

ETHICAL ISSUES AND PROCUREMENT PROCESS IN PUBLIC SECTOR:

A CASE STUDY OF GOVERNMENT AIDED HEALTH UNITS

IN MAKINDYE DIVISION:

BY

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1163-05084-06370

**A RESEARCH REPORT SUBMITTED TO COLLEGE OF ECONOMICS AND
MANAGEMENT IN PARTIAL FULFILMENT OF REQUIREMENT
FOR THE AWARD OF A BACHELOR'S DEGREE IN SUPPLIES
AND PROCUREMENT MANAGEMENT OF
KAMPALA INTERNATIONAL
UNIVERSITY,**

JULY, 2019

DECLARATION

I, **MUSHIMENTA ASIRAFI** declare that this work is entirely mine and solely a result of my own effort. It has never been submitted in any institution for the academic award.

Signed by 

Date 01/08/2019

APPROVAL

This research report has been submitted for examination with approval of the following Supervisor.

Mr. :Masaba Richard.

Sign:

Date:

01/08/2029.

DEDICATION

I dedicate this report to my parents for the financial support towards my education and for their financial and moral support they rendered to me during my course of studies

ACKNOWLEDGEMENT:

I would like to first acknowledge the Almighty ALLAH for the gift of Health and strength in enabling me to carry on with this research. ,a million thanks go to my beloved parents Mr &MRS BAHATI YASSIN & NATUHAMYA SULAINA, my beloved brothers and sister Tumwesigye Akilam, Nuwagaba Shafik,Nuwamanya Arafat, Nuwagiira Fahad, Nuwakuuma Latif plus my sister Namara Zakia,I would like to acknowledge my University Supervisor Mr. Richard Masaba for the parental and dedicated guidance all through the research period not forgetting my friends and other relatives who have always been pivotal towards making this noble course a success.Thanks for loving ,supporting and believing in me.

MAY THE ALMIGHTY ALLAH BLESS YOU ALL ABUNDANTLY

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ABSTRACT

This research dealt with the effects of ethical issues on the procurement process in public health sector of Makindye Division Kampala. The study was conducted through a descriptive survey research Design. The research was guided by the following research Objectives namely; To find out the relationship between ethics and the procurement process of the public Health sector in Makindye Division, To assess the impact of unethical conduct on the procurement process of Public Health sector in Makindye Division and to analyze the significance of Procurement process in the public Health Sector in Makindye Division.

The study tackled issues as cited in the study objectives; To find out the relationship between ethics and the procurement process of the public Health sector in Makindye Division, to assess the impact of unethical conduct on the procurement process of Public Health sector in Makindye Division and to analyze the significance of Procurement process in the public Health Sector in Makindye Division. A sample size of 52 respondents was determined . Respondents were provided with Questionnaires to fill so as to ascertain their positions as regards to questions asked. Also senior staffs were subjected to interviews in order to gather a more detailed version of their judgments as concerns the ethical issues and the procurement process. The findings were presented in tables and pie-charts and the researcher deducted that; The research experienced serious gaps especially as regards to the amalgamating the information from various Health centers in Makindye Division as not all had consistent information regarding to the pre-determined Questionnaires provided to the respondents.

She advanced the following recommendations that; detailed research on the impact of Ethics on the construction industry. Ethical considerations be entirely emphasized and adopted so as to eliminate the rampant occurrence of unacceptable values and norms. Ethical code of conduct should be pinned to the walls of offices to keep reminding the employees of their due responsibility of upholding ethical standards

CHAPTER ONE

INTRODUCTION

1.0. Introduction

This chapter contains the background, purpose of the study, problem statement, research objectives, research questions, scope of the study, and significance of the study.

1.1 Background to the research:

Ethics is an important issue to business activities. The abundant literature on implementing a code of ethics in a business environment is the evidence of its importance. However, emphasis has been placed on the formal procedure of positive environment development and implementation, while very little attention has been given on how to implement to the individuals who must follow the code. A code of ethics theoretically restates a person's moral ideals. Adhering to moral ideals requires integrity and courage of convictions, it is not easy to do what you know is "right" (Lantos, 1987).

It is even more difficult to follow a code of ethics that runs counter to your own values (Lantos, 1987).

Like all the other business fields, Health services are conducted by human beings, in which, personal ethics or individual morality professional ethics notwithstanding occupies a dominant role in affecting the whole procedure, from the very beginning to the very end and the consequences. As people realized, one of the major results caused by un ethical activities is the increased cost and infective service delivery reduced fees for sick people No matter what kind of un ethical acts, their main purpose is to converse organizational benefit to individual benefit, which results in higher cost incurred to the client than that of formal standard and bad quality in most of cases (Bond, 1990).

Makindye Division is in the southeastern corner of the city, bordering Wakiso District to the south and west. The eastern boundary of the division is Murchison Bay, a part of Lake Victoria. Nakawa Division lies to the northeast of Makindye Division. Kampala Central Division lies to the north and Lubaga Division lies to the northeast. The coordinates of the division are: 00 17N, 32 35E (Latitude:0.2791; Longitude:32.5862)Neighborhoods in the division include Kibuye, Kabowa, Lukuli, Luwafu, Nsambya, Kansanga, Muyenga, Ggaba and Munyonyo. It is also home to the neighborhood of Kabalagala, a center for Kampala nightlife.

1.2. Purpose of the study:

Over the years, the health sector has continuously been ignored when it comes to budget allocation coupled with the medical staff's continued dishonesty in service delivery and Makindye is no exception when it comes to reaping from this consequence of a small budget. It was not until the arrival of Dr Ian Clarke that Makindye saw some light in its health sector with his establishment of International Hospital Kampala. The challenge is that this state of the art Hospital is a privately hospital that required the people to pay for the medical bills. This has left the potential beneficiaries (Makindye people) with no option but rather watch the rich from other areas access the quality services that the lucrative Hospital offers. The study therefore will seek to find out the relationship between ethical issues and the procurement process in the Health Units of Makindye Division.

1.3. Problem Statement:

The acquisition of medical supplies and the delivery of such items to the health units have over time been hampered by the unethical conduct of the personnel who have been entrusted by the Government to do so. Consequently, the local people who go to these health centers to seek medical attention are turned away due to lack of medical drugs, equipment, and well - motivated medical personnel. This study comes at a time when government workers (Medical personnel) Reputation is suffering serious scrutiny from all concerned Ugandans. Therefore, this study is seeking to assess the ethical issues that are critical to the procurement process in the public sector.

