INFLUENCE OF CIVIL SOCIETY MANAGEMENT SCHEMES ON IMPLEMENTATION OF HIV/AIDS PROJECTS IN TRANS-NZOIA WEST SUB-COUNTY, KENYA.

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

April, 2017

DECLARATION

I declare that this research project report is my original work and has not been presented for certification in any other institution.

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

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DEDICATION

This research report is dedicated to all people living with HIV/AIDs whose plight has formed the topic of my study.

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ABBREVIATION AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
DASCO	District Aids and STI Coordinator
FBOs	Faith Based Organizations
GISW	Global Information Society Watch
HERAF	Health Rights Advocacy Forum
HIV	Human Immune-Deficiency Virus
JAPR	Joint AIDS Programme Review Process
KNASA	Kenya National Aids Spending Assessment
M&E	Monitoring and Evaluation
MDGS	Millennium Development Goals
NACC	National Aids Control Council
NGOs	Non-Governmental Organizations
PLHIV	People Living With HIV
PLWHA	People Living With HIV & AIDS
TOWA	Total War against Aids
UNIGASS	United Nations General Assembly Special Session for Treatment of HIV/AIDS
UNIFEM	United Nations Development Fund for Women

ABSTRACT

The Human Immunodeficiency Virus (HIV) which causes the Acquired Immune Deficiency Syndrome (AIDS) was first discovered in the early 1980s. It has spread more rapidly than most diseases in recent history, having social cultural, economic and moral repercussions on individuals, families, communities and threatening foundations of entire societies. The purpose of this study was to establish the influence of civil society's management schemes on implementation of HIV/AIDS project in Trans-Nzoia West Sub-County, Kenya. The study was guided by four objectives namely; to establish the influence of training on project implementation, and to establish the influence of awareness programmes on HIV/AIDS by civil society organizations on implementation of HIV and Aids project, determine the influence of civil societies counseling programmes on implementation of projects and lastly determine the influence of stakeholder involvement by civil societies on implementation of projects. The study will use a descriptive study design. The target population was the 151 respondents from CBOs, NGOs and FBOs. Census sampling technique was employed to target all the 153 respondents, hence the sample size of 153. Questionnaires will be used to collect data. The instruments validation exercise was done by the supervisor. Before the main study, pilot testing was done targeting 15 respondents from two organization implementing HIV/AIDs project in Trans-Nzoia East sub-county. Reliability of the instruments was determined through a pilot study where Cronbach alpha co-efficient will be obtained. A coefficient of 0.79 indicated that the instruments were highly reliable and therefore the researcher proceeded with data collection. Data were analyzed using descriptive statistics. The results were presented in form of tables and percentages. The findings were broadly discussed, conclusions drawn and recommendations made. The study concluded that the training, awareness programs, client counseling services and stakeholder involvement both had influence on project performance. Therefore if the civil society would continue with regular employee capacity building based on capacity needs, conduct regular awareness programmes, increase access to counseling services for their clients and involve the stakeholders at all level, the impact of their projects would be felt more. Based on the study findings, the researcher made the following recommendations: First, Joint awareness programmes with other actors should be adopted to minimize on costs and increase the impact of such activities. This would effectively address the challenge of reduced funding for awareness activities within Trans-Nzoia West sub-county. Use of posters, bill boards can also be used to pass certain messages which will be cheaper in the long run. Secondly, the project managers should carry out training need analyses in order to adequately plan to target all employees and completely attain training objectives. In house training can be adopted to ensure transfer of skills among employees; this would ensure that all employees are at per with required knowledge and skills.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The Human Immunodeficiency Virus (HIV) which causes the Acquired Immune Deficiency Syndrome (AIDS) was first discovered in the early 1980s. It has spread more rapidly than most diseases in recent history, having social cultural, economic and moral repercussions on individuals, families, communities and threatening foundations of entire societies. The World Health Organization (WHO) has identified HIV/AIDS as one of the world's first health emergency and an urgent threat to global public health. It reveals that HIV/AIDS is the world's second widely spread communicable disease and the sixth common cause of death globally (WHO, 2004). In international circles in recent years, it has received as much attention as other pressing global questions like war, terrorism, environmental degradation among others. According UNAIDS (2006), about 65 million people have been affected and more than 25 million people have died of AIDS related causes. The situation is made even gloomier, with 29 million new infections estimated by 2020 if prevention and treatment are not accelerated.

The AIDS epidemic officially began in the U.S. when it was diagnosed in a group of five homosexual men in Los Angeles in 1981. The United States of America (USA) currently has around 1.2 million people living with HIV, with one in seven people unaware that they have HIV.1. Since the beginning of the HIV and AIDS epidemic, 659,000 people have died of AIDS-related illnesses in the USA. Sub-Saharan Africa (SSA) remains the highest affected region (HIV surveillance report, 2013). The WHO (2004) has classified HIV/AIDS as the main cause of adult mortality in Africa. It affirms that about 3.1% and 3.9% of all male and female deaths respectively are caused by AIDS related diseases. In the same vein, UNAIDS (2006) fact sheet states that

63% of the global HIV/AIDS infections are in Africa, South of the Sahara with the prevalence rate highest among the age group 15-49 years. It is for which reason African heads of states declared AIDS as a state of emergency in the continent during the African development Forum (2000).

More than twenty five years into the HIV/AIDS pandemic, remains one of the most serious challenges to global public health. The global community has embarked on an historic quest to lay the foundation for the eventual end of the AIDS epidemic. This effort is more than merely visionary, it is entirely feasible. Unprecedented gains have been achieved in reducing the number of both adults and children newly infected with HIV, in lowering the numbers of people dying from AIDS-related causes and in implementing enabling policy frameworks that accelerate progress. A new era of hope has emerged in countries and communities across the world that had previously been devastated by AIDS (UNAIDS, 2012). In 2012, 186 countries submitted comprehensive reports on progress in their national AIDS response. With 96% of the 193 United Nations Member States reporting in 2012, the Global AIDS Response Progress Reporting system has among the highest response rates of any international health and development monitoring mechanism – a vivid reflection of the breadth and depth of global commitment to the response to AIDS (UNAIDS, 2012).

AIDS affects people primarily when they are most productive, harming the social and financial wellbeing of families, communities, and countries. According to the World Health Organization (WHO, 2014), there were approximately 36.9 million people worldwide living with HIV/AIDS at the end of 2014 and estimated 2.0 million individuals worldwide became

newly infected with HIV in 2014. A UNAIDS report (2014) showed that of the 36.9 million people living with HIV globally, 17.1 million people did not know they have the virus and around 22 million do not have access to HIV treatment, including 1.8 million children. The vast majority of people living with HIV are in low- and middle-income countries. According to WHO, sub-Saharan Africa is the most affected region, with 25.8 million people living with HIV in 2014. Sub-Saharan Africa accounts for almost 70 percent of the global total of new HIV infections.

International efforts to combat HIV began in the first decade of the epidemic with the creation of the WHO's Global Programme on AIDS in 1987. UNAIDS was formed in 1996 to serve as the UN system's coordinating body and to help galvanize worldwide attention to AIDS. The role of affected country governments and civil society also has been critical to the response. Over time, funding by donors and others has increased and several key initiatives have been launched: In 2000, all nations agreed to global HIV targets to halt and begin to reverse the spread of HIV by 2015, as part of the UN Millennium Development Goals (MDGs), and the World Bank launched its Multi-Country AIDS Program (MAP). As of 2015, the AIDS-related targets of MDGs were met. In 2015, the international community agreed upon new Sustainable Development Goals (SDGs), which included a target to end the AIDS epidemic by 2030. In 2001, a United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was convened and the Global Fund was created. More recently, at the June 2011 UNGASS meeting, world leaders adopted a new Declaration that reaffirmed commitments and called for an intensification of efforts to combat the epidemic through new commitments and targets. (Boerma, J. T., & World Health Organization, 2015)

Unprecedented gains have been achieved in reducing the number of both adults and children newly infected with HIV, in lowering the numbers of people dying from AIDS-related causes and in implementing enabling policy frameworks that accelerate progress. A new era of hope has emerged in countries and communities across the world that had previously been devastated by AIDS (UNAIDS, 2012). According to UN evaluation report on Mellenium development goals (December, 2015), New HIV infections fell by approximately 40 per cent between 2000 and 2013 from an estimated 3.5 million cases to 2.1 million, and by June 2014, 13.6 million people living with HIV were receiving antiretroviral therapy (ART) globally, an immense increase from just 800,000 in 2003. ART averted 7.6 million deaths from AIDS between 1995 and 2013.

On World AIDS Day 2014, UNAIDS set targets for 2020 aimed at ending the epidemic by 2030 (UNAIDS, 2014). The targets include achieving "90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads." Most funding has come from international donor governments who disbursed $8.6 billion in 2014, up from $1.2 billion in 2002, to address HIV in low- and middle-income countries. Hard hit countries have also provided significant resources to address their epidemics. The Global Fund has committed approximately $17 billion for HIV efforts in more than 100 countries to date, and the private sector including foundations and corporations, also plays a major role, particularly the Bill & Melinda Gates Foundation which has committed more than $2.5 billion for HIV, with additional funding provided to the Global Fund. UNAIDS estimates global HIV funding totaled $20.2 billion in 2014, however, this total is below the UNAIDS estimate of $22 to $24 billion needed to address the impacts of HIV (UNAIDS, 2014).

