

BINDURA UNIVERSITY OF SCIENCE EDUCATION  
FACULTY OF COMMERCE  
DEPARTMENT OF ECONOMICS



ASSESSMENT OF THE BOTTLENECKS OF STATUTORY AMENDMENTS DONE IN 2022, BOTH ON PROCURING ENTITIES IN THE PUBLIC SECTOR AND ON THE COMMUNITY AS A WHOLE. A CASE STUDY OF, CHIMHANDA DISTRICT HOSPITAL.

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A DISSERTATION/THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BSC ECONOMICS DEGREE BCOM PURCHASING AND SUPPLY DEGREE OF BINDURA UNIVERSITY OF SCIENCE EDUCATION. FACULTY OF COMMERCE.

JUNE

## APPROVAL FORM

The undersigned certify that they have read and recommended to the Bindura University of science Education for acceptance, a project entitled, 'An investigation on the effectiveness of online advertisement on organizational performance,' in partial fulfilment of the requirements of the Bachelor of Business Studies (honours) Degree in Purchasing and supply.

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## DEDICATION

I dedicate this thesis to the Glory of the almighty God through whose undeserved kindness, mercy and righteousness, I have been able to complete this work. This thesis is also dedicated to my family and friends who have been there to provide unconditional love, advise, support and comfort me during the course of the study. Special thanks go to my mother who has always been my warrior, guide and praying partner, she has been always there each and every step of the way so that I could pull through all that came my way to drag me down.

## ABSTRACT

This study was about the assessment of the bottlenecks of statutory instruments in purchasing and supply management in fuel and medicines service delivery. A group of respondents who serve on the Procurement Management Unit Committee (PMU) at Chimhanda District Hospital participated in the study. The study's major goal was to analyze and assess the obstacles that statutory revisions to the public procurement process provide to the supply of fuel and medicine services. The study's specific objectives were to: identify the difficulties in the procurement process; provide insight into the statutory amendments in public purchasing; pinpoint the bottlenecks caused by the statutory amendments at Chimhanda District Hospital that hinder the delivery of fuel and medications; and identify and recommend to stakeholders in the public procurement sector ways that the statutory amendments could be improved to improve service delivery. Through observation and questionnaires (both open-ended and closed-ended), the research approach was created to gather information from twenty-five (25) respondents. Statistical Package for Social Science (SPSS) software version 16.0 was used to statistically and analytically assess the data that had been gathered. But the results showed that the Public Procurement and Disposal Act of 2018 had fallen short in terms of value for money, operationalization, and timeliness. The chi square test's findings also showed that the value for money, operationalization, and timeliness were not significantly impacted by law modifications. The researcher advises that experience should always be taken into account as a significant component when hiring new individuals for procurement; also, personnel who specialize in the procurement of hospital supplies must be hired in order to increase system efficiency. The Ministry should think about establishing a fully functional procurement directorate that supports and monitors health-related procurement activity. It should also set up training programs to improve staff knowledge. This will allow non-professional staff to gain knowledge and experience in procurement practices and become competent with them.

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Without the help of numerous people, it is impossible to perform and write an unmodified research report. They have each provided me with knowledge that will help me to successfully complete my research proposal and final report. I am appreciative to Almighty God for providing me with the courage and knowledge necessary to complete this task. I greatly value the life and accomplishments he has helped me chalk up thus far, and I credit his grace and sufficiency for getting me this far.

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## CHAPTER ONE

### 1.0 Introduction

The researcher focuses on the assessment of the bottlenecks of statutory amendments done in 2022 both on procuring entities in the public sector and on the community as a whole. The researcher concentrates on Chimhanda District Hospital to ascertain the level of impact of bottlenecks encountered when the amendments made.

Globally, public procurement plays a critical role in service delivery and the effectiveness of government departments. It carries out the fiduciary duty of ensuring efficient delivery of goods and services to the public (Uyarra & Flanagan 2010:2) and includes all processes related to the procurement of goods and services by government departments, parastatals, and local authorities (Roodhooft & Abbeele 2006:490).

Procurement laws and regulations, which vary from nation to nation, are what control the public procurement process. The government must make sure that resources are used in the most effective, transparent, and ethical way possible to promote sustainable development of the economy and standards of living (Seidu, Fatawu, and Ahmed 2014:4) because public procurement makes up a sizeable portion of the total demand for goods and services (Uyarra & Flannagan 2010:3). As a result, there are significant monetary values involved.

The researcher describes the history of the study, the stated problem, the research aims, delimitations, and constraints in this proposal. She also defines key words and discusses the significance of the study.

Designing effective health interventions is made possible by understanding the behavioral determinants of these bottlenecks. This knowledge also aids in the formulation of policy measures by stakeholders and health authorities, which lessens the burden on the community and purchasing entities. The goal of this study is to determine how these law reforms made in 2022 have affected service delivery by identifying the behavioral causes of those changes

## 1.1 Background

In spite of rising non-compliance, public procurement has always been a significant element of the economies of developing countries, accounting for an estimated 9–13% of their Gross Domestic Product (GDP) (Odhiambo and Kamau, 2003). As a result, this area needs attention. The Public Service's procurement managers and stakeholders support organizations that were established and are governed by a wide range of complicated statutes, regulations, policies, and directives. As a result of technology, program assessments, public and political expectations for service improvements, and increased levels of severe scrutiny, they must function in a climate of rapid change.

Therefore, the extent to which a government complies with procurement requirements can decide whether it achieves its goals and objectives and have an impact on numerous internal and external stakeholders. Many nations have developed procurement reforms in an effort to enhance the management of public procurement. But according to Thai (2005), issues with public procurement also affect the processes, organizational structure, and workforce in addition to the rules governing it.

In order to improve public service delivery, one of the key goals of public procurement is cost reduction through competition, transparency, and the protection of public funds, as well as the reduction and eradication of corruption (ADB/OECD 2008:11). Government performance, which is gauged by service delivery, is directly impacted by public procurement, claims UNDP/IAPSO (2006:1). However, differences in the socio-political context, underlying economic conditions, and technological environment of separate countries, as well as the regulations governing procurement, have a significant impact on the implementation and results attained (Gayed 2013:2).

The provision of necessary health care appears to be hampered in poor nations by the low availability and access to critical health commodities. According to a survey conducted by the research organization Program for Appropriate Technologies in Health in Nicaragua, just 20% of these medications were accessible to customers in the public sector. In order to overcome this obstacle, efforts have been concentrated on finding additional and varied funding sources and procurement channels.

According to Kemsal (2013), procurement, which is the process of acquiring services, supplies, and equipment in accordance with applicable laws and regulations, occurs among a number of public, private, national, and local entities locally, nationally, and worldwide. The procurement process is frequently hampered in low-income nations by a lack of knowledge about prices and suppliers, inadequate funding, and scarce human resources. Unawareness of government and donor legislation, overlapping procurement systems and procedures, and out-of-date or inconsistent rules and regulations are further contributing causes. (Gayed 2013:2)

The Public Procurement and Disposal Act (PPDA), which governs the acquisition and disposal of property, must be followed by SOEs because they are regarded as public organizations in Uganda. In order to decentralize and simplify all public procurement and disposal activities that were historically handled by tender boards, the Government of Uganda passed the Public Procurement and Disposal Act (PPDA) in 2003. By reducing corruption, increasing efficiency, and achieving value for money, these new changes aimed to improve the performance of the procurement process (Ababa, 2006:77).

In Kenya, KEMSA, a state organization under the Ministry of Health and founded by a parliamentary Act in 2013, purchases vital pharmaceutical products on behalf of public hospitals and some commercial healthcare facilities. According to the KEMSA website's public relations section (2013), the Authority's mandate is to acquire, store, and distribute gasoline to the Public Health facilities as well as medical supplies (medical logistics). More than 5,000 public health facilities across the nation are served by KEMSA's distribution of medical supplies. Drugs and fuel are bought through worldwide and domestic competitive tendering. The parastatals appear to be dealing with significant bureaucratic issues that contribute to, among other things, lengthy lead times for procurement, managing stock turnover ratios, downstream price regulation (where appropriate), and general distribution system inefficiency.

According to estimates, public procurement accounts for 60% of government spending in Zimbabwe, which is a high percentage for a nation that struggles with a lack of balance of payments assistance and liquidity issues (Mushanyuri 2014:4). The Zimbabwean public procurement system has now come under scrutiny as a result of many people blaming it for the government's inability to implement their projects and initiatives (Mushanyuri 2014:4).

Patients' inability to access healthcare due to equipment breakdowns and a lack of fuel for patient transfers in hospitals are just a few of the complaints made by the health sector that put the general public at risk (Tshimanga & Bangure, 2015: 1018). These issues also include cases

of delayed or incomplete public contract completion. According to Thuo and Njeru (2014): 70, the public procurement procedure is to blame for inefficient disbursement management and excessively high payments for services and goods.

Prior research in supply chain management and public procurement has demonstrated the connection between service delivery and public sector performance and procurement efficiency (Thuo & Njeru 2014). A preliminary study (Dzuke & Naude 2015) focusing on the procurement challenges in the Zimbabwean public sector has been suggested on the ineffective laws and legislative postulations. Public procurement studies have been published explaining the poor implementation of government projects and service delivery (Musanzikwa 2013; Tsabora 2014). This article focuses on issues with operational procurement that hinder the supply of medicinal services in Zimbabwe.

The Public Procurement and Disposal Act of 2015 and the Public Procurement and Disposal Act of 2018 have been enacted in response to changes made to public procurement in Zimbabwe. These laws provide a framework for regulating public procurement and assign oversight responsibilities to the State Procurement Board. According to Maponga (2018), the 2018 Act sets the way for the establishment of the Procurement Regulatory Authority of Zimbabwe, which will have supervisory authority over public companies. According to the new legislation, public organizations are in charge of their own procurement when the cost of the building work, consulting services, and non-consulting services is less than a certain amount.

A referral hospital, Chimhanda District Hospital provides treatment for patients with various types of medical and surgical illnesses as well as rehabilitative services. The hospital is managed by the Ministry of Health and Child Care and is supported by the Government of Zimbabwe (GOZ). As a result, it abides by the Public Procurement & Disposal Act of PPDA (2018 chapter 22:23). There are numerous flaws in the public procurement reforms that were introduced in 2018. The unified circulars that controlled the procurement system were used to distribute the promulgation of the PPDA.

The bureaucracy and rigidity in not keeping up with technological advances are two barriers that have been linked to their adoption. Thus, it is common practice in public health institutions to fail to account for misprocurements. The procurement function is run by professionals who are, in addition, ill-equipped to carry out the mandate effectively as a strategic function.



## 1.2 Statement of the Problem

Procurement is part of financial policy that seeks to achieve effective and efficient national targets, it is a fiscal instrument that has the potential to improve human welfare through quality services and reduction of void of added value in public service activities (Chowdhury and Kirkpatrick, 2009). The purpose of crafting sound procurement acts and their supporting guidelines ammended from time to time is to make sure that all players are singing from the same public procurement hymn book (Ministry of Health Child Welfare, 2004). The moment that any implementer wanders from the policy documents, there is a discord in the system which increases the risk of missing procurement targets.

Despite the Public Procurement & Disposal Act of PPDA of 2018 Chapter 22:23) being in place with the intention of directing the procurement function in public institutions, certain internal procurement elements have an impact on the procurement process' efficiency. Rapid changes in public procurement requirements are a concern that Chimhanda District Hospital and many other public institutions must deal with. The PPDA of 2018's amendments have an impact on how well public institutions buy goods and services using both internal and external procedures and processes to meet their goals. Overall performance in healthcare institutions is influenced by interactions between several professionalism-related aspects of the procurement processes, including organizational structure, workforce levels, and budgetary resources.

Supply chain problems, such as stock outs and shortages of key supplies, have been caused by bottlenecks in the statutory laws process as a result of statutory modifications. Following their adoption, complaints from several hospitals regarding issues related to the modifications increased. It was claimed that procurement turnaround times were longer, supplier payments took longer, and procurement teams were to blame for "cheap" commodities.

The review of hospital procurement data revealed longer turnaround times for fleet maintenance programs and pharmaceutical orders (Msimangira, 2018). Among other things, Zimbabwe's public procurement legislation were started with the aim of establishing accountability, openness, and value for money in all public procurement activities. The procurement of works, goods, and services has remained difficult for public institutions despite the existence and enforcement of these regulations. Public entities are not also able to obtain the best prices for goods and services to compete favorably with the private enterprises under the current legal framework of the public procurement process.