1.3. Research objectives:

General Objective:

The general objective of this study was to examine the relationship between ethical issues and the procurement process of public Health sector in Makindye Division.

Specific objectives:

1. To find out the relationship between ethics and the procurement process of the public Health sector in Makindye Division.
2. To assess the impact of unethical conduct on the procurement process of Public Health sector in Makindye Division.
3. To analyze the significance of Procurement process in the public Health Sector in Makindye Division.

1.4. Research Questions:

1. What is the relationship between ethics and the procurement process of public Health sector in Makindye Division?
2. What is the impact of unethical conduct on the procurement process of public Health Sector in Makindye Division?
3. What is the significance of the procurement process to the public Health Sector in Makindye Division?

1.5. Scope of the study:

1.5.1. Content Scope.

The study mainly tackled the impact of ethical issues on the procurement process in the public Health system.

1.5.2. Geographical scope:

This study was conducted in the public health Units of Makindye Division, Kampala District.

1.5.3. Time Scope:

The study lasted for a period of two months, that was from May to June 2014

1.6: Significance of the Study:

The researcher benefited the following in one way or another.

The researcher got first hand information regarding the ethics and Procurement process in the public health sector.

Makindye Division used the information in the formulation of rules and regulations governing the Health Sector in the Division.

The government was able to use the information gathered to foster ways in which ethical values and procurement processes could be enhanced to benefit the people in the health sector.

The research helped students who needed the information to fulfill their research objectives.

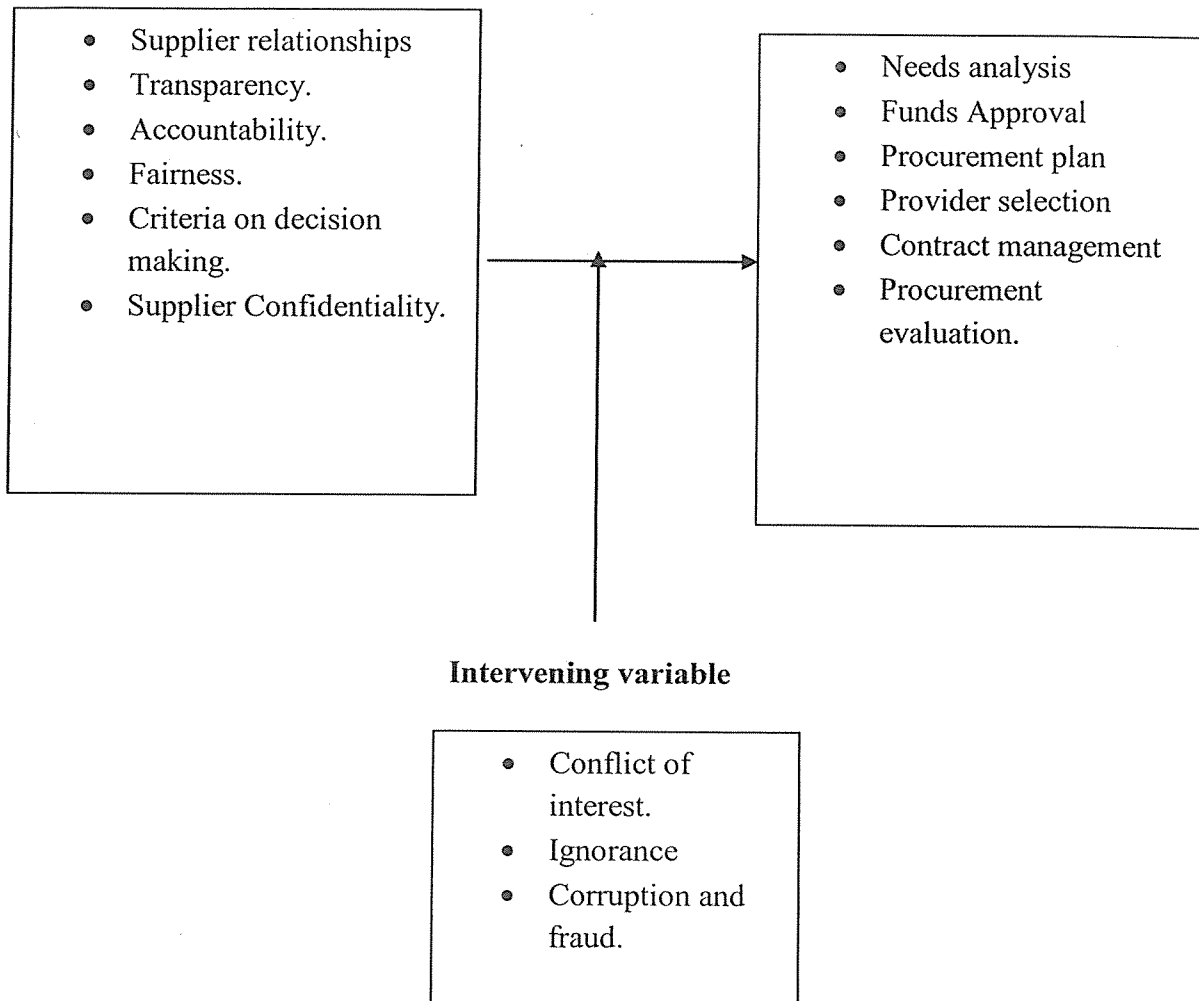
1.7. Conceptual Framework:

Independent Variable (IV)

Dependent Variable (DV)

(Ethical issues)

(Procurement Process)



CHAPTER TWO:

LITERATURE REVIEW:

2.0. Introduction:

This chapter reviewed the relevant literature to the study variable. It brought in force the concept effect of the relationship of ethical issues, the impact of unethical conduct on the procurement process of public health sector, and the significance of the procurement process to the public

Thousands of studies have addressed the issue of ethics, including ethical issues in the procurement process. In this chapter, both general and specific ethics are discussed. Topics include ethics in general meaning, medical ethics, ethics concerned public health, ethics involved in procurement of medical supplies, virtue ethics for medical agents and ethics concerning public procurement and corruption.

Ethics has been defined as the activity of examining the moral standards of a society and asking how these standards apply to one's life and whether these standards are reasonable Velasquez 1998.

