DETERMINANTS OF APPLICATION OF BEST PRACTICES IN HIV/AIDS PROJECTS IN KILIFI COUNTY

BY

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DECLARATION

This research project is my original work and has not been submitted for a degree in any other university.

Signature:……………………………. Date:……………………………………….

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This research project has been submitted for examination with my approval as university supervisor.

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DEDICATION

I dedicate this work to my wife Margaret Katele and my wonderful son Timothy Kilunda

Without their support, understanding the completion of this work would not have been possible.

ACKNOWLEDGEMENT

ABSTRACT

This study looked at the determinants of application of best practices among HIV/AIDS projects in Kilifi County. Kenya declared AIDS a disaster in 1999.Just like other counties in Kenya in Kilifi County there are many new infections and deaths in spite of progress made to curb HIV and AIDS in the country. Through sharing and application of documented best practices HIV/AIDS interventions can be successful among HIV/AIDS projects in Kilifi County. The objectives of the study were to establish the extent to which cultural, donor funding, management policies and stakeholder's participation influence application of best practices in HIV/AIDS projects in Kilifi County. Data was collected by use of questionnaires and key informant interviews drawn from a purposively drawn sample of 72 respondents from 24 projects. Data was analyzed based on the study objectives and presented in form of frequencies, percentages and tables. Findings were summarized, discussed and conclusions drawn. The findings of the study would provide insight in to the determinants of application of best practices and hence help avoid reinventing the wheel and using inordinate resources to achieve desired results. Project managers, staff and stakeholders will be enlightened on whether they document and apply best practices and the factors affecting application of best practices. The study found out that HIV/AIDS projects in Kilifi County apply best practices. Culture, funding levels, donor conditions, management policies and stakeholder participation are some of the determinants of application of best practices among HIV/AIDS projects in Kilifi County. The study recommends improvement on analysis, documentation and sharing of best practices, provision of sufficient funding for application and sharing of best practices. Stakeholder need to be actively involved and their opinions incorporated in identification, application and documentation of best practices.

LIST OF ACRONYMNNS AND ABBREVIATIONS

NGOs:　　　Non-Governmental organizations

MDGs:　　　Millennium Development Goals

CBOs:　　　Community Based Projects

UNICEF:　　United Nations Children's Fund

HIV:　　　Human Immunodeficiency Virus

AIDS:　　　Acquired Immune Deficiency Syndrome

NACC:　　　National AIDS Control Council

HENNET:　　Health Non- Governmental Organisations Network

FBO:　　　Faith Based Organisation

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CHAPTER ONE:
INTRODUCTION

1.1 Background of the study

Best Practices have been defined by WHO (2008), as knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results, and which can be used to develop and implement solutions adapted to similar problems in other situations and contexts. The notion of best practice is not new in project management; Taylor (1911) made the assertion that among the various methods and implements used in each element of each trade there is always one method and one implement which is quicker and better than any of the rest. One way to attempt to ensure that projects address problems and issues as well as possible is to promote the adoption and ensure the implementation of best practices. According to Karim, 2011 Project managers who favor best practices and processes believe it's unnecessary to reinvent the wheel. Gathering and applying knowledge about what is working and what is not working in different situations and contexts through feedback learning and reflection can help improve projects (WHO, 2008).

SAFAIDS (2010) argued that in the past decade, there has been an increased demand for the inter-sharing of best practices in HIV and AIDS programming around the key response areas: prevention, care, support, treatment and impact mitigation, across southern Africa. Extensive efforts have been made by governments, civil society and private sector to roll-out programs at regional, national community levels, and many have generated vital lessons learnt and evidence of success in their implementation. Whatcom council of nonprofits, 2000 affirms that improvements in knowledge about current and emerging health determinants and risks are vital to effective public health efforts.

While recognition of the need to apply and document Best Practices is widely apparent, capacity to identify, plan, conduct, document, use and disseminate an HIV and AIDS related Best Practice initiative remains limited. While the government and non-governmental institutions have projects to combat HIV/AIDS projects application and

uptake of best practices has been dismal. Chesire2012 Says that Kilifi County is one of the districts in Kenya with a high prevalence of HIV/AIDS. The pandemic socio-economic challenge cuts across all sectors of the economy hence a general consensus that for the country to achieve vision 2030 targets there is every need to curb the spread of the AIDS pandemic whose realization heavily relies on a healthy population to drive key pillars of the economy (NACC, 2012).This study thus seeks to establish the determinants of the application of best practices among HIV/AIDS projects in Kilifi County in Kenya.

Application of best practices

Project management processes and techniques are used to coordinate resources to achieve predictable results. All projects need some level of project management. The question is whether the project will be managed reactively or proactively, ad-hoc or in a structured, disciplined manner (Jennifer R, 2003). Karim (2011) asserts that Best practices in project management are tried and tested processes collected from experiences and lessons learned. They have been repeated and improved to produce consistent outcomes. They are documented as examples, baselines and measures. The application of best practices includes the identification and contextualization of both lessons learned, the continued process of learning, feedback, reflection, analysis and re-strategizing on what works, how and why. DeBruyn (2000) argues that best practices comprise examples of programmes, projects and activities that have been shown to contribute towards making interventions successful. They do not represent perfection rather, they are part of a process of applying knowledge, improving it and documenting the experience to be shared with others. Higginson, (2011) defines best practice application as a standard-operating method that produces the best performance and results. Best practices are not, however, rules or laws. They are bendable, adaptable to individual needs and systems. They are learning tools. Modisaotsile, (2000) states that the purpose of best practices application is to document, understand and appreciate good experiences, facilitate learning about what works and what doesn't, share experiences and to assist the replication of small and successful interventions on a larger scale. The Essential Criteria for best practices application in projects include; effectiveness, ethical soundness, cost

effectiveness, relevance, replicability, innovativeness, and sustainability. Disseminating and utilization of best practices is done through development of database, study tours and exchange visits, identifying sharing platforms, sharing best practices through thematic meetings and preparation of policy briefs on the basis of best practices.

According to HENNET, 2010, HENNET has presented resource book which has documented innovations from health NGOs and FBOs in Kenya for purposes of sharing lessons on successes and challenges. One of HENNET's objectives is to share knowledge, skills, research findings, information, best practices and lessons learnt among Civil Society Organisations and Faith Based Organisations, government and private health care providers in order to avail evidence and transfer appropriate skills to inform policy reforms and strengthen health practice and service delivery. Application of best practices in interventions and support for systems strengthening has largely been unrecognized and undocumented. Many interventions by Non-Governmental Organisations and Faith Based Organisations are not brought to scale as they are unknown and cannot be referenced and therefore replicated. New HIV infections could be avoided by widespread uptake, replication and up scaling of best practices among HIV/AIDS projects. It is with this background that the researcher intends to carry out a research with the aim of documenting evidence that would inform both local and policy level advocacy to curb HIV/AIDS.

HIV/AIDS Projects in Kilifi County

Kilifi County is within the Kenyan Coastal region and one of the areas stricken by poverty as outlined by Mukui (2005) in his study on poverty analysis in Kenya. Kahuthu, (2005) states that one of the Reproductive health concerns that has continued to affect a large population in Kenya of reproductive age is HIV/AIDS. Kilifi district being a tourist destination area along the Indian Ocean coast coupled with the poverty levels in the area gives rise to the high HIV infection rates. According to the Kilifi strategic plan 2005-2010 Problems that require urgent and concerted efforts in the county are: People do not know their HIV status thus slow pace of behavior change. Lack of information on HIV prevalence and trends and inadequate care and support for those infected and affected. In

Kilifi County, Office of the President (NACC), Ministry of Finance and Planning (DDOs office), Family Health International (FHI) and Ministry Of Health and Nongovernmental Organisations (NGOs) were identified as potential institutions that can address all issues related to HIV/AIDS (Kahuthu, 2005). The area has attracted development organizations with local, national and international orientation to work in the area on HIV/AIDS and poverty related issues. Development organizations and HIV/AIDS projects in Kilifi include; World Vision, Plan International, Compassion International, Aphia Plus-Coast - Nairobi, SOLWODI (Solidarity With women in Distress), International Centre for Reproductive Health(ICRH),Kwetu Training Centre, Where Talent Lives(WTL),Moving the Goalpost(MTG),Kemri Wellcome Trust ,Tamba Pwani,PSI Kenya, National Council of Churches of Kenya, St. Luke's, Mission Hospital, Wofak,, Rabai power/youth, World Vision, AMURT, KANCO, Omari Project, County Aids Control council (CACC)Office, MPCF, LICASU, Vipingo youth Bunge, Ghetto CBO, and Amkeni Bamba youth group

1.2 Statement of the Problem

Best practices comprise examples of programmes, projects and activities that have been shown to contribute towards making interventions successful. They do not represent perfection rather, they are part of a process of applying knowledge, improving it and documenting the experience to be shared with others. A key element in best practices is that they enable persons and organizations to avoid "re-inventing the wheel" because they inform persons and organizations about lessons learned; and to continue learning how to improve and adapt strategies and activities through feedback, reflection and analysis (DeBruyn, 2000). For a project to achieve its goals it is inevitable for the project to adopt and make use of accumulated knowledge and experiences from other projects. This leads to replication and up scaling of best practices leading to successful project interventions.

