FACTORS AFFECTING IMPLEMENTATION OF SUSTAINABLE PROCUREMENT IN PUBLIC HEALTH INSTITUTIONS: A CASE STUDY OF HOSPITALS AND CLINICS IN HARARE.

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THIS DISSERTATION IS SUBMITTED IN PARTIAL FULFIMENTS OF THE REQUIREMENTS OF MASTER OF SCIENCE IN PURCHASING AND SUPPLY CHAIN MANAGEMENT DEGREE OF BINDURA UNIVERSITY OF SCIENCE EDUCATION.

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Release Form

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SIGNED

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Factors affecting implementation of sustainable procurement in public health institutions: a case study of hospitals and clinics in Harare.

To be completed by the student

I certify that this dissertation meets the preparation guidelines as presented in the faculty guide and instructions for typing dissertations.

........................................... ...........................................

(Signature of student)                                          (Date)

To be completed by the supervisor

This dissertation is suitable for submission to the faculty of commerce.

This dissertation should be checked for conformity with the faculty guidelines.

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(Signature of Supervisor)                                         (Date)

To be completed by the Chairperson of the department

I certify, to the best of my knowledge, that the required procedures have been followed and the preparation criteria have been met on this dissertation.

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Dedication

This project is dedicated to my parents and all my family members who gave me support when I needed it most.
Acknowledgements

I would like to thank Mr. Muchabaiwa my supervisor for his continuous encouragements, his guidance, constructive comments and suggestions in the preparation of this project.

I would also like to thank my family and all my fellow students in the Department of Economics at Bindura University of Science Education for their unwavering support throughout the study.
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ABSTRACT

The study was conducted in private and public clinics and hospitals in Harare to explore the factors that inhibited the sustainable procurement systems in the health sector. This study was located in the pragmatism philosophy, making use of the mixed-methods approach for the collection of qualitative and quantitative data. The study found that there was dearth in the knowledge about sustainable procurement procedures. The lack of foreign currency in the Zimbabwean economy also hindered the procurement process as it took long periods of time to avail drugs to public hospitals. Among the recommendations proffered is one that advocates for a purchasing body or department that is free from interference by politicians whose ethics are compromised. Another key recommendation is the need to train the personnel involved in purchases the concept and how to practice sustainable procurement.
CHAPTER I

INTRODUCTION

1.0 Introduction

The study looked at factors adversely influence the sustainable procurement of both services and goods in public hospitals in Harare. There is a close relationship between procurement and development which demands the need for effective procurement planning that is both transparent and accountable in the manner in which processes and procedures of procurement are carried out (Muindi, 2014). According to Muhia, Waithera and Songole (2017) procurement in tells sourcing goods and service at an affordable cost. The goods must be of expected quality and amount and they must be delivered at the agreed time to the consumer. The good must be delivered for use by and benefit of corporate individuals, or even governments. Thus it is important that any acquisition process followed must keep uppermost on its priorities the right quality and quantity seasoned with best cost.

1.2 Background of the study

Some studies have shown that in most countries government is frequently the largest. Because of this position it has been found that some governments abuse this purchasing power by influencing business ethics of private companies (Kipkech & Kwasira, 2015). Basheka and Bisangabasaija (2010) highligted that developing countries have come to value the size of government business which comes top on many lists of expenditures in their budgets. Muhia, Waithera and Songole (2017) posit that procurement is not as simple as one might think but that it involves intricate operational, business information technology, and legal systems amongst other requirements which are all expected to satisfy what organisation demands.

Kioko and Were (2014) in their study noted misdemeanours in the purchasing history of Kenya where funds were lost on purchasing activities in matters involving maize. According to Wanyonyi and Muturi (2015) failure to adhere to standardised procurement processes has been
found to result in poor inter-departmental coordination of the purchasing function. As a result goods have been often purchased haphazardly and expensively with much financial leakage in the process.

Budgett, Gopalakrishnan and Schneller (2017) conducted a comparative study based on management practices based on supply chain adopted in government health systems in Costa Rica and Victoria. They found that Victoria had a centralised procurement system in place while Costa Rica had stringent procurement rules governing procurement but without a very well articulated strategy in place. Their findings revealed that the procurement function was centralised in the two countries for public hospitals. The study recommended that private hospital systems in both countries should make use of government to establish centralised systems.

Chari and Chiriseri (2014) conducted a study to find ascertain the issues that hinders the implementation of sustainable procurement in Zimbabwe. Their results indicated that no proper and there were no practise of sustainable procurement being undertaken in Zimbabwe. Tenders were awarded on the basis of cost at the expense of quality. Dimensions such as environmental and social were not part of decisions made on purchasing. There were no policies on sustainable procurement in most firms.

1.3 Statement of the problem

The adoption of sustainable criteria in public health institutions through tenders lead to achievement of environmental and social benefits. Against this background, public health institutions are grossly involved in crafting and application of the sustainable procurement polices aiming on how to integrate procurement process with social and environmental issues. A proper understanding of the notion of sustainability and how it can be linked to the procurement process is lagging. It was against this background that this study sought to evaluate the factors affecting implementation of sustainable procurement in health institutions.

1.4 Research objectives

a) To explore the level of implementation of sustainable procurement practice at clinics and hospitals in Harare.
b) To establish factors which affect the implementation of sustainable procurement at clinics and hospitals in Harare.

c) To recommend strategies for improving and overcoming barriers in the implementation of sustainable procurement.

