

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

ASSESSING THE COMPETENCIES OF PRINCIPAL ACTORS IN PROCUREMENT IN  
HEALTH INSTITUTIONS IN HO MUNICIPALITY

KNUST

BY

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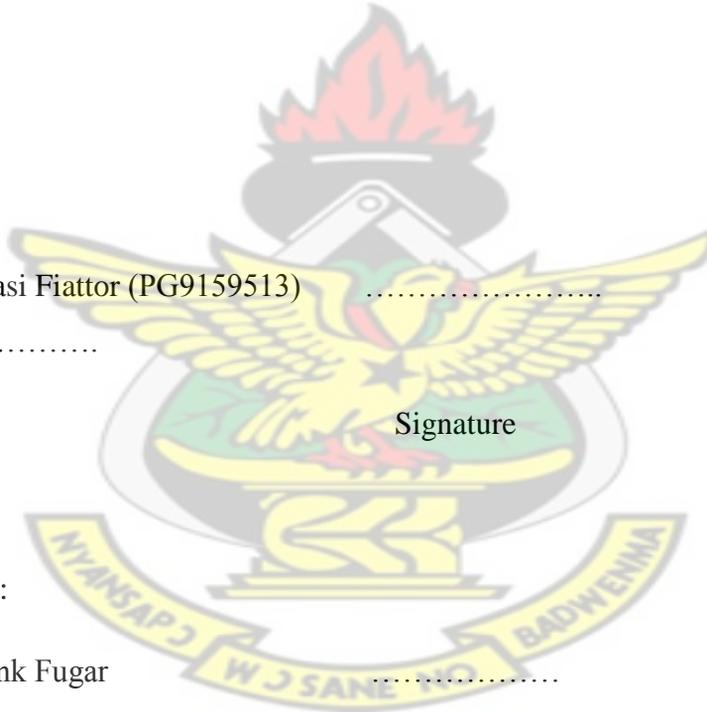
A Dissertation Submitted to the Department of Building Technology in Partial Fulfillment of the  
Requirement for the Master of Science in Procurement Management

NOVEMBER, 2014

## DECLARATION

I hereby declare that except for reference to other authors' work, which had been dully acknowledged, this thesis was the result of my own original research and that no part or whole of it had been presented for another award in this university or elsewhere.

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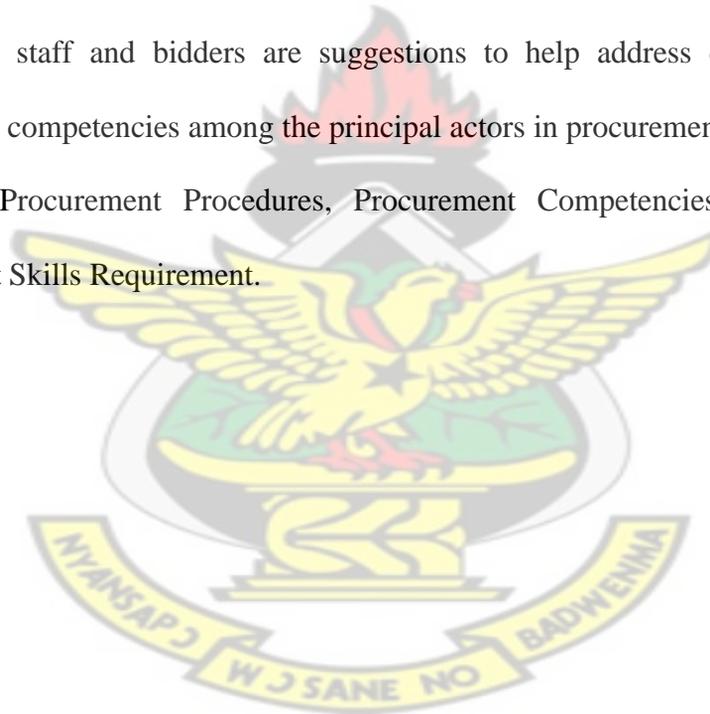


## ABSTRACT.

In procurement process, for purchasing to be at a strategic level, principal actors need to possess a set of skills and competencies. However, the procurement process is still a struggle and can be described as an emerging concept in many departments. Sadly, very little is done about the knowledge and skill based on their competencies in the health sector in Ghana. The overall goal of this research is to holistically assess the competencies of the principal actors in procurement process at the health institution with the aim of exploring their competences in procurement with emphasis on their knowledge and skills in the procurement of goods and services specific to the health institution of Ghana that will bring tangible and long-term benefits to health institution. An extensive literature review was conducted to provide a thorough understanding of the recent developments and the underlying concept, operation and challenges of the procurement process in health institution in Ghana. Structured survey questionnaire was administered to 25 principal actors in the health institution in Ho municipality. Achieving high response rate of 100%, the data was analyzed using descriptive statistics. The findings suggest that majority of respondents were rated high for knowledge on Public Procurement Law, average on knowledge about the Facility, average on knowledge about the Clients of the Facility. For knowledge about Technical Practices it was rated high and for planning Skills it was rated average. More so, for Communication, it was rated on

average and interpersonal Relationship Skill was also rated Low. Sourcing Skill was also rated on average with procurement challenges been rated high. From this output it can be concluded that principal actors in the health institution have average competencies as against the expected knowledge and skill of the principal actors in procurement process. Various procurement entities should encourage procurement office to develop themselves, organize regular in-service training to update procurement officers, give frequent education on methods to the procurement staff and bidders are suggestions to help address challenges of procurement competencies among the principal actors in procurement

Keywords: Procurement Procedures, Procurement Competencies and Public Procurement Skills Requirement.



## DEDICATION

To my wife Mrs. Agnes Dzidedi Fiattor I dedicate this piece of work for her endless company and support she provided me during my sleepless night to put the work together.

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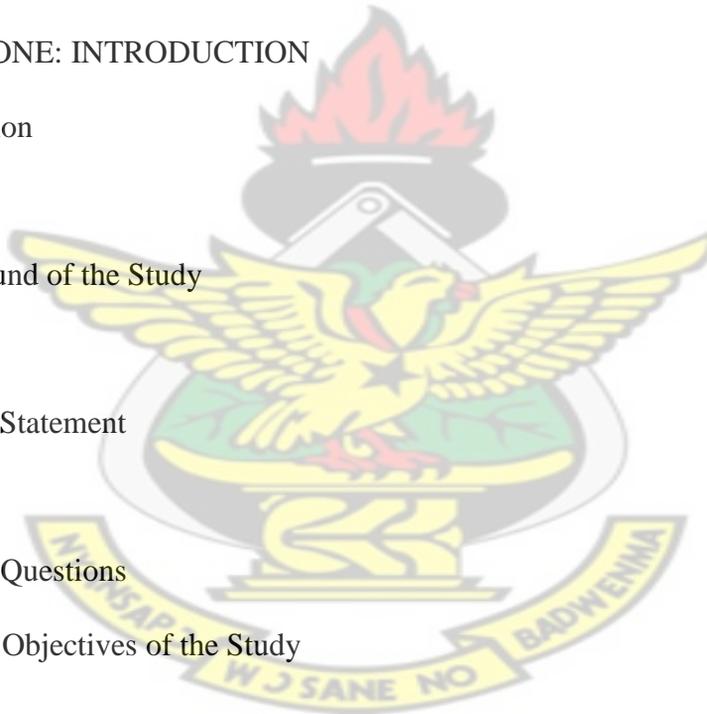
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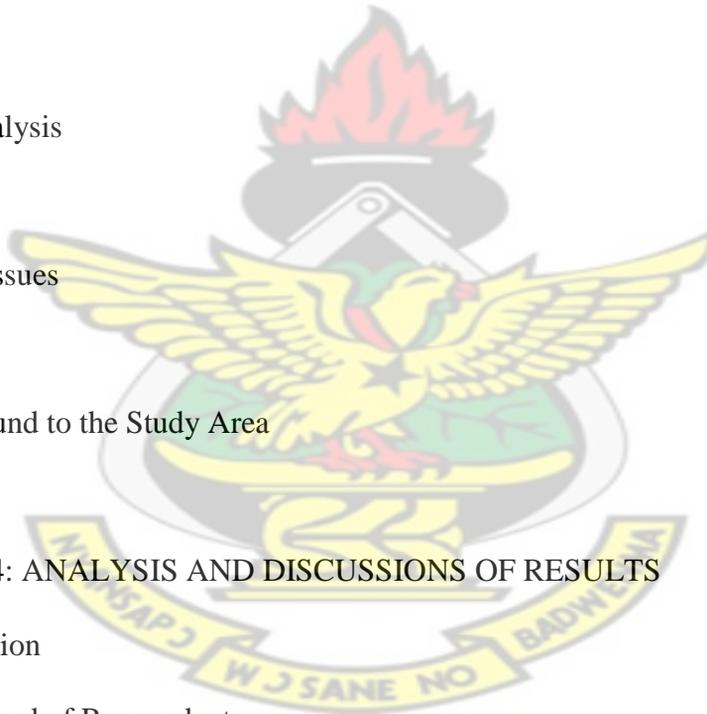
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## CHAPTER ONE

### INTRODUCTION

#### **1.0 Introduction**

This chapter discusses the overview of the study that includes background to the investigation into the competencies of principal actors in procurement in health institutions in the Ho Municipality, problem statement, objectives, research questions, significance, methodology, scope and limitations and organization of the study.

#### **1.1 Background of the Study**

The procurement function has undergone significant changes in many countries, moving from a reactive activity to a strategic one, in order to keep pace with the expansion of procurement activities and enhance procurement performance (Dimitriades & Maroudas, 2007). This has led to reforms aimed at establishing a strong and well-functioning procurement system that is governed by a clear legal framework for transparency and effectiveness (Hunja, 2003). Public procurement was once largely a clerical function (Humphreys, 2001), but it is now a focal point of government reform (Brudney et al. 2009). According to Goldsmith and Eggers (2004), public procurement is now less about rules and processes that Procurement officers need to diligently observe in the bid of their work as a search for the right mix of components from making judgment every day in a constant effort to improve the situation.

This study focuses attention on the principal actors in procurement in the health institution in Ghana. From the assertions of Goldsmith and Eggers (2007), there would be the need for dedicated, energetic, and ethical employees that are always hard to find, and hiring individuals with special skills is even harder (Lan, Riley & Cayer, 2005), as such educating professionals to equip them with new and higher-level competence have consequently become urgent (Sauber et al, 2008). Competence is the ability either to perform some specific behavioural task or the ability to perform some specific cognitive process that is related to some particular task

(Peterson & Van Fleet, 2004). Competencies required of purchasing professional have changed due to the role shift of the purchasing function itself. From that of a buyer to that of a professional managing strategic long-term, complex agreement between internal stakeholders and suppliers (Faes et al, 2001). Professionals require a complex set of managerial and technical professional skills. These role shifts affect professionals in both developed and developing countries, central and local government systems as well as those in the public and private sector environments. For purchasing to be at a strategic level, professionals need to possess a set of skills and competencies (Carr & Smeltzer, 2000).

Section 21 of the Act 663 requires that procurement entities, Budget Management Centres (BMCs), health institutions having the mandate to spend, prepare a plan for their annual procurement spending. Procurement plan, essentially a time-

bound activity, also serves as means of measuring performance against pre-planned activities vis-a-vis the set goals and includes detailed breakdown of the goods and works and services required, a schedule of the delivery, implementation or completion dates for all goods, works and services required, the source of funding, an indication of any items that can be aggregated for procurement through any applicable arrangements for common use items, an estimate of the value of each package of goods, works, services required and the source of funding, details of any committed or planned procurement expenditure under existing multi-year contracts ( Johnson & James, 2004).

