

**INFLUENCE OF COMMUNITY BASED ORGANIZATIONS' CAPACITY ON MANAGEMENT OF TOTAL WAR AGAINST AIDS PROJECT: A CASE OF KASIPUL KABONDO CONSTITUENCY, KENYA**

**BY**

**OMONDI LAMECH OKEYO**

University of Nairobi Library



0478420 3

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI**

## DECLARATION

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

Signature



L.O. Omondi

L 50/72430/08

Date: 2/9/2010

This research project has been submitted for examination with my approval as the university supervisor

Signature



MR. JOSEPH O. AWINO

LECTURER

DEPARTMENT OF EXTRA MURAL STUDIES

UNIVERSITY OF NAIROBI

Date: 2/9/2010

## **DEDICATION**

I dedicate this work to my very loving wife and family who have painstakingly borne my long hours of work.

## ACKNOWLEDGEMENT

The development of this research report was supervised by Mr. Joseph Awino, Lecturer Department of Extra-Mural studies University of Nairobi. He contributed significantly towards the preparation of this research project. Much thanks for his valuable technical guidance.

I wish to recognize the immeasurable assistance of the Constituency AIDS Control Coordinator, Mr. Aloyce George. I would also like to acknowledge the Leaders and Members of the Community-based Organizations for faithfully responding to the questionnaires and interviews. This research report benefited immensely from the input provided by the leaders and members. I also convey my sincere thanks to all those who assisted me financially.

Finally, I wish to acknowledge the people who dexterously typed this document, Emmanuel Omondi and Judy Odundo and everyone else who, either directly or indirectly, participated in making the development of this research report a success. All your efforts towards the realisation of this research report are highly appreciated.

## ABSTRACT

This study examined the influence of community-based organizations' capacity on the management of Total War Against AIDS project in Kasipul Kabondo Constituency. A report by Joint United Nations Programme on HIV/AIDS established that some community based organizations were unable to translate increased funding possibilities to effectively and efficiently deliver and scale up HIV/AIDS programs (UNIADS & Accenture, 2007). As Kenya continues to operationalise Kenya National HIV/AIDS Strategic Plan (KNASP), there is need to address community-based organizations' capacity issues influencing the management of HIV/AIDS Projects. The purpose of the study was therefore to determine the influence of Community-Based Organizations capacity areas on the management of Total War Against AIDS Project in Kasipul Kabondo Constituency.

The objectives that aided the study were: to establish the influence of community-based organizations' leadership capacity, human resource capacity, material capacity and financial capacity on the management of Total War Against AIDS project in Kasipul Kabondo Constituency. The findings of the study, were hoped would benefit the government of Kenya, the National AIDS Control Council, the community-based organizations and donors in enhancing the management of HIV/AIDS interventional projects.

In order to realise the objectives of this study the research explored the capacity areas of community-based organization such as leadership capacity, human resource capacity, material capacity and financial capacity as the independent variables influencing the dependant variable; management of Total War Against AIDS project. This study was grounded in the theory of empowerment. This theory postulates that community-based organizations (CBOs) are critical instruments for community mobilization and transformation.

The study adopted descriptive survey design where qualitative and quantitative data was collected. The study population was 500 which consisted of community-based organization members, leaders and constituency AIDS control technical sub-committee members. A sample of 167 was drawn from the target population using simple random sampling and purposive sampling techniques. Data was analyzed using measures of central tendencies such as mean and mode using statistical package for social scientists (SPSS). Frequency tables and percentages were used to present the data.

The findings of the study revealed that there was capacity gaps in community-based organization engaged in Total War Against AIDS (TOWA) project in Kasipul Kabondo Constituency. It was also concluded that the capacity gaps in the areas of leadership, human resource, materials and finance had impeded the successful management of Total War Against AIDS project in Kasipul Kabondo Constituency. In view of the findings it was recommended that government should create a functional framework for capacity building for community-based organizations undertaking TOWA projects. It was also recommended that further research be done on the actual implementation and impact of TOWA project.

# CONTENTS

	PAGE
<b>TITLE</b> .....	i
<b>DECLARATION</b> .....	ii
<b>DEDICATION</b> .....	iii
<b>ACKNOWLEDGEMENT</b> .....	iv
<b>ABSTRACT</b> .....	v
<b>TABLE OF CONTENTS</b> .....	vi
<b>LIST OF FIGURES</b> .....	x
<b>LIST OF TABLES</b> .....	xi
<b>LIST OF ABBREVIATIONS AND ACRONYMS</b> .....	xii
<b>CHAPTER ONE</b>	
<b>1.0. INTRODUCTION</b> .....	1
1.1. Background of the Study .....	1
1.2. Statement of the Problem .....	3
1.3. Purpose of the Study .....	5
1.4. Research Objectives .....	5
1.5. Research Questions .....	5
1.6. Significance of the study .....	6
1.7. Basic Assumptions of the Study .....	6
1.8. Limitations of the Study .....	6
1.9. Delimitations of the Study .....	7
1.10. Definition of Significant Terms as Used in the Study .....	7

1.11. Organization of the Study .....	8
---------------------------------------	---

## **CHAPTER TWO**

<b>2.0. LITERATURE REVIEW .....</b>	<b>9</b>
2.1. Introduction .....	9
2.2. Community-Based Organizations' Capacity in HIV/AIDS Interventions.....	9
2.2.1. Influence of Community-Based Organization Leadership Capacity on Management of Total War Against AIDS Project.....	11
2.2.2. Influence of Community- Based Organization Human Resource Capacity on Management of Total War Against AIDS Project.....	13
2.2.3. Influence of Community-Based Organizations' Material Capacity on Total War Against AIDS Project. ....	14
2.2.4. Influence of Community-Based Organizations' Financial Capacity on Management of Total War Against AIDS (TOWA) Project.....	14
2.3. Influence of Institutional and Policy Framework on Management of Total War Against AIDS Project. ....	16
2.4. Total War Against AIDS (TOWA) Project.....	16
2.5. Theoretical Framework .....	18
2.6. Perceived Conceptual Framework .....	20
2.7. Summary of the Literature Review.....	21

## **CHAPTER THREE**

<b>3.0 RESEARCH METHODOLOGY .....</b>	<b>22</b>
3.1. Introduction .....	22
3.2. Research Design .....	22
3.3. The Target Population.....	22

<b>3.4. Sample and Sample Selection. ....</b>	<b>23</b>
<b>3.5. Research Instruments .....</b>	<b>24</b>
<b>3.5.1. Pilot Study .....</b>	<b>26</b>
<b>3.5.2. Validity of Instruments .....</b>	<b>26</b>
<b>3.5.3. Reliability of the Instruments .....</b>	<b>27</b>
<b>3.6. Data Collection Procedures .....</b>	<b>28</b>
<b>3.7. Data Analysis Techniques .....</b>	<b>28</b>
<b>3.8. Operationalization Table .....</b>	<b>30</b>
 <b>CHAPTER FOUR</b>	
<b>4.0 DATA ANALYSIS, PRESENTATION, INTERPETATION AND DISCUSSION</b>	<b>33</b>
<b>4.1. Introduction .....</b>	<b>33</b>
<b>4.2. Response Return Rate .....</b>	<b>33</b>
<b>4.3. Demographic Variables of the Respondents .....</b>	<b>33</b>
<b>4.3.1. Characteristics of the Respondents by Ages. ....</b>	<b>34</b>
<b>4.3.2. Education Level of Respondents. ....</b>	<b>34</b>
<b>4.3.3 Type of Community-Based Organization.....</b>	<b>35</b>
<b>4.4. The Influence of Community-Based Organizations Leadership Capacity on Management of TOWA Project.....</b>	<b>37</b>
<b>4.5. The Influence of Community- Based Organization’s Human Resource Capacity on Management of TOWA Project.....</b>	<b>39</b>
<b>4.6. The Influence of Community- Based Organization Material Capacity on Management of TOWA Project.....</b>	<b>40</b>



<b>4.7. The Influence of Community -Based Organizations Financial Capacity on the Management of TOWA Project.....</b>	<b>41</b>
<b>4.7.1. Sources of Funds and Management of TOWA Project .....</b>	<b>41</b>
<b>4.7.2. Financial Knowledge, Procedures, skills and the management of TOWA Projects. ....</b>	<b>42</b>
<b>4.8. Capacity Challenges .....</b>	<b>43</b>
<b>4.9. Suggestions for Overcoming Challenges .....</b>	<b>43</b>

## **CHAPTER FIVE**

<b>5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS...44</b>	<b>44</b>
<b>5.1. Introduction .....</b>	<b>44</b>
<b>5.2. Summary of the Study Findings .....</b>	<b>44</b>
<b>5.3. Conclusion.....</b>	<b>46</b>
<b>5.4. Recommendations.....</b>	<b>48</b>
<b>5.4.1. Recommendations for Policy Making and Strengthening .....</b>	<b>48</b>
<b>5.4.2. Recommendations for National AIDS Control Council.....</b>	<b>49</b>
<b>5.5.3. Suggestions for further research .....</b>	<b>49</b>
<b>REFERENCES .....</b>	<b>50</b>
<b>APPENDICES.....</b>	<b>.....</b>

## LIST OF FIGURES

	Page
<b>Figure 2.1: Perceived Conceptual Framework.....</b>	<b>20</b>

## LIST OF TABLES

<b>Table 3.1.</b>	<b>Data on Target Population for Study.....</b>	<b>22</b>
<b>Table 3.2.</b>	<b>Sample Size of the Population of Study.....</b>	<b>24</b>
<b>Table 3.3.</b>	<b>Operationalization Table.....</b>	<b>30</b>
<b>Table 4.1.</b>	<b>Response Return Rate .....</b>	<b>33</b>
<b>Table 4.2.</b>	<b>Age Distribution of Respondents.....</b>	<b>34</b>
<b>Table 4.3</b>	<b>Education Level of Respondents .....</b>	<b>35</b>
<b>Table 4.4.</b>	<b>Types of Community- Based Organizations .....</b>	<b>36</b>
<b>Table 4.5.</b>	<b>Areas of TOWA Project HIV/ AIDS Interventions.....</b>	<b>36</b>
<b>Table 4.6.</b>	<b>Year of Inception of CBO.....</b>	<b>37</b>
<b>Table 4.7.</b>	<b>Level of Leadership Capacity.....</b>	<b>38</b>
<b>Table 4.8.</b>	<b>Employed Versus Volunteers.....</b>	<b>39</b>
<b>Table 4.9.</b>	<b>Training Levels of Volunteers.....</b>	<b>39</b>
<b>Table 4.10.</b>	<b>Availability of Infrastructure.....</b>	<b>41</b>
<b>Table 4.11.</b>	<b>Financial Knowledge, Procedures and Skills.....</b>	<b>42</b>
<b>Table 4.12.</b>	<b>Challenges Encountered by the CBOs.....</b>	<b>43</b>

## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>ART</b>	Antiretroviral Therapy
<b>CACC</b>	Constituency AIDS Control Committee.
<b>CBO</b>	Community-Based Organization
<b>CCSD</b>	Canadian Council on Social Development.
<b>GOK</b>	Government of Kenya
<b>I.O.M</b>	Institute of Medicine
<b>KNASP</b>	Kenya National HIV/AIDS Strategic Plan
<b>NACC</b>	National AIDS Control Council
<b>NASCOP</b>	National AIDS and STD Control Programme
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>STD</b>	Sexually transmitted Diseases
<b>TOWA</b>	Total War Against AIDS
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization

## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background of the Study

During the past two decades, researchers all over the world have provided evidence that the social environment in which people live, as well as their lifestyle and behaviours can influence the incidence of illness within a population (IOM,1988). They have also demonstrated that a population can achieve long-term health improvements when people get involved in their community and work together to effect change. This global thinking about public health, which is an outgrowth of the social change movement of earlier decades and more recently re-emerging as a dominant notion, stresses the importance of engaging the community in their health issues ( Fawcett et al , 1993).

