

**FACTORS INFLUENCING THE PERFORMANCE OF PROJECTS IMPLEMENTED BY
NGOs IN THE HEALTH SECTOR: A CASE OF HIV/AIDS PROJECTS IN NAIROBI
COUNTY, KENYA.**

BY

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DECLARATION

This research project report is my original piece of academic work and to the best of my knowledge has not been presented for any award in this or any other university.

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DEDICATION

I dedicate this research project report to my lovely daughter Tendai and my wife Winnie for their constant encouragement and support during the entire period.

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ABBREVIATIONS LISTING

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
BMGF	Bill and Melinda Gates Foundation
CHAK	Christian Health Association of Kenya
CHAM	Community Health Association in Malawi
CSOs	Civil Society Organizations
GAVI	Global AIDS Vaccine Initiative
GFATM	Global Fund for AIDS, Tuberculosis & Malaria
HIV	Human Immunodeficiency Virus
HENNET	Health NGOs Network
IHP	International Health Partnership
NGOs	Non-Governmental Organizations
MSH	Management Sciences for Health
NACC	National AIDS Control Council
NASCOP	National AIDS ,Control Programme
NPM	New Public Management
OECD	Organization for Economic Co-operation and Development

PMTCT	Prevention of Mother to Child Transmission
SPSS	Statistical Package for Social Science
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

ABSTRACT

This purpose behind this research study was to investigate factors influencing the performance of HIV/AIDS projects implemented by NGOs in the health sector. It was conducted in Nairobi County, Kenya. Study objectives included the following: to investigate how funding, stakeholder involvement, effective planning and organizational leadership influences performance of HIV/AIDS projects among selected NGOs in Nairobi County, Kenya. The method employed to undertake the study of problem was to utilize descriptive research design. Population targeted was 347 projects that are being implemented by 112 NGOs registered and operational within Nairobi County in the health sector. The data gathered from participants was through questionnaires was qualitative as well as quantitative. Quantitative data was analyzed via descriptive statistic through SPSS Version 21.0. The knowledge generated from this study may help the policies formulated by Government of Kenya's Ministry of Health. Further, it may help project managers further improve project designs that deliver outcomes that have long lasting impact and having health projects enhance their performance by being completed on time, budget and meeting stakeholder expectations. Based on information collected from the study, the researcher concludes that when there is no adequate funding, overall performance of the project is impacted negatively and objectives not met for projects in HIV/AIDS services in Nairobi County, many HIV/AIDS related projects run out of resources before completion, stakeholder involvement directly influences HIV/AIDS projects performance in HIV/AIDS services in Nairobi County, effective planning promoted the performance of health projects working in HIV/AIDS, Project leadership type and style as well as organizational leadership influences the performance of health projects working in HIV/AIDS services and that existence of a team structure influences performance of HIV/AIDS projects. The study recommends that the planning team should consider resource planning to avoid abandoning projects midway. Project need to build in flexibility in implementation and have a warning system when things are not going as per plan so that corrective action is taken. Resource mobilization and fundraising ought to be diversified so that there is a committed and varied pool of funds to enable execution of HIV/AIDS projects. Implementing organizations should also get institutional support from Government and donors so that they build local capacity to implement the projects and also build financial, social and organizational sustainability. 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.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Globally, NGOs implementing projects in the health sector have had significant influence in determining important health agenda and turning the global spotlight where it matters most on diseases such as HIV/AIDS, malaria, MNCH and occasional epidemic outbreaks such as Zika virus and Ebola. These spotlights have greatly influenced how funding flows to tackle the challenges in the developing countries. International partnerships resulting from this enable sharing of research and avoid duplication of efforts thereby maximizing impact and projects performance. The International Health Partnership (IHP) serves as a focal point for developing countries and the bilateral donor community so that areas of need are funded.

Across Africa, partnerships amongst NGOs and between Government and NGOs working in health have helped shape national agendas relating to health. HIV/AIDS is among the most discussed issues in sub-Saharan Africa. It has been in the centre of regional policy agenda and different actors have taken initiative to address and curb the problem (WHO, HIV/AIDS). 71% people that are afflicted with the HIV/AIDS virus are found in sub-Saharan Africa that amounts to 25 million people of which 1.6 million live in Kenya (WHO, 2013).

The role played by NGOs in tackling the HIV/AIDS issues has been increasingly acknowledged by governments, the UN agencies and other players. This has seen WHO, UNICEF, Global Fund, BMGF among others establish formal lines for NGO involvement and established

frameworks for cooperation with the NGOs. In South Africa and Kenya, for instance NGOs implementing health projects tap into government funding and also have tax exemptions.

All over Africa, NGOs have become partners in bolstering government effort in tackling the HIV/AIDS scourge and contribute to advocacy and setting policy. Many have collaborative working agreements with governments for delivering a broad range of services. There are examples of this in Kenya, Lesotho and Malawi. Sub-Saharan Africa has made significant improvements in delivering and improving its health outcomes through health NGOs and Kenya has been no exception. This saw several countries across Africa meet the Millennium Development Goals with regard to health. Because of these NGO interventions and overall improvements, we have seen increased life expectancy, tremendous decline in child mortality rates, reduced maternal deaths, the HIV scourge has been managed and public health initiatives in water and sanitation have resulted in lower incidences of communicable diseases. NGOs working in the health sector have been a key contributor and driver to the declining HIV prevalence rates and have been in the driving seat alongside governments in addressing the challenges and are bridging the gap in helping access to preventive programs such as condoms distribution, funding PMTCT and such as issue of Antiretroviral medicines (ARVs) to the already infected.

Health NGOs including those focused on HIV/AIDS issues have unique characteristics and in the resource-constraint environment in which their projects are implemented, there have been mixed results with some projects performing well while others have not had meaningful impact

due to a myriad of reasons (Barr, 2006). This study utilized completion reports of HIV/AIDS funded projects in Nairobi County to investigate the underlying factors that influenced their performance. Project performance can be defined as “a project performance meets objectives and stakeholders expectations when it produces the desired deliverables within cost and schedule” (PM Solutions, 2013). As a French adage goes, “One learns by failing”. This means that proactive forward looking NGO managers gain wisdom as much from failed projects as from well performing ones and therefore are able to find out what works by finding out what does not (Brass, 2012).

Different actors including governments, CSOs and INGOs have been engaging in different programs that support various facets of the health sector in Africa and in the country Kenya. This gives them a role in shaping and directly influencing state decisions (Ssazi, 2012). In Kenya, the NGOs space in the development sector and specifically health has been profound (Brass, 2012). CSO’s provide a various categories of professional and general services in the health sector – both public and medical with a large percentage of them focused on HIV/AIDS and maternal and reproductive health.

The contexts in which the NGOs operate in, however, continues to evolve and therefore a continuous shift in role and approach is always necessary. Most of them therefore have the community’s needs being what they base their interventions on and help distribute availability of health care to the remotest places in the various elements of health that they operate in (Gruskin, 2010). Important to note is that the strongest contribution by NGOs and CSOs in Africa has been

in service delivery. For instance in Malawi and Kenya, NGOs offer over 44% of HIV/AIDS services rendered across the country due to their reach in the marginalized areas. Christian CSO's in Kenya own 34% of all medical training facilities while NGOs and CSOs operating across Tanzania manage 46% of medical training institutions (Kim, 2011).

Well performing projects start with organizations which have a mission that is clearly defined and have created a vision of what they want their impact to be and in their activities and plans aim to follow that (Kraeger, 2011). Other optimum performance enabling factors include aligning activities with institutional strengths and capabilities and strategically building collaborative linkages with other players working in the sector. AMREF, for instance from the start decided to position itself as an African Health NGO with a mission to strengthen community health systems and while the NGO has grown in terms of geographical and sub-themes, its interventions and focus have all been rooted in the mission. Strategic partnerships with other players in the sector are also critical for NGOs that aim to impact health outcomes. NGOs overall need good relationships with the public since trust is their most important asset, they also need strong relationships with donors and the press (Kaleeba, 2016).

Continuous engagement with the government is also an important consideration. The Health NGOs Network (HENNET) is also engaging government and therefore influence policy through lobbying for important legislation. Partnerships are also essential with the private sector who help mobilize capacity and funding. Development partners co-operation is also important to help coordinate effort and avoid duplication and fragmentation for greater impact. Over the last two

decades, there has increased effort made on development programs to be more effective. This has seen the development community shift focus from processes to results (Kaleeba, 2016).

For the NGOs to continue playing this key role of supplementing government efforts in health, they must be performing well in delivering their projects on time, budget and to the satisfaction of stakeholders. NGOs act wholly in trust as agents between the donor community and the project beneficiaries (Villacana, 2012). The communities are mainly rural, marginalized, sometimes out of government reach and poor and wholly depend on the NGOs for healthcare provision. It follows therefore that one of the main challenges to performance of projects is inadequate funding (Seckinelgin, 2005). Where funding is at risk, projects delivery and completion is at risk. A study conducted on successful grassroots projects concluded that optimal performance of those projects is greatly dependent on sufficient finances, competent skills in leadership and management and strategic partnerships with other actors in the same sector (Kraeger, 2011). Good leadership is therefore an important driver of project performance. The leadership should be transparent and accountable and wholly focused on the mission of the organization and by extension project objectives. Well performing healthcare projects are managed by individuals with rich experience and an educational background that is above the national average (Barr et al, 2009). As Brass noted, “NGOs are registered and formal entities that are staffed with well educated, decent and cosmopolitan people” (Brass, 2012).

Although project failure in mainstream project management has received a lot more attention than project success, there is quite some significant studies on projects performance success.

Many researchers including (Pinto et al, 1990), (Lawrence et al, 2007) have investigated why projects succeed and as a result have provided a number of factors believe to contribute to good performance of projects being implemented by NGOs. Accordingly, proper project design, realistic budget estimates, realistic time frames, effective communication, secure funding, institutional strengths, prudent risk management among others abound in project management literature as some determinants of good performance by projects.

Healthcare projects being implemented by NGOs require to be accepted and trusted by the communities that they serve. Inclusion of the community makes it easier to work towards set goals. A project's support from the community will develop if the community feels included in the project's agenda. Where a health project being implemented fails to build a lasting relationship, it is left with less chance for co-operation and success (MacIntyre, 2013). Building partnerships with other projects is also important for advocating for a certain cause and creating strategic alliances. With the use of selected projects the study seeks to give a clear picture of how project performance impacts how the projects present themselves and their impact in health service provision. The conclusions drawn will be more suitable for NGOs operating in developing countries.

According to Crawford (2011) NGOs working in the healthcare sector and with a track record of good performance have become a mantra widely accepted by governments, Civil Society Organizations (CSOs) and donors alike. Consequently, donor funded health projects are required to demonstrate accountability for how they have spent the money received not only from the

public purse but also from private donors and foundations. It is the expectation of community and donors that projects allocate resources in a prudent manner that enables value for money to be achieved so that outputs, outcomes and impact from the project is maximized for the beneficiaries benefit. Over the years, the funds and resources committed to tackling the HIV/AIDS scourge have been enormous. Donors and other stakeholders such as Government, partners and the community expect prudence and transparency in funds use, proper accountability and project performance that delivers maximum impact and achieves objectives from them. In the last five years, for example, the Global Fund has committed over US\$ 85 million in the fight against AIDS, Tuberculosis and Malaria and such money must be properly accounted for if the CSOs are to continue enjoying donor goodwill. Additionally, the influence of the NGOs healthcare projects has greatly increased over the years. They currently participate officially in government working groups, policy making and serve as watchdog.

There are one hundred and twelve (112) NGOs implementing three hundred forty seven (347) HIV/AIDS projects in Nairobi County, Kenya. The projects are designed to address the following needs in the broad HIV/AIDS services spectrum; PMTCT; VMMC; Anti-retroviral Drugs distribution; Voluntary HIV/AIDS testing; HIV/AIDS Nutrition; Home Based Care; HIV/AIDS Preventive services; Sex Workers Programs; Truck Drivers Programs, Lesbians, Gay and Bisexuals etc. (NASCOP/NACC online database)

This study is structured to improve our conceptual understanding of determinants of project performance and specifically for those working in the health sector and reasons that underlie success of projects completed on time and budget. Resulting from an examination of these important variables of their success will be identified. Findings resulting from the study may be beneficial to project and program managers working not only in the HIV/AIDS services CSOs but across the development community since it is hoped that the success factors can be replicated elsewhere.