The health institutions use lots of medical equipment, drugs, detergents, fuels, stationeries, chemicals, foods, works, services etc., which they procure, maintain and also dispose off in large quantities. This endeavour requires meeting commercial interests with key themes of value for money, economy, efficiency and effectiveness; the regulatory interests with key themes of competition, transparency, equality and compliance and the social interests whose key themes include public interest, employment concerns, social exclusion, economic development and environment policy. In an effort to attain these demands, the institutions constantly look for employees who have skills necessary to deal with the wide variety of tasks faced by purchasing professionals (Monczka et al, 1998). The procedure lined up in the PPA towards the procuring, maintenance and

disposing off all items used in the administrative, clinical and other non-clinical activities should be dully followed.

## **1.2 Statement of the Problem**

Several allegations of irregularities in procurement processes were levelled against public entities and other principal actors involved directly or indirectly in procurement among the findings of the public procurement reforms. These allegations include inefficiency, delay in procurement due to long procurement processes, high cost of projects, lack of fairness, transparency, and non-discrimination in the selection and award of government contracts, as well as inflating contract figures. Public entities are also confronted with procurement issues such as professionalism, limited career development opportunities for procurement staff in the public service, and weak contract management (CPAR, 2003).

It is of importance to note at this point that public procurement is now a global discipline. Those managing the function at both local and central government levels are required to be global leaders or ‘world-class’ professionals. Global leaders have desired mental characteristics which Jokinen (2005) suggests to include optimism, self-regulation, social judgment skills, empathy, motivation to work in an international environment, cognitive skills, as well as acceptance of complexity and its contradictions. The behavioural skills for global leaders include social skills, networking skills, and knowledge. Purchasing management

has a number of resources available to meet its objectives and must work continuously towards improved utilization of these resources.

Globalization has been associated with a major revolution in information and communication technology. There is the need for greater reliance on the use of information and on web-based information technology to support purchasing and supply management decision making (Guinipero et al., 2006). Writing from a financial perspective, Storer and Rajang (2002) observed that the structural changes that had affected organizations increased the importance of technical skills, risk management skills, information and technology skills, business awareness and behavioural skills.

The health care institutions are ecological system in which individual professions exit in interdependence. In day-to-day practice, professionals mobilize a variety of resources both tangible and abstract (Lamont & Molnars, 2002). Competencies reflect certain traits, behaviours, skills, values and knowledge (Jokinen, 2005).

Research showed that the financial impact of health care was significant (Verhage et al., 2002). According to the World Health Organisation, drugs and other health related items expenditure ranged from 25% to 50% of the total health care cost.

The World Bank was the only financier of health in developing countries (Falkenberg & Tomson, 2000). “The Ministry of Health, Ghana, in partnership with international donors, financial institutions, the private sector, and NGOs implemented a Medium-term Health Sector Strategy for Ghana for the period of

1997 to 2001” (Verhage et al., 2002). Ministry of health decentralized the procurement process from the national level to regional, district and sub- district levels. They have put up purchasing measures such as Procurement Committees that were charged with looking after and making decision concerning the acquisition.

This study intends to match the competencies of the principal actors in procurement in the health facilities against the competences expected of professional procurement officer, as presented in the above paragraphs, to enable them perform professionally so as to recommend appropriate measure to address any short fall.

### **1.3 Research Questions**

- What are the competencies required of actors in public procurement in respect of their knowledge and skills?
- What are the competencies of the principal actors in procurement in health institutions in the Ho Municipality?
- What are the shortfalls in the knowledge and skills of the principal actors?
- What are challenges faced by the principal actors in procurement in Health Institutions in the Ho Municipality?

## **1.4 Aim of the Study**

The aim of this study is to assess the competences of principal actors in procurement with emphasis on their knowledge and skills in the procurement of goods and services in the health institutions

### **14.1 Study objectives**

- 1 To consider the competencies of the principal actors in procurement in Health Institutions in the Ho Municipality
- 2 To consider if there are any gaps in their knowledge and skills
- 3 To determine what challenges are faced by the principal actors in procurement in Public Health Institutions in the Ho Municipality
- 4 To make any recommendation to enhance the performance of the principal actors in procurement in Public Health Institutions in the Ho Municipality

### **1.5 Significance of the Study**

Prudent management of public procurement systems has been identified as very important to quality health care delivery in the healthcare institutions in Ghana. It is for this reason there has been reinforcement in public procurement laws by successive governments to that effect in the public sector that includes the health sector in Ghana.

Generally, allegations of inefficiency, delay in procurement of goods and services due to long procurement processes, lack of transparency, fairness and non-

discrimination in the selection and award of contracts, payment of kickbacks and frauds in the public sector procurement processes is always on the front-line of the news media.

Annual assessment reports by PPA revealed that public entities are also confronted with procurement issues such as professionalism, limited career development opportunities for procurement staff in the public service, and weak contract management. This shows that the reform is currently faced with numerous implementation challenges that serve as threat to compliance.

However, the crucial role of the reform in promoting transparency, fairness, efficiency, reduction in corruption, building public and donor trust as well as confidence in public procurement systems lies solely in the knowledge and skills of the actors directly responsible for procurements.

This study therefore stands tall among other means of ensuring sanity through compliance as report on the assessment of knowledge and skills of the principal actors in procurement reveal causes to actions and inactions in the procurement front. The report then serves as reference document for corrective measures needed to ensure sanity in procurement in health institutions in the Ho Municipality. This approach will serve as an example to other departments who are also craving for such standards in procurement. The entire nation stands a chance of benefit when the study successfully introduces the desired sanity that can easily serve as point of excellence for the entire nation.

## **1.6 Scope and Limitations of the Study**

A good design should involve every individual of the study population, health institutions in Ghana, but will not be possible due to limited resources in terms of time and funds it takes to conduct national survey. This study was conducted in the Ho Municipality of Volta Region in Ghana. The study focused on the assessment of competences of the principal actors with respect to knowledge and skills in procurement in the public health institutions. These institutions included the Volta Regional Hospital, Municipal Health Directorate, Ho municipal hospital, Polyclinic and Mater Ecclesiae Clinics. In the institutions only the principal actors were involved in the study

## **1.7 Organisation of the Study**

The report is organized into five parts, as chapters. Chapter one covers introduction, background to the study, the problem statement, objectives, methodology, the significance of the study, organization of the study and limitations during the study. The next chapter deals with literature review and theoretical framework including definitions of the study. This is followed by a chapter that contains the methods and procedures used in data collection, Sampling techniques used for the study and methods used in data analysis. The last but one chapter covers the presentation analysis of data and discussion of findings. The last chapter includes summary of findings, conclusion and recommendation of the study.

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.1 Introduction**

This chapter depicts a review of some literature pertaining to the topic under study; this makes a fair and informed assessment of the current situations in the procurement process. The available literatures have been segmented under the following broad themes for convenience review on the competencies of principal actors in the health institution; Procurement Principles Affecting Compliance in health institution, Procurement Procedures, Methods & Thresholds in the health sector, Procurement Competencies, Concept of Knowledge, Public Procurement Skills Requirement.

#### **2.2 Procurement Principles Affecting Compliance in Health Institutions**

The Public Procurement Act identifies the following principles affecting the achievement of good procurement objectives. It is the researcher's view that complying with these principles will result in attaining compliance with the Public Procurement reform.

##### **2.2.1 Professionalism**

Professionalism is the discipline whereby educated, experienced and responsible procurement officers make informed decisions regarding procurement operations. It is in the recognition of this fact that the Public Procurement Authority focuses its resources on the training, professional development, promotion and support for

individuals that are engaged in public procurement to ensure adherence to professional and ethical standards (Adjei AB, 2006). To achieve this, the Authority developed a Capacity Development Policy Paper which aimed at ensuring that

Each Procurement Entity has a functional Procurement Unit that is managed by personnel who have the requisite procurement training, competencies, and adhere to agreed code of ethics.

Personnel in the Procurement Units in the public service will have career paths in procurement and given opportunities to gain professional procurement qualifications.

Establishment of a Procurement Professionals Association

Over 1,289 stakeholders (from MDAs and MMDAs) were trained. Training of Practitioners, Service Providers, Media, Civil Society groups and the Oversight Groups (Parliament, Police, Judicial Service, Attorney General's Office, SFO, CHRAJ, Ghana Audit Service, and Internal Auditors) have not been left out (PPA Annual Report, 2008).

### **2.1.2 Transparency, Competitiveness and Fairness**

Transparency means that the same rules apply to all suppliers of goods, works and services and that these rules are publicized as the basis of procurement decisions prior to their use. Transparent procurement procedures can contribute to a more efficient allocation of resources through increased competition, higher quality

procurement and budgetary savings for governments and thus for taxpayers (PPB Training Module 3, 2007).

To avoid corruption in the public procurement systems there is the need to publish calls for tenders, notifying contract awards in the media, including the successful bidder's name and final price, and making award criteria more transparent and accountable. These are some of the basic principles of transparency in government procurement which directly affect corrupt practices (Evenett et al, 2005).

In this regard, the Act 663 and Regulations endorse the use of competitive tendering which encourages maximum competition in the procurement system. It involves the use of Standard Tender Documents, advertising procurement opportunities, public opening, publication of contract awards, creating windows of addressing appeal and complaints, etc. Public Procurements using other uncompetitive methods are vigorously monitored and evaluated by PPA and Audit Agency to ensure transparency, fairness, and value for money (Act 663, 2003).

This position has been collaborated by Barden (2006) when he opined that, government agencies can achieve transparency by strategizing through effective and efficient advertising; publicly opening bid documents; effective evaluation of bid documents; the publication of award results; fair and speedy protest and dispute resolution handling processes and the disclosure of signed contracts; and

the use of independent evaluation methods, that are consistent with the terms of bid documents.

### **2.2.3 Value for Money in the Procurement Process**

This is the optimum combination of whole cost and quality of a product to meet the customer's requirements. It is reflected in the price of the item or service procured. It has to be noted that Value for Money (VFM) is a critical measure of the effectiveness of the procurement process, its outputs and outcomes. Achieving VFM requires a strategic and integrated approach to procurement (PPA Manual, 2006). This, of course, has significant organizational and institutional implications. VFM may be compromised if the Public Procurement Act and Regulations are not followed. This procurement function is an important test against well functioned procurement management which must be addressed to justify a procurement outcome as necessary conditions for best value, transparency and accountability in public procurement (World Bank, 2003). It is associated with deployment of resources for realization of some expected value in an economic, in efficient and effective manner.

The concept of value for money concerns not only the acquisition price/cost but also takes into consideration efficiency and effectiveness of a procurement process. The procurement professionals need to continuously improve upon their performance and innovations necessary to deliver greater value to the procuring entity. Therefore, public procurement professionals need defined skills and

knowledge to efficiently and effectively run the procurement process while public entities strive to motivate procurement staff in terms of remuneration and better conditions of service.

However, studies (EOCD/DAC, 2007) indicate that some procurement officials lack knowledge and skills to manage the procurement cycle. Thus simple issues like bid evaluation and selection were only based on lowest price and not the lowest evaluated price. Project time, cost, and communication are poorly handled in Ghana thereby rendering Value for Money concept ineffective.

#### **2.2.4 Efficiency**

Efficient public procurement system is the one which operates in a timely manner, with a minimum bureaucracy, while being responsive to the needs of the ultimate users of the goods or facilities procured. Efficiency is defined narrowly in terms of value for money – the best quality at the lowest cost. In this view, efficiency is best secured through open competition, so procurement reform is seen as encouraging a more liberalized system. A broader definition of efficiency that considers development gains alongside cost and quality would ensure that procurement plays more of a role for poverty reduction (McDonald, 2008). In Ghana to be efficient and effective in Public Procurement is to carry out procurement activities in a professional and transparent environment with a clear set of predefined rules to foster enhanced competition thus stimulating efficiency

and innovation amongst bidders. There is a better utilisation of funding, increased attractiveness to private sector and improved customer satisfaction (PPA, 2008).

According to Cloete (1998), efficiency in the public sector means satisfying the most essential needs of the community to the greatest possible extent using the limited resources that are available for this purpose. Thus, public entities should be represented by competent personnel capable of putting the Public Procurement Act (Act 663) into practice to attain efficiency and value for money.