Communities and organization implement different projects in the fight against HIV and Aids which aim at stopping further spread of the epidemic, and improving the lives of those infected and affected. Some of the activities include prevention of new infections, improvement of quality of life, and mitigation of social economic impact (AMREF, 2011). Due to the nature of projects community based projects vary in scale, purpose and duration. In Senegal, for example, the development objective of the HIV and Aids Prevention and Control Project is to assist the Government in preventing the spread of the epidemic by reducing transmission among high risk groups, expanding access to treatment, care, and support for people with HIV and Aids, and, supporting civil society, and community initiatives for the prevention, and care of the epidemic (World Bank, 2013).

In Botswana, the Civil Society Organizations (civil society organizations) commonly known as Health Service Support Network, complements the government in health service delivery. They are the major stakeholders in implementation of HIV and Aids programmes. The involvement of civil society organizations in the health sector and HIV and Aids response became more evident in the early 1990s when the HIV and Aids epidemic became more matured resulting in overwhelming the capacity of the public sector to deliver services to all people in need. In 1995, the government adopted community home based care programme as a strategy to ensure continuity of care and support to PLWHA and other chronically ill patients and to educate communities on HIV and Aids (Department of HIV/Aids Prevention and Care, 2012).

In Kenya, civil society organizations have been involved in the multi-sectoral implementation approach from the time the first case of HIV was discovered in Kenya in 1984. They have played a crucial role in HIV programming including mobilizing, supporting and empowering communities to respond effectively to HIV and Aids. The government of Kenya has worked in partnership with civil society organizations in HIV and Aids interventions that include prevention, treatment and care services. In implementing the multi-sectorial approach, Civil society organizations representatives have been engaged at all levels of government implementation right from serving on the Board of the National Aids Control Council (NACC), to other levels of planning and decision making like the Joint Aids Programme Review Process (JAPR), and sitting on the Global Fund Country Coordinating Mechanism. On the other hand, civil society organizations acting on their own initiatives are engaged on a wide range of programmatic activities that play a critical positive role in management of HIV and Aids. These include; capacity building providing treatment, care and support, involvement in policy development, design, implementation and research on numerous HIV related issues (A Health Rights Advocacy Forum-HERAF, 2006). Community based projects are expected to align themselves, be informed by and be within the national framework that is based on the three principle of; one agreed Aids action framework, one national HIV coordinating authority, and one agreed country-level monitoring and evaluation system(AMREF, 2011).

1.2 Statement of the problem

Organized communities such as local civil society organizations have tried to address local needs including those that have arisen as a result of HIV infections. While the emergence of

these groupings ought to provide the continuity and long-term commitment required for sustainable development, many civil society organizations did not have the organizational and technical capacities needed for designing, implementing, and monitoring effective HIV and Aids interventions (Wafula & Ndirangu, 2009). Without adequate organizational capacity, the civil society organizations could not efficiently use any technical skills they possessed. These co-ordination and harmonization gaps had also been recognized as key challenges during implementation of the World Bank-supported Kenya HIV/AIDS Disaster Response Project that was part of the Multi-Country Aids Programme.

Despite massive funding by government and international donors, HIV/Aids is a major health challenge in the Trans-Nzoia County. The last three years Trans-Nzoia County has experienced a rise in HIV prevalence rate. The high prevalence in the County has been attributed to slow pace of behavior change, irresponsible sex, breakdown of social structure and poverty, alcoholism, ever increasing cases of sexual violence among others. It was noted that failure to implement plans properly, bureaucracy, lack of accountability, and spreading resources too thinly were some of the weakness which affected the implementation of projects (GoK, 2005). It is for this reason this study seeks to assess influence of civil society project management schemes on implementation of HIV and Aids projects in the Trans-Nzoia West Sub-county.

1.3 Purpose of the study

The purpose of this study was to investigate the influence of civil society project management schemes on implementation of HIV/ Aids projects in Trans-Nzoia West Sub-County, Kenya.

1.4 Objectives of the study

1. To establish the influence of awareness programmes on HIV/AIDS by civil societies on implementation of HIV/Aids project in Trans-Nzoia West Sub-county.
2. To establish the influence training of civil society employees on implementation of HIV/Aids projects in Trans-Nzoia West Sub-county.
3. To determine the influence counseling programmes by civil societies on implementation of HIV/Aids projects in Trans-Nzoia West Sub-county.
4. To determine the influence of stakeholder involvement by civil societies on implementation of HIV/Aids projects in Trans-Nzoia West Sub-county.

1.5 Research questions

1. To what extent does awareness programmes by civil societies influence implementation of HIV and Aids project in Trans-Nzoia West Sub-county?
2. How does training of civil society employees influence implementation of HIV & AIDS projects in Trans-Nzoia West Sub-county?
3. How do the counseling programmes by civil societies influence implementation of HIV/AIDS projects in Trans-Nzoia west sub-county?
4. To what extent does stake holder involvement by civil societies influence implementation of HIV/AIDS projects in Trans-Nzoia West Sub-County?

1.6 Significance of the study

The findings of this study would provide National Aids Control Council (NACC), Ministry of Health, National Development and Vision 2030 which are key players in development projects, and other development partners to assist them in understanding the extent to which

civil society organizations employs project management schemes. This would also help them formulate sound policies and decision making in the region.

The findings would also serve as an eye opener to the individual civil society organizations to improve their project management schemes when implementing HIV/Aids projects. The long term benefit leads to improving the performance of the projects and their accountability to the stakeholders.

The students and other researchers, who will carry future research in related areas, are likely to borrow from the study to confirm or verify the findings and already existing theories. The academic contribution of the work will likely provide more source of knowledge from which scholars can draw necessary information.

1.7 Basic Assumptions of the study

Assumptions of this study were:

1. That all respondents would provide reliable responses and honest and their responses will lead to unbiased conclusions.
2. That management practices influences implementation of projects.

1.8 Limitation of the study

The study only targets the civil society organizations operating in Trans-Nzoia west sub-county and therefore generalization of the findings for other actors is not feasible.

1.9 Delimitations of the study

The study was limited to civil society organizations in Trans-Nzoia West Sub-county. The study was further guided by the four objectives; influence of awareness creation, influence of training, influence of counseling programmes and influence of stakeholder involvement on implementation of HIV/AIDS projects in Trans-Nzoia West Sub-County. While the

respondents to the study were employees working on HIV/AIDS projects and the Sub-County Aids control counsels.

1.10 Definition of significant terms

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

AIDS - It is caused by HIV and occurs when the virus has destroyed so much of the body's defenses.

Project implementation – Implementation simply means carrying out the activities described in the organizations work plan.

Training- Organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

Awareness – involves creating a specific messaging campaign about a particular issue

Civil society management schemes – refers to the Methods or techniques used by civil societies in implementing its projects. The schemes are majorly the ones found to be the most effective and practical means in achieving an objective.

Implementation of HIV/AIDS project – refers to the carrying out the activities designed in a HIV/AIDS project

1.11 Organization of the study

This Research Project will be organized in Five Chapters. Chapter one is the opening of the study. It gives a brief overview of the Project by discussing the Background of the study, the

Problem that the Project will be attempting to address, the Objectives of the study, states the Research questions, Significance of the study, Basic assumptions of the study, Limitations of the study, Delimitations of the study and Definition of significant terms.

Chapter two will take a critical look at the existing Research Literature that is significant to the work that the Researcher will be carrying out. It consist of current Literature reviews with information from Articles, Scholarly journals, Theses and Dissertations, Government documents, papers presented at conferences, Books, Abstracts and the internet which are relevant and connected to the Research topic. Literature review is guided by the Objectives of the study. The Theoretical and Conceptual framework is used to show the interaction and relationship of the Research variables and their accompanying indicators. This Chapter concludes with summary of Literature Review and shows gaps to be filled by the study.

Chapter three of the Project deals with the description of the methods that will be applied in carrying out the study. The various sub-topics of this chapter includes Research Design, Target Population, Sample size and Sampling procedure, Data collection instruments, Pilot testing of the instruments, Validity of the instruments, Reliability of the instruments, Data collection procedures, Data analysis and Ethical considerations.

Chapter four was on data analysis; present the findings of the study, interpretation and validation of the findings. It also gives a report on questionnaire return rate and demographic characteristics of the respondents. While chapter five presented the summary of the findings, recommendations, conclusions and suggestions for further study as well as the contribution of the study to the body of knowledge.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature on influence of participatory monitoring and evaluation on HIV/Aids project implementation, influence of awareness creation on HIV/Aids projects implementation, influence of training on HIV/Aids project implementation, and influence of counseling on HIV/Aids projects.