1.5 Research questions

The research shall be principally guided by following questions;

i.  What is the level of implementation of sustainable procurement practices at clinics and hospitals in Harare?

ii. What are the factors that impede the implementation of sustainable procurement at clinics and hospitals in Harare?

iii. What are the strategies which can be recommended for improving and overcoming barriers in the implementation of sustainable procurement?

1.6 Significance of study

This study was geared towards finding significance in several areas. The findings add to body of knowledge in sustainable procurement of goods for public and private health institutions. The institutions under study benefit from the report as the dissemination will be done on appropriate forums and workshops within the health fraternity. The dissertation can be referenced by students and practitioners in the field of procurement in institutions of higher learning as it will be available in libraries and online.

1.7 Delimitations of the study

The study dealt with public hospitals and clinics in Harare only. The scope of the study covered procurement in general but falling under specific regimes like drugs, equipment and food. The participants were drawn from the finance, purchasing and stores departments of the hospitals and clinics.
1.8 Limitations

The researcher was faced with the limitation of time as it fell within university semester dates. To overcome this constraint the study was restricted to the institutions found in Harare only. The location of the hospitals and clinics served to overcome another constraint, that of costs. Some participants in both government as well as private institutions were not allowed to divulge information that is regarded as confidential and not for public consumption. The researcher got permission from the relevant directors in the hospitals when the university ethics committee had issued clearance for the gathering of data. The researcher emphasised the point that the research was for the purpose of academic.

1.9 Chapter summary

This chapter has laid out the significant of the study, the objectives as well as the research questions. The limitations and delimitations has been done with together with the justification. The following chapter will look at the Literature review.
CHAPTER II

LITERATURE REVIEW

2.1 Introduction

The first chapter introduced the whole study. The basis of this chapter was to avail a theoretical framework and review relevant literature to firmly ground the study. By so doing the gap occupied by this study was identified.

2.2 Theoretical Literature

The research utilised the Linear Policy Model (LPM). The LPM was developed by Grindle and Thomas (2000). The model details how policy-making process should be as rational as it can be, balanced, objective and analytical. Hence it is also referred to as the rational model. LPM dictates that decisions must be made in staggered steps. These commence with identifying of a problem, followed by calculated steps to solve the problem. The steps are activities that must be that must be undertaken after careful consideration that they will achieve what they are intended to achieve in the sequence. The LPM is crafted with phases that comprise the whole process of problem solving. These phases are illustrated in Figure 2.1. The first phase is the identification and recognition of the problem. This is followed by brainstorming on possible options for solving the problem. The best option is chosen for implementation. Evaluation is done as the solution is applied to the issue or problem to ascertain effectiveness of the solution.

The study was concerned with factors that are affect the implementation of sustainable procurement of goods and services in clinics and hospitals through the lens of the LPM.
2.3 Role of planning in procurement

In their study Mutoro, Makokha and Namisonge (2018) posit that in Kenya proper planning for cannot be ignored as it was included in regular planning which government departments were already using. The plan for procurement is integrated into the government annual expenditure work plan. The work plan states in detail activities of purchasing both goods and services. The act of annual purchases has become a refuge for government officers who lump their planning on that
activity to meet their needs. The study found that the plans to purchase are influenced by officers who are corrupt. Van Wheel (2005) posits that procurement planning determines the requirements in terms of services and goods and how they are purchased for use such that the organisation operates efficiently. He likens procurement planning as the power that brings to motion the engine of the procurement process.

In their working definition Walker and Wendy (2006) state that by referring to sustainable procurement what is meant includes incorporating the economic, social and environmental considerations. These considerations must be balanced so that the purchases from the suppliers do not encourage breaking environmental and social gains in the communities the suppliers are domiciled. Researchers have their interests aroused around issues of sustainability since those who manage procurement portfolios can induce suppliers to be more accountable to their own communities. Blair and Wrigh (2012) posit that if there is no sound support from those in high positions in a firm then sustainable procurement cannot be achieved. It is critical that organisational culture of a firm conform to the philosophy of sustainable procurement. They posit that the decisions adopted by top managers must be devoid of ambiguities.

Mensah and Ameyaw (2012) discuss the means of determining whether sustainable procurement is in place using Whole Life Cycle (WLC) approach which is applicable to a single asset or to multiple asset level. WLC analysis has been used on two points, either at the sourcing strategy stage or at tender evaluation stage. The approach enables informed choices to be made between competing procurement options by comparing costs and life of the goods. A cheaper option does not automatically translate into the best choice for the environment. They posit that in the poorer countries they put emphasis on the cost of goods than on options to do with sustainable procurement. Sustainable procurement must be preceded by a proper inventory management. Riggs and Sharon (2008) state that inventory management is the practice of data collection to ascertain demand and forecasting organisational supply needs at any given time while efficiently managing inventory holding costs. They reckon that the scope of inventory management involves lead time for supply of goods, carrying costs of inventory, physical storage, checking on quality, breakages and demand forecasting. These activities are not once-off but are on-going activities
that are at the centre of business operations. Elliot (2007), states that the proper management of stocks involves determining incoming goods and the rate of their consumption in the organisation.

