FACTORS AFFECTING PERFORMANCE MEASUREMENT IN MOST AT RISK POPULATION (MARPS) PROGRAMS IN KENYA. A CASE OF SWOP PROGRAM, NAIROBI COUNTY.

BY
AMWAYI SAISI DINAH

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2013
DECLARATION

This research project report is my original work and has not been presented for a degree in any other University

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AMWAYI S. DINAH DATE

REG. NO. L50/70007/2011

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

Supervisor

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PROF. CHRISTOPHER GAKUU DATE

DEPARTMENT OF EXTRA-MURAL STUDIES
UNIVERSITY OF NAIROBI
DEDICATION

This work is dedicated to my beloved family. In memory of my late father Silas Amwayi, my mother Anjeline Lisero, my brothers Benjamin and John stone and my sisters Mercy, Mildred, and Brenda and who have relentlessly supported and encouraged. My little children Talia and Silas together with their father, Ashton; Thanks for the patience in allowing me embark on this journey of education.
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ABBREVIATIONS AND ACRONYMS

**IDU:** Injecting Drug Users

**KAIS:** Kenya AIDS Indicator Survey

**MARPS:** Most At Risk Populations

**MSM:** Men who have Sex with Men

**NASCOP:** National AIDS and STIs Control Program

**NGO:** Non-Governmental Organizations

**NPHPSP:** National Public Health Performance Standards Program (NPHPSP)

**PMS:** Performance Measurement Systems

**SPSS:** Social sciences statistical packages

**SWOP:** Sex Workers Outreach Program

**UNAIDS:** United Nations Program on HIV/AIDS
ABSTRACT

Performance measurement is critical to achieving and organization’s objectives which eventually translate to project success and achievement of laid down targets. For optimal performance by MARPS programs and the NGO sector in general various factors should be looked at in a clear perspective. The research project was therefore examining the factors influencing performance measurement in MARPS programs in Kenya. The Objectives guiding this research project included: To assess how procurement processes influence the performance measurement of MARPS Programs, to find out the influence of cost and budget controls on performance measurement of MARPS programs, to determine the influence of staffing levels and attitudes on performance measurement of MARPS programs and to establish how the program physical location influences performance measurement of MARPS programs. The research method used was descriptive in nature where two sets of questionnaires were developed for data collection among the SWOP staff and patients. Data was collected by interviewing managers, clinical staff, the finance team and the active clients in the program. Data analysis was carried out using social sciences statistical packages, SPSS. The research finding show that the staff and patients of SWOP program were aware of the factors affecting performance measurement in their program and that really played an important role in the running of the program. The researcher also noted that the SWOP program did not use any performance measurement systems such as the logical framework and the balanced Scorecard. The researcher therefore recommends that the Swop management employs the use of such systems so improve the current level of performance.
CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Performance measurement provides information primarily about the past. While budgeting, strategic planning, and policy analysis are primarily about the future. Performance data should be able to provide a baseline for decisions and give clues about what might happen in the future. This enables the business programs or organizations to control and manage future budgets. Several frameworks are used to measure the performance of a program. One such is the “Sink and Tuttle” Framework (Sink and Thomas 1989) which is grounded in a supplier-input process-output-customer-outcome model. The seven criteria used in this framework are: efficiency (inputs), effectiveness (outcomes), productivity (outputs/inputs), profitability/budget ability, quality (anywhere in the process model), innovation and quality of work life. Results and quality are undeniably important to every public health organization and initiative (sink and Thomas, 1989).

Performance measurement has its roots in early accounting systems and (Johson, 2011) cites the Medici accounts as an excellent example of how preindustrial organization could maintain a good account of the external transactions and stock without recourse to higher level techniques such as cost accounting. However, as an organization developed, so did their needs for measures and Johnson again provides a detailed account of how current management accounting an developed in the USA in the 1850s and 1920s moved from piecework to wages, single operations to multiple operations, individual businesses to multi-divisional firms (Bourne & Neely, 2003).

In 1941, a study in the USA showed that all company entirely relied on budgetary controls as a measure of performance. By 1980s, there was a significant development In management accounting where traditional accounting measures were considered inappropriate for managing organizations/ they were particularly criticized for encouraging short term decision making thus causing a damage to the Economy. These measures were mainly financial. Consequententially in the 1990s the interest to incorporate non financial measure s into performance measurement was hatched by Keegan et al. These measures included SMART pyramids, Result matrix and the Balanced Scorecard (Bourne & Neely, 2003).

To place these concepts into perspective at the macro level of public health, more than 2 million lives hang in the balance between the gap in our current performance and 9 major
mortality targets to be achieved in Healthy People 2010. Evidence from business, government, healthcare, and other industries suggests that quality management which is an aspect of performance management practice can positively influence almost every type of measure, ranging from bottom line results and outputs to employee relations and customer satisfaction (Journal of Public Health Management & Practice: July/August 2007 - Volume 13).

The Federal government’s Government Performance and Results Act of 1993 have been applied broadly to every type of program. Nevertheless, basic research programs have had only slight success at fitting tracking systems into the annual outcome-oriented performance measurement process. Regular tracking can be used to assess whether timelines have been met, expenditures have been kept within budget, and the quality of any interim product is acceptable (such as by using expert panels to rate the quality and progress of ongoing research). Performance measurement of programs has the following main functions: it helps to improve the management and delivery of products and services. It also helps to improve communications internally among employees, as well as externally between the organization and its clients and stakeholders. Finally, it helps to justify programs and their costs. (Guidelines for performance measurements; US Department of Energy, 1993).

At the national level, only recently have public health organizations and NGOs become explicit in the expectations and standards for public health practice and general business practice. The field's growing recognition of these responsibilities is evident in the domains and goals of the proposed framework for a voluntary accreditation program (for which the first purpose is to promote high performance and continuous quality improvement). They are also pivotal in the National Association of County and City Health Officials’ Operational Definition of a Functional Local Health Department and the proposed 2007 revisions to the National Public Health Performance Standards Program (NPHPSP) instruments. No matter where an organization stands in relation to accreditation, performance improvement matters to its success.

The MARPS program in Kenya aims to provide accessible, appropriate, acceptable and affordable services to the populations involved.

The main components of services offered in a MARPs program with special emphasis on sex workers and MSM include: Behavioral interventions which are basic components of the HIV/STI package of services, Biomedical interventions which are HIV/STI and reproductive
health services in which sex workers and MSM are screened, tested, and/or treated for HIV/STI and reproductive health conditions and structural interventions where MARPS programs aim to alter the social, economic, political, and/or environmental factors that determine HIV risk and vulnerability among these populations. (National Guidelines for HIV/STI programs for sex workers, 2010).

In the context of MARPS structural intervention, where we have programs that look at social and economic factors affecting measurement of performance, then we may define performance measurement as a regular measurement of the results (outcomes) and efficiency of services or programs. Performance measurement focuses on measuring outcomes and efficiency (Harry P. Hatry, 2011).

Due to the high prevalence rates of HIV among FSW and MSM, specific HIV prevention programs tailor-made for these populations have been developed in order to reach out and offer services with an aim of improving their reproductive health while safeguarding their dignity and human rights. One of the most successful programs reaching out to FSW and MSM in Kenya is the Sex Workers Outreach Programme (SWOP) which was established under Kenya Aids Control Project (KACP) – a collaboration between the University of Manitoba/Nairobi Research Group – to offer comprehensive HIV/AIDS prevention and treatment services to the MARPS in Nairobi, Kenya. On the background that female sex workers and the men having sex with men (MSMs) constitute most at risk populations (MARPS) in HIV/AIDS acquisition and transmission in Kenya. The main objective of this program was to provide accessible, friendly, affordable STI/HIV services to sex workers and create a model clinic for sex workers. FSW and MSM represent an important population under the MARPS in the control and management of HIV infection in the country leading to the development of programs specifically targeting these populations. Requirements for outcomes-based performance management are increasing performance measurement activities at all government and NGOs levels. Research on public-sector performance management, however, points to problems in the design and management of these systems and questions their effectiveness as policy tools for increasing governmental accountability.

Information about performance measurement is critical to the functioning of any business, (William, 1996).

The procurement process can be defined as all the activities required in getting a product or a service from the supplier to a final destination. It encompasses the purchasing function, storing, transportation, and manages the relations between suppliers and internal customers. It is a cyclical process involving the following activities: analysis, planning, implementation,
and measurement. The performance measurement of the procurement process is probably the least explored activity of the four. The researcher had observed that procurement procedures have a direct relationship as to whether a program is efficient or not thus a measure of performance. This implied that, when there was a gap in procurement procedures then the organization tends to over-procure or may even procure things that were not of necessity. On the other hand, if we had bureaucratic procurement procedures then no activity will be commenced and completed on time. It has been noted that when budget and controls are weak, then either all activities will be undertaken but at an expense not budgeted for. Further we find that lack of controls on costs and budgets leads to failure to undertake all the planned activities.

Budget and cost controls also have caused challenges to the efficient running of MARPS programs. Controls and budgets help the organization to have a sense of direction on the implementation and its future plans. It has been noted that when budget and controls are weak, then either all activities will be undertaken but at an expense not budgeted for. Further we find that lack of controls on costs and budgets leads to failure to undertake all the planned activities. Since the collapse of the so-called “Bubble Economy” in 1991, municipalities suffered a considerable reduction of revenues (such as local tax revenues and subsidies from a higher layer of government), mixed with failures of a number of public projects planned and initiated during the Bubble Economy. Cutting expenditures and improving the efficiency of programs became the major concerns for numerous local governments, and many of them decided to adopt performance measurement in the hope that it might contribute to the improvement of their financial status (Furukawa & Morikawa, 2006).

Concerns over the inadequacies of relying on financial measures alone as performance evaluation criteria have led to the development of multidimensional performance measurement systems (PMS) such as the Balanced scorecard and the performance prism (Ittner, Larcker, & Randall, 2003; Lillis, 2002; Malina & Selto, 2001; Kaplan & Norton 1996). However, it is unclear how employees will react to such multidimensional performance measurement systems. For example, While some scholars feel the term “nurse-sensitive measure” is fundamentally incorrect because patient outcomes are influenced by so many factors, health care is practiced in a multidisciplinary context, and few aspects of patient care are the sole purview of nurses, there is a broad recognition that some outcomes reflect differences in the quality of nursing care patients receive and therefore presumably
respond to the characteristics of the environments in which care is provided (including staffing levels).

