

**FACTORS INFLUENCING THE IMPLEMENTATION OF PRISONS HEALTH
PROJECTS IN KENYA: A CASE OF PRISONS IN MERU REGION**

BY

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the Award of the Degree of Master of Arts in Project Planning and Management of
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DECLARATION

This project report is my original work and has not been presented for research in any other University.

Signed 
Mutembei Charles Gerrard
L50/9317/2017

Date _____

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

Signed 
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Date 8th August 2019

DEDICATION

I dedicate this project to my beloved wife Maryann Mutembei for her continued love and moral support. To all my beloved Sons and daughter, i.e. Njuguna, Shem, Rogers and Wanjiru thank you for encouraging me to this far.

God bless you all.

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ABBREVIATIONS AND ACRONYMS

NACOSTI	:	National Commission for Science, Technology and Innovation
NGOs	:	Non-Governmental Organizations
PM&E	:	Project Monitoring and Evaluation
SPSS	:	Statistical Package for Social Sciences
UK	:	United Kingdom
UNAIDS	:	United Nations Programme on HIV and AIDS
UNDP	:	United Nations Development Programme
USAID	:	United States Agency for International Development

ABSTRACT

The prisons departments have been working with Non-Governmental Medical Organizations to implement health projects within the prison's facilities in Kenya in order to improve the health of prisoners. However, successful implementation of health projects is a common problem in the Kenya Prisons Service not only with an immeasurable cost to society who benefits from these projects within the prisons but also with debilitating effects on the inmates. The purpose of this study was to determine factors influencing the implementation of prisons health projects in Kenya, Meru region Prisons. The study sought to achieve the following objectives; to evaluate the extent to which technical capacity, stakeholders' involvement, source of funding and prisons leadership influences implementation of prisons health projects in the Kenya, Meru Region Prisons. The study was grounded on resource base view theory, agency theory, stakeholder's theory and strategic leadership theory. The study adopted a descriptive research design with the target population comprising of Kenya Prison Staff. Primary data was obtained using self-administered questionnaires while secondary data was obtained using data collection sheet. Data was analysed using Statistical Package for Social Sciences (SPSS Version 23.0) which is the most recent version. Descriptive statistics such as frequencies, percentages were estimated for all the quantitative variables and information presented in form of tables. The qualitative data from the open-ended questions was analysed using conceptual content analysis and presented in prose. Inferential data analysis was done using multiple regression analysis to test whether there is any significant relationship between implementation of prisons health projects and the various factors affecting it. The study found that prisons department has developed the technical capacity of its medical personnel and also that the prisons department has employees who are experienced in matters of prisons health. The study further found that stakeholders' involvement had a strong and positive significance on implementation of prison health projects. The study also found that there is adequate government financial allocation to implement prisons health projects. The study found that relationship between prison leadership and the implementation of prison health project was statistically significant. The study concluded that source of funding had the greatest effect on implementation of prisons health projects in Meru region followed by technical capacity then prisons leadership while stakeholders' involvement had the least effect on the implementation of prisons health projects in Meru region. The study recommends that there is need for the government to build more prisons so as to eliminate congestion to reduce health effects relating to air-borne diseases. The study further recommends that there should be advocacy on formulation of prison health programs strategic plan at the county level by the policy makers.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to Pinto & Kharbanda, (2010), the famous Project Implementation Profile (PIP) tool helps in identifying and measuring successfully implemented projects. The (PIP) tool involves analyzing the following factors; project mission, top management support, project schedule, client consultation, personnel, technical tasks, client acceptance, monitoring and feedback, communication and trouble-shooting. The factors change significantly based on the project life cycle stages. Monitoring and controlling enables tracking, reviewing, and regulating the progress of a project performance. Project implementation consists of those processes performed to complete the work defined in the project management plan to satisfy the project specifications. This involves coordinating people and resources, as well as integrating and performing the activities of the project in accordance with the project management plan (Cynthia, 2008).

Implementation of prisons health projects requires the involvement and participation of all the stakeholders in identifying the strategies they wish to use to improve their quality of prisoners' health life. Participation is seen as developmental, educative, and integrative and as a means of protecting freedom (Kiprono & Daniel, 2016). One of the key assumptions of participation is that stakeholders will be more supportive of the project, and therefore increase the likelihood of its success, if stakeholders have input in the decision-making process. Also, stakeholders probably have a better knowledge about assets and needs of the prisons' health projects. Finally, public participation is considered the center-piece of the democratic process.

In the China, correctional health projects receive several advantages for carrying out projects that benefit the common society but controlled by the prisons (Kirsi, 2010). Most, if not all, projects go through a life cycle which varies with the size and complexity of the project. The life cycle for medium to large projects will generally follow the pattern which includes conception, feasibility, evaluation, authorization, implementation, completion, operation and termination. In identification one project idea out of several is chosen and defined. Feasibility comprises tests for technical, commercial and financial viability, technical studies and investment appraisal plans are made. Evaluation includes application

for funds, stating risks, options. Authorization comprises of funds approvals, permits, conditions and project strategy (Muller & Jugdev, 2012).

In the United States of America, a new center was established to provide facilitator leadership training to the Native American communities on project implementation, with the capacity to link existing service delivery systems to resulting exemplary local projects to provide technical assistance (Miller, 2013). The aims of the Centre were to provide leadership development, to provide training for local community members, to provide technical assistance to local communities and to provide information and dissemination services. The main focus was to develop the capacity of local communities and the creation of employment. Knowledge and skills are paramount in running of community-based projects. Very minimal results will be achieved if projects are not run systematically and necessary skills applied in maximizing output. Project leaders and members require trainings to enable them understand issues at the level of commonness and proven result-oriented procedures.

In Japan, the correctional services have put a lot of emphasis on their projects implementation since it requires the execution of planned activities which converts human and physical resources into a product or service of value to the customers (Hasan, & Kami, 2010). It should be noted that if the operational systems are not clear then the implementation process will have a rocky path and the project might fail to realize the intended goal or purpose. The way in which the project is implemented can have a significant impact on whether it will be successful or not. Project implementation is a complex process usually comprising of multiple variables which influence implementation including resources management, the operational systems, the organizational culture and the leadership of the organization.

In South Africa despite the significant input of human and financial resources in correctional health projects implementation, many of them fall short of expectation. Many failed to meet the priority needs of target beneficiaries, costs escalated, stated outputs were not achieved or if achieved were not sustained, implementation dates slipped by or adverse outcomes were not anticipated (Telesinghe, Charalambous, & Topp, 2016). Projects implementations are influenced by technical capacity which is responsible in executing the project fully into realization. Poor project management skills, inadequate opportunities for potential beneficiaries to participate in project identification and design, poor linkages

between project activities and project purpose, insufficient attention to external environment during project design, among others affected implementation of projects in South Africa (Grove, 2009).

In Tanzania, almost any person or organization with an interest in a project is recognized as a stakeholder. Each project has its own unique set of stakeholders. The type and interest of a stakeholder are of great interest to the project manager since they enable him to use these to the greatest benefit of the project. It is therefore important that he carries out a stakeholder analysis to list, classify and assess the influence of the stakeholders. The view point of every stakeholder should be considered (Crawford & Nahmias, 2010). The effects of leadership on implementation of projects is vividly emphasized by Busiinge (2010) in his study of donor aided projects on the Social and Economic Welfare of the Rural Poor.

In Kenya, implementation of projects has seemed to have created the impression that nothing can work without money. Ali (2012) in his study noted that stakeholders complained that people no longer attend projects implementation meetings because they did not have the allowances. As a result of this, some of the leaders and community members did not want to attend project implementation committee meetings that were affecting the ownership of the projects. It was also emerging from interviews with stakeholders that projects often undermined what people know and they participate for formality reasons and not because they believed in the project. The rationale of addressing socio-economic and gender issues in project implementation is the wish to achieve sustainable development. Projects should identify and understand the different roles and entitlements between all the stakeholders and the special challenges faced by disadvantaged groups (Chikati, 2009).

The Kenya Prison Service has been implementing bold steps towards the realization of health projects in order for inmates to access right health care. Substantive efforts have been made to implement prison health projects across the country through interventions by the prison health directorate (KPS, 2012). Kenya prisons health projects is financed from two main sources which includes the government of Kenya and donor funding. The current budget stream for KPS health services projects is not sufficient to adequately cater for the incarcerated inmates. Donor funding is sporadic and does not fully address the general basic needs apart from targeted intervention (Mugo, 2018).

1.2 Statement of the Problem

According to a Ministry of Health 2015 Oral report, Meru region has a dentist/patient ratio of 1:14,286 adversely affecting the provision of this health service to the populace in the county. Further, according to the Ministry of Health 2015 report on Meru region: Health at a Glance, the situation is made worse by the alarming doctor/patient and nurses/patient ratios which are currently estimated at 1:5,882 and 1:1,515 respectively. Similarly, the Meru region Prisons do not ordinarily have specialized medical facilities and inmates suffer as they are normally unable to access specialist doctors due to costs involved. This challenge has portrayed the Kenya Prison Service to be viewed as if it does not observe the human rights especially on health matters due to constrained health care projects. This ranges from inadequate medical professionals, modern hospital facilities within the prisons, lack of specialist doctors and inadequate medical consumables in the dispensaries (Osebe, 2011).

The prison departments have been working with Non-Governmental Medical Organizations to implement health projects within the prison facilities in Meru in order to improve the health of prisoners. This has seen a rollout of building dispensaries in a few prisons and supply of medical consumables (Kamoyo, 2015). However, successful implementation of health projects is a common problem in the Meru Prisons Service not only with an immeasurable cost to society who benefits from these projects within the prisons but also with debilitating effects on the inmates. In the prison service, failure to implement the health project within the targeted time, budgeted cost has resulted to unexpected negative effects and especially on inmates' life and their health status. It is in this regard that the factors that influence implementation of prisons health projects in Kenya need to be established.

1.3 Purpose of the Study

The purpose of this study was to establish the factors that influence implementation of prisons health projects in Kenya, a case of prison health projects in Meru region.

1.4 Objectives

The study was guided by the following specific objectives.

- i) To evaluate the extent to which technical capacity influences the implementation of prisons health projects in Kenya.
- ii) To examine the influence of stakeholders' involvement on implementation of prisons health projects in Kenya.
- iii) To determine the influence of source of funding on implementation of prisons health projects in Kenya.
- iv) To assess the extent to which prisons leadership influences implementation of prisons health projects in Kenya.

1.5 Research Questions

The study sought to answer the following questions.

- i) To what extent does technical capacity influence the implementation of prisons health projects in Kenya?
- ii) How does stakeholders' involvement on implementation of prisons health projects in Kenya?
- iii) What influence does source of funding have on implementation of prisons health projects in Kenya?
- iv) To what extent does prisons leadership influences implementation of prisons health projects in Kenya?

