FACTORS INFLUENCING IMPLEMENTATION OF VOLUNTARY MEDICAL MALE CIRCUMCISION PROJECTS BY COMMUNITY BASED ORGANIZATIONS IN MIGORY COUNTY

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

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DECLARATION

This research project report is my original work and has never been presented for the award of any degree in any other university.

Signature……..…… Date……

Charles Abuoro

L50/78524/2015

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

Signature……..…… Date……

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DEDICATION

This research project report is dedicated to my family, father, sister, wife and sons for the support they accorded me during the demanding time of my study.

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LIST OF ABBREVIATIONS AND ACRONYMS

AAP	**:**	American Academic Pediatric
ADB	**:**	African Development Bank
AIDS	**:**	Acquired Immune Deficiency Syndrome
BMA	**:**	British Medical Association
CBO	**:**	Community Based Organization
DFRD	**:**	District Focus for Rural Development
HIV	**:**	Human Immunodeficiency Virus
KAIS	**:**	Kenya Aids Indicator Survey
MC	**:**	Male Circumcision
MMC	**:**	Medical Male Circumcision
NACC	**:**	National Aids Control Council
NASCOP	**:**	National Aids and STIs Control Programme
NGO	**:**	Non-Governmental Organization
PM&E	**:**	Project Monitoring and Evaluation
PMC	**:**	Project Management Committee
SPSSS	**:**	Statistical Packages for Social Scientists
UKAID	**:**	United Kingdom Aid
UNAIDS	**:**	United Nations Programme on HIV/AIDs
UNESCO	**:**	United Nations Education and Scientific Organization
USAID	**:**	United States Agency for International Development
VMMC	**:**	Voluntary Medical Male Circumcision
WHO	:	World Health Organization
WV	**:**	World Vision
WWAP	**:**	World Water Assessment Programme

ABSTRACT

This study sought to investigate factors influencing implementation of voluntary medical male circumcision (VMMC) projects by community based organizations in Migori County. The study was informed by the objectives; to investigate the influence of information, PMC training, accessibility to services and culture on implementation of VMMC projects by the community based organizations in Migori County. The study was found significant to several stakeholders in the domain of health matters, especially in areas to do with comprehensive HIV/AIDS prevention such as the community members, the County government, national government agencies and other NGOs. These was informed of the best project implementation strategies to put in place to ensure that health and lifestyle projects are executed effectively for sustainable realization of a healthy nation. The study was grounded on the basic assumptions that the final selected sample was a true reflection of the salient characteristics of the target population; respondents were willing to give information truthfully and objectively and that the data collection instruments was valid and reliable in taking the expected measures. Moreover, the study was grounded on the Behavioral theories that help project implementers to understand how an innovation is introduced, disseminated, adopted and sustained by the general community in an endeavor to initiate development interventions for prosperity. On methodological aspects, a descriptive survey research design was used, with the study targeting a population of 598 PMC members from where a sample size of 120 PMCs will be drawn. Data was obtained using researcher developed questionnaire, initially pretested with a sample similar, yet not the actual study sample and whose validity and reliability was ascertained to ensure collection of relevant information. Validity was ascertained through adequate coverage of research objectives, peer review and expert judgment, while reliability was assured through split half reliability measure. Data was analyzed using descriptive statistics such as, frequencies and percentages aided by Statistical Packages for Social Scientists (SPSS) and presented using frequency distribution table.

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

A project approach is often regarded as a superior strategy for addressing community problems through collective efforts bringing on board broad stakeholder groups for sustainable results, Ameol (2016). It involves introduction of an intervention, either by an external innovator, or a member of the community through discussion in open fora and subsequently adopted gradually until it is embraced by the entire community. Ordinarily, project interventions, notwithstanding their value in attaining rapid socioeconomic progress of a community, have been poorly implemented with disastrous consequences hence defeating the purpose for which they were initiated, Mhalin (2015). In this regard, project stakeholders should be aware of the underlying determiners that influence effective implementation of such development interventions for the well-being of the initiators.

Focusing on the challenges of implementation of health and lifestyle change projects among the Aborigines in Australia, Kelly (2015) indicated that any change implementation in a closed society must begin on the foundation of cultural review. This involves the efforts of the change agent winning the confidence of the target beneficiaries in order to accept and adopt the new lifestyle that supports the change implementation.

In the views of Chagein (2016), in his encounters with the inhabitants of the informal sector living in the slums of Malion in Brazil, while steering the implementation of health change projects observed that prior training was significant in embracing change. Besides, regular reviews with the beneficiaries giving information on the progress of the adoption were very critical in keeping the stakeholders informed and hence the motivation in embracing the envisaged change. Leading the community poverty eradication projects in Pakistan, targeting the remote country residents, Husmann (2017), noted that most of the projects with desirable results emphasized training of both the key project sponsors and the beneficiaries in the basic project implementation skills, dissemination of information on issues related to the projects, as well as advocating for change in

culture among the community members. Moreover, he underscored the need to empower the stakeholders with the necessary resources, arguing that the initial donor funds were insufficient for the community project ownership and sustainability.

Accessibility to the specific health project centers, or the community center of action enhanced the level at which the target group would pay visits and get the VMMC services among the local youths in Botswana, Hall (2013). Moreover, these projects were noted to be very crucial in reducing the frequency of the spread of HIV/AIDS and other STIs, hence proper information was required to keep the people informed and encourage them to seek the services. In view of this, the care givers and VMMC professionals must be perceived as capable in the display the requisite skills and knowledge in the operations that helps to give confidence to the beneficiaries in order to seek the services. Working with the community based organizations implementing the malaria and Tuberculosis projects in Congo Brazzavile, Amakoin (2016) established that the extent to which project results were realized was based on establishing these projects in areas that could easily be accessed by the beneficiaries to avoid cases of overcrowding, meaning more funding had to be sought. Noted also was that regular meetings were organized to offer informal training and create information hub to keep the community members aware of the need of embracing the interventions.

Having based the study on factors influencing implementation of HIV/AIDS projects in the Kungomat in Mali, Tounde (2012) observed that implementation challenges were experienced in the areas of funding, adamant culture of the communities and low levels of education. Furthermore, the terrain of most areas was unfavorable and many community beneficiaries could not be reached easily, calling for more funding to create more care centers in the neighborhoods. Given that issues of stigma related to HIV/AIDS are still prevalent in most communities, more client friendly action points need to be put up to encourage potential clients seeking such services. Reporting from the survey commissioned by the WHO on the status of implementation of the health related projects in West Africa; spanning Nigeria, Ghana, Senegal and Guinea, Maldrine (2014) indicated that these projects were lifestyle in nature and critically depended on the extent of a community's

cultural change. Moreover, embracing such health projects also hinged on the level of community's economic empowerment, access to information and the level of education. Moreover, the professionals steering the necessary clinical operations also require regular training to keep abreast with any emerging issues in the field of human health.

In the study focusing on the determinants of implementation of the comprehensive HIV/AIDS prevention projects in the Dorito community in Uganda, Goligo (2015), indicated that desirable outcomes were easily achieved in areas where implementation was packaged in initial training for health awareness creation, drawing on board the broad project implementation stakeholders. In addition, the project action points were distributed in the community for ease of access and more community members were identified for further training to ensure that these skills remained in the communities for sustainability. In the World Vision (WV) community health interventions projects factoring Malaria, HIV/AIDS, TB and other STIs in Torabora Community projects in Tanzania, Gwati (2017), noted that the dominant culture of the target groups proved a great impediment to the realization of the project objectives. Given that culture of a given people is a function of other ways of life such as socialization and education, the levels of education was pivotal in the implementation of these projects, as less educated groups took long to embrace the new lifestyles. Medical Male Circumcision (VMMC) mainly came up as a strategy to control the rapid spread of HIV and AIDS which had become a global pandemic. Human immunodeficiency virus HIV was discovered in 1984 and reached its peak in 1993. To date, the disease has spread to all the continents, that is, more than 150 countries claiming millions of lives. By 1997 an estimated 3.4 million people were already infected (WHO/UNAIDS/UNICEF, 2011).

In response to the research findings, the Government of Kenya developed a national strategy to scale up voluntary medical male circumcision through a phased approach. Between 2009 and 2013, Kenya aimed to deliver the comprehensive package of voluntary male circumcision services to 860,000 boys and men aged 15-49 years (NASCOP, 2010a). By mid-2010, Nairobi Province had begun performing male circumcisions, and preparatory efforts were underway in Western Province. A pilot

project to reach 5,000 men in the Teso area was funded by the World Bank (WHO, UNAIDS, 2010). According to Kenya Demographic and Health Survey (2003), the Coastal province (at 97.2%) and North-Eastern province (97.1%) had the highest rates of circumcised men, while Nyanza Province ranked lowest at (48.3%) with a wide ethnic variety where the Luos rate lowest at 17% and the Kisii community rates highest at 99% . In Nyanza region, where male circumcision rates are substantially lower than the national average, Kenya performed more than 230,000 voluntary medical male circumcision procedures from November 2008 to December 2010, that is, more than 60% of previously uncircumcised adult males (NACC and NASCOP 2012). Delivery of this programme also offers an opportunity to deliver and reinforce sexual risk reduction messages, screen and treat individuals for STIs, provide free condoms as well as offer other male sexual and reproductive health services (NASCOP, 2010a). All this is towards achieving the national and global HIV goal of ensuring universal access to HIV prevention, treatment, care and support, as well as the national goal of a healthy, vibrant and productive population by 2030.

1.2 Statement of the problem.

According to the Nyanza Reproductive Health Society Report (2017), VMMC projects in Migori County were unable to achieve the set targets, as few clients were seeking the services despite the knowledge that VMMC was capable of reducing chances of contracting HIV/AIDS and other STIs. Given that HIV/AIDS cases were still prevalent in the county, attempts were being made by the VMMC administrators to reach more clients through making visits to the communities and persuading them to embrace the practice.

Despite the campaigns put in place in the entire country to make VMMC projects more client-friendly strategy in the quest for reducing the spread of HIV/AIDS, couple with the fact that these services are free, this popularity seems to be just a media gimmick that fails to translate into more numbers on the ground, Ombuor (2016). According to Migori County Level IV Hospital Report (2017), there were a lot of NGOs, CBOs and other health related agencies in the county working within the communities in rolling out VMMV projects, yet little has been achieved in attracting the potential clients to adopt this new strategy in addressing the spread of HIV/AIDS. It is on the account of

this that this study sought to investigate factors influencing implementation of VMMC projects by community based organizations in Migori County.

1.3 Purpose of the Study

The purpose of this study was to investigate factors influencing implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County.

1.4 Objectives of the Study

The study was guided by the following objectives:

1. To investigate the extent to which information available on influences implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County.
2. To determine the influence of training of implementers of implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County.
3. To explore the contribution of accessibility of male circumcision services on implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County.
4. To assess how culture influences implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County.

1.5. Research Questions

The study sought to provide answers to the following research questions:

1. To what extent does access to information influence implementation of Voluntary Medical Male Circumcision projects in by community based organizations Migori County?
2. What is the influence of training on implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County?
3. How does accessibility of services influence implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County?

4. What influence does culture have on implementation of Voluntary Medical Male Circumcision projects by community based organizations in Migori County?

1.6 Significance of the Study

This study would be found significant to several agencies implementing health related projects in Migori County, especially the community based organizations in areas of HIV/AIDS prevention, control and treatment. In view of this, such agencies would be informed of the strategies that ought to be put in place to ensure the projects achieve the desired objectives. It would also be important to the residents of the county in their quest to help in the fight against the spread of HIV/AIDS and other STIs, since they would obtain the basic knowledge needed to stay healthy and live positively in case one is infected.

The insights gained would be vital to National AIDS Control Council (NACC), the National Aids and STI Control Programme (NASCOP) and other NGOs engaged in the same projects to ensure that the implementation of these projects become effective in addressing the health needs of the community. The areas of success would be strengthened and those of weaknesses addressed to ensure that the potential clients change their attitude to fully embrace the practice to deliver a healthy society for economic development.

The results of the study would also be found important by the international community organizations in the domain of heath and community development such as WHO, USAID, UKAID,UNAIDS, among others to scale up more funding to increase challenges of access in the areas of operations. The study would also offer areas for further research studies that may need attention of scholars and researchers interested in the heath projects to fill the gaps still existing so as to build stock of information that could help enrich this field further.

1.7 Limitations of the Study.

The study, like any other activity, was bound by several factors that ought was considered to ensure the research process became successful. Migori County, being geographically vast with a high percentage of its population being rural in nature, presented the challenge in accessing the respondents during the collection of data.

However, this was addressed by employing the use of research assistants in data collection who diligently administered the questionnaire within the limited time available. The county being among those receiving high amount of rainfall throughout the year, weather conditions proved unfavorable for data collection, as most areas remained inaccessible given the poor road networks. In order to ensure several respondents were reached, visits were timed when the ground just stabilized and before the beginning of afternoon torrents. Other areas were accessed on foot, with far areas accessed by motor bikes.

As is customary of any human endeavors, the study was also limited by unwillingness of some respondents in giving information as a consequence of unexplained fear, while others offered to give false information deliberately. In order to render the study successful, these limitations were overcome by informing the respondents about the significance of the study, which was purely academic, as well as disclosing statement of confidentiality between the researcher and the respondents that information obtained would be treated with utmost confidentiality.

1.8 Delimitations of the study

The study was delimited to investigating factors influencing implementation of VMMC projects by community based organizations in Migori County. These projects of interest were confined to the VMMC interventions steered by the registered CBOs in the county and were found to spread vastly in the entire seven sub counties in Migori, such as Kuria East, Kuria West, Suna East, Suna West, Awendo, Uriri and Rongo Sub Counties.

1.9 Basic Assumptions of the study

The study was grounded on the basic assumptions that project management approach was being adopted by the VMMC implementing agencies in the implementation of the projects, the final selected sample would be a true reflection of the salient characteristics of the target population; respondents would be willing to give information truthfully and objectively and that the data collection instruments would be valid and reliable in taking the expected measures.

1.10 Definition of Significant Terms as Used in the Study

Implementation of projects: the act of putting in place key activities that are the aggregates upon which project initiative is built.

Medical Male Circumcision: is the surgical removal of the foreskin by trained health professionals for medical reasons rather than for religious or cultural reasons. This can be safely done to infants, adolescents and adults.

Voluntary Medical Male Circumcision (VMMC): This refers to male circumcision by consent of the client without any coercion after receiving knowledge of the advantages and disadvantages of the same.

Access to information: ability to obtain the necessary information about a particular intervention and use of the information to make the requisite improvements.

Accessibility of services: This was used to mean availability of VMMC facilities, ease of reach by clients and safety of the operations.

Culture: This is the way of life of a people, basically embracing their traditional practices and beliefs in the community.

Training: is the acquisition of skills, knowledge and desirable attitudes necessary for human survival.

1.11 Organization of the Study

This study is organized in five chapters. Chapter one features background of the study, statement of the problem, purpose of the study and objectives of the study. It also outlines the research questions of the study, significance of the study, limitations of the study, in addition to basic assumptions of the study. Moreover, chapter one also puts to focus delimitations of the study and definition of significant terms as used in the study.

In chapter two, a detailed review of literature on other studies that relate to implementation of VMMC projects was undertaken. This chapter also highlights the theoretical framework and the conceptual framework of the study.

Chapter Three presents the research methodology used in the study. These methodological aspects include research design, target population, sample size and sample selection. Contained also in this chapter are data collection instruments, instruments pretesting, instruments validity and instruments reliability. Besides, this chapter also outlines methods of data collection, data collection procedures, methods of data analysis, operationalization of the study variables and ethical issues in research.

Chapter Four highlights data analysis, interpretation, presentation and discussion, while Chapter Five captures summary of findings, conclusions and recommendations.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter gives a detailed literature on areas related to the study and organized in line with the key study thematic; access to information, training, access of services and culture on implementation of VMMC projects. It also puts into perspective the theoretical framework, a conceptual framework and summary literature review

2.2 The Concept of Voluntary Medical Male Circumcision

Past studies have shown that adult male circumcision reduces the risk of heterosexual HIV transmission by 60% (Auvert et al., 2005; Bailey et al., 2007; Gray et al., 2007). Scientists have demonstrated connections between HIV infection and lack of circumcision. For example, according to Morris B and Wamai R. (2007), the tissue of the internal foreskin contains many special immunological cells such as Langerhans and other cells which are prime targets for HIV when the virus enters the body, causing them to multiply. Keratin, the protective coating that covers most exposed skin, is absent from the inner foreskin, thus making those target cells much more accessible to HIV.