Human Resource organizations argue that personnel were a very important component in ensuring achievement of high level performance by the MARPS programs. It had been observed that if the wrong staffs were hired for the wrong activities then there will be lots of wastages in terms of time lags on activities, Product or activity wastages among others. This therefore made staffing levels and attitudes also as a factor influencing performance measurement.

In the world of business, analysts from all over always say, "Location is everything". Is that really true? Can the physical location represent the single factor in destroying the opportunity of success for the business or program? It's a question worth studying further. Business location is important. If nobody knows about your business, you will never make a dime. The physical location also contributes a lot to achievement of targeted population in the MARPS programs. A evaluation study done by the University of Manitoba on how physical location affects achievement of target population (who run a MARPS program in Kenya), shows that when the wrong physical location is chosen, the wrong target population was addressed thereby preventing the MARPS programs from achieving their targets. This led to closure of non performing sites thus further increasing the challenges faced by MARPS programs.

In conclusion performance measurement needs to be integrated into management of the organization so as to ensure that they are aligned to organizational processes.

1.2. Statement of the problem

Performance measurement has been an emerging trend practiced by the Public and private sector. Both sectors have technically concentrated on the financial measures surrounding performance, though they have tried to get a grip of this concept and implemented it into their daily strategic management techniques there is need and room for improvement. The trend has also slowly gained momentum in NGOs especially international ones.

In the USA performance measurement has gained momentum through the use of Balanced Score Card. Despite the growth and popularity, it is evident that not all Performance measurement initiatives are successful. Other researchers have claimed that 70% of attempts to implement performance measurement systems had failed (Bourne& Neely, 2003).
This Study therefore was to contribute a better understanding and role of the factors affecting performance measurement of MARPS Programs in Kenya based on some of the problems experienced by Nongovernmental organization in the new trend of performance measurement.

1.3. Purpose of the study
The purpose of the study, therefore, was to establish the factors affecting performance measurements in Most at Risk Populations (MARPS) programs in Kenya with a focus on SWOP program, Nairobi County.

1.4. Objectives of the study
The objectives of this study were:

1. To assess how procurement processes influence the performance measurement of MARPS Programs.
2. To find out the influence of budget controls on performance measurement of MARPS programs
3. To determine the influence of staffing issues on performance measurement of MARPS programs
4. To establish how the program physical location influences performance measurement of MARPS programs

1.5. Research questions
The research questions under this study included:

1. How procurement processes influenced performance measurement in MARPS programs?
2. To what extent did the budget controls influence performance measurement in MARPS programs?
3. How did staffing issues influence performance measurement of MARPS programs?
4. To what extent did the program physical location influence performance measurement of MARPS programs?
1.6. Justification of the study
Funding for programs targeting sex workers have increased in recent years (UNAIDS 2011). This comes with a bigger responsibility to improve and maintain high standards of health service delivery to MARPS improve their quality of life with an aim of reducing HIV incidence among these populations and consequently lower the burden of HIV and AIDS in the country. This will also help improve the output of MARPS programs by ensuring optimal performance of all the stakeholders involved in the running of these programs. This will help in the development of a standardized reporting tool of performance measurements of MARPS programs in the country and develop performance indicators for such programs which are most suitable for our local settings.

1.7. Significance of the study
The results obtained from this study will provide more information on the factors influencing performance of MARPs programs in Kenya both internally and externally. This will help the policy makers and other relevant stakeholders involved in the development MARPS programs in Kenya to identify the gaps for improvement in the provision of health care services to these populations. It will also help to inform the government through the relevant organs e.g. NASCOP, NACC in the development of similar programs in other sectors and also help foster collaboration between the public and private sectors in the fight of HIV and AIDS.

1.8. Assumptions of the study
This study assumed that the SWOP program offers services to all the categories of MARPS. It was assumed that the respondent possessed knowledge of performance measurement or were responsible for the same.

The running of the SWOP program was similar to the running of other MARPS programs in Nairobi County. The study also assumed that the sample size was a representation of the population. It further assumed that the data collection instruments were valid thus measuring the desired constructs correctly. Extraneous factors such as Donor practices, government practices, fiscal and monetary analysis were held constant.

1.9. Limitation of the study
It was not be possible to observe the changes in program performance over time due to the short period of time allocated for the research study. The researcher hoped to see that SWOP
program includes the component of Monitoring and Evaluation into their plan of activities thus continuously monitoring and improving on performance.

Some of the data collected was based on self-reporting and this was prone to desirability bias. During data collection the researcher tried to self-direct and in some instances used a team of data collectors who were more objective thus reducing bias.

There was a possibility of under representation in the study of some subgroups of MARPS including sex workers of higher socio-economic status for example those who work as escorts, the Male sex workers since they were few in numbers compared to the female population.

Cost and time was a limitation to this study given the geographical location of the SWOP site program within the whole county and the time allocated in order to complete the Research study. This led to having to pick a small sample size in order to satisfy the time and cost constraints.

1.10. Delimitation of the study
All the participants of this study will have to be clients enrolled in the SWOP program and/or staff who have worked in the program for a specified period of time in Nairobi County. This study was conducted in Nairobi County. Nairobi County comprises the administrative region of the capital city of Kenya. Nairobi County is thus synonymous with the city itself. According to the 2009 Population Census, Nairobi is the Kenya’s largest urban centre with 3.1 million people (Kilele, 2010).

The choice of Nairobi County as the study area was influenced by various factors. The main factor being that it has the highest concentration of MARPS. A study done by university of Manitoba indicated that we have more than 1500 hot spots for MARPS with a population of 30,000 Sex workers in Nairobi County.

Secondly, researcher’s own interest formed the choice of locale, (Gay, 1992) observed that factors such as familiarity to an area, limitations of time, effort and money may influence the researchers ‘choice of locale. Thus Nairobi being a more familiar and convenient area to the researcher, the study will then concentrate on MARPS in the said county. It will also be prudent for the researcher to identify a location that facilitates data collection. Moreover,
Meredith (1996) notes that carrying out a research in a setting where you are known as a colleague and a friend facilitates data collection in timely and efficient manner.

Nairobi county has grown over time and as has the growth of MARPS activities. over time we have had many programs such as HOPE worldwide, University of Manitoba and Kenya Aids Control program deal with this population. We have also seen the government try to provide services to the MARPS through government facilities such as CASINO and NASCOP programs through the district health officers. Though services have been provided no one has had a chance to look at the efficiency of running such programs. Through the SWOP the leader in this field we shall able to ascertain factors that affect Efficiency of this programs through performance measurement

1.11. Definition of significant terms

**Performance measurement** - It is defined as a measurement, on a regular basis of the results (outcomes) and efficiency of services or program.

**Consequences of Performance measurement systems**

This can be either “internal” or “external.” “Internal changes” are consequences identified inside a government organization such as a change in the attitudes of public employees, improvement in the efficiency of public activities, and a change in the allocation of resources. “External changes” are consequences observed outside a government organization. Such changes may include changes in citizens’ perception (such as awareness of government activities and trust in government) and changes in societal conditions (such as a crime rate) Tanaka, (2006).

**Procurement** - These are activities and processes needed to acquire goods and services, it involves the activities involved in establishing fundamental requirements, sourcing activities such as market research and vendor evaluation and negotiation of contracts. It can also include the purchasing activities required to order and receive goods

**Budget and controls** - Bruns and Waterhouse (1975) defines budget as financial plans that provide the basis for directing and evaluating the performance of individuals or segments of organizations.

**Cost controls** - are practices and policies used by businesses to determine whether actual costs are in line with budgeted costs and to correct discrepancies by limiting actual costs or
adjusting budgeted costs. Cost control is necessary for a business to stay within budget, and to adapt to changing profit or cost conditions.

**Staffing Attitudes and level**- Staffing Levels refers to the organization having the right people in the right place at the right time. It not only having the required number of staff but also the staff should possess the right knowledge to ensure completion of tasks this saving on costs and improving productivity.

Staff attitudes on the other hand looks at the staff viewpoint or opinion on various aspects of their job, career and organizations and how it affected their job satisfaction thus in the end performance.

**Physical Location**- Evan. K of E-how contributor while looking the topic on how location affects productivity stated that on the opposite end of the spectrum, businesses located in hard to find or difficult to access locations may experience reduced productivity.

**Most at Risk Populations**- The term MARPS is an acronym for Most at Risk Populations and is used in the context of HIV and AIDS. These are populations who are at a higher risk of acquiring HIV compared to the general populations. They include: sex workers (SWs) and their clients, men who have sex with men (MSM), prisoners, and Injecting Drugs Users (IDU). Globally the HIV prevalence among female sex workers is 12% (UNAIDS, 2011), and it was found that female sex workers were 13.5 times more likely to be living with HIV compared to other women (Baral *et al.*, 2012). In Kenya the prevalence of HIV among female sex workers and their clients is 14% while the HIV prevalence among men who have sex with men (MSMs) and prisoners is 15% (KAIS, 2007). Studies also show that the prevalence of HIV among MSM in major towns in Kenya ranges from 12%- 47%, this indicates that these populations are more affected by HIV compared to the general population whose HIV prevalence stands at 7.1% (KAIS 2007).

**Sex Workers Outreach Programme**

The Sex Workers Outreach Programme (SWOP) which was established under Kenya Aids Control Project (KACP) – a collaboration between the University of Manitoba/Nairobi Research Group – to offer comprehensive HIV/AIDS prevention and treatment services to the MARPS in Nairobi Kenya on the background that female sex workers and the men having sex with men (MSMs) constitute most at risk populations (MARPS) in HIV/AIDS acquisition and transmission in Kenya.
National Public Health Performance Standards Program

This is the Public organization mandated to regularly review performance among the Public sector and private organizations that partner with the public health sector.

