

Policy Implementation Process' Effect on Performance of HIV Prevention Programs for Adolescents in Kisumu County, Kenya

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Abstract: ***Introduction:** The main aim of the study aimed at establishing the effect that policy implementation process have on performance of HIV prevention programs. **Methods:** To achieve this study employed descriptive research method with questionnaires as core instruments of gathering data. six (6) organizations in Kisumu County with beneficiaries of HIV prevention programs were selected from which respondents were picked. Moreover, interviews were conducted for key informants who included representatives from regulating bodies. The collected data was then analyzed using SPSS statistical package to provide percentages and weighted mean as well as correlation and regression analysis results (inferential statistics) as described in this report. Data was collected between July 2018 and October 2018. **Results:** Study results revealed that compliance and adherence to policy implementation by project staff and other stakeholders has a significant positive contribution to the performance of HIV prevention projects. This conclusion was drawn from rejection of null hypothesis formulated by the researcher stating that policy implementation process has no significant influence on performance of HIV prevention projects. The F ratio was significant with $F(1,181) = 34.273, P=0.0005 < 0.05$ hence rejection of null hypothesis. **Conclusions:** To address non-compliance to policy and lack of supportive policies to guideline projects implementation, the study recommended that; the project introduce interventions geared towards championing endorsement and formulation of necessary policies. The project should also develop necessary tools to document policy implementation process.*

Keywords: Project performance, Policy implementation process, policy formulation

1. Introduction

Projects are established by either governments or development partners to facilitate development and address the needs of communities. A study conducted by Mark (2007) in Botswana indicated that best practices were not upheld and where attempts were made, it was inconsistent. The most common challenges noted in implementation of such prevention programs included shortage of skills, strict & unsynchronized donor requirements. Planning for HIV prevention projects implementation needs to be malleable and subtly to circumstantial barriers of different target groups.

In an attempt to control spread of HIV, the law in some countries dictate that an individual with known HIV positive status, must disclose it to their sexual partners. This is also viewed as an infringement of the right to privacy of the HIV positive individual. UNAIDS (2019) advice the governments against criminalization policies in such scenario which have been proven to hinder the efforts of prevention made by various projects. Lack of harmonization of policies from different quarters may cause implementation challenges in HIV prevention projects as noted by Dida (2016). The survey hence intended to determine the strength of effects if any irregularities in policy implementation on performance of HIV prevention projects.

A study conducted in Tanzania and Zibambwe by AusAID (2000) demonstrated that performance of projects could be improved significantly if there existed robust advocacy on

policy implementation regarding HIV prevention. Effective utilization of existing guidelines and policies can go a long way in synergizing implementation efforts by different implementing partners. Results of a study conducted by (Church et al., 2013) in Malawi, demonstrated that Malawi lacked a policy in place to ensure that people who tested HIV positive were linked to support groups. Even though some of the facilities under study had proactively introduced a few support groups there lacked a national guideline to enforce this best practice.

Key barriers identified by various countries include; Need for parental consent for the provision of SRH services to young people, Lack of quality sexuality education and SRH service provision in schools, Punitive laws or non-conducive policies and practices that hinder HIV prevention programs with key populations and Lack of policies for the provision of prevention services in schools, prisons and juvenile detention centers. In an attempt to make responses to these policy inhibitions Namibia and Zibambwe lowered their age of consent in national guidelines while Uganda continues to advocate for new national policy guidelines and standards for SRH services. Cote d'Ivoire, Mexico and South Africa prioritized the strengthening of education sector policies on HIV and of SRH capacity and China is considering strengthening CSE in schools.

There is a decline in funding of key interventions because attributed to regulations while most developed countries never prioritize adolescents intervention in their overall strategy. Even in Kenya, a very lean budget if any is allocated to adolescent programs even when more than

300,000 adolescents are living with HIV in the country today (NACC, 2018). Equally alarming, is that most countries are running HIV prevention programs on external funding. With such trends, sustainability of such programs cannot be guaranteed and may end up 'boomeranging' on them.

Objectives of the Study

The study was seeking to determine, extent of effects of policy and guidelines implementation processes on HIV prevention projects performance.

Hypothesis

The researcher hypothesized that

H₁: Policy implementation process affects HIV prevention programs performance in Kisumu County.

2. Conceptual Framework

The conceptual framework in this study therefore exhibits the association between policy implementation and HIV prevention program's performance as presented in Figure 2 below.