In light of the above developments, health professionals and leaders worldwide have recognized the inevitable need to engage community-based organizations (CBOs) in health related interventions at the local level. It is generally agreed that community-based organizations are more useful and most effective in addressing public health issues because of their deep rooted nature. In the course of AIDS pandemic, community-based organizations have emerged all over the world to provide essential services in HIV-related interventions. They have done so in response to the desperate needs of those affected by the scourge, and to fill the critical gap in public sector provision of the services (UNAIDS & Sidaction, 2005). Every day, 8000 people living with HIV die from AIDS (UNAIDS & Sidaction, 2005). Many of these deaths could be prevented through access to care. World Health Organization (WHO) and Joint United Nations Program on HIV/AIDS (UNAIDS) estimate that nearly six Million in low and middle income countries need access to care, yet by the end of 2004, only 700,000 were on antiretroviral therapy. Today nearly nine out of ten people in need still cannot obtain care.

Across Latin America and the Caribbean, communities have organized to respond to HIV/AIDS. In these regions a variety of community-based organizations have emerged to address the needs of specific populations. In many countries of Latin America and Caribbean countries, communities have been part of the initial response to the HIV/AIDS epidemic. However, the achievements and challenges facing these varied groups have not systematically been studied. Over in Asia, the Chinese government has only recently taken steps to address the nations HIV/AIDS epidemic. China's inability to effectively address HIV problem is partially due to the suppression of community-based organizations that seek to raise awareness (Doug, K.2009)

In Sub-Saharan Africa this global public health emergency is more pronounced. Indeed it is in this respect that several community-based organizations have sprung up to fill the vacuum. Joint United Nations Programme on HIV/AIDS documents a ground breaking survey in Africa which clearly brought out the significant but uncelebrated role of CBO's involvement in HIV/AIDS interventions. The survey also noted that in their endeavours, CBOs are faced with certain issues: critical among them being capacity needs. In Malawi; as in many African Countries, community-based organizations have undertaken a crucial role in HIV/AIDS interventions. However, they have had to contend with numerous capacity gaps. In Botswana, community-based organizations have been actively engaged in various ways to mitigate the spread of HIV/AIDS, the care of those affected and infected. Community-based organizations are considered strategic partners at community level. However, here too it is acknowledged that the demand for new innovative interventions require a strengthened institutional capacity for CBOs (Mogomotsi, 2004).

In Kenya the vast majority of people in need of care lack access due to the inadequacy of mainstream health services. Therefore, CBOs have been compelled to place themselves on the cutting edge of HIV/AIDS intervention. In recent years, Kenya has made significant progress in responding to the HIV and AIDS epidemic. Much, however, must be resolved

especially around improving the overall ability of CBOs; the foundation of the Kenya's response to channel resources down to recipients in greatest need. (UNAIDS Accenture, 2007). Some community-based organizations are unable to translate increased funding effectively and efficiently into improved services and capabilities, thus creating bottlenecks in delivery and scale-up of HIV/AIDS projects. Tilahun Giday and Charles Thube (2006) in a Pathfinder Publication argue that community-based organizations in Kenya are critical players in HIV/AIDS interventions, but also notes that the CBOs often lack essential institutional capacities such as governance, leadership, financial, information and human resource management to effectively deliver desired project results. As such they argue that there is need for an assessment of CBOs managerial, financial and technical capacity.

The 2003 Kenya Demographic and Health Survey (KDHS) singles out Nyanza province within which this study was conducted as having the highest prevalence of HIV, (15%). This obtaining situation explains the presence of many CBOs in this region. This is in acknowledgement of the fact that CBOs can gain control, influence and become effective players in community health issues if they have resources knowledge and skills above and beyond those that they already have (Lawcett et al, 1995)

Preliminary evaluation at the Constituency level attests to the central role of CBOs in HIV/AIDS intervention. However, it is also apparent that their centrality notwithstanding CBOs faces certain capacity issues. This study therefore sought to establish the influence of CBOs capacity areas on the management of Total War Against AIDS project.

## **1.2. Statement of the Problem**

HIV/AIDS spread rapidly in Kenya during the 1990s reaching prevalence rates of 20-30% in some areas of the country. Prevalence subsequently declined in some sites in Kenya but remained stable in others. The Kenya Demographic Health Survey (KDHS) (2003) revealed

that 67% of adults tested are infected with HIV. Following initial silence about the epidemic, the Kenya government declared AIDS a national emergency in November, 1999. In March, 2003, President Kibaki declared "total war on HIV/AIDS" and established a cabinet committee to deal solely with HIV/AIDS related issues.

The President's declaration gave birth to the Total War Against AIDS (TOWA) project which targeted intervention on HIV/AIDS at the Community level. The strategy set out a multisectoral response to the epidemic. The Project was designed in such away that community-based organizations (CBOs) would form an integral part of its implementation. Earlier responses to HIV/AIDS were largely centralized and health sector driven (NACC, 2005). However, with the increased recognition of HIV/AIDS as a developmental problem affecting every aspect of life, there occurred a shift to a Multisectoral response. This roped in community-based organizations as critical players in the war against HIV/AIDS. This was in recognition of community-based organizations' proximity to the infected and affected.

HIV/AIDS is a major development challenge in Kasipul Kabondo Constituency. The Constituency has a HIV/AIDS prevalence rate of 17% nearly triple the national prevalence at 6%. This high prevalence rate has prompted several community-based organisations, nearly 532 (Rachuonyo District Development Plan, 2008) to be involved in HIV/AIDS intervention programmes. Despite this huge number of CBOs, coupled with the injection of Total War Against AIDS funds prevalence remain a record high. Community-based organizations seem to have a dismal impact in bringing down prevalence rates in the Constituency. Indeed a joint United UNAIDS and Accenture assessment report concluded that community-based organizations in Eastern and Southern Africa were faced with serious capacity-related barriers and bottlenecks that hindered the efficient management of HIV/AIDS projects. It is against this background that the study sought to establish the capacity areas that influence community-based organizations' ability to manage Total War Against AIDS projects in Kasipul Kabondo Constituency.



### **1.3. Purpose of the Study**

The purpose of this study was to establish the influence of community-based organizations capacity on management of Total War Against AIDS (TOWA) project in Kasipul Kabondo constituency-Kenya.

### **1.4 Research Objectives**

The study was guided by the following research objectives:

1. To establish the influence of Community-based organizations leadership capacity on management of Total War Against AIDS Project in Kasipul Kabondo Constituency
2. To determine the influence of Community-based organizations human resource capacity on management of Total War Against AIDS Projects in Kasipul Kabondo Constituency.
3. To examine the influence of community-based organizations Material Capacity on management of Total War Against AIDS Project in Kasipul Kabondo Constituency.
4. To explore the influence of community-based organizations financial capacity on management of Total War Against AIDS Project in Kasipul Kabondo Constituency

### **1.5. Research Questions**

1. What is the influence of community-based organization leadership capacity on management of Total War Against AIDS Project in Kasipul Kabondo Constituency?
2. How does community-based organization human resource capacity influence management of Total War Against AIDS Project in Kasipul Kabondo Constituency?
3. Does Community-Based Organization material capacity have influence on management of Total War Against AIDS Project in Kasipul Kabondo Constituency?
4. What is the influence of community-based organization financial capacity on management of Total War Against AIDS Project in Kasipul Kabondo Constituency?

## **1.6. Significance of the study**

It is hoped that the findings of this study will be found useful by community-based organizations, the government of Kenya and the National Aids Control Council (NACC), as it is hoped it may provide valuable data and information on the capacity needs of Community-based organization involved in HIV/AIDS interventions. It is also assumed that such information will allow for realisation of successful management of HIV/AIDS projects by community-based organizations.

## **1.7. Basic Assumptions of the Study**

An assumption is any fact that a researcher takes to be true without actually verifying it (Mugenda and Mugenda, 1999). This study was carried out on the assumption that the community-based organizations used the IOWA grants towards the intended HIV/AIDS activities. It was also assumed that none of the community-based organizations had folded up. It was subsequently established that none of the CBOs had folded up.

## **1.8. Limitations of the Study**

There were two limitations that need to be acknowledged and addressed regarding this study. The first limitation concerned the cross disciplinary nature of the research project. The IOWA project was studied within the context of medical issues. The author of this research report does not have medical qualification, but had had several discussions with scholars and practitioners specializing in medical matters. These professionals thought that it would be rather beneficial to have an "outsider" investigating HIV/AIDS issues.

The second limitations had to do with the extent to which the findings can be generalized beyond the cases studied. The number of community-based organizations is limited for broad generalizations. However, the ten community-based organizations represented rather different types of CBOs engaging in HIV/AIDS intervention projects.

## 1.9. Delimitations of the Study

The focus of this study was mainly on the capacity areas of community-based organizations involved in HIV/AIDS intervention projects. The study was conducted among 10 community-based organizations that had received TOWA grant awards in Kasipul Kabondo Constituency.

## 1.10. Definition of Significant Terms as Used in the Study.

**Capacity** – Is the ability of CBOs to have and utilize financial, human and material resources in order to successfully carry out TOWA projects.

**Community based Organization** – Is used here to refer to civil society, non-profit bodies operating at and initiated by local communities in Kasipul Kabondo and engage in HIV/AIDS intervention through receipt of TOWA funds.

**Financial capacity**- Is the sourcing for funds, their allocations and utilization. Such funds include TOWA funds.

**Human resource capacity**- Is the overall ability in terms of numbers and skills in the CBOs and the specific abilities needed at individual and CBO level.

**Leadership** – Is the process of social influence in which the leaders of CBOs enlist the aid and support of other members in accomplishment of the HIV/AIDS intervention programmes.

**Management**- Is used here to refer to the entire process of soliciting funds, planning and executing of the various HIV/AIDS activities.

**Material capacity**- Refer to material resources which include key inputs such as office space, equipment and vehicles.

**Project** – Refers to the various HIV/AIDS interventions measures such as voluntary counselling and testing which are specifically funded by TOWA grant awards.

**Total War Against AIDS** – Is a government and donor funded project with the objective to support the implementation of KNASP 2005-2010.

### **1.11. Organization of the Study.**

This research proposal was organized in five chapters. Chapter One, introduced the study, statement of the problem, purpose of the study, objectives of the study, research questions, significances of the study, assumption of the study and definitions of the significant terms

Chapter Two, examined the pertinent literature related to the study which include the various capacity areas of community-based organizations and Total War Against AIDS project as well as the theoretical and perceived conceptual frameworks

Chapter Three, described the research methodology that was used in conducting the study. This included: an introduction, research design, area of study, target population, sample size and sample selection; research instruments, validity and reliability of the instruments, data collection procedures, data analysis techniques and the operationalization table.

Chapter Four, presented the analysis, presentation, interpretation and discussion of data under the following thematic areas: influence of CBO leadership capacity, Human resource capacity, material Capacity and Financial Capacity on management of Total War Against AIDS Projects.

Chapter Five, is a summary of the study followed by conclusions based on the results of the previous chapter. It also contains recommendations and suggestions for further research.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

This chapter explored the related literature on the influence of CBOs capacity areas on Management of Total War Against AIDS (TOWA) projects. It focused on variables such as CBO leadership capacity, CBO human resource capacity, CBO material capacity and CBO financial capacity. The chapter also related the variables through a conceptual framework, and the related theory was explored, then a summary of the literature given.

#### 2.2. Community-Based Organizations' Capacity in HIV/AIDS Interventions

Globally it is a recognised fact that community-based organizations are strategically placed to play an important role in responding to HIV/AIDS epidemic due to their close proximity to communities. However many of these organizations have limited internal resource, weak organizational capacity and weak necessary technical skills and knowledge to implement successful interventions (Mathew & Favis, 2004). The US Presidents' Emergency Plan for AIDS Relief (PEPFAR) argues that community-based organizations possess an extensive geographic reach and well developed infrastructure in the developing world as such have capabilities to contribute to an effective multi-sectoral response to the HIV/AIDS menace.

