

**NON GOVERNMENTAL ORGANISATIONS IN PREVENTION AND  
MANAGEMENT OF HUMAN IMMUNE VIRUS AMONG  
CHILDREN IN KILUNGU DISTRICT,  
EASTERN PROVINCE KENYA**

A thesis presented to the school of  
Postgraduate studies and research  
Kampala international university  
Kampala, Uganda.

In Partial Fulfillment of the Requirement for the Award of  
Masters in Business Administration

**BY:**  
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**JANUARY 2011**

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## DECLARATION A

"This thesis is my original work and has not been presented for a Degree or any other academic award in any University or Institutional of Learning".

JAMES M. MUEMA 

Name and Signature of Candidate

21 / OCTOBER / 2011

Date

## DECLARATION B

"I confirm that the work reported in the thesis was carried out by the candidate under my supervision."



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Kibuuka Muhammad

Supervisor

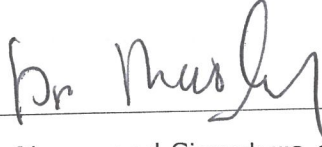
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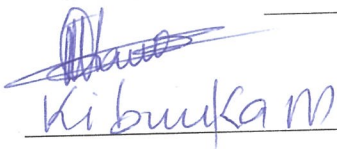
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## APPROVAL SHEET

This thesis entitled Non Governmental Organisations (**NGO's**) in **Prevention and Management of Human Immunodeficiency Virus (HIV) Among Children in Kilungu District, Eastern Province Kenya**" prepared and submitted by James M. Muema in partial fulfillment of the requirements for the degree of Master of Business Administration has been examined and approved by the panel on oral examination with a grade of PASSED.

  
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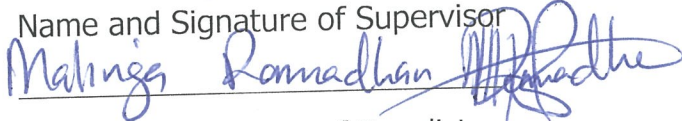
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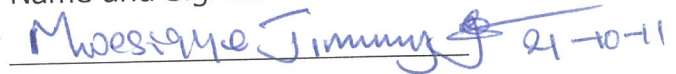
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## ABSTRACT

This study intended to determine the role of NGOs in prevention and management of HIV/AIDS among children in Kilungu District, Eastern province Kenya. This study seeks to Determine the profile of respondents in terms of A) NGO employees i) Age, ii) Gender, iii) Educational level, iv) Position. B). NGO Beneficiaries i) Age, ii) Gender, iii) Parental status, iv) Marital status, Determine the extent of NGO's prevention and management of HIV/AIDS among children in Kilungu District, Eastern Province, Kenya, Determine the extent to which children with HIV/AIDS benefit from the services of NGOs, Establish whether there is a significant difference in the extent to which children with HIV/AIDS benefit from NGO services according to age, gender, and parental status and Establish whether there is a significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP.

The study employed a descriptive comparative survey and a cross sectional and exposit-facto design. Using staff (51) and beneficiaries (116) of two NGOs (ICAP and BIDII) sampled purposively, the researcher used a self made questionnaire to collect data, which was analyzed using frequencies percentage distributions, means, t-test and One Way ANOVA.

The findings indicated that most NGO staff belonged to the age group of 20-39 years (75%) and for beneficiaries 5-10years (42%), most respondents both NGO staff (55%) and beneficiaries (62%) were male; for staff, diploma holders (52%) dominated the sample, most employees were field officers (78%), most employees belonged to ICAP (55%) and most beneficiaries had only mother (50%).

The activities of NGOs in prevention and management of HIV/AIDS were found to be fairly satisfactory (overall average mean = 2.87). The level of benefits from the NGO services was high (average mean = 3.90). There was a significant difference in the perceived benefit between male and female beneficiaries ( $t = -7.928$ , sig. = 0.000). There was a significant difference in the benefits received by children of different age groups ( $F = 2.720$ , sig. = 0.000). There were significant differences in benefits received according to parental status ( $F = 12.720$ , sig. = 0.000). Results also indicated a significant difference in the level of prevention and management of HIV/AIDS between ICAP and BIDII (all sig. values < 0.05).

The researcher concluded that NGOs activities in prevention and management of HIV/AIDS are fairly satisfactory but the level of perceived benefits from NGO services is high. Female beneficiaries are more likely to benefit more from the NGO services compared to male beneficiaries. Young children receive more support from NGOs. Children with only mothers receive more support from NGOs. BIDII's support services are more satisfactory than

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## CHAPTER ONE

### INTRODUCTION

#### Background of the Study

Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. An estimated 22.4 million people are living with HIV in the region- around two thirds of the global total. In 2008, around 1.4 million people died from AIDS in sub-Saharan Africa and 1.9 million people became infected with HIV. Since the beginning of the epidemic, more than 14 million children have lost one or both parents to AIDS. (WHO, 2009).

In the absence of the massively expanded prevention, treatment and care efforts, it is expected that AIDS death toll in the sub-Saharan Africa will continue to rise. This means the impact of the AIDS epidemic on these societies will be felt most strongly in the course of the next ten years. Its social and economic consequences are already widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy in general. The AIDS epidemic in sub-Saharan Africa threatens to devastate whole communities, rolling back decades of development progress. (Poku, 2004)

Kenya is among the countries in sub-Saharan Africa where the devastation of AIDS has had a profound effect. Although the level of awareness and knowledge has continued to be widespread and high, at 98% (NASCO) there are still a number of misconceptions about modes of infection and considerably low safe sex practices, persistence of unsafe cultural practices such as the dominance of men and violence over women in sex matters, Female Genital Mutilation, early debut of sexual intercourse and marriage especially of young girls with older men.

In respect of the pregnancies that arise and yet infected, children have been left orphans since their parents die when the children are still too young. The estimated numbers of those infected and dead are 2.5 million and 2.2 million with over one million orphans, who end up being cared for by economically

impoverished and ailing grandparents or overstressed relatives and siblings. This has attracted organizations in Kenya to prevent or manage children in relation to HIV/AIDS (Ngumuta, 2008)

As new cases of HIV/AIDS are increasing, the Kenyan government lacks capacity to handle the HIV/AIDS epidemic among children on its own. The International Donor Community is active in various sectors. Hundreds of Non-Governmental Organizations work in different areas, stretching from humanitarian relief to governmental capacity building. About five NGOs inclusive of World BIDII (bidii is an educational support initiative NGO which means work hard), ICAP (International Center for AIDS Program) to mention but a few work in the health sector in Kilungu District and almost all of these are active in HIV/AIDS problematic among children in some sense. In a context as the .Cambodian, it becomes important to concentrate on both selected measures and attacking structural conditions that affect and worsen the HIV/AIDS situation. Migdal (1988) argues that all states have had limited capabilities at some time, or with some groups, or on some issues. It seems like the HIV/AIDS situation in Cambodia is a certain issue concerning a certain group at a certain time.

The high spread of HIV/AIDS in the early 1980s has had an impact on a high spread among the Kenyan population in the previous decades which lead to children being vulnerable since their parents transmit the virus to both born and unborn babies. Lack of funds by the government has attracted various NGOs to help prevent and manage children affected by the scourge. Since NGOs begun to arise, little research has been done to analyze their contribution. This study will establish the contribution of selected NGOs in the prevention and management of HIV/AIDS affected children in Kilungu district, Eastern province, Kenya.

