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EVALUATION OF THE PROCUREMENT PROCESS AT RUSAPE  
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BY

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## **Abstract**

Public Procurement is the acquisition of goods and services by any public body in Zimbabwe. Rusape General Hospital makes use of public procurement as a way to help reduce raw material prices and costs and identifying better and cheaper sources of supply. Despite procurement procedures in place, Rusape General Hospital is still facing challenges that include inefficiency, access of information and stock shortages. The main objective of the study was to evaluate the procurement process of Rusape General Hospital. The study adopted a descriptive cross sectional research design. Convenience and Purposive sampling methods were used to identify the participants. The participants included all employees involved in the procurement process that include the hospital administrator, hospital accountant, heads of departments, procurement management unit and procurement officers. Semi structured questionnaires were the key data collection instrument for the interviews. The questionnaires solicited data on, Knowledge of Procurement Officers on procurement procedures, Competences of procurement officers to e-procurement, Compliance to procedures and Relationships with suppliers. Other method for data collection was observation using a checklist to check on the actual procurement process and various forms and documentation. The collected data was analyzed using Statistical Package for Social Science (SPSS) software. The findings reviewed that majority of the participants (58.3%) were males. Seven (18.4%) had gone through secondary education with no other professional education. The rest had some tertiary education earning a diploma, degree or masters qualification. The level of knowledge of employees on procurement procedures was low, as most of the employees (52.7%) did not have full knowledge of the procurement procedure. The majority of them (65.8%) had not received any training on there is lack of training on public procurement procedures and e-procurement. There was also lack of good relationship with suppliers and compliance to procedures is limited. Therefore, it is recommended that more trainings to be made available to increase employee knowledge on procedures and e-procurement as well as interacting more with suppliers and encourage each other to follow the recommended procurement procedures.

## Declaration Page

I declare that this project is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will it ever be submitted to another university for the award of a degree.

.....	.....	.....
Students' Full name	Student's signature	Date

.....	.....	.....
Main Supervisors Full Name	Main Supervisors Signature	Date

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Lord, I would like to thank you for this opportunity given to me to advance in education and understanding while making a positive difference in the Ministry of Health and Child Care in Zimbabwe.

Thank You.

## **Dedication**

To my parents I am sure that this achievement will make you more proud of me, and to my brothers I just want to thank you for the way you supported me and I hope that this achievement will motivate you to aim higher in life.

## **List of Acronyms and Abbreviations**

DHSA – District Health Services Administrator

DHE- District Health Executives

DMO- District Medical Officer

PFMS-Public Finance Management System

PMD-Provincial Medical Director

NGO -Non-Governmental Organization

PMU- Procurement Management Unit

TAC-Tender Adjudication Committee

PC-Procurement Committee

HOD-Head of Department

MoHCC- Ministry of Health and Child Care

HOD- Head of Department

## **Definition of Key Terms**

Procurement - is the process of finding, agreeing terms and acquiring goods, services or works from an external source. It is a purchasing process that controls quantity, quality, sourcing and timing to ensure the best possible total cost of ownership.

Public Procurement – is the acquisition, whether under formal contract or not, of works, supplies and services by public bodies. It ranges from the purchase routine supplies or services to formal tendering and placing contracts for large infrastructural projects.

E-procurement – is a system utilizing internet services and technology to streamline the purchase of goods and services to reduce costs.

Procurement officers – is an executive role that is responsible for the management and supervision of a company's acquisition programs.

Acquisition – the act of acquiring or buying something.

Privatization – is the transfer of ownership, business or property from the government to the private sector.

Quotation – is a document a supplier submits to a potential client with a proposed price for the supplier's goods or services based on certain conditions



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## **CHAPTER 1 INTRODUCTION**

### **1.1 Introduction**

Procurement is the process of finding, agreeing terms and acquiring goods, services or works from an external source. It is a process of deciding what to buy, when to buy and who to buy it from. As such, procurement is a process, and the process has stages to be completed. This is also known as the procurement cycle (Weele, 2010). It is a purchasing process that controls quantity, quality, sourcing and timing to ensure the best possible total cost of ownership. Procurement involves the process of selecting vendors, establishing payment terms, strategic vetting, and selection, the negotiation of contracts and actual purchasing of goods. Procurement is concerned with acquiring (procuring) all the goods, services, and work that is vital to an organization.

The public sector environment includes government organisations such as health services, which are being provided through government hospitals. Access to health services can be viewed as a priority whether nationally or internationally because health services are lifesaving and cannot be treated like any other commercial services. Strengthening the public procurement process can be a strategy to ensure smooth access of public health care services.

Public procurement is an activity of purchasing the goods and services which a government organisation needs to carry out its functions. All countries in the world have their own economic social, cultural and political environment and each country's public procurement officers face different types of challenges. According to Callender & Mathews, (2000), indeed in all countries in the world, estimates of financial activities of the government procurement are believed to be in 10%-30% of Gross national product (GNP).

The procurement process involves different stages. According to Lea Nathan (2013) the procurement cycle that consists of:

### **Step 1: Need Recognition**

The business must know its need of the new product or service.

### **Step 2: Specific Need**

The right product is critical when procuring a product or service. There is need to specify the necessary product or service by using identifiers such as colour, weight, make.

### **Step 3: Source Options**

In procurement there is need to determine where to obtain the product. The corporate might have an approved vendor list. If not, there is need to search for a supplier using purchase orders or source quotations.

### **Step 4: Price and Terms**

The buying team will investigate all relevant information to determine the best price and terms for the product. This will depend on if there is need of commodities (readily available products) or specialized materials. Usually there is need to have three suppliers and look at the quotations before it makes a final decision.

### **Step 5: Purchase Order**

The purchase order is used to buy materials between a buyer and seller. It specifically defines the price, specifications and terms and conditions of the product or service and any additional obligations.

### **Step 6: Delivery**

The purchase order must be delivered, usually by fax, mail, personally, email or other electronic means. Sometimes the specific delivery method is specified in the purchasing



documents. The recipient then acknowledges receipt of the purchase order. Both parties keep a copy on file.

### **Step 7: Expediting Process**

Expedition of the purchase order addresses the timeliness of the service or materials delivered. It becomes especially important if there are any delays. The issues most often noted include payment dates, delivery times and work completion.

### **Step 8: Receipt and Inspection of Purchases**

As the goods are received, the recipient accepts or rejects the goods or services. Acceptance of the items obligates the company to pay for them.

### **Step 9: Invoice Approval and Payment**

Three documents must match when an invoice requests payment - the invoice itself, the receiving document and the original purchase order. The agreement of these documents provides confirmation from both the receiver and supplier.

### **Step 10: Record Maintenance**

In the case of audits, the company must maintain proper records. These include purchase records to verify any tax information and purchase orders to confirm warranty information. Purchase records reference future purchases as well.

This procurement cycle provide key steps when procuring goods and services. This cycle has been developed to guide procurement officers through the procurement process with links to relevant knowledge to support every step of procurement.

To have an efficient procurement process there is need for the development of a procurement plan. Procurement planning is very important. Procurement planning is the process of deciding what to buy, when and from what source.

## **1.2 Background of Study**

Most, if not all hospitals around the world make use of paper to carry out their procurement processes and as a hospital system the use of paper is essential for record keeping, planning and designing regulations and other documentation. This process include from requesting to receiving goods and services. Managing approvals, invoices on paper during the procurement process can provide some challenges such as loss of information and records.

In Zimbabwe, public procurement is dominated by procedures and guidelines meant to ensure a fair process that provide value for money. In real practice, these guidelines are seen to be providing opportunities for abuse and malpractice by some procurement officials. The government has acknowledged that the public procurement system is in great need of repair. Some of the objectives of Zimbabwe's procurement framework included accountability in public resource management, achieving value for money and finally, transparency and efficiency in procurement procedures.

An introduction of e-procurement in Zimbabwe has led to the introduction of the Public Financial Management System (PFMS). The main aim of this system is to increase opportunities for feedback and cooperation between firms and public organisations and to sharply reduce corruption. However, this is made difficult, as some procurement, officials do not have the expertise on how to operate and use the system.

Procurement at all Government Institutions in Zimbabwe makes use of the Public Procurement and Disposal of Public Asset Act. The Act provides for the establishment of a body called Procurement Regulatory Authority of Zimbabwe. This body oversees and regulates

procurement activities conducted by Government Ministries, Statutory bodies (parastatals) and local entities. According to the Public Procurement and Disposal of Public Assets Act, Public procurement is the procedure through which public bodies such as government ministries, parastatals and local authorities acquire goods and services.

The Act is a guideline on how the procurement process should be done. It also spells out consequences for not following procedures of the Act.

This study aimed to establish the factors affecting the day-to-day operations of the procurement process at Rusape General Hospital.

Rusape General Hospital is a government owned referral hospital, which was established in 1956 under the colonial era, by the Rhodesian government to cater for all the residents of Rusape (Lisapi). The Hospital is a secondary level of care in Makoni District, Manicaland. It provides local services for uncomplicated cases and it receives patients referred from rural hospitals and clinics of Makoni District. The district is the largest of the 7 districts in the Manicaland Province with 52 health facilities throughout the district. The district hospital is located about 400 metres from the Harare-Mutare highway which provides an imperative ideology for catering for emergencies along the Harare- Mutare highway.

Since Rusape Hospital is a referral hospital it has various departments that are not offered at primary level of care. These departments include Administration, Human resources, Procurement, Stores, Accounts, Transport, Catering Services, Laundry, Maintenance of buildings and equipment. Health Information, Security, Domestic services, Mortuary, Pharmacy, Registry, Laboratory, Infection control, Theatre, TB unit, Eye unit, Rehabilitation, OI (Opportunistic infections) clinic, X-ray, Dental, Wards, community nursing, Nutrition, Environmental health and Health promotion.

As a Government institution, Rusape General Hospital has to abide by the rules and regulation provided by the Government in its procurement process. In Procurement there is need to purchase what is needed for all the departments. The various departments need certain supplies to function and it has to be provided in time through purchasing what is required. The hospital procures goods and services that are needed for the provision of services. Some of the items procured at Rusape Hospital include medical supplies, drugs, equipment and supplies that can include clinic furnishings, disinfectants, gloves sundries and syringes and needles.