The relationship between a code of ethics and individual values has long been studied by evaluating the emotional reactions of successful medical procurement staff. Frankel (1989) suggests that a code embodies the collective conscience of profession and is testimony to the group's recognition of its moral dimension. Problems arise if there is not a common acceptance of the "collective conscience." If the code is questioned or not respected, the spirit along with the code may be violated. Therefore, it is important to determine actual feelings about the ethical determinants of code values.

2.1. Ethical issues.

There are various ethical considerations that deserve attention in the execution of procurement deals and they include,

Accountability, transparency, fairness, supplier relationship, supplier confidentiality and decision making on agreed criteria.

Accountability.

Public officials are obliged to accountable for their course of actions and to take responsibility in all they do as such ethics emphasizes the need not to deviate from such a noble course.

Transparency.

Whatever the process is, it should not be hidden from the public eye. A transparent process is one that encourages questioning from the tax payer as regards to books of accounts the whole process.

Supplier confidentiality:

Much as the call was that the process should be open, it was also important not to disclose what was termed confidential. Supplier information (secrets ought to be kept confidential).

2.2. Procurement process:

The procurement process starts with the **Identification of the need** by the user department. The need so identified is communicated to the procurement unit who shall then ask the user department to specify clearly the terms of reference and specifications. PPDA Manual 2013.

Confirmation of the availability of funds. The secretariat (Procurement and Disposal Unit) confirms with the accounting officer of the availability of funds for such procurements. If the funds are confirmed, the procurement method is then selected basing on the thresholds for procurement. Bidding documents are then prepared and presented for approval by accounting officer with procurement department. PPDA Regulations 2003.

Advertising and receiving of bids. Once the bidding documents have been approved, the procurement unit invites the bidders to come and participate in the process. In a specified date and time, the bidding process is closed and subsequently, bids are opened.

Bid evaluation. The contracts committee will nominate members to constitute an evaluation committee to review compliance of the bidders. The evaluation committee is mandated after evaluation to come up with a report and recommendations for contract award.

After the evaluation committee has submitted their report to the contracts committee, the contracts committee sits to review those findings and come up with the final decision on whether to award the contract or not basing on the evaluation committee recommendations.

Contract award. The best evaluated bidder is then notified of the intentions to establish a contractual relationship with him. If there is no need for negotiations the contract is then awarded to the contractor. Execution begins once an agreement has been signed and subsequently contract managers for both sides are appointed to manage relationship and communication for both parties (PPDA Act 2006).

2.3 Medical Ethics:

What do ethics mean in the health sector? How do people perceive and stick to ethics in the medical industry? As it shows, the term "ethics" was perhaps over used in the 1990s, but the notions behind it obviously were not. A survey implemented in 1997 indicated that some 56 percent of employees in the medical profession felt with pressure to act unethically or illegally on the job. Today, many of these ethical lapses have caught up to their perpetrators—all one has to do is to turn on the television to hear tales of corporate malfeasance. The names Enron, Arthur Andersen, Global Health Group, and even Martha Stewart all invoke notions of greed and dishonesty. The health sector with its low-price mentality, stiff competition, and razor-thin margins, presents a ripe environment for ethical dilemmas.

Michael Davis (1991) notes that in thinking like professionals; medical practitioners must remember the place of a code of ethics in the practice of his/her profession: Medical Managers often perceive themselves as having a special duty to protect the financial well-being of the company.

Medical codes are assigned to Doctors and Nurses as a special duty to protect the public. Whether these roles are appropriate and especially whether this narrow conception of the role of managers is adequate is a matter of debate. Public health sector do have a special obligation to the health and safety of the public. Participants in health projects must often place their social responsibility over the objectives of sector. Just as people must know the rules of base ball games to know how to play the game, Medical practitioners must know medical ethics.

In his article "Explaining Wrong doing," Michael Davis (1989) emphasizes the need for professionals to distance themselves from a "microscopic" way of looking at their role within the corporation, to look up from their given tasks to see the larger implication of the work they do for the society. In essence, Davis argues that problems associated with professional ethics center on these fundamental questions of social obligation.

Using the famous Challenger disaster as a case study, Davis shows that while no one broke the law in Challenger, there was clearly wrong doing on the part of Global Health Group medical managers and doctors "For a Doctor, saving life is the paramount consideration. The medical managers and Doctors could not say the experiment would be safe. So, Dr. Mark Rodwell should have delayed the test. In that case, seven people died; in part at least after being injected with the medicine being tested, because he did not do what, as a project manager or as a Doctor he was supposed to do." (Davis, 1989) This is not simply limited to

highly publicized disasters.

In all fields of medical circles, concern over safety, and the participant's responsibility for ensuring it, is paramount.

2.4 Ethics in Public Procurement:

The purpose of this note is to provide information to assist public sector buyers to conduct purchasing in a way that satisfies probity and accountability requirements and to offer a framework within which contracting authorities may wish to draw up more detailed internal procurement procedures relevant to their own activities.

These guidelines do not purport to be a legal interpretation of the relevant legislation or Circulars. Accordingly, contracting authorities should familiarize themselves thoroughly with the provisions applying.

It is very important that the public procurement function is discharged with probity, transparency and accountability in a manner that secures best value for public money.

Probity requires the purchasing process to be conducted

- Ethically;
- Honestly; and
- Fairness to all participants

Transparency and *accountability* require that the basis for decisions is demonstrably clear and objective and that the purchaser is held to account for the conduct of the procurement process.

Contracting authorities must be cost effective and efficient in the use of resources while upholding the highest standards of integrity. Procurement practices are subject to audit and scrutiny under the Comptroller and Auditor General (Amendment) Act

-1993 and Accounting Officers are publicly accountable for expenditures incurred.

Management in contracting authorities should ensure that there is an appropriate focus on good practice in purchasing and, where there is a significant procurement function, that procedures are in place to ensure compliance with all relevant guidelines.

Probity.

In the context of procurement, the aim should be that individuals and organizations are trusted and respected by those with whom they deal and that business is conducted by all parties not only efficiently but in a fair and reasonable manner. Some of the practical implications of ensuring probity in procurement are set out in the following sub-sections.

Legality.

