# IMPACT OF PROJECT MANAGEMENT PRACTICES ON PERFORMANCE OF DRUG ADDICTS REHABILITATION: A CASE OF MEWA DRUG TREATMENT CENTRE IN MOMBASA COUNTY

**BY**

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# DECLARATION

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


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This research project report has been submitted for examination with our approval as university supervisors.


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MR. DAVID MALUKI

# DEDICATION

This research project is dedicated to my husband Henry Chopetta (Snr) and son Walter Chopetta (Jnr) without their caring support it would not have been possible. Also in memory of my late parents, Evans Buchere and Norah Khalili who passed on and had respect for education.

# ACKNOWLEDGEMENT

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# LIST OF ACRONYMNS AND ABBREVIATIONS

**NACADA** - National Agency for Campaign against Drug Abuse

**NGOs** - Non Governmental Organizations

**SPSS** - Statistical Package of Social Sciences

**UN** - United Nations

**UNDCP** - United Nations Drug Control Programme

**WHO** - World Health Organization

**TOT** - Training of Trainers

**TR** - Training on Rehabilitation Effect

**PPR** - Planning Policies on Rehabilitation Effect

**MER** - Monitoring and Evaluation on Rehabilitation Effect

**MEWA** - Muslim Education Welfare Association

**PDAR** - Performance of Drug Addicts Rehabilitation

# ABSTRACT

Research related to drug dependence and recovery shows that it is necessary to understand the concept of recovery from dependent drug use. The study sought to examine how dependent drug users recover from drug dependency in Mewa Drugs Treatment Centre in Mombasa. It aimed at establishing the effect of training of the care givers; the effects of planning and the effects of monitoring and evaluation on performance of drug addicts rehabilitation project a case study of Mewa drugs treatment Centre in Mombasa Kisauni Sub County. To strengthen the conceptual framework the study used three management theories. The study made use of primary data which was obtained through questionnaires with respondents at the MEWA. The sample size was 30. A modified Likert scale questionnaire was developed divided into three parts. To refine the instrument, a pilot study was carried out. The researcher used Cronbach's alpha to assess the quality and consistency of the study. Analysis was completed using frequency counts, percentages, means and standard deviation, regression, correlation. The information produced was summarized in tabular form. The study recommended that training; policy planning and monitoring & evaluation are among the major project management practices that the rehabilitation project should ensure they are successfully implemented for the benefit of the addicts. The study population comprised of respondents from only one Mombasa based drug addict rehabilitation center. The researcher therefore suggested more studies in different rehabilitations centers to be carried out to try and compare results for consistencies and provide more solutions. The study also suggested that each of the outlined objectives can be researched on independently.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the Study

Historically, drugs have been used ever since time in immemorial. The use of drugs by people has been for various reasons and this is largely influenced by culture and other social factors.. In most cases drug users claim to use drugs due to the role they play in changing their moods and this is especially important during celebrations which call for pleasurable feelings and also when people are in tense situations (Hubbard, Gaddock, Flynn, Anderson, & Etheridge, 2014). The society today poses various challenges that instill tension in the lives of many. This has driven many to indulge in drugs for the reason that they alter moods. Drug use initiation is constantly linked to the gains that it carries to the consumers. Nevertheless, drug users experience a number of physical consequences besides the intended. Most of the automobile accidents are consequences of consumption of drugs i.e. marijuana and alcohol which meddle with coordination of motor movement and contribute to road accidents. Consumers of marijuana and hallucinogenic drugs might experience flashbacks, uncalled for recurrences of the drug's effects weeks or months after use. Withdrawal symptoms are highly noticeable after a sudden abstinence from certain drugs, for instance, heroine users display symptoms of withdrawal such as delirium, vomiting, convulsions and muscle cramps Benjamin, (2015). The pleasure resulting from cocaine use, for example, leads to a "crashö: an era of depression, being anxious, fatigued and craving for more to avert the urge Bruner, (2014). Cocaineøs addictive effect lures users to over use it. Effects resulting from drug use, and the notion that one can only get relief when they continuously use the drugs, has led to an increase in the rate of drug abuse and reliance and brings with it undesired psychosocial effects. Continuous use of a drug with physically addictive qualities causes an increase in tolerance: the need to keep increasing quantities of the drug required to duplicate the first effect. The danger of drug overdose, of drugs like heroine, due to the purity and dosage is high among drug users. Mostly drug abusers engage in criminal activities, such as theft and unacceptable sexual practices in order to get the money to purchase

drugs. Alcohol is one of the drugs particularly associated with aggressive behavior (Bruner, 2014)

Many countries have become concerned about the fast increase in the rate of drug abuse. World Drug Report of (2014) and Sacks and Banks Report of (2015) revealed that about 200 million people in the world consume drugs, which translates to about 5 percent of the world population (World Drug Report 2014). The UNODC approximates that millions of people both youth and the elderly consume illegal drugs oftenly. As a result, there are about 16 to 38 million ¬problem drug abusersø annually.

Nevertheless illicit use of drugs in Africa is increasing at an alarming rate. This ranges from those considered normal use to the very risky drugs Nathaniel, (2014). Cannabis remains the most available and regularly abused drug and is responsible for the occurrence of a schizophrenic similar to psychosis Rhodes, (2014). Regionally according to Suzanne, Jessie, & Nora, (2013) heroin was found to be a key concern in a quick situation assessment that was carried out in five Tanzanian major towns. The situation is not any different in Kenya. The country has seen a rise in rate of drug and substance abuse.

NACADA Authority conducted a survey that showed that about 40% of Kenyans in the age bracket of 15 to over sixty years have tasted a brand of alcohol. With exception of North Eastern region, the other 7 provinces in Kenya have registered drug use rate of above 13% .Another research conducted in 2007established that majority of school drop outs as well as school going youths are addicted to liquor.Similarily it revealed that the main known illicit drugs are liquor, tobacco and bhang and half the population of the young and elderly are victims. This scenario brings concern to stakeholders.

According to Nathaniel, (2014) drugs misuse has taken toll of families, learning institutions and the labour force and all age groups have fallen victim of the drugs. Mouti argues that high rates of unemployment, influence of the media and the erosion of cultural practices due to western influence are major causes of this situation. In addition, poverty levels and low awareness levels on the consequences of addiction aggravated the problem. Drugs affect communities, individuals

and families. This has necessitated implementation of programs by organizations to assist those ensnared by drugs. Most interventions are geared towards behaviour change. Based on this consideration rehabilitation program is vital corrective initiative for habit adjustment (Nathaniel, 2014).

World Drug Report (2014) approximates that 200 million people, population in the age bracket of 15 to over sixty years have sought help to aid in behaviour change from rehabilitation centres voluntarily or have been forced. Surveys carried out in the 1990srevealed that among adolescent students in Nova Scotia in Canada had utilized either alcohol, tobacco and cannabis went had gone through rehabilitation programs (Raymond, 2014).

Edward Thorndike appears to have coined the term ‒behavior modificationø In his article, Provisional Laws of Acquired Behavior or Learning, he repeatedly uses the term "modifying behaviorö. He argues that it is possible to change human behaviour if relevant programs are implemented. The genesis of Rehabilitation programs in connection to behavior modification was during the First World War in Germany. The experiences of the surviving soldiers were so disturbing that it led them into drug taking and afterward addiction. Regarding  this some soldiers over five thousand who were addicted and agreed to enroll into rehab centers, demonstrated indictors of transformation after some time (Hubbard, Gaddock, Flynn, Anderson, & Etheridge, 2014)`. Of these 75% recovered completely while 25% went back to drug taking after a period of six months. Behavior modification has been victorious in rehabilitation of drug as per European Community Project on alcohol and other drugs. Rehabilitation programs effectiveness attracted 17% of the community members. For instance, study carried out in Mexico to discover the achievement of intervention measures of drug users established that after care programs by the direct relatives and the society around ex drug addicts contributed to  larger dropping of relapse cases.

According to Meltenberger (2008) rehabilitation can be described as habitual interferences intended to manipulate the habits alteration of persons which benefits the individuals and the community in general (Raymond, 2014). According to (Higgins, Thompson, Deeks, & Altman, 2014)  rehabilitation of drug addicts is defined as procedures of health check or psycho healing

management of dependence on psychoactive substances such as alcohol, recommended drugs, and the so called street drugs such as cocaine, heroin and amphetamines. A position where a rehabilitee is incapable to do without a definite drug is referred to as dependence. The major purpose of drug rehabilitation is to help addicted individuals discontinue the compulsive drug hurt plus utilization. Additionally, preventing abuse of drugs and the objective of treatment is to restore people to ensure that people become productive again in their community, workplace, and family. Eventually, the goal of rehabilitation centers for drug addicts is consequently to make opportunity for behavior alteration through assisting the drug addicts to reduce mental, physical and emotional troubles taken in relation to drug abuse.

