

Influence of Stakeholders' Participation in Monitoring and Evaluation Process on Implementation of HIV & AIDS Projects in Kenya: A Case of Dreams Project in Nairobi County

Nicholas Obudho Simon and Mary Nyawira Mwenda

ABSTRACT

The Monitoring and Evaluation (M&E) process ensures project efficiency and effectiveness thus imperative to exhaustively study the influence of the Monitoring and Evaluation process on HIV/AIDS project(s) to ensure healthy lives and end diseases such as AIDS, Tuberculosis and Malaria. This study aimed to examining the influence of Monitoring and Evaluation process on the implementation of HIV/AIDS projects in Kenya: the DREAMS project in Nairobi County. The following objective guided the study: to establish how stakeholders' participation in Monitoring and Evaluation process influences implementation of HIV/AIDS projects in Kenya. The study was anchored on stakeholders' theory. The study targeted 51 staff from Centre for the Study of Adolescents (CSA) and census was employed in determining sample size. A structured self-administered questionnaires and interviews were used as a primary data collection instrument. A descriptive analysis was employed on the data collected, and the results were presented using charts, graphs, and tables. The findings showed a composite mean of 3.606 and a standard deviation of 1.023 implying that stakeholders play a critical role in monitoring and evaluation process and thus, there is need to include all stakeholders in the monitoring and evaluation process. The study recommends that stakeholders be involved in all the project stages to ensure an effective Monitoring and Evaluation process. The findings are of significance to project managers, monitoring and evaluation officers, donors, policy makers, and researchers.

Keywords: Adolescent, Eradication, Evaluation, Monitoring, Stakeholder participation.

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I. INTRODUCTION

Project management is defined as the application of knowledge, skills, tools, and techniques to project activities to achieve stakeholder expectations. It involves coordinating human and material resources throughout the life cycle to ensure achievement of project objectives. A project can be defined as a temporary endeavor with a defined beginning and end time, undertaken to meet unique goals and objectives [2].

Monitoring and evaluation is defined as the process of regular and systematic collection, analysis, and reporting of information about a project's inputs, activities, outputs, outcomes, and impact [3]. It improves the efficiency and effectiveness of a project by providing the management and stakeholders with project progressive development and achievement of its objective with allocated resources.

The world aims at total eradication of AIDS epidemic by the year 2030 in all the countries. This is sustainable goal 3 of the Sustainable Development Goals (SDGs), ensuring healthy lives and promoting well-being for all ages. Several steps have been made on the eradication of HIV/AIDS and

this is attributed to monitoring and evaluation process [4]. In the early years of HIV/AIDS, project managers had very limited information on interventions to spread the disease. Thus, the need for better monitoring and evaluation spawned growing data collection instruments and indicators [5].

Thailand was the first developing country to have established a comprehensive HIV/AIDS surveillance system. Its surveillance system comprises of a combination of epidemiological and behavioral surveillance. Some of the surveillance types used over the years include sentinel surveillance system, systematic surveillance, behavioral surveillance, sentinel behavioral surveillance, sentinel sero-surveillance, and sero-surveillance. The first records of the HIV/AIDS epidemic in Thailand were recorded in the mid-1980s amongst men having sex with men (MSM). During 1985 to 1987, several sero surveys were conducted in populations with assumed high-risk behavior levels, such as male and female sex workers and injecting drug users.

The data obtained from the surveillance use has been beneficial to Thailand. It has enabled strategic planning in the fight against HIV, motivated decision-makers to commit public funds to HIV prevention activities, and direct

resources channeled towards most affected areas the data received. It has also shown the overall effect of prevention activities in the country. The most important Thai surveillance system feature is its dynamic and flexible response to the challenges of an ever-changing epidemic situation.

Study findings from Namibia National Strategic Framework for HIV and AIDS response (2017/18 to 2021/22) revealed that about 2.4 million people, has an estimated HIV adult prevalence of 14% aged 15-49years, while those of 50-64years was 16.4% by the year 2014. The prevalence among pregnant women was highest at 19.9% [6]. He further states that it was estimated in 2008, 204,000 Namibians lived with HIV, with an estimated 39 new infections occurring every day, 44% of which are young people between the ages of 15 and 24 years, making AIDS the most common cause of death in Namibia since 1996, and accounting for 25% of all deaths in the country by 2007.

