PROCUREMENT OF PHARMACEUTICALS FROM PRIVATE SUPPLIERS BY PUBLIC HOSPITALS IN DAR-ES-SALAAM AND COAST REGIONS.

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By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the MSc. of Science (Pharmaceutical Managment) of Muhimbili University of Health and Allied Sciences.

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CERTIFICATION

The undersigned certify that she has read and hereby recom mend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: ***Procurement of Pharmaceuticals from Private Suppliers by Public hospitals in Dar-es-salaam and Coast Regions***, in (Partial) fulfillment of the requirements for the degree of Master of Science (Pharmaceutical Managment) of Muhimbili University of Health and Allied Sciences.

.....

Dr. Godeliver Kagashe

Supervisor

Date:.....

DECLARATION

I, **Suma David Jairo** declare that this **dissertation** is my own orginal work and that it has not been presented and it will not be presented to any other University for the similar or any other degree award.

Signature..... Date.....

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While acknowledging all those who contributed towards this work, I stand to be criticized and responsible for all the views and short comings in this dissertation.

DEDICATION

This work is dedicated to my mother, Anna Jonah Mwaitebele and my father, David Jairo whose dreams have always been my exemplary academic achievement. Mum and Dad! I have made your dream come true.

ABSTACT

BACKGROUND: In Tanzania the supply of pharmaceuticals is from public and private. In public sector Medical Stores Department is the sole supplier of pharmaceuticals to public health facilities. When MSD is out of stock of some items, the public health facilities purchase from private suppliers. It is not known if these health facilities follow the rules and regulation set in the Public Procurement Act of 2011 and its Regulations when procuring from these private suppliers. This study explores the reasons for procure from private suppliers and if the health facilities follows appropriate procurement methods and tendering process as stated in the Act.

OBJECTIVES: The aim of the study was to explore the procurement practices in district hospitals, whether they adhere to policies and regulations when purchasing pharmaceuticals from private suppliers; and to identify challenges faced by these public hospitals during the whole process.

METHODOLOGY: A cross sectional design was used. The study was conducted in five district hospitals, three from Dar-es-salaam; Amana, Mwananyamala and Temeke and two from Coast region including Bagamoyo and Tumbi. A number of recorded documents were reviewed to capture informations on procurement process.

A sub study was done through use of structured questionnaire to assess the level of knowledge of personnels dealing with procurement in selected health facilities and challenges faced when procuring pharmaceuticals from private suppliers.

RESULTS: The study revealed a number of weakness in implentation of PP Act and its Regulations, including lack of of Annual Procurement Plans, non compliance with contract specification, poor record keeping of adverts, and Time for submission of price quotation. Some of the major challenges facing the pharmaceutical sector include high price of pharmaceuticals, failure of suppliers to fulfill orders and meeting specification, insufficient funds to pay for pharmaceuticals and the process is time consuming. These lead to unsafe practices, and reliance on outside agencies. Despite of the mention weakness, these hospitals performed better in number of indicators; the use of appropriate procurement method, Establishment of Tender Board and establishment of Evaluation sub-committee.

CONCLUSION: Procurement of pharmaceuticals from private suppliers in public hospitals is not adhering to regulation. The hospitals over use fund due to lack of procurement plans, therefore products are procured out of estimated budget. Despite the fact Private suppliers are alternative source of MSD still they fail to fulfill orders and complying according to specifications. Personnel dealing with procurement have moderate level of knowledgeable with regard to tendering procedures.

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LIST OF ABBREVIATIONS/ ACRONYMS

CHF = Community Health-care Financing

CTB = Committee Tender Board

DMO = District Medical Officer

GPSA = Government Procurement Service Agency

GRN = Good Receiving Note

HTC = Hospital Therapeutic Committee

HSSP = Health Sector Strategic Plan

ILS = Intergrated Logistic System

LPO = Local Purchase Order

MoHSW = Ministry of Health and Social Welfare

MSD = Medical Stores Department

MUHAS = Muhimbili University of Health and Allied Sciences

NEMLIT = National Essential Medicines List for Tanzania

NHIF = National Health Insurance Fund

PE = Procurement Entity

PHF = Public Health Facility

PMO-RALG = Prime Minister's Office- Regional Administration Local Government

PMU = Procurement Managment Unit

PPA = Public Procurement Act

PPRA = Public Procurement Regulatory Authority

PSU = Pharmaceutical Services Unit

PV = Payment Voucher

RMO = Regional Medical Officer

SPSS = Statistical Package for Service Solution

STG = Standard Treatment Guidelines

SOP = Standard Operating Procedures

TB = Tender Board

WBI = World Bank Institution

WHO = World Health Organization

TFDA = Tanzania Food and Drug Authority

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DEFINITION OF THE KEY TERMS

Health facilities: These refer to all health care delivery institutions registered and recognized by the Ministry of Health and Social Welfare, they include hospitals, medical and dental clinics, health centres and dispensaries.

Drug, Medicine or Pharmaceutical: Means any substance or mixture of substances manufactured, sold or presented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state, or the symptoms, thereof, in man (the three terms have been used interchangeably in the entire document).

Catalogue: A complete list of items, typically one in Alphabetical or other sytematic order in particular.

CHAPTER ONE

INTRODUCTION

BACKGROUND OF THE STUDY

1.1 : TANZANIAN HEALTH SYSTEM:

The health system in Tanzania has two major sectors: the public and the private sector. The system works at four major levels; Dispensaries and health centres, District hospitals, Regional hospitals and Referral hospitals.

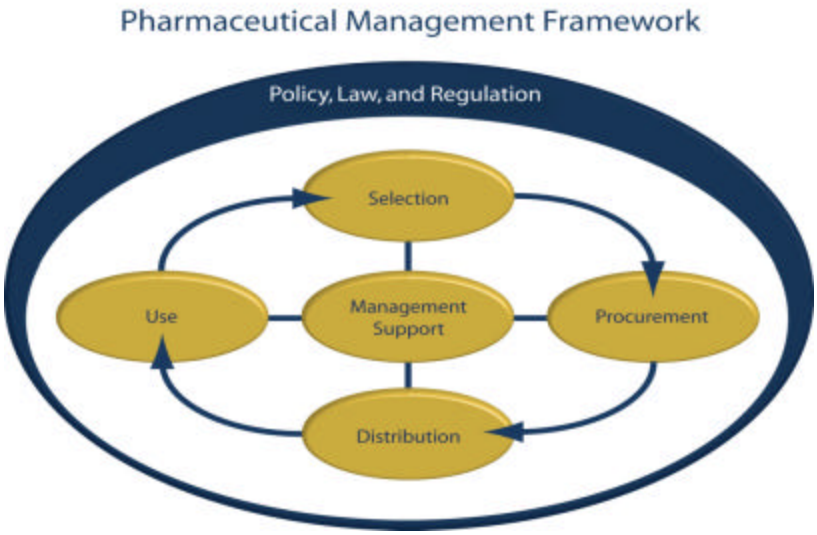
The governance of public sector health care system is largely decentralized. On the Centralized system, The Ministry of Health and Social Welfare, has the overall power and responsiblity for policy making and development of guidelines (e.g Standard Treatment Guidelines (STG), National Essential Medicine List of Tanzania (NEMLIT)), health budget preparation and allocation. The Pharmaceutical Services Unit (PSU) within the Ministry is charged with responsiblity of overseeing all matters regarding pharmaceuticals in collaboration with Tanzania Food and Drug Authority (TFDA) and Pharmacy Council. TFDA is responsible for ensuring quality and safety of drugs, Pharmacy Council is responsible for ensuring good practice of personnel. These personnel include pharmacist, pharmaceutical technician and pharmaceutical assistant are present in various level either in health facility, District council, Municipal council and Regional office. They are involved in selection of pharmaceuticals to be procured and evaluation of suppliers through offering technical support.

Decentralized system is observed at district level. The district council has all the power for planning, implementing, monitoring and evaluating the health service. Planning and budgeting is done by the Council Health Service Board, which works hand in hand with various Committees at the health facility level. Pharmacist usually is the member of these committees at district and Regional level. The Full Council **is** the organ which is responsible for overseeing the activity done by District Council, and approves the budget; and reports this to the Prime Minister's Office- Regional Administration and Local Government (PMO-RALG).[1]

1.2 : THE PHARMACEUTICAL SYSTEM IN TANZANIA.

Pharmaceutical supply chain system involves four major components; Selection, Procurement, Distribution and Use which operate in a continuous cycle. For the cycle to continuously operate, it is controlled and guided by Managment support and Policy and Legal Framework.[2]

Figure 1: Pharmaceutical supply chain system



1.2.1: SELECTION:

The selection of pharmaceuticals is done at the level of Ministry of Health and Social Welfare by the National Medicines and Therapeutic Committee using National Essential Medicines List for Tanzania (NEMLIT).[3] The Committee has the overall responsibility of making appropriate selection, supervising adequate procurement and rational management and use of pharmaceuticals in public health facilities.

1.2.2: PROCUREMENT:

In general, procurement is the process of purchasing the necessary items of proven quality in appropriate quantities and at the best possible price.

The Tanzania public health care system relies heavily on the Medical Stores Department (MSD) for supply and distribution of pharmaceuticals and medical supplies. MSD was established in 1993 by an Act of Parliament. It is the only agent that is responsible for the procurement, storage and distribution of pharmaceuticals to public health facilities. It operates as a self sustaining revolving drug fund and its main customers are the Zonal Medical Stores which supply products to Referral hospitals eg Muhimbili National Hospital, Regional and District hospitals, health centers and dispensaries.[4]

There are a number of steps which any procurement entity such as MSD, Municipal Council or District Council must follow when procuring, which make the procurement cyle, these steps include:

1. **Determination of quantities needed**: in other words quantification or forecasting, any Procurement Entity (PE) organizing and analyzing information in a way that makes it possible to estimate demand. It uses consumption method to estimate the quantity needed.

2. **Reconciliation of needs and funds**: The Accounts office is responsible to know if the available fund is sufficient to purchase the required pharmaceuticals needed by the whole country and give a go ahead.
3. **Choosing a procurement method:** There are four major procurenment methods recommended internationally, these methods are Open tender, Restricted tender, Competitive negotiation and Direct procurement. Which have been recommended by the Public Procurement Act of 2011.
4. **Location and selection of suppliers:** When PEs selects the suppliers, they take into consideration the lead time as it is affected by location of supplier if it is an international or national located supplier as well as other approval procedures changes. Selection of supplier based on pre qualification is done, such as past experience as it explains capability to supply.
5. **Specification of contract terms:** PE specifies the contracts terms as specified in the Public Procurement Regulations of 2005.

6. **Monitoring order status:** There is time to time communication between PE through its Procurement Managment Unit and Supplier concerning the movement of goods, checking location of goods while on the movement.
7. **Receiving and checking medicines:** To check if medicines have met the product specification terms such as dosage, packaging, colour, texture, expiry date, batch number, labelling and condition such as spoilage, leaking etc.
8. **Making payment**: Stating the currency for payment if it is US Dollar or according to the country currency, Tanzania shillings.
9. **Distribution of medicines:** All other PEs are not involved with distribution except MSD. MSD uses its vehicles to distribute pharmaceuticals from the Headquarter to its 9 zone stores, from there the RMO and DMO office's vehicles are responsible for distribution to the dispensaries and health centres.
10. **Collection of consumption information:** Consumption records are obtained based on the orders recived from the health facilities.
11. **Reviewing medicines selection**: The major aim of this step is to try to correct the mistakes done in the past procurement process so as to help improve the coming procurement process may be in terms of fund reallocation, method of quantifying, or selection of suppliers.[5]

The Procurement Entity procures pharmaceuticals by advertising tenders in the national Gazette and its website to all International and National suppliers using International Competitive Tendering Method. The PEs' Tender Board manages the tendering process as stated in the Public Procurement Regulations of 2005.

There are Technical Committees operating under Tender Board (TB) that are responsible for analyzing tenders, then the Tender Board awards the tenders. The results of the tender are publicity declared before participating bidders. Results of the tender are only read out during the opening of bids but are not published.

The TB considers several criteria when awarding a contract to the winning bidder, which are National preference, performance of suppliers, price, quality of product, stated delivery time and supplier terms of payment. The type of contract offer is Contract Framework, which lasts for a period between 1 to 2 years.

The frequency of procurement at MSD is once a year, but in between there may be emergency purchases that follow the same procedures, which have been specified in the Public Procurement Act of 2011. The procured pharmaceuticals are then distributed all over the country health facilities.

1.2.3: DISTRIBUTION:

The distribution cycle begins when pharmaceuticals are dispatched by the Private suppliers. It ends when medicine consuption information is reported back to the procurement unit of Health facility.

When health facilities use MSD as supplier, ordering is done on an annual basis, MSD zonal stores orders from the Headquarter according to their needs. The health facilities place their orders at the Zonal stores every three months, but there are some exceptions, some facilities place their orders according to their needs. The frequency of distribution of pharmaceuticals from the MSD is done after every three months but also is done upon requests from their customers.

1.2.4: USE:

Irrational drug use can destroy all the benefits of careful, cost effective selection, procurement and distribution of drugs. The resources spent on procurenment are lost if the correct drugs are not prescribed and dispensed to the patient, who in turn uses them in a correct manner. The impact of appropriate use of medicines are improved quality of therapy, proper use of resources, reduced risk of unwanted effects and psychosocial impacts.[6]

1.3 : FINANCING OF DRUGS SUPPLY:

In the public sector financing of pharmaceuticals supply is centralized and managed by the PSU under the Ministry of Health and Social Welfare (MoHSW). Ministry of Finance transfers money for medicines and medical supplies to the Account of MoHSW. Then at MoHSW the procedure is to transfer the money to the MSD, which is responsible for all activities related to the procurement and distribution of pharmaceuticals to the health facilities.

