaluation activities, 1 at implementation level and 2 were involved in planning and design of the program. As it is evidence from the table majority of respondents with diploma holders were involved at all stages of the program while majority of participants with certificate qualification were involved during implementation of the program. Participants with ordinary level we only

involved during implementation and monitoring and evaluation activities. This implies that training either at college or university influences the level of involvement into the program and the department of organization to be employed.

4.4.2 Chi-Square Test for Hypothesis 1

Ho1: There is no significant relationship between technical skills of personnel and implementation of out-of-school youth HIV/AIDS prevention projects and in Mbita district

Table 4.8 Chi-Square Test for Hypothesis 1

	Value	DF	Asymp.Sig (2-sided)
Pearson Chi-Square	26.752a	16	.044

The Pearson Chi-Square value is 26.752 at 16 degree of freedom. Its P-value is .044 which is significant at 5%. Ho of independence between the implementation of out-of-school youth HIV/AIDSs prevention projects and technical skills of personnel in Mbita is emphatically rejected.

Hence the study concludes that there is significant relationship between implementation of out-of-school youth HIV/AIDSs prevention projects and technical skills of personnel. The implementation differs with technical skills of personnel. Therefore, skill is an important aspect to be considered in explaining factors influencing implementation of HIV projects

4.3 The influence of level of stakeholders' involvement on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District

This section presents the findings in respect to objective 2 which sought to establish the influence of level of stakeholders' involvement on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District

4.5.1 Identifying stakeholders in the organization

It has been observed that individual stakeholders usually may have their own interests which may ensure are protected or realized, sometimes contrary to what the organization may want. This means that the stakeholders can influence positively or negatively the performance of an organization. It is therefore important to the organization to identify which stakeholders can have a positive or negative impact on their organization so that positive effects are promoted and the negative effects are managed so as to minimize damage.

In this study participants were asked if there are stakeholders currently involved in the project and if possible identify who they are and at what point of the project life cycle are they involved. The responses are given in table 4.9 below.

Table 4.9 Identifying stakeholder

Availability of active stakeholder	Frequency	percentage
Yes	29	87.9
No	4	12.1
Total	33	100

According to table 4.12, 29(87.9%) of respondents said their organizations have stakeholders currently involved in HIV projects and 4(12.1%) responded that no individual stakeholder is currently involved into the program. From the findings it can be interpreted that stakeholders significantly influenced program performance.

The study finding revealed that government line ministries such as ministry of health, youth affairs and provincial administration are key stakeholders in HIV programs. Some of stakeholders mentioned by the respondents include; board members, beneficiaries, NGOs and CBOs within the geographical coverage. It emerged from the study findings that 31% of respondents do involve individual stakeholders in all stages of the program, 31% involve the stakeholders during monitoring, 20.7% during planning and design, 13.8% during implementation and 3.4% during baseline survey only.

4.5. 2 Frequency of stakeholder review meetings

Respondents were asked to indicate the frequency of conducting stakeholder and the findings is given in Table 4.10

Table 4.10 Frequency of stakeholder meeting

Intervals	frequency	percentage
Monthly	8	27.6
Quarterly	12	41.4
Semi-annually	6	20.7
Yearly	3	10.3
Total	33	100

The findings showed that 8(27%) of the respondents with stakeholders conduct stakeholders review meetings on monthly basis, 12 (41.4%) indicated that the review meetings are held on quarterly basis, 6(20.7%) indicated that is conducted twice a year, whereas only 3(10.3%) indicated that they always have the stakeholder review meeting on an annual basis. This implies that majority of the organizations conduct review meeting with external stakeholders quarterly.

The study performed a cross-tabulation between stakeholders' review meeting and the amount spent on HIV program in last financial year and the result is presented in Table 4.11

Table 4.11: Frequency of stakeholders' review meetings and amount spent on HIV projects in last financial year

		Frequency of stakeholders' review meetings				
		Monthly	Quarterly	Semi-annually	Annually	total
Amount spent	<5million	6	3	0	3	12
(KShs)	5-10 milli	2	3	3	0	8
	11-20million	0	3		0	3
	>20million	0	3	3	0	6
	Total	8	12	6	3	29