1.6 Significance of the Study

The study gave the Kenya Prisons Service an independent evaluation of the implementation of health projects. The study gave guidelines on the most effective projects implementation strategies that can be adopted in future. The results of this study were very important to other public organization in Kenya that are currently in the process of implementing their projects. This was demonstrated by addressing the gaps in projects implementation that exist. The ministry of interior found this research useful since there were recommendations on how projects implementations can help the government improve their performance. The study also formed a basis for further research by scholars interested in furthering the body of knowledge on projects implementations in Kenya.

1.7 Delimitation of the study

The study focused on the critical factors influencing the implementation of prisons health projects in Kenya. It specifically evaluated the extent to which technical capacity, stakeholder's involvement, source of funding and prison leadership influences implementation of health projects in Kenya Prisons Service. The study concentrated on senior officers and prison health workers in prisons within Meru region.

1.8 Limitations of the study

The key limitation that were experienced were that respondents feared to give information since they did not know why the information was required, but the researcher confirmed to them it was purely for academic purposes. The researcher also assured the respondents of their confidentiality and anonymity.

1.9 Assumptions of the study

This study assumed that all the respondents would respond honestly to the questionnaire and that the population identified were a representative of the entire prisons department in Kenya. It was also assumed that the respondents would offer information that addressed the study objectives.

1.10 Definition of significant terms

Technical Capacity; this refers to the skills, competencies and facilities necessary to enable a prison health projects implementation to succeed and achieve its objectives.

Stakeholders Support; this refers to the support that stakeholders which is required to offer to the prison health projects a better coordination of the activities in accordance with certain policies and in achievement of defined objectives of the dispensary projects implementation.

Source of Funding; this refers to monetary resources, funds and especially those that are used by prisons department in the implementation of prisons health projects

Prisons Leadership; this refers to the transformational leadership in place at the Kenya Prison Service, which will help implement the prison health projects and combine other factors of production along with machines, materials, and money. Leaders in any organization are the key decisions makers and thus their decisions of may influence the implementation of prisons heath projects.

1.11 Organization of the study

This study had five chapter where chapter one introduced the study and the problem statement was brought out clearly. The motivation of the study was explained in this chapter. Chapter two consisted of theoretical framework where the study was anchored towards a certain theory and other empirical studies conducted in the same area of health projects were reviewed. The methodology was discussed in chapter three and the result and discussions were presented in chapter four. The summary for findings, study conclusions and recommendations were in chapters five which was the last chapter in the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review on determine factors influencing the implementation of prisons health projects. The literature discussed is a summary of research findings of other researchers who have carried out their research in the same field of study so as to provide a theoretical foundation underpinning the study variables. This section is vital as it determines the information that link the current study with past studies and what future studies still need to explore to improve knowledge. The chapter is thus structured into conceptual and theoretical review. The study also presents the knowledge gap the chapter seeks to fulfil.

2.2 Implementation of Prisons Health Projects

The project management institute (PMI) defines project management as the application of knowledge, skills, tools, and techniques to project activities to meet the project requirements (Project Management Institute, 2013). Change management is important in every project, in every industry. It is particularly important at this time in healthcare. Healthcare reform and government mandates, such as Meaningful Use, are ever-changing. This means that project management is all about managing resources efficiently and effectively in order to get a project completed successfully. The PMI identified some five process groups that form the building block for any project life cycle. These process groups are: initiation process group, planning process group, execution process group, monitoring and control process group and closing process group.

Considerable literature has been published on the topic of success including in depth reviews on Project Management success where project success is divided into two whereby project success factors are analogous to independent variables that contribute to the likelihood of success and project success criteria are measures used to determine if a project was successful or a failure. In the latter case, the success criteria are like the dependent variables (Muller & Jugdev, 2012). Each of these processes takes place at least once in the life cycle of every project. It is important however, to note that while this is in the case of a single-phase project, some or all of the process groups may be repeated in projects that are executed in two or more phases (Wysocki, 2009). Early on in the process, involve key players – clinical, business, and IT – in determining the goals and objectives of the project.

Ask your team to agree on a definition of success. Depending on the project, involving patients may be valuable. A patient portal project is an ideal situation to solicit feedback from patients. Public projects are often referred to as government funded non-profit orientated projects which focus on citizen value and manage relationships between associated actors. Actors in the public project are those who have a right to act because they have a stake in the issue. Another expression of the word actor is stakeholders (Wiseman, 2017).

2.3 Technical Capacity and Implementation of Prisons Health Projects

A study done by Verzuh (2015) found that project managers should possess sufficient technical knowledge and skill to perform their jobs in implementation of prison health project. This is particularly vital in the construction industry where the majority of projects undertaken are highly technical and complex, and an understanding of engineering and scientific principles is essential. In such an environment, the project manager should have at least a working level understanding of the technical challenges the project team is facing. Technical skills enhance the ability of the project manager to lead and manage through an understanding of the complex issues that persist during a project life cycle. Successful project managers were seen as having relevant experience or knowledge about the technology required by the project, but seldom were effective project managers seen as technical experts.

Berardi (2013) found that project team competence is a standardized requirement for an individual to properly perform a specific job. There are many ways to define and measure the adequacy of staff competency, capacity and the effectiveness of agencies tasked with the implementation of prison health project. The effectiveness of the project team tasked with project administration depends to a large extent on the project staff capacity relative to the demands placed upon them. To be effective, rural road maintenance projects need to have sufficient and capable staff with the appropriate mix of skills and expertise, the motivation and will to act, and the incentives and resources necessary to achieve their mandate.

Kent (2011) postulates that the ability of a project's staff to meet demands for its services depends on both its numbers and the skills and expertise staff members bring to the job. A project team needs to have at least the minimum necessary mix of skills and expertise and a sufficient number of staffs with appropriate skills relative to the scale of its responsibility.

Rural road maintenance projects do not implement themselves. They require people to carry out laid down work, there is need to understand who will work on the systems, what skills and knowledge they have and the overall level of human resources available – both within the team and externally to support your project execution plan. The minimum required mix of skills and expertise, and the required number of staffs per unit managed or administered by the agency can be established through estimates provided by knowledgeable informants (Economic Stimulus Programme Handbook, 2009).

These informants could include current and past managers of the stimulus implementation of prison health project, researchers, tracking the stimulus project operations and functioning (Yıldız & Arsan, 2011). Based on their informed contractors or consultancy firms' opinions, a range of estimates for the minimum required skill mix and the number of required staff with requisite skills per unit can be established as points of reference. The relative attractiveness of the agency's compensation package and prospects for professional growth and promotion can motivate staff and serve as incentives for good performance. Norms of professional behavior set standards and expectations on how staff members ought to conduct themselves in the course of their work. The degree to which these standards are adhered to also provides some indication of quality of staff performance and of how effectively an agency is managed (Kent, 2011).

Watties (2015) suggests that reliance on only technical expertise was often found to be detrimental because it decreased flexibility and a willingness to consider alternative perspectives. However, project managers do need to be sufficiently well versed in the technology to be able to ask the right questions and acquire adequate insight in an attempt to manage outcomes. This is commonly reflected in the organizational structure as the most technically competent personnel are frequently used as project consultants rather than as project managers. Monson claims that it is no accident that significant problems in PM arise in engineering related professional areas. Engineers, as well documented, are taught with a curriculum that generates a correct answer (outcome based) without partial credit allotted for the work supporting the final answer (process based). The bottom line is technical competence (the ability to solve complex engineering or scientific problems) serves to enhance the project manager's credibility with customers, senior leadership and the project team. However, it is not apparent that the project management's credibility is the most critical factor for project management competency.

2.4 Stakeholders' Involvement and Implementation of Prisons Health Projects

Stakeholders are defined here as any group or individual who can affect, or can be affected by, an organization or its activities, including employees, community groups, environmental nonprofit organizations, customers, and others. According to Stakeholder engagement standard, the overall purpose of stakeholder engagement is to drive strategic direction and operational excellence for an implementation of prison health project. Done correctly, engaging stakeholders can result in learning, innovation, and enhanced performance that will not only benefit the organization, but also its stakeholders and society as a whole. In addition to serving as a key tool to support a facility's sustainability reporting efforts, stakeholder engagement can be seen as a foundation that supports facility's broader sustainability efforts to set strategic goals, implement action plans, and assess its performance (Beierle 2012).

Akhmouch & Clavreul (2016) found that engagement can be sourced internally or externally. Facilities are sometimes reluctant to engage external stakeholders unless they have had a grievance or violation and are forced to do so. While it is not possible to control or predict facilities' or stakeholders' abilities to engage with one another, experience has shown that external stakeholder engagement in a comprehensive and sustainable reporting process is best realized when stakeholders are involved from the beginning. Capitalizing on existing relationships (regardless of their nature) may better position your facility to work with external groups and/or provide additional opportunities for feedback and participation over time. Stakeholder's engagement is a process that requires planning, implementation and monitoring. The planning face entails identifying stakeholders that are aligned to the projects objectives. This is done through mapping of stakeholder's interest, concerns and relationships. Stakeholders' engagement strategy is also put in place highlighting the scope and methods of engagement. The second step is the actual engagement which is mainly done through meetings organized by the project /organization. Input from stakeholders is reviewed and feedback used in decision making to improve project performance and in reporting. The project is finally tasked with the role of evaluating stakeholder's effectiveness.

Stakeholder engagement has in the recent past emerged as an important component of many states in America especially the federal voluntary environmental leadership programs, including National Environmental Performance Track Program and approximately 20

similar state performance-based programs. These programs typically require applicants to have procedures in place to identify environmental issues of concern to local communities and to respond to community inquiries on environmental issues. In addition, some programs require that members engage community representatives specifically about trends in environmental performance. For example, facilities in the upper tiers of Missouri's Environmental Management Partnership are required to seek feedback from the local community and other stakeholders on their environmental performance assessments and the status of their environmental management systems. And in North Carolina, members of the program's highest tiers must communicate progress on meeting program environmental goals to community members.

Papadopoulos & Merali (2008) argues that stakeholder's engagement must be sustained for effective implementation of prison health project. The project should strive to implement agreed upon decisions and conduct through ongoing monitoring and critical evaluation of the engagement process. Further to this, differences between stakeholders and your organization should be acknowledged and operations conducted in a transparent and accountable manner. Stakeholder engagement is therefore an important investment that can pay dividends over time as it helps the organization build good will with stakeholders and helps achieve operational efficiencies as a result of performance improvements linked to engagement activities. A lot of the studies done focus on how to engage stakeholders, but little has been done on its outcome and how the stakeholders engagement affect project implementation especially in the health sector which involves different players (Reed, 2008).