1.2 Statement of the Problem

The world over, financing and implementation of various interventions in HIV/AIDS services has been an integral part of public planning and management. Kenya has not been an exception. Vision 2030 and other sessional papers before it recognized the health sector as a concrete pillar and whose success can be an enabler of overall economic growth. Given the importance of the health sector, procedures have evolved to help keep watch so that such projects are well managed to aid success. HIV/AIDS is among the most deliberated upon health issues in Africa. It has been at the centre of national and regional health policy agenda and different actors – both state and non-state have taken steps to resolve the pandemic (WHO, HIV/AIDS). 71% people suffering from the HIV/AIDS infection are found in Sub-saharan Africa. That amounts to 25 million people of which 1.6 million live in Kenya (WHO, 2013). More important for this thesis is that despite NGOs being actively involved in HIV/AIDS related projects, do the performance of those projects meet the intended goals and what factors must be present to impact the

performance of those projects? This question will guide the study to outline factors that determine performance of HIV/AIDS projects and relate them to the role of NGOs on HIV/AIDS.

Although project failure in mainstream project management has received a lot more attention than project success, there are quite some significant studies on factors that impact project performance. Many researchers including (Naomi, 2014) have investigated indicators of NGO success and impact on NGO role in HIV Policy process in Kenya project performance and as a result have provided a number of factors believed to affect project performance. Accordingly, proper project design, realistic budget estimates, realistic time frames, effective communication, secure funding, institutional strengths, prudent risk management among others abound in project management literature as some determinants of how a project performs.

However, literature on how project performance for HIV/AIDS projects is impacted by the four variables especially in Africa though available is still not fully developed (Sansom, 2011) and Bernal et al (2014). An attempt to establish critical success factors that impact performance of health sector projects specifically HIV/AIDS projects leads to the primary purpose of this study and how those projects have contributed effort in eradicating new infections while contributing in other spheres of managing HIV/AIDS in Kenya.

1.3 Purpose of the Study

The study was commissioned to research factors influencing performance of HIV/AIDS projects being implemented by NGOs in the health sector with a focus on HIV/AIDS projects in Nairobi County, Kenya.

1.4 Objectives of the Study

The following objectives provided general guidance to the study:

- i. To determine if funding influences the performance of health projects in HIV/AIDS services within selected NGOs implementing projects within Nairobi County
- ii. To establish whether stakeholder involvement influences the performance of health projects working in HIV/AIDS services within selected implementing projects within Nairobi County
- iii. To investigate the influence of planning on the performance of HIV/AIDS projects within selected NGOs in Nairobi County
- iv. To assess influence of organizational leadership on the performance of HIV/AIDS projects within selected NGOs in Nairobi County

1.5 Research Questions

The study will endeavor provided meaningful responses to the following research questions:

- i. Does funding have an influence on how of HIV/AIDS projects perform within selected NGOs in Nairobi County?
- ii. How does stakeholder involvement influence performance of health projects working in HIV/AIDS services within selected NGOs in Nairobi County?
- iii. Does effective planning influence project performance of health projects working in HIV/AIDS services within selected NGOs in Nairobi County?
- iv. Does organizational leadership influence the performance of HIV/AIDS projects within selected NGOs in Nairobi County?

1.6 Significance of the Study

It is the expectation that this survey may enrich NGO's staff approach to programming, Government staff, donor agencies and project managers to improve program/project success, ever increasing stakeholders' demands and provide valuable information in form of lesson learnt for future programs. It may inform policies towards project planning, financing and execution as powerful management tools to improve the way organizations and stakeholders can achieve greater stakeholders' satisfaction and to further embed institutional capabilities.

Thus, the study may be beneficial to NGOs, donor agencies, project managers and project management students involved in program planning and control. Although, the study is conducted within Nairobi County, it is also relevant to other areas involved with program planning and control. In addition, this study may also provide insights that help build additional

knowledge in this study area by filling knowledge gap that currently exists. The findings may also present a useful platform to build the body of knowledge for international development and incremental knowledge of further research on health sector NGOs. The study has also identified areas related to project management and performance field that require more research, hence a basis for further research.

1.7 Basic Assumptions (Premise) Behind the Study

The study was carried out on the back of the assumption that:

- i. Participants in the study will volunteer error free, correct and unbiased responses to the areas of interest in the questionnaire
- ii. Successful completion of projects for NGO's working in the health sector, specifically HIV/AIDS services was mainly influenced by the variables stated in the study objectives
- iii. Relevant information on the study topic will be available

1.8 Possible Limitations That May Impact the Study

The study may, in course of research face the following challenges; because the researcher is employed, the issue of time and logistics of accessing the respondents may be a constraint. Further, in the event that a research assistant is hired, the budget may be surpassed.

Because projects are implemented in the field, the high mobility of key NGO management staff meant that some of the respondents could not be reached thereby impacting questionnaire response rate and study findings.

1.9 Delimitations of the Study

The study will be restricted to projects selected for the study working in HIV/AIDS sub-sector of health in Nairobi County. Even though other institutions such as the Government of Kenya's Health Ministry, USAID etc. are key players in the health sector HIV/AIDS services, they will only be discussed when relevant. This will help maintain focus of the study on the specific variables considered and how they impact success of projects being implemented.

1.10 Significant Terms under the Study

Project Performance: Is the success level of a program based on the following criteria: relevance, effectiveness, efficiency, timeliness, impact and sustainability.

Stakeholder Involvement : Participation from the onset of an implementation by groups of people who have an interest in or are affected by outcome of a certain intervention

Project planning: A deliberate scheduling of activities from one step to another to enable achievement of a set goal that build within it a warning system to enable plan to be kept on track.

Project leadership: The main person in charge of a project and who has the ability to influence and direct team members towards achieving the common goal set for the project.

Adequate project funding: A mix of funding for the project that is suitable in quantity to meet the project plan and budget.

1.11 Organization of the Study

This research project report is arranged in five (5) chapters. The first chapter presents the statement of problem, research objectives which are the variables. It also has the questions being considered under the research. Importance of the research study and study limitations and restrictions are highlighted. Chapter two covers the literature review and delves into aspects touching on the dependent and independent variables influencing performance of HIV/AIDS projects. Chapter three discusses the research methodology, population of interest, how to determine sample size and how the real data collected is analyzed and interpreted. Chapter four discusses how the data will be analyzed using the various methods of correlation and regression and conclusions or interpretations reached thereafter. Chapter five contains the conclusion, discussions of the study, recommendations based on what was found in the study and finally provides recommendations for further research related to the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The research about factors that enable projects to perform in an optimal manner and be successful has been developed for some time especially given the importance of projects to private sector and Government, therefore the literature relating to the study is available and quite extensively done. A literature review of performance enabling factors finds that the main body of current research is biased towards the areas of construction, engineering, information technology, with very little being done on public health projects such as HIV/AIDS interventions. Unlike the construction and information technology projects, HIV/AIDS ones have a rather different view and focus and are concerned with sustaining healthy communities for their good welfare. Their unique characteristics justify the need of research towards the determination and development of a set of project performance factors that can support programme management offices and project managers in planning and implementing projects successfully.

2.2 Project Performance

A model of factors that influence performance of HIV/AIDS projects would help in the project design thereby easing identification, control and minimization of issues that increase the likelihood of project failure and strengthen those that increase the probability of optimal project performance and success. The performance enhancing factors once identified would be useful as

diagnostic tools to correct deviations by building in warning systems and assist in improving the project performance and delivery (Muller et al, 2012).

Project success has been defined as that which meets time, cost and quality requirements. The chapter is structured into concept of adequate funding, stakeholder involvement, effective planning and leadership / effective governance as factors that are likely to affect performance of HIV/AIDS related projects.

2.3 Funding and Performance of HIV/AIDS Projects

Important feedback on the performance of funded projects comes from the donor community. There are varied development assistance donors to the developing and developed world. These include the World Bank, United Nations bodies, the European Union and bilateral donors, non-governmental organizations and foundations (Bechange, 2010). Successful projects in HIV/AIDS sub-sector of health will ideally have secure funding for the whole project locked in multi-year contracts, the payment structure should always be staggered and disbursed as the previous tranche is accounted for such that cash flow difficulties do not arise (Ika, 2012). Brown (2013) noted that health projects such as HIV/AIDS ones require high assurance planning, leadership, funding and community input to serve as the basis that informs decisions on programming. PricewaterhouseCoopers (2014) identified important success factors as ‘clearly establishing project costs, committed funding, and a deliberate project centered financial management framework that includes cost monitoring and reporting. Steinfort and Walker (2007) in their study note that ‘sufficient financial and non-financial resources being specifically

dedicated for the project based on details obtained from a well thought out project plan' as a success factor.

Secure financing goes hand in hand with managing project costs and budget throughout the project's phases to ensure that expected results and benefits are yielded within the predetermined resource constraints. Many project funders tend to prefer financing short term specific issue projects since they have higher impact; Effective aid, however usually requires core unrestricted funding over a longer period in order to empower local institutional strengthening. NGOs working in the health sector and implementing projects such as family planning and HIV/AIDS therefore, need to develop a mix of short term and longer term projects (Birdsall, 2004).

Health projects help the communities realize better health outcomes either generally or specific outbreaks. Countries including Kenya, obtain resources to fund healthcare from the relevant Government ministries budgets, from bilateral and multilateral donors NGOs and other charities as well. Further, domestic financing mechanisms are being utilized to move towards health for all in line with millennium development goals and social health insurance being implemented by NHIF. Increase in health sector investment by partners in the sector has tended to focus on certain health conditions (notably HIV/AIDS, TB, Malaria, Ebola, Water and Sanitation and Yellow Fever). The global health financing arena has undergone a revolution in the last decade with the emergence of billion-dollar global health collaborations such as the BMGF, GAVI Alliance and Global Fund. These have been instrumental in raising financing committed for projects that to make available preventive and curative programmes for various ailments. Many

successful health projects in Kenya have tapped into the above sources of funds (Oxford Policy Management, 2012).

Certainty in financing, sufficient funding both locally and from other health partners increases the probability that a health project will be successful. The successful projects are those that are able to lock in long-term commitments of financing. Steady enough resources are requisite to enable sustainable programs that deliver the appropriate impact. Ideally, long term and consistent funding is more suitable when applied to HIV/AIDS interventions, both preventive, curative and treatment thus preventing the risk of disease relapses and manage infections. The following three important practices have been found to be common attribute for NGOs that have managed to build a portfolio of restricted and unrestricted funding that ensures a sufficient pool of funds to address planned projects and respond to emergencies: (1) They concentrated their core/main funding to one source that is unwavering as opposed to diverse sources; (2) they matched their funding source to an organization that matches their own mission and objectives; and (3) they have an organization structure which serves as an enabler for fundraising. These factors have been found to hold true for successful NGOs working in health projects such as AMREF (Kaleeba, 2016).

Successful NGOs tap into different donors who have specialization in various needs. Not all donors address the same need. The Global Fund for instance only funds malaria and TB interventions. The different projects addressing different needs then fall under the umbrella of a health program and the serve the community's diverse health needs more appropriately.

Successful NGOs in health also have their priority is to get funding from multiple sources. In this times of shifting donor priorities and donor apathy, it makes financial sense to try and raise money elsewhere such as corporate foundations when the main source becomes unavailable (Kraeger, 2011). Population Services International which is involved in HIV/AIDS prevention has come up with a model that helps them manage fundraising risk by tapping into several federal and other partners each of whom has their own restrictive practices.

