

FACTORS AFFECTING PERFORMANCE OF  
HIV/AIDS PROGRAMS IN KENYA  
The Case of Eastern Deanery AIDS Relief Program

BY

WILSON W. MBOGO

UNITED STATES INTERNATIONAL UNIVERSITY

Spring 2016

**FACTORS AFFECTING PERFORMANCE OF  
HIV/AIDS PROGRAMS IN KENYA**  
The Case of Eastern Deanery AIDS Relief Program

**BY**

**WILSON W. MBOGO**

A Project Report Submitted to the School of Business in  
Partial Fulfillment of the Requirement for the Degree of  
Masters in Business Administration (MBA)

**UNITED STATES INTERNATIONAL UNIVERSITY**

**FALL 2015**

## DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University in Nairobi for academic credit.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Wilson Mbogo (ID 641889)

This project has been presented for examination with my approval as the appointed supervisor.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dr. Maina Muchara

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dean, School of Business

## **COPYRIGHT**

All rights reserved. No part of this project may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, recording, photocopying or otherwise without permission from the author.

©Waithaka Wilson, Mbogo 2015

## ABSTRACT

The main objective of the study was to determine the factors that affect the performance of HIV/AIDS programs in Kenya. The study was guided by the following questions; what are the strategic issues that affect the performance of HIV/AIDS programs, how do donor influence the performance of HIV/AIDS programs and how characteristics and behavior of people living with HIV affect the performance of HIV/AIDS program. The study used descriptive survey design. The target population comprised the staff of Eastern Deanery AIDS Relief program located in Nairobi. Fifty percent were taken as the sample; they were stratified into two different categories; Clinical staff and project management staff. This was done to ensure that the sampling frame is complete and relevant for the attainment of the study objective. The study collected primary data using questionnaires. The descriptive statistical tools helped in describing the data and determining the respondents' degree of agreement with the various statements under each objective. The researcher analyzed the data using frequencies, percentages, correlation and regression. The study found out that majority of 66 percent of the respondents could not confirm their knowledge on programs strategic plan or not, Majority, 52 percent of the respondents agreed that they are taken for adequate trainings on project management and only 10 percent agreed that they consistently carry out consistent customer satisfaction surveys with 87 percent reporting not political interference is experienced in the program. On donor influence on program performance, 83 percent of the respondents said that the recipient governments treat received funds as substitute and not as supplement to the national budget while majority of the respondents, 79 percent agreed that donors use monitoring and evaluation as a control measure to ensure that donor funds are well utilized. From the study 84 per cent of the respondent were in agreement that positive living enhance adherence to HIV/AIDS treatment which is a key component if measuring performance of a program with 47 percent of the respondent saying that HIV drug resistance is prevalent in clients with unstable psychosocial support. Financial constrains were found to often affect treatment outcomes with ninety five percent in agreement with that. On availability and accessibility of HIV/AIDS information 74 percent agreed this has improved treatment outcomes of PLHIV. The study established that, Strategic Issues, Donor Influence and PLHIV Character and Behavior could determine the performance of a program with ( $F(3, 84) = 6.84, p = 0.000$ ). The study concludes that it's imperative that employees are aware of the strategic plan, what they are expected to do and how their

performance will be measured and the importance to training the implementation staff on project management skills. The study also concludes that customer's perceptions on how well the company delivers value should be consistently monitored. The study concludes that there are areas of conflict between the donor policies and the host government policies and that donor employ monitoring and evaluation as a tool to ensure that program goals and objectives are met. On Characteristics and behavior of PLHIV's Influence on program's Performance, the study concludes that PLHIV's adherence to long term ARV treatment affect the performance of a program with positive living and psychosocial support being major determinant of adherence. The study also concludes that financial constraints and gender beliefs have a negative effect on the treatment outcome of PLHIV while availability and access to information about HIV/AIDS have a positive effect to treatment outcome. On Strategic Issues Affecting HIV Programs, the study recommends all employees should be engaged and be made aware of the strategic direction of the program. The study recommends that programs to offer implementation staff with adequate trainings on project management issues. To gauge performance in service delivery and ensure right decisions are being made the study recommends that programs should consistently carry customer satisfaction Surveys. On donor's Influence on program's Performance the study recommends that to avoid conflict between the donor policies and the host government policies the study recommends prior agreement of the need that the donor wants to address. The study also recommends that the implementing staff should comply with the donor requirements especially employment of monitoring and evaluation within the program. On PLHIV Characters and behavior the study recommends that promotion of adherence through positive living and psychosocial support is intensified. Where applicable the study recommends that a program adopts a holistic care approach where there is concern of livelihood, where clients can be supported in establishing income generating activities. The also study recommends that dissemination of information about HIV/AIDS be enhanced.

## **ACKNOWLEDGEMENT**

I acknowledge the USIU community for support they accorded during development of this project. I also recognize and acknowledge efforts by my family, colleagues and friends towards success of the project. Finally I thank the almighty God for his blessings and favor throughout my study.

## **DEDICATION**

I dedicate this project to Wambui, Muthoni and Waithera for providing a mirthful experience irrespective of the situation.



## TABLE OF CONTENT

<b>DECLARATION</b> .....	<b>ii</b>
<b>COPYRIGHT</b> .....	<b>iii</b>
<b>ABSTRACT</b> .....	<b>iv</b>
<b>ACKNOWLEDGEMENT</b> .....	<b>vi</b>
<b>DEDICATION</b> .....	<b>vii</b>
<b>TABLE OF CONTENT</b> .....	<b>viii</b>
<b>LIST OF TABLES</b> .....	<b>x</b>
<b>LIST OF FIGURES</b> .....	<b>xi</b>
<b>ABBREVIATIONS</b> .....	<b>xii</b>
<b>CHAPTER ONE</b> .....	<b>1</b>
<b>1.0 INTRODUCTION</b> .....	<b>1</b>
1.1 Background of the Study .....	1
1.2 Statement of the Problem .....	4
1.3 Purpose of the Study .....	5
1.4 Research Questions .....	5
1.5 Significance of the Study .....	6
1.6 Scope of the Study.....	6
1.7 Terminologies Definition .....	7
1.8 Chapter Summary.....	8
<b>CHAPTER TWO</b> .....	<b>9</b>
<b>2.0 LITERATURE REVIEW</b> .....	<b>9</b>
2.1 Introduction .....	9
2.2 Strategic Issues Affecting HIV Programs .....	9
2.3 Donor’s Influence on program’s Performance .....	15
2.4 Characteristics and behavior of PLHIV’s Influence on Program’s Performance	20
2.5 Chapter Summary.....	26
<b>CHAPTER THREE</b> .....	<b>27</b>
<b>3.0 RESEARCH METHODOLOGY</b> .....	<b>27</b>
3.1 Introduction .....	27
3.2 Research Design .....	27
3.3 Population and Sampling Design .....	27
3.4 Data Collection Methods.....	28
3.5 Research Procedures .....	29
3.6 Data Analysis Methods .....	29

3.7 Chapter Summary.....	29
<b>CHAPTER FOUR.....</b>	<b>30</b>
<b>4.0. RESULTS AND FINDINGS .....</b>	<b>30</b>
4.1. Introduction .....	30
4.2 Demographic Data.....	30
4.3 Strategic Issues Affecting HIV Programs .....	33
4.4 Donor’s Influence on program’s Performance.....	38
4.5 Characteristics and behavior of PLHIV’s Influence on Program’s Performance.....	44
4.6 Chapter Summary.....	50
<b>CHAPTER FIVE.....</b>	<b>51</b>
<b>5.0 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>51</b>
5.1 Introduction .....	51
5.2 Summary .....	51
5.3 Discussion .....	52
5.4 Conclusions .....	55
5.5 Recommendations .....	56
<b>REFERENCES.....</b>	<b>57</b>
<b>APPENDIX .....</b>	<b>62</b>
APENDIX I: Questionnaire Cover Letter .....	62
APENDIX II: Research Questionnaire .....	63

## LIST OF TABLES

Table 3.1 Population Distribution.....	27
Table 3.2 Sample Size Distribution.....	28
Table 4.1 Gender of respondents.....	30
Table 4.2 Highest Education Level.....	31
Table 4.3 Category of employment.....	32
Table 4.4 Duration of employment.....	32
Table 4.5 Employee awareness of organization’s strategic plan.....	33
Table 4.6 Funding cycle and strategic planning .....	33
Table 4.7 Awareness of personal responsibility.....	34
Table 4.8 Respondent are awareness to performance matrix.....	34
Table 4.9 Use of technical expert to run technical areas.....	35
Table 4.10 Training on project management.....	35
Table 4.11 Customer satisfaction surveys.....	35
Table 4.12 Technology adoption to improve services .....	36
Table 4.13 Community support program activities.....	36
Table 4. 14 Government involvement in running the program.....	37
Table 4.15 Donor funding and politics.....	37
Table 4.16 Local politics and program management.....	38
Table 4.17 Local political decision and funding sustainability.....	38
Table 4.18 Donor Policies and government policies conflict.....	39
Table 4.19 Status of donor funding to national budget.....	39
Table 4.20 Donor involvement in running the program.....	40
Table 4.21 Donor’s expatriates and Program management.....	40
Table 4.22 Donor flexibility in in adopting local solutions.....	41
Table 4.23 Use of Monitoring and Evaluation.....	41
Table 4.24 Funding and target achievement.....	41
Table 4.25 Compliance with minimum standards of HIV Care .....	42
Table 4.26 Timely reporting.....	42
Table 4.27 Program recognition.....	43
Table 4.28 Target Achievement.....	43
Table 4.29 Donors satisfaction with our achievement.....	43

Table 4.30 HIV Positive results acceptance.....	44
Table 4.31 Promptness of starting HIV care.....	44
Table 4.32 Clients come at early stages to seek care.....	45
Table 4.33 Positive living and Adherence.....	45
Table 4.34 HIV Stigma and Drug Adherence.....	45
Table 4. 35 Drug resistance and psychosocial support.....	46
Table 4.36 Financial constraints and treatment outcome.....	46
Table 4.37 Engagement in transactional sex to meet obligations.....	47
Table 4.38 Gender belief and Access to HIV care and treatment.....	47
Table 4.39 Improved Information access and treatment outcomes.....	48
Table 4. 40 Correlations .....	48
Table 4. 41 Model Summary.....	49
Table 4. 42 ANOVA.....	49
Table 4. 43 Coefficients.....	50

## **LIST OF FIGURES**

Figure 4.1: Response Rate.....	30
Figure 4.2 Respondents age distribution.....	31

## **ABBREVIATIONS**

AIDS	- Acquired Immune Deficiency Syndrome
ART	- Antiretroviral Therapy
CDC	- Centers for Disease Control and Prevention
EDARP	-Eastern Deanery Aids Relief Programme
EMTCT	- Elimination of Mother to Child Transmission
HIV	- Human Immunodeficiency Virus
KDHS	- Kenya demographic and Health Survey
MAP	- Multi-Country AIDS Program
MDG	- Millennium Development Goals
NAC	-National Aids Council
NASCOP	- National AIDS and STIs Control Programme
NGO	- Non Government Organizations
PEPFAR	- President's Emergency Plan for AIDS Relief
PHDP	- Positive Health, Dignity, and Prevention
PLHIV	- People Living with Human Immunodeficiency Virus
UN	- United Nations
UNAIDS	- Joint United Nations Programme on HIV/AIDS
UNICEF	- United Nations International Children's Emergency Fund
WHO	- World Health Organization

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Background of the Study

In the absence of a vaccine or cure for Acquired Immune Deficiency Syndrome (AIDS), the spread of Human Immunodeficiency Virus (HIV) must be controlled through programs designed to distribute antiretroviral therapy (ART) and encourage adherence. This is in addition to prevention strategies such as Elimination of Mother to Child Transmission (EMTCT), voluntary medical male circumcision and Pre and Post exposure prophylaxis. To mitigate and eventually eliminate HIV epidemics around the world, it remains essential to develop and implement HIV prevention interventions that modify individuals' behaviors and practices. These are as essential as developing technologies, such as vaccines, microbicides, and antiretroviral drugs, which attack and immobilize the virus and reduce the risk of its transmission. It's also necessary to legislate social and policy changes that transform social structures and environments that constrain individuals' ability to reduce their vulnerability to HIV infection. Such intervention would address fundamental social drivers of HIV vulnerability, such as economic dependence, poverty, gender inequality, lack of education, stigma and discrimination, including sexism, racism, and homophobia. Such interventions have produced some evidence of effectiveness (Auerbach, 2009).

The implication of HIV/AIDS has varying severity across the world. Effective management of interventions undertaken to curb severity is paramount to ensure the desired outcomes are attained. This also advises the stakeholders to make informed decisions. It's only in proper management that the sixth Millennium Development Goal (MDG 6) which is to combat HIV & AIDS, malaria and other diseases can be achieved. This research will seek to explore the factors affecting the management of HIV/AIDS programs in Kenya.

According to World Bank (2008), HIV/AIDS remains a fundamental development challenge in many African countries that threaten growth, livelihoods, and human capacity, and inflicting tragedy on millions of families. The environment for combating HIV/AIDS keeps on changing dramatically, with new donors, increased funding, more affordable treatment, better understanding of the disease and its transmission, and a new appreciation of gender inequality in the feminization of the disease in Africa.

According to United Nation (2014), there were about 35 million people living with HIV by the end of 2013, with HIV incidence of 2.1 million HIV infections in 2013 and about 1.5 million deaths cause by HIV in the world. The United Nation, noted that the new HIV infections continued to exceed the number of AIDS related deaths and as a record number of people have been receiving antiretroviral therapy, keeping them alive longer. It is estimated that in 2012 there were 1.6 million new infections with about 1.2 million HIV related deaths in sub-Saharan Africa. Sub-Saharan Africa, carries the greatest burden of the epidemic throughout the world with 71 per cent of PLHIV worldwide. Though there has been a decline in number of HIV related deaths, Sub-Saharan Africa account for 70 per cent of HIV related deaths worldwide. It's also reported that more than 90 per cent of the children who acquired HIV infection in 2011 live in sub-Saharan Africa (UNAIDS, 2012). In sub-Saharan Africa, which is home to 92 per cent of pregnant women living with HIV worldwide, the percentage of pregnant women living with HIV who received antiretroviral therapy or prophylaxis was 59 per cent [53–66 per cent], this is way below the Caribbean where the coverage levels was at 79 per cent [67–97 per cent] in 2011 (UNAIDS, 2013).

Like many other African countries Kenya has struggled in the past 30 years to get the best, most effective and responsive programmes, strategies, policies and approaches of tackling the menacing HIV/AIDS pandemic. The effects range from villages being wiped out to severe loss of employees within organizations and government ministries as well as the private sector. Many families, institutions and departments have over the past decade lost valuable sons and daughters, earnings and their best-trained workers at the prime of their working lives. The disease has not spared any country in the world. It has affected both rich and poor countries. The only difference is in the way each country responds, which much depends on their social-economic and political environment (Ndambuki, 2006).

The HIV/AIDS is increasing ill-health and mortality of large numbers of 'prime-age' adults who play a fundamental role in income generation, the protection of assets, and social reproduction. The composition of households is transformed and dependency ratios increase as adults grow sick and die, and as orphans are taken in to be cared for. This places enormous pressure on resources. Furthermore, households are more likely to be headed by the elderly or by children, many of whom are ill-equipped to cope with such situations. Over the long term, the transmission of knowledge concerning livelihood strategies and cultural and family heritage can be negatively affected (Morton, 2005).

