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

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©2019
International Academic Journal of Information Sciences and Project Management (IAJISPM) | ISSN 2519-7711

Received: 30th June 2019
Accepted: 5th July 2019

Full Length Research

Available Online at:
http://www.iajournals.org/articles/iajispm_v3_i3_185_209.pdf

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 inform 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 prion 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.

Key Words: implementation, prisons health projects, Kenya, Meru region
INTRODUCTION

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).

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 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.

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.

RESEARCH OBJECTIVES

1. To evaluate the extent to which technical capacity influences the implementation of prisons health projects in Kenya.
2. To examine the influence of stakeholders’ involvement on implementation of prisons health projects in Kenya.
3. To determine the influence of source of funding on implementation of prisons health projects in Kenya.
4. To assess the extent to which prisons leadership influences implementation of prisons health projects in Kenya.

LITERATURE REVIEW

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).

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 (Yildiz & 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.

**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 14 sustainability 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).

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
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.

**Prisons Leadership and Implementation of Prisons Health Project**

Baird (2017) found that leaders see 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 & 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.
THEORETICAL FRAMEWORK

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.

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.

**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.

**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 Kirmi 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.

**RESEARCH METHODOLOGY**

**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.

**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 knowledgeability 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.

**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.

**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.
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.

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.

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 in form 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;

\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon \]
Where: \( Y = \) Implementation of prisons health projects; \( \beta_0 = \) constant; \( \beta_1, \beta_2, \beta_3, \beta_4 \) and \( \beta_5 = \) regression coefficients; \( X_1 = \) Technical capacity; \( X_2 = \) Stakeholders’ involvement; \( X_3 = \) Source of funding; \( X_4 = \) Prisons leadership; \( \varepsilon = \) Error Term

**RESEARCH RESULTS**

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 agreed that the 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. It was also further agreed that; the prisons department has adequate technical expertise to facilitate implementation of health projects, there is good stakeholder relationships management which helps the prisons technical team to implement health projects and the prisons health team has 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 strongly agreed 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 agreed that; the term for stakeholder’s engagement is stipulated in the prisons health policy document, the prisons health has benefited from stakeholders in terms of contribution in problem solving and the prisons department has 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 agreed that there is adequate government financial allocation to implement prisons health projects. The study moreover found that it was agreed that; there is consistency of funds from the prisons department to implement prisons health projects, the prisons department receives 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 strongly agreed that; there is a lot of management support in implementing prisons health projects and the prisons leadership is
well versed with project management skills for implementation of prisons health project. Further, it was agreed that; there is continuous information sharing across the entire department on implementation of prisons health project and 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 strongly agreed that; the prisons department has implemented health projects within the stipulated timelines, there are prisons health projects which are stalled for more than 1 financial year and the health projects implemented are of superior quality to achieve the objectives of prisons health. It was further agreed that; the prisons department has been able to implement health projects within the budget allocated and there is a clear guideline on how prisons health projects should be implemented up to completion.

**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>
<thead>
<tr>
<th>Table 1: Model Summary</th>
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<tbody>
<tr>
<td>Model</td>
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<tr>
<td>1</td>
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</tbody>
</table>

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>
<thead>
<tr>
<th>Table 2: ANOVA Test</th>
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<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Regression</td>
</tr>
<tr>
<td>Residual</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

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 3: Coefficients of Determination

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>0.988</td>
<td>0.182</td>
<td></td>
<td>5.429</td>
</tr>
<tr>
<td>Technical capacity</td>
<td>0.716</td>
<td>0.296</td>
<td>0.623</td>
<td>2.419</td>
</tr>
<tr>
<td>Stakeholders’ involvement</td>
<td>0.606</td>
<td>0.208</td>
<td>0.527</td>
<td>2.913</td>
</tr>
<tr>
<td>Source of funding</td>
<td>0.803</td>
<td>0.117</td>
<td>0.699</td>
<td>6.863</td>
</tr>
<tr>
<td>Prisons leadership</td>
<td>0.714</td>
<td>0.312</td>
<td>0.621</td>
<td>2.288</td>
</tr>
</tbody>
</table>

The established model for the study was:

\[ Y = 2.345 + 0.716X_1 + 0.606X_2 + 0.803X_3 + 0.714X_4 \]

Where: \( Y \) = Implementation of prisons health projects; \( \beta_0 \) = constant; \( X_1 \) = Technical capacity; \( X_2 \) = Stakeholders’ involvement; \( X_3 \) = Source of funding; \( X_4 \) = 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 increase 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.

CONCLUSION

The study concludes that there should be enough medical facilities in the prisons so as to cater for all the inmates. The provision of equitable, effective, efficient, ethical, accessible and sustained health quality services to inmates is undoubtedly the most important aspect of prison reforms. This is more so given the fact that prison conditions have tended to violate inmates’ right to health.

The study also concludes that there is need to consider reducing on the bureaucracy in the prison structure and recognize the fact that the necessary tools for successful project implementation as managers and employees are empowered to act and take decisions without having to follow a long- procedure which causes loss of opportunities. It could also be appropriate if such processes could be given some flexibility and more management control to ensure prisons do not fail implementing strategic plans due to unnecessary delays.

The study further concludes that prison leaders should be able to come up with a plan that addresses the challenges as they arise continuously. This will help in adapting to the scenes that delay the process of achieving the intended plans and help best adopt the prison to the effects of the factors that are beyond the internal environment.

The study also concludes that training of staff in the health area is should be a priority to equip them with relevant and right skills. Further, the prison leaders and stakeholders should acquire enough funds to ensure that every inmate gets quality healthcare in clinics with all the facilities and qualified medical staff.

RECOMMENDATIONS

The study recommends that the government should address serious overcrowding in prisons so as to alleviate its adverse effects on detainees' health and living conditions. To reduce health effects relating to air-borne diseases, the study recommends the need for the government to build more prisons so as to eliminate congestion. Congestion can also be reduced if the courts sentence petty offenders to serve community service instead of sending them to prison. The prison departments should adopt a health monitoring system by introducing inmate health cards. The systematic use of inmate health cards enables prison staff to keep track of detainees’ health-care needs, facilitating consultations and referrals for
treatment at external facilities. Containing the inmate's medical history, his dental records, the
details of his medical consultations, and a health screening checklist, the inmate health card
keeps track of the detainee's health status from the moment he is detained until his release.

The study recommends that there should be advocacy on formulation of prison health
programs strategic plan at the county level by the policy makers. Policy and legislative
reforms are key to sustainable protection and justice. The strategic plan needs to be
understood by all involved in project implementation and therefore KPS should put up clear
communication mechanisms for all involved in project implementation process so that they
can clearly understand and contribute to the process.

The study also recommends that national and international stakeholders should be engaged
to support program-relevant research. USAID, for example, has Basic Program Evaluation
(BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as
programming. The study recommends that the existing open-door policy should be enhanced
to attract more partners and implement evidenced based programmes that will enable inmates
to fully enjoy their right to health and increase on the funding.

KPS practice of direct supervision often hindered the timely implementation of projects
unless the supervision was done by head of sections from the department. The management
should therefore engage the ministry into constructive engagement so as to agree on the best
practice which will see KPS achieve its objectives in a timely manner. The researcher
recommends that for successful project implementation to take place management should
utilize practices that are appropriate for project implementation.

The study recommends that there is need to construct adequate clinics in the prison to provide
effective healthcare to the inmates. These clinics should be well equipped to cater for any
medical situations. This should be supported by hiring qualified doctors and nurses to provide
quality healthcare to the inmates and also offer training to them.

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