## **Statement of the Problem**

Kenya like many other countries in Africa is experiencing a big number of children injected with HIV/AIDS (WHO, 2009). In addition, the government of Kenya like many other governments in Africa, lack funds to address the challenges

of people infected with HIV/AIDS such as children. Such many injected people including children are in poor conditions of life, which face many to lose hope in life while others become furious and spread it to other people. Children who cannot support themselves have in most cases suffered devastatingly with less assistance. This has resulted into so many children with HIV die at an early age; fail to go to school and living in hard conditions. This problem has attracted humanitarian organizations and individuals to come out and extend some assistance to HIV infected people, including children. As a result, many NGOs have risen in this case including BIDII and ICAP (International Center for AIDS Programme)

However, the underlying question is whether these NGOs are playing the role for which they were formed, this question is crucial, given the fact that some of these NGOs receive money from local and foreign bodies to deliver services to the concerned groups. While many questions have been raised on the effectiveness of services delivered by these NGOs, no study has been conducted to establish the extent to which NGOs extend services to prevent and manage HIV among children, hence the need for this study to document the role of NGOs in prevention and management of HIV among children within Kilungu District, Eastern Province, Kenya.

### **Purpose of the Study**

The purpose of this study was to describe the activities of two NGOs geared towards prevention and management of HIV/AIDS among infected children in Kilungu district, Eastern Province Kenya. The study also intended to describe the extent to which the children benefit from NGO activities. It also intended to determine the strength and weaknesses of NGOs in their activities of prevention and management of HIV/AIDS and make recommendations accordingly.

### **Objectives of the Study**

This study seeks to:

1. Determine the profile of respondents in terms of

A) NGO employees

- i) Age
- ii) Gender
- iii) Educational level
- iv) Position

b. NGO Beneficiaries

- i) Age
- ii) Gender
- iii) Parental status
- iv) Marital status

2. Determine the extent of NGO's prevention and management of HIV/AIDS among children in Kilungu District, Eastern Province, Kenya.

3. Determine the extent to which children with HIV/AIDS benefit from the services of NGOs.

4. Establish whether there is a significant difference in the extent to which children with HIV/AIDS benefit from NGO services according to age, gender, and parental status.

5. Establish whether there is a significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP.

## **Research Questions**

What is the profile of respondents in terms of;

A) NGO employees'

- i) Age
- ii) Gender
- iii) Educational level
- iv) Position

B) NGO Beneficiaries'

- i) Age
- ii) Gender

- iii) Parental status
  - iv) Marital status
2. What is the degree of NGO's prevention and management of HIV/AIDS among children in Kilungu District, Eastern Province, Kenya?
  3. What are the challenges faced by parents with HIV/AIDS in Kilungu District, Eastern Province, Kenya?
  4. To what extent do children with HIV/AIDS benefit from the services of NGOs?
  5. Is there is a significant difference in the extent to which children with HIV/AIDS benefit from NGO services according to age, gender, and parental status?
  6. Is there is a significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP?

### **Hypotheses**

H<sub>01</sub>: there is no significant difference in the extent to which children with HIV/AIDS benefit from NGO services according to age, gender, and parental status.

H<sub>02</sub>: there is o significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP.

### **Scope**

#### ***Geographical Scope***

This study was carried out in Kilungu district, Eastern province, Kenya. HIV/AIDS has affected many people and left children vulnerable and orphans in Kilungu which has attracted NGOs to intervene due to lack of government's ability to deal with prevention and HIV/AIDS management. Therefore this has called for attention since it came to the researcher's notice to identify key factors that would yield a change.

### ***Content Scope***

The study centered on NGOs contributions towards prevention and management of HIV/AIDS among children, either directly or indirectly through their remaining parents and guardians.

### ***Theoretical Scope***

This study was based on the Cognitive Dissonance Theory which is an integral component of social psychology for nearly 50 years and which emphasizes that dissonance arises when a person's attitude conflicts with an action that they chose to perform (Wessner, in Collins, 2007).

### ***Time Scope***

The study was carried out for a period of one year, that is between September 2010 and September 2011. Between September 2010 and February 2011 the proposal was prepared including the research instrument, with all the preliminary work and consultation with the officials in the field of the research. Between March and May data collection took place and thereafter, data was analyzed and a final book was prepared and in September, it was submitted for viva in the school of Post Graduate Studies and Research (SPGSR) Kampala International University (KIU).

### **Significance of the Study**

The findings of this study are of importance to the following;

1. The government in assessing the progress of HIV/AIDS prevention and how to manage it from experienced NGOs.
2. The researcher in that through interacting with various respondents, the researcher's ability and skills will widen and enhance his thinking.
3. The other scholars who will conduct studies in related field in future, as they will find it a good source of reference in many aspects.

4. The management of NGOs, as they examine themselves on the services they deliver and the extent to which their clients are satisfied with their services. This will act as a basis for improving the services.
5. The beneficiaries of NGOs can also benefit as they are made aware of the services available at the different NGOs. They can now start benefiting from them.

### **Operational Definition of Key Terms**

**NGO** this is an abbreviation for Non-governmental Organization and in this study, it refers to any Non-profit, voluntary citizens' group which is organized on a local, national or international level, providing a number of services to the people in a particular locality. In this study two NGOs' are examined and their principle role in the study area is among others providing assistance to HIV/AIDS infected people, including the children, the youth and the adults.

**HIV**-(Human Immunodeficiency Virus) is the virus that causes AIDS. The virus is passed from one person to another through blood and sexual contact. Infected pregnant women can pass HIV to their baby during pregnancy or delivery as well as through breastfeeding.

**AIDS**- (Acquired Immunodeficiency Syndrome). It is a disease in which the body's immune system breaks down and is unable to fight off infections, known as "opportunistic infections," and other illnesses that take advantage of a weakened immune system.

**HIV/AIDS management.** It is a system of coordinated health care interventions with conditions in which patients' self-care efforts are significant.

**Roles of NGOs**- functions performed by NGOs or activities carried out by NGOs

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### Concepts, Opinions and Ideas From Authors/ Experts

##### **NGO**

This is an abbreviation for Non-governmental Organizations. It refers to any Non-profit, voluntary citizens' group which is organized on a local, national or international level, providing a number of services to the people in a particular locality. In this study two NGOs' are examined and their principle role in the study area is among others providing assistance to HIV/AIDS infected people, including the children, the youth and the adults.

Task oriented and driven by people with a common interest, NGOs perform a variety of services and humanitarian functions, bring citizens concern to the governments, advocate and monitor policies and encourage political participation through provision of information. Some are organized around specific issues such as human rights, environment or health.

They provide analysis and expertise, serve as early warning mechanisms and help monitor and implement international agreements. Their relationship with offices and agencies of UN system differ depending on their goals, their value and the mandate of a particular institution.

##### **NGOs Roles**

Functions performed by NGOs or activities carried out by NGOs (Hyeyong Kim 2002).

##### ***HIV***

It stands for Human Immunodeficiency Virus, referring to the virus that causes AIDS. The virus is passed from one person to another through blood and sexual contact. Infected pregnant women can pass HIV to their baby during pregnancy or delivery as well as through breastfeeding (Zichocki, 2009)



## ***AIDS***

It is an abbreviation for Acquired Immunodeficiency Syndrome. It refers to a disease in which the body's immune system breaks down and is unable to fight off infections, known as "opportunistic infections," and other illnesses that take advantage of a weakened immune system (Wikipedia, encyclopedia).

### ***HIV/AIDS management***

It is a system of coordinated health care interventions with conditions in which patients' self-care efforts are significant (definition borrowed from disease management). It supports the physician or practitioner/patient relationship and plan of care, emphasizes prevention of exacerbations and complications utilizing evidence based, practice guidelines and patient empowerment strategies and evaluates clinical humanistic and economic outcomes on an ongoing basis with the goal of improving overall health

According to Ngumuta (2008), NGOs have come up to try and prevent children from becoming infected with HIV at birth as well as later in life. If efforts are made to prevent adults becoming infected with HIV, and to care for those already infected, then fewer children will be orphaned by AIDS in the future. In regard therefore, the researcher is to discuss the effects of HIV/AIDS among children in order to understand what the NGOs are trying to prevent from occurring.