Since 1970 scientific research illustrates that effectiveness of rehabilitation programs embark upon addiction of drugs and health related difficulties of the addicted person. Professionals from the National Institute on Drug Abuse (NIDA) encourage a combination of treatment and behavior therapy, as the two are key elements of a healing procedure that commences with detoxification that follows suite with treatment and does not put aside obstacle of relapses, since this is mandatory to sustain the encouraging consequences of the therapy. Individuals are required to disclose their addiction in behavioral therapy and discard their old habits. They are encouraged to join groups that will support them in the endeavor; remaining sober as detoxification procedure removes toxins from the body that brings about craving, anxiety and depression.

The increase in the rate of drug addiction in Kenya has explains why public and private agencies have set up rehabilitation centers providing rehabilitation programs destined for behavior change. Drug addicts have been admitted in rehabilitation centers over the years and introduced to rehabilitation programs with intentions of bringing about change of behavior. On the other hand, not much is acknowledged about the usefulness of the programs provided. Therefore, this particular study examines the role of project management practices in rehabilitation of drug addicts in Mewa Rehabilitation Centre in Mombasa County.

### 1.1.1 Profile of MEWA Rehabilitation Centre

MEWA Drugs Treatment Center is managed by the health board. The MEWA Drugs Treatment Centre was established to offer detox and rehabilitation services at very subsidized rates. Most of the people from humble backgrounds are mostly beneficiaries of MEWA Drugs Treatment Center. Ever since its inception, the facilities have seen over 6000 drug addicts rehabilitated and driven back to the community as rehabilitated, transformed and trained people.

### 1.2 Problem Statement

Even though there have been diverse and numerous initiatives operational in various rehabilitation centers aimed at promoting behavior change among addicts of drug in Kenya, much is not acknowledged about the value of the programs. Globally, drug rehabilitation centers are supposed to come with initiatives geared towards behavior change of the ex addicts particularly to allow them to discontinue use of drugs. These programs are intended to tackle the requirements of the victims of drugs and to assist bring on the desired adjustments in behaviors of the patients and avoid returning to told habits. Most of the drug addicts do not impress the use of the rehabilitation centers we have in the country. It is really a problem that needs to be dealt with in the country. This project centered on the value of the rehabilitation centers to the drugs abusers and the country as a whole.

In recent times, over 30 victims of drug abuse willingly sought rehabilitation services in Mombasa County. The victims got acceptance leading to their registration into a rehabilitation program. Barely a week after the onset of the program the drug victims complained about the quality of services and the lack of basic services. Three quarters of them left the rehabilitation center and reverted to drugs. On the other hand, there is no clarity on what particular matters about the program engineered their pulling out. The role of project management practices in rehabilitation centers has not been established despite studies being carried out on issues influencing victims to seek for service of rehabilitation and treatment offered at rehab centers.

## 1.3 Objectives of the Study

The following objectives guided the research:

i. To examine the effect of training in rehabilitation of addicts in MEWA Drug Treatment Centre.
ii. To examine the impact of planning policies in rehabilitation of drug addicts in MEWA Drug Treatment Centre.
iii. To evaluate the importance of monitoring and evaluation in rehabilitation of drug addicts in MEWA Drug Treatment Centre.

## 1.4 Research Question

I. To what extent does training affect rehabilitation of drug addicts in the MEWA Drug Treatment Centre c?
II. To what extent does planning policies have on rehabilitation of drug addicts in MEWA Drug Treatment Centre?
III. To what extent does monitoring and evaluation help in rehabilitation of drug addicts in the MEWA Drug Treatment Centre?

## 1.5 Hypothesis Testing

i. $H_O$: There is no significant relationship between training and rehabilitation of drug addicts in MEWA Drug Treatment Centre.
   $H_a$: There is a significant relationship between training and rehabilitation of drug addicts in MEWA Drug Treatment Centre
ii. $H_O$: There is no significant relationship between planning policies and rehabilitation in MEWA Drug Treatment Centre.
   $H_a$: There is a significant relationship between planning policies and rehabilitation in MEWA Drug Treatment Centre.
iii. $H_O$: There is no significant relationship between monitoring and evaluation and rehabilitation of t drug addicts in MEWA Drug Treatment Centre.

H$_a$: There is a significant relationship between monitoring and evaluation and rehabilitation of t drug addicts in MEWA Drug Treatment Centre.

## 1.6 Significance of the Study

The study was considered significant so as help in bringing to light the factors that interfere with treatment of addicts of drugs in drug rehabilitation centers in Mewa drugs treatment Centre in Kisauni sub-county, Mombasa Kenya. The public will benefit from the study in the following ways: -

The outcomes offered enlightenment of the problems regarding with treatment of victims hence advising them on individualized treatment. The study also offered the guidelines of coming up with sound policies since the outcome of the research would come in handy in deciding how to allocate limited resources for the betterment of the centers .From the study family will also learn how to handle such kind of cases of drug addiction.

## 1.7 Assumptions of the Study

The researcher made the following assumption;

i.   The case study has handled numerous cases of drug addicts
ii.  Nevertheless, our government has experienced and knowledgeable personnel who can handle such kind of cases in the rehabilitation Centre in appropriate manner.
iii.  The targeted respondents will be easily reached in the rehab center by the researcher and would provide information willingly.

## 1.8 Limitations

Most of the respondents had a very busy schedule and work commitments and therefore some were hesitant in at the beginning filling the questionnaires but eventually spared a few minutes after a thorough thought with the researcher.

## 1.9 Delimitations

Owing to schedule and budget limits, the study is based on drug rehabilitation Centre in Mewa drugs treatment centers, in Kisauni Mombasa, Kenya rehabilitation of drug addicts. There might be also resistance to provide much information from the drug addicts and also resistance to change from the same. The study was concerned with why treatment procedures were not producing the expected results as opposed to administering of treatment.

## 1.10 Definition of terms

### Drug

The United Nations International Drug Control Programme operates as a regulatory body of drug control all over the world, collecting data and setting standards. It defines the term ―drug‖ as any substance that when ingested modifies perception, mood or consciousness. (United Nations International Drug Control Programme 1997) Psychoactive drugs are classified into three as follows:

The nervous system depressants: These are opium, morphine, heroin, codeine, sedatives (Barbiturates and tranquilizers), solvents and alcohol.

The nervous system stimulants: These include cocaine, synthetic stimulants like amphetamines and ecstasy, kola-nuts, nicotine, and caffeine.

Hallucinogens: Hallucinogens include lysergic acid diethylamide (LSD) and cannabis (marijuana or hashish).

In this study, all substances defined as psychoactive drugs described above will be defined as drugs. In the study context drugs have their local names. Heroin is called ―gbana‖, white or brown Italian according to country of origin and brown sugar. Cannabis is called by several names such as ―weed‖ in the local

### Drug use

The word ‒drug useø in the literature describes the manner in which people utilize drugs such as occasional and regular consumption of drugs. Occasional use of drugs is acceptable since it might not bring physical or psychological harm. In contrary, use of drugs regularly is generally considered to have harmful effects (United Nations International Drug Control Programme 1997).

**Misuse of drug and abuse**

‒Misuse of drugø is usually defined as the use of drugs for purposes other than the intended one and that pose risks to the user. ‒Drug abuseø is a higher level of misuse of drugs and affects both mental and physical health of the user. (United Nations International Drug Control Programme 1997). It is not uncommon for the terms to be interchanged.

**Dependence and addiction**

The words drug dependenceø and ‒drug addictionø are related .Addiction is a medical term that was coined in the late 20th century. It refers to a condition resulting from continuous indulgence of any drug. (Segal 1988: 50). However, the WHO Expert Committee on Drug Dependence in 1963 endorsed the term ‒dependenceø More recently, it has described drug dependence as: ‒A cluster of physiological, behavioral and cognitive phenomena of variable concentration, in which the use of psychoactive drug (or drugs) takes on a high priority.

It is this definition of drug dependence which I have chosen to use in this study. It is a comprehensive definition and clearly defines the elements of drug dependence. In addition, it is widely accepted in the expert literature on the topic.

**Recovery from drug dependence**

Just as there is no agreement over what constitutes dependence, there is no consensus definition of the concept of ‒recoveryø(White 2007). The American Society of Addiction Medicine in 2001 defines recovery as: ‒Rise above both the physical and psychological reliance to psychoactive drug while making a assurance to soberness.ø (Laudet 2007: 245).This definition is limited

because it defines recovery only in terms of substance use. Research evidence shows that recovery from drug dependence is much more than abstinence from dependent drug use. For example, the study by Laudet (2007) suggests that recovery is an opportunity to live a new and better life, and a process of self improvement. The Betty Ford Institute (2007) offers a working definition of recovery, bringing together a panel made up of researchers, training providers, recovery advocates and policy makers. This group refers to recovery from drug dependence as: ‑a voluntarily continued lifestyle distinguished by sobriety, individual health, and nationality.ø (Betty Ford Institute 2007: 222).