At Rusape General Hospital, in line with the guidelines of the Public Procurement and Disposal of Public Asset Act, there are two committees in place to allow goods/services to be purchased. The two committees include Tender Adjudication Committee (TAC) and the Procurement Committee (PC). The Tender Adjudication Committee (TAC) looks mostly at the sourcing of quotations and requests bids and awards the purchase order to the possible supplier of the goods and services. It is composed of the heads of all departments. When the need to request goods/services for the user department arises, this is brought to attention of the TAC, which has its scheduled meetings on Mondays and Fridays.

The Procurement Committee makes the final decision on the selection of the supplier to purchase from. It is responsible for supplier selection and awarding of tenders that is evaluating tenders, making contract, price or tender negotiations with suppliers. Normally suppliers are registered with the government, and the list of suppliers including their address is published in the government gazette. This does not mean that they are all reliable. For this reason, the procurement committee is responsible for visiting the workplaces of those proposing to make sure that the people who have applied to supply for the hospital do really exist and have the goods.

Because of the uncertainties arising in the procurement sector, which have caused different arguments in the health management industry, it has led to problems, which this research is going to fulfil.

### **1.3 Statement of the Problem**

Despite the procurement procedures and training in place, Rusape General Hospital is still facing challenges with its procurement process. Even with clear guidelines and procedures by the State Procurement Board and The Procurement Act of Zimbabwe and Public Procurement and Disposal of Assets Regulations, public procurement at Rusape General Hospital has been faced with inefficiencies, which has greatly affected the quality management system and service delivery. For example, the hospital can notice that some the companies they want to procure from do not have a company profiles and therefore not complying with regulations of public procurement. As a result, the hospital is supposed to start the procurement process all over again leading to delays in the procurement of the goods and services and resultant poor service delivery.

Without access to information, it leads to no implementation of the procedures to the procurement process. Some of the conditions being faced at Rusape General Hospital include the lack knowledge of the laws, regulations, guidelines, procedures and regulatory instruments. Without equal, fair and simultaneous distribution of information to all public institutions, it is difficult for all institutions to be knowledgeable about the laws and regulations.

Rusape General Hospital faces problems in line with stock shortages of essential goods such as medicines, and the poor quality of goods and services resulting the goods not to last longer than expected. All this could be attributed by lack of proper procurement planning, cumbersome procurement processes, as well as ignorance of procurement processes, procurement policies and legislation.

The procurement process at Rusape General Hospital can prove be difficult to control as it involves different users and departments responsible for each element of the overall process. For example, at one time Rusape General Hospital ordered blood pressure (BP) machines but did not specify which type so they ended up getting digital BP machines without charging system. This led the hospital to accepting poor quality goods because there desperately in need for the BP machines. .

## **1.4 Research Objectives**

### **1.4.1 Broad Objective**

- To evaluate the procurement process at Rusape General Hospital.

### **1.4.2 Specific Objectives**

- To describe the current procurement procedures at Rusape General Hospital.
- To determine the knowledge of procurement officers at Rusape General Hospital on procurement procedures.
- Determine competences of the procurement officers on e-procurement.
- To establish the extent to which procurement procedures are being followed.
- Determine the relationship between Rusape General Hospital procurement committee and the hospital suppliers.

## **1.5 Research Questions**

- What are the current procurement procedures at Rusape General Hospital?
- Do the procurement officials have knowledge on the procurement procedures?
- How competent are the procurement officers on e-procurement?
- How closely are procurement procedures being followed?
- Is there integrity in the relationship between Rusape General Hospital procurement committee and its suppliers?

## **1.6 Significance of the study**

This study was expected to contribute to the current body of knowledge in the public health sector in terms of the implication of the internal factors affecting the procurement process. The study was also to be of direct benefit to the officials in the public health sector procurement departments, the various head of departments who interact with the procurement departments.

Other researchers and students may gain from the findings of this study as they carry out research in related areas. This study may as well trigger general awareness in relation to the internal factors affecting the procurement process.

## **1.7 Limitations of the Study**

The research was limited to just Rusape General Hospital respondents which a single public institution within a country that has many government hospitals. This may have limited the study application as well as generalization of its findings to other sectors other than those that operate under the public procurement Act and regulations.

In addition, the application of the research findings is also limited only to the public procurement departments only. Therefore, the research findings cannot be generalized to other departments or sectors.

## **CHAPTER 2 REVIEW OF RELATED LITERATURE**

### **2.1 Introduction**

Public Institutions around the world procure their goods and services using different procedures. The modern countries are more likely to have more sufficient procurement processes than poorer countries. Literature review is an exposition of the existing knowledge, findings and reasoning which makes the researcher confident and believe that the problem at hand is worth researching. This chapter helps in adding value to the topic by reviewing how to evaluate the procurement process and how applicable it is to the study work done on the topic. The discussions will be on the following topics that include Procurement Procedures, Knowledge of Procurement Officers, Competences of procurement officers to e-procurement, Compliance to procedures and Relationships with suppliers.

### **2.2 Procurement Procedures**

Effective and efficiency procurement processes have positive social impacts which include improved prospects of achieving government objectives, increased access by local market to government contracts, enhanced reputation for government institutions, and improved social services delivery ( Weele, 2009).

Public Procurement is a process by which public sector organisations acquire goods and services. Different countries have different procurement process this is because the public procurement process in most countries is governed by different public procurement laws and regulatory frameworks. The differences in the legal framework in different countries affect the implementation and results of the public procurement process and service delivery.

The legal framework for public procurement includes international obligations, specific domestic legislation on procurement, contract and commercial in general, and patent and copyright law, labour law and laws governing lease and hire purchase agreements, arbitration



and conciliation (Mutai, 2015). Some countries, for example, South Africa have constitutional provisions as well as enabling laws for procurement. South Africa is among the developing countries whose constitution contains a special provision on government procurement. Other countries such as Republic of Korea and United States of America (USA) have passed regulations and legislations on procurement. In the USA, procurement related laws include the Competition for Contracting Act of 1984 and the Federal Acquisition Streaming Act of 1994.

Most countries rely on general law to regulate public procurement by internal rules that prescribe the formal process of bidding, the evaluation of bids, the award and conclusion of contracts and contract management in their procurement processes. The rules also provide procedures for dealing with possible court challenges from unsuccessful bidders and procedures for contract interpretation and breach of contract. The intention is to provide a self-contained regime for contract award and management, which would avoid recourse to external arbitrators.

In the United Kingdom (UK), the Procurement Practice and Development team is the central unit in the Treasury that promotes best practices and the development of procurement strategies by departments (Garcia, 2009). The government has stipulated the following points for its senior management: value for money, compliance with national and international legal obligations, cost-effective fulfilment of users' needs, appropriate level of completion and honest and impartial relationships with suppliers. The procurement process is supposed to ensure fairness, efficiency, courtesy and firm dealings, and high professional standards, wide and easy access to information on the procurement of the bidding, efficiency and integrity in contract management and prompt response to suggestion and complaints (Garcia, 2009).

Recognition is the first step in procurement. Before the procurement department decides to purchase an item, must acknowledge that the item is needed (Solenko, 2014). This is followed

by specification writing. It is important to have particular specifications for different items. If that is so for your business, ascertain that you are familiar with the latest such industry requirements and order as appropriate (GPM, 2016). The Procurement officer looks into supplier options. Each business has to figure out where to obtain their goods. In certain firms, there is a pre-approved vendor's list (an acceptable practice), and other firms are in the process of identifying their most dependable vendors. Hence, relationship building and then establishes preferred pricing. (Elliott, 2013) Thereafter, the price and terms are chosen, procurement personnel determine acceptable terms for pricing and other specifics. A purchase order is issued to indicate the official legally binding agreement utilized in buying the product. The purchase order indicates the pricing, stipulations, as well as terms and conditions of the item being ordered and any other requirements. Expediting is the next phase that caters to the timeliness of the item being supplied. The anticipated date of delivery will be part information included in the purchase order (Solenko, 2014; Mdundo, 2011). The item is then received and inspected by the receiving personnel, who may accept or reject the time. If the item is damaged, it will certainly always be rejected (Norton, 2013). The next procedure is the acceptance of the invoice and payment, at which point, three documents ought to match when payment to the supplier is anticipated. The documents are invoice, delivery note, as well as the initial purchase order. This is referred to as three-way matching. Any inconsistency must be addressed prior to making of any payment. If there is a discrepancy, it must be resolved before payment is made. (Solenko, 2014, Norton, 2013). Record keeping then follows this. These are holistic procedures, which are key in an entity (Solenko, 2014, Mdundo, 2011).

### **2.3 Knowledge of Procurement Officers**

Not complying with procurement regulations may be a result of low levels of knowledge on the procurement regulations. According to Chigudu (2014), Zimbabwe appears to have some modern legal public procurement frameworks but some political bureaucrats may lack the

knowledge of good procurement practices and procedures and yet occupying influential positions in the procuring entities.

The knowledge of procurement officers is important to achieve an efficient procurement process. According to Hardcastle (2007), mediocre personnel who lacked the proper knowledge, skills and capacity to conduct conventional value for money procurement practices handled procurement processes within the district assemblies in Ghana.

A study by Uromi (2014) on the Challenges confronting Public Procurement Information in Zimbabwe, South Africa, Uganda, and Tanzania found as one of the challenges to public procurement sectors in the developing countries, lack of public information about the gains of public procurement, the laws, guidelines, regulations, procedures and instruments. The same study also highlights lack of awareness among stakeholders on public procurement markets and complaints review mechanisms.

## **2.4 Competences of procurement officers to e-procurement**

Electronic procurement (EP) is frequently defined as the sourcing of goods or services via electronic means, usually through the Internet.

The Zimbabwean government has created a platform for procurement of all public goods, works and services to be done through online platforms through the Public Finance Management Act [Chapter 22:19]. A Public Finance Management System (PFMS) was introduced by the government and rolled out to public entities that include public hospitals. The system is intended to enhance governance by offering real time financial information thus improving accountability and transparency. The benefits of e-procurement include quicker transaction times, lower costs and better supplier integration (Kheng & Al-Hawamdeh, 2006). Despite these benefits, implementation of e-procurement is still very low in Zimbabwe.