In his study Ahmadnezhad (2013) highlighted that HIV/AIDS continues to be a major global health problem. UNAIDS (2013) special reports show that about 1.2 million people died from AIDS in Africa. UN Cares, 2012 shows that Kenya is still hard hit by the prevalence of HIV/AIDS despite the decline in prevalence rate compared to previous years. It remains a major public health concern in Kenya. According to The Kenya Health

and demographic survey of 2008/2009, it is estimated that Kenya has about 6.3 % prevalence rate compared to previous prevalence rate of 7.4%. However despite incredible progress in extending access to HIV services in the past five years, with an overall prevalence rate of 6.2%,1.6 million Kenyans are living with HIV and 111,000 new adult and child infections every year, Kenya is hard struck by the epidemic. In addition AIDS is by far the largest cause of adult mortality in Kenya accounting for 29.3% of deaths. From the point of view of UNAIDS, 2013 by scaling up and sustaining efforts it will be possible to achieve an AIDS free generation. According to UNAIDS, 2000 without access to existing knowledge and experience from the field of things that work, whether fully or in part, mistakes may be repeated and valuable time may be lost. Lessons learned must be widely shared and adapted to local conditions in order to enable an effective response to the epidemic. .

Despite availability and an increase in the number of best practices in the fight of HIV/AIDS, little has been done to analyze the factors affecting uptake, upscale and replication of best practices in HIV/AIDS projects in Kilifi County. Application and documentation of best practices in Kilifi projects has not been studied adequately. Marij&Versteeg, (2008) says that municipalities often face similar challenges but do not always exchange lessons learnt. As a result there is a wealth of knowledge available in terms of what works and what not. However not all of this practical knowledge is documented and available. As municipalities are faced with many priorities and often work with tight budgets and under human capacity constraints, it would be crucial not to reinvent the wheel but rather to take stock of the lessons learnt by peer municipalities in addressing the epidemic. This study therefore seeks to establish determinants of the application of best practices in Kilifi County. In her study Kimonyi (2010) highlighted that there are claims that donor funded projects are not achieving their intended results and that countries suffer from donor fatigue in funding for there are no links between aid and growth. What could be the probable reasons to projects and individual's reluctance to uptake, replicate and upscale best practices despite the potential benefits? It is against

this, that researcher intends to analyse the determinants of application and uptake of best practices among HIV/AIDS projects in Kilifi County,   an area outlined to be one of the poorest areas in coast region by Mukui, 2005.

1.3 Purpose of the Study

The purpose of this study was to establish the determinants of application of best practices in HIV/AIDS Projects in Kilifi County, Kenya.

1.4 Objectives of the study

i.   To establish relationship between cultural practices and the application of Best practices in HIV/AIDS projects in Kilifi County

ii.   To determine how donor funding influence application of best practices in HIV/AIDS projects in Kilifi County

iii. To assess the influence of management policies in application of best practices in HIV/practices in HIV/AIDS projects in Kilifi County

iv.   To establish the extent to which stakeholders participation influence application of best practices in HIV/AIDS projects in Kilifi County

1.5 Research questions

The study was guided by the following research questions

i.   To what extent do cultural practices affect application of best practices in HIV/AIDS projects in Kilifi County.

ii.   How does donor funding influence application of best practices in HIV/AIDS projects in Kilifi County.

iii. To what extent do management policies influence application of best practices in HIV/AIDS projects in Kilifi County.

iv.   How does stakeholder's participation influence application of best practices in HIV/AIDS projects in Kilifi County.

1.6 Research Hypothesis

The research project answered the following hypothesis

i.   **H0**; There is no correlation between culture and application of best practices in HIV/AIDS Projects

   H1; There is a correlation between culture and application of best practices in HIV/AIDS projects in Kilifi County

ii.   **H0;** Donor funding does not influence application of best practices

   H1; Donor funding influence application of best practices

iii.   **H0;** Management policies do not influence application of best practices in HIV/AIDS projects

   H1; Management policies influence application of best practices in HIV/AIDS projects

iv.   **H0**; Stakeholder's participation does not influence application of best practices in HIV/AIDS projects in Kilifi County.

   H1; Stakeholder's participation influence application of best practices in HIV/AIDS projects in Kilifi County.

1.7 Significance of the study

The findings of this study would be significant in various ways:

The study will be of great national importance as findings will be integrated into the existing intervention and control strategies to combat HIV/AIDS.

The study findings will be significant to community leaders, project managers, and stakeholders in contributing to local and global commitments to achieving universal access to HIV prevention, treatment, care, support to halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development Goals.

To the academicians who want to contribute to the body of knowledge the study will identify and open opportunities that call for further research and intervention.

The study would also be beneficial to policy makers and technocrats in coming up with strategies to streamline response to HIV and AIDS.

1.8 Basic assumptions of the study.

The methods used to collect data were valid. It was also   assumed that the respondents answered the survey truthfully. An assumption was also made that the respondents will also be available to participate in the study. HIV/AIDS projects made a good enough sample to generalize all Kilifi county HIV/AIDS projects.

1.9 Limitations of the study

Time constraints of both study and work availed less time than ideal. Since the study is self-sponsored the resources available to collect data were limited.

1.10 Delimitations of the study

The success of the study was facilitated by the fact that I was a community development worker in the area and regularly interact with HI/AIDS projects stakeholders such as government ministries, NGOS in various forums. The stakeholders and their beneficiaries constitute the respondents who will provide information required in the research. The study was in all HIV/AIDS projects.

1.11 Definition of Significant terms used in the study

Best practices - planning or operational practice that has proven successful in a particular context. Best practices are used to demonstrate what works and apply knowledge about how and why they work in different situations and contexts.

Projects - are unique endeavors to produce a set deliverables within aclearly specified time, cost and quality constraints

Culture-Are beliefs, ideologies, policies, practices of an organization. It gives the employees a sense of direction and also controls the way they behave with each other. The work culture brings all the employees on a common platform and unites them at the workplace. It also involves community practices, traditional practices, gender roles in the society that influences the project activities.

Donors- In this context it refers to any entity that provides financial and other forms of assistance to a project

Stakeholders-Any individual or group who have stake or claim in a project

Non-Governmental Organizations (NGOs) – is a voluntary citizens group that is organized on a local, national, or international level. It is task oriented and driven by people with a common interest.

1.12 Organization of the study

This study will be organized into five chapters. The first chapter comprises introduction of the study, background of the study, statement of the problem, purpose and objective of the study, basic assumptions of the study, limitations and delimitations of the study and definition of significant terms. Chapter two will give the relevant literature reviewed for this study. In chapter three the research methodologies used in the study are discussed. They include research design, target population, research instruments, reliability and

validity of the instruments, data collection procedures, data analysis techniques, ethical consideration and operational definition of variables. Chapter four will deal with data presentation, analysis and interpretation. The data presentation and analysis will also be done based on the thematic areas derived from the objectives.

Finally chapter five will give the summary, findings, discussions, conclusion and recommendations. It will also give suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Literature review is a critical summary and an assessment of the current state of knowledge or current state of the art in a particular field. (Dr. Virginia Cano, 2001) According to Joel Murky (1990), literature review is important in that it gives the researcher the opportunity to strengthen his or her paper by citing other reliable authors who have studied the topic. It also enables the researcher to detect conflicting points of view expressed by different authors. Literature review gives the researcher an opportunity to discuss material published in other fields related to the main topic. This chapter provides information publications on topics related to the research problem. It examines views of various scholars and authors have said about best practices. This chapter begins by giving an overview of best practices. The chapter also looks into some aspects of Best practices in project planning and management, determinants of application of best practices and HIV/AIDS best practices in the world, Africa, Kenya and Kilifi
.