## Relapse

In the field of drug dependence and recovery, ‑relapseø alludes to the resumption of looking for drug and taking them behavior after a period of abstinence (See, Fuchs et al.2003). This notion has also been described as both an event and a process; Perfas (2006) suggests that it is an event of resumption of taking of drugs behavior after a period of abstinence, and a procedure whereby warnings to recommence use commence to manifest themselves prior to actual resumption of use. Relapse in this study is referred to as the resumption of drug-taking behavior after a period of abstinence.

## Service users

The term ‑service usersø is commonly used today to describe people who utilize services in health and social care settings, in preference to terms such as ‑patientø or ‑clientø which are felt to be judgmental and paternalistic (Heffernan 2006;McLaughlin 2009; McLaughlin 2010). In this study, research informants who were either in treatment at the time of the study, had completed or accessed treatment, are referred to as service users.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

Review of an existing literature concerning the interested subject of research is significantly essential as it assists in appreciating the knowledge of the body that relating to the subject of research as well as increasing facts of the significance of the research (Bryman& Bell, 2015). The chapter methodically reviews what other researchers in as far as the impact of rehabilitation centers to the drug addictsø project is concerned; what concepts and theories are relevant in this area of research.

## 2.2The overview of the Concept

Before the 20th century, explanations were rooted in moral and religious understandings (Segal 1988: 49). The perspectives for understanding drug dependence under the medical and Psychological perspectives.

## 2.2.1 Medical Perspectives

The disease model as well as pharmacological explanations.

**Disease model**

The disease model views disorders from chemical substances as diseases, based on the assumption that –such disorders have a biological basisø(Segal ,1988: 198).

**Pharmacological perspective**

The pharmacological perspective focuses on the properties and reactions of drugs. According to Segal (1988: 173), early pharmacological explanations suggested that prolonged use of a drug causes physical dependence. This occurs when continued use of a drug over a long period results

in increased tolerance, which leads to the use of higher doses. This condition results in changes in the metabolism of cells, the effect being that the user cannot function properly in the absence of the drug consumed. This perspective suggests that substances such as alcohol, morphine and other opiate derivatives, barbiturates, and tranquilizers such as Valium and Librium, possess a high potential for physical dependence. Although offering an explanation for the relationship between prolonged use of some drugs and dependence, this perspective has been criticized for failing to consider psychological and sociological factors in the process of drug dependence.

Neuro-scientific perspective Advances in neurosciences have enabled a better understanding of drug dependence (O'Brien 2005), therefore, the third explanation focuses on the neuro-scientific perspective of drug dependence. Studies in brain neuro-chemistry suggest that drug dependence is a complex disease of the brain; therefore, explanations for drug dependence focus on the chemistry of the drugs and their effects on the mechanism through which addictive drugs affect the brain. Goldstein and Volkow (2002) note that most studies have concentrated on the involvement of dopamine in the process of drug addiction, drawing attention to the fact that addictive drugs bring rewarding effects for users. For example, Volkow et al. (2002) found that dopamine disrupts the frontal cortical circuits which normalize motivation, drive, and manage and memory paths, increasing the motivational salience of the drug and associated stimuli. A recent review by Angres et al. (2008), on the disease of addiction, supports this claim by stating that drug studies show that exposure to even one single drug of abuse such as morphine can lead to permanent changes in the brain by affecting memory and creating a process of learning to crave for drugs. However, this perspective of drug dependency has also been criticized. West (2006) argues that there is much uncertainty about the mechanisms in the brain and how far humans can be seen as sharing the same response with rats and mice.

**Genetic and physiological factors**

Genetic theory explains drug dependence as a direct function of genetic transmission, that is, an inherited characteristic passed on from parents to children. Studies of families, adoptees and twins have all shown genetic disposition in drug dependency. Teeson (2002), in her review of the theories of drug dependence, cites examples of genetic studies by Kendler et al. (1997) and

Merikangas (1998 & 1990) which suggest that alcohol disorders cluster within families. These studies show that the incidence of alcoholism is more likely to be prevalent among families of those with alcohol problems than in the general population. For example, research by Merikangas et al. (1998) research pointed out that over one-third (36%) of the relatives of individuals with alcohol disorders were also identified with an alcohol disorder, compared to 15% of the relatives of those in a control group. However, (Teeson 2002) argues that family studies do not allow a distinction to be made between the effects of genetic and environmental influences. Adoption studies, in contrast, examine the rates of disorder of adopted persons against the disorder rates of their biological and adoptive parents (Teeson, 2002). These studies suggest that genetic factors are associated with alcohol dependence. Teeson (2002) points out that research with twins was conducted in order to attempt to separate out genetic and environmental vulnerabilities to drug dependence. For example, a study by Kendler and Prescott (1998) revealed that genetic and environmental factors were responsible for liability to substance use, but genetic factors accounted for heavy use and abuse. Similarly, Kendler (2003) suggested that a common genetic factor was responsible for illicit substance use, abuse and dependence; but shared environmental factors were more responsible for use than abuse and dependence; he found that there were no vulnerabilities towards a specific drug. Other studies on hereditary and environmental influences on substance introduction, use  and problem use agree with the idea that that there is a connection between genetic factors and problem drug use (Rhee, Hewitt et al. 2003; Kendler, Myers et al. 2007;Kendler, Schmitt et al. 2008). In summary, genetic and physiological studies have argued that there is an indication for the heritability of drug use and dependence.

## 2.2.2 Psychological perspectives

Psychological perspectives offer another, very different, approach to understanding the problem of drug dependency. These focus on the motives for drug use and the effects of drugs on behaviour. Psychological explanations can be organized around three broad theoretical approaches: those which forefront internal psychological processes (such as the trait or personality, psychodynamic, rational choice and cognition); those which are interested in

external factors (such as behavioral determinants); and those which see dependency as an interaction between internal and external factors.

## 2.3 Position of Drug and alcohol abuse in Kenya

Abuse of drugs in Kenya has quickly swelled and risen to unprecedented heights in the past two decades leaving no fraction of the country secure from the plague (Ngesu et al, 2008).The growing numbers of crime, HIV/AIDS dominance, instability in schools, dysfunction in families, poverty levels and other malaise in the country have been connected to drug and substance abuse. The youths are greatest risk as they are either intentionally or deliberately recruited into the drug culture through social exposure, individual interests and from the media which is not controlled i.e. advisement which encourages use of a drug of choice (NACADA, 2006). Different people have defined drugs in many various ways. A drug is any substance which when taken into the existing organism might change one or more of its normal functions. The World Health Organization (WHO), describes drug as any substance other than the ones required for safeguarding of normal wellbeing, which when taken excessively into the existing organism, might alter one or more of its normal functions, (Kaduri, 2008). In medicine, drugs are referred to as any substance with the probability to stop or heal diseases. In accordance to its functions, drugs may be capable of being officially declared authorized or prohibited. Utilization of drugs without medical advice is referred to misuse. When substance is intentionally used to bring either a physiological or physiological results other than the designed purpose of healing and its negative contribution to the wellbeing of an individual is regarded to as abuse of the particular drug. The entire population is affected by the use of drugs, with the mostly affected being the youth. In relation to studies that have been carried out it has emerged that, even children as young as 4 years are being introduced to drugs and substances (Oketch, 2008). Introduction of foreign manners into the society and uncontrolled media have been linked to drug abuse in community. On the other hand, parenting has become a nightmare since parents have abandoned their God given responsibility of bringing up children in a favorable environment of love. Approximately all the care of children has been left at the mercy of house helps who even sign school diaries and televisions.

Youthfulness is a very critical stage where most of the problems and deliberations are extremely manifested. Being the era of adolescence that is filled with various challenges from all corners i.e. physiological tension and bodily adjustment, school rivalry and survival in general, age group breach, unfair and unkind world amongst other problems. Expressively, the adolescents bare severe developmental tasks to cling to that include recognition of peers and identification from their relatives. Recognition of sexuality, community and occupational function, discovery and bargaining matters of power, supremacy and freedom are key. (Oketch, 2008).