The health facilities have their own drug budget with MSD account and have their own bank account with all user charges. If the hospitals place orders with MSD, MoHSW budget money is deducted from the hospital allocation and credicted to MSD. If the order is placed with own money, the hospital takes cash or a cheque to MSD, this money is credited to the account of the hospital, then debited from the hospitals account and credited to MSD.

Despite the fact that the major part of the pharmaceutical expenditures by these health facilities is covered by the allocation of resources from MoHSW to the MSD accounts for various health facilities; these accounts often run out of cash reason being the expenditure exceed demand due to insufficient fund; as well as poor forecasting**.** This is when an alternative source of funds is used for purchasing pharmaceuticals. This remaining part is coverd by Cost sharing and Social Health Insurance.

COST SHARING AND SOCIAL HEALTH INSURANCE:

Due to insufficient funds allocation from MoHSW, The Government has encouraged the establishment of cost sharing in the health facilities.

Health Insurance: There have been several insurance plans providing funding for the needs of patients. The largest current insurance plan is the National Health Insurance Fund (NHIF). Under NHIF, employees in the public sector are covered, whereby individuals contribute a certain percent and the rest is covered by the government. They are issued an insurance card for presentation at a facility. The cost of the medicines, related supplies and services they receive is billed to the NHIF and reimbursed to the district.

Community Health Funds: At the community level, community health-care financing (CHF) was introduced. CHF is an insurance plan in which funds are collected from the community and placed in a central account. If a member of the community becomes ill, the CHF account is used to pay for the medicines and related supplies. Some community members might choose not to join the CHF and these people pay a user fee each time they visit a health facility to obtain services and supplies and services. (It is expected that, over time, these people will pay more for

their illnesses than those who joined the CHF.) User fees are paid into the CHF account.

User fees: Clients visiting facilities are asked to pay a fee for the services and/or medicines they receive. While the amount requested is less than the actual cost of the service, the funds generated can be used to complement central-level allocations.[7]

1.4: WHAT HAPPENS WHEN SUPPLIES ARE OUT OF STOCK AT MSD?

The major supplier of pharmacuticals in public health facilities in Tanzania is MSD. Once items are out of stock at MSD and evidence of this is available, the facility can purchase the items from private suppliers. The procurement process at all level follows what is stated in the PPA, although procedures vary from one levels to another.

Procedures followed by different levels of health facilities when Supplies are out of stock at MSD:

Referral hospital: After receiving the list of 'missed items' from MSD, the pharmacist and supplies officer compile a list of drugs and obtain approval, from the Hospital Therapeutic Committee (HTC) (if operational) or from the director and chief accountant, to procure the items outside MSD. After preparing a local purchase order (approved by the director and chief accountant) it is sent to the city treasurer for approval and the items are purchased.[8]

Regional hospital: After receiving the list of 'missed items' from MSD, the pharmacist compiles a list of drugs and obtains approval, from the HTC (if operational) or from the medical officer in charge/ chief accountant, to procure the items outside MSD. RMO and regional sub treasurer approval are required before the purchase can be made.[9]

District hospital: After receiving the list of 'missed items' from MSD, the pharmacist compiles a list of drugs and obtains approval, from the HTC (if this operational) or from the medical officer in charge/ DMO to procure the items outside

MSD. A pro-forma invoice is raised and the DMO and district treasurer approval are required before the purchase can be made.[10]

District Designated Hospital: After receiving the list of missed drugs from MSD, sometimes on the same day as purchasing other drugs from MSD, the pharmacist/pharmaceutical technician prepares a list of items, and may or may not obtain pre- approval from the medical officer in charge / accountant, before purchasing them using cash or a cheque.

Health centres and Dispensaries: At this level the situation is even worse, Health centres and dispensaries receive only kits through ILS, which do not satisfy the needs of the health facilities. This level of health facilities cannot procure on the private market and are very much dependent on the DMO. Despite funds being available at the DMO they do not appear to be routinely used to supplement the PHFs stocks.[3]

1.5: PROCUREMENT OF PHARMACEUTICALS FROM PRIVATE SUPPLIERS AT DISTRICT LEVEL.

Medicines and medical supplies in public health facilities should be procured from Medical Stores Department but in some cases the orders sent to MSD are partially filled due to items being out of stock, this forces health facilities to procure the missed items from private suppliers. The procurement of medicines and other medical supplies missed at MSD follows the Public Procurement Act procedures in order to maximize competition and to achieve economy, efficiency, transparency and value for money. When need arises that the hospitals have to procure from private suppliers then the User Department prepares a list of medicines and other medical supplies to be procured which is submitted to the procurement unit. The procurement unit sends the list to the accounts department to confirm availability of funds. When funds are available, the list is sent back again to the procurenment unit to be presented in the district or hospital tender board for approval. Following approval for procurement from a private supplier by the tender board, the procurement unit in different hospitals has established a system to go about, some hospitals have a fixed three month contract framework which is awarded to bidders who have been selected

using national competitive tendering for the items that are always out of stock at MSD. Other hospitals approach a limited number of selected suppliers for price quotations which are then sent to the pre-evaluated suppliers. Some hospitals use their Municipal Council to conduct national competitive tendering. Then the supplier who bids at the lowest price is awarded the contract. The Supplier is supposed to deliver the consignment of medicines and medical supplies according to the contract agreement. During delivery the medicines are inspected by the hospital therapeutic committee to check whether:

- The medicines received are the same as those ordered.
- The quantity received is equal to the quantity ordered.
- The expiry date is not short that the medicine will end up being wasted before use.
- The package and pack size are correct and in good condition as specified in the contract.

After inspection, the therapeutic committee prepares an inspection report which is submitted to the accounts department to allow payment to the suppliers.

This is what is happening, but the Public Procurement Act of 2011 has directed the public sector on how to procure. First the Act has stated the method of procurement to be used should be based on the value of pharmaceuticals to be purchased.

The Act explains on Section 64 on the procurement method that, a procuring entity engaging in the procurement of pharmaceuticals by tender shall apply competitive tendering, using the methods prescribed in the regulations depending on the type and value of the procurement or disposal and, in any case, the successful tenderer shall be the tenderer evaluated to have the capacity and capability to supply the pharmaceuticals.

Under Section 65, the Act states that emergency procurement may be made where the accounting officer determines that it is in the public interest that goods, works or services be procured as a matter of urgency. Emergency procurement shall meet one of the following criteria:

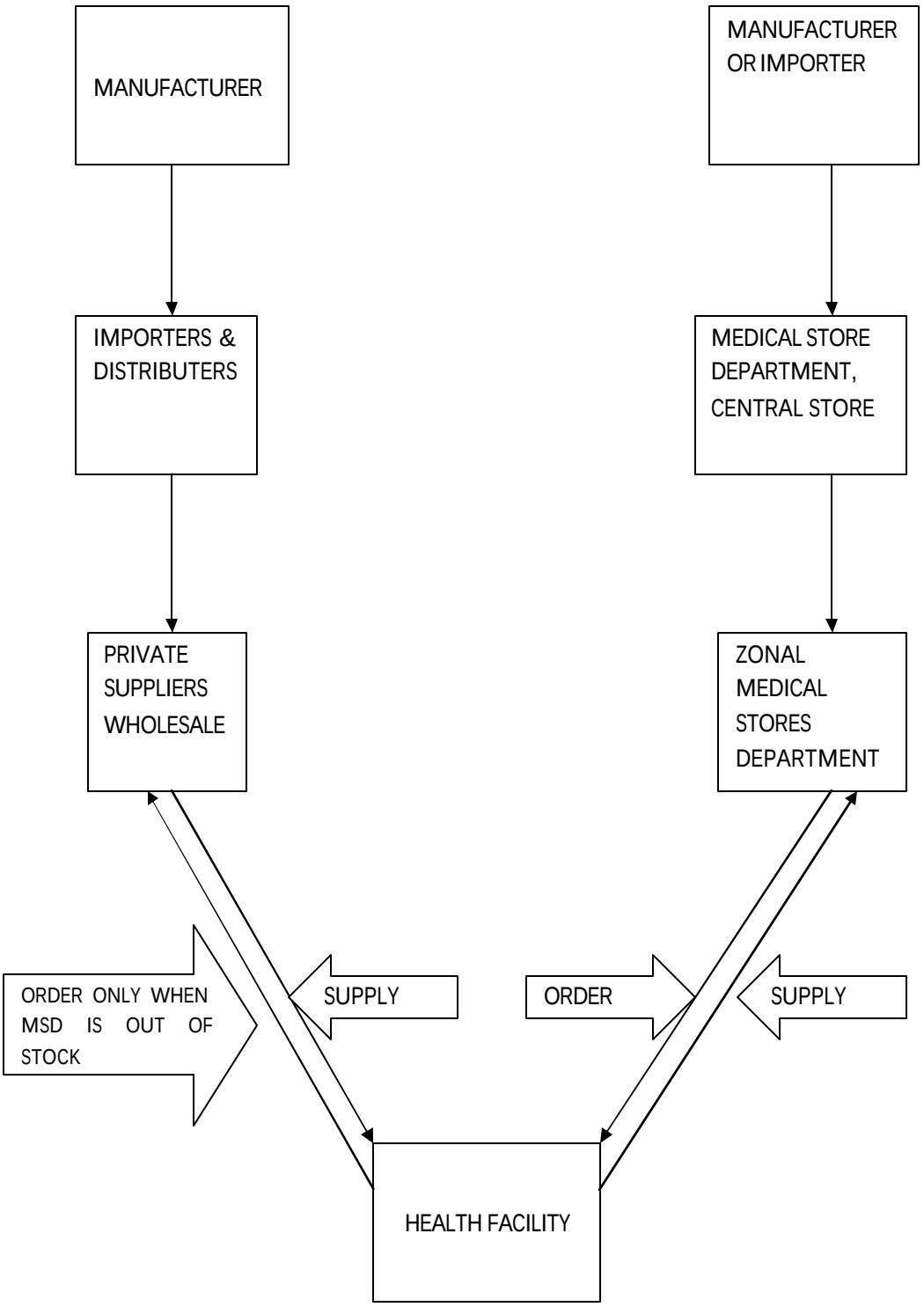
(a) compelling urgency that creates threat to life, health, welfare or safety of the public by reason of major natural disaster, epidemic, riot, war, fire or such other reasons of similar nature;
(b) situation whereby, without the urgent procurement, the continued functioning of the Government or organisation would suffer irreparable loss, the preservation or protection of irreplaceable public property, or the health or safety of public will be threatened.[11]

The Act further explains that the tender format should be followed during tendering as stated in Part VII of the Public Procurement Regulation of 2005, that they have to follow a number of steps:[12]

1. Determine the tender format and scope.
2. Define requirements- select and quantify medicines and supplies.
3. Select suppliers to participate in the tender.
4. Prepare and send tender documents.
5. Receive and open offers.
6. Collate offers for adjudication.
7. Adjudicate the tender.
8. Issue contracts to winning bidders.
9. Monitor performance and product quality.
10. Enforce contract terms as needed.

This has to be followed by all public hospitals when purchasing pharmaceuticals from private suppliers, when MSD is unable to supply.

CONCEPTUAL FRAMEWORK



1.6: LITERATURE REVIEW

A study conducted by PPRA in year 2007 on 20 Procurement Entities(PEs) assessed their compliance with the Act using Compliance/Performance Indicators ; revealed poor performance of PEs in complying with Act and the Regulation. The audited PEs performed better in the use of Standard bidding documents by 62%, use of appropriate procurement methods (58%), advertisment of bid opportunities by 68%, and establishment of Tender Boards (90%). However there were weakness in contract administration by 78%, record keeping (98%), and lack of annual Procurement Plans was 70%.[13]

A study conducted by the MoHSW showed that at Medical Stores Department criteria stipulated in the PPA to award contracts are followed. But at Health facilities level, procurement criteria are not widely followed. The most commonly used criteria to award contracts are price (19% of facilities), performance of supplier (15%) and quality of product (11%). It was found that Standard Operating Procedures (SOP) documents for call of tenders were used in few facilities (3.7%) and the rest had none. Pre-selection of suppliers was practiced by only 11% of the health facilities surveyed. Most procurements of medicines were done by health facilities sourcing supplies from within the country from private wholesalers of pharmaceuticals. Also the same study, showed the relation between the procurement method and how it affects the lead time. Procurement through International competitive bidding is the slowest procurement method as it has a lead time of 150 days, while selective bidding has a lead time of 90 days; direct procurement and shopping are the fastest methods taking 18 and 7 days respectively.[14]

Transparency International in 2006 conducted a study on curbing corruption in public sector, the results revealed that 10- 25% of public procurement spending (including pharmaceuticals) is lost to corruption practices; caused by large number of steps in the medicine chain allowing numerous opportunities for unethical practicies to take place.[15]

Kagashe et al,in a study of medicines stock out and inventory managment problems in public hospitals in Tanzania, showed that only Muhimbili National Hospital had

all tracer medicines available (100%), while in the district hospitals 20% of tracer medicines were out of stock. The reasons being, lack of funds being a major problem (77% of respondents) and about 61.1% said the major reason was the items were received near the expiry date.[16]

A study conducted by MoHSW on assessment of the prices and availability of medicines for children in Tanzania, it was found that the lowest priced medicines in the pricate sectors were priced 154.9% higher than in the public sector.[17]

A study done by MoHSW on the medicines price monitor, showed that there was price variation of pharmaceuticals with location of health facilities: in urban public health facilities were 10% higher than rural public health facilities; in urban private health facilities were the same as at rural private health facilities; in rural private health facilities and mission health facilities are similar; in urban mission health facilities were 32% higher than in rural mission facilities; in urban private health facilities were 30% higher than in urban public health facilities; and in rural private health facilities were 32% higher than rural public health facilities.[18]

1.7 : PROBLEM STATEMENT

MSD is responsible for supplying pharmaceuticals to public health facilities. However sometimes it fails to meet the needs of these health facilities, as a result these health facilities purchase the missed items from private suppliers. When these public health facilities procure they have to follow the rules and regulations set in Public Procurement Act of 2011 and Its Regulations. Some of the rules and regulations state that any procurement entity engaged in procurement of pharmaceuticals should use competitive tendering method , and that they have to float or advertise tenders in the local newspapers for selection of suppliers, in addition it states that public health facilities can use emergency procurement when there is an urgent situation. It is not well documented whether when these public hospitals purchase from private suppliers they follow the procurement process as specified in Public Procurement Act of 2011 on purchasing pharmaceuticals. Failure to follow the stipulated rules and regulations may lead to: Fraud practice, where the buyer (health facility) may pay more than the value of the product. The supplier may bring in poor quality drugs (sub-standards). Therefore, this study explored how procurement of pharmaceuticals from private suppliers was carried out in public hospitals in the year 2012.