2.2 The concept of HIV/AIDS

The exact origin of the HIV virus that causes AIDS is highly contentious (Hooper, 2003: and Martin, 1993). The first reported and clearly defined case of an individual with HIV/AIDS was in United States in 1981 (Hooper, 2000). With benefit of modern research an earlier sample of blood stored in 1959 was found to have contained the virus when it was tested in 1998. This case of a Congolese man is the earliest documented case of an individual carrying the virus (Sharp, 2000). The first case of HIV in Kenya was detected in 1984, and by the mid-1990s it was one of the major causes of mortality in the country putting huge demands on the healthcare system as well as the economy. HIV prevalence peaked at 10.5% in 1996, and had fallen to 6% by 2013 mainly due to the rapid scaling up of antiretroviral treatment (ART).The virus that causes AIDS was first isolated by a researcher Luc Montagnier at the Pasteur institute of research in France in 1983 and the same virus was also isolated independently by Doctor Robert Gallo in United States a year later and given its current name by a panel of scientists the same year (Cantwell, 2005).

2.3 Civil society project management schemes and implementation of HIV/AIDS projects

In the community the fight against HIV/Aids is spearheaded by projects aiming at stopping further spread of the epidemic, and improving the lives of those infected and affected.

Project management schemes continue to evolve, playing a leapfrog game with the needs of the project-driven workplace. Solid project management schemes enable firms to take on more complex projects, which in turn demand more complex project management techniques. Key people in the NGO community have come up with project management for non-governmental organizations whose mission is to pursue two primary strategies which include; promote and enable professional project management practices to be contextualized for the development on humanitarian environments, and develop and maintain standards for project management in development and humanitarian agencies. To meet these goals, Project Management for Non-Governmental Organizations has created a certification based on a description of project management that bridges the gap between the realities of development projects and existing standards such as PRINCE2 and the Project Management Institute (PMI) (Verzuh, 2012).

Wafula & Ndirangu, (2009) states, "As the HIV/Aids pandemic continues to ravage Africa, more concerted effort by all stakeholders with the leadership of governments is needed. Key gaps that effective national and regional responses must surmount include poor coordination, lack of capacity among the communities, inadequate participation of communities in HIV/Aids mitigation, limited availability of resources to communities, and challenges in addressing factors underlying the high prevalence and negative impact of HIV among the

most-at-risk populations". Kenya's association arena is a very one, with thousands of civil society organizations. The country's receptivity to contemporary civil society organizations is a function of its long history of organized voluntary activity (Murunga & Nasongo, 2007).

2.4 Awareness programs by civil societies and implementation of HIV projects

According to the 2003 Kenya Demographic and Health Survey (KDHS), females aged 15 to 24 are three times more likely to be HIV-infected than their male counterparts. Undoubtedly, HIV/AIDS awareness and prevention campaigns need to focus on this younger AIDS generation. The most important determinants of the HIV status of individuals are the behavioral risk factors. These include multiple sexual partners, frequent change of sexual partners, having unprotected sex, presence of sexually transmitted infections and lack of circumcision among others. Having unprotected sex with multiple partners remains the greatest risk factor for HIV with large proportions (62%) of people living with HIV in long-term relationships in Kenya (UNAIDS 2010). Effective prevention and control of HIV and AIDS hinges on a combination approach of behavioral, biomedical and structural interventions delivered in a targeted manner depending on one's epidemic. Available biomedical interventions that are relevant for the youths include ART, male circumcision, HIV testing and counseling as well as treatment of sexually transmitted infections.

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

A key to effective reproductive health (RH) and HIV prevention programs for youth is to provide the information, education, skills, and services that young people need to make choices that keep them healthy and able to pursue their potential in life. A successful program such as banana of Botswana realizes the importance of HIV/AIDS awareness building, and moreover, it also recognizes the importance of promoting safe behaviors and offering life-managing skills. Banana therefore adopts services such as peer education and life skills education in order to successfully achieve its program objectives of raising awareness, promoting safe and low risk behaviors, and equipping youth with the skills to practice these safe and healthy behaviors (harris, 2006).

In Namibia, life-skills based HIV education is now taught in 79 percent of secondary schools, a national campaign was launched on HIV risk and alcohol abuse, and more than 25 million male condoms are distributed free of charge every year. Levels of knowledge about HIV and condom use have increased; rates of sex before the age of 15 and sex with more than one partner in the last 12 months have decreased; and HIV prevalence in

young women attending antenatal clinics declined from 18 percent in 2003 to 14 percent in 2007[UNAIDS, 2008]. While in Brazil, an integrated response to the epidemic which funds health care systems; promotes racial, public education campaigns and condom promotion, has led to increased safer sex practices among young people and has stabilized the country's epidemic (Brazilian Ministry of Health, 2008).

Kenya has witnessed a declining HIV prevalence in recent years - in 1997/98 the prevalence was estimated at 10 percent; by 2009 this figure had lowered by more than a third to 6.3 percent. The decline has been attributed to a number of factors, including a reduction in risky behaviors (UNGASS 2008). Kenya's education sector has taken an active role in the country's response to the AIDS epidemic, having a particularly positive effect on HIV and AIDS awareness and leading to a reduction of risk behavior among young people (Action aid 2003). Kenya has integrated AIDS education into all subjects at school, and introduced a weekly compulsory HIV and AIDS lesson into all primary and secondary curricula. An evaluation of 2000 schools found that AIDS education is effectively promoting healthy behaviors and reducing the risk of infection (Kenya National AIDS Control Council 2009).

2.5 Training and HIV Project Implementation

People are the human resource in an organization. The success of organization is dependent on its knowledgeable, skilled as well as experienced workforce (Ololube, Ajayi & Kpolovie, 2011). Therefore in order to improve their performance, organization must see continuous employee training and development as useful. Training and development is very essential at all employee levels, due to the reason that skills erode

and become obsolete over a period of time and has to be replenished according to Nishtha and Amit (2010). Training is also necessary to ensure adequate supply of staff who are technically competent and capable of career development into specialized department or management positions. (Ololube, et al. 2013)

Training is the process of acquiring knowledge and skills by target groups that enables them to operate effectively and efficiently (Landale, 2006). Training also enables the target groups to acquire new set of values and attitudes towards the appreciation of their inherent but untapped potential and reinforce their self-confidence and sense of autonomy as opposed to dependency. For the project to be successfully implemented and sustained, the manager and the people working in the project must be trained on all necessary tasks identified during planning phase and post implementation phase of the project (Westland, 2007). Training offered should be of quality and must match with the project requirements to ensure effective and efficient post-implementation of the project. In order to increase chances of successfully sustainability of the project, the manager and the team members need to be trained on the project risk assessment and management, fundraising and project evaluation and monitoring (Hubbard & Bolles, 2007). By knowing what lead to project failure, we stand a better chance to forestall the pitfalls by being more proactive in our planning.

The ultimate aim of every training and development program is to add value to human resource. Any training and development program that would not add value should be abandoned. Organizations should therefore make training and development of their employees a continuous activity (Obisi, 2011). Without training, it will be very difficult

to acquire skills and without skills organizations will not achieve its objectives through people. However, some organizations usually see training as an expensive venture and therefore the management may put embargo on training and utilize the money for other projects in the organization. Most people do remarkably well in managing projects, even though most of them have never thought of themselves as project managers or taken part in any kind of project management training. Schwalbe, (2006), emphasizes that some organizations spend a great deal of time and money on training efforts for general project management skills, but after the training, a project manager might still not know how to tailor their project management skills to the organization's particular needs. Because of this problem, some civil society organizations have developed their own internal project management methodologies.

Project management has sometimes been called the "accidental profession" because many project managers take on their first project management duties without benefit of formal training (Shackelford, 2004). The benefits of project management training include; project teams and customers do not have to learn procedures and new jargon with each new project, it becomes easier to compare projects over time when they involve similar measurements and approaches, and consistent tracking and reporting helps uncover inefficiencies in the overall project management approach. Dinsmore and Cabanis-Brewin (2011) emphasizes that most training in project management still resides within corporate training, consulting, and professional organizations-entirely outside higher education. In project management today, there are a number of largely voluntary certification approaches in project management raging from knowledge-based assessment

to competency standards based on practice. Taylor (2006) argues that in 1980s, it was rare that a project manager had any prior formal project management training; all project management training was done on the job. Butthere is more to running a project successfully than just understanding how to schedule work or prepare progress reports. A project manager needs a whole host of skills.

A project manager must have a strong, active, and continuous interest in teaching, training, and developing subordinates (Taylor, 2006). Lytras, De Pablos and Avison, (2010) say that in project management, a training session could aim at developing or improving one of the project manager competencies. A training session could refer to one or more, thus having an impact on duration of the training. Improving the capacities of local technical staff, training and workshops activities will allow the staff working in civil society organizations and public institutions involved, to improve their know-how and practical experience. This in turn leads to a more effective and efficient operating civil society sector local staff (Civil Society Facility, 2012).

Many organizations meet their needs for training in an adhoc and haphazard way. Training in these organizations is more or less unplanned and unsystematic. Other organizations however set about identifying their training needs, then design and implement training activities in a rational manner, and finally assess results of training. Gordon (1992) views training as the planned and systematic modification of behavior through learning events, activities and programmes which results in the participants achieving level of knowledge, skills, competences and abilities to carry out their work

effectively. This was supported by Cole (2002), that training is a learning activity directed towards the acquisition of specific knowledge and skills for the purpose of an occupation or task. In the view of Adamolekun (1983), Staff development involves the training, education and career development of staff members.