### **2.2.5 Accountability**

Accountability can be explained as the process of holding an individual or an organization fully responsible for all aspects of the procurement process over which they exert authority. The essence of accountability is to strengthen the perception of transparency and fairness. It reduces the incidence of corruption and enforces the Act 663 and regulatory framework which clearly defined responsibilities (PPB Training Module 3, 2007).

### **2.2.6 Ethical Approach**

Ethics is concerned with moral principles and values which govern our beliefs, actions and decisions. Ethical approach implies exemplary approach to all procurement processes that cannot be questioned or criticized. The following are examples of conducts prohibited by Ghana's Public Procurement Code of Ethics:

- Revealing confidential or "inside information" either directly or indirectly to any tenderer or prospective tenderer or discussing procurement with any tenderer

or prospective tenderer outside the official rules and procedures for conducting procurements;

Favouring or discriminating against any tenderer or prospective tenderer in the drafting of technical specifications or standards or the evaluation of tenders or destroying, damaging, hiding, removing, or improperly changing any official procurement document;

Accepting or requesting money, travel, meals, entertainment, gifts, favours, discounts or anything of material value from tenderers or prospective tenderers or discussing or accepting future employment with a tenderer or prospective tenderer;

Requesting any other Public Servant or Government official representing the Procurement Entity in procurement to violate the public procurement rules or procedures

### **2.2.7 Technology**

E-procurement can increase transparency and procedural efficiency without prejudice to competition Erridge et al., 1998, argues for this, not only because of its transparency, but also to improve efficiency. The benefits of e-procurement include: an increase in contract compliance, leveraging the procurement spend, increased involvement of staff, and lower processing costs. The lack of a corporate e-procurement system in public sector entities means they will find it

difficult to analyze their expenditure on a macro-economic level (Staatscourant, 2008).

Technological developments have added a new dimension to potential procurement reforms in both developing and industrial economies. E-procurement offers the promise of cutting costs and simplifying administrative procedures. Promising innovative mechanisms that revolve around e-procurement have been implemented in countries such as Brazil (Almeida, 2004). In this Brazilian case it has reportedly led to significant cost savings and an increase in the transparency and accountability of government bodies. Moreover, E-procurement can support better statistical reporting, enhanced transparency (Wiseman 2000). However, implementing these innovations in Ghana entails costs of infrastructure development, and training personnel in the public entities, etc.)

With the growing use of computers in procurement systems, Ghana is able to assemble such data and made available procurement information such as procurement plan templates, standard tender documents, contract awards, dispute and complain resolutions, quarterly procurement bulletin, etc online.

Realizing the immense benefits of e-procurement, PPA is working hard to implement the e-Government Procurement (e-GP) system in Ghana. The e-Government Procurement (e-GP) is being implemented as one of the systems under the e-Ghana project being supported with funding from the World Bank. Implementation of e-GP began with a series of meetings with a team from the

World Bank, the Public Procurement Authority and e-Ghana. The purpose of these meetings was to draw up an implementation plan for e-GP establishment in Ghana. In June 2011, the team completed work on the final Terms of Reference (TOR) to be used for the engagement of a Consultant for the Systematic Development of Electronic Government Procurement (e-GP) in Ghana. It was expected that evaluation will be completed after October 28, and a relevant contract signed for work to begin in November 2011.

### **2.3 Procurement Procedures, Methods & Thresholds in the Health Sector.**

There are various methods of procurement provided under the law for use by public procurement entities. The choice of particular method is based on the amount involved (threshold) and the circumstances surrounding the procurement.

#### **2.3.1 Procurement Methods and thresholds**

Competitive Tendering (Section 35 & Part V of Act 663) endorse the use of competitive tendering method for standard high value procurement for goods, works and consultancy services. The two types of competitive tendering methods include (1) International Competitive Tendering (ICT) which is used when effective competition cannot be achieved without the inclusion of foreign firms (s.45). (2) National Competitive Tendering (NCT) is used when the procurement entity so decides (s.44) and subject to contract value thresholds specified in Schedule 3.

It is the most preferable methods under the law, as it encourages maximum competition in the procurement system. The invitation to tender is always advertised and opened publicly.

Request for quotations (Sections 42-43 of Act 663) is the process of organizing a fully-fledged tendering or other competitive tendering procedure is normally a time consuming and costly exercise which can be dispensed with when the contract value is small. The main idea is to allow procuring entities to use a simplified procedure in those instances where the contract value is so small that the administrative effort related to a full-fledged tendering procedure appears out of proportion (Act 663, 2003).

The method is based on comparing price quotations obtained from at least three foreign or local suppliers for goods/works that are small in value.

Two-Stage Tendering (Sections 36-37 of Act 663) is only allowed where detailed specifications cannot be made available before going to tender (s.36) or the optimal solution is unknown. In the case of services, it is used to obtain proposal or offers on various means to meet its procurement requirements.

Restricted Tendering (Sections 38-39 of Act 663) is a procurement method with limited competition. A maximum of six and a minimum of three short-listed suppliers are invited to tender. To apply this method, a procurement entity requires specific approval from the Public Procurement Authority (PPA). The Restricted Tendering method is applied mainly where procurement requirement is

of specialised nature and there is enough evidence to show that there is limited number of potential suppliers. In 2009 a total of 167 out of 179 entities received approval to use this method of procurement as compared to 2008 approval of 166 out of 173 applications received (PPA Annual report, 2009).

Single Source Procurement (Sections 40-41 of Act 663) system involves procurement from a supplier without any competition. It is normally used for procurement of sole or single sourced requirements. The law allows this method where: procurement is for justifiably urgent items, requirements can only be supplied by one source, additional requirements for purposes of standardisation, purposes for research, experiment, study or development, procurement that concerns national security. In 2009, 323 out of 360 single source applications received were either approved or conditionally approved as against 318 out of 342 in 2008 by PPA (PPA Annual report, 2008/2009). This method has often been abused by entities and political leaders over the years. According to the Finance Minister, public procurement appears to be one of government's activities most vulnerable to waste, fraud and corruption due to its complexity, the size of the financial flows it generates and the close interaction it brings between the public and private sectors. On that note, the PPA Board was urged to examine very carefully the conditions for approving sole-source procurement applications with the view of making it more of an exception rather than the norm.

All contracts must be tendered on an open competitive basis, except otherwise provided for in the Act (s.35). All procurement must use the appropriate standard tender documents provided in Schedule 4 and modifications can only be introduced through contract data sheets or special conditions of contract (s.50). The successful tender for works contracts shall be the lowest evaluated tender price ascertained on the basis of criteria specified in the invitation documents, which shall include (s.59): (1) the tender price subject to any margin of preference for domestic contractors (s.60); (2) the potential for economic development, local involvement or technology transfer; and (3) national security considerations. The selection of consultants shall be on quality and cost-based criteria (s.75) with the price component assessed in a similar manner as for works (s.69). Quality-based selection is allowed for complex or highly specialized assignments (s.72), and least-cost selection is reserved for small value assignments.

### **2.3.1 Procurement Procedures**

#### **2.3.1.1 Planning Procurement**

Generally, planning enables organizations to, among other things, establish overall direction, anticipate and avoid future problems and reduce the risks of uncertainty, identify and commit resources towards the achievement of goals, determine and develop performance standards, and effectively coordinate various activities in the organization (PPB Manual, 2005). The Public Procurement Act 663 provides for the activity of planning under Part 3 section 21.

What the foregoing means is that it is imperative that procurement entities would need to plan their procurement for the coming year by the 30th of November of the preceding year. The plan would be reviewed and approved by their Entity Tender Committees (ETCs), after which the plans are updated every quarter. The list of entities that submitted their procurement plans are published in the Public Procurement Bulletin. In 2010, only 164 entities out of over 1000 entities across the country submitted their annual procurement plan. As at October, 2011 only 199 entities submitted their plan to Public Procurement Authority (PPA Procurement Bulletin 2010/2011).

### **2.3.1.2 Tendering Process**

The requirement to advertise the intention to buy goods and works is spelt out by Section 47 of Act 663 for procurement using International and National Competitive Tendering. Advertising is required for invitations to tender if there is no pre-qualification. The object of advertising is to provide wide and timely notification of tendering opportunities so as to obtain maximum competition by informing all potential tenderers and to afford equal opportunities to all qualified and eligible tenderers without discrimination. For reasons of transparency, fairness and impartiality, tender documents should be provided for all eligible tenderers by the procuring entity. Procurement entities are to provide tender documents to suppliers and contractors in accordance with procedures and requirements that were stated in the advertisement. The price at which the tender

document is sold should be enough to recover the cost of printing and the document being made available to suppliers and contractors. Sufficient quantities of tender documents should be made available as many as there are tenderers. It is an offence to deny any supplier or contractor the opportunity to participate in any tender simply because stocks of documents are exhausted.

Tenders should be opened immediately after the close of tenders. The Procurement Unit will need to ensure smooth operation of the proceedings, prepare minutes of the opening and advise the chairman of the opening session on procedural issues if requested.

A Tender Opening Committee is usually constituted and is made up of at least three persons including the Chairperson. The Chairman of the Tender Opening Committee controls and directs the /Tender Opening and does not allow tenderers representatives to interfere with the work of the Committee. Any objections by a Tenderer to the procedures or decisions of the tender opening should be made in writing to the Head of the Procurement Entity.

Section 55 of the Act states that the provision of tender security is required for all International and National competitive tenders for procurement of goods, and works. In the case of Procurement of consultants services tender security is not required. The use of security is important, in particular, in international trade where the Purchaser may not know the Tenderer or Supplier's professional ability, financial position and credibility. Therefore it is normal for the Purchaser

to demand that the Tenderer's or Supplier's ability to perform in accordance with the instructions or contractual obligations be secured with a financial guarantee (PPA Manual, 2003).

### **2.3.1.3 Contracts Management**

A formal contract document will be drawn up, using the agreed terms and conditions, and signed by both parties. Simpler requirements may use a purchase order or where existing framework contracts exist, contracting may consist of placing a call-off order under the existing contract.

The awarded contract must then be managed, to ensure that both the buyer and supplier perform their contractual obligations. Activities may include expediting delivery, arranging inspection or freight forwarding, checking bank guarantees, establishing letters of credit, making arrangements for receipt and installation of goods, verifying documentation and making payments (Hultler & Brown, 2006). Works contracts will often require technical supervision by an engineer/project management team to ensure quality, time schedule and cost. Contracts for consultancy services often require the direct participation of the buyer or client organisation, as the recipient of training or technical advice or in responding to studies or reports (Ham & hult, 1999). According to PPA Annual report (2009) Contract completion rate for the year is about 68%. This signified that contract management is a major challenge for most entities.

#### **2.3.1.4 Monitoring and Evaluation**

Controlling the performance of the procurement function and ensuring its efficiency and effectiveness is essential to the management of the procurement process. It is vital to evaluate how well the procurement process has gone, identify any weaknesses or problems and agree actions to prevent similar problems in the future. Evaluation may include a formal procurement audit. Procurement monitoring is an essential part of procurement management and control linked to compliance with Act 663 and performance outcomes such as value for money, professionalism and code of conduct in procurement. This will involve the management of entity, staff of PPA, private sector, oversight bodies (internal and external audit), civil society (including NGOs), project beneficiaries, and media (PPA Annual Report, 2008).

#### **2.3.1.5 Appeals and Complain**

Part VII – Review -Section 78 of Act 663 deals with the procedures to be used in handling complaints received from aggrieved parties involved in the procurement process. Any supplier, contractor or consultant that claims to have suffered, or that may suffer loss or injury due to a breach of a duty imposed on the procurement entity, may seek review in accordance with this Part. Procurement decision-making process needs to be properly followed and documented so that complaints can be investigated within the strict time frame. Those involved in audit and in the prosecution of procurement related offences may be able to

provide examples of where sanctions could not be applied as a result of poor or inadequate procurement records.

