



Local procurement and supply as part of people-centred care: evidence from Kenya and Tanzania

Maureen Mackintosh¹, Joan Kariuki² Paula Tibandebage³

¹Open University, UK ²ACTS, Kenya ³REPOA, Tanzania



Overview

1. Procurement and supply work, and the people responsible need to be included in “people-centred” care
2. Not just “filling in forms”: requires team work within facilities
3. Also juggling and managing complex sources of public sector supplies
4. Interpersonal relationships are key to effective procurement at local level.
5. Local procurement requires judgement, patience, and speed in managing supplies for emergencies.

Data are from this study: Industrial productivity and health sector performance

Collaborative ESRC-funded research project
between:

- African Centre for Technology Studies (ACTS), Kenya
- REPOA, Tanzania
- The Open University (OU), UK

Research question:

How improved local supply chains can better strengthen health system performance while contributing to industrial development?

1. Procurement as “people-centred”

Procurement fits into the conference theme:

- Contributes to responsive health systems
- Improves access to essential medicines, and ensuring quality and safety;
- Procurement staff are key health system decision-makers.

This presentation concentrates on the public sector.

Local decision making in procurement and supply matter

- Public sector shortages of medicines and supplies repeatedly cited as a major constraint on better care.
- “Supply chain” problems are not just structural, technical and political: they are **centrally about the decision making at local level**
- The work experiences and activities of those decision makers rarely studied.
- Local decisions influence structure and outcomes e.g. buying locally or importing, meeting emergency needs or not.

1. Most people doing procurement are nurses and clinical officers as part of the day job

Like me now, who is a clinician, I do almost everything, I am the procurement person, I am seeing the patients.

[Clinical officer, Kenyan public health centre]

Hospitals:

The only institutions that may have procurement officers with specialist training; pharmacists and laboratory in-charges, nurses, medical directors also involved.

Lower level health facilities

Generally nurses and clinical officers as part of their jobs; may have had seminars on ordering and stock handling.

Public sector facilities also have local authority involvement and some have community involvement.

2. Procurement requires team work among people also busy with clinical care

What is required to do it well is suggested by the approach of a high-end private hospital in Nairobi:

'Another thing is team work and I can tell you in a hospital like this you will really need team work. We have trained everybody on inventory management. What they need to keep in terms of safety stock versus ensuring they have re order levels.'

'Personally I have trained the nurses in terms of ordering. Sometimes you may find that they do not want to use the computers but we have really trained them and team work has really helped us.'

2. Most hospitals lack the resource and independence to do this well

As illustrated by the experience in a stressed city district hospital in Tanzania:

‘This is a big hospital that has different departments. remember we are not working at the same pace, some are slow while some are sharp. This delays the process ...departments that were quick in submitting their items. ... keep knocking at our doors asking for their order. We have to tell them, procurement process is under way while waiting for other department to submit theirs. They get angry because patients are waiting at their doors.’

3. Procurement is complex, involving many different sources and sets of rules

- Coping with multiple sources of funds including budgets for medicines, donor “basket” funds in Tanzania, the Kenyan HSSF, retained fees and charges
- Ordering from a “bureaucratic” public sector wholesaler
- Dealing with donations e.g. of equipment and managing vertical programme supply
- Identifying and filling gaps by buying from private wholesalers and retailers
- Dealing with local authorities and district medical officers, on procurement funds and rules; also local health committees.

3. An example from one public dispensary

- Ordering from public wholesaler

Gap filling through:

- community insurance and user fee funds

These funds ...are deposited into DMO's account by the dispensary in-charge.... used by the DMO to order medicines andequipment/ supplies especially in case of emergencies
[Tanzanian public dispensary]

