

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

COLLEGE OF HUMANITIES AND SOCIAL SCIENCE

DEPARTMENT OF SUPPLY CHAIN AND INFORMATION SYSTEM



**AN INVESTIGATION OF PROCUREMENT PRACTICES IN THE GHANA
HEALTH SERVICE: A CASE STUDY OF JUABOSO GOVERNMENT HOSPITAL,
SEFWI JUABOSO**

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**A THESIS SUBMITTED TO THE DEPARTMENT OF SUPPLY CHAIN AND
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IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN LOGISTICS AND SUPPLY CHAIN MANAGEMENT**

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DECLARATION

I hereby declare that this thesis is the result of my original work towards the MSc. in Procurement and Supply Chain Management, and that to the best of my knowledge, it neither contains material published by another person nor materials which have been accepted for the award of any other degree of the University, except where due acknowledgments have been made in the text.

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DEDICATION

I dedicate this work to the Almighty God for His wisdom, guidance, and protection throughout my successful stay at the Kwame Nkrumah University of Science and Technology, to my children, Charissa Nana Adwoa Nsiah and Edward Anim Appiah Nsiah and all my loved ones for their love and enormous support, encouragement, and advice.

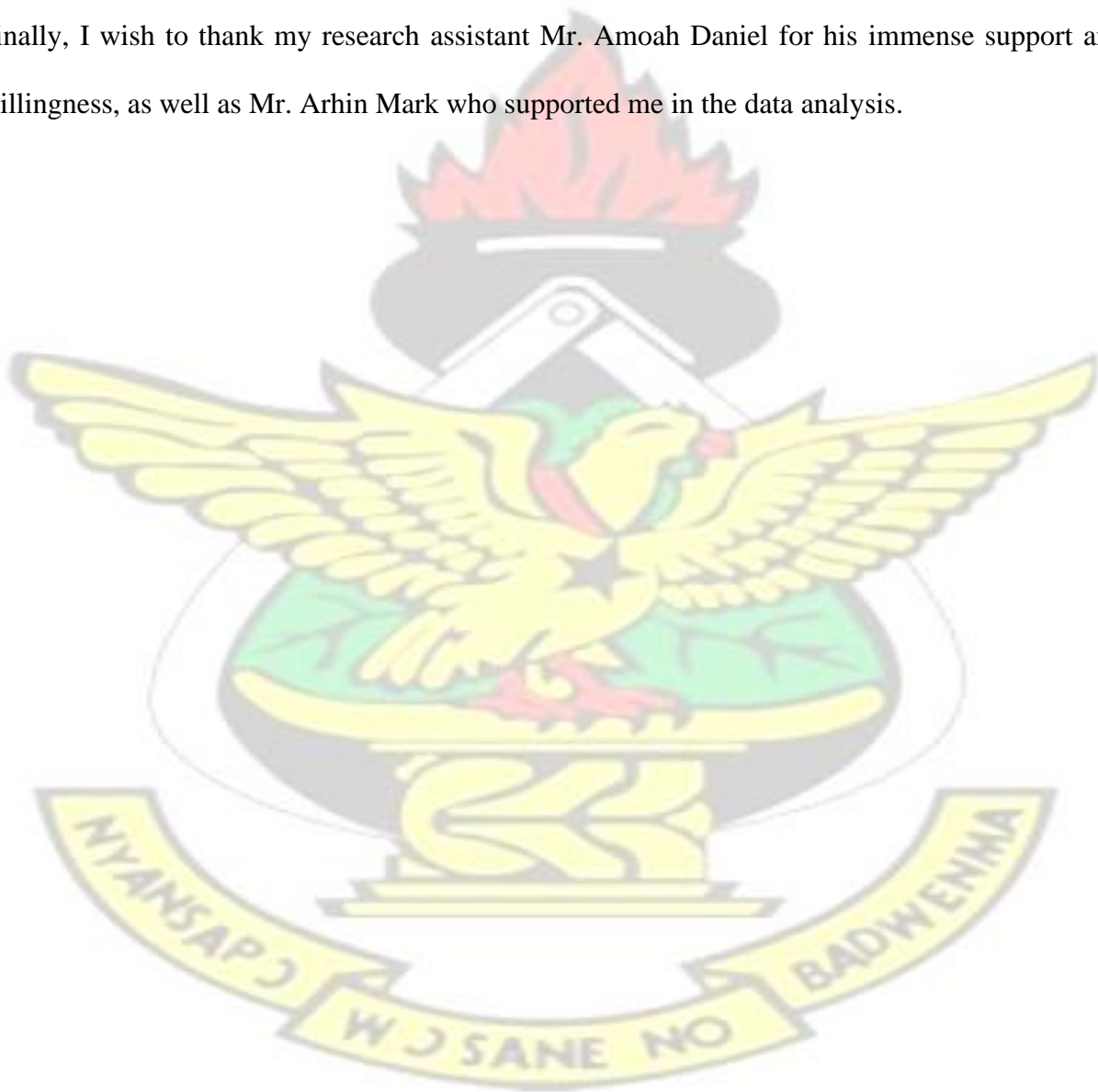


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Finally, I wish to thank my research assistant Mr. Amoah Daniel for his immense support and willingness, as well as Mr. Arhin Mark who supported me in the data analysis.



ABSTRACT

Background: Procurement activities play a major role in the health sector as medicines and health equipment are purchased. However, there are some challenges that emerge from procurement activities, and irrespective of these challenges when the procurement practices are followed, performance is achieved

Aims/objectives: The aim of this research is to assess the procurement framework of medicine within Ghana Health Service; a case study of Juaboso Government Hospital, Sefwi Juaboso

Methods: A sample size of 187 respondents were engaged in the study by using a convenient sampling technique. The instrument used to collect data from the respondents was a structured questionnaire. Analytical tools used included quantitative, descriptive statistics, and regression analysis.

Results: The results indicated that Juaboso Government Hospital follows procurement practices when it comes to their knowledge of procurement principles, procurement planning procedures, supplier partnership, and contract management. There were many challenges that affected the procurement activities of the hospital. The leading challenges emanating from procurement practices included ineffectiveness of the procurement policy, poor accountability, fraud, corruption, and bureaucracy in the procurement system. Knowledge of procurement principles, procurement planning, supplier partnership, and contract management all demonstrated a positive and significant impact on the performance of the hospital.

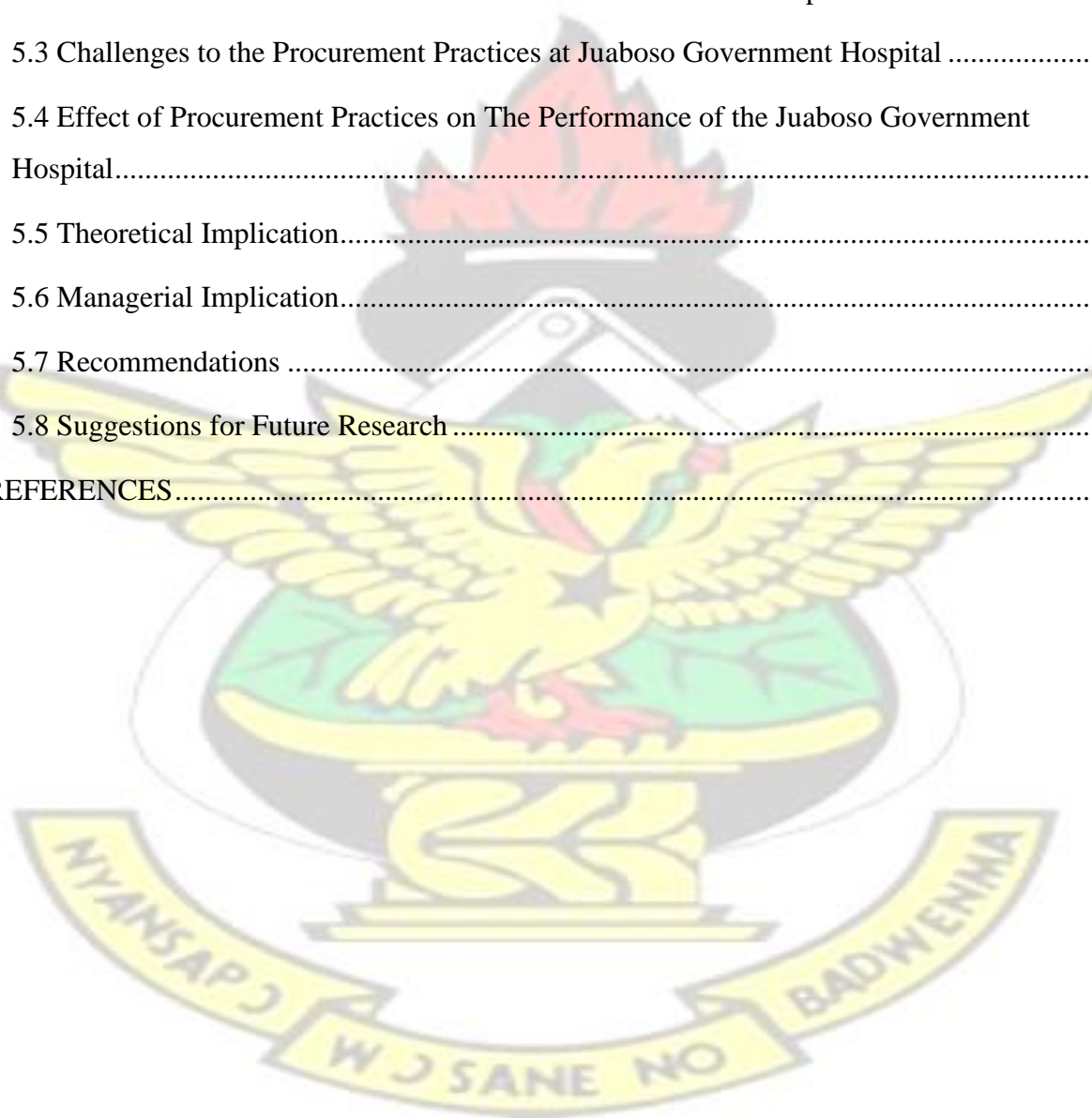
Conclusion: The study finally concluded that the procurement practices of the hospital were better, but with some challenges that need to be addressed. The study recommended that there should be appropriate and updated procurement policies which should be evaluated and monitored.

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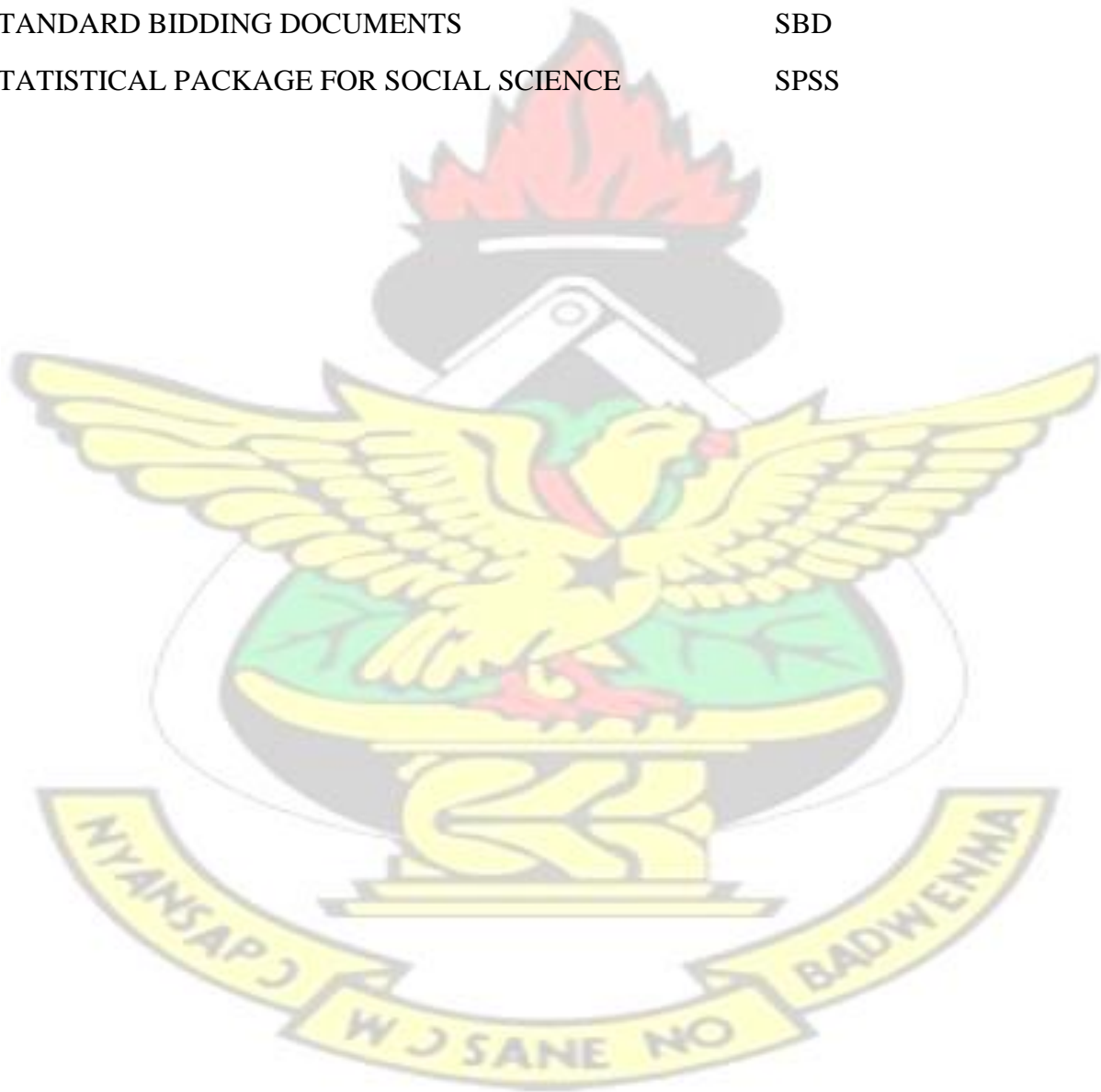
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LIST OF ABBREVIATIONS