2.2 Overview of best practices in project planning and management

Project management processes and techniques are used to coordinate resources to achieve predictable results. All projects need some level of project management. The question is whether the project will be managed reactively or proactively—ad-hoc or in a structured, disciplined manner(Jennifer R,2003). Karim, (2011) asserts that Best practices in project management are tried and tested processes collected from experiences and lessons learned. They've been repeated and improved to produce consistent outcomes. They are documented as examples, baselines and measures. Project managers who favor best practices and processes believe it's unnecessary to "reinvent the wheel "The Whatcom council of non- profits, 2010 outlines various best practices for nonprofit organizations. This include; board annually reviews the organization's mission, Board sets and monitors

policies and attends to emerging policy issues, board reviews reports on programs and services that demonstrate links to organization purpose and tracks progress toward desired outcomes, Board membership is well managed, Board members actively solicit input from the communities and constituencies they represent. The organization makes the most effective, efficient and productive use of human resources through appropriate job assignments. Employees understand and promote the organization's mission and strive to contribute to its outcomes. Employees and volunteers receive the information, training and feedback they need for optimal job performance. Effective communication systems and practices are used throughout the organization. The organization generates sufficient revenue to support organization's administration and program Services, There is a diversified funding base and strategic plan is guided by organization mission.

Karim, 2011 says that project managers should use best practices but they should build, fine-tune and improve them to fit an organization. Should best practices become better practices or best-fit practices so they become molded, enhanced and understood by the organization and the people who will benefit from them. UNAIDS, 2000 highlights that sources of best practice are wide. They include UN system staff, non-governmental organizations, government representatives and agencies, community groups, and individuals. Sometimes Best Practice is identified through small or mass media.

2.3.Culture and application of best practices

Culture encompasses the set of beliefs, moral values, traditions, language, and laws (or rules of behavior) held in common by a nation, a community, or other defined group of people. Culturally determined characteristics include: the language spoken at home; religious observances; customs (including marriage customs that often accompany religious and other beliefs); acceptable gender roles and occupations; dietary practices; intellectual, artistic, and leisure-time pursuits; and other aspects of behavior. In the United States, and in other nations with large immigrant populations, there is a wide range of cultural diversity, religious beliefs, customs, and values, reflecting the scattered origins of the people. According to UNAIDS,2000; Community-based home care has

proven cost-effective in many settings, with the added benefit of helping communities come together, raise awareness, and promote tolerance and acceptance..

In the light of the experience gained, it is more and more widely recognized that the HIV/AIDS epidemic is not only a sector-based medical problem, but a multi-faceted issue which requires multidimensional strategies. Modern-type information / education / communication, promotion of condom use will not achieve the expected results, if the question is limited to medical considerations and its solution to pharmaceutical treatments. It is, indeed, a complex societal and cultural phenomenon, to be considered in the perspective of sustainable human development. This is why the prevention and treatment of the epidemic require a cultural approach to face the issue in all aspects.(UNESCO, 2002).

There are several key social and cultural factors underlying the Caribbean HIV epidemic: Caribbean cultural constructions of masculinity and femininity impose obligations and restrictions leading to risky sexual practices (e.g. early age at first sexual intercourse and multiple partnerships by men). Complying with gender expectations creates vulnerabilities for HIV in the general population and not just among people often thought to be at high risk, such as sex workers and men who have sex with men. The economic environment and associated gender inequalities affect sexual practices. To access economic resources, men and, to a greater extent, women, put themselves at risk by accepting multiple partnerships, not negotiating condom use and/or trading sex for money and goods. Adolescent girls and some boys may accept unprotected sexual relations with older men in order to access resources. These practices are supported by the cultural norm that men should provide financially for their sexual partners. Young people and women are often exposed to sexual and physical abuse that put them at risk for HIV. Sexual abuse and violence create psychological as well as physical vulnerability. Forced sex at first intercourse or at some point in life often results from gender and age imbalance. Unstable and unsupportive family environments, sometimes resulting from economic migration, create vulnerability and may explain some sexual risk taking (Gaelle and Caroline ,2008)

Monteiro,Wilza,Villela ,Priscilla & Soares (2013) states that Some researchers are

making a visible effort to devise consistent theoretical and methodological approaches in order to understand stigma as a complex social-cultural process produced at the intersection of different axes of inequality. These efforts provide vital information that can inform how best to address HIV/AIDS stigma.

Community mobilization and community-level action – much of it initiated by persons infected or affected by HIV – has always played a major role in the global response to AIDS. In many countries, community response preceded the official national response. It has proved essential to many components of a successful national response, most notably awareness, prevention, policy and legal changes, impact alleviation, advocacy, and family or community care and support. UNAIDS 2000, defines "community" in its widest and most inclusive sense: a community is a group of people who have something in common and will act together in their common interest. In terms of HIV/AIDS, a mobilized community exhibits most or all of the following characteristics: Members are aware in a detailed and realistic way of their individual and collective vulnerability to HIV/AIDS. Members are motivated to do something about this vulnerability. Members have practical knowledge of the different options they can take to reduce their vulnerability. Members take action within their capability, applying their own strengths and investing their own resources, including money, labor, materials, or whatever else they have to contribute. Members participate in decision-making on what actions to take, evaluate the results, and take responsibility for both success and failure. The community seeks outside assistance and cooperation when needed(UNAIDS,2000).For national responses to be effective, existing community initiatives must be reinforced, and new ones must be nurtured as they establish themselves. This will require flexible partnership arrangements with governments and other forces in the campaign against HIV/AIDS, particularly in developing countries. According to UNAIDS,2000 community mobilization, uphold the rights and dignity of people infected with and affected by HIV/AIDS, ensure active participation by as broad and representative a group of community members as possible, Provide for equal partnership and mutual respect between the community and external facilitators, build capacity and ensure sustainability, Build on the realities of living with HIV and AIDS while maintaining hope based on

community collective action, Maximize use of community resources while identifying and using additional external resources as needed.

Prokopy et al (2013) argues that Education levels, utilization of social networks emerge as some of the variables that are more often positively, rather than negatively, associated with adoption of rates. Culture represents the beliefs, ideologies, policies, practices of an organization. It gives the employees a sense of direction and also controls the way they behave with each other. The work culture brings all the employees on a common platform and unites them at the workplace. Around the world, individual places of worship within communities (including churches, mosques, synagogues, temples, and hospitals with religious affiliations) have undertaken their own initiatives to deal with HIV/AIDS and its impact at a local level. These initiatives have included advocating changes in local community attitudes, speaking out against prejudice, raising money, and organizing home-based care. At the same time, regional and national religious hierarchies in some countries have undertaken wide-ranging activities, sometimes moving well ahead of many local members. In Africa, religious leaders confronted HIV/AIDS early on in the epidemic, and religious institutions were among the first to care for the sick and dying. In many parts of Asia, Buddhist monks and nuns and other religious groups are very much involved in caring for people living with HIV/AIDS. Many spiritual leaders have grappled with the difficult questions that the epidemic poses to theology, and have found that discussion of these questions can have beneficial effects on faith and religious teaching. In a study by Shisana,2004 and colleagues on marital status and risk of HIV in South Africa found that married partners did not use condoms for fear of being accused of engaging in extramarital affairs.

Ravasi and Schultz (2006) state that organizational culture is a set of shared mental assumptions that guide interpretation and action in organizations by defining appropriate behavior for various situations. Organisational culture affects application of best practices.

2.4 Donor funding and application of best practices

Donor funding usually comes with restrictions expectations or other strings attached. Major constraints concerns financial and management requirements. Organisations must meet donor demands for accountability, often defined through donor –required financial and programmatic reports. While accountability is important, project representatives say they spend significant resources on reporting, with some estimating that they spend 10 to 2 percent of their time reporting requirements alone. Restrictions imposed on many grants and donations along with uncertainty of these funds over time ,make it difficult for organizations to do long term planning ,improve their services or reach their full potential (Wuste and Schmuck,2012).

NGOs increasingly find that grants and donations are inadequate to meet current program needs, much less to expend program activities. with so many worthy causes to address genuine needs competing for the attention and generosity of the public, even wealthy donors lack the resources to fund every worthwhile effort. Furthermore as populations grow so do the number of vulnerable groups needing assistance from donors. New problems appear which demand adequate attention and require substantial funding. Meanwhile projects face rising costs of staff and other program inputs further straining their limited budget. When the cost of projects core activities exceed the inflow of grants and donations ,it is forced to scale down the quantity of its work or to find new sources of funds to cover for the difference. Donor feel that NGOs project costs tend to be lower than a governments and that NGO projects can meet deadlines better (Dale and Newman, 2008).

In many instances donor demands absorb more resources than those allocated for the specific project. Because they are not operating under a fixed project time frame, independently financed NGOs tend to design projects without an explicit exit strategy or end point. As they meet one objective, they may well develop others. Project organizations often seek long term presence in the community, region rather than fixed time limit of a contract. It allows for better and sustainable collaboration with government and stakeholders(Barber 2008).