2.4 Dynamics of sustainable procurement

According to Findlay (2009) public officers who are procurement professionals must put extra effort to achieve competing demands of value for money for services provide, follow regulatory demands for transparency, equality and compliance while serving the social interests of the generality of the population without excluding the poorest of the poor. Gikonyo (2014) posits that in order to achieve the professional handling of buying of goods the firm must have qualified personnel in their ranks. Supply chain management is an aggregate of steps engaged upon to manage inflow of purchased goods, stocking them and rationally distribute them to consumer departments of the organisation (Chopra and Meindl, 2001). The whole process must be done without incurring unnecessary costs in the stages involved. According to Brennan (1998) supply chain inefficiencies are responsible for consumption of meagre resources as a result organisations ignore the rigours demanded in sustainable procurements where they do not want to waste time asking about the environmental matters of suppliers.

Ketkar and Vaidya (2014) posit that the prevalence of hardships in keeping stocks are viewed by some firms as a burden enough than having to add on to them by researching on the social, environmental and economic responsibilities of the service providers. To minimise these problems they reckon institutions have started to use multiple classification techniques that enable purchasing authorities to make deliberate and conscious decisions that are backed by facts and reality. According to The Prince of Wales (2004) top management must motivate the procurement departments towards sustainable procurement practices. The absence of support from top management is greatly felt in some organisations. It combats efforts to achieve sustainable supply chains. Further he says that lower ranking employees cannot tackle the sustainability issues with suppliers. These need to be pursued by top management in the procurement divisions of organisations.

Rice and Spayd (2005) state that an allocation of money channeled to a supply chain has benefits attending the outcome, but there are visible challenges as well. But because advantages outweigh
the challenges the path must be taken. They reckon the challenges at times become a hindrance to formal adoption of institutionalization of sustainable procurement practices by many organisations. Stephen and Helen (2007) posit that there are differences within separate purchasing departments of the same government. They have observed that municipalities get interested in purchasing goods from local and small suppliers unlike from other quarters. Health sectors are lagging behind other sectors as they are not taking into account environmental aspects of sustainable procurement. Their emphasis is on cost of goods as directed by top management.

Mensah and Ameyaw (2012) posit that sustainability issues are occupying prominent ranks in developmental hierarchies of nations. It is crucial therefore that focus of developing countries’ public procurement systems must take new orientation from mainly immediate economic advantages so that they take on sustainable public procurement systems which have been proven to have long term benefits. Both authors go further posit that methods for sustainable procurement procedures must be cognisant of matters to do with economic development, social up lifting of communities in their own environment (Mensah and Ameyaw, 2012). Their concern is that monetary savings in procurement are not the only factors to be considered but that probing must be done to ascertain the orientation of the supplier in respect to community development especially where things like deforestation or disposal of effluent damage environments while producing goods that an organisation is buying. While primitive procurement process has interest on value for money outcomes only, when it comes to sustainable procurement the processes should involve realising value for money without ignoring the triple bottom line issues associated with services and goods bought. The target is to avoid adverse effect caused by the process which your purchasing activities encourage.

Boomsma (2008) posits that sustainable public procurement has realised its potential as a skill for combating exclusion and social disadvantage. This means that producers who defy corporate social responsibility issues at the expense of getting quick profits can be censured by those who purchase their products. If they do not comply they must be listed as suppliers. In this manner consumers or buyers have been empowered to control what is manufactured and how it is manufactured. OECD (2007) have noted that in developing countries the integration in the supply chain, technical and management capacities must be developed further because they lack clearly defined proper
procurement practices. This makes it cumbersome and expensive to comply with demands for international standards. The causes have been identified as due to failure to up-grade standardisation procedures that improve on quality and traceability which are pertinent when costs are to be cut.

Telewa (2014) conducted a study in Kenya on the practises of sustainable procurement in government water institutions. It highlighted that concerted efforts to comply with new polices, client assumptions and cost cutting measures during production to provide reasonably priced goods were key drivers for sustainable procurement practices. Media and NGO activists also placed visible pressure for the adoption of sustainable procurement practices. The study manifest that with view to sustainable procurement policies, such policies do plays an important role in controlling the sustainable procurement agenda in organizations but what was lacking was having a blue print in place emphasising the organization to have sustainable procurement in place. There were few organisations that had the policy in place.

Davies and Lorgelly (2013) conducted a study under the National Health Service (NHS) in the UK on manufacturers of hip prostheses for the potential exercise of market power. Total Hip Replacement surgery (THR) was used as a case study design. They identified factors upon which the diversified supply choices were made given the wide range of different prostheses that were placed on the market by various manufacturers. This mode of supply is characterised by the fact that no one prosthesis type best meets the basic requirement of any patients. There is a pronounced horizontal product differentiation since the patients are not similar. On the other side the supply pattern was influenced by the surgeon’s utility function including the surgeon’s professional preferences and experience, which in turn was influenced by the patient’s characteristics. Above these factors the preference of where to buy from was also influenced by the preferences of the hospital. Lastly the overriding factor is the hospital’s procurement policy and budget constraints. All the determinants of how the supply would eventually shape up were susceptible to persuasive marketing and selling activities of the suppliers. The study found that financially sound and autonomous hospitals were less constrained in balancing their budget and this led to wider options in selecting their suppliers. This was a critical determinant in accommodating divergent surgeon preferences and in the process supported customer expectation of greater diversity.
Masembe (2016) conducted a study in Uganda’s referral hospitals centered on strategic planning and acquiring of drugs. Different range of interviewing styles were employed and adopted in study. Tape-recording and later transcribing were done on interviews. Focus groups were set up in which specific topics were listed for discussion. The discussions comprised guiding questions and participants deliberated on the topics without inhibition. They proffered their ideas and opinions. The study highlighted that in the health sector, strategic planning in the health sector had a pyramidal structure of hierarchy placing the Ministry of Health (MOH) at the pinnacle. The development of the entire health sector plans was the responsibility of MOH. For the sake of improving drug supplies in the health sector the in the MOH set up the Quantification and Procurement Planning Unit (QPPU) in 2010. What was removed as part of structural adjustment is the hierarchical approach to planning. Each region was tasked to deal with planning for their specific needs. Each region dealt with cases where referrals to regional hospitals was under their care regarding planning and supply chain management. Strategies were therefore contextualized depending on regional needs. Each region had peculiar status in terms of health demands and populations that were catered for. The western region was experiencing an arrival of refugees from Democratic Republic of Congo (DRC) and Burundi due to political turmoil in these countries. On northern region they were experiencing teething problems involving the nodding disease syndrome specific to that area alone as well as confronting whole populations that were returning from camps of internally displaced persons. The decentralisation of the planning process to the regional referral hospital level made the tasks of chain supply of equipment and drugs manageable as much bureaucratic redundancy had been eliminated. The hospitals were positioned to know the challenges they faced individually than collectively with those in the rest of the country leading to more appropriate solutions that were different.