According to National AIDS and STIs Control Programme (2014), there are about 1.2 million people living with HIV aged 15 to 64 years in Kenya, Out of PLHIV only 700,000 are taking the lifesaving ARVs. The HIV prevalent rate was indicated to be 5.6 per cent of adults and adolescents aged 15 to 64 years with HIV incidence in 2012 estimated to be 106,000.

According to Poku and Alan (2007) there is need to address the effectiveness of global and national responses to HIV/AIDS as well as mapping out the contours of the crucial debate regarding the direction and scope for future governance. He argues that the global HIV/AIDS epidemic is a long-term event whose impact unfolds over a long duration of time. Over thirty years after seeing the first HIV case, the epidemic has left an increase in worried faces of women, especially young women; orphans who will have to grow up without the nurturing of parents; and the rising number of people living with HIV/AIDS. More worrying still, there is no convincing evidence to suggest that the epidemic is significantly slowing down anywhere in the world. Each day HIV/AIDS continues to spread therefore adding to the ramifications and duration of its likely impact. The prevalence of HIV is high in countries with extreme poverty, conflict, and weak institutional and physical infrastructure, deficient educational and health care systems. Such conditions are rife in Sub Saharan Africa. The struggle to get the desired intervention outcomes is challenging as there are fears that if HIV/AIDS epidemic is not contained, it will reverse the development gains achieved over the past generations (Poku and Alan , 2007).

According to the World Bank (2008), despite intensified national and global responses, much remains to be done in strategy development and building the wherewithal to implement a cohesive strategy with sufficient funding, human and institutional capacity, and attention to prevention. According to United Nation (2014), risky behavior and insufficient knowledge about HIV remain at alarmingly high levels among youth in developing countries. Among the most serious gaps noted by World Bank is the absence of sustained management of HIV/AIDS programs to achieve desired outcomes in the most acutely affected countries in Africa.

The Joint United Nations Programme on HIV/AIDS believes that, a world without AIDS can only be achieved through renewed and sustainable commitment, solidarity and only if the available evidence and limited resources are used as efficiently and effectively as possible. The challenge is to ensure the uptake of HIV tests is scaled up. This will ensure that People living with HIV are able to access the required care and treatment at



the right time. On the other hand, those found to be without HIV are able to be given targeted messages on how to prevent themselves from acquiring HIV. Timely and organized intervention of HIV will ensure that the burden is reduced (UNAIDS, 2012).

## **1.2 Statement of the Problem**

A well performing project is one that achieves deliverables that are prior agreed upon to satisfy the project customer. Organization successful performance is dependent on multiple factors, which are either internal or external to the firm (Kloppenbotg, 2009). A firm's operating environment is a major determinant of how successful a firm can be. For a business to strategically position itself, opportunities and the threats in the external environment have to be matched with the firm's resources and capabilities in the internal environment (Ansoff, 1990). The business model should match the expectations of the shareholders and the needs of customers (Worth, 2014). In project management the environment that affects the project consist of three major pillars. They include project owners, project beneficiaries and project management (Müller and Turner, 2007).

The shareholders' interest in a business is the return on equity. Shareholders influence the operation of the business to protect their interest (Burrow and Kleindl, 2008). In project management the project owners have the clear vision of the project in their mind (Müller and Turner, 2007). As the financier, they are the shareholders who look for value for their investment. According to Joanne (2009), in non-profit organizations the project owners are the donors, who contribute funds to pursue a course. Regan and Rhoads (2013) in a case analysis done in India in education sector found out that the donors, as the project owners, had significant influence to service delivery. Though donors have been described as influencers of program performance, little has been done to study their influence on performance of HIV/AIDS programs in Kenya.

Firms develop strategic plans to ensure their products or services remain competitive in the market place. Customer's response is a key determinant of strategy success or failure (Kotler, 2006). According to Drucker (1992), non-profit organizations need to create a want that pull its own customers. Like in for-profit business firms, customers are studied to establish the behaviour to enhance sales. In HIV/AIDS programs People Living with HIV (PLHIV) characteristics and behavior need to be studied too to enhance service delivery and consequently the performance of the programs. According to a survey done in Kenya by National AIDS & STI Control Programme (NAS COP), provision of Care and treatment services to PLHIV is a key building block towards containing the scourge

of HIV/AIDS (NASCOP, 2014). The study however did not bring out the characteristics and behavior of PLHIV that are likely to influence the performance of the HIV/AIDS programs. Further, the Joint United Nations Programme on HIV and AIDS (UNAIDS) on a global report on HIV/AIDS noted PLHIV have a major stake in management of HIV/AIDS.

For a project to be well executed there is need to strike a balance between the project processes and the people. People as resources are needed to do and manage the work. Resources with the right skills and knowledge that is adequate for the needs of the project, starting with the project manager (Kerzner 2006). According to Czuchry and Yasin (2003), people are dependent on organizational processes. The management of the process and resources available calls for skills in strategic management. The study sought to bring out the strategic issues that affect the performance of a HIV/AIDS program. While majority of previous studies concentrated on clinical care and treatment of people living with HIV/AIDS, there seems to be little study done on strategic issues that affect the performance of programs such as HIV/AIDS programs in Kenya, which are used as vehicles for providing clinical care and treatment to PLHIV. There is need to clearly get the factors that will accelerate positive performance of HIV/AIDS programs in Kenya to accelerate reduction on new HIV infection. It's with this background that the study sought to bring out the program strategic issues that affect performance, the donor influence on performance and how the characteristics and behavior of PLHIV affect the performance of HIV/AIDS program in Kenya.

### **1.3 Purpose of the Study**

The purpose of this study was to establish the factors that affect the performance of HIV/AIDS programs in Kenya.

### **1.4 Research Questions**

The Study was guided by the following research questions: -

1.4.1 What are the strategic issues that affect the performance of HIV/AIDS programs?

1.4.2 How do donors influence the performance of HIV/AIDS programs?

1.4.3 How do characteristics and behavior of people living with HIV affect the performance of a HIV/AIDS programs?

## **1.5 Significance of the Study**

The study is a valuable input to HIV/AIDS program managers, the donor community, government, academicians and researchers.

### **1.5.1 HIV/AIDS program managers**

Program managers can learn the factors that surround running of a HIV/AIDS programs. This will enable them to successfully tackle different factors appropriately and timely to ensure the desired outcomes of the program are achieved.

### **1.5.2 The Donor Community**

The findings of the study provides donors with information relation to management of such programs in Kenya. The donor community is able to set realistic outcomes depending on their influence to the management of the program.

### **1.5.3 The Government**

With the primary role of providing health care to all, the government can use the findings to advocate for proper management of HIV/AIDS program in the country.

### **1.5.4 Academicians and researchers**

The study is useful to other scholars interested on Program management as it will help them in understand the factors that affect running of programs in Kenya.

## **1.6 Scope of the Study**

The study analyzed the factors affecting performance of Eastern Deanery AIDS Relief Program (EDARP). Eastern Deanery AIDS Relief Program is a faith based Non-Government Organization (NGO), located in Eastern side of Nairobi County. The organization was started in the year 2003. The organization is a medical facility offering the following services, Provider Initiated HIV Testing and Counselling, Voluntary Counselling and Testing, HIV/AIDS comprehensive care, TB testing and treatment. The program runs 14 facilities across the city's low income settlements.

Eastern Deanery AIDS Relief Program has about 350 employees who compose of Project Managers, Clinical staff and support staff. The daily operation of the program involves clinical management of HIV/AIDS patient. The organization has ever served about 80,000 patients who have ever come to seek HIV care and treatment. There are about 24,000 active clients enrolled in long term care of HIV/AIDS.

Eastern Deanery AIDS Relief Program is funded by President's Emergency Plan for AIDS Relief (PEPFAR) and the government of Kenya. The organization follows the Guidelines for Antiretroviral Therapy in Kenya. The government of Kenya through Ministry of Health and PEPFAR sets the guidelines to be used in the management of

HIV/AIDS and of running the program. They require compliance and regular feedback through monthly, quarterly and yearly review reports. The study was conducted between September 2015 and November 2015.

## **1.7 Terminologies Definition**

### **1.7.1 Viral load**

Also known as viral burden, is a measure of the severity of an active viral infection, and can be calculated by estimating the live amount of virus in an involved body fluid. The aim of HIV treatment is to reduce the amount of viral load to undetectable levels (AidsMap, 2014).

### **1.7.2 Human Immunodeficiency Virus (HIV)**

This is a lentivirus that causes the acquired immunodeficiency syndrome, a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers. HIV affects specific cells of the immune system, called CD4 cells, destroying such that the body can't fight off infections and disease. This is what leads to AIDS (CDC, 2015).

### **1.7.3 HIV Prevalent rate**

This is the measure of the relative burden of disease in population. HIV prevalence is the percentage of the population living with HIV (NAS COP, 2014).

### **1.7.4 HIV incidence**

This is the measure of new HIV infections in a population over time, usually within the previous year. Incidence is theoretically the best way to evaluate the HIV epidemic's proliferation, and a combination of these figures would provide the most accurate representation of the HIV/AIDS burden. It provides important information on the status of the HIV epidemic and can be used for effective targeted HIV prevention planning in groups that are most vulnerable to recent infection and to measure impact of HIV prevention programs (NAS COP, 2014).

### **1.7.5 Project**

A project is a unique, transient endeavor, undertaken to achieve planned objectives, which could be defined in terms of outputs, outcomes or benefits (Project Management Institute, 1996).

### **1.7.6 Program**

A program is a group of projects managed in a coordinated way to obtain benefits not available from managing them individually, Programs have an element of ongoing operations (Project Management Institute, 1996).

### **1.7.7 Project management**

This is the application of processes, methods, knowledge, skills and experience to achieve the project objectives (Project Management Institute, 1996).

### **1.7.8 Antiretroviral (ARV)**

These are drugs used to strengthen the immune system of people living with HIV & AIDS. The aim of this drug is to reduce the rate at which the virus multiplies in the CD4 cell or T-helper cell (CDC, 2015).

### **1.7.9 Stigma**

This refers to discrimination and prejudice, negative attitudes and abuse directed at people living with HIV and AIDS (NASCO, 2014).

## **1.8 Chapter Summary**

This chapter introduced the subject matter of the study. Chapter 2 will cover in details the factor that affect the performance of HIV/AIDS programs. Due to great importance of managing HIV/AIDS globally, a lot of research has been done on related issues. The next chapter will seek to establish how those factors affect the performance of a program. Chapter 3 will cover a description of the research design, sampling procedures and procedures that will be used to collect the data for the study. It will include description of how the study will be carried out and the reasons for the choice of the methodology will be outlined. Chapter 4 presents and explain the finding of the study on the basis of the research questions. The last chapter, chapter 5 delve on discussion highlighting conclusions and recommendations.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter provides background of the key components of the study, this was done by reviewing existing literature of researchers on areas of performance and studies on HIV/AIDS programs. The major concepts that regard performance and HIV/AIDS programs were described. At the end the factors that interact with organization and have potential of affecting performance were reviewed, in line with the research questions; the first question sought to examine the strategic issues that affect performance of HIV/AIDS programs. The second question sought the donor's influence on performance of HIV/AIDS programs and the third question sought the characteristics and behavior of PLHIV's influence on the performance of HIV/AIDS programs.

There have been an increase of complaints about the inefficiency and ineffectiveness of nonprofit organizations. This increase has caused decrease in public trust, which has prompted a demand for higher performance on nonprofit organizations (Liket and Maas, 2015). In delivering their mission, nonprofit organizations, like for profit organizations need to meet their set objectives, which are key determinant of their performance (Drucker, 1992).

#### **2.2 Strategic Issues Affecting HIV Programs**

According to Pearce and Robinson, (2011) Strategic management is defined as the set of decisions and actions that result in the formulation and implementation of plans designed to achieve a company's objectives. He describes the process as long term, future oriented and complex decision making that require considerate resources and participation of top management. He stresses that strategic management process centers on the belief that a firm's mission can be best achieved through a systematic and comprehensive assessment of both its internal capabilities and its external environment. According to Mintzberg (2007), strategy brings in clarity in the organization as it presents the perspective and the plan the organization is pursuing. Strategy works to help organization establish its position in the competing world and presenting it with tactics or maneuvers to attract more resources. According to Stanleigh, (2007) strategy helps organization to define its scope which becomes the basis of project decisions. This clarifies the areas of agreement between the project team, the project customer and the project sponsor, by identifying both the project goal and major project deliverables.

Having a strategy ensures that shifting organizational priorities do not adversely affect implementation of the project. When project implementation is intermittent due to changing priorities, and the project team is told to put it aside for a while and work on other newer priorities, strategy ensures focus is not lost when implementation resumes. Since the project manager has little control over such occurrences, proper plans should be put in place during planning phase. The plan should highlight the communication channels of changes to ensure team support (Stanleigh, 2007).

Strategic issues are the fundamental policy challenges that affect the organization's mandates, mission, stakeholders, resources, structure, processes, management, or product or service level and mix. Strategic issues are issues that must be addressed in order for an organization to achieve its vision. Identification of strategic issues is one of the key milestones to developing a strategic plan (Pearce and Robinson, 2011). According to Worth (2014), nonprofit organizations add vitality to the communities and provide essential services that enhance and protect our wellbeing. However like for profit firms, nonprofit face strategic issues and turbulence forces of economic, social, political and technological changes.

### **2.2.1 Strategic Planning**

According to U.S. Department of Health (2011), strategic planning have an effect to performance as it is the process that involves setting goals and regularly checking progress toward achieving those goals. The process includes activities that ensure organizational goals are consistently met in an effective and efficient manner, while ensuring that the organization's and its subsystems are optimally working together to achieve the desired results. According to Drunker (1992), argues that like for profit organizations, nonprofit organizations need to have a sound mission statement that they seek to pursue. The mission, which is a product of strategic planning, should be operational as it provides basis of measuring their performance.

There are various perspectives to performance measurement in nonprofit organizations that have been developed over the time. Whichever the perspective, the emphasis is on the importance of understanding the working environment to enhance effectiveness and efficiency. Balanced Scorecard since its development has gained popularity as a tool to measure performance. The balanced scorecard seeks to integrate internal, external and program variables to produce a comprehensive picture of an organizational performance (Lee and Nowell, 2014). According to David, (2009) the

balanced scorecard analysis requires that a firm seeks answers to critical questions like, how well is the firm continually improving and creating value along measures such as innovation, technological leadership, product quality, or operation efficiency?, How well is the firm sustaining and even improving upon its core competencies and competitive advantages? And how satisfied are the firm's customers?