GHANA HEALTH SERVICE	GHS
GHANA STATISTICAL SERVICE	GSS
JUABOSO GOVERNMENT HOSPITAL	JGH
STANDARD BIDDING DOCUMENTS	SBD
STATISTICAL PACKAGE FOR SOCIAL SCIENCE	SPSS



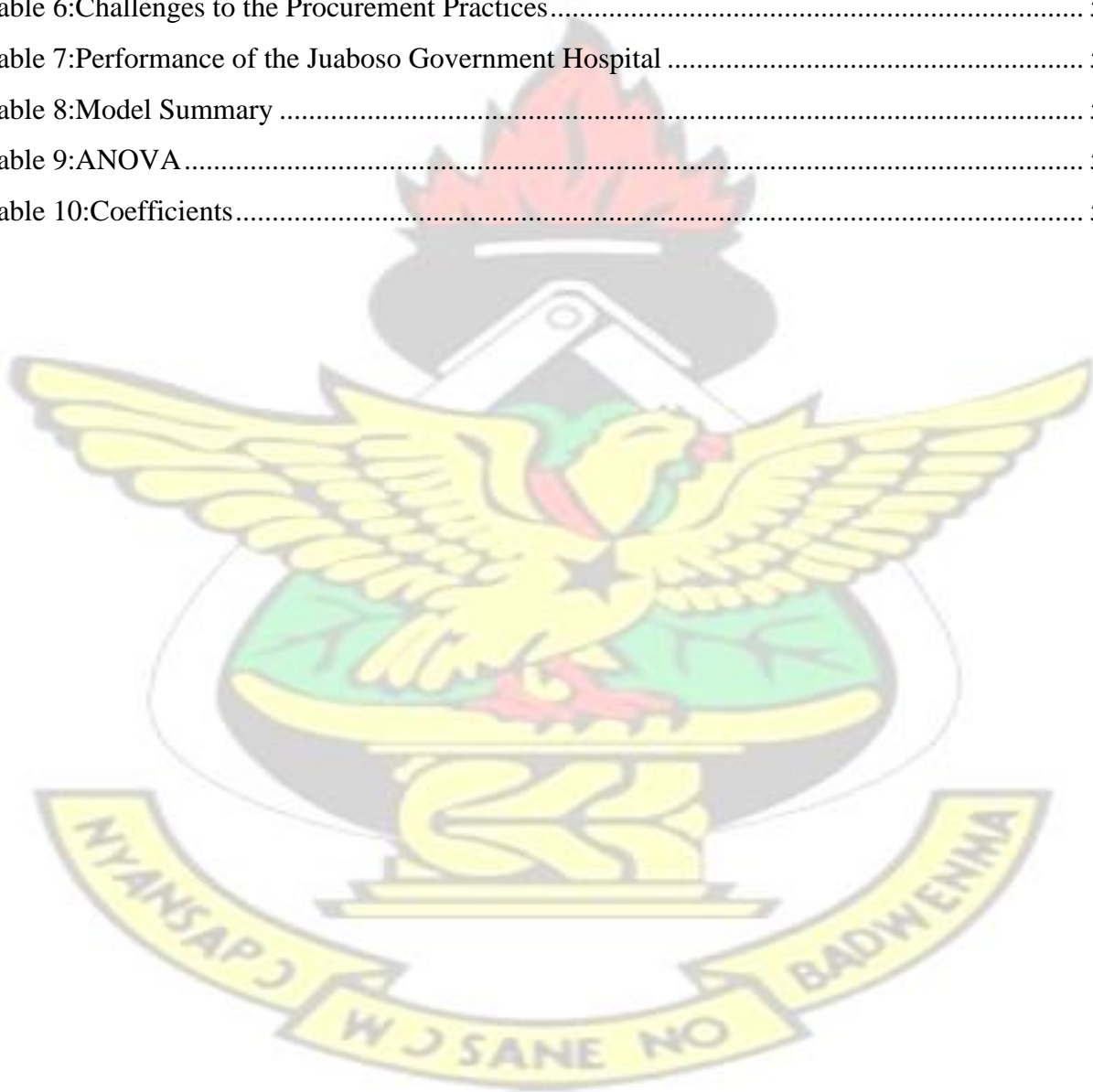
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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Every business's primary activity involves a purchase that has an impact on all of the organization's departments and on how the organization runs. The fact that an organization relies on procurement to secure the many resources required for its survival makes procurement one of the most crucial operations within an organization (Kimani, 2013). According to Carl, Mike, and Maung (2017), procurement is the process of acquiring goods or services using any method, including leasing, borrowing, or even plunder or force. Businesses constantly engage in the acquisition of goods, resources, and services throughout the day and at all times. The office of the ombudsman in Canada defined procurement practices as the application of rules, guidelines, techniques, and other methods to acquire services and goods. This consists of several steps that, when taken together, make up the process of procurement (Sanderson, Lonsdale, Mannion, Matharu, 2015).

Because the procurement process has substantial and wide-ranging implications for how an organization runs, every organization must approach it with caution and a multitude of considerations. Procurement will have an effects on the institution's costs, the useful lives of the assets it acquires, the kinds of services or products that are generated, the kinds of human resources it uses, and even the general morale of its workforce (Kauffman & Tsai, 2014). Since only high-quality medications are bought by the hospital at the best prices, administrators in the healthcare system must proceed with the utmost prudence when carrying out this practice (Kimani, 2013). According to Moe CE and Sein (2014), effective planning of procurement is necessary for an organization to buy the right kind of products. All parties involved in the procurement process demand transparency. These parties may be asking an organization, suppliers, the procurement

department, end users, and technical experts to provide pertinent documents or evidence of the procured goods (Cherotich, 2018).

The profitability of organizations can be influenced by a small decrease in the cost of procurement (Plantinga & Dorée, 2016). Procurement is now heavily emphasized by most corporate leaders as a key business strategy and a wonderful way to achieve long-term growth and cost reduction (Loppacher, Luchi, Cagliano & Spina 2015). The issues that plague procurement practices include high levels of corruption, a lack of open competition and transparency, poor coordination, a lack of direction, neglect, and, most critically, a lack of trained and qualified procurement professionals who are able to manage procurements in a way that is timely, professional, and cost-effective. Bureaucratic and rigid procurement processes result in unanticipated contract delays, a lack of fair competition, the possibility of contract award manipulation, and greater expenses, all of which have a negative effect on the procurement process and performance (Ngugi & Mugo, 2014).

The purchase and management of inputs, including selection and contracting, relationship management, demand management, and operation delivery are all steps in the procurement process that help with the delivery of healthcare (Shrestha, 2016). The ideal guiding principles for procurement decisions should be transparency and efficient money management. However, administrators are given more power over the process than clinicians have thanks in part to procurement systems, and there is a lot of pressure to keep expenses in check. Lingg, Wyss, and Durán-Arenas (2016) point out that inadequate and inefficient procurement structures, procedures, and rules, together with the failure to hold those responsible for procurement law violations accountable, lead to millions of dollars being lost and subpar performance throughout hospitals. The medical procurement system has a considerable impact on the availability of pharmaceuticals and other devices as well as total healthcare costs. An effective procurement procedure guarantees

that the appropriate medications are offered in the appropriate dosages, at the appropriate costs, and with acceptable levels of quality. According to several publications, the health sector struggles to ensure that ongoing purchases of medications and other devices are compliant with the laws governing public procurement. The Ghanaian Parliament drafted and published Act 663 (2003), the Ghanaian Procurement Act, in an effort to bring order and sanity to public procurement by establishing institutions and rules that regulate the procedure and activities of public procurement. The policy's objectives are to guarantee non-discriminatory public procurement, openness, fairness, efficiency, and cost-effectiveness (Ameyaw, Mensah, & Osei-Tutu, 2012).

The Ghanaian Ministry of Health has made some considerations to establish effective and high-performing procurement practices that guarantee fair access to inexpensive medications for all Ghanaians. The majority of Ghana's medical facilities, notably Juaboso Government Hospital, are confronted with a problem of rapid changes in the procurement of medicine and medical equipment. The governments of Ghana, like those of other nations, must take the proper steps to create a framework for the system of procuring medicine and to make sure that medical procurement is carried out impartially, transparently, and without prejudice toward any individual, organization, or institution. The Ghanaian government, along with the ministry of health, sees the need to control and enhance the process of buying medical supplies, equipment, and services. The most crucial issue facing the health sector is how to improve procurement practices to ensure impartiality, fairness, effectiveness, and transparency in the nation's procurement process (Ameyaw et al., 2012).

1.2 Problem Statement

The necessity of openness in the procurement process is now recognized by procurement officials as a key government function due to stakeholder concerns about corruption, fraud, integrity, and increased demands for accountability. The level of trust that stakeholders have in the system is influenced by the integrity of the health sector and procurement practices. (AFDB, 2014).

Therefore, resolving these challenges in the procurement process remains the most challenging problem confronting the health sector and necessitates particular internal interventions, increased efforts, and commitment. Mekonnen (2018) noted that there are issues with the procurement techniques, notably with regard to planning in procurement and the use of standard bidding documents (SBD), as a result of a poor enforcement mechanism. As a result, if these issues with the framework for openness in the health sector and procurement processes are not addressed right once, they could spread and require more resources and dedication to resolve (Mekonnen, 2018).

Numerous investigations have uncovered serious inefficiencies in the health sector's procurement procedure, leading them to the conclusion that corruption in the procurement system hinders value for money when buying medical supplies and equipment (Sanchez, 2019). A survey found that the public sector's procurement is responsible for more than eighteen percent of global GDP, or \$5.8 trillion, with an estimated \$400 billion of that sum thought to be the result of corruption (Auriol, Straub & Flochel, 2016). In several Sub-Saharan African countries, it is estimated that over 70% of public procurement contracts for the health sector are corrupt, which drives up the cost of those contracts by 25% to 30%. (Baldi, Bottasso, Conti & Piccardi, 2016).

In considering the report by Transparency International (TI) from 2021 as the yardstick, Ghana is regarded as one of the most corrupt countries in the world. Ghana was ranked 73rd out of 180 as the most corrupt country in the world in 2021. This suggests that despite the passage of anti-

corruption procurement legislation, Ghana is not making any significant progress in the battle against corruption in procurement (Ameyaw et al., 2012). One of the biggest problems preventing attempts to provide stronger procurement framework and accountability in hospitals is the health sector's failure to integrate and align procurement procedures with its strategic objectives and vision. The procurement process continues to face substantial obstacles. The growing stakeholder desire for appropriate use of accountability and transparency in the procurement process to promote accountability and responsibility is one element contributing to these difficulties (Mekonnen, 2018). This means that creating a priority area of focus that covers the legal framework for procurement, audit, hiring of procurement staff, internal controls, building capacity, reporting of executed budget, involvement of civil society, legislative oversight, and external audit is necessary for effective, transparent, and accountable medicine procurement. (AFDB, 2014).

The earlier studies on procurement have some research gaps. This first gap noted was the lack of focus on procurement practices in the health sector of Ghana. Many of the research works were conducted in the western territories which have different procurement practices from that of Ghana and for that matter applying their findings in the Ghanaian case remains a challenge. Also, linking procurement practices to the performance of the health sector was lacking in most of the research works. The study will take into account the fact that there is a dearth of literature in the Ghanaian context that focuses on those elements.

Another gap identified was that the majority of the current study depends primarily on descriptive analysis and lacks critical synthesis to aid in an in-depth investigation into the topic. By incorporating an explanatory research design and using diagnostic tests to examine the data validity and reliability of the study's variables in the context of Ghana, this research expands upon earlier studies.

1.3 Objectives of the Study

Investigation of the Ghana Health Service's procurement methods, with a focus on Juaboso Government Hospital in Sefwi Juaboso, is the study's primary goal. The specific objectives are to;

1. Assess Juaboso Government Hospital's procurement procedures
2. Identify the issues with Juaboso Government Hospital's procurement procedures.
3. Examine how procurement procedures affect the efficiency of the Juaboso Government Hospital.

1.4 Research Questions

Based on the study's aims, the following research questions were created.

1. What are the Juaboso Government Hospital's procurement procedures?
2. What difficulties do the Juaboso Government Hospital's procurement procedures face?
3. How does the performance of the Juaboso Government Hospital differ depending on the procurement procedures?

1.5 Brief Overview of Research Methodology

The descriptive and explanatory research designs were used because the study evaluated procurement processes and practices in the health industry. Additionally, the study will include quantitative research techniques. The study's population will be made up of Juaboso Government Hospital employees who are directly or indirectly involved in the procurement process. Information from both secondary and primary sources would be used. The secondary data would come from sources including journals, the internet, press releases, and contemporary literature that have a direct bearing on the study. The respondents will be given a structured questionnaire to complete in order to gather the initial data. The responses would be displayed in tables and graphs.

Statistical Package for Social Sciences (SPSS) version 20 would be the software that will be utilized for the analysis.