2.5 Source of Funding and Implementation of Prisons Health Projects

Project Financing includes the processes required to ensure that the implementation of prison health project is completed within the approved budget (PMBOK, 2008). The major processes are: Resource Planning, Cost Estimating, Cost Budgeting and Cost Control. Project Cost Management is primarily concerned with the cost of the resources needed to complete project activities. The principle objectives of which profit-oriented business organizations tend to pursue are wealth enhancement, maximization of profit, maximization of return on investment of shareholders and satisfying stakeholders. Though wealth enhancement may not be a perfect description of what businesses seek to achieve, it is almost certain that wealth is something which business cannot ignore. A particular

business only has a certain amount of wealth (capital) and it will take only a limited number of “wrong” decisions to see the business collapse. Therefore, business needs decisions such that it would be worth more as a result of the decision. When valuing businesses, managers need to take into account future profitability, both long-term and short-term, and the risk attached with the investment (Kahn, 2018).

Heagney (2016) concluded that the important issue for the implementation of prison health project is not to whom specific responsibilities have been assigned, but rather that these functions are addressed in a timely fashion and are handled effectively. The functions of finance should be handled in accordance with the goal and objectives of the organization. In a profit-oriented enterprise, this goal should be maximization of the wealth of the shareholders. Cost is often measured in monetary terms. In assessing the project duration, the duration of individual activities and resource usage have been optimized and further reduction of project duration must increase the direct cost of the project due to overtime and uneconomic use of the plants and machineries. Cost estimating is never simple. Project managers must recognize that time, cost and resource estimates must be accurate if project planning, scheduling, and controlling are to be effective. At the work package level, the person most familiar with the task should make estimates. The line supervisors who are responsible for getting the job done and who are experienced and familiar with the work should be asked to develop the estimates at this level.

Brown (2011) study found that line supervisors will be responsible to ensure that the implementation of prison health project as estimated by them would be achievable. There are two practical problems in estimating. First, you are simply too optimistic. It is human nature at the beginning of a new project to ignore the difficulties and assume best-case scenario - in producing your estimates (and using those of others) you must inject a little realism. In practice, you should also build-in a little slack to allow yourself some tolerance against mistakes. This is known as defensive scheduling. Second, you will be under pressure from senior management to deliver quickly, especially if the project is being sold competitively or the project is fast track as specified within the terms and conditions of contract.

Historical estimates have some inherent danger because they assume the past represents the future and may miss uncertainties that are associated with the new task. Any time estimates should reflect efficient methods for the resources normally available. Estimating of time

must consider if normal time is calendar days, working days, weekends, man days and hours. Many schedules developed by project managers are over optimistic (or faulty) because they do not take into considerations public holidays and other non-working days. Therefore, in developing the schedule, project managers are advised to formulate the project calendar to take into consideration the possible non-working days and other risks associated with 23 schedules (workers can be sick, take leave, or raining days). Unfortunately, padding carries a price. While increasing the allowed time will reduce schedule risk, we will also increase the possibility of an increase in the budgeted cost – this is the time/cost trade-off. The objective of all planning should be to develop a realistic plan and if padding is required, it must be done on a “task-by task” basis (Brown, 2011).

Schultz & Slevin (2009) found that there will always be some variation in implementation of prison health project, caused by external factors outside the control of the project team. Project Cost Budgeting involves allocating the project cost estimate to individual work items. A properly constructed budget must be capable of being the baseline and used as the basis for performance measurement and control. It must reflect the way that resources are applied to achieve planned objectives over time. It must be structured in relation to the build-up of estimates, and to the collection of actuals. In converting an estimate to a control budget, two important differences should be considered. First, the organization and the categorization of costs suitable for preparing an estimate are often not compatible with realistic field cost control. Second, estimates must deal in averages, whereas tighter standards are sometimes desirable for control purpose. In building the project budget we should consider providing certain buffer of extra money. Padding is a standard procedure in managing any project. There is no way that every risk can be fully calculated or anticipated. By assuming that the project might run over budget, we could have a cushion against unexpected incidents or cost overruns. As a project manager, you must have as much direct control of your budget as possible if you are going to be held accountable for the project outcome.

2.6 Prisons Leadership and Implementation of Prisons Health Project

Baird (2017) found that leaders sees something that needs to be done, knows that they can help make it happen, and gets started. Project managers continue to face many challenges and problems concerning leadership, for example, leadership style, stress, uncertainty, motivation, learning, and teamwork. Success of a project depended more on human factors,

such as project leadership, top management support, and project team, rather than on technical factors. They also found that the human factors increased in importance as projects increased in complexity, risk, and innovation. The researchers found that the critical role of the project manager's leadership ability had a direct correlation to project outcomes. A research study by Cambridge University's School of Business and Economics concluded that 80% of projects failed because of poor leadership.

Chang (2016) postulates that poor leadership skills in implementation of prison health project are reflected limited or no teamwork, inadequate communication, and an inability to resolve conflicts as well as other human related inefficiencies. Failure is primarily linked to the organizational context and could attribute to the lack of leadership, organizational culture, the lack of integration, and the lack of commitment by senior management. While leadership may be singled out as an individual contributor to failure, it transcends all other organizational factors. Leadership affects corporate culture, project culture, project strategy, and project team commitment. It also affects business process reengineering, systems design and development, software selection, implementation, and maintenance. Without appropriate leadership, the risk of project failure increases. Although researchers in project management have identified leadership as critical to the success factor of projects the topic of leadership in relation to project success has not been adequately studied.

Determination of implementation of prison health project outcome is measured by the extent to which the project accomplished complex endeavors that met a specific set of objectives within the constraints of resources, time, and performance objectives. Indications of successful project outcomes are the accomplishment of the specific objectives of the project as defined by the project stakeholders and are dependent on the combined efforts of project management and the project team. Essential to the successful outcome of projects are the project manager and the project team. The project manager is responsible for leading the project team towards achieving the desired outcome of the project. The role of project manager combines human and technological resources in a dynamic, temporary organization structured to deliver results that include social as well as technological aspects. Leadership in a project environment requires the project manager to integrate and lead the work of the project team (Turner, 2016).

Implementation of prison health project requires leadership in order to function effectively. In the project environment, possessing management skills is not sufficient to be successful.

Project managers can integrate leadership concept by being sensitive to and working with project team members as individuals with needs and desires related to their work and careers. There are, however a variety of leadership styles that may be applicable for dealing with the many challenges faced by project management. Situational leadership, for example, is based on the premise that the style of leadership, which may be appropriate for one situation, may not be appropriate for another. New wave leadership, a concept of team-based leadership, reduces the focus on top executives and allocates responsibility for organizational success across all sectors of the organization. Transformational leadership is based on the notion of followership to a higher cause; that is, to focus on the goals of the organization rather than self. Transactional leadership is the social exchange between the leader and follower (Huber, 2017).

Schmid and Adams (2008) found that leadership style has been found to enhance the human resource skills of interpersonal relationship, motivation, decision making, and emotional maturity, required to mobilize project team members is participative leadership. Participative leadership as servant-leadership, which incorporates the leader's ability to include, discuss, take ideas, look for ways to help people come on board, and celebrate every success that comes along. The leader serves by building the skills of followers, removing obstacles, encouraging innovation, and empowering creative problem solving. The characteristics associated with servant leadership include incorporating active listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and community building. It is believed that leadership is a needed competency for successful project outcomes, yet there is limited empirical research linking leadership to project performance. It is believed that servant leadership enhances the human resource skills necessary to mobilize project teams.

Walker (2015) concluded that project managers have a dual responsibility during implementation of prison health project: (a) managing the technical components of the project (plans, schedules, budgets, statistical analysis, monitoring, and control involved in the various knowledge areas and processes), and (b) managing the people in such a way to motivate the team to successfully complete the project goals. Project management has experienced a shift toward a stronger emphasis and focus on the organizational and human aspects of project work. This is in comparison to the past, where the emphasis was more on the technical aspects of project accomplishment. Project managers draw on a variety of

leadership approaches that are not necessarily effective, due to the absence of formal leadership training among project managers. The basic principles and methodology that defines the approach to project management are defined by the Project Management Body of Knowledge, but this body does not provide guidelines for leadership in a project environment.

2.7 Theoretical framework

This section looks at the theoretical underpinning of the study by specifically reviewing the resource base view theory, agency theory, stakeholders theory and strategic leadership theory.

2.7.1 Resource Based View Theory

Resource Based View was used to underpin the study. Popularly known as RBV, the theory is a very popular in management science proposed by Porter (1985). RBV implies that organizations can leapfrog over their rivals through developing resources that are distinctive and diversely distributed. Resource based view aspired to explain the internal sources of a firm's sustained competitive advantage (Kraaijenbrink, Spender & Groen, 2010). The Resource Based View (RBV) of the firm postulated that, resources internal to the firm were sources of competitive advantage. Such resources were valuable, rare, unique and difficult to substitute. Resources believed to be valuable were those that were capable of facilitating conception or implementation of strategies that improved performance, exploited market opportunities or neutralized impending threats.

The two assumptions for RBV theory were, resources and capabilities were heterogeneously distributed among firms; and resources and capabilities were imperfectly mobile, which made firms differences remained stable over time. Every firm was different (heterogeneous) from other firms in terms of the resources and capabilities a firm possesses or accesses. These differences differentiated one firm from another and a firm's success was due to its firm-specific (idiosyncratic) resources (Karia & Wong, 2011). Accordingly, individual resources, competencies and capabilities of the organization were a bundle of the firm's resources or the essence of the resource-based view. For instance, in inventory business, a resource is described as a basic element or a prerequisite for the development and operation of logistics; and it is required for building up a firm's capabilities. The resource-based view (RBV) of firms mainly emphasized their internal strengths and weaknesses, in contrast to industrial organization economics which focused on firms'

external opportunities and threats Shang and Marlow (2015), because when the external environment is unstable, a firm's own resources and capabilities may be easier to control (Shang & Marlow, 2015).

This theory is relevant to this study as it will help in grounding influence of source of funding on implementation of prisons health projects where the resource focused perspective contends that an organization is a collection of tangible and intangible resources. This collection is unique to each organization so that each could be considered different (heterogeneous) from each other.

2.7.2 Agency Theory

An agency problem appears when agents' goals differ from the principals' and it is difficult or expensive to verify whether agents have appropriately performed, the delegated work (moral hazard). This problem also arises when it is difficult or expensive to verify that agents have the expertise to perform the delegated work (adverse selection) that they claim to have. A risk-sharing problem arises when principals and agents have different attitudes towards risk that cause disagreements about actions to be taken.

The agency theory recognizes that the separation of ownership and control in firms creates conflicts of interest between the firm's shareholders and managers and this has an implication on project performance. The reason is that managers are often in the position to use the firm's resources to their advantage thus, negatively affecting shareholders' wealth maximization (Saita, 2013).

Therefore, agency theory was relevant to this study in bringing understanding technical capacity influence on the implementation of prisons health projects as it brings the roles of managerial decision rights and various external and internal monitoring and bonding mechanisms to the forefront of theoretical discussions and empirical research. The outcome-based management mechanism emphasizes results regardless of how the agents achieve them.