Level of stakeholders' involvement is an important determinant of the performance of HIV prevention program. The number and frequency of stakeholders' review meetings differ

considerably with planned budget. The above table shows the frequency of review meeting by the amount spent in HIV programs over the last financial year. 6 out of 12 participants recorded having spent less than 5 million conduct monthly review meetings, 3 on quarterly basis and 3 on annually basis. 2 out of 8 participants who had spent 5-10 million conduct meeting on a monthly basis, 3 on quarterly and 3 on semi-annual basis. All the 3 participants who reported having spent 11-20 million conduct stakeholders' meeting on quarterly basis. Also 3 out of 6 respondents with 20 million and above conduct stakeholders' review meeting on quarterly basis and the remaining 3 participants conduct review meeting on semi-annually basis.

4.5.3 Chi-Square Test for Hypothesis 2

Ho2: There is no significant relationship between stakeholders' involvement and implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district

Table 4.12: Chi-Square Test for Hypothesis 2

	Value	DF	Asymp.Sig (2-sided)
Pearson Chi-Square	40.345 ^a	16	.001

The above table depicts that, Pearson Chi-Square value is 40.345 at 16 degree of freedom. Its p-value is 0.001 which is significant at 5% level, Ho is therefore, rejected. From the findings the study shows that implementation of out-of-school youth HIV/AIDS prevention projects and stakeholders' involvement are dependent of each other. We can therefore conclude that

stakeholder involvement influences the implementation level and the general impact of the program to the targeted community. The involvement of stakeholder in dealing with the effects of HIV and AIDs is critical.

4.4 The influence of availability of resources on implementation of out-of-school youth

HIV/AIDS prevention projects in Mbita District

This section presents the findings in respect to objective 3 which sought to establish the influence of availability of resources on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District

4.6.1 Amount spent on HIV program in the last financial year

The study also sought to find out the amount of money spent on HIV programs in the last financial year and the result is given in Table 4.13

Table 4.13: Amount spent on HIV program last year

Amount	frequency	percentage
>5 million	15	45.5
5-10 million	9	27.3
11-20 million	3	9.1
>20 million	6	18.2
Total	33	100

The findings revealed that most of the respondents (45.5%) spent less than Kshs. 5 million in the last financial year, 27% indicated that they used between 5 to 10 million, 18.2% indicated that

they used over 20 million and 9.1% indicated that they used between 11 to 20 million. The study revealed that organizations spent millions in HIV projects in Mbita district.

The study also sought to find from the respondents sources of grants. The findings revealed that 54.5% received their funds from international donor agencies, 18.2% from government bodies, 18.2% from private individuals and 9.1% had two sources of funds.

4.6.2 Chi-Square Test for Hypothesis 3

Ho3: There is no significant relationship between availability of resources and implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district

Table 4.14 Chi-Square Test for Hypothesis 3

	Value	DF	Asymp.Sig (2-sided)
Pearson Chi-Square	1.638 ^a	2	.441

From the above table, the Pearson Chi-Square value is 1.638 at 2 degree of freedom. Its P-value is 0.441 which is insignificant at the customary 5% level. This P-value is high to reject Ho. That is, at this level Chi-Square fails to establish any relationship between implementation of out-of-school youth HIV/AIDS prevention projects and availability of resources. We therefore conclude that amount of resources does not limit the implementation of out-of-school youth HIV/AIDS prevention projects.

4.5 The influence of Monitoring and Evaluation on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District

This section presents the findings in respect to objective 4 which sought to establish the influence of Monitoring and Evaluation on implementation of out-of-school youth HIV/AIDS prevention projects in Mbita District

4.7.1 Monitoring and Evaluation plan

The study also sought from the respondents if they monitoring and evaluation plan and the result is given in Table 4.15

Table 4.15: M&E plan

Availability of M&E plan	Frequency	percentage
Yes	24	72.2
No	9	27.3
Total	33	100

Majority of the respondents (72.7%) indicated they have monitoring and evaluation plan, while 27.3% indicated non existence of such plan in their organizations.. Majority of the respondents who had M&E plans (87.5%) indicated their plans are being followed and routinely reviewed, while 12.5% indicated that their plains are neither followed nor updated.