There was an obligation on officials to exercise their powers lawfully. Officers must be aware of the provisions of the various Acts, Directives, regulations, policies and procedures that are relevant to their function. Compliance with national and EU legal requirements is a duty owed to contractors, suppliers, and service-providers by awarding authorities.

Contractors, suppliers, and service-providers who have been treated unfairly or whose rights have been infringed in the public procurement process have a right to legal redress under EU remedies Directives.

If officials are unsure of the legal, policy or procedural requirements, they must seek advice from their line managers.

Disclosure of Interest.

Any form of personal interest which may impinge, or might reasonably be deemed by others to impinge, on a public official's impartiality in any matter relevant to his or her duties should be disclosed in writing to line management. Personal interest includes an interest of a relative or connected person. Line management must then decide if the exercise should be dealt with by another member of staff or seek further advice.

Gifts.

Public officials should not accept benefits of any kind from a third party which might reasonably be seen to compromise their personal judgment or integrity. The actions of public officials must be above suspicion and not give rise to any actual or potential conflict of interest and their dealings with commercial and other interests should bear the closest possible scrutiny.

It is not possible to give guidelines for every conceivable situation that may arise but if a doubt arises about a particular situation line management should be consulted.

Hospitality.

Normal business practice may occasionally justify accepting routine / modest hospitality from suppliers provided that:

- The frequency and scale of hospitality is not allowed by the recipient to reach a position whereby he or she might be, or might be reasonably deemed by others to have been, influenced in making a business decision as a consequence of such hospitality.
- The number of officers availing of the hospitality is kept to a minimum.

- Invitations do not include provisions deemed to be excessive, such as significant travel, overnight accommodation or trips abroad.
- Availing of the hospitality does not identify the contracting authority in a public way with any particular contractor, supplier or service provider.

Under the Civil Service Code of Standards and Behavior, which applies to central government departments and offices, offers of hospitality should be reported to line management. Particular care should be taken where suppliers are in the process of tendering for business.

In this regard there should be no acceptance of gifts or hospitality from contractors, suppliers or service providers involved in a current tendering process

Transparency and Accountability.

Procurement transactions and decisions must in all respects be fair, equitable and ensure value for money. Contracting authorities must be able to justify decisions made and actions taken.

In organizing the procurement function, management in contracting authorities must ensure appropriate separation of duties within the procurement cycle. For example, insofar as possible, ordering and receiving goods and services should be distinct from payment for goods and services.

Accurate written records (including computer records) are essential in demonstrating that proper ethical standards have been observed. Therefore, appropriate records should be maintained throughout the purchasing process. These records should provide an audit trail of the reasons for making a particular procurement decision. The type and detail of information that is recorded should be specified in local procedural guidelines and will depend on the complexity or sensitivity of the particular purchasing issue.

Confidentiality of Information

The basic rule was that commercially sensitive information must be kept secure and never used for personal gain or to prejudice fair competition. Information on individual contracts must not be given to the media or any other enquirer (except the individual contractor concerned), without the authority of line management.

Disclosure of supplier and tender information relating to the tender process prior to contract award, and in particular to another interested party, is strictly prohibited.

After the award of contract, information may be provided in accordance with the detailed guidance on “*Notifying Tenderers and Disclosure of Information*” outlined in the booklet

“Public Procurement Guidelines – Competitive Process” and published in the general procurement guidance:

2.5 Virtue Ethics:

Virtue ethics is currently one of three major approaches in normative ethics. It may, initially, be identified as the one that emphasizes the virtues, or moral character, in contrast to the approach which emphasizes duties or rules (deontology) or that which emphasizes the consequences of actions (consequentialism). Suppose it is obvious that someone in need should be helped.

A utilitarian will point to the fact that the consequences of doing so will maximize well-being, a deontologist to the fact that, in doing so the agent was acting in accordance with a moral rule such as “Do unto others as you would be done by” and a virtue ethicist to the fact that helping the person would be charitable or benevolent.

A virtue such as honesty or generosity is not just a tendency to do what is honest or generous, nor is it to be helpfully specified as a “desirable” or “morally valuable” character trait. It is, indeed a character trait—that is, a disposition which is well entrenched in its possessor, something that, as we say “goes all the way down”, unlike a habit such as being a tea-drinker—but the disposition in question, far from being a single track disposition to do honest actions, or even honest actions for certain reasons, is multi-track. It is concerned with many other actions as well, with emotions and emotional reactions, choices, values, desires, perceptions, attitudes, interests, expectations and sensibilities. To possess a virtue is to be a certain sort of person with a certain complex mindset

The most significant aspect of this mind set was the whole-hearted acceptance of a certain range of considerations as reasons for action. An honest person could not be identified simply as one who, for example, practices honest dealing, and does not cheat. If such actions were done merely because the agent thinks that honesty was the best policy, or because they fear being caught out, rather than through recognizing “To do otherwise would be dishonest” as the relevant reason, they were not the actions of an honest person. An honest person cannot be identified simply as one who, for example, always tells the truth, nor even as one who always tells the truth because it was the truth, for one can have the virtue of honesty without being tactless or indiscreet. The honest person recognizes “That would be a lie” as a strong (though perhaps not overriding) reason for not making certain statements in certain

circumstances, and gives due, but not overriding, weight to “That would be the truth” as a reason for making them.

2.6 Unethical behavior in the public procurement process:

There was a growing consensus within and outside the procurement profession that corruption and other unethical practices were endemic in the medical sector. Ethical issues in the medical profession should been seen as something of interest, this helped to dispel the impression that such issues were less important or separate from the procurement. (Sinha et al.2004). The procurement profession was classified as the most fraudulent profession worldwide, providing the perfect environment for ethical dilemmas.

Other regularly reported unethical practices were related to fraud, breach of confidence and negligence. Deceit, trickery, sharp practice, or breach of confidence, by which it is sought to gain some unfair or dishonest advantage, is the description of the unethical practice of fraud (Vee and Skitmore, 2003).

2005) in Australia, it was identified several types unethical conducts and ethical dilemmas in the procurement process such as corruption, negligence, bribery, conflict of interest, bid cutting, under bidding, collusive tendering, cover pricing, frontloading, bid shopping, withdrawal of tender, and payment game. It was apparent that there was an existence to significant areas of concern pertaining to the ethical conducts practiced by the procurement professionals. Vee and Skitmore (2003) have further classified unethical practices into four general types of actions which were unfair conduct, conflict of interest, collusion, fraud and bribery.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

The previous chapter discussed the literature about the effect of ethical issues on the procurement process. The literature review gave an insight into the topic under study by presenting what had been established by several scholars in regard to ethical issues and the procurement process in the public health sector of Makindye Division.