According to Hankins (2007) and Weisset al (2008), a reduction in new HIV infections among circumcised men would also reduce the risk of women who are getting newly infected with HIV. At the same time women benefit as sexual partners if men have fewer penile infections. A study of Ugandan men before and after circumcision revealed that a decrease in anaerobic bacteria due to circumcision may play a role in reducing the risk of HIV acquisition(Price L. et al, 2010).Mathematical modeling shows that six million new HIV infections and three million deaths could be averted in the next 20 years if all sexually active men in sub-Saharan Africa got circumcised (Williams B.G. et al., 2006).Thus VMMC provides men a life-long partial protection against HIV and other sexually transmitted infections. VMMC also saves costs of treatment by reducing the number of new HIV infections. At the same time, it is in line with the global goals such as Millennium Development Goal 6 i.e. to halt and reverse the spread of HIV; hence it's worth the effort.

The main Challenge is that while VMMC has shown effectiveness in reducing the risk of HIV infection among heterosexual males, it does not completely eradicate the risk of acquiring HIV. Evidence from Botswana, Lesotho, and Swaziland suggest that the circumcised men must also continue practicing safe sex, such as reducing the number of sexual partners, and consistently and correctly using condoms for VMMC to be effective (USAID 2012).

On the other hand research on male circumcision and penile sensitivity by Bronselaer G.A. et al (2013), indicate overall that the foreskin plays an important role in penile sensitivity. For the glans penis, in comparison to men circumcised before puberty, those circumcised during adolescence or later reported decreased sexual pleasure and lower orgasm intensity, with more effort required to achieve orgasm. For the penile shaft, a number of circumcised men complained of discomfort and pain, numbness and unusual sensations such as burning, prickling, itching or tingling.

According to a report in Contemporary Sexuality-October 2002 Vol. 36 No. 10, circumcision deprives of the fine touch nerve receptors and consequently deprives permanently of the pleasure of natural normal sexual intercourse. For this reason, those who oppose it call it the genital mutilation of men as it is an irreparable act. Thus, according to this group, Early Infant Male Circumcision (EIMC) is therefore ethically wrong as the children are not allowed to make a choice out of knowledge. They also reason that the circumcised still have to do what the uncircumcised do e.g. wear condoms during intercourse, and avoid multiple sex partners, as VMMC does not prevent HIV infection by 100%. The critiques of VMMC advocate ABC; Abstinence, Being faithful and use of Condoms instead of circumcision (USAID 2013). On the other hand, a study carried out in Uganda by researchers from the Johns Hopkins University in the United States, led by Professor Ronald Gray reported that among the 5,000 clients where half were circumcised and half were not, there was little difference between the two parties in terms of rating sexual performance and satisfaction.

However with the high HIV infection prevalence in the priority nations VMMC has simply saved many lives over the years, of course in combination with the other preventive package. And this is priority! Many attempts had been made to control the spread of the disease.

In 2007, WHO and UNAIDS recommended that VMMC be applied alongside other HIV prevention strategies such as: HIV testing and counseling; Provision and correct use of male and female condoms; Screening and Treatment for STIs; and, provision of antiretroviral treatment for people living with HIV or referral of HIV-positive clients to treatment and care. The VMMC recommendation was based on the three randomized controlled trials undertaken from 2005 to 2007 in Orange Farm, South Africa (2005), Kisumu, Kenya (2007), and Rakai District, Uganda (2007), and which showed that medical MClowers the risk of HIV transmission in heterosexual relationships by approximately 60% (Auvert B et al,2005, Bailey RC et al,2007, Gray R et al,2007 , and Weiss H.A. et al 2010, WHO/UNAIDS 2011, UNAIDS 2012).

In the US, Europe and Canada, even after these successful trials of Voluntary Medical Male Circumcision, they were reluctant to make recommendations on circumcision as a preventive strategy based on observational data alone (Siegfried N. et al 2005). The other reason was that in the African trials, voluntary male circumcision was found to effectively reduce new HIV infections because the transmission was mainly through heterosexual relationships, unlike the American case and other western countries' where HIV transmission was majorly through men having sex with men (MSM). However, Buchbinder et al (2005), conducted a study among 3257 MSM in six US cities and his findings were that uncircumcised men were almost twice likely to seroconvert than circumcised men.

On the other hand, early infant male circumcision (EIMC) was practiced in US as routine culture for many years before they gave policy statements that it had no medical significance for the children. The UK also practiced routine infant male circumcision, though based on social and economic class (Gollaher 1994). As at June 2006, the position of the British Medical Association (BMA) was that there was no clinical indication for circumcision (Sawires SR et al 2007).

In Australia and New Zealand, the Royal Australian College of Physicians (RACP) also see no medical indication for routine neonatal circumcision though it remains a cultural and religious practice for some communities. Currently, only an estimated 10 to 20 % of male infants are circumcised. In recent years though, they have reported health benefits such as less urinary tract infections for the circumcised boys as compared to the uncircumcised (Sawires et al 2007). In New Zealand, Fergusson DM et al (2005) gave

a report of a longitudinal study of 25 years for a cohort of more than 500 males which confirmed a reduction of STIs on circumcised males to about 50%.

Sub-Saharan Africa remains the most affected region with about 22.5 million HIV infections as at the end of 2007 (UNAIDS 2008). The global HIV report of 2010 revealed that in most West and Central African countries, the adult national HIV prevalence was about 2% as compared to about 15% in the Southern African countries(UNAIDS, 2010). This great difference was possibly explained by low levels of MC in Southern Africa as compared to Western Africa (Government of Zimbabwe, 2009; Gruskin, 2007; WHO & UNAIDS, 2007).

Therefore in 2007, the WHO and UNAIDS recommendation on VMMC targeted Fourteen priority countries with high HIV prevalence, but with lower levels of male circumcision for implementation. They included Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The target was to circumcise 80% of men between 15-49 age bracket by 2015 (WHO, UNAIDS 2007, Weiss HA et al 2008). The programme would also provide services for infants and adolescents for long term benefits. This was funded by western donors such as The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and French government among others.

According to UNAIDS global report of 2013, several countries only began scaling up VMMC in 2010 and 2011. According to Njeuhmeli et al (2011), the status of VMMC Scale-up towards the 80% target in Priority Countries were as follows: Botswana, 6%; Ethiopia, 38%; Lesotho, 0.2%; Malawi, 0.4%; Mozambique, 4.7%; Namibia, 1.5%; Kenya(Nyanza), 50%; Rwanda, 0.7%; South Africa ,7%; Swaziland, 21%; Tanzania,12.7%; Uganda, 4.8%; Zambia, 11%; Zimbabwe, 3%.Though men aged 20-39 years are at the highest risk of HIV infection, only 12.5% of VMMC clients during 2010 - 2012 were aged 25 years and beyond.

In Tanzania, about 70% of the males are circumcised (WHO 2012), but some regions have as high as over 95% circumcision rate, while others are as low as24% (Tanzania Commission for AIDS (TACAIDS): Tanzania HIV/AIDS and Malaria Indicator Survey 2007–2008. Dar es Salaam).

Such differences could be explained by influence of culture, traditions and religion (WHO/UNAIDS 2010). In Iringa and Njombe in Tanzania, according to Plotkin M. et al, (2013), only about 6 % of VMMC clients were 25 years old and beyond. The reason being the shame associated with seeking services at an older age together with younger boys. The Ugandan and Kenyan VMMC programmes have also reported a similar pattern of young VMMC confirming this cultural preference for circumcision at a younger age (Herman, Bailey and Agot, 2012).According to a study in Rakai Uganda, it was however revealed that circumcision reduces transmission rates of HIV positive men with controlled viral load to their uninfected women, but if the load is high, circumcision does not protect the women. (Siegfried N et al 2005).

In response to the research findings, the Government of Kenya developed a national strategy to scale up voluntary medical male circumcision through a phased approach. Between 2009 and 2013, Kenya aimed to deliver the comprehensive package of voluntary male circumcision services to 860,000 boys and men aged 15-49 years (NASCOP, 2010a). By mid-2010, Nairobi Province had begun performing male circumcisions, and preparatory efforts were underway in Western Province.

2.3. Access to information on implementation of voluntary medical male circumcision projects

Access to information is equally relevant on the best possible involvement of PMC members in the implementation of development projects, political processes in society and is extremely vital to full members' participation, Velma, (2014). In order to facilitate the most suitable and comprehensible information, PMC should be involved in the creation of this information through practical education and participatory programmes in various institutionalized projects. Without complete access to information on all social problems, policies being formulated and considered, and on political factors involved in decision making, PMCs would not be able to genuinely and substantially participate in decision making process, Mohammad (2015).

Through access to information, the PMC will find their problems and possible solutions to these problems. This is done through making comparisons and assessing other PMCs who have tackled similar problems. They access information mainly through media; that is television, radios, newspapers and internet. They also access information through interaction with different PMC groups, Damiko (2010).

Information and Communication Technologies (ICT) are among the very significant factors today which influence the political, economic and social spheres. The rapid development of ICT creates many opportunities such as online education, but also challenges to the full involvement of PMCs in the society, Njugi, (2016). Through the internet and other technologies, PMCs today may participate in a multitude of civic activities using ever more available information thereby becoming better acquainted with current national, regional and global issues and even the negative impact of globalization. Thus they can enjoy all the positive effects of globalization that are supported by rapid ICT development.

Plotkin M. et al 2013 reports that in Iringa and Njombe in Tanzania, a mere 6% of the VMMC clients were 25 years old and beyond. The reason being the shame associated with seeking services at an older age together with younger boys. It was thought to be improper to go for circumcision after puberty, and particularly after marriage and after having children. They also feared partner infidelity during the post-surgical abstinence period as the men heal up, loss of income as they miss to go to work during the healing period, and fear of pain associated with post-surgical erections. The Ugandan and Kenyan VMMC programs have also reported a similar pattern of young VMMC clients hence confirming this cultural preference for circumcision at a younger age (Herman, Bailey and Agot 2012).Among the Turkana of Kenya who don't practice Circumcision, older men consider circumcision as disregarding tradition and assimilating to other cultures, and since the older men are the keepers of culture, they are expected to uphold Turkana traditions and they keep to it (Macintyre K. et al. 2013).

2.4. Project Management Committee training on implementation of voluntary medical male circumcision Projects

Training is a process by which individuals gain knowledge, skills and attitudes that are helpful in shaping man's destiny in life. Through the acquired knowledge, abstract theoretical constructs are tested with courage real life challenges, hence the educated always take control of events with courage, Lenny (2016). Education and training are viewed as aspects of life that mould behaviour of individuals into desired state; impart skills and knowledge for solving emerging problems and offer opportunities for innovation and creativity necessary in addressing future challenges, Zawadi (2014).

Out of six studies on complications related to traditional MC in Eastern and Southern Africa, only two reported overall complication rate of 35% in Kenya and 48% in South Africa. This included infection, incomplete circumcision requiring re-circumcision hence leading to excessive removal of skin, excessive scarring, delayed wound healing and loss of penile sensitivity (Bailey R.C. et al 2008). A few cases of excessive bleeding and severe pain were also reported. According to Magoha (1990),four patients in South Africa lost the glance of the penis and two lost the entire penis.

A higher percentage had penile injury due to poor post-operative wound care such as tight bandages to stop bleeding. A study in Kenya and Nigeria reported loss of the penis in 6% of the hospitalized patients while related deaths were at 0.2% e.g. resulting from dehydration after circumcision as a way of further test of the client's endurance. Even though the beneficial effects of male circumcision are now widely recognized, these must be weighed against the potential harms. When members of an organization such as health and lifestyle projects have received education and training, it is believed their input into such projects will bear optimum returns.

Education and training should contribute to economic development, equalize opportunities between social classes, reduce disparities in the distribution of income and prepare the labor force for a modern economy, Zenith (2015).Education and training can be in several forms depending on who is being trained as induction-training, technical training and management training. There are several methods that can be used to undertake education and training such as on the training, seminars, workshop and conferences, clinics, role-playing or traditional classroom training.

According to an argument between Richard and Goldman (2013), those who oppose circumcision do it on the basis that it is painful and traumatic. Anesthetics, if used, do not eliminate pain. Other studies have revealed the experience of many surgical risks which include in rare cases, death. The fact that circumcision removes some of the erogenous tissue on the penile shaft, hence reducing sensitivity is a deterrent to some.

Some circumcised men have reported erectile dysfunction, difficulties in reaching orgasm and premature ejaculation. Some female partners have also indicated problems with fulfillment and painful intercourse. Such men express regrets, feelings of loss, sexual anxieties, and reduced emotional expression. But on the other hand, according

to Goldman (2013), the health benefits of circumcision far outweigh its minor risks. They include protection against sexually transmitted infections, including HIV. Furthermore, a circumcised penis has been found to increase sexual function in some men, and is more appealing to women for reasons of hygiene. When done for religious reasons or as a rite of passage, it gives a sense of identity and belonging. Many large organizations have formal training departments charged with the responsibility of identifying training programmers and implementing them. In the study based on influence of training on the implementation of community based projects in Nyeri district, Wamuhu (2010) indicated that training in skills and knowledge of basic project management should be emphasized in order to steer projects effectively. She recommends that the government of Kenya should strengthen project management curriculum at all levels in education ladder to equip school leavers with project management knowledge that would help them obtain livelihood without having to rely on formal employment.

It is through training that PMCs can adopt variety in their enterprises, a strategy for appealing continuously to project beneficiaries. At times, some customers get fed up with certain products because of their same old looks and may prefer substitutes, but with a perceived value addition, customer interests in the products will be renewed, Birminghan (2004). He recommends that business persons who help in raw agriculture products should device ways of adding value through processing into some finished forms. Knowledge that is required in project work in the modern times for purposes of remaining competitive is never ordinary, but more superior to that exhibited by rivals. Modern project management is done on a crowded field with the no participant to be underrated, yet this field is also ever changing, making it more sophisticated to be faced with simple skills, Amary (2006).

Just as it was in the United States in the last century, the United Kingdom also practiced infant male circumcision. Circumcision in the UK was based on economic and social class. Thus before the Second World war, army records show that 50 % of the working class and 85% of the upper class men in England were circumcised (Gollaher 1994, Gairdner 1949).According to Rickwood and Walker (1989), 35% of these procedures were done for medical reasons. In Australia the practice of circumcision followed the British pattern, but lasted longer.

Darby (2005) says that by the 1920s, circumcision was considered as part of responsible parenting by most doctors and child-care manuals. While the practice sharply declined in the UK thereafter, in Australia it rose to its peak at over 80 % in the 1950s (Darby 2005). In 1971, the recommendation of the Australian Paediatric Association against routine circumcision marked the start of the decline in neonatal circumcision rates (Australian Pediatric Association 1971). They instead preferred allowing the children to grow up to make a personal decision based on knowledge of advantages and disadvantages of circumcision (Leditschke , 1996).

Lack of awareness of the importance of circumcision as an intervention strategy against HIV transmission has been one of the major challenges to its adoption in many African communities. A Christian tribal chief in Lusaka, Zambia, decided to become a campaigner of circumcision after reading about the medical benefits of circumcision such as hygiene and reduction of HIV infection rates. He supported his decision with the Biblical practice of the Old Testament. Tanzania launched her VMMC programme in areas where they don't practice circumcision as part of their religion, or as a rites of passage during infancy, puberty or adolescence stages. By 2012, they had reached at least 47% of their target. However this involved mainly the younger men of 15 to 25 years old from the affluent and the educated sector.

2.5. Accessibility of services on implementation of voluntary medical male circumcision Projects.

Awareness creation is the fundamental phase in community mobilization that sets the tempo for engaging a community into sustainable action. It is a process of raising people's consciousness through conscientization, that is, the quest for self-awareness and critical awareness. Self-awareness entails the examination and understanding of personal state of an individual on the basis of needs and problems while critical awareness demands suitable actions that address such conditions. CDF Funded projects therefore provide impetus for addressing people's development needs. Development is a process by which members of a society inspire themselves and the institutions in ways that enhance their ability to mobilize and manage resources sustainably to produce sustainable and justify improvements in their quality of life consistent with their aims and aspirations (Kabanda, 2007).

In Kabanda's view, sustainable development is attained majorly through a people's inspiration process in the mobilization and management of resources, but rarely on external interventions. Responding to the UN 2010 report on poverty index that placed Nyanza second last after North Eastern, Patrick Ajwang observed, "It is high time Nyanza awake from its slumber, to make full use of its vast natural resources and technical expertise in order to move from a food- deficit to a food- surplus region, with better incomes and livelihoods for her people." It is worth noting, though amazingly, that a visit to Nyanza reveals a lot of actions in the form of development projects and availability of vast natural resources, with little change in the people's lives. It is therefore incumbent upon the community stakeholders to be aware of such opportunities to be exploited, for sustainable development hardly depends on external interventions but on home grown initiatives. Awareness creation should be regarded as a crucial undertaking in the sustainability of community based development projects since it does not only enable the community members to identify community felt needs and promote community interests, but it also facilitates good leadership and democratic decision- making.