Students comprise 60% of drugs abusers as per a statement by United Nations Control Program (UNDCP). A survey done by NACADA exposed the extensive extend of drug and substance abuse. Youths are mostly affected but it cuts across all societal clusters. In Kenya the frequently abused drugs and substances by the youths are bhag, tobacco, miraa (khat), alcohol, prescription drugs and a host of inhalants. (NACADA, 2006). Drugs that are highly rising in Kenya especially in major cities such as Nairobi and Mombasa are cocaine and heroin .The United Nations Organization of Drug Control( UNODC)envoy to Kenya gave his comment on  the arrest of 1.1metric tons of cocaine in Kenya as the biggest ever single cocaine capture in Africa, (Mugo, 2005). The leading province in drug abuse in Kenya is Nairobi province. WHO (2001), estimated that population of heroin consumers in Nairobi be 10,000 with 50% of those being using injectables.Nairobi has experienced a rise in drug users who use injectables.It will not be  a surprise if students from Dagoretti which is in Nairobi use this routine to take the drugs. Utilization of inject able drug is a key factor in the expanding the spread of HIV due to sharing of needles. Furthermore sickness like Hepatitis B or even Hepatitis C all of which are incurable can also be transmitted. Additional drugs similar to alcohol can lead to dangerous sexual behaviors as they affect resolution and decision making, leading to exposures to sexually transmitted illness. Research findings point out that there exists a direct relationship between substance abuse and HIV and AIDS dominance (NACADA). New highlights on the relationship between drug abuse, use of injecting drugs and HIV/AIDS in Kenya were presented by a study report discharged by the UNODC Regional Office for Eastern Africa (ROEA) in 2004. The prevalence of HIV/AIDS amongst drug users in Kenya was approximated to range between 68 % and 88% (Ndetei, 2004).

## 2.4 Training and Performance

Treatment of drug abusers also encompasses vocational training to assist obtains skills, which make them self dependent. Addictive behavior views encouraging services such as capacity building and empowerment as vital for effective treatment of patients. Nevertheless, the accessibility of these services across programs varies. Einstein (1990) noted that training could help patient to access employment opportunities. deficiency of appropriate ways of resolving problems that aggravate mental torture which might result into collapse for the ex addicts. Retrenchment is highly related with relapse. It was noted that the introduction of any drug use by a recovering addict was preceded by the loss of employment and the start of dealing in illicit drugs. Despite capacity building ,through on job training, counseling sessions and skill development, being viewed as important in rehabilitating drug users, many such programs have been criticized as they have not achieved the intended results to an acceptable level. In addition to training, these programs should deliberately put effort to ensure that addicts get employed after the training sessions Drug Strategies (2001).This is important considering the role employment plays in dealing with stress management. Most clinics have no such initiatives. Another factor to note is the fact that staff providing the training sought to be competent enough. They should provide holistic training which also prepares the trainees to deal with future unemployment and other job related issues. The program does not treat training with the seriousness it deserves. Most centers in Kenya only emphasize on counseling. Many also fail to notice the training in life skills such as training them to be self confident to be able to be firm and principled so as to say no to drugs as noted by Mwenesi, (2013) which made relapse rate to be high in patients from these institutions.

## 2.5 Planning policies

Many authors and references have described project planning in diverse ways emphasizing its special aspects. Summarizing those descriptions given, this research describes project planning as: The extent to which timetables, milestones, workforce, equipment, and budget are specified or estimating the effort, occasion, charge and human resources needed to carry out the project (Slevin and Pinto, 2013, Chatzoglou and Macaulay 2014). It is the systematic collection of

activities input to accomplish purpose efficiently (Hore*et al.* 2010 and Faniran*et al*. 2010). It is described by Naoum*et al*. (2004) õas one of the key tools that stakeholders use to make sure that projects are successfulö. Faniran, Oluwoye and Lenard (2013) describe it as the process of determining the appropriate strategies for the achievement of predefined project objectives. It can also be described as the process of defining project goals, determining the framework, techniques, strategies, tactics, intentions and deadlines to achieve the goals and communicating them to project stakeholders. PMI (2008) has a similar definition for the planning. õThe Planning Process consists of those processes carried out to establish the total scope of the effort, define and refine the objectives, and develop the course of action required to attain those objectives.ö Consequently, in this study project planning is defined as the systematic arrangement of resources and processes of defining project objective and determining the framework to achieve project objective.

The management of scope Project in planning is a process that makes sure that the project comprises all the work required, and thereafter eliminating the work that is not needed leading to successful completion of the project. This planning understanding area consists of range planning, range definition, and creates WBS (PMBOK, 2014).Various projects that have had successful ending which is key in any project, worked on formulation of their range of work. In many occasions it is not strange to find that a project is rushed into commencement without the correct planning and preparations. At this point, extra costs and setbacks are likely to occur hence causing problems (Antvik & Sjöholm, 2013). A well planned project range from facilitates for the project organization to appreciation of the actual magnitude of the work and generating an understanding for the achievements what is wanted in the project (Briner, Hastings, & Geddes, 2014).

## 2.6 Monitoring and Evaluation

Project management has the assignment of setting up the adequate power over a project to ensure that it remains on the track to enable it attain the desired objectives. As defined by USAID (2012), Monitoring is an ongoing process that indicates whether desired results are occurring or not. It aims to measure progress toward planned results, usually through preselected indicators.

Magnen (2012) defined Monitoring as a system of continuous information for the use of a project manager. In view of monitoring, implementations is considered as an uninterrupted educative procedure where experience collected is analyzed and returned back into planning and revised for implementation approaches.

As of monitoring, evaluation is described differently by diverse scholars. This subsection demonstrates some: The Management agency, for ESAP II (2013) defines Evaluations as the systematic and objective assessment of continuing or completed involvement, covering the design, implementation and results. UNDP (2009) describes evaluation as a selective exercise attempts to analytically and independently assess progresses toward accomplishment of outcome, meaning evaluation is a continuous event that takes place periodically, however an exercise involving assessments of various scope and deepness carried out at numerous points in time in response to the growing needs for evaluative information and learning throughout the effort to achieve an results. Evaluation ensures assessment of the projects and their variables in terms of their: relevance to expected outcomes, effectiveness in dealing with identified problems, efficiency of the use of resources, impact of the project outcome, and sustainability.

## 2.7 Theoretical Review

Theories are prepared to explain, predict, and understand phenomena and, in many cases to challenge and extend existing knowledge within the limits of the critical bounding assumptions. The theoretical framework introduces and describes the theory which explains why the research problem under study exists. A theoretical framework consists of concepts, together with their definitions, and existing theory/theories that are used for the particular study Sekaran, (2015). This study will be anchored on the theory of change.

## 2.7.1 Theory of change

A theory of change is a model that explains how an intervention is expected to lead to intended or observed impacts (Burt, 2012).According to Jean, Diana &Avan, õA theory of change is utilized in strategic planning by management and decision making as a project or programme develops and progresses. It can also reveal what should be evaluated, and when and how, so that

project and programme managers can use feedback to adjust what they do and how they do it to achieve the best results. A theory of change methodology will also help to identify the way people, organizations and situations change as a result of an organizationøs activities or services, helping to develop models of good practiceö (Jean, Diana, &Avan, 2011). According to Woodcock (2011), õsome projects may, of their nature, yield high initial impacts while others may inherently take far longer, even decades, to show results, not because they do not work after three years, but because itøs simply how long it takesö (Woolcock, 2011).Burt (2012) further states that the theory of change is useful during implementation as it can check on quality and thus help program team distinguish between implementation failure and theory failure. Burt further contends that it is essential to involve key stakeholder and staff in the development of the theory of social change as it will create a sense of ownership. In planning, Annie (2009) states that the theory of change can help an organization achieve a variety of results which are instrumental in its growth namely; strengthened organizational capacity through skills, staffing and leadership; strengthened alliances through level of coordination, collaboration and mission alignment; strengthened base of support through the grassroots, leadership and institutional relationships and alliances; improved policy through stages of policy change in the public policy arena, including adoption, implementation and funding; shift in social norms through the knowledge, attitude, values and behaviors; changes in impact through the ultimate changes in social and physical lives and conditions. Impact is affected not just by policy change, but by other strategies, such as community support and changes to behaviors, (Annie, 2009).

## 2.7.2 Project Management Competency Theory

The work of McClelland & McBer in the 1980s established the competence theory. The authors defined competency as the underlying characteristic of an individual that is causally related to criterion-referenced effective and/or superior performance in a job or situation. Since then a number of competency frameworks have been developed by different project management institutes. Crawford (as cited in Boyatzis, 1982 & Spencer, 1993), puts a model of competence that integrates knowledge, skills, demonstrable performance, and core personality characteristics, noting the last, personality characteristics, as challenging to develop and assess through training. She argues that two of the most influential project management standards, the PMBOK, address

only the knowledge aspect of competence while a third, Australiaøs National Competency Standards, draws from knowledge but focuses only on demonstrable performance. Crawford, (2010) study found out that project managers õdo not necessarily have the required competence or perform the full activities required to promote and implement the changes that they are leading as part of their projects.

Interest in project management competence stems from the very reasonable and widely held assumption that if people who manage and work on projects are competent, they will perform effectively and that this will lead to successful projects and successful organizations (Beer, 1990; Smith, 1976). Competence is generally accepted, however, as encompassing knowledge, skills, attitudes and behaviors that are causally related to superior job performance. Crawford (as cited in Boyatzis, 1982 & Spencer, 1993), stated that professional competence in project management is attained by combination of knowledge acquired from training and its subsequent application and other skills developed in the course of work.