In Ghana, the Authority established seven (7) member Appeals and Complaints Panel comprising legal procurement experts, and representatives from the private and public sectors which was inaugurated in 2007. In the same year the Panel successfully concluded fourteen (14) cases out of twenty (20) cases received (PPA Annual report, 2007). The appeal and complains procedures allowed bidding firms with the chance to show their disapproval before the procurement process is completed, as well as thereafter (Alam, 1995).

#### **2.4 Procurement Competencies in the Health Sectors**

According to the Scottish Government (2008), the diversity of the work involved in public procurement necessitates that procurement officers are competent in a wide variety of generic procurement skills in addition to the specific technical skills and knowledge required when procuring for different sectors and commodities. Thus, it is arguably becoming more important to identify, develop and assess the competencies of procurement officers in public procurement to ensure that procurement activity is both compliant with legislation and obtaining value for money.

According to Boyatzis (2007), a competency is defined as a capability, ability or an underlying characteristic of an individual which is casually related to effective or superior performance. It is a set of related but different sets of behaviour

organized around an underlying construct, which we call the “intent”. The behaviours are alternate manifestations of the intent, as appropriate in various situations or times.

It is important to clarify the difference between the concepts of competence and competency. Competence refers to areas of work in which the person is competent and competency refers to the dimensions of behaviour underlying competent performance (Kagaari & Munene, 2007; Palan, 2003). However, for purposes of this study, competency (and its related plural form) is adopted from Armstrong (2000) as a hybrid term containing the two aspects of competence and competency. Thus, the concept of competency is used to refer to applied knowledge and skills, performance delivery, and the behaviours required to get things done very well (Armstrong and Baron, 1995).

According to Hutton and Moulton (2004), competencies are divided into two categories, the technical or operant competencies and the behavioural or personal competencies. Technical competencies are any technical skills which are necessary for a job role; behavioural competencies are usually an expression of the softer skills involved in effective performance at a company. Technical competencies typically learned in an educational environment or on the job. On the other hand, behavioural competencies like decisiveness, integrity and dealing with pressure are learned through life experiences and form our behaviour patterns.

Technical competencies are often seen as being more important since they are more overt and easily measured. However, Russell (2004) and Hutton and Moulton (2004) stress that behavioural competencies are equally important as they constitute abilities and characteristics that help people make the most of their technical competences on the job.

According to Post and Brunett (2006) and Gupta (2005), changes in the work environment, priorities and policies in public procurement have made it increasingly important to identify competencies required for superior performance and to address the gap between required and existing skills and knowledge. Specific areas of knowledge must be developed and/or strengthened to enable procurement officers to meet the challenges of the government's environment and requirements, thus the need for competency profiling for procurement roles.

Competency profiling is a process through which key result areas or principal accountabilities of the incumbent, competencies and critical outputs could be obtained. These indicate what the role holder has to be able to do and the behaviour required performing the role effectively (Armstrong, 2000).

According to Hudson (2008) the role and competencies of the procurement officer are more complex and distinctly different from other roles in the organization, making the profile very rare and hard to develop. However, Palan (2003) asserts that the key to successful competency profiling lies in defining dimensions for the

competency profile. These dimensions include the type of the competency, which can be core, behavioural, functional or role competency and the level (overt or underlying) at which the competency exists. In addition, there is need to collect data to validate the identified competencies before they are adopted. The most commonly used methods of data collection include management interviews, resource panels or focus groups, behavioural event interviews, generic competency dictionaries and observation.

Previous studies (Ryan et al., Emmerling & Spencer, 2009) have highlighted the validity and utility of competencies in predicting workplace performance across a variety of settings, possibly including procurement performance. In addition, competencies are a product of a job and once generated, they link work, people and strategies for improving performance (McLagan, 1997). Hudson (2008) reinforces the above studies, asserting that identifying and nurturing competencies is crucial if procurement officers are to distinguish themselves as high performers.

According to Boyatzis (2007), the theory of performance is the basis for the concept of competency. Maximum performance is believed to occur when the person's capability or competency is consistent with the needs of the job demands (roles and responsibilities) and the organizational environment, systems and structures (Boyatzis, 1982).

Competencies are framed as abilities related to motive and personality constructs that influence the frequency and intrinsic affective value associated with the execution of specific behaviours and cognitive-affective processes. In this way, competencies not only imply what an individual is capable of doing but what they want to do. Thus for effective prediction of work performance, both of these factors have to be taken into account. This implies that competencies differ significantly from abilities, because motives form a critical element of the theoretical framework. In other words, abilities inform you about what a person can do, while competencies provide insight into what a person can and will do (Ryan, Emmerling & Spencer, 2009).

Bergenhengouwen, Horn and Mooijman (1996) argued that in a work context, individuals must possess a range of personal competencies along with task specific competencies to perform effectively. Many organizations therefore combine both personal competences and job based competences. In this regard Russell (2004) stresses that although most models do not necessarily balance these two differing aspects effectively; success in a role depends on the ability to effectively match the technical competencies of the role with its required behavioural competencies.

However, according to Palan (2003), although competencies are essential for performance, they are by themselves inadequate for effective performance in a job. Thus, the possession of a functional competency is no guarantee that there

will be superior performance because a person may have a competency but is unable to use it, which inhibits effective performance in a job.

## **2.5 Concept of Knowledge**

Knowledge encompasses all that a person knows or believes to be true, whether or not it is verified as true in an objective or external way. It is the individual's personal stock of information, skills, experiences, beliefs and memories (Reber and Reber, 2001). Knowledge is always idiosyncratic as it reflects the vagaries of a person's own history (Alexander 1991). There are also different types of knowledge (Alexander, 1991, Reber and Reber 2001). Declarative knowledge concerns factual information (knowing what). Conceptual knowledge is knowledge of ideas and includes content knowledge of some aspect of the physical, social or mental world, and discourse knowledge about language and its use. Procedural knowledge is practical knowledge about how to do something (knowledge of processes and routines). Conditional knowledge is knowledge of when and where the other types of knowledge (declarative, conceptual, and procedural) could or should be applied.

These different types of knowledge are distinct and having one does not guarantee that a person has the others (Alexander, 1991).

In the traditional view, learning is a process of 'knowledge delivery' from a more knowledgeable source to a less knowledgeable one, and occurs when we

participate in classroom education or training, read a book or other information (in print or online), or watch audio-visual material (Brown and Duguid, 1992 & Gherardi et. Al.1998). The traditional perspective originates in cognitive psychology which focuses on internal processes of the mind and holds that learning involves individual acquiring and organising knowledge in memory (Billett, 2001).

For socio-cultural learning theorists, the traditional perspective takes insufficient account of learning through social practice, in the type of situation where knowledge is deployed. They shift the focus from the transfer and acquisition of information to participation in social practice which provides and sustains the context for learning (Gherardi and Nicolini, 2002). While information provision, education and training are important, individuals also learn through participation in everyday activities, and talking about them with others (Gherardi et. al., 1998). Through participation in activities with others individuals construct knowledge and negotiate the meaning of terms, actions and situations. From this perspective, knowledge is not what resides in our heads or information sources. Rather, it is the capacity to participate with competence in activities and interactions with others, and learning takes place through social processes (Gherardi and Nicolini, 2002).

Socio-cultural learning theory identifies contributions to knowledge from the evolving history of the human species (for example communication practices), the

particular requirements of social practice (for example the technologies and norms of a vocation), the ongoing products of individuals' learning throughout their lives, and the moment by moment learning of individuals engaging with the social world (Billett 2001). Learning therefore includes all the opportunities that individuals have to learn throughout their lives - from the teaching curriculum during schooling and vocational or higher education, as well as the 'situated curriculum' in their working lives, and all the formal and informal occasions for learning in day-to-day life.

Within socio-cultural learning theory the 'social constructivist' perspective emphasises the interdependence of social and individual processes in the construction of knowledge (Gergen, 1992 & Palincsar, 1998). As a person participates in activities with others s/he learns through processes of interaction, negotiation and collaboration but s/he also transforms those experiences into learning, which is characterised by facility with language, norms and practices (Palincsar, 1998).

In the field of vocational education, Billett (2001) argues that to understand learning necessitates a bridging of the socio-cultural perspective and cognitive theories of learning, to reconcile external contributions and internal attributes. Contributions from the cognitive field are useful for understanding and identifying individual attributes required for performance, while socio-cultural theories help to account for sources of knowledge and their formation or

transformation in the social world. The knowledge that each person constructs is unique as the situations s/he encounters and the interactions s/he has differ, and s/he brings different capacities, agency and experience which shape how s/he interprets and constructs knowledge from those encounters and interactions (Billett, 2009). The relational interdependence between social and personal contributions makes it difficult to prescribe, describe or account for the construction of knowledge (Billett, 2008).

Empirical studies illustrate how individual's activities at work are significant sources of learning both about how to perform work, and about work health and safety. Drawing on ethnographic research by Orr which investigated service technician's learning and practice, Brown and Duguid identified three central features of work practice (Brown and Duguid, 1991). Through narration or storytelling, the technicians interpreted each new situation in the light of accumulated wisdom and constantly changing circumstances, helping them to diagnose and solve problems. Through collaboration, individual learning was inseparable from collective learning. Through social construction, they developed a shared understanding out of conflicting and confusing data (whatever the situation threw at them), which represented their view of the world. They constructed knowledge and understanding out of social and physical circumstances as well as the histories and social relations of the people involved.

In ethnographic research with railway maintenance Sanne (2008) also found that storytelling was an important part of technicians' practices, as well as being integral to their understanding of incident causation. Story telling contributed to the local team's learning, social relations, practices and identities, and assisted individuals to 'save face' when they were involved in risk incidents. Story telling was a way for technicians to address risks but from a narrow perspective as their local practice emphasised vigilance, carefulness, skill and responsibility and usually neglected root causes of exposure to risks. In contrast, the railway authority's incident reporting scheme was not integrated into technicians' practices, was not well used by them, did not seem to serve their interests and did not provide them with useful feedback if they did report incidents. As a consequence, the potential for organisational learning through more rigorous reporting and a systems response to incidents was impeded.

In ethnographic studies Gherardiet. al., (1998) and Gherardi and Nicolini (2002) investigated learning by new managers and workers. These individuals learned through observing the behaviour of others, conversations and non-verbal communication, and through physical action, and by questioning, proposing and supporting alternative ways of doing things. Managers who were more authoritarian in style or were guarded, rather than sharing their own experience, were less conducive to learning by others. A key finding was the 'silence' about safety and danger at the construction sites as these issues were not addressed

explicitly. Learning about safety reflected the habits and attitudes of others on site – the perspective that safety was an individual rather than an organisational matter, that incidents were personal shortcomings and that risk-taking demonstrated strength and courage.

## **2.6 Public Procurement Skills Requirement**

Dedicated, energetic, and ethical employees are always hard to find, and hiring individuals with special skills is even harder (Lan et al., 2005). The requirements to educate professionals and equip them with new and higher-level skills have consequently become urgent (Sauber et al, 2008). A skill is the ability either to perform some specific behavioural task or the ability to perform some specific cognitive process that is related to some particular task (Peterson & Van Fleet, 2004). Skills required by purchasing professionals have changed due to the role shift of the purchasing function itself. From that of a buyer to that of a professional managing strategic long-term, complex agreement between internal stakeholders and suppliers (Faes et al, 2001); professionals require a complex set of managerial and technical professional skills. These role shifts affect professionals in both developed and developing countries. It affects procurement professionals in central and local government systems as well as those in the public and private sector environments.

For purchasing to be at a strategic level, professionals need to possess a set of skills and competencies (Carr & Smeltzer, 2000). Governments use public procurement to undertake public works, build roads, provide health care, and provide education and public order (Erridge & McIlroy, 2002). The practitioners who manage this function usually face many challenges (Thai, 2005). The challenges differ among local and central government practitioners but there are a number of similar challenges. For example, professionals in purchasing and supply management have faced a challenging ethical environment (Cooper et al., 2000); and this will appear in any sector. Of course, it may be high in government procurement environments because of the high risks in the procurement process.