The Namibia National Strategic Framework for HIV and AIDS response 2017/18 to 2021/22 succeeds National Strategic Framework for HIV and AIDS response 2010/11 to 2015/16, whose aim was to provide strategic policy, planning, and implementation guidance and leadership for the national HIV and AIDS multi-sectoral response. In the new strategic framework, its design is premised on the Investment Framework, and Results-Based Management (RBM) approaches, focusing on the monitoring and Evaluation process regarding the fight against HIV/AIDS.

Kenya reported the first HIV case in 1984 and in response GoK established NASCOP in 1987 spearheaded the Ministry of Health's interventions on the fight against the virus. In 1997 the Government of Kenya established policy guidelines in Sessional paper no.4 of 1997 and declared AIDS a national disaster in 1999, leading to the formation of NACC under Section 3 of the State Corporations Act Cap 446 through the National AIDS Control Council Order, 1999 vide Legal Notice No. 170 of 1999. UNAIDS notes that Kenya has the fourth-largest HIV epidemic in the world alongside Uganda and Mozambique, with an adult prevalence of 4.8% (ages 15-49).

The National HIV/AIDS Monitoring and Evaluation Framework came when there was an increased need for accountability for communities and development partners. With increased resources made available to respond to the epidemic, it has become mandatory for the national response to having timely and accurate data for assessing whether the interventions are making a difference or not and whether the resources are being used effectively to achieve the desired effect.

Investing in strengthening a national Monitoring and Evaluation system is crucial in monitoring and evaluation [7]. It will eventually save resources that may otherwise be spent in inefficient programs or overlapping activities supported by different institutions. This emphasizes the importance of an adequate monitoring and evaluation process towards the achievement of HIV/AIDS project goals.

A. Statement of the Problem

The international standards in Monitoring and Evaluation emphasize the need for impartiality, appropriately skilled experts conducting the process, stakeholder's participation, proper tools and techniques, timeliness, support from

management and identification of appropriate indicators [8]. HIV/AIDS is among the diseases most funded by donors especially in Africa. Research shows that donor-funded HIV/AIDS projects often fail due to the minimal involvement of the beneficiaries who are the main stakeholders of the said project(s) [9]. Due to the lack of involvement of the benefitting communities in all phases of the project(s) implementation, the project(s) fail to realize their target objectives and end up being a bust.

A study by World Bank shows that project finance and budgeting for the implementation of Monitoring and Evaluation process has been a significant concern and has led to poor sustainability of community-based projects in Kenya [10].

The coordinator similarly revealed that many Kenyan NGOs cannot employ monitoring and evaluation professionals and in-house ICT staff who are skilled in understanding and developing the appropriate tools, leading to inferior monitoring and evaluation process that does not meet internal and donor requirements.

There is a significant knowledge gap in the influence of stakeholders' participation in monitoring and evaluation processes on the implementation of HIV and AIDS related projects about Monitoring and Evaluation skills, finance, and staff capacity to implement the monitoring and evaluation process in Kenya effectively [7]. Project managers lack these skills and this undermines the process of project implementation. Therefore, this research will seek to exploit this knowledge gap and generate new knowledge regarding the influence of stakeholders' participation in Monitoring & Evaluation process in the implementation of HIV & AIDS projects.

B. Objectives of the Study

The study objective was to establish how stakeholders' participation in Monitoring and Evaluation process influences the implementation of HIV/AIDS projects in Nairobi County.

II. LITERATURE REVIEW

A. Implementation of HIV/AIDS Projects

HIV can be defined as Human Immunodeficiency Virus that attacks and weakens the body's immune system. With a weak immune system, this can develop into Acquired Immunodeficiency Syndrome (AIDS) if not treated, whereby opportunistic diseases attack the body since there is no defense, can result in death.