1.6 Scope of the Study

The study employed Juaboso Government Hospital, Sefwi Juaboso, as a case study to examine the procurement procedures used by the Ghana Health Service. For the study, conceptual elements including procurement procedures, difficulties encountered throughout the procurement process, and how procedures affect hospital performance will be taken into account. Employees at the hospital would be taken into consideration for information based on this. The study will also take into account related theories including principal-agency theory, contingency theory, and stakeholder theory.

1.7 Significance of the Study

Research evaluating the Ghana Health Service's methods for acquiring medications. The procurement officers, researchers, and policymakers in the nation would benefit much from a case study of Juaboso Government Hospital. The investigation will draw attention to purchasing procedures. Thus, the results will shed light on and offer in-depth knowledge about the procurement procedures used at the Juaboso Government Hospital, enabling one to determine whether the procurement officers adhere to proper procedures. By identifying areas of weakness in the procurement activities, the findings on the issues impacting procurement at Juaboso Government Hospital would also assist policymakers in making judgments on how to handle such issues arising from procurement activities. It would also reveal areas in the procurement process that need to be improved. The findings would also help to determine whether to continue with the procurement practices as it will reveal how it affects the performance of the hospital. The study would be a significant contribution to the academic field's body of knowledge and offer

comparative information to scholars wishing to investigate Ghana's procurement methods. By explaining how procurement practices affect the performance of the hospital with the aid of an explanatory research design, the study would also fill in gaps in studies on procurement practices.

1.8 Organization of the Study

This work will consist of five major chapters. Chapter One will include information about the study's background, problem statement, purpose, goals, and organization. It will also discuss the study's significance, range, and significance. In Chapter Two, a review of pertinent literature will be offered; in Chapter Three, the study's methods will be described. Information on the conclusions and further discussions will be included in Chapter 4. Chapter Five will include a summary, conclusions, and suggestions.



CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter offers a thorough evaluation of additional studies that have been done on patient-centered care, the knowledge and abilities of healthcare professionals, patient happiness, and patient perceptions of the quality of healthcare delivery.

2.2. Definition of Variables

2.2 Supplier Partnership

Pinkerton and Petcavage (2010) claim that the relationship between a client and a supplier has evolved from a traditional means to collaboration. According to Kariuki, Makokha, and Namusonge (2018); Muange and Chirchir, (2016) better strategic sourcing serves as a sign of a suitable partnership. Supplier capabilities examination and strategic outsourcing are two components of strategic sourcing. Straight, long-term is prioritized in supply partnerships, and they promote cooperation in problem-solving and planning (Baker, Croucher & Rushton, 2017). These supply partnerships are established to encourage mutually beneficial outcomes for all parties involved as well as continued engagement in more or one important strategic field like market, goods, and technology.

Organizations can operate more productively with a small number of significant suppliers who are responsible for the success of the goods by forming strategic partnerships with them (Baker et al., 2017). Early-stage suppliers can provide additional cost-effective design options, assist in the choice of components and technologies, and aid in design evaluation. Organizations that are strategically aligned can collaborate closely to cut down on effort and time wastage. An innovative supply chain may depend heavily on having a strong supplier relationship (Lega & Villa, 2013).

The ultimate consumer and the organization are brought together through interaction with the suppliers. Organizations that experience issues with their supply chain channels or networks might implement the supplier partnership strategy, or supplier relationship management (SRM), to increase the effectiveness of their supply chain.

From the camp of Su and Gargeya (2016), ineffective supply networks are the main reason for weak organizational performance. They claimed that businesses with integrated supply chains made more money than those with weak supply chain management (Su & Gargeya, 2016). Companies who use these tactics enable the maintenance and formation of these partnerships' strategies with important suppliers, and they compel businesses to adopt a new perspective on the transparency of the supply chain (Senelwa & Obiero, 2018). Instead of competing to gain the biggest short-term benefit in every transaction, organizations and suppliers that cherish their customers want to work closely together for long-term shared benefits. A new degree of dedication and trust is needed in these relationships that were lacking in the traditional procurement system. Suppliers are encouraged to share their transportation and production skills with the company because of the commitment and confidence shown by them.

The organization will be able to develop better goods and adopt leaner, more effective production processes by obtaining opportunities toward specified intellectual capital. The company can also use supplier transportation and economics expertise to reduce costs of distribution and accelerate time to market. Cost savings may be passed on to clients as lower charges, and this, composed of faster time to market, boosts the profitability and strategic competitiveness of the organization (Srinivasan, Mukherjee & Gaur, 2011). Organizations can collaborate closely with providers who can portion duty for the achievement of the products through strategic supplier relationships (Li, Ragu-Nathan, Ragu-Nathan & Rao, 2014).

Procuring organizations may encounter issues including missed shipping deadlines and subpar quality levels because of increased reliance on suppliers' actions and/or ability. Nevertheless, for some businesses, greater supplier acts or competence may translate into superior product quality or quick incorporation of the most recent technology advancements into the purchasing company's products through early engagement of suppliers (Cao & Zhang, 2011).

Contract Management

According to Mutua, Waiganjo, and Oteyo (2014), in an extremely competitive and interconnected world, the majority of functions in a setting that involves alliances, subcontractors, partnerships and global sourcing requires vendor interactions. Contracts are used to govern relations with outside organizations. In all, businesses deliver goods or services following the outcomes of unswerving contract talks with the customer. According to Mwanjumwa and Theuri (2015), contract management entails the actions taken by a buyer during the term of the agreement to make sure that each party is responsible for fulfilling their respective responsibility.

Public Procurement Authority (PPA) states that the department and function of procurement have the responsibility of ensuring that they monitor the administration of agreements by various subdivisions in terms of the conditions and terms backing the procurement. The procurement department is in charge of ensuring that the contractor complies with the conditions and terms of the purchase agreement and that the project's final product satisfies specifications. Makokha and Wafula (2017) proposed that in fixed-price contracts, purchasers must explicitly define the service or good they want to purchase because variations in scope can only be made in exchange for a higher contract price. If parties do not adhere to the agreed-upon terms, reports are made. As a result, the individual responsible for the procurement department makes sure that current projects are evaluated and monitored.

In an essentially united and hostile world, most projects are run by the administration which ensures that relationships that result from agreement management are maintained (Zou, Brax, Vuori & Rajala, 2019). To safeguard management, organizations must understand the many sorts of contracts that are given. The execution of the agreement necessitates that the purchasing entities pay close attention to the contract's risk mitigation, sufficient quality, timeliness, and also cost containment. The practices of management of contracts include a variety of tasks that are completed in time to maintain the smooth operation of the provisions among the provider and customer. These include contract administration and delivery management.

Contract management monitors the official ascendancy of the agreement and all permitted variations to certification throughout the lifetime of the agreement. It also maintains the rapport between the two entities in an open, constructive, and professional manner to ease or resolve tensions and recognize potential issues at an initial stage. Delivery management makes sure that whatsoever is requested is then brought to the obligatory level of performance and quality as within the contract specification (Moffat & Mwangangi, 2019). Both tasks must be successfully managed, and they should not be done separately from one another but rather as part of an overall integrated strategy.

Procurement Management Principles

It is crucial that with integrity, the procurement function of the public is carried out with accountability, and openness in a way that ensures worth for the taxpayer's money (Diabagate, Azmani & El Harzli, 2014). Probity demands that the transaction should be handled honestly, fairly, and ethically by all parties. The reason for decisions must be objective, and obvious, and the buyer must be held accountable for the way the process of procurement was handled. The highest ethical standards must be upheld while contracting authorities employ resources efficiently

and cost-effectively. Administration in contracting authority must make sure that a proper emphasis on sound purchasing practices and those measures is ready, where there is a large procurement function, to certify agreement with entirely applicable regulations.

Value for money is considering how to contribute to changing goals and policies while also recognizing the effectiveness and value of the money being used up (Bauld & McGuinness, 2010).

When giving contracts to potential suppliers, these hospitals may have the discretion to take into account some factors such as key individuals' qualifications, historical performance records, and technological capabilities; other than the lowermost price (Cummings & Qiao, 2013). Lack of training and education programs is one of the issues that must be taken into account to make it possible to achieve value for money. It is crucial to comprehend the implications of value for money (VFM), a very wide notion that encompasses a variety of criteria, for the public sector. Though the VFM criteria frequently appear to be controlling and managing costs and are self-explanatory, getting value for money might be very challenging.

Another crucial public procurement principle is probity. Compared to other occupations, greater ethical standards are required from procurement specialists, but some of them are simply unaware of what is required of them (Williamson & Zeng, 2010). Lack of training in these areas by the workforce could have major repercussions, including violations of standards of procurement. Weele and Van (2010) estimate that there are 500,000 professional buyers found within the United States, but only 10% of them are associates of a professional Supply Chain Management Association that provides ethics training to its members. The other 90% are not even mindful that legal standards and ethics apply to procurement.

Recent events in other advanced countries, the UK and the USA, have demonstrated that both developing and advanced nations engage in the practice of creating financial aid to party finances

or to parliamentary members to achieve rewards (Baily, Farmer, Crocker, Jessop & Jones, 2008). Nevertheless, compared to developed nations, corruption in the procurement sector is more common in emerging nations. According to World Bank research, bribery in countries like Sri Lanka, Venezuela, Kenya, and Nigeria amounts to over one million dollars each year, or up to 12% of GDP (Nwabuzor, 2015).

The term "transparency" relates to openness and serves a significant purpose in the procurement process. Since transparency is a fundamental governance objective, it has become increasingly important in OECD nations and is specifically linked to the emergence of the agenda of governance. Transparency is therefore crucial to ensuring a reduction in corruption and accountability. Foreign and domestic suppliers would be discouraged from making off the payments under the table and from getting such payments due to the openness of the contract awarding processes and the privilege that the contract would be granted to disgruntled suppliers to contest for the procurement (Raymond, 2008). Both foreign and domestic investors will have certainty that contracts will be allocated in an equal and fair manner based on the transparency of procurement in the health sector.

The absence of transparency in all marketplaces, defined as the lack of knowledge about procedures and regulations, may act as a trade barrier and may hurt foreign providers more than domestic ones (Halter, De Arruda & Halter, 2009). These regulations would also guarantee that services and goods be purchased at the most affordable rates, resulting in a decrease in expenses. The influence that adopting open and transparent procedures may mitigate the incidence of procurement corruption in nations is the most significant advantage (Halter et al. 2009). As a result, openness fosters trust by enabling stakeholders to assess the effectiveness of activities and decisions (Lee, Oh & Kwon, 2008).

Accountability which is a key procurement criterion is relevant at both worldwide and local levels. Governments frequently engage in trade, and services and purchase products like give or receive aid, and defense equipment, and run diplomatic missions abroad on a global scale (Atuilik, 2013). This behavior exposes governments to financial risk and creates issues with accountability. Managers of the public sector must operate in a higher competitive setting at the nationwide level than was typical in the past. Additionally, the public is calling for improved services and increased accountability in procurement practices (Ramanathan & Gunasekaran, 2010).

Procurement Planning

One of the core responsibilities of procurement is procurement planning, which has the potential to enhance healthcare delivery and help most health institutions run more successfully. It is a role that initiates the complete procurement and acquisition processes (Basheka & Tumutegereize, 2010). Planning is one of the management literature's most frequently discussed topics, both as a function and as a concept. Planning is a function that serves as the framework for all other functions of management. Planning can be a useful tool for resource allocation, distribution, and extraction if it is well conceived and executed. Planning often improves the collection, assessment, and interpretation of crucial data and information to provide knowledge pertinent to a sound policy decision.

Due to some issues relating to technological and human capacities as well as resources in finances, planning has not yet advanced to the point where it can achieve the goals specified in many African countries. Planning is used in management literature to the extent that it helps managers make

decisions in advance through their objectives and course of action and that their decisions are supported by a process, logic, or plan, rather than an intuitive feeling (Mbae, 2014). A Needs Assessment results in the identification of what must be purchased and forms part of the procurement planning. Procurement Planning includes determining how organizational needs may be achieved, the scope of the works, goods, or required services, the methods or strategies of procurement to be used, using time frames, and assigning responsibility for the entire process of procurement.

Needs assessment, according to (Mbae, 2014), is a methodical procedure for identifying and resolving gaps or needs between desired conditions or existing situations or wants. Needs assessment is crucial in the procurement process since it is a powerful instrument for identifying the best solutions or interventions by vividly defining the problem. This makes sure that limited resources (appropriations of the previous budget) are used to create and implement a workable and practical solution for the projects that have been identified. The realization of needs and the identification of requirements are the first steps in the procurement process (Kilonzo, 2014). The status of the inventory, the plan of the project, the schedules of production, the plans of work, the budgets for operational or capital requirements, and the procurement strategy all contribute to the needs assessment.

The basis for carrying out a detailed market survey is establishing the requirements to identify factors like the level of competition, new supply sources, alternatives to existing products, prices, new products, and environmental factors which can have an impact on the supply market. Kilonzo (2014), on the other hand, argues that there are five alternative ways to define quality. These include the value-based method, manufacturing-based approach, user-based approach, product-based approach, and transcendence approach. The approach of transcendent links innate excellence

with quality. The quality of a product is defined by the product-based approach as the total or weighted total of its attributes desired. According to the user-based approach, a product that is of high quality fulfills consumer demands or desires.

Service quality is a measurement of how the level of service provided is in line with the expectations of the customer (Hu, Kandampully, & Juwaheer, 2009). Studies that relate to the domains of procurement demands are relatively recent, irrespective of intense academic arguments, and focus on difficulties linked to comprehending the quality of service from the perspective of external customers (Hu et al., 2009). The specification is an essential component of the procurement function (Korda & Snoj, 2010). The procurement department may encounter problems and barriers if there is no quality specification. He enumerates the following qualities of a good specification: provides for open and fair procedures of procurement, inspection, and testing to make sure the obtained goods and services fit the standard outlined in the specification, equitable award at the most affordable price, and meets the users' minimal requirements.