2.4 Stakeholder Involvement and Performance of HIV/AIDS Projects

A stakeholder is an individual or group of persons who have have a direct or indirect interest in a cerain project intervention or project. Stakeholders could either be primary or secondary. ([www.dialogueby design.co.uk](http://www.dialoguebydesign.co.uk)). It is imperative that HIV/AIDS strategic planning is done in a framework that is all inclusive of key stakeholders, be transparent, accountable and that has a structure for identifying intervention priorities and serve as a basis for allocating limited resources. Such activities need to rope in the major stakeholders to include, strategic government ministries, PLWA, affected communities, the community and cultural leaders, donor community etc. (UNAIDS, 2007).

Stakeholder relationship management is important if the project is to take off properly and implementation be smooth as it is the relationship between the project and government, project and community, project and donors, project and other health partners that is managed (Friedman and Miles 2006). By the community being involved, it is important that they participate from the onset in taking up and assuming roles for attaining intended goals and outcomes of projects

being implemented in their locality. Communities being involved in health projects has served as the pillar of primary and secondary health care projects as designed in Alma Ata in 1978 as well as the Bamako Initiative (Kahssay, 2004).

Enabling even more and relevant participation of citizenry infected with HIV/AIDS in all facets of planning and in the field execution of HIV interventions is a real manifestation of devotion to ensure that the project performance is optimal. This need not just be a principle but should be translated into action. Many of these organizations recognize that stakeholder consultation should be about looping them in from pre-planning to inception so that their views and ideas shape the project to be implemented and the benefits that emanate from the project (Aaltonen, K. 2011)

The main factors and challenges to consider when developing a framework for community involvement in health projects include: the community should be empowered to take up certain responsibilities such as diagnosis and surveillance through community health workers, putting in place communication channels that facilitate community participation, facilitate sharing of information to enable learning that helps improve future project design, using community opinion leaders to encourage condom use, reducing stigma for the affected and adopting use of ARVs in managing HIV/AIDS (Hershey, M 2011)

Analysis of questions arising from stakeholder analysis enables the identification of relationships which should be enhanced or tackled avoid negative effects on the project and enhance positive

ones. Stakeholder has over time proved to be a key tool in enhancing performance of health projects including HIV/AIDS ones (Chan, P. 2004).

Where project goal is to improve health of a certain community, the primary stakeholder needs to be the one to be empowered. The relationship between this person and other stakeholders needs to be reviewed so that the primary stakeholder derives maximum benefit. (Aaltonen, 2011).

Institutional policies often give direction on how different stakeholders relate. To improve livelihoods of the community through an intervention, an understanding of the individuals and groups that affect them, or are affected by them is key at all levels (Hershey 2011). Stakeholder power analysis helps elevate an understanding of the costs and benefits of engaging key stakeholders (Chan et al, 2004).

2.5 Effective Planning and Performance of HIV/AIDS Projects

Planning when done effectively has been known to lead to success of projects using all the parameters of time, cost and quality (Hermano, et al 2012) Their review provided planning as plausible explanation for the success of development projects – that they are able to meet set targets due to effective planning. This project performance factor has been supported by other researchers among them (Agheneza, 2009) and (Khang, & Moe, 2008). They indicated that the process of project planning and implementation is able to resolve inherent challenges ranging from conceptual differences about the projects if there are well thought out and capture proper technical and economic considerations. Further, they should have the necessary basic information obtained through sufficient investigation and surveys to adequate project monitoring

throughout the project lifecycle and in-depth evaluation exercise. Where all the above factors are considered, development projects such as health projects tend to have strong links between sectoral planning and project identification, /feasibility and formulation, and between project preparation/project appraisal and project implementation (Golini & Landoni, 2013).

An important characteristic of effective planning is listening and considering the views and requirements of beneficiaries during the planning process. Where there is no input from local stakeholders and beneficiaries or their perspectives and experiences from other projects are not sought during the planning stage, they may tend to see the project as having been imposed on them and not meeting their immediate needs. The risk is that they may remain indifferent to the project whereas ownership is critical to optimal performance. Health sector projects such as family planning and HIV/AIDS may thus succeed where the community feels a sense of ownership as the community will feel responsible for ensuring that they succeed (Virgo, 2007).

Hershey (2013) concluded that poor planning, lack of experience among the executing teams, scope creep, change in project design, project complexity and fraudulent practices may results in budget overruns. HIV prevention interventions demand a thorough, results-driven, objective oriented framework that is alive to the actual situations of the groups afflicted by the scourge, and that are in tandem with the national HIV plan (UNAIDS, 2007). Planning when comprehensively done and clearly thought through sets up a project for success from the start. It is imperative that stakeholders are brought on board from the initial planning stages and always be in the know as to which direction the project is going. Planning helps teams achieve targets,

deadlines and stay organized and focused on the goal. As part of planning health interventions including HIV/AIDS projects, stakeholders should be kept aware of project progress (Mishra, 2012).

Planning has numerous benefits. This significant first step in the project process enables realistic timelines in implementation to be set. Having near accurate timelines and cost estimates also enable vivid documentation of various stages in the work plan and expected outputs. This makes tracking the project much easier as the implementation goes on. A suitable plan takes in to account all financial and non-financial resources and builds within a corrective mechanism so that remedial action is instituted when deviations are above normal (Goatham, 2013). Successful planning uses successful and optimal performing projects as benchmarks for other future projects. This enables institutionalization of learning. In this way unnecessary hurdles that come with building a project from scratch are circumvented. The more often a template is reused for project planning near accurate timelines and budget estimates will be achieved. Successful HIV prevention and control stories in Uganda have been replicated across Africa (UNAIDS, 2008).

Project Management Institute recommends between 10 and 15 percent provision for contingency in planning. It is prudent to be a little pessimistic and deliver early as opposed to being overly optimistic and delivering later than planned (Moirra, 2015). Determining the scope of the project to be implemented may be difficult where a considerable amount of time is not spent upfront properly planning. Putting together requirements, coming up with detailed plans for project management, establishing and scheduling activities requires careful thought, co-ordination and

lots of time (Baker et al., 2008). Without proper project planning activities, there may be lack of stakeholder buy in and commitment and inadequate resources. The result is an increase in success ratios throughout projects being carried out by particular NGOs that take planning seriously (Harding, 2012).

Project planning enables efficient allocation and use of available resources. Developing the work breakdown structure and cost breakdown structure and making the necessary adjustments along the way requires detailed planning to ensure a project is moving towards achievement of pre-set objectives. Successful projects seek to employ limited resources while maximizing output and effectiveness (Zwikael et al, 2014). Planning may seem time consuming at the start but will yield minimum rework and rescheduling later (Ika, 2009). Project planning with clarity and correctness may turn out to be a repetitive process until we get it right, but it may say the project a lot of cost and time in future. The risks associated with poor planning necessitate that the planning exercise be as meticulous as possible to enable the project achieve success (Kerzner, 2009).

2.6 Leadership and Performance of HIV/AIDS Projects

Constructive and functional leadership is a crucial requirement of optimally performing and successful health programs/projects. The fact that the project has technically competent health professionals, state of the art facilities and supplies, and projects that are well designed does not guarantee optimal project performance of health services that are the basis of an implementation. Competent and effective leadership is qualitative and therefore harder to assess compared to the

other facets that enable delivery of projects, but leadership is also very important (Management Sciences for Health, 2005). Prudent project management can help improve seamless delivery of health care projects. Leadership outcomes at program and project levels are assessable in the following areas: noticeable behaviour changes in project teams and the results those teams produce and which contribute to the overall project's goals (Umble et al, 2005).

It is surprising that in spite of the advances in project management techniques, quite a number of healthcare projects still fail. The project leader's role is therefore very important in setting the roadmap, high level and activity specific objectives, influencing and motivating people for the project good and creating an enabling working environment that enables the project team address challenges in implementation. The role of the project leader in terms of managing people, resources and stakeholders therefore becomes important alongside other interactions among these factors.

Project Management Institute (PMI) in 2005, undertook a review of importance of leadership and how leadership impacts performance of projects. (Muller et al, 2012) after assessing the available project management literature related to leadership starting from work done by Confucius (500 BC) to date noted that the leadership approach adopted by a project manager and competence of the leader are key to helping achieve business and project goals and the leader's ability to deliver on the mandate; That correlation was not in the project management literature. However, (Villicana, 2013) suggested that differing leadership styles applied by the manager may be acceptable given the particular unique circumstances and stage of completion of the project.

They confirmed the project manager's vital duty in creating an atmosphere that promotes achievement of project goals and a good working environment. This provides an opportunity to delve further in to the leader's role in promoting project performance so that the project is able to meet and exceed set goals. Leadership is therefore crucial to enable coordination of the various factors so that the benefits flow to the project. The temperament with which he takes on key roles and responsibilities influences the outcomes and results realized by the project (Kerzner et al, 2009).

Given the foregoing, a project manager's responsibility comes with a myriad of challenges when contrasted to a normal functional or divisional manager. Other than providing much needed support to clients, that is other functional managers, the project manager faces a situation where he must provide leadership with no formal authority, a matter that can become complicated in the face of unity of command which is always under consideration (Cleland, 2009). Further, projects are managed in work environments that are relatively complex since each project has its own unique attributes for team member's selection as the project manager may not always have the leeway to select their teams (Lekorwe et al, 2007). Further, it is common place that some team members may always be in several projects that are running at the same time. Kerzner (2009) observed that projects may fail to achieve targets and objectives due to low morale, demotivation, poorly managed staff relations and little commitment from some team members. Lekorwe's observation helps us conclude that people-centered issues are important in determining project performance thereby cementing the project leader's crucial role. It calls on

the designated project leader to understand and apply either leadership or management whichever is applicable differently in a project scenario.

Project management involves evaluating among options and making decisions on execution methodologies that assure successful projects implementation efficiency and economy. Leadership, however is about influencing and motivating people to help them reach their potential. Situational leadership is about tasks and how they influence each other (Hersey & Blanchard, 1996) while transformational leadership is about inspiring members and helping them attain intrinsic satisfaction and development needs, (Selzer & Bass, 1990). Transactional leadership style focuses on rewards for good results and punishment for failed targets and may be more suited to a corporate set up while transformational leadership is ideal for a leader who wants to influence team members by fostering personal relations. The two leadership styles when related to a projects setting signify the important role of management and leadership roles in helping improve performance of projects. Because the project leader is tasked with managing various professionals from an array of other disciplines and most projects are inherently complex, there may be unanticipated risks and uncertainties. (Norrie and Walker, 2004) opines that project management is mainly about facilitating change. With this in mind, leadership is considered an important enabler of project success as it facilitates provision of vision and a roadmap. (Kerzner, 2009). As (Muller, 2012) observed, there have been numerous research studies that have reviewed the influence of project leadership in influencing performance of projects. Scholars such as (Weiss and Anderson, 2003, (Leban & Zalauf, 2004) explored the subject in research. However, it has not been established what mix of skill set and leadership

attributes would constitute what is ideal for effectively managing projects, and project leadership style may not necessarily be dependent on the project's organization structure (Lee-Kelly & Leong, 2003). Keegan and Hartog (2004), while examining a different management/leadership approach, surmised that there may be no significant differences when it comes to leadership attributes of functional line managers and project managers when basing on their transformational leadership traits. Keegan and Hartog opined that there may be need to come up with an ideal mix of leadership and governance that deals with project management.