The dependence on grants and donations can also inhibit the autonomy of NGOs to choose which program activities to undertake and to select the most effective intervention strategies

to achieve program goals .To a certain extent all donors have their own agenda, which are their own views as to which problems are important and the best intervention strategies to address these problems. Project managers may be compelled to follow the money and allow donors to dictate the scope and direction of their activities or else receive no funds. Many donors also decide on the type of expenses that they may cover. The most common restriction is to cover only direct program costs, but not the cost of support services or other overhead costs. Projects must contribute these costs on their own or at least cover an increasing share of these costs of time (Dhillon and Hansra, 1995). Today we see project managers face and increasing need for their organisations services, increasing costs for providing this services and an increasingly competitive environment for obtaining funds through grants and donations (Allan and Rick, 1994)

2.5 Management policies and application of best practices

Guler (2008) argues that while vision and mission are not sufficient to determine the role and activities of an organization, the action itself without a link to clear ,shared vision often leads to failure of an organization in realizing its potential. The lack of coherence between what an NGO envisions and what it does bring ineffectiveness since it creates ineffectiveness in the minds of the project staff, its supporters and the outside world and weakens focus and synergy. To ensure the path from vision to action is coherent , a project needs to experience a three stage process described by Fowler(2007) as re-examining and confirming what the project stands for ,linking these values to long term choices (through appropriate policies and strategic plans) and translating choices to tangible actions and task to be carried out the staff and stakeholders. Taking this process seriously under a strong leadership and promoting internal dialogue such as organizing workshops including all staff can help achieve project effectiveness.

It is important for a project to maintain a clear link between vision and staying focused on primary stakeholders and mission require strong leadership ,staff commitment, and also optimum degree of organizational flexibility to respond to changing needs ,interests and priorities.

However, when it comes to the need for strong management, leadership and commitment by staff, it is worth mentioning that many projects especially those in less developed countries may suffer from leadership bail out and staff turnover as a result of the lack of institutionalization and overdependence of the founder, which in turn creates a greater risk of collapse at the demise of founders. A way to solve projects sustainability is creating systems of leadership development, management, staff empowerment promotion of organizational culture, as well as balancing psychological motivation of staff with market related incentives and expectations. Fowler(2007) provides tips for increasing projects ability to learn. These include management allocating time for reflection, a management information system with processed primary data ,and a designated fund for specific learning activities of staff ,team building, mandatory post mortems of closed projects, planned thematic studies and annual review of projects and programmes progress. Projects should also provide sufficient transparency through revealing results of performance evaluation and reporting practices and achievements to stakeholders and global community in order to gain support and credibility. A well-motivated and expertly staffed project team can spearhead the development and effective implementation of advanced project management procedures (Lock, 2008).Essential infrastructure and support services should be provided by management. In most HIV/AIDS facilities, the dissatisfaction with HIV/AIDS services has focused on availability and equitable distribution of basic services, abuses of power, financial mismanagement and

corruption, and lack of responsiveness (Chisholm, 2009).World of work; with the rising prevalence of HIV/AIDS, employers are increasingly concerned about the impact of the disease on their organizations. It therefore makes sense to invest in prevention, care, and support programmes to stem declining business productivity and profitability (UNAIDS, 2000)

In the World of work; with the rising prevalence of HIV/AIDS, employers are increasingly concerned about the impact of the disease on their organizations. It therefore makes sense to invest in prevention, care, and support programmes to stem declining business productivity and profitability (UNAIDS, 2000)

2.6 Stakeholder participation and application of best practices

Any individual or group who have stake or claim in an organization are called stakeholders as noted by Freeman (1984). They depend on the organization to fulfill their goals and the organization depends on them as well for its survival. The stakeholders influence the activities and strategies employed by the organization to achieve organizational goals. The influence by stakeholders depends on the interests or powers that they possess. Proper strategy development, formulation and implementation determine the organization's position in the market as well as its survival in the midst of challenging and competitive environment. Community members and other actors in HIV projects should take an active role in identifying their needs, prioritizing those needs ,mobilizing internal and external resources and implementing activities towards achieving their objectives (Artwoti 2012) . Nothing in the world of business is a constant. New changes come every day due to technological changes and the changing preferences and tests of the customers for both profit and nonprofit

making organizations. Johnson et al (2008) saw stakeholders as those individuals or groups who depend on an organization to fulfill their own goals and whom in turn the organization depend on. Taylor and Sparkes (1977) argued that stakeholders define the political context of an organizational strategy implementation. Stakeholders theory suggest that an organization has obligation not only to its stakeholders and customers, but also to all individuals and organizations with whom it transacts with and relates with such as suppliers, employees, leaders, government, financiers, the community, the rivals, trade unions, professional associations, agents collaborators, local and national government and the communities where the organization operates. Freeman (2009) defined stakeholders as those groups who affect, or are vital to the survival or the success of an organization.

Harrison and St John (1998) categorize stakeholders into those within the organization(owners, board members, managers and employees) and those within the operating environment (Customers, suppliers, government agencies and administrators , unions, competitors, financial intermediaries, the community and activist groups) all operating within the broader environment subject to socio-cultural, global economic, political-legal forces and the changing technologies. All these show the importance of identifying, understanding, building relationship with and satisfying stakeholders as well as ensuring that we take them into account in the formulation and implementation of strategy in the organization.

 Pearce & Robin (1991) added a component of reconciliation and priorities in management of stakeholders. He argued that various groups of stakeholders' interest appear to conflict with those of the organization which need to be reconciled and prioritized to enhance success and survival of the organization. When it comes to formulation and implementation of processes, then strategic management is introduced in order to scan the strengths, weaknesses, threats

and opportunities which exist and which may need to be handled for the purpose of satisfying the stakeholders' interests, for the survival of the organization. This scanning is done to the stakeholders who have interest or stake in the organization or individuals or groups which depend on the organization and the organization depends on them for their survival. The managers have a task to carry out the above task with skill and expertize in order to ensure success of the organization

2.7 Conceptual Framework

The study was guided by the following conceptual framework above relating the determinants of application of best practices. This include donor funding, project management policies, culture and stakeholder participation as independent variables. However, this relationship can be altered by the legal framework, and government policies in place.

Independent Variables **Moderating variable** **Depended variable**

Culture Organizational culture		
Donor funding Donor conditions		
Management policies Training of workers		
Stakeholders participation Stakeholder involvement		

-Government policy and law (regulatory)

Application of best practices in HIV/AIDS projects
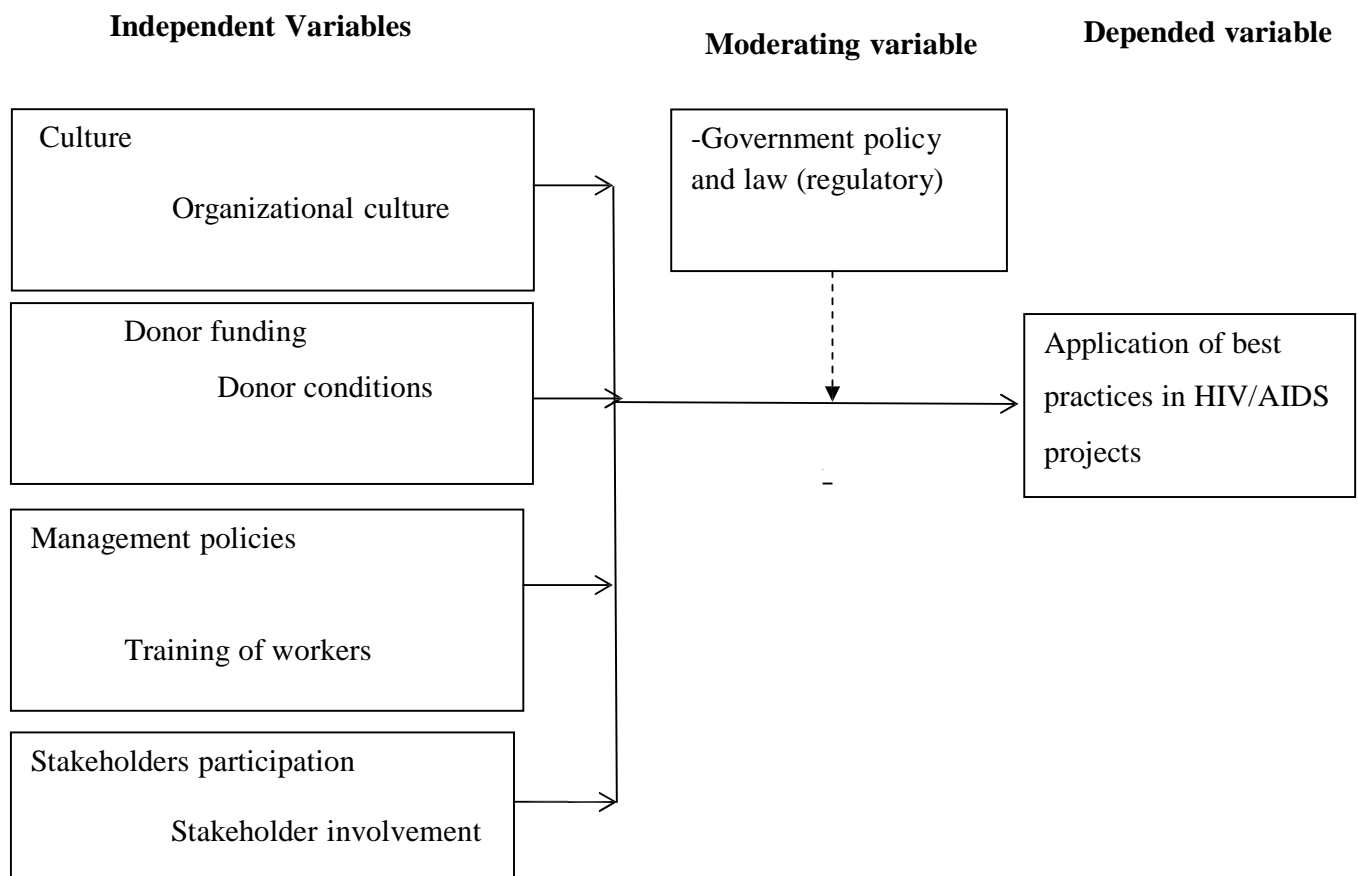
2.8 Summary of literature review