One of the most widely discussed efficient procurement practices is the use of e-procurement. E-procurement is an electronic method of purchasing supplies and services. Companies that purchase e-procurement software are able to receive product and service payments online. E-procurement is considered as an effective procurement practice because it can reduce overhead expenses by eliminating purchasing agent costs (Wisegeek, 2013). In Zimbabwe using public procurement, they have a PFMS e-procurement system has been introduced to pay suppliers but it has been facing challenges to pay the suppliers in time.

The implementation of e-procurement comes with a number of challenges, which can be categorized, into institutional and economic-legal challenges (United Nations, 2011). One of the institutional factors that affect the implementation of e-procurement is employee competence and capacity. As e-procurement entails new technologies, it is necessary for changes in how tasks are done in an institution from the traditional approaches to new procurement approaches. Staff should therefore be trained on the use of e-procurement tools and practices in order to implement e-procurement successfully. The users can achieve immediate benefits of e-procurement once they comprehend the operational functionalities (Hardy & Williams, 2011). The staff of an organization need to acquire the necessary skills that can enable them to operate effectively and efficiently while using the new e-procurement system. Inadequately trained staff may not own the e-procurement system and thus contribute to failure. The success of e-procurement initiative depends on users making use of the new process and system (Mose, 2012).

## **2.5 Compliance to procedures**

Zimbabwe has been instituting public procurement reforms involving laws and regulations. One of the major obstacles they have faced has been inadequate regulatory compliance. Gelderman et al (2006) who contend that compliance in public procurement is still a major issue support this. Hui et al (2011) while analysing procurement issues in Malaysia established

that procurement officers were blamed for malpractice and non-compliance to the procurement policies and procedures. Gelderman et al;(2006) stipulate that compliance occurs when the target performs a requested action, but is apathetic about it, rather than enthusiastic, and puts in only a minimal or average effort. However, as an organizational outcome, compliance has traditionally been understood as conformity or obedience to regulations and legislation (Snell, 2004) cited in Lisa (2010).

Several factors can affect compliance to procedures in public procurement. These include enforcement, organizational culture, professionalism and lack of familiarity with the rules and regulations.

Enforcement has a positive effect on public procurement compliance. Enforcement can be viewed as any action regulators take to ensure compliance. According to Zubcic and Sims (2011), enforcement action and increased penalties lead to greater levels of compliance with laws. Corruption among government procurement officials in developing countries such as Bangladesh, Sri Lanka and Nigeria has been linked to a weak enforcement of the rule of law (Nwabuzor, 2005) as cited in (Raymond, 2008). In Zimbabwe, the flagrant abuse of the procurement system is largely due to the fact that there is hardly any consistent enforcement of the rules and regulations. Uromo (2014) observes that despite, the fact that conflict of interest is covered under law, the law is not enforced in practice. For that reason, public officials still award tenders to themselves through a third party. Therefore, enforcement measures are needed to ensure compliance.

The organizational culture affects the public procurement compliance. Due to regulatory reforms and changing community expectations, the role of culture in organizational compliance has gained momentum (Lisa, 2010). According to Lisa, (2010), culture plays a central role in the compliance process and associated outcomes. Lisa conducted a study on culture in

Uganda's public sector and depicted culture as a hindrance to reforms. It is also contended that in a specific type of culture, characterized by specific values such as openness, trust and honesty, employees are more likely to engage in compliance behaviours, which collectively will contribute to organizational compliance (Arjoon, 2006) as cited in Lisa, (2010).

Procurement professionalism has an effect on public procurement compliance. Professionalism is to increase public compliance. According to Raymond (2008), professionalism in public procurement relates not only to the levels of education and qualifications of the workforce but also to the professional approach in the conduct of business activities. If the workforce is not adequately educated in procurement matters, serious consequences, including, breaches of codes of conduct occur. Rossi, (2010) asserts that ethical code is not only a deterrent of incorrect behaviour but also an enabler for all members of the organisation to safeguard the ethical legacy of the firm. Non-compliance of public procurement regulations can be due to lack of purchasing professionalism in the public sector.

Familiarity with the procurement rules and regulations increases public procurement compliance. According to Rossi (2010), compliance with the formal elements gives an indication of knowledge of the rules. The procurement officers must be trained and aware about all regulations in relation to procurement and related procedures (Hui et al, 2011). Educating and training public purchasers will be an effective tool for increasing the compliance with the directives (Gelderman et al; 2006). The study by Musanzikwa (2013) revealed that the need to comply with the indigenization policy resulted in tenders being awarded to incompetent companies stated that lack of familiarity with procurement rules results into poor compliance levels.

## **2.6 Relationships with suppliers**

Indeed, with the increase of importance of the purchasing department and the boost in interest for supplier relationship management practices, organizations are seeking to manage and integrate their inter-organizational business processes by means of applying supplier relationship management solutions. Supplier relationship management is the part of the supply chain management which deals with all aspects of the business relationship between companies and their suppliers (McKevitt and Davis, 2013).

One of the most important effective procurement practices is improving the relationship between the buyers and suppliers. Choosing a supplier based solely on pricings is often viewed as short-sighted and may be ineffective. An alternative procurement practice is to use suppliers that offer reliable products at fair prices (Elliot, 2007). Building a long-term relationship with a reliable supplier can result in better customer service and may prove to be more cost effective over time. Constantly changing suppliers in search of the lowest price can be detrimental to a business for a number of reasons (Daniel, 2010). Changing suppliers on a regular basis may actually result in less reliable service, which can end up costing more if deadlines are missed or customers are dissatisfied. Building a relationship with a steady supplier can help build a respectful business arrangement, and the supplier may be more likely to appreciate the steady business and make concessions when needed (Elliot, 2007).

## **2.7 Summary**

Plenty of studies have been carried out both internationally and locally regarding the process of procurement. This chapter highlighted the literature associated with Procurement Procedures, Knowledge of Procurement Officers, and Competences of procurement officers to e-procurement, Compliance to procedures and Relationships with suppliers.

## **CHAPTER 3 METHODOLOGY**

### **3.1 Introduction**

This chapter unveils the methods that were used in carrying out this research. It explains the procedures of this study. It entails the availability and selection of appropriate research design that helped to address the key questions raised the study setting, population, sampling, the data collection instruments used and the ethical considerations.

### **3.2 Research Design**

The study adopted the cross sectional descriptive research design. This research design was relatively cheap and did not require a lot of time to carry out the research.

### **3.3 Study Setting**

The study setting was Rusape General Hospital.

### **3.4 Study Population**

The study population was in two categories, which included the people and the documents. The human participants were fifty (50) employees involved in the procurement process at Rusape General Hospital. These employees included the health services administrator, the accountant, one (1) procurement officer, fifteen (15) members of the procurement management unit (PMU) and the twenty (20) heads of departments.

The study population also included all documents used in the procurement process at Rusape General Hospital. These documents included; the completed requisition forms, quotations, purchase orders, receiving invoices and order document.

#### **3.4.1 Inclusion and Exclusion Criteria**

##### **Inclusion Criteria**

Inclusion criteria are characteristics that the prospective subjects must have if they are to be included in the study. The eligibility criteria in this study was as follows:



- All participants that agreed to participate in the study
- All employees that were involved in the procurement process at the hospital

### **Exclusion Criteria**

Exclusion criteria are characteristics that disqualify prospective subjects from inclusion in the study. The exclusion criteria was based on the following characteristics:

- Those unwilling to participate
- Employees off duty or on leave during the data collection period.
- Employees that were not involved in the procurement process.

### **3.5 Sample size**

The sample size in this study was the same as the study population. However, of the fifty (50) employees involved in procurement process at Rusape General Hospital thirty-eight (38) were found on duty during the period of data collection.

### **3.6 Sampling Procedure**

The non-probability sampling technique was adopted in this study. The researcher made use of the convenience and purposive sampling methods. Purposive sampling which is an example of the non-probability sampling technique was used to identify key participants who were professionals that were directly linked to the procurement office in the hospital facility. The main goal of this method was to focus on the population that will enable the researcher to answer the research questions. Using these methods, all members that were available at the time of data collection were selected into the sample.

### **3.7 Data Collection Instruments**

An interviewer-administered questionnaire (Appendix 1) was designed to gather information and obtain data relevant to the study's objectives and the research questions. The various sections in the questionnaire included the background information, Procurement Procedures,

Knowledge of Procurement Officers, Competences of procurement officers to e-procurement, Compliance to procedures, and Relationships with suppliers.

A checklist (Appendix 2) was also used in obtaining data on the procurement process.

Variables of the checklist, which are the main outcome measures included

- the presence of procurement plans,
- tender register that contains all bidders,
- minutes of meetings of the TAC and PC,
- copies of floated tenders,
- bids and bid evaluations and awards by TAC,
- presence of minutes of tender adjudication proceedings,
- tender numbers and actual costs of goods procured recorded on fast copies of Tradesman Requisitions and recommendations followed up.

### **3.8 Pretesting of research instruments**

A pre-test is whereby a questionnaire is tested on a (statistically) small sample of participants before the actual study. Pre-testing offers the opportunity to see what questions work well, what questions sound strange, what questions can be eliminated and what needs to be added. (Cormack, 2001).

The researcher pretested the research instruments at Sakubva District Hospital in Mutare, Manicaland Province, as both hospitals have the same procurement processes. This was done in order to verify if the tools selected could bring the desired information. After the activity was done, the researcher will took note of anomalies and corrected them.

### **3.9 Data Collection Procedure**

The researcher interviewed the participants that were available at that time of data collection. The duration of the carrying out of interviews was 2 weeks. On approaching a participant, the

objectives of the research were explained and also researcher assured confidentiality and that participants are free to withdraw at any time data collection.

The researcher using the checklist went through the procurement documents.

### **3.10 Analysis and organization of data**

The completed questionnaires were assessed for completeness and consistency of responses. The collected data were analysed using the Statistical Package for Social Science (SPSS). Thereafter, the data was generated into graphical presentation using frequency tables, pie charts, bar charts and in tabular format followed by comments.

### **3.11 Ethical Consideration**

Permission from the District Medical Officer (DMO) of Rusape General Hospital (Appendix 3) and the Africa University College of Health Agriculture and Natural Sciences and Africa University Research Council (AUREC) was sought and it was granted to carry out the research.

Researcher explained to the participants that all interactions made with the researcher is confidential were to feel free to express their opinions as their identity was protected through privacy. The purpose and benefits of the study was explained to the participants. The researcher explained all this using the written informed consent (Appendix 4). It was also explained that participation in the study was voluntary and participants were free to withdraw anytime during the study if they so wished without any prejudice. In addition, an assurance of safe keeping the answered questionnaires in a safe locked room was assured.