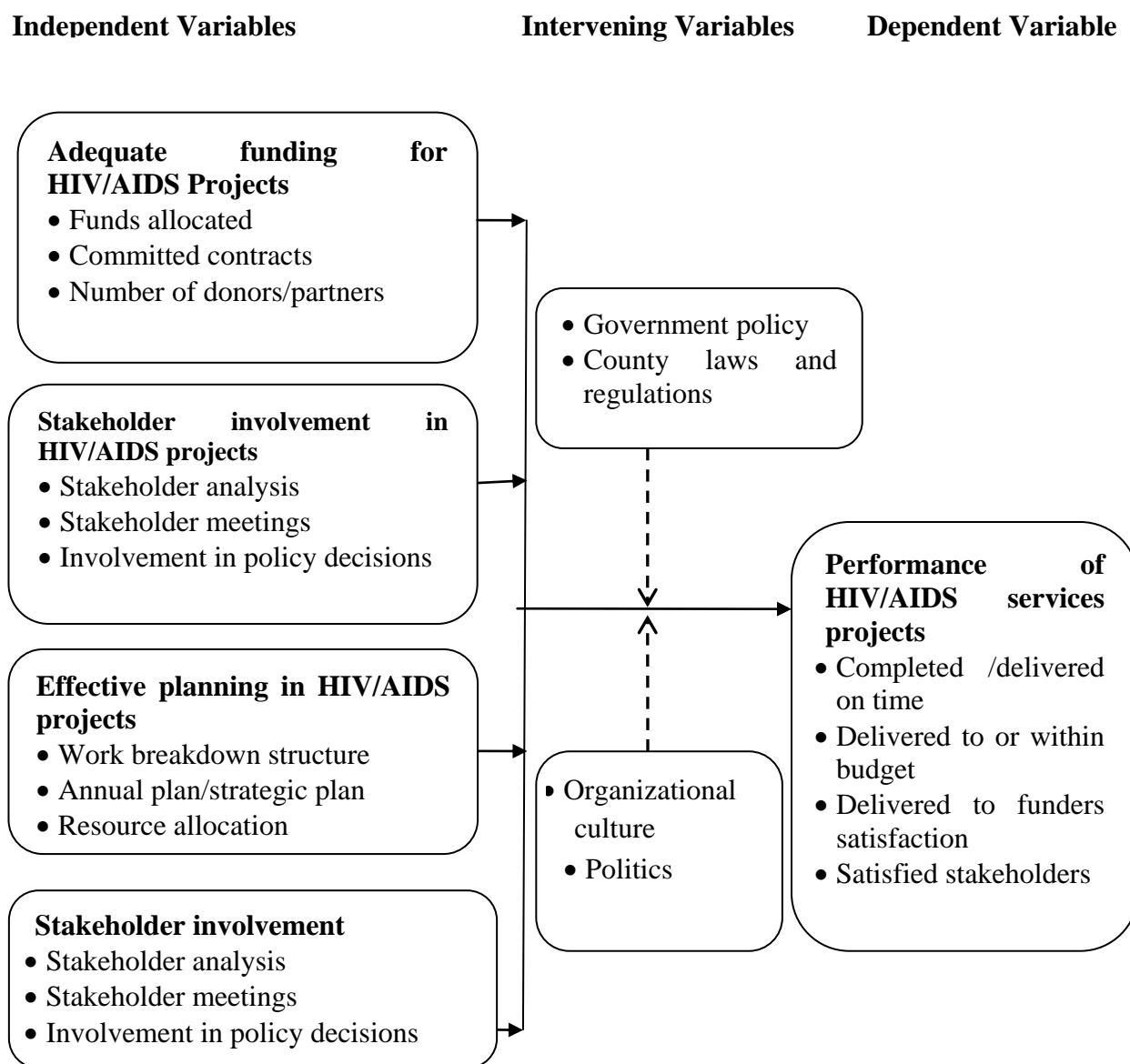
2.7 Theoretical Framework

Kothari (2004) defines theory as a combination of well articulated ideas that serve to break down a certain phenomenon by giving variables of the laws that then relate the variables to each other. Since projects are change agents, this study is guided by the theory of change. A programme theory details an intervention's contribution to a chain of results and effects that lead to the foreseen results and impacts (Rogers, 2011). It may include impacts that are positive in line with the objective of implementation or detrimental to the basis of the intervention. Occasionally, it will also show other incidental factors that contribute to producing results and the context in which this happens. Programme theory provides a conceptual framework used in developing an integrated monitoring and evaluation framework and guiding these two important project functions. Programme theory also helps bring together available information that supports a programme providing clarity about how a programme is understood to work or not to work, thereby aiding to bridge the gap towards optimal performance (Rogers, 2011). Programme theory principles may apply for a single evaluation, planning multiple evaluations of different projects that are funded under program, or to collate data and information from multiple evaluations both midterm and final. A programme theory develops during the planning stage of a new intervention. It may be applied during implementation, close-out and post implementation. When planning for an evaluation, it is particularly useful to review the programme theory applied and review or contextualize as may be necessary.

2.8 Conceptual Framework

The conceptual framework looked at the how the various factors under study influence performance of HIV/AIDS projects implemented by NGOs within Nairobi County, Kenya.

Figure 1: Conceptual Framework



Moderating Variable

The conceptual framework for the study as illustrated in Figure 1 indicates the relationship between the variables. The defining premise for the framework as derived from the literature review is that manipulation of the independent (predictor) variables consisting of funding, planning, leadership, and stakeholder involvement in the HIV/AIDS projects will lead to a change in the project performance. The framework further illustrates the moderating and intervening variables identified and government policy and county government laws. It also includes the indicators of the dependent variables that would be used to measure the levels of project performance.

2.9 Knowledge Gap

Despite an increased interest in factors enabling project performance, only relative handful studies have specifically examined the influence of factors that impact project completion and performance specifically in HIV/AIDS projects implemented by NGOs. By extending a critical review of project performance literature in the last decade, the gap could be bridged. Chan (2004) and Naomi (2014) conducted a case study to determine the influence of critical success factors for delivery of healthcare projects. A total of 185 respondents from staff and management of the NGOs participated in the study. The results showed that the following critical success factors have influence on project completion (80%) for project leadership, 80.73% for sufficient resources (funding), 90% for stakeholder involvement and 92.4% for effective planning.

Nguyen et al (2004), while undertaking a study of large scale construction contracts in Vietnam identified from among 20 factors of project performance, five (5) CSFs. These are competent project manager, provision of sufficient financial and non-financial resources to see the project to completion, dedicated and technically knowledgeable project team that has access to needed resources. In Kenya, apart from an analysis done by AMREF on the CSOs role in healthcare in Africa and the enabling factors, there is little to indicate that factual contribution of other scholars and / or researchers has been made in the target area.

The gap of these weaknesses in the literature cited above, calls for further research on the inherent factors influencing success of projects in healthcare. Such information is crucial and forms an integral part in the planning and execution of health projects.

Healthcare NGOs play a major in the society and the country at large it has been established that while some of the NGOs leave before completing the task, there are numerous success stories on implementation of healthcare projects specifically HIV/AIDS ones. There have been cases of health NGOs transforming healthcare service provision in far flung villages. AMREF conducted a case study that showed NGOs in the health sector collect regular quality and timely data from both primary and secondary data, community health workers have necessary training formally or through in-service, project officers have knowledge of logical framework used it, project performance framework information is regularly used and baseline information is satisfactory.

2.10 Summary of Literature Review

As (Goatham, 2013) recently indicated that the wrong definition of success is a cause of failure of projects. In his view, if the project management's definition of success is wrong then the basis upon which key project management decisions are being made is flawed and this may trigger cases of missed milestones and project failure. Good performance of HIV/AIDS projects is realized from different project stakeholders seeing success in the same way, which should lead to concerted effort that aims to achieve a common objective. This review shows that a number of factors are responsible for performance of health projects being implemented by NGOs, and by extension project failure as evident in related Project Management literature. These factors vary in scope and purpose. So they are repetitive and overlapping in nature. It is therefore impossible for a general agreement on a specific set of factors as the only factors that are responsible for the optimal performance of healthcare projects. Moreover, different factors affect projects at different stages of the project's lifecycle. However, there could be some underlying reason(s), which appears lacking in literature responsible for projects' success worth identifying.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology that was applied to the study is outlined and explained. Areas covered include; research design, population that was targeted, research instruments utilized, procedures used to collect data and data analysis techniques applied to research data collected.

3.2 Research Design

Descriptive survey research design was applied to undertake the study of the research problem. Given the objective of the research, the design was found to be suitable. Thus, a description of state of affairs as they currently exist without manipulation of variables under study was possible. This study design focused on obtaining qualitative and quantitative data from project staff and managers. Qualitative data from key respondents was also facilitated by the research design.

3.3 Target Population

As defined by Kothari (2004) a target population is all cases under consideration where the specimen for study is selected from. Cooper and Schindler (2006) called it a population of interest where study sample size items to be studied for research are picked. For this study, the population of interest is 347 projects (with 700 respondents) that are registered and operational within Nairobi County in the healthcare sector (National AIDS Control Council, Online Database 2015).

3.4 Sample Size and Sampling Procedure

The sample size was determined through the Yamane formula and sampling process was carried out as described below.

3.4.1 Sample Size

This is data selected from a statistical population by employing a defined sampling procedure. A representative and meaningful sample size was determined taking into account the difficulties encountered in getting data from large survey groups. In this study, a representative sample size was calculated at 95% confidence level and an error limit of 10%, based on the Yamane formula (1967). Yamane's formula (1967) is:

$$n = \frac{N}{1 + Ne^2}$$

Where:

n = required responses

e 2 = error limit

N = sample size

$$n = \frac{347}{1 + 347 (0.10)^2}$$

= 77 projects (with 188 respondents)

The formula used (Yamane) assumes a normal distribution of data. The projects selected for the study were assumed to be normally distributed in terms of the parameters for interpretation of the factors influencing performance of HIV/AIDS projects. Given the foregoing, the formula was found to be a suitable one in coming up with the sample size.

Table 3.1:Sample Size

Projects	Population	Sample
PMTCT	82	18
VMMC	60	13
Counselling and Testing	86	19
Home Based Care	66	15
Sex Workers Programmes	53	12
Total	347	77

Source: National Aids Control Council, online database (2015)

3.4.2 Sampling Procedure

According to a study by Mugenda & Mugenda (2003) sampling involves a procedure of selecting the specimen of items to form part of the study as representing all cases under consideration. Stratified random sampling method was used to come up with sample for study. The selected NGOs within Nairobi County was put in strata based on their sector of operation and then a sample units for the study selected from each stratum (Kothari, 2004). The sample size for this study was composed of 94 NGOs which the researcher randomly picked from each stratum based on the size of the stratum. Two respondents (1 project manager and 1 project officer) were randomly sampled from each NGO giving a total of 188 respondents. The cases of analysis used in this study was the projects and not the NGOs, project managers and project staff.

Questionnaires were completed for factors influencing performance of HIV/AIDS projects, the focus was on project implementation practices; hence the projects rather than the NGOs was the subject of study. The respondents for the target population were the project managers and project staff in the projects. This is because they were responsible for many aspects of the projects, including the program performance framework. Therefore, they were in a better place to provide the information required by this study. Sekaran (2003) opines that stratified sampling is suitable for this nature of study because having respondents from each homogeneous research category reduces sampling error and enables the researcher to obtain a sample size that is more representative compared to the simple random sampling technique.

3.5 Research Instrument

Primary data among the selected projects hosted by NGOs was gathered by use of a questionnaire. Questionnaires are deemed appropriate for this kind of study since they are used to collect information that is not directly observable and challenges as well as accomplishments and experiences of respondents under study (Mellenbergh, 2008). The questionnaire had open ended and closed questions and collected qualitative as well as quantitative data. Saunders (2003) stated that a questionnaire is particularly of help when seeking to obtain objective data because there is limited manipulation of participants by the study. Saunders (2003) observes that questionnaires are also less costly and less of the researcher's time is taken. The questionnaire was sufficient in addressing the four research objectives and was sub-divided into two sections: general information inquiries about the respondents and targeted questions on the four objectives.

3.5.1 Piloting of the Instrument

As a part of preparation for the main study, a pilot study was undertaken among 10 respondents from two NGOs (ICAP and Umande Trust) which formed part of this study. The pilot group was conducted through random sampling. Mugenda and Mugenda (2003) suggested that in light of study sample size selected, a pilot study sample should be in the range of one (1) to ten (10) percent. The group selected in the pilot study did not form part of the final study. Piloting is key in data collection as it helps in unmasking study questions that could be unclear or ill-defined so that they are restated so that they are simple with a clear meaning (Creswell, 2008).

3.5.2 Validity of the Research Instrument

The instrument was reviewed and agreed by the supervisor so that content validity is ensured. Further, an expert assessed the degree to which the instrument could measure and determine the content of a particular concept. Content validity assessment leads a logical conclusion regarding the instrument's ability to cover all that it is supposed to. Content validity aims to ensure a homogenous understanding by respondents to all items in the questionnaire to eliminate misconception and misunderstanding.