## **Theoretical Perspectives**

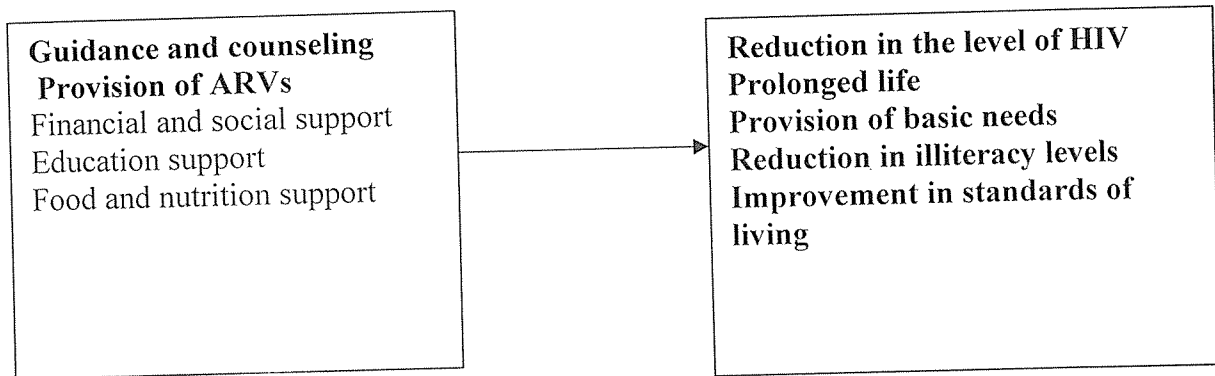
This study was based on the Cognitive dissonance theory proposed by Wessner. Cognitive dissonance theory has been an integral component of social psychology for nearly 50 years and according to this theory, dissonance arises when a person possesses two contradictory beliefs or when a person's attitude conflicts with an action that they chose to perform. This clash between attitudes and behavior results in feelings of discomfort, and subsequently the conflicted individual tries to change either their beliefs or behavior to reduce this tension. Hypocrisy is considered a special type of cognitive dissonance, produced when a

person decides to promote a behavior that in actuality, they do not practice. Several experiments have been conducted in an attempt to apply this theory to AIDS prevention (David Wessner).

### Conceptual framework

Independent variables

Dependent variables



## **Related Studies**

Various NGOs have exerted effort towards prevention of HIV among the infected members of the society, coming from different parts of the globe. One example is the approach developed by church groups in Zimbabwe, in which community members are recruited to visit orphans in their homes, where they live either with foster parents, grand parents or other alternatives, or in child-headed households (Kenyatta, 2007 ). Kenyatta notes that it is often the poorest in society that are most vulnerable to the epidemic and for whom it is most severe. In many cases, the presence of AIDS causes the household to separate as parents die and children are sent to relatives for care and upbringing, which attracts many humanitarian organizations to assist than.

In 2001 the Family Programmes, Promotion Services (FPPS), a Kenyan NGO involved in community education, with funding from Ford Foundation conducted an HIV/AIDS situation analysis in eight communities (4 urban and 4 rural) through individual interviews of PLWA, grandparents caring for orphans and families of the infected (Greener et al, 2004).

According to the report by UNICEF (2009), various NGOs have laid a strategy targeting pregnant women and already infected women, demanding that HIV testing be integrated in maternal child health units where ARVs are provided to prevent infection being passed on to their babies and also woman's own health; and adequate counseling is provided on the best feeding option for the baby. This is a strong HIV/AIDS management strategy which can far in assisting especially children from acquiring the deadly virus.

NGOs have provided appropriate counseling and support to women living with HIV to enable them to make an informed decision about their future reproductive life, with special attention to prevent unintended pregnancies. (UNICEF, 2009).

Many NGOs in Kenya have supported projects with finances to enable them to initiate activities; skill for information development by organizing workshops and seminars; monitoring and evaluation and facilitation of group processes for

planning, financial sourcing, management and quality control of income generating projects to help homeless children affected by the scourge (Khana, 2002).

Tungaraza (2005) reports that NGOs have assisted in skills, training and empowerment approaches. These take the form of active hands-on orientation where learners are taken through practical exercises in needs assessment and problem solving. They also take them through planning exercises for information, education and communication techniques, involving identification and definition, message development and materials development, by constructing and producing communication aids, planning of dissemination through entertainment, and dialoging with viewers participatory education theatre questioning and action planning. Thus they engage and stimulate reflection of community members on their situation and existential reality. This does not only comforts and reduce stress among HIV infected people, but also reduces the spread of the scourge, since these people are given adequate counseling and are

NGOs have provided training to HIV case managers instilling in them better understanding of Child Welfare System (CWS) including an overview of legal mandates that established the CWS mandated reporting guidelines, and the CWS family assessment service plan (Khan, 2002). After getting these skills, HIV case managers practice the skills necessary to better provide services for the HIV infected children.

The World Health Organisation (WHO, 2009) has reported that while NGOs in Kenya are trying to mitigate HIV/AIDS related challenges, they are challenged by the big numbers which come for assistance, when the resources available never seem to satisfy demand and to reach everyone in need. This is an indication that NGOs are doing a great job in prevention and management of HIV/AIDS and this is done in terms of counseling, palliative care or treatment with ARVs or supply of home care kits and so on. This is more evident in efforts to provide adequate nutrition, a problem that comprises the immunity levels of the infected, as reported by the WHO report (2009).

Many NGOs in Kenya have volunteered to enhance information giving through their testimonies in an effort to motivate communities to care for children

and those infected with HIV, so as to reduce stigma and discrimination (UNAIDS, 2006). This is intended to help the infected to live positively by adopting safe sex practices. This very aspect is important because efforts of HIV prevention and management cannot succeed if the infected keep secrecy and live in denial. The attitudes of community members and faith led organizations, who condemn the behavior of those infected as sinful and promiscuous does not encourage those who would have wished to come out and reveal their situation. Thus NGOs have also entered religious places and trained religious leaders on how to approach the problem of HIV/AIDS among its members (Collins, 2007). Collins (2007) also notes that if people conceal this knowledge from spouses, relatives and all others, sometimes with disastrous consequences, as they continue to infect others or re-infect themselves.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### Research Design

The study was both qualitative and quantitative in nature and used a descriptive comparative design. It also used across sectional and an ex post facto, in design. The study was quantitative because the findings were presented using numbers, although some were described using words which made it partly qualitative. It was descriptive comparative because the researcher was interested in describing the role of NGOs and the challenges of HIV being addressed by these NGOs. The researcher also wanted to compare male and female benefits from the services of NGOs and also to compare roles of different NGOs. It was cross sectional as data were collected for a short time and ex post facto since the researcher was only interested in utilizing the facts as gathered from the field.

#### Target Population

The target population of this study was all the employees of BIDII and ICAP as well as parents/guardians of HIV/AIDS infected children, who get services from these two NGOs. There are 89 employees at the head quarters of the two NGOs of whom 40 were from BIDII and 49 from ICAD. 200 children benefit from services of these two NGOs. From these groups, the samples were selected.

#### Sample Size

The sample size was determined from the population of the study using Slovine's formula which is stated as follows;

$n = \frac{N}{1+N(e^2)}$ , Where; n = the required sample size; N = the known population size;

and e = the level of significance, which is = 0.05. Using this formula, the minimum sample size was 167; however the researcher gave out more than 167 questionnaires to cater for those which would not be returned.

## **Sampling Procedures**

After stratifying the population, purposive sampling was used to select the respondents, utilizing the following criteria; 23 employees had to be selected from BIDII and 28 from ICAP, on account that the later had more staff. At least 23 employees had to be female. Respondents had to be picked from the different positions, for example, field officers, managers, clerks and accountants.