Dainty,(2004) have argued for a competency based performance model for construction project managers where managerial behavior input is appraised and nine performance indicators for PM competency are developed to comprise team building, leadership, decision-making, mutuality and approachability, honesty and integrity, communication, learning, understanding and application, self-efficacy, and maintenance of external relations. In the context of project management; it is assumed that if the project manager and the project team have all the required competence for the work then the project implementation will be successful.

### 2.7.3 Theory of project management

Project management, and indeed all production, has three kinds of goal. First, the goal of getting intended products produced in general. Second, there are internal goals, such as cost minimization and level of utilization. Third, there are external goals related to the needs of the customer, like quality, dependability and flexibility. An explicit theory of project management would serve various functions. In prior research, the following roles of a theory have been pinpointed (Koskela, 2000): A theory provides an explanation of observed behavior, and

contributes thus to understanding. A theory provides a prediction of future behavior. On the basis of the theory, tools for analyzing, designing and controlling can be built. Regarding planning, the approach of management as organizing adds the idea of human activity as inherently situated (Johnston and Brennan 1996). Thus, planning should also focus on structuring the environment to contribute to purposeful acting. Concerning managerial execution, the language/action perspective, originated by Winograd and Flores (1986), conceptualizes two-way communication and commitment, instead of the mere one-way communication of the classical communication theory.

## 2.8 Conceptual Framework

Mugenda and Mugenda, (2009) defines conceptual framework as a concise description of phenomenon under study accompanied by a graphical or visual depiction of the major variables of the study. According to Young (2009), conceptual framework is a diagrammatical representation that shows the relationship between dependent variable and independent variables. A conceptual framework shows the relationship between independent and dependent variable. In this study, the dependent variable is project management practice and the independent variables are training, planning and monitoring and evaluation of drug addictsø rehabilitation project. A conceptual framework is a hypothesized model identifying the concepts under study and their relationships, (Mugenda and Mugenda, 2003). In this conceptual framework, there are certain factors effecting rehabilitation of drug addicts in MEWA Drugs Treatment Centre in Kisauni Sub-county. These factors comprise but are not limited to training, planning and policy formations, monitoring and evaluation. Government policies on rehabilitation are the moderating variables. Rehabilitation is the dependent variable that is affected by the independent variables. The study will be guided by the conceptual framework as shown in Figure 2.1 relating the dependent and independent variables.

Studies such by Mohasoa (2010); Kimanthi, Hassan, and Thinguri (2014); Kingøendo (2006); and Otieno and Ofulla (2009) have shown that men are more likely to engage in maladaptive behaviors such as drug abuse and misuse of money. A phase of life is also a major factor which influences the onset of drug abuse. Some youth may take drugs with an aim of appearing old

desire to be perceived and perceive themselves as adultsö. In some instances knowledgeable and unknowledgeable people are recognized to make similar decisions when they under influence of drugs. In provision of providing the pros and cons to direct an individualøs behavior and social relations religion has played a big role

**Figure 2.1: Conceptual Framework**

**Independent Variables**

**Training**
- Skills
- Entrepreneurship

**Planning and Policies**
- Controls
- Framework

**Monitoring & Evaluation**
- Execution
- Tools & Techniques

**Moderating**
- Government Policies
- Withdrawal
- Frustrations

**Dependent Variable**

**Project Management Practice**
- Sustainability
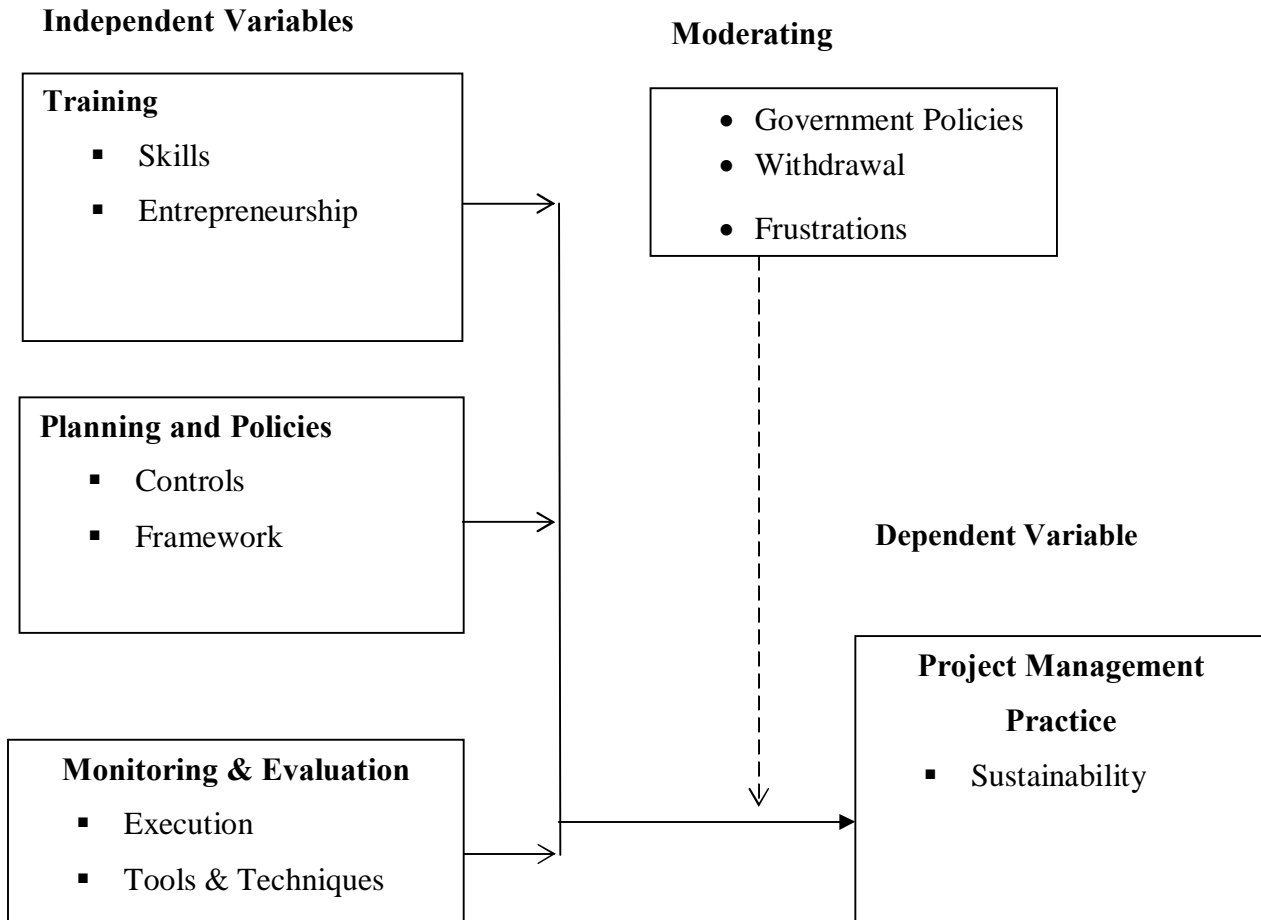
# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter outlined the research design and methodology that was used to carry out the study. The chapter also dealt with the target population, type of data collected, sampling frame, sample and sampling technique, the sample size, data collection procedures, pilot test, validity and reliability of the instrument as well as the data analysis techniques and how eventually data will be presented.

## 3.2 Research Design

The researcher used descriptive research design. Descriptive study is concerned with finding out who, what, where and how much of a phenomenon, which is the concern of the study. Sekaran, (2015) examines that the goal of descriptive research is to offer the researcher a profile or describe relevant aspects of the phenomena of interest from the individual, organization, industry or other perspective. In addition the design best fit in the ascertainment and description of characteristics of variable in this research study and allows for use of questionnaires, interviews and descriptive statistics like percentages and frequencies. In addition a descriptive design is appropriate since it enabled the researcher to collect enough information necessary for generalization.

## 3.3 Study Location

The study was conducted in Mewa Rehabilitation Centre in Kisauni of Mombasa County in collecting very important information to get its intended objective.

## 3.4 Target Population

Borg in 2012 stated that target population is all members of an actual set of inhabitants, events or articles that a researcher desires to draw conclusion on outcomes of the study. Members of staff

of MEWA drugs treatment center were the targeted and the major respondents. To get the needed information, ex addicts in the rehab center provided information as requested in relation to accessibility of activities in this particular center.NACADA in 2014 reported that Kenya hada total of 61 rehabilitation and treatment centers for drug and substance addicts. The researcher however, concentrated on Mewa Rehabilitation Centre in Kisauni in Mombasa County. The study targeted 30 rehabilitees and staff of Mewa Rehabilitation Centre.

**3.5 Sampling Procedure and Sample Size**

Purposive sampling was utilized to choose the respondents for the study. With use of purposive sampling the researcher able determine those participants who were to give the rich information that was required and those who showed interest in what researcher wanted, Cohen, Manion, & Morrison, (2013). Selection of drug addicts under the rehabilitation program of behavior alteration and also the care givers at the rehabilitation center dealing with drug addicts in MEWA drugs treatment center Rehabilitation in Kisauni Mombasa County.