However in the opinion of Mamoria in Obisi (2011) employee development enables and increase their market value, earning power and job security. According to Obisi (2011) training is a process through which skills, talent and knowledge of the employee is enhanced and increased. He further explained that the concept of training and development are terms used interchangeably. However it can be differentiated from the other. Training is for a specific job purpose while development goes beyond specifics to improve job performance, bring about growth of personality.

Several studies have shown that the effectiveness of HIV/AIDS counseling and prevention work on hospital wards depends on the health workers' knowledge and attitudes regarding HIV infection (Ngoumo, Klepp, Rise and Mnyika, 1995). The Tanzanian study on the societal response, discrimination, and stigmatization of HIV/AIDS has indicated a great deficiency in the provision of quality care due to inadequate knowledge and negative attitudes among staff. Forty- six percent (46%) of health personnel sampled in one hospital had no education and no counseling skills for AIDS prevention. Fifty-eight percent (58%) said that confidentiality of HIV testing results is not practiced, though 80 percent felt it should be (Masini and Mwampeta 1993). To mitigate the impact of the epidemic on health system staff, programs can provide

training to improve knowledge and shift attitudes as well as provide and care for HIV-infected health personnel.

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

2.6 Counseling programs and implementation of HIV/AIDs projects

Given that barriers to HIV testing may be posed by such factors as institutional mistrust of medical systems, concerns about discrimination, stigma worries, lack of knowledge about HIV and its treatment, and fear of a positive test result (Hoyt et al., 2012; Schwarcz et al., 2011; Wallace, McLellan-Lemal, Harris, Townsend, & Miller, 2011), HIV test counseling provides an opportunity to assess and explore these concerns when present among those who decide to participate in HIV testing. Voluntary counseling and testing (VCT) continues to play a critical role in HIV prevention, care and treatment. In recent years, different modalities of VCT have been implemented, including clinic, mobile and home based testing and counseling. This review assesses the effects of all VCT types on HIV-related risk behaviors in low- and middle-income countries.

In order to confer maximum benefit, HIV test counseling strategies must take into account the specific needs, concerns, and cultural values of diverse groups, including women (e.g., HIV testing in pregnancy; HIV disclosure and intimate partner violence), sexual minority individuals, youth, older adults, people from rural communities, immigrant populations, people with disabilities (e.g., hearing disabilities), incarcerated/previously incarcerated individuals, and individuals from diverse socioeconomic backgrounds (Groce et al., 2103; Hoyt et al., 2012; Siconolfi et al., 2011; Spielberg, Kurth, Gorbach, & Goldbaum, 2001; Winningham et al. 2008). HIV prevention counseling is a very important mode of behavioral intervention especially in the absence of an effective vaccine or a curative treatment. It consists of dealing with a variety of issues such as medical, psychological and social. Civil society organizations have promoted client-centered counseling which changed the focus of counseling from a sole educative one to one focusing on client's needs and circumstances. Prevention counseling primarily consists of risk reduction counseling, pretest counseling and post-test counseling. Motivational interviewing has also been used as an effective technique by some of the HIV care providers. In this counseling technique, the health care provider takes into account the readiness of the client to change his/her risky behavior and helps them resolve the ambivalence associated with changing the behavior.

Whereas HIV test counseling has historically been a key element of HIV testing programs, providing important information and prevention messages for individuals who receive a negative test result and serving a vital educative and emotional support function for individuals who test positive as well as guidance for linking these individuals to medical care. Additional research is needed that focuses on how HIV test counseling

contributes to positive health outcomes for those receiving HIV testing and on counseling resources and strategies to address the unique circumstances of in-home HIV testing.

2.7 Stakeholder involvement and implementation of HIV/AIDs projects

A stakeholder is an individual or group that makes a difference or that can affect or be affected by the achievement of the organization's objectives (Brinkerhoff and Crosby, 2002). Since stakeholders are directly involved or affected by the program, their views and satisfaction are important to take into account when assessing the program and can often be good indicators for the success of a program. Stakeholders include policymakers, opinion leaders, community leaders, religious leaders and members of target populations, including people living with HIV (PLHIV). Their active participation at appropriate stages of BCC strategy development is essential.

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

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

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

Zimbabwe encouraged participation during the development of its HIV/AIDS policy. Progress toward a national HIV/AIDS policy did not formally begin until the creation of a Steering Committee in 1994. The Steering Committee, charged with planning the process and providing leadership, was composed of representatives from a variety of sectors, including universities, the Attorney General's Office, PLHAs, NGOs, and the

National AIDS Control Program. The committee solicited a great deal of input from the public and made significant attempts to widely circulate draft documents, even printing drafts in newspapers to ensure widespread readership. In forums held in seven provincial workshops, more than 4,500 people participated in a discussion of the policy (Stover and Johnston, 1999).

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

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

sought to demonstrate that there were specific results showing that community participation leads to better project outcomes (Manikutty, 1998).The review of rural water supply projects was based on several factors that are useful for determining the benefits of community participation's impacts on projects

In Tanzania, the local community of a school has taken the initiatives in raising funds and developing programmes in response to AIDS. Among the programmes the funds are used to support orphans so that they can continue attending school (Shaeffer, 2002). The 2003 Kenya Demographic and Health Survey documented a stall in progress on key fertility measures and contraceptive use. Why was this trend occurring, and what should be done about it? MEASURE Evaluation worked with local counterparts to apply the Stakeholder Engagement tool to ensure broad involvement and ownership in the analysis. The team knew that if corrective actions were to be effective, a broad range of key decision-makers needed to be involved from the very beginning—not just in approving a study, but also in selecting the issues to be studied. The above cases demonstrate that seemingly unrelated stakeholders such as PLHIVs and NGOs could successfully work together in various programs/projects to mitigate the effect of HIV and AIDs within the community.

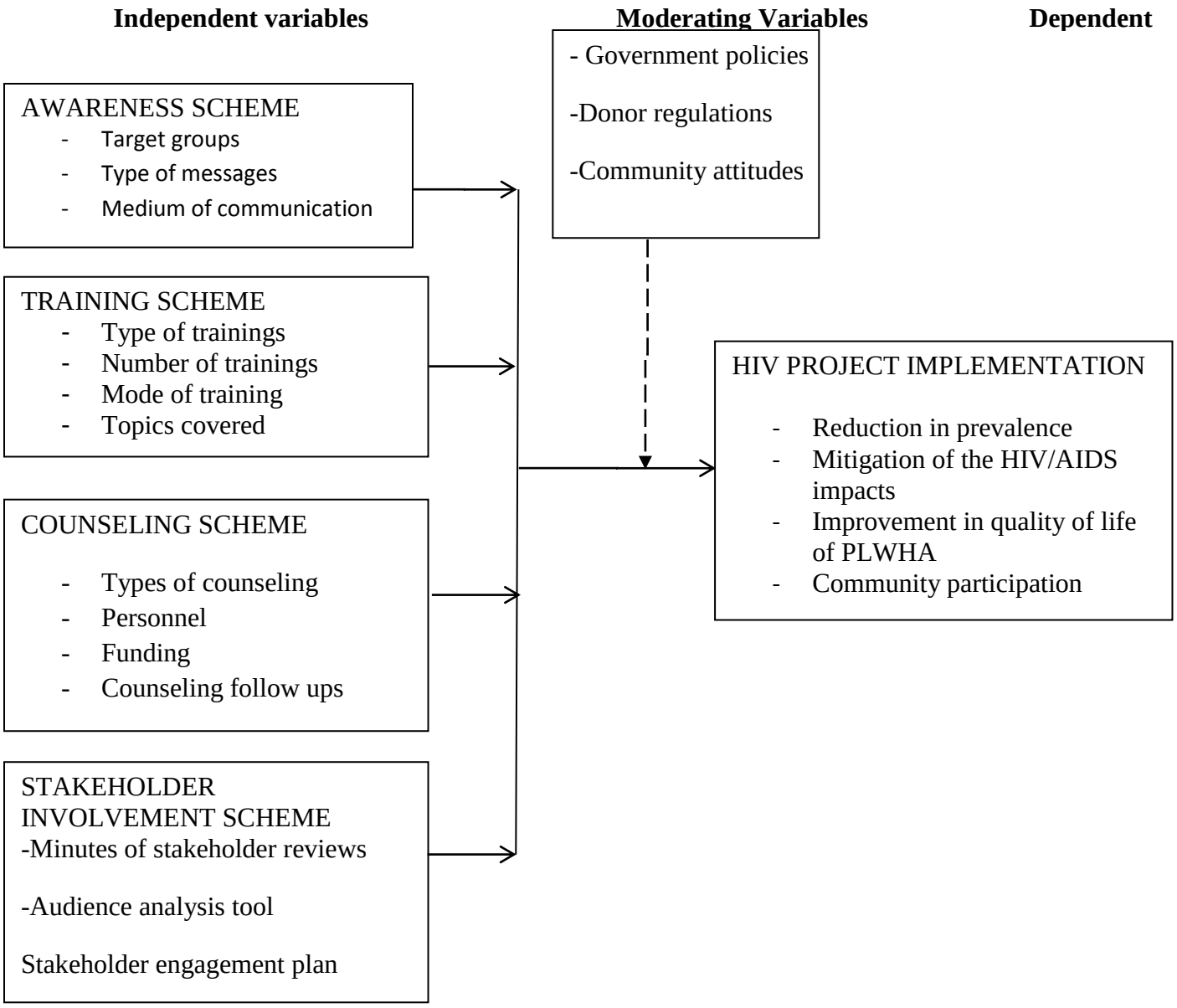
2.7 Theoretical framework

This study was based on theory of constraints. This theory has been applied to production planning, production control, project management, performance measurement as well as in not for profit facilities (Blackstone, 2010). This theory helps in identifying the most important bottleneck in the processes and systems, so that performance can be improved.