### **3.10 Summary**

The chapter addressed the research methodology, research design, population and sampling. Data collection procedures and research instruments to be used when collecting data were discussed. In addition, ethical considerations of the research were addressed.

## CHAPTER 4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

### 4.1 Introduction

This chapter focuses on research findings based on information derived from the questions, in-depth observations and interviews conducted with the 38 participants found on duty at Rusape General Hospital during the period of data collection. Data presentation is in form of tables, bar graphs and pie charts.

### 4.2 Demographic characteristics of participants

The participants included one (1) hospital administrator, one (1) procurement officer, one (1) accountant), fifteen (15) members of the procurement management unit and twenty (20) heads of departments.

**Table 1: Demographic Characteristics of Participants**

Variable		Frequency	Percentage %
Gender	Male	22	57.9
	Female	16	42.1
Level of Education	Secondary	7	18.4
	Diploma	15	39.5
	Degree	11	28.9
	Masters	5	13.2
Years of service	< 3 years	5	13.2
	3-5 years	11	28.9
	> 6 years	18	47.4
Received Training programmes on procurement procedures	Yes	13	34.2
	No	25	65.8

As shown in Table 1 above the majority of the participants (58.3%) were male while 41.7 % were female. This was because most female staff members are in the medical departments and not administration.

Seven (18.4%) had gone through secondary education with no other professional education. The rest of had some tertiary education earning a diploma, degree or masters qualification.

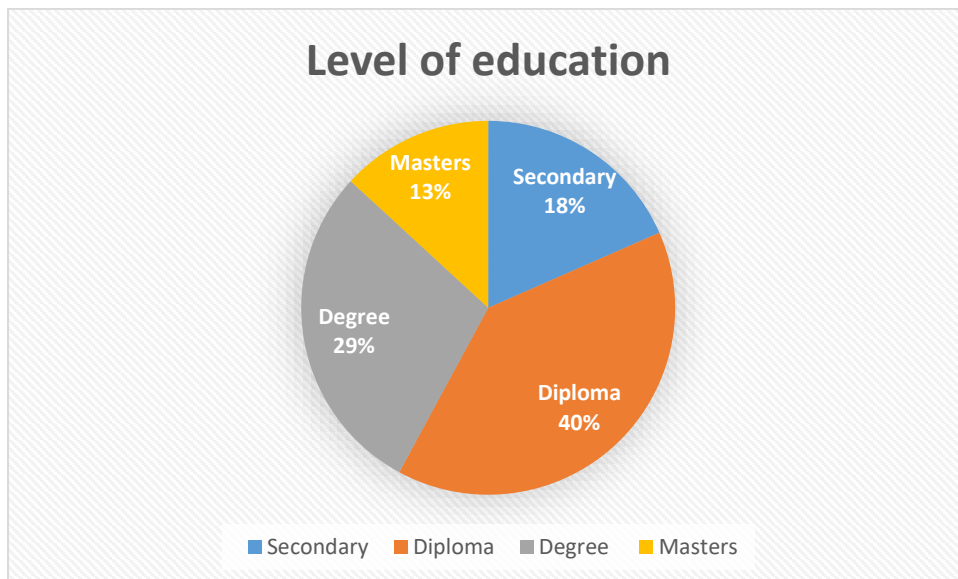


Figure 1: Respondents level of education

Most of the participants had worked for more than four years in their departments. The research study also examined if the participants had attended any training programmes on procurement procedures. The findings revealed that only 34.2% have received some training and 65.8% had not. In addition, for those who had received training, it was have had one training session which was done in one week.

#### 4.3 Knowledge of employees

The study investigated the level of knowledge of employees on procurement procedures. Most of the employees (52.7%) did not have full knowledge of the procurement procedure as shown in Table 2 below.

**Table 2: Employee Knowledge on procurement procedures**

Employee knowledge	Frequency	Percentage
<b>Yes</b>	18	47.3
<b>No</b>	12	31.6
<b>Little Information</b>	8	21.1
<b>Total</b>	38	100

#### **4.3.1 Recommended areas for training programmes to improve knowledge and competence**

Interviews with key informants revealed that 57.9% recommended training on the Public Finance Management System, 26.3% on tender invitation and supply chain, 10.5% on e-procurement and 5.3% on documentation.

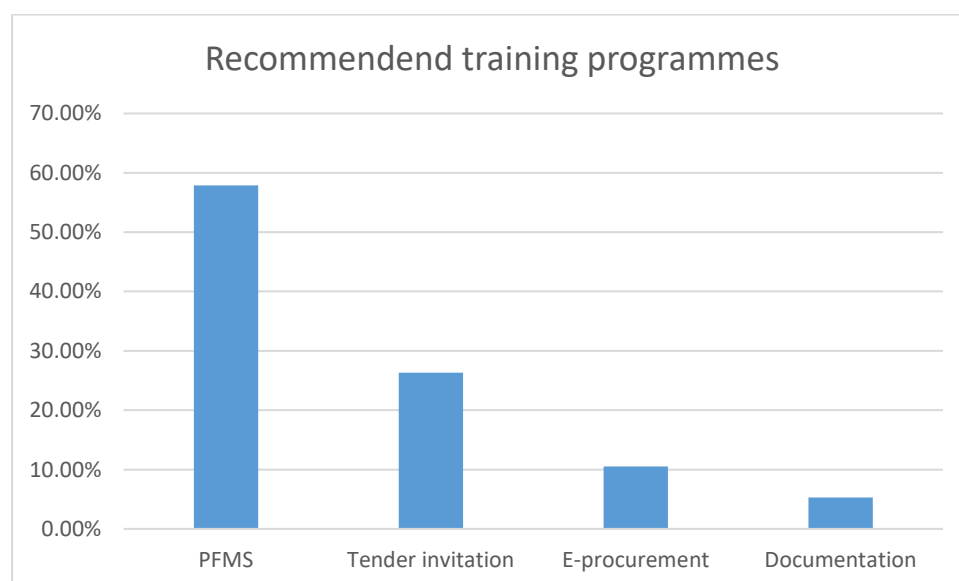


Figure 2: Recommended training programmes

#### **4.4 Employee competence on e-procurement**

The study investigated employee competence on e-procurement (electronic procurement). All the participants are computer literate.

#### 4.4.1 Adoption of e-procurement

Rusape General Hospital has adopted e-procurement. The participants were asked whether they were aware of this fact. The finding revealed that 55.3% responded that they have adopted e-procurement and 44.7% said they had not.

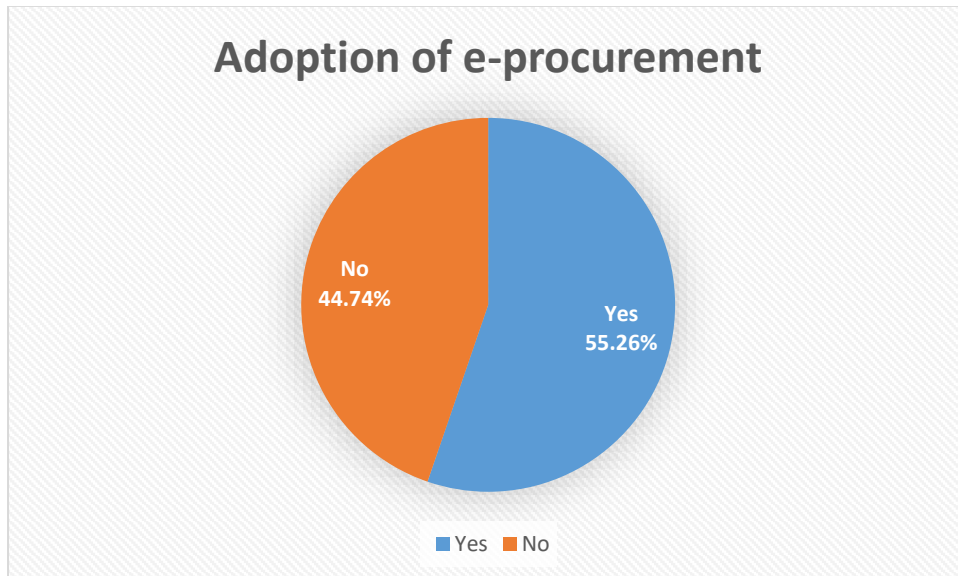


Figure 3: Adoption of e-procurement

#### 4.4.2 Applications and software's used to carry out operations in departments

The researcher investigated if there are any applications and software used in the departments that may facilitate e-procurement. The findings were that most departments use Microsoft packages with a percentage of 39.5% and 26.2% use the PFMS. Twenty-one percent said that they do not have any applications as they do not even have computers in their departments. Some 5.3% had no response on the question asked and 7.9% had other response specifying what they use in their departments. The pharmacy department indicated the use of the HOSPHARM, the Human Resources Department indicated the HRIS and then Administration department mentioned the use of the pay net when making its transactions.

#### 4.5 Relationships with suppliers

The study examined if Rusape General Hospital had any relationship with its suppliers.

**Table 3: Supplier relationships**

Variable			Frequency	Percentages%
Relationship with supplier	Yes	Yes	27	71.1
		No	11	28.9
Value of supplier relationship	Yes	Yes	31	97.4
		No	0	0
Availability of a risk strategy	Yes	Yes	23	60.5
		No	15	39.5

#### 4.5.1 Availability of a relationship with its suppliers

The researcher investigated if there was a relationship between the hospital and its suppliers through asking the participants. The findings revealed that the hospital has relationships with its suppliers as 71.1% of the participants supported it and 28.9% say that the hospital does not have a relationship.

For those that said that the hospital does not have a relationship was given a platform to give a reason why. Two main reasons were stated were that that the hospital is failing to pay its suppliers on time and because suppliers keep on changing.

#### 4.5.2 Value of supplier relationship

The findings revealed that indeed 97.4% participants said the hospital values the relationship. No participant said that the hospital does not value its relationship and 2.6% had no response on whether it does or not. This finding shows that the hospital values its relationships with its suppliers.

#### 4.5.3 Availability of a procurement risk strategy

More than half 60.5 % of the participants confirmed presence of a risk strategy and 39.5% participants believe that there is no risk strategy.



