

**PROCUREMENT PROCEDURES AND EMPLOYEE
PERFORMANCE IN THE HEALTH SECTOR
IN TORORO DISTRICT,UGANDA.**

A Thesis
Presented to the School of
Postgraduate Studies and Research
Kampala International University
Kampala,Uganda

In Partial fulfillment of the requirements for the Degree
Master of Business Administration


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August, 2011



DECLARATION A

"This dissertation is my original work and has not been presented for a Degree or any other academic award in any University or Institution of Learning".

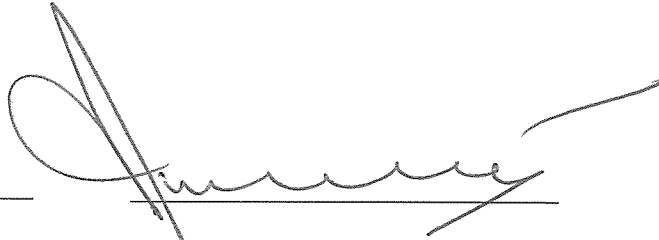
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Mr. Matovu Godfrey

A handwritten signature in black ink, appearing to be 'Timothy', written over a horizontal line.

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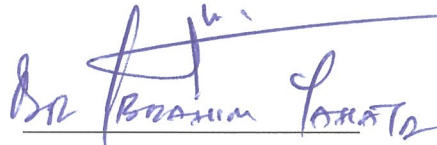
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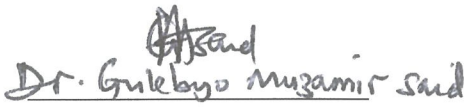
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APPROVAL SHEET

This dissertation entitled "PROCUREMENT PROCEDURES AND EMPLOYEE PERFORMANCE IN THE HEALTH SECTOR AT TORORO DISTRICT, UGANDA." prepared and submitted by GULOBA PETER J.M. in partial fulfillment of the requirements for the degree of MASTER OF BUSINESS ADMINISTRATION has been examined and approved by the panel on oral examination with a grade of PASSED.



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DEDICATION

This book is dedicated to my beloved wife Kaana Guloba and my dear children Hubert and Beatrice. Who missed my company during my studies.

ACKNOWLEDGEMENT

In the production of this work I wish to acknowledge the services of my supervisors Mr. Matovu Godfrey and Dr. Kerosi J.Bosire, who mentored me till the final production of this Book. I wish to register the encouragement of the resident centre coordinator, Tororo Mr. William Obonyo; who time and again told me to persevere till the end of the course. The lecturing staff of Kampala International University cannot be forgotten for their good work done to me in shaping me to be a quality professional. Great thanks go to the staff of the Procurement department at Tororo District local government for the accurate information given; and to the Chief executive, Tororo District Local government for allowing me conduct my study in the District. Finally I wish to commend the respondents for the data given during the research, may the almighty reward them abundantly.

ABSTRACT

Public procurement is a vice that is gradually taking shape in all departments. The procurement processes therefore are looked at by staff as a hindrance to quick accessibility to the health resources from amongst the service providers in terms of the documentation and aggregate time taken.

In the study, the researcher endeavored to investigate the extent of the processes and the impact on the health care service delivery to establish the cost effectiveness as well as the efficiency of the systems. Thereafter the study findings were used to suggest future applicability of the systems. The variables highlighted as inputs for the Health sector procurements were the availability of medicines and medical supplies that are core to the department. The process involved looking at the sequence particularly; procurement planning, advertising and publication of procurement notices, the prequalification of the prospective suppliers, and having bid negotiations. This would lead to availability of medicines and supplies and also value for money achieved as outputs.

A sample size of 167 health workers was drawn from the population of 288 across the District health facilities. The design was an exploratory research where qualitative as well as quantitative methods of data collection were employed using judgments, modes, means, correlations, and deviations.

In the study, it was discovered that the standard procedures were synchronologically followed.

It was also discovered that the process was quite long and time consuming and tended to disregard the emergency situations in the Health sector. In conclusion, the study highlighted the need to reduce on time frame and documentation of the process.

The study recommended having the set of procedures cycle that are friendly to handle emergencies as well and also integrate the users in managing the procurement function.

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CHAPTER ONE

THE PROBLEM AND ITS SCOPE

Background of the Study

Public procurement means the acquisition by purchase, lease, rental, hire purchase, license, tenancy, franchise, or any type of works, services or supplies or any combination of the three by the public entity. Public procurement accounts for 70% of the public expenditures in the public enterprises and parastatals and therefore public officials are mandated to have some checks and balances to ensure compliance with agreed norms. Public procurement today constitutes one of the biggest spenders of public funds. In order to enhance public accountability, procurement plans have become a mandatory requirement for the fiscal year budgets approvals. The total public procurement in the European Union countries, which is the purchase of goods and services and public works by governments and public utilities, is estimated at about 16% of the union's gross domestic product. Its importance varies significantly between member states ranging from 11% to 20% of the gross domestic product. Public procurement is subject to community and international rules although not all public procurement is subject to these obligations. Under these rules, public sector procurement must follow transparent open procedures ensuring fair conditions of competition for suppliers.

Twelve guiding principles have been put in place to steer the procurement function namely: accountability, competitive supply, consistency,

effectiveness, efficiency, fair dealings, integration, integrity, informed decision making, legality, responsiveness, and transparency (Institute of Supply management, 2005).

In Uganda, the public procurement and disposal of public assets authority (PPDA, 2003) was enacted by an act of parliament whose vision is to have a transparent, accountable, and efficient public procurement and disposal system that delivers value for money and therefore address the objectives of promoting efficiency and economy in procurement, while ensuring that public procurement is conducted in a fair and transparent, and non discriminatory manner thereby contributing towards the creation of a sound business climate. These objectives are supported by the introduction of a code of ethical conduct.

According to the CIPS ethical purchasing practices journal (2008), every organization requires an ethical policy or code of conduct where the buyers should universally apply the practice and involve all stakeholders in the process. The principles are integrity, professionalism, high standards, optimal use of resources and compliance with legal and other obligations and offer guidance in relation to declarations of interest, confidentiality and accuracy of information, fair competition, business gifts and hospitality.

According to the PPDA newsletter, 'In the real time practice, employees engaged in the procurement function have had many challenges in following the set procedures which includes time consuming and require a lot of paperwork to accomplish one simple procurement. Obtaining a quorum for the meeting to discuss issues pertaining to one procurement entity, faces a challenge especially for small procurement entities. There is

also loose teamwork and cooperation between the procurement and disposal units and user departments especially when sourcing for providers' (Akutuhwera,2009).

Among some of the pertinent parameters that fail the procurement process are but not limited to; the procurement planning, advertising and production of procurement notices, prequalification of suppliers, and bid negotiations.

The most excellent procurement activity begins with a comprehensive planning in which the activities are sorted according to need and urgency. This will call for the procurement officials to call for expression of interest in undertaking the procurement in form of advertisement coupled with publishing on notice boards the progress of the activity. Thereafter, a short list will be generated out of the population of applicants to ease the optimal service providers. After the supplier has been identified, the small details of fiscal consideration are finally negotiated before having the final award.