Theory of constraints is based on the fact that, like a chain with its weakest link, in any complex system at any point in time, there is most often only one aspect of that system that is limiting its ability to achieve more of its goals. For that system to attain any significant improvement that constraint must be identified and the whole system must be managed with it in mind. This theory is based on five steps which include; identify the system constraints; decide how to exploit the system constraints; subordinate everything else to the above decision; elevate the system constraints; and if in the previous steps a constraint has been broken, go back to the first step, and do not allow inactivity to cause a system's constraint (Rand, 2000).Typically, all projects are managed by focusing on the delivery of the tasks that make up the project, in the seemingly reasonable belief that if these tasks are done on time, the project will be done on time as well. But all too often, project management becomes a chaotic exercise, resulting in undue pressure to meet task due dates and frequent re-planning of the project. Apparently, in too many cases, and for a variety of reasons, the long established strategy of focusing on task completion does not seem to work too well.

2.8 Conceptual framework

Figure 2.1: Researcher's conceptual framework of the linkages between variables in the study.



Source: Researcher, 2016

A conceptual framework clarifies relationship among independent and dependent variables. It provides a clear concept of the areas in which meaningful relationships are likely to exist (Cargan, 2007). It is linked to the problem statement and sets the stage for presentation of the specific research question that drives the investigation being reported. In this research, the researcher intends to find out the influence that strategic planning; monitoring and evaluation practices; training on project management; and Decision making process by civil society organizations has on HIV project implementation. See figure 2.1

From the conceptual; the dependent variable is project implementation. Implementation of HIV/AIDS project is measured by various indicators including reduction in HIV prevalence rate, improved quality of life by people living with HIV/AIDs and the level of community ownership for the project. The independent variables are the civil society management schemes which in this study include training, awareness creation, counseling programmes and stakeholder involvement. According the research each of the independent variables influences implementation of projects.

In this research, the literature concerns various aspects related to civil society management schemes used in implementation of HIV and AIDs projects. The topics dealt with in literature review concern the influence project management schemes on implementation of HIV/AIDs projects. It was clear that for civil societies to achieve sustainable impact there should be more awareness creation programme; without awareness reaching large numbers of people with HIV prevention intervention is extremely difficult. Besides that, meaningful involvement of key stakeholders and political good will is key to program success. Furthermore, the literature study

demonstrates trainings and counseling programmes are equally very important for the HIV/AIDs projects.

2.9 Knowledge Gap

This study sought to fill the following knowledge gaps:

Different scholars had conducted studies on the influence project management practices on implementation of projects. But no research had been conducted on influences of civil society project management schemes on implementation of projects HIV projects. Therefore the findings will be used to create reference material for future use.

The few researches that had been carried on influence of project management practices on implementation of projects will be conducted in the urban areas. The researcher focused on Trans-Nzoia County to bringing new knowledge and fill these knowledge gaps.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on the research design, target population, sample size and sampling procedure, methods of data collection, data collection tools and data analysis.

3.2 Research design

The study adopt a descriptive survey research design, which provided information on how people think and act. According to Schacfer and Lamm(1995), descriptive survey help to gather data at a particular point in time with the intention of describing the nature of existing conditions and standards against which they was compared and determined. While, according to Mugenda and Mugenda (1999), Descriptive survey is an attempt to collect data from members of a population to determine its current status with respect to one or more variables. It is a self-report study which requires the collection of quantifiable information from the sample.

The researcher used descriptive survey because it tends to produce less detailed information that was applied over a broad area. Thus it facilitated the gathering of data from respondents within a limited time and costs. Nevertheless, descriptive survey have inherent weaknesses of not obtaining in-depth information; to counter this; the researcher will conduct personal semi-structured for respondents and also organize interview schedules with key informants.

Descriptive research design helped the researcher to gather both qualitative and quantitative data on how project management practices influence implementation of

HIV/Aids projects. Through this design the researcher was able to link project management practices to implementation of HIV/Aids projects.

3.3 Target population

According to the Trans-Nzoia West sub-county AIDS Control Council Officer, there were 13 civil society organizations implementing HIV/Aids projects, which included, 3 faith based organizations, 4 community based organizations, and 6 non-governmental organizations.

Table 3.1 Target population

Project implementers	Population size	Percentage %
Respondents from NGOs	38	24.68
Respondents from FBOs	49	31.82
Respondents from CBOs	64	41.56
CACC officers –Trans-Nzoia West sub-county	3	1.95
Total	154	100%

Source: Trans-Nzoia West CACCs Office, March 2016

3.4 Sample size and sampling procedure

Since the target population was small, the researcher targeted all the respondents using census sampling technique. The details of the location of the organizations were provided by the CACC officers together with a contact person for each of the organization.

Table 3.2: Sampling Frame

Project implementers	Population size	Sample size	Sampling technique
Respondents from NGOs	38	38	Census
Respondents from FBOs	49	49	Census
Respondents from CBOs	64	64	Census
CACC officers	3	3	Census
Total	154	154(100%)	

3.5 Data collection instruments

Data collection instruments are tools used to collect data from respondents. Questionnaires and interview schedules were used to solicit data from the respondents. Questionnaires were preferred because it up holds confidentiality, saves on time, lack interviewer bias and enables collection of data from a large sample and from various regions of the study. Due the importance of the issue at hand, there was need to counter check the information received through one on one interviews with some of the respondents.

3.5.1 Piloting study

To establish the reliability of the questionnaire, pre-testing through piloting was done in Trans-Nzoia targeting two civil society organizations in Trans-Nzoia East. The validity and reliability of the instruments was determined before the final study.

3.5.2 Validity of the instruments

Validity is the extent to which differences found with a measuring instrument reflect true differences among those being tested. Kothari (2004); there are three types of validity. Content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. Criterion-related validity relates to the ability to predict some outcome or estimate the existence of some current condition. On the other hand Construct validity is the degree to which scores on a test can be accounted for by the explanatory constructs of a sound theory.

After constructing the research instruments, the researcher shared the instruments with her supervisor at the University of Nairobi, department of Extra-mural studies as recommended by Mutai (2000), to ascertain it's constructive and face validity. According to Gall (1989), content validity improved through expert Judgment. The instruments were restructured and clarified questions that were not clear.

3.5.3 Reliability of the instruments

The reliability of an instrument is the degree of consistency with which a research instrument measures whatever it is intended to measure and yields consistent results. It refers to the extent to which findings can be replicated by another researcher (Silverman 2005). To test the internal consistency of the items listed on the instrument used, the Cronbach alpha coefficient will be computed. Cronbach's alpha is a statistic coefficient (a value between 0 and 1) that is used to rate the reliability of an instrument such as a questionnaire. This method randomly splits the data set into two and a score for each participant calculated from each half of the scale. If a scale is very reliable, respondents get same scores on either half of the scale so that, correlation of the two halves is very

high. The advantage with using Cronbach's alpha is that the data is split into every possible way and the correlation coefficient for each split computed. The average of these coefficients is the value equivalent to this alpha (Cronbach, 1951). Thus Cronbach's alpha was used to test reliability of the questionnaires to be used in the study. The pilot study results revealed a reliability correlation coefficient of 0.79 which indicated a high degree of internal consistency among the data collected and hence allowed the researcher to administer the tools after few modifications.

3.6 Methods of data analysis

The quantitative data were analyzed using statistical methods and expressed in the form of tables, frequencies and percentages. Each objective was analyzed separately, presented in form of table and percentages and conclusions made. During analysis, qualitative data from the interview schedule were included as direct quote from the respondents. The researcher finally validated the findings by quoting similar results from previous studies where applicable. After data analysis, the researcher compiled a final report and present the same for approval by the Faculty for examination.

3.7 Ethical consideration

Permission to conduct the study was sought from University of Nairobi and consequently obtained a permit and authorization letter from the National Commission for Science, Technology & Innovation, Ministry of Education Science and Technology. Consent was further sought from the National Aids Control Council in Trans-Nzoia County, the heads of the targeted civil society organizations and all the participants after explaining the aim,

methods, anticipated benefits and potential hazards if any. Participants were assured that data collection from the study would be kept confidential and used only for purposes of this study. Respondents were on voluntary basis and participants were free to withdraw from the study at any time. The questionnaires were anonymous to protect the identity of the respondents.