In either case, the dynamics, complexity and diversity, characteristic of global environments have led to increasing demands on management and leadership competencies (Jokinen, 2005) demanded of procurement professionals. Although much has been written about the skills required of a purchasing/ supply management professional, very little academic research has been undertaken on this topic (Dawn, 2000). Professions of all types are affected by globalization of markets and the information technology revolution (Amos & Chance, 2001). The interest in supply chain management has left much of the knowledge on the subject residing in narrow functional silos of purchasing, logistics, IT, and marketing. This has partly contributed to lack of consensus on the conceptual and research methodologies of supply chain management (Burgess, et al, 2006);

including public procurement. The general interest has been in supply chain management, but not much attention has been paid to the purchasing professionals who are responsible for managing and implementing the new strategies (Humphreys, 2001). Public procurement professionals have to strive to achieve three competing demands (Errigde & McIlroy, 2002) of meeting commercial interests with key themes of value for money, economy, efficiency and effectiveness; the regulatory interests with key themes of competition, transparency, equality and compliance and the social interests whose key themes include public interest, employment concerns, social exclusion, economic development and environment policy. In an effort to attain these demands, organizations constantly look for employees who have skills necessary to deal with the wide variety of tasks faced by purchasing professionals (Monczka et al, 1998). Procurement professionals in a local government context will undoubtedly be expected to have a multiplicity of skills to manage the critical acquisition processes.

Purchasing (procurement) professionals are no longer responsible for non-value adding activities and paperwork processing. They should be responsible for activities, which contribute effectively to the performance metrics of an organization. The modern purchasing managers must emphasize cross-functional interaction with groups outside purchasing. The need to be flexible, adaptive and boundary spanning are therefore important traits for both organizations and

individuals (Monczka et al., 2004). There has been a realization of the important contribution that purchasing and supply management can have on firm performance (Boyd, 1994, Cousins, Lawson, and Squire, 2006, Humphreys, 2001, Macbeth, 1994). This realization directly influences the skills procurement professionals require (Humphreys, 2001).

According to Guinipero et al., (2006) purchasing professionals need transactional and strategic skills. Transactional skills are required to manage transactional activities like executing transactions with suppliers, using e-systems to obtain standard or indirect items through catalogues, generating and forwarding material releases and managing accounts payable.

Strategic skills are required to manage strategic activities like strategic relationships, developing company-wide electronic systems, developing and managing alliances and partnerships as well as managing critical commodities. According to the authors, the top five skills required to support the strategic role of supply managers included-

- (1) Team building skills (leadership, decision-making, influencing and compromising)
- (2) Strategic planning skills (project scoping, goal setting and execution)
- (3) Communication skills (presentation, public speaking, listening and writing)

(4) Technical skills (web-enabled research and sourcing analysis) and

(5) Broader financial skills (cost accounting and making the business case).

In similar attempts, Kolchin&Guinipero (1993) proposed three skill areas of business, interpersonal and technical skills important to the procurement function. Business skills include skills of marketing analysis, negotiating with partners, managing internal and external relationships. They also include global sourcing development, change management, and organizational skills.

Interpersonal skills include risk taking, written and oral communication, conflict resolution, influence and persuasion, group dynamics, leadership, problem solving, interpersonal and cultural awareness. Technical skills include cost analysis, product knowledge, computer literacy, total quality management and government legislation. In similar attempt, Murphy (1995) identified four skills important for purchasers, which included- negotiation, management, computer literacy and mathematics. In an interview research, Carr &Smeltzer (2000) identify purchasing skills, which were divided into three categories of technical, behaviour and skill techniques.

Public Procurement is now a global discipline. Those managing the function at both local and central government levels are required to be global leaders or ‘World-Class’ professionals. Global leaders have desired mental characteristics which Jokinen (2005) suggests to include optimism, self-regulation, social

judgment skills, empathy, motivation to work in an international environment, cognitive skills, as well as acceptance of complexity and its contradictions. The behavioural skills for global leaders include social skills, networking skills, and knowledge. Purchasing management has a number of resources available to meet its objectives and must work continuously towards improved utilization of these resources.

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Globalization has been associated with a major revolution in information and communication technology. There is need for greater reliance on the use of information and on web-based information technology to support purchasing and supply management decision making (Guinipero et al., 2006). Information and communication technology will continue to play a key role in contemporary organizations (Eriksson-Zetterquist, et al; 2009).

Writing from a financial perspective, Storer and Rajang (2002) observed that the structural changes that had affected organizations increased the importance of technical skills, risk management skills, IT skills, business awareness and behavioural skills. Professions are an open, ecological system in which individual professions exist in interdependence. In day-to-day practice, professionals mobilize a variety of resources both tangible and abstract (Lamont & Molnars, 2002). Competencies reflect certain traits, behaviours, skills, values and knowledge (Jokinen, 2005). Public procurement professionals in modern times should have global competencies. In this study, the contextualized skills required by principal

actors in procurement public health institutions in the Ho Municipality were investigated.

## **2.6 Conclusion**

The people with the potential to be highly effective in the procurement function are rare as they require the necessary knowledge about the procurement environment, put up the expected attitude to work and practice according to standards and ethics of the public procurement Act of Ghana and showing high ability to adapt rapidly to their changing circumstances as well as a diverse competency profile to demonstrate value and deliver superior performance. However, studies have also shown that although competencies are essential for performance, they are not by themselves adequate for effective performance in a job. This coincides with efforts to build knowledge, show good attitude and practice professionally by the principal actors in procurement through competencies and lead to superior performance.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### **3.0 Introduction**

The chapter comprises the descriptions of the practical aspect of the study that involves study area, processes used to collect, describe and analyse the data. It also gives a briefing on the study design, population of the study, sampling procedure, data collection instrument and ethical considerations.

#### **3.1 Study Design**

The study was a descriptive type with a cross sectional data collection approach that was used to describe the practices of principal actors in procurement with emphasis on their knowledge and skills. Qualitative study approach was used to solicit the necessary data and their analysis. The descriptive study explains situations as they prevail at the time of the study without tempering with any factor or variable so as to determine cause and effect. The cross sectional approach is a procedure where data is collected within a single period and not successive periods in order to determine changes over the successive periods.

#### **3.2 Study Population**

The study population for this research are the principal actors in the health institution in Ho municipality with a sample size of 25 made up of 5 principal actors from each health institution.

### **3.3 Data Collection Tool and Procedure**

Questionnaire was designed and distributed among the study population.

Questionnaire for the assessment of competences comprise statements based on knowledge and skills, also statement on competencies of the procurement actors.

These statements were rated on a 5-point likert scale (Not at all=1 Neutral=2 Low=3, Medium=4 and High=5).

The questionnaire was left with the respondents for a week to allow enough time for completion.

### **3.4 Study Variables**

The study variables include gender, age, academic and professional qualifications, job title, years of job experience, knowledge and skills of each procurement officer in the health institutions. These variables are interdependent in nature and when methodically handled and analysed to enable the researcher answer the research questions.

Data was captured with SPSS version 19 and Ms Excel 2010 for generating mean and standard deviations on the ratings to determine the knowledge and skills.

This allowed detail comparison of relationship between the variables.

### **3.5 Data Analysis**

In qualitative data analysis, the researcher sorts and sifts text or contents into types, classes, sequences, processes, patterns or wholes. The aim of this process is

to assemble or reconstruct the data in a meaningful or comprehensible fashion (Jorgensen, 1989). SPSS version 19, computer packages, was used to find the mean and standard deviation of the responses displayed in a table format for better comparison towards a successful conclusion.

### **3.6 Ethical Issues**

Identification of Persons and institution by name was not done in the study, code for institution and no identification of persons by any means was done. This gives assurance of the fact that with response as such no single individual could be held responsible or associated with findings.

### **3.7 Background to the Study Area**

With the creation of seven additional districts, Ho Municipality is now one of the 25 political /administrative districts in the Volta region of Ghana. It is located in the middle zone of the Region. The municipality houses the regional capital, Ho. In mid-2012, the Ho West district was legally carved out of the then Ho municipality for ease of administration and faster development. March 1, 2013 saw the Ho Municipal Health Directorate cede off its health functions within the new Ho West district to the new District Health Management Team located at Dzolokpita.

**3.7.1 Sub Municipalities:** Ho Municipal has five sub municipalities, organized along traditional/electoral lines.

The distribution of the new population per sub municipality and its projections.

Ho Central sub municipality is thus the biggest sub municipality with more than half of the entire population of Ho Municipal.

**3.7.2 Health Infrastructure:** The GHS is the major care provider at all levels of the health system. It is complimented by the private sector and CHAG. All facilities including the regional hospital provide primary care. Ho Township has attracted a number of private health facilities in the recent years.

### **3.7.3 Planning Activities**

Plans were made by the BMCs towards the MDG Acceleration Framework [MAF] funding for 2013. These plans were never realized in the year as the fund never arrived as anticipated.

The only indication of MAF funding came towards the end of the year when the Regional Health Directorate released a total of GHc8186.00 in two releases to the Directorate during the last quarter of 2013 for specified activities.

During the year, the Directorate led the BMCs to put up a plan to scale up coverage for focused Antenatal Care, Expanded Programme on Immunisation and Family Planning using the Bottleneck Analysis [BNA] tool process.

General health service delivery during 2013 was funded with internally generated funds, most especially NHIS reimbursements.

Programme funds came in assist with specific nationally defined or to a little extent, regionally defined projects. Activities carried out were guided by microplans responding to each programme's specific requirements.

#### **3.7.4 General Management Issues**

A new management team, consisting of the Medical Superintendent and Administrator, took over the Ho Municipal hospital during the year.

Management of the various BMCs steered the affairs of their various BMCs. This was done through regular management meetings and through the various statutory and ad hoc committees and other forums for interaction with staffs. At the Directorate, 26 core team weekly meetings were held.

Some of these committees are:

- Audit Report Implementation Committee
- Procurement Committee
- Disciplinary Committee
- Drug and Therapeutic committee
- Quality Assurance Committee
- Claim Vetting Committee

### **3.7.5 Monitoring and Evaluation**

M&E activities were also carried out during the year.

Polyclinic and Ho Municipal Hospital participated in annual peer review activities, with good outcomes.

Apart from regular performance feedbacks, the Directorate organized a successful half year performance review to discuss performance at programme level and how to improve for the last half of the year.

### **3.7.6 Internal Audit**

The Internal Audit unit functioned smoothly during the year, with 60% self-appraisal rating. One auditor located in the Ho Municipal Hospital doubles for the Directorate. The observations and activities of the unit in 2013 were a vast improvement upon 2012. Some of the challenges faced by the unit in 2013 were:

- Absence of proper documentation of activities at the units/wards, health centres and CHPS zones,
- Payments made without recourse to the Internal Audit Unit.
- Poor review of work by the Finance Officers of the Internally Generated Funds (IGF).
- Delay in arrival of goods to the General stores and Pharmacy.

- Suppliers delivering goods on piece-meal basis.

Goods and services not accompanied by supporting documents at the time of delivery.

### 3.7.7 Health Insurance

Financial coverage for health care at individual level was provided by the NHIS. For 2013, 46.2% of combined Ho and Ho population had active health insurance cover. This can be broken down as in the table below:

Table 3.1: Insurance Coverage for Beneficiary Categories

Beneficiary category	Males	Females	Total	Percentage
Pregnant women		3553	3553	2.6
Dependants	21910	27638	49548	36.5
Aged	2497	4119	6616	4.9
Indigents	6907	8544	15451	11.4
Informal sector	17831	32764	50595	37.3
SSNIT Contributors	5363	3931	9294	6.9
Pensioners	371	223	594	0.4
Total	54879	80772	135651	100.0

*Source: Ho Mutual Health Insurance scheme PRO office 31.01.2014*

The Scheme in Ho worked hard to ensure early issuance of ID cards to registered beneficiaries, and early reimbursement of claims submitted.