3. Methodology

The need to utilize both qualitative and quantitative data prompted for use of mixed mode approach for this study. Descriptive research design was used. Alan (2009) posits that a researcher is guided by the ontological, epistemological, axiological, and methodological orientations. In this study both quantitative and qualitative aspects of the projects performance were investigated justifying the need for pragmatism. This was intended to create more exposure of the policy implementation process as practiced by HIV prevention projects for adolescents and the stakeholder's perspective of the practice in order to draw important lessons for health project's implementation.

The sample (354 respondents) were drawn from the 4 different organizations implementing HIV prevention projects in Kisumu County. The composition of respondents included primary beneficiaries (adolescents enrolled in the projects), project managers/officers, M&E managers/officers, policy regulators and social protection officers from the children's department. Because the number of organizations was too small to be sampled, a census of the organizations is preferable rather than a sample (Mugenda & Mugenda, 1999). This means that the key respondents were drawn from all the selected organizations. After determining the sample size using a formula specified by Morgan (1970), proportional allocation was used to evenly obtain responses from chosen organizations targeting 8% from each institution. Stratified sampling application ensured equal and even representation. The study used different organizations from which respondents were picked from as strata. To ensure proportionality in each stratum, picking was done autonomously in a similar ratio across. Questionnaires were utilized as core instruments of data collection. Pilot testing was also conducted. Data collected was analyzed using SPSS statistical package software.

Permit to conduct this research was obtained from National Commission of Science, Technology and Innovation (NACOSTI). This is Kenya's national body responsible for regulating research among various practitioners and institutions involved in research. Data used in this research was collected between July 2018 and October 2018.

4. Results and Discussion

After obtaining means correlation analysis was done using Person's Product Moment. Regression analysis was the conducted to establish the relationship between policy implementation and HIV programs efficiency. 320 questionnaires (90.6%) were returned which was adequate for this study. Richardson (2005) indicated that a response rate of 60% and above is both desirable and achievable in social sciences though in some cases it could go lower.

Distribution of respondents by gender

Respondents indicated whether they were either male or female on the data collection tools. Most projects tend to offer services with inclination on female gender since young girls are considered to be more vulnerable than boys. Data from table 4.1 above shows that 55.3% were female and 44.7% recorded as male. The gender spread recorded was favorable providing a reasonably inclusive environment for both boys and girls to be included in the study in good proportions.

Tests for Statistical Assumptions and Analysis of Likert-Type Data

Normality tests, Type I&II errors control which occur due to the wrong interpretation of results during tests of various statistics are discussed in this segment. Also, application of Likert Scale is also explained in this section.

Normality test

Most parametric tests are anchored on the assumption that, population under consideration for the study is normally distributed. When this assumption is not true, any conclusion derived from it cannot be taken in as accurate and reliable (Thode, 2002). This study used Shapiro-Wilk W test to test for normality.

Control of Type I Error and Type II Error

Type I results from wrongly rejecting the null hypothesis while the vice versa is true for Type II error (Larry, 2013). In this study, Type I error was minimized by using a confidence level of 95% implying that the standard variate was 1.96 and the sample proportion (p) was less than or equal to 0.05 as recommended by Larry (2013). Type II error was controlled by drawing a substantial sample size (358) as recommended by Sekaran's (2003) sample size criterion.

Analysis of Study Variables

Theoretical review conducted, indicated that policy implementation process is a pointer of project performance. Composite mean recorded was 4.04 % with a standard deviation of 1.045 indicating that the policy implementation process is truly a function of performance of HIV prevention projects. Results were as highlighted in Table 4.2

Results in table 4.2 indicate that majority strongly agreed 123 (38.4%) & agreed 118 (36.9%) on items regarding performance of programs while 33 (10.3%) and 9 (2.8%) represents those who had a contrary opinion regard the performance of programs. 37(11.6%) neither agreed or disagreed hence recorded as neutral. A composite mean of 4.04 and S.D of 1.045 were recorded. This implied that most respondents 272 (76%) with mean = 4.04 were supporting the opinion that policy implementation process has an effect on performance of HIV prevention projects being studied.

Correlation Analysis

To test the relationship between dependent and independent variables, Pearson's Product coefficients was used to test a null hypothesis that 'policy implementation process doesn't have an effect on performance of HIV prevention projects. The interpretation of Pearson's Product Moment Correlation coefficients was based on Rartner(2009) interpretation which guides as follows: a weak correlation $0.10 < r < 0.29$; in a moderate correlation, $+0.30 > r < 0.49$; and a strong correlation, $0.5 < r > 1.0$. Results were as highlighted in Table 4.3 below

Results tabulated above shows that $r = 0.541$ & $P = 0.000$ ($P < 0.05$). Therefore it was concluded that there is a significant correlation between policy implementation process and performance of HIV prevention projects. Policy implementation process accounted for 54.1% variance in performance of projects hence a unit improvement in policy implementation, translates to a similar percentage improvement in performance of the project. Hypothesis was tested at 95% confidence level using the following model.