This Chapter presented the design, population, sample, research methods and instruments, quality of instruments, procedure and analysis of the data that was obtained in the study.

3.2. Study design

The researcher used both qualitative and quantitative methods of data collection and analysis so as to capture the details and adequate information. The use of both methods also ensured that the data was effectively interpreted using the numbers, figures as well as the narrative.

3.3. Study population

The study population refers to the large groups of people or things (Ruane2005:105). The study population for this research comprised of 60 respondents, the local beneficiaries of the Public Health Sector in Makindye , the Medical personnel of Makidye Division

3.4. Sample size

It is from the large group of people who will constitute the study population, that a sample of fifty people.

Solvet's Formula was helpful in calculating the sample size.

From $n=N$

$$1+N(e)^2$$

N= Population size

n=Sample size

e= co-efficient;

$$n = \frac{60}{1+60(0.05)^2}$$

$$n = \frac{60}{1+60(0.0025)}$$

$$n = \frac{60}{1+0.15}$$

$$n = \frac{60}{1.15}$$

$$n = 52.17 \approx 52$$

n = 52 Respondents

This can be tabulated in Morgan's Table as below.

Table 1: The Target population and the sample size calculated.

Category of respondents	Target population	Attained sample size
Doctors	12	10
Patients	9	8
Directors	15	13
Accountants	11	10
Nurses	13	11
Total	60	52

3.5. Research instruments

Research instruments or measurement scales simply meant devices for measuring the variables of interest (Bowling 2002:144). They were in the form of questionnaires comprising single items (questions), batteries of single items or scales of items which were scored. They could also be in the form of observational schedules, structured diaries or log books or standard forms for recording data from records (Bowling 2002:144). The instruments used in this research are discussed below.

3.5.1. Qualitative tools of data collection

Unstructured interviews. The interview referred to a personal exchange of information between the interviewer and the interviewee (Bowling, 2002:147). In this case, the researcher used the interview schedule to guide the discussion with the respondents who were the key informers and thus needed to elaborate on several issues.

Advantages of using interviews.

The unstructured interviewing was applied by the researcher to the key informants because there was need to document the specific experiences and proposals of the respondents. This is supported by Bowling (2002:149 -150), who pointed out that the interview was a good idea when one is pursuing an exploratory piece of research, when one is trying to paint a detailed descriptive picture of some phenomena or some process or when one is trying to understand a respondent's unique experiences or perspective. The unstructured interviews were also an effective strategy for countering memory failure or respondent resistance. Giving the respondents more control over the pace and direction of the interview, can allow respondents to the topics on their own terms, pace, and comfort level (Bowling 2002:150).

3.5.2. Quantitative tools of data collection.

Questionnaires

The questionnaires were used to obtain quantitative data for the research because as observed that, in considering the various research options for systematically gathering information, the questionnaire earned the right to be a perennial favorite, a frequent choice of researchers because of its versatility, its time and cost efficiency and for its overall ability to get the job done

(Ruane 2005:143).

Therefore the questionnaires were used to obtain the quantitative information from the forty beneficiaries of public health services in Makindye Health Centers. The questionnaire was used because it was specific for the respondents to explain the exact situation without giving room for unnecessary and irrelevant information for the study topic.

3.6 Validity and Reliability of Instruments.

3.6.1 Validity of instruments.

According to Borg and Gall (1989), validity is the degree to which a test measures what it purports to measure. To enhance validity, the researcher exposed the instruments to experts in research for judgment. The researcher also conducted a pilot study whereby inappropriate questionnaire items were discarded, rephrased and or merged. The piloting was conducted Makindye Division, respondents from two departments not among the sampled was selected randomly. The questionnaires were presented to the members of the district's tendering committee members.

3.6.2 Reliability of instruments.

According to Mugenda and Mugenda (1999) reliability was a measure of the degree to which a research instrument yielded consistent results or data after repeated trials. Reliability in research was influenced by random error, of which if it was high, reliability was low. To assess the reliability of instruments, test-retest technique was used. The research instruments were presented to the two departments selected for a pilot study the result were recorded, the same instruments was presented to the same group after two weeks and the results for both tests was expected to correlate. The scores from the two testing periods will correlate and a reliability index was 0.875. Reliability index above 0.8 generally indicates good consistency (Borg &Gall, 1989).

3.7. Data quality control/quality assurance

The researcher employed some measures to control the quality of the data.

These included the following:

3.7.1. Piloting

This was where the data collection materials were tested and or piloted and refined.

This took into consideration the language spoken and understood by the respondents.

3.7.2. Training

The researcher carried out the research with the assistance of two research assistants/data collectors who were trained to assist the researcher with the collection of data especially using the questionnaires. They were trained on how to administer the interview guide and the questionnaire and how to record any other useful information they came across in the field. Each of the research assistant was able to administer both the interview guide and the questionnaire to the respondents under the direct supervision and monitoring of the researcher.

The field notes were made and edited immediately after data collection on a daily basis.

3.7.3 Editing questionnaires

The questionnaires were rectified immediately. The data from the key informants were recorded immediately during the interviews.

3.8. Data analysis

After the information had been gathered, a variety of tools were used to analyze it in order to capture the relevant findings and also present it in a manner that was understood by fellow researchers and other research users. These tools are discussed below.

3.8.1. Editing

Editing was done in order to discard unwanted and irrelevant information, verify the data and check for consistency.

3.8.2. Coding

This involved grouping answers of a similar nature or with similar meaning into one set of answers and giving them a particular number called a code. This meant that for example answers with “yes” in a given questionnaire were coded as number one and answers with “no” were coded as number two for each questionnaire. The coding assisted the researcher to get the total number of responses for each of the questions. This also helped in tabulating the data using the figures and numbers obtained.

3.8.3. Tabulation

Tabulation involved representing the information obtained in figures and tables.

This was later used to establish comparisons as well as conclusions for the study.

3.8.4. Establishing themes

The data was analyzed using a specific theme that was in turn used to establish systematic linkages and conclusions for the study. The main themes that was established include; type and nature of public health systems, community and their benefits from public health units, challenges of accessing Health Facilities, recommendations for improving the health sector, and recommendations for further research.