It has emerged that many Kenyans have little or no information on the existence and management of devolved funds, giving corrupt officials the leeway to line their pockets (Oywa, 2010). He further indicates, while responding to a survey that revealed massive wastage of devolved funds, that most tax payers do not know most local authorities spend the LATIF funds. The budget days they conduct are mere publicity shows with no details on how the funds were spent. If sustainability of community based development projects were to be attained, awareness creation must be pre-requisite and all those with varied stakes are sensitized to recognize their roles and mandates in such projects. On a similar note, the draft national policy on community development, (2010) reiterated that members of a community must be aware of their needs or problems and be motivated to take actions to solve them. This draft equally emphasizes that solution to community problems are effective and sustainable if they emanate within the community and championed through the efforts of community members, and that this reality is achievable by way of awareness creation.

Accessibility to information leads to fostering commitment of the community members to embrace ownership and sustainability of the community based development projects by assessing suitability of local resources in conducting community activities; while at the same time seek external supplements. Sustainability of rural development projects must include the promotion of indigenous knowledge systems and practices, rural resource management and enhancement, and the use of natural resources in production systems, Richard Cardwell (2008). He adds that the concepts have to be introduced early through creation of awareness in a manner that will ensure participation in resource management in the long term. In occurrence with Cardwell, the need for awareness creation is also echoed by Colletta Suda (2010) on the dissemination of the draft training manual on community development, urging the District Gender and Social development Committees to ensure sustainability of community based development projects by first mobilizing and sensitizing the community on social development programmes.

Papua New Guinea is a country that culturally practices a number of diverse penile cutting such that interest in aligning MC with other HIV intervention programmes has already been raised(Kelly A. et al., 2012). The National Department for Health has however been facing many challenges including geographical isolation of populations; limited road infrastructure and rugged terrain, and limited funding. They also face difficulties in establishing and maintaining appropriate health information systems for proper monitoring, especially in the rural areas (Barclay A. 2010).Yet still, they have managed to establish a MC program for HIV prevention in East Sepik Province (ESP) and showing varying degrees of success (Tynan A. et al., 2011).

From the result of the study in Orange Firm in South Africa, demand for safe and affordable circumcision went up in Botswana, Lesotho, Swaziland, Zambia, South Africa and in the United Republic of Tanzania where there was high HIV prevalence and low circumcision rates and HIV transmission was predominantly through heterosexual involvements. For example at the University Teaching Hospital in Zambia, there was increased demand from 1 to 15 people in a month , while at one Swaziland hospital, demand rose from less than one in a month to 40 (Wise J 2006). As a result, the health ministry in Swaziland had to organize training for 60 doctors and nurses in circumcision (Wise J., 2006).In South Africa and Zimbabwe, clinicians who

provided STI or contraceptive services also performed male circumcisions or offered referrals as well as counseling male patients about circumcision. Circumcision services were mainly in urban than in rural areas, and at hospitals as compared to clinics. The two countries both have high HIV prevalence i.e. 18% and 14% respectively, yet relatively few adult men have been circumcised, that is, 35% in South Africa, and 10% in Zimbabwe. A major challenge in both countries has been training of enough clinicians to perform the operations. In 2000, a study in Zimbabwe revealed a much lower acceptability to MMC at 45% as compared to 60% in Kenya, Uganda, South Africa, and Tanzania (Halperin; Fritz; McFarland & Woelk, 2005).

The main reasons given for increased acceptability in these countries were safety of operations, affordability of the process and evidence that MC has a protective effect against HIV and STI's. As for Zimbabwe, being a non-circumcising nation, recent findings concluded that the most common barriers to uptake of VMMC included fear of pain, lengthy healing and sexual abstinence period, fear of complications and perceived costs, lack of partner support and not believing that they were at risk of contracting HIV. The motivators included improved hygiene, prevention of cervical cancer and enhanced sexual performance (Karin H. et al, 2014). In Botswana**,** they integrated VMMC within existing health services. This may explain why it has not performed as many VMMCs as expected.

In Iringa Tanzania, while ensuring service quality and efficiency they met the challenge of timely matching of supply to demand so that men don't seek unsafe procedures because of waiting too long (Mahler et al 2011).Both Traditional Male Circumcision (TMC) and Medical Male Circumcision (MMC) are practiced in Tanzania. However the level of hygiene was a concern because of shared instruments, and so those who opted for TMC which is economically cheaper, carried their own instruments to avoid the risk of infection. MMC would cost between US9$ to US 13 $ depending on the age of the boy. Thus economic status could be a barrier to one getting circumcised until they become adults.

Motivation of Health Workers in developing countries to engage in the recently introduced adult MC programmes is an important component of programme success (Strachan D.L. et al 2012). Effective engagement of human resources has also been widely discussed in the implementation of a MC programme in African countries

(Hargreave T. 2012). Many clinicians, counselors and support staff are required to do the work (Kurran K et al 2012). In some African countries, surgical steps are delegated to trained non-physician clinicians such as nurses or clinical officers in order to expand the workforce, while in other countries, non-physicians are not allowed to do the operation.

Existing data suggest that circumcisions done during childhood result in fewer adverse events as compared to those done to adults. For example in Jamaica, the complications were recorded in 2.4% of the cases (Duncan ND et al 2004), 2.0% in Tanzania (Manji KP et al 2000), 0.3% in Nigeria, and in the Comoros 2.4% at ages 3–8 years (Ahmed A 2000). A study in three major hospitals in Kenya and Nigeria where 249 adolescents and young adults were circumcised, found complications of wound infection (2.8%), severe haemorrhage (1.2%), retention of urine (1.2%) and swelling (1.2%) (Magoha GA 1999).

Political leadership is an important factor in making headways. Recently, a number of national leaders have stepped forward to endorse VMMC. For example, in 2011, South African President Jacob Zuma announced plans for scale-up of VMMC services. A similar support was given by Zimbabwean President Robert Mugabe and his vocal parliamentarians, Swaziland‘s King Mswati III and Tanzanian political leaders. Even countries that previously lagged behind such as Botswana, took steps in 2011 to expedite service expansion (A Call to Action on VMMC 2012).

This means people’s experiences differ thus bringing out the significance of creating awareness and educating the masses on the advantages and disadvantages of MC so that they can voluntarily choose to be circumcised as a step towards reduction of new HIV infections. A study carried out in Bungoma, Kenya where circumcision is culturally practiced, was concerned with the safety in providing large numbers of adult males with circumcision in developing countries (Bailey et al, 2008).

This was because two-thirds of the operations are done by traditional or unqualified practitioners in informal settings. Such rates are quite high for example, up to 90% in Kenya began implementing her national VMMC program through PEPFAR and BMGF support in September 2008 with a goal of circumcising 860000 males of between 15–49 years old by 2013 (NASCOP 2014). A National Guidance for Male Circumcision

was developed by the Ministry of Health for policymakers and implementers, a document that provides a framework to ensure provision of safe, accessible and sustainable male circumcision services. Since then, Kenya has circumcised approximately 290000 men, majorly in Nyanza province to reach 61.5% coverage.

By December 2010, 1300 health care workers (including surgeons and their assistants, counselors and infection prevention officers) had been trained to provide comprehensive medical male circumcision services, a quality improvement team had been established, a communications strategy and harmonized communications materials were developed, and a framework for monitoring and evaluation was put in place (WHO, UNAIDS, 2010).

According to Mwandi et al. (2011), Kenya has achieved over 66% of its target for Nyanza Province. From his acceptability studies, Robert Bailey says that approximately 60% of Luo men would accept circumcision if they would be assured of safety, and if do neat minimal cost. The other barriers included cultural identification, fear of pain and excessive bleeding (Bailey R. C. et al. 2002). However KAIS report (2014) still reveals that one in every five circumcisions was performed by non-medical staff, thus there is need to carry out sensitization so that health facilities and quality staff are used by interested clients. Some challenges faced by Kenya in implementing the program, include human resource constraints, inadequate infrastructure, shortages of equipment and supplies, and difficulty with data management (National AIDS and STI Control Programme (2010).

2.6. Culture on implementation of voluntary medical male circumcision Projects

In the USA, circumcision is done mainly as a cultural ritual rather than for medical reasons. Masley AJ et al (1983) and Rand CS et al (1983) carried out a survey that revealed that an educational program given to parents about the lack of medical indication for the routine infant circumcision did not seem to address important concerns parents had about the decision to circumcise. A study shows that the strongest reason was whether or not the father was circumcised as they would want the son to look like his father. The parents were also concerned about the future attitude of peers and their son's self-concept if he remained uncircumcised. This practice has continued in spite of policy statements against routine circumcision by the American Academy of Paediatrics and the American College of Obstetrics and Gynecology for about a decade

(Mark S.B. and Cheryl A. B. 2001). A study by Edward O. L. et al (1997) reported in the Journal of the American Medical Association, shows that the highly educated were leading in routine circumcision of their children as a matter of class distinction. This also helped sustain the practice through the generations.

However the few who did not circumcise their new born gave reasons like: it was not medically necessary, they had fear of bleeding or infection and, leaving the decision to the child when he would be able to decide later (Herera AJ et al, 1983). Robert Derby (2003) in his review of the historiography says that circumcision as a medically rationalized procedure is a recent invention that can be traced back to the 18th century. Therapeutic circumcision was first introduced as treatment for severe venereal infection of the penis and was only done as a last ditch amputation of the incurably diseased tissues. As a religious ritual, it was practiced by only the desert Semitic and Hermitic peoples of North and East Africa, the Middle East as well as the Aborigines of Central Australia (David L.G.2000).

In the 19th Century, doctors in the English speaking countries, educationists and child care experts encouraged circumcision mainly to discourage the evil of masturbation (Derby 2003, Arthur N.G.1975). This gave rise to the routine circumcision in the USA. Wolbarst's call on universal circumcision in 1914 was strengthened by reports that the Jews who practiced circumcision presented lower rates of syphilis and cancer of the penis, though he insisted on its value as prophylactic against masturbation (Wolbarst 1914). As a result of Campbell's urology (1970), parents readily recognized the importance of genital hygiene in their children due to circumcision, besides helping them against masturbation. Dr. David Gollaher (1994) advised circumcision as a preventive measure against future infections that result from adhesive foreskin.

Justifying circumcision as reducing masturbation simply acknowledges that the operation reduces penile sensitivity as it deprives of the fine touch nerve receptors, and consequently deprives permanently of the pleasure of natural sexual intercourse. This gave rise to the sexual revolution of the 1960s, which saw circumcision surviving only in the USA, Canada and Australia. Doctors could only succeed if parents were reassured of significant increase of health without reducing the sexual pleasure. In the 1970s, 80% of the males were circumcised but today, the rate has fallen to 61%. It is the sensation of pain and this perceived loss of pleasure that gave rise to the anti-circumcision

movement. Soon after the American Academy of Pediatrics (AAP) Committee on Foetus and New born declared in 1971 that there was no medical indication for circumcision in the neonatal period, there were organized efforts to change policy and parents' attitude against infant MC.By1999, several medical professional groups such as the American Academy of Pediatrics, the American Medical Association and the American Association of Family Physicians opposed routine circumcision of males saying it was not necessary. As a result, twelve states in the US complied by not paying for the procedure with medical funding. They include Arizona, California, Florida, Maine, Mississippi, Missouri, Montana, Nevada, North Carolina, Oregon, Utah and Washington. Later, Leibowitz (2009) in his study found out that those hospitals which had Medicaid coverage for infant male circumcision recorded 24% higher than those without.

As recent as March 2005, groups opposing male circumcision in California, Florida and Pennsylvania bought billboards near hospitals and wrote messages urging parents not to circumcise their infant sons (Contemporary Sexuality. March 2005, Vol. 39, Issue 3). From a report in 'the Contemporary Sexuality – October 2002 Vol. 36 No 10', some Americans have even formed a foreskin-reconstruction movement, where members are trying to reattach a foreskin or stretch the existing skin to simulate one. A new survey by the International Coalition for Genitalia Integrity found out that 59% of baby boys were still circumcised.

After the three randomized clinical trials in South Africa, Uganda and Kenya that confirmed reduction of HIV infection through adult male circumcision, the American Academy of Paediatrics was prompted to do a research where they found out that they should cautiously apply the African trial results in the US context. This is because in Africa, the trial results related to HIV infections from female sexual partners to uninfected men yet in the US, only 16% of AIDS cases are linked to heterosexual transmission while 65% of infections are through male to male sexual contact (HIV/AIDS surveillance Report Cases in the US and Dependent Areas, 2005 Vol.17). On the same note, a community based survey by Chongyi Wei et.al.in San Fransisco (2010), found out that circumcision did not contribute much in lowering the risk of HIV transmission among MSM. This however contradicts Buchbinder's findings conducted among 3257 MSM in six US cities which revealed that uncircumcised men were almost

twice likely to seroconvert than circumcised men (Buchbinder et al 2005). At the same time, Kreiss and Hopkins (1993), found HIV as twice as prevalent among the uncircumcised MSM as compared to the circumcised, hence supporting a protective effect for MC. Among heterosexual men with HIV positive female partners, those who were circumcised had significantly lower rates of infection (Warner S. et al 2006). According to Singh Grevoal D. (2005), Moses S. et al (1998), and Furgusson D.M. et al (2006), the circumcised men also have lower rates of other diseases such as urinary tract infection, penile cancer and syphilis. Despite these positive effects of MC on health in the US, the circumcision rates have been falling since 1980s, and is expected to continue to fall due to fewer states offering Medicaid coverage for neonatal MC.

In UK, they also practiced routine infant male circumcision, though based on social and economic class (Gollaher 1994). As at June 2006, the position of the British Medical Association (BMA) was that there was no clinical indication for circumcision. Therefore doing it for therapeutic reasons yet research had proved other techniques as equally effective and less invasive was considered unethical and inappropriate. However for religious reasons or other cultural reasons such as incorporating a child into the community, parents are left to decide (Sawires SR et al 2007).

A community - based, self - completion survey among white British men revealed that most of the adults are circumcised and HIV prevalence is high amongst those who have sex with men (MSM) as compared to the uncircumcised ones (Fort C.I. et al 2008). Since identification of future MSM at pre-puberty is not feasible, then circumcision has little part to play in UK's HIV pandemic. In Australia and New Zealand, the Royal Australian College of Physicians (RACP) equally see no medical indication for routine neonatal circumcision though it remains a cultural and religious practice for some communities. Currently, only an estimated 10 to 20 % of male infants are circumcised. In recent years though, they have reported health benefits such as less urinary tract infections for the circumcised boys as compared to the uncircumcised (Royal Australasian College of Physicians 2004, n.p., Sawires et al 2007). Where parents make request for it, full information on risks and benefits involved are provided. Today, circumcision in New Zealand rates one of the lowest in the world after having risen to near universality (Darby 2005).

However, for many Jews and Muslims, infant circumcision is a normal practice. The Jews practice it universally at infancy as an outward sign of the covenant between them and their God as indicated in their holy book, the Torah (Genesis 17:10). According to Hankins (2007), an estimated 665 million men above 15 years of age in the world are circumcised with the majority being Muslims**.** He also noted that in countries like Turkey where circumcision is socially acceptable, boys do not see themselves as men until they get circumcised. The World Health Organization (WHO) and UNAIDS (2012),report that male circumcision is almost universal in North and most of West Africa which are majorly Islamic. Confirming the benefits of male circumcision, data from Orange Farm in South Africa have clearly shown lower HIV prevalence among circumcised men compared to uncircumcised men (Lissouba P. et al. 2012).

Apart from the Islamic influence especially in North and West African countries, other countries like Cameroon and the Democratic Republic of Congo which are predominantly non-Muslim, were influenced into circumcision by other cultural factors such as Colonization. In Cameroon, the Nso tribe practice circumcision with the belief that it puts the penis in readiness for coitus and procreation, it tests the courage and endurance at the start of adulthood and also moderates the male sexual instinct hence making him to act responsibly (Hellsten 2004). In Zambia, male circumcision is not a free procedure due to the economic hardships the country has been facing. Apart from costs, Christianity practiced by some tribes has also been a hindrance to uptake of circumcision e.g.in Mfulira urban. The Christians consider it an Islamic practice and also as being primitive.

Culturally, the traditionally non practicing communities also fear losing their ethnic identity by accepting circumcision. On the other hand the Muslim societies practice it throughout the country. Tribes from the Northwestern Province and parts of Western province which include the Luvale, Lunda, Mbunda, Luchazi, Chokwe, Ovimbundu, and the Nkangala have been culturally practicing MC as a traditional rite of passage for centuries (USAID, 2005). In 2012, Zambia launched a national campaign to circumcise two million men by 2015.They were financially supported by The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) i.e. a total of $29.4 million. Today, circumcision in Zambia is not only a male issue, but women have begun to demand for it as a way of reducing cervical cancer (Bailey S.P. 2013).