$y = a + \beta_1 X_1 + e$ where;

$y =$ HIV prevention programs performance

$a =$ constant

$\beta_2 =$ Beta coefficient

$X_2 =$ Policy implementation process

$e =$ error term

The F ratio was $F(1,181) = 34.273$, $P = 0.0005 < 0.05$ implying that policy implementation process have significant effect on HIV prevention programs performance. These results justified rejection of null hypothesis concluding that policy implementation process has an effect on HIV prevention programs performance in Kisumu County at 0.05 level of significant.

5. Recommendations

The study noted that there exists major gaps in implementation of existing policies and compliance to available guidelines. It was also established that there's need for formulation of new policies that are tailored for HIV prevention among adolescents who remains to be the most vulnerable group in transmission of HIV virus. The study therefore makes the following recommendations in policy formulation and implementation to improve performance of projects:

- 1) Projects to include a component with the objective of advocating for formulation of necessary policies through involvement of key stakeholders who will also ensure the policies are implemented within the scope of the project.

- 2) The projects should develop necessary monitoring tools to capture and track policy implementation such as utilization of standard curriculums for training and standard operating procedures in provision of biomedical services.
- 3) Project management teams should also introduce necessary provisions to provide technical assistance to the field teams. It was noted that there were major knowledge gap

6. Conclusion

The study's broad objective was to determine the effect of policy implementation process on performance of HIV prevention projects. Results recorded in this paper demonstrated a significant correlation between the two predictor variables. The study however was constrained to HIV prevention projects for general adolescents and therefore further research is encouraged for subset vulnerable groups such as key populations in the same context and adolescents living with disabilities

7. Conflict of Interest Statement

All authors catered for their expenses while engaging in this research using their own savings and no external sources of funding was involved in facilitating the research partially or in whole.

8. Financial Disclosure

- Anthony Ndungu has no financial disclosures
- Prof. Christopher Gakuu has no financial disclosures.
- Prof. Harriet Kidombo has no financial disclosures.

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Tables and Figures

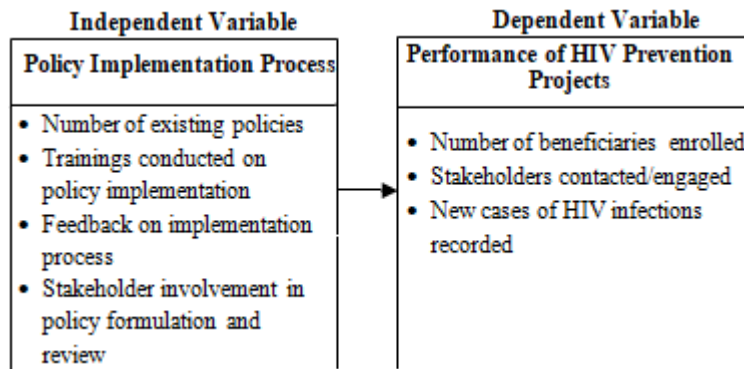


Figure 2: Conceptual framework for policy implementation process on performance of HIV prevention projects

Table 4.1: Responses based on respondents Gender

| Gender | Frequency (F) | Percentage (%) |
|---------|---------------|----------------|
| Females | 177 | 55.3 |
| Males | 143 | 44.7 |
| Total | 320 | 100.0 |

Table 4.2: Means and Standard Deviation of policy implementation process and Performance of HIV prevention projects

| Scale of measurement | Frequency | Percentage | Mean | Standard Deviation |
|----------------------|-----------|------------|------|--------------------|
| Strongly Agree | 123 | 38.4% | 4.04 | 1.045 |
| Agreed | 118 | 36.9% | | |
| Neutral | 37 | 11.6% | | |
| Disagree | 33 | 10.3% | | |
| Strongly Disagree | 9 | 2.8% | | |

Table 4.3: Correlation Results for effect of policy implementation on performance of HIV programs

| Model 1 | | Performance of Projects | |
|--------------------------------|---------------------|-------------------------|--------|
| Process implementation process | Pearson Correlation | 1 | .541** |
| | Sig. (2-tailed) | | .000 |
| | N | 333 | 333 |