INFLUENCE OF DONOR FUNDING ON IMPLEMENTATION OF HIV/AIDS PROJECTS BY LOCAL NGOS IN MUKURU SLUMS, NAIROBI COUNTY, KENYA

MWANIKI ANTHONY MURITHI

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DECLARATION

This research project report is my original work and has not been submitted for award of any degree in any other university or institution of higher learning.

Signature _____ _____

Mwaniki Anthony Murithi Date

L50/61217/2010

This research project report is presented for examination with our approval as the university supervisors:

Signature _____ _____

Dr. Peter Keiyoro Date

Senior Lecturer,

Department of Educational studies

School of Continuing and Distance Education

University of Nairobi

Signature _____ _____

Dr. Chandi John Rugendo Date

Lecturer,

School of Continuing and Distance Education

University of Nairobi

DEDICATION

This research is dedicated to my wife Lizer Murithi and my two daughters, Matilda and Jasmine for their inspiration, support, encouragement and understanding throughout the research period.

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ABSTRACT

Even though HIV/AIDS prevalence is said to have stabilized, the rate of new infections is still high, hence a renewed call to focus on prevention efforts by all stakeholders. This study aimed at investigating the influence donors have on implementation of HIV/AIDS projects that are implemented by local NGOs. To achieve this, a descriptive survey was carried out in twelve local NGOs that implemented HIV/AIDS projects in Mukuru slams in Nairobi. The target population was 246 people, a 10% sample was drawn from this sample frame giving a sample size of 25 respondents. The researcher used both closed and open ended questionnaires as the primary data collection instruments. A content analysis and descriptive analysis was employed to analyze the data collected and content analysis used to analyze the respondents' views. The findings of the study indicated that 92% of the donors have a direct influence on the type of project to be implemented. Community involvement was reported to be key with 89% saying that they community should be involved. 55% of the respondents said that there should be capacity building of all stakeholders for the success of the project, while 55% of the respondents said that effective monitoring and evaluation system is key. In conclusion this study would recommend that the NGOs management board closely monitor the use of the donor money used to implement HIV/AIDS project to avoid mismanagement and the board comes up with a mechanism to ensure that there is a buy in of the implemented project by the benefiting community for sustainability of the project. The capacity of all the stakeholders should also be effectively built for their greater involvement and for there to be a strong monitoring and evaluation system.

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LIST ABBREVIATIONS

ARVs	Anti Retro Viral
BCC	Behavior Change Communication
CBO	Community Based Communication
DASCO	District AIDS and STI Coordinator
DFID	Department of Foreign International Development
FBO	Faith Based Organization
FHI	Family Health International
GFATIM	Global Fund to Fight AIDS Tuberculosis and Malaria
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
IEC	Information Education Communication
IFAD	International Fund for Agricultural Fund
LFA	Logical Framework Approach
MARPS	Most At Risk Populations
M&E	Monitoring and Evaluation
OVCs	Orphans and other Vulnerable Children
PEPFAR	Presidents Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMI	Project Management Institute
PMTC	Prevention of Mother to Child Infection
SPSS	Statistical Package for Social Scientists
UNAIDS	United Nations Programme on AIDS
UNDP	United Nations Development Programme

UNFPA	United Nations Fund for Population Activity
USAID	United States Agency for International Development
WHO	World Health organization
GFATM	Global Fund to Fight AIDS Tuberculosis and Malaria
KNASP III	Kenya National AIDS Strategic Plan III
KAIS	Kenya AIDS Indicator Survey
MOT	Modes of Transmission
US$	United States Dollar
NACC	National Aids Coordinating Council

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The HIV and AIDS is a genuine global epidemic taking the lives of eight thousands people a day and threatening the lives of tens of millions more as the infection continues to spread around the world. To leverage resources and have the maximum impact on the global national and even the community response to HIV and AIDS, all parties should strive to target their programs on the priority needs of communities seeking to avoid duplication of effort, (United Nations AIDS [UNAIDS], 2004).

The government of Kenya recognises the importance of a national strategy in confronting the challenges posed by HIV, mounting a technically sound national response and mobilising all stakeholders towards achieving the desired results, (Mode of Transmission Study [MOT], 2008).

Kenya AIDS Indicator Survey (2008) showed how HIV epidemic affects all sectors of the economy and is equally a developmental as it is an epidemiological challenge, encompassing identification and development of series of appropriate Sectoral responses and their application at the local level, Kenya Aids Indicator Survey.

A lot of funds and other resources have been committed in the fight against HIV/AIDS globally (Halmashow and Hawkin, 2004). According to 2006 UNAIDS report, an estimated US$ 6.1 billion was spent on HIV/AIDS related programs globally in 2005 and estimated US$ 15 billion was required to adequately respond to challenges of the scourge in 2006 of which only about US$ 9 billion had been committed. Most of these funds were committed by developed nations and philanthropic bodies to initiatives such as the global fund to fight AIDS, tuberculosis and

malaria. The president of the United States of America in 2003 announced the president's Emergency Plan for AIDS relief (PEPFAR) in which he committed up to US$ 15 billion for 5 years. The 15 focus countries eligible for the PEPFAR initiative included Kenya and 12 other sub-Saharan countries and other hard hit countries (Myra, 2005).

A lot of funds had been spent and a lot more were being committed for the fight against the scourge in Kenya in particular by different stakeholders. Coordinating the mobilization and strategic allocation of financing to different areas of the HIV responses was been difficult in Kenya. This was due to many parallel financing systems that existed. Despite all these challenges, the total cost of implementing KNASP III was estimated to have been KSH. 266.7 billion for the five years with annual requirements 1,054 Million by the year 2013 due to other interventions proposed to be included (KNASP III, 2009)

1.2 Statement of the Problem

Donor funded HIV/AIDS projects often fail due misuse of the funds and minimal involvement of the benefiting community in all phases of the project implementation. With many of such projects failing to achieve their set objectives, HIV/AIDS related deaths in Kenya have continued to be on the rise, impacting negatively in all areas. The total death rate from HIV/AIDS related causes among adults of 15 – 49 years has more than tripled since 1990. It is estimated that 1.7 million children under 18 are orphans. As the cumulative total of AIDS deaths rises, the impact of these deaths on society will become increasingly severe. Hence the need to ensure that all HIV/AIDS related projects are successful in the effort to win the war against HIV/AIDS.

1.3 Purpose of the Study

The purpose of this study was to investigate the influence of donor funding on implementation of HIV/AIDS projects in Mukuru slums in Nairobi, Kenya.

1.4 Objectives of the Study

The objectives that guided the study were as indicated below;

i. To investigate the influence of the donor funding on implementation of HIV/AIDS projects

ii. To determine the influence of community involvement on implementation of donor funded HIV/AIDS projects.

iii. To access how the capacity building of project stakeholders influences implementation of donor funded HIV/AIDS projects.

iv. To determine how an effective monitoring and evaluation system influences implementation of donor funded HIV/AIDS projects.

1.5 Research Questions

The specific research objectives listed above were converted into the following research questions:

i. How does donor funding influence implementation of donor funded HIV/AIDS projects?

ii. How does community involvement in donor funded HIV/AIDS projects influence their implementation?

iii. Does capacity building of the project stakeholders influence implementation of HIV/AIDS donor funded projects?

iv. What is the influence of monitoring and evaluation system on implementation of donor funded HIV/AIDS projects?

1.6 Significance of the Study

When the donors give funds, they want to be sure that the intended projects are implemented and completed on time, the intended beneficiaries reached and adherence to aid effectiveness commitments. In addition to the body of knowledge proper management of HIV/AIDS related projects, the study will inform the development partners of the current state of donor funds utilization by the local NGOs in implementing HIV/AIDS projects. The project implementers will also appreciate the importance of investing in proper systems that are strong and fully functional for improvement of the projects in slum areas and also inform decisions makers about resource allocations to those local projects aimed at improving lives of the slum dwellers.

1.7 Scope of the Study

The scope of the study was limited to Mukuru slams which are one of the 20 slum villages that ring Nairobi, the Kenya Capital city. The slums were selected because of the many NGOs local NGOs that implement HIV/AIDS projects to the slum population. There were 12 local NGOs implementing HIV/AIDS projects in Mukuru slams. The study involved data collection from the managers and other staffs who were main workforce in implementation of the donor funded HIV/AIDS projects.

1.8 Limitations of the Study

Some respondents might have feared that the information obtained might be used against them; this could have scared away respondents from filling the questionnaires or given biased information. This fear was overcome by first seeking for permission from management of the NGOs to meet the respondents and to tell them the intentions of the study. The management

ultimately convinced respondents that there was confidentiality to the information being provided therefore reducing the fear.

The other limitation was confidentiality of organizational information. There may have been unwillingness of informants to give out information and fill questionnaires. Use of letters of introduction from Nairobi University to introduce the researcher to the organization let them learn that it was purely for academic purposes.

1.9 Delimitations of the Study

The researcher was well familiar with the physical locations of the Community units in the study. He also had established a good rapport with the ministry of health staff which made it easy to get the required passes.

1.10 Assumptions of the Study

The main assumptions in this study were that the respondents were to answer the questions correctly and truthfully, that the data collection instruments had validity and were to measure the desired constructs and that the selected sample size was a representative of the population to help in generalization of the results.

1.11 Definition of Important Terms

Local NGOs: Organizations founded and run by members of civil society within communities outside government to undertake social services, community development, assist communities fight pressing community problems like HIV/AIDS, these organization should not be for profit.

Projects: A project is a temporary endeavour to achieve an objective. In this case temporary means that the project has a time frame within which it should have achieved its set objectives

within a fixed donor budget. In the context of this research, the objectives of the NGO projects are to respond to the challenges of HIV/AIDS related projects.

Influence: Affect decision making where the projects are to implemented, beneficiaries, duration and extent of funding by the donor.

Donor funds: Money given by a charitable organization for the purpose of supporting a project aimed at improving the living standards of the community directly benefiting from the project.