Implementing a project means carrying out activities proposed in the application form to achieve project objectives and deliver results. He further states that project implementation success depends on internal and external factors; some of the factors are efficient management systems, the effective monitoring process of project(s) progress, and a well-organized project team [11].

The first case of HIV in Kenya was detected in 1984, and in response, GoK established NASCOP in 1987 to spearhead the Ministry of Health's interventions on the fight against the virus. In 1997 the Government of Kenya established policy guidelines in Sessional paper no.4 of 1997 and declared AIDS a national disaster in 1999, leading to the formation of NACC under Section 3 of the State Corporations Act Cap

446 through the National AIDS Control Council Order, 1999 vide Legal Notice No. 170 of 1999. Based on the above background, there have been several implemented HIV/AIDS projects in Kenya. These projects are varied based on their target population. Some, such as Widows and Orphans Welfare Society of Kenya (WOWESOK), have explicitly targeted women and children afflicted and affected by HIV/AIDS; Society for Women and AIDS in Kenya (SWAK) has targeted only women in its initiatives [23].

An example of an implemented HIV/AIDS project is PEPFAR, the President's Emergency Plan for Aids Relief. This project was launched in 2003 by President George W. Bush, with its main aim being a compassionate effort to deliver lifesaving services to countries hardest hit by HIV/AIDS. Global Fund revealed that it was initially planned to run for five years with a budget allocation of about 15 billion dollars, but due to its work's sensitive nature, it has been reauthorized twice by the U.S. congress. Currently, PEPFAR is partnering with GoK and NGOs in Kenya to accelerate progress towards achieving HIV/AIDS epidemic control with a focus on: reducing HIV incidence among adolescent girls and young women (AGYW) through primary prevention via DREAMS programs, identification of priority gaps, and generation of quality data through partnership with the Government of Kenya. This will help in the improvement of the outcomes for vulnerable children by linking beneficiaries to DREAMS activities, health services, enhanced household economy, and scaling evidence-based primary prevention to reach young men with voluntary medicinal male circumcision.

The key contributing factors to monitoring and evaluation include setting up the process, process implementation, involvement of the stakeholders and communicating results of Monitoring and Evaluation. The monitoring and evaluation process should be such that it is possible to ensure reliability and independence. An effective M & E process should ensure conclusive information that can help effectively utilized towards ensuring project success. The process should help them in identification of the various potential benefits of the project and the means of improving tracking and enhancing of the project successes, challenges, and existing opportunities for purposes of future planning. In order to ensure there is support for the employees and effective M& E processes, the management should ensure effective communication and interaction among staff to help build on teamwork in the project. Additionally, the involvement of the project stakeholders cannot be overlooked since they own and are directly affected by successes and failures of the project [12].

C. Stakeholders Participation in M&E and Implementation of HIV/aids Project

Stakeholders are groups of people, organizations, and institutions that will affect or be affected by the project [13]. They further state that these stakeholders include community men and women, the youth, project field staff, program managers, donors, NGOs, government and other decision-makers, supporters, and critics of the project. Stakeholders in Monitoring and Evaluation are those people who have a stake in the projects and programs [13].

Knowing and understanding the partners and all stakeholders are vital in projects [14]. This can affect

Monitoring and Evaluation in terms of funding, requirements, and information required by each stakeholder. He further states that communication of Monitoring and Evaluation results to the stakeholders will determine whether the Monitoring and Evaluation would impact the improvement of a project towards achieving the results. Enabling target groups (stakeholders) infected and affected by HIV/AIDS in all facets of planning and execution of the HIV project interventions is a real manifestation of devotion in ensuring optimal project implementation. Stakeholders will be more concerned by the Monitoring and Evaluation process if they are involved from the onset [15].

As per human rights frameworks, it is the right of communities to partake in the design, implementation, and evaluation of interventions intended to affect their well-being. They are not only the primary beneficiaries of health and development programs; in the case of HIV/AIDS, they are the frontline in prevention, care, and support efforts. He further states to involve a community in an HIV/AIDS project effectively; it is imperative to explore the community norms and values so that the project is not seen as a misnomer by the community members.