In Malawi, an estimated 12% of her 13 million people are living with HIV. In 2011, the government of Malawi launched the VMMC programme with the aim of circumcising 2.1 million people by 2016 but according to the Malawi Ministry of Health, only 15,000 males volunteered for circumcision by late 2012, that is, 0.7 % of the targeted number. The slow pace is due to poor campaigning, communication, limited human resource, as well as religion, culture and traditional beliefs. 80% of Malawian population are Christians who do not practice circumcision hence the low acceptance of VMMC. In 2012 as VMMC picked up, new HIV infections dropped to 50000 from 70000 in 2011.

Circumcision is mainly practiced in Southern Malawi where there are migrant workers with a high HIV prevalence, accounting for 70% of the country's HIV infections (Mweningue R. 2013). From the Nyasa Times of 26th January 2010, the Secretary to the Office of the President who is in charge of HIV/AIDS and Nutrition, Dr. Mary Shaba, was quoted to have said that Malawi cannot follow World Health Organization's recommendations on VMMC because only their Moslems and the Yaos do circumcise for religious reasons, and, the majority 'do not wish to become Moslems'. The big difference in the HIV pandemic between the Christian North and the Moslem South, which does not correlate to differences in circumcision prevalence, has made the people reluctant to take up VMMC programme in Malawi (LILONGWE, 13 April 2010 (Plus News). Swaziland, a country with HIV prevalence at 26% is a non-circumcising nation but by the end of 2011, Swaziland and Ethiopia had reached at least 20% of their 80% target and they also offer infant circumcision. In 2006, the then South African president Thabo Mbeki signed into a law that no child under 16 years be circumcised except for

religious or medical reasons. This was intended to take care of the serious complications including deaths which resulted from the traditional ceremonies. Between 1995 and 2004, 243 deaths and 216 genital amputations were recorded (Sawires et al, 2007).

In East Africa, circumcision is practiced as a rite of passage into adulthood by some tribes, that is, the Bantus. The Maasai see uncircumcised men as boys and timid cowards who do not have full male qualifications. Thus they associate circumcision with culturally desired marks of masculinity such as courage, maturity and sexual readiness (Turner 1967), while uncircumcised men are seen as immature and inclined to poor reproductive performance (Hellsten 2004). Tanzania records a national HIV prevalence of 5.6% (World Health Organization: World Health Statistics. 2011) with a regional heterogeneity of adult HIV prevalence ranging from 1% to 15% (United Republic of Tanzania: UNGASS REPORTING FOR 2010). About 70% of the males are circumcised (WHO 2012), but similarly some regions have as high as over 95% circumcision rate, while others are as low as24% (Tanzania Commission for AIDS (TACAIDS): Tanzania HIV/AIDS and Malaria Indicator Survey 2007–2008. Dar es Salaam). Such differences could be explained by influence of culture, traditions and religion (WHO/UNAIDS 2010). According to Tarimo et al (2012), in their research on the perception on MC as a preventive measure against HIV infection in Tanzania, they found out that women tended to disrespect uncircumcised men as they did not know what disease is carried in the white powder (dry seminal fluid) during sexual intercourse. They also added that uncircumcised penis needs regular cleaning in order to avoid accumulated fluids which produce an offensive smell.

The religious beliefs influenced their practice in that the Christians link it to circumcision of Jesus when he was eight days old, while the Muslims believe that they cannot participate in the mosque services or in the burial ceremonies since it is compulsory for all as a confirmation of their relationship with God (WHO/UNAIDS 2012). For some of them, circumcision is a cultural practice for transition from childhood into adulthood. Most of the individuals however have a negative attitude towards male circumcision after childhood saying it is shameful to be seen by others, seeking services at an older age together with younger boys. For example in Iringa and Njombe in Tanzania, only about 6% of the VMMC clients were 25 years old and beyond (Plotkin M et al.2013).The Ugandan and Kenyan VMMC programs have also

reported a similar pattern of young VMMC clients hence confirming this cultural preference for circumcision at a younger age (Herman, Bailey and Agot 2012). The majority of uncircumcised men reside in the villages, and those who move to cities where circumcision is a common practice become prone to stigmatization and discrimination. Thus they feel inferior and incomplete as men. Overall, knowledge, beliefs, perceptions and attitudes influenced acceptability of MMC in Tanzania.

In Kenya, according to data from Kenya Aids Indicator Survey (KAIS) (2007), about 85% of adult men have been circumcised mainly as a rite of passage, but also for religious and medical reasons, with an exception of a few tribes such as the Turkana and the Luo.According to a USAID Project search by Macintyre K. et al (2013), among the Turkana of Kenya, circumcision is not a cultural practice. A study amongst them found out that respondents consistently spoke of circumcision as a practice of other ethnic groups. Adopting it carried negative symbolism, as most of Turkana's traditional territorial enemies such as the Pokot, Samburu and Marakwet do circumcise men as a rite of passage. Thus accepting circumcision is seen as cultural infidelity and devaluing a long-established physical means of marking tribal membership. The Turkana instead practice a different ceremony known as Asapan which is intended to raise certain men into status of a senior elder. (Macintyre K. et al, 2013).

However the few who accepted circumcision acknowledged disease prevention as outweighing cultural practice. A survey done in Kenya by Mwandi Z. et al. (2007), revealed a national prevalence of HIV infection in uncircumcised men as being 13.2% compared to 3.9% among circumcised men. Out of 19840 individuals involved in the survey, prevalence was higher among uncircumcised men aged 25 to 54 years compared to those aged 15 to 24 years.The Coastal province (97.2%) and North-Eastern (97.1%) province had the highest rates of circumcised men, while Nyanza Province ranked lowest at (48.3%) with a wide ethnic variety where the Luos rate lowest at 17% and the Kisii community rate highest at 99% (Kenya Demographic and Health Survey, 2003 p208).VMMC program implementation in Nyanza began in October 2008. By the end of September 2011, 50% of the target for 2014had been achieved, that was about 210000 men circumcised. Generally it has not been easy to get the Luo community to accept circumcision as this has been used to deride them and even undermine their political leadership. At the initial stages, the Luo Council of Elders had to be brought

on board since they are the custodians of culture. Thus VMMC had to be popularized as a public health intervention rather than a cultural practice. The practitioners also used those who have been circumcised to mobilize others but at a cost per recruit though the clients coming for circumcision get no incentives.

2.7. Theoretical Framework

According to Tromp and Kombo (2006), a theoretical framework refers to collection of ideas that are related based on theories and principles that offer to explain the existence of phenomena as captured by the theories,. In many fields, theories and propositions about relationships have been formulated. In such fields, the researcher may be interested in ascertaining or testing a particular theory, Mugenda and Mugenda (2003).

This study was grounded on the theory of social action of community development which shows that social and economic change could be brought about in the community through adoption of innovations by members of a social group or community. According to Schonher and Mbugua (1973), innovation could be introduced to a few members of a social unit and from these few members, innovations could diffuse, trickle down or be communicated to other members of the social unit. This theory was therefore significant to the study due to the fact that project implementation, particularly the VMMC projects in Migori County had not been impressive.

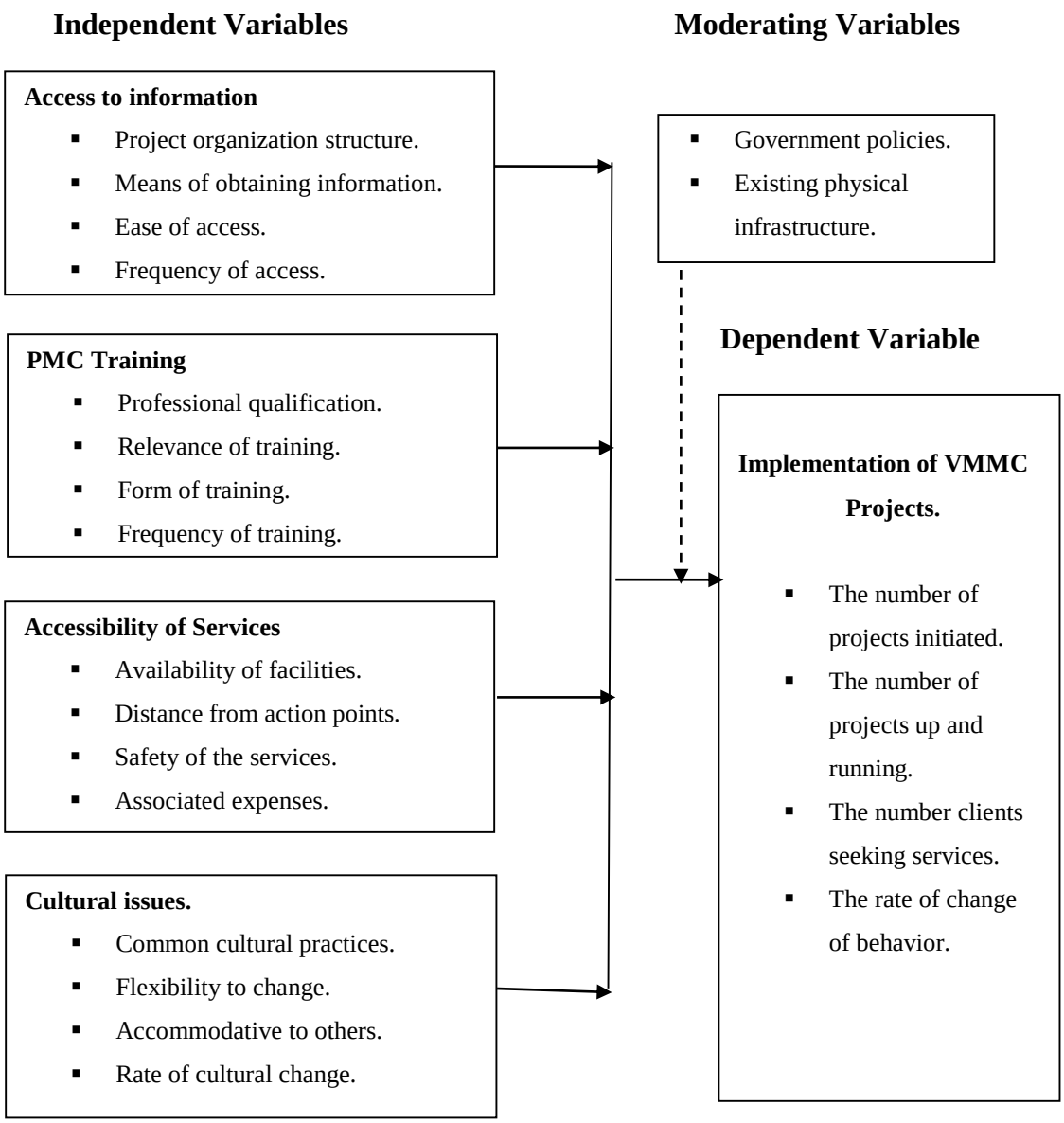
The results of the study are likely to act as a catalyst to awaken the various project team members to devise best project management strategies of adding value to the VMMC projects in the County and this innovation may also trickle down to other PMCs implementing projects in the entire Migori County, as well as in Kenya. The choice of the model was justified in the view of the fact that effective development is attained through collective efforts of diverse stakeholders, and that individual contribution is also significant.

2.8. Conceptual Framework of the study

According to Mugenda and Mugenda (2003), a conceptual framework is a hypothesized model that shows the relationship between the variables under study, that is the independent and dependent variables. In this study, implementation of VMMC projects was assumed to depend on the extent to which the PMC members access vital information within the project environments, level of training on skills that relate to

project implementation, accessibility to the action points and the culture of the communities that stand to benefit from the interventions. The researcher also assumed that there was a third relationship struck by the moderating variables; government support and existing physical infrastructure. The envisaged relationship of the variables is illustrated in figure 2.1.

Figure 2.1: Conceptual Framework of the study



2.9. Summary of the Reviewed Literature

Male circumcision is practiced in different countries in different styles and for different reasons. In some countries especially those of the west, infant male circumcision was practiced for many years as part of their culture. Thus, a high percentage of their men were circumcised. Later they stopped for lack of medical reasons. Those who campaigned against it gave reasons such as denial of the child's right to sexual enjoyment without his consent, as a result of the loss of penile sensitivity, and also because of certain risks involved during the operations. Those who were pro-circumcision based it on medical reasons such as hygiene and reduction in the rate of HIV infection and other STIs, both for the heterosexual men and MSM.

In some countries, circumcision is practiced as part of their religion especially the Islamic ones, or as a rite of passage into adulthood. In the African setup, countries in Sub-Sahara and especially eastern and Southern Africa, VMMC was recommended by WHO and UNAIDS for regions that had high HIV prevalence and low circumcision rates as a preventive strategy against high HIV infection rates ,but this must be done along other protective measures such as proper and consistent use of condoms.

VMMC implementation has been positive in most countries with Kenya leading at 50% towards the 80% target by 2015. Some countries have dragged but scale-up activities are in place. However, a number of studies in the priority countries show that most of the VMMC clients are adolescents and young adults of below 25 years old while the adults of beyond age 25 years, who are sexually active and who record highest HIV prevalence are slow at taking up VMMC. Limited data is available to explain the reason for this trend, for example in a few areas, they fear the shame of being seen circumcised at adulthood alongside the adolescents.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter gives a detailed description of the research methodology used in study. Methodological issues addressed include, research design, target population, sample size and sample selection. It also puts focus on data collection instruments, piloting of the instruments, instruments validity in addition to instruments reliability. Furthermore, it equally features data collection instruments, data collection procedures, operationalization of the study variables and methods of data analysis, as well as ethical considerations in research.

3.2. Research Design

Research design is the arrangement of the conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure, Kothari (2004).In this study, a descriptive research design was used since the study targeted a large population spread in a wide geographical area.

According to Lovell and Lawson (1971), descriptive research is concerned with conditions that are already existing, practices that are held, processes that are ongoing and trends that are developing. Besides, Mugenda and Mugenda (1999) define a survey as an attempt to collect data from members of a population with the aim of determining the current status of that population with respect to one or more variables.

This design was considered appropriate since the purpose of study was to create a detailed description of an issue. The quantitative approach was helpful in revealing the relationship between the variables, while the qualitative approach sought to bring out the attitudes, the opinions and the experiences that help explain the behavior of the population, hence obtaining an in-depth information on factors influencing implementation of VMMC projects by community based organizations in Migori County.

3.3. Target Population

In view of Tromp and Kombo in Onuonga (2011), a target population defines the accessible number of the entire population from where a researcher seeks to select sample for the study. According to Orodho (2009) a target population refers to all the

members of a real or hypothetical set of people, events or objects to which the researcher wishes to generalize the result of the study.

According to Mugenda and Mugenda (1999), a target population is that population which the researcher needs in order to be able to generalize results. The study targeted the project management committee members (PMCs) implementing the VMMC projects in Migori County. According the Nyanza Reproductive Health Society Record (2018), there were 46 VMMC projects operating in the entire County under the oversight of NRHP, each comprised of 13 project management committee members giving the target population of 598 (PMCs) members. And therefore, the target population under this study comprises of 598 individuals (Individuals PMCs).

3.4. Sample size and sample selection

3.4.1 Sample size

A sample is a subset of a particular population and should reflect the salient features of the population from where it is drawn, Donald (2010). Generally, the sample size depends on the factors such as the number of variables in the study, the type of research design, the method of data analysis and the size of accessible population. According to Munisparck (2008), a study's sample size depends on the nature of the target population, which is either homogenous or heterogeneous and should be larger in the former than the latter.

In Mugenda and Mugenda (2003), Gay suggests that for correctional studies, 30 cases or more are required; for descriptive studies,10-30 percent of the accessible population is enough; and for experimental design at least 30 cases as required. In this study, being descriptive in nature, the researcher used20% of 598, giving a sample size of 120 respondents.

3.4.2. Sample selection

This study employed a probability sampling design; a design of sampling in which each item from the target population would be accorded equal chance of being selected and included in the final sample hence ascertaining objectivity in sample selection. Random sampling procedures were adopted as the technique of sample selection, in which the target population was stratified on the basis of the seven distinctive sub counties in

Migiri County. Using stratified sampling procedures, sample selection was done as illustrated in table 3.1.

Table 3.1 Sampling Selection Procedures

Stratum	Total Population	Sample Percentage	Sample Size
Kuria East	85	20	17
Kuria West	90	20	18
Suna East	82	20	16
Suna West	102	20	21
Awendo	98	20	20
Uriri	76	20	15
Rongo	65	20	13
Total	**598**	**20**	**120**

3.5 Data Collection Instruments.

In order to collect relevant data that can address the objectives of the study, the data collection instrument must be selected appropriately to avoid collecting irrelevant information, Hanry (2004). In this study, Questionnaire was developed and used to collect both quantitative and qualitative information, as the study sought to adopt a mixed method research paradigm.