HIV/AIDS: HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Individuals infected with the virus are infectious for the rest of their lives, and can transmit HIV via blood or sexual fluids.

Implementation: Application of donor funds to bring to existence those projects that the donor provided funds for. This should be in a manner consistent with its purpose project and within the agreed framework by all the parties.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the related literature on the study. The chapter is presented under the following sections: Sustainability of donor funded projects in the long run, Community ownership of donor funded projects, capacity building of all stakeholders in the project and monitoring and evaluation system for donor funded projects.

2.2 Donor funding for HIV/AIDS projects

1n 1999 the Government of Kenya declared HIV/AIDS a national disaster and established the National AIDS Control Council (NACC) to help contain the scourge (NACC Annual report, 2000) . It also facilitated the development of the Kenya National HIV/AIDS strategic plan (KNASP), the first one being for the period 2000 – 2005 (KNASP, 2005). This Kenya National HIV/AIDS Strategic Plan set out a multicultural response to the epidemic, jointly agreed by stakeholders within the Government, civil society, the private sector and development partners. The current KNASP III (2009/10 – 2012/13) introduced four pillars based on the priority areas. These pillars are (1) Health sector service delivery (2) Sectoral Mainstreaming of HIV (3) Community based HIV Programmes and (4) Governance and strategic Information. Pillar 3 clearly stipulates the important role CBOs play in carrying the government agenda on HIV/AIDS because through CBOs, projects are implemented with the aim of helping those that are both affected and infected by HIV/AIDS scourge at the community level (KNASP, 2005).

A study conducted by Muzinda (2010) in Botswana on monitoring & evaluation practices and challenges faced by local NGOs implementing HIV/AIDS projects sheds more light on the challenges that Local NGOs are likely to face especially in the field of HIV/AIDS. The study

shows that among the challenges that face NGOs in Gaborone in Botswana were, failure to Monitor and evaluate the projects, lack of funds for HIV related projects and lack of expertise in implementation of these projects. According to the findings of Lauren Hatrel research in Lamu, Finding the right Fit (2010); this study which focused on the unique challenges faced by NGOs Implementing health projects in Lamu District. The study revealed how to a great extent donor funds influence implementation of projects as funding of the projects by donors who initially had promised to fully fund the project often fails for one reason or another.

Wamai (2008) conducted a comparative study between Kenya and Finland regarding NGOs and the way they transform life in the community they are implemented. This paper argues that the presence of NGOs is a particular area or field is often underestimated by the general population, even though it plays a very important role when looking at health policy and service delivery. In particular it focuses on how Local NGOs affect the lives of people during a time of reform, seeing more and more mechanisms being created to officially institutionalize the role of the local NGOs within the community. Although it does not touch on the influences that donor funds have on implementation of HIV/AIDS projects by local NGOs, the study was important as it established the notion that Local NGOs are an important force that influences positively the lives of the community where the projects are implemented. According to the Kenya AIDS NGOs Consortium annual report, KANCO (2010), around half of total global funding disbursed in 2009 for the AIDS epidemic was provided by donor governments. This money was usually given in the form of bilateral donations, i.e. donations straight from one government to another. In 2009 the United States was the largest donor in the world, accounting for more than half of disbursements by governments. This was followed by the United Kingdom, Germany, the Netherlands, France, and Denmark (USAID Kenya Report, 2010). In his State of the Union

address in January 2003, President Bush announced the creation of PEPFAR, the President's Emergency Plan for AIDS Relief, a commitment to significantly increase US spending on HIV/AIDS initiatives around the world. Planned to run for five years, PEPFAR intended to direct US$15 billion to places where it is most needed. PEPFAR was renewed in July 2008 with the intention of spending $48 billion from 2009 to 2013 on programmes to tackle HIV and AIDS as well as tuberculosis and malaria (Global fund report, 2009)

Global Fund report (2009) gave an analysis for AIDS spending in low- and middle-income countries is distributed by multilateral organizations, which obtain their funding from a number of national governments. The largest such body is the Global Fund to fight AIDS, TB and Malaria, which had distributed a total of US$5.67 billion on HIV/AIDS by May 2008.Around 61 percent of Global Fund funding is spent on HIV and AIDS. The World Bank is the second largest multilateral donor to the HIV/AIDS response in developing countries and is one of eight co-sponsors of UNAIDS. By the end of 2006, it had dispersed US$879.22 million to 75 projects to prevent, treat and reduce the impact of HIV and AIDS. The World Bank tends to look at the economic aspects of the epidemic - especially the negative effects that AIDS can have on a country's economy. In its annual report released in April 2011, the World Bank emphasized its commitment in ensuring that Africa achieves Millennium Development Goal No. 6 by 2015 through prevention, care, treatment, and mitigation services for those affected by HIV and AIDS. This was to be made possible by channeling funds through local NGOs (UNAIDS, 2007).

There are a very large number of private sector organizations involved in the response to AIDS, including corporate donors, individual philanthropists, religious groups, charities and non-governmental organizations (NGOs). These organizations vary in size, from small groups such as

local churches, to large contributors such as the Bill and Melinda Gates Foundation and corporate donors. Overall, the private sector is by far the smallest of the four main sources of funding for the global AIDS response, accounting for around 4 percent of spending (UNAIDS, 2007). While the size of its funds make it small in comparison to multilateral organizations, the Bill and Melinda Gates Foundation has nonetheless given very large sums of money and support to the global fight against AIDS. The Foundation has awarded over US$600 million in grants to the Global Fund since 1998, and has spent US$200 million establishing an initiative to prevent HIV transmission. In partnership with the Merck Company Foundation and the government of Botswana, the Gates Foundation has made significant progress in combating the HIV/AIDS epidemic in Botswana (B&M Gates HIV/AIDS funding report, 2011). The William J. Clinton Foundation, founded by the former American President, Bill Clinton, is another private organization with HIV/AIDS as one of its main concerns. The Foundation addresses the inequalities in access to health care in the developing world and in particular aims to improve access to antiretroviral treatment for developing countries. (Trocaire report, 2010)

Domestic spending by people and their governments accounts for a significant part of the global response to HIV (KANCO, 2010). In low-income and lower-middle income countries, such spending more than doubled between 2005 and 2007. Money from domestic sources tends to be much more sustainable than bilateral and multilateral donations, and is therefore an extremely valuable source of funding for combating the epidemic. However, the amount of domestic spending varies considerably from country to country and many governments have not yet made HIV a priority in their budget allocations (PEPFAR report, 2008). In many developed countries, most HIV-related costs are covered by the government through public health programmes, such as the National Health Service in the UK. In some less well-resourced countries, governments

only finance between 25 and 50 percent of costs, with the remaining money having to be covered by the patients themselves. Multiple donor reports is one big problem faced by local NGOs to prove of their sustainability, in case of those NGOs with more than one donor or one that has a very stringent requirement (Gilliam et al., 2003). This translates into excessive burden to the NGOs to conform to these requirements. This exhibits the problem of stretched capacity on the project in terms of manpower. These stringent donor funding requirements also perpetuate the practice of emphasis on upward accountability to the donor with minimum or no accountability to other stakeholders including the beneficiaries.

It is unfortunate that the concern on sustainability of HIV/AIDS programs in Kenya is coming at a time of imminent termination of donor funds; however it's not too late to put our act in order and face the future with hope. The vibrant private sector in Kenya must rise to the occasion to assist in developing cost-recovery options in the future planning of HIV/AIDS programs. This will call for the strengthening institutions that can exist beyond the period of donor support (NACC, 2009). In the overall fight against the pandemic private sector companies in Kenya have played a key role in the response by providing their employees with HIV prevention and treatment, care and support services. Today there is even more pressure for the private sector to beef up their HIV/AIDS program to ensure their sustainability without external funding. This is because studies have shown that employer-sponsored treatment efforts have proven highly effective in terms of increasing both adherences to antiretroviral therapy (ART) and survival rates. The need for preserving and potentially increasing the private sector's role in financing and sustaining HIV services is thus evident.

As it is, the future sustainability of HIV/AIDS funding remains unclear. Consider this: the US President's Emergency Plan for AIDS Relief (PEPFAR), which supports half of the patients on HIV/AIDS treatment, has indicated that it is not going to increase the current HIV/AIDS funding for the next four years. By September, 2011, the Clinton Health Access Initiative, the main funder for HIV treatment programmes for children, will stop any further procurement of pediatric ARVs. As if this is not enough, the Global Fund has had difficulties realizing its desired funding which might have adverse future implications on the funding extended to Kenya. The situation is made even worse by the fact that in less than a year, more than 70,000 people have joined the HIV treatment programme, exerting further pressure on drugs, facilities and personnel. What is more? It is estimated that over 400,000 HIV/AIDS patients in need of HIV treatment are yet to be reached (PEPFAR, 2008),

2.3 Community involvement

A community is a group of people with something in common, whether they live together, come from the same area (village or town), gender, or ethnic background (Avina, 2003). Communities are also people who work together and unite around a common purpose. In the frameworks of human rights, it is clearly the right of communities to participate in the design, implementation, and evaluation of interventions designed to affect their own well-being. Communities are not only the main beneficiaries of health and development programs; in the case of HIV/AIDS, they are the frontline in prevention, care and support efforts. According to Kumar, (2009), community involvement can take many forms; community members can be informants in formative and evaluative research relevant to the delivery of services; they can design or shape interventions, they can deliver services and be advocates. Community participation is both a process toward an

end and an outcome in itself. This is particularly true when it comes to marginalized and underprivileged groups, who often do not have any voice in matters that affect their lives.

The process involving the community often facilitates community mobilization towards a given end. In the context of HIV/AIDS, a mobilized community is one whose members are aware in a detailed and realistic way of their vulnerability (Davidson, 2010). Community members are often willing to invest their own resources – including money, labour, time, and materials in activities they see as benefiting themselves and their community. Evidence based on case studies I Australia, Canada, Thailand and Uganda (UNAIDS 1998) clearly shows that communities are prepared to take leadership roles, take responsibility and advise ways of sustaining the activities they initiate and they are able to work in partnership with national governments.