Procurement Challenges

It is significant to remember that supply chain management (SCM) plays a crucial role in public sector procurement. It serves as a management tool for public procurement procedures (Ambe & Badenhorst-Weiss, 2012). Public procurement has the following difficulties:

- Lack of appropriate knowledge, abilities, and capability;
- noncompliance with SCM policy and regulations;
- accountability, fraud, and corruption;
- an excessive degree of centralization in the procurement process; and
- ineffectiveness of the procurement policy

Lack of proper knowledge, skills, and capacity: For efficient SCM implementation, having adequate capacity in the form of suitable structures and fully qualified and experienced SCM staff is crucial (Evelyn & David, 2014). For the government to completely fulfill SCM goals, the National Treasury (2005) states that it supports government agencies, municipalities, and municipal organizations by promoting the production of relevant training materials. Ambe and Badenhorst-Weiss (2012) further argue that skill shortages have consistently come up in public discourse. Mark and Mike (2015) claim that the single biggest obstacle to the effectiveness of public procurement is a lack of skills and capacity. Many SCM actors in the public realm, according to Kavua and Ngugi (2014), have participated in several SCM training sessions, but they still lack appropriate knowledge for effective implementation. According to Ambe and Badenhorst-Weiss (2012), the inability of SCM actors to manage the procurement process results in poor governance.

Inadequate monitoring and evaluation of SCM: Implementing SCM involves many different aspects, including monitoring and assessment. Government entities are in a difficult position to give effect to or execute SCM, as required by policy, and inadequate monitoring and evaluation are linked to the lack or poor existence of a controlled environment (Ambe & Badenhorst-Weiss, 2012). Strong monitoring and evaluation systems offer a way to gather and incorporate this important data into the policy cycle, serving as the foundation for responsible public policies and effective government (Samson, Mike & Moses, 2016). To eliminate any chance of corruption, proper monitoring, and assessment must be integrated into SCM.

Accountability, fraud, and corruption: The most important practice that makes up public procurement is accountability. A significant rise in corruption and the mismanagement of public monies will occur in the absence of transparency and accountability in the purchase system.

Millions of dollars are lost due to corruption. As said by Ambe and Badenhorst-Weiss (2012), the effects of corruption and fraud have resulted in the adoption of new laws and amendments over the past few years. Consequently, organizations such as the Special Investigation Unit, Internal Audit Units, Commercial Crime Units, the Public Protector, the Asset Forfeiture Unit, and Directorate of Special Operations (generally recognized as the Scorpions) have been established across the world to ensure effective and transparent procurement.

Boateng (2008) claims that even though Africa has experienced extraordinary infrastructure and social programs since 1994, the widely held perception of its citizens, who had wished that freedom would lead to comparative social-economic improvement, liberation, and transparent procurement process, are becoming more and more resentful on the part of the government. This is due to problems with disenchantment with authorization policies, service delivery, corruption and fraud in some sectors within the economy, and perceived poor governance.

Again, conflicts of interest and ethics have a significant effect on how SCM is implemented. Analysis reveals that there is significant power held by some chief financial officers and insufficient proper consultation with other senior officials (Ambe & Badenhorst-Weiss 2012). Although the National Treasury's guidance for accounting officers specifies a consistent approach to the SCM procedure, the recommendations are frequently not followed and applied (Senait, Asefa & Seid, 2016). To avoid corruption, the tender paperwork for procurement should be reviewed.

Non-compliance with policies and regulations: Although the government has established regulations and policies to direct procurement procedures, problems still exist with the use of the wrong procurement procedures concerning thresholds and validity extensions, the incorrect use of the restricted bidding process, the use of unqualified suppliers, and the rejection of bids for the

wrong reasons (Teresa & Makori, 2017). Ambe and Badenhorst-Weiss (2012) claim that there are not enough processes and controls in place to handle bids, designate members of the bid committee that frequently do not adhere to policy requirements, and from SCM protocols enough incentives are not provided for deviations.

Inadequate planning and linking demand to the budget: Demand management is essential to the SCM process because it establishes a decision-making procedure that enables the department to procure or purchase at the appropriate cost, location, and time. Nevertheless, budgetary linkage of demand and poor planning still plague many government ministries. To guarantee that buying requirements are accurately defined, contracts are comprehensively managed, suitable contract plans are established, and opportunities are taken advantage of to acquire the finest deals at the correct price and correct time. Procurement cost-effectiveness relies on an expert's skill (Willy & Stella, 2015).

Badenhorst and Ambe (2012) go on to say that it is crucial to create realistic and precise strategic plans because in certain cases, there are no coherent plans at all. SCM policies execution is impacted by poor budget planning. Monitoring service delivery is crucial to guarantee that limited resources are acquired efficiently and effectively (Jaguga, 2018).

Too much decentralization of the procurement system: In his State of the Nation Address from 2014, President Zuma claimed that the centralization of tendering processes will eradicate corruption. This is an issue within government procurement because there is excessive decentralization in how contracts are awarded. It is difficult to keep an eye on the process. According to Handfield, Monczka, Guinipero, and Patterson (2011), centralization reduces costs by leveraging scales, but it also has benefits because of the volume, providing improved control,

fostering the growth of specialized skills for procuring personnel, and reducing purchasing efforts duplication.

In the word of Badenhorst-Weiss and Ambe (2012), decentralization, alternatively, promotes improved responsiveness to procuring demands, taking responsibility for decisions that influence one's budget, and proximity to suppliers. Nevertheless, supplier affiliation management and operative contract administration are a requirement if the benefits of centralization are realized (Engelbeen & Makhado, 2014). When there is improper contract management ready, it negatively hinders the procurement process.

Challenges faced by Public Sector Procurement Process

The procurement structure of the public sector has not been found to have a significant impact on the management of resources of the public in the majority of developing economies. Many of these nations lack the technical expertise and personnel required to carry out procurement activities. According to the Country Procurement Assessment Report (CPAR, 2003), despite having some knowledge, the majority of the personnel hired in Ghana to operate in the numerous sectors assigned to procurement did not have professional or technical training. Act 663 faces significant difficulties in operation as a result of political obstructions in the procurement processes.

Most politicians believe they have the right to influence the procurement process, which results in dishonest procurement decisions (World Bank, 2004). Additionally, procurement process of the public is plagued by a variety of corrupt activities, such as excessively high prices for services and products, insufficient monitoring, and a failure to follow some legal requirements (PPA Annual

Report, 2008). According to research by Kakwezi and Nyeko (2019), it is challenging to assess the procurement system's effectiveness and efficiency since the various sections of procurement of public institutions struggle with a lack of information regarding the processes of procurement, their outcomes, resource use, outputs, and inputs (Kakwezi & Nyeko, 2019).

Shipman and Agaba also discovered a total absence of professional competence and experience in the company issuing the contract and in procurement agencies at all levels (Agaba & Shipman, 2012). Governing instruments, as well as the procedures, regulations, guidelines, rules, and absence of public awareness of the benefits of public procurement, were identified as the challenges to procurement by research performed by Uromi (2014) on the challenges affecting public procurement in Tanzania, Uganda, South Africa, and Zimbabwe. Additionally, the lack of knowledge among the complaint review systems, markets of public procurement, and parties involved was part of the challenges noted by (Uromi, 2014). In a different vein, Mamiro (2010) asserts that one of the main hindrances to public procurement is poor planning of the processes of procurement and poor management, which includes requests that are improperly estimated and identified unworkable budgets, and a lack of procurement personnel with the necessary skills (Mamiro, 2010).

According to Moe, Newman, and Sein, (2017), professionals in procurement typically struggle with evaluating the performance of the procurement. He emphasizes that businesses typically concentrate on looking at their developments internally, which does not accurately reflect how they interact with competitors. These methods are not in line with what the competitors do (Rotich, 2011). Due to various sorts of corruption, open competition, lack of transparency, bureaucracy, and a lack of properly qualified and trained procurement officers with the necessary competence qualified to manage and execute the process of procurement in a cost-effective, proficient, and

timely manner, numerous procurement activities continue to experience challenges (Mburu & Njeru, 2014).

Procurement of Health Commodities

A problem in sub-Saharan African nations is the intermittent availability of health commodities in facilities of public health. The World Health Organization (WHO) has advised the creation of central medical stores (CMS) within low-income nations to address these issues by ensuring the affordability and accessibility of healthcare supplies for public health institutions. According to research, chains of supply for essential medications and healthcare items in underdeveloped nations are intricate networks with many distinct funding sources, warehousing, procurement firms, and distribution strategies for the many health commodities (Miller, Wilkerson & Wilkerson, 2014).

The majority of developing countries entrust the storage, distribution, and purchase of medications and health supplies to their health ministries. This affects the decentralization of medicines as the main motive for the establishment of central medical stores (Miller, Wilkerson & Wilkerson, 2014). Nevertheless, several nations have decentralized medical procurement to lesser levels of the system of distribution as a result of their inability to get medications for distribution from the central medical stores (CMS). The flexibility and speed of procurement are increased when facilities of health, regional, or district medical stores have some purchasing autonomy, but this comes at the cost of losing the pricing advantages of central procurement which leads to more challenges to achieve quality (Arney, Yadav, Miller & Wilkerson, 2014).

The government's excessive political interference, absence of capability of operational management and infrastructural resources, together with sponsoring, the protection of CMS and preferred status in health care procurement, and poor performance of accountability are just a few

of the factors that have been cited as causes for the CMS operations dysfunctions (Masaeli, Mahmoudi & Noori, 2022). Central medical stores (CMS) are typically the foundation of procurement of public health, distribution, and storage models in low-income nations. Historically, these CMSs have been entirely government-owned businesses, however, management autonomy under government supervision has been offered by the government (Zhang, 2016). There exists a limited wholesale of medical equipment, clinics, pharmacies, and hospitals owned privately in most developing countries (Masaeli, Mahmoudi & Noori, 2022).

The national healthcare medical procurement, monitoring and storage of inventory supplies, distribution to numerous parts of the national system of public health, and in certain situations, the private health system, have generally been the responsibilities of the CMS. However, several reasons that result in the lack of health supplies for the public sector cause the majority of them to fail in their activities. CMSs were categorized by subpar performance and inefficiency, as has been seen in numerous state-run services in every corner of the world (Masaeli, Mahmoudi & Noori, 2022). Unquestionable data indicates that CMS's centralization in Africa has had significant issues with logistics, management of finances, security, and storage. CMSs within Africa, like other public institutions, have been unable to keep up with the expanding complexity of the world pharmaceutical market. The lack of qualified workers has been made worse by restrictive ineffective incentives and bureaucracy (Arney, et al., 2014).

Additionally, there is proof of rent-seeking, leakage, corruption, and lack of transparency in the procurement scheme, which is usually impacted by politics (Govindaraj & Herbst, 2010). Alternatively, research reveals that the CMS's performance has been improved by providing them more autonomy, revealing all to the marketplace, making them responsible for their actions, and allowing them a residual claim on any operating surpluses. These solutions maintain a focus on

the CMS and CMS monitoring while adopting a more communal sector-based mentality (Vyas, 2016). Additionally, when the central medical store runs out of health supplies, it might create a lot of problems for the healthcare industry. In Ghana, where health institutions frequently run out of crucial medications, only private vendors may have them in stock, this consequently results in the cost of medications being expensive (and availability may be less).

Users of the services do not obtain free access to necessary medications; instead, they may be required to engage these private or unofficial suppliers or go without. Additionally, it appears that there are considerable differences in the pricing and availability of drugs at the district level, which leads to unequal service delivery (Wild & Cammack, 2013). In most nations in Africa (sub-Saharan), where the public health sectors serve a sizable section of the populace, an active public health chain of supply performance is crucial for ensuring access to medical supplies and, consequently, for good health results (Wild & Cammack, 2013). Both the Central Medical Store (CMS) and Regional Medical Store (RMS) in Ghana were found to have an average proportion of days shortage of supplies for medicines that were larger than 50%, which could help to explain why private sector procurements are so common at lower levels (Miller et al., 2014).

Medical Store Department (MSD) found in Ghana has historically had issues with storage capacity and general stock availability. Stock-outs have been ascribed to inadequate forecasting and goods delivery delays through the MSD besides its zonal stores (Miller et al., 2014). According to the research by (Miller et al, 2014) agreement management capacity and insufficient technical skills were frequently highlighted as a shortcoming of nationwide procurement structures and can be a more significant impediment to the application of contracting of strategic techniques in numerous emerging nations (Miller et al., 2014). The health commodities availability within public sector organizations is negatively impacted by the feebleness of procuring organizations in emerging

countries, which appears to be the primary reason for the shortage of supplies at the level of central medical stores.

Procurement of Medicines

The procurement mechanism for pharmaceuticals is a key determinant of both the cost and availability of medications. The availability of the necessary medications in the right dosages, at reasonable costs, and with the needed quality is a sign of an efficient and effective procurement system. A company can obtain medications by gift, local manufacturing, or purchase, but each one must meet the set minimum standards to be used. Quantification and financial accessibility are crucial steps in the acquisition of medicine (Antony & Josphat, 2016).