1.12 Organization of the study

This chapter focused on the research project background, the statement of the problem, the objectives, limitations and delimitations and also a summary of the chapter on the factors affecting performance measurement in MARPS program in Nairobi county, a case of SWOP clinic, an organization that works closely with the MARPS. Chapter one provided the introductions of the research proposal by looking at the background of performance measurement, the purpose of the study, the statement of problem, the limiting factors and delimiting factors of the study; the rationale or justification of the study and the definition of significant terms. Chapter two addressed the literature review, theoretical and conceptual framework and summary of chapter two on the various factors affecting performance measurement in MARPS programs. Chapter three covered the research methodology, the target population and sampling procedure. Chapter four looked at Data collection, analysis, presentation and interpretation and Chapter five finally completed the research project by discussing and making recommendations on research findings.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction
Performance measurement is primarily managing outcome, and one of its main purposes is to reduce or eliminate overall variation in the work product or process. The goal is to arrive at sound decisions about actions affecting the product or process and its output. Performance measurement measures both social impact and organizational performance, though in a less rigorous manner (McKinsey & Company, 2008). However, what constitutes good performance and what constitutes good measure of performance are continuously debated on, (Kaplan & Norton, 1998)

In order to answer this question and more this chapter reviewed literature on what other scholars have said about factors affecting performance measurements in Organizations such as MARPS programs which is an not for profit making organization. This chapter further shed more light into our research by looking at the existing work by others scholars and authors, the conceptual framework and summary of chapter two.

2.2 Performance measurement for Non-Governmental Organizations
Performance measurement for nonprofits starts with program managers, rather than external evaluators. They often have the best insight as to which measures are the most relevant in determining how the program functions and useful for decision-making (McDavid & Hawthorn, 2006). At the foundation level, program officers may set standards and collect data from all grantees in a particular program area, or bring grantees together to discuss these metrics (Kellogg Foundation, 2004). Often, individual metrics come from the organization or program logic model and serve as a guide for managers to track the program’s function and effectiveness. Performance measurement has the following functions: to identify whether customers are being met, to help program processes, to ensure decisions are based on fact, to show where improvements need to be made, to show if improvements actually happened, to reveal problems that bias, emotion, and longevity cover and to identify whether suppliers are meeting.

Larson & Kinnunen (2008), conducted a study on performance measurement in non profits—much to be gained or a waste of resources as the study topic. They conducted a qualitative research approach where they used semi structures telephone interviews from five framework organizations. There results were limited to civil organizations only. the case study for this
research study was SIDA (Swedish International Cooperation Agency) and the basis for this measurement of performance was based on the Logical framework approach. The results gotten from this study were that performance can be measured only after years of operation. It was also realized that other complex processes and factors also affect measurement of performance. It was clear that though performance measurement in NGOs was important and the right trend to follow it involved complex processes and the dynamic activities that occur in NGOs.

Jenny and Joan further agrees with me that performance measurement is a new trend of improving the way NGOs operate and therefore not many NGOs have embraced this trend. However when we look at their research approach we see that they concentrated more on the qualitative approach of research. This means that they did not have sufficient data to support their results apart from the quotations from the respondents.

Tanaka (2006), undertook a study in Japan on ‘factors affecting performance of performance measurement systems: An Analysis of The Japanese Practice. His study had a strong emphasis on the practical aspect of performance measurement. In order to obtain practical knowledge which can improve performance measurement? This study took a causal relationship approach where it defined the concept of “performance” of performance measurement systems (PMSs) and examined its current state in the Japanese local government by utilizing the survey results conducted by the author. As a result, an overall picture of the “performance” of the current PMSs in Japan was obtained. In addition, the findings of this study suggested the disconnection between conditions of a PMS and its consequences, the necessity of different approach according to the experience in performance measurement, and the limited effectiveness of the current PMSs in Japan. The findings further showed that PMS (performance Measurement Systems) was Still lacking, however, is the knowledge about the relationship between conditions and consequences of PMSs; that is, what kind of conditions of PMSs leads to what kind of consequences? If we could obtain this kind of knowledge, it would be beneficial to better planning and implementing PMSs in government organizations.

2.2.1 Procurement procedures and its influence on performance measurement

Procurement merit is increasingly becoming an important factor in delivering efficient operations within successful companies. The procurement process is critical in ensuring the success of a program. It is during this process through careful analysis and planning that economies of scale can be obtained in procurement for the components of the program.
Additionally careful planning and analysis ensures overall quality and integration of components and activities throughout the program. For these reasons well documented and designed procurement processes are required.

Key performance indicators used in determining performance of the procurement process of a program can be divided into two; financial measures and operational performance measures. Financial measures in procurement measurement include; Percent of On-Time Supplier Deliveries (This indicator measures how well the procurement department gets what the organization needs when it needs it), Supplier Defect Rate (This indicator measures the quality of purchases made by the procurement department), Customer Satisfaction (This indicator measures the procurement department's ability to satisfy its internal customers) and Procurement Cycle Time (This is the average time it takes between requisition submission and purchase order placement is one measure of procurement cycle time. It measures the procurement that is the department's productivity, (Charles, 2009).

Knudsen (1999) carried out a research on how a procurement performance measurement system in public organizations should be designed. The literature study conducted at the beginning of the research process revealed that the literature about 'procurement performance measurement' was very scarce, whereas the individual terms 'performance measurement' and 'procurement' provided a vast amount of references. Empirical data was acquired via a case study conducted at a Swedish county's purchasing department. The main sources of empirical data came from interviews, direct observations and to some minor extent, data gathered during participatory action research. The case study organization was a Swedish county purchasing department where the purchasing department serves nine hospitals and the hospitals serve approximately 1.1 million people. It was noted that a large proportion of the purchasing department's internal customers were prone to act on their own and frequently bypass the purchasing department. The organization had put in place a legal framework (LOU), established in 1994, in response to the fact that public sector procurement was managed inadequately. Before LOU existed, a great majority of public sector purchases were from local or regional suppliers.

The purchasing department's main problems were that it did not have enough information about the procurement process, its inputs, outputs, resource consumption and results, and therefore it was unable to determine the department's efficiency and effectiveness. These problems initiated a need to develop a performance measurement system. The performance measurement system must span over the same part of the supply chain as the purchasing
department has control over. This part of the supply chain, spanning from supplier to internal customer, is labeled the supply link. The supply link must be measured in a way that lets the decision-maker comprehend how the efforts affect the results. The performance measurement system is believed to provide the purchasing department with unbiased and objective information regarding the performance in the supply link. The analyzed information constitutes a powerful source for improving the purchasing department’s operations, (Knudsen, 1999).

2.2.2 Budget controls influence on performance measurement

David Frederick (2001) defines budget as a plan that is measurable and timely. Bruns and Waterhouse (1975) defines budget as financial plans that provide the basis for directing and evaluating the performance of individuals or segments of organizations.

Budgeting may be defined quite simply as the process of compiling budgets and subsequently adhering to them as closely as possible (Maitland, 2000). It is a process that turns managers’ perspectives forward thereby, looking to the future and planning, managers are able to anticipate and correct potential problems before they arise. The purpose of budgeting is that it gives management an idea of how well a company is meeting their income goals, whether or not expenses are in line with predicted levels, and how well controls are working.

Welch, Hilton, Gordon (1988) have defined the budgeting process as a profit planning and control process making them the two most important functions of budgets in organizations. At the beginning of a financial period, the budget is a plan. At the end of the period, the budget is a control device to measure performance against expectations so that future performance may be improved. Control is achieved through continuous reporting of actual progress and expenditures relative to plans i.e. budgets (Shim, Siegel, 1994). The aim of budgetary control is to provide a formal basis for monitoring the progress of the organization as a whole and of its component parts towards achievement of the objectives specified in budgets (Lucey, 1996).

Chong M. Lau Carried out a study on “The effects of accounting controls on performance and slack creation “The study hypothesized that budgetary performance is increased and budgetary slack creation is decreased when an emphasis on setting and meeting tight budget targets is complemented with a high extent of cost control. The management accounting literature suggests that effective planning and effective control are both crucial for achieving organizational objective. Effective planning ensures that goals are carefully chosen and
effective control ensures that the chosen plan of action is implemented accordingly. Planning without the complementary control will be unsuccessful.

Similarly, controls are not meaningful unless proper planning is in place. This suggests that whilst an emphasis on tight budget targets may be a necessary condition for improving subordinates' performance and minimize subordinates' dysfunctional behavior, an effective cost control system must also be in place to complement the tight budget target set. The results support a significant two-way interaction between Emphasis on setting and meeting tight budget targets and Cost control affecting budgetary performance.

From the results and conclusion, Chong concurs with me that we need both budget and cost or accounting controls have to be used hand in hand for achievement of better performance. He used the hypothesis methods to determine whether a relationship existed between the cost controls and budgetary via performance measurement and it was noted that depending on the department that either marketing, production or accounting it elicited either negative or positive results.

2.2.3 Staffing issues in relation to performance measurement

Staffing is a process that establishes and governs the flow of people into the organization, within the organization, and out of the organization. Staffing systems should be used to contribute to the attainment of organizational goals such as survival, profitability, and growth. For individual managers, having sufficient numbers and types of employees on board is necessary for the smooth, efficient operation of their programs or companies. Employee shortages often require disruptive adjustments, such as job reassignments or overtime for current employees. Equally important, however, is to maintain high quality patient care. Patient and staff satisfaction are also important considerations. Staffing ratios are a tool to evaluate the impact of staffing strategy on operational effectiveness & service delivery. Measuring staffing ratios is important because staffing expense is generally the largest expense for a health program. Staffing decisions impact on quality of client, functional allocation and drives efficiency. Staffing ratios are used in operations management to determine optimal levels of staff overall, determine optimal levels of staff by function, and evaluate productivity and efficiency. (Cathy and Mary, 2009)
John, Jacqueline & Robert (2002) stated that in order for employees to understand and be committed to the achievement of organization objectives performance should be driven and linked to strategic objective of the organization. This is supported by various other researchers such as:

A study done by “on the effects of multidimensional performance measurement systems on employee motivation and performance”, proposes that multidimensional performance measurement systems are related to employee motivation and job performance. Specifically, the model suggest that multidimensional performance measurement systems affect both intrinsic and extrinsic forms of employee motivation to participate, which in turn, serve to enhance employee job performance. Based on a sample of 149 Australian managers, the structural equation modeling (PLS) results provide support for the predicted outcomes. Additionally, extrinsically motivated employees are found to perform better than intrinsically motivated employees. This study investigates how multidimensional performance measurement systems relate to intrinsic and controlled extrinsic motivation to participate and whether in turn, enhances managerial performance. SEM-PLS is used to examine whether the relationship between multidimensional PMS and managerial performance is direct, or indirect through the mediating variable controlled extrinsic motivation to participate in target setting. Results indicate that controlled extrinsic motivation to participate partially mediates the link between multidimensional PMS and managerial performance. These results corroborate with past research claims that cognitive and motivational mechanisms are an important factor in explaining the role of management evaluation systems on actual job performance (Collins, 1982; Ilgen et al., 1979; Luckett & Eggleton, 1991).