To effectively involve any community in a HIV/AIDS project, it is paramount that one explores the community norms and values so that the community does not see the project as a misnomer. I some societies, culturally specific norms inhibit the discussion of particular issues, such as sexual behaviour. In the case of HIV, community norms about gender roles have often made it difficult to promote messages that insist on mutual fidelity, abstinence or condom use. Some interventions such as those used by women and AIDS Research Program of the international centre for research on Women (Weiss, Whelan, and Gupta, 1996) have focused on learning from the community members how these norms can be challenged or shaped to encourage prevention. Others have helped to identify how community norms, such as the strong taboos against oral sex (Male and Aggleton, 2000) or the emphasis on men's responsibility to protect can be incorporated into efforts to promote prevention. It is important to identify local sources of social influence that can facilitate community involvement and ensure cooperation from influential members. The challenge is to make use of social influence without reinforcing harmful power

dynamics or hierarchies. Several projects have demonstrated how community leaders can be involved in efforts that ultimately empower women. Bende (1995) described the necessity of reaching out to community leaders and parents before starting an intervention that educated girls about HIV and involved them in educating others.

Individuals belong to social networks that contain friends, relatives and others who's action, communication, or perceived traits help them to address challenges and innovations in their own lives. Research on social networks suggest that social networks within communities can identify issues specific to their members and influence the degree to which their constituents are willing to change behaviours(Guijit and Shah, 1998). Social networks transmit and distil information in terms that are meaningful to an individual's ability to make decision and take that action. The function of social networks in evaluating the social costs and benefits are poorly understood. In such environment it is natural for people to seek guidance from others before acting (Montgomery and Casterline, 1998). Experience has shown that it is critical to foster social support from partners and families both before and during interventions in order to facilitate program goals of behaviour change. The centre for health Education, training and nutrition awareness (CHETNA) based in Ahamedadab, India has been working to improve pregnancy outcomes in Gujarat state. However it's important to note that involvement of a partner in decisions that influence a woman's life should always be the choice of the woman. In addition a woman's right in decision making without the involvement of her male partner must be respected. In some instances women may derive greater empowerment when they are given opportunities to receive support from other women.

2.4 Capacity building for all stakeholders

Various good practices have been identified in HIV/AIDS specific health, humanitarian and development work since the discovery of the first AIDS case. Application of these practices requires certain levels of organizational and programming competences. Skinner (2004) states that the role of civil society in health is to advocate, facilitate and empower communities to manage their health and gain access to healthcare. Civil society has been recognized to play a key role in providing and optimizing health services, mobilizing and organizing health promotion campaigns and messages, representing public interests for policy setting, promoting equity in resource mobilization and allocation, and monitoring the quality of care and responsiveness of health services. Civil Society organizations (CSOs) can, and do mobilize, empower and support communities to respond effectively to the HIV/AIDS epidemic. CSOs are represented at all levels of decision making in the multi-sectoral structures of HIV/AIDS implementation frameworks of the three ones i.e. One agreed HIV/AIDS Action framework, One national HIV/AIDS coordinating Authority, One agreed country level monitoring and evaluation mechanism (KNASP, 2005). In its Global Strategy Framework on HIV/AIDS, UNAIDS recognizes that the outcome of the battle against HIV/AIDS will be decided at the community level and local capacity for prevention, care and support efforts need to be recognized, affirmed and strengthened (UNAIDS, 2007).

In the fight against HIV/AIDS, CSOs have certain comparative advantages over other actors. On the other hand one of the barriers that restrict the ability of CSOs to effectively implement actions that will prevent further HIV transmission, provision of care and support and advocacy include limited organizational capacity for sustained impact. African Medical and Research Foundation (AMREF) recognized the institutional challenges facing CSOs as partners in its

Maanisha Community Focused Initiatives to Control HIV/AIDS programme and invited Impact Centre to provide capacity building support (AMREF Annual Report, 2011). In consultation with AMREF, Impact Centre identified the following 10 key areas of organizational competences relevant for effective HIV/AIDS prevention, treatment, care and advocacy: CSO Governance and Leadership management of financial resources, Administration and Human Resource Management, HIV/AIDS Project Management, HIV/AIDS Project Monitoring and Evaluation, HIV/AIDS Technical Capacity, Networking and Advocacy, Stakeholder Involvement, Sustainability and HIV/AIDS Knowledge Management (AMREF Annual Report, 2011).

Reider (2003) explains how Impact Centre developed a holistic capacity building approach around the 10 competency areas and directly supported CSOs in the Lake Victoria region. Many others were assisted with technical support by the programme implementation team. Between 2004-2009 the programme was scaled up from the initial 19 to 82 districts across 4 provinces. The CSO capacity building approach developed is based on the systems theory of organizations. Its key principles and values are partnership, Ownership and commitment by CSOs and Organizational Learning. Implementation processes include, organizational capacity assessment, training, tailor-made technical assistance (in organizational systems development, financial management/grant management, monitoring and evaluation among others), coaching and mentoring. The process is supported by a comprehensive guidance manual. Capacity building is a key strategy for the promotion and sustainability of health prevention programs.

The approach not only enhances project/program implementation in the short-term, but provides skills to organizations and individuals that can enhance HIV & AIDS efforts over the long-term. CSOs who have directly or indirectly interacted with Impact Centre's approach have

demonstrated greater understanding and application of good practices in leadership and governance, financial accountability and transparency, increased absorption capacity and a more focused approach to health/development within their communities. These strengths have translated into more relevant activities, better service delivery and improved effectiveness in terms of aid utilization, project impact and overall sustainability of the organizations (Reider, 2003). Scaling up of one of the health programmes (AMREF's) that we have been associated with to an almost national level is a good indicator of the appropriateness of our approach to capacity development. Our capacity building methodology easily lends itself to a universal application by funding agencies, intermediary organizations, capacity building consultants and civil society organizations themselves. To be effective, it should be demand driven and implemented through a participatory approach and great emphasis placed on ownership at the organization level.

It is felt that whilst HR/Personnel Managers are critical in the effective implementation of the HIV and AIDS Workplace response, inadequate effort has been put in place to strengthen their skills in dealing with the complex issue i.e. HIV/AIDS pandemic. In most cases, HR Managers find themselves confronted with expectations that they are not adequately equipped to address (Mogomosti, 2004) In most cases, uptake of services as a result of HIV and AIDS Workplace Policies is minimal, as a result of a variety of issues, including insufficient staff participation in the design of policies, inappropriate methods of implementation; and insufficient processes for reviewing and revising the policies and the attendant policy implementation processes. More importantly, HR Managers rarely get an opportunity to engage with their peers in discussions around addressing HIV and AIDS in the Workplace.

2.5 Monitoring and evaluation systems

Crawford and Bryce (2003) argue that monitoring is an ongoing process of data capture and analysis for primarily project control with an internally driven emphasis on efficiency of the project. The authors define efficiency in this context as doing the right thing i.e. efficient conversion of inputs to outputs within budget and schedule and wise use of human, financial and natural capital. This definition emphasizes the fact that monitoring is mainly geared to project control. This is in agreement with the operational definition that focuses at the project control as taking corrective action and making decisions pertaining to the project by project manager during project implementation. Uitto (2004) defines monitoring briefly as a continuous function that aims primarily to provide management and stakeholders with early indicators of project performance of a project and progress (or lack thereof) in achievement of the results. Monitoring is seen as a continuous function as high lightened in the contextual definition of this research but it does not highlight what is tracked against what, so as to be able to indicate performance. It also highlights the fact that monitoring is result oriented. UNFPA (2004) defines monitoring as a process that continuously tracks performance against planned by collecting and analyzing data using the indicators established for monitoring and evaluation purposes. Monitoring is seen as in the contextual definition as providing continuous information on whether progress is being made towards achieving results through record keeping and regular reporting systems. Monitoring looks at the project process that transforms inputs into outputs, it also identifies project strength and weakness.

A baseline study should be undertaken before the project commences so that the condition prior to the implementation of the project is determined. This aids the evaluation function in order to determine whether the designed project did have an impact (Webb and Elliot, 2002: and

Gyorkos, 2003). Hughes Aeth, (2002) argues that a baseline study helps access the state of the community in terms of what the project intends to achieve. This is important for evaluating the project for it provides a point of reference to determine how far the community moved in terms of achieving the projects objectives.

The project monitoring and evaluation plan should be prepared as an integral part of the project plan and design (PASSIA, 2004: and McCoy et al, 2005). The integration is for clear identification of project objectives for which performance can be measured. Coherent framework on monitoring and evaluation should be aided by a coherent structured conceptual framework. The framework aids in identifying the logic behind project elements and performance measurement, how they are related and the underlying assumptions. One of the best practices that has been adopted because of its structured approach is the use of the LFA (Logical Framework Approach) as a tool to aid both the planning and the monitoring and evaluation functions during implementation (Aune, 2000: and FHI, 2004). Vannopen (1994) as quoted by Aune (2000) argues that the LFA makes the planners of the project from the onset to think in terms of measuring performance by identifying the measure and criteria for success during the planning stage. This gives it great leverage in that from the beginning the project design hence implementation are integrated with performance measurement through identification of indicators that will demonstrate how the project is performing during implementation.