According to MSH (2013) procurement and logistics report, verification is one of the key phases in procuring medications for public, commercial, and humanitarian health facilities. It goes on to say that the process of buying drugs starts with determining what is needed for the purchase, making a decision, submitting a purchase order, asking for quotes, evaluating the bids received, awarding the contract, receiving the medications, and making payment. The right procedures need to be in place for these processes to be effective. Additionally, important core principles and beneficial components of medication procurement are justice, integrity, value for money, and transparency. The pharmaceutical supply chain management cycle uses these procedures in all purchases of medicines.

2.3 Theoretical Review

The principal-agent theory is adopted for the study since it is noted from the literature review that it has some bearing on procurement.

Principal-Agent Theory

Agency theory stipulates that challenges may arise during the separation of control and ownership as a result of the relationship between the shareholder (principal) and the manager of the organization (agent). The agency theory according to Zahra and Pearce (1989), emphasizes or assumes a struggle between principal and agent, which is key for overseeing and regulating a board's action. Agency theory hinges on minimizing the asymmetry of information with the use of monitoring procedures (Shapiro, 2005) using defensive strategies to minimize shareholder interest from the perspective of procurement management (Fama & Jensen, 1983).

With practices of procurement, agency theory gives the finest clarification for the role of the procuring department concerning the need to interfere for the hospital in procuring medical items. The procurement department of the hospital is employed as an essential means for the protection of the interest of the hospital and an effective tool for monitoring and conducting procurement activities (Bonazzi & Islam, 2007; Eisenhardt, 1989; Shapiro, 2005).

According to Charlene's (2016) research, the model is one in which the leader called the principal proposes the contract and the follower called the agent simply has to agree or reject it. A principal is referred to as a person or entity that acts to appoint an agent to carry out activities on his behalf, while an agent is an individual or entity that the principal hires to carry out tasks on his behalf. The buyer may be described in this theory as the principal, and the supplier may be referred to in this theory as the agent who may accept or reject the contract from the supplier. This theory is pertinent to this subject since procurement involves two parties, "the buyer" and "the seller."

This idea can therefore be used in any situation where a principal defines a contract and an agent either accepts or rejects it. The agent will always choose actions that are in line with the principal's goals and aspirations. According to Charlene (2016), the agent must carry out the contracted activities within a predetermined time frame based on necessary deadlines. This hypothesis was

crucial in determining if suppliers performing tasks for the hospital to adhere to the agreed-upon timelines and all other contract clauses.

2.3 Theoretical Framework

The Transactional Model of Stress and Coping and the Ecological Model of Health Behavior will be used as the theoretical framework for this study. The interaction of personal, situational, sociocultural, and environmental influences on human health is explained by the ecological model using four explicit assumptions. The second model examines how individuals handle difficult situations and experience

2.3.1 Ecological Model

The ecological model, which includes four stated assumptions, contributes to the understanding of human behavior by stressing the nature of peoples' relationships with their local and social surround (Glanz et al., 2000). The first presumption of the ecological model is that many elements of the physical and social environment, as well as personal characteristics, have an impact on health. Second, the environment genuinely has many different aspects. The third assumption states that people interact with their environment on an individual, family, work, and cultural organization level. The fourth premise of the ecological model is a loop between various environmental levels and social groups (Sallis and Owen, 2000).

The approach aims to clarify how the combination of social, cultural, environmental, and personal elements affects human health. The inclusion of all these analyses provides the opportunity to examine the effects of interpersonal behavioral factors on women's socioeconomic status and health, including the level of individual knowledge, attitudes, and beliefs regarding obstetric care as well as the level of support from spouse's families, neighbors, and traditional birth attendants.

This model is useful because it shows how socio-cultural and environmental elements influence the occurrence and results of healthcare workers' behavior, according to Gebresilase (2014).

2.3.2 Transactional Model of Stress and Coping

The Transactional Model of Stress and Coping is the second model that serves as the foundation for this investigation. This approach only explains how individuals deal with trying situations.

When under stress, individuals assess a stressor's relevance as stressful, positive, manageable, difficult, event inconsequential. As a result, actions are taken to manage the tension (Gebresilase, 2014).

But according to this paradigm, stress can also be brought on by a high-risk perception. (Gebresilase, 2014; citing Wenzel, Glanz, and Lerman, 2000).

When people are under stress, according to Gebresilase (2014), they think about both the qualities of the stressful conditions and what they can do to handle them. Health care professionals may encounter many stressful situations or occurrences, but how does this impact how they view other people? How can stress affect the choices healthcare professionals make for their patients? How can patients deal with circumstances that put them in a stressful situation? These are all issues that the researcher will be able to address with the use of the transactional model of stress and coping. They evaluate their apparent power and capacity to influence events, control their emotional response to the threat

This will be mediated by actual coping methods. This paradigm divides coping mechanisms into two categories: rational and emotion-focused coping strategies, according to Gebresilase (2014).

Gebresilase (2014) asserts that analytical methods designed to change stressful situations will be

more adaptive for stressors that can be changed. Some problem-management approaches include active coping, planning and problem-solving, information gathering, and utilizing social relief.

The adoption of emotion-focused coping strategies, on the other hand, is better suited when the stressor is unavoidable. As a result, they aim to alter how one perceives or feels about a trying circumstance. According to Mselle, Even-Olsen, Moland, Myungi, and Kohi (2012), these behaviors include seeking for social support, expressing one's emotions, avoiding one's sentiments, and denial.

2.4 EMPERICAL REVIEW

This segment will elaborate literature on the study's objectives. Findings from previous studies related to each objective will be highlighted.

Socio-demographics

According to Aziz-Seidu. (2020), a patient's age significantly affects her use of health services. Bivariate research by Aziz-Seidu et al. (2020), there are important human and environmental characteristics that can predict barriers to healthcare access in Ghana. Age, marital status, employment, health insurance coverage, radio and television listening and viewing habits, financial situation, and geographic location are among the characteristics mentioned. These results demonstrate the importance of paying close attention to these aspects in order to fulfill SDGs 3.1, 3.7, and 3.8. Strengthening current approaches to reduce obstacles for women in Ghana to getting healthcare is equally crucial.

Pell (2013), for example, used both a quantitative and a qualitative method to research the variables influencing the use of prenatal care in poor nations. The findings showed that the factors most strongly impacting the use of antenatal care were maternal education, husband's education, marital status, household income, women's occupation, media exposure, cultural beliefs, and ideas about pregnancy. A statistically substantial negative relationship existed between parity and acceptable attendance. There is a relationship between women's age and religion, even though women with higher parities tend to use antenatal care less.

2.4.1 Patients' Perception of Quality of Services Provided by Health Care Practitioners

Since people are susceptible to a wide range of illnesses, healthcare institution that can take care of our urgent requirements as patients should be available. Everyone hopes for a healthier world free of sickness, yet despite our best efforts to fight and eradicate these difficult diseases, new ones continue to appear. No one is safe, therefore the only thing we can do is make sure we have a supportive structure that can provide for our requirements when we are ill. The WHO and other health organizations have expanded their intervention initiatives to include the majority of the world for this additional reason (World Health Organization, OECD, and International Bank for Reconstruction and Development/The World Bank, 2018).

The best teacher is experience, as they say, and this is evident in the majority of patients as they deal with their medical issues and the effects they have on their daily lives because most healthcare systems fall short of their expectations. Patients therefore play a big part in managing chronic illnesses, but their need for power is never satisfied, not even in terms of decision-making. According to Mosadeghrad, providing effective care that enhances patient satisfaction and wellbeing constitutes high-quality healthcare services. This means providing patients with access

to healthcare treatments that increase their likelihood of obtaining the desired health outcomes. (Mosadeghrad, 2014).

Ghana Health Service (GHS) claims that the standard of care encompasses the daily actions taken by healthcare professionals to assist patients and prevent damage to them. (GHS, 2004).

services that are subpar Numerous negative consequences for the individual and the organization as a whole are caused by delivery. When a patient dies during treatment, the healthcare facility may lose the public's faith and confidence, time may be lost without providing improved results, resources may be wasted, staff members may get demoralized, and other negative repercussions may ensue. Many people have turned to complementary and alternative medicine (traditional medicine) and self-medication because of the quality of the services offered by the various healthcare facilities (Ghana Health Service, 2017). According to the literature review, providing quality services in Ghana has not yet reached its full potential, which was one of the key factors in the Ghana Health Service's decision to make improvement in the quality of care at all service delivery points one of their main goals in order to satisfy patients (Escribano-Ferrer, Cluzeau, Cutler, Akufo, & Chalkidou, 2016).

This further adds that every patient has expectations that, when met, make them feel comfortable and secure. The majority of patients, according to the study, anticipate receiving medical services including drug administration promptly after being given sufficient information about their illness and course of treatment. Some patients even demand that this information be given to them in a language they are familiar with, with their privacy always respected. Each patient has a reasonable expectation that their healthcare personnel would be knowledgeable and skilled, and that the facility will have enough qualified staff to carry out everyday operations. However, patients

demand a very welcoming setting and respectful treatment from the medical team (Kwame & Petrucka, 2021).

The patient's perception of this information comes from years of dealing with a specific disease condition and exposure to various healthcare systems and providers as a result of that condition. Sometimes, patient perspectives can help make healthcare systems more patient-centered. Because of this, most researchers think it is critical to include patients in discussions on the subject under investigation. In an effort to find a better treatment for their ailment, patients learn a lot from the advice given by the various healthcare professionals they interact with. Their comments can occasionally be used to pinpoint the knowledge gaps needed and the reasons why other healthcare systems have failed to effectively treat their sickness. Such important data can only be acquired if the medical practitioner respects the patients' opinions and incorporates them in other pertinent health-related problems. Patient satisfaction is often determined by how well patients feel their expectations, wishes, or wants have been satisfied in relation to how well the quality of the services is perceived by them (Epstein & Street, 2011).

2.4.2. Impact of Patient Satisfaction on Utilisation

The literature will pinpoint important factors that need to be changed first in order to raise overall patient satisfaction. This segment will also show that some components of the hospital stay are not considered important by patients and are not connected to patient satisfaction scores. This study's objective will have repercussions for medical professionals working to raise the standard of care and service quality.

Eight satisfaction criteria were found to have acceptable to good loadings and high reliability in a study similar to the one conducted in Canada among different institutions to determine organizational performance effecting patients' satisfaction. Hospital-level variation accounted for

less than 5% of the variation in patient satisfaction scores, leaving patient-level variation to account for more than 95% of the difference. Hierarchical models can account for up to fifty-two percent of the variation between institutions and five to seventeen percent of the variation at the patient level. All categories of patient satisfaction were most strongly correlated with specific patient characteristics. Patient happiness is only correlated with a small number of organizational performance measures, and important drivers vary depending on the satisfaction component (Péfoyo & Wodchis, 2013).

The majority of respondents in a survey on comfort with maternal healthcare services in the Ketu South Municipality of Ghana, which was conducted in the Volta region, expressed satisfaction with the caliber of services provided to them. However, they weren't pleased with how the institution handled drug administration. The majority of respondents complained about the healthcare staff at the hospital having terrible attitudes. Additionally, there were reports of some logistics being in poor shape. However, respondents typically had favorable opinions of the maternity care services that the medical facility gave to them (Amu & Nyarko, 2019).

A similar study conducted in Ghana on factors influencing utilization of skilled delivery found that, professionalism and prompt attention to mothers by care providers contributed to high satisfaction with the services provided. It was concluded that, availability of skilled personnel and quality of care are the driving wheel for the uptake of skilled delivery in the study sites (Gudu & Addo, 2017)

Another study conducted in the Volta region of Ghana discovered that the delivery process, the competence of health workers, the professionalism of healthcare professionals, the good hygienic conditions at the hospital, receiving an explanation of the diagnosis and treatment, the function of medical tests, the readiness of the healthcare professional to attend to the client, receiving

affectionate and courteous care, paying bills that were higher than they could afford, and they, items. It concluded that satisfied mothers were more likely to utilize skilled delivery services (Tuglo, et al., 2022).

Education and religion also had a significant impact on patient reliability, overall contentment, and attentiveness to their needs, according to a Ghanaian study on this topic. The choice of payment was also correlated with the responsiveness and tangibility characteristics. Additionally, there was a separate correlation between responsiveness, tangibility, and overall satisfaction and place of residence. Finally, at the level of multiple variables, maternal age, location, provider friendliness, accessibility to care, and operation hours were all independently linked with reliability, responsiveness, tangibleness, and overall service satisfaction. (Amporfro, et al., 2021).

2.4.3 Patient Satisfaction with Care Delivered by Health Care Providers

The most important riddle to be solved among the requests made by healthcare providers for patient-centered care is how to increase patient engagement, patient satisfaction, and patient access to healthcare. Everyone should agree that if the health of each patient is appropriately taken into account by all healthcare practitioners, the patient will always be protected. According to WHO, patient safety is "the absence of preventable harm to a patient during the process of healthcare" (WHO, 2021).

Given the many advantages that come with it, patient-centered care must be viewed by a healthcare professional as an effective tool for providing patient care. For instance, through participating in the treatment they are receiving, patients eventually come to appreciate the results of the treatment. Numerous studies on patient-centered care have shown that healthcare professionals have a

paternalistic view of the patient's capacities. Therefore, Most patients find it difficult to open up and share their opinions in this environment (Kwame & Petrucka, 2021).

In light of the components of patient-centered care previously described, for every healthcare professional attempting to manage or treat their patients' ailments, patient happiness must come first. In his research, Nkrumah and Abekah-Nkrumah expressed views that fostering an inter-professional provider team mentality can enhance care delivery and patients' health by ensuring good communication between the team and the patients (Nkrumah & Abekah-Nkrumah, 2019).