Closed ended questions were preferred for the collection of quantitative data while open-ended ones were designed for the collection of qualitative data. The questionnaire was divided into two sections, with Section A focusing on the demographic characteristics of the respondents and Section B based on the study objectives. Questionnaire was preferred as it was easy to administer, cheap and timely in use.

3.5.1 Instruments' Pre-testing

Instruments pre-testing or piloting is a preliminary study conducted on a small scale to ascertain the effectiveness of the data collection instrument, (Kothari, 2005). A pre- test sample should be between 1% and 10% depending on the sample size (Mugenda & Mugenda, 2003). In this study, a pre- test sample size equivalent of 12 respondents being 10% of the study sample size (120 respondents) was. The findings from the pre-test was therefore found significant in revealing aspects of ambivalence depicted by the questionnaire items that were subsequently reframed relative to the responses obtained from the respondents.

3.5.2 Validity of the Instruments

Validity of research instruments refers to the extent to which the instrument measures what it was intended to measure (Mbwesa, 2006, Nachmias and Nachmias 1996). Kothari (2005) defines validity as a measure of the degree to which differences found with a measuring instrument depict true differences among the items being measured. In the views of Mugenda and Mugenda (2003), an instrument is validated by proving that its items are representative of the skills and characteristics to be measured.

Validity of the research instrument was ascertained by ensuring that the questionnaire items sufficiently covered the research objectives. Instrument's validity was also assured by subjecting the data collection instruments to the experts for judgment and peers for review. Validity of the instrument was also addressed through randomization that was helpful in checking the influence of extraneous variables. Randomization is considered crucial for it is the best technique of ensuring the representatives of the sample to the target population.

3.5.3 Reliability of the Instruments

According to Mugenda and Mugenda (1999), reliability of research instruments refers to the degree to which the instrument yields consistent results or data after repeated trials. In this study, split half reliability method which involved dividing the items into two halves on the basis of odd and even appearances and subsequently administering each part to the same pretest sample was used. The results of the two tests were compared using Spearman's product moment of correlation (r). By obtaining a coefficient value of 0.68, the instrument was considered reliable. This method was preferred because it required one testing session, thereby guarding against possible interference by other external factors such as maturation.

3.6. Procedures of data collection

Data collection procedure comprises of the steps and actions necessary for conducting research effectively and the desired sequencing of these steps, Kothari (2005). The researcher initiated the process of collecting data from the field upon preparation of a research proposal, presented for approval by the supervisor and the panel of assessors from the University of Nairobi. Consequently, the researcher, through the letter of transmittal sought permission from relevant authorities to be allowed to begin collecting data, assisted by two well trained and motivated research assistants.

3.7 Methods of Data Analysis

Data analysis refers to examining raw data and making deductions and inferences (Kombo and Tromp, 2006). This study used descriptive statistics to analyze the data obtained. This included use of frequencies and percentages. Mugenda and Mugenda (1999) explain that this technique enables the researcher to meaningfully describe a distribution of scores using a few indices.For quantitative data, once the data is collected, editing is done to limit the errors then coding donewhere each category is assigned a code. Entry is then done, followed by transformation, analysis and finally interpretation of the data. The Statistical Package for Social Sciences (SPSS) was then used to get frequencies and percentages and the data was presented using frequency distribution tables.

3.8. Operationalization of the variables

Operationalization of the variables is a technique that helps in establishing relationships that exist between study variables and indicating how such relationships can be measured, Ogada (2011). In this study, the researcher believed that no health related project can be implemented in the absence of availability of sufficient information. In view of this, access to information was measured on the basis of the existing project organization structures, means of obtaining information, ease of access and frequency of accessing the information.

On the PMC training, the researcher underscored the role of education and training on accomplishment of specific tasks in the project environment, such that, with acquisition of competitive knowledge and skills especially in project management systems and practices, the project team members are bound to effectively implement any project intervention. This variable was measured on the grounds of the highest academic level attained by the various project team members, acquiring professional training relevant to their specific duties at the project environment, the frequency of training to keep abreast with emerging changes in the working environment and the presence of a training policy in public institutions that would culminate in a definite learning curve.

The variable culture was measured on the basis of the most common cultural practices embraced, flexibility to change, accommodation of other culture practices and rate of cultural change. On accessibility of the services, the researcher believed that a VMMMC project is a lifestyle change intervention that people often approach with a lot of caution. The variable was measured on the ground the number of VMMC action points and relative distance, availability of facilities, safety of operations and associated expenses. These relationships are diagrammatically represented by an operationalization table 3.2 for ease of comprehension.

Table 3.2 Operationalization of the variables

Objectives	Variables	Indicators	Measurement scale	Data collection method	Data analysis
To evaluate the influence of access to information on implementation of VMMC projects by CBOs in Migori County.	**Independen**t Access to information. **Dependent** Implementation of VMMC projects.	Project organization structure. Means of obtaining information. Ease of access. Frequency of access.	Nominal Ordinal Interval Ratio	Questionnaire	Quantitative
To investigate the influence of PMC training on implementation of VMMC projects by CBOs in Migori County.	**Independen**t PMC Training. **Dependent** implementation of VMMC projects.	Highest professional training. Relevance of training. Form of training. Frequency of training.	Nominal Ordinal Interval Ratio	Questionnaire	Quantitative
To explore the extent to which access of the services influences implementation of VMMC projects by CBOs in Migori County.	**Independen**t Access of the services **Dependent** implementation of VMMC projects.	Distance of the facilities. Availability of facilities. Safety of operations. Associated expenses.	Nominal Ordinal	Questionnaire	Quantitative
To examine the influence of culture on implementation of VMMC projects by CBOs in Migori County.	**Independen**t Culture **Dependent** Implementation of VMMC projects.	Most common practices. Flexibility to change. Accommodative to others. Rate of cultural change.	Ordinal Nominal Interval Ratio	Questionnaire	Quantitative

3.9 Ethical Considerations

According to David Resnik (2011), there are several reasons why it is important to adhere to ethical norms in research. First, norms promote the aims of research, such as knowledge, truth, and avoidance of error. For example, prohibitions against fabricating, falsifying, or misrepresenting research data promote the truth and avoid error. Second, since research often involves a great deal of cooperation and coordination among many different people in different disciplines and institutions, ethical standards promote the values that are essential to collaborative work, such as trust, accountability, mutual respect, and fairness.

William (2006) lists some of the ethical issues as informed consent, confidentiality and anonymity. Given the importance of ethical issues in research, the researcher in conducting the study adhered to the following; the researcher carried out the research alone and did not intend take somebody's work. In cases where someone else's work was included in the research, it was acknowledged through quotations and citations. This was important to protect the copyright of other researchers besides avoiding the issue of plagiarism.

The researcher ensured that there was physical or psychological harm to the respondents. Further, the respondent's identities were hidden. This was done by use of code names to make the respondents anonymous. Use of code names, a part from allowing the respondents to be as honest as possible in their responses, it also protected those who divulge information that some people might consider too sensitive and thus be object of aggression.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION INTERPRETATION, AND DISCUSSION

4.1 Introduction

This chapter features data analysis, presentation and interpretation. Data was analyzed against the backdrop of the major study variables; influence of access to information, training, access to service providers and culture on implementation of VMMC projects by community based organizations in Migori County.

4.2 Questionnaire Response rate

According to Mugenda and Mugenda (2003), response rate refers to the number of subjects responding to the data collection instruments, a response rate of 50% is deemed adequate for analysis and reporting, a response rate of 60% is good and a response rate of 70% and over is considered very good. In this study, 120 copies of questionnaire were administered to the respondents by the research assistants and all were received back duly filled up, giving a response rate of 100%. In the light of this, the study is perceived to have given an excellent questionnaire response rate as indicated in table 4.1.

Table 4.1 Questionnaire Response Rate

Stratum	Administered	Received	Response
Kuri	17	17	100.00
Nyatike	18	18	100.00
Suna East	16	16	100.00
Suna West	21	21	100.00
Awendo	20	20	100.00
Uriri	15	15	100.00
Rongo	13	13	100.00
Total	**120**	**120**	100.00

4.3 Demographics characteristics of the Respondents

In this study, the researcher considered as significant such demographic features of the respondents as gender, age, marital status, level of education, duration of being in the

project and the stakeholder category on implementation of VMMC projects by community based organizations in Migori County. Demographic characteristics of the respondents are generally considered critical to any study given that such features dispose certain personality features that are likely to influence behavior of individuals in their efforts to undertaking specific tasks.

4.3.1 Characteristics of Respondents by Gender

Gender defines the social roles that society assigns to different sexes, outlining what each sex can often engage in as well as those tasks not supposed to be performed by either of the sexes. This demographic aspect of the respondents was considered crucial to the study for the researcher operated on the assumption that sex differences would have significant influence on implementation of VMMC projects by community based organizations in Migori County, given that not both sexes go for similar economic opportunities. On account of this, the respondents were asked to complete the questionnaire indicating their sex and table 4.2 illustrates their responses.

Table 4.2 Gender of the Respondents

Sex	Frequency	Percentage
Male	92	76.67
Female	28	23.33
Total	**120**	**100.00**

Table 4.2, indicates that of the 120 respondents who completed the questionnaire indicating their gender, 92 (76.67%) were males and 28 (23.33%) being females. This implied that most of the members in the various PMCs implementing vVMMC projects by community based organizations in Migori County were males, given that these projects were specifically targeting male adults.

This finding is justified as more men in the projects would offer motivation to the target groups to embrace this change of culture for their own health benefits. Furthermore, the presence of the females was equally significant in clearing off certain myths associated with sexual encounters as a result of one having undertaken the cut, for they may also give accounts about the realities of the activity.

4.3.2 Characteristics of the Respondents by Age

VMMC projects being lifestyle change initiatives are bound to be embraced differently by different age groups in the community, such that more relatively young people are likely to play much more key roles in the change process. The elderly persons on the other hand, having lived without embracing such aspects of culture, were bound to put resistance as this was considered alien to the Luo community.

In this study, the researcher assumed that differences in age of the respondents would be of great significance to the study on the basis that VMMC projects often attract the participation of relatively young members of the community, hence there was need to involve most of them in the implementation of these interventions in order to build project ownership. In the light of this, the respondents were requested to complete the questionnaire giving their ages and table 4.3 illustrates their responses.

Table 4.3 Characteristics of the respondents by age

Age in years	Frequency	Percentage
Below	20.00	00.00
20 -30	12	10.00
30 -40	68	56.67
40-50	43	33.33
Above 50	00	00.00
Total	**120**	**100.00**

Table 4.3 indicates that of the 120 respondents who completed the questionnaire indicating their ages, none was below 20 years old, 12 (10.00%) were in the age group of 20- 30 years, 68 (56.67%) fell in the age 30- 40 years, 40 (33.33%) were in the age of 40-50 years, with none being above 50 years.

The implications of these statistics was that, relatively middle aged members of the community were involved in the implementation of VMMC projects by community based organizations in Migori County, as this category was the main target group of the projects giving an indication that such initiatives would be sustained with key beneficiaries participating.

On the contrary, young persons below 30 years being the most flexible age group for adoption of new innovations were found to be few in these initiatives giving fear that they were missing out dealing a blow to effective implantation of these behavior change projects.

4.3.3 Marital status of the respondents

Marital status of the respondents was considered to be of great significance to the study as it would help reveal the extent to which such variations would influence embracing the new culture of circumcision among the Luo community. This was because the way the married lot perceives sexuality differs with the perception held by the unmarried group, yet both groups form the major target of the VMMC projects by community based organizations in Migori County.

Moreover, involvement of these individuals would also indicate the extent to which project identification was undertaken before initiation, as often the target group would feel part of the interventions when individuals of their peers are involved. In view of this, the respondents were asked to complete the questionnaire stating their marital status and table 4.4 illustrates their responses.

Table 4.4 Marital status of the Respondents

Marital Status	Frequency	Percentage
Single	15	12.50
Married	69	57.50
Widowed	14	11.67
Separated	12	10.00
Other	10	08.33
Total	**120**	**100.00**

In table 4.4, it is revealed that of the 120 respondents who completed the questionnaire indicating their marital status, 15 (12.50%) were single, 69 (57.50%) were married, 14(11.67%) were widowed, 12 (10.00%) were separated and 10 (08.33%) identified with other marital orientations.

By implications, many married members formed the bulk of the PMCs implementing VMMC projects by community based organizations in Migori County, an indication that change of behavior on matters of sexuality was still slow given that the young persons who were most vulnerable to contracting HIV/AIDS had not been recruited into these projects to attract fellow youths. It seemed that these married persons, with the burden of taking care of their families, took part in the implementation of these projects as a form of obtaining livelihood and not necessarily as being change agents.

Moreover, one would have expected more widowed and other marital orientations such as the divorced and separated to be the target group in these projects, as this category is considered more vulnerable to poverty and HIV/AIDS. On this account, VMMC projects were perceived just as another creation of job opportunities with individuals having more influence in society rushing for the jobs with little focus on meeting the core goals of the projects.

4.3.4 Level of education of the respondent

The level of education was considered to be of great significance to the study, with an underlying assumption that VMMC projects being both lifestyle changes in nature and technical oriented interventions, more relatively and highly educated community members were likely to be engaged. Education is regarded as a process that involves acquisition of knowledge, skills and desirable attitudes that are crucial in the preparation of individuals to embrace the ever changing life challenges for sustained survival. In the light of this, the respondents were asked to fill the questionnaire indicating their level of education and table 4.5 illustrates their responses.

Table 4.5 Educational level of the respondent

Level of education	**Frequency**	**Percentage**
Primary and below	00	00.00
Secondary	24	20.00
Tertiary	86	71.67
University	10	08.33
Other	00	00.00
Total	**120**	**100.00**

Table 4.5 indicates that, of the 120 respondents who completed the questionnaire indicating their levels of education, none had primary level education and below, 24 (20.00%) had secondary education, 86 (71.67%) had tertiary education and 10 (08.33%) stated having university education, with none identifying with the other category. The implications of the above statistics are indicative of the fact that the PMCs who were implementing community VMMMC projects in Migori County had tertiary level education, as more educated lot disregarded local community initiatives opting for more competitive ventures away from home. Worth observing from these findings is that there seems to be an inverse relationship between level of education and engagement in community based projects, such that the higher level of education, the less inclined to community undertakings individuals become.

4.3.5 Duration of implementation of voluntary medical male circumcision projects

Effective task performance is realized through regular undertaking of a given activity, such that over time, one accumulates the necessary competence in a given field. Furthermore, effective task performance is a function of how often one engages in an activity in order to acquire the necessary experience, as task environment is normally replete with unpredictable changes. In view of this, the respondents were asked to complete the questionnaire giving the length time for being in the VMMC projects and table 4.6 illustrates their response.

Table 4.6 Duration of being in the VMMC projects

Duration	Frequency	Percentage
1 year and below	14	11.67
1-2	74	61.67
2-3	22	18.33
3-4	10	08.33
Above 4	00	00.00
Total	**120**	**100.00**

Table 4.6 indicates that, of the 120 respondents who completed the questionnaire indicating the duration of time they had been implementing the VMMC projects in Migori County, 14 (11.67%) had been in the projects for 1 year and below, 74 (61.67%)

had been in the projects for a period of 1-2 years, 22 (18.33%) indicated participating for 2-3 years, with 10 (08.33%) stated having been in the projects for 3-4 years and none stated being in the projects for above 4 years.

By implication, most of the PMCs engaged in the implementation of the VMMC projects had not been involved for long period of time and so had not been able to gain substantial experience in such activities. Besides, it appeared that there was relatively high turnover of personnel in these projects, as few indicated having been in the projects for above 3 years. This high turnover denied these projects the benefits of having more experienced people for purposes of enhancing service delivery, as well as being a signal of failure to sustain these interventions.

4.3.6 Stakeholder representation

Implementation of a project intervention is effectively done when jobs are broken down into individual manageable component parts, assigned to persons and monitored over time to ensure that the envisaged project goals are attained. In this case, the component of the project one engages in determines the level of project implementation, as all these distinctive activities build the composite project in a great measure. The respondents were therefore asked to complete the questionnaire stating the group of stakeholder represented and table 4.7 illustrates their responses.

Table 4.7 Stakeholder representation

Category	Frequency	Percentage
Governmental agency	13	10.83
Community representative	10	08.33
Non-Governmental Org	86	71.67
Civil Society Organization	00	00.00
Other	11	09.17
Total	**120**	**100.00**

In table 4.7, of the 120 respondents who completed the questionnaire giving the stakeholder group they represented in the VMMC projects, 13 (10.83%) represented government agency, 10 (08.33%) community representative, 86 (71.67%) represented

non-governmental organizations, none represented civil society and 11 (09.17%) represented the other category.