4.7.2 Monitoring and Evaluation budget

Participants were asked whether their organizations have clear budget for M&E activities and the result is given in Table 4.16

Table 4.16 Monitoring and Evaluation budget

Availability of M&E budget	Frequency	percentage
Yes	24	72.7
No	9	27.3
Total	33	100

From the above table we can see that 24 out of the 33 respondents said their organizations have clear monitoring and evaluation budget to actualize the M&E plan.

4.7.3 Does the organization have M&E staff?

The study also sought from the respondents if their organizations have dedicated Monitoring and Evaluation staff and the result is given in Table 4.17

Table 4.17: M&E staff

Presence of M&E staff	Frequency	percentage
Yes	21	63.6
No	12	36.4
Total	33	100

According to the response, most of the organizations i.e. 63.6 %, had dedicated M&E staff, while 36.4% did not have M&E staff thus monitoring and evaluation activities are being done by program staff.

4.7.4 Assessments/evaluation

The respondents were asked to indicate if any assessments/evaluation (internal and/or external) have been done of the organization or specific programs/projects and the response is as given in Table 4.18

Table 4.18: Assessments/evaluation

Assessment done	Frequency	percentage
Yes	21	63.6
No	12	36.4
Total	33	100

The findings showed that majority of the respondents (63.6%) said that their organization had undertaken assessment/evaluation exercise either internal and/or external, while only 36.4% indicated that no assessment/evaluation had been done in their organization.

The study performed a cross-tabulation between stakeholders' review meeting and the amount spent on HIV program in last financial year and the result is presented in Table 4.19

Table 4.19: Monitoring and evaluation staff and assessment/evaluation done

	Assessment/evaluation done			Total
	Yes	No	Total	
Monitoring & evaluation staff	Yes	18	3	21
	No	3	9	12
	Total	21	12	33

Another important factor to be considered in determining factors influencing the implementation of out-of-school HIV prevention programs is monitoring and evaluation. Evidence on the efficacy of HI/AIDs intervention comes from a rigorous impact evaluation. It is necessary for policy makers and program managers to understand whether an intervention is achieving or realizing its intended impact. It is evident from the above table that majority of organizations with monitoring and evaluation staff said they have undertaken assessment/evaluation exercise compared to organization with no M&E staff.

4.7.4 Chi-Square Test for Hypothesis 4

Ho4: There is no significant relationship between monitoring and evaluation of the program and implementation of out-of-school youth HIV/AIDS prevention projects and in Mbita district

Table 4.22 Chi-Square Test for Hypothesis 4

	Value	DF	Asymp.Sig (2-sided)
Pearson Chi-Square	12.165 ^a	1	.000

Pearson Chi-square value is 12.165 at 1 degree of freedom. It's P-value 0.000 which is significance at 5%. Since the P-value statistic is lesser than the critical value, 0.05 we reject the null hypothesis of independence and conclude that implementation of out-of-school youth HIV/AIDS prevention projects and monitoring and evaluation of the program are dependent. In other words, there is relationship between implementation of out-of-school youth HIV/AIDS prevention projects and monitoring and evaluation of the program.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 5.1 Introduction

This chapter comprises of summary of the findings, discussion, conclusions and recommendations made to the study, suggestions for further research and the study contribution to existing body of knowledge on factors influencing implementation of out-of-school HIV prevention program in Mbita district.

5.2 Summary of the findings

This study's quest was to establish factors influencing implementation of out-of-school HIV prevention programs in Mbita district. The objectives of the study were to show the existence relationship between the implementation of out-of-school HIV prevention projects and technical skills of personnel; stakeholders' involvement; availability of resources and monitoring and evaluation of the program. To fulfill the aims of the study, primary data were collected by use of structured questionnaire. A sample of 33 respondents was chosen to represent employees working in organization managing effects of HIV and AIDS.

Hypothesis testing was done using chi-square test with the aim of testing whether there is relationship between; the implementation of out-of-school HIV prevention projects and technical skills of personnel, the implementation of out-of-school HIV prevention projects and

stakeholders' involvement, the implementation of out-of-school HIV prevention projects and availability of resources, the implementation of out-of-school HIV prevention projects and monitoring and evaluation of the program.

From the analysis it was observed that implementation of out-of-school HIV prevention project and; technical skills of personnel, stakeholders' involvement and monitoring and evaluation depend on each other. Availability of resources has no significant influence on the implementation of out-of-school HIV prevention projects.