Kipkech and Kwasira (2015) posit that devolved government structure has moved the responsibility from central government purchasing authority to county governments in Kenya by simply reallocating resources for public expenditure. This has resulted in more accountability at county level and more efficient service delivery. The public health institutions are thus being
serviced more rationally. A well planned public procurement plays a pivotal role in the provision of quality services and in the responsiveness of public needs (Mauki, 2014).

Polater, Bektas and Demirdogen (2016) investigated supply chain management of Turkey’s government and private. They identified core participants through the supply chain. The In 2012, the healthcare of Turkey accounted for only 6% of the Gross Domestic Product. Their study dealt with concepts of supply chain, service supply chain and healthcare supply chain. An analysis on the supply chain management application was done. The study proposed a model that included elements of managerial activities and elements of supply chain. The supply chain and managerial activities which needed to be accomplished for effective management of service supply chains. The activities established includes management of technology, relationship with suppliers and order process management. They posited that the findings could be indicating that healthcare executives are becoming more sensitive to how crucial the rewards could be obtained by effectively adopting supply chain management practice. The study established that collaboration can achieve a customer focused supply chain that was better positioned to overcome challenges and more efficient.

Sustainable procurement practices are key to saving money, enhancing financial viability as well as increasing the competitiveness of eco-industries (Islam, Turki, Murad, & Karim, 2017). The practices are pertinent in making sure that forthcoming generations can still find employment in the manufacturing concerns because the environment can still support industries in terms of raw materials. The ability to buy can now be used to enforce compliance with sustainable regulations in advanced economies.

New Zealand has had some structural changes in procurement procedures for the health sector. The government set up a government agency Health Benefits Limited (HBL) in 2010 which provided shared services expertise to District Health Boards (WHO, 2012). This is a government owned company under the Ministers of Health and Finance. The purpose for HBL is helping District Health Boards (DHBs) in their operations in order to reduce expenditure in administrative tasks and procurement (HBL, 2013). The company is aiming also at saving costs through sharing
of good administrative practices in all departments. Health Benefits Limited publishes two documents annually. The first document is called accountability document and the second one is an annual report. The annual report chronicles activities undertaken during a given year. According to a review undertaken by the Ministerial Review Group, it found that the costs for procuring hospital drugs had been contained (MRG, 2009). The aim was to further reduce operating costs from back-offices in order to free funds towards front-line care of patients.

Schnell (2012) states that in Europe governments have introduced what is referred to as group purchasing but it is not practised uniformly across the continent. The government agencies are involved in varying degrees with the co-ordination of procurement activities in the system which is funded by the public. In Italy there are collaborative procurement associations that have been set up regionally with the national purchasing authority performing a supportive role to the regional agencies (Lega, Marsilio & Villa, 2013). Similarly in France there have been reforms that were instituted and these comprised the formation of nationally and regionally grouped procurement agencies (Sorenson, Kanavos, 2011). A statutory health insurance (SHI) which governs the health system in France is in place, providing all legal residents with health care. The government hospitals are financially and legally independent yet the government has an oversight role. The private non-profit hospitals are owned and run by associations, insurance companies and foundations (www.ihf-fih.org/). The component occupied by private for-profit hospitals involves civil or commercial enterprises and even conglomerates as owners and managers. Oruezabala and Rico (2012) posit that in 2006 the state launched a battery of initiatives with the sole aim of strengthening efficiency in the French public sector with particular emphasis on introducing nationally and regionally grouped procurement strategies. In line with this strategy, in 2011 the government introduced the Hospital Performance for Responsible Procurement programme as a strategy to improve tangible efficiency in the healthcare sector. Procurement in France the same year amounted to €18 billion with 60 % of this money being spent on medical goods and related services. PHARE (2012) reported that the set of related activities set out to realise savings by means of giving hospitals with greater autonomy in certain functions while improving the quality of care rendered to patients in a financially limited environment. The fundamental goal was to work an effective procurement framework where both services and goods were optimised.
2.5 Study gap

The literature review showed various factors which affected the efficiency of the procurement function and how governments in several countries are seized with the matter of cutting costs within the government purchasing environments. This study looked at the situation in Zimbabwe’s public and private clinics and hospitals regarding the implementation of sustainable procurement practices. By covering both public and private institutions it made it possible to have a comparative basis on which the two differently managed systems could share information of efficient strategies for the procurement of goods and services.