The participants that said that there is a risk strategy were given a platform to let the researcher know of the strategies available. Various strategies were mentioned, 43.5% said that the strategy is that when a supplier fails to deliver the hospital gives to the next bidder. 30.4% stated that the hospitals risk strategy is to make payments after delivery of goods and 26.1% could not explain the risk strategies available. This finding shows that the hospital has risk strategies in place for unreliable suppliers.

#### 4.5.4 Management of relationship with suppliers

The hospital manages its relationships using various ways. The responses are shown in the Figure 1 below i.e. trying to pay its suppliers on time, giving feedback to the suppliers and interacting with suppliers when need arises.

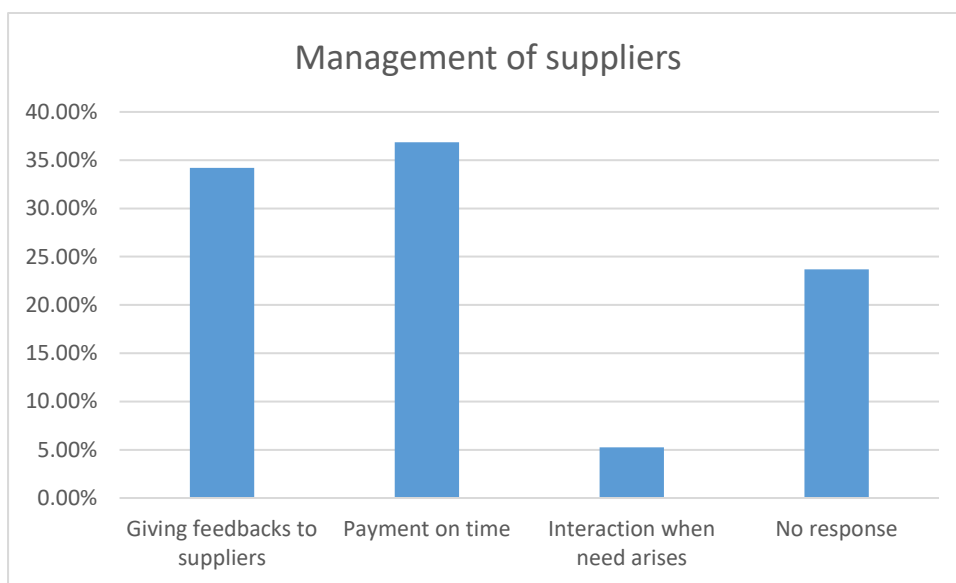


Figure 4: Supplier Management

#### 4.6 Compliance to procurement procedures

The study investigated if the hospital procurement committee comply with the procurement procedures provided by the government.

**Table 4: Compliance to procurement procedures**

Variable			Frequency	Percentage %
Awareness of procedures	Yes		23	60.5
	No		15	39.5
Formal Training	Yes		16	42.1
	No		22	57.9
Availability of Procurement Act	Yes		23	60.5
	No		15	39.5

#### **4.6.1 Training on procurement procedures**

Only 42.1% said that they were trained formally on the procurement procedures and 57.9% are not trained formally. The findings reveal that most head of departments do not have formal training on procurement procedures.

The respondents who said that they had a formal training had to specify the number of times they have received training. 56.3% received formal training on procurement procedures and 43.7% did not receive any formal training. Those who did not have any formal training they knew about these procedures through experience or personal motivation to acquire knowledge and involvement in the procurement committee.

#### **4.6.2 Awareness of the availability of the Procurement Act and other documents**

The finding revealed that at least more employees are aware than those who are not and 60.5% respondent that they are aware meanwhile 39.5% are not aware.

#### **4.6.4 Understanding and competence of the Procurement Act**

The researcher then investigated if the participants understood the procurement act and regulations. Findings were that 34.2% well understood the act and the regulations, 7.9% said

they fairly understand and 23.7% do not understand at all. None responses to this question were 34.2%.

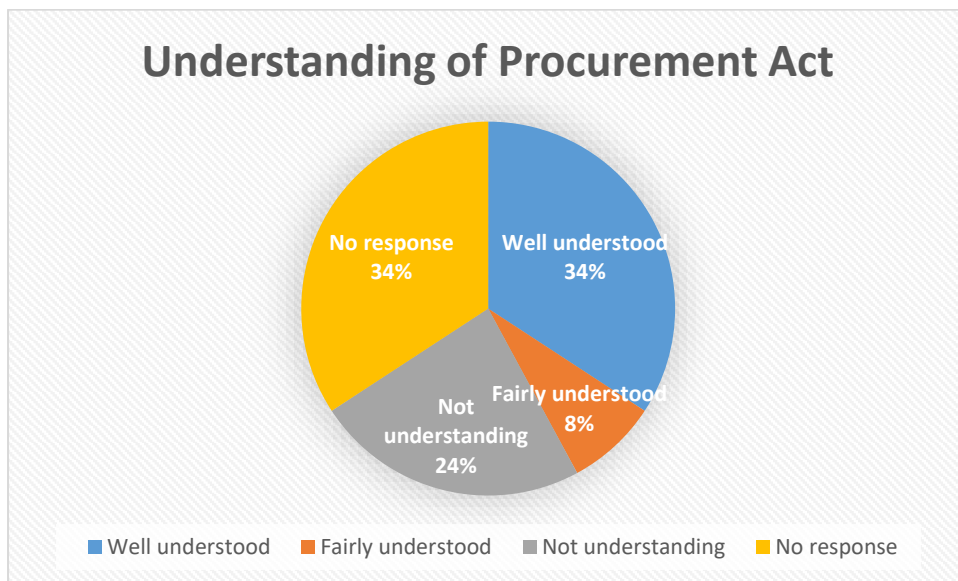


Figure 5: Understanding Procurement Acts and regulations

## 4.7 Procurement Processes

The study investigated to identify the current procurement process.

### 4.7.1 The current procurement process

As shown in below in Figure 3 that 68.4% of the participants mentioned that the current procurement process is the tendering process, 7.9% said the hospital uses the sourcing out of quotation process, 7.9% said that they do not know and 15.8% did not respond to the question. The findings reveal that although most people have an idea of the current procurement process many do not know or have a clear understanding of the process.

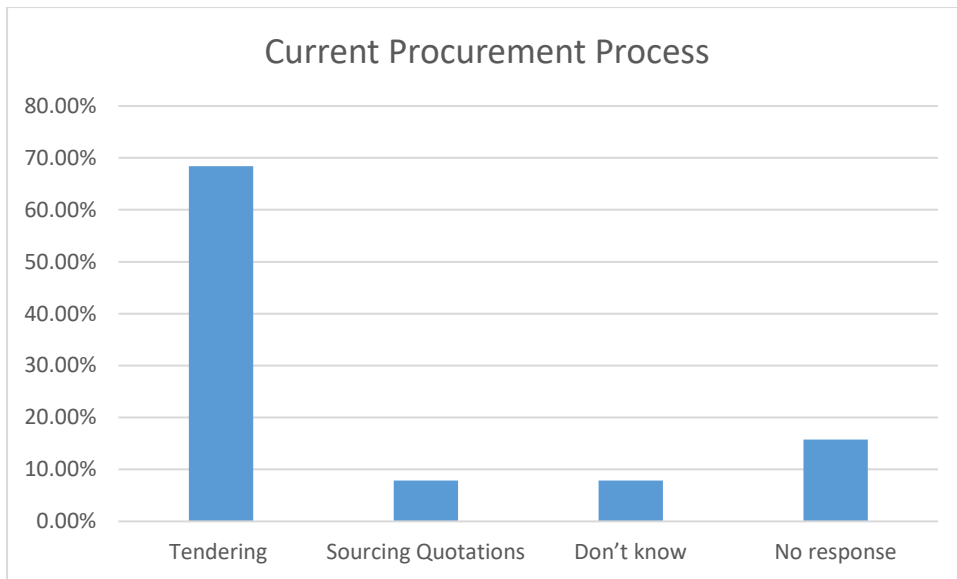


Figure 3: Current procurement process

#### 4.7.2 Days taken to identify procurement needs in department before running out

The participant's response was that 18.4% said that it takes less than two days. 15.8% said 3-5 days before supplies run out, 21.1 % said 9-11 days before and 44.7% said its more than 11 days before supplies run out. These findings reveal that most departments notice that they are running of supplies late.

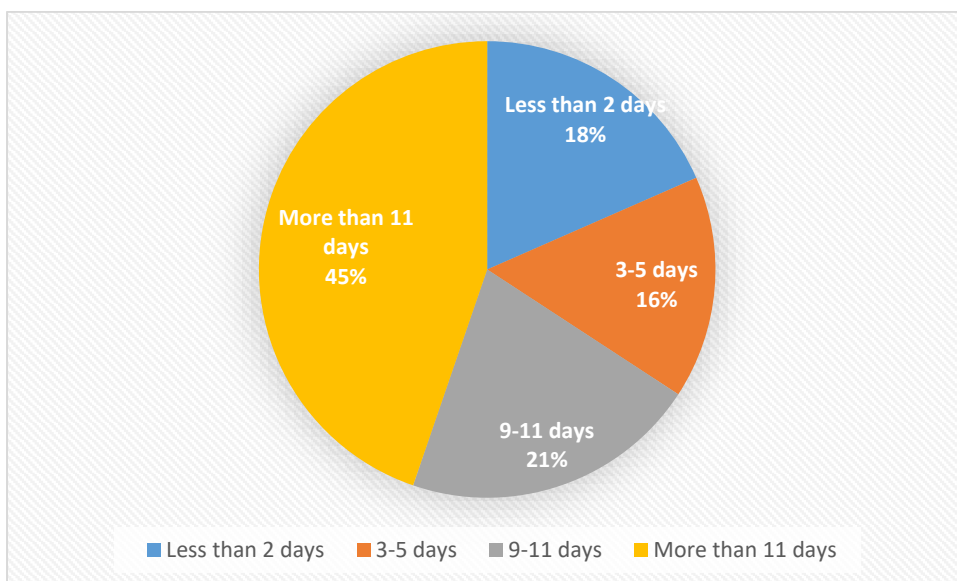


Figure 5: Number of days to identify procurement needs

Furthermore, the researcher investigated the number of times that these delays occur in identifying procurement needs in departments annually. The findings reveal that 13.2% of the participants mentioned that it happens several times, 39.4% said probably 10 times and 31.6% said 5 times and below. Some participants (15.8%) did not respond to this question. This finding reveals that there are many delays in identification.