World Bank suggests that monitoring and evaluation will be of little or no use if it is not consistently supported by all stakeholders towards addressing the project's sustainability issues. Donors, project managers, and staff must all actively participate in monitoring and evaluating the process for its effectiveness and sustainability [16].

Partners and stakeholders are involved in projects in different levels in monitoring and evaluation [17]. The participation of the stakeholder varies dependent on the evaluation circumstances and the engagement of the stakeholders. Participation in these evaluations is particularly useful when there are difficulties with the implementation or when information on the stakeholder knowledge and their perception of progress is needed [18]. Partnering with the stakeholders through monitoring and evaluation plays a critical role in promoting shared knowledge and helping in the transfer of skills and development of capacity. Stakeholders can also provide crucial feedback which can contribute to the improvement of performance and learning [18].

The identification of stakeholders in monitoring and evaluation is a very important process. There are stakeholders with a direct interest and others with an indirect interest in program implementation in the process. Monitoring and evaluation is a complex process that is often dependent on those with interest on the results of the process. It is thus recommended to work in partnership with these individuals. This is especially critical for highly dynamic project that require the contribution of the various stakeholders on resolving the various shortcomings that may arise. The level of involvement must, however, be controlled to prevent too much stakeholder involvement that could result into a crowded process putting too much pressure to the staff to meet their goals [19]. Through the engagement of the stakeholders, there will be acceptability and dependence on the results obtained through the M& E processes.

D. Theoretical Framework

The research study was anchored on the Stakeholder Theory.

The Stakeholder Theory

Stakeholders are groups of people, organizations, or institutions that will affect the project [20]. They further state that these stakeholders include community men and women, the youth, project field staff, program managers, donors, NGOs, government and other decision-makers, supporters, and critics of the project. R. Edward Freeman advanced the stakeholder's theory in 1984. Stakeholders are a category of people or single personalities who are likely to influence or be influenced by the achievement of the organization's aim [21]. He further suggests that an organization undertaking a project should recognize all the parties with interest or whose interest is likely to be affected by their decisions to reduce the harm that may be occasioned to the stakeholders. Thus, when implementing HIV/AIDS projects, the implementing organizations such as governments, NGOs, CBOs, corporates, etc. need to ensure that all stakeholders are appropriately involved in implementing the project to ensure its success.

E. Conceptual Framework for the Study

The conceptual framework mapping indicates the relationship between the independent and the dependent variable. It shows the relationship between stakeholders participation in monitoring and evaluation process and project implementation. It is a symbolic representation of concepts and their relationship.

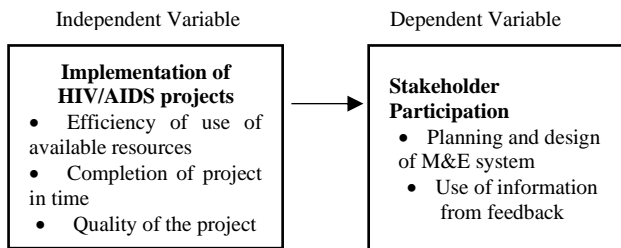


Fig. 1. Conceptual framework.

III. RESEARCH METHODOLOGY

The research employed a descriptive research design. Descriptive research design is a means of gathering information through the administration of questionnaires and/or interviews with the respondents in the target population [22]. The research helped draw inferences about the influence of Monitoring and evaluation processes on the implementation of (HIV/AIDS) DREAMS project. The research design was chosen due to its ability to fulfill the research objectives of the study. The study targeted 51 participants from the DREAMS project using structured questionnaires in the collection of data. The sample size thus consisted of all the 51 employees working in the DREAMS project.

The research study adopted the census method as the target population was equal to the sample size under study. The sampling frame was divided into two homogenous groups of males and females. Qualitative data obtained through interviews was analyzed in the form of prose to determine patterns, trends, and relationships, while quantitative data involved descriptive analysis using arithmetic mean, standard deviation, frequencies and percentages.