Stratified random sampling was used in the study to sample the members of staff at the rehabilitation center. A normal procedure is followed in stratified random sampling, where the first thing is to subdivide the population into strata; this was joined that enabled the researcher come up with complete stratified samples. The researchers utilized this procedure of sampling because the target respondents were divided into two stratas; rehabilitees and the practitioners (service providers) at the centers. This system is held up by the statement that if the population from which the sample is taken does not include a homogenous set, in that case stratified sampling system will be applied to obtain a representative sample.Mugenda and Mugenda, (2009) asserts that sampling is that part of the statistical practice concerned with the selection of a person or observations intended to yield some knowledge about a population of concern, especially for the purpose of statistical inferences. They give advice that a researcher would have to use 30% of the total target population as a sample for it to be recognized as a good representative sample. For that reason the sample size was 30 since n was exactly 30.

### 3.6 Data Collection Instruments

Questionnaires were used in the study. Selection of the questionnaire was settled for, due to the reason of not consuming a lot of time for both the researcher and the participant and being straight by explaining what it wants. Utilization of a questionnaire in the study made work more achievable with majority of the participants taking part in the study since they were only required to fill up the questionnaire at their own convenience. Both closed and open ended matters administered on the questionnaire capturing the answers of the participants in relation to the subject under investigation.

### 3.7 Data Collection Procedures

The researcher used primary and secondary data. Structured questionnaires were used to collect primary data from respondents. The questionnaires were self administered to the respondents and were collected after three days. Secondary data was obtained from related materials in the internet, procurement journals, white papers, periodicals and books relevant to the study.

### 3.8 Pilot Testing

Piloting is the pretesting of the instruments that were used in gathering data. The main purpose of piloting is to help verify if the instrument being used is appropriate as per the goals of the study, adequacy of the space given and for explanation. Fifteen (15) members of staff and three rehabilitees drawn from the rehabilitation center were requested to complete the questionnaires. The sampling criterion that was used on members of staff was random sampling. The participants took the whole exercise with lot of energy and made comments and proposals regarding the guidelines given  in the questionnaires and interview instructions, questions were clear and relevant so as to make certain that the instrument measured what it was anticipated to measure. The pretested and revised questionnaire was taken on for the study. Data used for piloting was be used in the main study.

### 3.8.1 Reliability Analysis

Testing of the reliability of the scale was tested as it is important in assessing the level of consistency of the tool. The researcher did this using Cronbah∅s alpha and computed a correlation value between the two instances of the tool administration. If the relationship is high, the scale yields consistent results, thus it is reliable. Values range between 0 and 1.0; while 1.0 points out perfect reliability, the value 0.70 is believed to be the lower level of suitability (Hair, Black, Barry, Anderson, &Tatham, 2006).

### 3.8.2 Validity Analysis

Validity is the degree to which outcome acquired for analyzing of the data really representing the phenomena undergoing the study. It points out how accurate the data obtained in the study represent the variables of the study Mugenda and Mugenda (2009). The researcher used the most common internal consistency measure known as KMO and Bartlett∅s test. It might be stated that its value varies from 0 to 1 but, adequately value is required to be more than 0.6 for the scale to be reliable Bryman and Bell, (2015). The recommended value of 0.7 is the cutoff of reliability.

### 3.9 Data Processing, Analysis and Presentation

Kothari and Gang, (2014) argues that data collected has to be processed, analyzed and presented in accordance with the outlines laid down for the purpose at the time of developing the research plan. Data analysis involves the change of data into meaningful information for decision making. It entailed editing, error correction, rectification of omission and finally putting together or consolidating information gathered. The collected data was analyzed quantitatively and qualitatively. Descriptive and inferential statistics was completed using SPSS version 22 and specifically multiple regression model was applied. Set of data was explained using percentage, mean standard deviation and coefficient of variation and presented using tables, charts and graphs. Fraenkel and Wallen, (2014) argue that regression is the working out of a statistical correlation between one or more variables. The researcher used a multiple regression analysis to illustrate the effect and influence of the independent variables on the dependent variables.

The relationship was as follows;

$$Y = B_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

**Y** = Represents the dependent variable, effective value addition

$B_0$ = Constant

$\beta_1, \beta_2, \beta_3,$ = Partial regression coefficient

$X_1$ = Training

$X_2$ = Planning policies

$X_3$ = Monitoring and Evaluation

$\varepsilon$ = standard error

$_1$ ó the contribution of training variable to the performance of drug addictsørehabilitation

$_2$ ó the contribution of planning policies variable to the performance of drug addictsø rehabilitation

$_3$ ó the contribution of monitoring and evaluation variable to the performance of drug addictsø rehabilitation

## 3.10 Ethical considerations

While this research contributed to the knowledge of drug abuse among the youths it maintained utmost confidentiality about the respondent. The study made certain that all respondents were given free will to participate and contribute voluntarily to the study. In addition, the study ensured that necessary research authorities were consulted. Factors effecting rehabilitation and its performance towards drug addicts and rehabilitation of drug addict.

**3.11 Chapter Summary**

This chapter summarized the overall approach that was in use in the research study, it explained the populations. The chapter also illustrated the research procedures demonstrating the data collection methods and data collection instruments; it then explained the data analysis methods positioning the range of methods and procedures that were used. It indicated that how the data was analyzed. It particularly dealt with purpose of research design, purpose of type and sources of data, estimation of research population, sampling design, data collection, design of data collection instrument.

# CHAPTER FOUR

## DATA ANALYSIS, PRESENTATION AND INTERPRETATIONS

### 4.1 Introduction

Chapter four presented data analysis and interpretations. Data was analyzed using statistical package for scientific sciences which the researcher presented inform of figures and tables. The chapter was with the overview of the chapter followed by response rate tabulation, biographical information followed which included age, education level and gender. The chapter then presented the findings as per each objective. Regression analysis was applied in testing the hypothesis.

### 4.2 Response Rate of Respondents

After the questionnaires had been successfully filled, the researcher computed the response rate. From the anticipated 30 questionnaires there was an 83% (25 respondents) responsehence 17% (5 non-respondents) non-responses. Among those who responded, the overall rank was as follows; medical social workers, psychologists, human resource manager, Information Technology personnel, clinicians and nurses.

**Table 4.1: Response Rate**

|              | Frequency | Percent |
|--------------|-----------|---------|
| **Respondents** | 25     | 83      |
| **Non Response** | 5     | 17      |
| **Total**    | 30        | 100     |

### 4.3 Demographic Characteristics of Respondents

From the table below Male gender was 10 in number while Females were 15.

**Table 4.2: Demographic Characteristics of Respondents**

|            | Frequency | Percent |
|------------|-----------|---------|
| **Male**   | 10        | 40      |
| **Female** | 15        | 60      |
| **TOTAL**  | **25100** |         |

## 4.4 Level of Education

All the respondents had been through college or university education as indicated in the table below.

**Table 4.3: Level of Education**

|                        | Frequency | Percent |
|------------------------|-----------|---------|
| **University/ college** | 25        | 100.0   |
| **Total**              | 25        | 100.0   |

## 4.5 Age of the Respondents

Majority of the respondents were over 31 Years with 68% according to the table below, those who were below 31 years had a 32% representation each tying at 16% respectively.

**Table 4.4: Age of the Respondents**

|                        | Frequency | Percent |
|------------------------|-----------|---------|
| **21 – 24 Years**      | 4         | 16.0    |
| **25-30 Years**        | 4         | 16.0    |
| **31 Years and above** | 17        | 68.0    |
| **Total**              | 25        | 100.0   |

## 4.6 The Effect of Training on Rehabilitation of Drug Addicts

The effect of training on rehabilitation of drug addicts had a score in the following descending order; training is readily available had a mean of 2.21 with a standard deviation of 0.884; training are frequently conducted had a mean of 2.04 with a standard deviation of 0.735; adequate training is received had a mean of 1.72 with a standard deviation of 5.42; there is no biasness in selection of TOT had a mean of 1.72 with a standard deviation of 0.737 while the training received is relevant had a mean of 1.56 with a standard deviation of 0.507.

**Table 4.5:The Effect of Training on Rehabilitation of Drug Addicts**

|  | Mean | Std. Deviation |
|---|---|---|
| **Training is readily available** | 2.21 | .884 |
| **Training are frequently conducted** | 2.04 | .735 |
| **Adequate training is received** | 1.72 | .542 |
| **There is no biasness in selection of TOT** | 1.72 | .737 |
| **The training received is relevant** | 1.56 | .507 |

## 4.7 The Impact of Planning Policies on Rehabilitation of Drug Addicts

In the ascending order, the rank of elements of this objective received a score as follows; Government policies are relevant had a mean of 1.92 with a standard deviation of 0.997; training policies are made by all stake holders had a mean of 2.12 with a standard deviation of 0.927; planning policies are hampered by the failure of the patients to adhere to prescribed treatment had a mean of 2.32 with a standard deviation of 1.427; planning policies are reviewed regularly had a mean of 2.52 with a standard deviation of 1.122 while planning policies have made availability of drugs in the society possible for causes of relapse for treatment of drugs addicts had a mean of 2.64 with a standard deviation of 1.255.