By implication, majority of the participants implementing VMMC projects in Migori County mainly represented the interests of the implementing non-government organization, with just a few drawn from the community, an indication that effective stakeholder involvement was disregarded raising concerns about these projects meeting the intended goals. Moreover, even the other key stakeholder groups such as the civil society organizations were just mildly represented, an occurrence that seemed to have exposed these VMMC projects as engaging in the initiatives without effective public participation.

4.4 Access to information on implementation of voluntary medical male circumcision projects

In this modern age, development interventions anchored on the platform of communication technology deliver much more superior results in stark contrast to initiatives run on an analogue basis. Information is a crucial tool that keeps project team members constantly informed of any issues that arise in a project environment, ranging from generation of new project ideas to the best practices for success in project implementation. In this study, access to information was measured on the basis of the nature of organizational structure in place, means of obtaining information, ease of access to information and frequency of accessing the information.

4.4.1 Organizational structure on implementation of voluntary medical male circumcision projects

Decision making is the most critical activity undertaken in organizations and it becomes effective with constant environmental scanning to obtain and process valid and reliable information for improving a project intervention. In the light of this, availability of information in a project organization does not automatically guarantee its access by key individuals who need such information for purposes of decision making. The information is obtained from both the internal and external environment, for such normally influence the manner in which activities are executed. The respondents were asked to complete the questionnaire indicating the organization structures used for

communication purposes in their projects and their responses captured as illustrated in table 4.8.

Table 4.8: Organizational structure on implementation of VMMC projects

Structure	Frequency	Percentage
Line	67	55.83
Functional	12	10.00
Project	04	03.33
Ad hoc	23	19.17
Other	14	11.67
Total	**120**	**100.00**

In table 4.8, it is observed that, of the 120 respondents who completed the questionnaire stating the structure of their project organizations, 67 (55.83%) stated line structure, 12 (10.00%) mentioned functional structure, 04 (03.33%) indicated project structure, 23 (19.17%) stated ad hoc structure and14 (11.67%) indicated the other category.

These figures give the impression that the community based PMCs who were implementing VMMC projects in Migori County operated within line organizational structure in which authority flows from the top management to the lower cadre personnel, implementing these ideas with little input from the other members. It seemed that little efforts focusing on the improvement of the systems of communication was being put, as decisions were supposedly being made for the PMCs from the top superior. It was therefore unimaginable that, in the face of ineffective communication structure, these projects would be performed to the satisfaction of the major project target group.

4.4.2: Common means of information on implementation of voluntary medical male circumcision projects

In an attempt to establish effective structures of communication in an organization, the common platform on which members obtain information for use is pivotal. In the light of this, the extent to which information can be processed and availed for use in an organization often depends on the means that are established to ensure efficient and effective flow of the information; for certain means of communication may delay, while

other forms may enhance communication. The respondents were asked to complete the questionnaire indicating the common means used for communication in their projects and their responses captured as illustrated in table 4.9.

Table 4.9: Common means of information on implementation VMMC projects

Means	Frequency	Percentage
Print media	32	26.67
Electronic	10	08.33
Verbal	30	25.00
Integrated	23	19.17
Other	25	20.83
Total	**120**	**100.00**

Table 4.9 reveals that, out of the 120respondents who filled the questionnaire indicating the common means of obtaining information, 32 (26.67%) stated use of print media, 10 (08.33%), indicated use of electronic media, 30 (25.00%) stated verbal communication, 23 (19.17%) indicated integrated media, with 25 (20.83%) indicating the other category.

The statistics in the table indicates that a significant number of community based PMCs who were implementing VMMC projects in Migori County had put in place diverse means of obtaining information, giving an impression that the common means of communication used were effective. However, one would expect that that integrated information system would be most preferred since this system promises to bring on board several platforms of media that would ensure that as much information as possible was generated to enhance the quality of decisions made.

Moreover, it was striking that use of verbal communication was given prominence, an indication that there were also frequent meetings being held by the various project implementers as this one-on-one communication was a vital component of sharing ideas necessary for enriching the project outputs.

4.4.3: Ease of access on implementation of voluntary medical male circumcision projects

Effectiveness and efficiency of any system of communication highly depends on the level of ease of access to any available information so that individuals who seek to make certain key decisions may do so on time to ensure that project activities do not

fall behind schedules. In this respect, organizations need to put in place the user-friendly systems of communication; for it is through access to vital information that good decisions are made. The respondents were asked to complete the questionnaire indicating the ease of access to information in their projects and their responses noted as illustrated in table 4.10.

Table 4.10: Ease of access on implementation of VMMC projects

Means	Frequency	Percentage
Very easy	10	08.33
Easy	32	26.67
Neutral	35	29.17
Fairly easy	30	25.00
Less easy	13	10.83
Total	**120**	**100.00**

As revealed in table 4.10, of the 120 respondents who completed the questionnaire indicating the ease of access of information, 10 (08.33%) stated very easy, 32 (26.67%) mentioned easy, 35 (29.17%) were neutral, 30 (25.00%) stated fairly easy and 13 (10.83%) having mentioned less easy.

These statistics imply that implementation of community based VMMC projects in Migori County was undertaken on a platform of poor access to information, as systems of communication in place were hardly accessible to most of the PMCs. This was so because a significant percentage of the respondents were neutral on the ease of access to the systems of communication used in their projects, yet another category of respondents indicated that the systems were less accessible.

It is worth noting that when majority of the PMCs indicate that information was not easily accessed, one wonders the grounds upon which key decisions were normally made in the project organizations and in such a state of confusion, project implementation would remain a challenge.

4.4.4: Frequency of access on implementation of voluntary medical male circumcision projects

At times, a system of communication may appear easy for a while, yet fails the test of consistency making it unreliable and any decision taken on the basis of such a system is definitely faulty. It is incumbent upon the stakeholders of a project organization to develop a system that is not only easy to access, but also allows for ease of access frequently. The respondents were asked to complete the questionnaire indicating the frequency of access to information in their projects and their responses captured as illustrated in table 4.11.

Table 4.11: Frequency of access on implementation of VMMC projects

Rating	Frequency	Percentage
Very frequently	11	09.17
Frequently	33	27.50
Indifferent	34	28.33
Occasionally	31	25.83
Less frequently	11	09.17
Total	**120**	**100.00**

Table 4.11 reveals that, out of the 120 respondents who completed the questionnaire indicating the frequency of access to project information, 11 (09.17%) stated very frequently, 33 (27.50%) mentioned frequently, 34 (28.33%) were indifferent, 31 (25.83%) indicated occasionally, with 11 (09.17%) stating less frequently.

These statistics gives the revelation that most of the community based PMCs who were implementing VMMC projects in Migori County hardly accessed vital organizational information, as there were ineffective systems put in place, thereby casting doubts on the extent to which key project decisions would be made to effectively implement these initiatives.

4.5: Training on implementation of voluntary medical male circumcision projects

Education, a lifelong undertaking of mankind is crucial in equipping individuals with skills, knowledge and desirable attitudes necessary for effective participation in vital community development initiatives. In this study, the researcher believed that training of the PMCs was crucial in steering various dimensions of any project undertaking. Given that training equips individuals with requisite competencies that are fundamentals in execution of tasks in a project intervention, it was considered the most vital variable of the study. In the light of this, training of the PMCs was measured on the basis of the highest professional qualification, form in which training was undertaken, relevance of training to project implementation and frequency of training to keep abreast with changes in the project environment.

4.5.1: Highest professional training and implementation of community water projects

In this study, it was assumed that obtaining professional training was pivotal to effective project implementation. Technical competence involves training of individual PMCs to acquire the necessary knowledge and skills needed in the execution of key project tasks. Training is therefore perceived as a capacity building initiative that promises to build competencies in people so that their abilities in performance are enhanced.

VMMC projects, like any intervention, demands that requisite skills be obtained in order to handle issues of the project for purposes of accomplishing project objectives, given that most of the tasks performed are physiological in nature and any deviation in the procedures of the operations may cost life. In the light of this, the respondents were asked to complete the questionnaire stating their highest professional qualifications and table 4.12 illustrates their responses.

Table 4.12: Highest training on implementation of VMMC projects

Level of education	Frequency	Percentage
Certificate and below	90	75.00
Diploma	20	16.67
Degree	08	06.67
Post degree	02	01.66
Other	00	00.00
Total	**120**	**100.00**

Table 4.12 reveals that of the respondents the 120 respondents who completed the questionnaire indicating their highest professional training, 90 (75.00%) had certificate training and below, 20 (16.67%) had diploma training, 08 (06.67%) had university training, 02 (01.66%) had post graduate training and none stated the other forms of training.

Implied is that VMMC projects by community based organizations in Migori County had attracted PMCs with relatively low levels of professional training and hence were not better placed to effectively implement the projects, justifying the challenges of implementation of these projects in the County. Moreover, it is also recognizable that health and lifestyle change projects are implemented in a complex environment constrained by several forces that can only be addressed by having the best in class performing key project activities for successful delivery of the desired project outcomes.

4.5.2: Relevance of professional training on implementation of VMMC projects

Development of competencies in performance of various project tasks requires that those placed in different project functions display the necessary skills in specific areas. In this case, not any professional training may add value to effective performance of tasks, but only those aspects of training in the project related areas. On account of this concern, the respondents were asked to fill the questionnaire indicating specific areas of professional training and their responses noted as depicted in table 4.13.

Table 4.13: Relevance of professional training on implementation of projects

Training Field	Frequency	Percentage
Project implementation	12	10.00
Social work	10	08.33
Community health	14	11.67
Education	24	20.00
Other	60	50.00
Total	**120**	**100.00**

Table 4.13 reveals that of the 120 respondents who filled the questionnaire indicating their specific areas of professional training, 12 (10.00%) mentioned having trained in project implementation, 10 (08.33%) had training in social work, 14 (11.67%) trained in community health, 24 (20.00%) trained in education and 60 (50.00%) indicated other fields of training.

The implication is that the PMCs who were implementing VMMC projects in Migori County, though displayed some professional training, most of them who trained did so in areas hardly relevant to project work, giving indication that they lacked specific skills to effectively implement the health projects, giving an impression that this disregard to training in the relevant field was to blame for failure of these projects to deliver as expected.

4.4.3: Form of training on implementation of construction projects

The nature and form in which training is obtained significantly influences performance of project functions, with formal training being much more effective in contrast to that offered informally. In view of this, the respondents were asked to complete the questionnaire stating the form in which training was commonly undertaken and their responses captured as illustrated in table 4.14.

Table 4.14: Package of training on implementation of VMMC projects

Package of training	Frequency	Percentage
Formal	24	20.00
Non formal	13	10.84
Workshops and seminars	43	35.83
Apprenticeship	10	08.33
Other	30	25.00
Total	**120**	**100.00**

Table 4.14 indicates that, out of the 120 respondents who filled the questionnaire stating the common package of training, 24 (20.00%) stated formal form of training, 13 (10.84%) went for non-formal training, 43 (35.83%) trained in the form of workshops and seminars, 10 (08.33%) trained through apprenticeship and 30 (25.00%) often preferred other forms of training.

These statistics imply that most of the PMCs implementing VMMC projects in Migori County preferred other training packages, yet most of these training forms were rarely adequate in giving the much needed skills for implementing the health projects. Besides, these other forms of training may not have been organized in a structured manner and more often are conducted by individuals with little known professional backgrounds, giving the impression that these PMCs were less likely to get acquainted with the ever emerging issues in project environment.

4.4.4: Frequency of Training on implementation of voluntary medical male circumcision projects

The researcher believed that initial training acquired by PMC members was not effective in addressing emerging challenges in the modern world and hence there was need to embrace continuous training. The respondents were asked to complete the questionnaire on this item and their responses were captured as shown in table 4.15.

Table 4.15: Frequency of training on implementation of VMMC projects

Rating	Frequency	Percentage
Very Regularly	02	01.66
Regularly	11	09.17
Neutral	23	19.17
Occasionally	19	15.83
Less regularly	65	54.17
Total	**120**	**100.00**

Table 4.15 indicates that of the 120 respondents who completed the questionnaire stating the frequency of engaging in training, 02 (01.66%) stated training very regularly, 11 (09.17%) trained regularly, 23 (19.17%) were neutral19 (15.83%) attended training occasionally and 65 (54.17%) indicated training less regularly.

The implication is that most PMCs who were implementing VMMC projects in Migori County hardly embraced regular training to keep abreast with the changes in the modern project environment. On the basis of this reality, it was difficult for these project implementers to navigate technical changes in most of the project environment, as such challenges can best be handled by dynamic project teams prepared through regular training.

4.6. Access to service providers on implementation of voluntary medical male circumcision projects

In the study, it was assumed that a lot of the times, the community members targeted by the VMMC projects wish to go for these services, yet the level of access may be an impediment to making such visits leading to poor show altogether. Moreover, implementing an alien cultural practice to a community that had even discarded their own traditional practice involving removal of the six lower teeth might be an uphill task. This variable was measured against the backdrop of, adequacy of the VMMC facilities, access to community points of action, the level of safety arising from the operations and financial costs associated with visiting the projects.

4.6.1. Adequacy of the facilities on implementation of voluntary medical male circumcision projects

It is obvious that VMMC clients go for the services when they become aware of the adequacy of these facilities, as more often the beneficiaries sacrifice other crucial economic engagements just to undergo the cut that hardly contribute to the immediate well-being of the family. Besides, the nagging feeling of embarrassment associated with sexuality among many African communities tends to keep people away from these services and so is the need to have them within reach. The respondents were asked to fill the questionnaire stating the extent of their agreement that adequacy of the VMMC facilities influences implementation of the projects and table 4.16illustrates their responses.

Table 4.16. Adequacy of the facilities on implementation of VMMC projects

Gauge	Frequency	Percentage
Strongly agree	68	56.67
Agree	32	26.67
Neutral	08	06.66
Disagree	12	10.00
Strongly Disagree	00	00.00
Total	**120**	**100.00**

Table 4.16 reveals that, out of the 120 respondents who filled the questionnaire indicating the extent of their agreement that adequacy of the facilities influences implementation of VMMC projects, 68 (56.67%) stated they strongly agreed,32 (26.67%) mentioned they agreed, 08 (06.66%) stated that they were neutral, 12 (10.00%) disagreed and none strongly disagreed. Implied by the statistics is that most clients believed that adequacy of the facilities played significant role in the implementation of the VMMC projects by community based organizations in Migori County, yet it would take clients travelling for long just to access these facilities.

4.6.2 Access to community points of action on implementation of voluntary medical male circumcision projects

In this study, the researcher believed that the extent to which the VMMC service providers were available in close community neighborhoods could motivate clients to

go for their services. This was based on the premise that each service provider in a particular environment targets a specific segment, such that key facilities are established within reach of the clients. In this respect, the respondents were asked to fill the questionnaire stating the extent of access to the community points of action and table 4.17gives their responses.

Table 4.17: Access to community points of action on implementation of VMMC projects

Rating	Frequency	Percentage
Very near	08	06.67
Near	12	10.00
Neutral	25	20.83
Far	55	45.83
Very far	20	16.67
Total	**120**	**100.00**

Table 4.17 reveals that, of the 120 respondents who filled the questionnaire disclosing the extent to which they were accessible to the community points of action, 08 (06.67%) stated they were very near, 12 (10.00%) indicated they were near, 25 (20.83%) stated being neutral, 55 (45.83%) indicated that they were far and 20 (16.67%) stating they were very far. The implication is that, majority of the clients targeted by the VMMC projects in Migori County, unable to access the community points of action may have resorted to keeping off from these initiatives. This was therefore among the reasons explaining unsatisfactory implementation of the VMMC projects despite the services being offered free of huge financial obligations.

4.6.3. Safety of the services on implementation of voluntary medical male circumcision projects

In order to enhance individual motivation to make decisions for embracing the VMMC services, myths associated with the safety of operations must be cleared as many people normally believe that such operations could interfere with peoples sexual organs. Moreover, other issues of safety of the cuts and subsequent sexual life of the clients that tend to keep people off from these services access must also be considered. In this context, the respondents were asked to complete the questionnaire indicating the extent

to which safety issues influences implementation of VMMC projects and table 4.18 illustrates their responses.

Table 4.18: Safety of the services on implementation of VMMC projects

Safety level	Frequency	Percentage
Great extent	73	60.84
Moderate extent	37	30.83
Neutral	10	08.33
Less extent	00	00.00
Negligible	00	00.00
Total	**120**	**100.00**

Table 4.18 reveals that, out of the 120 respondents who filled the questionnaire indicating the extent to which safety issues influences implementation of VMMC projects, 73 (60.84%) stated great extent, 37 (30.83%) indicate moderate extent, with 10 (08.33%) indicating being neutral and none mentioned less extent and negligible.