Statement of the Problem

The current procurement processes globally desire one entity to have numerous and multi stage documentation in the cycle thereby implying generation of many forms/literature for a single procurement, which in turn make the providers neglect the set processes at the expense of timely procurements.

The Uganda Government Budget framework paper (2009) identifies issues that hinder implementation of activities including, but not limited to,

lengthy procurement processes that cause low absorption of funds on top of poor contracting in both construction and service provision.

Akutuhwera (2009) outlines the challenges faced in the procurement function which includes among others bureaucracies involved in the procurement process in terms of reliance on many documents and forms which lead to unnecessary paperwork and delays even for small value procurements. Relatedly, the forms have a bearing on time management this leads to some staff to overlook the processes. Kakuru (2009) too enumerates challenges faced in following the process to the dot which is time consuming and tedious and where some practitioners have a tendency of getting tempted to overlook some, especially when working with heavy loads implying that the PPDA has to reduce on the cumbersome documentation.

In view of the above trend of events, it is apparent that the process takes much time and cumbersome with a lot of documentation and staff have an axe to grind, therefore it was necessary to assess the relationships that exist between the progress of the public procurement and the quality of performance of the staff at the Health sector

Purpose of the study

The purpose of the study is to assess the interrelationships that exist in the sequence of activities in the procurement process for the Health sector and the staff attitude towards performance of the sector procurements. This relationship will help the study to find out the optimal options in procedures for the procurements of the sector.

Research Objectives

The general objective of the study was to establish the extent of the procurement process impacts on the Health care service delivery and how all stakeholders perceive its applicability.

The specific objectives were:

- i. To establish the capacity and integrity of the respondents in giving Official procurement process information in the Health sector in Tororo District, Uganda.
- ii. To determine the extent of the processes in the public sector procurements in the health sector in Tororo District, Uganda.
- iii. To determine if there is a relationship existing between the magnitude of the procurement processes and staff attitudes towards Health care performance in Tororo District, Uganda.
- iv. To develop the future execution strategies for procurement processes in public sector in Tororo District, Uganda, basing on the findings of the study.

Research questions

- i. How consistent is the sequence of the procurement procedures in the public procurements?
- ii. What effect do the procurement procedures impact on the quality of performance of staff in the procurement entities?

- iii. What are the most prudent ways of managing public procurements?

Hypothesis

There is no relationship between the procurement process and staff attitudes in the health sector in Tororo District.

Scope

Geographical Scope

The study was intended to assess the extent and impact of the procurement processes on the staff performance in the health sector at Tororo district local government, Uganda. This was intended to cover selected Health facilities and depicted their perception of performance following the processes.

Theoretical Scope

The study considered the selected sequence of procurement processes that were applied and how interrelated they manifested in the performance of the procurement function. It considered the logical order that was to be followed for smooth performance and how they affected each other in default of consistency. It also looked at the feelings exhibited by the staff in following the set processes.

Content Scope

The study looked at the purchase of medicines as well as equipments as inputs for processing, where focus on the sequence of activities in the

procurement process was applied to it ranging from the procurement planning and budgeting at the beginning of the process, the advertisement as well as procurement notices, the prequalification of prospective service providers, and then the bid negotiations and review of procurement reports as the independent variables. It also considered the availability of quality supplies and services as the dependent variable.

Time Scope

The study was flagged off with an introduction to the District authorities in May 2011 using the University transmittal letter, which was followed by data gathering that took two months due to the schedule of closure of the financial year transactions by all District staff. Data analysis was done in July till August when the final report was produced.

Significance of the study

The beneficiaries to the study are as under:

The District executives are expected to benefit in terms of quickly and timely service delivery to their electorate.

The procurement Office team will be able to recognize the length of the sequence of the procurement and regulate their timelines in the process of the Health procurements.

The Health workers will learn to rationally plan their procurements for easy management of emergencies and stock outs.

The procurement entities and the prospective business dealers will closely follow the process and manage their financial liquidity and associated risks.

Operational Definitions of key terms

PPDA refers to the public procurement and disposal of assets authority; the body charged with the regulation of the procurement function in the public sector of Uganda.

Procurement entities refer to the user units/departments that require procurements of services/supplies of the economy.

Formal sector refers to the government bodies/ ministries/ departments or public sector.

Informal sector refers to the private firms/ individuals that deal with the government bodies in efforts to acquire business ventures in the procurements.

Local authority refers to the grass roots governments who take their own independent decisions regarding service delivery to the public, and which are officially recognized by the central government.

NAADS refers to the National Agricultural Advisory services; technical body charged with improving the Agriculture production through provision of inputs and technical advice.

MOFPED refers to Ministry of Finance, Planning and Economic Development of Uganda

PDU refers to the procurement and disposal unit; a department charged with the duty of organizing the procurement function and headed by one senior officer.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Concepts, Opinions, Ideas From Authors/Experts

Public procurement processes

According to the public procurement manual of the federal republic of Nigeria, the principal hallmarks of public procurement hinge on the areas of economy, efficiency, fairness, reliability, transparency, and accountability as well as ethical standards. A sound procurement system is one which incorporates all the above factors (office of government commerce, 2008).

In most developed countries, public procurement takes place within a framework of international obligations such as the world trade organization's agreement on government procurements or the procurement directives made under regional agreements. However in developing countries, the legalities of these international requirements do not apply. In the most recent past, the clamor for reform has increased especially in the implementation of the World Bank funded activities and other donor organizations because of inefficiencies of the unreformed systems (Agaba ,2006).

Three problems are cited for hindering the implementation of government contracts namely; lengthy procurement procedures that cause low absorption of funds; poor contracting in both construction and service

provision; and inadequate service providers due to difficulties in recruitment as well as retention of qualified personnel. Therefore in order to reduce on delays resulting from long procurement procedures, it is imperative that all ministries, departments, and authorities carry out a careful planning of activities and outputs that can be attained in a year (Ministry of Finance, 2009).

The procurement problem can be influenced both by efficiency considerations as well as political considerations. The efficiency considerations distinguish choices across service characteristics, while political considerations are likely to involve choices across the administrative units (Tadelis, 2009).

As a measure to enhance performance budgeting and improve on efficiency and effectiveness, government departments will be expected to show that they are providing good value for money. By efficiency, the departments will measure how economically the resources/inputs are converted into results or outputs. On the other hand effectiveness will focus on the extent to which the development interventions objectives were achieved or expected to be achieved taking into account the relative performance (MOFPED, 2009).

In real practice of the contemporary uganda, the business community as well as the policy implementers have a tendency of instituting shortcuts to the procurement function so as to have a quick gainful instances 'for survival'. Ensuring consistency with the above scholarly works tends to leave out some facts in favor of others. The ideal process seems too long and tasking and besides involves many stakeholders which impact on their take home and hence flout the procedures.

The relationship between processes and Staff performance

The modern planning of the national cake requires that there should be coordinated interventions of the ministries such that a healthy community will be able to be productive through areas like Agriculture under NAADS. However, the health sector has numerous challenges ranging from staff absenteeism, lack of essential drugs, and dilapidated infrastructure all of which require interventions. Therefore in order to have a strong service delivery performance in the Health sector, a monitoring and evaluation function has been shifted to the quality assurance department and participation of the senior top management in area teams has been institutionalized (Uganda MOFPED, 2009).