2.6 Chapter summary

Theoretical framework that underline the study has been outlined under this chapter. This was the Linear Policy Model (LPM). Emphasis has also been placed on the critical role of procurement planning and how this contributed to an efficient and sustainable supply system. Studies have been reviewed which covered procurement systems in several developing and developed countries and how governments have intervened in the procurement systems in order to make them both sustainable and efficient.
CHAPTER III

RESEARCH METHODOLOGY

3.1 Introduction

Chapter 2 provided the theoretical framework and relevant literature review. This chapter will outline the methodology and design details, data collection methods and analysis of data.

3.2 Research methodology

Wahyuni (2012) is of the opinion that methodology has to do with the way a study is done while under the influence of a particular paradigm. The methodological question asks the researcher how he or she can go about gathering the required knowledge and understandings (Guba & Lincoln, 2005).

3.3 Research paradigm

Kuhn (1970) invented the word paradigm. He ascribed a meaning to it as the overall aggregate of community beliefs, values and methods used to discover solutions to its problems. This study was located in the pragmatism paradigm. Pragmatists work with both quantitative and qualitative data in an effort to better understand social issues (Wahyuni, 2012). The approach used was therefore the mixed-method approach. The study utilised the mixed methods approach as it allowed different data collection methods. By combining the quantitative and the qualitative, the researcher realised that there was more insight to be gained than when either of the approaches was used alone (Creswell, 2009). To allow for a more complete analysis, quantitative and qualitative methods complement each other when used in combination (Tashakkori & Teddlie, 1998; Maree, 2007).

3.4 Research design

Leedy (1989) instructs that a research design is a way by which the researcher seeks to provide answers to a matter of concern to the society. The study was conducted with a case study design.
A case study enables in depth probing of a situation that is relevant to society and whose resolve can enable the society to meet its needs in a rational way (Woodside, 2010). The case study allowed the researcher to go deeper into factors affecting the implementation of sustainable procurement.

3.4.1 Population

A population is a study of the entire group of persons or set of objects and events the researcher is studying in order to gain information and draw conclusions about. (Van Ransburg, 2010) The population comprised all personnel involved in the procurement function in the hospitals and clinics in greater Harare.

3.4.2 Sampling and sample

Cohen, Manion and Morrison (2007) proffer four key elements that are vital in sampling as the sample size, representativeness and parameters of the sample, access to the sample and the sampling strategy to be used. This study engaged purposive sampling procedure. The study had a sample of 31 individuals. Members of the sample completed closed and open ended questionnaires for collecting both quantitative and qualitative data.

3.4.3 Data collection methods

A closed questionnaire and an open ended questionnaire were employed for collecting quantitative data.

Questionnaire

A questionnaire is widely used in most researches and a basic requirement it must fulfil is the fact that it must be easy to understand without ambiguity in its questioning style (Isaac & Michael, 1984). The sample group of respondents was given a questionnaire with closed questions and the respondents had to answer by choosing on a Likert scale of 1 to 5 given as 1 = strongly disagree; 2 = disagree; 3 = not sure; 4 = agree and 5 = strongly agree.

The open ended questionnaire allowed the respondents to express themselves fully on certain issues pertaining to the study.
3.5 Reliability and validity

For quantitative research the types of reliability measures the extent to which an instrument administered over and over remains unchanged (Kirk & Miller, 1986). Joppe (2000) posits that validity determines if the research truly measures what it is purposed to measure by the researcher. The traditional criteria for validity derive from positivist tradition (Golafshani, 2003. The researcher tested the questionnaire on a small sample at his workplace to see how the style of questioning complied with the information that was required to address the objectives. Validity of the information was attained by choosing respondents who are working for the hospitals and clinics. The information could be cross-checked from the other workers and the process was traceable.

3.6 Data presentation and analysis

Quantitative data has been presented in the following chapter using graphs to show the choices done on the Likert scale. An analysis in qualitative research remains somewhat mysterious as there are no formulas for determining the significance of findings or for interpreting them (Marshall and Rossman, 2006). Bloomberg and Volpe (2007) assert that analysis of data deals with the deconstruction of the findings. The data was presented in charts and tables wherever possible. Thematic analysis was utilised to discuss the findings. Some data were quoted verbatim as said so as to present them in their original form.

3.7 Ethical issues

Orb, Eisenhauer and Wynaden (2000) posit that the research process introduces uneasiness in participating individuals calling for the need to maintain privacy. They say that ethics pertains to doing that which is right without introducing harm to participants as well as to the consumers of the research report.

The researcher firstly present himself to the potential participants as a student conducting academic research. He requested for their permission to administer questionnaires. Their participation was voluntary and without coercion.
3.9 Summary

This chapter has given the research methodology and design of the study. The population and sample have been stated as well the data collection methods and presentation. Reliability and validity have been covered together with ethical matters. The following chapter looks at data presentation, analysis and discussion.
CHAPTER IV

DATA PRESENTATION ANALYSIS AND DISCUSSION

4.1 Introduction

The previous chapter has provided the research methodology and design amongst other issues. This chapter presents the data, analyse and interpret them. Discussion will be done alongside each theme so as that it will be understood in proper context.