### 3.7.8 Financial Performance

Table 3.2: Comparative Analysis of NHIS Revenue, 2013

Facility	2013 % OPD Insured	Number insured seen	NHIS revenue paid GHs
Ho Municipal Hospital	88.97	57,968	986,647.42
Ho Polyclinic	90.4	28,949	419,054.89
Health Centres & CHPS zones	93.1	25,916	175,326.39

Source: Ho Municipal Health Directorate, 2013

### 3.7.9 Health Infrastructure

The generally poor state of infrastructure at all levels is acknowledged, the worst hit being the municipal hospital and some health centres.

The Municipal Hospital had its foundation stone laid in 1925 by Mrs. G.W. Gush and was completed in 1927 on a 3.93 acre land. Before February 1999, it had served as the Regional Hospital, and became re-designated same year as the District Hospital when the New Volta Regional Hospital was commissioned. The hospital served as the referral centre for all health facilities in the Ho Municipality but had seen no major rehabilitation since 1927. The state of the entire hospital estate is a huge challenge as all the buildings are very old and dilapidated

The Ho Polyclinic, on the other hand, was built as Leprosy Hospital in 1926 by the Basel Missionaries and functioned as such until February, 1996 when it was re-designated Polyclinic in view of the devolution of leprosy control.

All health centres and CHPS zones were built by the communities. The design therefore, is not always standard and maintenance over the years problematic.

With the creation and separation of Ho West, the dearth of health centre/CHPS infrastructure in Ho municipality became apparent.

During the year, Ho Polyclinic constructed a multi-purpose incinerator for waste disposal and is in the process of expanding infrastructure to make room for 24 hour services.

In response to the huge infrastructural challenges faced by the Municipal Hospital, management undertook the under-listed projects:

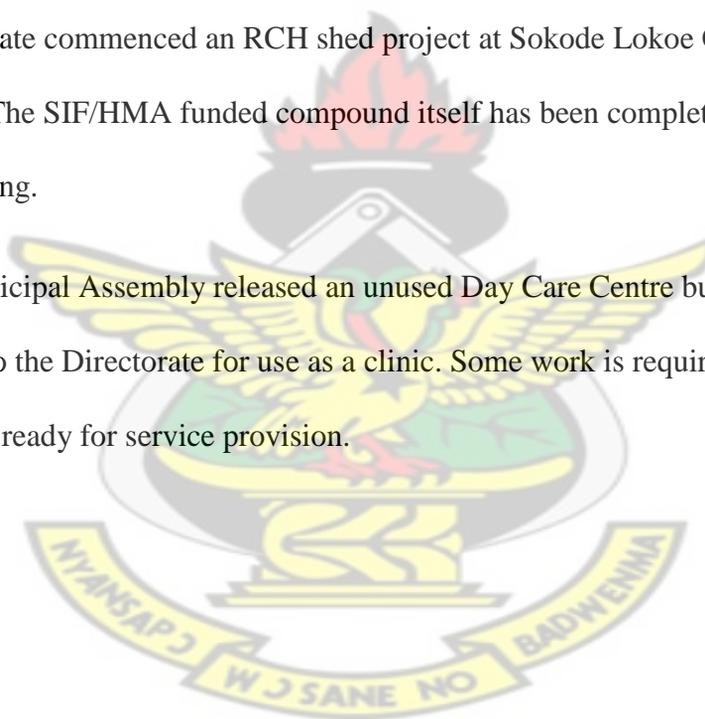
- Renovation of a bungalow for the Medical Superintendent
- Renovation of Administrator's bungalow
- Renovation of the upper theatre block
- Renovation of old male ward annex block to re-locate Mental Health unit
- Completion of on-going Accident & Emergency unit
- Renovation of the Administration block
- Rehabilitation of the OPD block
- Creation of mothers' lodge

At the Directorate, the NHIS funded Hodzoghah health centre project continued. Painting, fixtures of plumbing and electrical fittings, louver blades and floor covering remained outstanding as funds allocated could not cover these.

CHPS compound projects for Akoeffe and Hofedo Zongo, awarded by GHS/MOH since November 2012, remained at lintel and foundation level respectively for failure to pay mobilization to the contractors.

The Directorate commenced an RCH shed project at Sokode Lokoe CHPS compound. The SIF/HMA funded compound itself has been completed awaiting commissioning.

The Ho Municipal Assembly released an unused Day Care Centre building in the Ho Market to the Directorate for use as a clinic. Some work is required to make the structure ready for service provision.



## CHAPTER FOUR

### FINDINGS AND DISCUSSIONS

#### 4.0 Introduction

This chapter presents analysis and findings from the responses to questions used to solicit information on the study. The chapter is divided under the following headings; background of respondents, standard procurement competencies, procurement competencies of principal actors, challenges and suggestions to curtail the challenges in the public health institutions in the Ho Municipality

#### 4.1 Background of Respondent

Table 4.1: Sex Distribution

Sex	Frequency	Percentage
Male	18	72
Female	7	28
Total	25	100

Source: Field work, 2014

Table 4.1 shows the sex distribution of respondents with 18 (72 %) and 7 (28%) respectively were males and females. It is not a good representation of gender advocacy but both sexes presented. Gender advocates call for gender balance in national establishments.

Table 4.2: Age Distribution

Age Group	Frequency	Percentage
18 – 24	2	8
25 – 31	4	16
32 – 38	7	28
39 – 45	6	24
46 – 52	4	16
53 – 59	2	8
<b>Total</b>	<b>25</b>	<b>100</b>

Source: Field work, 2014

Table 4.2 shows the Age distribution of respondents, 2 (8%), 4 (16%), 7 (28%), 6 (24%), 4 (16%) and 2 (8%) were respectively within ages 18 to 24, 25 to 31, 32 – 38, 39 to 45, 46 to 52 and 53 to 59 years. The age is fairly distributed over the median age group in that there were more age grouping with most of the ages occurring with 32 to 45 and the remaining spreading along the ends.

Table 4.3: Highest Academic Education

Level	Frequency	Percentage
Diploma	18	72
1 <sup>st</sup> Degree	6	24
Masters	1	4
<b>Total</b>	<b>25</b>	<b>100</b>

Source: Field work, 2014

Table 4.3 shows the highest academic educational distribution of respondents. 18 (72%), 6 (24%) and 1 (4%) respectively had diploma, 1<sup>st</sup> degree and masters. This implies that all the respondents had tertiary qualifications that enable them meet basic requirement to practice as procurement practitioner.

Table 4.4: Professional Training

Type of Training	Frequency	Percentage
Accountancy	6	24
Administration	1	4
Diploma in Business Management	7	28
Marketing	2	8
Purchasing and Supply	5	20
Secretaryship and Management	4	16
Total	25	100

Source: Field work, 2014

Table 4.4 shows the distribution by professional training of respondents. 6 (24%), 1(4%), 7 (28%), 2 (8%), 5 (20%) and 4 (16%) respectively were trained in accountancy, administration, diploma in business management, management and secretaryship, purchasing and supply and secretaryship and management backgrounds. An officer with any of the above is capable of doing the procurement – related duties.

Table 4.5: Job Title

Title	Frequency	Percentage
Executive Officer	2	8
Senior Nursing Officer	4	28
Finance Officer	5	20
Administrator	4	16
Procurement Officer	5	20
Storekeeper	5	20
Total	25	100

Source: Field work, 2014

Table 4.5 shows the distribution by job title held by respondents. The position held were executive officer, senior nursing officer, finance officer, administrator, procurement officers, and storekeepers who respectively from 8%, 28%, 20%, 16% 20% each. These titles are common among the Para medicals, who do the administrative duties.

## 4.2 Knowledge

Table 4.6: Knowledge on Public Procurement Law

Statement of Knowledge	Mean	Std. Deviation
Knowledge in practical guidance and step-by-step procedures provided by the PPM in your procurement duties	4.7	0.6
Knowledge in the standard invitation and contract documents for all values for goods, works and services	4.8	0.4
Knowledge in the rules and procedures for the procurement entities and their conducts in procurement duties	4.8	0.4
Knowledge in supplementary guide on disposal, single source procurement, margins of preference, framework contract agreements, sustainable public procurement (SPP) in your procurement duties	4.9	0.4
Mean of means	4.8	0.4

Source: Field work, 2014

Table 4.6 shows the level of knowledge on public procurement laws, guides and manual. Both the individual means and the mean of means (4.8) show the rating for each statement on table 4.6. The standard deviation 0.4 for the mean of means, 4.8, shows that about 68% of the respondents rated between 4.4 (high) and 5.0 (high). This indicates that principal actors in procurement have high level knowledge about on public procurement laws, guides and manual.

Table 4.7: Knowledge about the Facility

Statement	Mean Rating	Standard Deviation
Knowledge about the range of goods ( consumables and non-consumables ) procured in your facilities	4.9 (High)	0.3
To what extent do you apply the mission and vision statement of your facility in your procurement plan	3.2 (Low)	0.4
How do you apply the mission and vision of your facility enhance procurement activities	3.3 (Low)	0.5
Knowledge about the source of funding procurements in your facility	4.6 (High)	0.6
Knowledge about the level of availability of logistics for procurement activities	4.6 (High)	0.6
Knowledge do have about payment of taxes on goods, works and services procured by your facility	4.6 (High)	0.7
Knowledge about your facility workforce on your procurement activities	4.6 (High)	0.7
Knowledge about colleagues (other procurement officers) determine your procurement activities	4.5 (High)	0.7
Mean of means	4.3(Medium)	0.6

Source: Field work, 2013

Table 4.7 shows the level of knowledge they have about their respective facilities. Both the individual means and the mean of means (4.3) show the rating for each statement on table 4.7. The standard deviation 1.2 for the mean of means, 4.3, shows that about 68% of the respondents rated between 3.1 (Low) and 5.0 (high).

This indicates that principal actors in procurement have medium and high level knowledge about their respective facilities.

Table 4.8: Knowledge about the Clients of the Facility

Statement	Mean Rating	Standard Deviation
Knowledge about the market/suppliers for the range of goods, services and works ( consumables and non-consumables ) procured in your facilities	4.8(High)	0.5
Knowledge about the clients of your facility	3.3 (Low)	0.6
Mean of means	4.4 (Medium)	0.6

Source: Field work, 2014

Table 4.8 shows the level of knowledge respondents have about their suppliers and also knowledge about the clients. Both the individual means and the mean of means (4.4) show the rating for each statement on Table 4.8. The standard deviation 1.1 for the mean of means, 4.4, shows that about 68% of the respondents rated between 3.3 (Low) and 5.0 (high). This indicates that principal actors in procurement have medium and high level knowledge about their respective suppliers and clients who turned up for services.

Table 4.9: Knowledge about Technical Practices

Statement	Mean Rating	Standard Deviation
Knowledge about use of electronic means (ICT) in the procurement activities	4.1 (Medium)	0.6
Knowledge in planning as requested in procurement activities	4.2 (Medium)	0.6
Knowledge about goal setting to aid your procurement objectives	3.5 (Medium)	0.7
Knowledge in budgetary control that help to determine your procurement activities	3.5 (Medium)	0.7
Mean of means	3.8 (Medium)	0.6

Source: Field work, 2014

Table 4.9 shows the level of knowledge respondents have about technical practices with regard to the use of ICT, planning procedures and budgetary controls. Both the individual means and the mean of means (3.8) show the rating for each statement on Table 4.9. The standard deviation 0.6 for the mean of means, 3.8, shows that about 68% of the respondents rated between 3.2 (Low) and 4.4 (Medium). This indicates that principal actors in procurement have low and medium level knowledge about procurement practices with regard to the use of ICT, planning procedures and budgetary controls.