It has been cited that in the procurement function, there are difficulties in establishing a proper supply chain such as bringing together all the conflicting objectives of the partners involved and also establishing effective relationships at all stages and between the supply chains (Wood & Sangster, 2002). This incubates the scenario of each member in the cycle having a selfish thinking contrary to the organization objectives.

The consistence of the procurement processes.

Procurement planning/Budgeting

In the chart of responsibilities of the procurement function, it is evident that a 15-stage structure is developed from the procurement plan/budget through to the contract performance evaluation where each stage has its relevant documentation by the actors. These keep oscillating between the

user departments or procurement and disposal entities, the procurement & disposal units where professionals are placed, the contracts committees that approve at all stages or decide the best evaluations of bidders, and the accounting officers who are responsible for ensuring the proper functioning of the system (The Uganda PPDA, 2003).

The PPDA act (2003) sec. 58) provides for rational planning of the procurement function in order not to avoid emergency crush procurements which may not be budgeted for and may waste the entity resources including human resource. The requirements are supposed to be aggregated and documented prior to the commencement of the procurements.

The public procurement and disposal of assets authority part 3 (2003) emphasizes application of effective competition as evidenced by the use of open bidding, restricted bidding, or quotations. In doing so, they exhibit economy, and efficiency, through the consistent application of the procurement and disposal methods adopted. This is done in an ethical, impartial and independent manner.

According to Basheka (2008) procurement planning is one of the primary functions of procurement with a potential to contribute to the success of local government operations and improved service delivery. It sets in the motion the entire acquisition/ procurement process of the local governments. However, despite this vital importance, very limited scientific research has been done to examine the extent to which efforts in procurement planning can contribute to the effectiveness of governments.

The local government finance and accounting regulations (1998) enumerates stages in the procurement cycle where a comprehensive list of potential suppliers is communicated to the various stakeholders; the suppliers are requested to provide the prices for the items of supply which are then compared with the reserve price prior to the issue of the local purchase order. Technical evaluation is done to assess the competencies and specifications of the supply/service.

The PPDA (2003) too enumerates successive stages in the supply chain which begins with the approval of the budget estimates by the district council/ boards. From the budget, the user departments are required to submit their requirements with clear terms of reference and specifications. The process proceeds to the confirmation of the availability of funds and further evaluation done accordingly.

The inefficient use of funds can be generated from problems across the entire procurement process from the definition of the needs and creation of the bidding documents, to a lack of transparency and competition in the process followed by announcements, bidding evaluation and award of contracts to poor supervision. The negative effects of poor procurement planning are a task that is increasingly critical amidst declining local government budgets and expectations to do more with less (Basheka, 2008).

However in the real time practice, the procurement function is guided by the availability of funds to an extent that whenever these are available, the user department has no time to think of the successive stages which tend to be time consuming and cumbersome.

Advertising/Procurement notices in procurement

The PPDA (2003) emphasizes that after confirming the availability of funds, the bid documents are prepared for the public to purchase. This can only be possible through wide publicity using the appropriate media as per the procurement method adopted. When the procurement function arises, it is quite difficult to have all tasks done from in-house. This calls for having bids advertised for the public. According to [procurement procedures.htm \(2009,1,5\)](#), the following methods of procurement are established: Competitive sealed bids where the specialist designs a bid form which is sent to the web or appropriate method for the organization to be bought, filled and returned to the procurement office for further verification under sealed cover. Competitive sealed proposal to be used in highly technical and complex procurements where comparison is necessary. Fixed price bidding, where the purchase price is fixed. Competitive best value bidding, which is done after realizing that competitive sealed bidding is not practical (Dynamic science, 2009).

The Uganda PPDA act (2003) too identifies the following procurement methods in addition to the above: Open domestic bidding as well as international bidding where the method is open to all eligible persons or firms that can participate on equal opportunity locally or internationally to have competition and value for money. Restricted bidding (domestic and international) where personalities or providers are directly contacted for the service provision without necessarily advertising in appropriate media. It is basically the application of prequalified firms as well as consultancies which is called expression of interest. Next we have the quotation and

proposals method which calls for selection of the possible best performance. Direct procurement/disposal, which is the sole source procurement method used for timely procurement or disposal where circumstances do not permit the competitive method. Micro procurement used for low value procurements (Uganda PPDA, 2003).

The bid notices are circulated to all vital places so that the eligible public/providers are invited to submit their written offers to provide the service/works at free will. Therefore the private service providers are part of the procurement process in the public sector.

The PPDA regulations (2003) provide that the procurement entity has to publicize the invitation for prequalification of suppliers of various supplies and services and on prequalification, the invitation for bids will consequently be made in an appropriate media like the local daily, public notice boards giving the entire specifications of the nature of the supply/service to be procured. In this notice, the reference number and the closing date for receiving the bids has to be fully communicated. The process of advertising is supposed to employ the standard public procurement and disposal forms issued (ibid).

In a letter from the Uganda Ministry of Finance to accounting officers country wide, it was noted that low absorption of funds in the FY 2009/10 was rampant due to late initiation of procurement requirements as per regulation 105(1) and (2) where no or inadequate funds are provided for. They were accordingly advised to have the procedures initiated even without the actual availability of money (Muhakanizi ,2010).

Procurement is a newly emerging academic discipline in Uganda and therefore not much scholarly work has been done on the subject of

procurement planning and therefore the data used is based on the reports presented to the public procurement and disposal authority.

Ideally, publicity of the procurement function is a necessity for the smooth implementation of the public goods and services but in some cases this may be a figurehead. Besides, not all eligible suppliers have access to neither the press print nor the air-wave media bearing in mind their routine busy schedules. Getting off some time for looking out for the news may not be in existence.

Prequalification of suppliers in public procurement

In Malaysia, the role of the Auditor General in public sector management had to be revamped over time to allow for resources to be managed properly and that the accounting systems are proper and reliable. This called for ensuring that quality service providers are provided for at all times such that only those with the required qualities are involved in the public sector activities (Kulasingham,2010).

Sec 56(2) of the PPDA (2003) and regulation 48 of the same highlights the need for the procurement entity to use the standard form which reveals all the details of the procurement process. In the course of the invitations for solicitation of bid documents, some areas may not be clearly advertised and may call for an addendum or addenda; which are the addition of some features to the earlier advertisement. The PPDA act (2003) sec. 70 provides for the intending service providers to prove their competencies in order to be listed in the data bank for the annual providers. This saves time in soliciting for the providers whenever the need arises.

Apparently, some procurement entities may shortlist a set of suppliers who may not be offered an opportunity to carry out business due to some hidden influences despite their status of being qualified for the service provision, whereby the system is compromised.

Bid negotiations in public procurement

According to CIPS knowledge works, the ability to negotiate effectively is so fundamental that without it, an effective purchasing and supply management service cannot be provided. Therefore, the procurement professionals are urged to champion negotiations with suppliers for the needs of their organizations. It is a means of achieving value for money in a single source procurement. The CIPS e Sourcing journal (2005) spells out the elements of creation of contractual relationships where negotiation of terms and conditions of the contract; agreement of service levels, descriptions and schedules; are taken care of in the negotiation.