An organization's capacity is its potential to perform – its ability to successfully apply its skills and resources to accomplish its goals. Performance is the ability of an organization to meet its goals and achieve its overall mission. An organization's performance is influenced by its capacity (Lusthaus et al, 2002). Community-based organizations are critical players in HIV/AIDS War. Consequently, it is important to address the question of their capacity. Indeed when Organizations improve their capacity, they are better positioned to expand programmes, meet donor expectations and even attract new donor funding. A common problem for many organizations working to fight HIV/AIDS is that they lack capacity for

sustained impact. Specifically, CBOs lack adequate capacity to develop clear mandates, manage resources, fine-tune leadership structures, plan and design programmes as well as monitor progress. This is due to the fact that CBOs are non profit organizations whose activities are based primarily on volunteer efforts (Chechett & Geyer, 2006). As such Organizational capacity is a high priority area for the HIV/AIDS response. This means that CBOs depend heavily on voluntary contributions for labour, material and financial support.

Health CBOs focus on enhancing the physical and or mental health of a community including treatment of health problems and after care. In 2004, the non- governmental organization, Sidaction with the support of UNAIDS and WHO, conducted a survey of the community-based organizations response to the HIV/AIDS intervention in Africa. The survey acknowledged the central role played by the community-based organizations. However, this study, did not explore the capacity issues at the centre of the performance of this organizations. This is the gap that this study seeks to bridge.

The catalytic potential of community-based organizations to promote health in local communities is well recognized. (Robert, et al, 2009). As such CBOS play a front line role in HIV/AIDS interventions. A study by the researchers at the University of Pennsylvania tested whether a proven HIV/STD risk-reduction intervention would work when led by CBOs. The study found out that the CBOs were able to successfully implement HIV/STD risk-reduction interventions. Community-based organizations are therefore potentially important mechanisms to support HIV/AIDS intervention in ways that are responsive and appropriate to their particular circumstances and with reference to the context of the local community.

Despite being well positioned, community-based organizations particularly small to medium size organizations lack capacity to plan, implement and evaluate their success. The current state of CBOS capacity in Kenya, particularly as it relates to absorption of HIV/AIDS funds is wanting (UNIADS and Accenture, 2007) Many CBOs responding to Kenya's HIV/AIDS epidemic lack capacity in one or more key functional areas: Leadership

capacity, human capacity, material capacity and financial capacity. Most funding mechanism assume that community-based organizations have the capacity or can build upon existing capacity to better mobilize their resources, plan, procure, implement, deliver and account for their HIV/AIDS activities. This assumption is misplaced, overall CBOs capacity is limited. To provide a clear understanding of community-based organizations capacity, four main areas were identified: Community-based organization leadership capacity, Community-based organizations' human resource capacity, Community-based and organizations' material capacity and Community-based organizations' financial capacity

All the four areas of capacity are interdependent, an organization cannot deliver quality services without capability in terms of the aforementioned areas. UNAIDS and Accenture (2007) notes that lack of capacity creates a bottleneck in the ability of funding to be accessed, utilized and accounted for in delivery of HIV and AIDS services at the community level.

### **2.2.1 Influence of Community-Based Organization Leadership Capacity on Management of Total War Against AIDS Project**

Strong and effective leadership is the lynchpin of a community-based organization. According to Gardner (1988), 'leadership is the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his followers.' Leadership in CBOs may come from different sources including the board members, staff or volunteers. While leadership is an essential ingredient for an effective CBO, it is difficult to define and capture. Leaders motivate others and create action. Leadership is closely tied to vision and mission. Leaders are supposed to delegate, they leave in the hands of other members the power to make decisions and experience the consequences of those decisions (Gardner, 1988). Strong leadership can make the difference between success and failure in implementing programs and services.

Chechetto-Salles and Geyer ( 2006) argue that if an organization is clear about its goal, all management strategies, techniques and processes can work together to achieve that goal. In this respect leadership capacity is useful in helping an organization clarify and implement its goals. A community-based organization management team should therefore understand the mission, values, strategic goals and project plans of their organization. The principles of management have been learnt and established over time and can be applied to all organizations, though there are specifics to certain organizations. As such circumstances relating to community-based organizations are quite different to those relating to management of profit driven organizations (Camay P. & Gordon A., 1997). Community-based organizations play a critical role in providing HIV/AIDS interventions at the local level. It is therefore necessary to have their leaders possess not only management skills but also more importantly leadership ability.

Most community-based organizations come about as a result of individual efforts, commitment and talent. As such, they initially ride on charisma of the pioneers. Usually this sometimes sees some of these organizations die a natural death with the demise of the pioneers. To build and sustain capacity CBOs must enhance existing leadership and develop new leadership. Community-based organization need to build the confidence of and skills required to develop and manage their HIV/AIDS projects more systematically (HIV/AIDS Alliance and CARE 2006). Good leadership helps to organize HIV/AIDS project activities in a systematic manner. The success of HIV/AIDS interventions is usually hinged on the competency of the management team. Studies on HIV/AIDS unfortunately have not delivered deeply on project management capacity of community-based organization in the management of Total War Against AIDS project. This study sought to bridge this gap.



## 2.2.2 Influence of Community- Based Organization Human Resource Capacity on Management of Total War Against AIDS Project.

Health related services capacity or "health technical" areas of capacity include knowledge and skills in basic health care for HIV/AIDS patients, psychological support and care. At the international level development partners provide technical training to the national level bodies . However, research clearly indicates that there is lack of organized human resource capacity building efforts to local community-based organizations to boost their ability to provide quality HIV/AIDS health services at the community level (UNAIDS, 2004).

Case studies of a number of programs channelling funds to CBOs both in Kenya and elsewhere in Africa have recognized the chasm that exist in basic skills at the grass root level especially around implementing HIV/AIDS projects (UNAIDS, 2006).Maanisha Project, a five year partnership with AMREF and SIDA to control HIV and AIDS in Kenya's Nyanza and Western Provinces has key lessons to be learnt. One of which acknowledges the significant need for human resource capacity appraisal (Wangila & Ndirangu 2009)

The world has struggled to curtail the spread of HIV/AIDS for nearly three decades. Despite the effort at different levels the pandemic continues to devastate entire countries and regions. Responding effectively to HIV/AIDS require addressing not only the immediate causes but also the underlying causes such as lack of effective technical skills as well as enough human resource to reach more people in need of HIV/AIDS intervention.

In many organizations only a small number of individuals have received formal training on HIV/AIDS. Furthermore, knowledge and understanding of the scientific basis of HIV transmission and disease progression is extremely limited Available literature has pointed out that lack of qualified personnel is one of the biggest challenges to effectively implement programmatic activities such as HIV counselling. This research therefore sought to study

community-based organization human resource capacity influence on management of TOWA projects in Kasipul Kabondo Constituency.

### **2.2.3 Influence of Community-Based Organizations' Material Capacity on Total War Against AIDS Project.**

In each organization, infrastructure forms the foundation upon which to operate. It may include Office space, transportation, telephones and data management system among other utilities (UNAIDS & Accenture, 2007). Most HIV/AIDS grants are intended for service delivery and not for organizational capacity building; critical but costly infrastructure (e.g. office space, telecommunications, data processing and transportation) is assumed to exist and therefore not often supported by the allocations.

Small community-based organizations often suffer from lack of funds; this explains the difficulty in obtaining the office equipment and transport among other operational utilities. Literature addressing the role of material capacity in community-based organizations exists. However, information on individual material capacity strengths of CBOs dealing in HIV/AIDS intervention is very little, thus this study intended to enrich the literature in this area.

### **2.2.4 Influence of Community-Based Organizations' Financial Capacity on Management of Total War Against AIDS (TOWA) Project.**

Community-based organizations need financial capital to carry out and sustain their activities. Organizations that command adequate financial resources are better able to pursue their goals (CCSD, 2000). The concept of financial capacity, however, is much larger than the number of shillings in the bank. Financial capacity is also about ability to administer funds. Sound financial management is a key piece in implementing HIV/AIDS projects and in achieving sustained impact (Change, 2000). A solid financial framework lies on well-designed financial policies and systems that streamline processes provide valuable information, keep

efficient overhead rates and increase donor's confidence. In structuring the financial function, successful experience show the importance of taking into account the nature of the organizations' needs and the working context.

Nonetheless, the most important factor in building financial capacity resides in a skilled committed team eager to create value and support the organization's mission. Financial capacity is usually anchored on financial planning, resource allocation, accounting, financial reporting and financial control. (Change, 2000). Financial planning is crucial in fostering comprehensive strategies' for the achievement of financial organizational goals. Resource allocation is critical to the implementation of activities, funds availability and changes in working context. Accounting is essential in recording, closing and summarising all organization's transactions in a significant and clear manner. Financial report is fundamental and timely information to the organization's stakeholders. Finally, financial control, involves performance monitoring, enforcement of financial policies, assets stewardship and risk management.

Many CBOs in Kenya responding to HIV/AIDS lack capacity in financial operations. Community-based organizations at local level are inadequate in terms budgeting processes due to lack of skilled accountants (UNAIDS & Accenture, 2007). In addition, some grants limit expenditures on program management. Available literature suggests that many CBOs work directly with communities that lack basic education and literacy or have staff with these characteristics. Often, their finances are not well managed or transparent because they lack simple accounting and book keeping skills. On a macro level, Kenya lacks a national framework including strategy and operational plan to help civil society build functional skills and better absorb, channel and account for HIV/AIDS funds (UNAIDS & Accenture, 2007). It is in this respect that this study sought to establish the financial capacity gaps in CBOs involved in TOWA Project.

### **2.3 Influence of Institutional and Policy Framework on Management of Total War Against AIDS Project.**

The Ministry of Health instituted an AIDS control committee in 1987, when it developed the first five-year strategic plan for AIDS control. The second plan was for the period between 1992-1996. The sessional paper No.4 of 1997 on AIDS in Kenya marked an important change in the political front and outlined a new institutional framework. With the creation of the National AIDS Control Council and the declaration of Total War on AIDS an important step had been taken in this fight. Constituency AIDS Control Committee and community-based organization embody this multi-sectoral response to the scourge. The government has put in place policies and infrastructure to help implement programmes at all levels and has issued guidelines for conducting activities in all HIV/AIDS – related areas (NASCOP, 2005).

The World Bank funded TOWA project includes; grant awards to community-based organizations. National AIDS Control Council (NACC) has two roles here, a grant accountant for disbursement and an internal auditor (NACC, 2005). The TOWA project generally seeks to provide sub-financings to beneficiary CBOs in accordance with eligibility criteria and procedures. For instance, only 15% of the budgeted can be used for programmed administration costs including salaries, allowances and office running expenses. Eighty five percent must be used for programme activities. Such a paltry sum cannot allow the CBOs to work on their capacity areas adequately. Preliminary investigations established that these conditionalities affect the variables in the matrix of CBOs capacity in the management of Total War Against AIDS Projects.

### **2.4 Total War Against AIDS (TOWA) Project**

Kenya has more than one million people estimated to be living with HIV/AIDS epidemic, a situation that poses significant challenge to this low income Country. The

Government of Kenya first established a National AIDS control council (NACC) in 1999 and then developed a national strategic framework for HIV/AIDS for 2005-2010 (UNAIDS, 2004). The Government through the National AIDS Control Council (NACC) has put in place a policy framework and programme to combat the HIV/AIDS epidemic. The mandate of NACC includes provision of strategic leadership, policy direction and co-ordination of the Multi-sectoral approach to the fight against HIV/AIDS. The National response to HIV/AIDS is currently premised on the Kenya National HIV and AIDS Strategic Plan (KNASP) 2005/6-2009/10 which seeks to deliver a HIV free society by reducing HIV infections, improving the life of those infected by HIV/AIDS and mitigating the socio-economic impact of the scourge.

TOWA project which stands for Total War Against AIDS project was derived from the declaration by President Mwai Kibaki in 2003 when he declared total war against HIV/AIDS at community level. The Kenyan Government subsequently received a credit from the International Development Agency (IDA) to finance Total War Against AIDS (TOWA) project, with the objective to support the implementation of the Kenya National HIV and AIDS Strategic Plan (KNASP) 2005-2010. The National AIDS Control Council (NACC) is charged with the management of the credit. TOWA project became effective in March 2008. TOWA's key objectives of supporting achievements of KNASP 2005/6-2009/10 goals and financial strategic and innovative multi-sectoral activities in line with the KNASP are translated into two major components. Component two, which support community-based organizations in terms of grant awards to implement programmes aligned with the KNASP is the focus of this study. The grant award is disbursed under the mechanism of call for proposals. Round one call was done in December 2007. Round 2 call for proposals was done in June 2009 while round 3 call for proposal was done this year. The priority areas addressed by TOWA include: HIV Counselling and testing, behaviour change communications, home and community-based care and support, community strengthening to support PLWHA, and voluntary medical male circumcision.