3.5.3 Reliability of Research Instrument

Cronbach's Alpha Coefficient was used to estimate reliability of the selected research instrument. The Alpha (α) is used to measure internal consistency by helping arrive at a determination if single item measures the same construct give uniform results. Cronbach's Alpha was established for every research objective in order to help evaluate the possibility that for the objectives under review, the same output would be yielded if the research were to be conducted later on. A reliability of at least 0.70 at $\alpha=0.05$ significance level of confidence was deemed acceptable.

Table 3.2: Reliability of the Instrument

Variable	Cronbach Alpha coefficient score	No. Items	Of	Comments
Funding	0.891	8		Reliable

Stakeholder involvement	0.871	7	Reliable
Effective planning	0.879	7	Reliable
Organizational leadership	0.856	6	Reliable

The alpha value ranges between 0 and 1 while noting that the higher the value obtained then the higher the relative degree of reliability. Statistically, Coefficient of 0.6 to 0.7 is acceptable reliability and 0.8 or higher indicated good reliability (Mugenda, 2008). Studies by Gliem and Gliem (2003) placed an acceptable Alpha value threshold at 0.7, and this was used as the study's benchmark. The Table shows that funding displayed a higher reliability compared to the other variables ($\alpha= 0.891$), second place was planning ($\alpha=0.879$) third was stakeholder involvement ($\alpha= 0.871$) and finally organizational leadership ($\alpha=0.871$). This results show the variables under study were reliable since the reliability measures obtained were well above the benchmark threshold of 0.7.

3.6 Data Collection Procedure

Data collection was spearheaded by the lead researcher who also engaged an assistant to aid in distribution of questionnaires and data collection. The assistant was guided and mentored to obtain appropriate comprehension of the research instrument, purpose of the study and ethics that guide the research process. The researcher and research assistants distributed the questionnaires via e-mail and by dropping them at and picking from the respondent's offices. For respondents that were able to fill the questionnaires as we wait, this was done and appreciated. Follow-up of pending questionnaires was by e-mail and telephone

3.7 Data Analysis Techniques

Data that was collected from the field was filtered, sorted and cleaned in line with research objectives. The data was then coded, and entered into and analyzed using statistics software (SPSS, Version 21.0). The software was used because it presents a medium that is fast and and build in flexibility to enable more accurate analysis of data thereby leading to conclusions that are dependable. Data analysis was done using statistical measures of correlation and regression to bring to the fore plausible relationships between the variables under study. Analysis of data was differentiated per variables and objectives of the study. Descriptive statistics were used as basis for analysis, presentation and interpretation of data. Descriptive analysis was done using frequency distribution tables. Further, inferential analysis was done and the following computed: coefficient of correlation, coefficient of determination, ANOVA and a multiple regression to come up with the weight and link among the variables being studiedles.

The regression equation was as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \alpha$$

Where: **Y** is the dependent variable (project performance),

β_0 is the regression coefficient/constant/**Y**-intercept,

β_1 , β_2 , β_3 and β_4 are the slopes of the regression equation,

X_1 is adequate funding

X_2 is planning,

X_3 is stakeholder involvement,

X_4 is organizational/project leadership,

α is an error term normally distributed about a mean of 0 and for purpose of computation, the α is assumed to be 0.

3.8 Ethical Considerations

After permission to collect data is granted by the NACOSTI, the researcher coordinated data collection process. Relevant ethical matters as defined by NACOSTI and course content were observed. The researcher sought consent from the respondents before undertaking to collect data from the field. Taking part in the study was voluntary with respondents being briefed on the research intention and then was requested if ready to participate. Only those who accepted to participate were interviewed. Responses provided by participants were treated with utmost confidentiality with research objectives being explained to participants (respondents) with a clear statement that the data was being collected as part of an academic study only and not for any other purpose.

3.9 Operational Definition of the Variables

The table 3.3 gives a description of how the variables were operationalized.

Table 3.3: Operational Definition of the Variables

Objectives	Variable	Indicators	Measurement Scale	Data analysis
To determine the extent to which performance of HIV/AIDS projects is influenced by adequate funding; project leadership; stakeholder involvement and effective planning	Dependent Variable: Project performance Independent variables; adequate funding, stakeholder involvement, effective planning, leadership	Completed/delivered on time Delivered to or within budget Delivered to funders satisfaction Satisfied stakeholders	Proportion ratio correlation	Descriptive analysis Correlation Regression
To determine if adequate funding influences performance of HIV/AIDS projects within selected NGOs in Nairobi County	Dependent Variable: Project performance Independent variables; adequate funding	Funds allocated Number of donors Committed/signed grant contracts	Ordinal Ratio	Correlation Descriptive analysis Regression
To establish whether planning has an influence on performance of HIV/AIDS projects among selected NGOs in Nairobi County	Dependent Variable: Project performance Independent variables; stakeholder involvement	Stakeholder analysis Stakeholder meetings Involvement in policy decisions	Ordinal Ratio	Correlation Descriptive analysis Regression

To investigate how stakeholder involvement influences performance of HIV/AIDS projects among selected NGOs in Nairobi County	<p>Dependent Variable: Project performance</p> <p>Independent variables; effective planning</p>	<p>Work breakdown structure</p> <p>Annual plan / Strategic plan</p> <p>Resource allocation</p>	Proportion ratio correlation	<p>Correlation</p> <p>Descriptive analysis</p> <p>Regression</p>
To assess how if any organizational leadership may influence performance of HIV/AIDS projects among selected NGOs in Nairobi County	<p>Dependent Variable: Project performance</p> <p>Independent variables; project leadership</p>	Existence of a program management framework	Proportion ratio correlation	<p>Descriptive analysis</p> <p>correlation</p> <p>Regression</p>

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

Data analysis, presentation and interpretation were done here. The chapter is presented to match the objective of investigating factors that influence performance of projects implemented by NGOs in the health sector with a focus on HIV/AIDS projects in Nairobi County, Kenya.

4.1.1 Response Rate

Table 4.1: Response Rate

	Questionnaires Administered	Questionnaires filled & Returned	Percentage
Respondents	188	154	81.9

The questionnaires were distributed to 188 participants out of whom 154 completed and mailed back the questionnaires representing a an acceptable rate of response at 81.9%. The response rate was found satisfactory and a basis to make conclusions from the study since the sample size was representative by all measures. Statistically, a rate of response of above fifty (50%) or more is adequate to enable analysis and interpretation of data; with a rate of 60% being judged to be good enough while return rate above of 70% and over being seen as excellent.

4.2 General Information

This sub-section aims to obtain relevant profile information from participants in the study. The section focuses demographic information such as age category, level of education reached, gender distribution and length of service at current organization.

4.2.1 Age of the Respondents

Respondents from different age groups are always assumed to hold varied opinion on the same issue. With the aim of ensuring and capturing a broad range of opinions in this study, participants were politely asked to include the participant's age bracket. Results from data relating to the factor are analyzed in Table 4.2

Table 4.2: Age of the Respondent

Age category	Frequency	Percentage
21 – 25 years	11	7.1
26 – 30 years	21	13.6
31 – 35 years	26	16.9
36 – 40 years	31	20.1
41 – 45 years	24	15.6
46 – 50 years	23	14.9
Over 55 years	18	11.7
Total	154	100

Results obtained showed that respondents represented by 20.1% were in the age range of between 36 to 40 years, 16.9% of the respondents were in the age range of 31 to 35 years, 15.6 % of the respondents were between the ages 41 to 45 years, 14.9% of the respondents were aged

between 46 – 50 years, 13.6 % of the respondents were in the age range of between 26 to 30 years, 11.7 % of the respondents were aged above 55 years whereas 7.1% of those involved in the study were in the age range of 21 to 25. The interpretation got is that participants from varied age sets were engaged in this research study leading to the conclusion that opinion from various age group respondents was considered.

4.2.2 Highest Level of Education

The respondent highest level of education was asked as part of general information to deduce the respondents’ knowledge and aptitude in providing meaningful responses to the questionnaire queries. Results from data relating to the factor are analyzed in Table 4.3.

Table 4.3: Highest Level of Education

Level of education	Frequency	Percentage
Diploma	54	35.1
Bachelor Degree	68	44.2
Post Graduate Degree/Dip	32	20.8
Total	154	100

Results obtained show that respondents represented by 35.1% had graduated from college and held diploma qualification, 44.2% of the participants held a first bachelor’s degree whereas 20.8% of the respondents held post graduate education. From the findings the study surmises that all respondents had the right level of literacy meaning they were in would participate from an informed position and with minimum difficulty.

4.2.3 Period of Service

Longevity of service in a position is often associated with extensive knowledge of the goings on and operations of an entity. Given this and to enhance chances of study success participants were asked to include their length of service in the entity. Results from data relating to the factor are analyzed in Table 4.4

Table 4.4:Period of Service

Period of service	Frequency	Percentage
1- 5 years	17	11.0
6 – 10 Years	33	21.4
10 – 15Years	60	39.0
Above 16Years	44	28.6
Total	154	100

The study noted that participants representing by 39% had worked for 10 to 15years, 28.6% of the respondents had worked for more than 16 years, 21.4% of the respondents had been in service for a period of 6 to10years, while 11.0% of the respondents had worked for a period of 1 to 5 years. This may imply that study participants had been at the organization for a considerable length of time therefore they are in a comfortable situation to provide reliable information related to the study.

4.2.4 Gender Distribution

The study also wanted to establish the participant’s gender category. This ensure that persons from both genders were objectively involved in coming up with results of study. Results from data relating to the factor are analyzed in Table 4.5

Table 4.5:Gender of the Respondents

Gender	Frequency	Percentage
Male	71	46.1
Female	83	53.9
Total	154	100

Results obtained showed that 53.9% were female whereas 46.1% were male. This may imply that HIV/AIDS related projects In Nairobi County were partially dominated by the female gender.

4.3 Project Funding

This sub section investigates the relationship between project funding and performance of NGO sponsored HIV/AIDS projects

4.3.1 Adequate Funding

The study sought to determine whether the organization has adequate funding for its HIV/AIDS projects. Results from data relating to the factor are shown in Table 4.6

Table 4.6:Level of Funding

Opinion	Frequency	Percentage
Adequate funding	36	23.4
Inadequate funding	118	76.6
Total	154	100

From the analysis, 76.6% of respondents indicated that the organisation lacked adequate funding for HIV/AIDS projects whereas 23.4% indicated that the organization has adequate funding for its

HIV/AIDS projects. This implies that most of the NGOs dealing with HIV/AIDS projects lacked adequate financing to fund their planned implementation.

4.3.2 Sources of Funding for the Projects

The study sought to establish the sources of funding for NGO sponsored HIV/AIDS projects in Nairobi. Results from data relating to the factor are analyzed in Table 4.9.

Table 4.4: Sources of Funding For the Projects

Sources	Percentage
Thro' Donors	85%
Thro' Fundraising	65%
Thro' Government	68%

Investigations on sources of financing showed that NGO sponsored HIV/AIDS projects got 85% of their funding from donors, 68% through Government as it seeks to implement programmes to fight HIV/AIDS, and 65% through local fundraising. This implies that the main sources of fund for NGO sponsored HIV/AIDS projects were mainly from donors, local fundraising and government.

4.3.3 Adequate Funding and Implementation of HIV/AIDS

The study research sought to establish the magnitude with which participants agreed with the following statements about influence of adequate funding on successful implementation of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.8

Table 4.5: Adequate Funding and Implementation of HIV/AIDS

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	STD Deviation
Funds allocated to a project influence performance of HIV/AIDS related projects	5	15	16	89	29	3.79	0.22
Signed / committed donor contracts influence performance of HIV/AIDS related projects	4	11	14	95	30	3.88	0.24
Number of donors and partners influence the performance of HIV/AIDS related projects	6	10	19	102	17	3.74	0.26

As seen in the table, a significant majority of the participants were in agreement that signed and committed donor contracts influence performance of HIV/AIDS related projects (mean = 3.88, STDV = 0.24), funds allocated to a project influence performance of HIV/AIDS related projects (mean = 3.79, STDV = 0.22) and that the number of donors and partners influence the performance of HIV/AIDS related projects (mean = 3.74, STDV = 0.26).