2.7.3 Stakeholders Theory

Freeman is the pioneer who is credited with introducing stakeholder theory in 1984. He argued that the firm exists primarily for the purpose of serving and coordinating stakeholder interests (Kwan et al., 2016). Stakeholders with more power and legitimacy require more attention (Vijayanand, 2013). However, according to Matesehe (2013), most stakeholder

analysts argue that all persons or groups with legitimate interests participating in a firm do so to obtain benefits and that there is no prima facie priority of one set of interests/ benefits over the other. More generally, stakeholder theory highlights the necessity to serve all the stakeholders regardless of the amount of their legal interests in an organization and deals with the relationships with the stakeholders both in terms of the process and the outcome (Gilbert & Rasche, 2012). Stakeholder theory suggests that the needs of shareholders cannot be met before the needs of stakeholders are met. In the same way, it claims that developing strategies by considering a broader stakeholder network and interaction will produce more successful results than focusing merely on direct profit maximization attempts (Jamali, 2008).

Long-term sustainability of organization requires a management approach more sensitive towards the interests and the benefits of all stakeholders (Moqbel, Amran & Nejati, 2014). They further state that stakeholder theory also asserts that stakeholders do not have the incentives to become as well informed as investors in the company. Investors, as a group, are more sophisticated than other stakeholders are and thus are more likely to monitor the firm's activities which may affect their financial interest. Non-investor stakeholders, being a more diversified collection of groups, are not as inclined to monitor the day-to-day activities of the firm, therefore, this theory was helpful in understanding influence of stakeholders' involvement on implementation of prisons health projects.

2.7.4 Strategic Leadership Theory

This theory was postulated by House and Baetz (1979). Strategic leadership gives organizational leaders the ability to create and re-create reasons for the organization's continued existence. According to Kirimi and Minja (2010), strategic leaders shape the formation of strategic intent and strategic mission and influence successful strategic actions for the formulation of strategies and implementation of strategies which yields strategic competitiveness above average returns. A number of scholars have observed substantial interest in strategic leadership, such as reflected in works by Bradley and Barrick (2008). This interest was highlighted in the comprehensive treatment of strategic leadership by Finkelstein, Hambrick and Cannella (2009). It is evident from literature that organizations are set up to achieve certain strategic goals. It is the leader who has the capability to influence organizational members to contribute effectively towards the accomplishment of pre-determined goals and objectives.

Hitt, Haynes and Serpa (2010) noted that a number of strategic organizational leaders have failed to deal effectively with environmental turbulence. The failures in most organizations were observed to be due to lack of strategic leadership. Likewise, Kirimi and Minja (2010) observed that organizations fail when the leadership fails to sell their vision for the organization to its followers, have not convinced followers why they should be passionate, and which they fail to make employees loyal to the organizational agenda. Empirical review found that strategic leadership guides organization in ways that result in the formation of a strategic intent and strategic mission. Provide evidence that when leaders practice strategic leadership this leads to improved organizational performance.

In affirmation to this argument, Kirimi and Minja (2010) observe that strategic leadership is no doubt important to all organizations. Likewise, note that strategic leadership leads to achievement of the objectives of the organization. Similarly, Serfontein (2010) theorized that the primary goal of a strategic leader is to gain a better understanding of the business conditions, the environment and other aspects that help identify future challenges. Ahmed (2013) asserts that strategic leadership includes both the management and leadership functions where the TMT work as partners in strategic issues.

This theory was important in addressing how prisons leadership influence implementation of prisons health projects as it elaborates that strategic leaders must be able to develop the organization's vision, mission, strategies and culture and above all, monitor progress and changes in the environment with a view to ensuring strategies are focused, relevant and valid.

2.8 Conceptual Framework

A conceptual framework is a figure that shows the relationship between the dependent variable and the independent variable. In this study the dependent variable was implementation of prisons health projects while the independent variables included; technical capacity, stakeholders' involvement, source of funding and prisons leadership.

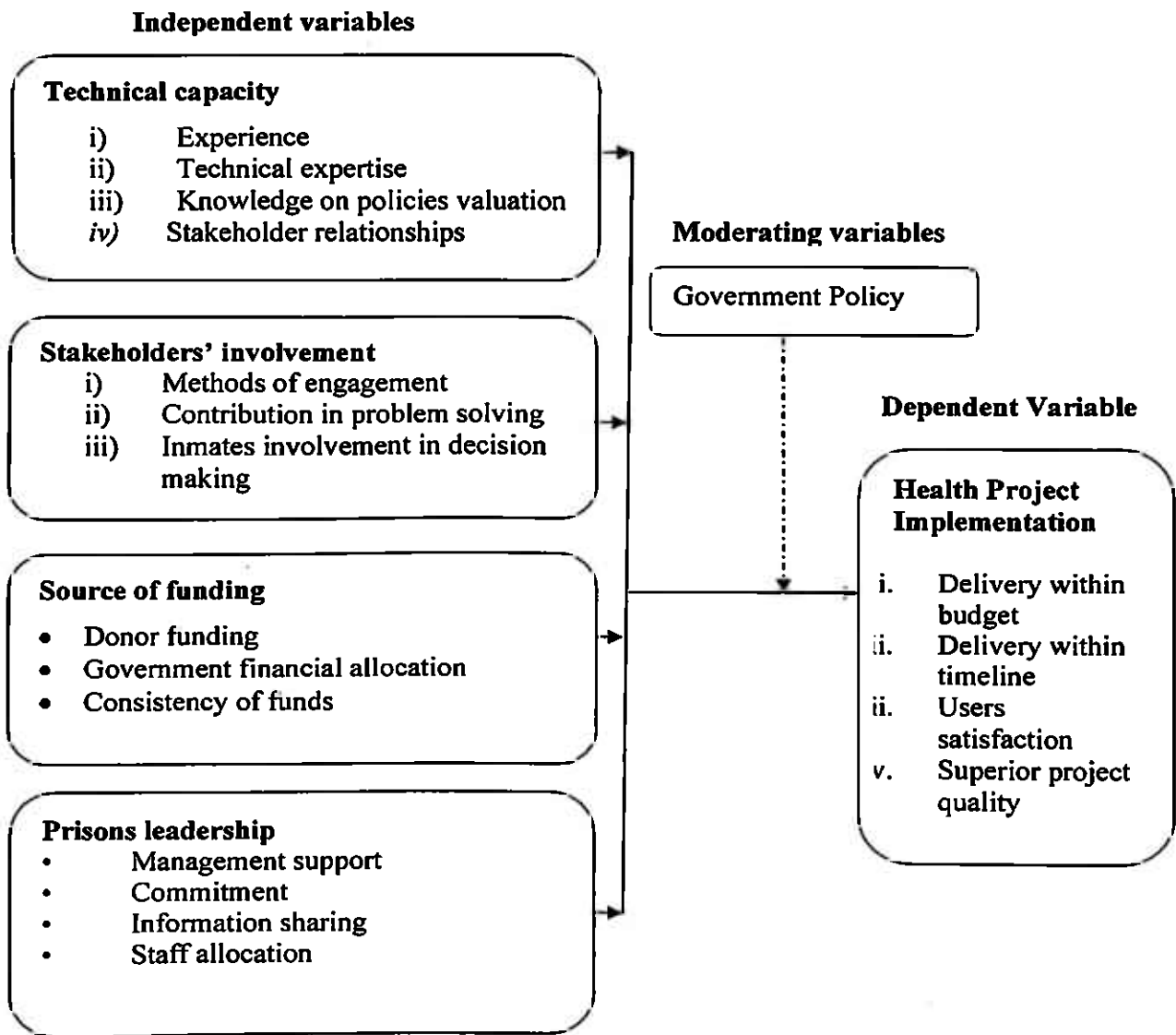


Figure 2.1: Conceptual Framework

Explanation of relationships of variables in the Conceptual Framework

Technical Capacity; this refers to the skills, competencies and facilities necessary to enable a prison health projects implementation to succeed and achieve its objectives.

Stakeholders Support; this refers to the support that stakeholders which is required to offer to the prison health projects a better coordination of the activities in accordance with certain policies and in achievement of defined objectives of the dispensary projects implementation.

Source of Funding; this refers to monetary resources, funds and especially those that are used by prisons department in the implementation of prisons health projects

Prisons Leadership; this refers to the transformational leadership in place at the Kenya Prison Services, which will help implement the prison health projects and combine other factors of production along with machines, materials, and money. Leaders in any organization are the key decisions makers and thus their decisions of may influence the implementation of prisons heath projects.

2.9 Knowledge Gaps in Literature Reviewed

Most of the project management literature concentrates on the execution tools and techniques rather than the effective development and deployment of project strategy within a total process concept. The study suggested empirical research and further conceptual research on detailed contents of different project strategies. The utilization of strategy in project implementation is an area that has not been studied by many scholars. Mutugi (2014) who assessed the factors influencing the effectiveness of logistics management information systems in public health sector: a case study of Kenya Medical Supplies Authority and established that effectiveness was as a result inbound logistics, performance management, information quality, usability, reliability, logistics cost and inventory control. This study did not focus on the prison aspect that is the focus of the current study. Ouma (2016) did a study on factors determining project implementation of health projects in Gedo Region, Somalia. Though the study deals with implementation of health projects, it does not focus on the current study's focus area and also prisons. Maina (2016) assessed the factors influencing effective implementation of health projects: A case of Amref Health Africa in Kenya. Similarly, this study does not focus on Meru region prisons. This study

sought to fill this gap by focusing on factors influencing the implementation of prisons health projects in Kenya Meru Region Prisons.

2.10 Summary of Literature Review

The chapter reviewed existing literature on determinants of effective project implementation. Project implementation has to incorporate four basic facets which are time criterion, monetary criterion, effectiveness criterion and client satisfaction criterion. Majority of these studies discussed above focus on leadership capabilities and human resources as essential factors in project performance but provides less literature on how human resources skills, qualifications and experience contribute to project implementation. The effectiveness of the project team tasked with project administration depends to a large extent on the project staff capacity relative to the demands placed upon them. To be effective, rural road maintenance projects need to have sufficient and capable staff with the appropriate mix of skills and expertise, the motivation and will to act, and the incentives and resources necessary to achieve their mandate.

Reliance on only technical expertise was often found to be detrimental because it decreased flexibility and a willingness to consider alternative perspectives. However, project managers do need to be sufficiently well versed in the technology to be able to ask the right questions and acquire adequate insight in an attempt to manage outcomes. Engagement can be sourced internally or externally. Facilities are sometimes reluctant to engage external stakeholders unless they have had a grievance or violation and are forced to do so. The important issue for the success of an implementation is not to whom specific responsibilities have been assigned, but rather that these functions are addressed in a timely fashion and are handled effectively.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is the approach by which the meaning of data is extracted and is a continuous process. The research methodology gives the direction to follow to get answers to issues that are of concern. This chapter describes the methods used to gather information on the area of the study. The chapter guided the research methodology to be used in carrying out the study. The chapter presents details of the research design, target population, sampling procedures, methods of data collection, validity and reliability of instruments, data collection process, methods of data analysis and ethical considerations while conducting the study.