5.3 Discussion of the findings

Discussions on the findings are described clearly in the sections below.

5.3.1 General Characteristics of the Respondents

The participants reached comprised of 33 staffs from 11 organization implementing HIV and AIDs project in Mbita district. According to the findings, 63.6% had been educated on HIV and AIDs prevention counseling skills, while 36.4% reported they had not been trained on such skills. The study further revealed that higher percentage of participants had post secondary education certificate. According to the study findings 9.1% of participants had Master degree, 24.2% indicated bachelor degree, 30.3% indicated diploma, 27.3% indicated certificate, and 9.1% indicated secondary certificate. This implied that the sample used for the study was fairly distributed. This was good since the study sought to investigate the aspect of technical skills of personnel. The findings also showed that 63.6% of the respondents indicated that they have been educated on HIV and AIDs prevention counseling skills.

Concerning the position held in the organization, the findings revealed that a sizable number (27.3%) of the respondents were program director/coordinator, 15.2% program officers, 21.2% service providers, 12.2% field officers, 18.2% program assistants and 6.2% held various posts. Hence, there was a fair representation of management members and service providers in this study, thus making it unbiased

5.3.2 Influence of technical skills of personnel on implementation of out-of-school youth HIV/AIDS prevention projects

The finding showed that a sizable percentage 63.6% had been trained on HIV and AIDS prevention counseling skills. There was need for organization to train the remaining 36.4% on such skills to ensure that they have appropriate skills to perform their duties. It was evident from the results that there is significant relationship between technical skills of personnel on implementation of out-of-school youth HIV/AIDS prevention projects

5.3.2 Influence of stakeholders' involvement on implementation of out-of-school youth HIV/AIDS prevention projects

The study used various indicators that are interpreted to represent the stakeholders' involvement levels. According to the findings, 87.9% of the respondents indicated having external stakeholders involved in the program and were able to identify the stages at which they participate into the program. From the result of the study it was depicted that 8(27%) respondents of the respondents with stakeholders conduct stakeholders review meetings on monthly basis, 12 (41.4%) indicated that the review meetings are held on quarterly basis, 6(20.7%) indicated that is conducted twice a year, whereas only 3(10.3%) indicated that they always have the stakeholder

review meeting on an annual basis. This implies that majority of the organizations conduct review meeting with external stakeholders on quarterly basis.

The Chi-square test revealed that there is significant relationship between the stakeholder involvement and implementation of HIV projects in Mbita district. The findings do confirm a study of community participation in rural water supply projects in India which provided some relevant lessons and with assessing the impacts of community participation in service delivery. (Manikutty, 1998).

The above cases demonstrate that seemingly unrelated stakeholders such as PLHIVs and NGOs could successfully work together in various programs/projects to mitigate the effect of HIV and AIDs within the community.

5.3.3 Influence of monitoring and evaluation on implementation of HIV prevention projects

According to the findings most of the respondents (72.2%) indicated that their organizations have monitoring and evaluation plan with the costed budget; and 27.3% of the respondents indicated that they have no M&E plans. The study further revealed that majority of organizations had M&E staff dedicated to HIV programs. The test for null hypothesis revealed that there is significant relationship between monitoring and evaluation and implementation of out-of-school HIV prevention programs in Mbita district. This implies that integrating monitoring and evaluation (M&E) into program design is critical for determining the program's efficacy, efficiency and sustainability.

5.4 Conclusions of the study

Following the findings, the study concludes as follows:

The study concludes that the technical skills of personnel did have some influence on the on implementation of out-of-school youths HIV prevention programs in Mbita district. The findings show level of education one has influences the involvement level into the program. HIV and Aids prevention skills acquired by participants have influence on the program overall achievements.

The study also concludes that stakeholder involvement did have impact on implementation of out-of-school youth HIV prevention programs in Mbita district. A Large percentage of organization had external stakeholders' involved at various stages of the program. This means that the stakeholders can influence positively or negatively the performance of an organization. It is therefore important to the organization to identify which stakeholders can have a positive or negative impact on their organization so that positive effects are promoted and the negative effects are managed so as to minimize damage.