4.2 Biographical data

Two types of questionnaires were administered. The first questionnaire contained statements that the respondent had to identify with one option that they had to choose on the given Likert scale of 1 to 5. The second questionnaire contained open-ended questions for capturing qualitative data.

Table 4.1 Biographical data for respondents

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<td>Type of health institution</td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td>17(55)</td>
</tr>
<tr>
<td>Hospital</td>
<td>14(45)</td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>20(65)</td>
</tr>
<tr>
<td>Private</td>
<td>8(26)</td>
</tr>
<tr>
<td>Parastatal</td>
<td>3(9)</td>
</tr>
</tbody>
</table>

31 participants took part in the study from 31 institutions whose type and ownership are given in table 4.1 above. Twenty (21) male and 10 females took part in supplying data.
4.3 Level of implementation of sustainable procurement practices at clinics and hospitals in Harare

A number of statements were provided to describe the status of implementation of sustainable practices:

Statement 7: We audit our suppliers for their source of raw materials.
Statement 8: We require certificates from the suppliers’ respective environmental authorities.

The responses to these statements are given in Figure 4.1.

Figure 4.1 Implementation of sustainable procurement practices

The data shows that the majority of the health centres do not audit the sources of raw materials of their suppliers to check whether they are compliant with sustainable procurement practices. The lack of such enquiry could be reflective of poor understanding of the concept of sustainable procurement. Apart from that reason it could be a direct consequence of ability to pay for supplies, in that if you are not in a position to buy regularly for lack of capital you may not feel obliged to go through the audit activity when all of a sudden you are allocated funds from the RBZ to procure your essential drugs.
The centre represented that some does not practice sustainable procurement while that others says there is need to improve procurement strategies. The responses could be exposing the lack of knowledge of the concept of sustainable procurement practice. This finding resonates with the finding by OECD (2007) which has noted that in developing countries the integration has not established uniform pattern to be adhered to. This makes it extremely difficult and expensive to comply with demands for international standards. Researchers Rice and Spayd (2005) have also found that investment channeled in the supply chain has benefits and visible challenges as well but because advantages outweigh the challenges the path must be taken. They reckon the challenges at times become a hindrance to formal adoption of institutionalization of sustainable procurement practices by many organisations. This could be the case with practices in procurement in the health sector as reported by the respondents.

4.4 Factors that impede the implementation of sustainable procurement at clinics and hospitals in Harare

In this study it was pertinent to establish factors that were militating against the implementation of sustainable procurement practices. Several statements were, therefore, given that were aimed at identifying factors that impede the implementation of sustainable procurement at clinics and hospitals. These will be illustrated Figure 4.2, Figure 4.3 and Figure 4.4.

Statement 9: We require statements of commitment to community projects undertaken by our suppliers.
Statement 10: We verify community projects undertaken by external suppliers through international agents or embassies in case of external suppliers.
Figure 4.2 **Involvement in community projects by suppliers**

Statement 12: Our local suppliers provide us with their community developments projects.

Statement 13: We experience challenges with getting records on community development projects from our local suppliers.

Figure 4.2 gives the results for involvement of suppliers in sustainable community projects from where they operate from. The results show that the purchasing departments of the majority of health centres do not insist on their suppliers furnishing them with statements of their community development projects. These are the statements which would verify the steps they take to anchor their operations in their domiciled areas. At the same time little verification of the veracity of the statements submitted by the suppliers is undertaken. Of particular note is the high number of respondents who were not sure about any action being taken on verification by their organisations. This sheds light on the lack of full implementation of the sustainable procurement practices by the health institutions. The local suppliers to the hospitals were not supplying certificates or sworn statements of their involvement in community projects in the country. This could be showing that either they were not requested to submit them by the health centres or they did not practice sustainable procurement as well.
The finding about the few numbers that check the compliance by their suppliers is in line with the findings of Harms, Hansen and Schaltegger (n.d.), that customers and other stakeholders have started asking for adherence to practices that do not violate sustainable procurement. Some verification processes have been found to be delegated to external agencies before suppliers are contracted to supply or to be part of a confirmed list of suppliers (Beske et al., 2008; Leire and Mont, 2010). This practice has not taken root in the operations of the health sector in Harare. Only 2 suppliers comply with checking on the international arena. This is confirmed with the findings of Reuters et al (2010) that chain management is not only challenging because of complex international distribution channels of goods and services or long distances between a large number of suppliers. Some international suppliers cannot be checked because of different terrains introduced by politics of affiliation in the global field (Teuscher et al., 2006; Beske et al., 2008). Non-compliance is influenced also heavily by lack of understanding the requirements of sustainable procurement inherent within the participating organisations.

Statement 14: We are provided with environmental assessment reports on operations of suppliers. Statement 15: We request third party verification of environmental compliance of the suppliers. Statement 16: We undertake visits to suppliers’ operations to verify environmental conservation activities.
Figure 4.3 Assessment of environmental conservation compliance

The health purchasing centres participating in the study show that the environmental check-ups they are supposed to verify before they source from prospective suppliers are not being met as shown in Figure 4.3. Most of suppliers do not provide environmental assessment reports. Its possible that they do not provide the same because they are not requested to do so by the procurement departments of the clinics and hospitals participating in the study. The high number indicating that they are not sure on whether they are provided with assessment reports indicates the weak involvement in sustainable procurement practices by the health sector in Harare.