The Balanced scorecard works as a system that enables an organization to clarify its strategies and translate them into action. The approach supports the strategic planning and implementation by integrating all the activities of the organization around a common understanding. The Balanced scorecard enables the companies to develop a more comprehensive view of their operations and to better match all operating and investment activities to long- and short-term strategic objectives (Punniyamoorthy, 2008). According to Bradford (2015), it's critical for employees to understand the organization's strategy. Employees who understand the strategy are able to make better decisions that support the organization's vision. He urges that the strategy should be effectively communicated to ensure it's well internalized by all employees. The World Bank as a donor have a cycle of 3-5 years, Global fund have a cycle of 2-3 years while PEPFAR have the shortest of a cycle of 1 year. President's Emergency Plan for AIDS Relief's annual process of obligating money can make long-term planning difficult for recipient organizations which must operate with a degree of uncertainty about future year funding levels. President's Emergency Plan for AIDS Relief which is the major donor in HIV/AIDS programs is a US Government program, which receives all funding from the US Treasury at the direction of Congress through the federal budget process. President's Emergency Plan for AIDS Relief is bound by the Congressional budgetary cycle – it cannot legally commit money that has not already been approved (i.e. appropriated) by Congress during the annual budget process. As a result, PEPFAR implementing agencies cannot make legally binding multi-year funding commitments (Bernstein and Sessions, 2007).

### **2.2.2 Employee Involvement**

The performance capabilities of an employee have a profound effect on the ability of an organization to effectively serve its community. Nonprofit managers require skill based and knowledge- based competencies that help them be effective technicians and masters in problem solving, implementing necessary changes and ultimately getting things done. Becoming skillful requires evaluating the results from the implemented problem resolution strategies that were targeted to address specific issues that could be interfering with organizational change (Block, 2004).



With increasing globalization of projects and project management which creates intercultural challenges for project managers, the professional associations are beginning to recognize this diversification of project management and setting up bodies to impart knowledge to project managers. Project success criteria vary from project to project and so do people's judgment on projects. Some people judge the success of projects differently depending on their personal objectives, and it can be the case that one person judges a given project a success, while another it's a failure (Müller and Turner, 2007).

Muller and Turner (2007) have also shown that a project managers' success at managing his or her project is dependent on their competence, particularly their leadership style comprising emotional intelligence, management focus and intellect. His or her leadership style can be measured using psychometric tests, but we can also ask whether such differences are predictable from easily measured demographic factors. The nonprofit managers need ability and skills to overcome organizational and environmental constraints to ensure they deliver the organization's mission (Block, 2004).

According to Stanleigh (2007), projects are dynamic and scope can keep on changing from what had originally been agreed-upon in the original project scope statement and project plan. Such changes have been identified to bring challenges in the management of the project especially to program managers with little knowledge of project management. Lack of project management skills is a deterrent to proper execution of the laid down plans or strategies. The project team needs to be taken through project management training addressing the on-going development needs of functional management, project sponsors, project managers and team members. With emphasis on practical, hands-on skills and techniques that enhance the ability to manage all elements of a project; ensuring success to managing the dynamics of a team, communication management, risk management, knowledge retention strategies and other important aspects of project management success.

Some programs often receive funds from several different donors, which may each impose different conditions and make different demands to the project managers, thus for a project manager to be effective he needs to do a collection of eight roles which includes facilitator, mentor, innovator, broker, producer, director, coordinator and monitor. With this he will be able to respond appropriately in a complex and rapid changing environment (Denison, Hooijberg, Quinn, 1995).

In their study (Lalvani et al. 2010), found out that some project managers lack skills to do accurate forecasting. This results to stock-outs and emergency shipments. This is needed to provide accurate forecasts for the quantities of antiretroviral that the program will require. But accurate forecasts depend on coordinated, transparent financing, and procurement plans for HIV/AIDS goods (Lalvani, Paul, Yadav, Prashant, Curtis, Kirsten, Bernstein, Michael, and Oomman, Nandini, 2010). In context of complex projects, there is need to measure criticality of resources required; mathematical modelling often does this. This could be challenging to project managers with inadequate training on project management due to their complicated nature (Vijaya, 2013). According to Githika (2013), good project management skills are pillars to the success and sustainability of community led projects. It has been argued that project managers lack appropriate skills hence misallocate funds, allocating high budgets to infrastructure development and administration, while little funds are left to directly benefit the clients. (Oomman, Wendt, et al., 2010).

According to Stupac and Leitner (2001), performance measurement involves determining what to measure, identifying data collection methods, and collecting the data. Evaluation involves assessing progress toward achieving performance expectations, usually to explain the causal relationships that exist between program activities and outcomes. Performance measurement and evaluation are components of performance-based management, the systematic application of information generated by performance plans, measurement, and evaluation to strategic planning and budget formulation. As the employees are the key drivers to performance they should be aware of what they are required to do and how it's measured. Performance management advocates for employees to have the relevant resources required to produce optimally including skills.

### **2.2.3 Customer's Focus**

According to Thomas (2007), organizations exist to deliver value to their customers, and its key for every firm to identify their customers and market segments in which the firm operates. According to Kaplan and Norton (1992), there are indicators that help an organization know its performance as viewed by the customers. The key indicators include customer satisfaction, retention, new customer acquisition, customer profitability, and market and account share, and building a sustainable customer relationship. When choosing measures for the customer perspective of the scorecard, organizations must answer three critical questions: Who are our target customers? What is our value proposition in serving them? And what do our customers expect or demand

from us (Stokes, 2006)? In non-profit organizations, customer perspective focus on understanding the demand point and how to accelerate demand the service being offered. Customers want the deliverables of the project; they want to see the end result so as to enjoy the benefits of the project. Organizations should engage in measuring customer's perceptions of how well the company delivers on the critical success factors and dimensions of the business. This will ensure that the customer expectations are being met and they don't feel cheated (Kloppenborg, 2009). To successfully implement a community program it's essential to build community support for the project as an on-going process. This requires a significant investment of time. The community as the key customer to the project must be involved as the project is rolled out. This is facilitated through effective communication. Public participation leads to successful and sustainable projects outcome (Smith and Frank, 1999).

Leading firms across the world are harnessing information technology to cultivate customer service as a valuable asset to achieve strategic superiority. Adoption of technology improves communication, encourages innovation and creativity. These factors are key to service delivery and customer experience. Organizations improve their internal capabilities resources to add superior value of their products and services. Organizations consistently redefine themselves by adopting of technology to avoid complacency, enhancing efficient operation of specific internal processes in order to serve customers and fulfill the value proposition (Kaplan and Norton, 1992).

#### **2.2.4 Political interference**

Donors (usually) are not neutral, philanthropic givers of gifts. Donors are subject to national and international political interests that can influence their decisions on program and service support to the detriment of local needs. Consequently these have resulted in donor programs and donor-influenced national policies that reflect an international research consensus but are locally inappropriate or ineffective (Mayhew, 2002). Donor funds tend to go to recipient organizations that have already demonstrated the financial and programmatic capacity to implement programs and meet U.S. government requirements by working with the U.S. government in the past. Many U.S.-based NGO's have received continued funding because of a long working relationship with the U.S. government rather than because of performance against programmatic targets in PEPFAR grants per-se (Oomman, Rosenzweig, et al., 2010).

In areas where donors are not politically neutral, their subjectivity to national and international political can influence decisions on program and service support to the

detriment of local needs. Consequently these have resulted in donor programs and donor-influenced national policies that reflect an international research consensus but are locally inappropriate or ineffective. The political uncertainty may be a factor to programs managers commitment to the program (Mayhew, 2002).

### **2.3 Donor's Influence on program's Performance**

Donors are individuals or institutions that provide source of funding for an organization's program activities or operations. The funding is for a specific intervention with a specific timeframe and budget. Maintaining good relationships with your donors is critical to the survival of your organization. Many nonprofit organizations need to secure sufficient resources to achieve their goals and fulfill the mission. This is an ongoing need that is likely to be met by a number of donors over time. It is through relationship with donors that the organizations become connected with potential funding. The deeper the relationship, the stronger the connection, and the more likely that donor will support an organization and its mission (FHI 360, 2011).

Donor funding for HIV/AIDS has reached levels unprecedented in the history of global health: annual funding for HIV/AIDS in low- and middle-income countries increased 30-fold from 1996 to 2006, from US\$ 300 million to US\$ 8.9 billion. While funding remains far short of the estimated need, international donor commitments for HIV/AIDS are significant, and likely to be so, well into the future. The resources for HIV/AIDS are a topic of considerable interest and debate internationally, yet little is understood about how these resources are actually being spent, and whether they are being made available as efficiently and effectively as possible for the fight against AIDS (Bernstein, Oomman, and Rosenzweig, 2007).

The donor's expectation can be managed by training them on their role in ensuring project success; this helps the project manager and increases the likelihood of project excellence. Such training will provide donors with an understanding of what the expectation is, on their part, to help manage project issues, to approve project scope and to provide timely approvals. When project sponsors are on side, resources are more likely to be allocated in accordance with project importance, as they tend to continuously use a set of standard criteria to prioritize projects (Stanleigh, 2007).

Donors consistently seek reassurance that the recipient organization is first using its funds effectively and efficiently for the purpose originally intended; secondly it is effecting a positive change on the lives of the individuals or communities the donor aims to serve; and thirdly it is reflecting positively on the donor through a good image and

reputation. This reassurance maintains a good relationship with the donor which is critical to the survival of the recipient organization. Most non-governmental organizations (NGOs) need to secure sufficient resources to achieve their goals and fulfill their mission. It is through relationship with donors that organization becomes connected with potential funding. The deeper the relationship, the stronger that connection, and the more likely that donor will support the organization and its mission. It's however, worth noting that just because a donor supported a program once, does not mean it will do so forever. Donor loyalty and trust must be earned again and again. This can be achieved by complying with the rules for funding, demonstration of effectiveness in the interventions being under taken and constant communication (Pastor III and White, 2014).

### **2.3.1 Conflict of Host Government and Donor Policies**

As both the donors and government engage there are cases of conflicting policies especially where changes need to be effected. Unlike the donors, governments are slow in decision-making due to wide consultation required. Many recipient governments are supremely critical of the role that donors play in their health policy to the detriment of development and quality outcomes. Governments feel their hands are tied to make an independent policy regarding HIV/AIDS management (Oomman, Rosenzweig, and Bernstein, 2010).

There are cases where donors require special bodies be formed by the recipient government to specifically manage the fund. Some government may be reluctant to such resulting to a constrained relationship. For example to qualify for World Bank Multi-Country AIDS Program (MAP) funding, countries are required to establish a high-level HIV/AIDS coordinating body, with broad representation of key stakeholders from all sectors. These coordinating bodies, known as National AIDS Councils (NACs) or their secretariat, are almost always the initial recipients of World Bank Multi-Country AIDS Program funding. In addition to establishing a NAC, a country must meet several other requirements to qualify for World Bank Multi-Country AIDS Program funding: satisfactory evidence of a strategic approach to HIV/AIDS developed in a participatory manner; appropriate financial management procedures; commitment to transferring funds to multiple sources, including directly to communities, civil society, and the private sector; and agreement by the government to use NGOs as one of its implementing agents for the World Bank Multi-Country AIDS Program funds (Bernstein and Sessions, 2007).

Over the year's donor funding for health and population nearly quadrupled over the period 1992–2006, however as the volume of health aid to developing countries increase, there are concern about its effectiveness. One of the issues influencing effectiveness is the “fungibility” of aid, where government policy seeks to offset donor spending for a particular purpose by reducing its own expenditures on the same purpose and therefore aid substitutes rather than supplements local spending. Governments of developing countries faced with competing demands on their budgets are believed to be willing and able to shift resources away from an activity for which donors are providing funding. Fungibility coupled with volatility in donor funding is likely to have negative effects on the allocation of resources. As donor funding for a donor's priority activity is reduced or stopped, it is difficult for the government to shift resources back to this activity after committing the funds for other purposes. Donor funding may end up disadvantaging donors' priority activities in the long run. Diverting such funds make it harder to run funded program in future, this is because donors will tend to limit the amount of fund and keenly monitor the programs being implemented (Frag, Nandakumar, Wallack, Gaumer, and Hodgkin, 2009). In contrast to the above argument, the recipient government could argue fungibility may not be so bad for development as reallocation of funds may lead to more productive expenditures; citing that the spending decisions should really belong to the recipient country (Jones, 2005).

According to Christopher, (2010) donor aided projects designed and implemented by the local counterpart organizations are often influenced by donor's policy objectives with less consideration of the communities' and local leaders' input in their design and implementation. This was mostly prominent with projects that had less economic orientation such as peace and human rights and these were less likely to gain local ownership and were less sustainable. Both social and economic projects strongly lacked the participation of their primary target beneficiaries at the design stage, thus making most of the projects implemented to be top-down projects. More often than not, the NGO projects are a replica of the donors' policy objectives, and are unlikely to be financed if there is substantial conflict with the donors' objectives (Christopher, 2010). A case example of conflict occurs where the government policy requires employment of new health care workers to manage the workload associated with HIV/AIDS, evidence from cross-country analysis and HIV/AIDS donor statements show that donors rely more on task-shifting , in-service training, and community health workers than on training new health workers (Oomman, Wendt, and Droggitis, 2010).

### **2.3.2 Strict Funding Regulations from the Donor**

Donors have a primary role of ensuring that funds released are purposefully used. Donors have to employ rules and regulations that govern the project especially in terms of measuring the outcome. Often, donors require results that they can directly attribute to their funding. Performance based funding is one tool that is available to donors to ensure great value for their money. Donors usually come up with stringent indicators to measure impact of the program. The measures employed have a direct impact on the program managers as well as the client receiving the services (Oomman, Rosenzweig, and Bernstein, 2010).

Oomman, Wendt, Droggitis (2010), further argues that performance-based funding uses recipients' achievement of preset programmatic targets as the primary criterion for decisions about funding allocations. Targets could be outputs, such as 1,000 people put on antiretroviral, or outcomes, such as 80 percent of the people in a population reporting condom use during their last sexual encounter. Progress is measured by collecting data on specific output, outcome and impact indicators. The challenge with this arrangement is that performance metrics do not always capture all the important goals that programs need to pursue—and that donors must make certain they are pursuing. Relying on short-term, easily measured performance indicators to make funding decisions can direct funds toward organizations in higher-capacity areas (where results are more easily achieved and measured) while depriving the poorest or least served areas of money and services. In addition, basing funding decisions on short-term, easily measured performance indicators can prevent programs from pursuing important goals that are often difficult to measure quantitatively— such as capacity building and designing comprehensive, integrated interventions (Oomman, Rosenzweig, Bernstein (2010).

According to Regan - Denham (2013), there are donors whose style and content has often been criticized by recipient country as they become the 'domineering' partner who adopts a 'hands on management style in project design and management', having the propensity to offer universal prescription, to ignore country experience, to induct expatriate consultants regardless of need and to insist on setting up the recipient country parallel project structures. This is thought to be inimical to building up capabilities within the recipient systems. Regan - Denham (2013) argues that one size cannot possibly fit all. Two countries with different languages, different religions, different geography, recent civil war or not, colonized or not, with different cultural values and individual strengths and weaknesses will surely not be best served by the same standardized policies

Donors should understand the socio-economic sector of society before intervening and should try to appreciate the goals of the society. Poor countries are told that it is safer, more prudent, and more cost-effective to use well established ways of doing things, rather than incurring the risk of what are characterized as unproved and untested innovations. While in most cases donors offer a deliberate downward pressure with perception on easing project risks which rarely happens (Regan-Denham, 2013).