The study concludes that amount of resources the organization has did not have an influence on the implementation of out-of school youth HIV prevention projects in Mbita district. The result show that the existence of available resources does not influence the implementation process, that is to say, the performance of just exists by itself. We therefore conclude that program performance is not limited to the amount of available resources.

The findings of the study revealed that monitoring and evaluation significantly influence the implementation of out-of-school HIV projects in Mbita district.

5.5 Recommendations

Following the findings, the study gave the following recommendations;

The program improvements include:

The Kenyan government needs to increase the number of people who know their HIV status by promoting and expanding access to HIV testing.

Government should set up policies that minimize inequalities and discrimination in both education and employment. In order to improve performance, policies should be pursued which reduce social and educational discrimination in hiring and promotion in the labour market. Also, policy should be formulated to encourage greater reliance on job-related learning experiences as a basis for occupational advancement.

HIV control programmes should establish harmonized indicators and standard reporting and recording templates to collect data for monitoring and evaluation of collaborative HIV activities.

HIV control programmes should implement procedures for voluntary, acceptable and confidential HIV counseling and testing for health-care providers and for reduction of occupational exposure to HIV infection in their services.

The Ministry of Health to design HIV advocacy activities that are jointly planned to ensure coherence between their messages and targeted at key stakeholders and decision makers, should be carried out at national and local levels.

5.6 Suggestions for further research

Following the findings, the study gave the following suggestions for further research;

1. Due to the high HIV prevalence rate in Mbita a study should be undertaken to assess the effectiveness of the strategies adopted by the Government of Kenya to reduce incidence rate.
2. A study undertaken to examine the effectiveness of policies and programmes in Non-Governmental organization that addresses effects of HIV and AIDs
3. The factors influencing the utilization of VCT services for HIV/AIDS among the youth in Mbita district
4. In this study program officials provided information on factors influencing implementation HIV prevention programs. Future study should allow youths to articulate their perspectives on HIV and AIDs related issues.

5.7 Contribution to knowledge

This section presents the study's contribution to existing knowledge in Table 5.1

Table 5.1 Contribution to knowledge

No.	Objectives	contribution to knowledge
1.	To determine the extent to which technical skills of personnel influences implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district.	Technical skills of personnel influences implementation of out-of-school youth HIV/AIDS prevention projects. Therefore, skill is an important aspect to be considered in explaining factors influencing implementation

	of HIV projects.
2. To assess how level of stakeholders involvement influence implementation of out-of-school youth HIV/AIDS prevention projects in Mbita district.	Implementation of out-of-school youth HIV/AIDS prevention projects and stakeholders' involvement are dependent of each other. Therefore, stakeholder involvement influences the implementation level and the general impact of the program to the targeted community. The involvement of stakeholder in dealing with the effects of HIV and AIDs is critical.
3. To establish the extent to which availability of resources influences delivery of out-of-school youth HIV/AIDS prevention projects in Mbita district.	Implementation of out-of-school youth HIV/AIDS prevention projects and availability of resources is independent of one another. Therefore, amount of resources does not limit the implementation of out-of-school youth HIV/AIDS prevention projects.
4. To assess the degree to which the monitoring and evaluation of the project influences implementation of out-of-school youth HIV/AIDS prevention projects for youths in Mbita	Implementation of out-of-school youth HIV/AIDS prevention projects and monitoring and evaluation of the program are dependent. In other words, there is relationship between implementation of out-of-school youth

district	HIV/AIDS prevention projects and monitoring and evaluation of the program.
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www.creativexchange.org/hiv aids/magicthrees

APPENDICES

Appendix I: Letter of Transmittal.

District AIDS and Sexually Transmitted Diseases Control Coordinator,

P.O. BOX 50,

MBITA

Dear Sir,

RE: FACTORS INFLUENCING IMPLEMENTATION OF HIV PREVENTION PROJECTS IN MBITA DISTRICT, KENYA.

I am presently a student with the University of Nairobi and pursuing Master Degree in Project Planning and management. In order to fulfil the requirements for the award, I am conducting a research entitled “*Factors influencing implementation of HIV prevention projects in Mbita district, Kenya.*”

The research target population will be all institutions managing HIV program in Mbita District. Selected sample of the population to be studied will be required to complete a self administered questionnaire.