3.8.5. Report writing

The research report was written basing on the themes and conclusions drawn from the findings as was presented in the research report that comprised this document.

3.9. Ethical considerations

The researcher considered the research values of voluntary participation, anonymity and protection of respondents from any possible harm that could arise from participating in the study. Thus the researcher; introduced the purpose of the study as a partial fulfillment of the award of a bachelor’s degree program and not for any other hidden agenda by the researcher

and requested the respondents to participate in the study on a voluntary basis and refusal or abstaining from participating was permitted. The researcher also will assure the respondents of confidentiality of the information given and protection from any possible harm that may arise from the study since the findings were used for the intended purposes only. The respondents were provided with feedback about the findings of the study.

3.10. Challenges faced and how they were handled

The researcher faced certain challenges but there was ways of handling them so as to enable the researcher to complete the research. There was a challenge of the responses from the respondents who will have participated and benefited from more than two public health facility which will prove confusing as far as synchronizing results was concerned. The researcher will handle this issue by guiding the respondents to identify themselves with only one Health center for the study.

Another challenge was that the respondents were very far apart and this will affect the period within which the research was completed. This means that in a day either one or two respondents was met since the distance to be travelled from one to another was so long.

This was controlled by the researcher and research assistants ensuring that at least the questionnaires were filled on the day the respondents are identified in their localities. This also will ensure that no questionnaires was lost or not returned.

The budget was small and only two research assistants were employed. This will affect the period of data collection and analysis. This was controlled by the researcher ensuring that at least the two research assistants that was employed was paid favorably and motivated to provide extra time and effort to meet the deadlines. Other challenges will include travelling long distances on a very tight budget and the fact that most of the beneficiaries will have benefited from almost all the microfinance institutions. The researcher will overcome these challenges by requesting the respondents to identify with only one microfinance institution and also by using only two research assistants in order to facilitate the research process to completion.

Conclusion

The study used the two approaches of qualitative and quantitative research to generate data that was used to establish the relationship between Ethical issues and the procurement process in public sector Organizations.

CHAPTER FOUR:

RESEARCH FINDINGS, PRESENTATIONS, INTERPRETATION AND ANALYSIS:

4.0. Introduction:

This section presented the findings and analysis, presentation and interpretation done in relation to the study objectives and research questions found in chapter one.

Basing on the sample size of 52 respondents, the researcher dished out 52 questionnaires which were filled by the selected individuals within Makindye division Kampala District. The findings were guided by the research objectives; To find out the relationship between ethics and the procurement process of the public Health sector in Makindye Division, to assess the impact of unethical conduct on the procurement process of Public Health sector in Makindye Division and to analyze the significance of Procurement process in the public Health Sector in Makindye Division. From the study findings, it was observed that the response was 100% since all the 52 questionnaires were filled and there were no spoilt ones.

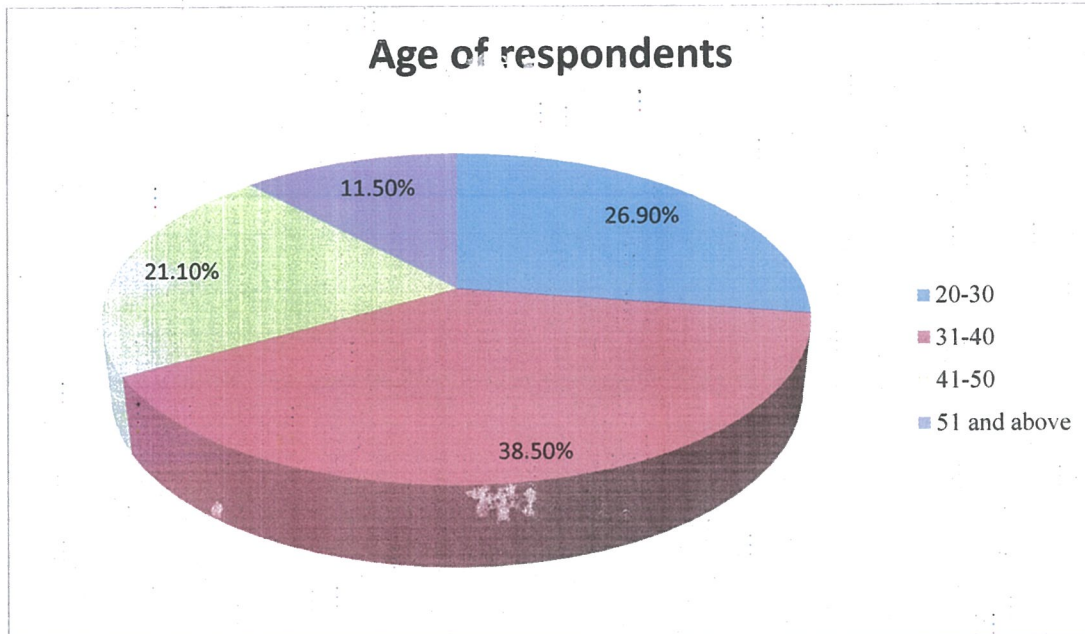
4.1. Age of Respondents:

Table 2. Below showed that the biggest numbers of respondents 38.5% were aged between 31 – 40 years of age which meant that most of the respondents were still youthful and able to work effectively and efficiently. 26.9% were between 20- 30 years while 21.1% were between 41-50 years this implied that there was some element of experienced individuals within the vicinity.

Table 2: Shows the Age Distribution of respondents in Makindye Division.

Age of respondents	Number	Percentage (%)
20-30	14	26.9
31-40	20	38.5
41-50	12	21.1
51 and above	6	11.5
Total	52	100

Figure 1. Pie-chart representation of the age of respondents:



From the pie-chart above, a majority of respondents were aged between 31-40 years, followed by those aged 20-30 years and trailed by those aged 51 and above.