The project budget should provide a clear and adequate provision for monitoring and evaluation activities. A monitoring and evaluation budget can be clearly delineated within the overall project budget to give the monitoring and evaluation function the due recognition it plays in project management (Gyorkos, 2003). Some authors argue for a monitoring and evaluation budget to be about 5 to 10 percent of the total project budget (Kelly and Magongo, 2004: IFRC,

2001: and AIDS alliance, 2006). The intention with this practice is not to be prescriptive of the percentage that is adequate, to come up with sufficient funds to facilitate the monitoring and evaluation activities take provision of a budget for monitoring and evaluation ensures that the monitoring and evaluation activities take place when they are due. It also ensures that monitoring and evaluation is not treated as peripheral function (Gyokos, 2003)

There should be an individual who is directly in charge of monitoring and evaluation as a main function (Kelly and Magonga, 2004) and an identification of different personnel for the different activities of monitoring and evaluation such as data collection, analysis, report writing, dissemination of the monitoring and evaluation findings (Gyorkos, 2003: and McCoy et al., 2005). This ensures that when there is monitoring and evaluation to be done, then there is someone specific to do it. There should be a clear specification of how often monitoring and evaluation data is to be collected, tools to be used and from whom. There should be also a specification of a schedule for monitoring and evaluation reports to be written (Gyorkos, 2003). The monitoring should be done regularly in order to be able to track the project and identify the problems early enough before they go out of hand. The regularity of monitoring could be a function of the size of the project, but a monthly frequency would be adequate , monitoring every three months would still be acceptable and that evaluation be done three times during the livespan of the project i.e. baseline, midterm and end term evaluation (USAID, 2006: and FHI,2004)

2.6 Conceptual framework

A lot of funds are dedicated to fighting HIV/AIDS and they are increasing day by day. This has led to the government encouraging local NGOs to apply for funds because most international NGOs are more into systems strengthening and big programs other than projects that directly benefit the common man. However for donors to commit their funds to local NGOs, they want to be sure that these funds will be used for their intended purpose. Before committing their funds, many donors want the benefiting community to be involved as this helps in project ownership by the community. They also want to have capacity of the stakeholders built so that the project can fully be implemented and benefit all the intended beneficiaries. For effective improvement and building on lessons learnt, project accountability and achievement of the objectives and also accountability of usage of funds, then monitoring and evaluation should be effective as presented in figure 2.1

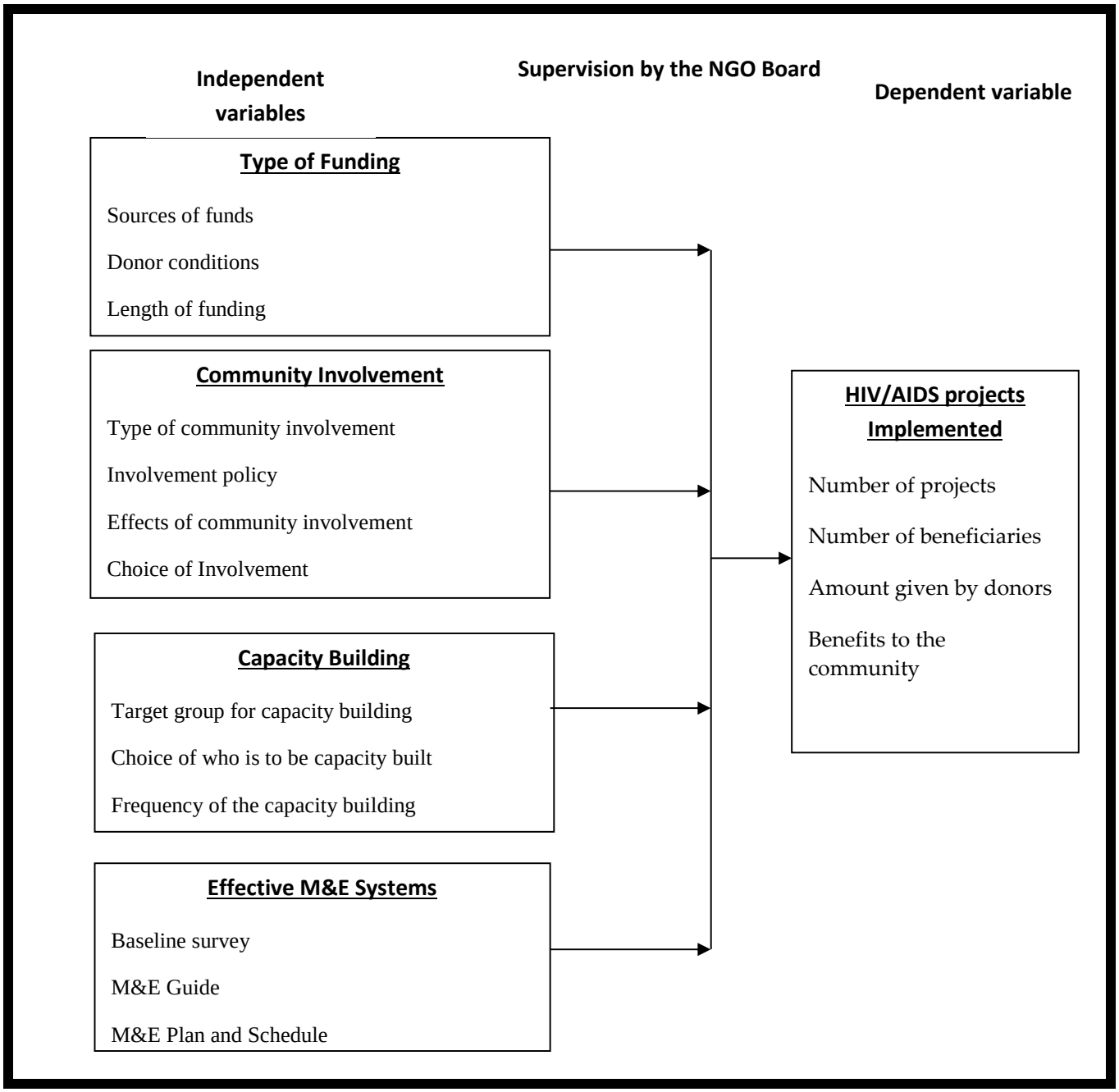

Figure 2.1 Conceptual Frame work

For a donor funded HIV/AIDS project to be successful, it is dependent on various independent variables. Consideration will be given to four independent variables that have an effect on the successful implementation of the projects. The variables are; Type and source of funding, community involvement, capacity building of the staff implementing the project and effective M&E systems.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the design of the study, the target population and the sample design. The chapter also explains the data collection methods and instruments used. It also explains on how data analysis was done.

3.2 Research design

The study adopted the descriptive survey design. This is a research design through which data was collected from members of a population by use of a questionnaire in order to determine the current status of that population with respect to one or more variables. It was concerned with conditions or relationships that existed, opinions that were held, processes that were going on, effects that were evident , or trends that were developing (Best and Khan, 2009) . The researcher had no control over the variables and was only reported what was happening or what had been happening, hence avoiding bias and improving on the reliability of the study (Kothari, 2004).

3.3 Target population

The target population for the study was those local NGOs that were implementing donor funded HIV/AIDS projects in Mukuru slums. According to the District AIDS and STI Coordinator Embakasi District, there were twelve local NGOs that implement HIV/AIDS projects in Mukuru slums. The number of staff in management positions was 57 while the number in non-management positions was 224.

Table 3.1 Local NGOs in Mukuru slums implementing HIV/AIDS Projects

Name of NGO	Management	Permanent	Temporally	Volunteer	Total
WOFAK	12	78	0	0	90
TUSUP	0	0	3	3	6
ZINDUA	7	8	0	3	18
WAKEPI	3	8	3	0	14
SHAN	3	9	0	0	12
HHW	8	15	0	5	28
St Joseph	3	0	4	0	7
NAWHAG	3	8	0	0	11
MMM Mukuru	8	15	3	0	26
World View	3	0	0	2	5
LSM	3	11	0	0	14
Love & Hope	4	10	1	0	15

Source: DASCO data bank – Embakasi, January 2011

3.4 Sampling procedure

The sampling frame was divided into homogenous groups hence stratified random sampling was used. The sub groups consisted of the staff in management positions and those staff in non-management positions. Mugenda and Mugenda (2003) citing Gay (1981) observes that for correlational research, 30 cases or more are required: for descriptive studies, ten percent of the accessible population is enough and for experimental studies, at least 30 cases are required per group. Since this was a descriptive study, the number chosen in the management was represent

20% while the number chosen in non-management was be 10%This gave a sample size of 35 respondents as shown in the table 3.2

Table 3.2 Sample Size of the Respondents

Name of NGO	Management	Sample Size	Non -Management	Sample Size
WOFAK	12	2	78	8
TUSUP	0	0	6	1
ZINDUA	7	1	11	1
WAKEPI	3	1	11	1
SHAN	3	1	9	1
HHW	8	1	20	2
St Joseph	3	1	4	1
NAWHAG	3	1	8	1
MMM Mukuru	8	2	18	2
World View	3	1	2	1
LSM	3	1	11	1
Love & Hope	4	1	11	1
Total	**57**	**13**	**189**	**22**

3.5 Methods of data collection

Data was collected from the population using the questionnaires. This was through a series of questions that were easy and convenient to answer and described the intended practices or behaviors formulated into a questionnaire.

The questionnaires were structured inform of questions that were convenient and easy so as to take less time to answer. Options were available to the respondents from which they ticked options that best described their practices, options or attitudes. The disadvantage was that they were restricted to the respondents in choice. The available options from which they choose may not have been exhaustive to describe the situation of the respondent.

There was also unstructured questions that were not to be restrictive to the respondents. The questions were to be open and elicit answers from the respondent without limiting them to predetermined options and they best described the situation at hand. The disadvantage was that they may have taken a lot more time from the respondent to fill and they may have required the respondent to fill and recall certain information without the benefit of the predetermined options.

3.6 Validity and reliability

All measurements may contain some element of error; validity and reliability concern the amount and type of error that typically occurs, and they also show how we can estimate the amount of error in a measurement.