Only 3 participants have made use of third parties to verify compliance on environmental conservation matters by their suppliers. The use of third parties to do the verification involves additional costs that a company would incur in the whole purchasing programme. There are some participants who undertook visits to suppliers’ premises to check their operations and how these are compliant with environmental conservation. These are being done for the local manufacturing suppliers. This finding corroborates findings by Seuring and Müller (2008) that the purchasing company can ask its suppliers for certificates of authenticity in origin of raw materials. They posit that the purchasing companies also check these on the premises of suppliers as well. As such they have found that these prerequisites are deemed appropriate for sustainable procurement. Peters
(2010) also found that sustainable procurement processes are being made easier by suppliers who furnish comprehensive reports on sustainable parameters. He found that some governments have attached incentives for their manufacturing companies to supply compliance information.

Figure 4.4 shows the options made on economic issues as represented by the statements given below:

Statement 17: We check the economic or developmental activities embarked upon by our suppliers.

Statement 18: We engage the Zimbabwe Chamber of Industry and Commerce to shed light on economic contributions in respect of our suppliers.

Statement 19: We engage industry and commerce chambers in the respective countries where our suppliers are domiciled.

Figure 4.4 Economic activities of suppliers

Figure 4.4 sheds light on how the health centres get involved in checking the economic activities of suppliers in their procurement process. Most of procurement departments do not check on the economic projects the suppliers engage in to ensure their continued stay in their respective
countries and how favoured their position is in the eyes of government and the industrial fraternity. Some substantial number of participants did not check with the local Zimbabwe Chamber of Commerce and Industry on how their suppliers were doing on the economic terrain in Zimbabwe. Only 2 participants checked with the respective chambers of industry in the respective countries to see how involved the suppliers were in general economic activities meant to promote the economic wellbeing of their countries. Wycherly (1999) has also found that stakeholder pressure and demands have prompted actions by prospective suppliers to compile their profiles whenever they launch their policy on community involvement. Walker et al., (2008) have also supported the finding that the functions like the sustainability and corporate responsibility department have been established and play a critical role in driving sustainable practices and inform prospective consumers of their products.

The qualitative open ended questionnaire revealed some details on economic activities that the local suppliers were involved in. R1 explained:

“One of our suppliers was involved in the setting up of a mobile clinic during the cholera epidemic in Zimbabwe. They also donated a truckload of drugs and equipment to the Harare municipality to cope with demands of an overwhelmed health system at the time.”

R1

However, the report by R1 is just an odd one out of a potential list that could be made available if the purchasing departments in the health sector cared to ask. There is a possibility that there is also a dearth of engagement activities as a result of the economic malaise that Zimbabwe suppliers are experiencing. This finding if in support of the findings by Harms, Hansen & Schaltegger (n.d.), that sustainable supply chain management aims at integrating environmental and social issues in supply chain management. Social responsibilities have been placed at the centre of activities by serious manufacturers as found by Seuring and Müller (2008). The finding also corroborates findings that important goals of sustainable supply chain management are the reduction of social and environmental risks across the supply chain and improvement of the company’s reputation (Cousins et al., 2004; Teuscher et al., 2006; Bai & Sarkis, 2010).
“Lack of knowledge about the concept. We do not know what to check upon with our suppliers.”  

R8 shows that the implementation of any programme should be done after training is given to the people who are legitimately required to do the programme. The responses have a reflection of a poor grasp about the concept of sustainable procurement. This means no one can be accountable for a programme that they are supposed to do when they are not knowledgeable about its fundamentals.

4.4 Strategies which can be recommended for improving and overcoming barriers in the implementation of sustainable procurement

Yet still another dimension is introduced by R7, that of incentivisation of the SP process.

“Government should put incentives on SP”  

R7 This can succeed if the process of sustainable procurement is subjected to aggressive marketing as suggested by R8:

“Vigorous marketing of the concept.”  

R8 In line with promotion of sustainable procurement processes R9 proffers the following:

“Accredited Certification of supplier’s environmental management system, ISO certification and, integrating quality environmental management into planning and operation process.”  

R9 The suppliers’ environmental management system is the key to success of sustainable procurement systems. However, it sounds noble but it also depends on the legislation of the countries where these suppliers are located. If those countries could legislate that exporters must comply with the ISO certification then it becomes easy to select them on compliance to the certification standards. The finding on environmental management resonates with the finding by Islam, Turki, Murad and Karim (2017) that sustainable procurement practices are key to saving money, enhancing financial viability as well as increasing the competitiveness of eco-industries.
The setting up of an independent procurement body could cut on the time consumed by bureaucratic processes.

“Independent procurement department. Implement e-procurement.” \textbf{R10}

This can succeed if the body can be made truly independent of politicians. Politicians especially in countries like Zimbabwe which experience democratic deficiency are quick to be associated with winners of tenders, whether they are suppliers or manufacturers. E-procurement needs an efficient system within with to operate. The finding on independent procurement is in line with finding by Lega, Marsilio and Villa (2013) on the practice in Italy where there are collaborative procurement associations that have been set up regionally with the national purchasing authority performing a supportive role to the regional agencies. It also corroborates findings by Sorenson, Kanavos (2011) in respect of France which introduced reforms that comprised the formation of nationally and regionally grouped procurement agencies. Such agencies are capable of operating without undue influence of compromised politicians.

\textbf{4.5 Summary}

Chapter 4 presented the data, interpreted them and discussed alongside the presentation so as to facilitate understanding of the subject under focus in context. The next chapter will sum up the study, outline the conclusions and make recommendations.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Chapter 4 has given the findings of the study and the accompanying discussion. This chapter will summarise and present the conclusions and recommendations of the study.