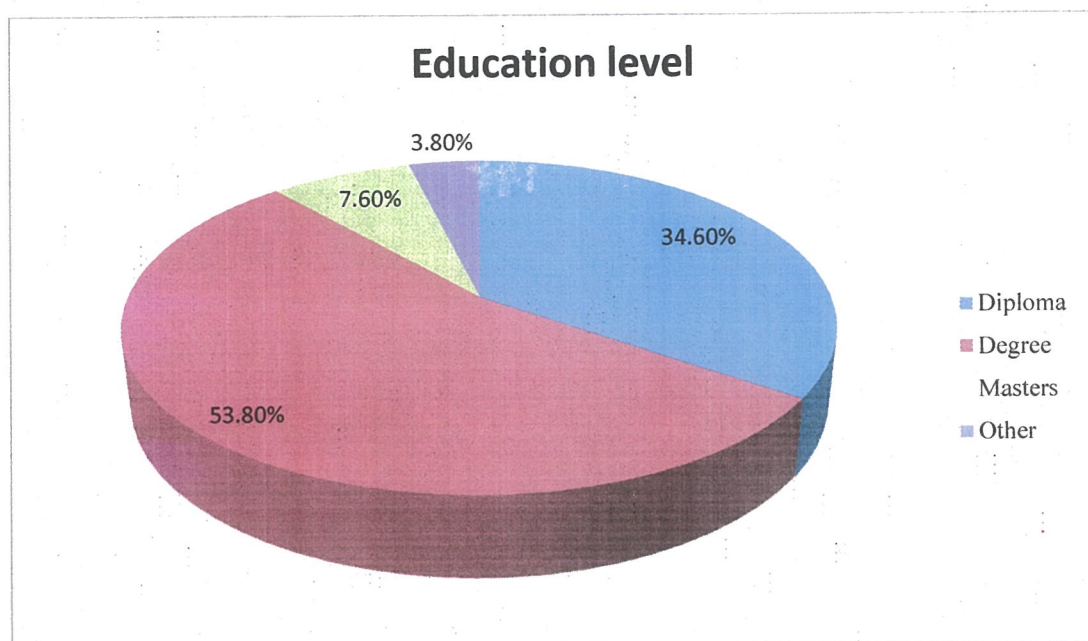
4.13. Education level of respondents:

Table 3 below indicated that the largest number of respondents (28), 53.8% had attained a bachelor Degree level of education followed by those with Diplomas, 7.6% had Masters Degrees and trailed by those with other Qualifications.

Table 3: Education level of respondents.

Education level	Number	Percentage (%)
Diploma	18	34.6
Degree	28	53.8
Masters	4	7.6
Other	2	3.8
Total	52	100

Figure 2: pie – chart representation of the education level.



4.1.4 Marital Status of Respondents

As indicated from table 4 below, a good proportion (55.8%) of the respondents were married and 32.7% were single with 7.7% Divorced and 3.8% had lost their spouses.

Table 4. Shows the Marital Status of the Respondents:

Marital status	Number	Percentage (%)
Single	17	32.7
Married	29	55.8
Divorced	4	7.7
Widowed	2	3.8
Total	52	100

4.1.5 Work Experience of Respondents:

The researcher observed that a majority of respondents (48.1%) had worked for between 1-2 years while 38.8% had been there for between 3-5 years, 11.5% had spent less than one year yet 9.6% had spent 6 (six) and above years in service.

Table 5: The Work Experience of Respondents.

Work Experience	Number	Percentage (%)
Less than a year	6	11.5
1-2 years	25	48.1
3-5 years	16	38.8
6 and above	5	9.6
Total	52	100

4.2. Responses on Ethics and Procurement Process in Makindye Division.

Table 6 below showed the respondent's perceptions as regards to Ethics and the Procurement Process. 77% of the respondents totally insisted that the procurement process does not completely pay attention to Ethics especially in deciding how processes should be run. This was unilaterally disputed by a 27% approval rate of the direct correlation between Ethics and the Procurement Process. The implication of this response was that whereas Ethics was supposed to compliment the procurement process, the practitioners of procurement do not seemingly buy this concept as evidenced by their reluctance to embrace these much needed reforms.

Table 6. Ethics and Procurement Process.

S/no	Statement	Stand	No	%
1.	We are all ethical in our conduct.	Strongly Agree	9	17.3
		Agree	13	25
		Not Sure	3	5.7
		Disagree	17	32.7
		Strongly Disagree	10	19.2
		Total	52	100
2.	Thanks to ethics, all the procurement process is correctly followed	Strongly Agree	1	1.9
		Agree	6	11.5
		Not Sure	2	3.8
		Disagree	27	51.9
		Strongly Disagree	16	30.7
		Total	52	100
3	Unethical behavior is treated as a cancer in our organization	Strongly Agree	6	11.5
		Agree	11	21.2
		Not Sure	5	9.6
		Disagree	18	34.6
		Strongly Disagree	12	21.3
		Total	52	100
4.	Ethics has enabled contracts successful completion	Strongly Agree	14	26.9
		Agree	20	38.5
		Not Sure	6	11.5
		Disagree	9	17.3
		Strongly Disagree	3	5.7
		Total	52	100
5.	There is no corruption where there is ethics.	Strongly Agree	13	25
		Agree	22	42.3
		Not Sure	5	9.6
		Disagree	12	21.3
		Strongly Disagree	2	3.8
		Total	52	100
6.	All stake holders are happy with all the procurement processes.	Strongly Agree	2	3.8
		Agree	9	17.3
		Not Sure	6	11.5
		Disagree	24	46.2
		Strongly Disagree	11	21.2
		Total	52	100

4.3: Responses on Unethical behaviors.

Table 7 revealed that a majority of respondents concurred with the unethical behaviors depicted from the questionnaire. The respondents believed that to a greater extent, the medical practitioners in Makindye Division were generally unethical as evidenced by their continuous asking of bribes, sexual advancements towards opposite sex, delayed response times and typical Rudeness towards clients. All these behaviors impeded the potentiality of delivering quality health benefits to the local patients in Makindye Division.