To select beneficiaries of NGO services, the respondent had to be an HIV/AIDS positive and accesses the services of the two NGOs. The respondent had to be either a complete orphan or partially orphan. Those with HIV and not orphans were not included in the sample. After these criteria were set, respondents were selected using convenient approaches. Employees and beneficiaries were approached from the headquarters of the NGOs. The researcher approached supporting group leaders who assisted him to collect data form parents/guardians of infected children. Questionnaires were given to parents as they came in. The researchers instructed the support group leaders to have only 166 questionnaires answered where one parent answered one questionnaire only.

## **Instruments**

A researcher made questionnaire was developed and used to gather data from employee and beneficiaries of NGOs. The questionnaire involved three sections; one on the profile of respondents, another one on the degree of NGO prevention and management of HIV and the last on the extent to which children with HIV benefit from the services of NGOs. All questions were closed ended and respondents were only required to tick the relevant option. All questions on HIV prevention and management as well as benefits were Likert scaled ranging from one to five, where 1=strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree.

## Validity and Reliability of Instruments

The validity of instruments was measured using content validity index. Two raters/ experts in the field of study were used to rate the content in the questionnaire. These experts also assisted in assessing the phrasing of the questions. The researcher viewed each statement with the help of the supervisors assessed the extent to which the questions were relevant to the topic. The researcher compiled the responses from raters and the content validity index (CVI) was computed. The estimation for validity is 0.75, meaning that any value below it would make the instruments invalid. Table 2 shows a summary of the experts' ratings.

$$CVI = \frac{\text{Number of declared valid}}{\text{Total number of items}}$$

	Relevant items	Not relevant items	Total
Rater 1	26	3	29
Rater 2	27	2	29
Total	53	5	58

$$CVI = \frac{53}{58} = \mathbf{0.91}$$

The CVI was 0.91, was greater than 0.75, hence the instrument was considered valid.

To ensure reliability, the data collection instruments were pre-tested. In pre-testing, the designed instruments were tried out on the selected NGO employees and beneficiaries who did not form part of respondents. The questionnaires were revised for mistakes and a final copy was presented to the supervisor for approval. Cronbach Alpha was used to compute the reliability of the questionnaires that had been pre- tested and this was 0.80 hence it was considered to be reliable.



## **Data Collection Procedure**

### ***Before administration of the questionnaire***

After the proposal was defended successfully and corrections made as suggested during and after the proposal defense, the researcher acquired and delivered a transmittal letter from the School of Post Graduate Studies' Coordinator to the concerned authorities in the selected NGOs, before administering the instruments to the anticipated respondents so as to seek official permission and book appointment.

### ***During administration of the questionnaire***

After the official permission, questionnaires were administered by the researcher himself.

### ***During administration of the questionnaire***

After administration of the questionnaire, data was gathered, edited and entered into the computer and analysed using SPSS, through a specialist in statistics. Results from the analyst were then interpreted and a final report was prepared for viva defense.

## **Data Analysis**

Frequency counts and percentage distributions were used to analyse data on background characteristics of respondents. Means were used to determine the degree of NGO prevention and management of HIV and the extent to which children with HIV benefit from the services of NGOs. The Pearson's Linear Correlation Coefficient (PLCC) was used to determine the relationship between the degree of NGO prevention and management of HIV and the extent to which children with HIV benefit from the services of NGOs. The same PLCC was used to test the hypothesis of the study. The Statistical Package for Social Scientist (SPSS version 13) was used in the analysis of data.

## **Ethical Considerations**

The study engaged a sample of NGO staff in the selected NGOs in Kilungu District. Extreme confidentiality was promised and this was effected and the

information provided by the respondents was kept secret. In addition, no respondent was compelled to participate in the study, all of them were free to either participate or not. The responses were also coded to ensure anonymity and results were presented in a general form.

### **Limitations of the Study**

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures are also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study.

1. Attrition/Mortality. Not all questionnaires were returned neither completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization and refusal/withdrawal to participate. In anticipation to this, the researcher reserved more respondents by exceeding the minimum sample size. The respondents reminded not to leave any item in the questionnaires unanswered and were closely followed up as to the date of retrieval.
2. Generalization of findings is a problem since the study was conducted in one district and involved only two NGOs.
3. The researcher had no control over intervening and extraneous variables such as respondents' biases and psychological tendencies. These could reduce validity of the findings.
4. The research instruments (questionnaires) were not standardized, which can pose a question on validity and reliability of the data collected.

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS**

#### **Introduction**

This chapter shows the profile characteristics of NGO beneficiaries and staff, the degree of prevention and management of HIV/Aids among infected children, difference in the extent to which children with HIV/AIDS benefit from NGO services between NGO beneficiaries according to age, gender and parental status, and the difference between the level of HIV/Aids prevention and management between BIDII and ICAP.

#### **Description of respondents**

Respondents in this study included NGO staff and beneficiaries (i.e. the infected children) in Kenya. The first objective of this study was set to determine the profile of respondents in terms of, age group, gender, education level, position, and parental status of the NGO staff and beneficiaries from services. In each case, respondent were asked to provide us with their profile characteristics, using a closed ended questionnaire. Their responses were analysed using frequencies and percentage distributions as indicated in table 2.

**Table 2**  
**Profile of the respondents**

<b>Profile</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age</b>		
20-39	38	74.5
40-59	13	25.5
<b>Total</b>	<b>51</b>	<b>100.0</b>
<b>Gender</b>		
Male	28	54.9
Female	23	45.1
<b>Total</b>	<b>51</b>	<b>100.0</b>
<b>Education</b>		
Certificate	16	31.4
Diploma	27	52.9
Degree	6	11.8
Masters	2	3.9
<b>Total</b>	<b>51</b>	<b>100.0</b>
<b>Position</b>		
Manager	4	8
Clerk	5	9.8
Field officer	40	78.4
Accountant	2	3.9
<b>Total</b>	<b>51</b>	<b>100.0</b>
<b>Organization</b>		
ICAP	28	54.9
BIDII	23	45.1
Total	51	100.0
<b>Beneficiaries</b>		
<b>Age</b>		
Below 5 years	34	29.3
5-10	49	42.2
11-15	22	19.0
16 & above	11	9.5
<b>Total</b>	<b>116</b>	<b>100.0</b>
<b>Gender</b>		
Male	72	62.1
Female	44	37.9
<b>Total</b>	<b>116</b>	<b>100.0</b>
<b>Parental status</b>		
Complete orphan	38	32.8
Mother only	69	59.5
Father only	9	7.8
<b>Total</b>	<b>116</b>	<b>100.0</b>

Results in Table 2 indicate that, most respondents belonged to the age group of 20-39 years (75%) for NGOs and for beneficiaries 5-10years (42%) these were followed by those between 40-59 years (26%), and below 5 years (29%), implying that most employees of this organization are youth and most children were those in their early childhood are the ones whose parents are either infected with or died of HIV/AIDS. The case of age distribution of NGO staff is true because, most NGOs like always prefer to employ young people who are still energetic and flexible.

As regards gender, most respondents both NGO staff (55%) and beneficiaries (62%) were male, while women were only 45% for NGO staff and 38% for beneficiaries. This indicates a gender gap in the level of HIV/Aids prevention and management and beneficiaries. This gap may be due to inferiority of women such that few of them go for education to qualify for such jobs hence a disparity in the job market.

Concerning education level, results indicate that diploma holders (52%), followed by certificate holders (31%). There were very few of them with degrees (11%) and masters (4%). This indicates adequate distribution of education among employees in Kenya. This indicates that the educational levels of the selected NGO staff are generally low.

As for job position, most employees are field officers (78%), 10% are clerks, 8% are managers and only 4% accountants. This indicates NGO in the sample are field based, a sign of effectiveness. Concerning organization, most respondents do belonged to ICAP with a percentage of 55% and the rest belong to BIDII 45%. This shows that ICAP has more employees as compared to BIDII . For the parental status of the beneficiaries most of the respondents had only mother 50% followed by those who are completely orphans without mother and father (33%) and only 8% had only the father. This implies that the number of fathers who dies of HIV/Aids is higher than the rest.