Recent developments in performance evaluation systems have advocated the use of non financial performance measures to overcome the inadequacies of traditional financial measures (Kaplan and Norton 2001; Kaplan and Atkinson 1998). Financial measures have been criticized as too late, too aggregate, and too one-dimensional in nature to be useful (Kaplan 1984; Lynch and Cross 1991; Ittner and Larcker 1998). In contrast, non financial measures are considered broader, forward-looking, and useful for developing and sustaining long-term competitive advantages (Kaplan 1983; Kaplan and Atkinson 1998). This study seeks to explain how non financial performance measures affect employee behaviors, attitudes and levels achievement of efficiency during work which then forms a cycle of activities. This study focused only on choice of appropriate multidimensional performance measurement systems influencing individual manager performance via motivation for
participation. It is highly likely that there are other factors that could have an impact on an organization’s choice of performance measures and also other variables that may have a mediating effect such as the Staffing level and attitudes towards work which could influence performance measurement.

Another scholar, Ireri Jane Wambura, of University of Nairobi focused on challenges of performance measurement: a case of KPLC, He used descriptive and deductive methods as her research methodology thereby undertaking interviews on the staff of KPLC. She wanted to find out how staffing affects performance measurement in general. Her study showed that incentives, rewards and motivation of staff had a direction relationship to staffing attitudes and thereby influencing performance measurement (Wambua. UON, 2011)

2.2.4 Physical Location influence on performance measurement

Being an emerging trend in the NGO world, there are a few researches that have been carried out on the whole area of performance measurement. Some locations can have a dramatic effect on the productivity of a business by providing a constant flow of pedestrian traffic. Busy downtown city streets and malls are ideal locations for businesses, as the high number of potential customers walking by increase the odds that some customers will stop and conduct business. Likewise, businesses situated in strip malls or even in standalone buildings but located along busy streets have increased exposure to passing traffic, boosting the visibility of the business and making passers-by more likely to stop in.

Evan. K of E-how contributor while looking the topic on how location affects productivity stated that on the opposite end of the spectrum, businesses located in hard to find or difficult to access locations may experience reduced productivity. If customers are not able to find a business, they will not be able to help the business succeed. If they find the business but factors such as a small, full parking lot, difficult-to-maneuver premises or sketchy, potentially unsafe surroundings make accessing the business a hassle, customers are likely to shop elsewhere.

The researcher concurred with Evans since the location and its environs are indeed a factor that affects performance measurement among the MARPS programs. The location of a business can also affect its success and productivity by extracting financial costs. Some municipalities may have higher sales and other taxes which eat into a business's bottom line. Operational or professional licenses may cost more in some areas, adding to the cost of doing business and reducing profitability; by the same measure, some municipalities require
frequent evaluations and/or inspections which further reduce a company's productivity and profit

2.3 Theoretical framework

This study assumed the “Program Logic Model” Framework (Kellogg Foundation, 2004) as a basis for measuring performance. This framework was used in a collaborative setting in which program staff, partners, and customers create a model describing the course of action a program takes to achieve its vision and strategic goals. Collaborators establish the major program functions required to reach identified customer needs, and the program resources, activities, outputs, outcomes, and strategic goals associated with each function. The advantage of the program logic model is that it not only communicates the performance path “what leads to what” but also communicates the key points at which progress should be accessed to enable program improvements. The key elements of a logic model include resources or inputs, activities, outputs, outcomes and indicators. The key indicators are individual units of activity that will be measured to track performance (Hatry, 2009) as shown the figure in Appendix IV on the basic structure of a PMS and its Performance Model.

2.4 Conceptual framework

Independent factors

As depicted in the diagram above, the Independent factors were the factors that affect performance measurement in the MARPS programs. As mentioned earlier, “factors affecting performance measurement in MARPS program” is the main interest of this paper. This study regards “Performance measurement factors as constituent of two dimensions, “conditions” and “consequences.”

“Conditions” of a PMS are the overall state of the design and the implementation, whereas “Consequences” of a PMS are the changes realized as a result of the system’s work. It is assumed that favorable conditions of a PMS possibly lead to positive consequences. In this sense conditions and consequences are closely related.

Consequences of a PMS can be either “internal” or “external.” “Internal changes” are Consequences identified inside a government organization such as a change in the attitudes of Public employees, improvement in the efficiency of public activities, and a change in the allocation of resources. “External changes” are consequences observed outside a government organization. Such changes may include changes in citizens’ perception (such as awareness of government activities and trust in government); Furukawa & Morikawa (2006).
Our study concentrated on the Consequences as factors of performance measurement both internal and external as shown in the figure above of a basic model. The Factors (consequential factors) that were identified in this study to determine the performance of the SWOP program were; procurement procedures, budget and cost controls, staffing level and physical location. These include: Procurement Processes, budget and costs controls; staffing levels and attitudes; physical Location.

**Dependent factors**

The dependent factors were the performance measurement themselves which meant the same as results and outcomes as defines earlier own in chapter one. Performance was measured in terms of: Program efficiency and timeliness, Good accounting practices and sound controls such as adherence to budget and costs standards, Proper procurement procedures and processes enabling timely provision of services and goods to facilitate achievement of activities, Achievement of the required target population and Client satisfaction.

**Intervening Variables**

An intervening variable is one that surfaces between the time the independent variables start operating to influence the dependent variable and the time their impact is felt on it. The intervening variables in the conceptual frame work attempt to portray that, where the identified factors affecting performance measurement of MARPS programs may not be the end in themselves. The model shall consider intervening factors such as the fiscal and expenditure analysis, donor practices, the existing capacities of the government given that the MARPS programs shall be networking with the government in one area or another.

**Moderating Variables**

The moderating variable is one that has a strong contingent effect on the independent variable and dependent variable relationship. That is the presence of a third variable modifies the original relationship between the independent and the dependent variables. The legal framework and government capacities surrounding the performance measurement of NGOs and more so MARPS programs will also be considered.
**Independent Variables**

Factors affecting

**Procurement Process**
- Existence of a procurement Manual
- Well kept and followed Procurement Records

**Budget and Costs controls**
- Existence of Budget and cost controls
- Proper and up to date records of activities carried out

**Staffing level and Attitudes**
- Organogram
- Achievement of donor targets

**Physical Location**
- Busy sites with high patient turnout
- Enrollment of target population

**Donor practices**
- Existence of Donor Manuals on funding

**Moderating Variable**

**Legal Framework and existing government capacities**
- Availability of Government regulations

**Dependent Variable**

**Performance of MARPS**
- Efficiency and timeliness of activities
- Good accounting and procurement practices e.g. Adherence to budgets
- Sound and strong accounting controls and systems
- Customer satisfaction
- Achievement of target population
- Client satisfaction leading to increased retention rates
- Improved income levels

**Intervening Variable**

Figure 1: Conceptual Framework
2.5 Summary of Chapter two

It is evident from the study that there are other various factors and processes which making it challenging to measure performance in nonprofit organizations apart from NGOs themselves having complex activities.

From the study carried out by Chong Lau, it is important to note irrespective of the department and based on quality assurance principles, cost and budget controls should be an initiative for all departments cutting across the whole organization. However we have seen that all traditional performance measurement systems concentrated on the Financial Measure of performance thus the need to look at a mix of both financial and nonfinancial needs such as the influence budget and cost controls, staffing levels and attitudes, Physical location and procurement processes in relation to performance measurement.

Having a set of multidimensional performance measures comprising both financial and nonfinancial measures are likely to engender a high extent of employee intrinsic motivation amongst employees. While multidimensional performance systems may have different attributes, one of the most distinguishing features of such systems is the introduction of nonfinancial measures. In other words, multidimensional performance measurement systems primarily differ from traditional measurement systems because they include a set of nonfinancial measures (Kaplan & Norton, 2001).
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction
This chapter focused on the research design, area of study target populations sampling procedures and design, methods of data collection and methods of data analysis.

3.2 Research Design
Cooper and Schindler describe the complexity of choosing research approach or method and data collection instruments for data collection. It implies that there are various factors one needs to consider when deciding the research method.

Ideally the problem statement and purpose of the study should guide the researcher on which method to use but practical issues cannot be overlooked. Such factors as type of data, methods of data collection, level of awareness of respondents and time dimension will also dictate the type of research design used (Miller, 1991) to be used.

The research design chosen was Descriptive in nature. It considered the different factors affecting performance measurement in MARPS programs. Descriptive design was used in this study because of its appropriateness in establishing relationships between variables.

This design is found under the mixed method paradigm where qualitative and quantitative methods of data collection were be used.

3.3 Target Population
The target population comprised of two sets of persons namely; the SWOP program staff and the patients. The staff comprised of :The finance department which helped us deal with the cost controls and the procurement process factors affecting performance measurement; The Clinicians who also helped us understand the importance of staffing levels in the management and implementation of performance measurements amongst MARPS programs. Lastly , the clients who enabled us understand the importance of proper physical location in performance measurement in terms of achieving the set donor targets.

The total Staff of SWOP is a team of 20 Staff with a client base of 4,000 Active patients as retrieved from the SWOP data base.
3.4 Sampling procedure
Mugenda and Mugenda (2003) define sampling as the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they are selected. A sample on the other hand is a small proportion of an entire population; a selection from the population.
Sampling procedure is a systematic process of identifying individuals for a study to represent the larger group from which they are selected. According to Frankfort-Nachmias and Nachmias (1996), stratified sampling is used primarily to ensure that different groups in the population are adequately represented in the sample.
Therefore, simple random sampling was used to select study participants that were representative in terms of age, different age sets and location of participants within Nairobi County. The Participants were further sampled using stratified sampling technique where they were classified in groups of age sets and location within Nairobi. The sampling method used on the SWOP staff was purposive since it was a small population.