In order to curb corruption in procurement, the Malaysian government set up an open tender system for all government contracts, public accessibility to procurement data and the institution of whistle blowers as an act of parliament. This move was intended to have a consensus when engaging in the procurements by all the concerned (Kulasingham, 2010).

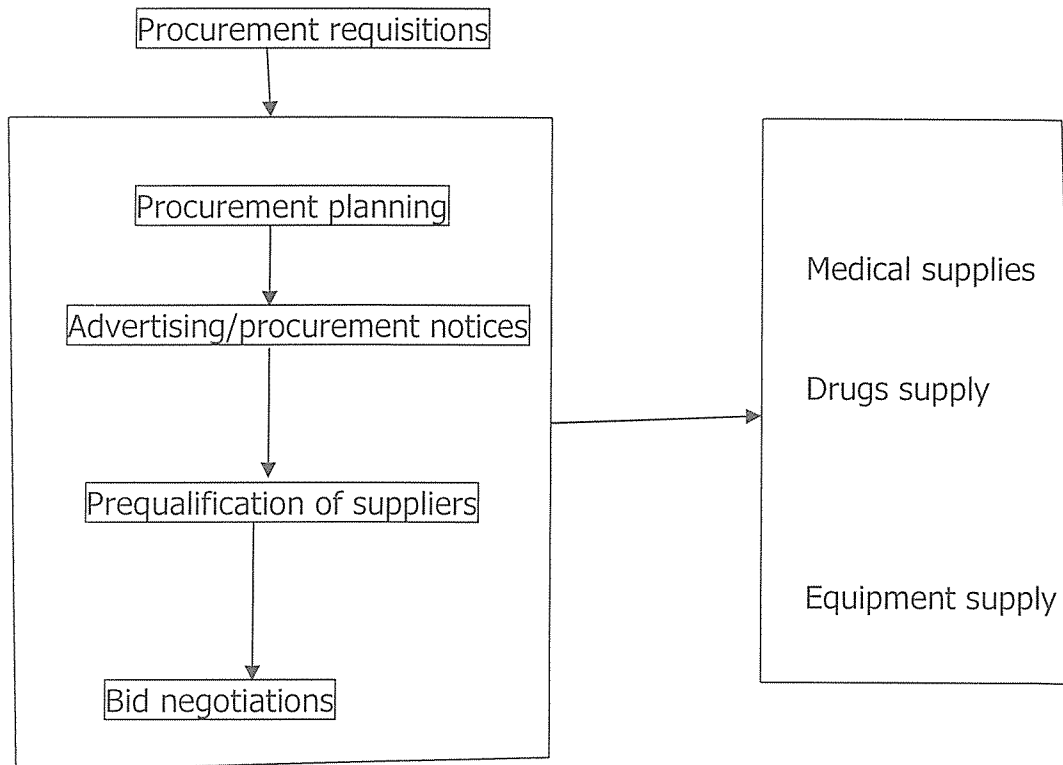
Public negotiation today takes another twist in that the negotiator will have a tendency of pushing in for personal gains rather than the organizational profitability. Public officers tend to have a win – win situation such that they enrich their coffers.

Theoretical Perspectives

In the public sector procurement, social welfare often depends on the time taken to complete a contract. In California (2003 to 2008), it was declared that where innovative design was not used, the welfare gain to commuter taxis for quicker completion of trips substantially exceeded the increase in winning bids. (Bajari, Lewis, (2009) *Procurement contracting with time initiatives: Theory & Evidence*). The assumption is that it makes bigger sense in having a procurement done swiftly and expeditiously such that there is limited time lost.

The conceptual framework is as under:

Fig: 1.1 - schematic presentation of the study



Adapted from ACCA review on Performance audit (2009,)

In the above diagram, the procurement function begins somewhere when the user department or procurement entity sends their intentions to acquire the supply or service in form of procurement of medicines and supplies, or Medical equipments as the inputs for the activity. This leads to the procurement staff to collect data from the various requests and then arranges a procurement plan which details the sequence of procurement to be made at whichever time; it is then compiled in one document to be competed for. Thereafter the intentions are advertised for prospective suppliers to place their interests. This is done using appropriate media (Newspapers, Radio, and Notices in public places)

depending on the urgency required. At the close of deadline for receiving bids, the prospective suppliers are sorted out to make a choice of the best suited ones who are then put on the prequalified list to be used in the course of the future delivery of supply rather than having the same exercise being done whenever the need arises. In most organizations, the list is generated to cater for the entire fiscal period. When time for service delivery is due the procurement Office calls on the prequalified suppliers who negotiate the prices for the service/goods and the best offer will be awarded. All the above relate to the process stage in the cycle. The outputs will then be the availability of the essential medicines, equipment and medical supplies at the service centre.

Related Studies

In 1993, a procurement measurement Action team to assess the state of federal acquisition system to identify innovation approaches for measuring performance and to develop strategies and recommendations for measuring performance and to develop strategies and recommendations for measuring the health of agency acquisition systems as a replacement of management reviews to determine compliance with established criteria. This method was found to lack a focus on the outcomes of the processes used and largely ineffective in dramatic and sustained improvements in the quality of the operations (*Hopf, et al, 2009. A Guide to a balanced scorecard performance management methodology*).

The PPDA's compliance assessment rating tool in place covers eight legal and policy areas which include; procurement structures in terms of the

staffing levels; procurement planning; solicitation and bidding procedures; reporting; performance of contracts committees; contract award and management; and record keeping. (*PPDA e-newsletter, 2009. Analysis of the performance of Procurement and disposal entities in the fiscal year 2008/9*). These checks are destined to keep the entity and the staff in line with prudent procedures in the procurement function.

As the PPDA's benchmarks of having a transparent, competitive, value for money and non discriminative procurement, other departments too have their own procurement procedures; for example Banks have their own bid evaluations which solicit for economic ways too. *The ACCA review on performance audit (2009)* highlighted objectives of performance in the procurement function by looking at the quality standards in respect to the methods and the set norms and ultimately having service delivery at a cost effective means of acquisition.

The world Bank guidelines enumerated the following principles as a guide to procurements namely: Economy and efficiency in procurements; equitable and fair competition in biddings; development of domestic industries; and finally transparency in the procurement function. Ultimately, it led to summarily having three stages in the procurement cycle having prequalification of suppliers, generation of bidding documents, and finally evaluations and award of suppliers. (*Chakraborti, 2011. World Bank guidelines: procurement of goods/works and consultancy services: An overview*).

CHAPTER THREE

METHODOLOGY

Research Design

The study focused on the effects of the procurement processes on the staff performance at the health facilities and was therefore exploratory in nature to establish the relationship between the variables. The study design involved descriptive correlation study which involved the usage of both qualitative and quantitative approaches. This study was descriptive to ascertain the various procurement processes and how they apply to the accomplishment of the procurements. It was also correlational to feel the impact of the processes on the staff performance. In so doing the data gathered was numerically analyzed using means, correlations and deviations to interpret the findings. A researcher designed questionnaire was employed to gather this data.