Applicants are allowed to submit a maximum of two proposals for every call for proposals (NACC, 2009)

TOWA project component 1 clearly earmarks funds for national and institutional capacity building of NACC and its decentralised operational structures. However, although the need for technical support for community-based organizations is apparent, as beneficiaries of components II, the actual capacity within community-based organizations have not been adequately addressed even as they receive TOWA grants with the attendant conditionalities. The thrust of this study is therefore to establish the level of capacity in TOWA funded community-based organization undertaking HIV/AIDS interventions.

## **2.5. Theoretical Framework**

This research is grounded in the theory of empowerment. While most theorists have described empowerment in similar terms, its exact definition remains vague. However for the purpose of this study the definition given by Gutierrez (1995), as the process by which individuals and groups gain power, access to resources and control over their own lives was deemed useful in the context of community based organizations. Community-based organizations allow communities to gain the ability to achieve their highest personal and collective aspirations and goals" (Robbins, Chatterjee and Canda, 1998): The theory of empowerment has its roots in the educational theory of Paulo Freire (Demmih & Oldenski, 1999). Freire's theory espoused the concept that people should be linked to resources so that they can also work towards achieving their own independence and own control over their lives.

This theory has been hailed as a mechanism which allows communities to gain mastery over their lives (Rappoport, 1984). However Riger (1993) criticises it for its paradoxical nature. Community-based organizations are products of the civil society movement and are grounded in the theory of community engagement. Community engagement is the process of working collaboratively with and through groups of people affiliated with geographic

proximity, special interest or similar situations to address issues affecting the well being of those people. It is a powerful vehicle for bringing about environmental and behavioural changes that can improve health of a community and its members. Community-based organizations are formed and developed within a community, where the decision making is by the organization and not any other external body. The recent evolution of community based organizations, especially in developing communities has further strengthened the view of these "bottom-up" organizations as being more effective in addressing local needs than large organizations. Indeed in this respect CBOS bring forth the idea of empowerment of communities.

Models of community empowerment help us understand the process of gaining influence over conditions that matter to people who share neighbourhoods, or concerns. Such frameworks are what have motivated the utilization of community-based organizations in HIV/AIDS interventions.

## 2.6 Perceived Conceptual Framework

The study was guided by the following conceptual framework:

Figure 2.1 Conceptual Framework Showing Relationships of Variables.

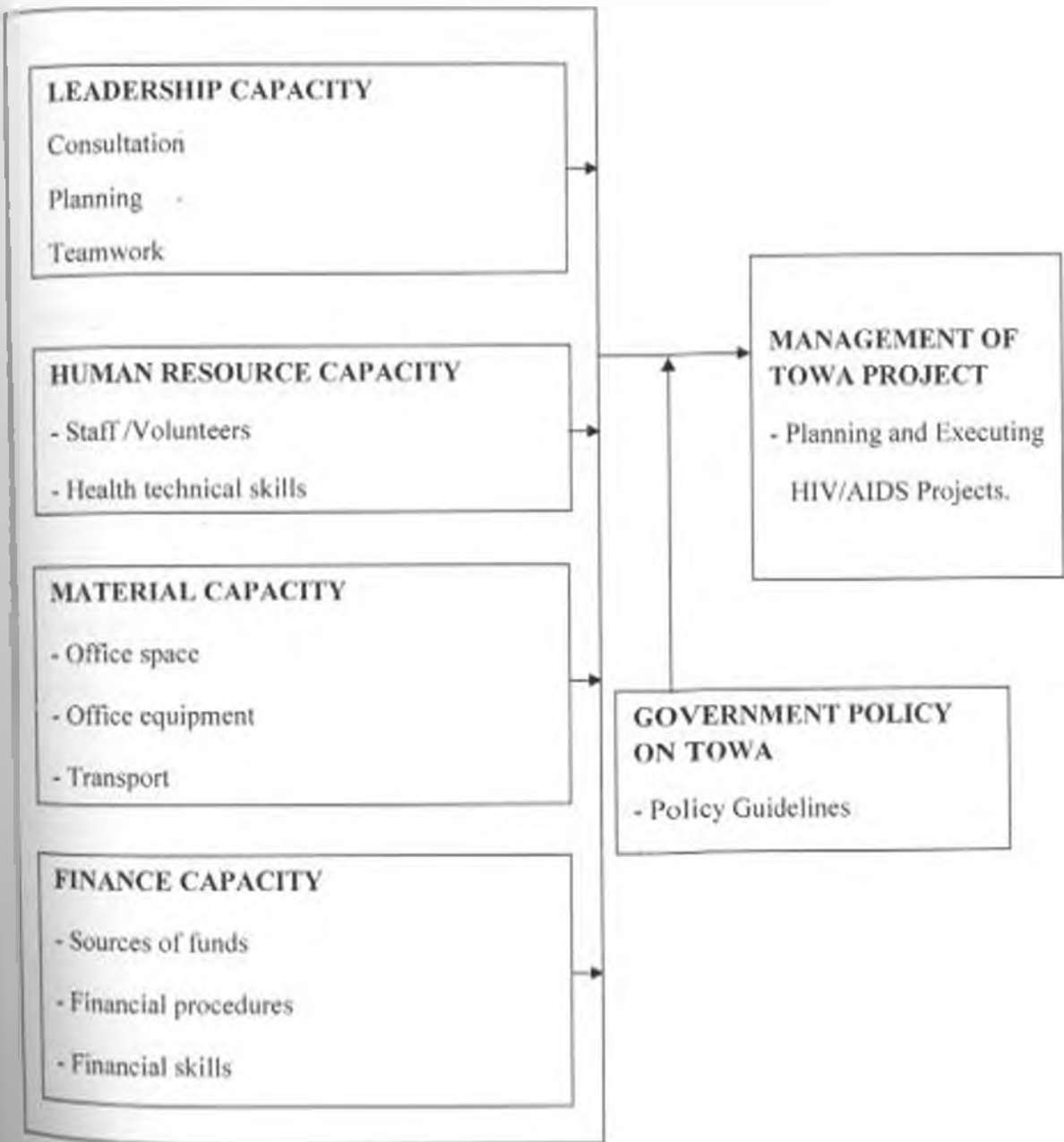


Figure 2.1 above shows that the four CBO areas of capacity : leadership capacity, human resource capacity, material capacity and financial capacity which are independent variables impact on management of TOWA projects, the dependent variable. The planning and



execution HIV/AIDS projects by CBOs is determined by the presence or lack thereof the aforementioned. It is also apparent that all these areas of capacity are interdependent and are hampered with by the government policy. Government guidelines determine the sourcing for TOWA funds as well as the ability to realize material and human resource capacity.

## **2.7. Summary of the Literature Review**

While community-based organizations deliver essential services at various levels of HIV/AIDS intervention, many capacity bottlenecks continue to hamper the efficient management of projects. Overall, the capacity issues related and impacting on CBOs include leadership capacity, human resource capacity, material capacity and financial capacity. (UNAIDS & Accenture, 2007). Despite this obvious handicap, the explorations of various literatures endorse the fact the fight against HIV/AIDS must be addressed from a bottom-up approach rather than from top-bottom. This can only be realised by roping in community-based organizations, utilizing their proximity to target population and addressing their capacity needs (DFID, 2006).

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1. Introduction

This chapter presents a detailed description of the research design that was used in conducting the study which includes the research design, the target population, sample and sample selection, data collection methods, data collection instruments, the validity and reliability of the instruments and data analysis procedures.

#### 3.2. Research Design

A research design is a plan showing how the problem under investigation can be solved (Orodho, 2003). It functions as the research blue print (Creswell, 2003). To tackle questions posed in this study, the researcher used descriptive survey research design. According to Glenserth and Nilson (1987), descriptive survey is a method of collecting information by interviewing or administering questionnaire to a sample of individuals. The descriptive survey design was effective for the study as it provided qualitative and numerical description of a sample of the population allowing inferences to be made about some characteristics, attitude, opinion and behaviour of the target population (Habibie, 2001).

#### 3.3. The Target Population

This section explored the study population from which the sample was drawn. The target population consisted of 10 TOWA Funded CBOS consisting of 496 members and 4 constituency AIDS Control Committee Officers. This was illustrated by the table 3.1 below

**Table 3.1. Data on target population for study.**

Study Population	Total Population
Community-based organization members	496
Constituency AIDS Control technical Sub-Committee members	4
<b>Total</b>	<b>500</b>

### 3.4. Sample and Sample Selection.

According to Webster (1985) a sample is an affinitive part of a statistical population whose properties are studied to gain light on the whole. Kasipul Kabondo was selected as the area of study because of the high HIV/AIDS prevalence coupled with an equally high presence of CBOs engaged in HIV/AIDS intervention programmes. A sample of 167 was drawn from the target population of 500. This constituted a third of the population. Gray (1983) suggests that for descriptive studies, ten percent of accessible population is enough.

Sample selection is the process of selecting a number of individuals or objects from a target population such that the selected group contains characteristics reflective of those found in the entire group (Orodho and Okomba, 2002). The study adopted purposive sampling and simple random sampling. Purposive sampling was used to sample the ten community-based organizations. This is a technique in which a researcher is allowed to use cases that have required information with respect to the objectives of the study (Mugenda, 2003). The ten community-based organizations were purposively sample because they were the ones that had already received ICWA grant awards in Kasipul Kabondo Constituency since the inception of the project.

The ten sampled community-based organization had five leaders each, therefore a total of fifty CBO leaders were purposively sampled for the questionnaire. It was felt the CBO leaders had critical information for the research as between them they held necessary documents. Also the four Constituency Aids Control Committee technical sub-committee on proposal review and approval were purposively sampled and administered with a questionnaire. Mugenda (2003), comments that the target population is less than thirty, the whole population need to be sampled for interview. Therefore, the constituency having only four CACC technical sub-committee on proposal review and approval, all of them were purposively sampled to fill the questionnaire.

Simple random sampling was also employed in the study. It involves giving a number to every subject or member of the accessible population, placing the numbers in a container and then picking any number at random. The subjects corresponding to the numbers picked are included in the sample (Mugenda, 2003). This method was preferred because it would produce more precise estimates. Simple random sampling was therefore used to sample the 113 CBO members from the ten community-based organizations for interview. Nine of the ten community-based organizations had each a total membership of twenty while one had a total membership of twenty three. In order to reproduce the salient characteristics of the accessible population to an acceptable degree 50% of each CBO membership was sampled for interview (Fisher, 1983). The lottery method was used. Each member of the CBO was represented by a piece of paper marked "Yes" or "No" the pieces of paper were placed in a container and well mixed. Those who picked "Yes" were sampled for interview. Table 3.2 below illustrates the sample size.

**Table 3.2 Sample sizes of the population of study**

<b>Study sample</b>	<b>Total population</b>	<b>Sample size</b>
Community-based organization leaders	50	50
Community-based organization members	446	113
Constituency Aids Control technical Sub-Committee	4	4
<b>Total</b>	<b>500</b>	<b>167</b>

### **3.5. Research Instruments**

Instruments are tools by which data are collected. (Mugenda 2003). The researcher used questionnaires and semi-structured interview. Self-administered questionnaires were used to collect information from TOWA funded community-based Organizations' leaders and Constituency AIDS Control Committee technical sub-committee members in Kasipul Kabondo Constituency.

The questionnaire for community-based organization leaders was intended to collect information about community-based organizations capacity areas and how they influence management of TOWA projects. The questionnaire was divided into seven sections. Section A dealt with demographic information and was generally meant to provide information about the respondents. Section B provided general information about the community-based organization. The questions sought to find out the type of CBO in question, length of existence and its area of HIV/AIDS intervention.