### **Extent of NGO's Prevention and Management of HIV/AIDS**

The independent variables in this study were prevention and management of HIV/AIDS in Kenya and the second objective was set to determine the degree of

NGO's prevention and management of HIV/ AIDS. The researcher wanted to determine the extent to which NGOs' HIV/ AIDS prevention and management activities are satisfactory. HIV/AIDS prevention and management practices were broken into four aspects namely; i) Management ii) Supply of ARVs and other drugs; iii) Financial support; and iv) Socio support. All the four were measured using qualitative questions in the questionnaire, with each question Likert scaled using five points, where 1= strongly agree ; 2 = agree; 3=neutral; 4 = disagree; and 5 = strongly disagree. NGO employees were asked to rate how satisfactory each NGO activity was by showing the degree to which they agree or disagree with each. In doing this respondent were directed to tick a number corresponding to their best option and thinking. Their responses were analyzed using SPSS and summarised using means, as indicated in table 3;

***Key for interpretation of means***

<b>Mean range</b>	<b>Response mode</b>	<b>Interpretation</b>
1.00 – 1.81	Strongly disagree	Very unsatisfactory
1.80 - 2.61	Disagree	Unsatisfactory
2.60 - 3.41	Neutral	Fairly satisfactory
3.40 - 4.21	Agree	Satisfactory
4.20 - 5.00	strongly agree	Very satisfactory

**Table 3**

**Extent of NGO's Prevention and Management of HIV/AIDS**

Items on HIV/AIDS Prevention and Management	Mean	Interpretation	Rank
<b>Management</b>			
You frequently give Guidance and Counseling to pregnant mothers who are HIV positive.	4.47	Very satisfactory	1
You frequently give Guidance and Counseling services to children with HIV/AIDS in Kilungu District	4.33	Very satisfactory	2
You frequently give Guidance and Counseling services to breast feeding mothers who are HIV positive.	4.27	Very satisfactory	3
You frequently give Guidance and Counseling services to guardians of children with HIV/AIDS	4.24	Very satisfactory	4
You usually give Guidance and Counseling services to parents of children with HIV/AIDS in this area.	3.84	Satisfactory	5
<b>Average mean</b>	<b>4.23</b>	Very satisfactory	
<b>Supply of ARVs and other drugs</b>			
You frequently provide ARVs and other drugs to children with HIV/AIDS in Kilungu District.	3.57	Satisfactory	1
You frequently provide ARVs and other drugs to guardians with HIV/AIDS in Kilungu District.	2.94	Fairly satisfactory	2
You frequently provide ARVs and other drugs to children with HIV/AIDS in Kilungu District.	2.86	Fairly satisfactory	3
You frequently provide ARVs and other drugs to breast feeding mothers who are HIV/AIDS positive.	2.82	Fairly satisfactory	4
You frequently provide ARVs and other drugs to pregnant mothers who are HIV/AIDS positive.	2.80	Fairly satisfactory	5
<b>Average mean</b>	<b>3.00</b>	Fairly satisfactory	
<b>Financial and social support</b>			
You usually provide financial support to parents of children with HIV/AIDS in Kilungu District.	2.16	Unsatisfactory	1
You usually provide financial support to breast feeding mothers who are HIV positive.	1.96	Unsatisfactory	2
You provide financial support to HIV positive pregnant mothers	1.78	Unsatisfactory	3
You usually provide financial support to children with HIV/AIDS.	1.69	Very unsatisfactory	4
You usually provide social support to children with HIV/AIDS.	1.67	Very unsatisfactory	5
<b>Average mean</b>	<b>1.85</b>	Unsatisfactory	
<b>Social support</b>	Mean		
You usually support university education of HIV infected children	2.94	Fairly satisfactory	1
You usually give education support to orphans	2.69	Fairly satisfactory	2
You usually support education of children with HIV/AIDS	2.24	Unsatisfactory	3
You usually provide food/ nutritional support to HIV/AIDS children	1.80	Unsatisfactory	4
<b>Average mean</b>	<b>2.42</b>	Unsatisfactory	
<b>Overall mean</b>	<b>2.87</b>	Fairly satisfactory	

Results in table 3 indicate that most items or aspects on HIV management were rated as satisfactory by the NGO staff. The NGOs' management of HIV/AIDS activities were rated highest on giving guidance and counseling to pregnant mothers who are HIV positive (mean = 4.47), followed by giving guidance and counseling to children who are HIV/AIDS positive (mean = 4.33) and on the overall, the management of HIV/AIDS in Kilungu district was rated as very satisfactory (average mean = 4.23). This implies that NGOs have done a good job in managing HIV/AIDS.

Concerning supply and provision of ARVs and other drugs, the prevention of HIV/AIDS by the selected NGOs was rated as fairly satisfactory for most items, except one item which was rated satisfactory and this was provision of ARVs and other drugs to children with HIV/AIDS (mean = 3.57), implying that concerning supply of ARVs, NGOs are doing a good job. However, concerning provision of ARVs and other drugs to mothers and other guardians infected with HIV/AIDS, NGO performance was found to be fairly satisfactory. This indicates that the major focus of the NGOs in question is children with HIV/AIDS, and this was the major focus of this study.

About financial and social support, employees rated the activities of their respective NGOs as unsatisfactory. For example, two aspects were rated very unsatisfactory and these included provision of financial support to children with HIV/AIDS (mean = 1.69) and provision of social support to children with HIV/AIDS (mean = 1.67). This implies that NGOs rarely give money of financial support to their beneficiaries, meaning that they always provide physical support or provide physical materials such as drugs and nutritional materials. This is true and required because, it is always difficult to provide money to people and always money is not enough and not easy to manage, so it is better to provide materials. The same applied to all items of social support, such as provision of education, feeding and nutritional support and so on. However this result on social support was not expected because, where NGOs do not or rarely give financial support, they should always be giving social support, if they are to be effective in managing and



preventing HIV/AIDS among children. This shortfall may have been due to misunderstanding of the items on social support by the respondents and took them to be the same as questions on financial support.

On the overall, the activities of NGOs in prevention and management of HIV/AIDS were found to be fairly satisfactory (overall average mean = 2.87). This suggests that NGOs activities are fairly felt. This is due to the fact that there are so many possible beneficiaries, so it is difficult to satisfy them. Also since there are other NGOs providing the same services, it is true that the two NGOs in the study cannot be reaching all beneficiaries.

### **Extent to which HIV/AIDS Children Benefit From NGOs Services**

The benefits from the activities of NGOs, acted as the dependent variable in this study and these benefits are enjoyed by the children with HIV/Aids in the study area. The benefits from NGOs were measured by 10 qualitative questions, with each question based on five Likert scales, ranging between one to five, where 1= Strongly disagree, 2 = Disagree, 3 = Neutral 4= agree and 5 = strongly agree. Beneficiaries were asked to rate the extent to which they were satisfied with the services of NGOs, by indicating the extent to which they agree or disagree with each question. Their responses were analysed using SPSS and summarized using means as indicated in table 4; the following key was used to interpret means;

<b>Mean range</b>	<b>Response mode</b>	<b>Interpretation</b>
1.00 – 1.81	Strongly disagree	Very low
1.80 - 2.61	Disagree	low
2.60 - 3.41	Neutral	Fair
3.40 - 4.21	Agree	High
4.20 - 5.00	strongly agree	Very high

**Table 4**  
**Extent to which HIV/AIDS Children Benefit From NGOs Services**  
**(n = 116)**

<b>Items on Benefits of NGO Services</b>	<b>Mean</b>	<b>Interpretation</b>	<b>Rank</b>
You frequently receive guidance & counseling from ICAP	4.37	Very high	1
You frequently receive Guidance Counseling from BIDII	4.19	Very high	2
You regularly receive financial support from ICAP	4.13	Very high	3
You regularly receive ARVs and other drugs from BIDII	4.02	Very high	4
You regularly receive ARVs and other drugs from ICAP	3.97	High	5
You regularly receive educational support from ICAP	3.83	High	6
You regularly receive food & nutritional support from ICAP	3.73	High	7
You regularly receive financial support from BIDII	3.72	High	8
You regularly receive food & nutritional support from BIDII	3.58	High	9
You regularly receive educational support from BIDII	3.43	High	10
<b>Average mean</b>	<b>3.90</b>	High	