Research Population

The study was carried out in Tororo District, Eastern Uganda with a focus on the Health sector facilities managers which in total are 96 (both Private and the public facilities), from which 3(three) health workers were drawn as the target population totaling to 288 people; one of whom was the in-charge while the other was the person concerned with procurements and/or storage. The composition of the Health facilities included five Hospitals, three Health centre level four, 19 Health centre level three, and 79 health centres level two.

Sample Size

Out of the total population of 288 health facilities' selected workers, by the slovin's formula below gave a sample size:

$$n = \frac{N}{(1 + N e^2)} = 167 \text{ health workers drawn from the Health facilities.}$$

Sampling Procedure

The sample design was a stratified random sample using the proportional allocation because the sampling frame was grouped into specific distinct levels of health care classes. The formula $n_i = \frac{N_i}{N} * n$ was used.

Research Instruments

In the study, the researcher used a researcher-designed questionnaire for gathering the primary data as well as an observation checklist for the secondary data. The questionnaire was very useful for collecting data regarding the effects of the variables in the procurement processes due to the underlying prior knowledge of the effects that these procedures manifest in the entire procurement function in relation to the staff performance. On the other hand the observation checklist was to assess the secondary data obtained regarding the fulfillment of the process by the health facilities.

Validity and reliability of the instrument

Out of the five targeted people at the health facilities (clerical staff, nurses, Doctors, Paramedical staff, other support staff), by the use of the alpha level of the t-test we derive four people as the target sample of which three is representative enough.

The questionnaire was developed in accordance with the guidelines of Sekaran (2000) and was pre- tested on seven subjects within the District staff not included in the study to test the reliability and validity and to minimize the ambiguities of the results collected before being operationalised. A content validity index (CVI) test was used with the following responses made: strongly agree, agree, disagree, and strongly disagree.

Data Gathering Procedures

Before the actual administration of the instrument, the researcher designed a questionnaire using the research questions identified for the study. This instrument was tested for compliance before it was printed out for use.

During the data gathering process, a letter of introduction from the University was presented to the Chief executive of the District seeking permission to conduct the study. The research questionnaires were then distributed to the respondents at the Health facilities under the study sample. An agreeable time frame was reached at with the respondents after which to collect the instruments. As soon as the questionnaires were distributed, the researcher obtained the secondary data from the relevant central procurement office to establish the sequence of the processes.

After the agreed time frame, the researcher collected the instruments for analysis at the researcher premises.

Data analysis

The preliminary bio data was presented in tables and the mode was generated. The importance of the bio data was to establish the degree of independence and reasoning of the respondents.

In order to assess the three research questions, the researcher tabulated the data and analyzed using the mean and the product moment correlation coefficient from the context of the questions to determine the degree of agreement between the variables.

The secondary data was analyzed in a narrative way so as to establish the sequence of activities in the procurement department in terms of the time frame and the responsibilities embedded in each process. The mean was used too in order to arrive at the time frame for entire process. This sequence was then analyzed using the correlation coefficient to establish its impact on time.

Ethical considerations

In the study it was assumed that prior permission would be sought from the District executives using the transmittal letter from the school of Postgraduate studies and research together with the self introduction. The outlined arrangement was to assure the confidentiality of the study. The respondents were to be asked for their consent and assurance of the

confidentiality of the information so gathered would be met. It was also assumed that the results of the study would be purely for academic purposes which could be used by the authorities at their wish. In the study it was also assumed that the political climate would remain stable and the data treated confidentially.

During the study, all the necessary procedures were ably done and the political tribal disagreements that existed in the District at the study period did not affect the study since the researcher was not a born of the District to be identified with either party of affiliation.

Limitations of the study

The study was designed to acquire responses from the public officers regarding their attitudes to the set norms. In so doing, the responses generate criticisms for the processes which tend to have a bearing on compromising the individuals' job security.

In obtaining data, the sample was a representative part of the entire population which sometimes does not capture all the pertinent issues in the study.

In the current politically motivated climate in Uganda, all activities have some monetary consideration attached to them; this vice has a bias on the quality of data obtained depending on the consideration put in place.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Out of the 167 questionnaires distributed, 160 respondents complied representing 95.8%. This was attributed to the adverse weather conditions that hindered accessibility of some health facilities at the time of collection of responses.

Establishment of the capacity and integrity of the respondents

During the research, the following age bracket for the respondents was established:

Table for ages of respondents:

Age bracket	No. of responses
26 – 35	54
36 – 45	59
46 – 55	42
56 - over	5

Using the mode, the table depicts the majority of decision makers fall in the age bracket 36 – 45 years which is the climax age for the civil service in Uganda.

The gender was balanced at 77 males against 83 females which were relatively balanced.

Out of the respondents, four classes were made regarding their nature of work in their organizations where 30 were clerical class, 58 were nurses, three doctors, and 69 paramedical staff, implying that most decision makers at the health facilities were paramedical staff.

The level of education was calibrated as under:

Table for level of education of respondents

Level of Education	No. of responses
PLE leavers	5
O – level	21
A level	20
Diploma	84
Degree	30

This implies that the majority of Health workers are diploma holders followed by degree holders and hence a quality and knowledgeable workforce.

Determination of the extent of processes in the procurement cycle

The responses were drawn to highlight whether the stages in the procurement process were known to all and were consistent and whether the documentation was adequate. The responses were as under:

Table showing responses to the consistency of procurement process

Question	Total Agree	Total disagree	Mean	Interpretation
Procedures known to all staff	139	21	40	Vividly correct
Stages in the procedure are consistent and one leads to another	145	5	37.5	In agreement
If sequence is not followed no effect to the process	28	132	40	Not true
Procedures are a time waster and delay procurements	46	113	39.8	The procedures are a necessity
Procedures have no focus on emergencies	93	67	40	Disregards emergencies
Σ mean			39.5	Sequence of processes are consistent

It was apparent that the majority agree that the procedures are known by all and all the procurements are done according to these procedures. The study also revealed that the process has a consistent structure implying that one stage leads to the other.

The personal opinion revealed that the sequence of procedures had a direct effect on the procurement if not followed. The respondents too confirmed that the process is not a time waster but a necessity. However, the process and the procedures do not cater for emergency situations of the Health nature.

Determination of the relationships existing between the magnitude of procurement process and staff attitudes towards the activity.

Responses were gathered regarding the staff attitudes towards the extent of procurement procedures and whether they affect their performance and the following were the responses generated.

Table showing responses to the staff attitudes on procurement process.

Research question	Total Agree	Total disagree	Mean	Interpretation
Staff aware of the procurement cycle	95	65	40	Cycle known to all staff
Procurement done in harmony between PDU and staff	90	70	40	All stakeholders work in harmony
Procurement takes a lot of time to accomplishment	120	40	40	Cycle takes a lot of time
Procurement function has a lot of stages which can be reduced	112	48	40	Stages require reduction

If procurement adhered to strictly there is satisfaction	151	9	40	It is necessary to adhere to the cycle
Σ Mean			40	Length of the process leads to dissatisfaction of stakeholders

The majority of the respondents concurred with the researcher that the sequence in the cycle was known to all. It was also concluded that both the user departments and the procurement office discharge their duties amicably. However, when it comes to time frame for the activity, the respondents concurred with the researcher that it is generally too long with a lot of processes which require to be reduced in number.