When donors make funding contingent on achieving results, performance-based funding can create incentives for recipients to avoid riskier programming—discouraging the use of new, untested approaches that might succeed in the longer term -such as for sexual behavior change. The performance-based funding requires information and data that are often not easy to obtain at the program level. This would require significant investment in information systems for performance-based funding to work in reality. Performance-based funding are also adversely affected by the extent to which national priorities drive programs if targets are not tied to host country priorities or if reporting is separate and additional to host country systems (Oomman, Rosenzweig, et al., 2010).

### **2.3.3 Goals and Objectives of Donors**

According to FHI 360 (2011), donors always seek reassurance that the funded organization is using its funds effectively and efficiently for the purpose originally intended; while effecting positive change on the lives of the individuals or communities the donor aims to serve; and reflecting positively on the donor through a good image and reputation. This necessitates development of elaborate communication plan as a set of protocols stating what information is shared with donors, how it is shared and who in the organization manages the interaction with donors. Effective communication with the donors presents implementing organization as reliable and trusted partner. Donors may become both an important advocate for your organization and instrumental in sustaining its long-term financial health. Building strong relationship through open two-way communication is key to making this a reality. Donors need to be satisfied with the recipient organization performance for them to remain committed in support. According to Karen (2012), organizations need to be consistent with donor requirements for donor to remain also. Part of maintaining consistency is to understand the expectations that have been established with long-time donors, the expectations of those who recently began supporting the organization, and the goals and limitations of organization to meet expectations while guiding expectations for the future. This will enhance respect donors' wishes when it comes to communications, solicitations, and acknowledgments.



Over the year's donor's demands for service delivery, transparency and accountability have gained momentum. They come up with specific achievement that they expect the recipient to achieve within a given time. President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to help save the lives of those suffering from HIV/AIDS around the world by funding management of HIV/AIDS. In the recent past there has been an increase in uptake of monitoring and evaluation where the donor's gives yearly targets on different program areas where the recipient organization is implementing on. These are used as a road map that helps organization remain on track; they keep efforts focused on providing the greatest possible value to the clients being served; and they help convince contributors that you're making a real difference in the world by stating in measurable terms the outcomes they deliver (PEPFAR, 2014).

#### **2.4 Characteristics and behavior of PLHIV's Influence on Program's Performance**

Characteristics are the distinguishing trait or qualities that uniquely identifies a group or a person while a behavior is an array of every physical action and observable emotion associated with individuals, as well as the human race as a whole. While specific traits of one's personality and temperament may be more consistent, other behaviors will change as one moves from birth through adulthood. In addition to being dictated by age and genetics, behavior, driven in part by thoughts and feelings, is an insight into individual psyche, revealing among other things attitudes and value (Fishbein and Ajzen, 1999).

##### **2.4.1 Adherence to long term HIV/AIDS treatment**

The first step towards management of HIV is getting to know ones HIV status. This is because people are much less likely to engage in risky sexual behavior if they become aware that they are HIV positive. Unfortunately, in the United States 18.1 percent of people living with HIV/AIDS are undiagnosed. This "HIV-unaware" population is responsible for about half of all transmissions of the virus. New evidence indicates that routine HIV testing is cost-effective because it enables early treatment, which simultaneously extends the lives of people living with HIV/AIDS and reduces HIV transmission. For these reasons, providing HIV testing and counseling services to the HIV-unaware population is a central piece of the National HIV/AIDS Strategy. Patients found to be HIV positive are supposed to start care and treatment immediately before their health deteriorates (Wagner, Wu, and Sood, 2014).

Adherence to Antiretroviral Therapy (ART) is one of the major determinants of viral suppression and treatment success. It is expected that patients with good adherence who have been on treatment for more than six months should have full viral suppression to undetectable levels. Daily use of co-trimoxazole prevents certain bacterial and parasitic infections that cause pneumonia, diarrhea, and malaria and prolongs the lives of adults, adolescents and children who have HIV. The Kenya Ministry of Health recommends that all adults and adolescents infected with HIV, regardless of CD4 count, take co-trimoxazole daily to reduce the risk of illnesses associated with HIV/AIDS. Once HIV infection is diagnosed, providing ART effectively requires the establishment of patient eligibility for treatment and provision of a reliable supply of drugs. Currently in Kenya, ART is recommended for persons with  $CD4 \leq 500$  cells/ $\mu$ L and persons with active tuberculosis or persons with WHO clinical stage III or IV conditions irrespective of CD4 cell count and HIV-infected women who are pregnant or breastfeeding and HIV-infected persons in zero-discordant relationships, regardless of CD4 cell count (NASCO, 2014).

The success of HIV/AIDS care is viral load suppressing which is critical for both slowing the progression of disease and limiting the risk of transmission to others. It is achieved only when HIV-positive people are able to initiate and adhere to appropriate ART. However, the HIV/AIDS treatment cycle illustrates the multiple points at which people are at risk of dropping out of care, and therefore at which intervention could be most effective in improving HIV/AIDS outcomes. These points for intervention include HIV diagnosis, linkage to and retention in care, the initiation of treatment, and achieving viral load suppression (Ryan, Bloom, Lowsky, Linthicum, Juday, Rosenblatt and Sayles, 2014). The most commonly used adherence-monitoring strategy is interviewing patients about recent missed doses. Although there are many different approaches to asking patients about the frequency of missed doses, most are imprecise and have relatively poor specificity for detecting levels of adherence that put patients at risk for viral rebound. These interviews address behavior just prior to the clinical encounter. This period is too short to provide a full profile of adherence between clinical encounter. The complexity of addressing adherence poses a great challenge to HIV/AIDS program outcomes. Where many patients are transitioning to high and complex regimen the cost has escalated, this is often seen as deteriorating quality of care of the program (Bangsberg, 2008).

For individuals infected with HIV, antiretroviral medications have been demonstrated to change this illness from one that is lethal to one that is chronic and manageable. A significant association has been established between a decrease in plasma

viral load and improvements in clinical outcomes. However, greater than 95% adherence to the combined antiretroviral medication regimens must be maintained in order for them to be effective. The HIV-related stigma has been found to have an impact on medication adherence and a barrier to care. To reduce stigma and promote favorable outcomes intervention such as Positive Health, Dignity, and Prevention (PHDP) are promoted. Positive Health, Dignity, and Prevention is a HIV prevention intervention with people living with HIV. Positive Health, Dignity, and Prevention also called prevention with positives activities focus on achieving four main goals: - keeping PLHIV physically healthy; keeping PLHIV mentally and psychologically healthy; preventing transmission of HIV; and involving PLHIV in HIV prevention activities, program design, implementation and monitoring, leadership, and advocacy (Martinez, Harper, Carleton, Hosek, Bojan and Glum, 2012). Clinicians' attention to psychological barriers early in treatment may improve medication adherence and ultimately affect the course of illness. When patients fail to adhere to treatment, HIV has an opportunity to create more variations of itself, which could including strains that are resistant to antiretroviral drugs. (Sirey, Bruce, Alexopoulos, Perlick, Friedman and Meyers, 2001).

#### **2.4.2 Economic status of PLHIV**

According to Erika, Terence , and Schackman, (2013), less than one-third of US HIV patients have private insurance; most rely on government payers for medical services and prescription drugs. The AIDS Drug Assistance Programs are critical for low-income, minority, and uninsured clients. Approximately one-quarter of US HIV patients in 2010 were enrolled in an AIDS Drug Assistance Program. The cases of those not insured and relying on donor for HIV/AIDS care are high in many developing countries. Also the ongoing efforts to increase HIV testing and then connecting HIV-positive patients to medical care and the updated clinical guidelines that are advocating for earlier intervention with antiretroviral therapy are bound to increase the burden in the HIV/AIDS relief programs (Erika et al., (2013).

Morton found out that there is a link between HIV/AIDS and poverty in that the impacts of the epidemic can themselves increase the susceptibility of certain social groups to the spread of HIV, from a publication by United Nations International Children's Emergency Fund (UNICEF). For example, women who face economic difficulties and have limited livelihood options (e.g. teenage school dropouts, single mothers, widows) may resort to transactional sex as a means of supplementing income

and therefore be at increased risk of HIV infection. Similarly, young people orphaned by AIDS who experience social exclusion in their home communities may migrate from rural to urban areas and are vulnerable to exploitation, which leaves them more exposed to the risk of contracting HIV (Morton, 2005).

The HIV/AIDS has had a profound effect, undermining rural household's production, contributing to declining agricultural output and affecting the very integrity of families and their sustainability as viable units. Yet the impact of AIDS on household production has been treated with less urgent than similar outcomes of other shocks, such as drought, market ruptures, declining soil fertility and several seasons of drought. An increasingly prominent theme has been the mainstreaming of AIDS within poverty alleviation programmes, and an important example is UNAIDS' effort to link concerns with AIDS to ongoing initiatives relating to poverty alleviation and debt relief (Baylies, 2002).

Balanced diet is essential for management of HIV/AIDS, but due to limited and constrained resources PLHIV reject free, life prolonging ARV medication because of the side effects of taking the drugs on an empty stomach. The ARVs interact with food and nutrition in a variety of ways, resulting in both positive and negative outcomes. Antiretroviral therapies can reduce the viral load of PLHIV and contribute to improved nutritional status, but they can also create additional nutritional needs and dietary constraints. The right foods must be taken at the right time in order to maximize a patient's adherence to the drugs; minimize unhealthy, often painful side effects; and achieve optimal drug efficacy. The burden of HIV is high in sub-Saharan Africa which is dotted with poverty. This complicated the management of HIV as PLHIV are not able to seek care even for opportunistic infections (Greenblott, 2010).

Poverty is cited as the strongest force that motivates people to behave in ways that put them at risk of HIV, such as the exchange of sex for money, rural to urban migration and the low status of women are some factors, amongst others, that create an environment that facilitates HIV/AIDS. Extreme poverty favors rapid spread of HIV/AIDS. Poverty has a causal relationship to HIV/AIDS where in poorer areas women start having sex much earlier, without good education for empowerment (Nxumalo, Okeke, and Mammen, 2014).

### **2.4.3 Gender**

Gender has been found out to have an influence on the treatment outcomes. Gender, refers to what a society believes to be the appropriate roles, duties, rights, responsibilities, accepted behaviors, opportunities and status of women and men in relation to one another, i.e. to what is considered “masculine” and “feminine” in a given time and place. In simple words, people are born female or male but learn to be girls and boys who grow into women and men. This learnt behavior makes up gender identity and determines gender roles. Gender-related beliefs, customs and practices vary in the lives of women and men, within and between cultures. Gender roles are often unequal and hierarchical. Women generally do not have equal access to resources such as money, power and influence, relative to men (World Health Organization, 2009).

In most societies, what is defined as “masculine” is more highly valued than what is defined as “feminine”. This gives rise to gender inequalities. The following examples show how gender inequalities affect HIV/AIDS programmes. Women may not have the power to negotiate condom use with their partners. Risk reduction counselling that does not empower women may be less effective than HIV/AIDS programmes that provide skills to negotiate safer sex. Women are often fearful that abandonment or violence would occur if they disclosed their HIV status to their partners, and this is a barrier to HIV testing. In many societies, women need permission from partners and families to seek health care, which reduces their access to health services, including those for HIV/AIDS (World Health Organization, 2009).

In Africa due to cultural traditions and belief women have been found to be more vulnerable to HIV than men. There are situation where women, are culturally obliged to have sex, the woman may not like it because she knows that the partner could be infected, but the cultural hold is so strong on her thus unable to say no. In low and middle-income countries worldwide, HIV/AIDS is the leading cause of death and disease in women of reproductive age. In sub-Saharan Africa, 60 per cent of people living with HIV/AIDS are women. In some countries, prevalence among young women age 15-24 years is three times higher than among men of the same age (PEPFAR, 2014) ;( Walden, 2007).

### **2.4.4. Level of Knowledge on HIV by PLHIV**

Correct knowledge of HIV/AIDS and perceptions of personal risk for HIV infection are essential for making behavioral choices that reduce risk of acquiring and transmitting HIV/AIDS. For more than 15 years, educational campaigns in Kenya have aimed to disseminate information about the disease, how it is acquired, and how to

prevent new infections. Innovations are also currently being explored to expand HIV/AIDS prevention efforts in Kenya. It is important to understand community acceptability of these new interventions in order to tailor communication efforts and enhance the reach of these interventions. According to NASCOP (2014), nearly half (46.5 per cent) of Kenyan adults and adolescents were unaware that HIV/AIDS can be transmitted from mother-to-child during pregnancy. Similarly, 46.7 per cent of persons believed that a partner of a HIV infected person is always infected. Eight in ten (80.9 per cent) men and seven in ten (68.8 per cent) women believed themselves to be at small or no risk for acquiring HIV infection. Among those who perceived themselves to be at no or at small risk of HIV infection, HIV prevalence ranged from 2.1 per cent to 3.5 per cent. Overall, among adults and adolescents, 44.5 per cent and 48.3 per cent were willing to use microbicides and pre-exposure prophylaxis with antiretroviral therapy respectively, to reduce their chances of getting HIV infection (NASCOP, 2014).

The NASCOP (2014), noted that the field of HIV/AIDS prevention and treatment is dynamic, with new tools continually becoming available. Scientific validation of these tools through laboratory and clinical trials is critical. There are continual efforts to introduce innovations in HIV/ AIDS prevention. One new biomedical prevention method that could become available in the future is the use of female microbicides. Female microbicides can be creams, gels or films placed inside the vagina in order to reduce the chance of infection with organisms such as HIV or other sexually transmitted infections. Effective microbicides to protect against HIV infection are not currently on the market; however in the future, an effective woman-controlled prevention method could offer important advantages. Respondents were asked about their willingness to use a medication that could be put into a woman's vagina before she had sex to reduce her chances of getting HIV infection. Only 44.4 per cent of women and 44.6 per cent of men indicated that they would be willing to use a female microbicide were it to be made available (NASCOP, 2014).

According to NASCOP, (2014) with increase in level of education there is decrease in HIV prevalence. Significant decline in HIV prevalence was observed among women who had reported completing primary education. There are myths that are spread which only seek to spread HIV. There are cases where many people with AIDS were targeted by unscrupulous purveyors of AIDS "cures." It's sad to watch many people die at the hands of the "false curers." (Idoko, 2012).

## **2.5 Chapter Summary**

This chapter broadly reviewed the literature on the factors affecting performance of HIV/AIDS program. The first research question reviewed the strategic issues that affect the performance of HIV/AIDS programs. The second research question reviewed donor's factors that affect the performance of HIV/AIDS program. The last research question addressed the characteristics and behavior of PLHIV that affect the performance of HIV/AIDS program. Chapter three outlined the research design and methodology. Elaborating on the design used for this research in order to achieve the set aims and objectives. It also listed all the instruments used in this study and how data was analyzed.

## CHAPTER THREE

### 3.0 RESEARCH METHODOLOGY

#### 3.1 Introduction

The objective of this study was to determine the factors that affect the performance of HIV/AIDS programs in Kenya. This chapter outlines on how the research was conducted. The research design and methodology for data collection and the data analysis approach are outlined.

#### 3.2 Research Design

According to Cooper and Schindler (2014), the research design refers to the overall strategy that the researcher will use to integrate the different components of the study in a coherent and logical way, while ensuring the research problem is effectively addressed. This was a formal study where the researcher adopted a descriptive research design. Descriptive research design seeks to describe a behaviour of a subject, the descriptive design was proposed because the study sought to describe how different factors affect the performance of HIV/AIDS programs in Kenya. The research design was cited to be the best methods for collecting information that will demonstrate relationships.