The means in Table 4 indicate that the beneficiaries rated high the services rendered to them by the NGOs on the different aspects. Of the 10 items, four were rated Very satisfactory and these include; receiving guidance and counseling from ICAP (mean = 4.37), receiving guidance counseling from BIDII (mean = 4.19), receiving financial support from ICAP (mean = 4.13) and receiving ARVs and other drugs from BIDII (mean = 4.02). The lowest rated item was on regular receipt of educational support from BIDII (mea = 3.43) and on the overall, all benefits were rated as high (average mean = 3.90). This indicates that the services of NGOs are actually received by the beneficiaries. It is also surprising that the recipients of NGO services are more appreciative than even the employees who help in provision of these services. This implies that NGOs are committed to help people with HIV/AIDS especially children, that is why they even believe that what they have provided is not yet adequate, a sign hat they are ready to increase their services to the beneficiaries.

### **Significant Difference in the Extent to Which HIV/AIDS Children of Different Age Benefit From NGO Services**

The fourth objective of the study was to establish whether the perceived benefits from the services of NGOs differed significantly according to age, gender, and parental status. The researcher hypothesized that no significant difference exists in the extent of NGO benefits according to the mentioned characteristics. To test this hypothesis, the t-test and NOVA were used and the results are indicated in table 5;

**Table 5**

Significant Difference in the Extent to Which Children With HIV/AIDS Benefit From NGO Services Between Male and Female Beneficiaries

Variables		t-value	Sig	Interpretation	Decision on Ho
Extent of Benefits Vs Gender	Male	-7.928	.000	Significant difference	Rejected
	Female				

Results in Table indicate a significant difference in the perceived benefit between male and female beneficiaries ( $t = -7.928$ , sig. = 0.000). The findings indicate further that female beneficiaries benefit more than male, indicating that priority of assistance is given to female HIV/AIDS children and other beneficiaries like the pregnant mothers. This is true because, females are more vulnerable as compared to male. It is also true that female children are more prone to HIV/AIDS through cases like rape and defilement and so many NGOs related to HIV/AIDS assistance put more efforts on assisting the female.

**Table 6**

Significant Difference in the Extent to Which Children With HIV/AIDS Benefit From  
NGO Services According to Age and Parental status

Variables	Categories	Mean	F-value	Sig .	Interpretation	Decision on Ho
Benefits Vs Age	Below5	4.50	12.720	.000	Significant difference	Rejected
	5-10yrs	4.24				
	11-15	3.01				
	16 & above	1.82				
Benefits Vs Parental status	Complete orphan	4.88	22.421	.000	Significant difference	Rejected
	Mother only	4.18				
	Father only	1.97				

Results in Table 6 showed that there is a significant difference in the benefits received by children of different age groups, where by young children receive more services compared to the older ones ( $F = 2.720$ ,  $sig. = 0.000$ ). This is true because, the focus of this study was on children and also the focus of the NGOs in the study is young children.

Concerning parental status, the findings indicated significant differences in the benefits according to parental status ( $F = 12.720$ ,  $sig. = 0.000$ ). The results indicated that complete orphans receive more benefits than those with one parent. It is also indicated that children with only a mother (meaning that they do not have fathers) benefit more than those with only fathers. This showed that men still have more control over children and so when a child has a father, he or she is not counted so much an orphan compared to those with only a mother. This explains why NGOs give more support to children who are complete orphans and those with only a mother as compared to children with only fathers.

## Significant Difference in the Level of HIV/AIDS Prevention and Management Between BIDII and ICAP

The fifth objective of the study was to establish whether there is a significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP. The researcher hypothesized that no significant difference exists in the level of HIV/AIDS prevention and management between BIDII and ICAP. To test this hypothesis, the t-test was used and the results are indicated in table 7;

**Table 7**

Significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP

Variables	Organisation	Mean	t-value	Sig	Interpretation	Decision on Ho
HIV/AIDS Management	ICAP	3.64	-7.498	.000	Significant difference	Rejected
	BIDII	4.80				
Supply of ARVs	ICAP	2.86	-14.387	.000	Significant difference	Rejected
	BIDII	4.38				
Financial support	ICAP	2.08	-10.705	.000	Significant difference	Rejected
	BIDII	3.78				
Social support	ICAP	2.39	-12.177	.000	Significant difference	Rejected
	BIDII	3.66				

Results in Table 7 indicate that BIDII surpasses ICAP in all activities related to management and prevention of HIV/AIDS. The findings indicated that there is a significant difference in the level of prevention and management of HIV/AIDS for all activities (all sig. values < 0.05). These results indicate that BIDII gives more support compared to ICAP. This is due to the fact that BIDII has stayed longer and is working at a large scale compared to ICAP. The findings also indicate that of all activities related to prevention and management of HIV/AIDS, those related to management of HIV/AIDS are more prevalent for the case of BIDII and ICAP.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents a summary of major findings, conclusions and recommendations plus the areas that need further research.

#### Summary of Major Findings

The major objective of this study was to describe the role of two NGOs (ICAP and BIDII) in prevention and management of HIV among children within Kilungu District, Eastern Province, Kenya. It was guided by five specific objectives, which included determining the; i) profile of respondents in terms of; a) beneficiaries; gender, age and parental status; b) NGO staff; gender, age, educational level and position; ii) the degree of NGO's prevention and management of HIV/AIDS among children; iii) the extent to which children with HIV/AIDS benefit from the services of NGOs; iv) whether there is a significant difference in the extent to which children with HIV/AIDS benefit from NGO services according to age, gender, and parental status; and v) whether there is a significant difference in the level of HIV/AIDS prevention and management between BIDII and ICAP.

The findings indicated that most NGO staff belonged to the age group of 20-39 years (75%) and for beneficiaries 5-10years (42%), most respondents both NGO staff (55%) and beneficiaries (62%) were male, for staff, diploma holders (52%) dominated the rest, most employees are field officers (78%), most respondents do belonged to ICAP with a percentage of 55% and most beneficiaries had only mother (50%).

As reported by the World Health Organization (WHO 2009) NGO's prevent and manage HIV/AIDS interms of counseling, palliative care of treatment with ARVs or supply of home care kids. These activities of NGOs in prevention and management of HIV/AIDS were found to be fairly satisfactory (overall average mean = 2.87). The level of benefits from the NGO services was found to be high (average mean = 3.90). There was a significant difference in the perceived benefit between male

and female beneficiaries ( $t = -7.928$ ,  $\text{sig.} = 0.000$ ), favoring the females as reported by UNICEF 2009. There was a significant difference in the benefits received by children of different age groups, where by young children received more services compared to the older ones ( $F = 2.720$ ,  $\text{sig.} = 0.000$ ). There were significant differences in benefits received according to parental status ( $F = 12.720$ ,  $\text{sig.} = 0.000$ ), whereby children with only mothers receive more benefits than the rest. Results also indicated a significant difference in the level of prevention and management of HIV/AIDS for all activities between ICAP and BIDII (all sig. values  $< 0.05$ ), where, BIDII surpassed ICAP in all activities.

## **Conclusions**

Based on the findings of the study, the researcher concluded that NGO staffs are dominated by youth (20-39 years), male employees (55%), diploma holders (52%) and field officers (78%). Most beneficiaries of NGO services are aged 5-10 years, male (62%) and most of them had only mother (50%).

NGOs activities in prevention and management of HIV/AIDS are fairly satisfactory and the level of perceived benefits from NGO services is high.