IV. FINDINGS AND DISCUSSIONS

A. Questionnaire Return Rate

All the 51 questionnaires administered were returned, which translates to 100%. A return rate of more than 80% is sufficient; hence the study will be considered valid [22].

TABLE 1: RESPONSE RATE

Category	Frequency	Percentage
Responded	51	100%
Declined Response	0	0
Total	51	100%

B. Demographic Information

The data collected revealed that 53% (27) of the respondents were male, while 47% (24) were female. The results indicate a slightly higher percentage of males participated in filling the questionnaires than the female. This insinuates that a larger percentage of men may have participated in the DREAMS project. The DREAMS project involved different stakeholders due to its goal of reaching the broader population concerning HIV/AIDS. However, there is a slight gender imbalance evident from this data.

TABLE 2: GENDER OF THE RESPONDENTS

Gender	Frequency	Percentage
Male	27	53%
Female	24	47%
Total	51	100%

Age

The study also set out to capture the distribution of respondents according to their ages. The ages were categorized into groups and are as shown in Table 3.

TABLE 3: AGE OF RESPONDENTS

Age Brackets	Frequency	Percentage
30-40 years	28	55%
20-30 years	23	45%
Total	51	100%

The study established that participants of the study were of different ages as shown in table 4.3 above. 28(55%) fell in the bracket of 30-40 years, 23(45%) fell in the bracket of 20-30 years. To this extent, it was noted that different age groups were involved in the entire DREAMS project, and this meant that diverse input was achieved from the different stakeholders.

Duration worked with the Organization

The respondents were asked to indicate the duration they had worked for the organization. This would enable the researcher to know how much the respondents understood the monitoring and evaluation processes during the implementation period.

TABLE 4: DURATION THAT RESPONDENTS WORKED WITH THE ORGANIZATION

Work duration	Frequency	Percentage
Less than 1 year	11	21%
2-4 years	26	51%
4-6 years	5	10%
6 years and more	9	18%
Total	51	100%

It was established that most of the respondents had worked with the organization for between 2 and 4 years. This was noted in 51% of the respondents, with 21% having used for less than 1 year, 10% have worked for 4 to 6 years, and 18% had worked with the organization for 6 years and more. From this foregoing, the respondents were deemed well-versed in the monitoring and evaluation processes within the organization, specifically with the DREAMS project.

Descriptive analysis on Influence of Stakeholders participation in Monitoring and Evaluation on Implementation of HIV/AIDS Projects

The study first enquired about stakeholders' involvement in the monitoring and evaluation processes. The findings revealed that most of the respondents at 57%, representing 29 respondents, argued that stakeholders were involved in monitoring and evaluation processes. The results further showed that 4% representing 2 respondents felt that stakeholders had no contribution; with the remaining 39% representing 20 respondents were not sure. The study revealed that stakeholders were not involved in monitoring and evaluating the projects; hence projects were not performed to the required standards. The study sought to determine stakeholder participation in monitoring and evaluation and how this influenced project success. Several opinions were sought from the various respondents, on a likert scale ranging from 1-5 where Strongly Disagree =1; Disagree=2; Neutral=3; Agree=4; Strongly Agree=5. The results obtained from the process are shown on Table 5.

TABLE 5: STAKEHOLDER PARTICIPATION

Statements	Mean	SD
Stakeholders are sufficiently involved in the planning & designing of M and E process	3.49	1.188
Feedback from stakeholders is sought during M and E processes	3.01	0.986
Stakeholders are involved in M and E decision making	3.61	0.949
Stakeholders participate in preparation of M and E timetable	3.82	1.014
M and E results are communicated to stakeholders	4.1	0.978
Composite mean and standard deviation	3.606	1.023

5 – Strongly Agree, 4- Agree, 3 – Neutral, 2- Disagree, 1 – Strongly Disagree.