4.3.4 Funding and Performance of HIV/AIDS projects

The research to determine the extent to which adequate funding influences the performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.9

Table 4.9: Funding and Performance of HIV/AIDS Projects

Extent	Frequency	Percentage
Very Great Extent	59	38.3
Great Extent	75	48.7
Moderate Extent	20	13.0
Total	154	100

As seen in table showing research findings, participants representing 48.7% had the opinion that adequate funding influences the performance of HIV/AIDS projects to a great extent, 38.3% of the individuals involved in the study had the opinion agreeing to a very great extent with 13% of the individuals involved in the study had the opinion agreeing to a moderate extent. We deduce that adequate funding influences the performance of HIV/AIDS projects to a great extent.

4.4 Stakeholder Involvement

The research sought to determine the magnitude of respondent's agreeing with the following statements assessing role of stakeholders involvement on performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.10

Table 4.10:Stakeholder Involvement

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	STD Deviation
Stakeholder analysis influences performance of HIV/AIDS projects	4	8	11	70	61	4.14	0.21
Stakeholder meetings influence performance of HIV/AIDS projects	2	6	9	78	59	4.21	0.23
Stakeholder involvement in policy decisions influences performance of HIV/AIDS projects	7	3	12	81	51	4.08	0.22

Majority of those participating in the study thought that Stakeholder analysis influences performance of HIV/AIDS projects (mean = 4.14, STDV = 0.21), Stakeholder meetings influence performance of HIV/AIDS projects (mean = 4.21, STDV = 0.23), and that Stakeholder involvement in policy decisions influences performance of HIV/AIDS projects (mean = 4.08, STDV = 0.22).

4.3.5 Stakeholder Involvement and Performance of HIV/AIDS Projects

The study sought to determine the extent to which stakeholder involvement influences the performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.11.

Table 4.11:Stakeholder Involvement and Performance of HIV/AIDS Projects

Extent	Frequency	Percentage
Very Great Extent	57	37.0
Great Extent	60	39.0
Moderate Extent	37	24.0
Total	154	100

Majority of the respondents representing 39.0% thought that that stakeholder involvement influences the performance of HIV/AIDS projects to a great extent 37.0% of the individuals involved in the study had the opinion to a very great extent whereas 24.0% of the participants agreed to a moderate extent. This implies that stakeholder involvement influences the performance of HIV/AIDS projects to a great extent.

4.4 Effective Planning and Performance of HIV/AIDS Projects

This sub-section investigates the relationship between project planning and performance of NGO sponsored health related projects

4.4.1 Planning Influences Performance of HIV/AIDS Projects

The research sought to reveal whether planning influenced the performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.12.

Table 4.12:Planning Influences Performance of HIV/AIDS Projects

Opinion	Frequency	Percentage
Yes	110	71.4

No	44	28.6
Total	154	100

Majority of the respondents representing 71.4% thought that effective planning influenced the performance of HIV/AIDS projects whereas 28.6% were of the contrary opinion. This implies that effective planning influenced the performance of HIV/AIDS NGO sponsored projects in Nairobi County

4.4.2 Planning and Performance of HIV/AIDS Projects

The research sought to determine the level to which those involved in study concurred with the following statements assessing on the Relationship between effective planning and its influence on performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.13

Table 4.13:Influence of Effective Planning and Performance Projects

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	STD Deviation
Work breakdown structure influences performance of HIV/AIDS projects	2	9	16	74	53	4.08	0.20
The annual plan/strategic plan influences the performance of HIV/AIDS projects	6	8	22	69	49	3.95	0.18

resource allocation influence the performance of HIV/AIDS projects	0	6	14	75	59	4.21	0.22
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Based on research findings data, majority of those that participated agreed that resource allocation influence the performance of HIV/AIDS projects(mean = 4.21, STDV =0.22), Work breakdown structure influences performance of HIV/AIDS project (mean =4.08, STDV =0.20), and that the annual plan/strategic plan influences the performance of HIV/AIDS projects (mean =3.95, STDV = 0.18).

4.4.3 Influence of Planning and Performance of HIV/AIDS Projects

The study also wanted to establish the extent to which effective planning influences the performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.14

Table 4.14:Influence of Planning and Performance of HIV/AIDS Projects

Extent	Frequency	Percentage
Very Great Extent	44	28.6
Great Extent	89	57.8
Moderate Extent	21	13.6
Total	154	100

From the research findings, participants represented by 57.8% had the opinion that planning influences the performance of HIV/AIDS projects to a great extent 28.6% of the respondents thought it was to a very great extent with 13.6% of the respondents thought to a moderate extent. The logical implication is that effective planning influences the performance of HIV/AIDS projects to a great extent.

4.5 Project Leadership

This sub-section investigates the relationship between project leadership and performance of NGO sponsored health related projects

4.5.1 Organization has a Designated Project Manager

The study sought to determine whether the organization have a designated project manager for each project. Results from data relating to the factor are analyzed in Table 4.15.

Table 4.6: The Project Has a Designated Manager

Opinion	Frequency	Percentage
Yes	107	69.5
No	47	30.5
Total	154	100

Results obtained from the findings show that, organizations representing by 69.5% have a designated project manager for each project whereas 30.5% indicated otherwise. This implies that most of the organizations have a designated project manager for each project

4.5.2 Project Leadership and Performance of HIV/AIDS Projects

The study aimed to establish the magnitude with which those participating in study concurred with the following statement relating to influence of project leadership on performance of HIV/AIDS projects. Results from data relating to the factor are analyzed in Table 4.16.

Table 4.7:Project Leadership and Performance of HIV/AIDS Projects

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	STDV Deviation
Project leadership type and style influences project success	6	7	9	81	51	4.06	0.22

The research findings show that most of those who participated in the study agreed that Project leadership type and style influences project success as shown by a mean of 4.06 and STDV of 0.22.

4.5.3 Org./Project Leadership

Respondents were requested to rate the following aspects on program performance. Results from data relating to the factor are shown in Table 4.17

Table 4.17:Project Performance

	Very Low Extent	Low Extent	Moderate Extent	Great Extent	Very Great Extent	Mean	STD Deviation
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Existence of a team structure influences performance of HIV/AIDS projects	2	4	7	88	53	4.21	0.25
Participative leadership influences performance of HIV/AIDS Projects	5	6	9	71	63	4.18	0.22
Situational leadership influences the performance of HIV/AIDS projects	3	2	14	92	43	4.10	0.25

The research findings show that most of those participating in the study agreed to a great extent that existence of a team structure influences performance of HIV/AIDS projects (Mean =4.21, STDV =0.25), Participative leadership influences performance of HIV/AIDS Projects (mean 4.18 =, STDV =0.22), and that Situational leadership influences the performance of HIV/AIDS projects (Mean = 4.10, STDV = 0.25).

The research went out to establish the extent to which respondents were in agreement with the following statement relating to successful project performance. Results from data relating to the factor are analyzed in Table 4.18

Table 4.18:Project Performance

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	STD Deviation
Projects completed on time are an indicator of project performance	8	4	19	64	59	4.05	0.19

Projects delivered within budget are an indicator of project performance	3	4	17	66	64	4.19	0.21
Projects delivered to funders satisfaction are an indicator of project performance	4	4	11	79	56	4.16	0.22
Satisfied stakeholders are an indicator of project performance	1	8	13	77	55	4.15	0.22

Based on research data, majority of those participating agreed that projects delivered within budget are an indicator of project performance (mean = 4.19, STDV =0.21), projects delivered to funders satisfaction are an indicator of project performance (mean = 4.16, STDV =0.22), satisfied stakeholders are an indicator of project performance (mean = 4.15, STDV = 0.22) and projects completed on time are an indicator of project performance (mean = 4.05, STDV =0.19).

4.5.4 Challenges Facing Performance of HIV/AIDS Projects

The study sought to determine some of the Challenges facing project performance, results obtained show that HIV/AIDS projects encountered various challenges including lack of financing, poor leadership, lack of clear policies on stakeholder involvement and lack of institutional support by the local authorities.

4.6 Inferential Statistics

Pearson's product moment correlation analysis was applied to establish the relationship between the variables whereas multiple regressions was applied to establish the predictive power of the factors influencing the performance of HIV/AIDS projects.

4.6.1 Correlation Analysis

The data presented before on funding, stakeholder involvement, effective planning and organizational leadership were computed into single variables per factor by obtaining the averages of each factor. Pearson's correlations analysis was thus performed at 95% confidence interval and 5% confidence level 2-tailed. The Results from data relating to the factor are analyzed in Table 4.19.

Table 4.19: Correlation Matrix

	Projects performance	Funding	Stakeholder involvement	Planning	Organizational leadership
Projects performance (r)	1.000				
(p) Sig. (2 tailed)					
Funding (r)	0.894	1.000			
(p) (2 tailed)	0.018				
Stakeholder involvement (r)	0.493	0.316	1.000		
(p) Sig. (2 tailed)	0.031	0.047			
Effective planning (r)	0.661	0.163	0.216	1.000	
(p) Sig. (2 tailed)	0.024	0.019	0.047		
Organizational leadership (r)	0.402	0.161	0.233	0.462	1.000
(p) Sig. (2 tailed)	0.048	0.029	0.0464	0.014	

The Table 4.19 shows the correlation matrix between the dependent and independent variables (funding, stakeholder involvement, effective planning and organizational leadership) and performance of health projects working in HIV/AIDS services within selected NGOs in Nairobi County. Analyzing the Table, there is inferred the relationship existent between performance of health projects and funding, stakeholder involvement, effective planning and organizational leadership was positive to the magnitude of 0.894, 0.493, 0.661 and 0.402 respectively. The positive relationship signifies a correlation between the factors and the performance of health projects with project funding having the highest value and organizational leadership having the lowest correlation value.

Nevertheless, all the factors had a significant p-value ($p < 0.05$) at 95% confidence level. The significance values for relationship between performance of health projects and funding, stakeholder involvement, effective planning and organizational leadership were 0.018, 0.031, 0.024 and 0.048 respectively. This implies that funding was the most significant factor, followed by effective planning then stakeholder involvement while organizational leadership was the least significant.

4.6.2 Regression Analysis

A multiple regression analysis was conducted to test the relationship among variables (independent) on the project performance. SPSS Version 21.0 was used to code, enter and model the relationship between the four independent variables and the dependent variable.

Coefficient of determination explains how magnitude of changes in the dependent variable can be explained or attributed by a change in the independent variables or the percentage of variation in the dependent variable (in this case project performance) that is explained by all the four independent

variables (funding, stakeholder involvement, planning and organizational leadership).

4.6.2.1 Model Summary

In this study, a multiple regression analysis was conducted to test the influence among predictor variables. The research used SPSS V 21.0 to code, enter and compute the measurements of the multiple regressions. The model summary is presented in the Table 4.20.

Table 4.8: Model Summary

Model	R	R Square	Adjusted R Square	STDV. Error of the Estimate
1	.810	0.656	0.632	0.84564

Coefficient of determination was applied to appraise the model fit. The adjusted R^2 , referred to as the coefficient of multiple determinations, represents a percentage of variance in the dependent variable explained differently or together by the independent variables. From the model fit, we got an average adjusted coefficient of determination (R^2) of 0.632 suggesting that 63.2% of the variations in HIV/AIDS projects performance could be explainable by the independent variables under the study research (adequate funding, stakeholder involvement, effective planning and project leadership). The difference of 36.8% is attributable to other factors that are not the subject of this study.

4.6.2.2 ANOVA

This research study also tested the significance of the model using the ANOVA technique. Resulting findings are presented in Table 4.21.