The researcher assures that the information collected will be used for academic purposes only, all ethical protocols will be adhered to and the safety, privacy and anonymity of respondents will be respected during the execution of the research study. In this connection, no names will be required.

I hope my request will receive your favorable consideration.

Yours faithfully,

Everline Odida

Tel: 0725980774

Appendix II: Questionnaire

The researcher is a MAPPM student in University of Nairobi, undertaking a study on factors influencing implementation of out-of-school HIV prevention projects in Mbita district. The data gathered from this questionnaire is for academic purposes only. The information supplied will be treated in strict confidentiality and personal details will be kept anonymous.

- Please follow the instructions carefully
- Respond to all the questions

INSTRUCTIONS: Tick [] appropriate box and give an explanation where required.

PART 1: PERSONAL DETAILS

1. What is your sex? a) Male [] b) Female []
2. Education qualification; a) Master's degree [] b) Bachelor's degree []
 c) Diploma [] d) Certificate [] e) O'level []
 e) Others (specify) []

3. Level of post-----

4. Which area have you been trained in? for example, medicine, secretarial, mechanical among others

1. Is the kind of job you do relate to your profession?
 a) Yes [] b) No []

6. Experience in current employment: a) Less than 1 year [] b) 1-3 years []
 c) 3-5 years [] d) more than 5 years []

PART2: ORGANIZATION INFORMATION

1. Is the organization a: a) local NGO [] b) International NGO [] c) regional
 NGO [] d) community based NGO [] e) community group [] f) Private
 organization [] g) other (specify) -----
2. When was the organization formed? -----
3. What is coverage of your services in terms of division? (*Please tick more than area if
 your area of operation is more than one*)
 a) Mbita division [] b). Lambwe division [] c) Mfangano division []
4. When was your organization registered with the ministry of Gender and social services?

5. Is there operational plan? a) Yes [] b) No []
 If yes above, who is involved in the development of the plan?
 a) Management team [] c) program director[] b) Board members []
 d) all staff[] e) Not sure []
6. Does the organization have budget plan for the current operational plan? a) yes [] b)
 No []
 If yes above, is the budget adequate for the implementation of the plan? a) Yes [] b)
 No []
7. Is there management board? a) Yes [] b) No[]

8. If yes, what criterion was used for selection of members? -----

9. Does the organization have a long-term strategic plan? a) Yes [] b) No []

If yes, for how many years? -----

Comment on the resources available for the implementation of strategic plan -----

10. Is the plan being implemented? a) Yes [] b) No []

11. Does the organization have sustainability plan? a) yes [] b) No []

PART3: ACTIVITIES AND RESOURCES

1. Which type of HIV/AIDS projects does your organization implement?

(Please tick more than one option if you implement more than one project)

a) Behavioural communication change projects []

b) Care and support of the sick []

c) Social-economic mitigation (care of orphans, widows) []

d) Human rights and advocacy []

2. For how long (in years) has your organization been carrying out these projects

a) 0-3 [] b) 4-6 [] c) 7-9 [] d) Over 9 []

3. What was the total budget in Kshs. that you spent on HIV/AIDS projects last year?

a) Less than 5 million [] b) 5-10 million [] c) 10-20 million []

d) 20 million and above []

4. The organizations that fund your HIV/AIDS projects include the following:

(Please tick more than one if you have several donors)

a) International Donor agencies(e.g. UNDP, Global fund, USAID, etc) []

b) Government bodies(e.g. CACC, AIDS committee etc) []

c) Corporate companies []

d) Private individuals []

e) We don't receive any donor funding []

f) Please mention any other source if not included -----

5. Comment on your organization's youth HIV and AIDs prevention program. What problem have you faced? -----

5. What is the total number of the staff that your organization has? -----

Permanent staff -----

Volunteer staff -----

5. Do all staff have current contracts and clear job description? a) Yes [] b) No []

6. Does the organization have a system for staff development? a) Yes [] b) No []

If yes, explain -----

7. Does the organization conduct performance appraisal to all the employees? a) yes [] b)

No []

If yes, after how long? a) Quarterly [] b) semi-annually [] c) Annually d) others (specify) ---

8. Has any staff left the organization within the last 12 months? a) Yes [] b) No []

If yes, how many and why?-----

9. Does the organization have any asset register? a) Yes [] b) No []

10. Which of the following equipment/assets do you own for implementing your projects?

- a) Computers Video equipment [] c) Public address system [] d) Camera []
- d) Vehicles [] d) Motor-cycles [] e) HIV testing equipment []

Please mention any other assets or equipment if not included

.....
.....