3.2 Research Design

A research design is the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (Gorard, 2013). The study adopted a descriptive research design. A descriptive design is concerned with determining the frequency with which something occurs or the relationship between variables (Bryman & Bell, 2011). Descriptive research design was chosen because it enabled the researcher to generalize the findings to a larger population. This type of research design presents facts concerning the nature and status of a situation, as it exists at the time of the study (Creswell, 2014). It also brings out relationships and practices that exists, beliefs and processes that are ongoing, influences that are being felt or trends that are developing.

Thus, this approach was suitable for this study, since the study intended to collect comprehensive information through descriptions which were helpful for identifying variables. According to Avoke (2015), descriptive surveys are designed to portray accurately the characteristics of individuals, situations or groups. It was used as a needs assessment tool to provide information on which to base sound decisions and to prepare the background for more constructive programmed of educational research.

3.3 Target population

Rubin and Rubin (2005) emphasized that to ensure credibility of research, the researcher should interview people who understand and have deeper information about the issue. This

is because the credibility of the interviews depends on the knowledgeable ability of the interviewees or participants of the study. A population is the entire group of persons or elements that have at least one thing in common. It is the mass of individuals, cases, events to which the statements of the study referred, and which has to be delimited unambiguously beforehand with regard to the research question. According to Sekaran and Bougie (2010), a population is the total collection of elements about which we wish to make inferences. The survey targeted 122 officers who included senior prison officers and medical officers in prisons within prison stations in Meru region. In choosing the members who participated, the researcher focused on the management, heads of sections and prisons medical officers. This is because they were the major players in the day-to-day operations of the prisons health system in correctional facilities

Table 3. 1: Target Population

Cadres	Total
Management and Head of Sections	89
Medical Personnel	33
Total	122

Source: Eastern Region Prisons Headquarters, (2019)

3.4 Sample Size and Sampling Procedures

The study adopted a census sample design since the target population was manageable and the respondents were within systems which were accessed easily. According to Kothari (2010), census is a complete enumeration of all items in the population. It is presumed that in a census inquiry, all the respondents are covered and there is no element of chance which is left, and the highest accuracy is obtained especially when the population is small as it is evident in this study hence the sample size which was used was 122 respondents.

3.5 Data Collection Instrument

Data collection instrument is used in research to refer to a device that specifies and objectifies the data collecting process, instruments are usually written and may be given directly to the subject to collect data or may provide objective description of the collection of certain types of data. Primary data was obtained using self-administered questionnaires. The questionnaire was made up of both open ended and closed ended questions. The open-

ended questions were used so as to encourage the respondent to give an in-depth and felt response without feeling held back in illuminating of any information and the closed ended questions allowed respondent to respond from limited options that had been stated. According to Saunders (2011), the open ended or unstructured questions allow profound response from the respondents while the closed or structured questions are generally easier to evaluate. The questionnaires were used in an effort to conserve time and money as well as to facilitate an easier analysis as they are in immediate usable form.

3.5.1 Pilot Testing of the Instruments

Pilot study is the measurement of a dependent variable among subjects. Its purpose is to ensure that items in the instrument are stated clearly and have the same meaning to all respondents. The purpose of pre-testing the data instrument was to ensure that the items in the instrument are stated clearly and have the same meaning to all respondents. In this study this involved checking whether the questions are clear and revoking any positive or negative response (Kumar, 2011). Pilot testing of the research instruments was conducted where 12 questionnaires were administered to the pilot survey respondents who were chosen at random representing 10% of the sample size. After one day the same participants were requested to respond to the same questionnaires but without prior notification in order to ascertain any variation in responses of the first and the second test. This was very important in the research process because it assisted in identification and correction of vague questions and unclear instructions. It was also a great opportunity to capture the important comments and suggestions from the participants. This helped to improve on the efficiency of the instrument. This process was repeated until the researcher was satisfied that the instrument did not have variations or vagueness.

3.5.2 Validity of the Instrument

According to Golafshani (2012), validity is the accuracy and meaningfulness of inferences, based on the research results. Validity is the degree by which the sample of test items represents the content the test is designed to measure. Content validity which was employed by this study is a measure of the degree to which data collected using a particular instrument represents a specific domain or content of a particular concept. One of the main reasons for conducting the pilot study was to ascertain the validity of the questionnaire. The study used content validity which draws an inference from test scores to a large domain of items similar to those on the test. Content validity is concerned with sample-population

representativeness. Gillham (2011) stated that the knowledge and skills covered by the test items should be representative to the larger domain of knowledge and skills. Expert opinion was requested to comment on the representativeness and suitability of questions and give suggestions of corrections to be made to the structure of the research tools. This helped to improve the content validity of the data that was collected. Content validity was obtained by asking for the opinion of the supervisor, lecturers and other professionals on whether the questionnaire was adequate.

3.5.3 Reliability of the Instrument

Reliability of a measure indicates the extent to which it is without bias (error free) and hence ensures consistent measurement across time and across the various items in the instrument. It is an indication of the stability and consistency with which the instrument measures the concept and helps to assess the “goodness” of measure (Bell, 2010). Reliability is concerned with the question of whether the results of a study are repeatable. The questionnaire was administered to a pilot group of 12 randomly selected respondents from the target population and their responses were used to check the reliability of the tool. Reliability of the data collection instrument was done using the split half method (Gay, 2012) then was calculated using Spearman Brown correlation formulae to get the whole test reliability. If the sum scale was perfectly reliable, we expected that the two halves are perfectly correlated. A construct composite reliability co-efficient of 0.7 or above, for all the constructs, was considered to be adequate for this study (Rousson, Gasser & Seifer, 2012).

3.6 Data Collection Procedures

The study used primary data which was collected by use of questionnaires; use of questionnaires was based on the fact that they were suitable for a descriptive study given that they are easy to administer, ensure fast delivery and the respondent can answer at their convenience. The questionnaires were self-administered through drop and pick later method. The researcher delivered the questionnaire and give the selected respondent a maximum of 3 days after which the researcher collected the completed questionnaire for analysis. The researcher also assured the participants that the information they gave was treated with strict confidentiality. An envelope marked questionnaire and thesis topic was provided so that once the employee completed the questionnaire, they sealed it to ensure confidentiality was maintained within the organization and guarded against potential

victimization by the human resource division or the person designated by the company to co-ordinate the process. The researcher then proceeded to administer the questionnaires through the designated officers and co-ordinated with them to ensure respondents had adequate time to complete them. This enabled create a conducive environment for the distribution and administration of the questionnaire. Administration of the questionnaire followed the agreed schedule.

3.7 Data Analysis Techniques

Data was analyzed using Statistical Package for Social Sciences (SPSS Version 23.0). All the questionnaires received were referenced and items in the questionnaire were coded to facilitate data entry. After data cleaning which entailed checking for errors in entry, descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables and information presented inform of tables. The qualitative data from the open-ended questions were analyzed using thematic content analysis and presented in narrative form.

Inferential data analysis was done using multiple regression analysis. Multiple regression analysis was used to establish the relations between the independent and dependent variables. The multiple regression model was chosen because it is useful in establishing the relative importance of independent variables to the dependent variable (Bryman & Cramer, 2012). Such importance is deduced from standardized regression coefficients (beta-weights), whose magnitudes show how much relative impact the independent variables have on the dependent variable, while the negative and positive signs associated with the coefficients show negative and positive impacts respectively (Park, 2008). Also, it is ideal for the dependent variable to be recorded at a continuous level of measurement. In this study. the multiple regression model generally assumed the following equation;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where: -

Y= Implementation of prisons health projects

β_0 =constant

$\beta_1, \beta_2, \beta_3, \beta_4$ and β_5 = regression coefficients

X_1 = Technical capacity

X_2 = Stakeholders' involvement

X_3 = Source of funding

X_4 = Prisons leadership

ϵ =Error Term

3.8 Ethical Considerations

The researcher observed the following standards of behaviour in relation to the rights of those who became subject of the study or are affected by it: First, in dealing with the participants, they were informed of the objective of the study and the confidentiality of obtained information, through a letter to enable them give informed consent. Once consent was granted, the participants maintained their right, which entailed but was not limited to withdraw or decline to take part in some aspect of the research including rights not to answer any question or set of questions and/or not to provide any data requested; and possibly to withdraw data they had provided. Caution was observed to ensure that no participant was coerced into taking part in the study and, the researcher sought to use minimum time and resources in acquiring the information required. Secondly, the study adopted quantitative research methods for reliability, objectivity and independence of the researcher. While conducting the study, the researcher ensured that research ethics were observed. Participation in the study was voluntary. Privacy and confidentiality were also observed. The objectives of the study were explained to the respondents with an assurance that the data provided was used for academic purpose only.

3.9 Operationalization of Variable

Table 3. 2: Operationalization of Variables

Objectives	Type of Variable	variables	Measuring Indicators	Tools of analysis	Scale	Type of analysis
To evaluate the extent to which technical capacity influence the implementation of prisons health projects in the Kenya Meru Region Prisons.	Independent	Technical Capacity	v) Experience vi) Technical expertise vii) Knowledge on policies valuation viii) Stakeholder relationships Management	Percentages Mean score	Likert	Descriptive statistics Regression analysis
To examine the influence of stakeholders' involvement on implementation of prisons health projects in the Kenya Meru Region Prisons.	Independent	Stakeholders' Involvement	ix) Methods of engagement x) Contribution in problem solving xi) Involvement in decision making	Percentages Mean score	Likert	Descriptive statistics Regression analysis
To evaluate the influence of source of funding influence implementation of prisons health projects in the Kenya Meru Region Prisons.	Independent	source of funding	<ul style="list-style-type: none"> • Donor funding • Government financial allocation • Stationery • Consistency of funds 	Percentages Mean score	Likert	Descriptive statistics Regression analysis

<p>To examine the extent to which prisons leadership influence implementation of prisons health projects in the Kenya Meru Region Prisons.</p>	<p>Independent</p>	<p>prisons leadership</p>	<ul style="list-style-type: none"> • Management support • Commitment • Information sharing • Staff allocation 	<p>Percentages Mean score</p>	<p>Likert</p>	<p>Descriptive statistics Regression analysis</p>
	<p>Dependent</p>	<p>Project Implementation</p>	<ul style="list-style-type: none"> xii) Delivery within budget xiii) Delivery within timeline xiv) Users satisfaction xv) Superior project quality 	<p>Mean score</p>	<p>Likert</p>	<p>Descriptive statistics Regression analysis</p>

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presents the findings obtained from the primary instrument used in the study. It discusses the characteristics of the respondents, their opinions on how technical capacity, stakeholders' involvement, source of funding and prisons leadership influence implementation of prisons health projects in Meru region. The chapter is organized to present the findings by first looking at the response rate, reliability analysis, the demographic variables and objectives. In order to simplify the presentations, the researcher provided tables that summarize the collective reactions of the respondents.