**Table 4.6:The Impact of Planning Policies on Rehabilitation of Drug Addicts**

|  | Mean | Std. Deviation |
|---|---|---|
| **Planning policies have made availability of drugs in the society possible for causes of relapse for treatment of drugs addicts** | 2.64 | 1.255 |
| **Planning policies are reviewed regularly** | 2.52 | 1.122 |
| **Planning policies are hampered by the failure of the patients to adhere to prescribed treatment** | 2.32 | 1.427 |
| **Training policies are made by all stake holders** | 2.12 | .927 |
| **Government policies are relevant** | 1.92 | .997 |

## 4.8 The Impact of Monitoring and Evaluation on Rehabilitation of Drugs Addicts

Monitoring and evaluation improves performance had a mean of 1.40 with a standard deviation of 0.500; monitoring and evaluation helps in identification of right treatment had a mean of 1.52 with a standard deviation of 0.510; monitoring and evaluation promotes recovery of addicts had a mean of 1.72 with a standard deviation of 0.678; monitoring and evaluation brings about accountability had a mean of 1.74 with a standard deviation of 0.689while ministry of health is enhancing treatment by monitoring and evaluating had a mean of 1.91 with a standard deviation of 0.733.

**Table 4.7: The Impact of Monitoring and Evaluation on Rehabilitation of Drugs Addicts**

|  | Mean | Std. Deviation |
|---|---|---|
| **Ministry of health is enhancing treatment by monitoring and evaluating** | 1.91 | .733 |
| **Monitoring and evaluation brings about accountability** | 1.74 | .689 |
| **Monitoring and evaluation promotes recovery of addicts** | 1.72 | .678 |
| **Monitoring and evaluation helps in identification of right treatment** | 1.52 | .510 |
| **Monitoring and evaluation improves performance** | 1.40 | .500 |

**4.9 Regression and Correlation Analysis**

Regression and correlation analysis was used to determine if there was a significant relationship between represented training on rehabilitation effect and performance of drug addictsø rehabilitation; planning policies on rehabilitation effect and performance of drug addictsø rehabilitation; monitoring and evaluation on rehabilitation effect and performance of drug addictsø rehabilitation and finally if there was significant relationship between the availability of water projects and performance of drug addictsø rehabilitation. The study denoted TR which represented training on rehabilitation effect; PPR represented planning policies on rehabilitation effect; MER represented monitoring and evaluation on rehabilitation effect while PDAR represented performance of drug addictsø rehabilitation. The effect of the training on rehabilitation effect on performance of drug addictsø rehabilitation was found to be significant since the calculated significant value of 0.374 was greater than the confidence level of 0.01. The correlation table indicated that planning policies on rehabilitation effect and performance of drug addictsø rehabilitation were positively correlated with a correlation value of 0.166. The significant value was found to be significant since the significant value 0.426 was greater than the significance level value of 0.01. The study revealed that monitoring and evaluation on rehabilitation effect was positively correlated to performance of drug addictsø rehabilitation with a correlation value of 0.166. The impact of monitoring and evaluation on rehabilitation effect on performance of drug addictsø rehabilitation was found to be significant since the calculated significant value 0.429 was greater than the confidence level test value of 0.01.

**Table 4.8: Correlations**

|  |  | TR | PPR | MER | PDAR |
|---|---|---|---|---|---|
| TR | Pearson Correlation | 1 | .714[**] | .520[**] | .186 |
|  | Sig. (2-tailed) |  | .000 | .008 | .374 |
|  | N | 25 | 25 | 25 | 25 |
| PPR | Pearson Correlation | .714[**] | 1 | .300 | .166 |
|  | Sig. (2-tailed) | .000 |  | .145 | .426 |
|  | N | 25 | 25 | 25 | 25 |
| MER | Pearson Correlation | .520[**] | .300 | 1 | .166 |
|  | Sig. (2-tailed) | .008 | .145 |  | .429 |
|  | N | 25 | 25 | 25 | 25 |
| PDAR | Pearson Correlation | .186 | .166 | .166 | 1 |
|  | Sig. (2-tailed) | .374 | .426 | .429 |  |
|  | N | 25 | 25 | 25 | 25 |

**. Correlation is significant at the 0.01 level (2-tailed).

The study found that training on rehabilitation effect; planning policies on rehabilitation effect; monitoring and evaluation on rehabilitation effect when held to a constant zero then performance of drug addictsø rehabilitation would be 1.247. Any unit increase in training on rehabilitation effect would lead to an increase in performance of drug addictsø rehabilitation by a factor of 0.122. A unit increase in planning policies on rehabilitation effect would lead to an increase in performance of drug addictsø rehabilitation by a factor of 0.152. A unit increase in monitoring and evaluation on rehabilitation effect would lead to an increase in performance of drug addictsø rehabilitation by a factor of 0.217.

**Table 4.9: Coefficients Analysis**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.247 | .954 | | 1.308 | .205 |
| | TR | .122 | .580 | .072 | .211 | .835 |
| | PPR | .152 | .556 | .084 | .274 | .787 |
| | MER | .217 | .531 | .103 | .409 | .687 |

a. Dependent Variable: PDAR

Thus based on table 4.9 and 4.10, the regression model was as follows;

PDAR= 1.247+0.122TR+0.152PPR+0.217MER+0.901

$R^2$ was 0.044 which meant that there was 4.4%% variation in performance of drug addictsø rehabilitation due to changes in training on rehabilitation effect; planning policies on rehabilitation effect; monitoring and evaluation on rehabilitation effect. The correlation coefficient indicated the strength of relationship between the variable. The study found that the correlation coefficient was 0.211 thus there was positive relationship between the variables hence the alternative hypothesis was rejected and alternative hypotheses accepted.

**Table 4.10: Model Summary**

| Model | R | R Square | Std. Error of the Estimate |
|---|---|---|---|
| 1 | .211[a] | .044 | .901 |

a. Predictors: (Constant), MER, PPR, TR

**Table 4.11: ANOVA Analysis**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | .793 | 3 | .264 | .326 | .807[a] |
| | Residual | 17.047 | 21 | .812 | | |
| | Total | 17.840 | 24 | | | |

a. Predictors: (Constant), MER, PPR, TR

b. Dependent Variable: PDAR

The ANOVA analysis significant value was 0.807 on regression. This value (0.807) was more than 0.01 at 2-tailed test therefore we reject null hypotheses and accept the alternative hypothesis that there was a significant relationship between training, planning policies; monitoring & evaluation on performance of drug addicts rehabilitation.

# CHAPTER FIVE

# SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Introduction

Chapter presented the summary of findings, conclusions, recommendations and suggestions for further studies. Conclusions brought out the relationship of the study findings to earlier findings by different studies. Personal recommendations and suggestions for future studies were also made.

## 5.2 Summary of Findings

The study three objectives which included to examine the effect of training in rehabilitation of addicts in MEWA Drug Treatment Centre; to examine the impact of planning policies in rehabilitation of drug addicts in MEWA Drug Treatment Centre and to evaluate the importance of monitoring and evaluation in rehabilitation of drug addicts in MEWA Drug Treatment Centre whose findings were as follows;

The effect of training on rehabilitation of drug addicts had a score in the following descending order; training received is relevant; there is no biasness in selection of TOT;adequate training is received; training are frequently conducted; training is readily available.

In the ascending order, the rank of elements of the impact of planning policies on rehabilitation of drug addicts objective received a score as follows; government policies are relevant; training policies are made by all stake holders; planning policies are hampered by the failure of the patients to adhere to prescribed treatment; planning policies are reviewed regularly while planning policies have made availability of drugs in the society possible for causes of relapse for treatment of drugs addicts.

Objective three elements rank was as per below summary; monitoring and evaluation improves performance; monitoring and evaluation helps in identification of right treatment; monitoring

and evaluation promotes recovery of addicts; monitoring and evaluation brings about accountability and finally ministry of health is enhancing treatment by monitoring and evaluating.

Regression and correlation analysis was used to determine if there was a significant relationship between represented training on rehabilitation effect and performance of drug addictsø rehabilitation; planning policies on rehabilitation effect and performance of drug addictsø rehabilitation; monitoring and evaluation on rehabilitation effect and performance of drug addictsø rehabilitation and finally if there was significant relationship between the availability of water projects and performance of drug addictsørehabilitation.