1.8 : RATIONALE

The study was conducted with aim of assessing the procurement practice and identification of challenges faced in abiding to PPA regulations, and the frequency of use of alternative methods of procurement. The study has provided valuable information for health policy makers, PPRA and other stakeholders which will help to review procurement rules and regulations for effective planning and management of pharmaceutical procurement.

1.9 : RESEARCH QUESTIONS.

The following questions are considered relevant for the study:

1. What are the reasons for procuring from private suppliers?
2. Do hospitals follow tendering procedures in accordance with the rules and regulations set by the government?
3. What are the challenges facing municipal hospitals when procuring from private suppliers?
4. Which type of fund is used to purchase pharmaceuticals from private suppliers?
5. What percentage by value of pharmaceuticals is procured from private suppliers?
6. Do private suppliers supply pharmaceuticals in accordance to specifications in the contract?
7. What is the level of knowledge of personnels involved in procurement regarding the process of procurement.

1.10: STUDY OBJECTIVES

1.10.1: MAIN OBJECTIVE:

To assess procurement practices of pharmaceuticals from private suppliers by public hospitals in Dar-es-salaam and Coast regions..

1.10.2: SPECIFIC OBJECTIVES:

1. To determine reasons for procuring from private suppliers.
2. To assess adherence of hospital tendering process to PPRA regulation when procuring from private suppliers.
3. To determine challenges public hospitals face when procuring from private suppliers.
4. To determine the source of funds for purchasing pharmaceuticals from private suppliers.
5. To determine the percentage value of pharmaceuticals procured from private suppliers.
6. To determine if private suppliers abide to the product specification as specified in the contract.
7. To assess the level of knowledge of personnels involved in procurement of pharmaceuticals in public hospitals.

CHAPTER TWO

METHODOLOGY

2.0: INTRODUCTION:

This chapter gives a description on how data were collected using well developed tested tools as means towards attaining study objectives. It focused on the study design, study area, sample unit, inclusion and exclusion criterias, data collection tools and data analysis.

2.1: STUDY DESIGN:

Cross Sectional study design was used to assess the procurement practice of pharmaceuticals from private suppliers by public hospitals.

Retrospective data were collected by using few selected indicators that have been developed by World Bank Institute (WBI) from the Consolidate Social Accountability Tool on monitoring Procurement.

Prospective data were collected through use of a structured questionnaire, that assessed reasons, challenges and adherence of hospitals to tendering procedures when procuring pharmaceuticals from private suppliers .

2.2: STUDY AREA:

The study was conducted in Dar-es-salaam and Coast Regions. Based on the definition of health system of Tanzania by Ministry of Health and Social Welfare, five district hospitals were involved, three from Dar-es-salaam; Temeke hospital, Amana hospital and Mwananyamala under their respective municipal councils and two district hospitals, Bagamoyo hospital under Bagamoyo District Council as it is situated in a Rural area and Tumbi hospital which operates under Town Council as it is in an Urban area.

2.3: SAMPLE SIZE AND SAMPLING PROCEDURES:

Convenient sampling technique was used to get the study sample size of five hospitals.This method was used because Dar-es-salaam is a big city which is prone to procurement malpractice and Coast region hospitals were used to over come bias so as to know if what happens in Dar-es-salaam also happens in other regions in Tanzania, so as to be able to draw a general conclusion for the Nation.

2.4: DATA COLLECTION TOOLS:

A few indicators selected from the Consolidate Social Accountability Tool on monitoring Procurement developed by World Bank Institute (WBI) were modified and used to collect information on procurement process.

These indicators are:

Indicator no 1: Establishment and composition of Tender Board

Indicator no 2: Preparation of Annual Pharmaceutical Procurement Plan

Indicator no 3: Procurement methodology

Indicator no 4: Advertisment

Indicator no 5: Content of advertisment

Indicator no 6: Evaluation Sub- Committee of Tender Board

Indicator no 7: Bid submission

Indicator no 8: Evaluation of bids

These indicators were used to examine the level of transparency and efficiency.

The study employed the above mentioned tools and approaches in the course of data collection:

2.4.1: DESK RECORD REVIEW:

Records of year 2012 were reviewed. This included financial year 2011/2012 (January to June) and 2012/2013 (July to December).(Appendix 2,3,4 & 5)

These records were from :

a) Pharmacy Stores which are responsible for initiating ordering to private supplers, these records are:

   - ? Copy of MSD ordering forms
   - ? Sales invoices from MSD
   - ? Inspection forms for delivered goods from private suppliers.

b) Procurement Manangment Unit, records from this unit were used to measure adherence to PPA and its regulation and performance of Tender Board and Evaluation Sub-committee:

- ? Minutes of Tender Boards
- ? Minutes of evaluation committees
- ? Evaluation Reports of Committee Tender Board (CTB), which comprised letters of invitation for price quotation and how evaluation of price quotations were conducted (preliminary and detailed Evaluation)

c) Accounts Departments records, which were:

- ? Payment Voucher (PV): this consisted of various documents such as Minutes (Dokezo), Sale invoice forms from MSD, Local Purchase Orders, Private supplier's invoices, Delivery note/ Delivery voucher, Goods Received Note (GRN). From these documents, a number of issues were addressed such as lead time, source of fund used for paying private supplier, status of pharmaceuticals delivered (condition) etc.
- ? Check lists: which were used to confirm if private suppliers were paid or not.

2.5 : SUB- STUDY

A sub- study was conducted to assess the level of knowledge of personnel regarding the procurement process of pharmaceuticals, from three different department (PMU, Pharmacy Department and Accounts department) within the selected hospitals by using structured questionnaire (Appendix 1).

2.5.1: STRUCTURED QUESTIONNAIRE

Was used to interview personnels working in three different departments; Pharmacy Department (Store), Procurement Managment Unit and Accounts Department in the five selected hospitals.

2.5.2: STUDY PARTICIPANTS: Pharmacists, Pharmaceutical technicians, Pharmaceutical assistants, Procurement/Supplies officers, Supplies officers assistants, and Accountants who were available in each health facilities departments during the time of study were interviewed using the questionnaires, and face to face interview was conducted to obtain certain information, where necessary.

2.5.3: METHOD OF ASSESSING QUESTIONNAIRE

Each question was given a score out of 100%, question 1, 2, 5 and 7 carried 10 points, and for 3 and 6 carried 20 points.Then total score was determined out of 100%, then the results were categorized as follows:

Score (%)	0 – 19%	20 – 49%	50 – 59%	60 – 89%	90 – 100%
Category	Very poor	Poor	Average	Good	Very good

2.6 : INCLUSION AND EXCLUSION CRITERIA

2.6.1: INCLUSION CRITERIA

District hospitals in Dar-es-salaam and Coast region

2.6.2: EXCLUSION CRITERIA

- Health facilities that do not directly coduct procurement activities, those which their district council and municipal council procure on their behalf.

2.7 : DATA ANALYSIS

The Data collected by using selected indicators in World Bank Institute Social Accountability Tool were entered into the computer software and thereafter analyzed using Excel spread sheet and Statistical Package for Service Solution (SPSS) version 20.0.

Chi-square test: Was used to analyze data on Suppliers' meeting specification and capacity to fulfill orders

T- test: Was used to analyze data on Hospital expenditures and Lead time difference between MSD and Private suppliers.

P- value cut point used was 0.05.

2.8 : TIME FRAME FOR DATA COLLECTED

Data were collected from the selected surveyed health facilities for a period of two months (march and april).

2.9: ETHICAL CLEARANCE

The study received ethical clearance from MUHAS higher degrees ethical committee of research and publications committee (Appendix 6). Permission to do the study was granted by District Medical Officer at each respective hospitals' Council after receiving request letter to conduct the study. Consent forms were filled by all participants who willingly agreeded to participate and confidentiality on their information was highly maintained.

CHAPTER THREE

DATA ANALYSIS AND RESULTS.

3.0 INTRODUCTION:

In this chapter there is a detailed analysis of the data collected from the field. The first stage starts by analyzing data according to the specific objectives. The second stage is the presentation of results. These results have been grouped based on the source of data, those from reviewed documents and questionnaire.

3.1: DATA FROM REVIEWED DOCUMENTS:

3.1.1: REASONS FOR PROCURING FROM PRIVATE SUPPLIERS:

In order to gain insight of reasons causing health facilities to opt to procure pharmaceuticals from private suppliers, capacity of MSD to fulfill orders was determined, and results are summerized in table 1 below:

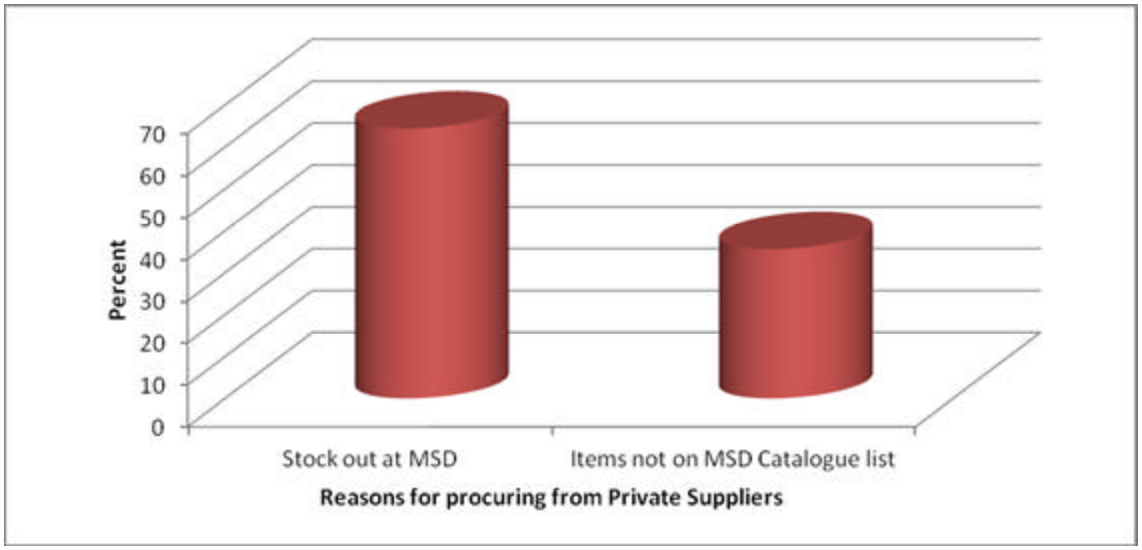
Table 1: Capacity of Medical Store to fulfill orders

NAME OF HOSPITAL	NO. OF ORDERS PLACED AT MSD	NO. OF INVOICES RETURN WITH NOT FULL FILLED	PERCENTAGE OF ORDERS NOT FULL FILLED
Bagamoyo	4	4	100%
Mwananyamala	28	20	71.4%
Temeke	32	28	87.5%
Amana	28	24	85.7%
Tumbi	16	16	100%
TOTAL	108	92	85.2%

From table 1 above, 85.2% of 108 orders placed at Medical Store Department by visited health facilities were not full filled.

Reasons of failure of MSD to fulfill orders which caused public health facilities to procure from private suppliers were obtained through reviewing minutes (DOKEZO) of each procurement episodes done, the results of which are presented in the figure 2 below:

Figure 2: Reasons for procuring from Private Suppliers



From fig. 2 above, Out of 73 procurement episodes handled in all five health facilities, 64.4% were due to stock out of pharmaceuticals at Medical Store Department, and 35.6% were caused by items not stored by MSD as they are not listed in the Catalogue.

3.1.2: ASSESSMENT OF HOSPITALS ADHERENCE TO TENDERING PROCESS AS STIPULATED BY PUBLIC PROCUREMENT REGULATION 2005 WHEN PROCURING FROM PRIVATE SUPPLIERS:

The study assessed adherence of the selected public hospitals to tender process through use of selected key indicators which were:

a) Establishment and composition of Tender Board

b) Preparation of Annual Pharmaceutical Procurement Plan

c) Procurement Methods used.

d) Advertisement of Tender

e) Contents of Advertisment

f) Evaluation sub-Committee of Tender Board

g) Minimum time for submission of price quotation

h) Evaluation of bids

3.1.2.1: Establishment and Composition of Tender Board

A number of issues were assesed.