#### 3.3 Population and Sampling Design

##### 3.3.1. Population

According to Cooper and Schinder (2014), population is the total collection of elements about which researcher wish to make some inference. The target population of the study comprised of clinical staff and Program managers who work in Eastern Deanery AIDS Relief Program. Clinical staff comprised of Medical officers, Clinical officers and nurses who directly interact with PLHIV on daily basis.

**Table 3.1 Population Distribution**

		Number	Percentage
Clinical Staff	Nurses	170	73.7
	Clinical Officers	30	13.0
	Medical Officers	3	1.3
Program Manager	Top Level Managers	14	6.0
	Middle Level Managers	14	6.0
	Total	231	100



### 3.3.2 Sampling Design

#### 3.3.1.1. Sampling Frame

According to Cooper and Schinder (2014), sample frame is the list in the population from which the sample is actually drawn. A working sampling frame was developed, which consisted of all clinical staff and Program managers at EDARP.

#### 3.3.1.2. Sampling Technique

The study employed stratified sampling technique. This ensured that all sub-groups in the population were included in the study. Stratified random sampling technique is cited as having increased sample's statistical efficiency and provides adequate data for analyzing the various sub population (Cooper and Schinder, 2014). To ensure adequate representation, the population was first clustered in two main categories i.e. Clinical staff and Program managers. Each category was further stratified as follows: - under clinical staff there were nurses, clinical officers and medical officers, under program managers there were both middle and top level managers.

#### 3.3.1.3. Sample Size.

Generalization about population from data collected using any probability sample is based on probability, the larger the sample size the lower the likely error in generalizing to the population. The choice of sample size is be governed by the confidence one needs to have in data, the tolerable margin of error and the kind of expected analysis (Saunders, 2003). A sample size of 50 per cent of the population was used in the study. This sample size was sufficient to produce results among variables that are significantly different.

**Table 3.2 Sample Size Distribution**

		Number	50 per cent Sample Size
Clinical Staff	Nurses	170	85
	Clinical Officers	30	15
	Medical Officers	3	1
Program Manager	Top Level Managers	14	7
	Middle Level Managers	14	7
	Total	231	115

### 3.4 Data Collection Methods

The study used close ended questionnaires to collect data. The researcher used this method because questionnaires are free from the bias of the interviewer, respondents have adequate time to give well thought out answers and large samples could be made

use of and thus the results could be made more dependable and reliable. Close ended questionnaires are known to offer increased respondent rate and are easily coded and analyzed (Mugenda and Mugenda (2003). The respondents were assured of confidentiality of information collected. The questionnaires had a section to capture the respondents' general information which included the respondent demographic information and a section that sought to explore on factors that affect the performance of HIV/AIDS programs in Kenya. The researcher delivered the questionnaires to the respondents and picked them later after the respondents had responded.

### **3.5 Research Procedures**

To ensure compliance with ethical issues in relation to research, permission was sought to conduct the research at EDARP, where a full disclosure of all activities concerning the study were explained to the concerned parties indicating the purpose of the study. The questionnaires were administered and to enhance confidentiality, the researcher did not require the respondents to indicate their names in the questionnaire. Respondents responded to the questionnaires on a voluntary basis. Confidentiality was observed and findings were only submitted to EDARP and USIU-A.

### **3.6 Data Analysis Methods**

Data analysis is the process of systematically searching, organizing, and breaking data into manageable units then synthesizing the data to search for patterns. Data collected from the responder was first checked for completeness and comprehensiveness. It was then coded to classify the answer to a question into meaningful categories so as to bring out their essential pattern. The data was analyzed using both quantitative and qualitative techniques which involved creating description of the statistics i.e. percentages, frequencies, Correlation and regression analysis. Data was presented in graphs and tables where necessary. Summary responses was weighed against the research objectives and some meaning derived. The researcher used statistical software, to do data analysis. The analysis helped the researcher in making valid inferences about the topic under study.

### **3.7 Chapter Summary**

This chapter identified and described the research design and the methodology that was used when carrying out the research. It also highlighted the population sampling design, data collection methods, research procedures and the data analysis methods. Questionnaires were used to collect data. The data collected was analyzed using both quantitative and qualitative techniques.

## CHAPTER FOUR

### 4.0. RESULTS AND FINDINGS

#### 4.1. Introduction

This chapter presents the findings and the analyzed results of factors that affect the performance of HIV/AIDS programs in Kenya. The data was collected using questionnaires, then analyzed and presented in form of tables and graphs. The chapter covers the results and findings from the analysis. The analysis of the respondent's background information is presented first, then followed by the results of the findings of the questions that seek to answer the research questions.

##### 4.1.1 Response rate

A total of 88 questionnaires were filled and returned out of 115 given out. This gave a response rate of 77 per cent. According to Mugenda and Mugenda (2003), a response rate of 70 per cent and over is excellent for analysis and reporting on the opinion of the entire population.

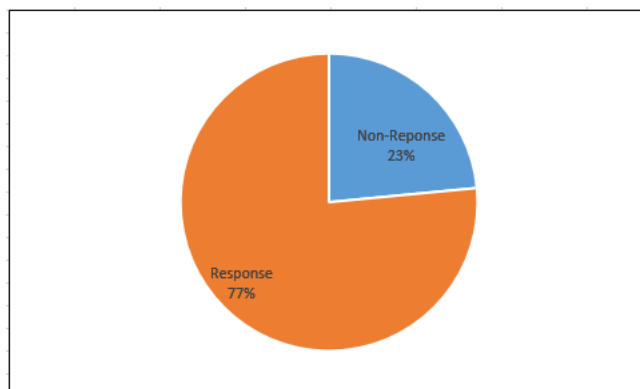


Figure 4.1: Response Rate

#### 4.2 Demographic Data

This section describes the general characteristics of the respondents.

##### 4.2.1 Gender

The Table 4.1 below shows the gender distribution of the respondents. Based on the study majority, 67 per cent were female while 29 per cent were male.

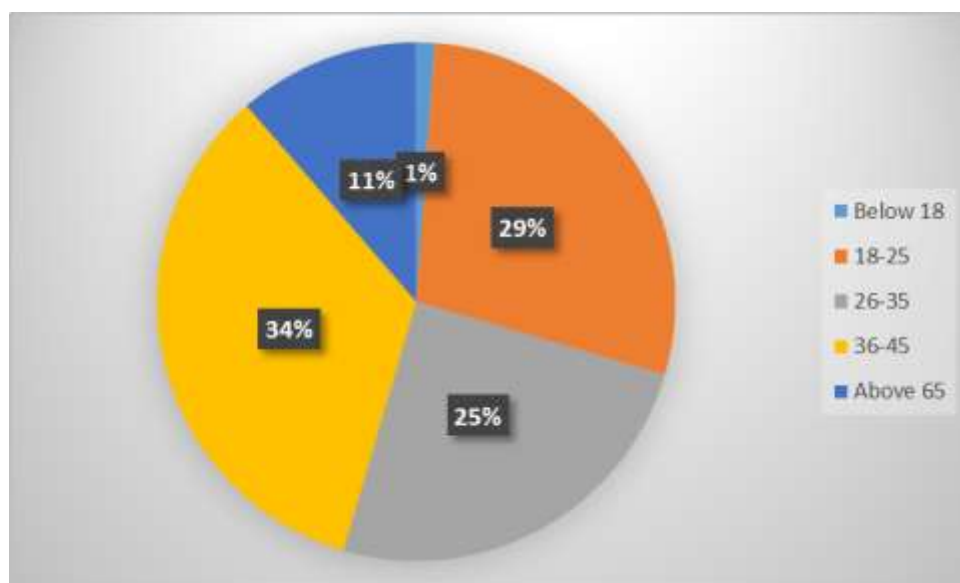
Table 4.1: Gender of respondents

Gender	Frequency	Percentage
Male	29	33
Female	59	67
Total	88	100

Source: Field Data, (2015)

#### 4.2.2 Age bracket

From the finding of the study majority of the respondents, 34 per cent were aged between 36 years to 45 years, 29 per cent were aged between 18 to 25 years, 25 per cent were aged between 26 to 35 years, 11 per cent were aged 65 years and above while 1 per cent were aged 18 years and below. The age group distribution was as shown on the Figure 4.2 below.



**Figure 4.2 Respondents age distribution**

#### 4.2.3 Level of education

The respondents were asked to indicate their highest level of education they had attained. 78 per cent indicated to have achieved a college Diploma, 15 per cent have attained University degree with 7 per cent had attached post university level. The responses was as shown in the Table 4.2

**Table 4.2 Highest Education Level**

Level of Education	Frequency	Percentage
College Diploma	69	78
University	13	15
Post University	6	7
Total	88	100

**Source: Field Data, (2015)**

#### 4.2.4 Category of Employment

Majority, 80 per cent of the respondents were nurses followed by clinical officers at 10 per cent, Program managers at 9 per cent and medical officers at 1 per cent. Table 4.3 shows the distribution of respondent's category of employment.

**Table 4.3 Category of employment**

Category of Employment	Frequency	Percentage
Nurse	70	80
Clinical Officer	9	10
Program Manager	8	9
Medical Officer	1	1
Total	88	100

Source: Field Data, (2015)

#### 4.2.5 Duration of employment in EDARP

The study sought to establish the duration the respondents have been in the organization. Forty three percent have been in the organization for duration between 6 to 10 years, 30 per cent have been with organization for between 2 to 5 years, 26 per cent have been in there for over 10 years and 1 per cent have worked there for less than 2 years. Table 4.4 shows the respondent's distribution according to their duration of employment in the program.

**Table 4.4 Duration of employment**

Duration of Employment	Frequency	Percentage
Less than 2 years	1	1
2 to 5 years	26	30
6 to 10 years	38	43
Over 10 years	23	26
Total	88	100

Source: Field Data, (2015)

### 4.3 Strategic Issues Affecting HIV Programs

#### 4.3.1 Strategic Planning

The study sought to establish whether EDARP has a strategic plan that the respondents are aware of. Sixty six percent were neutral as whether the organization has a strategic plan that they are aware of, 28 per cent agreed and 5 per cent disagreed. Table 4.5 shows the level of agreement to the statement that the respondents are aware of the organizations strategic plan.

**Table 4.5 Employee awareness of organization's strategic plan**

Level of agreement	Frequency	Percentage
Strongly disagree	2	2
Disagree	3	3
Neither agree or disagree	58	66
Agree	7	8
Strongly agree	18	20
Total	88	100

**Source: Field Data, (2015)**

According to the study, 45 per cent of the respondents agreed that the funding cycle do affect the strategic planning of the organization with 16 per cent strongly agreeing to the same with 25 per cent were neutral and 9 per cent strongly disagreeing and 5 per cent disagreeing. The Table 4.6 shows the respondents level of agreement with the statement that short funding cycle affect strategic planning of the program.

**Table 4.6 Funding cycle and strategic planning**

Level of agreement	Frequency	Percentage
Strongly disagree	8	9
Disagree	4	5
Neither agree or disagree	22	25
Agree	40	45
Strongly agree	14	16
Total	88	100

**Source: Field Data, (2015)**

### 4.3.2 Employee Involvement

According to the study, 57 per cent of the respondents strongly agree that they are aware of their personal responsibility towards meeting the organizational objectives with 33 per cent agreeing, 8 per cent disagreeing and 2 per cent neither agreeing or disagreeing. The Table 4.7 shows the level of agreement with the statement that they are aware of their personal responsibility towards meeting the organizational objectives.

**Table 4.7 Awareness of personal responsibility**

Level of Agreement	Frequency	Percentage
Disagree	7	8
Neither agree or disagree	2	2
Agree	29	33
Strongly agree	50	57
Total	88	100

**Source: Field Data, (2015)**

The study also sought to know the level of awareness the respondents were to the matrix used to measure their performance. According to the study 56 per cent of the respondents strongly agree that they are aware while 23 per cent agree, with 14 per cent disagreeing and 7 per cent strongly disagreeing. One per cent neither agreed nor disagreed. The table 4.8 shows the respondents level of agreement with the statement that they are aware of the performance matrix used to gauge their performance.

**Table 4.8 Respondent are awareness to performance matrix**

Level of agreement	Frequency	Percentage
Strongly disagree	6	7
Disagree	12	14
Neither agree or disagree	1	1
Agree	20	23
Strongly agree	49	56
Total	88	100

**Source: Field Data, (2015)**

The study sought to know whether technical experts are used to run the technical areas in the organization. According to the study 27 per cent strongly agree that technical experts are employed to run the technical areas in the organization while 63 per cent agree, 5 per cent strongly disagree and 1 per cent disagreed.

**Table 4. 9 Use of technical expert to run technical areas**

Level of agreement	Frequency	Percentage
Strongly disagree	4	5
Disagree	1	1
Neither agree or disagree	4	5
Agree	55	63
Strongly agree	24	27
Total	88	100

**Source: Field Data, (2015)**

From the study 52 per cent agree with the statement that they are taken to trainings on project management while 47 per cent disagree with the statement, 2 per cent were neutral. The table 4.10 shows the level of agreement with statement that the respondents are taken to trainings on project management.

**Table 4.10 Training on project management**

Level of agreement	Frequency	Percentage
Strongly disagree	6	7
Disagree	35	40
Neither agree or disagree	2	2
Agree	34	39
Strongly agree	11	13
Total	88	100

**Source: Field Data, (2015)**

#### **4.3.3 Customer's Focus**

According to the study, 56 per cent of the respondents strongly disagree with the statement that they consistently carry out customer satisfaction surveys, with 33 per cent disagreeing with the same and 5 per cent agreeing and another 5 per cent strongly agreeing and 2 per cent being neutral. Table 4.11 shows the levels of agreement with that statement.

**Table 4.11 Customer satisfaction surveys**

Level of agreement	Frequency	Percentage
Strongly disagree	49	56
Disagree	29	33
Neither agree or disagree	2	2
Agree	4	5
Strongly agree	4	5
Total	88	100

**Source: Field Data, (2015)**



Thirty three percent of the respondents could not agree or disagree with the statement that latest technology is adopted to help improve service delivery. Twenty five percent agreed with the statement with 16 per cent strongly agreeing while 18 per cent disagreed and 8 per cent strongly disagreed. Table 4.12 shows the distribution of the level of agreement on the same statement.

**4.12 Technology adoption to improve services**

Level of agreement	Frequency	Percentage
Strongly disagree	7	8
Disagree	16	18
Neither agree or disagree	29	33
Agree	22	25
Strongly agree	14	16
Total	88	100

**Source: Field Data, (2015)**

The study found out that, 58 per cent strongly agree that that the community supports the program activities with 26 per cent agreeing with the same. Five percent disagreed and 1 per cent strongly disagreed with 10 per cent being neutral on the statement that community support program activities.

**Table 4.13 Community support program activities**

Level of agreement	Frequency	Percentage
Strongly disagree	1	1
Disagree	4	5
Neither agree or disagree	9	10
Agree	23	26
Strongly agree	51	58
Total	88	100

**Source: Field Data, (2015)**

#### **4.3.4. Political interference**

Fifty nine percent strongly disagree with the statement that the government is directly involved in running the routine activities with 28 per cent disagreeing with the same statement. The table 4.14 shows the level of agreement with the same statement.