3.5 Sampling Size and Frame
Swop Sites register was used as a sampling frame. The register will be grouped into two, active clients and inactive clients. Active client is the one who have visited the clinic at least once in the last six month. Sampling will be done on active group. The variable that captures place of residence in the register was used to further categorize active group into district of residence. This will aid to select sample that is representative in terms of location.
The sample size for this research study is shown as below based on Krejcie et al, (1970):

**Table 3.1: Sample Size**

<table>
<thead>
<tr>
<th>Category</th>
<th>Population</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffs at the swop program</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Active Patients at swop program</td>
<td>4,000</td>
<td>351</td>
</tr>
<tr>
<td>Total</td>
<td>4,020</td>
<td>371</td>
</tr>
</tbody>
</table>
The sample size was then to be shared based on district proportion as shown in the table below.

**Table 3.2: Sample size proportions**

<table>
<thead>
<tr>
<th>District</th>
<th>Sample population</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starehe</td>
<td>550</td>
<td>55</td>
</tr>
<tr>
<td>Kasarani</td>
<td>400</td>
<td>40</td>
</tr>
<tr>
<td>Embakasi</td>
<td>390</td>
<td>20</td>
</tr>
<tr>
<td>Kamkunji</td>
<td>1080</td>
<td>108</td>
</tr>
<tr>
<td>Langata</td>
<td>650</td>
<td>55</td>
</tr>
<tr>
<td>Mathare North</td>
<td>520</td>
<td>42</td>
</tr>
<tr>
<td>Kawangware</td>
<td>410</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>4,000</td>
<td>351</td>
</tr>
</tbody>
</table>

Source: Swop Register, May'2013

3.6 Data Collection methods and Instruments

Data collection method entailed conducting interviews upon using questionnaires which were semi-structured. The interviews were conducted on the Swop city staff at the different levels: management, Clinical and the subordinate levels. A questionnaire was also administered on the SWOP patients so as to get their views on the factors affecting performance thus gauging their level of satisfaction and how the physical location affects achievement of targets.

3.7 Data Analysis

In order to achieve the objectives of the study, data analysis which was done using Statistical Package for Social Sciences Programme (SPSS), was carried out using the following 3 steps namely: Univariate analysis, bivariate analysis and Multivariate analysis. The univariate analysis involved frequency distributions for categorical variables and descriptive statistics (means, medians, standard deviations) continuous and discrete variables. Categorical variables were presented in frequency distribution tables. Univariate analysis was used to give an understanding of the characteristics of the sample that will have been observed, as well as description of the response variables (Performance (Positive or Negative)); Bivariate analysis was used to investigate any association between the response variable (Performance,
(Positive or Negative)) with socio demographic and other variables of interest and the multivariate analysis was used to develop a parsimonious model of the determinants of the response variables (i.e. Performance (Positive or Negative)), using all significant predictor variables identified in bivariate analysis.

3.8 Validity and Reliability

Validity

Validity on the other hand, refers to the appropriateness, meaningfulness and usefulness of the inferences a researcher makes. It is important to note that it is the inferences about the specific uses of an instrument that are validated, and not the instrument itself thus the need for the inference to be appropriate, meaningful and useful. Also of consequence is that for an instrument to be valid it will have to be reliable. The researcher therefore ensured that validity was adhered to by carrying out a thorough check on the appropriateness of the content of the instrument; the comprehensiveness of the content when measuring all the constructs of the variables; if the content gets at the intended variable in a logical manner; the researcher employed the time of experts in this subject matter to ensure that the sample questions adequately represented the content to be measured and that the format of the instruments was appropriate.

Reliability

Reliability ensures that there is minimal measurement error and that the findings are reproducible when administered by different researchers. Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials, (Mugenda and Mugenda, 1999).

McMillan and Schumacher (2001) refer to reliability as the consistent measurement or the extent to which results are similar over different forms of the same instrument or occasion of data collection. The researcher tested for reliability of instrument during the pretest session using the half Split method technique to ensure that the right instrument were used to conduct the study. The questionnaires were administered to staff and patients twice at an interval of one week. The scores of each administration were recorded separately. Pearson’s formula of correlation was used to calculate the correlation coefficient between the tests. Orodho(2005) advocates for a correlation coefficient of .75, while Berthoud (2000) support a minimum reliability index of 0.6 in the administration of the two instruments, the reliability index of 0.76 and
a correlation coefficient of 0.81 was established on the variables. The researcher’s reliability was based on attaining the above stated standards of Orodho and Berthoud.
### 3.9 Operational Definition of variables

#### Table 3.3: Operationalization Table

<table>
<thead>
<tr>
<th>Research Objective</th>
<th>Variable</th>
<th>Indicator</th>
<th>Measurement</th>
<th>Level of scale</th>
<th>Data collection</th>
<th>Type of analysis</th>
<th>Level of analysis</th>
<th>Tools of Analysis</th>
</tr>
</thead>
</table>
| To assess how procurement process influence performance measurement for MARPS programs in Kenya. | Dependent - performance measurement | Independent variable- Procurement Process and procedures | • Timely and efficient activities  
• Level Adherence to budget targets  
• Existence of procurement Manual and systems  
• Available procurement records | Nominal | Questionnaire | Qualitative | deductive |  |
|                     |          |           | • outputs, outcomes and results from records  
• No of Budgets completed  
• timely procurement of field material s and advances  
• level awareness of procurement system by staff  
• Use records available to check adherence and make comparison on level of performance | Nominal | Questionnaire | Quantitative | Descriptive | Frequency table (proportion) |
|                     |          |           |            | Nominal | Questionnaires | Quantitative | Deductive |  |
|                     |          |           |            | Nominal | Questionnaires | Quantitative | Descriptive |  |
|                     |          |           |            | Nominal | Questionnaires | Quantitative | Descriptive |  |
| To evaluate the influence of costs and budget controls on performance measurement of MARPS programs | Independent Variable - Budget and cost controls in place | • Existence costs and budget controls described in the accounting manual  
• Completed Activities based on  
• Records of activities completed on budget targets | • Level of awareness of existing controls by staff  
• Records of activities completed on budget targets | Nominal | Questionnaire | Qualitative | Deductive | Frequency table (proportion) |
| To examine the influence of staffing levels and attitudes on performance measurement of MARPS programs | Independent variable - Staffing levels and attitudes | • Existence of Organogram  
• Achievement of Donor targets  
• High Patients retention rate  
• Awareness of how each level of cadre contributes to overall target achievement  
• Records of enrolled patients  
• Level of satisfaction by patients  
• Records of repeat visits to the site | Nominal | Questionnaire | Qualitative | Deductive | Frequency table (proportion) |
| To establish how the physical location influences | Independent Variable - Physical location | • Level of Site Throughput  
• Enrollment of | • Number of patients as Enrolment Records show  
• Records on type of | Nominal | Questionnaire | Quantitative | Descriptive | Frequency table (proportion) |
<table>
<thead>
<tr>
<th>performance measurement of MARPS programs</th>
<th>Right patients</th>
<th>Patients seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Awareness of clients on the services offered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nominal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qualitative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deductive</td>
</tr>
</tbody>
</table>
3.10 Summary

The chapter described the research methodology that was used in carrying out the study. The research design was descriptive in nature. The sample size, the sampling techniques and questionnaire, had all been described. The questionnaire developed was pilot tested prior to the actual one being administered. The next chapter looks at the data collection methods, analysis and presentation.
CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction
This chapter focuses on the presentation, interpretation and analysis of findings based on primary data collected. Results on demographic characteristics and responses to research questions have been presented. The research questions that guided the presentations as follows:

- How does procurement processes influence performance measurement in MARPS programs?
- To what extent does the budget controls influence performance measurement in MARPS programs?
- How do staffing levels and attitudes influence performance measurement of MARPS programs?
- To what extent does the program physical location influence performance measurement of MARPS programs?

4.2 Response Rate

Table 4.1: Questionnaires response rate

<table>
<thead>
<tr>
<th></th>
<th>No. Administered</th>
<th>No. Responded</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>20</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Patients</td>
<td>351</td>
<td>254</td>
<td>73.36%</td>
</tr>
<tr>
<td>Total</td>
<td>371</td>
<td>274</td>
<td>73.85%</td>
</tr>
</tbody>
</table>

4.2 In regards to the response rate, two (2) questionnaires were administered to the staff of SWOP Program and the patients. All the 20 staff responded to the Interview guide while 254 patients out of 351 patients responded. The response rate of both questionnaires was 73.85% as indicated in table 4.1.

4.3 Presentation of Data
The study focused on patients and staff of SWOP program and this section deals with distribution of respondents by following demographic characteristics: gender, age, level of education, marital status and work experience and on the factors affecting performance measurement in MARPS programs.
### 4.3.1: Demographics of Patients

#### Table 4.2: 
*Distribution of Respondents by Demographics Characteristics*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>7.5</td>
</tr>
<tr>
<td>Female</td>
<td>236</td>
<td>92.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>254</td>
<td>100</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-24 years</td>
<td>23</td>
<td>9.1</td>
</tr>
<tr>
<td>25-30</td>
<td>57</td>
<td>22.4</td>
</tr>
<tr>
<td>31-36</td>
<td>69</td>
<td>27.0</td>
</tr>
<tr>
<td>37-42</td>
<td>61</td>
<td>24.0</td>
</tr>
<tr>
<td>43-48</td>
<td>23</td>
<td>9.1</td>
</tr>
<tr>
<td>49 and above</td>
<td>21</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>254</td>
<td>100</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not attend</td>
<td>11</td>
<td>4.2</td>
</tr>
<tr>
<td>Primary level</td>
<td>111</td>
<td>42.8</td>
</tr>
<tr>
<td>Secondary level</td>
<td>115</td>
<td>44.4</td>
</tr>
<tr>
<td>Post secondary</td>
<td>17</td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>254</td>
<td>100</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Married and living together</td>
<td>26</td>
<td>10.2</td>
</tr>
<tr>
<td>Married but living apart</td>
<td>9</td>
<td>3.5</td>
</tr>
<tr>
<td>Single</td>
<td>116</td>
<td>45.5</td>
</tr>
<tr>
<td>Widowed</td>
<td>23</td>
<td>9.0</td>
</tr>
<tr>
<td>Separated/ divorced</td>
<td>79</td>
<td>31.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>254</td>
<td>100</td>
</tr>
</tbody>
</table>

Majority of respondents were female (92.5%). More than 20% were aged between 25-42 (25-30 years: 22.4%; 31-36 years: 27.1%; 37-42 years: 23.9%). The participants who had
secondary and post secondary were more than 40% (secondary: 42.9; post secondary: 44.4%). Almost half of participants were single (45.5%) as indicated in Table 4.1.