Section C of the questionnaire sought to seek information on the leadership capacity of the CBO. The response to questions was pegged on rating scale of 1 to 5. The respondents were asked three questions on leadership, namely: Consultation in decision making process, planning of activities and teamwork. The questions were intended to show if the CBOs leadership exhibited the three cardinal elements of leadership: Consultation, planning and teamwork. These are central in the execution of the HIV/AIDS programmes. Section D focussed on Human Resource capacity. The questions sought to establish the level of the staffs' establishment and their competencies. Section E on the other hand sought to establish success to items and equipments such as computers, printer, photocopier, field vehicle, motor cycles, bicycle, internet address and others. It also asked questions to establish if the CBO had office space. Financial capacity was tackled in section F, and questions focussed source of funds, preparation of budgets, financial reports as well as project staffs/ knowledge and skills in financial management.

The last part of the CBO leaders questionnaire, Section G sought to enquire on the challenges and suggested solutions in management of TOWA project. The second questionnaire was used to administer questions to the Constituency AIDS Control technical sub-committee. It had six sections. The first sections sought general information about the respondent while section B addressed the question of leadership ability. The area of Human Capacity was addressed in section C. The questions were meant to elicit the human resource

capacity levels of the TOWA funded CBOs. Section D focussed on the issue of material capacity. Sections E and F dealt with financial capacity and challenges with suggested solutions respectively. The purpose of this questionnaire was to help corroborate information provided by the CBO leaders.

An interview schedule was also administered to the CBO members. It was loosely structured into five sections seeking information on personal data of the respondents, leadership capacity, human resource capacity, material capacity and financial capacity of the CBO. The interview schedule assisted in corroborating the information provided by the CBO leaders.

### **3.5.1. Pilot Study**

A pilot study was conducted in Karachuonyo constituency to validate the research instruments. This was done prior to using the questionnaire to collect data in the field. The purpose was to refine both the questionnaires and the interview schedule. Ten CBOs members were interviewed from Karachuonyo constituency, an area not included in the actual study. Similarly questionnaires were administered to 2 CACC officials and 5 CBO leaders in Karachuonyo constituency. After analyzing the findings of the piloted instruments it was realized that questions of financial capacity were to be modified. The questions were modified and instruments re-tested using the same respondents who were interviewed in the pilot study. This assisted the researcher to establish that the re-tested questions measured the required information, since they were interpreted in the same way by respondents.

### **3.5.2. Validity of Instruments**

Saunders (2000) contends that a research is valid only if it actually studies what it set out to study and only if the findings are verifiable. Validity is therefore the degree to which a

test measures what it is intended to measure. Content validity allows for a researcher to measure intended domains of indicators or content of a particular concept. Validity has therefore to do with the accuracy of the data obtained in a study prior to using the questionnaires and the interview schedule it was ensured that they were pilot tested.

The testing was important to establish the content validity of the instruments which were used and to improve the questions, format and scales. The purpose of the pilot testing was to refine the questionnaire and the interview schedule so that respondents had no problems in responding to the question and as such there would be no problem in recording data.

Accuracy of the research was also enhanced by using different data sources and collection techniques. The interviews with CBO members provided an alternative view to the same domains posed to CBO leaders. While not designed to offer confirmation, the interview helped identify how closely the CBO leaders' views compared or contrasted to those of the CBO members. The views were closely in line, throughout the great majority of this study's findings, indicating a high degree of accuracy!.

### **3.5.3. Reliability of the Instruments**

A study is reliable only if another researcher, using the same procedure and studying the same phenomenon, arrives at similar, or comparable, findings (Sekaran, 2003). Even with the best of intentions in mind, a researcher is often confronted with a variety of variables which may impinge upon the reliability of his findings. This study drew conclusions on the basis of questionnaires and interview data. Having realised that respondents could be biased or simply not in the mood to answer the questions with any degree of interest or simply tick off response option without reading or considering them (Sekaran, 2003), necessary measures were taken. The researcher ensured that they were carefully read through to curb any logical flaws and ensured that responses given by any one respondent were not contradictory (Hair, 2005). In addition, and to better ensure reliability, the interviews were scheduled at the respondents

convenience and the questionnaires were distributed personally and adequate days of response provided. More importantly the questionnaires and interview schedule was pretested.

Reliability in the true research is influenced by random error (Mugenda and Mugenda, 2003). Random error is the deviation from a true measure due to factors that had not been effectively addressed. The test-retest was used. The questionnaire and interview schedule was administered to the same sample on two different occasions and the correlation between the two observations was high.

### **3.6. Data Collection Procedures**

A letter of introduction from the university was used to obtain a research permit. A written consent to undertake the research among the CBOs was also secured from the constituency AIDS Coordinator. Letters were sent to the CBO leaders in preparation for the questionnaires and interviews. Questionnaires to the CBO leaders and the constituency AIDS Control technical sub-committee members were taken in person and collected in person to ensure full response.

A pilot study to test the research instruments was undertaken. The collection of data took two weeks and every day the findings would be compiled. By the end of two weeks, collected data was accumulated, and then analysis was done in the third week.

### **3.7. Data Analysis Techniques**

The Data collected in the study was analyzed using both qualitative and quantitative analysis. Thematic summarization was used to analyze qualitative data. Pre-processing was carried out and data for coding and storing from the semi-structured interview was identified. After correcting errors that would have influenced data analysis, the data was coded to facilitate analysis and ensured both accuracy and relevance of the analysis (Miles and Huberman, 1994). The coding was guided by both the researcher's conceptual framework and



the research questions. In this respect topics that were related were categorized, while identifying the themes. The coded material was placed under the major themes and relevant materials to certain topics were put together for description.

The raw data from the questionnaire responses were grouped after thorough scrutiny of the completed questionnaires to avoid any inaccuracy and inconsistency. After correcting the errors, data was then added and quantified and descriptive statistical procedures were used, facilitated by Statistical Package for Social Scientists (SPSS) and data was presented using percentages and frequency tables for interpretation.

Table 3.3 Operationalization table

OBJECTIVE /RESEARCH QUESTIONS	TYPES OF VARIABLES	INDICATORS	MEASURES	LEVEL OF SCALE	APPROACH OF ANALYSIS	TYPES OF ANALYSIS	LEVEL OF ANALYSIS
1. To establish the influence of CBOs' leadership Capacity on management of TOWA Project in Kasipul Kabondo Constituency.	<p><b>Independent variable.</b></p> <p>CBO'S Project Management capacity</p> <p><b>Dependent variable.</b></p> <p>Management of TOWA project.</p>	<p>Consultation</p> <p>Planning</p> <p>Teamwork</p> <p>Competency in providing HIV/AIDS Interventions.</p>	<p>-Constitution</p> <p>-meetings, regular reports</p> <p>- Speedy and effective HIV/AIDS services</p> <p>- Reach to needy groups</p>	Ordinal	Survey	Quantitative and Qualitative	Descriptive

<p>2. To determine the influence of CBO's human capacity on management of Total War Against AIDS in Kasipul Kabondo Constituency</p>	<p><b>Independent variable.</b> CBO'S Human capacity</p> <p><b>Dependent variable.</b> Management of TOWA Project</p>	<p>Staffing levels</p> <p>Health Technical Skills</p> <p>Competency in providing HIV/AIDS Interventions</p>
<p>3. To examine the influence of CBO's material capacity on management of TOWA Project in Kasipul Kabondo Constituency.</p>	<p><b>Independent variable.</b> CBO Financial capacity</p>	<p>Office Space</p> <p>Office Equipment</p> <p>Transport</p> <p>Competency in</p>

-Number of paid staff -Number of volunteers -HIV Knowledge  Reach to needy groups	Interval	Survey	Quantitative and Qualitative	Descriptive
Number of computers No of Vehicles.	Interval	Survey	Quantitative And Qualitative	Descriptive.

	<p><b>Dependent variables.</b></p> <p>Management of TOWA Project.</p>	<p>providing HIV/AIDS interventions</p>	
<p><b>4. Establish the influence of CBO's financial capacity on management of TOWA Project</b></p>	<p><b>Independent variable.</b></p> <p>CBO's Financial Capacity</p> <p><b>Dependent Variable</b></p> <p>Management of TOWA Projects</p>	<ul style="list-style-type: none"> <li>• Funds</li> <li>• Financial Procedure</li> <li>• Financial Skills</li> <li>• Competency in Providing HIV/AIDS interventions</li> </ul>	<p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>

<ul style="list-style-type: none"> <li>- Speedy and effective HIV/AIDS services</li> <li>- Reach to needy groups.</li> </ul>				
<p>Amounts of funds received</p> <p>Budgets are reports</p> <p>Staff with financial skills</p> <p>Speedy and effective HIV/AIDS Services</p> <p>Reach to needy groups</p>	<p>Interval</p>	<p>Survey</p>	<p>Quantitative And Qualitative</p>	<p>Descriptive.</p>

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPETATION AND DISCUSSION

#### 4.1. Introduction

This chapter presents the study findings under thematic areas aligned to the objectives of the study, namely: leadership capacity, human resource capacity, material capacity. The response return rate and the socio-demographic characteristics of the respondents are also analyzed in this chapter.

#### 4.2. Response Return Rate

A total of 54 respondents were administered with questionnaires and 50 of the questionnaires were returned. This yielded 92.6% response rate. The researcher also interviewed 100 respondents out of the sample population 113, a response rate of 88.5%. This high response rate was realized because the questionnaires were taken in person and collected in person. Also most of the CBOs were easily accessible.

Table 4.1 Response return rate

Response	Frequency	Average %
Questionnaire	50	92.6
Interviews	100	88.5

#### 4.3. Demographic Variables of the Respondents

This section describes the characteristics of the respondents used in the study. Demographic characteristics involve features like age, gender and educational level. The demographic characteristics were looked at in order to gain understanding of the respondent's background which was perceived as critical in the analysis of the data obtained.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPETATION AND DISCUSSION

#### 4.1. Introduction

This chapter presents the study findings under thematic areas aligned to the objectives of the study, namely: leadership capacity, human resource capacity, material capacity. The response return rate and the socio-demographic characteristics of the respondents are also analyzed in this chapter.

#### 4.2. Response Return Rate

A total of 54 respondents were administered with questionnaires and 50 of the questionnaires were returned. This yielded 92.6% response rate. The researcher also interviewed 100 respondents out of the sample population 113, a response rate of 88.5%. This high response rate was realized because the questionnaires were taken in person and collected in person. Also most of the CBOs were easily accessible.

Table 4.1 Response return rate

Response	Frequency	Average %
Questionnaire	50	92.6
Interviews	100	88.5

#### 4.3. Demographic Variables of the Respondents

This section describes the characteristics of the respondents used in the study. Demographic characteristics involve features like age, gender and educational level. The demographic characteristics were looked at in order to gain understanding of the respondent's background which was perceived as critical in the analysis of the data obtained.



### 4.3.1. Characteristics of the Respondents by Ages.

The study considered age as an important factor. Respondents were asked to state their ages. This would help elicit the category that is largely involved in CBOs work and if this has a net effect in execution of TOWA project. In response to this, out of 150 respondents, 16.7% of leaders and 22% of members fell between 18 – 30 years, 8% of leaders and 10.0% of members fell between the ages 31 – 40, 10.6% of leaders and 14.0% female fell between the ages 41 – 50, 4.7% of leaders and 8.7% of members fell between the ages 51-60, 2% of leaders and 3.3% fell between the ages 61-65. None of the respondents fell above 65. This was illustrated by the table 4.2.

Table 4.2 Age distribution of the respondents

Age Bracket	Leaders		Members	
	Freq.	%	Freq.	%
18 - 30	25	16.7	33	22.0
31 - 40	12	8.0	15	10.0
41 - 50	16	10.6	21	14.0
51 - 60	7	4.7	13	8.7
61 and above	3	2.0	5	3.0
<b>Total</b>	<b>63</b>	<b>42</b>	<b>87</b>	<b>58</b>

The table 4.2 indicated that there were more relatively young respondents, that is between the ages of 18-40 constituting 56.70%. This indicated that the most productive age group formed the majority of the 10 community based organizations' membership. This illustrates that the activities of the CBOs can be effectively undertaken.