The perceived benefits from NGO services differ significantly between male and female beneficiaries. Female beneficiaries are more likely to benefit more from the NGO services compared to male beneficiaries.

Young children receive more support from NGOs as compared to those above them in age. Children with only mothers receive more support from NGOs than those who have only a father or are complete orphans.

BIDII's support services are more satisfactory than ICAP, although ICAP has more people it supports compared to BIDII.

NGOs' services are more attached to activities related to HIV/AIDS management such as guidance and counseling to pregnant mothers, children, guardians and parents with HIV/AIDS. NGOs' financial support is still unsatisfactory in almost all ways. Also NGOs' social support services are still unsatisfactory to most of the beneficiaries.



## **Recommendations**

Based on the findings of the study, the researcher made the following recommendations, geared towards improving the services of NGOs and reducing the problems and number of HIV infected children;

The management of NGOs should try to see to it that they train their staff as this will improve their services towards prevention and management of HIV/AIDS. Most of their current staff is under trained with majority being diploma holders, an indication for the need to train them for example by sponsoring them for further education and giving them more refresher courses. More still there is need to increase on the number of female staff in these NGOs and if possible reduce male. This is because, female by nature can handle better the problems related to diseases than men.

NGOs still to increase their activities towards helping the children with HIV. As per the findings of this study there are some areas where the services of NGOs are not satisfactory at all. These include supply of ARVs and other drugs that can help provide some relief to those infected with HIV, provision of financial and social support. Managing HIV alone through activities like guidance and counseling may not be sufficient to reduce the problems of those who are infected and to reduce on the spread of the scourge.

In particular, these NGOs should ensure that among their programs, they strengthen provision of education to children whose parents died or are suffering from HIV/AIDS. Such children also need the opportunity to access education, which according to the findings of the study, is not given much attention by many NGOs. This can be done by creating their own schools or partnering with already existing schools to offer some bursaries to such children at all levels of education.

NGO management should ensure that there is no discrimination in giving support between male and female beneficiaries. Also children whose mothers died but still have their fathers, should be given the same attention as those who have no fathers. This is because fathers may also find problems of treating themselves and their children so in the end such children may not receive much assistance.

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NGOs management should ensure that they increase on the nutritional support given to infected children. This study found out that this kind of support is still lacking among all the NGOs. Nutritional support are very important in boosting the health of an infected person so it needs to be given attention, by identifying the kinds of food these children need and put them in the budgets so that they go hand in hand with other kinds of support.

The Government of Kenya should also extent their support to HIV infected child other than leaving this heavy but rather important activity to only NGOs, which may not have enough resources. So the government can either support activities of NGOs by supplementing their resources or have agents who extent these services.

### **Suggestions for Further research**

The following related areas need to be given more investigations by future researchers;

1. The role of local and central governments of Kenya in prevention and management of HIV/AIDS among children in various districts.
2. The role of traditional leaders in prevention and management of HIV/AIDS among children in various districts.
3. The perceptions and responsiveness of parents and guardians towards the activities of NGOs in prevention and management of HIV/AIDS among children in various districts.
4. The available strategies utilized by various stakeholders in prevention and management of HIV/AIDS among children in various districts.

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**INSTITUTE OF OPEN AND DISTANCE LEARNING  
OFFICE OF THE DIRECTOR**

21<sup>st</sup> May 2010

The District Education Officer  
P.O. Box 98 Nunguni

Dear Sir/Madam,

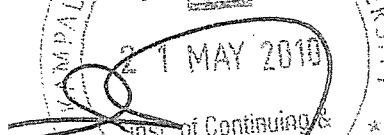
**INTRODUCTION LETTER FOR RESEARCH**

I have the pleasure to introduce **James M. Muema – MBA/10060/81/DF** to you. He is a student of **Masters Degree in Business Administration (NGO Management)** at Kampala International University. He is carrying out his research on **“The Impact of Selected NGOS. to Prevention and Management of HIV AIDS among Children – Acase study in Kirungu District, Eastern Province - Kenya”** He is at the data collection stage and your Institution / Organization has been identified as her area of study. It will therefore be appreciated if you can give the best assistance to him for a dependable research work.

The university will be counting on your kind cooperation.

Thank you

21 MAY 2010

  
J.S. Owoeye, Ph.D.  
Director-IODL  
DIRECTOR

**APPENDIX 1 B**  
**TRANSMITTAL LETTER FOR THE RESPONDENT**

Dear Respondent,

I am an MBA NGO Management candidate at Kampala International University and currently pursuing a research study entitled, **NGO Prevention and Management of HIV/AIDS Among the Infected Children in District Kenya**. In view of this empirical investigation, I request you to be part of this study by answering my questionnaires. I assure you that the information you provide to me shall be kept with utmost confidentiality and will be used for only academic purposes.

Please respond to all items please do not leave any item unanswered, for this study to get good findings.

Thank you very much in advance.

Yours faithfully,

James Muema

**APPENDIX II**  
**CLEARANCE FROM ETHICS COMMITTEE**

Date \_\_\_\_\_

**Candidate's Data**

Name \_\_\_\_\_

Reg.# \_\_\_\_\_

Course \_\_\_\_\_

Title of Study \_\_\_\_\_

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**Ethical Review Checklist**

**The study reviewed considered the following:**

- Physical Safety of Human Subjects
- Psychological Safety
- Emotional Security
- Privacy
- Written Request for Author of Standardized Instrument
- Coding of Questionnaires/Anonymity/Confidentiality
- Permission to Conduct the Study
- Informed Consent
- Citations/Authors Recognized

**Results of Ethical Review**

- Approved
- Conditional (to provide the Ethics Committee with corrections)
- Disapproved/ Resubmit Proposal

**Ethics Committee (Name and Signature)**

Chairperson \_\_\_\_\_

Members \_\_\_\_\_

**APPENDIX III**  
**INFORMED CONSENT**

In signing this document, I am giving my consent to be part of the research study of Mr. James Mungoma that focuses on **NGO Prevention and Management of HIV/AIDS among the Infected Children in District Kenya.**

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

\_\_\_\_\_  
Name and Signature of Respondent

Date \_\_\_\_\_





**BENEVOLENT INSTITUTE OF DEVELOPMENT INITIATIVES  
(BIDII)**

P.O Box 1682 – 90100, Machakos, Kenya

Tel: (044) 21732

Email: [bidii@bidii-ngo.org](mailto:bidii@bidii-ngo.org) or [bidii2006@yahoo.com](mailto:bidii2006@yahoo.com); Website: [www.bidii.or.ke](http://www.bidii.or.ke)

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14<sup>th</sup> October 2011

The Director - IOKL  
Kampala International University  
P.O Box 90000,  
Uganda

Dear Sir / Madam,

**RE: MR. JAMES M. MUEMA**

This is to confirm that **Mr. James M. Muema – MBA / 10060 / 81 / DF** was attached to Benevolent Institute of Development Initiatives (BIDII) during his research when carrying out data collection on the **“the Impact of Selected NGOs to “Prevention and Management of HIV AIDS among Children”**.

BIDII is a Christian-based, Non-profit making NGO registered in Kenya since 1999 to work in the area of community capacity building and livelihood improvement activities in the Lower Eastern Province of Kenya. The work of BIDII is currently in Machakos, Makueni & Kitui Counties, and in seventeen (17) trading centres along the Nairobi - Mombasa Highway from Mlolongo to Mtitu-Andei. The base of BIDII is in Machakos town, in Miw’ani Estate, along the Machakos Teachers College Road and about 150m just before the College gate.

BIDII operates under five (5) major thematic areas, namely: Food Security, HIV & AIDS and Health, Water and Environment, Economic Empowerment (Micro-Savings and Credit Scheme) and Gender and Democracy.

We do hope that the results of the data collection will enhance HIV work in the region.

Blessings.

Yours Faithfully

Margaret Kisilu  
Chief Executive Officer - BIDII

# MINISTRY OF MEDICAL SERVICES

Telegrams Health " KILUNGU"

Telephone

When replying please quote.