4.2 Response Rate

The questionnaire return rate was 91.8%, that is, 112 out of 122 questionnaires that were administered. This response rate conforms to Hussey and Collis (2009) prescribed significant response rate of over 50%. This section displays the response rate of the study and the findings are shown in Table 4.1.

Table 4.1: Response Rate

	Number of respondents	Percent
Response	112	91.8
Non- Response	10	8.2
Total	122	100.0

4.3 Reliability Analysis

Reliability analysis was subsequently done using Cronbach's Alpha which measures the internal consistency by establishing if certain items within a scale measure the same construct. Malhotra (2015) established the alpha value threshold at 0.7 thus, forming the study's benchmark. Table 4.2 shows the results.

Table 4. 2: Reliability Results

	Cronbach's Alpha
Technical capacity	0.873
Stakeholders' involvement	0.781
Source of funding	0.812
Prisons leadership	0.935

Cronbach Alpha was established for every objective which formed a scale. The findings in Table 4.2, illustrates that all the four variables were reliable as their reliability values exceeded the prescribed threshold of 0.7. This, therefore, depicts that the research instrument was reliable and therefore required no amendments.

4.4 Background Information

This section required the respondents to indicate their general information including gender, how long they have been working in Prison Department, highest level of education and age bracket. This general information is presented in form tables.

4.4.1 Gender of the Respondents

The respondents were asked to indicate their gender. The results are as shown in the Table 4.3.

Table 4.3: Gender of the Respondents

Gender	Frequency	Percent
Male	59	52.7
Female	53	47.3
Total	112	100.0

The results showed that majority of the respondents were male as shown by 52.7% while the rest were female as shown by 47.3%. This shows that the researcher considered all respondents irrespective of the gender to obtain reliable information concerning the subject under study.

4.4.2 Age Bracket of the Respondent

The respondents were asked to indicate their respective age brackets. The findings were as shown in Table 4.4.

Table 4.4: Age bracket of the Respondent

Ages	Frequency	Percent
Below 25 years	3	2.7
25-30 years.	13	11.6
31-35 years	17	15.2
36-40 years.	28	25.0
41-45 years	20	17.9
46-50 years	15	13.4
Over 51	16	14.3
Total	112	100.0

Table 4.4 indicate that most of the respondents were between 36-40 years as shown by 25.0%, followed by those aged between 41-45 years as shown by 17.9%, then between 31-35 years as shown by 15.2%, then those over 51years as shown by 14.3%, between 46-50 years as shown by 13.4%, between 25-30 years as shown by 11.6%and below 25 years as shown by 2.7%. This shows that majority of the respondents were capable of giving reliable information concerning the subject under study.

4.4.3 Highest Level of Education

The respondents were asked to indicate their highest level of education/professional qualification. Their responses were as shown in Table 4.5.

Table 4.5: Highest Level of Education

Responses	Frequency	Percent
Certificate	19	17.0
Diploma	34	30.4
Degree	45	40.2
Masters	12	10.7
PhD	2	1.8
Total	112	100.0

The percentages in Table 4.5 show that majority of the respondents had acquired a degree as shown by 40.2%, while those that had masters were shown by 10.7%, 1.8% had a PhD, 30.4% had a diploma and 17.0% had a certificate. This represents a pool of learned respondents who could comprehend and give reliable information about the subject under study.

4.4.4 Years Worked with the Prisons Department

The respondents were also requested to indicate how long they have worked in the prison's department. Their responses were as shown in Table 4.6.

Table 4. 6: Years Worked with the Prisons Department

Responses	Frequency	Percentage
Below 5 years	13	11.6
5-10 years	20	17.9
11-15 years	40	35.7
16-20 years	27	24.1
Above 21 years	12	10.7
Total	112	100.0

From the study findings, 35.7% of the respondents had worked in the prison department for 11-15 years, 24.1% of item had worked for 16-20 years, 17.9% had worked for 5-10 years, 11.6% had worked for below 5 years while 10.7% had above 21 years' experience in the prison department. This shows that majority had worked in prison department long enough to comprehend and give reliable and accurate information on the subject under study.

4.5 Technical Capacity

The study sought to evaluate the extent to which technical capacity influences the implementation of prisons health projects in Kenya.

4.5.1 Aspects of Technical Capacity Influence on Implementation of Prisons Health Projects

The respondents indicated their level of agreement with statements on aspects of technical capacity influencing the implementation of prisons health projects in Meru region. The results are displayed on Table 4.7.

Table 4.7: Aspects of Technical Capacity Influence on Implementation of Prisons Health Projects

Responses	Mean	Std. Dev.
The prisons department has employees who are experienced in matters of prisons health	1.09	0.30
Prisons department has adequate technical expertise to facilitate implementation of health projects	1.88	0.79
The prisons health team has knowledge on policies on valuation of health projects.	2.30	0.88
There is good stakeholder relationships management which helps the prisons technical team to implement health projects.	3.78	0.91
Prisons department has developed the technical capacity of its medical personnel	2.25	0.76

As per the findings, the respondents strongly disagreed that the prisons department has employees who are experienced in matters of prisons health as shown by a mean of 1.09. Similarly, it was strongly disagreed that the prisons department has adequate technical expertise to facilitate implementation of health projects as shown by a mean of 1.88. The respondents further disagreed that the prisons health team has knowledge on policies on valuation of health projects as shown by a mean of 2.30, there is good stakeholder relationships management which helps the prisons technical team to implement health projects as shown by a mean of 3.78 and the prisons health team has developed the technical capacity of its medical personnel as shown by a mean of 2.25. This concurs with Verzuh (2015) who states the project manager should have at least a working level understanding of the technical challenges the project team is facing and that technical skills enhance the ability of the project manager to lead and manage through an understanding of the complex issues that persist during a project life cycle.

4.5.2 Level of Satisfaction with the Technical Capacity of Prison Health Team

The study further asked the respondents to indicate their level of satisfaction with the technical capacity of prison health team. The results are as shown in Table 4.8.

Table 4.8: Level of Satisfaction with the Technical Capacity of Prison Health Team

Responses	Frequency	Percent
Highly dissatisfied	44	39.3
Slightly dissatisfied	39	34.8
Neutral	10	8.9
Slightly satisfied	7	6.3
Highly satisfied	12	10.7
Total	112	100.0

The findings revealed that 39.3% of the respondents were highly dissatisfied, 34.8% indicated that they were slightly satisfied, 10.7% were highly satisfied, 8.9% were neutral while 6.3% were slightly satisfied. This is in line with Berardi (2013) who posits that the effectiveness of the project team tasked with project administration depends to a large extent on the project staff capacity relative to the demands placed upon them.

4.6 Stakeholders' Involvement

The study sought to examine the influence of stakeholders' involvement on implementation of prisons health projects in Kenya.

4.6.1 Aspects of Stakeholders' Involvement Influence on Implementation of Prisons Health Projects

The research asked the respondents to indicate their level of agreement with statements on the aspects of stakeholders' involvement influencing implementation of prisons health projects in Meru region. Table 4.9 presents the findings.

Table 4. 9: Aspects of Stakeholders' Involvement Influence on Implementation of Prisons Health Projects

Responses	Mean	Std. Dev.
Prisons department has developed structured methods of engagement with stake holders who wish to support prisoner's health projects	3.56	0.62
The prisons health has benefited from stakeholders in terms of contribution in problem solving	3.72	0.99
There is involvement of all stakeholders in decision making in prison health projects.	2.31	1.30
There is a policy on how prisons health team and stakeholder's relationship should be managed.	2.16	0.85
The terms for stakeholder's engagement are stipulated in the prisons health policy document	2.10	0.40

The findings reveal that it was disagreed that there is a policy on how prisons health team and stakeholder's relationship should be managed as shown by a mean of 2.16. The respondents also disagreed that there is involvement of decision making from all the stakeholders in prison health projects as shown by a mean of 2.31. Further, the respondents disagreed that the terms of stakeholder's engagement is stipulated in the prisons health policy document as shown by a mean of 2.10, the prisons health has benefited from stakeholders in terms of contribution in problem solving as shown by a mean of 3.72 and prisons department has developed structured methods of engagement with stake holders who wish to support prisoner's health projects as shown by a mean of 3.56. This accords with Beierle (2012) who states that the overall purpose of stakeholder engagement is to drive strategic direction and operational excellence for an implementation of prison health project.

4.6.2 Level of Satisfaction with the Stakeholders' Involvement in Prison Health Projects

The respondents further indicated their level of satisfaction with the stakeholders' involvement in the prison health projects. The results are as shown in Table 4.10 below.

Table 4. 10: Level of Satisfaction with the Stakeholders' Involvement

Responses	Frequency	Percent
Highly dissatisfied	43	38.4
Slightly dissatisfied	50	44.6
Neutral	5	4.5
Slightly satisfied	10	8.9
Highly satisfied	4	3.6
Total	112	100.0

According to the results, 44.6% of the respondents were slightly dissatisfied, 38.4% were highly dissatisfied, 8.9% were slightly satisfied, 4.5% were neutral while 3.6% were highly satisfied. This concurs with Akhmouch and Clavreul (2016) assert that while it is not possible to control or predict facilities' or stakeholders' abilities to engage with one another, experience has shown that external stakeholder engagement in a comprehensive and sustainable reporting process is best realized when stakeholders are involved from the beginning.

4.7 Source of Funding

The study sought to determine the influence of source of funding on implementation of prisons health projects in Kenya.

4.7.1 Aspects of Source of Funding Influence on Implementation of Prisons Health Projects

The study sought to find the respondents' level of agreement with statements in relation to aspects of source of funding influencing implementation of prisons health projects in Meru region. The results are presented in Table 4.11.

Table 4.11: Aspects of Source of Funding Influence on Implementation of Prisons Health Projects

Responses	Mean	Std. Dev.
Prisons health projects relies so much from donor funding to facilitate their projects	3.59	1.24
There is adequate government financial allocation to implement prisons health projects	1.8	0.82
There is consistency of funds from the prisons department to implement prisons health projects	1.6	1.22
The prisons department receives some funding from county governments to assists in prisons health projects	1.2	1.18

The study found that the respondents strongly disagreed that there is adequate government financial allocation to implement prisons health projects as shown by a mean of 1.8. The study moreover found that there was no consistency of funds from the prisons department to implement prisons health projects as shown by a mean of 1.6 and that the prisons department receives does not some funding from county governments to assists in prisons health projects as shown by a mean of 1.2 and prisons health projects relies so much from donor funding to facilitate their projects as shown by a mean of 3.59. These findings correspond to PMBOK (2008) that affirms that project financing includes the processes required to ensure that the implementation of prison health project is completed within the approved budget.

4.7.2 Level of Satisfaction with Source of Funding in Prisons Health Projects

Table 4.12 shows the results from responses given on the Level of Satisfaction with Source of Funding in Prisons Health Projects.