### 4.3.2. Education Level of Respondents.

The characteristic was central to the study as it revealed the education background of the respondents. As such respondents were asked to give their education level which included

the CBO leaders, members and the CACC officers. The CBO leaders gave their class level as illustrated below in table 4.2

**Table 4.3: Education level of respondents**

Education Level	Leaders		Members	
	Freq.	%	Freq.	%
Primary	26	52.0	69	69.0
Secondary	16	32.0	24	24.0
College	8	16.0	7	7.0
<b>Total</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>100</b>

Table 4.3 depicts that majority of the CBO leaders had primary level education. 52% of the respondents indicated that they had primary level education. This clearly meant that a substantial proportion of the CBO leaders only had basic education. The members of the CBOs were also requested to state their education levels. It was felt that this would provide valuable information about the education background of the CBO members and how it impacted on the management of TOWA project. In response, out of 100 CBO members interviewed, 69% had primary level education, had attained secondary level education while had college level education. The data indicated that majority of CBO leaders and members had low levels of education. A situation that would definitely impact on the management of TOWA project activities such as proposal writing planning and budgeting.

### 4.3.3. Type of Community-Based Organization

This characteristic was also considered in the study as it would provide information in the background information on the Community-Based Organization. Respondents were requested to indicate the type of CBO, the year of inception and the area of intervention. In response, the respondents were asked to give the type of CBO and the response was as illustrated in table 4.4

**Table 4.4 Types of community-based organization.**

Type of CBO	Frequency (F)	Percentage (%)
Self-Help Group	2	20
Youth Group	2	20
Women Group	3	30
Registered CBO	2	20
Private Sector Organization	1	10
<b>TOTAL</b>	<b>10</b>	<b>100</b>

Table 4.4 shows that there was a near parity in the number of the various types of CBOs captured under the study. However, there were more women groups, 30% of the total CBOs studied. This implied that women were more proactive in initiating HIV/ AIDS intervention programmes.

Respondents were also requested to state the areas of HIV interventions that they were engaged in. This would enrich the study with the nature of the CBOs work and the possible capacity issues. The response was illustrated by table 4.5 which shows the areas of HIV/ AIDS interventions.

**Table 4.5 Areas of TOWA project HIV/ AIDS intervention**

Area of Intervention	Frequency (F)	Percentage (%)
Orphans and vulnerable children support	1	10
Counselling and testing	5	50
Community mobilization on PMCT	1	10
Behaviour change communication	2	20
Home and community-based care	0	0
Community strengthening to support PLWHA	1	10
Medical Male Circumcision Awareness	0	0
<b>Total</b>	<b>10</b>	<b>100</b>

Table 4.5 illustrates that the CBOs were engaged in diverse areas of HIV/ AIDS intervention. However, the highest proportion of (50%) engaged in counselling and testing. It is also quite apparent none of the CBOs studied undertook intervention in the area of Home

and Community Based Care and voluntary Medical male circumcision. This implied that majority of the CBOs had capacity to undertake counselling and testing as opposed to community strengthening to support people living with HIV/ AIDS. In an effort to establish the CBOs length of existence, the researcher asked the respondents the years of the CBOs inception. Table 4.6 captures the responses to this question.

**Table 4.6 Year of inception of CBO**

<b>Year of Inception</b>	<b>Frequency</b>	<b>Average%</b>
Before 1999	1	10.0
2000-2005	7	70.0
2006-2010	2	20.0
<b>TOTAL</b>	<b>10</b>	<b>100</b>

Table 4.6 indicated that majority of the CBOs 70% were formed during the period between 2000 and 2005, implying that they were not just formed to benefit from the TOWA project funds but they had already been in existence for quite sometime. Nonetheless, 20% had a recent history having been formed between the years 2006 and 2010. Also 100% had a long history of establishment. In general therefore most of the CBOs had along history of existence which would provide knowledge and experience in their activities.

#### **4.4. The Influence of Community-Based Organizations Leadership Capacity on Management of TOWA Project.**

Community-Based Organizations' leadership capacity is a high priority for the HIV/ AIDS response in the context of TOWA Project (Accenture, 2007). To provide a baseline understanding of this area, respondents were asked to respond to questions on consultation, planning and teamwork. In support of this criterion, the study sought to establish whether the leaders of CBOs managing TOWA Project activities exhibited indicators of leadership

namely: consultation, planning and teamwork. The responses were summarized as in Table 4.7

**Table 4.7 Level of leadership capacity.**

Rating scale	Project decision arrived at in consultation with members.		Project Activities planned in line with organizational goals and objectives.		Teamwork Exhibited	
	Frequency	%	Frequency	%	Frequency	%
Don't know or Not Applicable	0	0	0	0	0	0
Needs urgent attention	19	12.7	31	20.7	29	19.3
Needs major improvement	57	38	61	40.7	54	36.0
Satisfactory but there is room for improvement	46	30.7	44	29.3	40	26.7
Good but few small things can be improved	28	18.6	14	9.3	27	18.0
Exemplary cannot be improved	0	0	0	0	0	0
<b>Total</b>	<b>150</b>	<b>100</b>	<b>150</b>	<b>100</b>	<b>150</b>	<b>100</b>

Table 4.7 shows that majority of the respondents 40.7% felt that project activities were not planned in line with organizational goals and objectives. Similarly, 38% of respondents indicated that their project activities were not quite consultative and as such needed major improvement. Project leadership also seemed not to inspire teamwork, 36% felt it needed major improvement. This data shows that capacity in the area of leadership is still wanting and may be a contributory factor to reduced impact of TOWA activities

#### 4.5. The Influence of Community- Based Organization's Human Resource Capacity on Management of TOWA Project

Human resource capacity levels were a contributing factor towards management of TOWA project Joint United Nations Programme on HIV/AIDS and Accenture. (2007) held that the existing landscape of CBOs in Kenya attested to serious gaps in human resource capacity levels. In view of this, CBO leaders, members and CACC officers were requested to state the number of staff and volunteers in their organization as well as the qualifications of the staff and volunteers as illustrated in tables 4.8 and 4.9 which showed the distribution of staff and volunteers and their respective training levels.

**Table 4.8 Employed versus volunteers**

Type of staff	Frequency	Average%
Employed	2	20.0%
Volunteers	8	80.0%
<b>TOTAL.</b>	<b>10</b>	<b>100%</b>

Table 4.8 indicated that the majority of CBOs 80% engaged volunteers to undertake their TOWA activities. This was in complete contrast to the 8% who engaged employed staff. This implied that most of the CBOs did not have the resources to engage paid staff. A situation that implies that the quality of HIV/AIDS programmes provided are compromised.

**Table 4.9 Training levels of volunteers**

Level of training	Frequency	Percentage %
Certificate	58	67.4
Diploma	6	7.0
University	3	3.4
No Qualification	19	22.2
<b>TOTAL</b>	<b>86</b>	<b>100.0</b>

Figure 4.9 on the other hand indicated that a large proportion of the volunteers 70.7% had certificate level training and on the other extreme only 3.7% had university training. This

implied that the CBOs were lacking in highly qualified personnel. A significant proportion, 19% had no training.

The study also sought to establish the population of clients being served by the CBOs. This helped to gauge the human resource capacity against the total number of clients to be served. In view of this community based organization leaders were asked to state their target population. The study findings revealed that of the 54 community based organization leaders and CACC officials administered with questionnaires, 42% of the response indicated that majority of the CBOs had a client population of between 2001 and 3000. This was a clear indication that the CBOs operated over a very expensive area against a backdrop of limited human resource capacity.

#### **4.6. The Influence of Community- Based Organization Material Capacity on Management of TOWA Project.**

The study endeavoured to establish the implication of CBOs material capacity on their ability to effectively manage TOWA projects. This objective was achieved by the respondents giving their responses in the areas under the themes of office equipment and management of TOWA project; and office space and management of TOWA project. Infrastructure forms the base upon which to operate. This includes office space, transportation, telephones and data management systems. (UNAIDS & Accenture, 2007). The study sought to establish the availability of these facilities among the community based organizations. From the completed questionnaires and interviews it was established that office space and equipment for data management provided the greatest challenge to the CBOs. Table 4.10 highlighted the nature of responses in this area

**Table 4.10 Availability of Infrastructure**

<b>Items</b>	<b>Frequency (F)</b>	<b>Percentage %</b>
Data management systems	33	66.0
Motor cycles	2	4.0
Bicycles	10	20.0
Field Vehicle	1	2.0
Furniture	4	8.0
<b>Total</b>	<b>50</b>	<b>100</b>

Table 4.10 illustrates that access to data management systems was relatively high, 66%. However, transport means seemed to be centred on the use of bicycles, 20%. Office furniture seemed to be a casualty, 80% a situation that seemed to be suggestive of the lack of office space. Indeed responses on whether the organization had office space indicated that majority of CBOs did not have office to operate from, that is 70% negative response against 30% which responded in the affirmative. This implied that CBOs would find it very difficult to undertake their daily routines.

**4.7. The Influence of Community -Based Organizations Financial Capacity on the Management of TOWA Project.**

The study acknowledged that CBOs like any other non-profit organization were subject to the same financial constraints (Scott, et al (2000)). Consequently, the study sought to establish the financial capacity areas that influence the management of TOWA Project. The objective was realized by the respondents giving their responses in the areas covered under the following sub-sections.

**4.7.1. Sources of Funds and Management of TOWA Project.**

The study attempted to establish the sources of funding for TOWA projects and its implications on management of TOWA project. The completed questionnaires and the



responses to the interviews implied that TOWA project funds were the only source of finance for the CBOs.

#### 4.7.2. Financial Knowledge, Procedures, skills and the management of TOWA Projects.

Just like any other non-profit organization or business, a CBO should have a comprehensive way to keep accounts of incoming and outgoing funds. The budget should reflect the expected cost of running the CBO and for operating programmes ( Scott, A et al 2000). It is on the strength of this argument that the researcher sought to establish the levels of capacity in knowledge and utilization of the accounting procedures. Table 4.11 was used to illustrate this characteristic.

**Table 4.11 Financial knowledge, procedures and skills**

Rating Scale	Frequency (F)	Percentage %
Needs urgent attention	0	0
Needs major improvement	19	38.0
Satisfactory, but there is room for improvement	12	24.0
Good, but a few small things can be improved	14	28.0
Exemplary – cannot be improved.	5	10.0
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 4.11 indicate that 38% of respondents felt that matters of financial knowledge, procedures and transactions needed major improvement, 24% felt the financial issues were satisfactory, 28% thought they were being handled in a good way while 10% viewed financial matters in the CBOs as exemplary. This indicated that finances were not well managed due to lack of simple accounting and bookkeeping skills. This showed that CBOs lacked strategic and financial management. Consequently primary reporting and accountability may not meet donor requirements. As data results indicated the inability to optimally use and manage financial resources is driven by lack of organizational capacity in key functional financial skills

#### 4.8. Capacity Challenges

Different hiccups thwart the effectiveness of community-based organizations to manage TOWA funds. The study strove to establish the capacity challenges that CBOs faced in the management of TOWA project. The opinion of the respondents was categorized as in table 4.12 which highlighted the challenges faced by the CBOs.

**Table 4.12: Challenges encountered by the CBOs.**

Challenge	Frequency (F)	Percentage %
Inadequate funds	23	15.3
Lack of training	30	20
Delay of funds	53	35.3
Inadequate capacity to write reports	18	12
Work under poor background of culture and attitude	7	4.7
Lack of equipment	5	0.6
HIV/AIDS stigma	7	11.3
TOWA policy	10	6.7
<b>Total</b>	<b>150</b>	<b>100</b>

Table 4.12 illustrated that the enormous challenge that CBOs faced was delay of funds which had highest proportion of 35.3%. Others were lack of training 20%. Inadequate funds 15.3% and inadequate capacity to write reports 12% as well as HIV/AIDS stigma 11.3%. Respondents also noted that the TOWA policy framework 6.7% also had an effect on management of Total War Against AIDS Project.