Higginson, (2011) recommends various ways to reinforce commitment to a best-practices culture. This include, incorporating strategic communications from company leadership, integrate this commitment into key messages, Celebrate best practices, Integrate best-practice sharing into all formal and informal meetings, be open to changing the operations manual to incorporate best practices, Conduct focused campaigns to solicit best practices on particular opportunities or challenges, Integrate a best-practice focus into all formal communication vehicles, Promote on the internal Web site, Integrate solicitations for best practices into regional meeting agendas, Run an incentive promotion. Consider awarding a cash prize for the first 10, 25 or 50 submissions received or place all submissions into a drawing for a cash prize, Inform all associates about the best-practices culture and encourage them to flag best practices when they see them, and, most important, be sure to communicate the results of your best practices campaign.

According to discussion, it has shown that there is need for projects to identify what works, what doesn't and share lessons learnt from projects. Cultural practices, stakeholder participation ,donors and management policies may influence application of best practices. Projects should identify, document and apply best practices in HIV/AIDS. Without application of best practices many mistakes may be made and resources wasted.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses how the study was carried out; explain the methods and steps that were used to conduct the research. The basis of any valuable research depends on the methods and procedures employed in data collection and a clear definition of the target group of the respondents.

3.2 Research Design

The study will be a descriptive census survey in design. Surveys are popular as they allow the collection of a large amount of data from a sizable population. The survey strategy is perceived as authoritative by people in general and is both comparatively easy to explain and to understand. According to Frankfort Nachmias and Nachmias (1996), survey method is one of the most important methods of data collection in social sciences and it is used extensively to collect information on numerous subjects. The researcher found census method suitable because the projects of study were not vast and for a greater degree of accuracy. Also data collection through census method gives a researcher an opportunity to have an intensive study and gather a lot of knowledge.

According to Mugenda and Mugenda (1999), the survey research is probably the best method available to social scientists and other educators who are interested in collecting original data for the purpose of describing a population. In addition, a part from just describing data, surveys can be used for explaining or exploring the existing status of two or more variables at a given point in time. Surveys are also excellent for measurement of characteristics of large population.

3.3 Target Population

The target population of the study constituted all HIV/AIDS project organisations operating in Kilifi County. As at May 2013, there were 26development organizations(Fauz,2012). Census was used to study all HIV/AIDS projects in Kilifi County in order to ensure that the findings reflect all projects which will give adequate and reliable data for analysis. The targeted projects were International Centre for Reproductive Health(ICRH),Kwetu Training Center, Where Talent Lives(WTL),Moving the Goalpost (MTG),Kemri Wellcome Trust, Tamba Pwani, PSI, Kenya National Council of Churches of Kenya, Compassion International, ST Lukes Mission Hospital project, Wofak, Rabai power/youth, APHIA Plus, World Vision, AMURT, KANCO, Omari Project, CACC office, MPCF, LICASU, Solwodi, Vipingo youth Bunge, Ghetto CBO, Amkeni youth group, and German foundation for Worlds Population(DSW)

3.4 Sample size and sampling procedure

A sample in research is a group on which information is gathered(Frankel 2000).The whole idea of sampling is that by selecting some of the elements in a population we can draw a conclusion about an entire population (Cooper 2006).The sample size was made up of 72 senior and middle level managers including field officers and volunteers from 24 out of the 26 HIV/AIDS projects operating in Kilifi County. Mugenda &Mugenda(1999), suggests that one may use a sample size of atleast 10% but for higher more representative results a higher sample is better. The researcher opted at 15 percent of total staff in the HIV/AIDS Projects.

3.5 Data collection instruments

Both primary and secondary data was used during the study. The primary data was derived from the answers respondents gave in self- administered questionnaire prepared by the

researcher. In addition, the information that was obtained from the key informant interviews who provided primary research data that support the study.

The secondary data on the other hand, was derived from the findings stated in published documents and literatures related to the research problem. The researcher visited all the selected HIV Projects for familiarization purpose and to explain to the relevant officers the purpose of the study before the administration of the instrument.

3.6 Reliability and validity of data collection instruments

Validity is the strength of our conclusions, inferences or propositions (Cook and Campel, 1979). The reliability of a research instrument concerns the extent to which the instrument yields the same results to repeated trials(Carmines & Zeller, 1979)

3.6.1 Validity of research instruments

Validity of data instruments refers to the accuracy or meaningfulness or technical soundness of the research. It is the degree to which a test measures what it was supposed to measure (Mason, et al, 1989).To ensure validity of the research instruments the researcher initially presented a sample of the questionnaire and key informant interview questions to Lecturers of the University of Nairobi who are authorities in the area for scrutiny and advice.

3.6.2 Reliability of research instruments

Reliability is defined by Joppe, (2000) as the consistency of one's measurements, or the degree to which an instrument measures the same way each time if it is used under the same conditions with the same subjects. In short, it is the repeatability of one`s measurement. Reliability is not measured, it's estimated. To ensure reliability, the researcher carefully selected respondents who indeed were willing participants in the study and would answer questions with minimum degree of bias(Hair, et al; 2003). The researcher scheduled key informant interviews at the respondent's convenience and further, when distributing questionnaires the respondents were given adequate time to answer.

3.6.3 Pilot testing of the instruments

Pilot testing to the research instruments was done to check for reliability of the research instruments. The data collection questionnaire and interview guide was pilot tested with a total of 5 respondents to check for its accuracy. The key informant guide was also pretested using 5 key informants to determine the appropriateness to the population and relevance to the objectives of the study. Feedback from the pilot study informed the researcher of any adjustments that were required

3.7 Data collection procedures

The study used both qualitative and quantitative techniques to collect data. Key Informant Interviews and questionnaires were used to collect information. For quantitative methods questionnaires were used to collect information from senior and middle level managers. Questionnaires are leading tools for quantitative methods and it is preferred for its suitability to this study. It is a suitable method for data collection because it allows the researcher to reach a larger sample within limited time. It also ensures confidentiality and thus gathers more objective replies. The questionnaires contained both closed and open ended items and were distributed directly to the respondents. For qualitative methods informal key informant interviews were conducted for adult beneficiaries, and personnel in the projects. Communication to the respondents was done mainly in English and Kiswahili languages.

3.8 Data analysis and presentation

Data was provided in both narrative as well as in numeric form and was analyzed through both descriptive and inferential statistics. Responses obtained were categorized into themes around the depended and independent variables for easy coding and tabulation. The researcher checked data for completeness, legibility, comprehensibility, consistency and uniformity. Data collected was analyzed and compared by use of descriptive statistics such as frequencies, and percentages. Percentages were used to rank determinants as perceived by the respondents. Correlation coefficient and Factor analysis method was used to describe

interdependence and variability among observed variables. Microsoft Excel and Statistical Package for Social Sciences (SPSS) were used to perform the statistical analysis. The analyzed data was presented in form of graphs, charts and tables.