However, the amendment required changes in public procurement operational conditions and the emergence of new issues, which sparked the development of the complicated systems and issues to do with due diligence. Research was required to bridge these gaps. By examining the effect of electronic purchasing on the public procurement performance during this time the amendments were made, this study aimed to close this gap.

Among other things, Zimbabwe's public procurement legislation were started with the aim of establishing accountability, openness, and value for money in all public procurement activities. The procurement of works, goods, and services has remained difficult for public institutions despite the existence and enforcement of these regulations. Public entities are not also able to obtain the best prices for goods and services to compete favorably with the private enterprises under the current legal framework of the public procurement process.

### 1.3 Aim of the study

#### 1.3.1 Primary Objective

The study's main goal is to investigate the obstacles posed by legislative changes to the public procurement process that hinder the provision of medical services and the cost of patient transportation. It also seeks to gauge the magnitude of these obstacles and their effects on the local population as well as service providers.

#### 1.3.2 Secondary Objectives

In order to achieve the primary objective of the study, the following secondary objectives of the research are identified:

1. Identify the challenges in the procurement process that detract from achieving service delivery at Chimhanda District Hospital.
2. Identify the bottlenecks associated with statutory amendments at Chimhanda District Hospital in that detracts in service delivery
3. To suggest possible intervention measures on how the statutory amendments can be improved.

#### 1.4 Research Questions

1. What are the challenges experienced in the procurement process at Chimhanda District Hospital?
2. What are the bottlenecks associated with statutory amendments in purchasing and supply management at Chimhanda District Hospital?
3. What are the intervention measures to improve SI provisions that will enhance service delivery at Chimhanda District Hospital?

#### 1.5 Propositions of the Study/Statement of hypotheses

- H<sub>0</sub>: There is no association between implementation of Statutory Amendments in purchasing supply management and bottlenecks experienced at Chimhanda District Hospital.
- H<sub>1</sub>: There is an association between implementation of Statutory Amendments in purchasing supply management and bottlenecks experienced at Chimhanda District Hospital.

#### 1.6 Significance of the study

Public sector organizations are required to produce excellent services at the lowest possible cost while also attempting to achieve value for money because the goal of the public sector is to provide services to the general population. Although numerous studies have focused on public procurement in Zimbabwe, this study is the first to identify bottlenecks in the process that prevent efficient service delivery. This study contributes to public procurement practice by drawing attention to the difficulties that impede service delivery and offering suggestions for how the procedure could be improved to improve the delivery of medicines and transportation fuel.

The report offers helpful suggestions to public procurement professionals on how to effectively manage the contracting process in order to enhance the procurement performance of public institutions.

### 1.6.1 Policy Makers

Considering that public procurement is a crucial link in the government value chain, the study improves the performance of the public sector in Zimbabwe. The results of this study help public procurement managers in state-owned companies, other public entities, and suppliers clearly identify practical suggestions on how to manage the public procurement process, particularly the contracting process, and they suggest that the Public Procurement Act should be revised to specifically address the needs of hospitals.

### 1.6.2 Stakeholders in the Health Sector

The study offers useful suggestions for managing the procurement contracting process effectively and efficiently in order to enhance hospitals' procurement performance.

### 1.6.3 To the student

The study will be completed as a component of the Bachelor of Commerce in Purchasing and Supply degree. The researcher will get the chance to use the research techniques and knowledge they have learned in their current degree program in practical settings. This will also boost the researcher's ability to imagine a study project inside a company to develop problem-solving abilities.

### 1.6.4 To the University

A broad area of study, the assessment of the bottlenecks of statutory amendments done in 2022 both on procuring entities in the public sector and on the community as a whole, presents an opportunity for other scholars who may be curious about how certain decisions or amendments made affect the community and other stakeholders who are interested parties. Additional scholarly investigation will benefit from the research's literature. While study will serve to fill a knowledge vacuum, it will also suggest future academic work to be explored by other researchers adding to theory.

## 1.7 Assumptions of the Study

- ❖ According to Lexico dictionary assumption is something that is accepted as true or as certain to happen without proof. Rob Detmering (2010) also added on that it is an unexamined belief, that we think without realizing we think i . And this study it was assumed that:
  - The response acquired from the respondents will be accurate, true, sufficient, and relevant.
  - All questions will be answered by subjects who are given questionnaires or who are interviewed because they are knowledgeable about the subject of the study.

- Respondents will willingly co-operate by facilitating access to data and information that maybe considered sensitive and confidential.
- That the top management will fully support the research project and put the study's recommendations into practice, as well as that the research will have full support from the study's target population.
- The researcher take the response provide by the respondents to be the accurate information.
- The research environment will remain constant throughout the study period.

### 1.8 Delimitations of the study

- The study focuses on the procurement operations of Chimhanda District Hospital in the provision of drugs, and only assesses the bottlenecks of statutory amendments in the public procurement process that hinder fuel for transportation and medicine service delivery, and to gauge the magnitude of these difficulties. The research will receive full support from the targeted population and that the top management will fully support the research project and implement the study recommendations and ability to provide fuel for transportation for both the patients and the staff during the times which they will be carrying out their different tasks with the aim of helping the patient in Rushinga District.
- This study is focused on how the management of drugs and fuel is done by the public health facilities and at the institution, and investigates statutory procurement practices influencing service delivery with respect to drug procurement, transportation, distribution, and management.

### 1.9 Limitations of the Study

In a study, limitations are factors that the researcher cannot control and that have an impact on the results of any findings. Limitations can hinder researchers from extrapolating findings to large samples of the population, and these include;

#### 1.9.1 Time factor

The researcher will have to attend lectures, and study at the same time, the research's time frame is constrained. The researcher will avoid procrastination in order to complete everything on time and designed a working schedule within the time allotted to address the time constraint.

Some of the participants targeted were too busy with their daily duties, the researcher must be patient with them visiting them regularly to find information.

#### 1.9.2 Confidentiality

Due to the possibility that it would be construed as a threat, the primary and secondary sources of data omitted crucial information. In order to solve this problem, the researcher carefully explained to the corporate representatives the significance of the study and how, once the project was finished, the findings would aid the organization in achieving its goals.

Results of the study will only be available for Bindura University of Science Education and Chimhanda District Hospital.

#### 1.9.3 Limited resource

The researcher is likely to face financial constraints as well power problems since we are having power cuts from ZESA. The researcher is forced to go to the library which is far every day or to do her research during the night.

#### 1.9.4 Insufficient resources

The breadth of the research's coverage was constrained by problems with inadequate financial and material resources.

#### 1.1.0 Definition of Key Terms

**Procurement:** The business management function known as procurement is responsible for ensuring the identification, sourcing, access, and administration of the external resources that a company may require to achieve its strategic goals. According to Thai (2001), the sheer size of procurement expenditures, which has a significant impact on the economy, makes public procurement a crucial function of government.

**Public procurement-** is a method of conducting business with the government that focuses on the procurement process, including the creation of project specifications, the solicitation of bids, the evaluation of the bids that are received, the awarding of contracts, and payment (Matechak, 2002).

**Procuring Entity:** a government department, ministry, or other division.

**E-procurement** -It's the technique of using internet-based information communication technology to complete any or all of the procurement process' stages, including sourcing, negotiation, ordering, reception, and post-purchase evaluation (Croom & Brandon-Jones, 2004).

**Procurement performance** – is defined as products of transparency, efficiency, and effectiveness (Expert Group Meeting, 2001).

**Regulation:** a guideline, regulation, or legal provision intended to regulate behavior.

**Requisition:** A formal written request for something needed.

**Accounting Officer:** Purchasing organization's head.

**Acquisition:** the lowest potential cost of ownership overall.

**Act:** a law passed by parliament and used as the main body of law.

**Adjudication:** the process of declaring a winner based on the evidence given in a tender proceeding.

**Amendment:** an alteration made in a bill that changes the law.

**Bottlenecks:** The term "bottleneck" refers to a circumstance that results in a delay or an area where traffic is backed up, caught, or obstructed.

**Comparative schedule:** a list of all participating companies with their bid values listed in increasing order, along with any exclusion or qualification criteria.

**Lead time:** the amount of time between when a requirement is realized and when the material is delivered.

### 1.11 Chapter Summary

This chapter is essential because it provides the reader with an understanding of the subject being studied. The study's background was presented in Chapter 1, which clarified the subject of the inquiry. The history of the study was essential to the research because it gave background information on the topic at hand. The problem statement, the research questions, and a summary of the objectives were also covered. Also covered was a summary of restrictions and boundaries. A significant driving force behind the research's conduct and what encouraged it to stay within the bounds of its established aims was its justification.

The chapter's final portion included definitions for all terminology utilized in this study. The relevant literature reviewed in Chapter 2 is utilised in this investigation

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

The theoretical and empirical literature on former or prior studies that have been conducted and hypotheses put out regarding the procurement process is presented in this chapter. The study investigated books, journals, and newspapers to learn what other scholars have attempted to say in this area and to identify any gaps in knowledge regarding the difficulties posed by the amendments in the field of public purchasing.

The primary subjects covered in this chapter are public procurement and the concept of procurement, the public procurement system, public procurement principles, and public procurement difficulties and their effects on service delivery. Weaknesses in public procurement systems as well as their effects on health service delivery were also reviewed via theoretical lenses. A review of potential solutions to public health system related challenges from previous studies was also done. This chapter was for the purposes of bringing to the fore the aforementioned study variables related to procurement practice and statutory amendments.

The review will rely greatly on data obtained from published reference materials such as books, online magazines, and journals. The chapter is hence broken down into theoretical review (procurement, procurement within Zimbabwe's public sector), conceptual review empirical review, summary and the conceptual framework.

#### 2.1 Conceptual framework

According to Smyth (2004), a conceptual framework is a structure made up of a number of big concepts and theories that aid a researcher in finding the right subject to study. The conceptual framework demonstrates how concepts and variables relate to one another. Both independent and dependent variables are present in this feature. According to Amofah and Ijaz (2005) and Miles and Huberman (1994), both of which were cited in Leedy and Ormrod (2005), the conceptual model is a method that illustrates the key themes to be examined in the research in either graphical or narrative form. Find relevant material based on his inquiries. There will be independent variables in the conceptual framework of this investigation. (organizational



culture, public policy, and environmental and social factors) and a dependent variable (the adoption of sustainable procurement)

Thai (2001) classified the key pillars of public procurement as; policymaking and management, procurement regulations, procurement authorization and procurement operations and all this is linked together by a feedback system that helps to monitor and evaluate the entire system. In addition, this context was informed by Chigudu (2014) who explores the challenges of public procurement within the Zimbabwean context, that society views as imperative in the public services setting employing the classical lenses on public procurement.

## 2.2 Public procurement challenges

### 2.2.1 Lack of political will

While position papers, draft laws, and recommendations can all be made in the absence of political will, little to no action might follow or be put to practise any suggested changes. At the apex of public service is the politician, who must safeguard national resources instead of becoming an accomplice of preying if human welfare is to improve meaningfully (Chigudu, 2014). As long as the government has no motivation to be accountable to the electorate, well-crafted legal instruments will remain at best, a good literature reference.

### 2.2.2 Lack of knowledge and capacity

Musanzikwa (2013) contends, the Zimbabwean procurement law does not cover local authorities and parastatals, and yet these are key players managing thick public procurement financial envelopes. It would be easier to standardize procedures across all public service organizations if these participants were included in the upcoming Public Procurement and Disposition of Assets Act.

### 2.2.3 Conflict of interest

Although conflict of interest is covered by the legislation, according to Uromo (2014), the law is not actually implemented, hence it remains potentially but not realistically an effective law due to none enforcement. According to a study by Musanzikwa (2013), the requirement to follow the indigenization strategy led to the awarding of contracts to unqualified businesses. Such companies also supply health commodities, which could be arguably sub-standard, too expensive or are delivered well past the due date. Expensive supplies contest against the value for money procurement principle (Thai, 2001), whilst long turnaround times compromise the

efficient and effective delivery of potentially lifesaving health interventions (Chimberengwa et al, 2015)

#### 2.2.4 Ineffectiveness of the indigenisation policy

In this case, the legal framework forces public entities such as public hospitals to procure locally, by simply complying with this policy directive, the hospitals may easily fail to achieve value for money whilst supporting local business growth (Loader, 2007). Crafting procurement guidelines and acts becomes difficult when some of the players are insincere or certain contextual economic variables are not factored in. Hence, the need for the issuance of statutory instruments from time to time, that then address imbalances in between Act overhauls. Legal instruments will not be a panacea if consistently tweaked or even overhauled alone in the absence of integrity within the local suppliers and public procurement practitioners (Agaba, 2007). An efficient and effective social service delivery system is hugely influenced by the human factor (Adjibolosoo, 2006) politicians should be willing to craft contextually applicable laws and apply them, whilst procurement professionals should equally embrace legislature and practice it fairly with transparency. A failure to consult all relevant stakeholders is therefore a potential recipe for failure, even for a statutory instrument.

At no given time should anyone of the social service players feel foreign to laws that they should practice as the definition of right and wrong should not be disowned but rather acknowledged by the majority if not all players for any procurement chain is only as strong as its weakest constituency (Dzuke, 2015).

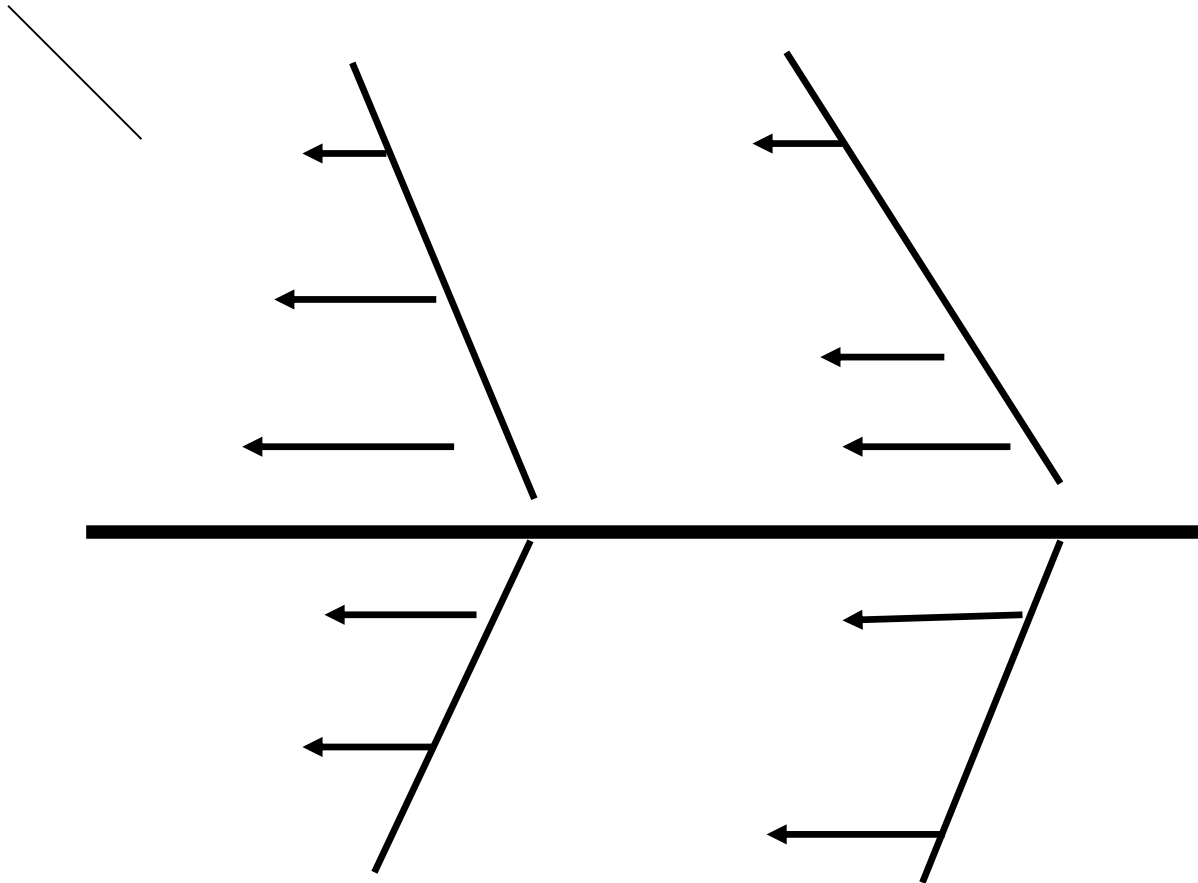
#### 2.2.5 Knowledge and skills deficit

A knowledge and skills deficit as stated by Bolton (2006) can be a drawback in public procurement systems. Chimberengwa et al, (2015), also weighs in from their study at Gwanda provincial hospital. The Government of Zimbabwe (GOZ) lost a significant amount of money from a targeted funds procurement project due to health workers' lack of information about how to perform public procurement correctly.

Public procurement teams in hospitals have to know and understand the laws they are applying for the GOZ to realise value for money through procurement. Training and development of public health officers is also a must and this has to be done in line with needs assessment recommendations (Gay, 1990).

## 2.3 Conceptual Framework of Bottlenecks

*Fig 2.2.1 Bottlenecks in Procurement System*



The study's conceptual framework is based on taxonomies of bottlenecks, including the technological, managerial, institutional, and personnel bottlenecks. Technology-related obstacles are what make ICT efficient and effective. Accountability and viewpoints from top management are another element of management bottlenecks.

### 2.3.1 Independent variables

The independent variable is the legal framework for public procurement. Theoretically, independent variables are what a researcher believes will influence the dependent variables. These are variables that a researcher has control over. The researcher might not always be able to control the independent variable. In this case, it can be something that is already present and

fixed that the researcher would like to assess in relation to its effects on another variable, the dependent variable. Using data from the planned study and Patton (1990), the researcher will employ the following factors as independent variables:

- Organizational culture: Training and development
  - Top management support
  - Education and skills
  - Organizational structure
  - Legislation, organizational policies, directives,
- Government policy : laws and regulations
  - Monitoring and evaluation
  - Government support
  - Restrictions
- Social aspects: eradicating poverty
  - the unequal distribution of resources
  - working circumstances
  - People's rights
  - Fair-trade

Politicians rather than the operations staff influence the legal framework. It however has to be sensitive to its operating environment due to the unique socio-economic activities in Zimbabwe, industrial base shrunk for a decade and is now on a rebound hence supply of locally manufactured goods is limited. Procurement legislature also has to be robust to sustain the

operations of public service providers, whilst retaining some dynamism due to the volatile economy.

Procurement operations are based on the principles of; worth of the money (using resources as efficiently as possible with respect to quality and cost), professionalism (retaining an ethical, integral and knowledgeable staff), responsiveness (effectiveness and efficiency as and when required), transparency (clear shared information that is easy to access and contestable) and the promotion of competitive bidding (fair, objective, non-discriminating tendering).

### 2.3.2 Dependent Variables

This particular variable is dependent on other factors and is unable to exist independently. According to Patton (1990), dependent variables are defined as what the researcher assesses in the study and/or what is impacted throughout the specific investigation. In general, the dependent variable reacts to the independent factors. The researcher links what has been recognized to be an independent variable with the elements influencing the execution of the legislation revisions impacting procurement in public sectors in the proposed study. The use of public funds in hospitals is concerned with making the services accessible to all citizens of Zimbabwe at the lowest possible cost to the community, through improved and affordable health services. The study will explore whether hospital procurement personnel are in tandem with statutory amendments' as they relate to procurement practice at Chimhanda Hospital.

## 2.4 Bottlenecks of Statutory Amendments in Medicines and Fuel Supply

### 2.4.1 Staff Training

According to Raymond (2008), the workforce's educational levels and professionalism in public procurement are related and credentials as well as the professional attitude in carrying out commercial operations. Lack of procurement education for the staff can have major repercussions, including code of conduct violations.

According to Atkinson (2003), cited in Raymond (2008), there are over 500,000 professional purchasers in the United States, but only 10% of them have joined a professional association, and the other 90% aren't even aware that ethical and legal norms apply to procurement. In addition, he drew a link between corruption and the low professionalism standards in public procurement, which eventually undermine compliance.

According to Hui et al. (2011), all regulations pertaining to procurement and associated processes must be known to and understood by procurement officials. The ethical heritage of the company may be preserved by all members of the organization, according to Rossi (2010), who claims that the ethical code not only serves to dissuade improper behavior. Public procurement officials in Uganda have a high level of incompetence, according to the PPDA Audit Report (2008). Basheka and Mugabira (2008), who assert that Uganda's public procurement industry lacks or is completely unprofessional, provide more support for this claim. Insufficient buying professionalism in the public sector was another factor cited by as a reason for non-compliance in public procurement, according to De Boer and Telgen (1998). The purchasing agents need to be trained.

#### 2.4.2 Information, Communication and Technology (ICT)

According to De Boer and Telgen (1998), it is important to recognize the contribution that Information and communications technology and management information systems provide to improving transparency and effectiveness in governmental procurement. The use of ICT in public procurement aims to achieve a variety of goals, including: increasing public tendering participation, By increasing supply and demand, the procurement process will be accelerated and made more efficient. It will also be transparent, with established processes and public data being examined, and a simple auditing system being created.

The three primary stakeholders that stand to gain from the installation of ICT in public bodies are: The general public, who demands timely access to reliable information on public procurement, comes first. A quicker, more efficient, and less onerous procurement process is also desired by government buyers. Additionally, public institutions have become eager to employ systems to win back public confidence in the portion of public sector expenditure that goes toward the purchase of goods and services.

#### 2.4.3 Management Support

Effective management, according to Hui et al. (2011), is one of the best preventive measures because it fosters accountability and openness, makes supervision easier, and offers a solid foundation for preventing corruption. According to Rossi (2010), for formal controls to be successful, they must first be established, approved, and implemented top-down organically

inside a company. Top management's commitment to ethical corporate behavior is indicative of a firm with a sincere commitment to legal compliance (Krawiec, 2003).

According to Obanda (2010), strong institutional support at the highest levels of government is necessary for those working in procurement in order to encourage integrity, supervise the public procurement process, and effectively implement procurement laws.

## 2.5 Public Sector Procurement in Zimbabwe

In every country in the world, public institutions and government agencies depend heavily on public procurement to function. Along with the fiduciary responsibility of a particular party, public procurement is essential for the execution of public contracts. government administration to provide products and services to residents (Uyarra & Flanagan 2009). In fact, public procurement refers to all procedures involved in acquiring products and services by the federal, state, and municipal governments as well as parastatals (Roodhooft & Abbeele 2006).

The public sector is made up of government agencies and non-profit organizations that provide things like communications infrastructure, transportation and logistics, and health care. According to the Institute of Internal Auditors (2011), these organizations offer the general public products or services that are obtained with the aid of public procurement (Uyarra & Flanagan 2009).

On January 1st, a new law in Zimbabwe took effect called the Public Procurement Act, also referred to as Chapter 22:23. The new Act repealed the Procurement Act (Chapter 22:14). Planning, market-based approaches, evaluation and award of bids, contract management, and asset disposal are all governed by the Public Procurement Act. Under the earlier Act, procuring bodies' purchases were supervised by the State Procurement Board.

The 2018 Act makes it feasible for the Procurement Regulatory Authority of Zimbabwe, which has supervisory responsibilities for state enterprises. The new regulation states that if the value of the construction work, consulting services, and non-consulting services is below a predetermined level, public bodies are responsible for their own procurement.

The ruling body is in charge of monitoring and controlling the procurement operations carried out by government agencies, parastatals, and local governments. To guarantee compliance with the legislation, the Authority has the authority to issue directions to procurement entities (State owned enterprises), ordering them to produce information regarding their procurement procedures among other things.

In order to promote justice, openness, and honesty in the procurement process, the Act outlines the processes that must be completed. According to Article I, Section 9, the government is required to "adopt and implement policies and legislation to develop efficiency, competence, accountability, transparency, personal integrity, and financial probity."

The ruling body is required by Section 11 of the Act to provide an annual report to Parliament outlining its operations and roles in the public procurement system. Additionally, the Board might be prosecuted for carelessness, wrongdoing, or contract violations. In addition to preventing political scheming, corruption, and inefficiency, this promotes accountability and justice.

A government's ability to provide for the general welfare is improved by an effective public procurement system, especially Across Africa, where there are governments the primary forces behind economic growth.

According to Section 28 of the new Act permits bidders to participate in the procurement process regardless of nationality. A purchasing organization may, however, provide priority to Zimbabwean bidders while reviewing proposals if the preference is expressly indicated in the bidding document.

The Act makes clear provisions regarding the type and method of tender invitation publication, Standards for evaluating bids and proposals, access to relevant information and official documents, descriptions of the goods, services, and work that are being put out to tender, security deposit requirements, and other difficulties are among the topics that need to be addressed. Standard form requirements for bids and proposals are also important. As long as they are adhered to and strictly enforced, these clauses can guard against bribery, favouritism, unethical behavior, preferential treatment, and they can ensure a fair, objective evaluation of contract bids.

Due to the aforementioned shortcomings, it was decided that in order to achieve the objectives of an open tender system, a law governing the public sector's procurement system was necessary, along with the establishment of the institutions required to verify that all procurement entities complied with the law's requirements. As a result, the Public Procurement Directorate (PPD) and Public Procurement Regulations of 2001 were established by the Exchequer and Audit (Public Procurement) Regulations of 2001. Local governments, cooperatives, and educational institutions are now included in the definition of public entities as a result of the implementation of these Regulations.



## 2.6 Knowledge of Public Contracting Laws' Provisions

Compliance with the formal requirements indicates awareness of the regulations, according to Rossi (2010). Public customers would follow the regulations, according to Gelderman et al. (2006), if they believe they are clear. Furthermore, it is said that a lack of clarity makes it more likely that people would purposefully break the rules. Increasing the level of compliance with the guidelines will be possible through educating and training public purchases.

Lack of understanding of procurement regulations, according to Eyaa and Oluka (2011), leads to low compliance rates. Additionally, they discovered that in the Kenyan setting, awareness of procurement procedures strongly expected adherence to those requirements. As stated by a research by Heneghan and O'Donnell (2007), the procurement rules' intricate legislative requirements may be somewhat to blame for the high rates of non-compliance.

According to Lazarides (2011), among other things, clear or unambiguous laws are the cause of mandatory compliance. Therefore, raising legal literacy may enhance compliance. The degree of acquaintance with the purchasing techniques one of the elements contributing to non-compliance with the regulations, claim De Boer and Telgen (2008).

## **Ethics and Compliance in Procurement Regulations**

Millerson (1964), who cites the following characteristics of a vocation, concurs with this description. According to Millerson, a career must possess the following characteristics: A skill based on theoretical knowledge; a skill requiring education and training; the professional's proof of competence via the passing of a test; the preservation of integrity by adherence to a code of conduct; the service performed for the public benefit; and the organization of the profession.

Therefore, there is an urgent demand for education and for the availability of experts with new and higher-level abilities (Sauber et al., 2008). Professionals must be recognized as upholders of efficacy and efficiency and must acknowledge obstacles in all of their forms.

## 2.7 Issues with Institutions

Guy (2000) asserts that there are six factors—autonomy, complexity, coherence, congruence, and exclusivity—that may be used to assess a structure's institutionalization status and adaptability. The interactions between and within organizations are crucial for the execution of organizational operations. According to the principal-agency theory, shirking is more likely to happen when policymakers and the bureaucracy are at odds, which is one way to define this relationship and its effect on how organizational operations are carried out.

Political leaders in the civilian realm (referred to as "principals") provide the bureaucracy (referred to as "the agent") authority with the understanding that if the agent does not act promptly to represent the preferences of the principle in terms of policy, the committee members may express their unhappiness by reducing the organization's budget

Through their nomination and financial authority, leaders (the principals) can shape the results of bureaucratic processes. Guy (2004) showed that politicians have a significant amount of influence in influencing bureaucratic outputs through the power of appointment, citing Moe (1985), Calvert et al. (1989), and Wood Waterman (2004). According to Calvert et al., the appointment authority of the chief executive and the prospect of legislative penalties have an impact on bureaucratic production.

They further claim that agents are only allowed to exercise a certain amount of discretion. How important a policy is to a principle determines how much discretion is granted to agents; the less important the policy is to the main, the more discretion the agent will be given. Politically and bureaucratically motivated activities have an impact on the institutional and legal systems indicated above. The public choice theory, however, has been used to study some of these activities (Niskanen, 2003).

## 2.8 Accountability

According to Segal and Summers, the responsibility for accountability rests with the government to show that it is capable of achieving its objectives and providing the services that the general public desires and requires. Corruption thrives in an environment of accountability deficit. The three main elements of accountability, according to Brinkerhoff (2004), are measurement of objectives and results, justification or explanation of those results to internal or external monitors, and penalties or penalty for incompetence or dishonest behavior.

In order to increase accountability, a number of strategies have been proposed by Vian and Collins (2006). These include information systems that monitor how inputs are used to produce outputs, watchdog groups, health boards, and other civic organizations that demand results justifications, performance incentives for excellent work, and sanctions for subpar work.

## 2.9 Internal Processes

Public procurement has long been plagued by inefficiency, corruption, and a disregard for basic "value for money" considerations. This has had a detrimental effect on the pace and standard

of progress made in accomplishing the objectives of national development, particularly in developing and transitioning states (Tan et al., 2009).

Employees are not permitted to act dishonestly or unethically or to appear to be acting in such a way. The public's impression of trustworthy governance is harmed by both of these. According to Wymer and Regan (2005), if you work for the government, you could have access to non-public knowledge about procurement that could influence a contract bid or the awarding procedure. It could be against the law and unethical to improperly disclose such protected information. Aside from civil or criminal sanctions, it could also subject you to administrative measures.

When there is a large procurement function, management in the contracting authority should make sure that processes are in place to guarantee compliance with all applicable regulations and that there is an adequate focus on good purchasing practices.

Officials that are involved in procurement are prohibited from abusing their position of power (Tan et al., 2009). Information that is extremely private or commercially sensitive may be available to officials. Exploiting inside information provided to the agency as part of a tender process for the official's or another person's financial advantage is unethical. Criminal sanctions apply to this behavior.

### 2.9.1 Empirical Review

Evidence that is based on empirical data is the knowledge that has been gathered via experimentation, observation, and documentation of certain patterns of behavior. By highlighting the elements that contribute to the success of business-to-business procurement and the difficulties that arise when it is put into reality in a corporate environment, Rebecca Angeles (2007) aimed to advance our understanding of these practices. Three aspects were identified as key to successful procurement as a result of the study through factor analysis: Information and e-procurement infrastructure, end-user behavior and business processes connected to procurement, management of suppliers and contracts, and end-user behavior.

The absence of system integration, standards challenges, the immaturity of procurement-based market services, end-user reluctance, maverick purchasing, and the difficulty linking commerce with other systems are three more implementation challengers. The literature reports that outsourcing procurement has financial advantages. A company's cost of products sold may

be reduced by 4% by increasing buying process compliance from 60% to 95%, while procurement outsourcing generally can lower service and material costs by up to 15% (Favre et al., 2004).

Corporate culture determines how rapidly a company can change, with a delayed shift potentially costing more money while a fast-track plan is expected to ensure benefits are delivered more quickly (John, 2003).

The provider's imposed behavioral and procedural discipline is a well-respected form of - recognized advantage of outsourcing purchases (John, 2003b). Although it might and could be argued that this process discipline be implemented internally, doing so is frequently quite challenging. It is challenging to track expenses without process discipline. Because they are simply unaware of their genuine costs, many smaller businesses encounter difficulties (Morgan, 1995), and we argue that true costs are even more challenging to determine for bigger businesses without strict procedures. Thus, outsourcing offers a mechanism to more precisely control and measure expenses.

Procurement teams have been known to depart from prescribed procedures (Badernhorst-Weiss.J. A, 2014) with detrimental effects in the form of massive loss of value for money (Chimberengwa et al, 2015) and even non delivery of commodities (Agaba, 2007). To safeguard against non-compliance behaviour by public health procurement practitioners the government has to be strategic as well as tactical, through the purposeful change of policy, being firm against offenders, as well as fertilising a culture of professionalism within actioners (Madara, 2009).

A number of the above public procurement challenges have been raised before, studied and debated, among others by both scholars and practitioners. With the awareness established by going through these secondary sources, the researcher was alert to these potential stumbling blocks. Procurement law and practice were continuously shown to have a cause and effect relationship. Understanding the procurement legislative framework as well as current practice will therefore be the springboard for addressing challenges in public health procurement systems akin to statutory amendments in Zimbabwean public health systems

### 2.1.0 Gap Analysis

A research gap is an issue that hasn't been addressed in prior studies that were written about in books, journal papers, or other reports. Although earlier research has shed light on the scope and implications of the issue for the global health care system, Zimbabwe has never addressed it.

As a crucial and maybe the only means of controlling the situation by gaining a better knowledge of it, addressing the causes of drug and fuel shortages in hospitals is of particular importance. With the help of this study, the list of reasons for shortages was expanded adding a new category that addressed people's actions or factors as a source of fuel and drug shortages. The literature was used to adapt additional aspects that contribute to drug and fuel shortages, such as supply and demand imbalances, manufacturing-related problems, distribution concerns, and regulatory and legislative procedures.

Only a little amount of actual data supports the existence of links between the statutory connection and the distribution of fuel and medical supplies within institutions. Most of the earlier studies that were conducted concentrated on the expenses that hospitals experienced as a result of bad inventory management and offered suggestions for what these institutions might do to prevent these expenditures. These studies have proven that unfavorable statutory rules have an impact on the cash flow, financial performance, and risk management of healthcare facilities. However, this study concentrated on the statutory regulations that impede the delivery of medications and fuel.

The majority of articles, journals, and other publications about statutory regulations on public institutions were primarily focused in western countries, so the researcher feels she must conduct the research in the African continent based on Zimbabwe's large public institutions. Additionally, as bottlenecks vary in character, this study will look at a full evaluation of these bottlenecks and their associated factors in contemporary public institutions.

Although multiple bottlenecks exist across numerous industries and jurisdictions, nothing has been done to thoroughly explore these bottlenecks and their underlying causes in modern public institutions, as was made clear by the prior literature review. The variety of statutory rule methods and the inadequacy of the current analytical frameworks or procedures to fully characterize it serve as the catalyst for the current research study in the Zimbabwean context. Thus, it is predicted that this contribution would make it simpler for numerous public

organizations to finish the difficult process of creating comprehensive legislation for the delivery of fuel and medications.

The impact of statutory regulations on the provision of medical supplies and gasoline to healthcare institutions have also been studied, however these studies were not all conducted in Zimbabwe but rather in Ghana, Bangladesh, Johannesburg, Uganda, and India. Since it has been shown that these regulations have a negative impact on the supply of fuel and medication in Zimbabwe, the goal of this research is to see if its findings are consistent with those of studies done in Ghana and Bangladesh.

In contrast to this research, which concentrated on the effects of statutory legislation in Zimbabwe's public hospitals, research conducted in Ghana and Johannesburg was more heavily weighted towards the private hospitals. Many have concluded that there is a disconnect between legal requirements and supply chain management as a result of this (Uyarra & Flanagan 2009). Although the numerous methods proposed to close this gap constitute worthwhile research, there is conspicuously little participation from practitioners. As a result, an agenda based on empirical research and challenges recognized by practitioners is required (Vigoroso, 2005). The study aims to fill in any gaps as there hasn't been a thorough investigation of the variables impacting the effectiveness of statutory laws in public institutions.

### 2.1.1 Chapter Summary

The aforementioned chapter aimed to highlight pertinent literature that was already out there. It is clear that the information supplied is thorough and leaves an opportunity for more study on the topic. The following chapter, Chapter 3, discusses the research technique in or methodology.

## CHAPTER THREE

### RESEARCH METHODOLOGY AND DESIGN

#### 3.0 Introduction

In this section, the primary concern is the methodological approach taken to study the subject under investigation. The terms "research design," "type of research design," and "justification for the choice of research design" are defined in this chapter, along with the concepts of "population and target population identification," "sampling frame," "sampling technique," "research instrument," "data collection procedure," and "data processing and analysis."

Using statistical methods utilized for data collection, processing, as well as the presentation will also be covered. The research technique utilized for this study is explained in this chapter along with how it influenced the gathering of data, its analysis, and the creation of a hypothesis. In the final section, the analytic strategy for the empirical data is explained.

#### 3.1 Research Design

An outline for a study, in accordance with Kothari (2004), is used to reorganize the study by focusing on how all the crucial components of the research projects, sample, or group cooperate to meet the research issue. A research technique is a methodical, planned, and narrowly focused approach of acquiring data in order to learn from them and handle a particular study topic or subject, according to Ghauri and Gronhang (2006).

Due to the nature of the study issue and goals, using case studies and exploratory research is essential. The finished study would be able to provide the most recent information obtained from the surroundings of the Chimhanda District Hospital.

##### 3.2.1 Case study

The researcher chose the Chimhanda District Hospital as a case study to examine the effects of statutory laws in the public health field. A case study is a research method that, according to Baker (2000), focuses on a specific organization, institution, event, decision, policy, or group of people. The exploratory design worked effectively for case studies. In this instance, the researcher attempted to conduct a thorough analysis of numerous case features throughout a predetermined time frame.

In comparison to a broad survey, the data that were gathered were therefore more extensive, diverse, and in-depth. The researcher appreciated using case study research in conjunction with other research methodologies since it allowed him to utilize questionnaires and interviews to collect data in order to answer the stated study questions and objectives.

### 3.1.2 Explanatory Design

Since the relationship between statutory rules and healthcare delivery is not well understood, an exploratory method was also employed to conduct the research. The exploratory design was employed because it allowed the researcher to investigate novel encounters, methods, and partnerships in legislative regulations governing the provision of healthcare and allowed the researcher to produce novel, creative outcomes.

### 3.2 Target Population

Population is a group of all members with respect to which a study seeks to introduce error, according to Leedy (1997). One crucial element for the researcher is having a target demographic because it aids her in choosing the respondents and sample size for the study. Chimhanda District Hospital consists of 158 employees, and these employees are responsible for providing health care services to the patients at the hospital.

### 3.1 Employees at Chimhanda District Hospital by Category

Table 3.1: Population Distribution by Department at Chimhanda District Hospital

Category	Population Size
District Medical Officer (DMO)	1
Government Medical Officer (GMO)	2
Registered General Nurse (RGN)	50
Community Nurses	3
Nurse Aides	10
Administrative accountants	4
District Health Service Administrator (DHSA)	1
Administrative Assistants	3
Health Information Officer (HIO)	1
Health Information Assistant	5
Human Resources Officer (HRO)	1
Human Resources Assistant	2
District Tuberculosis Co-Coordinator	1



District Nursing Officer (DNO)	1
District Environmental Health Officer (DEHO)	1
Environmental Health Officers	4
Matron	1
Stores Clerk	1
Laboratory Technicians	5
Pharmacy Technicians	1
Dispensary Assistant	1
Rehabilitation Technicians	2
X- Ray Operators	2
General Hands	23
Cooks	5
Security Guards	5
District Procurement Officer (DPO)	1
Procurement Assistants	2
Drivers	6

Table 3.1 Employee Category Source Chimhanda Human Resources Records

### 3.3 Sample and Sampling Techniques

The researcher used a stratified random sampling at the beginning and then used judgmental and practical sampling to choose the respondents within the strata. Sampling methods are the sampling strategies used by the researcher to determine the desired sample size, and are referred to as sampling techniques. By using sampling, the researcher was able to create a sample, which is a fair reflection of the intended audience. To improve the accuracy of the research, the researcher sampled the respondents in order to reduce the number of respondents.

#### 3.3.1 Sample Size and sample techniques

A sample, according to Babbie (2004), represents a particular population. A sample is also described by Kothari (2006) as a selection of a subset of the population used to form conclusions. In order to determine the sample size, the investigator utilized a sample size of 25 employees and took into account a number of variables, including cost and accuracy. The

demographic that the research study was conducted on was not uniform. It therefore consisted of the two distinct layers.

The entire target population was split into two groups by the researcher: Clinicians and Administrative employees, which made up the two separate groups that made up the stratum. At the hospital level, this group of workers is in charge of inventory management. In order to obtain a sample of workers with sufficient expertise in inventory management, the researcher utilized judgmental sampling.

### 3.3.2. Judgmental sampling

The departments of Chimhanda Hospital in charge of supplies and purchases were chosen using stratified sampling. Purposive sampling, as opposed to judgmental sampling, is more often used. With this kind of sampling, the individuals were selected with a particular goal in mind. Using judgmental sampling, the researcher inferred that certain people were better matches for the study than others. They are purposefully chosen as subjects for this reason.

Table 3.2: Population and Sample Size

Strata	Population Size	Sample size
Inventory Managers	21	21
Administration Staff	4	4
Total	25	25

Primary data 2023

### 3.3.3 Convenience Sampling

Since the sample was selected for the researcher's convenience, convenience sampling was used. Instead of speaking with all of the staff at the Chimhanda Hospital, the researcher spoke with employed people in the procurement unit.

To choose the respondents, the researcher used a stratified random sampling approach. According to Leedy (1997), stratified random sampling dividing up a population into subgroups, or strata, and then draws random samples from each of the formed strata in proportion to the population. Members of each stratum produced have comparable qualities and traits. When the target population is diverse, this sampling technique is popular and quite helpful. Judgmental sampling was used. To make sure The respondents were divided into two strata so that each was fairly represented in the survey sample.

Clinicians were part of stratum 1.

Administrative personnel made up stratum 2.

### 3.4 Research Instruments

These terms refer to a specific way of data collection, and the methodology used will rely on the goals and open-mindedness of the research. According to Sweet and Martin (2008), data may be characterized as facts, numbers, and other relevant elements from the past and present that operate as the foundation for the investigation and analysis.

The numerous factors covered by the study were collected through questionnaires. Both structured and unstructured questionnaires were employed in the investigation. A unique study aims or research topic was addressed by each item on the questionnaire. Closed-ended questions with a preset range of answers were referred to as structured questions. The respondent was given the option to select their response from this range. With the help of these kinds of questions, the data analysis was speedy and affordable for the researcher. On the other hand, the study also used open-ended questions.

#### 3.4.1 Questionnaires

A questionnaire, according to Kothari (2006), is a set of questions that are normally distributed to the selected respondents for their convenience and returned to the researcher along with the completed questionnaire. The researcher will use self-administered questionnaires because they are time-effective. The researcher will employ a hybrid questionnaire format with both closed- and open-ended items. The questionnaire will include some open-ended questions that will allow respondents to respond anyway they see suitable.

Another benefit of using the questionnaire was that it made it easier to quickly and cheaply gather data from a large population while also allowing for better response comparability due to the uniformity of the questions asked of all respondents. The data is fairly easy to review, and the researcher assures their confidentiality. Respondents who skip over some questions or those who are more inclined to respond if they are interested in the subject may have skewed the sample.

All significant law provisions that will be used to evaluate the study claims were covered by the questionnaire. Three components, A, B, and C, made up the questionnaire. The responder profile was in Section A. There were eight closed-ended questions in all. There were 7 closed-ended questions in Section B. All of the questions in Section C were open-ended. These portions' questions were developed in light of the study's goal, which was to evaluate the impact of legislative rules on district hospital-level health care medicine and fuel service delivery.

The questionnaire's second objective was addressed by the questions in Section B, which ranged from 7 to 15. The second objective of Section C, which ranged from 16 to 18, was to provide insight into the statutory changes made to Zimbabwe's public procurement and supply management.

In order to encourage respondents to provide specific and accurate information, the researcher employed open-ended questions. Questions are to inside the same framework, even if closed questions helped the respondents better comprehend the questions' meanings.

Additionally, the closed-ended questions were employed because they allowed respondents to select an answer from a list of suggested responses a range of options presented by the researcher. For instance, the proposed answers for the questions in Section B (numbers 9 to 15) are neutral, strongly disagree, disagree, and agree. These are faster, and are simple for respondents to compare to one another. In order to condense the pertinent replies pertaining to the research, these sorts of questions were employed. The use of questionnaires was motivated by the ease with which the data could be presented and analyzed, as well as the fact that the response criteria made it possible to assess the quality of respondents' responses to the questions posed.

Because of the standardized responses provided by questionnaires, the researcher decided to employ them. Being able to allow respondents to react simultaneously regardless of sample size makes it the fastest survey method.

### 3.5 Data Types

#### 3.5.1 Secondary Data

Secondary data, as described by Saunders et al. (2005), is information that has already been obtained and published by other researchers for various objectives. In order to comprehend the effects of statutory regulations and public procurement on the provision of services, the researcher did an extensive investigation of this concept in publications such as textbooks and websites, to mention a few.

Additionally, secondary data is only utilized to confirm performance patterns gleaned from committee minutes, yearly reports, budgets, and system audits. According to Samouel's 2003 theory, secondary data are records that have already been obtained for a variety of research purposes. Nevertheless, this was put into place to address issues with the current research investigation. Samouel (2003), on the other hand, emphasized that secondary data rarely satisfy the goal at hand and that it is difficult to assess the quality of the data.

#### 3.5.2 Primary Data

Primary data, as described by Saunders et al. (2005), is information that has been received directly from the source; it is new information that has been gathered for the first time and is unique to the character. Primary data, according to Kotler and Armstrong (1997), is information that has been gathered specifically for the intended use. Primary data, according to Collis and Hussey (2009), is information gathered from an original source through surveys, interviews, or focus groups in order to complete a current study. According to Hair (2003), this indicates that the researcher has an active role in developing the methods for gathering data, converting data into knowledge, analyzing data, and interpreting data.

### 3.6 Instrumental Validity and Reliability

According to Kaliappen and Hilman (2013), an instrument's reliability relates to how regularly it measures whatever it is meant to measure. Another way to think about reliability is as the extent to which a device consistently whenever it is used to the same subject and set of circumstances, measures in the same manner (Kumar, 2012).

Therefore, the less probable measurement mistakes are to occur, the more reliable the instrument is (Bethlehem and Silvia, 2012).

The validity, according to Kumar (2012), is the appropriateness and correctness of each action used to accomplish the goal. Validity is demonstrated when the data accurately depicts the topic under study (Bethlehem and Silva, 2013). The legitimacy of the research, tools, and judgments of authorities in the area, particularly the research supervisor, as established. This caused the research tools to be revised and altered, improving the study's overall validity.

A pilot study and the appropriate research tools were used to make sure the outcomes are legitimate and reliable. The pre-testing or "trying out" of a specific research instrument to determine its suitability is known as a pilot study. The ultimate survey included of two different groups of participants as a pre-test: friends, coworkers, and my boss.

Coworkers and my supervisor's responsibility was to determine whether the questionnaire met the study's goals. Colleagues' responsibility was to avoid include any straightforward inquiries that would indicate the investigator's preventable ignorance of some study-related topics. Additionally, the initial tools were given to more seasoned researchers for their input. When designing the research equipment, the pre-test feedback was taken into consideration. A pilot research has the benefit of ensuring that each question is written clearly and that it reads the same to every respondent. It also ensures that the study is practical and that the data can be examined after it has been gathered.

The triangulation approach was employed by the researcher to ensure the validity and dependability of the secondary data and questionnaires. Triangulation, according to O'Donoghue and Punch (2003), is a technique for cross-checking data from several sources in order to look for patterns in the study data. Data validation through cross-verification from more than two sources is made possible by the strong method of triangulation. It specifically refers to the use and synthesis of many research approaches in the investigation of a single topic. To guarantee the accuracy and validity of the data in this study, the researcher employed questionnaires, interviews, and secondary data.

### 3.7 Presentation and Data Analysis

The data were presented and analyzed using a series of logical steps. The researcher carried out a data preparation technique in order to turn the acquired data into valuable information. The research findings (raw data) were first checked for flaws by looking for typos and making

an effort to make ambiguous responses clearer. These study results were tabulated after being classified (coded) into the appropriate categories in accordance with the study's objectives.

The researcher stored and assessed the data after it was gathered using the Social Statistical Package for Social Sciences (SPSS). This software package was utilized to produce graphs and charts for statistical analysis. by following instructions in a manner similar to how an analysis is conducted. Tables, graphs, and charts are used to demonstrate the conclusions from both primary and secondary data using Microsoft Excel.

Arranging data in a tabular format is referred to as tabulation. The data gathered from the surveys was summarized and presented in tables and graphs in a way that is easy to understand. The data collected through interviews and questionnaires were used to develop relationships that make sense between the study aim and the summary. The summary and transmission of data's significance are facilitated by pie chart presentation. The comparison and comprehension of the facts supplied are made simple by these approaches, which were specifically chosen. By examining the issues with the research study and concurrently examining the research tools, the researcher reviewed the findings.

### 3.8 Summary

This chapter covers the research methodology. In line with the objectives of the researcher, a case study research design and objectives. A succinct summary of demographic characteristics and sample selection based on a specific criterion were provided. Methods and tools for gathering data were covered, along with benefits and potential drawbacks. The researcher studied and analysed the data in the next chapter, Chapter 4, before moving on.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.0 INTRODUCTION

This chapter presents the analysis of the findings of the study, as well as the details and examination of primary data collected in the previous chapters. The presentation was organized according to the research objectives and questions as well as the emerging issues and the analysis and presentation was highly dependent upon the data gathered. The data was obtained through self-administered questionnaires to procurement personnel at public sector hospitals that use the public procurement Act. Questionnaires were self-administered to employees from the Chimhanda District Hospital procurement management system. This Chapter initially determines the response rate, and analyzes and explains each of the questions using tables and graphs.

#### 4.1 Response rate

The researcher simply divided the sample into 25, which meant that copies of a structured questionnaire were distributed to two respondents and interviews were conducted with the remaining 25 interviewees.

Table 4.1: Response rate (n=25)

	Questionnaires sent	Responses Received	Response Rate (%)
<b>Clinicians</b>	10	10	100
<b>Administrative Staff</b>	15	15	100
<b>Total</b>	15	25	100

Source **Research Findings 2023**

The above table shows that all the questionnaires distributed to 25 respondents were returned in a usable state meaning that the sample had overwhelmingly and fully participated in the data

collection through the structured questionnaire. A full response rate was most likely as a result of the simplicity of the questionnaire which was very easy to respond to and this has enhanced respondents' participation. Further, there was also a close conduct and follow-up with the researcher to the respondents as she personally distributed and collected the questionnaire. The researcher also kept in touch with the respondents in case of any clarifications.

In this study, (25) questionnaires were personally administered to hospital procurement personnel and, (25) responses (100% of participants) were received. Out of 25 questionnaires retrieved, were 3 Hospital administrators, Stores Clerk 1, Pharmacist 1, Lab Technicians 2, Theater Technicians 2, Physiotherapy department 2, 7 Ward Heads of Departments, 2 Accounts Clerks and Matron (1), represented procurement officers and supply officers. . The roles of the hospital responders contacted were broadly distributed, as shown in Table 4.1. This result demonstrates that the study sampled the viewpoints and opinions of significant and pertinent hospital personnel, suggesting that accurate and factual data, which was necessary to draw valid and reliable findings, was gathered under similar conditions.

According to Singh's (2006) research, if the response rate is one-fifth, the answer is unfavorable, and if it is three-fifths, the response is neutral. This survey was deemed good because 100% of respondents, or more than five-fifths of the population, participated in it.

#### 4.2 Reliability

Table 4.2: Case Proceeding Summery

		N	%
<b>Cases</b>	Valid	25	100
	Excluded	0	0
<b>Total</b>		25	100



Table 4.3: Reliability statistics

Cronbach's alpha	n of items
0.95	25

Source **Research Findings 2023**

Fifteen cases were analysed and none were excluded. Baruch (1999) discussed that a Cronbach Alpha of 0.7 and 0.8 should not raise any demurrals to a study's reliability while 0.4 or below is unacceptable. A figure of 0.9 raises issues of similarity between the items. As shown below, this study had a Cronbach Alpha of 0.95, which is within reasonable limits by the standards of Baruch above.

#### 4.3 Biographical Data

This part of the study was concerned with learning more about the respondents' histories. The study asked respondents for demographic details such their gender, age group, highest level of education, and employment history to make sure the respondents included in the study were pertinent. The respondents' academic and professional degrees, as well as how long they had worked for the hospital, were among the crucial socio-demographic details that were covered.

Table 4.4: Gender and Age Group Cross tabulation

		Age Group (in years)			Total
		25-34	35-44	55-64	
Gender:	Male	2	9	4	15
	Female	1	8	1	10
Total		3	17	5	25

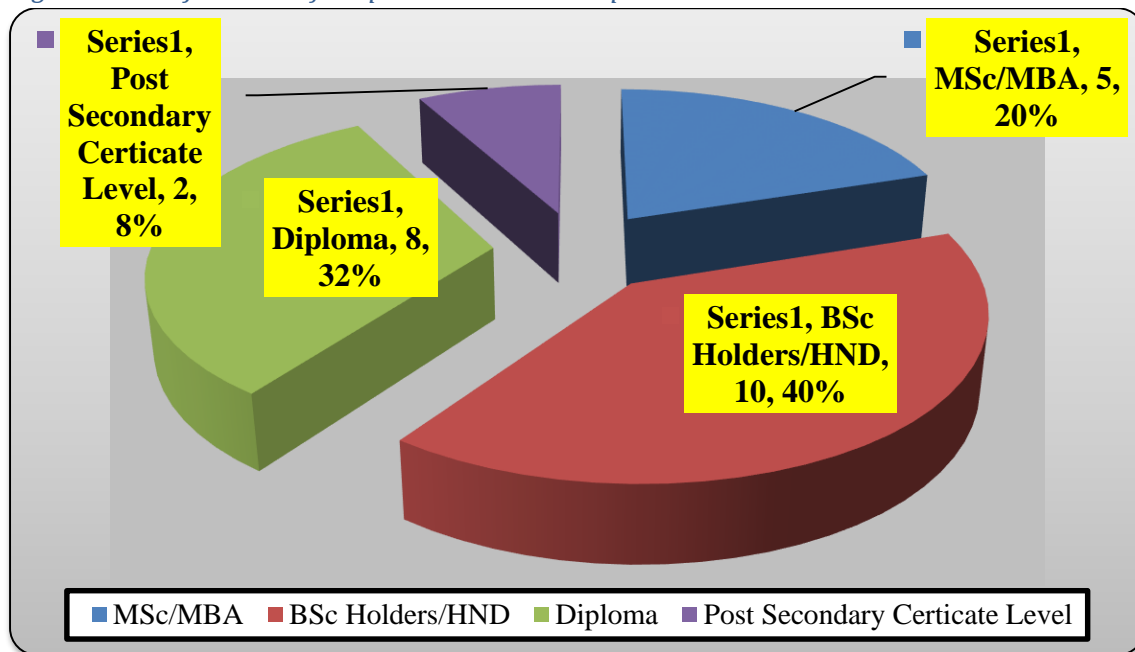
Source **Research Findings 2023**

The study aimed to identify the demographic characteristics of respondents in order to evaluate their knowledge and comprehension of the topics offered in the questionnaire. As can be seen

in Table 4.4, 15 (60%) of the participants were male, while 10 (40%) (n=25) of the participants provided responses. It was possible to see that 12% of them were between the ages of 25 and 34 and 20% were between the ages of 55 and 64 based on their age distribution. The majority (68%) of responders were in the 35–44 age range.

### 3.3 Educational Status of Respondents

Figure 4.1: Major Roles of Respondents at the Hospital



Source

Research Findings 2023

According to Figure 4.1, 10 (40%) of the 25 contacted had a BSc/HND, 8 (32%) had a diploma, 5 (20%) had an MSc/MBA or higher degree, and 2 (8%) had a post-secondary certificate. This finding shows that the respondents were well-educated enough to comprehend the issues addressed in this study and, more significantly, to contribute meaningfully enough to form a valid conclusion.

### 4.5 Work Experience

Table 4.5 Work Experience and respondents

	Frequency	Percentage	Valid Percentage	Cumulative Percentage

Less than 5 years	3	12.0	12.0	12.0
5-10 years	5	20.0	20.0	32.0
Above 10 years	17	68.0	68.0	100.0
Total	25	100.0	100.0	

Source

Research Findings 2023

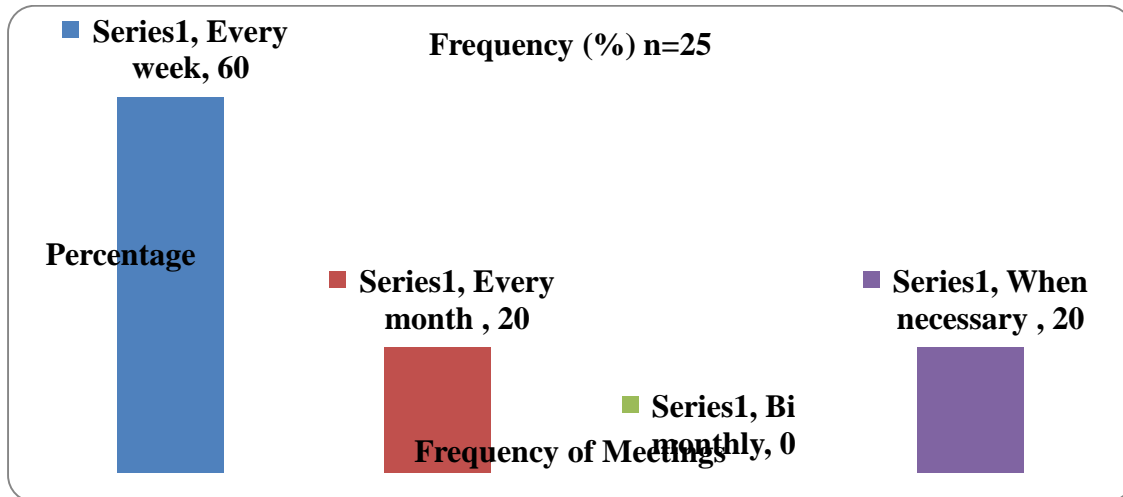
Table 4.5 reveals that 12% of respondents had fewer than five years of work experience, five (20%) had between five and ten years, and ten (68%) had more than ten years. The majority of respondents (50%) have worked for the hospital for between five and ten years, which suggests that they have the necessary expertise and knowledge regarding the hospital's procurement practices and activities. As a result, they are well qualified to provide the precise and reliable information required for coming to a valid conclusion.

#### 4.6 Descriptive Statistics Results

In this component, the primary objectives of the study were studied and the results were provided. The goals were to identify and quantify the bottlenecks of statutory changes in the public procurement procedure that impede fuel and medicinal service delivery. A few of procurement challenges were identified that chocks medicine service delivery at Chimhanda District Hospital amongst these factors were; long turnaround time, failure to achieve the value of money and frequency of procurement meetings

#### 4.7 Frequency of Procurement Meetings

Figure 4.2: Frequency of Procurement meetings



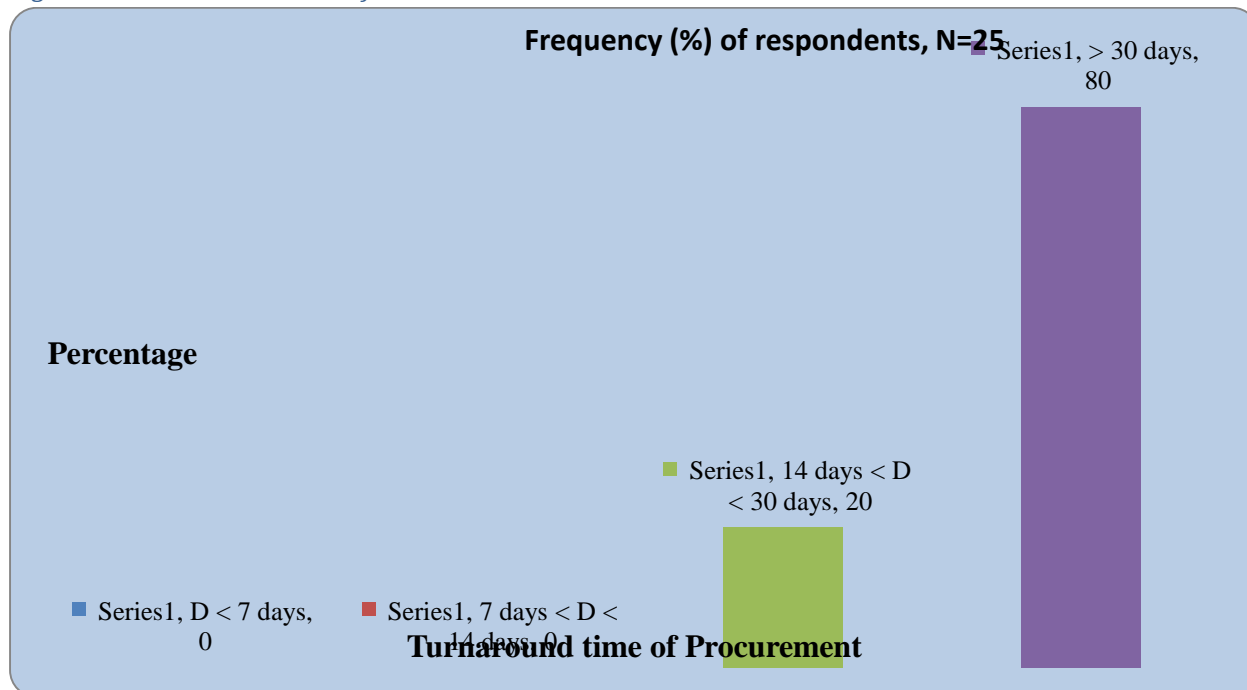
Source

Research Findings 2023

More than half of the respondents indicated that they interact weekly (60%) during public procurement meetings at their work stations, while almost a one-fifth of the proportion (20%) indicated that they meet every month. 20% indicated that they meet for procurement business when necessary

#### 4.8 Turnaround Time for Procurement

Figure 4.3: Turnaround Time for Procurement



Source

### Research Findings 2023

Figure 2 shows that the shortest turnaround time has a minimum of between 14 to above 30 days with 20% of the respondents indicating this, while the closest indication is that the quickest time taken for procurement of goods and services in CDH is at least fourteen days. The majority of the respondents 80% proposed that the greatest turnaround is at least 30 days. This indicates that a sizable minority of respondents do not anticipate completing the procurement of goods and services within a week. However, it is unclear whether the purchase of products or services takes longer and whether the length has been altered by statutory amendments.

#### 4.9 Effects of Statutory Amendments on the Value of Money

Table 4.6: Are statutory amendments achieving value for money

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Respo nses	1	4.00	4	4
Neutral	9	36.00	36.00	40
Disagree	15	60.00	60.00	100.0
Strongly Disagree	25	100.0	100.0	
Total				

Source

Research Findings 2023

15(60%) of the survey respondents strongly disagreed that statutory amendments failed to archive value for money whilst 9(36%) felt that statutory amendments failed to achieve reasonable value of money. 4% also indicated they were unsure if the value of money was being achieved. Mr. P further highlighted that “the introduction of new committees was seen as negatively impacting the procurement process” What was not clear is the negativity associated with the roles or just the increase in the number of procurement committees.

4.10 Effects of Statutory Amendments on Procurement Practices

Table 4.7: How statutory amendments can be modified to enhance service delivery in procurement practices

statutory amendments in procurement practices be modified to enhance service delivery	Mean	N	Std. Deviation
Strongly Agree	1.30	2	1.414
Agree	2.00	3	.000
Neutral	2.40	5	.548
Disagree	1.80	10	.
Strongly Disagree	2.50	5	.707
Total	2.00	25	.640

Source

Research Findings 2023

The conclusions drawn the table above revealed that supply chain management of fuel and medicines supply has been partly adhered to at CDH .Means between 1.30 and 2.50 were registered with an overall mean of 2.00 registered indicating that CDH have partly embraced the merits associated with statutory amendments in improving medications supply chain management strategies and its effects on performance of medicines supply system.

#### 4.11 Correlation Result between statutory amendments and value of money, procurement practices, and timeliness of delivery of medicines

Swetnam & Swetnam (2009) define correlation as an analysis of variables for probable relationships without any modification, using mathematical correlations to verify the degree of association between two or more variables.

Table 4.8 below represents the correlation result between the value of money, procurement practices and timeliness of delivery.

		Bottlenecks of Statutory Amendments		
		Value of money composite	Operationalisation Composite	Timeliness Composite
Statutory Amendments Composite	Pearson Correlation 1	0.456**	0.354	0.256
	Sig. (2-tailed)	0.007	0.007	0.007
	N	25	25	25

**Source: Research Findings 2023**

Pearson correlation was computed to check whether statutory amendments have any ecological relationship with value of money, operationalisation and timeliness. A thorough examination of Table 4.6 exposed the nature of the relationship between with value of money, operationalisation and timeliness in the Clusters was high. The table depicts that the relationship between the value of money, operationalisation and timeliness, the dependent variable being statutory amendments. To comprehend this result, look at the cell in the table where statutory amendments variable and value of money overlap. The study's rationale was to identify bottlenecks of legislation alterations in the public procurement procedure that detract from medicinal service delivery and to determine the magnitude of these issues.

Table 4.4 Pearson correlations were computed to check whether statutory amendments have any ecological relationship with value of money. . The initial number is '.0.456\*\*', indicating the intensity of the relationship between statutory modifications and monetary worth, while the second value is '.0.354'. The figure depicts the effect of a weak relationship. Table 4.4 shows that there is a very weak relationship between statutory modifications and the value of money composite. This is shown by the values '.0.256\*\*'.and the result is statistically significant '.000',

implying that these results are unlikely to be attributable to chance. The table also demonstrates a moderate relationship between statutory revisions and their implementation at Chimhanda Hospital. This is represented by the values '.354\*\*', and the result is statistically significant '.007,' indicating that these results are unlikely to be attributable to chance. The final value, '.256\*\*', illustrates the degree of the association between statutory amendments and timeliness composite.

#### 4.12 Testing the Hypothesis

To confirm the possibility of a relationship between two categorical variables, the chi-square test was utilized. A two-way table was prepared for this test, and the observed counts of the cells were compared to the expected counts of the cells. Moore and McCabe (2003, p. 624) state, "The chi-square statistic is a measure of how much the observed cell counts in a two-way table diverge from the expected cell counts."

The study's hypothesis was based on the fact that there is no link between the implementation of Statutory Amendments in purchasing supply management and bottlenecks at Chimhanda District Hospital. The study intended to determine whether there was a link between statutory changes and bottlenecks in the acquisition and supply of fuel and pharmaceutical goods. Several bottlenecks were identified, and respondents were asked to rate their level of agreement with each difficulty on a five-point scale. Among the constraints are value for money, legislative operationalization, procurement methods, and the timeliness of the supply of goods and services.

Table 4.9 Chi- Square Test for the ecological relation between the association between bottlenecks in statutory Amendments and Medicines Supply

<b>Chi-Square Tests</b>	
	Value
Pearson Chi-Square	.326
Bartlett's Test of Sphericity	Estimated. Chi-9.444
Df	0.044



Sig. . . .	.000
Coefficient of Contingency	0.25
Valid Cases	N=25

**Source                      Research Findings 2023**

Furthermore, a chi square test was performed to show if there is an association between the implementation of statutory amendments and bottlenecks in purchasing supply. At the P 0.05 level, the estimated value of 2 (9.444) was found to be less than the table value of 2 (9.488). The null hypothesis (H<sub>0</sub>) was premised on that there is no association between implementation of Statutory Amendments in purchasing supply management and bottlenecks experienced at Chimhanda District Hospital while the alternative hypothesis (H<sub>1</sub>) “H<sub>1</sub>: There is an association between implementation of Statutory Amendments in purchasing supply management and bottlenecks experienced at Chimhanda District Hospital ” H<sub>1</sub> rejected.

Since chi-square normally reveals statistical significance but does not represent the size of a link, the coefficient of contingency was utilized to determine its strength. C = 0.25 was the computed contingency coefficient. The significance of such a co-efficient stem from the fact that statutory modifications, as a parameter, had no substantial impact on value for money, operationalisation, or timeliness.

#### 4.13 Challenges associated with statutory amendments in purchasing and supply management

The study further revealed taxonomies of challenges, which affect purchasing and supply management in medicines supply delivery

##### 4.13.1 Inadequate knowledge

Poor knowledge of the statutory enactments has resulted in the failure of the procurement unit failure to better deal with unpredictability. This observation is consistent with the findings of Iyer and Ye (2000). It has been noticed that establishing mechanisms for managing internal knowledge within organizations creates a larger foundation for the use of tacit learning. External knowledge management, nonetheless, increases the quality and favorability of brand platforms among consumers while bringing value chain actors closer together and adding value to the final product.

Mr. P averred that most of the Procurement unit personnel were not familiar with public procurement regulations, procurement cycle and purchase requisition under the new legal statutory postulations. Problems in familiarity probably may be on public procurement prequalification criteria and tender documents.

Due to the environment's volatility and dynamism, procurement professionals are required to perform increasingly complex tasks and deal with more supply chain demand barriers. Both appropriate knowledge of the procurement legislation (a legal element) and education play a key role in affecting the procurement lead time at CDH. According to Mr. X, "knowledgeable procurers go a long way in effectively managing the procurement function and, in fact, reducing the average lead-time." This result is consistent with the findings of Manuj and Sahin (2011), who found that the roles of supply chain and procurement managers today are evolving to include managing more complex supply and procurement chains that are characterized by continuously expanding, quickly changing, and frequently uncertain economic environments.

This is consistent with a study conducted by Bangure (2018), which found that a lack of procurement knowledge across government departments may be attributable to a lack of training and a high worker turnover. Another problem identified by the researcher was that few procurement practitioners have a limited understanding of the procurement process, while others do not have time to read about how the Public Procurement Act applies to the procurement process

#### 4.13.2 Procurement Training

The degree of procurement training, which results in some critical employees holding positions with little procurement expertise, can be used to explain the procurement inefficiencies and non-compliance. Mrs. P averred that "a greater proportion of respondents indicated that they did not get trainings and continue to get procurement trainings directly or otherwise at their stations" Compliance with the Act was seen as satisfactory whilst acquittals were indicated as being made easier by the recent amendments to the public procurement Act. Interestingly an equal number of respondents were either unsure or indicated that acquittals have not been made easier by the Act. This hence opens an opportunity to inquire on the source of uncertainty towards the ease or lack of in acquittals of financial resources.

#### 4.13.3 Organizational

Organizational difficulties brought on by protracted bureaucratic delays, inadequate documentation, and tight, inflexible inventory management methods. After speaking with a few staff members at the Chimhanda District Hospital, it was discovered that the bureaucratic processes and procurement inefficiencies are caused by the bureaucratic procurement restrictions and a general lack of consumption statistics by the hospital, which creates numerous uncertainties. Some of the procurement staff, in their written explanations to the researcher, explained that first, the Statutory Amendment of 2018 techniques and procedures have been established that have to be fulfilled prior to awarding any tender, at Chimhanda District Hospital in addition to going through the National Pharmaceutical stores medical supplies also go through PMD approval. Respondents also indicated that as stipulated by the Statutory Amendment of 2018 a procurement plan is created annually at the start of the year, and it includes deadlines that must be adhered to. They went on to say that the main cause contributing to CDH's inefficient delivery of products and services is that people are not fully abiding by the Act. Some respondents commented that as documentary evidence would show, bid processes that required less than ten working days to be ready for delivery, (Prior to the Enactment of the Act) from beginning to end take around a month to complete thereby affecting the supply of vital and essential delivery of medicines. While acknowledging the complexity of the supply chain, Fundafunda (2007) asserts that the availability of essential medicines and supplies in the public health sector is a persistent issue that needs to be urgently resolved in order to prevent disastrous outcomes through supply chain accountability. Copacino (1996) contends that if the supply chain is properly handled, it will improve the efficient flow of pharmaceuticals and assist in preventing health issues among the rural poor.

#### 4.13.4 Financial Challenges

From the questionnaires, the researcher discovered that priority order at Chimhanda District Hospital is not always inclined to improve the medical supplies only. Budget allocations for the medicines have also been hindered by financial allocations. This practice also hampered the operations of procurement processes in some way, but the organizations were still able to supply the goods or services on schedule due to a lack of urgent cash to purchase the goods or services on time. Respondent Y highlighted

that disbursements from governments take too long to reach health institutions thereby choking the procurement process.

#### 4.13.5 Versatility of information technology

Findings showed that the Chimhanda District Hospital was primarily impacted by coordination and collaboration issues (inadequately reliable and easily accessible consumption data influencing planning, forecasting, and logistics). Insufficient storage facilities, credible consumption information, and limited procurement skills were the main challenges CDH faced. Other issues included procurement standards and poor logistics.

"Information technology is itself dynamic and versatile by nature," she said after speaking with Mrs. Y. This indicates that Chimhanda lacks the capability necessary to keep up with the frequent changes in the requirements for designing and maintaining systems. Those institutions who have been able to implement ICT-based systems must always be pleased with this, according to a 2017 report by the Ministry of Health and Child Care. Those that are yet to implement them have to seriously consider how they will handle the issue. Due to the fact that computer software and hardware are always changing and an institution must keep up with those changes, Mrs. Y's argument that this reality restricts the efficacy of ICT use at Chimhanda District Hospital has some merit. Brown (2009) hypothesized that because there isn't enough money to fund them, large-scale initiatives like the creation of ICTs might never get off the ground. When it comes to the cost of equipment, trained labour, and the establishment of support infrastructure like a network for resource sharing, ICT infrastructure is expensive. The use of ICT is impacted because Chimhanda District Hospital considers such costs to be unaffordable for their operations and always considers them as a last resort.

In one way or another, bureaucratic procedures impeded firms' ability to supply goods or services on time while also impeding the operation of procurement techniques. Additionally, it was discovered that some procurement officials took longer than expected due to network issues and a lack of ICT infrastructure. As a result, other authorities hesitated to authorize and approve requisitions and other official documents, which delayed the purchase of goods, works, and services.

#### 4.13.6 Personnel Challenges

According to the literature analysis in chapter two of this study, the procurement function is a complicated system that includes the movement of various product kinds and the involvement of various stakeholders. Delivering goods on time is the major goal of the healthcare procurement function in order to meet the demands of those who provide healthcare. It should be highlighted that most people charged with the task of procuring lack procurement skills, which can lead to incompetence and financial indiscipline. Due to a lack of professional ethics, financial indiscipline is a significant concern in public procurement.

#### 4.14 Strategies to Improve the Medicines Supply procurement system

Manso *et al.* (2013) recommend incorporating all the logistical functions for an organisation in one unit to improve supply chain efficiency and visibility in the pipeline. This blends well with the belief that 'despite significant milestones having been attained in facilitating the effective management of stocks at the central level and the subsequent distribution of medicines to all health facilities in the country there is still room for improvement on the management of stocks at the facility level and instituting redistribution measures expeditiously to redistribute over stocks both within the country and outside. The MOHCC has already been advised to, in the words of Serumaga *et al.* (2012), "update the staffing structure and clarify roles and expectations to reflect current supply chain requirements". Since hospitals lack a dominant position in the supply chain, according to Shou (2013), it is difficult for them to enhance their supply chain performance. Therefore, it is important to get in touch with client-facing organizations and "street-level bureaucrats."

Last but not least, respondents were asked to state all of their top concerns in order to ensure efficient and effective inventory management of medications and service delivery. Effective information exchange, distribution, and inventory allocation must be taken into account and established if operations are to be simplified and activity throughout the supply chain is to be coordinated.

An employee suggested the following: "Well formulated and integrated strategies in international purchasing, inventory management, and logistics can provide fundamental mechanisms for managing the environmental uncertainty in global operations where success depends on configuration, control, and coordination." He added that these strategies should support immutable global operations.

Another employee stated that "too many rigid and bureaucratic Avoiding policies is preferable than reviewing and redesigning the current inventory management practices. The procedures of inventory management should also only be carried out by qualified individuals. The use of frequent patient service surveys was advised by Doctor P as a means of addressing the wants or demands of the patients.

Most people have benefited and used the Statutory Amendment of 2018 effectively. It must be altered, nevertheless, to include clauses addressing sustainable procurement and electronic procurement. This will increase the public procurement system's sustainability and assure best practices in accountability, compliance, and openness, respectively.

#### 4.15 Chapter Summary

In order to create an overview of the conclusions, counsel, and issues, it was the goal of this chapter to examine and understand the data obtained through surveys and interviews. Pie charts, graphs, and descriptive statistics were used to show the data. The study's summary, results, and suggestions will be covered in the following Chapter 5.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

The study's recommendations and conclusion are presented in this chapter. It gives specifics on how the findings should be interpreted, including a personal learning statement. The goal of the research project was to pinpoint and quantify the obstacles that statutory alterations to the public procurement procedure provide to the delivery of fuel and medical services. The implications and recommendations centre on how to close the gap and raise future researchers' knowledge of the difficulties associated with providing fuel and medical services. This chapter offers the analysis's findings and suggestions for enhancing the provision of medications at Zimbabwe's Chimhanda District Hospital in particular.

#### **5.1 Summary of Research Findings**

It was established that the new statutory provisions of 2018 had several implications health commodities needed were determined based on past consumption. The study's results were as follows from the procurement unit of Chimhanda Hospital

The first objectives were to determine what challenges there are in Zimbabwe's procurement process that limit service delivery.. The PPA stipulates guidelines, roles, and rules for

procurement practice, all of which were followed when performing the duties of the procurement organs. Nevertheless, several employees from various organizational departments identified a number of difficulties. The various issues mentioned include; lack of training for the employee regarding the public procurement act and its related regulations, ignorance, versatility of information technology, personnel issues, and submission of the document in more than one authority, which results in a delayed delivery of the medication supply.

The researcher also identified other issues, such as the fact that only a few practitioners in the procurement unit have any experience with the procurement process, and others lack the time to even study up on what the public procurement Act says about it. This implied that the majority of the organization's workforce was aware of the difficulties caused by the legislative postulations.

The study's specific goal was to examine the obstacles posed by statutory revisions to the public procurement procedure that hinder the supply of medical services and to gauge the magnitude of these difficulties. This hypothesis was developed to test the validity of the relationship between the execution of statutory amendments in purchasing supply management and bottlenecks at Chimhanda District Hospital. According to SPSS data, the Public Procurement and Disposal Act of 2018 did not achieve value for money, operationalization, or timeliness, as indicated by composite values that were less than 0.5. The link between bottlenecks and statutory changes in the public procurement process was also shown by a chi square test, which supported the hypothesis.

## 5.2 Conclusions

The study found out that there was no association between the implementation of Statutory Amendments in purchasing supply management and bottlenecks experienced at Chimhanda District Hospital.

The justification given for the poor medication delivery at CDH is that there was insufficient training provided regarding the worker addressing the public procurement act and its regulations, a lack of knowledge, the flexibility of information technology, staffing issues, and the submission of the document to multiple authorities.



While the issue of inadequate drug supply was extremely widespread, it was also noted that there was no local procurement plan in place to ensure the Public Procurement and Disposal Act of 2018 being put into effect.

### 5.3 Recommendations from the Study

**The following suggestions were offered in light of the study's findings:**

1. In regards to resolving the issue under examination, the researcher's proposal is based on personal opinion. To cut down on operational costs and shorten the lengthy procurement cycle, institutional procurement strategies should be updated to reflect the Public Procurement and Disposal Act number of 2018.
2. Results showed that the human factor is key in operating a robust medical supply chain, therefore managers in public hospitals should establish a plan to educate all procurement professionals within the organization on the value of human effort in the prompt application of the Public Procurement and Disposal of Public Assets Act (Chapter 22:23).
3. Hospitals with their partners should provide sufficient procurement funds timely. This can resolve the delay in delivery of commodities by suppliers as well as arresting the need to retender due to price changes effected after delays in payment. This change in price defeats the value for money principle (Chigudu, 2014). This also addresses the inefficiencies realised by Manso *et al.* (2013).
4. During the implementation of the Act, it is advisable to put in place safeguards to ensure that the procurement professionals closely adhere to the dates set forth by the MOHCC procurement strategy.
5. Since purchasing medical supplies is a significant activity carried out There is a requirement for the organization to train its workers in procurement. procedures. As such, staff members should be knowledgeable about procurement and encouraged to read the Act and other statutory regulations. This will enable them to understand the principles that will guide their decisions.
6. 6. In light of the findings of this study, Chimhanda Hospital should hire experts in the field to conduct refresher training for their procurement and stores departments. They

should also make it a point to ensure that every employee of other departments is aware of statutory regulations in order to improve the delivery of healthcare services.

7. The study suggests that experience be always taken into account as a vital consideration when hiring new procurement staff, there is a need to recruit staff who specialize in the procurement of hospital commodities to improve the efficiency of the system. The Ministry should consider operationalising a fully equipped procurement directorate that supports and supervises health related procurement activity. In this model, the directorate will hold a monitoring role receiving essential data elements (plans, procurement done, any challenges and recommendations) from the service delivery points quarterly. As suggested by Manso *et al.* (2013), all procurement functions for the Ministry should be in one directorate to improve procurement visibility and efficiencies. This model or any other requires the Directorate of Procurement Services to significantly invest in operational research to push the frontiers of knowledge regarding purchasing and supply practices at health institutions.
8. The following were the ramifications of these recommendations for how the legislation would be put into practice. In order to improve staff knowledge, the administration must implement training programs. This will allow non-professional staff members to gain knowledge of and experience with procurement procedures, enabling them to be competitive with them. As a result, putting the Public Procurement Act into effect will stabilize the procurement process' transparency because professional staff members will be fully engaged in it.

#### 5.4 Area of further study

Due to time and money limitations, the study was unable to properly investigate the problem; as a result, the researcher advises additional research in the following areas: It is necessary to conduct a thorough examination into how ICT is integrated into the procurement cycle and how such postulations might help achieve value for money and timeliness in enhancing medical supplies. To fully determine what the actual situation in the entire country of Zimbabwe is, this paper advises that further research be done on the topic of statutory amendments and their effects on procurement practice in the other various public institutions (Ministries, Departments, and Agencies) in the nation.

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## Appendix A: Questionnaire cover letter

Wadzanai Kupeta

Bindura University of Science Education

Department of Economics

741 Chimurenga Road Off Trojan Road

Bindura

15 February 2023

To Whom It May Concern

**REF: RESEARCH PROJECT ASSISTANCE**

My name is Wadzanai Lorraine Kupeta, Registration number is B1954024 and a student in her final year at the indicated institution pursuing an Honors Degree in Purchasing and Supply.

In accordance with the program's partial fulfillment; it is the university's requirement for me to carry out research on a relevant area of study. The topic under study is the Assessment of the bottlenecks affecting statutory amendments on fuel and medicines supply delivery at Chimhanda Hospital. A questionnaire that will assist me in gathering data is attached to this letter. Please read the questions carefully before responding. The information received will be kept private and used only for academic reasons..

I am sincerely looking forward to your assistance in answering my questioner.

Yours faithfully

Wadzanai Kupeta

## APPENDIX B Questionnaire

BINDURA UNIVERSITY OF SCIENCE EDUCATION  
FACULTY OF COMMERCE  
DEPARTMENT OF ECONOMICS



The Researcher Wadzanai Lorraine Kupeta, her registration number is B1954024 is a Bindura University of Science Education student who is studying a degree in Purchasing and Supply, carrying out a study on the bottlenecks affecting statutory amendments on fuel and medicines supply delivery at Chimhanda Hospital. The study findings are intended to improve public procurement practices in Zimbabwe. You are being requested to answer questions on this form. The responses provided in this form will be kept private and not utilized in any other purpose except academic experiences. The participants will be anonymous so there is no need to identify yourself. Your responses will be presented as grouped data. I look forward to receiving your response and would greatly value it if you could help me finish this research. Tick [✓] to indicate your response, or write in the appropriate space.

For more information, please do not hesitate to contact me by call at 0782779731 or email [lorrainekupeta26@gmail.com](mailto:lorrainekupeta26@gmail.com).

## **SECTION A**

### **1. INSTRUCTIONS**

- a) Do not write your name
- b) Your information will only be used for educational purposes and wont be shared with anyone else
- c) Please answer all questions

Section A: Demographic information. Please tick [√] in the information as applicable.	
1. Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
2. Age Group:	Less than 25 years <input type="checkbox"/> 25-34years <input type="checkbox"/> 35-44years <input type="checkbox"/> 45-54years <input type="checkbox"/> 5-65years <input type="checkbox"/> 66 and above <input type="checkbox"/>
3. Operational Department:	Admin <input type="checkbox"/> Clinicians <input type="checkbox"/>
4. Procurement constituency:	Centralised Procurement Unit <input type="checkbox"/> Tender and Adjudication committee <input type="checkbox"/> Procurement Committee <input type="checkbox"/> Accounts <input type="checkbox"/> Other <input type="checkbox"/> Specify ..... ..... .....



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*Section B: Please tick [] where applicable*

5. Please state your current job designation and qualification(s)

Designation:

Qualification(s):

6. How long have you been involved in procurement? < 3 months

>3 months but < 1 year  1 to 3 years  3 to 5 years  > 5 years

7. How often do you conduct procurement meetings?

Every Week  Every month  Bi-monthly  When necessary

8. What is the standard turnaround time for competitive (\$0 < \$10 000) procurement procedures to be completed?

< 7 days  7 > 14 days  14 > 30  >30 days

Section B				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
<i>Please check the boxes that best describe your level of agreement with the following Chimhanda Hospital policies.</i>				
9.Are statutory amendments achieving value for money?	[ ]	[ ]	[ ]	[ ]
10.Has the operationalisation of statutory amendments affected procurement process?	[ ]	[ ]	[ ]	[ ]
11.Statutory amendments in procurement practices be improved to enhance service delivery?	[ ]	[ ]	[ ]	[ ]
12.Do you think the introduction of new statutory provisions and other changes in 2018 positively impacted the timely delivery of goods and services?	[ ]	[ ]	[ ]	[ ]
13. Has the current public procurement Act (Chapter 22:14) made it easier to acquit financial resources?	[ ]	[ ]	[ ]	[ ]

14. the current public procurement Act (Chapter [ ] [ ] [ ] [ ] [ ] 22:14) made it easier to acquit financial resources?

15. procurement teams follow stipulated procedures [ ] [ ] [ ] [ ] [ ] and timelines in approving tenders?

*(Kindly answer by ticking appropriately [√]. Only one tick per item)*

16. Please rate the following principles that influence or affect public procurement in order of their successful observance at your station as seen by you. Only one tick [√] is required per principle.

	PRINCIPLES	1=Least Practised	2	3	4	5=Most Practised
a.	Value for Money					
b.	Efficiency					
c.	Effectiveness					
d.	Transparency					
e.	Fairness					
f.	Professionalism					
g.	Competition					

### Section C

17. What are the challenges experienced in the procurement process in Zimbabwe?

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18. What other bottlenecks are associated with statutory amendments in purchasing and supply management at Chimhanda Hospital

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19. Please list all the possible strategies that can be used to improve public procurement practice.

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-----SIYABONGA, THANK YOU!