#### 4.9. Suggestions for Overcoming Challenges

The respondents also came up with suggestions to resolve the bottlenecks they had identified it was suggested that the level of TOWA funding should be increased. There was also a proposition that there should be training in order to address capacity deficiencies.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1. Introduction

This chapter concludes the study. It summarizes the main findings of the study and presents subtle conclusions. In addition, the contribution to the body of knowledge has also been highlighted and a couple of recommendations on how to bridge the capacity gaps in Community-based organizations managing TOWA projects suggested. The chapter comes to a close with suggestions for further research.

#### 5.2. Summary of the Study Findings

The purpose of the study was to establish the influence of Community Based Organization capacity areas on the management of TOWA project. The study was conducted against the backdrop that CBOs are the linchpins in the fight against HIV/ AIDS and as such ought to have the requisite knowledge, skills and resources to successfully be the vehicles for inhalation of the AIDS scourge.

The study was conducted in Kasipul Kabondo constituency. The research objectives were used to guide in the collection of relevant information from the respondents. Survey questionnaires were utilized as the method of data collection. They were administered to 4 CACC officers and the CBO leaders who had been purposively sampled. 113 CBO members were reached and interviewed through simple random sampling.

The study further revealed that majority of the CBO membership were in the ages of 18-50, that is 81%. Notably, none of the CBO membership had their ages beyond 65 years. The study also found out that the majority of CBO leaders only claimed primary level education, 52%. This trend is replicated among the members with 69% having primary level education. The study also found out that majority of the community based organizations were women groups and majority of them, 50% engaged in counselling and testing activities

as opposed to other areas of TOWA HIV/AIDS interventional activities. Further still it was established that majority of the CBO had a long history of operating in the various localities. Indeed 70% of them had their inception dates ranging between the years 2000 and 2005.

The study findings from the influence of CBOs leadership capacity on management of TOWA projects showed that majority of CBOs had capacity gaps in the area of leadership. It was realized that many CBOs hardly implemented the consultative approach and did not plan activities in line with the organizational goals and objectives. It was also established that majority of CBOs did not practice teamwork.

One of the most notable findings in this study is that human resource capacity is a major influence on the management of TOWA project. It was established that the majority of the CBO could not engage the services of qualified paid staff in their HIV/ AIDS activities and therefore depended heavily on volunteers. In fact 80% of the CBOs engaged volunteers. Again, this large proportion of the volunteers had only a certificate level qualification. Also of significance was the fact the CBOs had a client base that far surpassed its human resource capacity.

The study findings revealed that material capacity was clearly wanting in a majority of the CBOs though it asserted that most of the CBOs had access to computers, printers and photocopiers and other data management systems, many CBOs seemed to operate from places of no fixed abourd as 70% of them had a negative response in reference to availability of own office space. Another area that also seemed to suffer inadequacy was transport. The only popular means of transport was a bicycle, 20%. The research findings established that the community-based organizations lacked sufficiently skilled and experienced leadership to perform basic management functions. This leadership bottleneck hinders systematic implementation of TOWA activities and also impacts on CBOs overall ability to absorbed and utilize HIV/AIDS funds. This leadership gap is partly due to community-based

organizations having basic education, and literacy barriers. Further, still leadership gap may also make it difficult for CBOs to engage with government and NACC structures.

The findings show that TOWA grant awards to community-based organizations are intended for service delivery and not for critical but costly infrastructure such as office space, telecommunications, data processing and transportation. As such without a targeted plan that accounts for infrastructure, this important capacity issue will not be addressed.

The findings from the study also showed that funds had a significant influence on the management of TOWA project. Most CBOs it was established depended largely on the TOWA funds without seeking finances from other sources. It was also found out that the majority of the CBOs, 62% needed urgent and major improvement in the area of financial knowledge, procedures and transactions. The study also notably established the areas of challenge in the management of Total War Against AIDS Project. These were highlighted as delay of funds, 35.3%, lack of training 20%, inadequate funds, 15.3% and inadequate capacity to write reports, 12%. Indeed to better absorb HIV/AIDS and scale up their responses, CBOs require a base level of functional financial capacity to access, manage and account for funds. At the community level, support and information needs to be provided so that groups with minimal education and literacy can develop greater financial skills. Community-based organization HIV/AIDS programmes indicate the significant need for basic financial skills at the grassroots level especially around proposal writing and reporting.

### **5.3. Conclusion**

The leadership bottleneck it was found out was one of the hindering factors on the efficient utilization of TOWA funds. Overall CBO leaders are unable to fully perform their intended roles. This lack of leadership skills hampers the overall ability of the CBOs to channel activities down to persons in the greatest need. As such CBO leaders need to deepen their knowledge on project and financial management as well as supervision duties.

Community-based organizations' leadership further need to develop communication strategies, teamwork approaches and a planning culture. It is therefore clear that CBO leaders need capacity building.

Community-based organizations are disadvantage in the area of human resource capacity. Due to their limited financial ability, it is apparent that they cannot afford to engage competent and technical superior personnel with requisite health and HIV/AIDS skills. The over dependence on volunteers who naturally have a high turnover rate defeats the purpose and rationale of using CBOs to mitigate HIV/AIDS impact. It is therefore imperative that future TOWA funding framework should take cognisance of the need for human resource capacity building and support.

Similarly, the chasm that exist in TOWA funded CBOs with respect to material capacity is quite apparent. Most CBOs lack basic infrastructure. Such a scenario obviously impacts on service delivery. The current TOWA funding landscape has no mechanisms to direct funds towards acquisition of essential equipments such as computers, office furniture as well as transportation. As such operationalizing TOWA activities becomes a tall order consequently; there is an urgent need for the TOWA to having a funding component for the acquisition for these basic infrastructures.

To be truly effective in curtailing the HIV and AIDS epidemic, community-based organizations require greater knowledge in sourcing for funds and financial procedures. Despite, CBOs crucial position in the flow of HIV/AIDS funds to the most vulnerable people in the community, little has been done to appraise their financial skills to better absorb HIV/AIDS funds so as to scale up their response. Community grants require continuous support from the initial application through the end of project implementation. There is need for basic skills in proposal writing budgeting and financial reporting.

Overall, TOWA policy framework should be realistic to the background and the environment upon which most CBOs operate. TOWA's delivery process need to be further

refined. In particular, the capacity building of CBOs ought to be operationalized. The same should be clearly outlined. Stringent financial conditions also ought to be reviewed without compromising the safety of funds.

Overall Arising from the study, the conclusion based on the findings was drawn. As proven by the previous studies and based on the findings of these study, it can be concluded that capacity gaps in leadership, human resource, material resource and financial abilities exist in TOWA funded CBOs and thereby impede the successful management of TOWA projects.

The study has also shown that CBOs are limited by TOWA policy framework and HIV/ AIDS stigma in the successful delivery of HIV/ AIDS interventions. The call for proposals process for instance is beyond the realm of many grass root CBOs as a result many CBOs contract consultants to write proposals.

#### **5.4. Recommendations**

The following recommendations cardinal to both government policy systems strengthening and for further research were put forward.

##### **5.4.1. Recommendations for Policy Making and Strengthening.**

In view of the findings and conclusions of the study, the following policy recommendations were made to be effected in relation to enhancing capacity of CBOs to deliver on their HIV/ AIDS activities; the first recommendation focussed on increasing the capacity of CBOs to enable them source, absorb and manage increased financial flows and HIV/ AIDS activities. As such, the government should schedule and conduct training for CBOs in the various capacity areas already mentioned in this study. This will enable CBOs to manage funds, manage activities and increase the effectiveness of services delivered.

The Government should also strengthen constituency AIDS control committee institutional structures. The capacity of the CACC for engagement and intervention with CBOs need to be strengthened.

#### **5.4.2. Recommendations for National AIDS Control Council**

It is recommended that capacity building be heavily integrated into the granting process. Further still, in order to implement the TOWA project at the community level, the operational process and the capacity building needs of CBOs will need to be defined in detail and effectively rolled out through comprehensive training and continued support to CBOs.

#### **5.5.3. Suggestions for further research**

The following suggestions for further research, arising from the findings and conclusions of the study, should be taken into consideration:

1. It is recommended that this study can be replicated elsewhere in any constituency among TOWA funded CBOs.
2. Another study can be carried out on actual implementation of TOWA project.
3. There is also need in the long run to establish the impact of TOWA project on HIV/AIDS prevalence.



## REFERENCES

- Babbie, E. (2001). **Survey Research Methods (9<sup>th</sup> Ed)**. Belmont, CA: Wadsworth.
- Braithwaite, R.L., et al (2002). **Ethnographic Approaches to community organization and Health Empowerment**. *Health education Quarterly*.
- Camay, P., & Gordon, A.J. (1997). **Principles of NGO Management**.  
Johannesburg: CORE.
- Chechetto- Salles, M.& Geyer, Y. (2006). **Community-Based Organization Management**.  
Retrieved June 10,2010, from <http://www.ideza.org.za/gb/output/files/Asps?WriteContent=Y&RID=1701>
- DFID (2006). **Helping Harmonize and Align support for Kenya's Multi-sectoral Response to HIV/AIDS**. Nairobi: Author.
- Doug Keith (2009). **NGOs Partnership key to China's HIV/AIDS Policy**. Retrieved 1st July, 2010 from <http://hrbriefing.wordpress.com/2009/11/10/ngos>
- Edward, M. & Fowler, A. (eds) (2002). **The Earthscan Reader on NGO Management**.  
London: Earthscan Publications Ltd.
- Fawcett, S.B.,et al (1993). **Promoting Health through Community Development** New York: Spring Publishing Company.

- Fisher, A., Lang, J. And Skoeckel, J. (1983). **Handbook for Family Planning Operations Design**. New York: The Population Council.
- Gebre, S.B. (2002). **The potential of community-based Organizations in HIV/AIDS prevention and social support Activities in Ethiopia**. Addis Ababa: Author
- Geneserth, O.M. & Nilson I.L. (1987). **Education Research, An Introduction**. Capetown: Mc Greguy publishers.
- Government of Kenya. (2005): **AIDS In Kenya Trends, Interventions and impact**. Nairobi: Author
- IDASA. (2005). **Basics of CBO Management**. Johannesburg: Author.
- Institute of Medicine (IOM) (1988). **The Future of Public Health Promotion**. Washington DC: National Academy Press.
- International HIV/AIDS Alliance and CARE ( 2006). **Project Cycle Management CBO Training Toolkit**. Nairobi: CORE initiative.
- Kalton, G. (1983) **Introduction to Survey Sampling**. Beverly Hills: Hills Sage Publications.
- Kombo, D.K & Tromp, L. A.(2006). **Research Methods, Quantitative and Qualitative Approaches**. Nairobi: Acts press.
- Kothar, C.R. (2008). **Research Methodology, Methods and Techniques**. New Delhi: New Age International Publishers.

- Luthaus, ( et al. (2002). **Organizational Assessment A Framework for Improving Performance**. Retrieved April 5, 2010, from [http://www.idrc.ca/en/iter-23987-201-1-DO-Topic\\_Html](http://www.idrc.ca/en/iter-23987-201-1-DO-Topic_Html).
- Mogomotsi, B. W. (2004). **Learning and Empowerment : Key Issues in Strategies for HIV/AIDS prevention** . Chiangmai: Author
- Mugenda, & Mugenda, G. A., (2003). **Research methods, Quantitative & Qualitative Approaches** Nairobi: Africa Centre for Technology Studies.
- National AIDS Control Council M&E Division. (2008). **Catalogue of Country Research Abstracts on HIV and AIDS in Kenya 1990-2005**. Nairobi: Author.
- National AIDS Control Council. (2005) **Kenya National HIV/AIDS Strategic plan 2005 /6 – 2009/10 A Call to Action**. Nairobi: Author.
- National AIDS Control Council. (2005). **Kenya National HIV/AIDS Strategic Plan (KNASP)**. Nairobi: Author
- National AIDS Control Council. (2006) **Total War Against HIV and AIDS (TOWA) Project, Draft Operations Manual**. Nairobi: Author.
- National AIDS/STI Control Programme. (2009). **Kenya 2007 AIDS Indicator Survey: Final Report**. Nairobi: Author.