A. Establishment of Tender Board

With exception of Tumbi hospital each of the hospitals surveyed operates under Council, either Town, Municipal or District Councils. These Councils have a well established Tender Board which were formed by Acconting Officers of Cunci1. Tumbi Hospital is under Kibaha Education Centre and operates under Tender Board of the Kibaha Education Centre.

B. Composition of Tender Board

It was observed that The Tender Boards membership comprised 7 people with different qualifications including Engineer, Financial experts, Material managment staff, Logistics and Medical Doctors from seven different departments within the Councils.

Table 2: Compositon of Tender Board

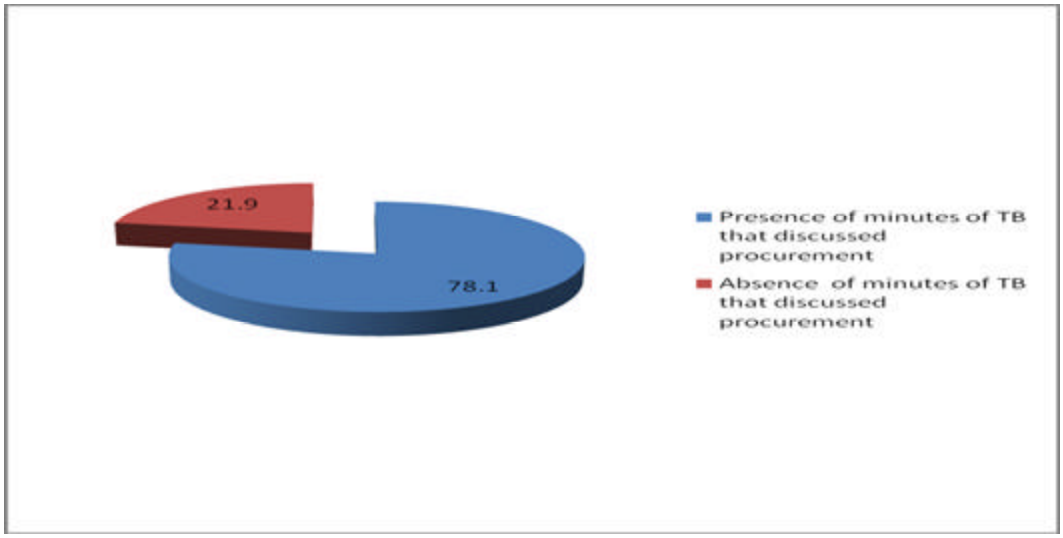
NAME OF HOSPITAL	HOSPITAL TENDER BOARD HAD SEVEN (7) MEMBERS.	MEMBERS WERE HEAD OF DEPARTMENTS
Bagamoyo	YES	YES
Mwananyamala	YES	YES
Temeke	YES	YES
Amana	YES	YES
Tumbi	YES	YES

C. Performance of Tender Board

With regard to performance of Tender Board, a minimum of three sets of minutes of tender committee that discussed procurement of pharmaceuticals were assessed. Only 2 hospitals were able to present these documents out of 5 hospitals surve yed.

The study went further to assess individual procurement episodes, and revelead that 78.1% of 73 procurement episodes carried out were attached with minutes of Tender Board discussing and approving Private supplier to supply Pharmaceuticals, as summerized in figure 3 below.

Figure 3: Perentage of Minutes of Tender Board that discussed procurement



D. Contract Framework

It was observed that one of the main function of Tender Board was to award Framework contract to Lowest Bidder. The contract operates within a specified period which varied from one TB to another. From the surveyed health facilities Bagamoyo, Mwananyamala, Temeke and Amana private suppliers were awarded Framework contract of one year while Tumbi private suppliers were awarded framework contract which lasts for a period of 3 months.

3.1.2.2: Preparation of Annual Pharmaceutical Procurement Plan

1. Presence of copy of Annual Pharmaceutical Procurement Plan:

Out of five Procurement Managment Units surveyed in all five hospitals, only one PMU presented a copy of Annual Pharmaceutical Procurement Plan. Looking further into individual Procurement episodes carried out in the 5 hospitals, 58.6% of 73 procurement episodes were supported by evidence based Procurement Plan Copy.

2. Content of Pharmaceutical Procurement Plan:

It was observed that 58.9% of 73 procurement episodes carried out in all five hospitals were from estimated budget of the pharmaceuticals plan.

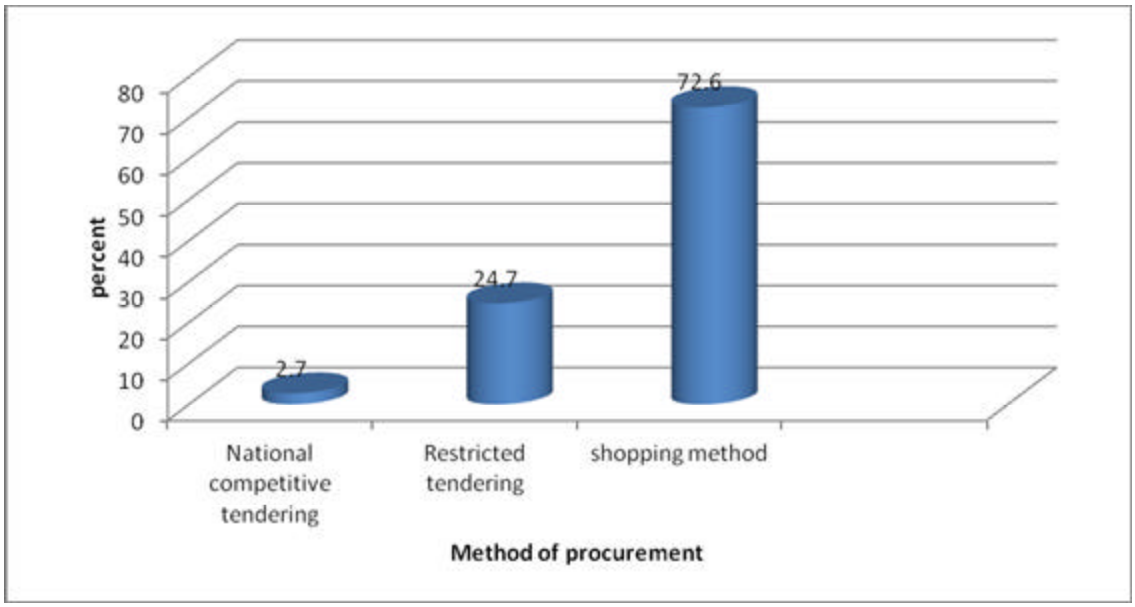
One of the contents of the plan is the procurement method to be used In this case more than half (58.9%) of 73 procurement episodes carried out, used Procurement Methods that were mentioned in their Annual Procurement Plans.

It was also observed that, non (0%) of procured pharmaceutical products were listed in the Annual Procurement Plan and its budget.

3.1.2.3: Procurement Methodology

The most common tendering method used by the surveyed health facilities was shopping method as shown in fig 4:

Figure 4: Procurement Methods used.



3.1.2.4: Advertisment

The study revealed that only 16.4% of 73 procurement episodes carried out by all surveyed hospitals were advertised using Local news papers.

3.1.2.5: Contents of Advertisment

Out of 73 procurements made in the year 2012 only 16.4% were advertised. The advert indicated Time of the day for submission of bids, the Address, and Technical Specifications of the pharmaceuticals procured. The basic specification found was use of generic names.

3.1.2.6: Evaluation Sub-Commmittee of Tender Board

It was observed that each health facility under head of PMU had established Evaluation Committee, which comprised Procurement/ Supplies Officer and Pharmacists. However for Bagamoyo hospital the pharmacist was not a member of the committee.

Performance of these Evaluation Committees was assessed by reviewing minutes of their meetings evaluating Private Suppliers. In this case evaluation reports of 84.9% of procurements carried out were attached with minutes of the Committees evaluating the Private suppliers.

Table 3: Composition and Performance of Evaluation sub-Committee of Tender Board

Performance of Evaluation sub-Committe	Present	Absent
Availability of copies of minutes of meetings	84.9%	15.1%
Pharmacists as member of committee	97.3%	2.7%

3.1.2.7: Minimum time for Submission of price quotation

Of the 73 procurements conducted by all five hospitals only 67.12% of their price quotation were prepared and submitted within the minimum time required for. Looking into individual health facilities only 2 facilities complied as shown in the table 4 below:

Table 4: Hospitals complying to minimum time for price quotation submission

Name of Hospital	Method of procurement used	Recomended minimum period by PPA Regulation	Period used by hospital	Did they comply? %
Bagamoyo	National competitive tendering method	30 Days	14 Days	NO (100%)
Mwananyamala	Restricted national tendering method	21 Days	3-7 Days	NO (100%)
Temeke	National shopping method	7 Days	3-14 Days	YES (50%)
Amana	Resticted national tendering method	21 Days	7 Days	NO (100%)
Tumbi	National shopping method	7 days	14 Days	NO (100%)

3.1.2.8: Evaluation of bids

In evalutaion of bids, the study assessed if the procurement entity through its Evaluation Committee conducted the following checks on price quotated by private suppliers:

a) Ommission and quantity

Only one hospital had copies of quantification. Out of 73 procurement episodes conducted only 16.44% a copy of documents showing calculations on quantifying and corrections of ommission was done.

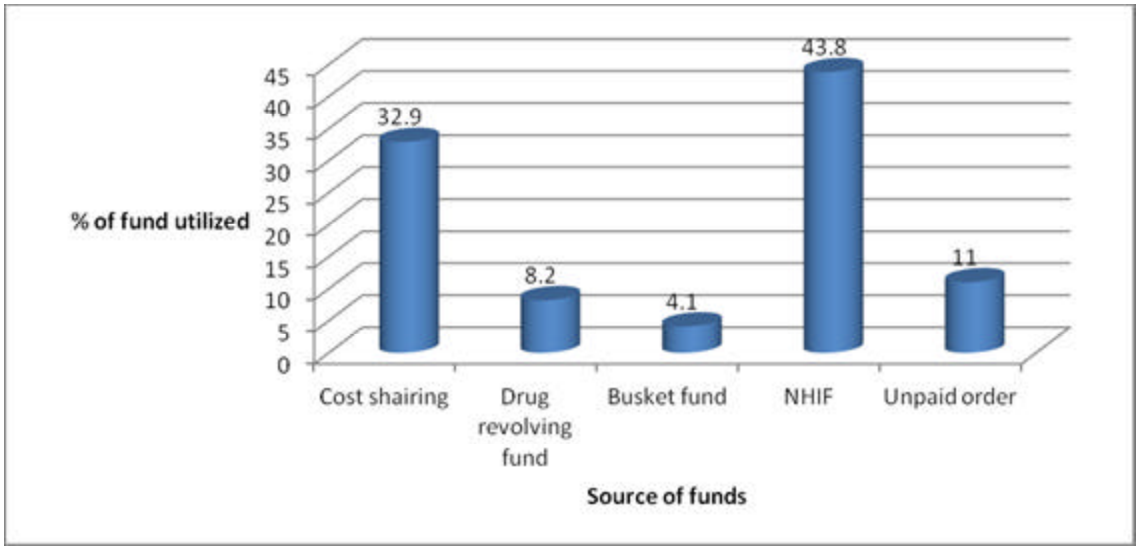
b) Check if they determine the lowest calculated price in order of rank

Three hospitals had minutes of evalution committee which showed suppliers ranked based on the lowest calculated price. As per orders 86.3% had copies showing the Private suppliers ranked by the lowest calculated prices.

3.1.3: SOURCE OF FUNDS USED FOR PURCHASING PHARMACEUTICALS FROM PRIVATE SUPPLIERS:

The results revealed that of 73 procurement episodes carried out in year 2012, 43.8% were paid by National Health Insurance Fund, 32.9% were paid by Cost Sharing Fund, 8.2% used Drug Revolving Fund while 4.1% utilized Busket Fund., as presented in the figure 5 below:

Figure 5: Percentage of utilization funds for Pharmaceuticals by health facilities.



The study went further looking into individual health facilities on utilizing various source of funds. Results showed that cost sharing fund is highly utilized followed by drug revolving fund and busket fund, and least utilized was NHIF.

Table 5: Pharmaceuticals Fund utilization per individual health facilities

Name of hospital	Sorce of fund			
	Cost Shairing	Drug Revolving fund	Busket Fund	National Health Insurance Fund
Bagamoyo	0	100%	0	0
Mwananyamala	66.7%	0	33.3%	0
Temeke	87.5%	0	12.5%	0
Amana	100%	0	0	0
Tumbi	2.2%	8.9%	0	71.1%

3.1.3.1: MSD as Private Supplier

It was noted that MSD served as Private supplier at one point through request of special procurement by health facilities using their own fund apart from the MSD Accounts to purchased pharmaceuticals which are out of stock or not in the Catalogue at MSD. As shown in the table 6.