3.6.1 Validity

The questionnaire was validated through a pilot with a sample of respondents taken from WPC (World Provision Centre) a local NGO implementing HIV/AIDS in Kenya based in Athi River. Dillman (1978) suggested that a pilot study is conducted to ensure clarity and proper interpretation of the questionnaire by the expected respondents. Validity is concerned with whether the findings are really about what they appear to be about (Saunders et al., 2007). To test for validity, the data collection instrument was administered to conveniently selected respondents. According to Saunderset al (2007), reliability refers to the consistency of

measurement and is frequently assessed using the test–retest reliability method. This will confirm the reliability of the structure, question sequence and meaning of questions. Instrument validity was also measured through expert advice of the supervisor and other members of the department.

3.6.2 Reliability

Instrument reliability refers to the level of internal consistency, on the stability of the measuring device (Thorndike and Hagen, 1961). It is the degree to which the test score are free from measurement errors (Best 1981). The test -retest method will be used where a part of the sample will be used to test reliability.

3.7 Operational definition of variables

Objectives	Type of variable	Indicators	Data collection method	Measure-ment Scale	Tools of analysis	Level of analysis
To investigate the extent to which type of funding influences implementation of donor funded HIV/AIDS projects	*Independent* Type of funding *Dependent* Implementation of HIV/AIDS projects	Sources of funds Donor conditions Length of funding Number of projects being implemented	Question-naire	Nominal Ordinal	Percentage Frequency	Descriptive
To determine how community involvement influences implementation of donor funded HIV/AIDS projects	*Independent* Community involvement *Dependent* Implementation of HIV/AIDS projects	Type of community involvement Involvement policy Effects of community involvement Choice of Involvement	Questio-nnaire	Ratio Nominal	Frequency percentage	Descriptive
To establish to what extent does capacity building of stakeholders influence implementation of HIV/AIDS projects	*Independent* Capacity building *Dependent* Implementation of HIV/AIDS projects	Capacity building Target group for capacity building Choice of who is to be capacity built Frequency of the capacity building	Questio-nnaire Observati-on	Nominal	Frequency Percentage	Descriptive
To determine how an effective M&E system influences implementation of HIV/AIDS projects	*Independent* M&E System *Dependent* Implementation of HIV/AIDS projects	Baseline survey M&E Guide M&E Plan M&E Schedule	Questionnai re Interview schedule	Nominal Interval	Frequency Percentage	Descriptive

Table 3.3 Operationalization of variables

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the data analysis, presentation and discussions of the findings of the research study. The findings are presented under the following themes namely: response profile and on each of the investigative questions that the research sought to answer.

4.2 Questionnaires return rate

The researcher administered questionnaires to the respondents himself and a 100% return rate was recorded as all the questionnaires were returned. This was mainly achieved through the researcher personally administering the questionnaires to different local NGOs implementing HIV/AIDS projects in Mukuru slums and collecting them on the agreed date.

4.3 Demographic information of the respondents

The researcher was interested in the demographic information of the respondents to help understand better the data on the topic under study. This entailed information on gender and age of the respondents, and level of education. The respondents in this study were staff working in local NGOs that implement HIV/AIDS projects both in management positions and in non-management positions.

4.3.1 Gender distribution of respondents

It was necessary to get the gender of the respondents so as to establish the percentage of each gender and therefore be able to tell whether the information collected was gender balanced. This was also due to the fact that both genders are implementers and beneficiaries of the program under study as shown. Gender distribution of the respondents is shown in the table 4.1.

Table 4.1 Sex of the respondents

	Managers		Non Managers	
Gender	No.	%	No.	%
Male	10	77	12	55
Female	3	33	10	45
Total	13	100	22	100

Table 4.1 shows 10(77%) of the respondents in management position were Male while 3(33%) were females. For the staff not in management positions, 12 (55%) were male while 10(45%) were Females. The data gives a general perspective that male gender dominates the management positions and non-management positions, even though gender disparity is smaller in non-management positions.

4.3.2 Age distribution of the respondents

It was also imperative to find out the age of the respondents to so as to provide an insight to the area of study and relate it to HIV /AIDS projects implemented by local NGOs in Mukuru slams. The results were as indicated in table 4.2

Table 4.2 Age Distribution of the Respondents

	Managers		Non Managers	
Age	No	%	No.	%
Under 20	0	0	3	14
21 - 30	2	15	8	36
31 - 40	7	54	6	27
41 - 50	3	23	5	23
Over 50	1	8	0	0
Total	**13**	**100**	**22**	**100**

Table 4.4 shows that the 50% of the general staff were aged 30 years and below, this shows that HIV / AIDS world attracts more attention to younger generation as in most cases, as the youths are more vulnerable. Those in management positions are of a greater age than those of non-management positions with 15% being 30years and below. This could be due to the experience required to handle managerial issues of which many young people don't have.

4.3.3 Education Level of the Respondents

The researcher found it necessary to seek information on the respondents' level of education. This was important so as to establish a relationship if any between the respondent's qualifications and the funding level of the HIV/ AIDS projects that they implement. The respondents were therefore requested to indicate their highest level of education and this is indicated in table 4.3.

Table 4.3 Level of Education level of the Respondents

	Managers		Non Managers	
	No.	%	No.	%
Primary	0	0	1	5
Secondary	1	8	3	13
Certificate	2	15	4	18
Diploma	6	46	12	55
Degree	4	31	2	9
Masters	0	0	0	0
Total	13	100	22	100

From the responses given, it was clear that majority of the respondents had diploma and above where for managers it was 77% and non-managers it was 64%. This is a clear indication that project implementation requires well equipped staff for the success of the project. None of the staff in either management or non-management had a master's degree, this is an indication that the projects implemented don't require high level of education

4.4 Project sustainability

The lifespan of the project should not depend on the presence of the donor but the benefiting community should be in a position to see the future of the project many years after the donor has handed over the management of the project to the community.

4.4.1 The number of years worked in the organization

This section sought to know the number of years that the respondent worked in the organization. Those who had worked there for more years gave more concrete details as they had more of the organization's history. The responses are shown in table 4.4

Table 4.4 Number of years worked in the organization

	Managers		Non Managers	
Response	Frequency	Percentage	Frequency	Percentage
Less than 6 Months	0	0	3	14
6 - 12 Months	2	15	5	23
1 - 2 Years	4	31	11	49
More than 2 yrs	7	54	3	14
Totals	13	100	22	100

According to the non – managers respondents, 11 respondents (49%) who were almost half of the total respondents had stayed in the organization for more than two years for non-managers, while for managers majority had stayed for more than two years, i.e. (7) 54% .This could have been a reward for their knowledge about operations of the organization. Only 2 people (9%) for non-managers had stayed in the organization for less than six months and for managers none had stayed for less than six months. This shows that the information given by the respondents can be relied upon as most of the respondents had stayed in the organization long enough.

4.4.2 The number of donor funded HIV/AIDS related projects under implementation.

This section sought to find out the percentage of the HIV/AIDS that were being implemented under by support of donor funds as show in table 4.5

Table 4.5 Number of HIV / AIDS related projects funded by donors

	Non Managers		Managers	
No. of Projects	Frequency	Percentage	Frequency	Percentage
1	5	23	2	15
2	8	36	5	46
3	3	14	2	15
4	3	14	1	8
5	1	4	2	15
>5	2	9	0	0
Totals	22	100	13	100

From the response given by non-managers and those in management positions, 61% of the respondents said that they were implementing 1 or 2 projects while 59% of the non-managers had the same response. This shows that most donors were not very careful on giving funds to organizations already implementing HIV/AIDS projects in order to ensure that the allocated money is properly accounted for. This also shows that multiple implementation of the projects was not a key factor to funding of the projects

4.4.3 Average duration in years of the donor funded projects

This section sought to know the duration of HIV/AIDS related projects that the organization was implementing at the time. The results are shown in table 4.6;

Table 4.6 Type of HIV / AIDS Projects Under Implementation

	Non Managers		Managers	
Type	Frequency	Percentage	Frequency	Percentage
HTC	4	18	3	23
BCC	3	14	1	8
Care	2	9	2	15
Economical	7	32	4	31
Advocacy	1	5	1	8
Others	5	22	2	15
Totals	22	100	13	100

Given the wide range of the HIV/AIDS related project being implemented in the country, the researcher saw it necessary to find out the most popular projects being implemented at Mukuru slams. This has as strong relation in donor funding as it can also tell which projects attract more funding. From the response, it was clear that a big percentage of projects were concerned with economic wellbeing of those infected and affected by HIV/AIDS i.e. 7 projects representing 32% from non- managers and 31% for managers were of this category. The least funded projects were those dealing with advocacy with 22% being lamped together in the category of others; this was according to non- managers, the managers included BCC projects also in the category of the least popular category of projects.

4.4.4 Conditions attached to funds given by the donor

This question aimed at establishing whether the funds given by the donors come with any conditions as shown in table 4.7.

Table 4.7 Conditions given by donors during Funding

	Managers		Non Managers	
Donor Condition	Frequency	Percentage	Frequency	Percentage
Strong management Systems	12	55	6	46
Community Involvement	1	5	2	15
Project sustainability	2	9	1	8
Good financial management	2	9	1	8
Presence of other donors	5	22	3	23
Total	22	100	13	100

Table 4.7 gives the responses on conditions given by the donors, which should be met for continued funding or release of funds by the donors. The condition looked at by most donors is existence of strong management systems (55% by the managers and 46% by the non-managers). This is a clear indication that donors will want to commit their money in well managed NGO. Apparently the least looked at condition is that of ensuring that the community is fully involved during the implementation of donor funded HIV/ AIDS projects.

4.4.5 Failed or stalled projects due to withholding or withdrawing of funds by a donor.

If a donor withdraws and withholds funds, the project will definitely fail or stall. This section sought to know the number of projects that ever stalled due withholding of funds by the donor as a result of failing to comply with the conditions given by the donor. The results are as shown in table 4.8

Table 4.8 Number of Projects that have stalled due to withdrawal of funds by the donors

	Non Managers		Managers	
Number of stalled Projects	Frequency	Percentage	Frequency	Percentage
None	10	45%	3	23%
1	8	36%	6	46%
2	3	14%	3	23%
3	1	5%	1	8%
4 and above	0	0	0	0%
Total	22	100	13	100

Majority of respondents in non-management position 10, (45%) said that they had not witnessed any project fail or stall due to withdrawal or withholding of funds by the donor, while 46% of staff in management position said that they had witnessed at least one project fail. Given that 69% of the managers and 81% of non-managers had not witnessed a project fail due to withdrawal of funding, this shows that this is not a major Couse to projects failure.