National AIDS Control Council. (2005). **National HIV/AIDS Monitoring and Evaluation Framework**. Nairobi: Author.

National AIDS Control Council. (2005). **NGOs/CBOs/ FBOs HIV and AIDS Activities Quarterly Programme Report Form**. Nairobi: Author.

National AIDS Control Council. (2006). **Kenya HIV and AIDS Monitoring and Evaluation Annual Report**. Nairobi: Author.

Ngechu, M. (2006). **Understanding the Research Process and Methods, An Introduction**. Nairobi: Star bright Services Limited.

Orodho & Okombo. (2002). **Sampling Techniques in Social Research Study**. University of California.

Rappaport, J. (1984). **Studies in Empowerment: Introduction to the Issue, "Prevention in Human Services"**.

Robert, M. M., et al. (2009). **Enhancing Community-Based Organization's Capacity for HIV/AIDS Education and Prevention**. Retrieved April 4, 2010, from [http://econpapers. Repec. Org/script/redirect.pls?u=http%3A%1%](http://econpapers. Repec. Org/script/redirect.pls?u=http%3A%1%20)

Root changes. (2000). **Canadian Council on Social Development**. Retrieved 5<sup>th</sup> May 2010, from <http://www.rootchange.org/about-us/signature-Approaches/Root%20services>.

Robbins, S.P., Chatterjee, P. & Canda, F.R. (1998). **Contemporary**

**Riger, S.B. (1974) What is wrong with Empowerment?**

**American Journal of Community Psychology.**

**Saunders, M. N. et al (2000). Research Methods for Business Students** London: Prentice-Hall.

**Scott, A.et al. (2000). Planning for Institutional Development and Developing Budgets and Financial Management system** New York: the synergos Institute

**Sidaction, UNAIDS & WII. (2005). Expanding Access to HIV Treatment through Community-Based Organizations** Nairobi : Author.

**Tilahun, & Charles . T(2006) Building the Constitutional Capacity of Community and faith - Based Organization to implement, Quality HIV/AIDS intervention , lessons from Ethiopia, Kenya and Brazil.** Addis Ababa: pathfinders

**The International HIV/AIDS Alliance. (2004). The Role and Added Value of NGO-based CBO/NGO Support Providers in the Response to HIV and AIDS in Southern and Eastern Africa.** London: Author.

**UNAIDS & Accenture. (2007). UNAIDS Accenture Financial Flow Project: Kenya Civil Society National Capacity Building Framework** Nairobi: Author.

**UNAIDS (2004) "The Three Ones" in Action: where we are and where we go from here**

Nairobi: Author.

**UNAIDS (2006) Small Grants Make Big Difference: Outline for Small Grants Project Proposal on HIV/AIDS.** Retrieved May 7, 2010, from <http://www.unaids.un.na>

**Wafula, S.W. & Ndivangu, M., (2009). Building Community Capacity in HIV/AIDS Response: The Case of Maanisha Project.** Nairobi: Author.

**Wangila, Sam & Ndiragu, N. (2009) Building Community Capacity in HIV/AIDS response: The case of Maanisha Project.** Nairobi: Amref.

**Webstar. (1985). Sampling Technique in Social Research** University of California.

**Wikipedia. (2010) Management.** Retrieved May 7, 2010, from <http://en.Wikipedia.Org/wiki/management>.

## **APPENDICES**

### **APPENDIX I**

#### **LETTER OF TRANSMITTAL**

Dear Sir/Madam,

#### **FIELD ATTACHMENT**

I kindly wish to bring to your attention that as a requirement for my Master of Arts in Project Planning and Management Programme, I intend to conduct a research study on influence of community-based organizations' capacity on management of Total War Against AIDS Project in Siyul Kabondo Constituency.

Data for this study will be collected through interviews with CBO Community-based organization members and questionnaires for community-based organization leaders and constituency AIDS Control technical sub-committee members. All data will be held in strictest confidence.

I look forward to meeting you. I will make every effort to minimize the disruption and inconvenience to you.

Sincerely,

**ECH OKEYO**

**UNIVERSITY OF NAIROBI**

**DEPARTMENT OF EXTRA-MURAL STUDIES**

## APPENDIX II:

### QUESTIONNAIRE FOR COMMUNITY-BASED ORGANIZATIONS' LEADERS

This questionnaire is intended to collect information about Community-Based Organizations capacity areas influencing Total War Against AIDS Projects in Kasipul Kabondo Constituency.

Please fill the blank spaces provided or tick ( ✓ ) where necessary. All the information volunteered will be treated with outmost confidentiality.

#### A) Demographic Information

1) What is your gender?

a) Male

b) Female

2) What is your age?

3) What is your level of education?

a). Primary

b.) Secondary

c). College

d). other, specify \_\_\_\_\_

4) What is your position in the Organization? \_\_\_\_\_ How long have you served in it

#### B) General Information

5) What type is the Community-Based Organization?

a) Women group

b) Self help group

c) Theatre group

d) Youth group

e) Other, specify \_\_\_\_\_

6) What was the year of inception of the organization? \_\_\_\_\_



7) What is your area of intervention?

Orphans and Vulnerable Children Supported (OVCs)

Counselling and Testing (CT)

Community mobilization on prevention of mother to child Transmission (PMCT)

Behaviour change communication (BCC)

Home and community based care (HCBC)

Community strengthening to support people living with HIV/AIDS (PLWHA)

Medical Male Circumcision Awareness (MMCA)

C) Leadership Capacity

Guidance to scoring

**Rate Scale**

**Description**

DK Don't know or not applicable

1 Needs urgent attention

2 Needs major Improvement

3 Satisfactory, but there is room for improvement

4 Good, but few small things can be improved

5 Exemplary-cannot be improved

8) Are your Total War Against AIDS Project decisions arrived at in consultation with members?

DK  1  2  3  4  5

9) Are your Total War Against AIDS Project activities planned in line with the organizational Goals and Objectives ?

DK  1  2  3  4  5

10) Do you encourage teamwork in undertaking the CBOs HIV/AIDS TOWA funded activities?

DK  1  2  3  4  5

## Human Capacity

10) How many employed staff are engaged in implementing your Total War Against AIDS Project activities?

- a) 1 - 5       b) 6 - 10       c) 11 and above       d) None

11) How many of the employed staff have the following qualifications?

- a) No qualification       b) Certificate       c) Diploma       d) University

12) How many volunteers/members are engaged in implementing your Total War Against AIDS Project activities?

- a) 1 - 5       b) 6 - 10       c) 11 and above       d) None

13) How many of the volunteer staff/members have the following qualifications? (Give number in each category in the box)

- a) No qualification       b) Certificate       c) Diploma       d) University

14) What is the approximate population of your target group? \_\_\_\_\_

## Material Capacity

15) Does your organization have access to any of the following items? (Give number in each Category in the box)

Computer

Printer

Photocopier

Field vehicle

Motorcycle

Bicycle

Internet address

Others, specify \_\_\_\_\_

17) Does the organization have its own office space?

- a) Yes                       b) No

If yes, is the office adequately equipped?

- a) Needs urgent attention   
b) Needs major improvement   
c) Satisfactory, but room for improvement   
d) Good, but a few small things could be improved   
e) Exemplary – cannot be improved

#### F. Financial Capacity

18) What are the sources of funding for your HIV/AIDS project activities?

- a) Total War Against HIV/AIDS (TOWA) project funds \_\_\_\_\_  
b) Others, specify \_\_\_\_\_

19) Is there a clear procedure for preparing project budget and accounting?

- DK     1     2     3     4     5

20) Does the organization have the capacity to prepare financial reports for various stakeholders?

- DK     1     2     3     4     5

21) Does the project staff have knowledge and skills in financial management?

- DK     1     2     3     4     5

#### G. Capacity Challenges

22) What are the challenges in management of Total War Against AIDS project?

---

---

23) What solutions would you suggest for the above?

---

---

Thank You

**APPENDIX III**  
**INTERVIEW GUIDE FOR THE COMMUNITY-BASED ORGANIZATION (CBO)**

**MEMBERS/VOLUNTEERS**

**A. Personal Data**

- 1) What is your name?
- 2) How old are you?
- 3) How long have you been with the CBO?
- 4) What role do you play in the CBO?

**B. Leadership Capacity**

- 5) Does the organization involve all stakeholders in decision making?
- 6) Are you aware of the organizations' Mission, vision and goals?
- 7) Are project activities aligned to the mission and vision?

**C. Human Resource Capacity**

- 8) Who manages the CBO on day to day basis?
- 9) How many full-time staff, part-time staff and volunteers do you have?
- 10) Do you have staff/volunteer with health technical skills?

**D. Material Capacity**

- 11) Is your office (if there is one) adequately equipped?

**E. Financial Capacity**

- 12) Are you consulted on financial decisions?
- 13) Are you involved in the budgeting process?

## APPENDIX IV

### QUESTIONNAIRE FOR CONSTITUENCY AIDS CONTROL TECHNICAL SUB-COMMITTEE MEMBERS.

#### A. Personal data

1) What is your age? \_\_\_\_\_ years

2) What is your gender?

a) Male

b) Female

3) What is your current position? \_\_\_\_\_

4) How long have you served in this position \_\_\_\_\_ years.

#### B. Leadership Capacity

##### Guidance to scoring

Rate	Scale	Description
DK		Don't know or not applicable
1		Needs urgent attention
2		Needs major Improvement
3		Satisfactory, but there is room for improvement
4		Good, but few small things can be improved
5		Exemplary-cannot be improved

5) Do the CBOs have adequate leadership skills?

DK     1     2     3     4     5

#### C. Human Resource Capacity

6) Do the CBOs have well qualified motivated staff/volunteers?

DK     1     2     3     4     5

#### D. Material Capacity

7) Are there adequate facilities in form of office space, transportation, telephones and data

Management systems among TOWA funded CBOs?

DK       1       2       3       4       5

#### E. Financial Capacity

8) Are TOWA funds sufficient to carry out the activities they are intended for?

Yes

No  , if No, clarify \_\_\_\_\_

9) Do the CBOs have capacity to absorb TOWA funds?

Less than 50%       More than 50%

10) How do you rate the knowledge and skills in financial management in TOWA funded CBOs?

DK       1       2       3       4       5

#### F. Challenges and suggested solutions

11) What are the challenges in the management of TOWA project?

12) In your view, how can CBOs be strengthened to enhance their ability and efficiency to Implement TOWA projects in Kasipul Kabondo Constituency?

Thank You



UNIVERSITY OF NAIROBI  
COLLEGE OF EDUCATION AND EXTERNAL STUDIES  
SCHOOL OF CONTINUING AND DISTANCE EDUCATION  
DEPARTMENT OF EXTRA-MURAL STUDIES  
KISII EXTRA-MURAL CENTRE

Date: 28/05/2010

Our ref. Uon/Cees/Scde/Dems/Ksi/17/33/ vol. 1

TO WHOM IT MAY CONCERN

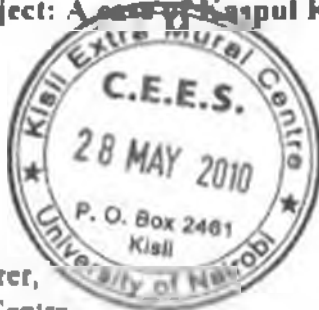
**RE: LAMECII OKEYO OMONDI REG.NO. 150/72430/2008**

The above named is a student at the University of Nairobi, College of Education and External Studies, Department of Extra-Mural Studies, pursuing a course leading to the award of a Master of Arts Degree in Project Planning and Management. For the course to be complete, he is required to write and submit a Research Report. Therefore, the purpose of this letter is to kindly request you to accord him necessary assistance in getting information that will enable him complete the Research Report. His area of study is titled "Influence of Community Based Organizations Capacity on Management of Total War Against AIDS Project: A case of Kapul Kabondo Constituency, Kenya".

Thank you

  
**Mr. J. O. Awino**

Ag. Resident Lecturer,  
Kisii Extra-Mural Centre



# RACHUONYO DISTRICT: Administrative boundaries