5.2 Summary of the study

The study was conducted in both private and public clinics and hospitals in Harare. There were two questionnaires administered, one for collecting quantitative data and another one for gathering qualitative data. The study was guided by the following research questions;

i. What is the level of implementation of sustainable procurement practices at clinics and hospitals in Harare?

ii. What are the factors that impede the implementation of sustainable procurement at clinics and hospitals in Harare?

iii. What are the strategies which can be recommended for improving and overcoming barriers in the implementation of sustainable procurement?

5.3 Conclusions of the study

The following conclusions are drawn from the results presented in chapter 4:

5.3.1 Level of implementation of sustainable procurement practices at clinics and hospitals in Harare

The study concludes that the level of implementation of sustainable procurement practices is low. The responses displayed a poor level of understanding of the concept of sustainable procurement.
5.3.2 Factors that impede the implementation of sustainable procurement at clinics and hospitals in Harare

The factors impeding the implementation of sustainable procurement have been found to be:

- Lack of awareness and understanding of what sustainable procurement practices are.
- Failure to check the economic or developmental activities embarked upon by our suppliers.
- Failure to monitor community involvement directly or through third parties by the majority of the health centres in Harare.
- Low level of communication with chambers of industry in other countries to check on sustainable practices of suppliers.

5.3.3 Strategies which can be recommended for improving and overcoming barriers in the implementation of sustainable procurement

The respondents proffered their recommendations for removing barriers to the implementation of sustainable procurement:

- Training of purchasing departments on the concept and practice of sustainable procurement.
- ISO certification of supplier’s environmental management system
- Keeping of records of the social, economic and environmental activities of manufacturers by the Zimbabwe Chamber of Commerce and Industry and the Confederation of Zimbabwe Industries. Such information should be availed to the responsible ministries in government as well.
- Government should incentivise adherence to sustainable procurement by its hospitals.

5.4 Recommendations based on the findings of the study

The study proffers the following recommendations:
5.4.1 The relevant clinic and hospital departments must be trained to understand sustainable procurement practices.

5.4.3 There is need to include measures on sustainable procurement even on the tender systems one by government.

5.4.4 A legal framework must be put in place with respect to sustainable procurement practices in order to make it compulsory.

5.5 Suggestions for further study

Based on the literature review and the findings of this study the following are suggested areas for further study:

- Comparative study on sustainable procurement practices in SADC government departments.
- Level of implementation of sustainable procurement practices in a chosen first world country.
REFERENCES


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https://www.researchgate.net/publication/


APPENDIX 1

QUESTIONNAIRE
BINDURA UNIVERSITY

Instrument 1

INTRODUCTION
My name is Enock Sihlahla. I am a postgraduate student with Bindura University and I would like your permission to administer this questionnaire. This is an academic study on the Factors affecting implementation of sustainable procurement in public and private health institutions Harare. The information you supply will be treated with utmost confidence and your name will not be mentioned in the study. You are free to participate voluntarily.

QUESTIONNAIRE

A. Biographical data
1. You may state your gender __________________
2. Is your organisation a clinic ____; hospital ____; city health department ____; ministry of health ____? [Place a tick √ appropriately]
3. What is the status of ownership of your organisation? Public ____; Private ____; Parastatal ____
4. If the ownership is private indicate type: private investors ____; church owned ____; Trust owned ____; Other ____
5. Which department do you belong to in the organisation? __________________
6. How many years have you worked in the organisation? __________________

B. Practices at the health institution

INSTRUCTION: In the following groups of questions kindly indicate strength of agreement, with the scale given:

1 = strongly disagree; 2 = disagree; 3 = not sure; 4 = agree and 5 = strongly agree

What is the level of implementation of sustainable procurement practices at clinics and hospitals in Harare?
ITEM 1 2 3 4 5
7. We audit our suppliers for their source of raw materials.  
8. We require certificates from the suppliers’ respective environmental authorities. 

**What are the factors that impede the implementation of sustainable procurement at clinics and hospitals in Harare?**

ITEM 1 2 3 4 5
9. We require statements of commitment to community projects undertaken by our suppliers. 
10. We verify community projects undertaken by external suppliers through international agents or embassies in case of external suppliers. 
11. Our local suppliers provide us with their community developments projects. 
12. We experience challenges with getting records on community development projects from our local suppliers. 
13. We are provided with environmental assessment reports on operations of suppliers. 
14. We request third party verification of environmental compliance of the suppliers. 
15. We undertake visits to suppliers’ operations to verify environmental conservation activities. 
16. We check the economic or developmental activities embarked upon by our suppliers. 
17. We are experiencing lack of drugs for patients due to failure to recover costs from patients.
18. We engage the Zimbabwe Chamber of Industry and Commerce to shed light on economic contributions in respect of our suppliers.

19. We engage industry and commerce chambers in the respective countries where our suppliers are domiciled.

THANK YOU FOR YOUR PARTICIPATION
Instrument II

FOLLOW-UP OPEN ENDED QUESTIONNAIRE

1. Can you comment on the level of implementation of sustainable procurement practices at clinics and hospitals in Harare?

2. What do you think are the factors that impede immensely the implementation of sustainable procurement at clinics and hospitals in Harare?

3. What would you recommend as the most critical of strategies which can be recommended for improving and overcoming barriers in the implementation of sustainable procurement?