Table 4.9: Summary of One-Way ANOVA Results

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	19.528	4.000	4.882	8.219	.000 ^b
1	Residual	88.506	149.000	0.594		
	Total	108.034	153.000			

Critical value =2.50

The ANOVA statistics resulting from the data have helped the study establish that the regression model had a significance level of 0.00% which indicates the data was suitable in reaching a conclusion on the population parameters as the value of significance (p-value) was less than 5%. The value calculated was more than the critical value ($8.219 > 2.50$) indicating that adequate funding, stakeholder involvement, effective planning and project leadership all have a significant effect on health project performance. Given that we have a significance value which was lower than 0.05 we can conclude that the model was significant.

4.6.2.3 Coefficients of Determination

The study applied the coefficient Table to determine the study model. The resulting findings are presented in the Table 4.22.

Table 4.10: Coefficients

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	STDV. Error	Beta		
1 (Constant)	1.176	0.317		0.555	0.002

Org./Project Leadership	0.417	0.096	0.397	4.344	0.000
Adequate funding	0.596	0.143	0.670	4.168	0.001
Effective planning	0.569	0.118	0.394	4.822	0.000
Stakeholder involvement	0.492	0.122	0.413	4.033	0.003

The SPSS generated output as presented in Table above, the equation ($Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon$) becomes:

$$Y = 1.176 + 0.417X_1 + 0.596X_2 + 0.569X_3 + 0.492X_4$$

From the regression equation, taking all factors into account; (adequate funding, stakeholder involvement, effective planning and project leadership) held constant at zero, HIV/AIDS project performance will be 1.176. On the other hand, holding other factors constant, a unit change in funding would lead to an improved project performance by a factor of 0.596; a unit change in stakeholder involvement when holding the other factors constant would lead to a 0.492 improvement in project performance ;a unit change in planning when holding all the other factors constant would lead to a positive change in the HIV/AIDS project performance by a factor of 0.569 while a unit change in project/organizational leadership when holding the other factors constant would lead to a 0.417 improvement in project performance. The findings further agree with Ayodele (2011) that funding was key to achieving and realizing optimal project performance.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presented the discussion of key data findings, conclusion drawn from the findings highlighted and recommendation made there-to, the conclusions and recommendations drawn were focused on addressing the objective of the study the researcher had intended to investigate the factors influencing the performance of projects implemented by NGOs in the health sector with a focus on HIV/AIDS projects in Nairobi County, Kenya.

5.1 Summary of Findings

The aim of this study was to examine factors influencing performance of HIV/AIDS projects implemented by NGOs in the healthcare sector. The study was guided by the following themes:- influence of funding on project performance, influence of stakeholder involvement on project performance, influence of planning on project performance and influence of stakeholders analysis on project performance in Nairobi County, Kenya. Based on findings the research came up with the followings summary and arrived at recommendations. That is funding should be regular, adequate and consistent. Planning should incorporate risk management and be flexible. Stakeholders should be involved in the formulation and implementation of projects and situational leadership is more [preferred as a project management tool.

5.2 Discussion of the Findings

This section presents data found on analysis of factors that in consider in the study. These are presented as per objective,

5.2.1 Project Funding

The study revealed that most of the NGOs dealing with HIV/AIDS projects lacked adequate financing; the main sources of fund for NGO sponsored HIV/AIDS projects were mainly from donors, fundraising and government, committed donor contracts influence performance of HIV/AIDS related projects, funds allocated to a project influence performance of HIV/AIDS related and that the number of donors and partners influence the performance of HIV/AIDS related projects and that adequate funding influences the performance of HIV/AIDS projects to a great extent. The findings corroborate the research by Steinfort and Walker (2007) who in their study conclude that “sufficient financial and non-financial resources when dedicated to implement a rigorously arrived at plan” is a success factor. The above findings call for borrowing of management tactics in Resource Dependence Theory (RDT) which literates that organization depends on resources for their survival; therefore, for any NGO healthy sponsored programme to be successful, resources are important.

Further the study established that many HIV/AIDS related projects run out of resources before completion. The planning team should to thoughtfully map out in advance all resource requirements so that the project is not abandoned before it is completed. Conclusions reached are in agreement with a study research by Nguyen et al (2004) who observe that many health projects encounter a myriad of problems through the project life cycle including scope creep, loss of key technical staff and withdrawal of funding among others.

5.2.2 Stakeholder involvement

The research revealed that Stakeholder analysis influences performance of HIV/AIDS projects, Stakeholder meetings influence performance of HIV/AIDS projects, and that Stakeholder involvement in policy decisions influences performance of HIV/AIDS projects, Health

projects such as family planning and HIV/AIDS may thus succeed where the community feels a sense of ownership as the community will feel responsible for ensuring that they succeed and that stakeholder involvement influences the performance of HIV/AIDS projects to a great extent, the above findings are in line with the findings by Ahmed & Palermo, (2010).

The study also revealed that it is imperative that stakeholders are brought on board from the initial planning stages and always be in the know as to which direction the project is going. Stakeholders involvement helps teams achieve targets, deadlines and stay organized and focused on the goal as part of planning health interventions including HIV/AIDS projects, stakeholders should be kept aware of project progress. The study conclusions are in agreement with findings from a study by Mishra, (2012) that stakeholder participation to a very significant extent impacts performance of health projects working in HIV/AIDS services.

5.2.3 Planning and Performance of HIV/AIDS Projects

The research revealed that effective planning influenced the performance of HIV/AIDS NGO sponsored projects in Nairobi County, that resource allocation influence the performance of HIV/AIDS projects, Work breakdown structure influences performance of HIV/AIDS project and that the annual plan/strategic plan influences the performance of HIV/AIDS projects, That effective planning influences the performance of HIV/AIDS projects to a great extent. The findings agree with a research by UNAIDS, (2007) that planning /AIDS prevention programmes requires meticulous, results-driven, objective oriented procedures and process that addresses the real situation of the individuals and groups most affected by the epidemic. These should then be well captured in national HIV strategy. The above findings support the research by Kimani, (2009) that planning helps teams achieve targets, deadlines and stay organized and focused on the goal.

The study also revealed that deliberate planning for the project helps the team to anticipate and address implementation challenges, thereby mitigating negative impacts on milestones, effective planning results in a smoother project life cycle hence minimizing overall failure, planning helps each member to be better prepared to execute their role and understand their contribution. With proper planning, project management can make an informed prediction of time and resource needs that will adequately complete the project. The foregoing findings agree with research by Hermano, *et al* (2012) that inadequate planning, inadequate experience among the executing teams, scope creep, change in project design, project complexity and fraudulent practices may results in budget overruns.

5.2.4 Project leadership

The study established that most of the organizations have a designated project manager for each project, Project leadership type and style influences project success, Existence of a team structure influences performance of HIV/AIDS projects, Participative leadership influences performance of HIV/AIDS Projects and that Situational leadership influences the performance of HIV/AIDS projects. The foregoing findings were earlier confirmed in a research conducted by UNAIDS, (2007)

The findings also show that project managers must endeavor to create the right conditions so that projects are delivered within the timelines scheduled in the log frame and not to exceed costs as detailed in the work breakdown structure. Ideally, warning systems build in as part of risk management should help minimize deviations from the expected. In order to realize this, managers must positively influence team members by applying situational leadership and being flexible to the project's realities in addition to taking on other additional tasks in the work plan. The above are corroborated by study done by Lewis (2007) that the manager's advanced knowledge, experience and skills is a core resource that other team members can always tap into for project success.

5.2.5 Project performance

The study revealed that projects delivered within budget are an indicator of project performance, projects delivered to funder's satisfaction are an indicator of project performance, satisfied stakeholders are an indicator of project performance and projects completed on time are an indicator of project performance. The study revealed that HIV/AIDS projects encountered various challenges including lack of financing, poor leadership, lack of clear policies on stakeholder involvement and lack of institutional support by the local authorities.

5.3 Conclusions

The study makes the following conclusions:

Lack of adequate funding had a negative influence on the performance of health projects in HIV/AIDS projects in Nairobi County. Many HIV/AIDS related projects run out of resources before completion thereby impacting achievement of intended objectives and not attaining the desired outcomes and impact.

The study concludes that stakeholder involvement to a significant extent impacts on the performance of health projects working in HIV/AIDS services in Nairobi County, good and clear stakeholder's involvement programme is of great importance in ensuring smooth implementation of HIV/AIDS projects in Kenya.

Planning promoted the performance of health projects working in HIV/AIDS. Good practice in planning HIV/AIDS prevention programming demands well thought out, rigorous, realistic, objective oriented process that responds to the baseline of the groups most affected by the epidemic, and that

are well integrated in the national HIV plan.

Project leadership type and style influences project success organizational leadership influences the performance of health projects working in HIV/AIDS services and that existence of a team structure influences performance of HIV/AIDS projects

5.4 Recommendations

The study made the following recommendations:

1. Fundraising leaders and resource mobilization teams should consider the financial resources needed to finish the project and match this with the project design and work plans. This will help eliminate the potential of discontinuing the project for lack of resources. Project managers must build contingency monitoring so that interventions are preferably on or under budget and with a minimal number of problems along the way. the Local resource mobilization should be enhanced to shield the projects from shifting foreign donor priorities.
2. The study recommends that the sustainability must be a key consideration when designing HIV/AIDS programmes. There are several forms of sustainability that should be taken in to account including financial, institutional and community so that with donor aided projects coming to an end does not condemn the community back to the adverse effects that the intervention sought to address. Risk management should be incorporated in to the implementation with projects being implemented as per the proposal with simplified work breakdown and cost breakdown structures supporting the work plan.
3. The study recommends that the project management office or committee should continuously assess stakeholder interests; this will help to promote their buy-in and eliminate intergroup conflicts thereby improving project performance. The study also recommends

that stakeholders should be included in all pre-implementation and inception meetings as well as their views being incorporated in planning and execution. This will increase the acceptability, and create a bridging social investment for the HIV/AIDS projects, well as enriching the project with more ideas.

4. The study recommends enhancing a team approach in implementing projects since it was found to be a strong enabler of project performance. Further, the study found that given the various phases through which a project goes, situational leadership which emphasizes flexibility is more suitable since direction by manager will depend on the type of situation.

5.5 Suggestions for Further Studies

The study sought to investigate factors influencing the performance of projects implemented by NGOs in the health sector with a focus on HIV/AIDS projects in Nairobi County, Kenya. Similar studies should be carried out in other counties and results compared with the aim of delivering better HIV/AIDS programming.

REFERENCES

- Aaltonen, K. (2011). Project Stakeholder Analysis and Environmental Interpretation Process. *International Journal of Project Management*, 29(2), 165-183.
- Baker, B.N., D.C. Murphy, and D. Fisher, Factors Affecting Project Success, in *Project Management Handbook*. 2008, John Wiley & Sons, Inc. p. 900-920.
- Bechange, S. (2010). “Retracted: Determinants of Project Success among HIV/AIDS Non-Governmental Organizations (NGOs) in Rakai, Uganda” *The New African*, September, 2010 pp 47-52.
- Bernal, V. (2014). *Theorizing NGOs: States, Feminisms and Neoliberalism*, Duke University Press, Durham
- Brass, J.N (2012). “Blurring Boundaries: The Integration of NGOs into Governance in Kenya”, *Governance*, Vol. 25, No. 2, pp. 209-235
- Brown, L. & Timmer, V. (2013). “Role of Civil Society as Catalysts for Transnational Social Learning”, *Voluntas: International Journal of Nonprofit Organizations*, Vol. 17, No. 1, pp. 1-16
- Chan, P.L. (2004), *Critical success factors for delivering healthcare projects in Hong Kong*. Hong Kong Polytechnic University (Hong Kong): Ann Arbor. p. 453-453 p.
- Crawford, P, & Bryce P. (2011). Enhancing project success: A method of enhancing the efficiency and effectiveness of aid project implementation. *International Journal of project management*, 21(5):363-373.