## 5.3 Discussions of Findings

According to (Einstein, 1990), treatment of drug abusers encompasses vocational training to help acquire skills, which make them self-reliant. Addictive behavior views supportive services such as vocational training as vital for successful treatments of addicts. In Kenya most treatment centers embark only on counseling and forego vocational training. Many also overlook the training in life skills such as training them to be assertive to be able to be firm and principled so as to say no to drugs as noted by Mwenesi, (2013). This made relapse to be very prevalence with patients from these institutions. The effect of training on rehabilitation of drug addicts had a score in the following descending order; training received is relevant; there is no biasness in selection of TOT; adequate training is received; training are frequently conducted; training is readily available.

Naoum*et al*. (2004) õposits that planning is one of the key tools that stakeholders use to ensure that projects are successfulö. It is common for project managers to rush into projects without spending quality time on the planning process. In most cases this causes the project to incur extra costs and lag behind in time. This often leads to problems as extra costs and delays are likely to occur (Antvik&Sjöholm, 2013). Having a well done project scope management ensures that the implementing agency is clear on the magnitude of the work and makes them have a clear grasp of the project goals (Briner, Hastings, & Geddes, 2014). In the ascending order, the rank of

elements of the impact of planning policies on rehabilitation of drug addicts objective received a score as follows; government policies are relevant; training policies are made by all stake holders; planning policies are hampered by the failure of the patients to adhere to prescribed treatment; planning policies are reviewed regularly while planning policies have made availability of drugs in the society possible for causes of relapse for treatment of drugs addicts.

UNDP (2009) describes evaluation as a selective exercise attempts to systematically and objectively evaluate progresses toward achievement of results, meaning evaluation is not a on one occasion event, but an exercise involving assessments of differing scope and depth passed out at several points in time in answer to evolving needs for evaluative information and learning during the effort to achieve an ending. Evaluation ensures assessment of the projects and their variables in terms of their: relevance to expected outcomes, effectiveness in dealing with identified problems, efficiency of the use of resources, impact of the project outcome, and sustainability. Objective three elements rank was as per below summary; monitoring and evaluation improves performance; monitoring and evaluation helps in identification of right treatment; monitoring and evaluation promotes recovery of addicts; monitoring and evaluation brings about accountability and finally ministry of health is enhancing treatment by monitoring and evaluating.

### 5.4 Conclusions

The study concluded that the effect of the training on rehabilitation effect on performance of drug addictsø rehabilitation was found significant. That planning policies on rehabilitation effect and performance of drug addictsø rehabilitation was significantly. The study also revealed that monitoring and evaluation on rehabilitation effect was significantly correlated to performance of drug addictsø rehabilitation.

In general the study concluded that training on rehabilitation effect; planning policies on rehabilitation effect; monitoring and evaluation on rehabilitation effect when held to a constant zero then performance of drug addictsø rehabilitation would be 1.247 and a unit increase of any independent variable would lead to an increase in performance of drug addictsø rehabilitation.

The regression model was deduced as follows;

PDAR= 1.247+0.122TR+0.152PPR+0.217MER+0.901

Finally, there was 4.4%% variation in performance of drug addictsørehabilitation due to changes in training on rehabilitation effect; planning policies on rehabilitation effect; monitoring and evaluation on rehabilitation effect. The correlation coefficient indicated the strength of relationship between the variable. The study found that the correlation coefficient was 0.211 thus there was positive relationship between the variables hence the alternative hypothesis was rejected and alternative hypotheses accepted.

## 5.5 Recommendations

The study recommended that training; policy planning and monitoring & evaluation are among the major project management practices that the rehabilitation project should ensure they are successfully implemented for the benefit of the addicts.

## 5.6 Suggestions for Further Studies

The study population comprised of respondents from only one Mombasa based drug addict rehabilitation center. The researcher therefore suggested more studies in different rehabilitations centers to be carried out to try and compare results for consistencies and provide more solutions. The study also suggested that each of the outlined objectives can be researched on independently.

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# APPENDIX I: LETTER OF TRANSMITAL

To whom it may concern,

Dear Sir/ Madam,

## RE: ACADEMIC RESEARCH

The above subject refers.

I am a Master of Arts Student in Project Planning and management at the University of Nairobi, Mombasa campus.

It is a requirement to write a research project report as a partial fulfillment of the course. I am carrying out a study to establish the ***impact of project management practices on performance of drug addicts' rehabilitation. The case of Mewa drug treatment Centre in Mombasa County.***

This is therefore to seek permission to collect data to facilitate the same. Information provided will be purely for academic purposes and will be treated in confidence.

Your assistance and co-operation will be highly appreciated.

Yours faithfully

**ABIGAEL BUCHERE**

# APPENDIX II: QUESTIONNAIRE

**Introduction**

I⌀m a student in University of Nairobi Mombasa campus. I⌀m carrying out an academic research proposal study for the partial fulfillment of the requirement for the Award of the degree of Master of Arts in Project Planning and management. I kindly request you to accurately fill in the information requested as per instructions given. The information provided will be held in confidence and will be used for academic purposes only.

**SECTION A: ORGANIZATIONAL PROFILE**

1. What is your level of education?  (Tick where applicable only)

| i. | Primary school | |
|------|------------------|---|
| ii. | High school | |
| iii. | University/ college | |
| iv. | None | |

2. What is your gender? (Tick where applicable only)

| i. | Male | |
|------|--------|---|
| ii. | Female | |

3. How old are you?

| i. | Below 15 Years | |
|------|------------------|---|

| | | |
|---|---|---|
| ii. | 16 ó 20 Years | |
| iii. | 21 ó 24 Years | |
| iv. | 25-30 Years | |
| v. | 31 Years and above | |

## SECTION B: THE EFFECT OF TRAINING ON REHABILITATION OF DRUG ADDICTS

Kindly indicate the extent to which you agree with the following statements concerning the influence of training on rehabilitation of drug addicts;

1= Strongly Agree, 2= Agree, 3= Neutral, 4=Disagree, 5= Strongly Disagree

| | INFLUENCE OF TRAINING ON REHABILITATION OF DRUG ADDICTS | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| i. | Adequate training is received | | | | | |
| ii. | The training received is relevant | | | | | |
| iii. | There is no biasness in selection of TOT | | | | | |
| iv. | Training are frequently conducted | | | | | |
| v. | Training is readily available | | | | | |
| vi. | How would you rate the overall influence of training on rehabilitation of drug addicts | | | | | |

## SECTION C: THE IMPACT OF PLANNING POLICIES ON REHABILITATION OF DRUG ADDICTS IN MEWA DRUGS TREATMENT CENTRE

To what extent do you agree with this statement? Please indicate your agreement or otherwise with the following statements using the following Likert scale.

1= Strongly Agree, 2= Agree, 3= Neutral, 4=Disagree, 5= Strongly Disagree

|      | IMPACT OF PLANNING POLICIES ON REHABILITATION OF DRUG ADDICTS | 1 | 2 | 3 | 4 | 5 |
|------|---------------------------------------------------------------|---|---|---|---|---|
| i.   | Government policies are relevant                              |   |   |   |   |   |
| ii.  | Planning policies are reviewed regularly                     |   |   |   |   |   |
| iii. | Training policies are made by all stake holders              |   |   |   |   |   |
| iv.  | Planning policies are hampered by the failure of the patients to adhere to prescribed treatment |   |   |   |   |   |
| v.   | Planning policies have made availability of drugs in the society possible for causes of relapse for treatment of drugs addicts |   |   |   |   |   |
| vi.  | How would you rate the overall impact of planning policies on rehabilitation of drug addicts |   |   |   |   |   |

## SECTION D: THE IMPACT OF MONITORING AND EVALUATION ON REHABILITATION OF DRUGS ADDICTS IN MEWA DRUGS TREATMENT CENTRE

To what extent do you agree with the information regarding the influence of availability of drugs among the youth?  1= Strongly Agree, 2= Agree, 3= Neutral, 4= Disagree, 5= Strongly Disagree

| | THE IMPACT OF MONITORING AND EVALUATION ON REHABILITATION OF DRUGS ADDICTS | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| i. | Ministry of health is enhancing treatment by monitoring and evaluating | | | | | |
| ii. | Monitoring and evaluation promotes recovery of addicts | | | | | |
| iii. | Monitoring and evaluation helps in identification of right treatment | | | | | |
| iv. | Monitoring and evaluation brings about accountability | | | | | |
| v. | Monitoring and evaluation improves performance | | | | | |
| vi. | How would you rate the overall impact of monitoring and evaluation on rehabilitation of drugs addict | | | | | |

Using a five-point likert scale, where 1= Strongly Agree, 2= Agree, 3= Neutral, 4=Disagree and 5= strongly Disagree; kindly give a score the what extent you agree or disagree the relationship between project management techniques on rehabilitation of drug addicts

| 1 | 2 | 3 | 4 | 4 |
|---|---|---|---|---|
| | | | | |

**Thank You!**