4.5 Community involvement

The community is the primary beneficiary of any project, hence the project implementers should by all means see to it that the community is directly involved or the gate keepers are involved as shown in table 4.9.

Table 4.9 Community viewed as a major stakeholder

	Non Managers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
Yes	15	89	7	74
No	5	2	4	21
Don't know	2	9	2	5
Totals	22	100	13	100

All HIV/AIDS projects are done with community in mind; this makes it very crucial to involve the community in every step so that the community owns the projects and to ensure sustainability. This section of choice of activities sought to know whether the befitting community is regarded as a major stakeholder. The results as shown in the table above indicates that of all the respondents, 89% and 74% for managers and non-managers respectively said that the organization sees the community as a major player during the implementation of any HIV/AIDS project being implemented by the organization.

4.5.2 Number of projects implemented with the community fully involved

This question sought to know the number of HIV/AIDS projects successfully implemented with full involvement of the community. Table 4.10 gives the responses;

Table 4.10 Projects implemented successfully

	Non Managers		Managers	
No. of projects	Frequency	Percentage	Frequency	Percentage
One	1	8	2	9
Two	4	31	4	18
Three	5	38	9	40
Four	2	15	5	23
All projects	1	8	2	9

The responses given shows that there is a mix feeling on involvement of the community during project implementation, less than 10% of the respondents for both managers and non-managers indicated that they had fully involved the community in all the projects the had implemented. A good practice should be that community should be involved at all times during the implementation of the project.

4.5.3 Community sensitization Meetings

All HIV/AIDS projects are intended to benefit the community as the burden of caring for the infected and the affected lies heavily on the community itself. This section sought to find out if the community is involved in sensitization meetings as shown in table 4.11.

Table 4.11 Community sensitization Meetings

	Non Managers		Managers	
Benefit	Frequency	Percentage	Frequency	Percentage
Employment	7	32	4	31
Community Projects	3	14	3	23
Resources	4	18	1	8
Infrastructure	3	14	4	31
Others	5	22	1	8
Totals	22	100	23	100

Form the responses in table 4.11, we find that majority of the beneficiaries were in the employment offered, which had 32% of the reposes given by non-managers while those in management position had a slightly lower percentage, i.e. 31%. The table further shows that there wasn't a very clear way in how the community should be involved and at what stage of the implementation of the project.

4.5.3 Effects of involving Community on HIV/AIDS Projects

This section sought to know the effects of involving the community when implementing HIV/AIDS project as shown in table 4.12.

Table 4.12 Effects of Community Involvement on Implementation of HIV/AIDS projects

	Non Managers		Managers	
Effect	Frequency	Percentage	Frequency	Percentage
Community ownership	12	55	5	38
No vandalism	1	5	2	15
Needs identification	2	9	3	23
Sustainability	5	22	1	8
Donor happy	2	9	2	15
Totals	22	100	13	100

From the responses given in table 4.12, it is clear that the biggest effect of involving the community is that the community owns the projects being implemented. This was echoed by both managers and non-managers where they both gave the biggest weight. This is very important because the community doesn't see the project as an imposed thing but as being for the common good of the community and they are able to take care of the projects they can identify with. This gives the reason why 55% of the non-manager respondents and 38% of those in management felt that involving the community helps the community own the project. All the other responses seem to go hand in hand with community ownership principle where by what is accepted by the community is deemed to survive and those rejected are usually headed for total failure. One of the responses given by the managers concerning making the donors happy is worrying. This could be interpreted to mean that donors do some things during project implementation to please donors whether ethical or no ethical

4.5.4 No. of people participating in community based HIV/AIDS projects

The project implementers should endeavour to involve as many people as possible from the community as this leads to project ownership by the table 4.13.

Table 4.13 No. of people participating in community based HIV/AIDS projects

	Managers		Non Managers	
Number	Frequency	Percentage	Frequency	Percentage
1-10.	5	22	2	15
11-20.	8	36	2	15
21-30	4	18	5	46
31-40	3	14	3	23
>40	1	5	1	8
Total	22	100	13	100

Table 4.13 shows the responses for the number of the staff that are in one way or the other involved during g project implementation. Majority of the respondents said that the number involved for any one project ranges from11-20. This presentation is good as it shows that for all the projects being implemented, a substantial number of people in the community are involved in implementation of the project. Those respondents who said that the number involved is between 21-30 were the majority in the non-managers category.

4.5.5 Trainings and sensitizations done to the community

The community can greatly benefit from the trainings and sensitizations if they are structured and tailor made to benefit the community in line with the type of the project being implemented.

With these trainings and sensitizations, the capacity of the involved community at large is built and for future projects they can benefit more or even give the right direction of the project as shown in table 4.14.

Table 4.14 Target Group of the Trainings and Sensitizations

	Non Managers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
Workers	2	9	3	23
Beneficiaries	12	55	5	46
Community leaders	4	18	3	23
General Public	1	5	1	8
N/A	3	14	1	8
Totals	22	100	13	22

Table 4.14 gives responses of the trainings and sensitizations targeting the community, The respondents were asked if community sensitizations and trainings were done during project implementation and the responses are as above. Those who said that they had witnessed or benefited from these trainings and sensitizations were 55% while the least, from managers responses were 5%. 14% of the managers said that it was not applicable. Majority of the non-Managers said that beneficiaries benefitted most from the trainings while the least said that the general public benefitted. The responses given by the respondents varied with majority (6 out of saying that they had witnessed an average of four sensitizations or trainings being done to the targeted community.

4.6 Capacity building targeting stakeholders

Capacity building is key to having the stakeholders understand what the project entails if they are to fully participate in the entire project implementation process as shown in table 4.15.

Table 4.15 Capacity Building for Stakeholders

	Non Managers		Managers	
Response (Yes or No)	Frequency	Percentage	Frequency	Percentage
Yes	12	55	7	54
No	6	27	5	46
Don't Know	4	18	1	8
Totals	22	100	13	100

From the responses given 55% of the respondents said that capacity building is done to the stakeholders as said by none managers while 54% of those respondents in management position give a positive answer. Given the importance capacity building holds in any project work, the number should be higher than this as the importance of the exercise is also echoed by the stakeholders.

4.6.1. Groups that are targeted for Capacity building

For those who said that there was capacity building for stakeholders in their organizations, I sought to know the groups targeted in the capacity building. The table below shows what responses were given in table 4.16.

Table 4.16 Groups targeted by the Donor for capacity building

	Non Managers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
Workers	2	9	3	23
Beneficiaries	12	55	5	46
Community leaders	5	18	3	23
General Public	1	5	1	8
N/A	2	14	1	8
Totals	22	100	13	100

Majority of those targeted are the beneficiaries with the number being 12 (55%), of the total 22 in the non-management category which was given the same weight by managers who gave a response of 46%. The others were community leaders, being a total of 4 (18%) workers and 3(23%) as per non managers and managers' respectively. This clearly shows that when HIV/AIDS projects are being implemented, then the specified beneficiaries at the initiation of the project are targeted to be the beneficiaries. But more worrying is the fact that those who are not targeted when the project is being initiated, then there is very little benefits for them.

4.6.2 Documentation of Lessons learnt from previous projects.

Future projects heavily rely on the lessons learnt from the previous projects. Ti ignore lessons learnt from the previous lessons is a recipe of failure as failure is almost guaranteed. It was in this in mind that I sought to find out whether the organizations implementing HIV/AIDS projects give a consideration of the same when implementing HIV/AIDS projects as shown in table 4.17.

Table 4.17 Documentation of Lessons Learnt

	Non Managers		Managers	
Response	Frequency	Percentage	Frequency	Percentage
For all the projects	12	55	8	61
For some projects	2	9	4	31
For a few projects	5	22	0	0
Never	3	14	1	8
Totals	22	100	13	100

From the reposes given in table 4.17, it is clear that project implementers try their very best going by the 12 people who said that this is done for all the projects, this being (55%) as per non managers responses and the same weight was given by managers with 61%. 31% of the managers said that documentation of lessons learnt was done for some projects while non-managers had 9%. This is not a good number given the importance of documentation of lessons learnt for the success of the future projects.

4.6.3 Capacity building Activities'

It's very important that those who have knowledge transmit the knowledge to those who don't have the said knowledge. It is with this in mind that the researcher sought to know the activities carried out to enhance capacity building as shown in table 4.18.

Table 4.18 Who does Capacity building?

	Non Managers		Mangers	
Responses	Frequency	percentage	Frequency	Percentage
Management	2	9	2	15
Concerned department	11	50	3	23
Outsourcing	1	5	2	15
Trained staff	5	22	5	38
None	3	14	1	8
Totals	22	100	13	100

From the responses given in table 4.18, the issue of capacity building was to a great extent left to the responsible departments, this response was given by 50% of the non-managers respondents while the managers who were of the same opinion were 23%. Majority of the managers said that specially trained staff do capacity building; this was 38%. In my view this is the area that should have been most popular given that specialist are in the best position to pass on knowledge to the others. Outsourcing of capacity building was not given much weight even though it is the best way out to ensure that it is done in the very best way and by the expert.

4.6.4. Barriers faced in Capacity building

The researcher sought to know the barriers faced by the organizations that do capacity building.

Most of the respondents (61% and 32%) for managers and non-managers respectively gave lack of finances as the biggest barrier encountered while doing capacity building to their staff. Given the importance of capacity building to the stakeholders, then this should act as a wakeup call to

those applying for funds so that they can factor this in capacity building for the stakeholders in their proposal writing as shown in table 4.19.