Table 7. Responses on unethical behavior:

	Statement	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	Percentage
		No	%	No	%	No	%	No	%	No	%		
1.	Asking for bribes	6	11.5	22	42.3	7	13.5	12	21.3	3	5.7	52	100
2.	Sexual advances to the patients	13	25	19	36.5	1	1.9	14		8		52	100
3.	Rudeness towards clients	10	19.2	25	48.1	7	13.5	9	17.3	3	5.8	52	100
4.	Stealing drugs and hospital equipment	7	13.5	26	50	6	11.5	11	21.2	2	3.8	52	100
5.	Delayed response to emergency and late coming	14	26.9	19	36.5	4	7.7	9	17.3	6	11.5	52	100
6.	Wrong prescription of medication to the clients	10	19.2	27	51.9	3	5.8	7	13.5	5	9.6	52	100

CHAPTER FIVE:

DISCUSIONS, CONCLUSIONS AND RECOMMENDATIONS:

This section summarized the study findings, Drew conclusions and provided recommendations as per the objectives for the topic 'Effects ethical issues on procurement process in public sector:' The objectives for the study were to; find out the relationship between ethics and the procurement process of the public Health sector in Makindye Division., assess the impact of unethical conduct on the procurement process of Public Health sector in Makindye Division, and analyze the significance of Procurement process in the public Health Sector in Makindye Division .

5.1. Discussions:

5.1.1 The relationship between ethics and the procurement process of the public Health sector in Makindye Division.

From the study findings, the researcher observed that the relationship between ethics and the procurement process was emphasis on honesty , fairness ,Transparency and Accountability ,Disclosure of conflict of interest ,confidentiality of information , Gifts and Hospitality.

It was noted that most of the respondents held that Ethics and Procurement Process all take into account the issues of honesty which basically looks at how fair people are in their dealings ,the openness with which responsible officers carry out their duties ,The willingness of the office holders to take responsibility for their course of actions ,the ease with which procurement officers disclose information to all concerned stakeholders and the ability of the practitioners to keep secret confidential information of the patients and other suppliers.

5.1.2. Impact of unethical conduct on the procurement process of Public Health sector in Makindye Division:

As cited out from chapter four, Unethical conducts like asking for bribes, sexual advancement to fellow subordinate employees, stealing of drugs, wrong prescriptions of medical supplies to patients and Rudeness towards patients were the major deterrents of proper service delivery in Makindye Division as many of the patients were left destitute without proper attention since most health workers exhibited the above traits.

5.1.3. The significance of Procurement process in the public Health Sector in Makindye Division .

The researcher noted that the public health sector cannot independently succeed without borrowing the relevant roles of Procurement process. As such the researcher concluded that; Procurement process played a dynamic role in facilitating the proper functioning of the public Health Sector in Makindye Division.

As noted from the study, the procurement process well observed helped to mitigate on the visible hardships that the public health sector was going through in Makindye Division.-

5.2: Recommendations:

From the study findings, the researcher advanced the following recommendations;

A detailed research on the impact of Ethics on the construction industry.

Ethical considerations be entirely emphasized and adopted so as to eliminate the rampant occurrence of unacceptable values and norms.

Ethical code of conduct be pinned to the walls of offices to keep reminding the employees of their due responsibility of upholding ethical standards.

5.3. Areas for further Research:

Makindye Division should undertake a detailed research on the impact of Ethics on the construction industry.

A research on the patient –Doctor Relationship should be undertaken so as to finding out how the two interact and how the patients rate their health providers.

5.4. Conclusion:

This research experienced serious gaps especially as regards to the amalgamating the information from various Health centers in Makindye Division as not all had consistent information regarding to the pre-determined Questionnaires provided to the respondents.

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APPENDICES

Appendix II: Questionnaire:

Dear respondent,

I am Musimenta Ashraf, a student of Kampala International University pursuing a Bachelor Degree in Supplies and Procurement Management.

This Questionnaire is mainly for data collection and has been designed for academic reasons and as a partial fulfillment of the requirement for the award of a degree. The researcher will hold confidential any information given and under no circumstances will any person's name appear as an individual. I kindly therefore request you to fill in the questions as instructed respectively.

Tick the appropriate box according to you where applicable. Fill in the information in the spaces provided.

SECTION A: BIO DATA

1. What is your gender?

Male ☐ Female ☐

2. What age bracket do you belong to?

20-30 ☐ 31-40 ☐ 41-50 ☐ 51 and above ☐

3. For how long have you worked in this company?

Less than a year ☐ 1-2 years ☐ 3-5 years ☐ 6 and above ☐

4. Marital Status.

Single ☐ Married ☐ Divorced ☐
Widowed ☐

5. State the highest educational level attained.

Certificate ☐ Diploma ☐ Bachelor's degree ☐ Master's degree ☐ Other ☐

SECTION B:

1. a) Is there any relationship between ethics and procurement process?

Yes ☐

No ☐

b) The following are the indicators of the link between ethics and procurement process.

Please tick in the box provided depending on how you rate the relevance.

1. Strongly agree 2. Agree 3. Not Sure 4. Disagree 5. Strongly Disagree.

S/no	Statement	S/A	A	N/S	D	S/D
1	We are all ethical in our conduct					
2	Thanks to ethics, all the procurement process is correctly followed					
3	Unethical behavior is treated as a cancer in our organization					
4	Ethics has enabled contracts successful completion					
5	There is no corruption where there is ethics.					
6	All stake holders are happy with all the procurement processes.					

2. a) Are there unethical conducts in your work place?

Yes ☐

No ☐

b) If yes, the following are the unethical behaviors usually seen in employees. Please tick in the box provided depending on how you rate the relevance.

1. Strongly agree 2. Agree 3. Not Sure 4. Disagree 5. Strongly Disagree.

S/no	Statement	S/A	A	N/S	D	S/D
1	Asking for bribes					
2	Sexual advances to the patients					
3	Rudeness towards clients					
4	Stealing drugs and hospital equipment					
5	Delayed response to emergency and late coming					
6	Wrong prescription of medication to the clients					

Thank you very much for your time!

Appendix II: Interview Guide for the senior staff.

The following questions will help the researcher to collect relevant information regarding her topic –Effects of Ethical Issues on procurement Process case study of public health sector in Makindye Division. Please respond positively.

1. What do you understand by the phrase ‘Ethics ‘?
2. How do you look at the procurement process of you hospital? Is it properly followed?
3. Do you usually complete projects effectively or there are challenges? If so list so for me
4. Are all stakeholder involved in the procurement activities? Do their views count?
5. As regards to issues of bribes and corruption, do you think that there are adequate measures to counter the vice here in you work place?
6. Do medical officials steal drugs and other medical supplies?

Thanks for your time!

Appendix III: Work Plan:

Activity	DURATION					
	April	April	May	June	July	July
Topic search and approval						
Proposal Writing						
Data collection						
Data analysis and report submission						