**Table 4. 14 Government involvements in running the program**

Level of agreement	Frequency	Percentage
Strongly disagree	52	59
Disagree	25	28
Neither agree or disagree	10	11
Agree	1	1
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether funding is based on the need or political orientation. Forty seven percent of the respondents disagree with this, indication that funding is based on political orientation with 11 per cent strongly disagreeing with the same. Thirty five percent agreed to the statement with 5 per cent strongly agreeing while 2 per cent were neutral. Table 4.15 show levels of agreement with the same statement.

**Table 4.15 Donor funding and politics**

Level of agreement	Frequency	Percentage
Strongly disagree	10	11
Disagree	41	47
Neither agree or disagree	2	2
Agree	31	35
Strongly agree	4	5
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether local politics manifest in the program management. From the study 34 per cent disagree, with 15 per cent strongly disagreeing while 19 per cent strongly agreed with 11 per cent agreeing and 20 per cent being neutral. Table 4.16, show the level of agreement with the statement that local politics manifest in the program management and funding.

**Table 4.16 Local politics and program management**

Level of agreement	Frequency	Percentage
Strongly disagree	13	15
Disagree	30	34
Neither agree or disagree	18	20
Agree	10	11
Strongly agree	17	19
Total	88	100

**Source: Field Data, (2015)**

On investigating whether local political decisions cause threat to the sustainability of funding, 42 per cent strongly agreed that there are instances of threat of funds withdrawal depending on local political decisions with 18 per cent agreeing and another 18 per cent disagreeing and 8 per cent strongly disagreeing while 14 per cent were neutral. Table 4.17 shows the results.

**Table 4.17 Local political decision and funding sustainability**

Level of agreement	Frequency	Percentage
Strongly disagree	7	8
Disagree	16	18
Neither agree or disagree	12	14
Agree	16	18
Strongly agree	37	42
Total	88	100

**Source: Field Data, (2015)**

#### **4.4 Donor's Influence on program's Performance**

##### **4.4.1 Conflict of Host Government and Donor Policies**

From the study 48 per cent of the respondents neither agreed nor disagreed on whether donor policies conflict with the government policies, 28 per cent disagreed with 9 per cent strongly disagreeing while 10 per cent strongly agreed with 5 per cent agreeing. Table 4.18 shows levels of agreement with statement that donor policies conflict with host government policies.

**Table 4.18 Donor Policies and government policies conflict**

Level of agreement	Frequency	Percentage
Strongly disagree	8	9
Disagree	25	28
Neither agree or disagree	42	48
Agree	4	5
Strongly agree	9	10
Total	88	100

**Source: Field Data, (2015)**

The study sought to know the perspective of the donor funds to the government, 58 per cent of the respondent strongly disagreed with the statement that the donor funding received act as supplement and not a substitute in the national government budget on HIV/AIDS with 25 per cent disagreeing and 10 per cent being neutral while 5 per cent strongly agreed with 2 per cent agreeing. Table 4.19 shows the results.

**Table 4.19 Status of donor funding to national budget**

Level of agreement	Frequency	Percentage
Strongly disagree	51	58
Disagree	22	25
Neither agree or disagree	9	10
Agree	2	2
Strongly agree	4	5
Total	88	100

**Source: Field Data, (2015)**

#### **4.4.2 Strict Funding Regulations from the Donor**

Thirty six percent strongly disagree with the statement that the funders are directly involved in running the routine activities of the program and 34 per cent disagree, with 7 per cent agreeing and 23 per cent being neutral. The table 4.20 shows the levels of agreement with the same statement.

**Table 4.20 Donor involvement in running the program**

Level of agreement	Frequency	Percentage
Strongly disagree	32	36
Disagree	30	34
Neither agree or disagree	20	23
Agree	6	7
Total	88	100

**Source: Field Data, (2015)**

The study sought to know whether the donors assigned expatriates to running the program. From the study 60 per cent of the respondents strongly disagreed that expatriates are not used in running the program activities with 17 per cent disagreeing with the same while 14 per cent were neutral and 7 per cent agreed with 2 per cent strongly agreeing with the statement. The table 4.21 shows levels of agreement with statement that expatriates are used in running the program activities.

**Table 4.21 Donor's expatriates and Program management**

Level of agreement	Frequency	Percentage
Strongly disagree	53	60
Disagree	15	17
Neither agree or disagree	12	14
Agree	6	7
Strongly agree	2	2
Total	88	100

**Source: Field Data, (2015)**

According to the study 53 per cent of the respondents strongly agreed that donors are flexible in adopting local solutions that are cost effective even if they are not applicable in the donor countries with 26 per cent agreeing and 10 per cent disagreeing, 6 per cent strongly disagreeing with 5 per cent being neutral. Table 4.22 shows the result of the same.

**Table 4.22 Donor flexibility in in adopting local solutions**

Level of agreement	Frequency	Percentage
Strongly disagree	5	6
Disagree	9	10
Neither agree or disagree	4	5
Agree	23	26
Strongly agree	47	53
Total	88	100

**Source: Field Data, (2015)**

#### **4.4.3 Goals and Objectives of Donors**

On ascertaining whether donors use monitoring and evaluation as a control measure to ensure that funds are well used. Forty eight percent agreed that donors use monitoring and evaluation with 31 per cent strongly agreeing on the same with 15 per cent being neutral and 7 per cent disagreeing. Table 4.23 shows the results.

**Table 4.23 Use of Monitoring and Evaluation**

Level of agreement	Frequency	Percentage
Disagree	6	7
Neither agree or disagree	13	15
Agree	42	48
Strongly agree	27	31
Total	88	100

**Source: Field Data, (2015)**

According to the study, 39 per cent of the respondents, which were the majority, disagree that funding depends on achievement of targets with 15 per cent strongly disagreeing with the same. Twenty eight percent agree with the statement with 16 per cent strongly agreeing while 2 per cent were neutral. Table 4.24 shows the results.

**Table 4.24 Funding and target achievement**

Level of agreement	Frequency	Percentage
Strongly disagree	13	15
Disagree	34	39
Neither agree or disagree	2	2
Agree	25	28
Strongly agree	14	16
Total	88	100

**Source: Field Data, (2015)**

The study sought to ascertain whether the program meeting the set minimum standards in provision of HIV care in Kenya. Thirty eight percent of the respondents strongly agreed that the program meets the minimum standards set for provision of HIV care in Kenya with 31 per cent agreeing with the same while 15 per cent disagreed with 14 per cent strongly disagreeing. Three percent were neutral to the statement. Table 4.25 shows levels of agreement to the statement that they meet the set minimum standards in provision of HIV care in Kenya.

**Table 4.25 Compliance with minimum standards of HIV Care**

Level of agreement	Frequency	Percentage
Strongly disagree	12	14
Disagree	13	15
Neither agree or disagree	3	3
Agree	27	31
Strongly agree	33	38
Total	88	100

**Source: Field Data, (2015)**

The study aimed to establish whether there is timely reporting to donor. Majority, 65 per cent strongly agreed that there is timely reporting to donors with 25 per cent agreeing to the same. Nine percent disagreed and 1 per cent was neutral. Table 4.26 shows the levels of agreement to the statement that they send the donor reports on time.

**Table 4.26 Timely reporting**

Level of agreement	Frequency	Percentage
Disagree	8	9
Neither agree or disagree	1	1
Agree	22	25
Strongly agree	57	65
Total	88	100

**Source: Field Data, (2015)**

On inquiry whether the program is recognized for its contribution to community service, 58 per cent strongly agree that the program is recognized for its contribution in community service with 30 per cent agreeing while 6 per cent disagreed and 2 per cent strongly disagreed and 5 per cent were neutral. Table 4.27 shows the results.

**Table 4.27 Program recognition**

Level of agreement	Frequency	Percentage
Strongly disagree	2	2
Disagree	5	6
Neither agree or disagree	4	5
Agree	26	30
Strongly agree	51	58
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether the program is able to meet its annual targets, 65 per cent which was majority agree that they are able to meet their annual targets with 25 strongly agreeing with 6 per cent being neutral and 3 per cent disagreeing and further 1 per cent strongly disagreeing. Table 4.28 show the results of the same.

**Table 4.28 Target Achievement**

Level of agreement	Frequency	Percentage
Strongly disagree	1	1
Disagree	3	3
Neither agree or disagree	5	6
Agree	57	65
Strongly agree	22	25
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether donors are satisfied with the achievements of the program. Majority, 47 per cent of the respondents could not ascertain whether the donors are satisfied with their achievement. Twenty three percent agreed with 6 per cent strongly agreeing while 18 per cent disagreed with 7 per cent strongly disagreeing. Table 4.29 shows the results of the same.

**Table 4.29 Donors satisfaction with our achievement**

Level of agreement	Frequency	Percentage
Strongly disagree	6	7
Disagree	16	18
Neither agree or disagree	41	47
Agree	20	23
Strongly agree	5	6
Total	88	100

**Source: Field Data, (2015)**



## 4.5 Characteristics and behavior of PLHIV's Influence on Program's Performance

### 4.5.1 Adherence to long term HIV/AIDS treatment

According to the study 36 per cent disagree and 9 per cent strongly disagree with the statement that PLHIV readily accept their HIV results, while 34 per cent agree with the statement and 7 per cent strongly agreeing with 14 per cent being neutral. Table 4.30 shows levels of agreement to the statement that PLHIV readily accept their HIV results.

**Table 4.30 HIV Positive results acceptance**

Level of agreement	Frequency	Percentage
Strongly disagree	8	9
Disagree	32	36
Neither agree or disagree	12	14
Agree	30	34
Strongly agree	6	7
Total	88	100

**Source: Field Data, (2015)**

According to the study 70 per cent of the respondents agreed that client who turn HIV positive are started on care and treatment immediately with 22 per cent strongly agreeing with the same and 7 per cent being neutral and 1 per cent disagreeing. Table 4.31 shows levels of agreement to the statement that client who turn HIV positive are started on care and treatment immediately.

**Table 4.31 Promptness of starting HIV care**

Level of agreement	Frequency	Percentage
Disagree	1	1
Neither agree or disagree	6	7
Agree	62	70
Strongly agree	19	22
Total	88	100

**Source: Field Data, (2015)**

The study also sought to establish the stage at which clients come to seek care for HIV/AIDS. The study found out that majority, 38 per cent of the respondents indicated that clients come to seek care at early stages of AIDS disease with 24 per cent agreeing to the same statement with 17 per cent disagreeing and 11 per cent strongly disagreeing and 10 per cent remaining neutral. The table 4.32 shows the respondents result on the statement clients come to seek care for HIV at early stages of disease.

**Table 4.32 Clients come at early stages to seek care**

Level of agreement	Frequency	Percentage
Strongly disagree	10	11
Disagree	15	17
Neither agree or disagree	9	10
Agree	21	24
Strongly agree	33	38
Total	88	100

**Source: Field Data, (2015)**

According to the study 64 per cent of the respondents strongly agree with the statement that positive living enhance adherence to HIV/AIDS treatment with 20 per cent agree with the same statement, with 3 per cent disagreeing and 2 per cent strongly disagreeing and 10 per cent remain neutral to the statement. Table 4.33 show the level of agreement on the same statement.

**Table 4.33 Positive living and Adherence**

Level of agreement	Frequency	Percentage
Strongly disagree	2	2
Disagree	3	3
Neither agree or disagree	9	10
Agree	18	20
Strongly agree	56	64
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether stigma towards HIV/AIDS contribute to level of drug adherence of People living with HIV. The respondents were almost halfway split in agreement and disagreement of the statement. Forty four percent disagreed with the statement with 3 per cent strongly disagreeing whole 38 per cent agreed with 9 per cent strongly agreeing and 6 per cent being neutral about the statement. Table 4.34 shows the results.

**Table 4.34 HIV Stigma and Drug Adherence**

Level of agreement	Frequency	Percentage
Strongly disagree	3	3
Disagree	39	44
Neither agree or disagree	5	6
Agree	33	38
Strongly agree	8	9
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether psychosocial support have relation with drug resistance. From the study 65 per cent of the respondents strongly agree that drug resistance is more prevalent to clients with unstable psychosocial support, 27 per cent per cent agreed with the same statement while 6 per cent were neutral on the same and 2 per cent disagreed with the statement. Table 4.35 shows the results.

**Table 4. 35 Drug resistance and psychosocial support**

Level of agreement	Frequency	Percentage
Strongly disagree	0	0
Disagree	2	2
Neither agree or disagree	5	6
Agree	24	27
Strongly agree	57	65
Total	88	100

**Source: Field Data, (2015)**

#### 4.5.2 Economic status of PLHIV

According to the study 73 per cent strongly agree that financial constraints often affect the HIV/AIDS treatment outcomes with 22 per cent agreeing and 6 per cent being neutral. Table 4.36 shows the results.

**Table 4.36 Financial constraints and treatment outcome**

Level of agreement	Frequency	Percentage
Neither agree or disagree	5	6
Agree	19	22
Strongly agree	64	73
Total	88	100

**Source: Field Data, (2015)**

The study sought to establish whether PLHIV often engage in transactional sex to meet their financial obligations. Thirty eight percent were neutral on the issues while 27 per cent disagreed with 13 per cent strongly disagreeing but 22 per cent agreed with 1 per cent strongly agreeing. Table 4.37 shows level of agreement of the respondents on the statement that often PHLIV report engagement in transitional sex to meet their financial obligations.

**Table 4.37 Engagement in transactional sex to meet obligations**

Level of agreement	Frequency	Percentage
Strongly disagree	11	13
Disagree	24	27
Neither agree or disagree	33	38
Agree	19	22
Strongly agree	1	1
Total	88	100

**Source: Field Data, (2015)**

#### 4.5.3 Gender

The study sought to establish whether clients gender have impact to access of HIV care and treatment. Forty percent of the respondents strongly agree that gender have an impact on access to HIV care and treatment with 28 per cent agree to the same statement with 18 per cent disagreeing, 7 per cent strongly disagreeing while 7 per cent were neutral. Table 4.38 shows the results.

**Table 4.38 Gender belief and Access to HIV care and treatment.**

Level of agreement	Frequency	Percentage
Strongly disagree	6	7
Disagree	16	18
Neither agree or disagree	6	7
Agree	25	28
Strongly agree	35	40
Total	88	100

**Source: Field Data, (2015)**

#### 4.5.4 Level of Knowledge on HIV by PLHIV

The study sought to know whether availability and accessibility of HIV/AIDS information have helped in improving treatment outcomes. Forty nine percent strongly agreed, 25 per cent agreed, 19 per cent were neutral, 5 per cent strongly disagreed and 2 per cent disagreed. The table 4.39 shows the levels of agreement to this statement.

**Table 4.39 Improved Information access and treatment outcomes**

Level of agreement	Frequency	Percentage
Strongly disagree	4	5
Disagree	2	2
Neither agree or disagree	17	19
Agree	22	25
Strongly agree	43	49
Total	88	100

**Source: Field Data, (2015)**

#### 4.5.6 Correlations and Regression Analysis

The study sought to establish the correlation between the factors of study. There was a positive correlation between Performance and Strategic Issues,  $r = 0.029$ ,  $p = 0.005$ . Performance and donor influence have a positive correlation  $r = 0.289$ ,  $p = 0.006$ . Performance and PLHIV Character and behavior also had a positive correlation  $r = 0.175$ ,  $p = 0.104$ . This is as shown by table 4.40 below.