The results in Table 5 show a composite mean of 3.606 with a standard deviation of 1.023 implying that majority of the respondents agreed that stakeholders' participation in Monitoring and Evaluation influences implementation of HIV/AIDS projects. Results obtained signified that 11(21.6%) strongly agreed that stakeholders are sufficiently involved in the planning and designing of Monitoring and Evaluation process, 34(66.7%) agreed, 5(9.7%) had a neutral opinion, 0 (0%) disagreed and 1 (2%) strongly disagreed. The line statement had a mean score 3.49 and a standard deviation of 1.188, the mean score was lower than the composite mean and higher than the composite standard deviation, implying that the line influenced implementation of HIV/AIDS projects positively.

On the statement that feedback from stakeholders is sought during Monitoring and Evaluation processes, 0(0%) none strongly agreed with the statement, 18(35.3%) agreed, 29(56.9%) had a neutral view, 4(7.8%) disagreed and 0 none strongly disagreed. The line statement had a mean score of

3.01 and a standard deviation of 0.986 which is lower than the composite mean of 3.606 and standard deviation of 1.023, implying that the line item influenced implementation of HIV/AIDS projects negatively.

On the statement that stakeholders are involved in Monitoring and Evaluation decision making 0(0%) none strongly agreed, 30(58.8%) agreed, 18(35.3%) had a neutral opinion, 3(5.9%) disagreed and 0 (0%) none strongly disagreed. The line statement had a mean score of 3.61 and standard deviation of 0.949 which is lower than the composite mean of 3.606 and standard deviation of 1.023, implying that the line item influenced monitoring and evaluation process of HIV/AIDS projects negatively.

On the statement that stakeholders participate in preparation of the Monitoring and Evaluation timetable 0(0%) none of the respondents strongly agreed with the statement, 20(39.2%) agreed, 25(49%) had a neutral view, 0 (0%) none disagreed and 6(11.8%) strongly disagreed. The line statement had a mean score of 3.82 and standard deviation of 1.014 which is higher than the composite mean of 3.606 and standard deviation of 1.023 implying that the line item influenced implementation of HIV/AIDS projects positively.

On the statement Monitoring and Evaluation results are communicated to stakeholders 11(21.6%) strongly agreed with the statement, 40(78.4%) agreed, 0(0%) none had a neutral view, 0 (0%) disagreed and 0 (0%) none strongly disagreed. The line statement had a mean score of 4.1 and a standard deviation of 0.978, which is higher than the composite mean of 3.606 and standard deviation of 1.023 implying that the line statement influenced implementation of HIV/AIDS projects positively.

The monitoring and evaluation officer interviewed in the study noted that stakeholder participation was very key to the monitoring department and was given priority and attention. The officer noted:

“We have many stakeholders with diverse interests in our project. We usually ensure that they are involved at all stages of the project and specifically in the monitoring and evaluation process, that I can assure you. They help us make key decisions and we usually give them feedback of the project and even of the results from monitoring and evaluation.”

The project officer interviewed further agreed that stakeholders were given ample time and opportunity to participate not only in the project implementation but in monitoring and evaluation also. The officer stated:

“Talk of project identification and design, decision making on prioritization, fundraising, and monitoring of progress, all our stakeholders are usually given enough opportunities to voice their input. We value them and we take note of their ideas, opinions, plans and advice.”

These findings from qualitative analysis concur with the findings from the descriptive statistical analysis which revealed that stakeholder participation in monitoring and evaluation had a great influence on the implementation of HIV/AIDS projects.

V. CONCLUSIONS

The study concluded that stakeholder participation directly influences the implementation of HIV/AIDS projects in Kenya. This is through monitoring and evaluation which presents several solutions to the hurdles that project managers have faced in the past. HIV/AIDS implemented without monitoring and evaluation are bound to fail due to poor management and cost overruns. Findings from the study helped to draw a conclusion that monitoring, and evaluation positively influences the implementation of HIV/AIDS projects in Kenya.

VI. RECOMMENDATIONS

1. Project implementers should find unique ways to involve all stakeholders in all the project stages, despite their educational background, to ensure an effective monitoring and evaluation process.

2. Project implementers should ensure the expert opinion of the stakeholders is sought to ensure smooth project implementation.

3. Despite leadership in monitoring and evaluation taking a top-bottom approach, the study recommends that all individuals should be accountable in the monitoring and evaluation process to ensure successful project results

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