Patient-centered care has become a far more important requirement in the healthcare system, yet it has been extremely difficult to involve patients in decisions that either directly or indirectly affect their life or the healing process. The majority of studies have also revealed that healthcare professionals are very concerned about the health and safety of their patients, but they frequently make the error of assuming that their patients already know what is best for them and acting on that assumption without their consent. Other studies have shown that establishing a professional connection with patients as a healthcare provider promotes patients' trust, confidence, and contentment. Good relationships enable medical professionals to relate to and understand patients' circumstances and feelings (Krist, Tong, Aycok, & Longo, 2017).

Instead of adopting a paternalistic attitude, healthcare providers should focus on coaching, teaching, or working with patients in order to better comprehend what clients going through and find proper solutions to handle the condition. Although patient centered care is now recognized as the essential prerequisite for high-quality healthcare, its actual application is still lacking. Even in public healthcare institutions, few healthcare providers contemplate and practice patient centered care, and the majority of healthcare providers have little regard for their patients. They discovered that "providing quality care, making partnerships, providing information, patient involvement, and

understanding patient preference" are all examples of patient-centered care (Kuipers, Nieboer, & Cramm, 2021).

2.5 CONCEPTUAL FRAMEWORK

From their attitude, knowledge, and ability in carrying out their obligations as a healthcare practitioner, one might infer how they will behave toward patients. The actions and services rendered by healthcare professionals have an impact on the health of their patients. The three main factors that indirectly influence patients' attempts to seek out medical care are the healthcare provider's knowledge, abilities, and attitude. Most of the time, attitudes have a favorable or bad impact on the patients' wellbeing. According to studies, one's attitudes, social interactions, knowledge, and abilities may all be evaluated to predict one's behavior.

Additionally, one can assess the quality of services based on both the availability of hospital equipment and the efficiency with which it is put to use. Patient-centered care may result from the time and support given to patients by healthcare practitioners. The patient's wellness can also be impacted through patient communication and timely medication or therapy administration, among other things. The main cause of patient complaints is a bad attitude displayed by some healthcare professionals.

The type of service rendered or the behavior displayed by the service providers generally has an impact on how well the patients are satisfied since these factors have an impact on the patients' health. Figure 2.2 below illustrates the study's conceptual framework and how patient health may be impacted by service quality and patient behavior.

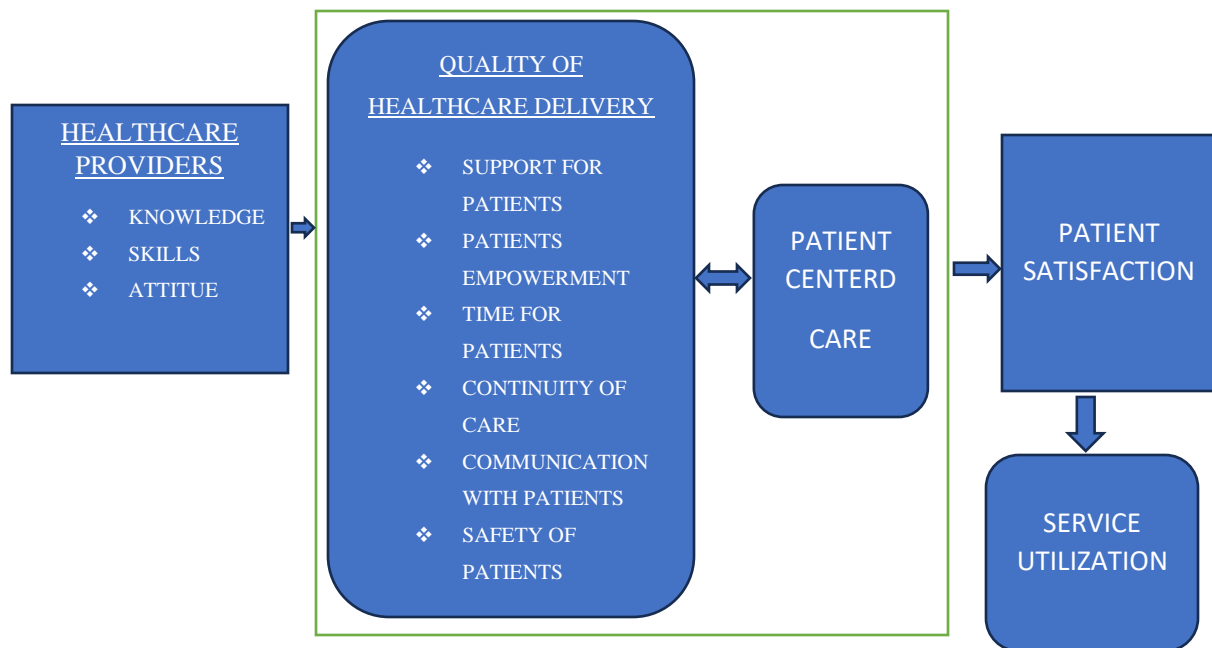


Figure 1: Quality of healthcare delivery from patients' perspective



CHAPTER THREE

3.0 RESEARCH METHOD

3.1 Introduction

The many approaches for evaluating the study were taken into consideration in this part of the research. As a result, the chapter's purpose is to explain numerous scientific methodologies, sampling strategies, data collection techniques, study populations or sample sizes determination, statistical methods used for data analysis, ethical approval, and study constraints. To guarantee efficient data collection and analysis, the researcher took into account both primary and secondary data. Every pertinent piece of information that was accessible were utilised in the study.

3.2 Brief Profile of The Study Area

The Western North region's Juaboso District was the site of the study. By Legislative Instrument (L.I.) 1473, the Sefwi-Wiawso district and the Juaboso Bia district were divided in 1988. Juaboso Bodi and Bia districts were separated into two separate districts in 2004 by Legislative Instrument (LI 1774). Bodi was divided in 2012 by LI 2020, leaving Juaboso as the district. The land area of the Juaboso district is 1,369.9 square kilometers. One of the sites of entry and exit for both the Republic of Ghana and La Cote D'Ivoire is the district. The district is bordered to the north by Bia and Asunafo North Municipal, to the east by Asunafo South and Sefwi Wiawso, to the south by Bodi, and to the west by La Cote d'Ivoire. The Sefwi Wiawso District, the regional capital, lies 36 kilometers to the west of Juaboso, the district capital. The district's total fertility rate is 4.2. The general fertility rate for the area is 123.4 births per 1000 women between the ages of 15 and 49, which is roughly the lowest. A 1000 people, the crude birth rate (CBR) is 30.7. The district's overall crude death rate is 6.1 per 1000. More female deaths than male deaths are reported between the ages of 5 and 59. Among people aged 70 and older, men die at a higher rate than women do. Only

19.8% of the migrants who live in the district were born outside the Western North region, compared to 80.2% who were born within the region.

3.3 The Study Design

The quantitative study was used a cross-sectional survey methodology. A survey research design was required as a technique in quantitative research where the researcher conducted a survey in the form of a questionnaire in order to characterize the attitude, opinions, behavior, and attributes of a given population. The data was statistically analyzed to identify trends in participant response patterns and to test study hypotheses. Questionnaires was used by the researcher to collect quantitative and numerical data for the study. Given that the aim of the study is to find out what patients believe about the standard of healthcare supplied, this judgment was appropriate. The objective of a quantitative research approach was to quantify data through the use of statistical analysis. The primary purpose of the survey design was to identify the requisite skills, knowledge, attitudes, behaviors, and levels of patient service. Data is obtained on patient contentment, service quality perceptions, patient-centered care, educational achievement, and demographics.

3.4 Study Population

The term "population" in research refers to the entire set of variables or situations that the researcher will be considering during the investigation. In this instance, the study will take into account all patients that visit the Juaboso government hospital. According to projections from the 2021 Population and Housing Census, the Juaboso district has 94,814 residents, which represents 26.4% of the total population of the Western North Region.

3.5 Target Population

Inpatients and outpatients who had recently visited the hospital was the study's target population. Surveys of patient satisfaction from the government hospital in Juaboso were included in the study.

Patients who are mentally sound, either being admitted or visiting the hospital, but who have been certified as capable of participating in the survey by a physician, were taken into consideration. Adult in-patients and out-patients who are willing to participate in the study were chosen. In this context, a person is considered to be an adult if they are considered to be independent, self-sufficient, and responsible. If the age in question is 18 or higher, the person was regarded as an adult.

3.5.1 Inclusion Requirements

Eligible Patients between the ages of 18 and 65. Nursing professionals will evaluate patients to make sure they are healthy, sound, and functioning cognitively intact. Patients were able to say their own identity, identify the season, the location (such as the kind or name of the facility), and the city according to the standards employed in clinical settings. A patient was taken into account if he was an inpatient or outpatient at one of the two hospitals that would be chosen and met the prerequisites.

3.6 Sampling Techniques

The probability sample was the sampling technique employed in this study. With this approach, the researcher used a systematic sampling methodology to choose participants who are patients. Using this technique, the researchers will be able to randomly choose individuals from the hospital patients at every third count who are there at the time of the sampling. All adult patients who could participate—both inpatients and outpatients—would be given an equal opportunity to be sampled. Finally, bias was avoided and a fair representation of the patients at the chosen institutions was provided by the systematic sampling.

3.7 Sample Size

The minimum sample size was calculated for this study by using Cochran formula (Cochran, 1977):

$n = \frac{Z^2 pq}{d^2}$, where n= Sample size, Z = Z_{score}, p= estimated proportion of an attribute that is present in the population, q = 1-p, d = margin of error

It was based on the assumption of a margin of error of 0.05, 95% confidence level and an estimated proportion of utilization of healthcare services the in Juaboso district is unknown, therefore 50% assumption rate was used.

$$\text{A sample size (n)} = \frac{(1.96)^2 \times 0.5 \times (1-0.5)}{(0.05)^2}$$

$$n = 384.16$$

Adding a non-response rate of 5%, $n = (384 \times 0.05) + 384 = 403$. Therefore, a total of 403 patients who met the study inclusion criteria were recruited to take part of this study

3.8 Sources of Data

The two sources of data used for the study were primary and secondary data. Through the distribution of questionnaires during surveys, primary data was gathered from first-hand sources. As secondary data, on the other hand, the most recent studies that were pertinent to the problem at hand were used. More than 60 different research in all were considered as secondary sources of data.

3.9 Data Collection Methods

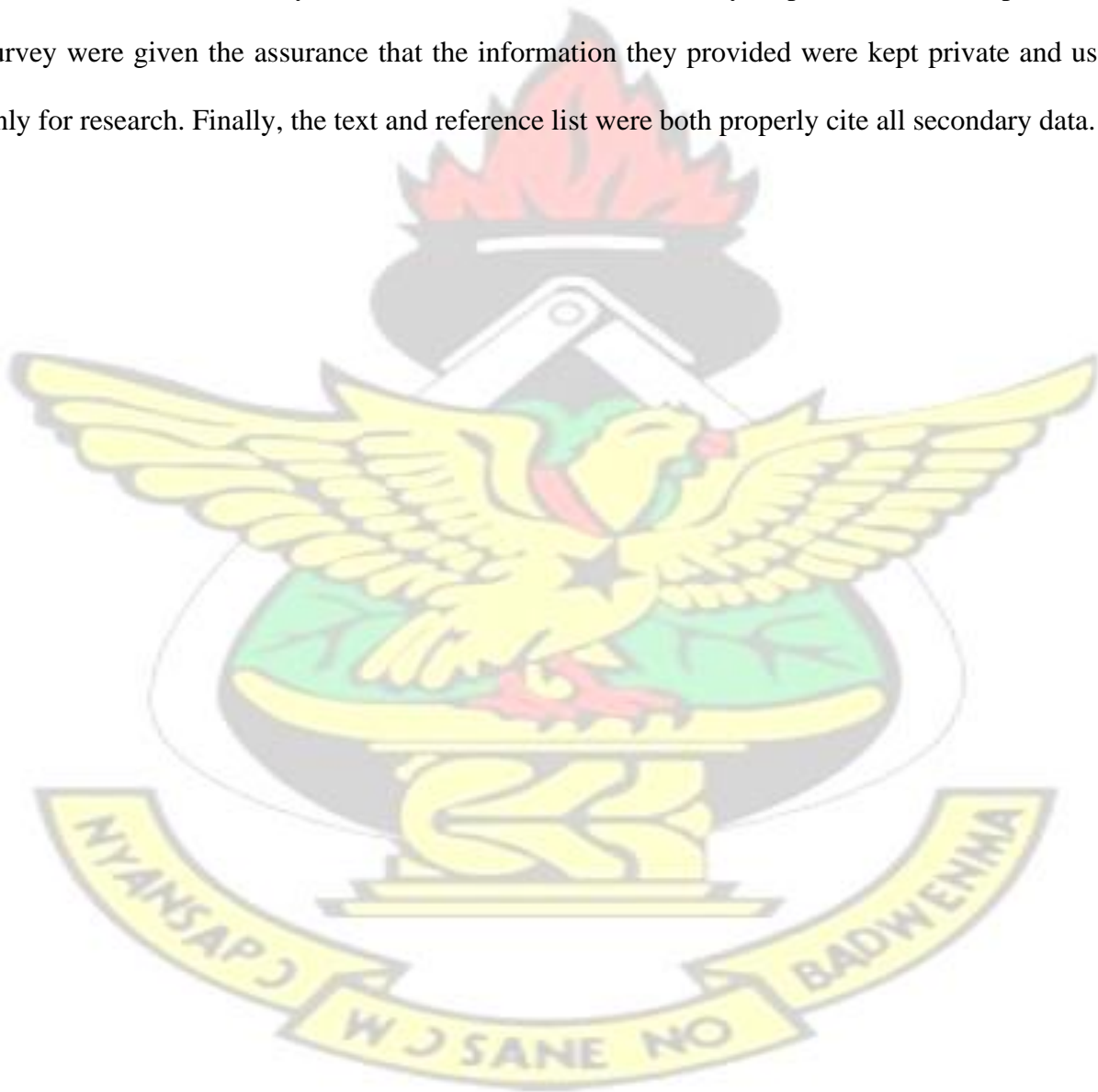
For the study, a set of semi-structured questionnaires with closed-ended questions were created. The questionnaire was divided into four categories: demographic information about respondents were gathered; in category one, patient-centered care knowledge was measured; in category two, patient perception of service quality was identified; in category three, and patient satisfaction with the quality of care received was in category four. Both inpatients and outpatients could provide this information on the questionnaire. To help the respondents understand the questions better, the questionnaire was written in the simple tense. After all is said and done, it is anticipated that the questionnaire was assisted in gathering the necessary data regarding the primary goals of the study. Due to their interest in the study's results, the hospital provided trained health aides to act as point people for any explanations and to distribute the surveys to the respondents. Following a description of what needed to be done, a one-week break was used to distribute the questionnaire to the participants and solicit their input. Generally, after deciding they were no longer interested in participating in the study, respondents were given the option to opt out at any time.