**Table 4. 40: Correlations**

		Performance	Strategic_Issues	Donor_Influence	PLHIV_CharaterBehavior
Performance	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	88			
Strategic_Issues	Pearson Correlation	.029	1		
	Sig. (2-tailed)	.005			
	N	88	88		
Donor_Influence	Pearson Correlation	.289	.065	1	
	Sig. (2-tailed)	.006	.544		
	N	88	88	88	
PLHIV_CharaterBehavior	Pearson Correlation	.175	-.1024	.0382	1
	Sig. (2-tailed)	.104	.342	.724	
	N	88	88	88	88

A regression was carried out. The objective of a regression model was to explain or predict variations in the dependent variable by means of the independent variables. Regression was used to test the relationship between performance of HIV/AIDS program and the Program strategic direction, Donor effects and PLHIV Behavior.

The Model summary table provides information about the regression line's ability to account for the total variation in the dependent variable. As seen in table 4.41, R was 0.443, which shows a relative correlation while R square was 0.1963, which tells us the proportion of the variation in performance that is explained by the three predictors. Only 19.63 percent variation in performance is explained by the three predictors. It gives us the standard error of estimate, which we can use to put confidence intervals around the unstandardized regression coefficients

**Table 4. 41: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.443 <sup>a</sup>	.1963	.1676	.24054

a. Predictors: (Constant), Donor\_Influence, Strategic\_Issues, PLHIV\_CharacterBehavior

As seen in table 4.42, it is a significant evident that the three factors have a level of effect to performance of a HIV/AIDS Program. A linear regression established that, Strategic Issues, Donor Influence and PLHIV Character and Behavior could statistically determine the performance of a program with  $F(3, 84) = 6.84, p = 0.000$ .

**Table 4. 42: ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.187	3	.396	6.84	.000 <sup>b</sup>
	Residual	4.860	84	.058		
	Total	6.047	87			

a. Dependent Variable: Program Performance

b. Predictors: (Constant), Donor\_Influence, Strategic\_Issues, PLHIV\_CharacterBehavior

The Table 4.43 below, shows coefficient of variation, a measures of the degree of the relationship between the independent variables and the dependent variable. From the table, the regression equation can be formed with the formulae:  $Y = C + BX_1 + BX_2 + BX_3$  where  $Y =$  Program Performance (dependent factor),  $C =$  Constant,  $B =$  coefficient,  $X =$  Independent Factors i.e.  $X_1 =$  Strategic Issued,  $X_2 =$  PLHIV Character and behavior,  $X_3 =$  Donor influence. It is evident that the said factors affect the performance of the program as shown by the equation  $Y = 1.675 + 0.239 \cdot \text{Strategix Issue} + 0.174 \cdot \text{PLHIV Character and behavior} + 0.171 \cdot \text{Donor Influence}$ .

**Table 4. 43: Coefficients of Variation**

Model	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
1 (Constant)	1.675	.488	3.43	.001
Strategic_Issues	.239	.079	3.00	.004
PLHIV_CharacterBehavior	.174	.088	1.98	.051
Donor_Influence	.171	.064	2.67	.069

a. Dependent Variable: Performance

#### 4.6 Chapter Summary

This chapter gave out details of the research findings, the first part showed the respondents details while the second part showed the results of the respondents responses based on the research topic, factors that affect performance of the HIV/AIDS programs in Kenya. The data was analyzed to establish the relationship between program performances with the strategic issues, donors conduct and people living with HIV characteristics and behavior. The next chapter provides the conclusion, summary, discussions and recommendations.

## **CHAPTER FIVE**

### **5.0 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

In this chapter, summary of the study, the conclusions and the recommendations are presented. Summary section delves on the purpose of the study, research questions, the methodology and the findings from the research. The discussion section gives a detailed report of the research questions of the study. The conclusions are based on the researchers findings presented in the previous chapter. The last section covers recommendations by the researcher.

#### **5.2 Summary**

The purpose of this study was to establish the factors that affect the performance of HIV/AIDS programs in Kenya. The research was guided by three research question; what are the strategic issues that affect the performance, how do donors influence the performance of HIV/AIDS programs and how characteristics and behavior of PLHIV affect the performance of HIV/AIDS programs.

The study adopted descriptive research design to collect, analyze and interpret data to useful information. Descriptive research design was used as it's able to bring out how the various factors interact to affect the performance in a program. The primary data was collected using questionnaires which were pilot tested to ensure validity and relevance to the study. The target population consisted of EDARP employees, which have a total number of 231 employees. Using probability sampling, a sample size of 115 employees was selected whose names will remain confidential for the purpose of this study. Data analysis was done using SPSS, where data was analyzed by means of frequencies, percentages, correlation and regression. The data was presented using Tables and figures.

The study had a response rate of 77 per cent which was statistically significant to analyze the data. The study showed there is significant influence on performance of HIV/AIDS programs by strategic issues, donor conduct and People living with HIV characteristics and behavior.

On strategic issues from the study, 66 percent of the respondents could not clarify whether they are aware of the programs strategic plan or not, Majority, 52 percent of the respondents agreed that they are taken for adequate trainings on project management and only 10 percent agreed that they consistently carry out consistent customer satisfaction



surveys with 87 percent reporting not political interference is experienced in the program. On donor influence on program performance, 83 percent of the respondents said that the recipient governments treat received funds as substitute and not as supplement to the national budget while majority of the respondents, 79 percent agreed that donors use monitoring and evaluation as a control measure to ensure that donor funds are well utilized. From the study 84 per cent of the respondents were in agreement that positive living enhance adherence to HIV/AIDS treatment which is a key component if measuring performance of a program with 47 percent of the respondent saying that HIV drug resistance is prevalent in clients with unstable psychosocial support. Financial constrains were found to often affect treatment outcomes with ninety five percent in agreement with that. On availability and accessibility of HIV/AIDS information 74 percent agreed this has improved treatment outcomes of PLHIV. A linear regression established that, Strategic Issues, Donor Influence and PLHIV Character and Behavior could statistically determine the performance of a program with  $F(3, 84) = 6.84, p = 0.000$ .

### **5.3 Discussion**

#### **5.3.1 Strategic Issues Affecting HIV Programs**

##### **5.3.1.1 Strategic planning**

As advocated for by Bradford (2015), it's important to have a strategic plan that employee are aware of as they are the implementing personnel, however from the study majority of the employees, 66 percent were neutral on their knowledge of the organizations strategic plan. The development of strategic planning was found to be affected by the funding cycle of the organization with sixty one percent agreeing with that. This is in line with Bernstein and Sessions (2007), findings on limitations of President's Emergency Plan for AIDS Relief funding cycle and legal commitment.

##### **5.3.1.2 Employee Involvement**

The study was in agreement with Stupac and Leitner (2001) that the employees should be involved by ensuring they are aware of what is expected on them and the matrix used to gauge their performance. Majority, 52 percent of the employees agreed that they are taken for adequate trainings on project management. The emphasis of training the project employees was emphasized by to Githika (2013), where he said that good project management skills are pillars to the success and sustainability of community led projects. Muller and Turner (2007) also found out that project managers' success at managing his or her project is dependent on their competence.

### **5.3.1.3 Customer's Focus**

Kloppenborg (2009), found out that organizations should engage in measuring customer's perceptions of how well the company delivers value to them, this however, from the study only 10 percent agreed that they consistently carry out customer satisfaction surveys. Adoption of technology to improve customer services delivery has a neutral majority of 33 percent. According to Kaplan and Norton (1992), leading firms across the world are harnessing information technology to cultivate customer service as a valuable asset to achieve strategic superiority.

### **5.3.1.4 Political interference**

The study showed low level of political interference with 87 percent disagreeing that the government is involved in running of the organization. According to Mayhew (2002), the political interference is likely to occur and manifest greatly where the donors have interests in local politics. From the study 58 percent said that funding is based on need basis and not political orientation however 60 percent said that there have been threats of donor withdrawal depending on local political decisions.

## **5.3.2 Donor's Influence on program's Performance.**

### **5.3.2.1 Conflict of Host Government and Donor Policies**

Majority 48 percent of the employees were neutral on whether their donor policies conflict with host government policies. This was different with what Oommen, Rosenzweig, and Bernstein (2010), argued that as both the donors and government engage there are cases of conflicting policies especially where changes need to be effected. From the study 83 percent of the respondents said that the recipient governments treat received funds as substitute and not as supplement to the national budget. Governments have been accused of fungibility, which Farag, Nandakumar, Wallack, Gaumer, and Hodgkin (2009) argued is a source of conflict with the donors, governments may have competing needs but they need to strike a balance with donor objectives.

### **5.3.2.2 Strict Funding Regulations from the Donor**

On Donor direct involvement, 77 percent said that donors are not directly involved in running the program and 77 percent said that expatriates are not used in running the program activities. This is contrarily to what Regan - Denham (2013), found that there are donors whose style been criticized by recipient country for employing 'hands on management style' to run the program giving universal prescription while ignoring the country experience and inducting expatriate consultants regardless of need.

Oomman, Rosenzweig, and Bernstein (2010), argued that donors have a primary role of ensuring that funds released are purposefully used. Donors employ rules and regulations that govern the project especially in terms of measuring the outcome, requiring results that they can directly attribute to their funding.

### **5.3.2.3 Goals and Objectives of Donors.**

Majority of the respondents, 79 percent agreed that donors use monitoring and evaluation as a control measure to ensure that funds are well utilized. The uptake of monitoring and evaluation has been noted to be on increase as a tool to help organization keep track of their projects (PEPFAR, 2014). The study revealed that funding does not necessarily depend on achievement of annual targets with 54 percent agreeing with this.

## **5.3.3 Characteristics and behavior of PLHIV's Influence on program's Performance**

### **5.3.3.1 Adherence to long term HIV/AIDS treatment**

Forty five percent of the respondents said that clients receiving HIV positive results don't readily accept them. On promptness of starting care the study showed that 92 percent of clients tested HIV positive start care immediately, which was in agreement with Wagner, Wu, and Sood (2014), that clients found HIV positive should be put on care before their health deteriorates. Thirty six percent said clients come to seek care at early stages of the AIDS disease. The study showed that 84 percent were in agreement that positive living enhances adherence to HIV/AIDS treatment which is a key component in measuring performance of a program. On adherence 47 percent said that HIV drug resistance is prevalent in clients with unstable psychosocial support. This finding supports what Martinez, Harper, Carleton, Hosek, Bojan and Glum (2012), said in support of Positive Health, Dignity, and Prevention activities which focus on keeping PLHIV physically healthy; keeping PLHIV mentally and psychologically healthy; preventing transmission of HIV; and involving PLHIV in HIV prevention activities.

### **5.3.3.2 Economic status of PLHIV**

Morton (2005) found out that there is a link between HIV/AIDS and poverty in that the impacts of the epidemic can increase the susceptibility of certain social groups, the study affirmed this with ninety five percent in agreement that financial constraints often affect treatment outcomes. Nxumalo, Okeke, and Mammen (2014), also found out that poverty has a causal relationship to HIV/AIDS where in poorer areas women start having sex much earlier, without good education and empowerment. On checking how often clients engage in transactional sex to meet their financial obligations, only 23 percent agreed that this is often reported.

### **5.3.3.3 Gender**

From the study 68 percent were in agreement that gender belief has impact to access to HIV care and treatment. This was in agreement with World Health Organization (2009) who cited that gender inequalities arise hindering access to treatment. Walden, 2007 also found out that in Africa due to cultural traditions and belief women have been found to be more vulnerable to HIV than men. He cited situation where women, are culturally obliged to have sex, with little option of saying no.

### **5.3.3.4 Level of Knowledge on HIV by PLHIV**

Seventy four percent agreed that availability and accessibility of HIV/AIDS information have improved treatment outcomes of PLHIV. According to NASCOP (2014), correct knowledge of HIV/AIDS and perceptions of personal risk for HIV infection are essential for making behavioral choices that reduce risk of acquiring and transmitting HIV/AIDS. National AIDS and STIs Control Programme, for more than past 15 years have engaged in educational campaigns in Kenya have aimed to disseminate information about the disease, how it is acquired, and how to prevent new infections.

## **5.4 Conclusions**

### **5.4.1 Strategic Issues Affecting HIV Programs**

The study concludes that it's imperative that employees are aware of the strategic plan, what they are expected to do and how their performance will be measured. The study also concludes that it's important to training the implementation staff on project management skills. The study also concludes that customer's perceptions on how well the company delivers value should be consistently monitored.

### **5.4.2 Donor's Influence on program's Performance**

The study concludes donors have an influence in the performance of HIV/AIDS programs. The study concludes that there are areas of conflict between the donor policies and the host government policies. The study also concludes that donors employ strict funding regulations but are keen to let locals run the programs. The study further concludes that donors employ monitoring and evaluation to ensure that goals are met.

### **5.4.3 Characteristics and behavior of PLHIV's Influence on program's Performance**

The study concludes that PHLIV's adherence to long term ARV treatment affect the performance of a program with positive living and psychosocial support being major determinant of adherence. The study also concludes that financial constraints and gender beliefs have a negative effect on the treatment outcome of PLHIV while availability and access to information about HIV/AIDS have a positive effect to treatment outcome.

## **5.5 Recommendations**

### **5.5.1 Recommendations for Improvement**

#### **5.5.1.1 Strategic Issues Affecting HIV Programs**

The study recommends all employees should be engaged and be made aware of the strategic direction of the program. The study recommends that programs to offer implementation staff with adequate trainings on project management issues. To gauge performance in service delivery and ensure right decisions are being made the study recommends that programs should consistently carry customer satisfaction Surveys.

#### **5.5.1.2 Donor's Influence on program's Performance**

To avoid conflict between the donor policies and the host government policies the study recommends prior agreement of the need that the donor wants to address. The study also recommends that the implementing staff should comply with the donor requirements especially employment of monitoring and evaluation within the program.

#### **5.5.1.3 Characteristics and behavior of PLHIV's Influence on program's Performance**

The study recommends that promotion of adherence through positive living and psychosocial support be intensified. Where applicable the study recommends that programs adopt a holistic care approach where there is concern of livelihood, where clients can be supported in establishing income generating activities. The also study recommends that dissemination of information about HIV/AIDS be enhanced.

### **5.5.2 Recommendations for further research**

Recognizing the vastness of the donor's program areas and variation of beneficiary needs, the study recommends that further studies can be done in different program areas with different donors and beneficiaries.