3.8 Operationalization of variable

Table 3.2 Operationalization of variables

Objectives and Variables	Indicator	Scale of measurement	State of
To establish the influence of awareness programmes on implementation of HIV/Aids project	-Target groups -Type of messages -Medium of communication	Ordinal	Quantitative
Employees training influences implementation of HIV/AIDs projects	-Type of trainings -Relevance of the training - Number of Trainings -Mode of training -Topics covered	Ordinal Ratio	Inferential
To establish the influence of counseling programmes on implementation of HIV/AIDs projects.	-Types of counseling -Personnel -Funding -Counseling follow ups	Nominal	Quantitative
To determine the extent to which stakeholder involvement influence implementation of HIV projects	-presence of budget -presence implementation plan -presence of list of implementers	Ordinal	Qualitative

CHAPTER FOUR

RESEARCH FINDINGS, ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter involved presentation, interpretation and discussion of findings. The researcher presented the data from the field and the data analysis procedures employed to answer the research questions that guided the study questions below.

To what extent does awareness programmes by civil societies influence implementation of HIV and Aids project in Trans-Nzoia West Sub-county?

How does training of civil society employees influence implementation of HIV & AIDS projects in Trans-Nzoia West Sub-county?

How do the counseling programmes by civil societies influence implementation of HIV/AIDS projects in Trans-Nzoia west sub-county?

To what extent does stake holder involvement by civil societies influence implementation of HIV/AIDS projects in Trans-Nzoia West Sub-County?

4.2 Response Rate

A total of 139 questionnaires were sent out to the respondents in the study area to fill while another 12 were interviewed. Of these 139 questionnaires, 127 were returned for analysis. However, 14 questionnaires were incomplete and therefore could not be analyzed. The remaining 113 questionnaires accounted for 88.98% response rate. According to Mugenda and Mugenda (1999) a response rate of 70% and above is sufficient and hence it allowed for data analysis. The questionnaire return rate was high because the researcher collected most of the questionnaire immediately they were filled.

4.3 Background Characteristics of respondents

There were varied background characteristics of respondents and the researcher found it necessary to analyze. It included gender, respondent category and level of education.

Table 4.1 Distribution of respondents by gender

GENDER	Frequency	Percentage
Male	52	46.02
Female	61	53.98
Total	113	100

The study sought to determine the gender of the respondent, from the findings, it was established that majority of the respondents were female as shown by 61 (53.98%) whereas 52 (46.02%) of the respondent were male, this is an indication that both genders were involved in this study and thus the finding of the study did not suffer from gender bias.

Table 4.2 analysis of respondents' education level

Period	Frequency	Percentage
Certificate	13	11.50
Diploma	78	69.03
Degree	19	16.81
Masters	3	2.66
Total	113	100

The researcher sought to determine the level of education of the respondents. The findings indicate that majority of the respondents were diploma holders as shown by 78 (69.03%) while 13 (11.50%) had certificate training, 19 (16.81%) had degree and 3 (2.66%) had masters qualification.

Table 4.3 Respondents current position

Period	Frequency	Percentage
Field officer	31	27.43
Outreach officer	23	20.35
Counselor	24	21.24
Program officer	11	9.74
Intern	14	12.39
Project manager	6	5.31
In charge	4	3.54
Total	113	100

From the table 4.3 field officers were 31 (27.43%), 23 (20.35%) were outreach officer, 24 (21.24%) were counselors, 11 (9.74%) were program officers, 14 (12.39%) were interns, 6 (5.31%) were project managers and 4 (3.54) were site in charge.

This implies that all the respondents were directly involved in the project and therefore their responses were reliable.

Table 4.4 analysis of respondents working experience

Working experience	Frequency	Percentage
Less than 1 year	21	18.58
2-3 years	30	26.55
3-5 years	44	38.94
More than 5 years	18	15.93
Total	113	100

From table 4.4, 21 (18.58%) had worked with their current organization for less than 1 year, 30 (26.55%0 had worked for a period between 1-3 years, 44 (38.94%) had worked for a period of 3-5 years with their current organization and 18 (15.93%) had worked for more than 5 years. This illustrates that the most of the respondents had worked in project for a period between 2-5 years and therefore had accumulated substantial knowledge and skills of about their project and therefore their information would be more reliable.

Table 4.5 Nature of activities carried out by respondents' organization

Type of organization	Frequency	Percentage
VCT services	67/113	59.29
Behavior change communication	87/113	76.99
Mitigation of socio-economic impact of HIV/AIDs	79/113	69.91
Support care and treatment	36/113	31.86
Advocacy	105/113	92.92

The table 4.5 indicate that 67 (59.29%) of respondents said that their organization as involved in VCT services, 87 (76.99%) involved in behavior change communication, 79 (69.91%) involved in mitigating socio-economic impact of HIV/AIDs with 36 (31.86) providing support and treatment and 105 (92.92%) said they were involved in advocacy.

1.4 Influence of awareness creation on project performance

Table 4.6: analysis of respondents view on whether their organization run awareness program

Response	Frequency	Percentage
Yes	111	98.23
No	2	1.77
Total	113	100

Nearly all the respondents use awareness creation as a strategy in implementation of their HIV project. 111 (98.23%) respondent in affirmative while 2 (1.77%) said No.

When asked to respond on effectiveness of their awareness program, some of the respondents had the following to say;

> "The programme is good. However there is need to target more youth by making it more youth friendly rather than the usual public awareness forums"

> "There is still more to be done. The awareness programmes have really scaled down due to lack of funding. We only do the VCT and referrals, very little awareness."

"I am not satisfied with the awareness programme, the most vulnerable people are not fully targeted. For example people with disability especially hearing impairment are not targeted due to lack of sign language services".

Table 4.7 : Analysis of respondents views on whether awareness creation programme influenced project performance

Response	Frequency	Percentage
Yes	91	80.53
No	22	19.47
Total	113	100

From the table 4.7, 91 (80.53%) felt that the awareness programme influenced performance of their project with 22 (19.47%) disagreeing with the same.

The disagreement could imply that there were other factors other than awareness creation which respondents believed influenced project performance. On the other hand, this could simply mean that the 22 (19.47%) believed that their awareness program was either not the implemented, weak or not effective to an extend of influencing project performance.

When asked to explain their choice, some of the respondents had the following to say;

"Awareness creation empowers the community on HIV/AIDs and how to respond to it or prevent which makes the project successful"

"For sure there was a time we used to have a lot of awareness programs and the prevalence rate of HIV infection came down significantly. Unfortunately with reduced funding there are very few awareness sessions and now more effort is on

treatment and family support and we have started to see a huge increase in cases of new infection especially among the youth".

"With increased awareness, the community learns to live with people affected by HIV/AIDs and reduces stigma. This makes the people with HIV to accept their condition and live positively"

"Awareness program change people's attitude and hence impact positively on the project performance"

The finding implies that awareness programs influences performance of the HIV/AIDs project. Absence of the awareness program negatively affects the project and reverses the good gains achieved through previous projects.

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

1.5 Influence of Training on project performance

Table 4.8 Analysis of respondents' knowledge in project management

Response	Frequency	Percentage
Yes	69	61.06
No	44	38.94
Total	113	100

69 (61.06%) had some knowledge on project management while 44(38.94%) did not have any knowledge in project management.

Table 4.9 Analysis of respondents training on HIV/AIDs

Response	Frequency	Percentage
Yes	99	87.61
No	14	12.39
Total	113	100

99 (87.61%) had attended a training on HIV/AIDs while 14 (12.39%) had never attended a technical training on HIV/AIDs.

Reasons given by those who had never attended HIV/AIDs related training were majorly lack of finance, lack of training opportunities for them and time constrains. This could mean that some of the employees where not direct implementers and therefore due to limited resources they were not included in the training programme.

Table 4.10 Analysis of respondents view on whether employees training influenced project performance

Response	Frequency	Percentage
Yes	104	92.04
No	9	7.96
Total	113	100

The researcher sought respondents view on whether employees training influenced project performance. 104 (92.04%) responded in affirmative while 9 (7.96%) disagreed with the same. The fact that 9 (7.96%) thought that the training programmes did not influence project performance, it raises a question on the quality of training programme and whether it is really need driven or just done to fulfill training obligations by their respective organizations. However, the majority seem to have witnessed improvement in project performance thanks to the training programme.

The Project Management Body of Knowledge highlights training as one of the tools and techniques for developing project teams and mentions training needs as one of the components of the Project Human Resource plan (PMBOK, 2008). As a result, some project management organizations run training courses for employees (Maylor, 2010). Bohlander and Snell (2007) argued that training increases performance, improves morale and increase the organization's potential.

According to Chris Obisi (2011), in their paper 'employee training and development in Nigerian organization' describe the importance of training program and their evaluation

process said that the organization should properly evaluate their training program by seeing that their organization objectives and missions are achieved or not and training cannot only change the ability of workforce not only concerning performing their current job but also aid them in the fulfillment of future expected task so for this reason it's a practice that cannot be discarded form an organizations.

4.6 Influence of counseling on project performance

Table 4.11: Respondents views on whether the organization had trained counselor

Response	Frequency	Percentage
Yes	102	90.27
No	11	9.73
Total	113	100

From table 4.11 102 (90.27%) respondents confirmed that they had a trained counselors working on their project while 11 (9.73%) did not have a trained counselor.