Implied is that a relatively higher number of clients were in the belief that the safety issues associated from the VMMC operations were to blame for failure of these interventions to create the much needed change in Migori County, despite the fact that these services were being rendered free of any charges.

4.6.4: Associated financial costs on implementation of voluntary medical male circumcision projects

The researcher was interested in establishing the extent to which other financial costs resulting from embracing g the services would influence implementation of the VMMC projects. This was based on the assumption that costs of travelling, subsistence and after treatment would dictates ones decision to go for the cut and in view of this, the respondents were asked to fill the questionnaire displaying the level at which associated costs would influence implementation of VMMC projects and table 4.19 illustrates their responses.

Table 4.19: Associated financial costs on implementation of VMMC projects

Level	Frequency	Percentage
Highest	36	30.00
High	35	29.17
Mild	19	15.83
Low	00	00.00
Lowest	00	00.00
Total	**120**	**100.00**

Table 4.19 reveals that, of the 120 respondents who filled the questionnaire displaying the level at which associated costs would influence implementation of VMMC projects, 36 (30.00%) stated the highest extent, 35 (29.17%) mentioned high, with 19 (15.83%) indicating mild extent and none stated either low, or lowest. By implication, many community based PMCs implementing the VMCC projects in Migori County believed that the associated financial cost incurred as the clients make visits to the community points of action had significant influence on implementation of these projects.

4.7. Culture on implementation of voluntary medical male circumcision projects

Culture defines age old belief systems, practices, behavior, collective consciousness and the general philosophies which regulate human interaction in a given community. It is an inherent perspective of any society and underlies various traditional practices embraced and undertaken by members of a given community and handed over to posterity through generations. Culture was measured on the basis of commonly practiced cultural aspects the extent to which such cultural practices are accommodative, flexibility to change and the rate of cultural change.

4.7.1. Common cultural practices on implementation of voluntary medical male circumcision projects

It is believed that most of the cultural practices in many communities are generally known to be so rigid to change, so much such that any attempt to introduce a variance is met with a lot of resistance. Any project intervention that seeks to challenge the cultural stability of a people is often perceived negatively as that meant to undermine the community's wellbeing by outside forces.

The common aspects of culture was considered significant to the study as it would influence the level at which the target beneficiaries would align these with the new cultural norms, adopt them and live with in order to embrace the emerging culture of male circumcision. In view of this, the respondents were asked to fill the questionnaire indicating the most commonly practiced aspects of culture and their responses noted as in table 4.20.

Table 4.20. Common cultural practices on implementation of VMMC projects

Practice	Frequency	Percentage
Removal of teeth	00	00.00
Widow inheritance	42	35.00
Circumcision	00	00.00
Social gatherings	68	56.67
Other	10	08.33
Total	**120**	**100.00**

Table 4.20 indicates that out of the 120 respondents who filled the questionnaire stating the most commonly practiced cultural aspects in their communities, none mentioned removal of teeth, 42 (35.00%) indicated widow inheritance, none stated circumcision, 68 (56.67%) stated social gatherings and 10 (08.33%) stated other forms of practices. These figures reveal that aspects of culture practiced by most of the respondents were progressive in nature and there were expectations that this reality would boost adoption of new community norms in order to effectively implement the VMMC projects in Migori County, though circumcision was not regarded as an aspect of the culture of this community.

4.7.2. Accommodative nature of the practices on implementation of VMMC projects

The researcher believed that the culture of a community prescribes gender roles expected of different sexes as manifested in various activities and interactions in the society, so much such that being seen contrary to the socially assigned roles, one is declared an outcast. In the interest of this reality, the respondents were asked to

complete the questionnaire stating commonly performed gender roles and their responses captured as in table 4.20.

Table 4.21: Accommodative nature of culture on implementation of VMMC projects

Accommodative	Frequency	Percentage
Very accommodative	40	33.33
Accommodative	42	35.00
Neutral	38	31.67
Mildly accommodative	00	00.00
Less accommodative	00	00.00
Total	**120**	**100.00**

In table 4.21, it is revealed that of the 120 respondents who completed the questionnaire indicating the extent to which their aspects of culture were accommodative to other practices, 40 (33.33%) stated that they were very accommodative, 42 (35.00%) indicated accommodative, 38 (31.67%) stated being neutral and none mentioned either mildly accommodative or less accommodative. These statistics indicate that most community based PMCs implementing the VMMC projects in Migori County believed that the cultural practices common in their communities were so accommodative to other community's practices; hence there were high chances of embracing circumcision among the men in the Luo community.

4.7.3. Extent of cultural flexibility to change on implementation of voluntary medical male circumcision projects

As observed earlier in this analysis, the study reveals that aspects of culture practiced by most of the respondents were progressive in nature and there were expectations that this reality would enhance adoption of the VMMC services in Migori County, yet actual implementation told a different story. In this light, the researcher was interested in investigating this disconnect by focusing on the extent of flexibility of these cultural aspects in order to facilitate adoption and practice of male circumcision. The respondents were therefore asked to complete the questionnaire stating the extent of to

which their commonly practiced cultural aspects were flexible enough to allow implementation of change and their responses captured as in table 4.21.

Table 4.22: Extent of flexibility to change on implementation of VMMC projects

Flexibility	Frequency	Percentage
Very accommodative	40	33.33
Accommodative	42	35.00
Neutral	38	31.67
Mildly accommodative	00	00.00
Less accommodative	00	00.00
Total	**120**	**100.00**

The statistical information in table 4.22 indicate that of the 120 respondents who completed the questionnaire indicating extent of their cultural flexibility to change, 40 (33.33%) indicated they were very accommodative, 42 (35.00%) stated accommodative, 38 (31.67%) indicated being neutral, with none identifying with the other options.

Despite aspects of cultural practices being seen as progressive enough to support implementation of innovations, these statistics create the impression that most of the community based PMCs implementing the VMMC projects in Migori County acknowledged this, yet implementation of the projects was still lagging.

4.7.4. Rate of cultural change on implementation of voluntary medical male circumcision projects

Cultural stereotypes generally influence the extent to which a given community may give in to other practices considered more progressive, as this may create a conflict of superiority between the two cultures. In the light of this, the actual benefits to be derived may be underrated and instead, the whole package suffers massive rejection. In the light of this, the respondents were asked to complete the questionnaire stating their level of agreement that commonly practiced aspects of culture were relatively susceptible to change and their responses noted as in table 4.23.

Table 4.23: Rate of cultural change on implementation of VMMC projects

Accommodative	Frequency	Percentage
Strongly agree	10	08.33
Agree	12	10.00
Neutral	18	15.00
Disagree	42	35.00
Strongly disagree	38	31.67
Total	**120**	**100.00**

In table 4.23, it is revealed that 10 (08.33%) of the 120 respondents who completed the questionnaire indicating the extent of agreement that the rate of cultural practices were flexible enough to influence implementation of the VMMC projects in Migori County, 10 (08.33%) indicated strong agreement, 12 (10.00%) agreed, 18 (15.00%) were neutral, 42 (35.00%) disagreed and 38 (31.67%) strongly disagreed.

The implication of these figures is that, to a great significance, commonly practiced cultural issues were perceived to have influence on implementation of VMMC projects, yet these aspects of cultural practices were seen as less flexible enough to accommodate change on a faster basis.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1: Introduction

This chapter gives the summary of findings against the backdrop of the major study variables; influence of access to information, training of the implementer, access to service provider and culture on implementation of VMMC projects by community based organizations in Migori County. Besides, this section also features conclusions of the study, as well as recommendations, both for policy formulation and further research.

5.2: Summary of the study findings.

The researcher seeks to present the summary of the findings on the basis of the key thematic areas, beginning with the demographic characteristics of the respondents and the key variables of this work.

5.2.1: Demographics of the Respondents

In this study, the researcher considered as significant such demographic features of the respondents as gender, age, marital status, level of education, duration of being in the project and the stakeholder category on implementation of VMMC projects by community based organizations in Migori County. Demographic characteristics of the respondents are generally considered critical to any study given that such features dispose certain personality features that are likely to influence behavior of individuals in their efforts to undertaking specific tasks.

Gender defines the social roles that society assigns to different sexes, outlining what each sex can often engage in as well as those tasks not supposed to be performed by either of the sexes. This demographic aspect of the respondents was considered crucial to the study for the researcher operated on the assumption that sex differences would have significant influence on implementation of VMMC projects by community based organizations in Migori County, given that not both sexes go for similar economic opportunities.

This finding is justified as more men in the projects would offer motivation to the target groups to embrace this change of culture for their own health benefits. Furthermore, the presence of the females was equally significant in clearing off certain myths associated with sexual encounters as a result of one having undertaken the cut, for they may also give accounts about the realities of the activity.

VMMC projects being lifestyle change initiatives are bound to be embraced differently by different age groups in the community, such that more relatively young people are likely to play much more key roles in the change process. The elderly persons on the other hand, having lived without embracing such aspects of culture, were bound to put resistance as this was considered alien to the Luo community.

In the light of this, the researcher assumed that differences in age of the respondents would be of great significance to the study on the basis that VMMC projects often attract the participation of relatively young members of the community, hence there was need to involve most of them in the implementation of these interventions in order to build project ownership.

It was established that relatively middle aged members of the community were involved in the implementation of VMMC projects by community based organizations in Migori County, as this category was the main target group of the projects giving an indication that such initiatives would be sustained with key beneficiaries participating. On the contrary, young persons below 30 years being the most flexible age group for adoption of new innovations were found to be few in these initiatives giving fear that they were missing out dealing a blow to effective implantation of these behavior change projects.

Marital status of the respondents was considered to be of great significance to the study as it would help reveal the extent to which such variations would influence embracing the new culture of circumcision among the Luo community. This was because the way the married lot perceives sexuality differs with the perception held by the unmarried group, yet both groups form the major target of the VMMC projects by community based organizations in Migori County. Moreover, involvement of these individuals would also indicate the extent to which project identification was undertaken before initiation, as often the target group would feel part of the interventions when individuals of their peers are involved.

The findings revealed that many married members formed the bulk of the PMCs implementing VMMC projects by community based organizations in Migori County, an indication that change of behavior on matters of sexuality was still slow given that the young persons who were most vulnerable to contracting HIV/AIDS had not been recruited into these projects to attract fellow youths. It seemed that these married persons, with the burden of taking care of their families, took part in the implementation of these projects as a form of obtaining livelihood and not necessarily as being change agents.

Moreover, one would have expected more widowed and other marital orientations such as the divorced and separated to be the target group in these projects, as this category is considered more vulnerable to poverty and HIV/AIDS. On this account, VMMC projects were perceived just as another creation of job opportunities with individuals having more influence in society rushing for the jobs with little focus on meeting the core goals of the projects.

The level of education was considered to be of great significance to the study, with an underlying assumption that VMMC projects being both lifestyle changes in nature and technical oriented interventions, more relatively and highly educated community members were likely to be engaged. Education is regarded as a process that involves acquisition of knowledge, skills and desirable attitudes that are crucial in the preparation of individuals to embrace the ever changing life challenges for sustained survival.

In this respect, the findings were indicative of the fact that the PMCs who were implementing community VMMMC projects in Migori County had tertiary level education, as more educated lot disregarded local community initiatives opting for more competitive ventures away from home. Worth observing from these findings is that there seems to be an inverse relationship between level of education and engagement in community based projects, such that the higher level of education, the less inclined to community undertakings individuals become.

Effective task performance is realized through regular undertaking of a given activity, such that over time, one accumulates the necessary competence in a given field. Furthermore, effective task performance is a function of how often one engages in an

activity in order to acquire the necessary experience, as task environment is normally replete with unpredictable changes. The study there noted that most of the PMCs engaged in the implementation of the VMMC projects had not been involved for long period of time and so had not been able to gain substantial experience in such activities. Besides, it appeared that there was relatively high turnover of personnel in these projects, as few indicated having been in the projects for above 3 years. This high turnover denied these projects the benefits of having more experienced people for purposes of enhancing service delivery, as well as being a signal of failure to sustain these interventions.

Implementation of a project intervention is effectively done when jobs are broken down into individual manageable component parts, assigned to persons and monitored over time to ensure that the envisaged project goals are attained. In this case, the component of the project one engages in determines the level of project implementation, as all these distinctive activities build the composite project in a great measure. In view of this the study established that majority of the participants implementing VMMC projects in Migori County mainly represented the interests of the implementing non-government organization, with just a few drawn from the community, an indication that effective stakeholder involvement was disregarded raising concerns about these projects meeting the intended goals. Moreover, even the other key stakeholder groups such as the civil society organizations were just mildly represented, an occurrence that seemed to have exposed these VMMC projects as engaging in the initiatives without effective public participation.

5.2.2: Access to information on implementation of voluntary medical male circumcision projects

In this modern age, development interventions anchored on the platform of communication technology deliver much more superior results in stark contrast to initiatives run on an analogue basis. Information is a crucial tool that keeps project team members constantly informed of any issues that arise in a project environment, ranging from generation of new project ideas to the best practices for success in project implementation.

In this study, access to information was measured on the basis of the nature of organizational structure in place, means of obtaining information, ease of access to information and frequency of accessing the information. Decision making is the most critical activity undertaken in organizations and it becomes effective with constant environmental scanning to obtain and process valid and reliable information for improving a project intervention. In the light of this, availability of information in a project organization does not automatically guarantee its access by key individuals who need such information for purposes of decision making.

Information is obtained from both the internal and external environment, for such normally influence the manner in which activities are executed. The results therefore gave the impression that the community based PMCs who were implementing VMMC projects in Migori County operated within line organizational structure in which authority flows from the top management to the lower cadre personnel, implementing these ideas with little input from the other members. It seemed that little efforts focusing on the improvement of the systems of communication was being put, as decisions were supposedly being made for the PMCs from the top superior. It was therefore unimaginable that, in the face of ineffective communication structure, these projects would be performed to the satisfaction of the major project target group.

In an attempt to establish effective structures of communication in an organization, the common platform on which members obtain information for use is pivotal. In the light of this, the extent to which information can be processed and availed for use in an organization often depends on the means that are established to ensure efficient and effective flow of the information; for certain means of communication may delay, while other forms may enhance communication. The study established that a significant number of community based PMCs who were implementing VMMC projects in Migori County had put in place diverse means of obtaining information, giving an impression that the common means of communication used were effective. However, one would expect that that integrated information system would be most preferred since this system promises to bring on board several platforms of media that would ensure that as much information as possible was generated to enhance the quality of decisions made.

Moreover, it was striking that use of verbal communication was given prominence, an indication that there were also frequent meetings being held by the various project implementers as this one-on-one communication was a vital component of sharing ideas necessary for enriching the project outputs.

Effectiveness and efficiency of any system of communication highly depends on the level of ease of access to any available information so that individuals who seek to make certain key decisions may do so on time to ensure that project activities do not fall behind schedules. In this respect, organizations need to put in place the user-friendly systems of communication; for it is through access to vital information that good decisions are made.

The researcher noted that implementation of community based VMMC projects in Migori County was undertaken on a platform of poor access to information, as systems of communication in place were hardly accessible to most of the PMCs. This was so because a significant percentage of the respondents were neutral on the ease of access to the systems of communication used in their projects, yet another category of respondents indicated that the systems were less accessible. It is worth noting that when majority of the PMCs indicate that information was not easily accessed, one wonders the grounds upon which key decisions were normally made in the project organizations and in such a state of confusion, project implementation would remain a challenge.

At times, a system of communication may appear easy for a while, yet fails the test of consistency making it unreliable and any decision taken on the basis of such a system is definitely faulty. It is incumbent upon the stakeholders of a project organization to develop a system that is not only easy to access, but also allows for ease of access frequently. The findings give the revelation that most of the community based PMCs who were implementing VMMC projects in Migori County hardly accessed vital organizational information, as there were ineffective systems put in place, thereby casting doubts on the extent to which key project decisions would be made to effectively implement these initiatives.

5.2.3. Training on implementation of voluntary medical male circumcision projects

Education, a lifelong undertaking of mankind is crucial in equipping individuals with skills, knowledge and desirable attitudes necessary for effective participation in vital community development initiatives. In this study, the researcher believed that training of the PMCs was crucial in steering various dimensions of any project undertaking. Given that training equips individuals with requisite competencies that are fundamentals in execution of tasks in a project intervention, it was considered the most vital variable of the study.