- donors

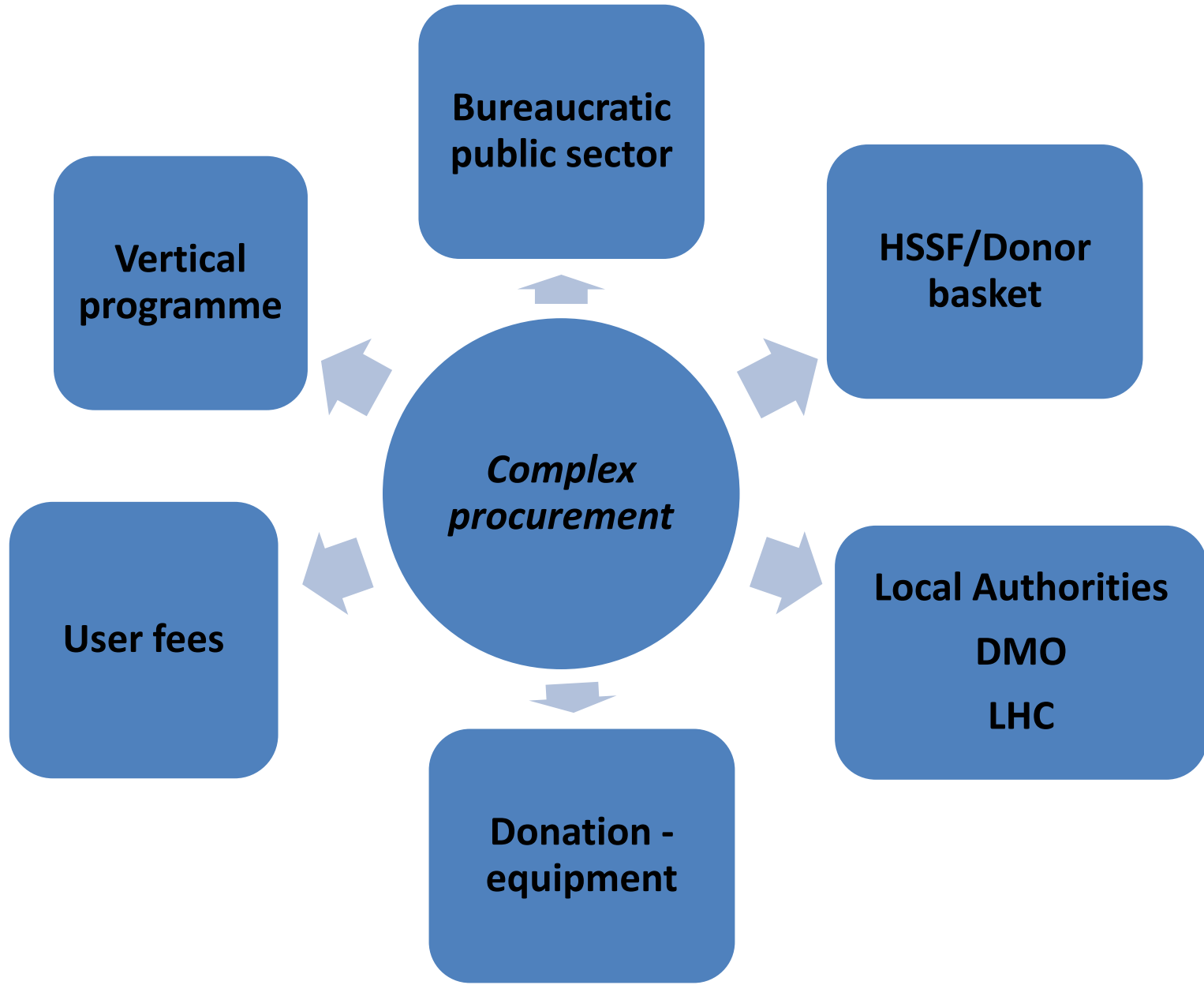
... medical equipment even if you order them, you do not get them, so we do not order them.... we ask donors to help.
[Tanzanian public dispensary]

This clinical officer listed thermometers from a Dutch personal donor, a BP machine from a friend in the US, a stethoscope he had bought himself.

- Vertical programmes

.... laboratory suppliesfrom the DMO are from a vertical programme and so they are available.

3. Juggling procurement sources



4. Personal relationships are key:

Procurement is relational, just like other health care work

For example, gap filling includes borrowing between facilities:

You can see what you do not have and borrow from the facilities or from the main hospital.... later on they might have a problem and you will come to assist them just creating good relationship [Kenyan public health centre]

6. Speed in procurement in emergencies saves lives

The cash funds in facilities are very small e.g. HSSF Sh 8300/month for a Kenyan health centre.

Sometimes government supplier do not supply us with the injectables and because we admit patients we require those drugs. So when we do not get them from them, we just buy them from chemists. [Kenyan health centre]

Funding has to be retained for these priorities and rules bent

*...there are times we can need the drugs for an emergency If we follow all these tedious processes to be able to get that drug, maybe this patient will have died because it will take long.... **That is where we bend the law now.** And with the procurement regulations you are not supposed to do that. But in such circumstances we are forced. ... we just ring them immediately and they send it the same day' [Kenyan district hospital]*

Conclusion

Procurement, like other aspects of health care, is social and relational – and hard work.

People working in public sector procurement struggle to stitch together a fragile safety net of essential supplies using:

- Local knowledge and relationships
- Professional judgement
- Multiple sources including even their own funds.

They need to be closely involved in improving supplies – and hence health care.



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Contact: Prof Maureen Mackintosh or
Ms. Joan Kariuki
Email: maureen.mackintosh@open.ac.uk
Or j.kariuki@acts-net.org
Website: <http://www.acts-net.org/programmes-projects/projects?id=24>