When asked to state ways in which counseling was incorporated in their programmes the respondents had the following to say;

- Psychosocial support for those affected by HIV/Aids
- Before providing testing services to our clients

Table 4.12 Analysis of respondents views on whether counseling influenced project performance

Response	Frequency	Percentage
Yes	105	92.92
No	8	7.08
Total	113	100

The researcher sought respondents views on whether counseling programs influences project performance, 105 (92.92%) said Yes, meaning they agreed that counseling influenced project performance while 8 (7.08%) disagreed with the same. Perhaps those who disagreed believed that there were other factors other than counseling which influenced their project performance or rather they did not find their counseling program to be making any impact.

When asked to explain their answers as analyzed in table 4.12, the respondents had the following to say;

"Counseling help people to live positively, especially those affected by HIV/AIDs"

"We have had incidences where patients remain in denial and refuse to take their medicine, but counseling has really helped to reverse such incidences"

"We have witnessed positive change, for example counseling for family members of those infected with HIV/AIDs increases care and support for survivors at family level. Behavior change among those benefiting from counseling services is also evident thanks to counseling"

Some of the respondents who thought counseling program did not influence project performance had the following to say;

"There are no tangible impact of the counseling programs due to many cases which needs counseling yet we only have few employees with basic counseling skills, we have no psychological counselor at all".

This findings agree with other studies which concluded that in order to confer maximum benefit, HIV test counseling strategies must take into account the specific needs, concerns and cultural values of diverse groups, including women (e.g., HIV testing in pregnancy; HIV disclosure and intimate partner violence), sexual minority individuals, youth, older adults, people from rural communities, immigrant populations, people with disabilities (e.g., hearing disabilities), incarcerated/previously incarcerated individuals and individuals from diverse socio-economic backgrounds (Groce et al., 2103; Hoyt et al., 2012; Siconolfi et al., 2011; Spielberg, Kurth, Gorbach, & Goldbaum, 2001; Winningham et al. 2008). This qualifies the influence that counseling programme has on the project performance.

1.6 Influence of stakeholder involvement on project performance

Table 4.13 Analysis of respondent views on whether they involve any external actor in their project

Response	Frequency	Percentage
Yes	113	100
No	0	0.00
Total	113	100

All the respondents said that they involved external actors in their project.

Table 4.14 analysis of respondents view regarding the level at which stakeholders are involved in their project

Response	Frequency	Percentage
At project design stage	69/113	61.06
During baseline survey	87/113	76.99
Implementation	83/113	73.45
Monitoring and evaluation stage	71/113	62.83
At all stages	62/113	54.86

From the table 4.14, 69 (61.06%) involved external actors at project design stage, 87 (76.99%) involved them at baseline survey stage, 83 (73.45%) involved them at implementation stage, 71 (62.83%) involved them at monitoring and evaluation stage while 62 (54.86%) involved them at all stages. The higher frequency aggregate implies that some respondents had multiple answers and thus each stage had to be analyzed separately to determine the actual figures.

Table 4.15 Frequency of meeting with stakeholders

Response	Frequency	Percentage
Monthly	42	37.17
Quarterly	37	32.74
Semi-annual	29	25.66
Annually	5	4.43
Total	113	100

From table 4.15, 42 (37.17%) had monthly meeting with their stakeholders, 37 (32.74%) had quarterly meetings, 29 (25.66%) had semi-annual meetings and 5 (4.43%) had the meetings annually.

Table 4.16 Respondents views on whether their organizations were working in joint partnership with other organizations to implement HIV/AIDs project

Response	Frequency	Percentage
Yes	85	75.22
No	28	24.78
Total	113	100

Out of 113 respondents, 85 (75.22%) were working in partnership with other organizations to implement the project while 28 (24.78%) did not have any partnership.

When asked whether their organizations had identified actors to refer clients to, they all said yes. Meaning that they understood the services offered by other actors and would easily refer for services which they did not provide.

In the AIDS policy arena, the GIPA Principle has highlighted the need for greater involvement of people living with HIV/AIDS in policymaking and program implementation (UNAIDS, 1999; UN, 2002). UNAIDS has also developed a continuum of participation, which culminates with the involvement of PLHIVs in decision making and policymaking (UNAIDS, 1999). PLHIVs advocates and activists have also played an

enormous role over the past few years in making AIDS treatment available in developing countries at an affordable price (AFSC, 2003; TAC, 2003).

The study established that the project stakeholders were involved but the level of involved varied from one organization to the other. Very few respondents mentioned that they involved stakeholders at all levels, that means that the organizations implementing HIV/AIDs projects were yet to fully capitalize on stakeholder involvement to make more impact in the community due to increased acceptance and support that comes with open involvement of stakeholders.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary, discussion, conclusion and recommendations on the influence of civil society project management schemes on implementation of HIV/AIDs projects in Trans-Nzoia West Sub-County based on awareness programmes, employees training, counseling programmes and stakeholder involvement.

5.2 Summary of findings

A total of 139 questionnaires were sent out to the respondents in the study area to fill while another 12 were interviewed. Of these 139 questionnaires, 127 were returned for analysis. However, 14 questionnaires were incomplete and therefore could not be analyzed. The remaining 113 questionnaires accounted for 88.98% response rate.

The study sought to determine the gender of the respondent, from the findings, it was established that majority of the respondents were female as shown by 61 (53.98%) whereas 52 (46.02%) of the respondent were male, this is an indication that both genders were involved in this study and thus the finding of the study did not suffer from gender bias.

The researcher further sought to determine the level of education of the respondents. The findings indicate that majority of the respondents were diploma holders as shown by 78 (69.03%) while 13 (11.50%) had certificate training, 19 (16.81%) had degree and 3 (2.66%) had masters qualification. From the table 4.3 field officers were 31 (27.43%), 23 (20.35%)

were outreach officer, 24 (21.24%) were counselors, 11 (9.74%) were program officers, 14 (12.39%) were interns, 6 (5.31%) were project managers and 4 (3.54) were site in charge.

From table 4.4, 21 (18.58%) had worked with their current organization for less than 1 year, 30 (26.55%0 had worked for a period between 1-3 years, 44 (38.94%) had worked for a period of 3-5 years with their current organization and 18 (15.93%) had worked for more than 5 years. This illustrates that the most of the respondents had worked in project for a period between 2-5 years and therefore had accumulated substantial knowledge and skills of about their project and therefore their information would be more reliable.

5.2.1 Influence of awareness project performance

Nearly all the respondents use awareness creation as a strategy in implementation of their HIV project. 111 (98.23%) respondent in affirmative while 2 (1.77%) said No.

When asked to respond on effectiveness of their awareness program, some of the respondents had the following to say;

"The programme is good. However there is need to target more youth by making it more youth friendly rather than the usual public awareness forums"

"There is still more to be done. The awareness programmes have really scaled down due to lack of funding. We only do the VCT and referrals, very little awareness."

"I am not satisfied with the awareness programme, the most vulnerable people are not fully targeted. For example people with disability especially hearing impairment are not targeted due to lack of sign language services".

, 91 (80.53%) felt that the awareness programme influenced performance of their project with 22 (19.47%) disagreeing with the same.

The disagreement could imply that there were other factors other than awareness creation which respondents believed influenced project performance. On the other hand, this could simply mean that the 22 (19.47%) believed that their awareness program was not implemented, weak or not effective to influence project performance.

When asked to explain their choice, some of the respondents had the following to say;

"Awareness creation empowers the community on HIV/AIDs and how to respond to it or prevent which makes the project successful"

"For sure there was a time we used to have a lot of awareness programs and the prevalence rate of HIV infection came down significantly. Unfortunately with reduced funding there are very few awareness sessions and now more effort is on treatment and family support and we have started to see a huge increase in cases of new infection especially among the youth".

"With increased awareness, the community learns to live with people affected by HIV/AIDs and reduces stigma. This makes the people with HIV to accept their condition and live positively"

"Awareness program change people's attitude and hence impact positively on the project performance"

The finding implies that awareness programs influences performance of the HIV/AIDs project. Absence of the awareness program negatively affects the project and reverses the good gains achieved through previous projects.

5.2.2 Influence of training on project performance

69 (61.06%) had some knowledge on project management while 44(38.94%) did not have any knowledge in project management. Another 99 (87.61%) had attended a training on HIV/AIDs while 14 (12.39%) had never attended a technical training on HIV/AIDs.

Reasons given by those who had never attended HIV/AIDs related training were majorly lack of finance, lack of training opportunities for them and time constrains. This could mean that some of the employees where not direct implementers and therefore due to limited resources they were not included in the training programme.

The researcher sought respondents view on whether employees training influenced project performance. 104 (92.04%) responded in affirmative while 9 (7.96%) disagreed with the same. The fact that 9 (7.96%) thought that the training programmes did not influence project performance, it raises a question on the quality of training programme and whether it is really need driven or just done to fulfill training obligations by their respective organizations. However, the majority seem to have witnessed improvement in project performance thanks to the training programme.

The Project Management Body of Knowledge highlights training as one of the tools and techniques for developing project teams and mentions training needs as one of the components of the Project Human Resource plan (PMBOK, 2008). As a result, some project management organizations run training courses for employees (Maylor, 2010). Bohlander and Snell (2007) argued that training increases performance, improves morale and increase the organization's potential.

According to Chris Obisi (2011), in their paper 'employee training and development in Nigerian organization' describe the importance of training program and their evaluation process said that the organization should properly evaluate their training program by seeing that their organization objectives and missions are achieved or not and training cannot only change the ability of workforce not only concerning performing their current job but also aid them in the fulfillment of future expected task so for this reason it's a practice that cannot be discarded form an organizations.