In the light of this, training of the PMCs was measured on the basis of the highest professional qualification, form in which training was undertaken, relevance of training to project implementation and frequency of training to keep abreast with changes in the project environment. The researcher assumed that obtaining professional training was pivotal to effective project implementation. Technical competence involves training of individual PMCs to acquire the necessary knowledge and skills needed in the execution of key project tasks. Training is therefore perceived as a capacity building initiative that promises to build competencies in people so that their abilities in performance are enhanced.

VMMC projects, like any intervention, demands that requisite skills be obtained in order to handle issues of the project for purposes of accomplishing project objectives, given that most of the tasks performed are physiological in nature and any deviation in the procedures of the operations may cost life. The study established that VMMC projects by community based organizations in Migori County had attracted PMCs with relatively low levels of professional training and hence were not better placed to effectively implement the projects, justifying the challenges of implementation of these projects in the County. Moreover, it is also recognizable that health and lifestyle change projects are implemented in a complex environment constrained by several forces that can only be addressed by having the best in class performing key project activities for successful delivery of the desired project outcomes.

Development of competencies in performance of various project tasks requires that those placed in different project functions display the necessary skills in specific areas. In this case, not any professional training may add value to effective performance of tasks, but only those aspects of training in the project related areas. The researcher noted that the PMCs who were implementing VMMC projects in Migori County, though displayed some professional training, most of them who trained did so in areas hardly relevant to project work, giving indication that they lacked specific skills to effectively implement the health projects, giving an impression that this disregard to training in the relevant field was to blame for failure of these projects to deliver as expected.

The nature and form in which training is obtained significantly influences performance of project functions, with formal training being much more effective in contrast to that offered informally. In view of this, the study revealed that most of the PMCs implementing VMMC projects in Migori County preferred other training packages, yet most of these training forms were rarely adequate in giving the much needed skills for implementing the health projects. Besides, these other forms of training may not have been organized in a structured manner and more often are conducted by individuals with little known professional backgrounds, giving the impression that these PMCs were less likely to get acquainted with the ever emerging issues in project environment.

The researcher believed that initial training acquired by PMC members was not effective in addressing emerging challenges in the modern world and hence there was need to embrace continuous training. On this account, the findings revealed that most PMCs who were implementing VMMC projects in Migori County hardly embraced regular training to keep abreast with the changes in the modern project environment. On the basis of this reality, it was difficult for these project implementers to navigate technical changes in most of the project environment, as such challenges can best be handled by dynamic project teams prepared through regular training.

5.2.4. Access to service providers on implementation of voluntary medical male circumcision projects

In the study, it was assumed that a lot of the times, the community members targeted by the VMMC projects wish to go for these services, yet the level of access may be an impediment to making such visits leading to poor show altogether. Moreover,

implementing an alien cultural practice to a community that had even discarded their own traditional practice involving removal of the six lower teeth might be an uphill task. This variable was measured against the backdrop of, adequacy of the VMMC facilities, access to community points of action, the level of safety arising from the operations and financial costs associated with visiting the projects.

It is obvious that VMMC clients go for the services when they become aware of the adequacy of these facilities, as more often the beneficiaries sacrifice other crucial economic engagements just to undergo the cut that hardly contribute to the immediate well-being of the family. Besides, the nagging feeling of embarrassment associated with sexuality among many African communities tends to keep people away from these services and so is the need to have them within reach. The study noted that most clients believed that adequacy of the facilities played significant role in the implementation of the VMMC projects by community based organizations in Migori County, yet it would take clients travelling for long just to access these facilities.

Besides, the researcher believed that the extent to which the VMMC service providers were available in close community neighborhoods could motivate clients to go for their services. This was based on the premise that each service provider in a particular environment targets a specific segment, such that key facilities are established within reach of the clients. It was established that majority of the clients targeted by the VMMC projects in Migori County, unable to access the community points of action may have resorted to keeping off from these initiatives. This was therefore among the reasons explaining unsatisfactory implementation of the VMMC projects despite the services being offered free of huge financial obligations.

In order to enhance individual motivation to make decisions for embracing the VMMC services, myths associated with the safety of operations must be cleared as many people normally believe that such operations could interfere with peoples sexual organs. Moreover, other issues of safety of the cuts and subsequent sexual life of the clients that tend to keep people off from these services access must also be considered. In this respect, the study revealed that a relatively higher number of clients were in the belief that the safety issues associated from the VMMC operations were to blame for failure of these interventions to create the much needed change in Migori County, despite the fact that these services were being rendered free of any charges.

The researcher was interested in establishing the extent to which other financial costs resulting from embracing g the services would influence implementation of the VMMC projects. This was based on the assumption that costs of travelling, subsistence and after treatment would dictates ones decision to go for the cut and in view of this, the study established that many community based PMCs implementing the VMCC projects in Migori County believed that the associated financial cost incurred as the clients make visits to the community points of action had significant influence on implementation of these projects.

5.2.5. Culture on implementation of voluntary medical male circumcision projects

Culture defines age old belief systems, practices, behavior, collective consciousness and the general philosophies which regulate human interaction in a given community. It is an inherent perspective of any society and underlies various traditional practices embraced and undertaken by members of a given community and handed over to posterity through generations. Culture was measured on the basis of commonly practiced cultural aspects; the extent to which such cultural practices are accommodative, flexibility to change and the rate of cultural change.

It is believed that most of the cultural practices in many communities are generally known to be so rigid to change, so much such that any attempt to introduce a variance is met with a lot of resistance. Any project intervention that seeks to challenge the cultural stability of a people is often perceived negatively as that meant to undermine the community's wellbeing by outside forces.

The common aspects of culture was considered significant to the study as it would influence the level at which the target beneficiaries would align these with the new cultural norms, adopt them and live with in order to embrace the emerging culture of male circumcision. The study revealed that aspects of culture practiced by most of the respondents were progressive in nature and there were expectations that this reality would boost adoption of new community norms in order to effectively implement the VMMC projects in Migori County, though circumcision was not regarded as an aspect of the culture of this community.

The researcher believed that the culture of a community prescribes gender roles expected of different sexes as manifested in various activities and interactions in the society, so much such that being seen contrary to the socially assigned roles, one is declared an outcast.

These statistics indicate that most community based PMCs implementing the VMMC projects in Migori County believed that the cultural practices common in their communities were so accommodative to other community's practices; hence there were high chances of embracing circumcision among the men in the Luo community.

As observed earlier in this analysis, the study reveals that aspects of culture practiced by most of the respondents were progressive in nature and there were expectations that this reality would enhance adoption of the VMMC services in Migori County, yet actual implementation told a different story. In this light, the researcher was interested in investigating this disconnect by focusing on the extent of flexibility of these cultural aspects in order to facilitate adoption and practice of male circumcision.

Despite aspects of cultural practices being seen as progressive enough to support implementation of innovations, these statistics create the impression that most of the community based PMCs implementing the VMMC projects in Migori County acknowledged this, yet implementation of the projects was still lagging. Cultural stereotypes generally influence the extent to which a given community may give in to other practices considered more progressive, as this may create a conflict of superiority between the two cultures. In the light of this, the actual benefits to be derived may be underrated and instead, the whole package suffers massive rejection.

The study established that, to a great significance, commonly practiced cultural issues were perceived to have influence on implementation of VMMC projects, yet these aspects of cultural practices were seen as less flexible enough to accommodate change on a faster basis.

5.3. Conclusion of the study

This study was informed by the objectives; access to information, PMC training, access to service providers and culture on the extent to which they influence implementation of VMMC projects by community based organizations in Migori County. It was revealed that effective project implementation was a function of PMC access to information measured on the grounds of the structure of the project organizations in place, availability of different sources of information to PMC members, ease of access and the frequency of access to the available information for decision making purpose.

On the PMC training, the researcher underscored the role of education and training on accomplishment of specific tasks in the project environment, such that, with acquisition of competitive knowledge and skills especially in project management systems and practices, the project team members are bound to effectively implement any project intervention. This variable was measured on the grounds of the highest academic level attained by the various project team members, acquiring professional training relevant to their specific duties at the project environment, the frequency of training to keep abreast with emerging changes in the working environment and the presence of a training policy in public institutions that would culminate in a definite learning curve.

The variable culture was measured on the basis of the most common cultural practices embraced, flexibility to change, accommodation of other culture practices and rate of cultural change. On accessibility of the services, the researcher believed that a VMMMC project is a lifestyle change intervention that people often approach with a lot of caution. The variable was measured on the ground the number of VMMC action points and relative distance, availability of facilities, safety of operations and associated expenses.

The study concluded that no project intervention could be implemented effectively without access to valid and reliable information, yet the systems of communication put in place by most PMCs were not suitable for gathering and processing information for used by different project members should need arose. Moreover, training also had sufficient influence on implementation of VMMC, though majority of the implementers in Migori County did not display sufficient training, both on issues of project implementation and human health.

The study also concludes that access to community point of actions had significant influence on implementation of VMMC projects in Migori County, despite these points being few thereby keeping off the potential clients from making the visits to the facilities. On culture, the study revealed that most of the PMCs acknowledged that it had significant influence on implementation of VMMC projects and hence there was need to sensitize the communities to embrace other cultural practices to enhance response toward the cut.

5.4: Recommendations

In this study, recommendations are drawn based on the findings and these are done on two perspectives; recommendations for policy making and those for further studies.

5.4.1. Recommendations for policy making

Owing to the fact that challenges of access to information were prevalent in the various VMMC project implementation teams in Migori County, policies that deal with collection, organization, processing, storage and retrieval of information packaged in an effective information system should be developed to ensure that decisions are made on sound platform of valid and reliable information.

Moreover, proper training should be considered before recruiting individuals into the various PMCs implementing VMMC projects, given that these projects were technical dealing directly with human life. In view of this, the potential clients develop fear when certain cases of failed operations are reported and hence there is need to bring on board into the projects properly trained people so that confidence is restored in the general public.

Besides, the supportive facilities and infrastructures need to be established so that these projects are brought closer to the people to avoid walking far as this also creates some apathy to the potential clients who fear incurring additional finances in accessing the services. Such facilities should be made available to clients to ensure that even health issues arising from the operations can be handled by few specialists within the comfort of their homes.

Cultural issues, as vital as they are to adoption and subsequent ownership of the practices, should be made more flexible through proper sensitization so that the benefits of the projects imprinted in the minds of people in order to fully embrace the VMMC projects.

5.4.2: Recommendations for further research

Any one individual scholar is just a contributor to a body of knowledge in a given field and through concerted efforts; solutions to emerging problems can objectively be addressed. On this account, the researcher recommends that the following areas be considered for further research studies:

1. What is the influence of age on implementation of VMMC projects by community based organizations in Migori County?
2. How political factors influence implementation of VMMC projects by community do based organizations in Migori County?
3. Which factors influence response of the male community members on VMMC projects in the Luo Nyanza?
4. Which personal attributes influence implementation of VMMC projects by community based organizations in Migori County?

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APPENDICES

Appendix I: Letter of Transmittal

Charles OkeyoAbuoro,
P. O. Box 40-40404,
Rongo.

Dear Sir/Madam,

RE: REQUEST FOR YOUR PARTICIPATION IN M.A. RESEARCH PROJECT

A student from the University of Nairobi pursuing a Master of Arts in Project Planning and Management. I would like to carry out a research on factors influencing the implementation of Voluntary Medical Male Circumcision by Community Based Organization in Migori County.

This study is for academic purpose but will be useful to stakeholders (National AIDS Control Council, the National Aids and STI Control Programme and other NGOs engaged in the same projects in Migori County).

Your participation in the study is voluntary and so you are free to choose to or not participate. But it would be helpful if you could participate fully.

The result of this research will be completely confidential and no personal issues of any respondent will be quoted in the report. Some of the questions i will ask may also be quite personal and hope they will be okay with you. If, however, you do not feel comfortable answering any questions, please feel free to say so or seek clarification where you do not understand.

Yours faithfully

Charles OkeyoAbuoro
L50/78524/2015

Appendix II: Research Questionnaire

This questionnaire is prepared for obtaining data in the study focusing on factors influencing implementation of VMMC projects by community based organizations in Migori County. It is structured in two parts; I and II, with part I seeking data on the demographic features of the respondents and part II soliciting data on the major study variables.

PART I: DEMOGRAPHIC FEATURES OF THE RESPONDENTS

1. Give your sex:

a) Male [ ]

b) Female [ ]

2. What is your age?

a) Below 20 years. [ ]

b) 20-30 [ ]

c) 30-40 [ ]

d) 40-50 [ ]

e) Above 50 [ ]

3. State your marital orientation.

a) Single [ ]

b) Married [ ]

c) Widowed [ ]

d) Divorced [ ]

e) Other (specify)……

4. Indicate your level of education

a) Primary and below [ ]

b) Secondary [ ]

c) Tertiary [ ]

d) University [ ]

e) Other (Specify) …….

5. For how long have you been involved in the implementation of the VMMC projects?

a) 1 year and below [ ]

b) 1-2 years [ ]

c) 2-3 years [ ]

d) 3-4 years [ ]

e) Above 4 years [ ]

6. Which PMC category do you represent in the VMMC project?

a) Governmental agency [ ]

b) Community representative [ ]

c) Non-Governmental organization [ ]

d) Civil Society Organization [ ]

e) Other (specify)……

PART II: THE STUDY VARIABLES

7. Indicate the nature of your project organizational structure used for informational purposes.

a) Line structure [ ]

b) Project structure [ ]

c) Functional structure [ ]

d) Ad hoc structure [ ]

e) Other (specify) ……

8. State the most common means of communication you often use in your projects.

a) Print media [ ]

b) Electronic media [ ]

c) Verbal communication [ ]

d) Integrated media [ ]

e) Other (specify) ……

9. State the level of ease of obtaining information for use in your projects?

a) Very easy [ ]

b) Easy [ ]

c) Neutral [ ]

d) Fairly easy [ ]

e) Less easy [ ]

10. Indicate how frequently you often obtain information for use in the project.

a) Very frequently [ ]

b) Frequently [ ]

c) Indifferent [ ]

d) Occasionally [ ]

e) Less frequently [ ]

11. In your own opinion, explain the extent to which access to information influences implementation of VMMMC projects in Migori County……

12. What is your highest professional qualification?

a) Certificate and below [ ]

b) Diploma [ ]

c) Degree [ ]

d) Post degree [ ]

e) Other (specify)……

……

13. Indicate your field of training.

a) Project implementation [ ]

b) Social work [ ]

c) Community health [ ]

d) Education [ ]

e) Other (specify)…….

14. What is your preferred mode of training ?

a) Formal [ ]

b) Non formal [ ]

c) Workshops and seminars [ ]

d) Apprenticeship [ ]

e) Other (specify)…….

15. How regularly do you embrace training to keep pace with the changes in project environment?

a) More regularly [ ]

b) Regularly [ ]

c) Neutral [ ]

d) Occasionally [ ]

e) Less regularly [ ]

16. In your own opinion, explain how PMC training influences implementation of VMMMC projects in Migori County……

17. Indicate the level of your agreement that VMMC facilities are normally adequate for implementation of VMMMC projects in Migori County.

a) Strongly agree [ ]
b) Agree [ ]
c) Neutral [ ]
d) Disagree [ ]
e) Strongly disagree [ ]

18. Indicate the level of access to the points of action in your VMMC project.

a) Very far [ ]
b) Far [ ]
c) Neutral [ ]
d) Near [ ]
e) Very near [ ]

19. Indicate the extent to which safety issues that arise influence implementation of the VMMC projects.

a) Great extent [ ]
b) Moderate extent [ ]
c) Neutral [ ]
d) Less extent [ ]
e) Other (specify)……..

20. Indicate the level at which associated financial costs influence implementation of the VMMC projects.

a) Highest [ ]
b) High [ ]
c) Mild [ ]
d) Low [ ]
e) Lowest [ ]

21. Explain in your own opinion the influence of access to services on implementation of VMMC projects in Migori County……..……

22. State the most commonly practiced cultural aspects in your community.

a) Removal of teeth [ ]
b) Widow inheritance [ ]
c) Circumcision [ ]
d) Social gatherings [ ]

e) Other (specify) ……..

23. To what extent do these aspects of culture accommodate other practices from other communities?

a) Very accommodative [ ]

b) Accommodative [ ]

c) Neutral [ ]

d) Less accommodative [ ]

e) Other (specify) ……

24. Indicate the extent of your agreement that the dominant cultural practices are flexible enough to enable change.

a) Strongly agree [ ]

b) Agree [ ]

c) Neutral [ ]

d) Disagree [ ]

e) Strongly disagree [ ]

25. State your level of agreement that the rate of cultural of cultural change in your community is flexible enough to give room for change.

a) Strongly agree [ ]

b) Agree [ ]

c) Neutral [ ]

d) Disagree [ ]

e) Strongly disagree [ ]

26. In your own informed opinion, explain how culture influences implementation of VMMC projects in Migori County…….....