- Cleland, D. I. & Gareis, R. (2009). *Global project management handbook*. McGraw-Hill Professional
- Cooper, R.D., & Schindler, S.P (2006). *Business Research Methods*, 9th Edition. Mc-Graw Hill.
- Darrell, Myrick. (2013). *A Logical Framework for Monitoring and Evaluation: A Pragmatic Approach to M&E*
- Dwivedi, U., (2010), *Earned Value Management Explained (Online)* Available: www.projectsmart.co.uk (retrieved 19.05.2015)
- Fleischer, D., & Christie, C. (2009). Evaluation use: Results from a survey of U.S. American Evaluation Association members. *American Journal of Evaluation*, 30(2), 158–175.
- Goatham, R. What is Project Success? Accessed on September 16, 2016 from <http://calleam.com/WTPF/?p=3501>. 2013.
- Golini, R., & Landoni, P. (2013). *International Development Projects: Peculiarities & Managerial Approaches*: Project Management Institute, Inc.
- Gruskin, S. (2010). Rights-based Approaches to Health Policies and Programs: Clarifications and explanations, *Journal of Public Health Policy*, Vol. 31, No. 2, pp. 129-145
- Harding, J. (2012) *Avoiding Project Failures*. *Chemical Engineering*, 2012. 119(13): p. 51-54.
- Hermano, V., et al., (2013) How to manage international development (ID) projects successfully. *International Journal of Project Management*, Vol. 31(1): p. 22-30.
- Hersey & Blanchard (1996). *Situational Leadership Theory*
- Seltzer & Bass, (1990). *Theory of Transformational Leadership*

- Hershey, M. (2011). NGOs and community participation in Kenya's fight against HIV/AIDS, ProQuest, UMI Dissertations Publishing
- Ika, L. A. (2012). Project management that facilitates sustainable development in Africa: The reason why projects are having challenges and possible mitigation. *Project management journal*, 47, pp. 32-35.
- Kahssay, HM. (2004). The role of civil society in district health systems: hidden resources, WHO Resources.
- Kaleeba, N (2013). Contribution of Civil Society Organizations to Health in Africa, An AMREF Publication
- Kerzner, H.R., & Saladis, F.P (2009). Value Driven Project Management. International Institute for Learning
- Khang, D.B. & T.L. Moe (2008). Success Criteria and Factors for International Development Projects: A Life-Cycle-Based Framework. *Project Management Journal*, 2008. 39(1): p. 72-84.
- Kim, Y. (2011). The Unveiled Power of NGOs: How NGOs influence states' foreign policy behaviours
- Kraeger, P. (2011). NGO Mission Success. E Field Office Perspective, ProQuest, UMI Dissertations Publishing
- Kothari, C.R (2004). Research Methodology-Methods and Techniques. New Age International (P) Ltd

- Lawrence, P. & J. Scanlan. (2007). Planning in the Dark: Why Major Engineering Projects Fail to Achieve Key Goals. *Technology Analysis & Strategic Management*, Vol.19(4): p. 509-525.
- Lekorwe, M. & Mpabanga, D. (2007). “Managing Non-governmental Organizations in Botswana.” *The Public Sector Innovation Journal* 12, No.3, pp. 1-18
- MacIntyre, L.M & Luhanga, M.R (2013). “How community trust was gained by an NGO in Malawi, Central Africa to mitigate the impact of HIV/AIDS”. *Journal of transcultural nursing*, Vol. 24, No. 3, pp. 263-270
- Management Sciences for Health (2005). *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health.
- Melenberg, A. (2008). *Missing data, Advising on Research Methods: A consultant’s companion*
- Mishra, V. (2012). “The Role of Global Civil Society in Global Governance”, *Beijing Law Review*, Vol.3, No.4, pp. 206-212
- Mugenda, O.M., & Mugenda, A.G (2003). *Research Methods: Quantitative and Qualitative Approaches*, Nairobi: African Centre for Technological Studies
- Muller, R. & Jugdev, K. 2012. Critical success factors in projects. *International Journal of Managing Projects in Business*, 5, pp. 757-775.
- Naomi, T. (2014). *Indicators of NGOs Success & Impacts on NGOs Role in HIV Policy Process in Kenya*
- NACC (National AIDS Control Council) Online Database, Accessed 01/10/2016

- Nguyen, L., Ogunlana, S & D. Thi Xuan Lan, (2004). *A study on project success factors in large construction projects in Vietnam*. Engineering, Construction and Architectural Management, 11(6): p. 404-413.
- Norrie, J & Walker, D. (2004). “A balanced scorecard approach to project management leadership, Journal of project management, PMI, 35(4), 47-56
- OECD (2016). OECD Factbook 2015/16: Economic, Environmental and Social Statistics. www.oecd-library.org/content/book/factbook; Accessed 10 October, 2016
- Oxford Policy Management (2012). “Assessment of the Potential of Innovative Financing Mechanisms for HIV, Health and Development, A Focus on Africa”
- PWC (2014) Project success: portfolio and change management,
- Rogers, P. & Funnell, S. (2011). Purposeful program theory: Effective use of theories of change and logic models
- Sansom, K. (2011). “Commentary Roles? NGO-Government relations for community-based sanitation in South Asia”, Public Administration and Development, Vol. 31, No.4, PP. 282-293
- Saunders, M. (2003). Research Methods for Business Students
- Seckinelgin, H. (2007). “A Global Disease and its Governance: HIV/AIDS in Sub-saharan Africa and the Agency of NGOs”, Global Governance, Vol. 11, No.3, pp. 351-368
- Ssazi, E. (2012). NGOs: Legitimate subjects of international law, Leiden University Press.

Sekaran, U (2003). Research method for business: A skill building approach, 4th edition, John Wiley & Sons

Steinfort, P & Walker, D.H.T (2008) Critical success factors in project management globally and how they may be applied to aid projects, 4th Annual Project Management Australia Conference.

Umble, Karl, et al (2005). "The National Public Health Leadership Institute: Evaluation of a Team-Based Approach to Developing Collaborative Public Health Leaders." *American Journal of Public Health*, Vol. 95, No. 4, pp. 641–44.

UNAIDS (2007). Practical Guidelines for Intensifying HIV Prevention
UNAID (2008). Global Report on AIDS Pandemic

Villacana, R (2013). The effect of NGO leadership on volunteer retention, ProQuest, UMI dissertations

Virgo, P. (2007). Why do government projects fail so often? *Computer Weekly*, 2007: Issue 2, p. 16.

www.dialoguebydesign.co.uk. Accessed on 19/10/2016

Yamane, T. (1967). *Statistics, an introductory analysis*, 2nd edition, New York:Harper and Row

Zwikael, O., Pathak, R. D., Singh, G. & Ahmed, S. (2014). The moderating effect of risk on the relationship between planning and success. *International Journal of Project Management*, 32, pp. 435-441.

APPENDICES

Appendix I: Cover Letter

Dear Respondent,

RE: REQUEST TO RESPOND TO THE STUDY QUESTIONNAIRE

I am a student at University of Nairobi pursuing a degree of Master of Arts in Project Planning and Management. As part of this course requirement, I am expected to carry out a research on **Factors Influencing The Performance of Projects Implemented by NGOs in the Health Sector: A Case of HIV/AIDS projects in Nairobi County, Kenya**. I therefore, humbly request for your assistance and cooperation in responding to the questions attached herewith. The information given will be treated with utmost confidentiality and will be used only for the purpose of this study.

Looking forward for your response and cooperation

Yours faithfully,

Joe Sammy Anunda

Reg. No L50/76184/2014

Appendix II: Research Questionnaire

SECTION A: GENERAL INFORMATION

Name of your project and NGO.....

1) What is your Age Group?

- | | | | |
|---------------|--------------------------|---------------|--------------------------|
| 21 – 25 years | <input type="checkbox"/> | 41 – 45 years | <input type="checkbox"/> |
| 26 – 30 years | <input type="checkbox"/> | 46 – 50 years | <input type="checkbox"/> |
| 31 – 35 years | <input type="checkbox"/> | 51 – 55 years | <input type="checkbox"/> |
| 36 – 40 years | <input type="checkbox"/> | Over 55 years | <input type="checkbox"/> |

2) What is your highest level of education? {Please tick one (√)}

- | | | | |
|----------------------|--------------------------|-----------------|--------------------------|
| High School | <input type="checkbox"/> | Certificate | <input type="checkbox"/> |
| Diploma | <input type="checkbox"/> | Bachelor Degree | <input type="checkbox"/> |
| Post Graduate Degree | <input type="checkbox"/> | | |

Other (specify)

.....
.....

3) How long have you worked in this department

- | | | | |
|--------------|--------------------------|---------------|--------------------------|
| 1- 5 years | <input type="checkbox"/> | 6 – 10Years | <input type="checkbox"/> |
| 10 – 15Years | <input type="checkbox"/> | Above 16Years | <input type="checkbox"/> |

4) Gender.....

**SECTION B: FACTORS INFLUENCING THE PERFORMANCE OF NGO PROJECTS:
A CASE OF HEALTH RELATED PROJECTS IN NAIROBI COUNTY, KENYA**

PART I: Adequate Funding

1) Does your organization have adequate funding for its HIV/AIDS projects?

Yes [] No []

What are the sources of funding for your projects?

Thro' Donors []

Thro' Fundraising []

Thro' Government []

Other (please specify).....

2) Indicate your level of agreement to the statement below relating to adequate funding and its influence on successful project completion in your NGO. Use a scale of 1-5, where 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree.

	1	2	3	4	5
Funds allocated to a project influence performance of HIV/AIDS related projects					

Signed / committed donor contracts influence performance of HIV/AIDS related projects					
Number of donors and partners influence the performance of HIV/AIDS related projects					

3) In your own opinion, indicate the extent to which adequate funding influences the performance of HIV/AIDS projects?

To a very great extent [] To a great extent []

To a moderate extent [] To a low extent []

To a very low extent []

PART II: STAKEHOLDER INVOLVEMENT

1) Indicate your level of agreement to the statement below relating to stakeholders involvement and its influence performance of HIV/AIDS projects. Use a scale of 1-5, where 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree.

Statement	1	2	3	4	5
Stakeholder analysis influences performance of HIV/AIDS projects					

Stakeholder meetings influence performance of HIV/AIDS projects					
Stakeholder involvement in policy decisions influences performance of HIV/AIDS projects					

2) Indicate the extent to which stakeholder involvement influences the performance of HIV/AIDS projects?

To a very great extent [] To a great extent []

To a moderate extent [] To a low extent []

To a very low extent []

PART III: EFFECTIVE PLANNING

1) Does your organization plan for its projects?

Yes [] No []

2) Kindly indicate your level of agreement to the statement relating to effective planning and its influence on performance of HIV/AIDS projects. Use a scale of 1-5, where 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree.

	1	2	3	4	5
Work breakdown structure influences performance of HIV/AIDS projects					

The annual plan/strategic plan influences the performance of HIV/AIDS projects					
Does resource allocation influence the performance of HIV/AIDS projects					

3) Indicate the extent to which effective planning of projects influences the performance of HIV/AIDS projects?

To a very great extent To a great extent

To a moderate extent To a low extent

To a very low extent

PART IV: LEADERSHIP

4) Does your organization have a designated project manager for each project?

Yes No

5) Kindly indicate your level of agreement to the statement relating to project leadership and its influence on performance of HIV/AIDS projects. Use a scale of 1-5, where 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree.

	1	2	3	4	5
Project leadership type and style influences project success					

Project Performance

How would you rate the following aspects on program performance? Use a scale of 1-5 where 1= very low extent, 2=low extent, 3=moderate extent, 4=great extent, 5=very great extent

	1	2	3	4	5
Existence of a team structure influences performance of HIV/AIDS projects					
Participative leadership influences performance of HIV/AIDS Projects					
Situational leadership influences the performance of HIV/AIDS projects					

PART V: PROJECT PERFORMANCE

6) Kindly indicate your level of agreement to the statement relating to successful project performance in your NGO. Use a scale of 1-5, where 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree.

	1	2	3	4	5
Projects completed on time are an indicator of project performance					
Projects delivered within budget are an indicator of project performance					
Projects delivered to funders satisfaction are an indicator of project performance					
Satisfied stakeholders are an indicator of project performance					

1) What are the challenges facing project performance

.....

2) Propose ways of optimizing project performance

.....

3) How would you describe the status of performance of projects in your organization

.....

.....

THANK YOU FOR YOUR PARTICIPATION