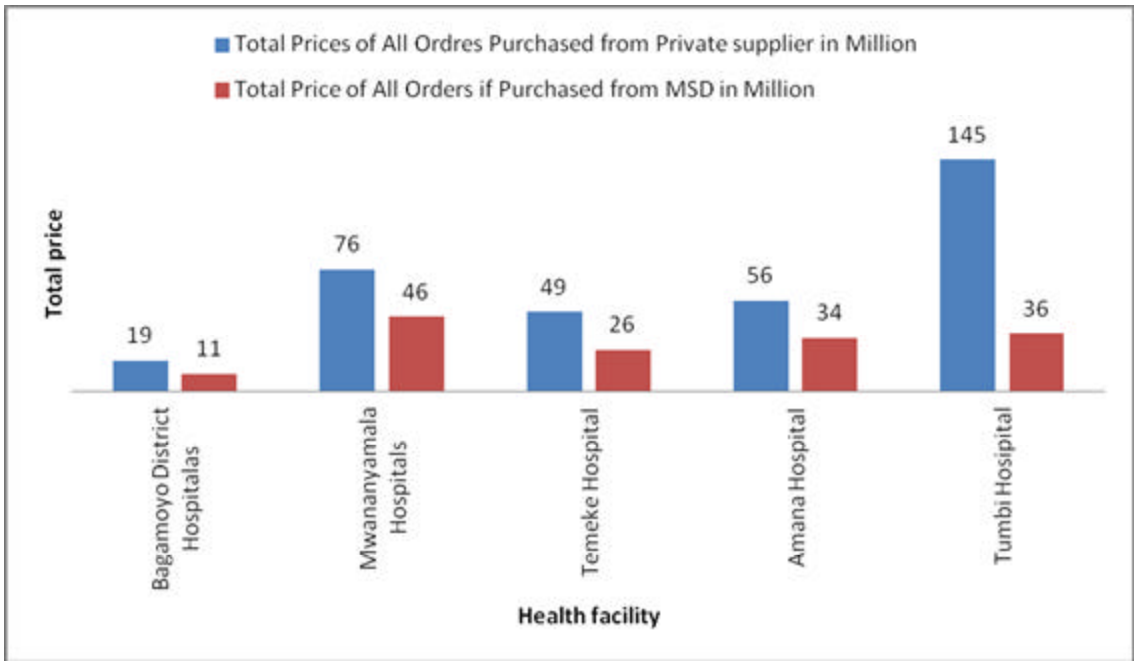
Table 6: Source of funds used to purchase pharmaceuticals from MSD

NAMEOF HOSPITAL	NUMBER OF ORDERS PLACED AT MSD	SOURCE OF FUND USED TO ORDER
Bagamoyo	0	None
Mwanayamala	2	Cost shairing
Temeke	9	Busket fund
	2	Cost shairing
Amana	2	Cost shairing
Tumbi	2	Cost shairing

3.1.4: HOSPITAL PHARMACEUTICALS EXPENDITURES:

The findings revealed that hospitals spent almost 55.56% more of their funds when procuring pharmaceuticals from private suppliers as compared if they were to order the same items in same quantity from MSD.

Figure 6: Hospitals pharmaceuticals expenditures



From figure 6, it shows that there is difference between MSD total prices and Private suppliers total price, the difference is statistically significant as P-value between the two group was 0.0001.

On assessing individual orders it was noted that, there are times that if the same order was to be ordered from Medical Store Department total price would have exceeded that of Private suppliers.

Table 7: Percentage increase in price if were to be ordered from MSD

NAME OF HOSPITAL	No. OF ORDERS	PERCENTAGE INCREASE OF PRICE
Bagamoyo	0	0
Mwananyamala	1	8.3%
Temeke	2	28.3%
Amana	0	0
Tumbi	2	9.04%

3.1.4.1: PETTY CASH

It was observed Local Government has passed a by –law which allows health facilities to use petty cash from their hospital account of not more than 200,000 Tsh to purchase emergency items. The study fundings revealed that some health facilities failed to follow this by law by either exceeding the limit of amount of money to be used or purchase non-emergency items, as shown in table below:

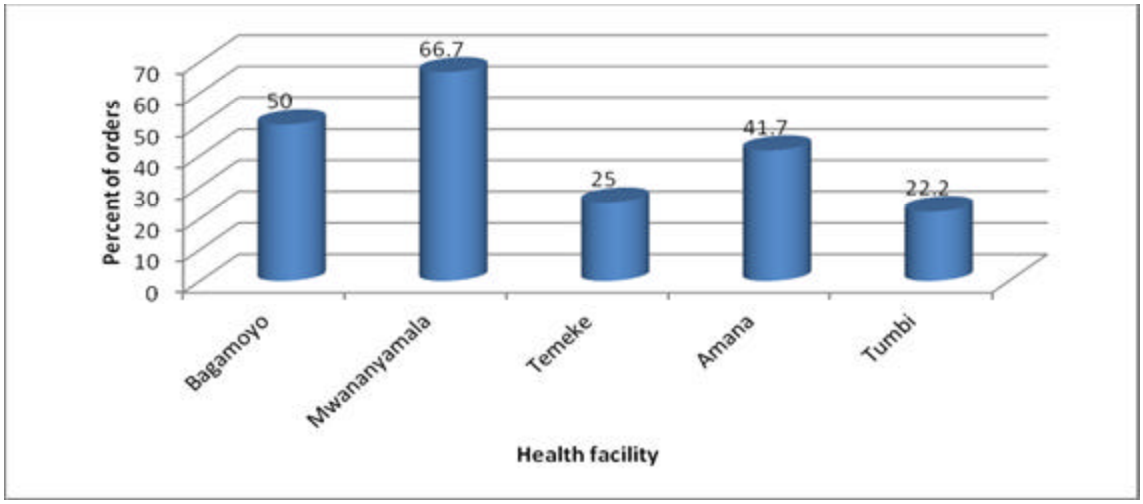
Table 8: Use and Mis-use of petty cash

Name of health facility	No. Of orders purchased with petty Cash in year 2012	No. Of orders which exceeded 200,000 Tsh (by %)	No. Of orders which did purchased other items apart from emergency ones (by %)
Bagamoyo	0	0%	0%
Mwananyamala	10	70%	50%
Temeke	30	0%	0%
Amana	8	0%	0%
Tumbi	10	0%	0%

3.1.5: SUPPLIERS PRODUCTS MEETING SPECIFICATION:

The study revealed that, one of challenges Public health facilities faced, was failure of suppliers meeting specifications as stipulated in the contract. Out of 73 procurement episodes, 30.14% had specification problems. We went further to look into individual hospitals; Private suppliers who supplied Mwananyamala failed to meet specification by 66.7% of the orders they supplied, followed by Bagamoyo 50%, then Amana suppliers 41.7%. Private suppliers at Tumbi were better as they abide with the terms by 77.8% as summerized in the figure below.

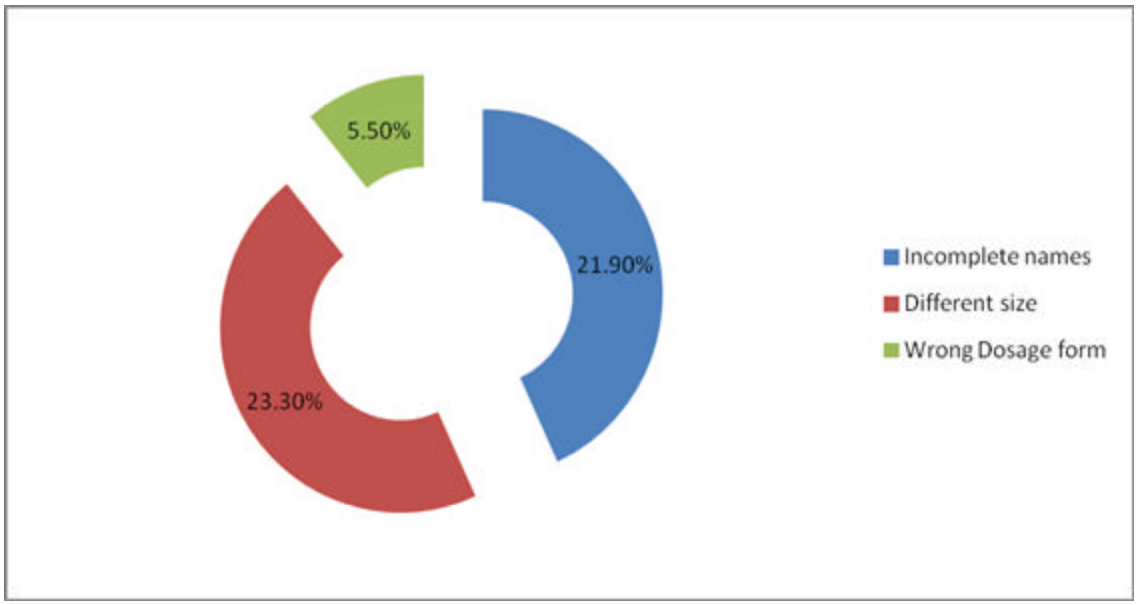
Figure 7: Orders with specification problems



3.1.5.1 TYPES OF SPECIFICATIONS PROBLEMS

Number of different detailed types of specification problems were observed these include, User Department filled the local purchase order form with incomplete names (21.9%), while suppliers bring in products with different sizes (23.3%) or with wrong dosage form items, as summerized on the figure below:

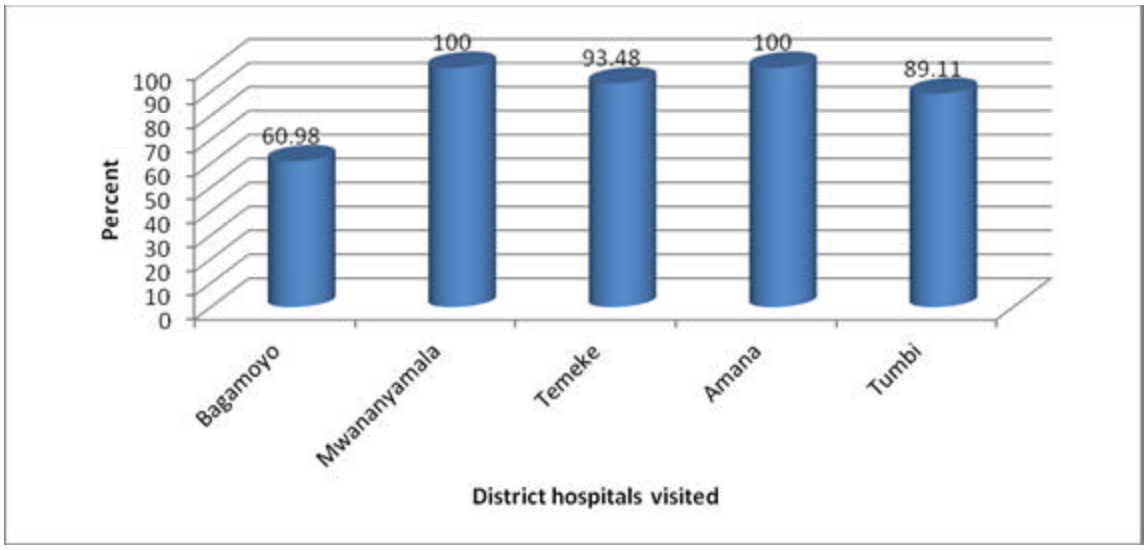
Figure 8: Types of specification problems



3.1.5.2 PRIVATE SUPPLIERS' CAPACITY TO FULFILL ORDERS

Study went further assesing the Private suplier's capacity to fulfill orders; in general 89.68% of 73 procurements carried out in year 2012 by all Private supplier in five hospitals were fulfilled. Looking at individual health facility private suppliers, Mwananyamala and Amana were more reliable by 100%, followed by Temeke private suplliers who fulfilled 93.48% of all orders, while Tumbi private suppliers who fulfilled 89.11% of all ordered items and the last were private suppliers of Bagamoyo hospital (60.98%). The difference in fulfillment of orders among the individual health facilities private suppliers was statistically significance as P-value was 0.039.

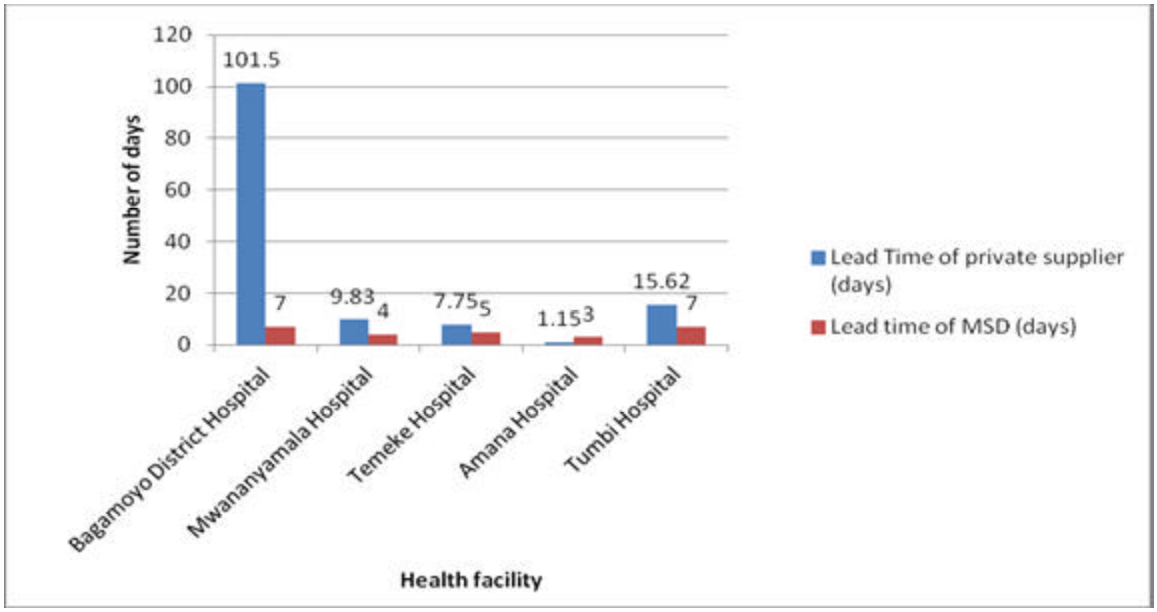
Figure 9: Private Suppliers capacity to fulfill orders



3.1.6: PRIVATE SUPPLIER'S LEAD TIME VS MSD LEAD TIME

The findings revealed that mean lead time of private suppliers' to deliver pharmaceuticals to the surveyed health facilities was 10.26 days while MSD was 5.8 days. This differnce in mean lead time between MSD and private suppliers was statistically significicant as the P-value was 0.0001. Cutting across among health facilities their private suppliers lead time difference was statistically insignificant as P-values among health facilities was above 0.05.