The investigator wanted to find out if adherence to the procedures could lead to the stakeholders' satisfaction and it was discovered that the only way out to satisfaction was having strict adherence towards the procedures.

Development of future execution strategies for procurement.

During the research, the investigator wanted to establish how best to improve on the procurement processes and her impact on staff performance attitudes and the following responses were obtained.

Table for responses for future strategies.

Research question	Total Agree	Total disagree	Mean	Interpretation
Contracts let down by lack of funds and advice	108	52	40	Availability of funds are a determinant to contracts survival
Performance records availed during disputes	69	91	40	Records available at all times
PDU staff sometimes compromised in order to have long processes	61	99	40	PDU staff independently discharge their duties
Σ mean			40	Staff performance at health facilities is not determined by social excitements

The responses to failures of contracts revealed that the availability of funds and lack of technical appraisal of the progress are a major hindrance to contract executions. In the event of accessing the records, the respondents disagreed that these records do not only come up as a dispute handling tool.

In the research it was established that the procurement officials are not compromised to have the process take long but a natural state.

The secondary data was obtained from the head of procurement and disposal unit of Tororo District, Uganda where the predesigned 15-stage procurement cycle sequence designed by the PPDA was analyzed with special consideration to the actors and the timelines for each stage.

The set of actors identified were the procurement and disposal unit headed by the Head of PDU (Procurement & Disposal Unit), who also doubles as a contracts evaluation committee chairman, a working/adhoc /task force committee to screen the procurement bids; the accounting officer who is the chief executive of the District; the chief Finance Officer ; the user departments represented by their Heads of department; the contracts committee which is the statutory commission charged with the duty of approving the procurements in the District; and finally the boards and commissions of the District council who are the policy makers of the District.

The sequence of activities in the cycle were enumerated as under:

The first stage was the procurement plan/Budget where the items to be procured for the various departments are consolidated into one master plan for the district and all various actors are involved in this stage which normally takes three to four days to have it generated.

The second stage is the initiation of procurements by all the departments' heads which clearly depicts the specifications of the goods, statement outlining the works, and the terms of reference for the services. This stage is usually done with reference to the approved budget and it usually takes one day to have the document presented to the PDU.

The third stage is the confirmation of availability of funding where the chief executive and the head of finance concur with the head of

department that they are properly committing the District with availability of financial resources; which also takes one day.

The fourth stage is the most crucial one where the success or failure of the procurement occurs and it is where the PDU, the adhoc evaluation committee, and the head of departments review the clarity of the specifications so that an appropriate method of procurement is used (Open bidding, selective bidding, micro procurement) as applicable. It is also the stage where the criterion of selecting the best out of many potential bidders in line with the potential market is done. This takes three days.

In the fifth stage, the decisions of the evaluation committee are relayed to the contracts committee to either approve the method to be adopted as reached at by the evaluation committee or reject it giving their reasons for such decision (in most cases due to the thresholds).

The sixth stage is the preparation of bid documents for all the approved methods of the contracts committee by the PDU, where a standard document is used as an instruction to the bidders, price schedules, and also the terms and conditions of the contract. This takes five days.

In the seventh stage, the standard documents prepared by the PDU are presented to the contracts committee for approval before it can be sold out to the prospective providers. Its implementation barely depends on the contracts committee decision and this takes one day.

In the eighth stage, advertising is then done by the PDU and the chief executive, and the prospective suppliers/service providers can then buy the documents accordingly. As for the contracts of open bidding, the advert is run in the newspaper for wide publicity. The deadline for receipt

of bids under this method is 15 days from the date of appearance in the newspapers. Under the selective bidding, the advert will only be open to the applicants from within the prequalified list as generated by the PDU at the beginning of the financial year, and will take 10 days from the date of the appearance in the newspaper. Each sold bid will be recorded in a document called the record of issue of bids; while the cost of the document is not necessarily revenue but recouping cost of production of the documents.

The ninth stage is for receiving of bids and subsequent opening which is done by the PDU using prescribed documentation called Record of receipt of bidding documents and also Record of bids opening, the latter of which is optionally witnessed by the bidders' representatives. The purpose of this

documentation is to create an audit trail. This takes a one day exercise. The tenth stage is the presentation of the opened bids to the adhoc evaluation committee headed by the Head of Procurement and disposal unit who selects the members from the user departments heads. This normally takes 10 days to accomplish the task.

After the evaluation, the eleventh stage of presentation of the evaluation report to contracts committee for approval is then reached at. This committee will consider the recommendations and act accordingly. The approved list will then be pinned onto the notice board using a form called the notice of the best evaluated bidder, which will hang for five working days to allow for complaints from the unsatisfied bidders to lodge in their dissatisfaction to the accounting officer using a procedure called the administrative review, which is normally paid for at a cost of Ugx 1,000,000= (One million only) refundable after winning the complaint.

The twelfth stage is the signing of the agreements by the accounting officer, who will communicate the success story of the bidders as well as the administrative reviews and invite the successful bidders to sign the agreements before him. This will take one day.

The fourteenth stage is the contracts management which is managed by the user department to ensure that the contract is managed according to the terms agreed and communicate discrepancies to the PDU accordingly.

The final stage in the cycle is the contracts performance and evaluation, where an audit of the project/contract is done to assess the success and failure by comparison of the planned with the actual.

Ideally if the contract is to take off in the cycle , keeping other factors and activities constant, the process would take the user department 51 (fifty one) days from the presentation of the procurement plan through to the signing of the contract. It is apparent that a lot of time is taken in order to have advertising done for the method of contract management followed by the evaluation of the received bids. This is to allow for wide publicity and also intensive scrutiny of the bidders' supporting documents so as to obtain the best out of many.

Suffice to mention that a lot of consideration is put in the preparation of the bid documents by the PDU and the approval of evaluation report by the contracts committee, which require appending all the necessary details to leave no room for loopholes.

CHAPTER FIVE

FINDINGS, CONCLUSIONS, RECOMMENDATIONS

FINDINGS

Analyzing the study revealed the following findings:

Establishment of the capacity and integrity of the respondents

Through this objective whose age bracket is tabulated below, the mode was calculated and presented as under.

Age bracket	No. of responses
26 – 35	54
36 – 45	59
46 – 55	42
56 - over	5

$$\text{The modal age} = L + \left[\frac{D_1}{D_1 + D_2} \right] C = 36 + \left[\frac{3}{3 + 11} \right] * 9$$

The mode therefore was 37.9 Years of age. This age in Ugandan standards is very productive and has fresh reasoning capacities.

It also follows that the level of education of diplomate is good enough to reason as below.