#### **4.7.3 Current methods of procuring goods and services**

The researcher then went off to investigate the frequently used methods to procure goods and services at the hospital. The researcher put across three methods, which were direct procurement, request for quotation or tendering, and participants had to choose. The findings reveal that 5.2% said that request for quotation is the most frequently used, 13.2% said the tendering process, 15.8% said that the hospital frequently use both the tendering and the request of quotation and 2.6% said that the hospital uses both direct procurement and tendering. The majority 63.2% said that the hospital frequently uses all these three methods in procuring goods and services. These findings reveal that the employees have idea on the frequently used procurement methods.

**Table 5: Methods of procurement**

<b>Methods of procurement</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Direct Procurement</b>	0	0
<b>Request for quotation</b>	2	5.2
<b>Tendering</b>	5	13.2
<b>Tendering and Request for quotation</b>	6	15.8
<b>Tendering and direct procurement</b>	1	2.6
<b>All the methods</b>	24	63.2
<b>Total</b>	38	100

#### 4.7.4 Time take to deliver goods to departments by the procurement department

The researcher investigated the number of days the departments receive their ordered goods by the procurement department. And 55.3% of the participants responded that it takes two weeks, 21% said that it is a matter of days and 23.7% did not respond to the question.

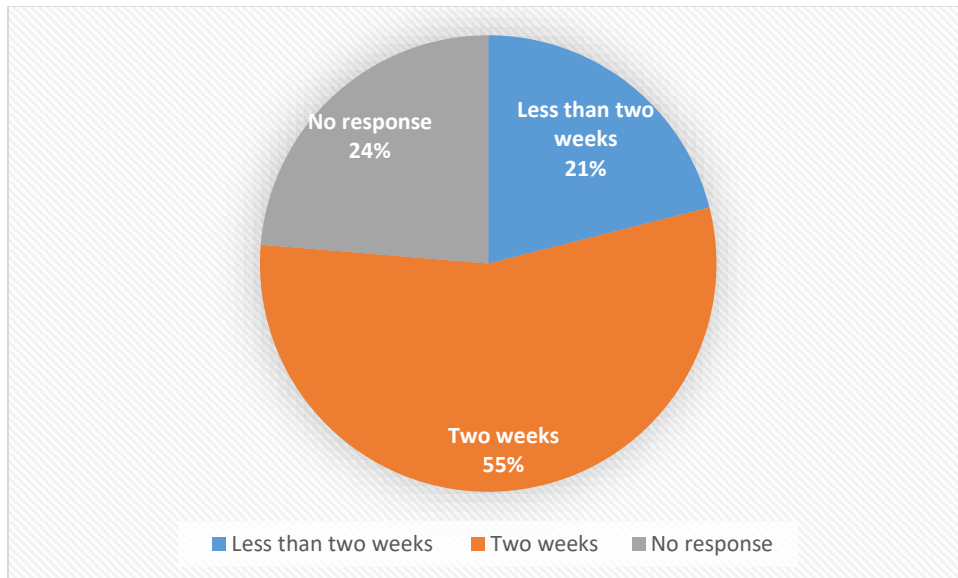


Figure 8: Time taken to deliver goods

#### 4.7.5 How often goods are rejected by user departments

Findings revealed 23.7% said that very often the goods are rejected, 15.8% said moderately, 13.2% said very rarely, 7.9% said it is often and 39.4% said that it is rare. These findings show that there are times when user departments reject goods received from the procurement department.

**Table 6: Rejection of goods**

Rejection of goods	Frequency	Percentage
<b>Very often</b>	9	23.7
<b>Moderately</b>	6	15.8
<b>Very rarely</b>	5	13.2
<b>Often</b>	3	7.9
<b>Rarely</b>	15	39.4
<b>Total</b>	38	100

#### **4.7.6 Strengths and weaknesses of the current procurement process**

The researcher then investigated if the strengths and weakness of the current procurement process. Moreover, 5.2% of the participants did not respond to the question. Participants that answered the strengths mentioned that the current process is transparent. Most participants answered only the weaknesses area that the process is not user friendly, there is corruption in the current procurement process and that they face challenges in either sourcing quotations as companies may refuse or overcharge. These finding shows that the current procurement process has more weaknesses than strengths.

#### **4.7.7 Challenges of the current procurement process**

The researcher investigated on the challenges of the current procurement process by asking the participants' opinions. The findings revealed that 36.8% said that the biggest challenge is that the procurement process is too long, 44.8% said that the current unstable Zimbabwe economy where prices are increasing each day and 7.9% said corruption. The rest, which is 10.5%, did not respond to the question. These findings reveal that the challenges are beyond the hospitals control.

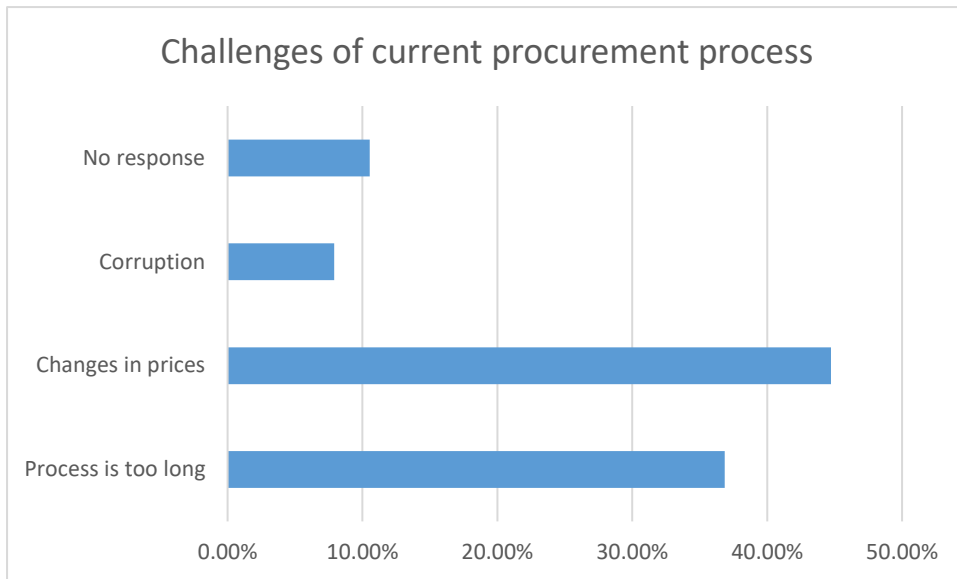


Figure 9: Challenges of the current procurement process

#### 4.7.8 Recommendations

The researcher therefore asked the participants for recommendations on the internal factors. The findings reveal that 21.1% did not give any recommendation, as they did not answer to this question. The participants recommended training to increase the knowledge of employees, training on e-procurement to increase employee competence on it. Interaction with the hospital suppliers to have a better supplier relationships and participants encouraged the procurement department to follow and comply with procurement procures to compliance of the procedures.



## **CHAPTER 5 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter discusses the findings of the data in relation to knowledge of employees, employee competence on e-procurement, relationship with suppliers, compliance to procurement procedures and the procurement process, makes conclusions and finally gives recommendations.

### **5.2 Discussion**

#### **5.2.1 Knowledge of employees**

The study established that most employees, 47.3% have knowledge on procurement procedures at Rusape General Hospital. However, the larger percentage of 52.7 had no or little information about procurement procedures. This shows that most people lack the knowledge of procurement procedures. Knowledge of employees in procurement is important to achieve an efficient procurement process and According to Uromi (2014) proved that in Zimbabwe there are challenges of public procurement information.

The study went on to establish that only 34.2% attended training programmes on procurement processes. This therefore shows that 65.8% acquired knowledge of procurement procedures with their own means. The participants indicated that the same people repeatedly attend the training programmes leaving others not to have a chance. Participants who attended most of the times argued that it was more necessary for them than others were as they played a bigger role in procurement.

Interviews with key informants further revealed that although training was undertaken, the Government gave priority to specific staff such as the administrator and accountant when it came procurement-training programs. The study further revealed that 100% attended programs that lasted a week.

Information from the background information revealed that 44.7% of the participants had served in the hospitals for more than 6 years. This was an indication that most employees were well conversant with their workplace and work procedures.

The study established that employees were placed in departments according to career specification and employees with most experience were given priority when selecting members of committees like the tender committee, quality inspection and technical committee for developing needs and specification. However most employees fear responsibilities and as they grow old they want less involvement in certain aspects such as being part of the procurement committee.

Most of the participants had worked for more than four years in their departments, which implied that the majority of the respondents were supposed to have useful knowledge on the dynamics of procurement operations and were in a better position to gauge the effects of the internal factors on the procurement process of supplies in the hospital. Years of experience also affect the speed and accuracy of employees for example when preparing bidding documents or evaluating quotations and tenders. This is because knowledge is mostly based on years of experience even though there are other factors to consider.

### **5.2.2 Employee competence on e-procurement**

The study established that 100 % of the participants were computer literate and this was an indication that all participants were computer literate. It was further established that most of the participants used the ICT tools available for communication in their departments. It was revealed that other departments did not have computers tools in use. According to Wasegeek (2013) e-procurement is an effective procurement practice as it reduces overhead costs by eliminating agent costs, however it is practised to a smaller extent at Rusape General Hospital. Only by the use of the Public finance management system.

ICT was largely used for communication by the participants because of the routine processes such as communicating with suppliers and consulting with the other user departments. The major tools of ICT used for the communications were mostly phones that are used for calling inside and outside the hospital. Computers were also used to send emails but to a smaller extent because of the few computers available. Njeru (2014) established that adoption of ICT helps in determination of re-order levels and stock control management and increases transparency in the procurement process.

The research further established that 55.3 % of the participants indicated that they had not automated their procurement process. In addition, 44.7% stated that they had no e-procurement because they had not received any training on e-procurement.

The study revealed that participants were familiar with the frequently used Microsoft software namely; Microsoft word, PowerPoint and excel which are the basic applications used by everyone.

The observation that the hospitals had not automated their procurement procedures confirms a survey by the WHO (2007) which showed that the level of ICT adoption in the provincial and district hospitals was very low due to lack of adequate staff to use the available technology.