REF: KSDH/



KILUNGU SUB DISTRICT HOSPITAL

P.O. BOX 223-90130.

NUNGUNI

Date: 13/10/2011

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**TO WHOM IT MAY CONCERN**

## LETTER OF NOTIFICATION

This is to notify that JAMES MUEMA carried out a research with ICAP in our facility where he got the data.

Yours Faithfully

A handwritten signature in black ink, appearing to be "Wainaina".

WINFRED WAINAINA

ICAP REPRESENTATIVE KILUNGU SUB DISTRICT HOSPITAL

KILUNGU SUB-DISTRICT HOSPITAL
DATE.....
P.O. Box. 223 NUNGUNI
SIGN.....

**APPENDIX IVA**  
**QUESTIONNAIRE FACE SHEET**

**PROFILE OF RESPONDENTS**

**NGO Employees**

**1. Age**

20-39       40-59       60 & above

**2. Gender:**

Male       Female

**3. Education level**

Certificate       Diploma       Degree       Masters

**4. Position**

Manager     Clerk       Field officer     Accountant

**5. Organisation**

ICAP       BIDII

## APPENDIX IVB

### ***QUESTIONNAIRE TO DETERMINE NGO ACTIVITIES IN PREVENTION AND MANAGEMENT OF HIV***

Indicate the extent to which you agree or disagree with the following statements on services of NGOs related to prevention and management of HIV/AIDS. Answer Key: 1=SD, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

\_\_\_1. You frequently give Guidance and Counseling services to children with HIV/AIDS in Kilungu District

\_\_\_2. You frequently give Guidance and Counseling services to guardians of children with HIV/AIDS

\_\_\_3. You usually give Guidance and Counseling services to parents of children with HIV/AIDS in this area.

\_\_\_4. You frequently give Guidance and Counseling to pregnant mothers who are HIV positive.

\_\_\_5. You frequently give Guidance and Counseling services to breast feeding mothers who are HIV positive.

#### **Supply of ARVs and other drugs**

\_\_\_6. You frequently provide ARVs and other drugs to children with HIV/AIDS in Kilunngu District.

\_\_\_7. You frequently provide ARVs and other drugs to guardians with HIV/AIDS in Kilungu District.

\_\_\_8. You frequently provide ARVs and other drugs to children with HIV/AIDS in Kilungu District.

\_\_\_9. You frequently provide ARVs and other drugs to pregnant mothers who are HIV/AIDS positive.

\_\_\_10. You frequently provide ARVs and other drugs to breast feeding mothers who are HIV/AIDS positive.

#### **Financial and social support**

\_\_\_11. You usually provide financial support to children with HIV/AIDS in Kilungu District.

\_\_\_12. You usually provide financial support to guardians of children with HIV/AIDS in Kilungu District.

\_\_\_13. You usually provide financial support to parents of children with HIV/AIDS in Kilungu District.

\_\_\_14. You usually provide financial support to pregnant mothers who are HIV positive.

\_\_\_15. You usually provide financial support to breast feeding mothers who are HIV positive.

### **Social support**

\_\_\_16. You usually support education of children with HIV/AIDS.

\_\_\_17. You usually give education support to orphans whose parents died of HIV.

\_\_\_18. You usually support university education of HIV infected children.

\_\_\_19 You usually provide food or nutritional support to children with HIV/AIDS.

**APPENDIX 1VC**

**QUESTIONNAIRE TO DETERMINE LEVEL OF BENEFITS FROM NGO**

**ACTIVITIES**

**Profile of respondents**

1. Age of your child

\_38\_ Below 5 years                      \_35\_ 5-10                      \_33\_ 11-15  
\_10\_ 16 & above

2. Gender of your child

\_52\_ Male                      \_64\_ Female

3. Parental status of your child

Complete orphan                       Mother only                       Father only

**Benefits from NGO services**

Indicate the extent to which you agree with the following statements related to NGO services on prevention and management of HIV/IDS in your area. Answer

Key: 1=SD, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

- 1. You frequently receive Guidance Counseling from BIDII.
- 2. You frequently receive guidance and counseling from ICAP.
- 3. You regularly receive financial support from BIDII.
- 4. You regularly receive financial support from ICAP.
- 5. You regularly receive educational support from BIDII.
- 6. You regularly receive educational support from ICAP.
- 7. You regularly receive food and nutritional support from BIDII.
- 8. You regularly receive food and nutritional support from ICAP.
- 9. You regularly receive ARVs and other drugs from BIDII.
- 10. You regularly receive ARVs and other drugs from ICAP.

## CARRICULUM VITAE

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### BIODATA

**NAME** : James Mwanja Muema  
**DATE OF BIRTH** : 1<sup>st</sup> August 1968  
**SEX** : Male  
**MARITAL STATUS** : Married to Ruth Mbete  
**CONTACT ADDRESS** : Box 98,  
Nunguni.  
Cell Phone 0724868775  
**NATIONALITY** : Kenyan  
**LANGUAGES** : Fluent in English, Kiswahili, Kikamba, Kikuyu  
(Written & spoken)

### CAREER OBJECTIVE

Aspire to become a human resource developer and use my competencies to steer the course of development nationally and internationally.

### EDUCATIONAL BACKGROUND

2008 Todate                      Kampala International university (ongoing): MBA (NGO  
Management)  
2004-2006                      Kabarak University: Bachelor of Theology  
Second class honors (upper division)  
1990-1994                      Ukamba Bible College: Diploma in Bible and Theology  
1984-1987                      Kambu Secondary School (KCE)  
Po Box 92 Kambu  
1975- 1983                      Kyangala Primary School (CPE)  
Po Box 56 Nunguni

### WORK AND PROFESSIONAL EXPERIENCE

2007-Todate:                      **Chaplain/teacher:** AIC Nunguni Secondary School  
Po box 98 Nunguni  
**Pastor:** AIC Kwanduti, Nunguni District Church Council,  
Mukaa Region, makueni area- AIC Kenya  
2000-2004 April:                      **Pastor:** Nunguni District Church council, Mukaa Region-AIC  
Kenya Po box 98 Nunguni  
1994-april-2000                      **Pastor:** Mt. Kenya District Church council, Central Province-  
AIC Kenya Po box 122

### **Duties and responsibilities:-**

- ◆ Chairman - Branch church council : 1996-2000
- ◆ Christian Education department(CED) Worker: 1999-2000
- ◆ Book keeper: 1998-2000
- ◆ 1994-2000 Senior Youths Counselor

1989-1990 April **Farm Manager** –Utisi Farm (Athi River)

### **SKILLS AND FURTHER TRAINING**

4th august 2010 - Presiding officer - Interim Independent Electoral commission of Kenya (IIEC)

27<sup>th</sup> December 2007 - **presiding officer**-electoral commission of Kenya (**ECK**)

21<sup>st</sup> November 2005 - **Deputy presiding officer**-Electoral Commission of Kenya (**ECK**)

2005 September - December – internship - AIC Plainsview; Nairobi, south B

2005-**Public relations officer** - Kabarak Ukambani Outreach Team (**KUOT**)

2004- **Presiding officer** - Kabarak University Electoral Commission

### **UNIQUE ATRIBUTES**

**Multitasked resilient and gives a smile even in difficulty situation, don't get discouraged easily.**

**Ready to learn and listen at all times.**

**Have legacy excellence in task performance.**

### **HOBBIES AND INTERESTS**

Reading, Socializing, Swimming, Traveling,

### **REFEREES**

**Mr. Mathew Malinda**

**Po Box 78626**

**NAIROBI**

**Cell 0733632868**

**Professor Samuel Ngewa**

**P.o box 24686-00502**

**NAIROBI**

**Cell 0724442070**

**Mr. Joseph Muoki**

**Principal Nunguni Sec School**

**P o box 98**

**NUNGUNI**

**Cell 0734605424**