**4.3.2 Demographic Characteristics of Staff**

**Table 4.3:**

*Demographic Characteristics of Staff*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>57.1</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>42.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-30</td>
<td>14</td>
<td>71.4</td>
</tr>
<tr>
<td>31-36</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>43-48</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post secondary level</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>Post college level</td>
<td>17</td>
<td>85.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td><strong>Work Experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 years</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>2 years</td>
<td>11</td>
<td>57.1</td>
</tr>
<tr>
<td>5 years</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>19 years</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Majority of the staff participants were aged 25-30 (71.4%) and they had post college education (85.7%). More than half of respondents were female (57.1%) and they had worked in SWOP program for 2 years (57.1%) as shown in Table 4.2.
4.4 Performance Measurement in MARPS Programs

Table 4.4:

*General understanding of performance measurement*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking budget</td>
<td>14</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Tracking progress against programs goals</td>
<td>20</td>
<td>-</td>
<td>20</td>
</tr>
<tr>
<td>Opportunities for improvement</td>
<td>6</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Comparison of performance with internal and external standards</td>
<td>9</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Channels of communication</td>
<td>3</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Timely provision of supplies</td>
<td>3</td>
<td>17</td>
<td>20</td>
</tr>
</tbody>
</table>

This variable aimed to establish how performance of MARPS was measured. Majority of staff respondents (71.4%) said that they use tracking budget to measure performance while identifying and tracking progress against the program goals was used by all the staff respondents (100%). Out of 20 staff respondents, 14 (71.4%) did not use identification of opportunities for improvement, more than half (57.1%) as well did not use comparison of performance with internal and external standards. Majority of respondents (83.7%) also did not use other channels and timely provision of supplies as shown in Table 4.4.
4.5 Influence of Procurement Processes on Performance Measurement in MARPS Programs

Table 4.5:

*Procurement Procedures and System of Performance Measurement*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>Having procurement policy in place</td>
<td>20</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Having certified vendor list</td>
<td>6</td>
<td>28.6</td>
<td>14</td>
<td>71.4</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Use of procurement policy when purchasing.</td>
<td>11</td>
<td>57.1</td>
<td>9</td>
<td>42.9</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Timely purchase of program supplies</td>
<td>20</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Purchase of quality program supplies</td>
<td>3</td>
<td>14.3</td>
<td>17</td>
<td>85.7</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>An existing procurement system</td>
<td>9</td>
<td>42.9</td>
<td>11</td>
<td>57.1</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Influence of procurement procedures on performance</td>
<td>20</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Ensuring timely delivery of supplies</td>
<td>14</td>
<td>71.4</td>
<td>6</td>
<td>28.6</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

All participants agreed that procurement involved having procurement policy and timely purchase of program supplies. Slightly more than half of respondents (57.1%) affirmed that there was use of procurement policy when purchasing. Less than half of the respondents (42.9%) indicated procurement system existed. Majority of respondents denied that there was certified vendor list and purchase of quality program supplies as shown in Table 4.5.
### Table 4.6:

**Usefulness of Procurement Procedures and Systems**

<table>
<thead>
<tr>
<th>Rating</th>
<th>No response</th>
<th>Sound</th>
<th>Moderate</th>
<th>Weak</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
</tr>
<tr>
<td>Rating the usefulness of procurement procedures and system</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Relating the procurement procedures and performance measurement</td>
<td>5</td>
<td>28.6</td>
<td>3</td>
<td>14.3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

Less than half of the participants (42.9%) moderately rate usefulness of procurement procedures and systems whereas 57.1% moderately relate procurement procedures and performance measurement as indicated in Table 4.6.
4.6 Extent to which Budget Controls Influence Performance Measurement in MARPS Programs

4.6.1 Extent of Budget and Cost Controls

Table 4.7: 
Opinion of staff on budget and controls

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of any budget and cost controls applied in this organization?</td>
<td>20</td>
<td>-</td>
<td>-</td>
<td>20</td>
</tr>
<tr>
<td>Are you involved in the budgeting process at both program and activity level?</td>
<td>11</td>
<td>9</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>In your perspective, do you think that budget and cost improve performance measurement?</td>
<td>20</td>
<td>-</td>
<td>-</td>
<td>20</td>
</tr>
<tr>
<td>Based on your book records, do you think you carried your activities within the stipulated budget?</td>
<td>11</td>
<td>3</td>
<td>6</td>
<td>20</td>
</tr>
</tbody>
</table>

All participants were aware of budget and cost controls applied in their organization and thought that budget and cost controls improve performance measurement. Slightly more than half of participants affirmed that they were involved in budgeting process (both at program and activity level) and carried their activities within the stipulated budget. Less than half of respondents (42.9%) strongly rated their budget and cost controls while 42.9% indicated there was no difference as presented in Table 4.7.

4.7 Influence of Staffing Levels and Attitudes on Performance Measurement of MARPS Programs.

This variable targeted at measuring the perceived attitude of the staff towards the patients and the influence of staff attitude on work and performance measurement, in terms of achievement of donor targets and awareness of staff cadre.
4.7.1 Staff Attitude as Perceived by Patients

Table 4.8:

*Staff Attitude towards Patients*

<table>
<thead>
<tr>
<th></th>
<th>No response</th>
<th>unpredictable</th>
<th>positive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq</td>
</tr>
<tr>
<td>Gauging the staff attitude towards patients.</td>
<td>2</td>
<td>0.8</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

Majority of patient respondents (97.2%) affirmed that the staffs have a positive attitude towards them as shown in Table 4.8.

Table 4.9:

*How the Staffs Treat Patients*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
</tr>
<tr>
<td>Do staffs treat you with respect</td>
<td>192</td>
<td>75.6</td>
<td>62</td>
</tr>
<tr>
<td>Do staffs treat you with confidentiality</td>
<td>169</td>
<td>66.4</td>
<td>85</td>
</tr>
<tr>
<td>Do staffs treat you with timely</td>
<td>172</td>
<td>67.7</td>
<td>82</td>
</tr>
<tr>
<td>Do staffs make you feel like coming back</td>
<td>254</td>
<td>100</td>
<td>-</td>
</tr>
</tbody>
</table>

All the patient respondents (100%) agreed that the staff make them feel like coming back, while majority of them affirmed that the staff treat them with respect (75.6%), confidentiality (66.4%), and timely (67.5%) as shown in Table 4.9.
On service delivery, majority of the participants termed the services offered to them at different departments as excellent, reception (94.9%), health education (96.5%), counseling (95.3%), treatment (95.3%), and demand creation (83.1%) as indicated in Table 4.10.

Table 4.10:
Departmental Service Delivery to the Patients

<table>
<thead>
<tr>
<th>Department</th>
<th>Excellent</th>
<th>Moderate</th>
<th>Poor</th>
<th>Indifferent</th>
<th>No response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
</tr>
<tr>
<td>Reception</td>
<td>241 94.9</td>
<td>9 3.5</td>
<td>2 0.8</td>
<td>1 0.4</td>
<td>1 0.4</td>
<td>254 100</td>
</tr>
<tr>
<td>Health</td>
<td>245 96.5</td>
<td>3 1.2</td>
<td>1 0.4</td>
<td>-</td>
<td>-</td>
<td>5 2</td>
</tr>
<tr>
<td>Education</td>
<td>242 95.3</td>
<td>6 2.4</td>
<td>1 0.4</td>
<td>-</td>
<td>-</td>
<td>5 2</td>
</tr>
<tr>
<td>Counseling</td>
<td>242 95.3</td>
<td>4 1.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5 2</td>
</tr>
<tr>
<td>Treatment</td>
<td>242 95.3</td>
<td>4 1.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5 2</td>
</tr>
<tr>
<td>Demand creation</td>
<td>211 83.1</td>
<td>7 2.8</td>
<td>2 0.8</td>
<td>7 2.8</td>
<td>27 10.6</td>
<td>254 100</td>
</tr>
</tbody>
</table>

Table 4.11:
Comparison of Different Services Offered During Visits

<table>
<thead>
<tr>
<th>Visit</th>
<th>Excellent</th>
<th>Moderate</th>
<th>Poor</th>
<th>Indifferent</th>
<th>No response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
<td>Fre q %</td>
</tr>
<tr>
<td>Enrollment(1st visit)</td>
<td>237 93.3</td>
<td>5 2</td>
<td>-</td>
<td>-</td>
<td>1 0.4</td>
<td>11 4.3</td>
</tr>
<tr>
<td>When coming for treatment</td>
<td>231 90.9</td>
<td>1 0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22 8.7</td>
</tr>
<tr>
<td>When coming for ARV refill</td>
<td>150 59.1</td>
<td>1 0</td>
<td>-</td>
<td>-</td>
<td>2 0</td>
<td>98 38.6</td>
</tr>
<tr>
<td>Subsequent visits</td>
<td>202 78</td>
<td>1 0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>51 20.1</td>
</tr>
</tbody>
</table>
When asked to compare the services offered at different visits, majority of the patients said it was excellent: first visit (93.3%), when coming for treatment (90.0%), and other subsequent visits (78%). Slightly more than half of the participants (59.1%), however agreed on the excellence of services when coming for ARV refill.