### **5.2.3 Relationship with suppliers**

The study established that 71.1% participants believe that the hospital does have relationships with its suppliers. However, 28.9% think otherwise. This is because the hospital had been taken to court recently three (3) times by its previous suppliers due to late payments to its suppliers showing lack of relationship. Interview with a key informant revealed that these companies have debts that had no paperwork and a previous management team that was disposed due to corruption incurred these debts. Therefore, the new management cannot pay a debt they did not incur and that does not have any paperwork at the same time.

According to Elliot (2007) building a relationship with a steady supplier can help build a respectful business arrangement, and the supplier may be more likely to appreciate the steady business and make concessions when needed.

Management of suppliers' relationships is done by the hospital. The study established that this is mainly done through paying the suppliers on time and giving feedback on time. Interviewing the participants revealed that usually the hospital only interacts with suppliers only when arises. Other participants did not respond or know how the hospital actually manages its supplier relationships.

The study also established that 97.4% responded that the hospital values its relationship with suppliers. The interview revealed that this is because most suppliers are mentioned in the Government Gazette and those are the permanent suppliers advocated for by the Government. In addition, since it is located in a small town, there are a few reliable suppliers locally and therefore there is need to maintain and value that relationship. Lajara and Lillo (2004) highlights that the practice consists of selecting the „best“ suppliers working closely with them and entering into long term relationships based on mutual needs and trust.

A procurement risk strategy has to be in place against unreliable suppliers. The study revealed that 60.5% know that a risk strategy is in place at Rusape General Hospital and 39.5% assume or do not know that a risk strategy is in place. The risk strategy mentioned include that 43.3% responds that tenders are awarded to next bidder when one fails or payments are done once goods are delivered. These are regulations put in place by the government to abide in the procurement process. A percentage of 26.1% did not mention or respond on a strategy meaning that they assume or think a strategy is in place but do not actually know it.

#### **5.2.4 Compliance to procurement procedures**

The study further reveals that only 60.5% are aware that there are procedures to be followed in procurement. A large number for head of departments (39.5%) does not know about procurement procedures. This shows an inconsistent choice in those involved in procurement at the hospital.

Uromo (2014) observes that despite, the fact that conflict of interest is covered under law, the law is not enforced in practice. For that reason, public officials still award tenders to themselves through a third party. Therefore, enforcement measures are needed to ensure compliance.

The study revealed that only 42.1% have received formal training on the Procurement procedures and regulations. This means that 57.9% have no formal training and the questions asked after that was why. Most participants included the reason being because they are not involved in the procurement committee. An interview with a key informant reviewed that training programmes by the Government provide specifications on who to attend and repetition of these people is high as a way to be consistent in procurement and avoid employee incompetence.

The study revealed further that for the few participants who had received training on procurement regulations were able to administer procurement proceedings without material difficulties. On the other hand majority of untrained participants also faced difficulties in implementing the provisions of the Public procurement and Disposal Regulations.

#### **5.2.5 Procurement Process**

The study established that the participants knew the current procurement process. A 76.3% revealed that hospital uses the tendering process and the sourcing of quotation process. The rest did not know the procurement process by either saying that they do not know or not

responding at all. This finding reveals that not all head of departments are involved in the procurement of goods and services of the hospital.

The study also revealed that it takes two weeks for the procurement department to deliver requested goods meanwhile 55.3% take less than 11 days to identify procurement need. This finding reveals that departments request goods late and this leads to shortages and emergency buying that might lead to compromised quality of goods, as there is need of the goods and services in place to offer hospital services.

The study revealed that the biggest challenge of the current procurement process is mainly because currently there is a constant change in prices and this beyond the hospitals control. Therefore, it makes it hard to procure goods and services as the price might have changed the next day. Other participants (36.8%) said that the procurement process is long. This finding reveal that there are many procedures and regulation is place to regulate malicious actions and fraud. The participants that responded (7.9%) said corruption is the biggest challenge. This finding reveals that there is an element of corruption behaviours in the procuring of goods and services.

Study also revealed that there is systematic process to identify procurement requirements and specifications. The study also established that all goods are procured using purchase orders and there are established regulations and controls for incoming vendor invoices and all related documents. This finding is in line with (Csaba, 2006) who noted there is a need to have particular requirements for different products. There is the need to be certain of updated requirements.

### **5.3 Limitations**

The research was limited to just Rusape General Hospital participants which a single public institution within a country that has many government hospitals. This may have limited the

study application as well as generalization of its findings to other sectors other than those that operate under the public procurement Act and regulations.

In addition, the application of the research findings is also limited only to the public procurement departments only. Therefore, the research findings cannot be generalized to other departments or sectors.

#### **5.4 Conclusions**

The study found that procurement process at Rusape General Hospital was affected by factors such as knowledge of employees, employee competence on e-procurement, relationship with suppliers, compliance to procurement procedures and the procurement process. From the findings, the effect of the four depend variables affected the procurement process with ( $r = 0.415$ ), this therefore indicated that 41.5% of the procurement process was explained by the four dependent variables. The study concluded that 58.5% of the procurement process was explained by other external factors not examined in this study.

From the findings, the study revealed that accountability affected the procurement process. These results were explained by filing and documentation of procurement documents, audit queries raised by internal and external monitors and the involvement of public officers in the process of supplying the medical products.

It was established that computer literacy, application of ICT tools and e-procurement affected the procurement process of the hospital. The lack of computers and automated systems in the hospitals management offices was also attributed to the lack of internet and this makes it difficult for the hospital to adopt e-procurement and e tendering.

The study concluded that the compliance to procedures affected the procurement process. The results were explained by the unethical practices like collusion, conflict of interest and abuse

of office, which affected the assessment of procurement options, supplier selection and contracts award.

The study further concluded that employee competence affected the procurement process by a large percentage. The results were explained by the academic qualification of the employees, in-service training and work experience, which affected accuracy in, need identification, preparation and evaluation of bidding documents and assessment of procurement needs.

The study concluded that the procurement process was too long. The results explain that by 44.7% the procurement process takes more than 2 weeks

## **5.5 Recommendations**

The study established that inconsistent filing and documentation of procurement records, audit queries arising from the procurement process and involvement of officials in the process of supply affected the procurement process. The study therefore recommended that accountability to be enhanced by checking for all the files and documents relating to the procurement process to ensure that all activities and allocation captured. Ensuring that all the recommendations from the reports by internal or external monitors are followed to the letter and the queries raised are investigated and restricting public officers from participating or involvement in the procurement process.

The study further revealed that the levels of computer adoption and application was low in the hospital. The study recommended that it be to be enhanced through the purchase of more modern technology equipment like computers, installation of software packages, internet connection and automation of the key processes like tendering, sourcing and payments to reduce the opportunities for corruption and collusion. It will also enable the government to provide better service to their suppliers in an effective and transparent manner.



In addition, the study revealed that there were cases of unethical practices like collusion, conflicts of interest and abuse of office, which affected the procurement process. The study recommended that ethics should be enhanced. Suppliers should be investigated and warned against colluding to determine who wins a contract. Punishments and sanctions should be put in place to deal with the unethical conducts this will reduce the occurrence of the same.

The study also recommended that all officials to be conversant of the Procurement Act and Regulations and the general procurement manual for guidelines on their code of conduct. Lastly, the study established that there was inadequate relevant training to improve employee knowledge and employee competence. In addition to training, academic qualification and work experience also affected the procurement process.

The study recommended that the hospital in cooperation with the government and various organizations in the public and non-public sector to come up with established effective training capacity. The government should also carry out capacity building programs aimed at addressing the various procurement needs. There is need for the government to determine the procurement members, tender committees and procurement officers' professionalism as this is a vital part in coming up with a procurement cadre that can effectively ensure higher standards. In addition, professionalism in the sector will ensure service delivery is done as per the Government policies.

## **5.6 Data Dissemination**

Copies of the research project is to be sent to Rusape General Hospital to provide information about the findings. The copies will also be presented to the Department of Health Sciences at Africa University. The final report including both soft and hard copy is to be submitted to the department.

### **5.7 Suggestions for further Research**

This study examined the internal factors affecting procurement process at Rusape General Hospital and there is need for further study aiming at establishing the external factors that affect the process of procurement at the hospital and even within country.

In addition, future study should explore the challenges being faced and associated with the procurement process in public sectors' supplies.

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## **APENDICES**

### **Appendix 1: Interview Questionnaire**

My name is Kudzai Wekwete, a student at Africa University studying a Bachelor's Degree in Health Services Management. I am undertaking a research on the procurement process at Rusape General Hospital. Your cooperation would be of great importance and shall be greatly appreciated. Information obtained from this study will be shared only with those who need to know, and the results can be used to improve the procurement process at Rusape General Hospital.

#### **Instructions**

1. Please do not write your names on any of these forms
2. Answer all questions
3. Kindly tick in the appropriate boxes below and give explanations in the spaces provided.

### **SECTION ONE: General Background Information**

1. Date..... 2. Department.....

3. Sex : ☐ Male ☐ Female

4. Occupation.....

5. Level of Education .....

6. Number of years of service/working period at the hospital:

- ☐ Less than one year
- ☐ Two years
- ☐ Three years

- ☐ Four years
- ☐ Five years
- ☐ More than five years

## **SECTION TWO: Knowledge of Employees**

7. Do you have knowledge of the Procurement procedures at Rusape General Hospital?

☐Yes                      ☐No

8. Have you attended any in-service seminars or training programmes on procurement processes?

☐Yes                      ☐No

9. If yes, indicate the durations and number of the training programmes.

.....  
 .....

10. What areas in procurement would you recommend for training programmes to improve employee competence and knowledge?

.....  
 .....  
 .....

## **SECTION THREE: Employee competence on e-procurement**

11. Are you computer literate?

☐Yes                      ☐No



12. Indicate the areas where ICT tools are used in your department

.....

.....

.....

13. Have you adopted e-procurement in your organization?

☐Yes                      ☐No

14. If no indicate the reason for not using e-procurement

.....

.....

15. Indicate any applications and software that you carry out operations in your department

.....

.....

#### **SECTION FOUR: Relationship with suppliers**

16. Does Rusape General Hospital have a relationship with all its suppliers?

☐Yes                      ☐No

17. If no indicate the reason why

.....

.....

.....

18. How does the hospital manage its relationships with the suppliers?

.....  
.....  
19. Does the hospital value its relationship with its suppliers?