Figure 10: Private supplier's lead time Vs MSD lead time.



3.2: QUESTIONNAIRE RESULTS:

Results and findings from questionnaire were as follows:

3.2.1: CHARACTERISTICS OF THE SAMPLE PROFILE:

This sub section discuses a general characteristics of the study units which provide a profile of the study sites. This basic information is useful when standing alone as may highlight challenges and hindrance when carrying the procurement of pharmaceuticals from private suppliers. The study units are 5 hospitals Amana, Mwananyamala, Temeke, Tumbi and Bagamoyo hospitals.

3.2.1.1: Socio- Demographic distribution:

Most (71.4%) of respondents were female. It is noteworthy that 64.3% of respondents were at the age between 35 and 45 years old with working experince above 10 years.The respondents who participated mostly were from Procurement Managment Unit and a few were from Accounts Department.

Table 9: Socio-demographic characteristics.

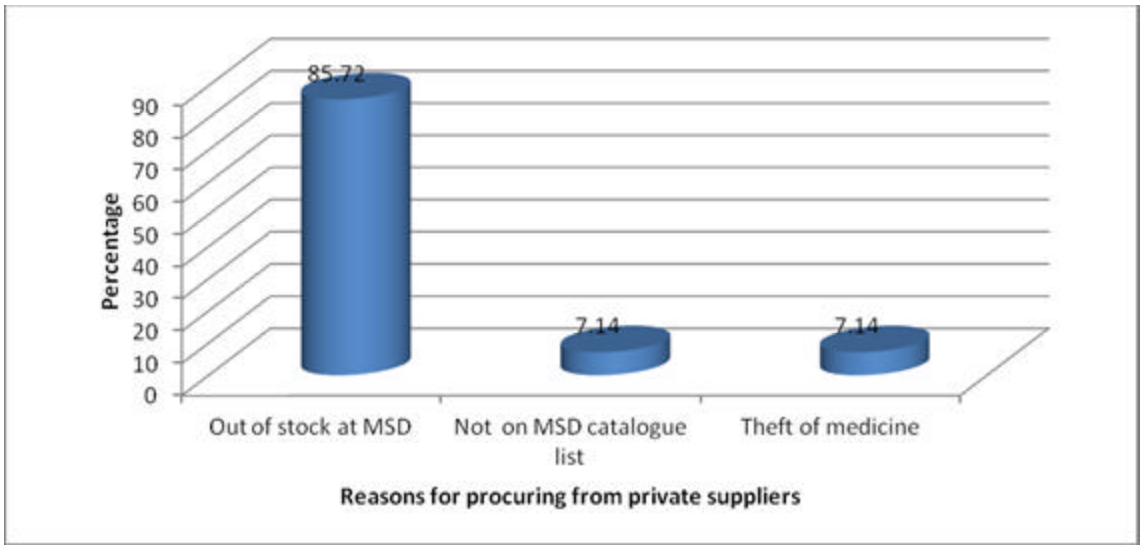
Characteristics	Number	Percentage
SEX		
Male	10	71.43%
Female	4	28.57%
Total		
AGE GROUP (in years)		
Below 25	0	0%
25 – 35	1	7.1%
35 - 45	9	64.3%
Above 45	4	28.6%
PROFESSIONAL QUALIFICATION DISTRIBUTION		
Pharmacist	3	21.43%
Pharmaceutical Technician	3	21.43%
Pharmaceutical Assistant	1	7.14%
Procurement/ Supplier Officer	4	28.57%
Assistant supplies officer	2	14.29%
Accountant	1	7.14%
WORKING EXPERIENCE		
Above 45 years		
Pharmaceutical technician	3	21.43%
Pharmaceutical assistsant	1	7.1%
Procurement Officers	3	21.43%
Assistant supplies officers	2	14.29%
5 to 10 years		
Pharmacists	3	21.43%
Supplies officer	1	7.1%
1 to 5 years		
Accountant	1	7.1%

3.2.2: REASONS FOR PROCURING FROM PRIVATE SUPPLIERS:

Participants were asked whether their facilities source medicines from private suppliers. 78.6% of the participants interviewed reported that their health facilities do procure pharmaceuticals from private suppliers.

With regards to the reasons for procuring from private suppliers, participants reported that main reason (83.72%) was stock out at MSD, and others were due to items not in the MSD Catalogue list 7.14% and theft of medicine being another reason, as summerized in the figure below.

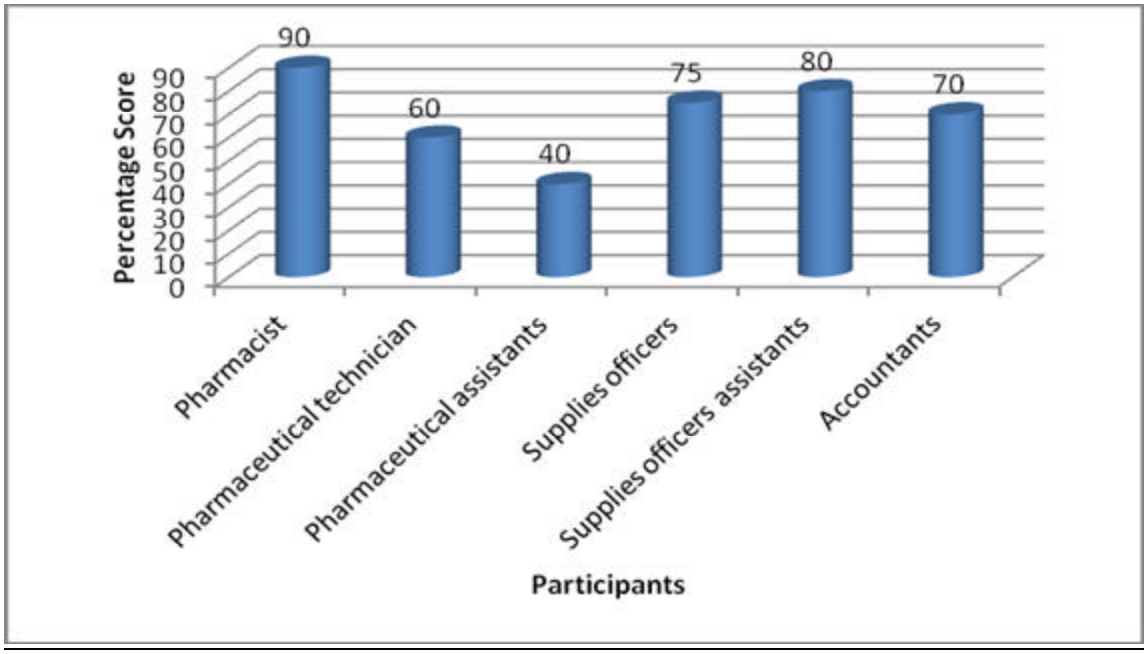
Figure 11: Reasons for procuring from private suppliers



3.2.3: LEVEL OF KNOWLEDGE ON PROCUREMENT:

Participants were assessed whether they had sufficient knowledge with regards to procedures used during procurement of pharmceuticals in accordance to the Public Procurement Act and its Regulation. The findings revealed that Pharmaceuticals assistants had poor knowledge as compared to other personnels, as shown in the table 10 below.

Table 10: Assessment of level of knowlenge of health sector employees on procurement process

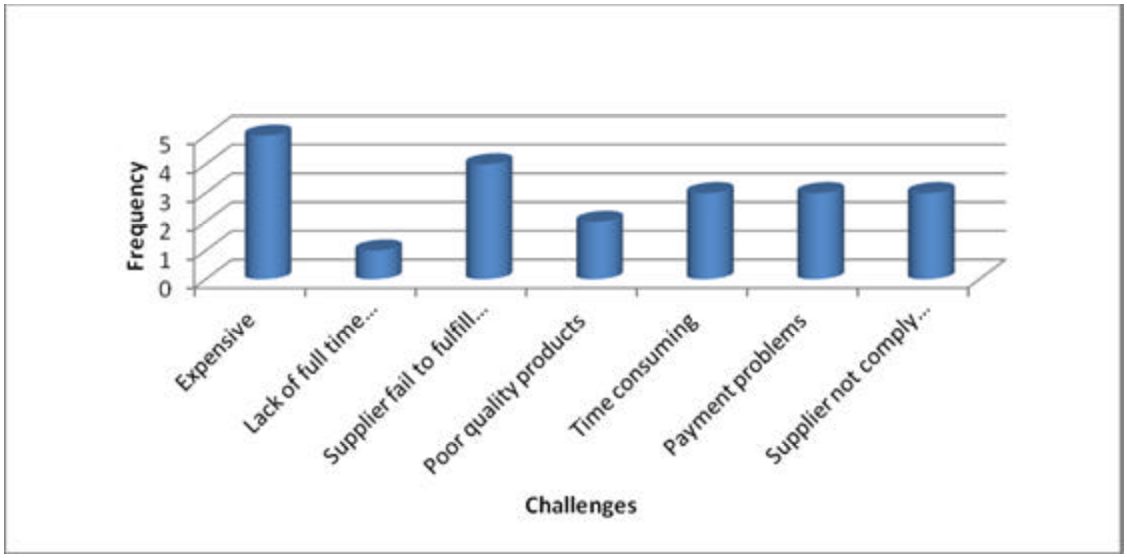


Score (%)	0 – 19%	20 – 49%	50 – 59%	60 – 89%	90 – 100%
Category	Very poor	Poor	Average	Good	Very good

3.2.4: CHALLENGES FACED BY PUBLIC HOSPITALS WHEN PROCURING FROM PRIVATE SUPPLIERS:

Of the 14 participants 13 agreed that there are a number challenges associated with the process of procuring pharmaceuticals from private suppliers major ones being high price (expensive) of pharmaceuticals and supplier failure to fulfill the orders. It was mentioned that the process is time consuming, face payment delays, and suppliers not complying with the contract specification. Other reasons were poor quality products caused by lack of full time pharmacist in the private supplier pharmacy.

Figure 12: Challenges faced by hospitals when procuring from private suppliers



CHAPTER FOUR

DISCUSSION, CONCLUSION AND RECOMENDATIONS.

4.0 INTRODUCTION:

This chapter presents detailed discussion, conclusion and recomendations pertaining to the study. Obtained results in chapter three formed the basis for the discussion, conclusion and recomendations as a way forward in describing how procurement process is carried out in public hospitals when purchasing pharmaceuticals from private suppliers. Area for further research have also been presented.

4.1: DISCUSSIONS:

The study interviewed 14 workers, this is more than 50% of all workers from three different hospital departments; which are Procurement Managment Unit, Pharmacy store and Accounts department. As far as the study is concerned, Procurement/supplies Officers were 28.57%, Pharmacist were 21.43%, 21.43% were Pharmaceutical technicians, 14.29% were Assistant supplies officers, while Pharmaceutical Assistants were 7.14%, and 7.14% were the Accountants. Most of these workers (64.3%) were aged above 45 years with working experince of more than 10 years.

On assessing the level of knowledge of respondents regarding procedures in procurement process Pharmacist score very high (90%), followed by Supplies officer assistant (80%), while the rest Supplies officer, Accountants, Pharmaceutical technician had a good score and while Pharmaceutical Assistants had poor knowledge (40%).

4.1.1: REASONS FOR PROCURING FROM PRIVATE SUPPLIERS:

On ideal situation with several changes done at MSD such as introduction of the Intergrated Logistic System (ILS) , increase number of zones and warehouses and use of pull system and introduction of drect delivery program to health facilities. Findings shows that stock out at MSD is still a big challenge , causing Health facilities to procure pharmaceuticals from private suppliers.

Health facilities surveyed had placed 108 orders at MSD in the whole year, less than 50% of the orders were full filled due to out of stock at MSD. From the findings, out of 73 procurement episodes conducted from private suppliers by the public hospitals, 83.7% was done due to items being out of stock at MSD. This result is high as compaired to that on the pilot study conducted by MSD on direct delivery, were MSD fail to fulfill order by 35% reason being Out of stock.[20]

MSD has prepared its Catalogue of medicines list from the National Essential Medicine List (EML) to be procure and distribute.[21] Not all medicne in NEML AND STG are in MSD catalogue. This causes hospitals to procure from private suppliers, from the study, 35.6% of orders procured from private suppliers was due to items not on MSD Catalogue list. Therefore there is a need for reviewing the national essential medicine list to include necessary items which are needed to be in MSD catalogue.

4.1.2: ADHERENCE OF HOSPITALS TO TENDERING PROCESS SPECIFIED IN PPA REGULATION WHEN PROCURING FROM PRIVATE SUPPLIERS.