3.9 Ethical considerations

The researcher obtained consent from the Kilifi county governor's office and from the projects management to be able to engage the participants. The researcher treated all the information gathered with a high degree of confidentiality; respect of individuals and their culture was observed during the study. Interviews through questionnaires did not interfere with the normal schedule of the respondents

3.10 Operational definition of variables statistics.

Table 3.4 summarizes the key variables that will guide the study.

Variables		Indicators	scale	Type of analysis
Independent variables	Culture	Organizational culture	Nominal and ordinal scales	Descriptive statistics
	Management Policies	-presence of qualified personnel an -Training of personnel	Nominal and ordinal scales	
	Stakeholder participation	-community and other actors participation in project activities	Nominal and ordinal scales	Descriptive statistics
	Donors	-Donor conditions	Nominal and ordinal scales	

Dependent Variables	Application of Best Practices in HIV/AIDS projects	Documentation of best practices	Nominal and ordinal scales
		-presence of authority figure to manage HIV/AIDS projects	
		-Involvement of young people in HIV/AIDS response	
		-Training for personnel	
		Support to HIV/AIDS positive worker	
		-Donors /sponsors demand for accountability and adoption of Best practices	
		-Encouraging employees to communicate, apply and document Best practices	
		-Active involvement of stakeholders	
		-Presence of support groups	
		-Satisfaction of stakeholders	
		-Presence of -Behavior change programmes	
		-Home-based care	
		-Prevention of Mother to child programs.	
		- Monitoring quality of programs and services	

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter gives the findings of the research project whose objective was to establish the determinants of the application of best practices in HIV/AIDS projects in Kilifi County, Kenya. The study findings were analyzed using cross-tabulations and various inferences were made based on the data findings

4.2 Response Rate

The researcher obtained data successfully from 24 projects out of the registered 26 projects as per the Kilifi county HIV/AIDS coordinator Office Report 2013. This is 92.31% response rate with only 7.69 % response failure. It was found that plan international was no longer having HIV/AIDS projects in Kilifi County.

4.3 Organization Profiles

Table 4. 1: Duration of service for the respondents

Class	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 5 years	12	50.0	50.0	50.0
6-10 years	11	45.8	45.8	95.8
Over 10 YEARS	1	4.2	4.2	100.0
Total	24	100.0	100.0	

(Source: Research Data 2013)

The researcher found that half of the respondents had worked in these organizations for a period of less than 5 years represented by 50% and 45.8% had worked for over six years and 4.2% had worked in the projects for over 10 years. This indicates that the data can be relied upon for the respondents had a good understanding of the projects operations.

Table 4.2: Duration of existence of the organizations within the region

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Under 5 years	11	45.8	45.8	45.8
6-10 years	6	25.0	25.0	70.8
11-15 years	2	8.3	8.3	79.2
over 15 years	5	20.8	20.8	100.0
Total	24	100.0	100.0	

The researcher found that the projects have existed in the area for a period of between 1 and 5 years, 6 to 10 years, 11-15years and over 16years represented by 45.8%, 25.5%, 20.8% and 8.3% respectively. This shows that the project organizations had established stakeholders and had come across factors that enhance or hinder application of best practices in their operations in one way or another.

4.4 Culture practices and application of best practices

Cultural practices are a determinant in the application of best practices in HIV/AIDS projects in Kilifi County. When respondents were asked to rate the level of agreement that cultural factors and believes determined application of best practices; 33 % strongly agreed, 21% agree, 29%were neutral and 16% disagreed. A cumulative percentage of 54 % therefore identified cultural factors as a determinant in the application of best practices in HIV/AIDS projects. The findings are presented in the table that follows:

Table 4.3: Cross tabulation between application of best practices and cultural factors

		Cultural factors Strongly agree	Agree	Neutral	Disagree	Total
Application of best practices	Strongly agree	24	15	18	9	66
	Agree	0	0	3	3	6
Total		24	15	21	12	72

From the above findings 39 of the respondents are in agreement that cultural factors affect application of best practices. 21 were neutral while 12 disagreed. According to analysis 91.7% of projects strongly agreed that they apply best practices and 8.7% of the projects agreed. There is a positive correlation between culture and application of best practices in HIV/AIDS projects in Kilifi County with a correlation coefficient of 0.351 as shown in table 4.9.

4.5 Donor funding and application of best practices in HIV/AIDS projects

Table 4.4: Cross tabulation between application of best practices and donor funding

		Donor funding Strongly agree	Agree	Neutral	Disagree	Total
Application of best practices	Strongly agree	33	9	12	12	66
	Agree	0	0	3	3	6
Total		33	9	15	15	72

Donor conditions refer to the restrictions imposed by donors in partner donor agreements. This involve funding levels which is the amount of money allocated to the projects to undertake activities in HIV/AIDS projects. When respondents were asked on their level of agreement that funding levels affected application of best practices a mean of 1.92 was obtained. Rating the level of   agreement to a great extent. 33 of the respondents strongly agreed,9 respondents agreed, 15 were neutral and 16 disagreed.

 Donor restrictions were also identified as determinants to application of best practices. From the study it was evident that HIV/AIDS projects in Kilifi had been funded by donors for long periods of time, since 48.2 % of the projects existed in the region for a period of more than 5 years and only 45.8% existed for less than 5 years as depicted in table 4.2. There is a strong correlation in application of best practices and donor conditions with a correlation coefficient of 0.351 as shown in table 4.7

4.6 Management policies and application of best practices

Table4.10: The correlation coefficient of management policies on application of best practices in HIV/AIDS Projects.

Table 4.5: Cross tabulation of application of best practices and management policies

		Management policies Strongly agree	Agree	Neutral	Disagree	Total
Application of best practices	Strongly agree	18	18	24	6	66
	Agree	0	3	0	3	6
Total		18	21	24	9	72

It is evident from the table that 18 of responses indicated that they strongly agreed that management policies influence application of best practices, 21 agreed, 24 were neutral and 9 disagreed. From analysis it was established that there is weak positive correlation between management policies and application of best practices among HIV/AIDS projects in Kilifi County with a correlation coefficient of 0.204.

4.7 Stakeholders participation and application of best practices

Table 4.6: Cross tabulation of stakeholder participation and involvement in application of best practices

| | | Stakeholder involvement and participation | | | | |
		Strongly agree	Agree	Neutral	Disagree	Total
Application of best practices	Strongly agree	33	27	6	0	66
	Agree	0	0	3	3	6
Total		33	27	9	3	72

From table 4.6 above the respondents showed that46% of the respondents strongly agreed that they apply best practices, 38% agreed,13% were neutral and 4% disagreed. The results show that there is a strong positive correlation between stakeholder's involvement and participation in application of best practices at 95% confidence level. Therefore stakeholder involvement and participation is an important determinant to application of best practices in HIV and AIDS projects. The stakeholders affected or which affect application of best practices among HIV/AIDS projects include beneficiaries (95.8%), local leadership (87.5%), Government ministry officials (83.3%),donors and sponsors (79.2%), Project employees (66.7%), Constituency Aids Control Council (CACC) (62.5%), religious bodies (58.3%) and the project board (50%). It emerged that the various stakeholders had power and influence in application of best practices in the HIV /AIDS Projects.

4.8 Hypothesis testing

Table 4.7: Hypothesis testing

Determinant	Chi-square value	d.f	Cramers correlation coefficient
Culture	8.88	3	0.351
Donor conditions	9.164	3	0.357
Management policies	12.156	3	0.411
Stakeholders participation	45.818	3	0.798

Given that the Chi-square value calculated in cultural factors is greater than the critical value at 3 degrees of freedom and at 5% level of significance. The researcher therefore rejected the null hypothesis and accepted the H1 hypothesis that there is a correlation between cultural practices and application of best practices in HIV/AIDS projects in Kilifi County

The Chi-square value calculated for donor conditions is greater than the critical value at 3 degrees of freedom and at 5% level of significance. The researcher therefore rejected the null hypothesis that donor funding does not influence application of best practices and accepted the H1 hypothesis that donor funding influence application of best practices

The Chi-square value calculated for management policies is greater than the critical value at 3 degrees of freedom and at 5% level of significance. The researcher therefore rejected the null hypothesis and accepted the alternative hypothesis that management policies influence application of best practices in HIV/AIDS projects

Given that the Chi-square value calculated for stakeholder participation is greater than the critical value at 3 degrees of freedom and at 5% level of significance. The researcher therefore rejected the null hypothesis and accepted the alternative hypothesis that stakeholder's participation influence application of best practices in HIV/AIDS projects in Kilifi County.