## REFERENCES

- AidsMap. (2014). Viral load from <http://www.aidsmap.com/>
- Auerbach, J. (2009). Transforming social structures and environments to help in HIV prevention. *Health Affairs*, 28, 1655–1665. doi:10.1377/hlthaff.28.6.1655
- Bangsberg, D. R. (2008). Preventing HIV antiretroviral resistance through better monitoring of treatment adherence. *The Journal of Infectious Diseases*, 197 Suppl 3, S272–S278. doi:10.1086/533415
- Baylies, C. (2002). The Impact of AIDS on Rural Households in Africa : A Shock like Any Other ? *Wiley Online Library*, 33(4), 611–632. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/1467-7660.00272/pdf>
- Bernstein, M., Oomman, N., & Rosenzweig, S. (2007). Following the Funding for HIV/AIDS. A Comparative Analysis of the Funding Practices of PEPFAR, the Global Fund and World Bank MAP in Mozambique, Uganda and Zambia. *Center for Global Development*, 1–75. Retrieved from <http://allafrica.com/download/resource/main/main/idatcs/00011395:3f2a0f1cddef4aaec2e61c2fe9018885.pdf>
- Bernstein, M., & Sessions, M. (2007). A Trickle or a flood: Commitments and Disbursement for HIV/AIDS from the Global Fund, PEPFAR, and the World Bank's Multi-Country AIDS Program (MAP), 1–26
- Block Stephen R., (2004) *Why Nonprofits Fail*, John Wiley & sons, USA
- Bradford, R. (2015). *Communicating Your Strategic Plan with Employees*. Center for Simplified Strategic Planning
- CDC. (2015). *HIV Basics*. (C. f. Prevention, Ed.) Retrieved February 10, 2015, from <http://www.cdc.gov/hiv/basics/>
- Christopher, B. (2010). The Impact of Donor Aided Projects Through NGOs on the Social and Economic Welfare of the rural poor . “ What do the donors want ?” Case study : Kabarole Research & Resource Centre Uganda Martyrs University June 2010, (June), 1–111.
- Cooper, D. R., Schindler P., (2014) *Business research methods*. McGraw-Hill Education, New York
- Czuchry A, J., Yasin M. M. (2003). Managing the project management process managing the project management process. doi:10.1108/02635570310456887
- David, Fred R. (2009) *Strategic management: concepts and cases*, Pearson Education, Inc.,
- Denison, D. R., Hooijberg, R., & Quinn, R. E. (1995). Paradox and performance: Toward a theory of behavioral complexity in managerial leadership. *Organization Science*, 6 (5), 524-540.

- Drucker, Peter F. (1992) *Managing the non-profit organization: practices and principles*, HarperBusiness
- Erika, M. G., Meehan, T., & Schackman, B. R. (2013). AIDS drug assistance programs: Managers confront uncertainty and need to adapt as the affordable care act kicks in. *Health Affairs*, 32, 1063–1071. doi:10.1377/hlthaff.2012.0123
- Farag, M., Nandakumar, a. K., Wallack, S. S., Gaumer, G., & Hodgkin, D. (2009). Does funding from donors displace government spending for health in developing countries? *Health Affairs*, 28, 1045–1055. doi:10.1377/hlthaff.28.4.1045
- Fishbein M., Ajzen I., (1999). *Theory of reasoned action/Theory of planned behavior*. University of South Florida.
- FHI 360 (2011), *Managing Your Relationship with Your Donors*.  
<http://www.ngoconnect.net/documents/592341/749044/Program+Management+-+Managing+Your+Relationship+with+Your+Donors>
- Githika, M. S. (2013). *Influence of Project Management Practices on Implementation of HIV and Aids Projects : A Case of Civil Society Organizations in Imenti North Subcounty, Meru County Kenya-MA Thesis. University of Nairobi.*
- Greenblott, K. (2010). Food: An Essential Weapon in the Battle Against HIV and AIDS. *Human (Farag, Nandakumar, Wallack, Gaumer, & Hodgkin, 2009)farRights*, 37(1), 18-24 CR - Copyright &#169; 2010 American Bar Ass. American Bar Association. Retrieved from <http://www.jstor.org/stable/23375602>
- Idoko, J. (2012). A clinician’s experience with the President's Emergency Plan for AIDS Relief in Nigeria: A transformative decade of hope. *Health Affairs*, 31, 1422–1428. doi:10.1377/hlthaff.2012.0349
- Burrow J. and Kleindl B. (2008), *Business Management*, 13th edition, cengage Learning
- Joanne G. Carman (2009). Nonprofits, Funders, and Evaluation Accountability in Action? *Nonprofit Management & Leadership*, 11(2), 167–178. doi:10.1002/nml.11203
- Kaplan, R.S. and Norton, D.P. (1992), “Balanced scorecard – measures that drive performance”, *Harvard Business Review*
- Karen, (2012) *Best Practices for Donor Management*.  
<http://www.rbpmethods.com/2012/07/best-practices-for-donor-management/>
- Kerzner Harold (2006) *Project Management: A systems approach to planning, scheduling and controlling*, John Wiley & Sons, New Jersey
- Kloppenborg Timothy, (2009) *Project Management: A Contemporary Approach*. South-Western Cengage Learning, UK

- Lalvani, Paul, Yadav, Prashant, Curtis, Kirsten, Bernstein, Michael, & Oomman, Nandini. (2010). Increasing Patient Access to Antiretrovirals: Recommended Actions for a More Efficient Global Supply Chain.
- Lee, C., & Nowell, B. (2014). A Framework for Assessing the Performance of Nonprofit Organizations. *American Journal of Evaluation*. doi:10.1177/1098214014545828
- Liket, K. C., & Maas, K. (2015). Nonprofit Organizational Effectiveness : Analysis of Best Practices. doi:10.1177/0899764013510064
- Martinez, J., Harper, G., Carleton, R. A., Hosek, S., Bojan, K., Glum, G., (2012). The Impact of Stigma on Medication Adherence Among HIV-Positive Adolescent and Young Adult Females and the Moderating Effects of Coping and Satisfaction with Health Care. *AIDS Patient Care and STDs*, 26(2), 108–115.  
<http://doi.org/10.1089/apc.2011.0178>
- Mayhew, S. H. (2002). Donor dealings: the impact of international donor aid on sexual and reproductive health services. (Viewpoint). *International Family Planning Perspectives*, 28(4), 220. doi:10.2307/3088225
- Stanleigh Michael (2007), *Crisis to Control: A New Era in Strategic Project Management; Business Improvement Architects*
- Mintzberg Henry, (2007) *Tracking Strategies: Towards a general theory of strategy formation*, Oxford University Press, New York
- Morton, J. (2005). Mitigating livelihoods : rural on experiences. *JSTOR*, 15(2), 186–199. Retrieved from <http://www.jstor.org/stable/4030079>
- Mugenda, O.M & Mugenda, A.G. (2003), *Research Methods*, Acts Press, Nairobi.
- Müller R., Jugdev K., (2012), "Critical success factors in projects", *International Journal of Managing Projects in Business*, Vol. 5 Iss 4 pp. 757 – 775
- Müller, R., Turner, R. (2007). The Influence of Project Managers on Project Success Criteria and Project Success by Type of Project. *European Management Journal*, 25(4), 298–309. doi:10.1016/j.emj.2007.06.003
- National AIDS and STI Control Program (NAS COP), (2011). *Guidelines for antiretroviral therapy in Kenya*, 4th edition
- National AIDS and STI Control Program (NAS COP), (2014). *Kenya AIDS Indicator Survey 2012: Final Report*.
- Nxumalo, K. N., Okeke, C. I. O., & Mammen, K. J. (2014). Cultural Beliefs and Practices towards HIV / AIDS amongst High School Learners in Swaziland. <Http://www.krepublishers.com/>, 8(2), 135–146.
- Oomman, N., Wendt, D., & Drogitis, C. (2010). *Zeroing In : AIDS Donors and Africa ' s Health Workforce*. *HIV/AIDS Monitor*. Center for Global Development.
- Oomman, N., Rosenzweig, S., & Bernstein, M. (2010). Are Funding Decisions Based on Performance ? *Communications*, 56. Retrieved from [www.cgdev.org/files/1424030\\_file\\_CGDPerformance\\_based\\_funding\\_FINAL.pdf](http://www.cgdev.org/files/1424030_file_CGDPerformance_based_funding_FINAL.pdf)



- Pastor III, J., & White, S. (2014). Managing your relationship with your boss. *American Journal of Health-System Pharmacy*, 71(42), 369–371. doi:10.2146/ajhp130463
- Pearce, John A, Richard B. Robinson, Jr. (2011) Strategic management: formulation, implementation, and control McGraw-Hill/Irwin.
- President's Emergency Plan for AIDS Relief (PEPFAR), (2014). PEPFAR: Addressing Gender and HIV/AIDS.
- Poku, N., & Alan , W. (2007). *AIDS and Governance*. Ashgate Publishing Group.
- Project Management Body of Knowledge (PMBOK), (1996). *A Guide to th Project Management Body of Knowledge*. Project Management Institute, USA
- Regan-Denham., & Rhoads, C. (2013). “ One size fits all .” How much does donor influence in setting educational policy in poor countries lead to improved quality outcomes ?
- Ryan, G. W., Bloom, E. W., Lowsky, D. J., Linthicum, M. T., Juday, T., Rosenblatt, L., ... Sayles, J. N. (2014). Data-driven decision-making tools to improve public resource allocation for care and prevention of HIV/AIDS. *Health Affairs*, 33, 410–417. doi:10.1377/hlthaff.2013.1155
- Saunders, M., Lewis, P., Thornhill, A. (2003) *Research methods for business students*. Prentice Hall, UK
- Sirey, A., Bruce M., Alexopoulos G., Perlick, D., Friedman, S., and Meyers, B.(2001) Stigma as a Barrier to Recovery: Perceived Stigma and Patient-Rated Severity of Illness as Predictors of Antidepressant Drug Adherence. *Psychiatric Services* 52:12, 1615-1620
- Smith A, Frank F, (1999). *The Community Development Handbook*, Human Resources Development-Canada
- Stupac R., Leitner P., (2001) *Handbook on Public quality management*, Marcel Dekker, USA
- Stokes, T. L. (2006). *BALANCED SCORECARD STEP-BY-STEP -Maximizing Performance and Maintaining Results* 2<sup>nd</sup> Edition John Wiley & Sons, Inc., Hoboken, New Jersey.
- Thomas, K. (2007). Applying the balanced scorecard for better performance of intellectual capital, 8(4), 653–665. doi:10.1108/14691930710830819
- UNAIDS. (2012). *UNAIDS Report on the global AIDS epidemic* .
- UNAIDS. (2013). *UNAIDS 2011-2015 Strategy: Getting to zero*. *Public health* (Vol. 127, pp. 1–64). doi:10.1016/j.puhe.2013.11.002
- United Nation. (2014). *The Millennium Development Goals Report 2014*.
- Vijaya Dixit Rajiv Kumar Srivastava Atanu Chaudhuri, (2013),"Integrating materials management with project management of complex projects", *Journal of Advances in Management Research*, Vol. 10 Iss 2 pp. 230 - 278

- Wagner, Z., Wu, Y., & Sood, N. (2014). The affordable care act may increase the number of people getting tested for HIV by nearly 500,000 by 2017. *Health Affairs*, 33, 378–385. doi:10.1377/hlthaff.2013.0996
- World Bank. (2008). *World Bank's Commitment to HIV/AIDS in Africa*. World Bank Publications.
- World Health Organization, (2009). Integrating gender into HIV/AIDS Programmes in the health sector: tool to improve responsiveness to women's needs. *World Health Organization*, 87, 883. doi:10.2471/BLT.09.071522
- World Health Organization (2011) HIV/AIDS is becoming a manageable chronic disease: WHO
- Worth Michael J. (2014) *Nonprofit Management; Principles and practice*, 3rd Edition, SAGE publications, UK

## **APPENDIX**

### **APPENDIX I: Questionnaire Cover Letter**

Wilson Waithaka Mbogo

United States International University (USIU)

P.O. Box 29021 – 00100

NAIROBI.

Dear Respondent,

I am carrying out a research on the factor that affect performance of HIV/AIDS programs in Kenya. This is partial fulfilment of the requirement of Master of Business Administration degree program that is offered at the United States International University (USIU).

I would appreciate it if you would spare sometime to fill in the questionnaire attached, which will feed into the research. The information that you provide will be treated confidentially and I guarantee you that no personal identifiers will appear anywhere in the report. Please answer the questions as accurately as possible.

Thank you for your time and cooperation.

Yours faithfully,

Mbogo Wilson

**APENDIX II: Research Questionnaire**

**RESEARCH QUESTIONNAIRE**

QUESTIONNAIRE NUMBER..... DATE ...../...../2015

This research is being undertaken to collect data to establish the factors that affect the performance of HIV/AIDS programs in Kenya and in particular Eastern Deanery AIDS Relief Programme (EDARP). This research is independent and the gathered data will be treated confidentially and used to draw conclusions only. Your support in filling this questionnaire objectively will be highly appreciated.

Please tick the one that applies

**SECTION A: GENERAL INFORMATION**

- 1. Gender  Male  Female
- 2. Age (Years)  Below 18  18-25  26-35  36-45  Above 46
- 3. Highest education level  
 College Diploma  University  Post University
- 4. What is your cadre?  
 Nurse  Clinical Officer  Medical Officer  Program Manager
- 5. Duration you have worked in EDARP  
 Less than 2 years  2-5 years  6-10 Years  Over 10 years

**Please use the following scale to indicate your level of agreement with each of the statement.**

**Strategic Issues in HIV/AIDS Program**

	<b>Statement</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
1	I am aware of matrix used to gauge the performance of the program					
2	I am aware of what I am expected to do to achieve the EDARP's objectives					
3	Technical experts are employed to run the respective areas in the programs					
4	I often go for training on project management					
5	EDARP has a strategic plan that I am aware of					

	<b>Statement</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
6	Short funding cycle affect strategic planning of the program					
7	We consistently carry out Customer satisfaction surveys					
8	We adopt latest technology to help improve service delivery					

### **Characteristics and behavior of People Living with HIV**

	<b>Statement</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
9	People testing for HIV readily accept their HIV Positive Status result					
10	People who test HIV Positive start care and treatment immediately					
11	HIV/AIDS stigma affects PLHIV adherence to treatment					
12	Our clients come to seek care and treatment for HIV at early disease stages					
13	Positive living enhance adherence to HIV/AIDS treatment					
14	Gender beliefs have impact on access to HIV/AIDS care and treatment in EDARP					
15	HIV Drug resistance is prevalent in EDARP's clients with unstable psychosocial support					
16	Availability and accessibility of HIV/AIDS information has improved treatment outcomes of PLHIV					
17	Often financial constrains affect PLHIV clients treatment outcome					
18	Often our PLHIV clients report of engagement in transactional sex to meet their financial obligations					

### **Donors influence to HIV/AIDS Program**

	<b>Statement</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
19	Our funders policies conflict with government policies					
20	Our funders are directly involved in running the routine activities of EDARP					

	<b>Statement</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
21	Government is directly involved in running the routine activities of EDARP					
22	Donor funds given to government act as supplement and not a substitute in the national budget.					
23	EDARP is run by expatriates from the donor country					
24	Our funders allow local cost effective measures to be employed in the program even if they are not applicable to donor country					
25	Our funders use Monitoring and Evaluation as a control mechanism to ensure that funds are used for intended purpose.					
26	Funding is based on need basis and not political orientation					
27	Local politics manifest in program management and funding					
28	There are instances of threat of funding withdrawal resulting from local political decisions					

#### **Performance of HIV/AIDS Program**

	<b>Statement</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
29	The community supports the EDARP activities					
30	We are recognized for our contribution in community service					
31	Our donor reports are always sent on time					
32	We are able to meet our annual targets					
33	Our funding depends on our achievement of targets.					
34	Our funders are satisfied with our achievements					
35	We meet the set minimum standards in provision of HIV care in Kenya					