Table 4.19 Barriers Faced During Capacity Building

	Non Managers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
No training	5	22	0	0
Lack of supplies	5	22	3	23
Many Projects	1	5	1	8
Lack of funds	7	32	8	61
Projects failure	4	18	1	8
Totals	22	100	13	100

61% of the managers' response said that they faced the barrier of lack of funds while 32% of the non-managers were of the same opinion. Other responses were lack of training responses being 22% for non-managers and managers had 0% for the same question together with lack of supplies or necessities to do the capacity building. Project failure was also seen as on of the reasons given for not doing the capacity building which was given the weight of 8% by the managers and 18% by the non-managers. This implies that some projects die early enough in the stage of implementation.

4.7 Effective monitoring and evaluation systems

By having an effective M&E system, the organizational reporting and other requirements are met, donors are convinced that their investments have been worthwhile and also the extent to which the objectives of the project are met is clearly stipulated.

4.7.1 Conducting of Baseline surveys

Baseline survey is of paramount importance as one needs to adequately attribute the outcome of the project to the activities carried out by the project implementers. This can only effectively be done if one knows the starting point of the project. Asked whether the organization conducts the baseline before the actual implementation of the projects as shown in table 4.20

Table 4.20 Baseline Survey Conducted Before the start of the Project

	Non managers		Managers	
Reponses	Frequency	Percentage	Frequency	Percentage
All projects	5	22	3	23
Some projects	4	18	2	15
Very few projects	1	5	1	8
Never	12	55	7	54
Totals	22	100	13	100

The responses given in table 4.20 indicates that even though this is a very important starting point for any project, the majority of the responses (12) which is 55% of all the non-managers responses and 7(54%) of managers said that they never carried out the baseline study before they started the implementation of the projects. This could be due to the reason that many a times the

project proposal doesn't require that a baseline be done. All the same the baseline enables one to know the contribution of a project in meeting the impact.

4.7.2 Percentage of Project budget allocated to M&E activities

Monitoring and evaluation is very crucial for any project as it gives the progress of the project. Through routine collection of information about the project, then every stakeholder is kept informed of the progress of the project. Then the implanters can know how best to carry on with the project as shown in table 4.21.

Table 4.21 Availability of M&E Plan

	Non Managers		Managers	
Response	Frequency	Percentage	Frequency	Percentage
All Projects	10	45	8	62
Some projects	2	9	2	15
Very few projects	3	14	1	8
Never	7	32	2	15
Totals	22	100	13	100

Monitoring and evaluation can best be achieved through a properly stipulated M&E plan for the project. 45% of the non-managers respondents said that they have monitoring plan for all their projects and 62% of the managers were of the same opinion. This is a good presentation given the M&E plan carry for the success of HIV/AIDS projects organizations carry out. 14% of the respondents said that they have M&E plans for very few projects; non managers, while 8% of the managers were of the same opinion. 9% non-mangers said that they do have M&E plans for

some projects but not all and 15% of the managers give the same responses. A number of the respondents said that they don't have M&E plans for any of the projects that they carry out.

4.7.3 Schedules on how Monitoring and Evaluation is to be carried out

This section sought to find out whether the M&E carried out is carried out according to any schedule or its merely done haphazardly, and if the schedule does exist whether they are ever followed. Schedules are important as they given a definite way on how the monitoring and evaluation for a particular project should be carried out as shown in table 4.22.

Table 4.22 Availability of M&E Schedule

	Non Mangers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
For all the projects	10	45	6	46
For some projects	2	9	2	15
For a few projects	3	14	1	8
Never	7	32	4	31
Totals	22	100	13	100

From table 4.22, more than 50% by the two categories of the respondents indicated that they had M&E schedules for some projects or all projects. The non-managers' respondents who said that they have schedules for are projects are 45% being 10 respondents out of the 12 respondents interviewed while the managers who were of the same opinion were 6 (46%). This is means that the monitoring and evaluation done by these organization is not standard at all as is suggests that it's done haphazardly.

4.7.4 Type of evaluations done for the HIV/AIDS projects implemented

Evaluations are very important during the implementation of any project as they help determine whether the changes that have taken place during the project period can attributed to the project. The baseline evaluation gives the starting position of the project so that every other milestone made by the project can be measured from there. Midterm evaluation gives the position of the project as at the midlife of the project and tells the stakeholders whether the project is in the course or changes need to be made for all the objectives of the project to be achieved. The end term Evaluation looks at the impact made by the project and whether the project achieve all the changes it endeavored to achieve as shown in table 4.23.

Table 4.23 Type of project evaluations conducted by the organizations

	Non managers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
Baseline	2	10	5	38
Midterm	3	14	0	0
End term	8	36	5	38
All the three	6	27	2	23
Never	3	14	1	8
Totals	22	100	13	100

From the responses given by the respondents in table 4.23, non-managers said that most of the projects organizations carry out Midterm evaluation while managers said both baseline and end term evaluations are given the same weight. The managers said that no midterm evaluation is

done at all, which is very worrying because mid-term evaluation ensures that the projects are in curse and advices on any changes that can be done for the project to achieve its objectives. The three types of evaluations are very important and should be done for all the projects; however it's worrying to see that 23% and 27% of responses given by managers and non-managers respectively said that they do all the three evaluations.

4.7.5 Documentation of Lessons learnt

Lessons learn are very crucial and key as they give opportunities to learn from experience. If these lessons leant are not documented, then they only help them that have them in mind who also often forget them. Hence its paramount that these lessons learnt are documented and well stored for learning both during the project period and for future projects as shown in table 4.24.

Table 4.24 Documentation of lessons learnt by respective organizations

	Non Managers		Managers	
Responses	Frequency	Percentage	Frequency	Percentage
For all the projects	2	9	2	15
For some projects	1	5	3	23
For a few projects	12	55	5	38
Never	7	32	3	23
Totals	22	100	13	100

Majority of the respondents as per table 4.24, both mangers and non-managers said that lessons leant are done for only a few projects (55%) and (38%) respectively. Only 15% of those in management position and 9% of those in non-management positions said that they document

lessons learnt for all the projects. More worrying is the number of respondents who said that they don't document the lessons learnt at all for any project, which was 32% for non-managers and 23% for managers. This shows that the donors are not keen or don't emphasize on documentation of the lessons learnt from the project implemented.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion of the study findings, conclusion and recommendations of the study. It gives the summarized findings of the project report as guided by each of the objectives of the research project.

5.2 Summary of the findings

The research was based on four objectives. One of the objectives was to investigate the influence of the donor funding on implementation of HIV/AIDS projects. This objective focused on Project sustainability, previous projects, project duration and conditions given by donors before funding a project. The second objective sought to determine the influence of community involvement on implementation of donor funded HIV/AIDS projects. To investigate this objective, I looked at various ways in which the community was involved, how this involvement influences project implementation and the specific activities the community is involved in. The other objective was to access how the capacity building of project stakeholder's influences implementation of donor funded HIV/AIDS projects. The researcher sought to investigate this objective by seeking information on the groups targeted, the activities stakeholders are engaged in, barriers faced and how documentation of lessons learnt is done. The fourth objective was to determine how an effective monitoring and evaluation system influences implementation of donor funded HIV/AIDS projects. To shed light on this, the researcher sought information on the percentage of the project budget dedicated for M&E activities, types of evaluations done and schedules on how M&E is to be done.

5.2.1 Demographic information of the respondents

The gender distribution of the respondents showed that 77% of those in management position were Male while the staff not in management positions had 55% of them being male. 50% of the general staff were aged 30 years and below, this shows that HIV / AIDS world attracts more attention to younger generation as in most cases, this agrees with the general perception that the youths are more vulnerable to HIV/AIDS. Those in management positions are of a greater age than those of non-management positions with 15% being 30years and below. This could be due to the experience required to handle managerial issues of which many young people don't have.

5.2.2 Funding influence on type of projects

From the study, it was evident that the type of funding has big influence on the type of the HIV/AIDS project being implemented in the community. The condition looked at by most donors was existence of strong management systems, where 55% of managers and 46% of the non-managers indicated that donors were keen at the management structure of the organization. Majority of respondents in non-management position, 45% said that they had not witnessed any project fail or stall due to withdrawal or withholding of funds by the donor, while 46% of staff in management position said that they had witnessed at least one project fail. On the length of time stayed in the organization, 49% of the respondents had stayed in the organization for more than two years for non-managers, while for managers majority had stayed for more than two years, i.e. 54%. This aimed at looking whether donors were interested on organizational stability during project period. On the type HIV/AIDS projects, it was clear that a big percentage of projects were concerned with economic wellbeing of those infected and affected by HIV/AIDS i.e. 7 projects representing 32% from non- managers and 31% for managers were of this category.

5.2.3 Community involvement

From the study, it was clear that it's important to involve the community during implementation of HIV projects that touch the community directly or indirectly. On community viewed as major stakeholders, 89% and 74% for managers and non-managers respectively said that the organization saw the community as a major player during the implementation of any HIV/AIDS project being implemented. On community sensitization meetings, there wasn't a clear way in how the community should be involved and at what stage of the implementation of the project. 55% of the non-manager respondents and 38% of those in management felt that involving the community helps the community own the project. Those who said that they had witnessed or benefited from these trainings and sensitizations were 55% for non-managers and 46% for the managers. From the responses given 55% of the non-managers respondents said that capacity building was done to the stakeholders while 54% those in management position give a positive answer.

5.2.4 Capacity building of the stake holders

The study established that the capacity building comes in handy for all the stakeholders so that the project reaches the intended target audience and achieves the set objectives. From the responses, 55% of the non-managers said they had witnessed capacity building done to the stakeholders while 54% of the respondents in management position give a positive answer. Majority of those targeted were the beneficiaries with the responses being 55%, of the total 22 in the non-management category which was given the same weight by managers who gave a response of 46%. The issue of capacity building was to a great extent left to the responsible departments, this response was given by 50% of the non-managers respondents while the managers who were of the same opinion were 23%. Majority of the managers said that specially

trained staff does capacity building; this was 38%. On barriers to capacity building, most of the respondents (61% and 32%) for managers and non-managers respectively gave lack of finances as the biggest barrier encountered while doing capacity building to their staff. On the issue of barriers faced during capacity building, 61% of the managers' response said that they faced the barrier of lack of funds while 32% of the non-managers were of the same opinion.