The descriptive information on the determinants of the application of best practices shows that all the correlation of the variables are positive and significant. Thus there culture, donor conditions, management policies and stakeholders participation affect application of best practices in HIV/AIDS projects in Kilifi County.

4.9: HIV/AIDS best practices

In order to establish which best practices are applied in HIV/AIDS projects, a list of HIV/AIDS best practices from a range of different sources, were included in various questions and administered to the respondents to measure degree to which they   agreed or disagreed to the components as listed in a scale of 1 to 5 as follows; 1- Strongly agree, 2- Agree, 3-Neutral, 4- Disagree, 5- strongly disagree.

Table4.8: HIV/AIDS projects best practices

Best practices in HIV/AIDS Projects	Mean	Median	Std deviation	variance
There is an appointed authority figure to manage all HIV/AIDS related issues	1.75	1	1.073	1.152
Children and young people are increasingly being involved and appreciated as a resource for changing the course of HIV /AIDS epidemic	1.5	1	0.59	0.348
Community mobilization –Members are aware of their individual and collective vulnerability to HIV/AIDS	1.71	2	0.751	0.563
HIV/AIDS projects personnel adequately and receive in-service training	2	2	1.022	1.043
HIV Positive workers can continue to be valuable members of staff and are offered support by our project.	1.71	1	0.955	0.911
Numerous examples of Best Practice in local responses have been identified over the past few	2.04	2	0.908	0.824

years in our project

Prevention of Mother-to-child transmission of HIV program is in Place	2.17	2	1.167	1.362
Essential infrastructure and support services are available in response to the HIV/AIDS pandemic	3.25	2	6.024	36.283
We have a multi stakeholder HIV/AIDS Committee in our project	2.08	2	1.06	1.123
Distribution of free condoms is done in our project.	1.58	1	1.248	1.558
Provision for immediate post-exposure prophylaxis is done.	2.42	2	1.442	2.08
Voluntary counseling and testing (VCT) is done or facilitated by our project	1.21	1	0.415	0.172
Behavioural change communication (BCC) is core in our intervention	1.13	1	0.448	0.201
Project has instituted HIV/AIDS awareness programmes in the community	1.38	1	0.576	0.332
		1.5	1.035	1.071
A referral system for palliative care and home-based care is in place	1.88			
Employees are empowered through training on	1.71	1	1.083	1.172

application of best practices in HIV/AIDS

The donors/Sponsors demand for accountability and adoption of Best practices from the project.	1.54	1	0.977	0.955
Employees are encouraged to identify, communicate and apply HIV/AIDS Best practices	1.38	1	0.711	0.505
The project communicates HIV/AIDS Messages through the media	1.46	1	0.721	0.52
There is a system in place for monitoring quality of products and services which covers achievement of objectives, completeness, comprehensiveness, accessibility, affordability, number of clients receiving services and coordination of services with other agencies.	1.58	1	0.881	0.775

From the summary in table 4.14 above,95 % of the projects studied strongly agree or agree that they apply the HIV/AIDS best practices in the projects with arithmetic mean 1.774 and median of between 1 and 2, where 1 means they strongly agree and 2 agree. The best practice which respondents were neutral to is provision of essential infrastructure and support services in response to the HIV/AIDS pandemic which had a mean of 3.25.

CHAPTER FIVE

SUMMARY, FINDINGS, DISCUSSIONS CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the research work. Here the summary, discussion and conclusion of the research objectives are given. Recommendations and suggestions for further research are also discussed. All findings are summarized in line with the objectives and shows how the objectives have been achieved.

5.2 Summary of the findings

From analysis a number of findings emerged as per each objective of the study. A census survey was conducted for all HIV /AIDS projects in Kilifi County. The response rate was 92.7% of the projects studied.

The study sought to establish relationship between cultural practices and the application of Best practices in HIV/AIDS projects in Kilifi County. It was found out that most HIV projects consider cultural factors as a determinant to the application of best practices.

The second objective of the study was to determine how donor funding influences application of best practices in HIV/AIDS projects. It was found out that most projects consider donor funding as an important factor in application of best practices. Donor conditions refer to the restrictions imposed by donors in partner donor agreements. This involve funding levels which is the amount of money allocated to the projects to undertake activities in HIV/AIDS projects. When respondents were asked on their level of agreement that funding levels affected application of best practices a mean of 1.92 was obtained. Rating the level of agreement to a great extent. 33 of the respondents strongly agreed, 9 respondents agreed, 15 were neutral and 16 disagreed.

Donor restrictions were also identified as determinants to application of best practices. From the study it was evident that projects in Kilifi had been funded by donors for long periods of time, since 48.2 % of the projects existed in the region for a period of more than 5 years and only 45.8% existed for less than 5 years as depicted in table 4.2. There was a correlation in application of best practices and donor conditions with a correlation coefficient of 0.351.

The third objective of the study was to assess the influence of management policies in application of best practices. It is evident from the table that 18 of responses indicated that they strongly agreed that management policies influence application of best practices, 21 agreed, 24 were neutral and 9 disagreed. From analysis it was established that there is weak positive correlation between management policies and application of best practices among HIV/AIDS projects in Kilifi County with a correlation coefficient of 0.204.

Lastly the study sought to establish the extent to which stakeholder's participation influences application of best practices. It emerged that 46% of the respondents strongly agreed that they apply best practices, 38% agreed, 13% were neutral and 4% disagreed. The results show that there is a strong positive correlation between stakeholder's involvement and participation in application of best practices at 95% confidence level. Therefore stakeholder participation is an important determinant to application of best practices in HIV and AIDS projects. The stakeholders affected or which affect application of best practices among HIV/AIDS projects include beneficiaries (95.8%), local leadership (87.5%), Government ministry officials (83.3%),donors and sponsors (79.2%), Project employees (66.7%), Constituency Aids Control Council (CACC) (62.5%), religious bodies (58.3%) the project board (50%). It emerged that the various stakeholders had power and influence in application of best practices in the HIV /AIDS Projects.

5.3 Discussions

Projects play a crucial role of providing services to the citizens and have become part of the development agenda in provision of public health services which is key pillar to achievement of vision 2013.The study showed that there is a positive correlation between culture and application of best practices in HIV/AIDS projects in Kilifi County. This finding is consistent with Prokopy et al (2013) who stated that culture represents the beliefs, ideologies, policies, practices of an organization. It gives the employees a sense of direction and also controls the way they behave and also work. The work culture brings all the employees on a common platform and unites them at the workplace. Therefore project managers and executives should develop organizational culture that promotes application of best practices and should be cognizant of the cultural norms in both the internal and external environment of the project.

In reference to the findings it can be deduced that donor conditions influence application of best practices. This study concurs with Wuste &Schmuck, 2012who found that restrictions imposed on many grants and donations along with uncertainty of these funds over time ,make it difficult for organizations to do long term planning ,improve their services or reach their full potential.

The third objective was to find out how management policies influence application of best practices. The study shows that management policies are determinants to application of best practices. A well-motivated and expertly staffed project team can spearhead the development and effective implementation of advanced project management procedures (Lock, 2008). Essential infrastructure and support services should be provided by management (UNAIDS, 2000)in HIV/AIDS projects in Kilifi County

 The influence of stakeholder participation in projects was assessed. The study found out there was a positive correlation between stakeholders participation and application of best

practices The results contradicted Pearce & Robin (1991) who argued that various groups of stakeholders' interest appear to conflict with those of the organizations.

5.4 Conclusion

The study shows that projects working in Kilifi County apply best practices in HIV/AIDS projects. The application of best practices in HIV/AIDS projects are determined by an array of factors namely cultural factors, donor conditions, management policies and stakeholder participation.

5.5 Recommendations

The researcher would like to make the following recommendations;

1. There is need to improve on analysis, documentation and sharing of best practices in HIV/AIDS among Kilifi HIV/AIDS projects. This will inculcate an organizational culture for documentation and sharing of best practices

2. There is a need to provide sufficient funding for application of best practices in Kilifi County projects for application of best practices.

3. Time and resources need to be allocated for sharing of best practices. This however needs to be encompassed in designing of projects. Project managers should recruit and build capacity of staff for effective and efficient achievement of project goals.

4. Stakeholder need to be actively involved and their opinions incorporated in identification, application and documentation of best practices in HIV/AIDS projects in the county. Involvement and participation of beneficiaries and stakeholders is necessary. The community and other actors should be involved in the project life cycle to ensure that they identify what works and what does not for uptake, upscaling and replication of best practices in HIV/AIDS projects.