Table 4.12: Level of Satisfaction with Source of Funding in Prisons Health Projects

Responses	Frequency	Percent
Highly dissatisfied	58	51.8
Slightly dissatisfied	11	9.8
Neutral	10	8.9
Slightly satisfied	31	27.7
Highly satisfied	2	1.8
Total	112	100.0

The findings reveal that 51.8% of the respondents were highly dissatisfied, 27.7% were slightly satisfied, 9.8% were slightly dissatisfied, 8.9% were neutral while 1.8% were highly satisfied. This is in line with Heagney (2016) who notes that the functions of finance should be handled in accordance with the goal and objectives of the organization.

4.8 Prisons Leadership

The study sought to assess the extent to which prisons leadership influences implementation of prisons health projects in Kenya.

4.7.1 Aspects of Prisons Leadership Influence on Implementation of Prisons Health Projects

The study sought to find the respondents' level of agreement on the influence of the aspects of prison leadership on the implementation of prison health projects in Meru region. Table 4.13 displays the results.

Table 4.13: Aspects of Prisons Leadership Influence on Implementation of Prisons Health Projects

Responses	Mean	Std. Dev.
There is a lot of management support in implementing prisons health projects	2.91	0.81
Management of prisons department are committed to implementation of prisons health project	3.68	1.24
There is continuous information sharing across the entire department on implementation of prisons health project	2.1	1.26
The prisons leadership is well versed with project management skills for implementation of prisons health project	2.3	0.94

The findings reveal that the respondents disagreed that there is a lot of management support in implementing prisons health projects as shown by a mean of 2.91 and the prisons leadership is not very well versed with project management skills for implementation of prisons health project as shown by a mean of 2.3. The respondents further disagreed that there is continuous information sharing across the entire department on implementation of prisons health project as shown by a mean of 2.1 and that management of prisons department are committed to implementation of prisons health project as shown by a mean of 3.68. This conforms to Baird (2017) who found that leaders see something that needs to be done, knows that they can help make it happen, and gets started.

4.7.2 Level of Satisfaction with Prisons Leadership and Implementation of Prisons Health Project

The respondents further indicated their level of satisfaction with prisons leadership in prisons health project. Table 4.14 shows the results.

Table 4.14: Level of Satisfaction with Prisons Leadership and Implementation of Prisons Health Project

Responses	Frequency	Percent
Highly dissatisfied	40	35.7
Slightly dissatisfied	46	41.1
Neutral	13	11.6
Slightly satisfied	12	10.7
Highly satisfied	1	0.9
Total	112	100.0

The study found that 41.1% of the respondents were slightly dissatisfied, 35.7% were highly dissatisfied, 11.6% were neutral, 10.7% were slightly satisfied while 0.9% were highly satisfied. These findings concur with Chang (2016) who postulates that poor leadership skills in implementation of prison health project are reflected limited or no teamwork, inadequate communication, and an inability to resolve conflicts as well as other human related inefficiencies.

4.9 Prisons Health Project Implementation

The study sought to find the respondents' level of agreement with statements regarding the aspects of prisons health project implementation. Table 4.15 presents the findings.

Table 4.15: Aspects of Prisons Health Project Implementation

Statements	Mean	Std. Dev.
The prisons department has been able to implement health projects within the budget allocated.	2.6	0.98
The prisons department has implemented health projects within the stipulated timelines	2.3	0.79
The health projects implemented are of superior quality to achieve the objectives of prisons health	1.7	0.82
There are prisons health projects which are stalled for more than 1 financial year.	4.15	0.68
There is a clear guideline on how prisons health projects should be implemented up to completion.	2.7	0.64

From the findings, the respondents disagreed that the prisons department has implemented health projects within the stipulated timelines as shown by a mean of 2.3, there are prisons health projects which are stalled for more than 1 financial year as shown by a mean of 4.15 and the health projects implemented are not of superior quality to achieve the objectives of prisons health as shown by a mean of 1.7. The respondents further disagreed that prisons department has not been able to implement health projects within the budget allocated as shown by a mean of 2.6 and there was no clear guideline on how prisons health projects should be implemented up to completion as shown by a mean of 2.7. These findings are in conformity with Project Management Institute (2013) who defines project management as the application of knowledge, skills, tools, and techniques to project activities to meet the project requirements.

Table 4.16 further displays the findings from the responses on the level of satisfaction with prisons health project implementation.

Table 4.16: Level of Satisfaction with Prisons Health Project Implementation

Responses	Frequency	Percent
Highly dissatisfied	1	0.9
Slightly dissatisfied	58	51.8
Neutral	8	7.1
Slightly satisfied	35	31.3
Highly satisfied	10	8.9
Total	112	100.0

The findings reveal that 51.8% of the respondents were slightly dissatisfied while 31.3% were highly satisfied, 8.9% were slightly dissatisfied, 7.1% were neutral while 0.9% were highly dissatisfied. This is in agreement with Project Management Institute (2013) who state that project management is all about managing resources efficiently and effectively in order to get a project completed successfully.

4.10 Regression Analysis

Using multiple regression analysis was used to test the relationship between the variables where it shows how the dependent variable is influenced by the independent variables.

Table 4.17: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.848	0.719	0.704	0.707

The ANOVA tests whether the model is fit for data. From the ANOVA table, the independent variables were statistically significant predicting the dependent variable since adjusted R square was 0.704 implying that technical capacity, stakeholders' involvement, source of funding and prisons leadership explains 70.4% variation in implementation of prisons health projects in Meru region.

Table 4.18: ANOVA Test

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	123.121	4	30.780	68.587	.000
Residual	48.019	107	0.449		
Total	171.14	111			

The probability value of 0.000 indicates that the regression relationship was significant in determining how technical capacity, stakeholders' involvement, source of funding and prisons leadership influence implementation of prisons health projects in Meru region. The F calculated at 5 percent level of significance was 68.587. Since F calculated is greater than the F critical (Value = 2.2899), the overall model was significant.

Table 4.19: Coefficients of Determination

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	0.231	0.182		5.429	.000
Technical capacity	0.716	0.296	0.623	2.419	.020
Stakeholders' involvement	0.606	0.208	0.527	2.913	.005
Source of funding	0.803	0.117	0.699	6.863	.000
Prisons leadership	0.714	0.312	0.621	2.288	.027

The established model for the study was:

$$Y = 0.231 + 0.716X_1 + 0.606X_2 + 0.803X_3 + 0.714X_4$$

Where: -

Y= Implementation of prisons health projects

β_0 =constant

X₁= Technical capacity

X₂= Stakeholders' involvement

X₃= Source of funding

X₄= Prisons leadership

The regression equation above has established that taking (technical capacity, stakeholders' involvement, source of funding and prisons leadership), implementation of prisons health projects will be 0.988. The findings presented also show that taking all other independent variables at zero, a unit increase in the Technical capacity would lead to a 0.716 increase in the score of implementation of prisons health projects. Thus, variable was significant since 0.020 < 0.05. This conforms to Kent (2011) who postulates that the ability of a project's staff to meet demands for its services depends on both its numbers and the skills and expertise staff members bring to the job. A project team needs to have at least the minimum necessary mix of skills and expertise and a sufficient number of staffs with appropriate skills relative to the scale of its responsibility.

Further, it was found that a unit increase in the scores of stakeholders' involvement would lead to a 0.606 increase in the scores of implementation of prisons health projects. Thus, variable was significant since $0.005 < 0.05$. This is in line with Papadopoulos and Merali (2008) who mention that the project should strive to implement agreed upon decisions and conduct through ongoing monitoring and critical evaluation of the engagement process.

Further, the findings show that a unit increase in the scores of source of funding would lead to a 0.803 increase in the scores of implementation of prisons health projects hence, variable was significant since $.000 < 0.05$. This concurs with Schultz and Slevin (2009) who state that a properly constructed budget must be capable of being the baseline and used as the basis for performance measurement and control. It must reflect the way that resources are applied to achieve planned objectives over time. It must be structured in relation to the build-up of estimates, and to the collection of actuals.

The study also found that a unit increases in the scores of prisons leadership would lead to a 0.714 increase in the scores of implementation of prisons health projects. Therefore, this variable was significant since $0.027 < 0.05$. This is in line with Chang (2016) who asserts that leadership affects corporate culture, project culture, project strategy, and project team commitment. It also affects business process reengineering, systems design and development, software selection, implementation, and maintenance. Without appropriate leadership, the risk of project failure increases.

Overall, source of funding had the greatest effect on implementation of prisons health projects in Meru region followed by technical capacity then prisons leadership while stakeholders' involvement had the least effect on the implementation of prisons health projects in Meru region.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presented summary of the findings, conclusions as well as the recommendations of the study. This study focused on factors that influence implementation of prisons health projects in Meru region.

5.2 Summary of the Findings

On technical capacity, the study sought to evaluate the extent to which technical capacity influences the implementation of prisons health projects in Kenya. The study found that it was strongly disagreed that the prisons department has developed the technical capacity of its medical personnel and also that the prisons department does not have employees who are experienced in matters of prisons health. It was also further disagreed that the prisons department has adequate technical expertise to facilitate implementation of health projects, there is a good stakeholder relationships management which helps the prisons technical team to implement health projects but the prisons health team has no adequate knowledge on policies on valuation of health projects. Most of the respondents were also slightly satisfied with the technical capacity in the prison health projects. The study additionally found that technical capacity was statistically significant.

The second objective of the study was to examine the influence of stakeholders' involvement on implementation of prisons health projects in Kenya. The findings reveal that it was disagreed that there is a policy on how prisons health team and stakeholder's relationship should be managed. Similarly, it was strongly agreed that there is involvement of decision making from all the stakeholders in prison health projects. Further, it was disagreed that the terms for stakeholder's engagement are stipulated in the prisons health policy document and that the prisons health has benefited from stakeholders in terms of contribution in problem solving. However, the prisons department has not developed structured methods of engagement with stakeholders who wish to support prisoner's health project. Stakeholders' involvement was slightly satisfying in the prison health projects. The relationship between the stakeholders' involvement and the implementation of prison health projects was found to be strong and positive.

The third objective was to determine the influence of source of funding on implementation of prisons health projects in Kenya. It was strongly disagreed that there is adequate

government financial allocation to implement prisons health projects. The study moreover found that there was no consistency of funds from the prisons department to implement prisons health projects, the prisons department does not receive some funding from county governments to assist in prisons health projects and prisons health projects relies so much from donor funding to facilitate their projects. The respondents were slightly satisfied about the source of funding in the prison health projects. The study found out that there was a strong and positive relationship between source of funding and the implementation of prison health projects.

The fourth objective was to assess the extent to which prisons leadership influences implementation of prisons health projects in Kenya. It was disagreed that there is a lot of management support in implementing prisons health projects and the prisons leadership is not well versed with project management skills for implementation of prisons health project. Further, it was agreed that; there was no continuous information sharing across the entire department on implementation of prisons health project and that management of prisons department are committed to implementation of prisons health project. Prison leadership was found to be slightly satisfying in the prison health project implementation. The relationship between prison leadership and the implementation of prison health project was statistically significant.