The objective of this study was to assess the public health facilities procurement system particularly procurement method used and tendering process whether these procedures were carried out in accordance with the PPA and its regulation

The study looked into procurement practices particularly tendering process with which pharmaceuticals are procured from private suppliers using few selected World Bank Indicators; it was revealed that all health facilities have well established and composed Tender Board. This is supported by similar results in Country procurement system in 2007 by PPRA showed 90% of health facilities had well established and composed Tender Board.

One of the weakness found is procurement process was lack of procurement plan. It should be noted that pharmaceutical procurement plan should indicate three basic things which are Method of tendering to be used, should list in the plan products/ items to be procured and Budget.It was evident from the study most health facilities did not have a copy of Annual Pharmaceutical Procurement Plan, as only one hospital presented its Procurement plan and only 58.7% of procurement episodes done were supported by presence of procurement plan, procured products however were not listed in the plan this may result into fraud and corruption. Looking into individual hospitals only one hospital had a plan; the situation has worse when as compaired to the study done by *R.S Mlinga* where lack of procurement plan was 70%.[22]

In this study Procurement entity were the Councils. Through their Tender Board they dictate procurement methods to be used by health facilities when procuring pharmaceuticals from prtivate suppliers. The most common procurement methods used by surveyed public health facilities were Shopping method, Restricted national tender and National competitive tendering method, as indicated on subsection 3.1.2.3, these method observed are the same as those mentioned in Public Procurement Act and its Regulation. It was noted that Tumbi stated Competittive Quotation as a method for procurement which is equivalent to shopping method, this has not been mentioned on the Regulation but it is allowed as it has been stated ‘Subject to the appropriate tender board's prior written approval, other forms of

procurement may be used whenever it can be established that this is done with due regard for transparency, economy and efficiency in the implementation of the project'.[23]

On good note, it was reported that all procurements were advertised in the local news papers and in the hospitals and councils notice boards. On evidence basis only 16.4%(n=73) of procurement episodes, their advert was physically present, these results variation were attributed by the system set for advertisment, as advertisment is done at the begin of financial year while the study was done late near the end of financial year, poor filing system and documentation (poor record keeping) results into loss of copy of adverts. For the case of the advert of the 16.4% procurements episodes; the advert contained the following necessary information for collection and submission of bid which are Time in the day, Place/address, and Detailed and clear technical specification of the pharmaceuticals to be provided. These contents comply with those metioned in the indicator as well as simalar to those mentioned in the Regulation.

In the United Republic of Tanzania Public Procurement Act Regulation, Third Schedule has stated minimum time for preparation and submission of prequalification documents and tender. 68.5% (n=73) of procurement episodes, their price quotation were submited within the recommended time frame. It was reported that pharmacuticals are needed to save lives, the By laws have been set by hospitals to determine the time for submission of the documents which are the quantity, total price and urgency of pharmaceuticals. High the total price the longer the time and less total price and number of items the shorter the period.

Procurement is important for efficent drug managment and supply, an effective procurement process ensure the availability of the right medicines in the right time, at reasonable price and at recognizable standard of quality[24], therefore direct involvement of pharmacist is very crucial. The findings revealed that involvement of pharmacist is only during evaluation of private suppliers. Four out of five surveyed health facilities have incoporated one or two pharmacists in their evaluation committee.

4.1.3 CHALLENGES FACED BY HOSPITALS WHEN PROCURING PHARMACEUTICALS FROM PRIVATE SUPPLIERS:

The study also looked at challenges which public health facilities face when procuring pharmaceuticals from private suppliers. It was noted that the major ones are high price of pharmaceuticals and incomplete order fulfillment. These challenges are the same as those mention by *E. Ombake* on Globalization and Access to medicine, it was found that private suppliers sell pharmaceuticals at high prices and

has impaired ability to fulfill order[25]. This challenge goes hand in hand with the hospitals failing to pay the suppliers on time due to insufficient funds.

Secondly, failure of the private suppliers to comply with the terms and condition specified in contracts and lack of full time pharmacist in their pharmacy premises has resulted into poor quality products and specification problems of pharmaceuticals supplied.

4.1.4: SOURCE OF FUND USED FOR PURCHASING PHARMACEUTICALS FROM PRIVATE SUPPLIERS:

Among the decisions which governments have to face in the pharmaceutical sector the most complex and the most costly is the financing and supply of drugs for government health services. In some countries public sector drug supply is well financed and administratively efficient. In other countries the drug supply system is unreliable and shortages are common. Such systems suffer from inadequate funding, outdated procedures, inefficiency or a mixture of these and other problems.[26] For the case of Tanzania in relation to the study findings it shows that funds to procure pharmaceuticals is a major issue, how to utilize them is another area of concern.

As the findings reveal in figure 5 and Table 5 Cost sharing which is 100% generated by fee paid by patients for the service is highly utilized. Patients get less medicines while facility spent alot of their money buying fewer drugs from private suppliers which do not meet their demand. The guideline guiding the utilization of NHIF Fund is very long restricting public hospitals to use the fund, looking close on NHIF fund utilization on table 5 only Tumbi utilize the fund because it has been given special consideration by NHIF.

4.1.5: HOSPITALS' PHARMACEUTICALS EXPENDITURES:

At one instant the study examined the amount of money spent when procuring from private suppliers. Public hospitals spent large quantity of money (55.56% more) when procuring pharmaceuticals from private suppliers as it is shown on figure 6 when compared with the same quantity of pharmaceuticals if they were to be procured from MSD. This result was low compare to that in the study conducted by WHO on different pricing and financing of Essential drugs; some countries such as South Africa, Thailand and East African Countries routinely pay 150 to 250% of world market prices for essential drugs.[27] About 55.56% of all the funds were lost to private supplers market this was caused by poor procurement practice, including corruption and fraud. For this case one of four the strategic objective of ensuring the lowest possible total cost[28] has not been achieved; this concludes poor procurement practice.

4.1.6: PRIVATE SUPPLIERS PERFORMANCE:

The study measured the level of performance of the private suppliers who supplied pharmaceuticals in the surveyed facilities, a number of issues were observed, one was the ability of Private suppliers to meet specifcation stipulated in the contracts, results revealed that of the pharmaceutical products in 73 procurements episodes carried out in year 2012, 70% were in the right condition as specified in the contract.

Beside the above scenario, verification of individual type of specification, a number of problems were observed. Private suppliers supplied pharmaceuticals with wrong dosage form and with different size from the one indicated. As the study trace the source of problems it was revealed that some of the problems they originated from User's Department who filled the Local Purchase Order with incomplete names as results mis-leading the suppliers.

The study has revealed that in our setting pharmacist has no great responsiblity toward procurement may be due to lack of procurement knowledge. This is unsimilar to other country where Procurement in hospitals is the responsiblity of the pharmacist or pharmacy staff, through skills beyond basic pharmacy which are also required[29,30] The involvement of a pharmacist may results into better performance of the private suppliers.

Secondly, looking into ability to fulfill orders it was observed that private suppliers were able to fulfill orders by 89.68%. Observation done in individual hospitals showed that Dar-es-salaam's private suppliers were showing excellent performance as compared to the cost region Tumbi's private supplier were better compared to Bagamoyo. Suppliers not only failed to fullfull order in terms of items, but even those they supplied, were less than the quantity ordered. This might have been caused by pharmacist not being involved in the evaluation sub committee, as it was reported by Bagamoyo that pharmacist never participated in selecting suppliers.

In this survey, it was noted that the Lead time of Private suppliers and that of Medical Store Department were different; private suppliers' lead time was 9.83 days on average,while the national average lead time is7 days, while MSD lead time was noted to be short (5.2 days). In terms of lead time performance of private supplier was poor, though both MSD and Private suppliers failed to fulfill orders. Considering individual regions private suppliers, those in Dar-es-salaam had shorter lead time of 6.24 days as compared to those in Coast region which had average lead time of 58.56 days.

4.2: CONCLUSION:

Health facilities shift to Private suppliers as their alternative suppliers when MSD is out of stock of the required pharmaceuticals but this process has become a day to day activity due to critical out of stock at Medical Store Department.

Despite the fact that hospitals use private suppliers as their alternative source of pharmaceuticals they suffer a number of challenges major ones are high price of pharmaceuticals, poor compliance of private suppliers with the terms in the contract such as use of generic names, note only that but also unreliable capacity of private suppliers to fulfill orders and long lead time due to long approving processes from the Councils.

Health facilities face big challenge on availability of medicine because they depend mostly on Cost shairing as source of fund failing to utilize other fund such as Busket fund, Drug Revolving fund and NHIF.

Although these health facilities use Private suppliers, they suffer high price of pharmacetucicals as result more than 55% of fund is wasted if compaired with funds used when MSD was a supplier of the same pharmaceuticals on special procurement.

Most of specification problem that occured during purchasing of pharmaceutcals from private supply was originally created by User department in the Health facilities which failed to write complete name of product, as result Private suppliers supply products of different specifications.

On the other hand of Private suppliers suffer delayed payment from the health facilities, this has contributed to failure of these private suppliers to fulfill all orders due to insuffient fund.

Personnels working within health facilities that are involved in one way or another with procurement had moderate level of knowledge concern procurement of pharmaceuticals.

Most of hospital's procurements carried out are not mentioned in their procurement plan in terms of the exactly products to be procured due to poor forecasting. This created a loophole for fraud and corruption.

4.3: RECOMENDATIONS:

1. Medical Store Department should take over responsibility to procure from private suppliers on behalf of the health facilities for the items that are out of stock and those not on the list of essential medicine so as to control price.
2. MOHSW should review NEML and STG documents and update to fit the need, so that MSD catalogue could add more items.
3. MSD Catalogue list should be reviewed so as to suit the need of their customers who are the Public Health facilities.
4. Government should add other agencies to help supply pharmaceuticlas to public health facilities to reduce burden to MSD and to bring Competition.
5. The health facilities workers in User department, Procurement Managment Unit and Accounts should be trained on supply chain system(procurement incoperated in).
6. Public Procurement Regulatory Authorty should take a responsibility to update, print and widely distribute the user's guide and manual on procurement to all health facilities in the country.
7. GPSA should assess the whole process of procurement while it is occuring not to wait for report, so as to control price in the short list and during mini quotation.

4.4 AREAS FOR FURTHER RESEARCH:

1. This study focused only on 5 public hospitals all of which are situated in Coastal Zone, further research can be carried out to cover the whole country, to assess the magnitude of adherence of public hospitals to procurement regulation as state in the Act and its Regulation.

2. Since the study focused on the health facilities level, further study should be conducted at the Council which carries the power as Procurement Entity.

3. Since the study was carried out in the District level, further ressearch should be conducted in referal hospitals and see the defferent as they have high rate of procuring from private suppliers.

4.5: STUDY LIMITATIONS:

Noted that the composition of sample units was not homogenous since it comprised of urban and rural in which urban is having municipals and town council while rural has district council and presence of designated referal hospital; hence introducing outliers in the data analysis.

The study based more on urban as only one hospital in rural was involve,thererfore the findings from the study may under estimate the general procurement practices in rural areas which suffers insufficient number of pharmacists, and procurement officers, as this may worse then condititon.

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APPENDIX 1

QUESTIOINNAIRE FOR THE HEALTH FACILITY.

DATE: .....

NAME OF REGION: .....

NAME OF DISTRICT: .....

NAME OF HEALTH FACILITY: .....

NAME OF PERSON GIVING INFORMATION: .....

POSITION OF PERSON GIVING INFORMATION: .....

INSTRUCTION: PLEASE CIRCLE THE ANSWER TO EACH QUESTION

AND WRITE YOUR COMMENTS ON THE SPACE PROVIDED.

PART 1: DEMOGRAPHIC FEATURES OF INTERVIEWEE

1. Please indicate your age:
    a) Below 25 years
    b) Between 25- 35 years
    c) Between 35- 45 years
    d) Above 45 years
2. What is your level of education?
    a) Certificate
    b) Diploma
    c) Advance diploma
    d) Degree
    e) Masters

3. What is your working experience?

    a) Less than a year

    b) Between 1-5 years

    c) Between 5-10 years

    d) Above 10 years

PART 2: PROCUREMENT METHOD

1. Which department in your hospital procures pharmaceuticals?

    ? PMU

    ? Pharmacy department

2. Do you have a copy of user's Guide or Manual for pharmaceutical procurement?

    ? Yes

    ? No

3. If the answer is yes, which copy of user's Guide or Manual for pharmaceutical procurement do you have?

    ? Public procurement Act No. 9

    ? Public Procurement Regulation of 2005

    ? PPRA User Guide on pharmaceuticals

    ? Don't have any copy

4. Does the facility procure from private suppliers?

    ? Yes

    ? No

5. Which procurement method is used to purchase pharmaceuticals from private suppliers?

   ? International competitive tendering

   ? National competitive tendering

   ? Restricted tendering

   ? Shopping method

   ? Single source procurement

   ? Minor value procurement

PART 3: TENDERING PROCESS

6. Which agency is responsible for awarding tenders?

   ? Municipal council

   ? Hospital tender board

   ? Procurement unit

   ? Pharmacy department

Check documents to satisfy the answer, document such as

- ✍ Three sets of of minutes of the tender committee, or procurement unit or pharmacy department.
- ✍ A letter of list of short listed suppliers and contract frameworks for short listed suppliers from municipal council.

7. Was the tender advertised?

   ? Yes

   ? No

8. What type of advertisment was used to announce the tender/ bid?

   ? Notice board

   ? Local news paper

   ? Procument journal

   ? Office website

   ? Other, specify .....