4.7.4 Staff Attitude Work and Performance Measurement

Table 4.12:

Staff Attitude Work and Performance Measurement

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think that your attitude towards work will affect your performance?</td>
<td>20</td>
<td>-</td>
<td>20</td>
</tr>
</tbody>
</table>

All the staff members (100%) agreed that attitude towards work and clients had a great impact performance measurement.

4.8 Extent to which Physical Location Influence Performance Measurement in MARPS Programs

4.13:

Staff Perceived Influence of Physical Location on Performance Measurement in MARPS

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the physical location of the clinic affect achievement of targets?</td>
<td>17</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Are the clients happy to be served in the current physical location?</td>
<td>20</td>
<td>-</td>
<td>20</td>
</tr>
</tbody>
</table>
Table 4.13:
Patient Perceived Influence of Physical Location on Performance Measurement in MARPS

<table>
<thead>
<tr>
<th>Are you happy with where SWOP sites are located</th>
<th>No response</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>66.7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>33.3%</td>
<td>100%</td>
<td>95.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>249</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1.2%</strong></td>
<td><strong>.8%</strong></td>
<td><strong>98%</strong></td>
</tr>
</tbody>
</table>

Majority of the respondents (95.6%) are happy with where SWOP sites are located and would come back for more services compared to those who were not happy with the location (4.4%) but still will come back for more services because they need treatment. Both staff and patients agreed that the program physical location had an impact on the performance.
CHAPTER FIVE:

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1: Introduction
This chapter presents the summary of the findings; discussion of the findings, conclusion and recommendations arrived at. It also gives suggestions for further studies.

5.2: Summary of the Findings
5.2.1 Procurement processes and it’s Influence on performance measurement among MARPS programs
The findings show that slightly more or less than half of staff respondents (57.1%) affirmed that there existed a procurement policy which was used when purchasing and majority of respondents denied that there was certified vendor list and purchase of quality program supplies concurred with Knudsen study (1999) that found that internal customers act on their own and bypass purchasing department.

5.2.2 Budget controls and it’s Influence on performance measurement among MARPS programs
All participants were aware of budget and cost controls applied in their organization and thought that budget and cost controls improve performance measurement which supported the study carried out by Chong M. Lau carried which hypothesized that budgetary performance is increased and budgetary slack creation is decreased when an emphasis on setting and meeting tight budget targets is complemented with a high extent of cost control. The organization also had records of budget which were followed while running MARPS activities. Though the Finance and admin team said that they followed the Budgeted activities to the latter, they informed the researcher that there were instances when controls were flaunted due to demands from their partners from the Ministry with whom they networked with.

5.2.3 Staffing Issues and its Influence on performance measurement among MARPS programs
All the staff members (100%) agreed that attitude towards work and clients had a great impact performance measurement. The study found out that all the staff members agreed that
attitude towards work and clients had a great impact performance measurement. These results corroborate with past research claims that cognitive and motivational mechanisms are an important factor in explaining the role of management evaluation systems on actual job performance (Collins, 1982; Ilgen et al., 1979; Luckett & Eggleton, 1991). It was further note that the program had an existing organogram with the different levels of cadre as given by the staff in the questionnaires.

5.2.4 Physical location and its influence on performance measurement
Majority of the respondents (95.6%) are happy with where SWOP sites are located and would come back for more services compared to those who were not happy with the location (4.4%) but still will come back for more services. The findings supported the study by Evans who asserted that businesses located in hard to find or difficult to access locations may experience reduced productivity and customers are likely to shop elsewhere.

Out of the seven sites run by the swop program, Most of the patients liked the physical location since it was either in a hidden neighborhood or within a building with many activities happening. This means that sex worker liked such places due to the existing stigma, then no would easily point fingers and say exactly where and what services they accesses every time they went to the swop sites. This also meant that the program was serving the target population since they were able to identify themselves as sex workers and also based on the fact that they liked such hidden places.

In the MCH site, the clients further suggested that they have their own entrance which is near the site to avoid them from being noticed by the hospital community as to where they are receiving services and who they are.

5.3 Discussion of the Findings
5.3.1 Performance measurement systems
It was noted that though the program was measuring performance through the factors identified. This was traditionally done. The program did not use the logical framework approach which was the basis of our theoretical framework.

5.3.2 Procurement procedures
Whereas all staff participants affirmed the influence of procurement procedures in performance, Less than half of the participants moderately rate usefulness of procurement procedures and systems whereas slightly more than half, moderately relate procurement procedures and performance measurement.
5.3.3 Budget controls
Whereas majority of staff agreed that they use tracking budget to measure performance, more than half did not use internal and external standards for comparisons. The same case applies to the participants when it comes to budget and existence of control awareness and how they influence performance measurement, it is only slightly more than half form the Management and Finance team who are involved the budgeting process and the fact that the program their activities are carried out within the stipulated budget.

5.3.4 Staffing Issues
All the patient respondents agreed that the staff make them feel like coming back which could attributed to a majority of them who affirmed that the staff treat them with respect, confidentiality and timely. The staff on the other hand, indicated that they tried to make the patients feel comfortable when they visit the SWOP sites. This they affirmed that it had direct implications on their achievement of targets and also on further receipt of Donor Funding.

5.3.4 Program Physical location
Majority of the respondents were happy with where SWOP sites are located and would come back for more services compared to those who were not happy with the location but still will come back for more services. However it also key to note that swop program informed us that they had to close down to sites in golf course areas and kangundo road due to various reasons associated with the two locations. the reasons were mainly given the locations they did not get target population instead got housewives therefore the prevention numbers reached were not commensurate to the numbers enrolled in the clinic. There was also a lot of lost to follow up patients who resulted from getting the wrong target population.

5.4 Conclusion
Indeed these factors identified by the researcher do affect performance measurement of any program and seen in SWOP program. However, many MARPS programs tend to use traditional methods of measuring performances. Therefore, there is need for these program to embrace the existing performance measurement systems such as logical framework and balanced score card.

5.5 Recommendations of the Study
1. Performance measurement systems
From the past studies, performance measurement is a new trend of improving the ways of NGO’s operate. There is need to strengthen and improve the indicators of performance measurement of MARPS to improve their operations in serving its customers. There is need
to adopt the logical framework and the Balance scorecard when implementing the performance measurement systems. This will ensure more value and improvement in the already set standards.

2. Procurement procedures
There is need to sensitize the MARP staff on the usefulness of procurement procedures in improving performance measurement especially those staff that are located at the SWOP sites. It was also necessary that the management and Finance team share with the other staff the already existing Procurement Manual with an identified and authorized vendor list.

3. Budget and controls
There need to involve SWOP staff members in budget making process in order to carry their activities within stipulated budget as a way of using budget control to improve performance measurement. The SWOP program also needs to share with their partner their planned activities to avoid funding partner activities that are not in the Budget.
Finance team needed guidance on defining a more limited set of high-value, high-leverage measures to which they should devote resources thus leading to real improvements in outcomes or efficiency where fewer resources are spent without reductions in quality.

4. Staffing Attitude and Levels
There is need to maintain staff job satisfaction that influences their attitude towards the patients which also affect whether the latter will come back for more services. Some staff had low morale due to increased workload which was not commensurate to the salary. There was need for management to share with the staff its funding challenges if any and also ensure that the SWOP staff at the ground further adhere to meeting the donor Targets in order for them to continue receiving funding.
The staff should improve services offered especially when patients visit the ARV Refill Department.

5. Program Physical location
The patients were happy with the current SWOP sites; however, there is need for SWOP management while choosing a site to involve the patients in future. They should also create a suggestion box where the patients can freely give their opinion on various issues affecting them while the visit the SWOP sites.
5.6 Suggestions for Further Studies

i. Similar studies could be carried in other MARPS Programs in the other Provinces in Kenya in order to evaluate their performance.

ii. Similar studies can be carried in other Nongovernmental organizations so that it can help the government formulate concrete policies surrounding the Performance measurement.

iii. Longitudinal study to establish relationship between factors affecting and performance measurement among the MARPS Programs.
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Edith Cowan University Faculty of Business & Public Management, Churchlands, Western Australia, 6018


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Journal of Management Accounting Research, 10, 205–238


PurchTips - Edition # 181 June 30, 2009 by Charles Dominick, SPSM

10 Procurement KPI's, Part II Purchase Tips - Edition # 181 June 30, 2009 by Charles Dominick, SPSM


The standard for program management- Second Edition © 2008 Project Management Institute, 14 Campus Blvd, Newtown Square, PA 190073-3299 USA. Pg 185


ww.ecode.es/macro_logico/pdf /39.pdf; performance measurement in non profits- much to be gained or a waste of resources.
APPENDICES

APPENDIX I: LETTER OF INTRODUCTION (UON)

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

Your Ref: 
Our Ref: 
Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
NAIROBI

13TH MAY 2013

UON/CEES//NEMC/15/169

TO WHOM IT MAY CONCERN

RE: AMWAYI DINAH SAISI- REG.NO. L50/70007/2011

This is to confirm that the above named is a student at the University of Nairobi College of Education and External Studies, School of Continuing and Distance Education, Department of Extra-Mural Studies pursuing Master of Arts in Project Planning and Management.

She is proceeding for a research entitled “factors affecting performance measurement in MARPS programs in Kenya”.

Any assistance given to her will be appreciated.

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI EXTRA-MURAL CENTRE
APPENDIX II: INTERVIEW GUIDE FOR THE SWOP STAFF

This is a research project that wants to look at how efficient MARPS programs are run and SWOP (Sex Workers Outreach Program) being one of the Best practice programs we intend to use it as a benchmark for performance (results and outcome) analysis. This research project will ensure be a guiding tool for MARPS programs on how to efficiently run them and also allow for improvement in achieving more at low costs. It also will help the policy makers and other relevant stakeholders involved in the development MARPS programs in Kenya to identify the gaps for improvement in the provision of health care services to these populations. It will also help to inform the government through the relevant organs e.g. NASCOP, NACC in the development of similar programs in other sectors and also help foster collaboration between the public and private sectors in the fight of HIV and AIDS.

The researcher will only take 10-15 minutes to administer this questionnaire. There are no risks involved in answering the questions instead your input into the research will shed light on how best to achieve and increase performance from both an insider viewpoint in case of staff and outsider viewpoint in case of patients.

Key to note is that participation in this research project is voluntary.