☐Yes                      ☐No

20. If no, why not?

.....  
.....

21. According to your opinion, do you think that the hospital is having very good relationship with its suppliers?

.....  
.....

22. Is there a procurement risk strategy against unreliable suppliers?

☐Yes                      ☐No

23. If yes, what is the strategy?

.....  
.....  
.....

## **SECTION FIVE: Compliance to procurement procedures**

24. Are you aware of the procurement procedures?

☐Yes                      ☐No

25. Have you had any formal training on the Procurement Act and procurement procedures?

☐Yes                      ☐No

26. State the number of times you have received training on the Procurement Act and procurement procedures?

.....

27. Are you aware of the availability of the Procurement Act, Regulations, Procurement Manual and Standard Tender Document?

☐Yes                      ☐No

28. How do you assess your understanding and competence about the Procurement Act, Regulations, Procurement Manual and Standard Tender Document?

.....

.....

.....

.....

## **SECTION SIX: Procurement Process**

29. What is the current procurement process at Rusape General Hospital?

.....

.....

.....

30. Indicate the number of days taken to identify procurement needs by the departments before supplies run out.

☐ Less than two days before

☐ 3 – 5 days before

- ☐ 6 – 8 days before
- ☐ 9 – 11 days before
- ☐ More than 11 days before

31. Indicate the number of times there are delays in the identification of procurement needs in the department annually

.....times

32. Indicate the methods of procurement frequently used by the hospital to procure goods and services.

- ☐ Direct procurement
- ☐ Request for quotation
- ☐ Tendering

33. Indicate the time taken by the procurement department to have deliver good delivered after orders by user departments

.....

34. Indicate how often goods received by the procurement department are rejected by the user department.

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Very often  | <input type="checkbox"/> Often  |
| <input type="checkbox"/> Moderately  | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Very rarely |                                 |

35. What are the strengths and weaknesses of the current procurement process?

.....  
.....  
.....

36. In your opinion what is the biggest challenge of the current procurement process

.....  
.....  
.....

37. What would you recommend on the following internal factors and their effect on the procurement process of medical supplies in your organization?

i. Knowledge of Employees

.....  
.....

ii. Employee competence on e-procurement

.....  
.....

iii. Relationship with suppliers

.....  
.....

iv. Compliance to procurement procedures

.....  
.....

**Thank you for your time!**

## **Appendix 2: Checklist**

### **Checklist for reviewing the procurement process**

- ☐ Need identification, timescale of requirement value assessment
- ☐ Approval of the requisition form by the Accountant and administrator
- ☐ Selection of the purchasing method by the Procurement Management Unit
- ☐ Provision of the purchasing documentation with specification of the goods or service
- ☐ Are documents review by the procurement committee?
- ☐ Invitation, clarification and closing offers on tenders is adequate
- ☐ If sourcing out quotation are necessary documentation such as company profile available.
- ☐ More than three quotations available for the awarding of a tender
- ☐ Procurement management unit evaluating the quotations and offers
- ☐ Selection of an appropriate supplier that include a review on the price and quality of the product or service provided
- ☐ Awarding of Tender using fairness
- ☐ Signing off the awarding of the tender by all procurement committee members present
- ☐ Submission of all paperwork to the procurement department
- ☐ Does the paperwork pass through the Accounting department before or after the awarding of tender?
- ☐ Record keeping and good bookkeeping of all the documents
- ☐ Are all procurement documents available for each tender?

### **Appendix 3: Request for permission to conduct the study**

Africa University

P.O BOX 1320

Mutare

04 March 2019

District Medical Officer

Rusape General Hospital

7 Mbuya Nehanda Street,

Rusape

Dear Sir/Madam

RE: APPLICATION FOR PERMISSION TO CARRY OUT A STUDY AT RUSAPE  
GENERAL HOSPITAL.

I am writing this letter kindly applying for permission to carry out a research at your institution

My name is Kudzai Wekwete. I am a final year registered student in the department of Health Sciences majoring in Health Services Management at Africa University. I am writing to request permission to conduct a research study at Rusape General Hospital. In partial fulfilment of the studies, I am required to do a Research Project. I would like to conduct a study at Rusape General Hospital and my research topic is “Evaluation of Procurement Process at Rusape General Hospital, 2018”.

I am looking forward to a favourable response.

Yours sincerely

Kudzai Wekwete (cell- 0773551182, email- [wekwetek@africau.edu](mailto:wekwetek@africau.edu))



## Appendix 4: Approval letter from Rusape General Hospital



Ministry of Health and Child Care  
Rusape General Hospital  
P.O. Box 10  
Rusape

Tel: +263-25-2363/5 Cell: +263-776 207 797



15 March 2019

Kudzai Wekwete  
Africa University

**REF: REQUEST TO CONDUCT A STUDY AT RUSAPE GENERAL HOSPITAL**

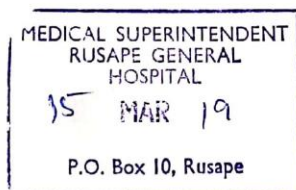
The above matter refers;

I have no objection to your request to conduct a study titled, "Evaluation of procurement process at Rusape General Hospital, 2018"

The management requires that you share a copy of your results with the hospital executive.

Regards

Dr. S. karemba  
**MEDICAL SUPERINTENDENT**



## **Appendix 5: Informed Consent Form**

### **INFORMED CONSENT FORM**

My name is Kudzai Wekwete, a final year Health services management (Honors) student from Africa University. I am carrying out a study on “Evaluation of the Procurement process at Rusape General Hospital, 2018”. I am kindly asking you to participate in this study by answering the questions I have for you and filling out the questionnaire to be provided.

#### Purpose of the study

The purpose of the study is to identify the factors that are affecting the procurement process at Rusape General Hospital. You were selected for the study because you are involved in the procuring of goods and services at the hospital.

#### Procedures and duration

If you decide to participate feel free to express your opinions and your identity will be protected through confidentiality and privacy. Participation in the study will be voluntary. You will be free to withdraw at any time during the study if you so wish without any prejudice. It is expected that it will take about an hour of your time, for example during your tea break or lunch break.

#### Risks and discomforts

There are no foreseeable risks to you in this study.

#### Benefits and/or compensation

There are no direct benefits in participating in this study. However, the research will assist in filling in the gap of the factors that affect the procurement process at Rusape General Hospital. This study can be beneficial to Rusape General Hospital and Zimbabwe as a whole in providing the insight of what affects the procurement process.

### Confidentiality

All interactions made with the researcher will be confidential and if there is, need to change confidentiality, then you as a participant will be asked permission first and no information will then be disclosed without your knowledge. Please note that when answering questionnaires, your name and other personal information that will expose you, will not be asked, therefore, you are able to answer all questions freely.

### Voluntary participation

Participation in this study is voluntary. If participant decides not to participate in this study, their decision will not affect their future relationship with Rusape General Hospital. If you chose to participate, you are free to withdraw your consent and to discontinue participation without penalty.

### Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

### Authorisation

If you have decided to participate in this study, please sign this form in the space provided below as an indication that you have read and understood the information provided above and have agreed to participate.

-----

-----

Signature of Research Participant

Date

.....  
Signature of Investigator

.....  
Date

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, it's your right as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the investigator, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email aurec@africau.edu

If you wish to know the results of this study, you may contact the District Medical Officer of Rusape General Hospital at Phone: +263 25 2363.

## Appendix 6: Budget

<u>Material</u>	<u>Purpose</u>	<u>Estimated cost</u>
Stationery	For data collection, management and documentation	\$30.00
Expertise	To assist in development of instrumentation plan, evaluation and analysis of data.	\$20.00
Transportation and logistics	To ease travelling to research sites.	\$100.00
Telecommunication	To ease accessibility of subjects.	\$10.00
Food and Refreshments	To ease effective performance of the researcher	\$20.00
AUREC fee	A requirement for a proposal acceptance	\$21.00
Other	In case of emergencies.	\$40
<b>Total</b>		<b>\$241.00</b>

## Appendix 7: Work plan

<u>Activity</u>	<u>Start Date</u>	<u>Completion Date</u>
Questionnaire and letters of consent formulation	1 March, 2019	7 March, 2019
Seeking AUREC approval	8 March, 2019	22 March, 2019
Transport arrangement and related logistics.	18 March, 2019	19 March, 2019
Gaining access to research site.	20 March,2019	20 March,2019
Data collection	20 March,2019	22 March, 2019
Data analysis	23 March,2019	28 March,2 019
Data evaluation	29 March, 2019	5 April, 2019
Documentation of data	6 April, 2019	14 April, 2019
Proofreading	15 April, 2019	23 April, 2019
Reporting	24 April, 2019	30 April, 2019

## Appendix 8: Approval letter from AUREC



(A United Methodist-Related Institution)

INVESTING IN AFRICA'S FUTURE

# AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

P.O. BOX 1320, MUTARE, ZIMBABWE • OFF NYANGA ROAD, OLD MUTARE • TEL: (+263-20) 60075/60026/61611 • E-MAIL: aurec@africau.edu • WEBSITE: www.africau.edu

Ref: AU903/19

3 April, 2019

Kudzai Wekwete  
C/O CHANS  
Africa University  
Box 1320  
Mutare

### RE: EVALUATION OF THE PROCUREMENT PROCESS AT RUSAPE GENERAL HOSPITAL, 2018

Thank you for the above titled proposal that you submitted to the Africa University Research Ethics Committee for review. Please be advised that AUREC has reviewed and approved your application to conduct the above research.

The approval is based on the following.

- a) Research proposal
- b) Questionnaires
- c) Informed consent form

- **APPROVAL NUMBER** AUREC903/19  
This number should be used on all correspondences, consent forms, and appropriate documents.
- **AUREC MEETING DATE** NA
- **APPROVAL DATE** April 3, 2019
- **EXPIRATION DATE** April 3, 2020
- **TYPE OF MEETING** Expedited

After the expiration date this research may only continue upon renewal. For purposes of renewal, a progress report on a standard AUREC form should be submitted a month before expiration date.

- **SERIOUS ADVERSE EVENTS** All serious problems having to do with subject safety must be reported to AUREC within 3 working days on standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.

Yours Faithfully

MARY CHINZOU – A/AUREC RESEARCH ETHICS OFFICER  
FOR CHAIRPERSON, AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE

