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Performance of Procurement Departments in Regional Referral Hospitals of Eastern Uganda Region

History has proved that public entities in Uganda; hospitals inclusive, have performed poorly and are hit by corruption as a result of non-adherence to procurement processes and procedures, poor financial utilisation, inadequate capacity building initiatives, stock outs and non-adherence to contract terms. It is on this basis that the government of Uganda established the procurement function in all government aided hospitals to streamline acquisition of drugs and sundries, services, equipment and supplies in conformity with the Public Procurement and Disposal of Assets Act 2003. Regardless of the efforts by the government to improve health service delivery by implementing the procurement function in the regional referral hospitals, they still face issues of scarcity, supply of air, stock outs and purchase of obsolete supplies. There are several reports on lack of transparency in the procurement process which may lead to misappropriation of drugs and funds. It is against this background that the study was carried out with the aim of finding out the performance of procurement departments (PDs) in Regional Referral Hospitals (RRHs) in Eastern Uganda so as to evaluate whether they are contributing towards efficiency in utilisation of financial resources. The study was based in the three RRHs in the Eastern part of Uganda: Jinja RRH, Mbale RRH and Soroti RRH. It examined the capacity of procurement departments to perform their duty and assessed the awareness and attitudes of HWs towards the procurement departments. It further assessed how the Procurement and Disposal system in place contributes to quality of items procured and the resultant quality of care offered to patients. Finally, it identified challenges faced in the procurement departments of RRHs of Eastern Uganda.

It was a cross-sectional study of qualitative and quantitative nature, but largely qualitative. A range of data collection methods were used including structured questionnaires, interviews, checklists and review of records. Respondents were health workers who headed various units, procurement/accounts staff, administrative staff, prequalified suppliers, NMS and PPDA officials. Qualitative data was analyzed thematically in relation to the study objectives. Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) version 16.0 software and MS excel. Both qualitative and quantitative data were interpreted and discussed in relation to the objectives. The study found that the PPDA Act 2003 regulations were being followed but quality of items procured was generally substandard, level of scarcity is still very high, stock outs and delays are persistent. Non-medical supplies especially stationery and detergents were very scarce. This compromised the quality of data and infection control hence making the work environment risky. Equipment and physical structures usually were of low quality, and with limited maintenance, they could only be functional for a short period of time. Maintenance services especially for plumbing and electrical facilities were always delayed. Scarcity was also common for particular drugs and sundries prompting health workers to improvise or make patients buy, which caused hostility from patients and insecurity to the health workers. Competitive pricing was realised but it did not translate into value for money or cost savings. Some suppliers who won contracts were a big disappointment as they would either delay in supplying or supply sub standard goods. Interaction between unit staff and Procurement staff is not yet adequate. Unit heads do not participate in procurement planning. To this effect, the former hold the latter in contempt, accusing them of being partly responsible for the scarcities they face.

Key Words: Performance, Procurement Departments, Regional Referral Hospitals, Eastern Region