11. Does the organization have capacity to help more youths? a) Yes [] b) no []

Explain your answer -----

PART4: REGARDING STAKEHOLDERS AND LINKAGES

1. At what level are you involved in the project?

- a) During baseline survey [] b) planning and design c) implementation []
- c) monitoring and evaluation [] d) At all stages

2. Do you have any external stakeholder currently involved in organization’s HIV and AIDs projects/program?

- a) Yes [] b) No (skip to question 5) []

3. If yes, who are they? -----

4. In what aspects are/have they been involved
b) During baseline survey [] b) planning and design c) implementation []
d) monitoring and evaluation[] d) At all stages
5. What kind of support do you give them?-----

6. How frequent do you have stakeholder review meetings? a) monthly[] b)
quarterly []
c) Semi-annually [] d) Annually []
7. Do you receive any reports of external stakeholder being involved in youth's HIV and
AIDs projects? a) yes[] b) No []
8. Comment on the involvement of youths in HIV and AIDs related activities. What
problem do you experience? -----

9. Does the organization have linkages with other partners addressing sexual and
reproductive health? a) No [] b) Yes[]
10. Is the organization working with any other organization in joint programme or project
implementation? a) Yes [] b) No[]

11. Has the organization established relationships with other organizations to which it can refer clients for services provided by the organization? a) Yes [] b) No[]

PART5: MONITORING AND EVALUATION

1. Did the organization conduct baseline survey? a) Yes[] b) No[]

If yes in which year was the survey done? -----

2. Do monitoring and evaluation (M&E) plans and system exist for projects currently being implemented? a) Yes[] b) No[]

If your response above is no, what is the reason that prompts not to have the plan?

If yes, indicators, data sources and targets in the M&E are clearly defined?

a) Yes [] b) No []

3. Are these M&E plans being followed and routinely reviewed/updated?

a) Yes [] b) No []

4. Does the organization have M&E staff? a) Yes[] b) No[]

5. Does the organization have data dissemination plan? a) Yes[] b) No[]

6. Does the organization have clear budget for M&E plan? a) Yes [] b) No[]

7. Does the organization have sufficient human resources with skills and experience necessary for M&E and reporting? a) Yes [] b) No[]

8. Does the organization have online M&E database? a) Yes [] b) No[]

9. How does the organization manage knowledge? -----

10. How do you disseminate monitoring and evaluation findings? -----

11. Have any assessments/evaluation (internal and/or external) been done of the organization or specific programmes/projects? a) Yes[] b) No[]

If yes, by whom? -----

THANK YOU VERY MUCH FOR YOUR VALUABLE INFORMATION

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telephone: 254-020-2213471,2241349
254-020-310571,2213123, 2219420
Fax: 254-020-318245,318249
when replying please quote
secretary@ncst.go.ke

P.O. Box 30623-00100
NAIROBI-KENYA
Website: www.ncst.go.ke

Our Ref:

NCST/RCD/14/012/1520

Date:

2nd November 2012

Everline Atieno Odida
University of Nairobi
P.O.Box 2461
Kisii.

RE: RESEARCH AUTHORIZATION

Following your application for authority dated **26th October, 2012** to carry out research on "***Factors influencing implementation of out-of-school youth HIV prevention projects in Mbita District, Kenya,***" I am pleased to inform you that you have been authorized to undertake research in **Mbita District** for a period ending **31st December, 2012**.

You are advised to report to **the District Commissioner and the District Education Officer, Mbita District** 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.

DR M.K. RUGUTT, PhD, HSC.
DEPUTY COUNCIL SECRETARY

Copy to:

The District Commissioner
The District Education Officer
Mbita District.

CONDITIONS

- 1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officers will not be interviewed with-out prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two (2) / four (4) bound copies of your final report for Kenyans and non-Kenyans respectively.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**



REPUBLIC OF KENYA

RESEARCH CLEARANCE PERMIT

GPK6055t3mt10/2011

(CONDITIONS—see back page)