Level of Education	No. of responses
PLE leavers	5
O – level	21
A level	20
Diploma	84
Degree	30

Determination of the extent of processes in the procurement cycle

The second objective was analyzed in two forms of agreement to the question and disagreement to the question as under

Question	Agree (x)	Disagree (y)
Procedures known to all staff	139	21
Stages in the procedure are consistent and one leads to another	145	5
If sequence is not followed no effect to the process	28	132
Procedures are a time waster and delay procurements	46	113
Procedures have no focus on emergencies	93	67

Using the product moment correlation coefficient (r) we have

$$r = \frac{n \sum xy - \sum x \sum y}{\sqrt{n \sum x^2 - (\sum x)^2} \sqrt{n \sum y^2 - (\sum y)^2}}$$

	x	y	xy	x ²	y ²
	139	21	2919	19321	441
	145	5	725	21025	25
	28	132	3696	784	17424
	46	113	5198	2116	12769
	93	67	6231	8649	4489
Σ	451	338	18769	51895	35148

$$\begin{aligned}
 \text{In our formula } r &= \frac{(5 * 18769) - (451 * 338)}{\sqrt{(5 * 51895) - 451} * \sqrt{(5 * 35148) - 35148}} \\
 &= \frac{- 58593}{- 316717} \quad r = 0.185
 \end{aligned}$$

This therefore implies that the consistencies of the documentation in the process of procurement is known to all and cannot be avoided and are not a time waster but do not generally take care of emergencies.

Determination of the relationships existing between the magnitude of procurement process and staff attitudes towards the activity.

Analyzing the data using the spearman's rank correlation we tabulate it thus

Research question	Agree (x)	r_x	Disagree y	r_y	$r_x - r_y$ d	d^2
Staff aware of the procurement cycle	95	4	65	2	2	4
Procurement done in harmony between PDU and staff	90	5	70	1	4	16
Procurement takes a lot of time to accomplishment	120	2	40	4	-2	4

Procurement function has a lot of stages which can be reduced	112	3	48	3	0	0
If procurement adhered to strictly there is satisfaction	151	1	9	5	-4	16
Σ						40

Thus in the formula $r = 1 - \frac{6 \sum d^2}{n(n^2 - 1)}$

$$\text{we have } r = 1 - \frac{6 \cdot 40}{5 \cdot 24} = 1 - \frac{240}{120} = -1$$

It is apparent that the contracts are usually failed by the availability/delay of funds coupled with the proper technical expertise to advise on the progress. However the reporting on the contracts is not in any way done for the benefit of the aggrieved party and the length of the process is not in any way the making of the procurement officials since they use standard documentations which cannot be manipulated. It seems that if the documentation is reduced and the time for bidding is done just in time for the need, the health sector could benefit much from the procurements.

Development of future execution strategies for procurement.

Using the secondary data, it was discovered that the entire time taken for the procurement cycle totaled to 51 days which is an equivalent of two months for a single procurement.

The table below summarizes the no of days.

Activity	No of days
Procurement plan/Budget	4
Initiation of procurements	1
Confirmation of funding	1
Review of specifications	3
Approval of procurement method	3
Preparation of bidding documents	5
Approval of bidding documents	1
Advertising bids	15
Receipt of bids & opening	1
Evaluation of bids by Evaluation committee	10
Approval of evaluations by contracts committee	5
Publishing the best evaluated bidders	4
Contract signing	1
Σ	51

Using the mean we discover that it takes 3.9 days for a transaction as under

$$\text{Mean} = \frac{\sum x}{N} = \frac{51}{13} = 3.9 \text{ days}$$

The table below shows the responses to the questions regarding the best way forward in the set of procedures analyzed using spearman's rank correlation

Research question	Agree (x)	r_x	Disagree (y)	r_y	$r_x - r_y$ (d)	d^2
Sabotage by availability of funds	108	1	52	3	-2	4
Records availed to sort out disputes	69	2	91	2	0	0
PDU compromised to delay process	61	3	99	1	2	4
Σ						8

Using the formula $r = 1 - \frac{6 \Sigma d^2}{n(n^2 - 1)}$

$$\text{we analyze thus } r = 1 - \frac{6 * 8}{3 * 8} = 1 - \frac{40}{24} = 0.4$$

From the study it was apparent that performance depends on the availability of funds as well as technical appraisals. But on the other hand the records availed are not useful for particular situations only.

CONCLUSIONS

As far as the study revealed, the process has many stages which generate a lot of documentation. A critical look at the World Bank guidelines highlights four levels of the procurement cycle but the traditional set up gives 15 stages in the cycle. This unfortunately requires a lot of documentation at each of the individual levels. The length of this structure impacts on the service delivery especially in handling emergency procurements to save lives of patients. In so doing the working morale of the staff is watered. It was apparent that reduction in terms of merging some stages and finally the documents involved was necessary so that they are fewer in number; this will in the long run reduce on the time frame for the entire procurement cycle. In the study therefore, there is a significant relationship between the staff attitudes towards the health care delivery system and the procurement process in Tororo District especially in terms of emergency situations.

RECOMMENDATIONS

The study is recommending the following areas of concern as well as future studies:

The procurement chain should be revised so that value for money is always envisaged in the health sector but should also take care of emergency situations in the health sector, which deals with human life.

The processes need to be reduced in number of stages so that the staff can fully adhere to them to allow for optimum procurement function.

The researcher recommends to have a further study on the optimum size of procurement cycle; alternative arrangements for the emergency procurements; as some of the topics to be moderated.

The procurement function could be decentralized to the lower levels to minimize on time and allow for full participation of the stakeholders.

Some procurement could be categorized to allow for micro procurements and emergency procurements that can be reported on at a later stage in the cycle and in the reporting period of the health facilities.

An appropriate medium for feedback should be instituted to allow for the staff expressions and public relations regarding procurements.

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TORORO DISTRICT LOCAL GOVERNMENT
P. O. BOX 1
TORORO,
UGANDA

CASE OF ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE REF:

CR/164/8

THE REPUBLIC OF UGANDA

31st May, 2011

TO WHOM IT MAY CONCERN

**RE: REQUEST FOR GULOBA PETER JM-MBA 18821/71/DU TO CONDUCT
RESEARCH AT TORORO DISTRICT**

The above student of Kampala International University has approached this office to carry out his final thesis in Tororo District Local Government.

His topic of study is *"PROCUREMENT PROCEDURES AND EMPLOYEE PERFORMANCE IN THE HEALTH SECTOR IN TORORO DISTRICT"*.

I hereby confirm that permission has been granted to him to conduct the study in the district.

The purpose of this letter is to request you to accord him the necessary assistance.

Thanks,



Francis X. Orono

FOR: CHIEF ADMINISTRATIVE OFFICER

- cc. The District Chairperson, **Tororo.**
- cc. The Resident District Commissioner, **Tororo.**
- cc. The District Health Officer, **Tororo.**

**KAMPALA
INTERNATIONAL
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**OFFICE OF THE COORDINATOR, BUSINESS AND MANAGEMENT
SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)**

May 26, 2011

Madam,

**E: REQUEST FOR GULOBA PETER J.M. MBA/18821/71/DU
TO CONDUCT RESEARCH IN YOUR ORGANIZATION**

ove mentioned is a bonafide student of Kampala International University
g a Masters of Business Administration (Procurement).


currently conducting a field research of which the title is "Procurement
ures and Employee Performance in the Health Sector at Tororo
t, Uganda."