3.10 Data Analysis

Microsoft Excel 2010 and the Statistical Package for Social Sciences (SPSS) version 20 were used. For the purpose of creating the charts, Microsoft Excel 2010 was used as an extra source. For interpretation and analysis, data were displayed in tables, charts, and graphs based on frequency distributions, percentages, and descriptive analysis of the study's variables. Continuous data were be compared using their mean average statistics, and a correlation between the variables was established. The software programs were utilized for results content analysis.

3.11 Ethical Consideration

The department of supply chain and information system, which is providing the study's main support, was asked for ethical approval and consent first. The Juaboso District Health Directorate, the District Director of Health Services, and the heads of the numerous health facilities used for the study were all asked for their informed consent as well. All steps were taken in compliance with the Ghanaian Ministry of Health's ethical standards. Every responder who took part in the survey were given the assurance that the information they provided were kept private and used only for research. Finally, the text and reference list were both properly cite all secondary data.



CHAPTER FOUR

4.0 RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents analysis and discussions of the data collected from respondents via questionnaire. The study examined the procurement procedures used by the Ghana Health Service, using the Juaboso Government Hospital in Sefwi Juaboso as a case study. The study took into account certain topics such procurement procedures, problems with procurement procedures, and how procurement procedures affect the operation of the Juaboso Government Hospital. Descriptive and multivariate regression analysis were carried out based on the research goals. The demographics of the respondents were analyzed first, and then each research goal was examined.

4.2 Demographic Profile of The Respondents

Any research study must take into account the possibility that socioeconomic position, among other factors, may have an impact on respondents' opinions, attitudes, and knowledge about the accomplishment of the study's goals. Any research study also seeks to establish the quantity of subjects or cases, the proportion of men and women, the range and mean of ages, the level of education, and any other pertinent background data. This table shows that 54.55% of respondents and 45.45% of respondents are females, respectively. This indicates that more females than males were included in the study. The age of the respondents was categorized into four main groups. Out of these groups, most of the respondents with 31.02% found themselves in the age cohort of 40-49 years, 27.27% fall under 30-39 years. Those in the age classifications of 50-59 years and 18-29 years amassed 22.99% and 18.72% respectively. This suggests that most of the employees exceed the age of 30 years. the respondents with diploma certificates constituted the major part of the sample with 40.64%, 36.90% have bachelor's degree, with 22.46% having master's degree. This

suggests that to work in the procurement department, an employee need to have better level of education. This might result from the nature of the procurement activities.

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency (n=348)	Percentage (%)
Age		
18 – 29	65	18.7
30 – 39	95	27.27
40 – 49	108	31.02
50-59	80	22.9
Gender		
Female	190	54.55
Male	158	45.45
Education Level		
Diploma	156	40.64
Bachelor's degree	142	36.90
Masters	86	22.46

Source: Field Data, 2023

4.3 Reliability and Validity Test

Cronbach's alpha reliability test is applied to test for reliability and validity of the research variables. This contributes the determination of the constructs or statements that must be included in the study for analysis.

From the Table, each of the constructs have Cronbach's alpha value more than 0.7. This means that all the constructs have passed the reliability and validity test. The reliability statistics for all the variables showed value of 0.896. This means that the internal consistency of the data is 89.6% which is good for analysis of data.

Table 2: Cronbach's Alpha Reliability And Validity Test

	Number of items	Cronbach's Alpha if Item Deleted
Knowledge on procurement principles	6	.896
Procurement planning procedures	6	.853
Supplier partnership	5	.885
Contract management	5	.894
Challenges to the procurement practices at Hospitals	12	.846
Performance of the Juaboso Government Hospital	8	.886
Reliability statistics		.896

Source: Field survey, (2023)

4.4 Assess the Procurement Practices at Juaboso Government Hospital

Assessing the procurement practices at Juaboso Government Hospital was the first objective of the research. To analyze this objective, mean and standard deviation values were used for the data interpretation. The procurement practices of the research were grouped into; knowledge on

procurement principles, procurement planning procedures, supplier partnership and contract management.

4.4.1 Knowledge on Procurement Principle

Table 4.2 reveals the analysis that pertain to knowledge on procurement principles as part of the procurement practices at Juaboso Government Hospital.

Table 3: Knowledge on Procurement Principles

	Mean	Std. Deviation
Procurement professionals are knowledgeable on procurement procedures.	4.2941	.75071
Procurement professionals are trained on regularly, usually every three months.	4.1925	.77968
Functions of procurement are performed by procurement professionals.	4.1765	.73754
Due procedures are followed in handling procurement complaints.	4.1176	.67765
Procurement rules and policies are well followed during procurement.	3.8021	.80882
The procurement department is knowledgeable in rules of procurement.	3.7861	1.12986

Source: Field survey, (2023)

From the Table, the respondents proposed that procurement professionals are knowledgeable on procurement procedures, procurement professionals are trained on regularly, usually every three months, and functions of procurement are performed by procurement professionals. These were assigned mean values of 4.29, 4.19, and 4.18 respectively. These mean values near the rating of 4,

which indicates their agreement to these issues. The differences in their indications are presented with standard deviation values of 0.75, 0.78, and 0.74.

Moreover, due procedures are followed in handling procurement complaints, procurement rules and policies are well followed during procurement, and the procurement department is knowledgeable in rules of procurement as confirmed with mean values of 4.12, 3.80, and 3.79 respectively. The disparities in their observations are revealed with value of 0.68, 0.81, and 1.13 respectively.

4.4.2 Procurement Planning Procedures

The analysis to the individual statements related to procurement planning procedures is presented in Table 4.3

Table 4: Procurement Planning Procedures

	Mean	Std. Deviation
Planning is made during consultancy services.	4.5668	.61309
Views from stakeholders are considered during the planning of procurement.	4.3743	.81583
Procurement planning are made based on previous plans on procurement.	4.3155	.60635
Appropriate planning of procurement are followed.	4.1872	.83102
Procurement plans are made withing the appropriate time limit.	4.1497	.68708
Procurement plans are submitted to authority for approval.	3.9947	.96441

Source: Field survey, (2023)

This is the second component of procurement practices. From the Table, the respondents are in strong agreement that planning is made during consultancy services by indicating mean value of 4.57 to this statement and with standard deviation value of 0.61.

Other procurement planning procedures included considering the views from stakeholders during the planning of procurement and procurement planning are made based on previous plans on procurement and appropriate planning of procurement are followed. These are reflected with mean values of 4.37, 4.32, and 4.19 respectively. The corresponding standard deviation values of 0.82, 0.61, and 0.83 indicates the level of disparities in their ratings to these statements.

In addition to these are that procurement plans are made within the appropriate time limit, and procurement plans are submitted to authority for approval with respective mean values of 4.19 and 3.99 respectively. The differences in their views to these facts are revealed with standard deviation values of 0.69 and 0.94 respectively.

4.4.3 Supplier Partnership

The analysis the pertain supplier partnership is shown in Table 4.4 below.

Table 5:Supplier Partnership

	Mean	Std. Deviation
Suppliers are engaged during planning and setting of objectives.	4.3743	.58566
There is good communication between the hospital and the supplier.	4.1765	.82689
There is proper flow of information between the hospital and the suppliers.	4.1176	.91408
Suppliers are involved in continuous procurement workshops.	4.0214	.72555

Suppliers are well monitored for the delivery of their medical products.	3.7380	.70391
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Source: Field survey, (2023)

Supplier partnership is considered the third aspect of procurement practices. According to the respondents, suppliers are engaged during planning and setting of objectives, there is good communication between the hospital and the supplier, and there is proper flow of information between the hospital and the suppliers. These aspects are confirmed with mean values of 4.37, 4.18, and 4.12 with respective standard deviation values of 0.59, 0.83, and 0.91 respectively.

More so, suppliers are involved in continuous procurement workshops, and suppliers are well monitored for the delivery of their medical products as given with mean values of 4.02 and 3.74 respectively and with dispersions of 0.73 and 0.70 respectively.

4.4.4 Contract management

The fourth component of procurement practices was contract management. The analysis to this component is shown in Table 4.5 below.

Table 6:Contract Management

	Mean	Std. Deviation
Contract terms are complied with.	4.0053	.84559
Changes in contract are communicated to the authority.	3.8877	.89995
Compliance are ensured with procured contract terms.	3.7914	1.03920
Relationship are maintained with contracting parties.	3.7219	.97699
Contracts are well audited.	3.6578	.88018

Source: Field survey, (2023)

When it comes to the component of contract management, the respondents stipulated that contract terms are complied with, changes in contract are communicated to the authority, and compliance are ensured with procured contract terms by assigning respective mean values of 4.01, 3.89 and 3.79 respectively to these statements. The variations in their opinions are revealed with standard deviation values of 0.85, 0.90, and 1.04 respectively.

Furthermore, relationship is maintained with contracting parties, and contracts are well audited with mean values of 3.72 and 3.66 respectively and with standard deviation values of 0.98 and 0.88 respectively.

4.5 Challenges to the Procurement Practices at Juaboso Government Hospital

The research also determined the challenges to the procurement practices at Juaboso Government Hospital. The response to these challenges is shown in Table 4.6 below.

Table 7:Challenges to the Procurement Practices

	Mean	Std. Deviation
Ineffectiveness of the procurement policy	4.3743	.81583
Poor accountability, fraud, and corruption.	4.3209	.72863
Bureaucracy in the procurement system.	4.2620	.78343
Inadequate planning for procurement.	4.1123	.83164
Inadequate monitoring and evaluation of the procurement practices.	4.0588	.89308
Too much decentralization of the procurement system.	4.0535	.76715
Inability of procurement actors to manage the procurement process.	4.0000	.91581

Lack of professional staff to handle procurement issues.	3.9840	.88886
Unethical behaviour of some procurement officers.	3.9358	.98709
Political interference.	3.8342	.75442
Noncompliance with procurement policy and regulations	3.8021	.80882
Lack of appropriate knowledge, abilities, and capability.	3.6203	.91594

Source: Field survey, (2023)

This aspect of the analysis presents the responses to the challenges to the procurement practices at Juaboso Government Hospital. The analysis from the Table revealed that ineffectiveness of the procurement policy, poor accountability, fraud, and corruption, and bureaucracy in the procurement system were the leading challenges to the procurement practices. These are indicated with mean values of 4.37, 4.32, and 4.26 respectively. The variability in their opinions is shown with standard deviation values of 0.82, 0.73, and 0.78 respectively.

Other challenges included; inadequate planning for procurement (mean = 4.11, std = 0.83), inadequate monitoring and evaluation of the procurement practices (mean = 4.06, std = 0.89), too much decentralization of the procurement system (mean = 4.05, std = 0.77), inability of procurement actors to manage the procurement process (mean = 4.00, std = 0.92), lack of professional staff to handle procurement issues (mean = 3.98, std = 0.89) and unethical behaviour of some procurement officers (mean = 3.94, std = 0.99).

Moreover, political interference, noncompliance with procurement policy and regulations, and lack of appropriate knowledge, abilities, and capability were considered part of the challenges to procurement practices with reflective mean values of 3.83, 3.80, and 3.62 respectively. The

disparities in their submissions are indicated with standard deviation values of 0.75, 0.81, and 0.92 respectively.

4.6 Performance of the Juaboso Government Hospital

Statements that analyze the performance of the Juaboso Government Hospital are shown in Table 4.7 below.

From the Table, procedures in procurement have been efficient, waste in procurement has been avoided, and there has been an efficiency in the hospital with mean values of 4.37, 4.20, and 4.20 respectively. The respective standard deviation values of 0.82, 0.89, and 0.80 respectively. Moreover, there has been an improvement in value for money, there has been an increase in our financial gains, and breaches in procurement contract has been eliminated. These are revealed with mean values of 4.19, 4.11, and 3.99 respectively. The deviations in their opinions are indicated with standard deviation values of 0.83, 0.66, and 0.81 respectively.