Kindly answer the following questions. The researcher would like to assure you that the information gathered will be kept confidential and used strictly for the purpose of this research only. Do not write your name anywhere in this paper. However, the usefulness of the information to the researcher will solely depend on your honesty.

I wish to participate in this research project

Yes ( )

No ( )
SECTION A: BACKGROUND INFORMATION

1. Gender of respondent: ________________________________

2. Age group of respondent:
   - 19-24 ( )
   - 25-30 ( )
   - 31-36 ( )
   - 37-42 ( )
   - 43-48 ( )
   - 49 and Above ( )

3. Education Level:
   - 0 = did not attend ( )
   - 1 = Primary level ( )
   - 2 = Secondary level ( )
   - 3 = post secondary ( )
   - 4 = post College ( )

4. Length of service in the organization: ____________________

SECTION B: GENERAL MEASURES OF PERFORMANCE

5. Does your organization use the following measures of performance (outcomes and results)? Tick where appropriate.

<table>
<thead>
<tr>
<th>Measure</th>
<th>yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking Budgets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying and tracking progress against the program goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indentifying opportunities for improvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparing results and Outcomes (performance) against both internal and external standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. In your opinion, do the following factors affect (outcome and result) performance measurement of a program? Tick where appropriate.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget and cost controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing level and attitudes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Do the above factors affect the measurement of the program in the following ways? (Tick appropriately)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>They help in the achievement of the targets by donors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They help organization to work within the approved budgets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They help improve morale of staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They help to enroll and maintain the right clientele</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upholding high levels of systems that manage the program well</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. How would you rate your organization in implementing the following performance measurement tools?

<table>
<thead>
<tr>
<th></th>
<th>Very strong</th>
<th>Strong</th>
<th>moderate</th>
<th>weak</th>
<th>Very Weak</th>
<th>indifferent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement procedures and systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget and costs controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing levels and attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical location</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6=very strong 5=Strong 4=moderate 3=weak 2=very weak 1=Indifferent

**SECTION C: SPECIFIC FACTORS**

1) **Procurement Procedures and systems of performance measurement**

11. What is involved in procurement?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a procurement policy in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a certified vendor list</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring the procurement policy is used when purchasing goods</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Does the Organization have an existing Procurement system?
   Yes ( )  No ( )  Don’t Know ( )

13. How would you rate the usefulness of your procurement procedures and systems?
    (Circle where appropriate)  Sound (3) Moderate (2)  Weak (1)
    Give reasons for your Answer
    ____________________________________________________________
    ____________________________________________________________

14. How would you relate Purchase of supplies and contracting (procurement) Procedures or
    systems and outcome and result (performance) measurement? (Circle)
    Sound (3)  moderate (2)  Weak (1)
    Why?
    ____________________________________________________________
    ____________________________________________________________

15. Using the current system of procurement does the organization deliver the required
    goods and services at the appropriate time and place as activities happen?
    Yes ( )  No ( )  Don’t Know ( )
    If no, what would you improve in the existing system
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    If yes, why do you think this system works well?
ii) Extent of Budget and Cost Controls

16. Are you aware of any Budget and cost controls applied in this organization?
Yes ( ) No ( ) Don’t Know ( )

17. What are the budget and cost controls applied in this organization?

18. Are you involved in the Budgeting process at both program and activity level?
Yes ( ) No ( ) Don’t Know ( )

If yes, how?

If no, why not?

19. In your perspective, do you think that budget and costs improve performance measurement?
Yes ( ) No ( ) Don’t Know ( )

If yes specify how? ______________________________

If no then why? ______________________________

20. How would you rate the controls? (Circle)
   Strong (2) weak (1) no difference (0)

21. Based on your book records, do you think you carried out your activities within the stipulated budget?
Yes ( ) No ( ) Don’t Know ( )

If yes, how and why?
If no, why not?
_________________________________________________________________________
_________________________________________________________________________

**iii) The level of staff and their attitudes towards performance measurement**

22. How many staffs are employed in this organization? _____________

23. Which level of cadres is used in SWOP Program? Mark one (x)
   A. Clinical ( )  
   B. Support ( )  
   C. Managerial ( )  
   D. Senior Managerial ( )  
   E. None ( )

24. Do you think that your attitude towards work will affect your performance?
   Yes ( )  Give reasons
   _______________________________________________________
   _______________________________________________________
   No ( ) Why?
   _______________________________________________________
   _______________________________________________________

25. Does management share donor targets with the staff?
   Yes ( )  No ( )  Don’t Know ( )
   A. How are the targets shared to the staff?
   _______________________________________________________
   _______________________________________________________
   B. What measures have you as the staff in the SWOP clinic put in place to aid in the achievement of targets at?
   Individual Level__________________________________________
   Team Level____________________________________
iv) The Extent of physical location to performance measurement

26. Does the physical location of the clinic affect achievement of targets?
Yes (  )    No (  )    Don’t Know (  )
If yes then to what extent does this happen?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
If no, why?
___________________________________________________________________________

27. How do you rate the current physical locations of the SWOP program clinics? (Circle)

28. Are the clients happy to be served in the current physical location?
Yes (  )    No (  )    Don’t Know (  )
If no, why are they not happy with this location?
___________________________________________________________________________
___________________________________________________________________________

Thank you for participating
APPENDIX III: QUESTIONNAIRE FOR SWOP PATIENTS

This is a research project that wants to look at how efficient MARPS programs are run and SWOP (Sex Workers Outreach Program) being one of the Best practice programs we Intend to use it as a benchmark for performance (results and outcome) analysis. This research Project will ensure be a guiding tool for MARPS programs on how to efficiently run them and also allow for improvement in achieving more at low costs. It also will help the policy makers and other relevant stakeholders involved in the development MARPS programs in Kenya to identify the gaps for improvement in the provision of health care services to these populations. It will also help to inform the government through the relevant organs e.g. NASCOP, NACC in the development of similar programs in other sectors and also help foster collaboration between the public and private sectors in the fight of HIV and AIDS.

The researcher will only take 10-15 minutes to administer this questionnaire. There are no risks involved in answering the questions instead your input into the research will shed light on how best to achieve and increase performance from both an insider view point in case of staff and outsider viewpoint in case of patients.

Key to note is that participation in this research project is voluntary.

Kindly answer the following questions. The researcher would like to assure you that the information gathered will be kept confidential and used strictly for the purpose of this research only. Do not write your name anywhere in this paper. However, the usefulness of the information to the researcher will solely depend on your honesty.

I wish to participate in this research project

Yes ( )

No ( )

Signature ________________________________
SECTION A: BACKGROUND INFORMATION

1. Gender of respondent: Male ( ) Female ( )

2. Residence (Estate) in Nairobi_____________________________

3. Age set of respondent:
   19-24 ( ) 25-30 ( )
   31-36 ( ) 37-42 ( )
   43-48 ( ) 49 and Above ( )

4. Education Level:
   0 = did not attend ( ) 1 = Primary level ( )
   2 = Secondary level ( ) 3 = post secondary ( )

5. What is your marital status?
   1 = married or living as, living together
   2 = Married or living as, living apart
   3 = Single
   4 = widowed
   5 = Divorced/separated

6. Which SROP sites (District) are you registered in?
   ______________________________________________________

SECTION B: GENERAL INFORMATION ON FACTORS AFFECTING PERFORMANCE IN MARPS PROGRAMS

7. How long have you been coming to the SWOP Site?

8. Have you benefited from the SWOP clinic since its inception?
   Yes ( ) No ( ) Don’t Know ( )
   If yes then How? ________________________________

9. Does the program give the accepted quality of medicine to you every time you visit the service provider?
   Yes ( )
   No ( )
   Don’t Know ( )
If no, Why?
______________________________________________________

10. Would you change anything in the way services are offered at this SWOP clinic?
   Yes (  )       No (  ) Don’t Know (  )
   What are some of these changes you would like to see happen?
   ____________________________________________
   ____________________________________________
   ____________________________________________

11. What about the different staff and how they treat you during your visits to the program, do they treat you with:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
<th>I do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do they make you feel like coming back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. How would you rate the services offered to you by the various SWOP program department. (Read out these responses and tick the appropriate box)

<table>
<thead>
<tr>
<th>Department</th>
<th>Excellent</th>
<th>Moderate</th>
<th>Poor</th>
<th>Indifferent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demand creation/prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   4=Excellent  3=Moderate  2=poor  1=Indifferent

How would you compare the services offered to you at the different set visits?
<table>
<thead>
<tr>
<th>Visit</th>
<th>Excellent</th>
<th>Moderate</th>
<th>Poor</th>
<th>Indifferent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment (1st Visit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When coming for treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When coming for ARV refill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsequent visits: 3 months, 6 months, others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4=Excellent 3=Moderate 2=poor 1=Indifferent

13. What are some of the challenges you have experienced while being served by the staff of SWOP? Give more space for the answer since the answers to this may be many.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. How would you gauge the staff attitude towards you? Read out responses.
   Unpredictable (0) Negative (1) Lukewarm (2) positive (3)

15. Are you happy with where the Swop Program sites are located?
   Yes ( )
   No ( )

Give reasons
________________________________________________________________________
________________________________________________________________________

16. Would you come back for more services?
   Yes ( )

Give reasons
17. Would you refer someone else to the SWOP clinic?
   Yes (  )
   No (  )
   Give reasons

18. What Changes would you make in order to make the program much more appealing?

19. How does the location of the SWOP clinic affect the services offered? How would you make the SWOP site more conducive?

Thank you for participating
APPENDIX IV: BASIC STRUCTURE OF A PMS AND ITS PERFORMANCE (BASIC MODEL)
APPENDIX V: KREJCIE AND MORGAN TABLE

TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION

<table>
<thead>
<tr>
<th>N</th>
<th>S</th>
<th>N</th>
<th>S</th>
<th>N</th>
<th>S</th>
<th>N</th>
<th>S</th>
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</tr>
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<td>196</td>
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<td>200</td>
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<td>1500</td>
<td>306</td>
<td>9000</td>
<td>368</td>
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<tr>
<td>60</td>
<td>52</td>
<td>210</td>
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Note: ‘N’ is population size
‘S’ is sample size.