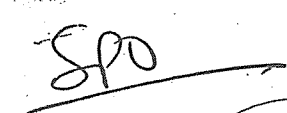
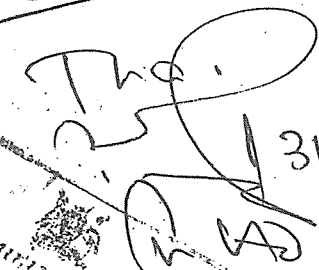
ganization has been identified as a valuable source of information pertaining to
earch project. The purpose of this letter is to request you to avail him with the
nt information he may need.

ormation shared with him from your organization shall be treated with utmost
ntiality.

sistance rendered to him will be highly appreciated.

ruly,


Alinga Ramadhan
Coordinator
Business and Management, (SPGSR)



31/05/2011
Chief Administrative Officer
Tororo

APPENDIX II

RESEARCH INSTRUMENT

Dear respondent,

This questionnaire has been prepared for use in the accomplishment of the research paper purely for academic purposes. Kindly spare some of your time and fill it; the findings will be treated with the confidentiality they deserve.

Thanks in advance.

Section A Demographic data.

1. Age:
2. Gender: Male ☐ Female ☐
3. Nature of work:
4. Level of Education: PLE ☐ O-Level ☐ A-level ☐ Dip ☐
Degree ☐

Section B: Public procurement procedures

NB: Tick as appropriate

1. In the organization's procurement function, a set of procedures have been laid down in a chart where all service provision requests have to fulfill the requirement prior to delivery of the procurement.
(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

2. The laid down procurement procedures in the organization were set in a systematic way that one procedure leads to the other if the procurement function is to succeed effectively.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

3. In your opinion, when one procedure is not sequentially followed, there will be no effect on the entire procurement and there will be value for money achieved.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

4. The standard procedures are a wastage of time and delay procurements in the departments

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

5. Whenever the health sector activities arise, the procurement procedures tend to be many and have no focus for emergency situations.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

Staff attitudes towards procedures

6. The staff in the Health sector are aware of the procurement cycle and the procedures involved.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

7. In the Health sector, the procurement function is done amicably between the procurement Offices and the staff at the Health facilities.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

8. Procurements in the Health sector usually take a long time in order to achieve the goods/services required for the Health facilities.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

9. The entire procurement function has a lot of procedures whereby the cycle needs to be reduced.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

10. If the procedures are strictly adhered to, there will always be stakeholders' satisfaction.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

Execution strategies

11. The contract executions in the health sector is usually let down by the availability of funds and the technical appraisal of the progress and hence delay in payments.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

12. The performance records are produced for the organization only when there are disputes in service provision to assist the aggrieved parties.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

13. The procurement Officials are sometimes compromised so that they lengthen the procedures.

(i) Strongly agree (ii) agree (iii) disagree (iv) strongly disagree

Thanks for your co-operation.

CURRICULUM VITAE

Name

GULOBA PETER J.M.

Date of Birth

15th January, 1962

Contacts

Tel. 0772-853 620, email pguloba@yahoo.com

Academic Qualifications:

Date	School	Achievement
October 2007 – March 2010	Kampala International University	MBA student
March 2003 – August 2006	Busoga University	Undergraduate (B. Com)
March – Aug 2001	Uganda Management Institute	Finance Officers Diploma
2/8/99 – 3/10/99	Uganda Management Institute	Accounting Technicians' Certificate
1980 – Mar 1982	Iganga Secondary School	Advanced Level
1975 - 1979	Nagongera Seminary	O-level Certificate
1968 - 1974	Mulagi Primary School	P.L.E. Certificate

Professional qualification/Achievements:

Date	Institution	Achievement
July 2009	I C P A U	Financial reporting & Management of SME
April 2009	Makerere University	Revenue enhancement Workshop
Nov 2008	A A Technicians of Uganda	Procurement, Budgeting, Taxation workshop
Sept 2008	A A Technicians of Uganda	Fin Regulations, Auditing,

		Taxation
June 2008	Center for Procurement Management	Introduction to Logistics Management
March 2008	HR & Management Agency	Fraud prevention & Internal Control workshop
December 2007	HR & management Agency	Human Resource Mgt workshop
August 2006	Centre for Procurement Management	Internal control & fraud detection
June 2006	Centre for Procurement Management	Financial Management
March 2005	Centre for Procurement Management	Debt collection/credit mgt
May 2002	Strengthening Decentralization in Uganda	Financial management for Health & Education sectors
Dec 98	Victoria Business Institute	Cert. In Computer Studies
September 1994	Management Training & Advisory Centre	Principles of Accounts Phase II
March 1994	Management Training & Advisory Centre	Principles of Accounts Phase 1

Employment Careers:

ate	Institution	Designation
May 1982 – Mar 1983	Busolwe Secondary School	Licensed Teacher

1983 – May 4	Transland Agency Ltd	Declaration/Clearing Clerk
1984 – April 5	Min. of Health Busolwe Hosp	Clerical Officer
1996 – 2/2006	Min. of Health Busolwe Hosp	Senior Clerical Officer
2/2006 – to date	Min. of Health Tororo Hosp	Senior Accounts Assistant

Special Responsibilities

Period	Responsibility
2008 to date	National Treasurer, Uganda Kolping Society
March 2008 to date	Member Board of Governors, Mulagi Polytechnic
2007 – Jun 2008	Ag. Hospital Administrator, Tororo Hospital
2001 – to date	C/manager HUMC, Our lady of Lourdes Health Centre
4/2000 – to date	Uganda Medical Workers' Union, Tororo Hospital Branch Treasurer
5/2003 – to date	BUCAYOBCo Ltd, Treasurer
1991 – to date	Member Management Committee, Mulagi P/S
1992 – June 1	V/C/manager Board of Governors, Bugalo College Bwira
1993 – May 1994	Ag. Hospital Secretary, Busolwe Hospital
1996 – May 1997	I/c Accounts Section, Busolwe Hospital
1996 – Mar 1997	I/c Records Office, Busolwe Hospital
1996 – Apr 2009	President, St Boniface Mulagi LKF.
1987 – to date	Buwihula Catholic Youth Association, Treasurer
1991 – Apr. 1998	Vice Chairman, Mulagi Parish Council
1998 – Apr 1999	Ag. Hospital Administrator, Tororo Hospital
2000 – June 2004	I/c Primary Health Care Accounts, Tororo Municipality Health Sub-District

Apr1988 – Sept. 1991	Parish Councillor, Mulagi Centre, Mulagi Parish.
1989 - 1991	I/c General Office staff, Busolwe Hospital
1981 – 1982	Leader (Bunyole Students Ass., Iganga Branch)
Aug 1978 – July 1979	Prefect (Cleanliness & Welfare)

Referees

1. Dr. Obonyo J.H. Medical Superintendent, Tororo Hospital. Tel. 0772 855564
2. Dr. Okumu David, District Health Officer, Tororo. Tel 0772 457360
3. Mr. Katongole Edward, CDC Tororo Field Station. Tel 0772 751033

Signed

Guloba Peter J.M.

7th July 2010