Table 8: Performance of the Juaboso Government Hospital

	Mean	Std. Deviation
Procedures in procurement has been efficient.	4.3743	.81583
Waste in procurement has been avoided.	4.2032	.88682
There has been an efficiency in the hospital.	4.1979	.79541
There has been an improvement in value for money.	4.1872	.83102
There has been an increase in our financial gains.	4.1070	.65526
Breaches in procurement contract has been eliminated.	3.9947	.80654
There is timely delivery of procured medical items.	3.9198	.98864
The cost in procurement has reduced.	3.8021	.80882

Source: Field survey, (2023)

In addition, Table 4.7 revealed that there is timely delivery of procured medical items, and the cost in procurement has reduced as shown with respective mean values of 3.92, and 3.80 and with standard deviation values of 0.99, and 0.81 respectively.

4.7 Effect of Procurement Practices on The Performance of the Juaboso Government Hospital

The last aspect of the analysis dealt with the effect of procurement practices on the performance of the Juaboso Government Hospital. On this note, the multivariate regression analysis was performed. The dependent variable is performance and the independent variables are; knowledge on procurement principles, procurement planning procedures, supplier partnership and contract management.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.862 ^a	.741	.721	.23447

a. Predictors: (Constant), knowledge on procurement principles, procurement planning procedures, supplier partnership contract management

Source: Field survey, (2023)

According to the Table, the multivariate regression analysis showed r-squared value of 0.741 and with minimal standard error of 0.23. The R-square value indicates that the explanatory variables together explain 74.1% of the variations in performance. This means that the predictive power of the model can be relied on.

Table 10: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
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1	Regression	12.514	4	3.129	43.772	.000 ^b
	Residual	13.008	182	.071		
	Total	25.523	186			

a. Dependent Variable: Performance

b. Predictors: (Constant), knowledge on procurement principles, procurement planning procedures, supplier partnership and contract management

Source: Field survey, (2023)

The analysis of variance (ANOVA) Table shows a significant value of 0.00 with degree of freedom (df) of 4. This significant value is less than the alpha level of 0.05. This means the multivariate regression analysis is statistically significant.

Table 11:Coefficients

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.742	.190		9.185	.000
	Knowledge on procurement principles	.108	.042	.160	2.542	.012
	Procurement planning	.235	.077	.340	3.062	.003
	Supplier partnership	.128	.060	.170	2.116	.036
	Contract management	.103	.048	.168	2.128	.035

a. Dependent Variable: Performance

Source: Field survey, (2023)

From the Table, knowledge on procurement practices recorded standardized Beta value of 0.16 and with p-value of 0.012. This means that knowledge on procurement practices alone has positive and significant impact on performance of the hospital.

Also, procurement planning procedure, and supplier partnership showed Beta values of 0.34 and 0.17 respectively and with p-values of 0.00, and 0.04. This revealed that procurement processes have positive and significant effect on the performance of the hospital. In relations, contract management revealed standardized Beta value of 0.17 and with p-value of 0.04. This indicated that contract management has significant and positive effect on performance of the hospital.



4.8 Discussion of Findings

This section provides the discussion of the research findings. The study focused on the procurement practices within the Ghana Health Service, a case study of Juaboso Government Hospital, Sefwi Juaboso. The discussion is done in accordance to the research objectives.

4.8.1 Assess the Procurement Practices at Juaboso Government Hospital

The procurement practices highlighted four main components. These included expertise in contract management, supplier partnerships, procurement planning processes, and procurement philosophies. The research on procurement professionals' understanding of procurement principles found that they are aware about the processes and receive regular training. This indicates that persons involved in the procurement processes are quite knowledgeable about such processes. Ebekozi (2019) asserts that it is wise for procurement professionals to be informed about procurement processes. Along with Nwabuzor (2015), this. Additionally, it is a good sign if procurement experts receive frequent training, often every three months, as it allows them to stay up to date on current procurement activities. Kilonzo, (2014), who promoted regular training for procurement officers for better procurement activities, supports this conclusion.

It was noted that planning is done in relation to procurement planning methods while receiving consulting services. This suggests that before making plans for procurement activities, the hospital consults extensively. According to Mbae, (2014), this indicator is accurate. The researchers contend that outsourced workers, vendors, and customers should be consulted during the planning phase of procurement. Hu et al.'s (2009) findings provide greater credence to this. The opinions of stakeholders must be taken into account while planning the procurement, according to Basheka and Tumutegereize (2010), who also noted that this is supported by the research. Planning for purchases is done using previous purchases as a basis. This suggests that prior procurement plans

should serve as the foundation for decision-making on procurement. This suggests that judgments on procurement should be based on earlier plans. This finding is consistent with Halter et al. (2009), who backed the assertion that planning should be based on earlier efforts.

It was discovered that suppliers are involved in planning and goal-setting when it comes to supplier partnerships. This engagement follows the advice given by Kariuki et al. (2018) that procurement officers should take suppliers into account while forming partnerships. This outcome is consistent with Senelwa and Obiero's findings from 2018, which suggested that suppliers, who are at the center of the procurement process, shouldn't be overlooked. Additionally, the supplier and the hospital had good communication. This is one of the signs provided by Baker et al. (2017), who determined that improved communication between the two parties is necessary to strengthen the supplier collaboration.

Contract terms are followed in terms of contract management, it was noticed. This is done to prevent contract violations that can incur fines. Mwanjumwa and Theuri (2015) contend that in order to achieve successful procurement activities, procurement contracts should be followed. This is what staff members at the hospital see. According to Zou et al. (2019), there may be instances where contract revisions are necessary; as a result, the changes in the contract need to be notified to avoid any discrepancies or surprises throughout the procurement process. This is related to the research by Moffat and Mwangangi from 2019.

4.8.2 Challenges to the Procurement Practices at Juaboso Government Hospital

The Juaboso Government Hospital's procurement procedures face difficulties, which were also recognized by the study. Numerous problems were found as a result. The procurement policy's inefficiency was one of the difficulties. This indicates that the procurement process is impacted by the effective application of the regulations established by the hospital to regulate the procurement process. This is in line with Mark and Mike (2015), who believe that a procurement policy is necessary for the smooth operation of the procurement activities. Samson et al.'s (2016) reiteration of this is also noteworthy.

Poor accountability, fraud, and corruption in the procurement activities were further observations. Transparency is distorted when the problem of fraud and corruption affects the procurement process. Procurement officers should stop using fraud and corruption in their procurement processes (Ambe & Badenhorst-Weiss, 2012). From their research, Senait et al. (2016) also noted that one of the biggest obstacles to procurement operations, particularly in developing nations, is the problem of corruption and fraud.

One more leading challenge was bureaucracy in the procurement system. When there is bureaucracy procurement officers are compelled to conduct the procurement activities in the interest of some group of peoples who may benefit from the procurement process. This submission was reinforced by Ngugi and Mugo, (2014) by proposing that bureaucratic mindset and behaviour should not be entertained in the procurement process. Mburu and Njeru, (2014) from their study reported bureaucratic issues as part of the challenge to procurement activities. This is in congruence to the findings from this research.

4.8.3 Effect of Procurement Practices on The Performance of the Juaboso Government Hospital

To do this, the multivariate regression analysis was used. These results demonstrated that supplier partnerships, contract management, procurement planning processes, and procurement principles all had a positive and significant impact on the operation of the hospital. Therefore, the hospital's performance is extremely likely to improve if there is an improvement in their procurement methods, such as knowledge of procurement concepts, procurement planning processes, supplier partnerships, and contract management. The greatest Beta value, 0.340, was observed by procurement planning using the standardize coefficients. This indicates that it is the element that most affects the hospital's ability to accomplish its procurement performance. These procurement techniques have a favorable impact on the performance of the procurement process, according to study by Cherotich (2012), Dubey et al. (2018), Khan et al. (2015), Leiyan (2016), and Durán-Arenas et al. (2016).

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATION

This chapter, uncovers the study's summary of findings, conclusion, and recommendations for dealing with some of the issues it offered. A case study of the Juaboso Government Hospital in Sefwi Juaboso will be used in the study to look into the procurement procedures used by the Ghana Health Service. As a result, the Juaboso Government Hospital's (JGH) performance and the obstacles to its procurement methods as well as their impact on it were investigated. The study made use of first-hand information gathered from respondents through a standardized questionnaire.

Summary of the Findings

This subsection presents a summary of the major findings from the study. The demographics of the respondents, procurement practices, barriers to procurement processes, and the impact of procurement practices on the functioning of the Juaboso Government Hospital are all taken into consideration when summarizing the research findings. In the demographics section, it was noted that there were more females than males in the study, and that the majority of respondents were at least 30 years old and in possession of diplomas and bachelor's degrees.

5.1 Objectives and Research Questions of the Study

The findings of this study were able to answer all the study questions and explain the objectives of the study. The findings of the study helped us to answer what are the Procurement Practices at Juaboso Government Hospital. It was found that suppliers were involved in planning and goal-setting, and there was open communication between the hospital and the supplier. Concerning issues pertaining to the contract, it was found that its terms were adhered to and that any modifications were communicated to the relevant authority. We were able to identify Challenges

to the procurement practices at Juaboso Government Hospital. The study revealed a number of significant problems, such as the inefficiency of the procurement policy, a lack of accountability, fraud and corruption, and bureaucracy within the procurement system. The respondents also mentioned a number of other problems, such as inadequate preparation for procurement, inadequate supervision and evaluation of the procurement processes, an overly decentralized procurement system, and the incapacity of actors to oversee the procurement process. The findings revealed some effects of procurement practices on the performance of the Juaboso Government Hospital, it also revealed some procurement techniques that have favorable impact on the performance of the procurement process.

5.2 Assess the Procurement Practices at Juaboso Government Hospital

The Juaboso Government Hospital's procurement practices have four essential components, which have been recognized. These were created using information on contract management, supplier partnerships, and procurement planning procedures. It was noted that procurement professionals executed their duties by having a working knowledge of procurement principles, as well as of procurement methods. These professionals also received frequent training, typically every three months. In terms of procurement planning methods, decisions were made based on prior plans for procurement, perspectives from stakeholders during the procurement planning process, and planning that took place during consulting services. During planning and goal-setting, suppliers were involved, and there was open communication between the hospital and the supplier. Regarding contract-related concerns, it was determined that the provisions of the contract were followed and that any changes to the contract were informed to the authority.

5.3 Challenges to the Procurement Practices at Juaboso Government Hospital

The study also concentrated on Juaboso Government Hospital's procurement practices' difficulties. Numerous issues were found to have an impact on procurement procedures. The investigation identified several major issues, including the ineffectiveness of the procurement policy, low accountability, fraud and corruption, and bureaucracy in the procurement system. Other issues cited by the respondents were poor planning for procurement, insufficient monitoring and assessment of the procurement procedures, excessive decentralization of the procurement system, and actors' failure to manage the procurement process.

5.4 Effect of Procurement Practices on The Performance of the Juaboso Government Hospital

The investigation also took into account how procurement methods affected the effectiveness of the Juaboso Government Hospital. The findings showed that all procurement practices, including understanding of procurement concepts, planning methods, supplier partnerships, and contract management, have a positive and significant impact on the performance of the hospital.

5.5 Theoretical Implication

This study examined the procurement procedures used by the Ghana Health Service, using the Juaboso Government Hospital in Sefwi Juaboso as a case study. A structured questionnaire was used to collect primary data from the respondents in order to meet the study's objectives. The study of the data was conducted using primary data. Descriptive research methodology, quantitative research strategy, and multivariate regression analysis were among the statistical methods employed for the analysis. The study focused on important topics such procurement procedures, obstacles to procurement procedures, and how procurement procedures affect the operation of the Juaboso Government Hospital. According to the study, the hospital's procurement practices included understanding of procurement concepts, procurement planning processes, supplier

partnerships, and contract management. The hospital's procurement procedures were observed to be compliant with the standards. For instance, planning was done during consultation services, suppliers were included during planning, and procurement specialists were educated about procurement methods.

5.6 Managerial Implication

Even though there were good procurement practices in terms of understanding procurement principles, procurement planning processes, supplier partnerships, and contract management, there were some difficulties that had an impact on those practices. These issues included, but weren't limited to, the procurement policy's inefficiency, a lack of accountability, fraud and corruption, and the procurement system's bureaucracy. Following the completion of multivariate regression analysis, it was discovered that the performance of the hospitals is significantly and favorably impacted by understanding of procurement concepts, procurement planning processes, supplier partnerships, and contract management. The study's final finding is that although the hospital's procurement procedures were better, there were still some issues that needed to be resolved. The procurement procedures have led to the hospital performing well as a result. According to the research, there should be updated and proper procurement policies that are followed, and the procurement procedures should be reviewed and kept under observation.

5.7 Recommendations

Although the study found that the hospital's procurement procedures were superior, there are still certain issues that need to be resolved. The suggestions made below are intended to improve the hospital's purchasing procedures.

The hospital needs to create and implement an efficient procurement policy, according to the first proposal. All staff members and stakeholders should be invited to share their opinions on a single

procurement policy as it is being established. To improve procurement policies, the defined policy should be followed and revised periodically.

Additionally, it is advised that the procurement practices be adequately monitored and assessed. Researchers have suggested that the review be conducted every three months to reduce any perceived risks in the procurement process. A separate organization that will check to see if the procurement practices are correctly implemented should also exist.

Another suggestion is to require ethical behavior from the procurement officers. According to ethical behavior, the regulations and procedures for procurement should be scrupulously followed by the procurement officers. The operations of the procurement officers should not be influenced by political threats or motives.

5.8 Suggestions for Future Research

The following suggestions for future research are proposed for the reason that the research was not able to cover all aspects of procurement.

- Future research could compare the procurement practices between public and private institutions in Ghana.
- Future research that will embrace the adoption of e-procurement on the performance of institutions is highly suggested.
- Also, future research could concentrate on the performance of institutions before and after the adoption of e-procurement.

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