The study also found that project health project implementation was also slightly satisfying. It was disagreed that prisons department has implemented health projects within the stipulated timelines and that there were prisons health projects which are stalled for more than 1 financial year and the health projects implemented were not of superior quality to achieve the objectives of prisons health. It was further revealed that the prisons department has not been able to implement health projects within the budget allocated and there was no clear guideline on how prisons health projects should be implemented up to completion.

5.3 Discussion of the Findings

This section entails further literature discussions on the findings of each variable.

5.3.1 Technical Capacity

Technical skills enhance the ability of the project manager to lead and manage through an understanding of the complex issues that persist during a project life cycle. Berardi (2013) found that project team competence is a standardized requirement for an individual to properly perform a specific job. The effectiveness of the project team tasked with project administration depends to a large extent on the project staff capacity relative to the demands placed upon them.

Kent (2011) postulates that the ability of a project's staff to meet demands for its services depends on both its numbers and the skills and expertise staff members bring to the job. For the implementation of the project, people are required to carry out laid down work, understand who will work on the systems, what skills and knowledge they have and the overall level of human resources available – both within the team and externally to support your project execution plan.

5.3.2 Stakeholders' Involvement

The overall purpose of stakeholder engagement is to drive strategic direction and operational excellence for an implementation of prison health project. Beierle (2012) posit that in addition to serving as a key tool to support a facility's sustainability reporting efforts, stakeholder engagement can be seen as a foundation that supports facility's broader sustainability efforts to set strategic goals, implement action plans, and assess its performance.

Akhmouch and Clavreul (2016) found that engagement can be sourced internally or externally. Facilities are sometimes reluctant to engage external stakeholders unless they have had a grievance or violation and are forced to do so. While it is not possible to control or predict facilities' or stakeholders' abilities to engage with one another, experience has shown that external stakeholder engagement in a comprehensive and sustainable reporting process is best realized when stakeholders are involved from the beginning. This is in line with Papadopoulos and Merali (2008) who argue that stakeholder's engagement must be sustained for effective implementation of prison health project.

5.3.3 Source of Funding

Project financing involves resource planning, cost estimating, cost budgeting and cost control. The principle objectives of which profit-oriented business organizations tend to

pursue are wealth enhancement, maximization of profit, maximization of return on investment of shareholders and satisfying stakeholders. Kahn (2018) notes that when valuing businesses, managers need to take into account future profitability, both long-term and short-term, and the risk attached with the investment.

The functions of finance should be handled in accordance with the goal and objectives of the organization. Heagney (2016) concluded that the important issue for the implementation of prison health project is not to whom specific responsibilities have been assigned, but rather that these functions are addressed in a timely fashion and are handled effectively.

5.3.4 Prisons Leadership

Project managers continue to face many challenges and problems concerning leadership, for example, leadership style, stress, uncertainty, motivation, learning, and teamwork. Researchers have found that the critical role of the project manager's leadership ability had a direct correlation to project outcomes. In line with the study findings Chang (2016) postulates that poor leadership skills in implementation of prison health project are reflected limited or no teamwork, inadequate communication, and an inability to resolve conflicts as well as other human related inefficiencies.

Chang (2016) adds that leadership affects corporate culture, project culture, project strategy, and project team commitment. It also affects business process reengineering, systems design and development, software selection, implementation, and maintenance. Without appropriate leadership, the risk of project failure increases.

5.3.5 Implementation of Prisons Health Project

Implementation of projects involves project management which is the application of knowledge, skills, tools and techniques to project activities to meet the project requirements. Change management is important in every project, in every industry. It is particularly important at this time in healthcare. PMI (2013) identified some five process groups that form the building block for any project life cycle. These process groups are: initiation process group, planning process group, execution process group, monitoring and control process group and closing process group. For a successful project, it is important to involve stakeholders.

5.4 Conclusion

The study concludes that there inadequate funding to cater inmates' medical projects in the prisons and there is no consistency of funds for the projects. This is more so given the fact that prison conditions have tended to violate inmates' right to health.

The study concludes that the technical capacity in prisons health projects is not well trained and there is shortage of technical expertise. It is also concluded that technical capacity significantly influences the implementation of health projects in prison.

The study concludes that prison leadership is not well versed with project management skills to conduct valuation of projects. It is also concluded that the projects are committed by management though there is no information sharing to come up with a plan that addresses the challenges as they arise continuously.

The study also concludes that prisons department relies so much of stakeholders to implement health projects and though this relationship was not guided by policy document. It was concluded that the prison department has benefited so much from stakeholder's support.

5.5 Recommendations

The study recommends that the government should allocate adequate funds to prisons health projects since the health of inmates is very important and these funds should be consistent. The Ministry of Interior should also come up with other ways of raising cash for the prison health projects to avoid relying on the exchequer for funding on this item.

The prisons department should embark on employing more medical personnel's who should assist the department to prioritize health projects. The government should come up with project management department which should advise on technical expertise while health projects are being implemented.

The study recommends that the prison leadership should embark on putting policies on prison health programs on policy document. There should be policy and legislative reforms which allows management to support the implementation of health projects.

The study also recommends that prisons department should lobby for more national and international stakeholders' engagement to support program-relevant prison health projects.

The study recommends that the existing open-door policy should be enhanced to attract more partners and implement evidence-based programmes that will enable inmates to fully enjoy their right to health and increase on the funding.

5.6 Suggestions for Further Studies

The study further suggests that there is need to carry out research on other concepts of factors influencing the implementation of prison health projects in Kenya. The study focused only on the factors influencing the implementation of prison health projects in Meru region and therefore further research needs to be done on other prisons to see whether the findings would vary. The researcher further suggests that a similar study be conducted but with different independent variables.

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APPENDICES

Appendix I: LETTER OF TRANSMITTAL

Dear Respondent,

RE: REQUEST QUESTIONNAIRE RESPONSES

I am a Master student at University of Nairobi; I am carrying out a research study on **FACTORS INFLUENCING THE IMPLEMENTATION OF PRISONS HEALTH PROJECTS IN KENYA; A CASE OF PRISONS IN MERU REGION**. You have been identified as one of the people that could be of assistance with the research and I thus request your participation in the research. Essentially, you would be required to complete a questionnaire. You will be treated anonymously and your responses will be treated with utmost confidentiality. The information you provide will be used only for academic purposes.

The questionnaire is strictly for academic purposes and any information given shall be treated with strict confidentiality; please give the information as accurately as possible. Thank you very much.

Yours faithfully,

Charles Mutembei

Appendix II: QUESTIONNAIRE

SECTION A : GENERAL INFORMATION

By means of a tick (√) kindly indicate an option that best describes:

1. Gender

Male [] Female []

2. Your age: -

Below 25 years [] 25-30 years [] 31-35 years []
 36-40 years [] 41-45 years [] 46-50 years []
 Over 51 []

3. Your level of education: -

Secondary education (O level) [] Diploma []
 Degree [] Masters & Above []

4. Years you have worked with the Prisons Department: -

Below 5 years [] 5-10 years [] 11-15 years []
 16-20 years [] Above 21 years []

SECTION B: TECHNICAL CAPACITY

5. In relation to your everyday experience with prisons department health projects, tick the most appropriate response choice to the statements made in the table below;

Where 1=strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=strongly Agree.

Technical capacity	1	2	3	4	5
The prisons department has employees who are experienced in matters of prisons health					
Prisons department has adequate technical expertise to facilitate implementation of health projects					
The prisons health team has knowledge on policies on valuation of health projects.					

There is good stakeholder relationships management which helps the prisons technical team to implement health projects.					
Prisons department has developed the technical capacity of its medical personnel					

6. What is your level of satisfaction with the technical capacity of prison health team?

Highly satisfied [] Slightly satisfied. [] Neutral []

Slightly dissatisfied. [] Highly dissatisfied []

SECTION C: STAKEHOLDERS' INVOLVEMENT

7. In relation to stakeholders' involvement in prisons health projects, tick the most appropriate response choice to the statement made in the table below;

Where 1=strongly agree; 2=Agree; 3=Neutral; 4=Disagree and 5=strongly disagree.

Stakeholders' Involvement	1	2	3	4	5
Prisons department has developed structured methods of engagement with stake holders who wish to support prisoner's health projects					
The prisons health has benefited from stakeholders in terms of contribution in problem solving					
There is involvement of decision making from all the stakeholders in prison health projects.					
There is a policy on how prisons health team and stakeholder's relationship should be managed.					
The term for stakeholder's engagement is stipulated in the prisons health policy document					

8. What is your level of satisfactions with stakeholder's engagement in the prison's health projects?

Highly Satisfied. [] Slightly Satisfied. [] Neutral []
 Slightly Dissatisfied. [] Highly Dissatisfied []

SECTION D: SOURCE OF FUNDING

9. In relation to your everyday experience of source of funding, tick the most appropriate response choice to the statements made in the table below;

Where 1=strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=strongly Agree.

Source of Funding	1	2	3	4	5
Prisons health projects relies so much from donor funding to facilitate their projects					
There is adequate government financial allocation to implement prisons health projects					
There is consistency of funds from the prisons department to implement prisons health projects					
The prisons department receives some funding from county governments to assists in prisons health projects					

10. What is your level of satisfactions with source of funding in the prison's health projects?

Highly Satisfied. [] Slightly Satisfied. [] Neutral []

Slightly Dissatisfied. [] Highly Dissatisfied []

SECTION E: PRISONS LEADERSHIP

11. In relation to your everyday experience of prisons leadership, tick the most appropriate response choice to the statements made in the table below;

Where 1=strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=strongly Agree.

Prisons Leadership	1	2	3	4	5
There is a lot of management support in implementing prisons health projects					
Management of prisons department are committed to implementation of prisons health project					
There is continuous information sharing across the entire department on implementation of prisons health project					
The prisons leadership is well versed with project management skills for implementation of prisons health project					

12. What is your level of satisfaction terms prisons leadership and implementation of prisons health project?

Highly satisfied. [] Slightly satisfied. [] Neutral. []

Slightly dissatisfied. [] Highly dissatisfied. []

SECTION E: PRISONS HEALTH PROJECT IMPLEMENTATION

13. In relation to your everyday experience of in prisons health project implementation, tick the most appropriate response choice to the statements made in the table below;

Where 1=strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=strongly Agree.

Prisons Health Project Implementation	1	2	3	4	5
The prisons department has been able to implement health projects within the budget allocated.					
The prisons department has implemented health projects within the stipulated timelines					
The health projects implemented are of superior quality to achieve the objectives of prisons health					
There are prisons health projects which are stalled for more than 1 financial year.					
There is a clear guideline on how prisons health projects should be implemented up to completion.					

14. What is your level of satisfaction with prisons health project implementation?

Highly satisfied. Slightly satisfied. Neutral.

Slightly dissatisfied. Highly dissatisfied.

Thank you for Participating