5.2.5 Effective Monitoring and Evaluation system

By having an effective M&E system, the donor reporting and other requirements are met, donors are convinced that their investments have been worthwhile and also the extent to which the objectives of the project are met is clearly stipulated. On the baseline survey, majority of the responses, 55% of all the non-managers responses and 54% of managers said that they never carried out the baseline study before they started the implementation of the projects. 45% of the non-managers respondents said that they have monitoring plan for all their projects and 62% of the managers were of the same opinion. More than 50% by the two categories of the respondents indicated that they had M&E schedules for some projects or all projects. The non-managers' respondents who said that they had schedules for are projects were 45% while the managers who were of the same opinion were 46%. On documentation of lessons learnt, majority of the respondents both mangers and non-managers said that lessons leant were done for only a few projects i.e. 55% and 38% respectively.

5.3 Conclusion

In conclusion, the questions of this research were answered. That the type funding to a great extent influences the type of HIV/IADS projects that are to be implemented, as the donor looks at the management structure and gives conditions which must be met prior to funding by the donor. This leaves the organization that is implementing the project with no option but to

specifically follow the directions and conditions given by the donor. By involving the target community during implementation of the HIV/AIDS project there is a great influence on the success or failure of the said project. The donor requires that the benefiting community be involved in all the stages during the implementation of the project for the project benefits to be fully realized by the targeted community. This is important as the community gets a sense of ownership of the said project and takes care of it as their own. Capacity building of the project stakeholders is important if the project will be implemented as the original design and benefits realized by the targeted community. The manner in which capacity building is done is also key as it should be done by qualified personnel other than it being left to the respective divisions to do it. An effective monitoring and evaluation system has a great influence on implementation of HIV/AIDS project funded by donors. Through provision of a monitoring schedules, evaluation timelines including baseline evaluation, equipment's monitoring and also workforce monitoring, then the donor donors gets assurance that the money will be put in good use as given and also other stake holders gets to know how effectively, efficiently and economically their resources have been utilized.

5.4 Recommendation

After this study, the researcher made the following recommendations.

1. Local NGOs should strengthen the management by ensuring that qualified and experienced personnel who have an experience of working in the NGO world are given management positions. The management should also ensure that the projects the projects are implemented as per the proposal to avoid situations of the donor withholding funds leading to project failure. Project managers should also have frequent workshops and financial mentorship programs so that they are adequately equipped on project matters.

2. All projects have an implementation timeframe and when the projects period is completed, the project is left in the hands of the community that was targeted by the project. To avoid situations where the donor leaves with the project intended for the community, the researcher recommends that the community be involved from initiation to the end of the project. Another recommendation is that during the implementation process, project leaders from the community should be identified who can manage the project after the donor has left.

3. Capacity building of the project stakeholders carries a lot of weight; the researcher recommends that capacity building be done to all stakeholders at the time expressed in the project proposal. This is should be done to all stakeholders whether directly or indirectly involved in implementation of the HIV/AIDS projects. The researcher also recommends that capacity building of the stakeholders be done by qualified outsourced personnel but not by staff who don't have experience on the same.

4. Given the importance of a strong monitoring and evaluation system as revealed in the study, the management should make deliberate effort to strengthen and support the M&E department carry out its role as mandated. The researcher further recommends that for every project, provision of monitoring schedules, evaluation timelines including baseline evaluation, equipment's monitoring and also workforce monitoring should be clearly stipulated at beginning of project implementation.

5.4.1 Suggestion for further studies

The study only concentrated on influence of donor funding on implementation of donor funded HIV/AIDS projects by donors in Mukuru slums in Nairobi, there are other areas that would be of concern. The researcher would like to suggest a study on the influence of donor funding on implementation of donor funded HIV/AIDS in Kibera slums.

5.5 Contribution to the body of knowledge

The study contributed to the knowledge gap it sought to fill as summarized in table 5.1

Table 5.1 Contribution to the body of knowledge

Objective	Contribution
1. To investigate the influence of the donor funding on implementation of HIV/AIDS projects	- Donors want to commit their money in a NGO that has a strong management system - Donors are not keen on how the community will be involved when giving funds - Many of the NGOs interviewed had not experienced project failure due to withdrawal of funds
2. To determine the influence of community involvement on implementation of donor funded HIV/AIDS projects.	- Community is a major stakeholder for the success of community HIV/AIDS project - Community involvement lengthens the lifespan of the project - The community should be directly involved in hands on of the project - Trainings of the community as whole is not key for success of a project
3. To access how the capacity building of project stakeholders influences implementation of donor funded HIV/AIDS projects.	- Documented lessons learnt should be used during capacity building of the stakeholders - Among stakeholder of HIV/AIDS projects, beneficiaries should be given a high priority - Documentation of lessons learnt is key during capacity building
4. To determine how an effective monitoring and evaluation system influences implementation of donor funded HIV/AIDS projects.	- it is recommended that 5 – 10% of the entire project budget be committed for M&E activities - Baseline, midterm evaluation and end term evaluation are crucial during project implementation - The project implementation should be guided by an M&E plan - It is important to document M&E lessons learnt during project implementation

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APPENDICES

APPENDIX 1: INTRODUCTION LETTER TO THE LOCAL NGOS

Dear Sir/Madam …….

Challenges that Local NGOs face when Implementing HIV/AIDS related projects.

I am currently carrying out a masters' research on the above topic in order to determine and share insights in the area challenges faced by local NGOs when implementing HIV/AIDS projects. I am attached to the University of Nairobi, school of continuing and distance education.

You have experience that will be of value to this research and very much wish to know your views challenges that face local NGOs when implementing HIV/AIDS related projects. I hope you will take out a few minutes and fill out the questionnaire I have attached.

I am aware of the need to treat the responses with utmost confidentiality. No source, individual or organization will be identified. The output will be in form of summarized ratings from all participants.

Yours faithfully,

Mwaniki M Anthony

APPENDIX II: QUESTIONNAIRE

Thank you for taking the time to complete this survey. Your answers will provide information on influence of donor funding on HIV/AIDS projects. The information you provide is anonymous and confidential.

Name of the NGO:_____

Facility Name:_____

Cadre/Designation: _____ dd/mm/yyyy Date: __/___/2013

Instructions: Please tick the appropriate box or complete the answer.

Section 1: General Information

1.1 Sex: ⬭ Male ⬭ Female

1.2 What is your age bracket?

A. Under 20

B. 21-30

C. 31 -40

D. 41- 50

E. Over 50

1.3 What is the highest level of school you attended?

A Primary level	D College
B Secondary level	E University
C Polytechnic	F None

Section 2: Project sustainability

2.1 For how long have you worked in this organization?

A Less than 6 months

B 6 months – 1 year

C 1- 2 years

D More than 2 years

2.2 For the years that you have been working in this organization, are there instances that you implement projects without the assistance of donors

Yes ◯ No ◯

If yes, how many projects are of this category? _____

2.3 What is the average duration in months of the donor projects implemented by the organization for the last three years?

2.4 When donors give funds, are there any conditions that come attached to those funds?

Yes ◯ No ◯

If yes list any three conditions you know the donor ever gave.

1._____

2._____

3._____

2.5 How many projects have you witnessed fail or stall as a result of the donor withholding or withdrawing funds before the project is completed._____

Section 3: Community Involvement

3.1 When implementing donor funded projects, do you consider the community as major stake holder?

Yes ◯ No ◯

How many projects have you witnessed failing due to rejection by the community for failing to be involved? _____

3.2 What is the number of projects that this organization has implemented successfully for the last three years? _____

3.3. As an organization, do you hold community sensitization meetings?

Yes ◯ No ◯

You're your knowledge how many of such sensitization meetings do you hold before the start of any donor funded project? _____

3.4 What is the average number of people that participate in community HIV/AIDS project that you implement?

_____

3.5 Are there any trainings to the community on successful implementation of HIV/AIDS projects?

Yes ◯ No ◯

If yes, how many of such projects do you do per project? _____

Section 4: Capacity building

4.1 As an organization, do you do capacity building for the stakeholders you work with?

Yes ◯ No ◯

4.2 What is the target group during the implementation of these projects?

A. Workers
B. Beneficiaries
C. Community leaders
D. General Public

4.3 How often do you document lessons learnt on capacity building during project implementation?

A. For all the projects
B. For some projects
C. For a few projects
D. Never

4.4 Who does the capacity building for these stakeholders?

A. Management
B. Concerned department
C. Outsourcing
D. Trained staff

4.5 What are up to three biggest barriers you face doing your work? (for example : not enough support, not enough training, lack of services/ supplies for clients, many projects, lack of transport facilities etc.)

_____
_____
_____

Section 5: Effective Motoring and Evaluation systems

5.1 Before embarking on an HIV/AIDS project do you conduct a baseline study to establish baseline data or condition of the community?

Yes ⬭ No ⬭

I yes, for how many projects you have undertaken baseline survey before its implementation? _____

5.2 What is the percentage of the entire project that is allocated to monitoring and evaluation of the projects under implementation? _____

5.3 How many of the HIV/AIDS projects have monitoring and evaluation activities as part of the project schedule:

A. For all the projects
B. For some projects
C. For a few projects
D. Never

5.4 What is the number of evaluations done for the projects during the entire time of project implementation?

A. Baseline
B. Midterm
C. End term
D. Al the three
E. Never

5.5 How many projects have documented lessons learnt for reference implementation of future projects?

A. All projects
B. Some projects
C. A few projects
D. None

Thank You.