### 4.3 Skills and Practices

Table 4.10: Planning Skills

Statement	Mean Rating	Standard Deviation
How do you support and act in accordance with final group decisions even if in variance with your personal decision.	4.2 (Medium)	0.8
How do you propose a course of action or make recommendation based on all available information	4.2 (Medium)	1.4
What is your level of considering positive and negative impact of decisions prior to making them	4.3 (Medium)	0.8
How can you identify key issues in a complex situation and focus on problems quickly	4.2 (Medium)	1.0
How do you Anticipate problems and create remedy for such in relation to clients	3.8 (Medium)	1.0
Mean Rating	4.1 (Medium)	1.0

Source: Field work, 2014

Table 4.10 shows rating on planning skills as it might be required of procurement practices. Both the individual means rating and the mean of means (4.1) show the rating for each statement on table 4.10. The standard deviation 1.0 for the mean of means, 4.1 shows that about 68% of the respondents rated between 3.1 (Low) and 5 (High). This indicates that there are various levels of planning skills among the principal actors.

Table 4.11: Communication skills

Statement	Mean Rating	Standard Deviation
How do you listen, question and clarify issues to ensure full understanding	4.2 (Medium)	1.4
How do you participate in team assignments and group tasks	4.3 (Medium)	1.4
How can you easily express self and ideas to others	4.3 (Medium)	1.4
Receive and give feedback to team members frequently.	1.4 (Low)	1.0
How do you listen, question and clarify issues to ensure full understanding	4.0 (Medium)	1.2
Mean of mean	4.2 (Medium)	1.4

Source: Field work, 2014

Table 4.11 shows rating on communication skills, listening and questioning skills, ability to work in group, self-expression and feed backs, as it might be required of procurement practices. Both the individual means rating and the mean of means (4.2) show the rating for each statement on table 4.11. The standard deviation 3.4 for the mean of means, 4.2 shows that about 68% of the respondents rated between 3.5 (medium) and 4.9 (High). This indicates that there are various levels of planning skills among the principal actors.

Table 4.12: Interpersonal Relationship Skills

Statement	Mean Rating	Standard Deviation
How is your adoptions to suit the needs of the audience	4.2(Medium)	1.2
How is your positive attitude despite the difficulties involved in the job	3.7(Medium)	1.6
How do you solicit input by genuinely valuing other's idea and expertise.	4.3(Medium)	1.2
How aggressive are you in achieving the needs of client	4.6 (High)	0.8
Mean Rating	4.2 (Medium)	1.0

Source: Field work, 2014

Table 4.12 shows rating on inter-personal relations skills, adaption to suit audience, soliciting idea from other experts, aggressive towards the needs of clients, as it might be required of procurement practices. Both the individual means rating and the mean of means (4.2) show the rating for each statement on table 4.12. The standard deviation 1.0 for the mean of means, 4.2 shows that about 68% of the respondents rated between 3.7 (medium) and 4.7 (High). This indicates that there were various levels of inter-personal relation skills among the principal actors.

Table 4.13: Sourcing Skill

Statement	Mean Rating	Standard Deviation
How is your ability to use the ICTs in your duties	4.4 (Medium)	1.2
How is your ability to effectively manage time as required by procurement activities	3.3 (Low)	1.0
How do you professionally and ethically abide by procurement laws	4.2 (Medium)	0.8
How mindful are you with working to meet deadline	4.0 (Medium)	0.6
Market identification for the appropriate need	4.8 (High)	0.6
Mean of mean	3.9 (Medium)	1.0

Source: Field work, 2014

Table 4.13 shows rating on sourcing skills, use of ICT, time management, professionalism and ethics, identification of the appropriate market, as it might be required of procurement practices. Both the individual means rating and the mean of means (3.9) show the rating for each statement on table 4.13. The standard deviation 1.0 for the mean of means, 3.9 shows that about 68% of the respondents rated between 3.4 (Low) and 4.4 (Medium). This indicates that there are low and medium levels of sourcing among the principal actors.

#### 4.4 Procurement Challenges

Table 4.14: Procurement Challenges

Statement	Mean Rating	Standard Deviation
What is the level of interference in procurement process by politicians and public official	4.7 (High)	1.0
What is the level of challenge of funding (either by time, quantity, availability) in your procurement duties	4.6 (High)	1.2
How is the availability of ICT for internal and external use to enhances your procurement duties	4.2 (Medium)	1.0
Is there a well-furnished office space for your procurement duties	4.2 (Medium)	1.0
How are Logistics available for your smooth procurement duties	3.4 (Low)	1.0
How do service providers ( bidders) appreciate and understand standard tender/contract documents	3.4 (Low)	1.0
How are the professional skills and knowledge required of your procurement workforce	3.3 (Low)	1.0
How lengthy is procurement process due to the several layers of approving structures (head of entity, entity tender committee, and tender review board).	4.7 (High)	1.0
Rate the training programme to update your knowledge and skills on public procurement practices	3.2 (Low)	1.0
How lengthy and complex are procedures for emergency procurement	4.7 (High)	1.0
Rate the availability of qualified procurement professional staff	3.3 (Low)	1.0

Mean of means	4.1 (Medium)	1.0
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Source: Field work, 2014

Table 4.13 shows rating on procurement challenges encountered. Both the individual means rating and the mean of means (4.1) show the rating for each statement on table 4.14. The standard deviation 0.5 for the mean of means, 4.1 shows that about 68% of the respondents rated between 3.6 (Medium) and 4.6 (High). This indicates that there are medium and high levels of procurement challenges among the public health institutions in the Ho Municipality.

#### 4.5 Discussions

This study looked at procurement competencies among the principal actors in procurement in the public health institutions in the Ho Municipality. According to studies by Hudson (2008), procurement officers must possess an uncommonly varied mix of technical as well as personal competences in order to consistently distinguish themselves as superior performer. This study focused on the knowledge and skills of the principal actors as noted by Jokinen (2005) that competencies reflect certain traits, behaviours, skills, values and knowledge and Public procurement professionals in modern times should have versatile competencies. From the analysis of the results knowledge about the activities of the health institutions was rated. The goals, mission and visions statement were part of the required knowledge, also were knowledge on the internal and external

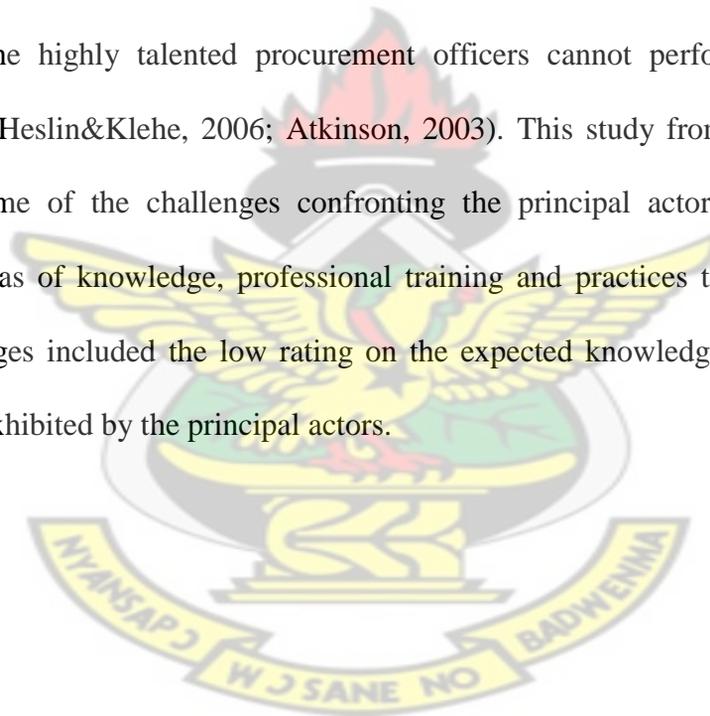
clients, goods, services and works. The study also requested of knowledge in public procurement law that should be used as the guide for the principal procurement practitioners. From the findings the principal actors in procurement exhibited varied levels of knowledge in the areas afore-mentioned. The level of knowledge were measured on low, medium and high rating, which indicated the levels of knowledge possessed by the principal actors in the various areas deemed appropriate and worth noting in order to enhance procurement goals in the facilities.

Writing from a financial perspective, Storer and Rajang (2002) observed that the structural changes that had affected organizations increased the importance of technical skills, risk management skills, IT skills, business awareness and behavioural skills. Professions are an open, ecological system in which individual professions exist in interdependence. To support Storer and Rajang's view, this study considered the professional training and Job title of the principal actors involved in the study. Executive officer, senior nursing officer, finance officer, administrator, procurement officers, and storekeepers were the areas of practice for the procurement practitioners which indicate the various expertise and skills that are required to meet the procurement need of the health institutions. They also had professional training in areas such as accountancy, administration, diploma in business management, management and secretaryship, and purchasing and supply. Based on the professional training and the job practice the principal

actors were rated in required skill such as planning skills, communication skills, inter-personal relationship and sourcing skills, on which varied level of skills were rated on low, medium and high rating.

Challenges still exist where changes from an operational to a strategic role have not been matched with corresponding competencies among procurement officers.

As a result, there are irregularities in the procurement process including inadequate procurement planning, poor record keeping and abuse of process such that even the highly talented procurement officers cannot perform their job effectively (Heslin&Klehe, 2006; Atkinson, 2003). This study from its findings unearths some of the challenges confronting the principal actors despite the versatile areas of knowledge, professional training and practices the possessed. The challenges included the low rating on the expected knowledge and skill to have been exhibited by the principal actors.



## CHAPTER FIVE

### SUMMARY OF FINDING, CONCLUSIONS AND RECOMMENDATIONS

#### **5.0 Introduction**

This chapter comprises of the conclusions on the competencies and recommendations to help bridge the knowledge and skills gap identified from the findings of the study.

#### **5.1 Conclusions**

Based on the analysis it can be seen that majority of respondents were rated high for knowledge on Public Procurement Law, average on knowledge about the Facility, average on knowledge about the Clients of the Facility. For knowledge about Technical Practices it was rated high and for planning Skills it was rated average. More so, for Communication, it was rated on average and interpersonal Relationship Skill was also rated Low. Sourcing Skill was also rated on average with procurement challenges been rated high. From this output it can be concluded that principal actors in the health institution have average competencies as against the expected knowledge and skill of the principal actors in procurement process.

#### **5.2 Recommendation**

Below is the list of Suggestions to help address challenges of procurement competencies among the principal actors in procurement. These will also help

better the knowledge and skills, compared with the findings of this study, of the procurement practitioner.