5.6 Contribution to body of knowledge

This study contributes immensely to project management and how it can be used to enhance inter-sharing forums for best practices, and lessons learnt among HIV/AIDS projects to bring about synergy and learning from other projects.

The research forms a basis for a better understanding of factors that hinder or promote application of best practices in HIV projects. Better understanding of the factors would help policy makers , donors and others actors to strategize and come up with ways where projects working in similar contexts can learn from one another, uptake, upscale and replicate best practices in HIV/ AIDS projects without using inordinate resources. This is because mistakes may be repeated if projects don't learn from each other's successes and mistakes.

5.7 Suggestions for further research

This study had a major objective of establishing the determinants to the application of Best Practices among HIV/AIDS projects in Kilifi County. There are however several other issues that created some gaps that need to be filled. A study can be carried out to determine the level of impact of donor conditions, culture, management policies and stakeholders participation factors in regard to application of best practices in HIV/AIDS projects.

A study should be conducted to determine how project managers in Kilifi county projects reconcile priorities and interest of stakeholders to avoid vested interests in conflict with the projects goals.

5.8: Recommendations for Policy and Practice

Projects need to adopt a high level of stakeholder participation by doing stakeholder analysis to identify stakes of most of them and try to link them with the project objectives for easy achievement of their intended outcomes.

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Appendix 1: Letter of transmittal.

Thomas Katele Kilunda

P.O Box 8- 80109.

Mtwapa.

September 2013.

To the Participant,

Dear Sir/Madam.

RE; ACADEMIC RESEARCH PROJECT FOR A MASTERS DEGREE PROGRAMME.

I am a student at the University of Nairobi (UON) pursuing   a Master's Degree course in Project Planning and Management. It is a requirement that, I conduct and submit a research report on **"Determinants of the application of best practices in HIV/AIDS PROJECTS IN Kilifi county."**

I am inviting you to participate in this research study by completing the attached questionnaire. Please note that, the information you give is to be used in this study is for academic purposes only and such it will be treated with utmost confidentiality and will not be shared with unauthorized person. Your cooperation and honesty in filling this questionnaire will be highly appreciated.

Thank you for your time.

Yours faithfully,

 Kilunda Thomas.

Cell phone; 0721517721.

APPENDIX 11

Questionnaire for project managers

Dear Respondent,

This questionnaire is designed to assist the researcher to co research project on the determinants of the application of best p projects in Kilifi County. This research is a partial fulfillment Master's Degree in Project Planning and Management and it will to answer. I guarantee you 100% absolute confidentiality on the be given.

Part a: organization profile

1. For how long have you served in the organization? (Tick where

    a. Less than Five years ☐

    b. 5-10 years

    c. Over 10 years

2. How long has your organization been in existence within th appropriate)

a) Under 5 years

b) 6-10 years

c) 11-15 years

d) Over 16 years

3. Tick the appropriate origin of your organization. (Tick where a

a) National

b) Regional (Within Coast region)

c) International.

4. 11. The project that I work applies HIV/AID best practices. In level of agreement?

   1-Strongly agree

   2-Agree

   3-Neutral

   4-disagree

5- Strongly disagree

5. Cultural factors affect   application of best practices in HIV/AI of 1-5rate your level of agreement?

   1-Strongly agree

   2-Agree

   3-Neutral

   4-disagree

5- Strongly disagree

6. 11. Donor conditions affect   application of best practices in H scale of 1-5 rate you level of agreement?

   1-Strongly agree

   2-Agree

3-Neutral ☐

4-disagree ☐

5- Strongly disagree ☐

3-Neutral ☐

4-disagree ☐

5- Strongly disagree ☐

7. 11. Management policies affect   application of best practices in HIV/AIDS projects. In a scale of 1-5 state you level of agreement?

1-Strongly agree ☐

2-Agree ☐

3-Neutral ☐

4-disagree ☐

5- Strongly disagree ☐

8. .   Stakeholder participation affects   application of best practices in HIV/AIDS projects. In a scale of 1-5, state you level of agreement?

1-Strongly agree ☐

2-Agree ☐

3-Neutral ☐

4-disagree ☐

5- Strongly disagree ☐

9. 13. A list of HIV/AIDS best practice from a range of different sources, are included in the table below. Please indicate the degree to which the HIV/AIDS project

you represent, agrees or disagrees to the components as listed:

BEST PRACTICE in HIV/AIDS Projects	Strongly agree	Agree	neutral	Disagree	Strongly disagree
There is an appointed authority figure to manage all HIV/AIDS related issues					
Children and young people are increasingly being involved and appreciated as a resource for changing the course of HIV /AIDS epidemic					
Community mobilization –Members are aware of their individual and collective vulnerability to HIV/AIDS					
HIV/AIDS projects personnel adequately and receive in-service training					
HIV Positive workers can continue to be valuable members of staff and are offered support by our project.					
Numerous examples of Best Practice in local responses have been identified over the past few years in our project					
Prevention of Mother-to-child transmission of HIV program is in Place					

Essential infrastructure and support services are available in response to the HIV/AIDS pandemic					
We have a multi stakeholder HIV/AIDS Committee in our project					
Distribution of free condoms is done in our project.					
Provision for immediate post-exposure prophylaxis is done.					
Voluntary counseling and testing (VCT) is done or facilitated by our project					
Behavioural change communication (BCC) is core in our intervention					
Project has instituted HIV/AIDS awareness programmes in the community					
A referral system for palliative care and home-based care is in place					
Employees are empowered through training on application of best practices in HIV/AIDS					
The donors/Sponsors demand for accountability and adoption of Best practices from the project.					

Employees are encouraged to identify, communicate and apply HIV/AIDS Best practices					
The project communicates HIV/AIDS Messages through the media					
There is a system in place for monitoring quality of products and services which covers achievement of objectives, completeness, comprehensiveness, accessibility, affordability, number of clients receiving services and coordination of services with other agencies.					

PART B: Application of best practices

. Please list below different stakeholders that affect or are affected by your organizations activities.

i)…………………………………

ii)…………………………………

iii)…………………………………

iv)…………………………………

v)…………………………………

vi)…………………………………

APPENDIX III

Introductory letter

Kilunda Thomas. Katele

P. O Box 8-80109

Mtwapa

RE: Research as partial fulfillment of the requirements for the award of the Degree of Master of Arts Degree in Project Planning and Management (MAPP).

This is to confirm that I am a MAPP student at the University of Nairobi, and as partial fulfillment of the requirements for the award of the degree of Master of Arts in Project Planning and Management, the university requires me to undertake a research project in an area of my interest, and which is scholarly stimulating. I have chosen to research on the determinants of the application of best practices in HIV/AIDS Projects in Kilifi County.

I wish therefore, to request for your assistance to get some time and discuss my interview schedule and i assure you that all information you will give will be used only for this research and no other purpose. At the end of the exercise, a report will be prepared and presented to the University for Examination, but should any of you require a copy of the same, you may contact me.

I will be grateful for your assistance and cooperation. Should you have further queries on the same, do not hesitate to contact me or the School of Distance learning, University of Nairobi.

I thank you in advance.

Yours faithfully,

Kilunda Thomas Katele

APPENDIX IV

KEY INFORMANT INTERVIEW GUIDE

1. Do you think the culture of an organization influence application of best practices?
   Please explain……………………………………………………………………..

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2. What is the effect of community beliefs, traditions, and cultural norms in
   the application of best practices?

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3. Are there HIV and AIDS programmes that specifically target women, men, boys and
   girls? Explain.

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4. Are donor conditions a consideration in application of best practices in HIV/AIDS projects in the project. If yes explain ……………………………………………………

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5. Do funding levels influence application of best practices? If yes please explain

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10. Are there specific resources (personnel, financing) allocated for application of best practices?...

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6. Describe the level of participation/representation of stakeholders in sharing of best practices   and   lessons   learnt   in   HIV/AIDS   projects?

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7. Are there formal requirements of participation/representation of stakeholders in sharing forums for best practices.

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8. Do you make analysis and document your HIV and AIDS best practices? Explain

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9. Do you have any best practice trainings and sharing forums in your organisation? If yes, describe the content of the training.

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10. Do you think participation of stakeholders can give better results in application of Best

practice..

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11. Do you think various stakeholders, staff and beneficiaries know and understand the vision and mission of HIV/AIDS organizations they work with?

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12. 21.   Do you think most of the strategies for application of Best Practices are developed at head offices and brought to the people to implement?...

Recommendations

13. What measures do you think would further improve integration of best practices in HIV and AIDS responses in your project?

……………………………………………………………………………………

THANK YOU VERY MUCH FOR YOUR VALUABLE ASSISTANCE.