Check documents to justify the answer

✍ A copy of notice board announcement

✍ A copy of a newspaper the advertisment was publish

✍ Check the website information

9. The contract framework awarded lasts for how long?

   ? A year

   ? Two years

   ? Not known

10. Please give reasons for not using tendering process when selecting suppliers?

Comment:.....
.....
.....
.....

PART 4: <u>REASON OF PROCUREMENT FROM PRIVATE SUPPLIERS.</u>

11. What causes the hospitals to procure from private suppliers?

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

12. What are the advantage of procuring from private suppliers?

    a) .....

    b) .....

    c) .....

    d) .....

PART 5: CHALLENGES FACED WHEN PROCURING FROM PRIVATE SUPPLIERS

13. Are there any challenges encountered when procuring from private suppliers?

    ? Yes

    ? No

14. What are these challenges that you face when procuring from private suppliers. Please mention:

    .....

    .....

    .....

    .....

Questioinnaire - Swahili Version:

DODOSA KWA AJILI YA KITUO CHA KUTOLEA HUDUMA YA AFYA

TAREHE: .....

JINA LA MKOA: .....

JINA LA WILAYA: .....

JINA LA KITUO: .....

JINA LA ANAYETOA TAARIFA: .....

TAALUMA YA MTOA TAARIFA: .....

MAELEZO: TAFADHALI ZUNGUSHIA JIBU KATIKA KILA SWALI NA TOA MAELEZO KATIKA NAFASI ILIOACHWA WAZI.

SEHEMU YA KWANZA : MAELEZO BINAFSI YA MTOA TAARIFA

1. Umri wako ni:
    a) Chini ya miaka 25
    b) Kati ya miaka 25 – 35
    c) Kati ya miaka 35 – 45
    d) Zaidi ya miaka 45
2. Elimu:
    a) Cheti
    b) Stashahada
    c) Stashahada ya juu
    d) Shahada
    e) Shahada ya uzamili

3. Uzoefu wako katika kazi ni wamuda gani:

    a) Chini ya mwaka 1

    b) Kati ya mwaka 1- 5

    c) Kati ya miaka 5- 10

    d) Zaidi ya miaka 10

SEHEMU YA PILI: NJIA ZA MANUNUZI

1. Kitengo gani ndani ya hospitali yako huusika na manunuzi ya vifaa tiba?

    ? Idara ya manunuzi

    ? Kitengo cha madawa

2. Je, unanakala ya muongozo wa manunuzi ya vifaa tiba?

    ? Ndiyo

    ? Hapana

3. Jibu la 3 kama ndio, je ni nakala gani uliyonayo?

    ? Sheria ya Umma ya manunuzi namba 9 ya mwaka 2011

    ? Kanuni za Umma ya manunuzi ya mwaka 2005

    ? Muongozo wa Mamalaka wa manunuzi wa vifaa tiba

    ? Hauna nakala yoyote

4. Je kituo chako hununua kutoka kwa wasambazaji binafsi?

    ? Ndiyo

    ? Hapana

5. Njia gani ya manunuzi hutumika kununua vifaa tiba kutoka kwa wasambazaji binafsi?

    ? Wazabuni wa nje

    ? Wazabuni wa ndani

    ? Wazabuni wa kuteuliwa

    ? Wazabuni watatu wa kuteuliwa

    ? Manunuzi kutoka kwa chanzo kimoja

    ? Manunuzi ya vifaa vya thamani ndogo

SEHEMU YA TATU: MFUMO WA UZABUNI

6. Je, shirika gani huusika na kutoa zabuni?

    ? Manispaa

    ? Bodi ya zabuni ya hospitali

    ? Kitengo cha manunuzi

    ? Kitengo cha famasi

7. Je, zabuni zilitangazwa?

    ? Ndiyo

    ? Hapana

8. Kama jibu ni ndio, ni anigani ya tangazo lilitumika kutangaza zabuni?

    ? Ubao wa matangazo

    ? Magazeti

    ? Jarida la manunuzi

    ? Mtandao wa offisi

    ? Njia nyingine, taja .....

9. Mkataba wa manunuzi unadumu kwa muda gani?

   ? Mwaka 1

   ? Miaka 2

   ? Haijulikani

10. Tafadhali toa sababu zilizofanya kituo chako kutotumia mfumo wa uzabuni wakati wa kuchagua wasambazaji binafsi

Maoni:

.....

.....

.....

SEHEMU YA NNE: <u>SABABU ZA KUNUNUA KUTOKA KWA WASAMBAZAJI BINAFSI</u>

11. Sababu gani zinasababisha hospitali kununua kutoka kwa wasambazaji binafsi

    .....

    .....

    .....

    .....

12. Nifaida zipi mnazipata kutokanana na kununa kutoka kwa wasambazaji binafsi

    a) .....

    b) .....

    c) .....

    d) .....

SEHEMU YA TANO: CHANGAMOTO ZINAZOPATIKANA WAKATI WA KUNUNUA KUTOKA KWA WASAMBAZAJI BINAFSI.

13. Je, kunachangamoto zozote mnanzozipata wakati mnanunua kutoka kwa wasambazaji binafsi?

    ? Ndiyo

    ? Hapana

14. Jibu kama ni ndio, zitaje hizo changamoto wakati wa manunuzi toka kwa wasambazaji binafsi. Tafadhali zitaje:

    .....

    .....

    .....

    .....

APPENDIX 2

CHECK LIST FOR LEAD TIME AND SOURCE OF FUNDS WHEN PURCHASING FROM PRIVATE SUPPLIER.

NAME OF REGION: ..... NAME OF HOSPITAL:.....

NAME OF DISTRICT: ..... NAME OF DEPARTMENT:.....

No.	DATE THE ORDER PLACED	DATE THE ORDER RECEIVED	LEAD TIME DETERMINED	SOURCE OF FUND	NAME OF SUPPLIER

APPENDIX 3

CHECK LIST FOR SUPPLIER'S PRODUCTS MEETING SPECIFICATION.

NAME OF REGION:..... NAME OF DISTRICT:.....

NAME OF HEALTH FACILITY: .....

ORDER NUMBER:.....

DATES OF THE ORDER :.....

Based on Receiving report

NAME OF ITEMS	ORDER PLACE BY HOSPITAL PER SPECIFICATION	RECEIVED ITEM FROM SUPPLIER PER SPECIFICATION	SPECIFICATION WAS MET BY SUPPLIER	SPECIFICATION WAS NOT MET BY SUPPLIER. EXPLAIN.

APPENDIX 4

CHECK LIST FOR PRICE COMPARISION BETWEEN MSD MISSED ITEM THAT HAD TO BE PURCHASED FROM PRIVATE SUPPLIER.

NAME REGION:..... NAME OF DISTRICT:.....

NAME OF HOSPITAL: .....

Base on the Local Purchase Order (LOP).

ORDER NO:..... base on date

DATE OF ORDER: .....

N/S	ITEM NAME	MSD PRICE AS INDICATED IN LOP	PRIVATE SUPPLIER PRICE AS INDICATED IN LOP

APPENDIX 5

CHECK LIST FOR PROCUREMENT METHOD AND TENDERING PROCESS WHEN PURCHASING FROM PRIVATE SUPPLIER.

NAME OF REGION: ..... NAME OF HOSPITAL:.....

NAME OF DISTRICT: ..... NAME OF DEPARTMENT:.....

Order No.	Order Advertised	Type of Advertisment	Was in the Procurement Plan?	Method of procurement used	Framework contract period

APPENDIX 6

STUDY PARTICIPANTS INFORMED CONSENT FOR PROCUREMENT PRACTICES OF PHARMACEUTICALS FROM PRIVATE SUPPLIERS BY PUBLIC HOSPITALS IN DAR-ES-SALAAM AND COAST REGIONS.

NAME OF INVESTIGATOR: JAIRO, SUMA

SPONSOR: PARENTS

ADDRESS: MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

P.O BOX 65001,

DAR-ES-SALAAM.

Identification number:.....

Introduction:

Hello! This consent form contains information about the research named above. In order to be sure that you are informed about being in this research, we are asking you to read this consent form. You will also be asked to sign it or make a mark in front of the witness. You will be given a copy of this form. This consent form might contain some words that are unfamiliar to you. Please ask us to explain anything you might not understand.

Reason for the research:

You are being asked to take part in this research that aims to assess procurement practices of pharmaceuticals from private suppliers by public hospitals in Dar-es-salaam and Coast regions.

General information and your part in research:

If you agree to be in this research you will be required to answer a series of questions in the interview guide or questionnaires. The interview will be conducted at the health facility where you are working. Therefore will be no additional costs for travelling.

Risks:

We do not expect any harm to happen to you because of joining this study.

Benefits:

Like all participants in the study, you will benefit from the study by gaining more knowledge on how to abide by the rules and regulations on procurement as specified in the Public Procurement Act of 2011.

Right to withdraw and alternatives:

Taking part in this study is completely your choice. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve any penalty.

Confidentiality:

All the information obtained from this study will be used for the research purpose only, and will not be shared with any one without your consent.

Who to contact:

If you have any questions about your rights as a participat, you may call Miss. Jairo, Suma (Tel: 0755 852562/ 0713128089) or Dr. G. Kagashe, who are the coordinators of this study, MUHAS PO BOX 65001, Dar-es-salaam. If you have any questions about your right as the participant you may contact Prof M.Moshi, Chairman of the Senate Research and Publications Committee, P.O Box 65001, Dar-es-salaam, Tel 2150302-6.

Your right as participant:

This research has been reviewed and approved by the IRB of Muhimbili University of Health and Allied Sciences. An IRB is a committee that reviews research studies in order to help and protect participants.

Signature:

Do you agree?

Participant agrees ..... Participant does not agree .....

I, ... I have read the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of participant .....

Signature of researcher .....

Date of signed consent .....

Consent Form - Swahili Version

FOMU YA KUKUBALI KUJIUNGA KWA HIARI KATIKA UTAFITI KUHUSU MFUMO WA MANUNUZI YA VIFAA TIBA KUTOKA KWA WASAMBAZAJI BINAFSI KATKA HOSPITALI ZA UMMA ZA MKOA WA DAR-ES-SALAAM NA PWANI.

JINA LA MTAFITI: JAIRO SUMA

JINA LA WAFADHIRI: WAZAZI

MAWASILIANO: CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

P.O BOX 65001,

DAR-ES-SALAAM.

Namba ya utambulisho: .....

Utambulisho:

Salamu! Fomu hii ya kukubali kujiunga kwa hiari inamaelezo kuhusu utafiti uliotajwa hapo juu. Ilikua na uhakika kua una taarifa ya kutosha kuhusu utafiti huu, tunakuomba usome au nikusome fomu hii. Pia unaomwa kuweka sahihi au alama mbele ya shahidi. Utapewa kopi ya nakala hii. Fomu hii ya kujiunga na utafiti inaweza kuwa na maneno ambayo hauna ufahamu nayo. Tafadhali tuulize ili tuweze kukueleza pale usipo elewa.

Dhumuni la utafiti:

Unaombwa kua sehemu ya utafiti huu ambao unamadhumuni ya kuangalia mfumo wa manunuzi wa vifaa tiba kutoka kwa wasambazaji binafsi katika hospitali za umma za mkoa wa Dar-es-salaam na Pwani,

Malezo ya ushiriki katika utafiti:

Iwapo utakubali kua sehemu ya utafiti huu, utatakiwa kujibu maswali katika usahili au dodoso. Usahili utafanyika katika kituo cha kutolea huduma unapofanya kazi. Kwaahio hakutakua na garama zozote za usafiri.

Madhara:

Hatutegemei kitu chochote kibaya kutokea kwa kushiriki katika utafiti huu.

Faida za utafiti:

Kama wasiriki wengine wote, utapata faida kwa kupata elimu

Kukubali kwa hiari kushiriki kwenye utafiti:

Ushiriki kwenye utafiti huu ni kwa hiari. Unaweza kujiondoa kwenye utafiti wakati wowote, hata kama umesh jaza fomu ya kukubali . Kukataa kujiunga au kujitoa katika utafiti hakutasababisha adhabu.

Usiri:

Taarifa zote zitakazopatikana kutoka kwako zitakua ni siri na hazitatumika sehemu nyingine isipokua katika utafiti huu tu.

Mawasiliano:

Kama una swali lolote kuhusu haki yako ya msingi kama mshiriki, unaweza kuwasiliana na Jairo suma (0755 852562/ 0713128089) au Dk. G. Kagashe, ambao ni wahusika wa utafiti huu, MUHAS P.O BOX 65001, Dar-es-salaam. Kama una swali kuhusu haki yako kama mshiriki unaweza wasiliana na Prof. M. Moshi, Mwenyekiti wa kamati ya jopo la utafiti na machapisho la chuo, P.O Box 65001, Dar-es-salaam, simu namba 2150302-6.

Haki yako kama mshiriki:

Utafiti huu umekaguliwa na kupitishwa na kamati ya utafiti na machapisho la chuo kikuu cha Afya na Sayansi shirikishi Muhimbili. Kamatii ni bodi inayo kaguwa tafiti zote ili kusaidia na kulinda haki ya mshiriki.

Sahih i:

Je, unakubali?

Mshiriki amekubali .....

Mshiriki amekataa .....

Mimi ....., mimi nimesoma fomu hii ya kujiunga na utafiti. Maswali yangu yamejibiwa. Mimi nimekubali kujiunga katika utafiti huu.

Sahihi ya mshiriki .....

Sahihi ya mtafiti .....

Tarehe ya usahili .....