5.2.1 Entities should encourage procurement office to develop themselves.

5.2.2 There must be on the job training

5.2.3 Organize regular in-service training to update procurement officers

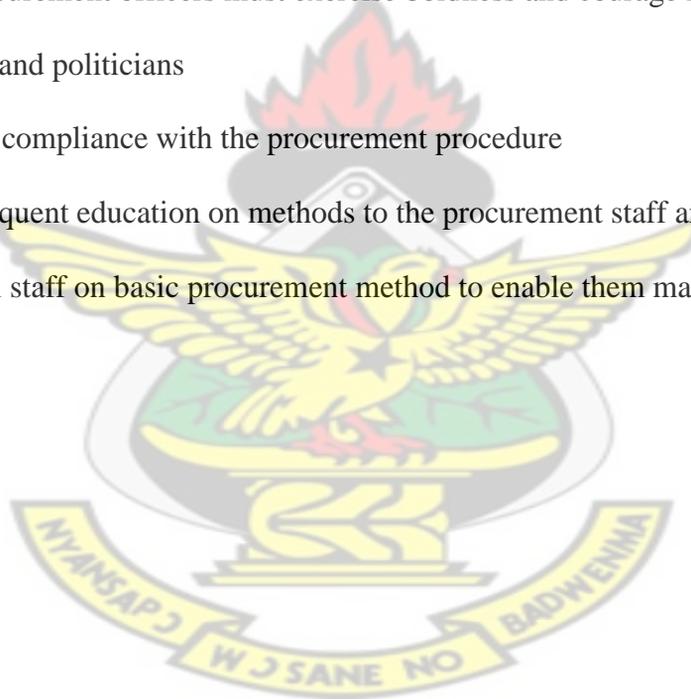
5.2.4 Institute collaboration among procurement officers and the PPA

5.2.5 The procurement officers must exercise boldness and courage in dealing with officials and politicians

5.2.6 Enforce compliance with the procurement procedure

5.2.7 Give frequent education on methods to the procurement staff and bidders

5.2.8 Train all staff on basic procurement method to enable them make input



## REFERENCES

- Adjei, A. B. (2008) “*Chief Message, Ghana Public Procurement Board*” ([http://www.ppbghana.org/story\\_detail.asp?story\\_id=18](http://www.ppbghana.org/story_detail.asp?story_id=18)), (accessed 12/08/14)
- Amaratunga, D., & Baldry, D. (2002). *Moving from Performance Measurement to Performance Management*. *Facilities*, 20 (5/6), 217- 219
- Anvuur, A. and Kumaraswamy, M. & Male, S. (2006), Taking forward public procurement reforms in Ghana, CIB W107, Construction in Developing Economies International Symposium; Construction in Developing Economies: New issues and Challenges January 18th – 20th, Santiago, Chile.
- Brudney, Jeffrey, Brendan B., Chung-Kae C., and Deil W. (2009), No “One Best Way” to Manage Change: Developing and Describing Distinct Administrative Reform Dimensions across the 50 American States. *Public Administration Quarterly* 33(2): 197-232.
- Carr, A.S., Smeltzer, L.R. (2000), "An empirical study of the relationship among purchasing skills and strategic purchasing, financial performance and supplier responsiveness", *Journal of Supply chain management*, vol. 36 No.3 pp 40- 54

Dimitriadis, Z. S., &Maroudas, T. S. (2007) Demographic Predictors of Service Satisfaction in Greek Public Organizations. *Measuring Business Excellence*, 11 (2), 32-43. doi:10.1108/13683040710752724

Evenett, S. &Hoekman, B. (2005).International cooperation and the reform of public procurement policies.

Errigde, A. &McIlroy, J. (2002). ‘Public procurement and supply management strategies’, *Public policy and administration*, volume 17, No.1, spring, pp 52-71

Faes, W.; Knight, L. &Mattyssens, P. (2001). ‘Buyer profiles: an empirical investigation of changing organizational requirements’, *European journal of Purchasing and Supply Management*, Vol 7 No3, pp197-208

Ghana Public Procurement Act, 2003 (Act 663). Republic of Ghana. Accra Ghana Publishing Corporation.

Ghana Public Procurement Authority (PPA), Annual Report, 2008, pp. 18

Ghana Public Procurement Authority (PPA), Annual Report, 2009, pp. 2-20

Gelderman, J. C., Ghijsen, W. P. & Brugman, J. M. (2006). Public procurement and EU tendering directives- explaining non-compliance. *International Journal of Public Sector Management*, 19(7), 702-714.

Government of Ghana (2003), Public Procurement Act, 2003 (Act 663), Accra

Goldsmith, Stephen, and William D. Eggers (2004), *Governing by Network: The New Shape of the Public Sector*. Washington, DC: Brookings Institute Press.

Guinipero, L.; Handfield, B.R.; & Eltantawy, R. (2006), 'Supply management evolution: key skill sets for supply manager of the future', *International Journal of Operations and Production Management*, vol.26, No.7, pp 822-844.

Hudson (2008), Procurement Management theory. *London Journal of Purchasing and Supply Management*. vol.4

Humphreys, Paul. 2001. Designing a *Management Development Programme* for Procurement Executives. *Journal of Management Development* 20(7): 604-623.

Hultler & Brown, 2006. Plan for an Expanded Public Works Programme on procurement.v12.pp123

Hunja, R. (2003). Obstacles to public procurement reform in developing countries. In S. Arrowsmith & M. Trybus (Eds.), *Public Procurement: The Continuing Revolution* (pp. 13-22). Dordrecht, The Netherlands: Kluwer Law International

Knudsen, D. (1999). *Procurement Performance Measurement System: Focusing on the Swedish Public Sector*. from Lund Institute of Technology web site: [http://www.tlog.lth.se/documents/publications/Lic\\_Daniel\\_Knudsen.PDF](http://www.tlog.lth.se/documents/publications/Lic_Daniel_Knudsen.PDF)

Jokinen, T. (2005). 'Global leadership competencies: a review and discussion', *Journal of European Industrial Training*, vol.29, No, 3. pp199-216.

Lamont, M. & Molnars, V. (2002). 'The study of boundaries in social sciences', *Annual Review of Sociology*, Vol. 28, pp167-195

Lan, Z.G. ; Riley, L. & Cayer, J. N. (2005). 'How can local Government Become and Employer of Choice for Technical professionals?', *Review of Public Administration*, Vol25, No.3, pp. 225-242

Lysons, K. and Farrington, B. (2006). *Purchasing and Supply chain Management*; 7th ed. London: Prentice Hall.

Lysons, K. and Gullingham, M. (2003) *Purchasing and Supply Chain Management*, 6th ed. London: Pearsons Hall.

Ministry of Finance (2001)*Procurement Reform Proposal*. A component of the Public Financial Management and Reform Programme (PURFMARP), Accra: Ministry of Finance, Ghana.

Monczka et al.; (2004, 1998), *Purchasing and Supply chain Management*, International Thomson publishing, and United States of America.

OECD-DAC/World Bank, (2005)“Organization for Economic Committee Development/Development Assistance Committee (DAC)/ World Bank”,Guidelines and Reference Series. A DAC Reference Document Harmonising Donor Practices for Effective Aid Delivery,Version 3: Strengthening Procurement Practices in Development Countries.

OECD-DAC/World Bank (2006), “Organization for Economic Committee Development (OECD)/Development Assistance Committee (DAC)/ World Bank”, Joint Venture for Procurement: Methodology for Assessment of National Procurement Systems, version 4,pp.1-16

Peterson, O.T. & Van Fleet, D.D. (2004). ‘The ongoing legacy of R.L.Katz: An updated typology of management skills’, *Management decision*, vol.42, No.10, pp. 129

PPA Annual Report. (2007). National Public Procurement Authority Annual Report 2007. Ghana.

PPA Annual Report. (2008). National Public Procurement Authority Annual Report 2008. Ghana.

Sauber, M.H. et al, (2008). 'Developing supply chain management program: a competency model', *Quality assurance in Education*, Vol. 16, No.4, pp375- 391

Schapper, P. Veiga, Malta, & Gilbert, D.L. (2006) An analytical framework for the management and reform of public procurement, *Journal of public procurement*, vol. 6 No 1-2, pp 1-26

Schapper, P.R., (2008). The impact of e-procurement on corruption: The potential of e-procurement for curbing corruption risks.

Storer, G. and Rajan, A. (2002). 'New mindsets and new skills: The strategic importance of continuous competence in emerging financial services business models', *Journal of Financial Regulation and Compliance*, Vol. 10, No. 2,

Verhage, Rob, et al. (2002) "Procurement Reform in the Ghana Health Sector." *Journal of Public Procurement* 2: 261-268. PDF file.

World Bank, (2003). Ghana 2003 Country Procurement Assessment Report, Washington, DC: Ghana Country Department, The World Bank.

APPENDIX A  
QUESTIONNAIRE

Dear respondent,

This questionnaire seeks to solicit data on “the knowledge, attitude and practises about Public Procurement Act and practices among health institutions in Ho municipality”. The study is purely for academic purposes. You have been carefully selected to participate in this exercise considering the immense contribution your participation will yield this work. You do not need to declare your identity. Thank you.

**Instructions:** Please respond by ticking in the bracket or box under each rating on table and complete statements where necessary.

**A. Demographics:**

1. What is your gender       Male                       Female
2. What is your age group?  18-24     25-31     32-38     39-45     46-52  
 53-59
3. What is your highest education?  Certificate  Diploma     Degree      
Masters  
Others .....
4. What is your professional training?  Accountancy     Social Sciences      
Marketing  
 Procurement     Administration     Others .....

5. What is your job title? .....

Rate the statements below as it pertains to you as a procurement officer

(Not at all=1, Neutral=2, Low =3; Medium=4; High=5)

Statement of Knowledge		1	2	3	4	5
<b>Knowledge in the Public Procurement Law</b>						
6	What is your level of knowledge in practical guidance and step-by-step procedures provided by the PPM in your procurement duties					
7	What is your knowledge in the standard invitation and contract documents for all values for goods, works and services					
8	What is your knowledge in the rules and procedures for the procurement entities and their conducts in procurement duties					
9	How is your knowledge on the supplementary guide on disposal, single source procurement, margins of preference, framework contract agreements, sustainable public procurement (SPP) in your procurement duties					
<b>Knowledge about the health institution</b>						
10	What is your level of knowledge about the range of goods ( consumables and non-consumables ) procured in your facilities					
11	What is your level of knowledge about the market/suppliers for the range of goods ( consumables and non-consumables ) procured in your facilities					
12	How is extent do you apply the mission and vision statement of your facility in your procurement plan					
13	How do you apply the mission and vision of your facility enhance procurement activities					
14	How does your knowledge about the clients of your facility has influence on your procurement decision					
15	How is your knowledge about the source of funding procurement in your facility					
16	How is your knowledge about the level of availability of logistics for procurement activities					
17	How much knowledge do have about payment of taxes on goods, works and services procured by your facility					
<b>Technical Knowledge on Procurement Practices</b>						
18	How much do you apply electronic means (ICT) in the procurement activities					

19	To what extent has your knowledge in planning influence the success of your procurement activities					
20	Rate the effect of your knowledge about your facility workforce on your procurement activities					
21	Rate the effect of your knowledge about goal setting on your procurement objectives					
22	To what extent has your knowledge in budgetary control determine your procurement activities					
23	How has your level of knowledge about colleagues (other procurement officers) determine your procurement activities					
<b>Planning Skills</b>						
24	How do you support and act in accordance with final group decisions even if in variance with yours personal decision.					
25	How do you propose a course of action or make recommendation based on all available information					
26	What is your level of considering positive and negative impact of decisions prior to making them					
27	How can you identify key issues in a complex situation and focus on problems quickly					
28	How do you Anticipate problems and create remedy for such in relation to clients					
<b>Interpersonal Relation Skills</b>						
29	How is your adaptations to suit the needs of the audience					
30	How is your positive attitude despite the difficulties involved in the job					
31	How do you solicit input by genuinely valuing other's idea and expertise.					
32	How aggressive are you in achieving the needs of client					
<b>Communication Skills</b>						
33	How do you listen, question and clarify issues to ensure full understanding					
34	How do you participate in team assignments and group tasks					
35	How can you easily expresses self and ideas to others					
36	Receive and give feedback to team members frequently.					
<b>Sourcing Skills</b>						
37	How is your ability to use the ICTs in your duties					
38	How is your ability to effectively manage time as required by procurement activities					
39	How do you professionally and ethically abide by procurement laws					
40	How mindful are you with working to meet deadline					

Procurement challenges						
41	What is the level of interference in procurement process by politicians and public official					
42	What is the level of challenge of funding (either by time, quantity, availability) in your procurement duties					
43	How is the availability of ICT for internal and external use to enhances your procurement duties					
44	Is there a well-furnished office space for your procurement duties					
45	How are Logistics available for your smooth procurement duties					
46	How do service providers ( bidders) appreciate and understand standard tender/contract documents					
47	How are the professional skills and knowledge required of the procurement workforce					
48	How lengthy is procurement process due to the several layers of approving structures (head of entity, entity tender committee, and tender review board).					
49	Rate the training programme to update your knowledge and skills on public procurement practices					
50	How lengthy and complex are procedures for emergency procurement					
51	Rate the availability of qualified procurement professional staff					

**Section C: Suggestion to Surmount the Challenges**

On each challenges noted on the table above, suggest views suitable to you to help reduce the Challenges

52. Resources

53. Procurement Methods

54. Official Influences

55. Competence of Procurement Officers

56. Market (suppliers)

Thank You