5.2.3 Influence of counseling on project performance

102 (90.27%) respondents confirmed that they had a trained counselors working on their project while 11 (9.73%) did not have a trained counselor.

When asked to state ways in which counseling was incorporated in their programs the respondents had the following to say;

- Psychosocial support for those affected by HIV/Aids
- Before providing testing services to our clients
- The researcher sought respondents views on whether counseling programs influences project performance, 105 (92.92%) said Yes, meaning they agreed that counseling influenced project performance while 8 (7.08%) disagreed with the same. Perhaps those who disagreed believed that there were other factors other than counseling which influenced their project performance or rather they did not find their counseling program to be making any impact.
- When asked to explain their answers as analyzed in table 4.12, the respondents had the following to say;
- "Counseling help people to live positively, especially those affected by HIV/AIDs"

- “we have had incidences where patients remain in denial and refuse to take their medicine, but counseling has really helped to reverse such incidences”
- “We have witnessed positive change, for example counseling for family members of those infected with HIV/AIDs increases care and support for survivors at family level. Behavior change among those benefiting from counseling services is also evident thanks to counseling”
- Some of the respondents who thought counseling program did not influence project performance had the following to say;
- “There is no tangible impact of the counseling programs due to many cases which needs counseling yet we only have few employees with basic counseling skills, we have no psychological counselor at all”.

5.2.4 Influence of stakeholder involvement on project performance

69 (61.06%) involved external actors at project design stage, 87 (76.99%) involved them at baseline survey stage, 83 (73.45%) involved them at implementation stage, 71 (62.83%) involved them at monitoring and evaluation stage while 62 (54.86%) involved them at all stages. The higher frequency aggregate implies that some respondents had multiple answers and thus each stage had to be analyzed separately to determine the actual figures.

42 (37.17%) had monthly meeting with their stakeholders, 37 (32.74%) had quarterly meetings, 29 (25.66%) had semi-annual meetings and 5 (4.43%) had the meetings annually.

Out of 113 respondents, 85 (75.22%) were working in partnership with other organizations to implement the project while 28 (24.78%) did not have any partnership.

When asked whether their organizations had identified actors to refer clients to, they all said yes. Meaning that they understood the services offered by other actors and would easily refer for services which they did not provide.

5.3 Conclusions of findings

Following the findings, the study concludes as follows:

The study concludes that the training, awareness programs, client counseling services and stakeholder involvement both had influence on project performance.

Therefore if the civil society would continue with regular employee capacity building based on capacity needs, conduct regular awareness programmes, increase access to counseling services for their clients and involve the stakeholders at all level, the impact of their projects would be felt more.

5.4 Recommendations

Based on the study findings, the researcher made the following recommendations:

- Joint awareness programmes with other actors should be adopted to minimize on costs and increase the impact of such activities. This would effectively address the challenge of reduced funding for awareness activities within Trans-Nzoia West sub-county. Use of posters, bill boards can also be used to pass certain messages which will be cheaper in the long run.
- The project managers should carry out training need analyses in order to adequately plan to target all employees and completely attain training objectives. In house training can be adopted to ensure transfer of skills among employees; this would ensure that all employees are at per with required knowledge and skills.

5.5 Suggested areas for further research

1. Similar studies should be conducted in other sub-counties or neighboring counties to compare the findings.
2. A research should be conducted to determine the factors influencing access to HIV/AIDS services by people living with disabilities. This issue came up during the interviews that people with disabilities have low access to these services.
3. Another study should be conducted on factors influencing sustainability of civil society HIV/AIDs projects in Trans-Nzoia West sub-county.

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APPENDIX II: QUESTIONNAIRE

The researcher is a MAPPM student in University of Nairobi, undertaking a study on THE Influence of civil society schemes on implementation of HIV/AIDs projects in Trans-Nzoia West sub-county. The data gathered from this questionnaire will be for academic purposes only. The information supplied will be treated in strict confidentiality and personal details will be kept anonymous.

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

PART 1: PERSONAL DETAILS

1. What is your Gender? Male ( ) Female ( )
2. What is your level of Education? a.) Certificate ( ) b.) Diploma ( )
   c.) Bachelor's degree ( ) d.) Master's degree ( ) e. Form Four
   f.) Other.....
3. What is your current position …….
4. Experience in current employment: a) Less than 1 year [ ] b) 1-3 years [ ] c) 3-5 years [ ] d) more than 5 years [ ]

PART 2: ORGANIZATION INFORMATION

5. Please tick the nature of activities carried out by your organizations. (***You can tick more than one***)
   Voluntary Testing and counseling services ( )
   Behavior change communication (BCC) ( )
   Mitigation of socio-economic impact (e.g. orphans and vulnerable children support, income generating activities, etc) ( )
   Support, care and treatment of the sick ( )

HIV/Aids advocacy and human rights ( )

Others (*Specify*)……..

PART 2: AWARENESS CREATION

6. Do your organization use awareness creation as a strategy in implementation HIV project?

   Yes ( ) No ( )

   If yes, comment on effectiveness of your awareness programme?

   …….

   ……

   ……

7. Do you think awareness creation programme influences performance of the HIV project? Yes ( ) No ( )

   Explain your answer……...

   ……..

   ……..

PART 3: TRAINING

8. Do you have any prior knowledge in project management?

   Yes ( )

   No ( )

9. Do you think Training the project team influences performance of the project?

   Yes ( ) No ( )

   Please explain your answer……

   ……

10. Have you ever undergone any technical training on management of HIV/AIDs projects?

Yes ( )

No ( )

If not, why have you not attended any trainings on HIV/AIDs project

Lacked finance to meet cost of training	( )
Training only meant for project managers	( )
There were no training opportunities	( )
Time constraint	( )

PART 4: COUNSELING

11. At what level do you incorporate counseling programmes in your project?

…….

…….

…….

12. Do you have trained counselors working on your project? YES( ) NO( )

13. Do you think the counseling programmes influences implementation of HIV project? YES( ) NO( ).

Explain……...

……

PART 5: STAKEHOLDER INVOLVEMENT

19. At what level are the external actors involved in the project?

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

20.Do you have any external stakeholder currently involved in organization's HIV and AIDs projects/program? a) Yes [ ] b) No (skip to question 5) [ ]

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

21. In what aspects have they been involved? a) During baseline survey [ ] b) planning and design [ ] c) implementation [ ] **d)** monitoring and evaluation [ ] d) At all stages

22. How frequent do you have stakeholder review meetings? a) Monthly [ ] b) quarterly [ ]

c) Semi-annually [ ] d) Annually [ ]

23. Is the organization working with any other organization in joint programme or project implementation? a) Yes [ ] b) No [ ]

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

APPENDIX II. INTERVIEW SCHEDULE FOR THE KEY INFORMANTS

The key informants will include the CACC officers at sub-county level and external consultants who work with the targeted CBOs, NGOs and FBOs.

PART 1: Personal details

1. Name: Gender: Female ( ) Male ( )
2. Organization/Dept: Position:
3. What is your age?.....

   1=18-25

   2=26- 34

   3=35-44

   4=45-55

   5=Above55
4. What kinds of projects do you evaluate/ supervise?

   ……

   ……

   ……

5. What is your role in the implementation of HIV/AIDs projects in Trans-Nzoia West sub-county?

   ……

   ……

   ……

   ……

6. What challenges do FBOs, CBOs and NGOs face when implementing HIV/AIDs projects?

……

……

……

……

7. What measures have you put in place to overcome these challenges?

……

……

……

……

……

8. For any other information or comments that you wish me to know, please write it here

……

……

……

……

……

……..

Thank you for taking time to fill in this questionnaire!

APPENDIX IV: BUDGET

DESCRIPTION	UNIT COST	AMOUNT KSH
Printing costs (for research instruments and final report)	1200 pg@10	12, 000
Photocopies	172 copies of research instruments @5	6,020
Cost of training 3 research assistants for 1day (Lunch+drinks+Transport cost)	-	5, 800
Transport costs during data collection	3 people @1000 for 6 days	18, 000
Allowances for research assistance	3 people @1000 for 6 days	18, 000
Stationary(pencils+pens, note books)	@800	800
f)Telephone and internet	@6000	6, 000
GRAND TOTAL		**66, 620**

APPENDIX V. LIST OF CIVIL SOCIETY ORGANIZATIONS IMPLEMENTING HIV & AIDS PROJECTS IN TRANS-NZOIA WEST SUB-COUNTY

NON-GOVERNMENTAL ORGANIZATIONS

Handicap International

Kitale Aids Programme

Chanuka Youth Development Programme

Kenya Red Cross-Kitale Branch

Ampath

Family Health Options

Catholic Diocese of Kitale

COMMUNITY BASED ORGANIZATIONS

Trans-Nzoia youth living with disabilities

Challenged to challenge women group

St.Pauls Support Group

Baraka Mother for Orphans CBO

FAITH BASED ORGANIZATIONS

Catholic Diocese of Kitale

ACK Church Kitale

Free Pentecostal Fellowship in Kenya

Source: Trans-Nzoia West *Constituency Aids Control Council Office*