

# The Relationship Between Supplier Consistency Appraisal and Procurement Implementation in Public Hospitals in Mandera County, Kenya

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## **Abstract**

**Aim:** Public hospitals in Mandera County, Kenya, continue to experience procurement execution challenges such as delays, noncompliance with procurement protocols, and inconsistent supplier performance. The study aimed to examine the relationship between supplier consistency appraisal and procurement implementation in public hospitals in Mandera County, Kenya.

**Methods:** An explanatory research design was adopted. The target population was 303 respondents, comprising the procurement officers, accountants, and administration managers in the 101 public hospitals in Mandera. A sample size of 171 respondents was recruited for the study. Stratified sampling was used to select the respondents. Primary data were collected through structured questionnaires designed on a Likert scale. Data analysis used both descriptive and inferential statistics. The inferential statistics were correlation and regression analysis.

**Results:** The study found that supplier appraisal practices significantly influence procurement implementation in public hospitals in Mandera County, Kenya ( $\beta=0.866$ ,  $p=0.000$ ).

**Conclusion:** The study concludes that strengthening supplier consistency appraisal enhances transparency, accountability, and the overall efficiency of procurement systems in public hospitals.

**Recommendations:** The study recommends that public hospitals in Mandera County enhance supplier consistency appraisal through digital systems that monitor delivery timelines, quality, and compliance. Cross-functional review teams and regular audits should be implemented to strengthen reliability. The Ministry of Health should establish a national supplier appraisal framework with capacity and risk metrics, mandate annual performance audits, and support procurement digitization through funding and training to promote transparency, accountability, and efficiency in public healthcare procurement.

**Keywords:** *Supplier consistency appraisal, procurement implementation, public hospitals, Mandera County, healthcare procurement.*

## 1.0 INTRODUCTION

Procurement implementation is crucial for the effective functioning of public hospitals, as it directly impacts operations and the quality of healthcare services delivered. However, public hospitals in Mandera County, Kenya, face significant challenges in achieving optimal procurement implementation (Aliow *et al.*, 2021). Reports from the Kenya Health Sector Strategic Plan indicate that nearly 40% of public health facilities in northern Kenya experience recurrent stock-outs of essential supplies, with Mandera County being among the most affected (MOH, 2021). Frequent shortages of essential medical equipment and infrastructure at Mandera County Referral Hospital have hindered the provision of quality patient care (Hassan, 2022). Furthermore, an audit by the Office of the Auditor General (2022) revealed that over 35% of suppliers to county hospitals in Mandera delayed deliveries, while others delivered substandard items that failed to meet procurement specifications.

Such inefficiencies have led to interruptions in service delivery, increased patient waiting times, and resource wastage. Additionally, the geographical remoteness of Mandera County, coupled with poor transport and communication infrastructure, exacerbates procurement inefficiencies, as supplies take longer to reach facilities compared to other counties (Mogikoyo & Marika, 2022). These persistent challenges highlight the urgent need to strengthen supplier appraisal practices to improve procurement implementation and ensure the reliability of healthcare services in the region.

Supplier consistency appraisal has become increasingly vital to procurement management, particularly within healthcare systems that rely heavily on the timely and reliable delivery of essential supplies. It entails assessing the ability of a supplier to consistently deliver goods and services without compromising on quality, agreed schedules, or contractual terms (Yazdani *et al.*, 2020). In public health institutions, where delays or inconsistencies can disrupt service delivery, evaluating supplier consistency ensures procurement efficiency and operational reliability. A consistent supplier demonstrates predictable lead times, resilience against logistical challenges, and stable pricing structures, thereby enabling health facilities to align procurement plans with their operational needs (Selnes & Gønhaug, 2022).

According to Otieno (2023), suppliers that maintain dependable performance are resilient in the face of fluctuating demand, logistical barriers, and external uncertainties. Selnes *et al.* (2022) argue that such suppliers not only meet expected delivery standards but also provide stability in procurement planning, which is critical in healthcare, where demand for supplies is often urgent and continuous. Predictability in supply allows organizations to reduce risks of stock-outs, delays, and cost escalations, thereby strengthening service provision and stakeholder confidence.

Furthermore, supplier consistency goes beyond delivery schedules to include good communication and problem resolution. Consistent suppliers actively engage with procurement entities by delivering timely order updates, informing them of potential disruptions, and correcting issues as they emerge (Cook *et al.*, 2024). This proactive strategy builds confidence, improves transparency, and reduces disruptions during the procurement cycle. Organizations that evaluate suppliers based on their consistency are better positioned to discover and keep partners who contribute to procurement stability, ultimately enhancing efficiency and strengthening healthcare service delivery (Urbaniak *et al.*, 2022). While Yazdani *et al.* (2020) highlight supplier consistency as central to operational stability, Selnes and Gønhaug (2022) emphasize its role in promoting long-term procurement partnerships. Both perspectives support the need for consistent supplier evaluation mechanisms in ensuring supply chain resilience.

In Kenya, supplier evaluations are guided by frameworks such as the Public Procurement and Asset Disposal Act of 2015 (PPADA 2015), which promotes fairness, transparency, and accountability in public procurement. However, despite such frameworks, public hospitals continue to face challenges in enforcing uniform supplier appraisal practices. Mandera County, in particular, experiences significant procurement inefficiencies arising from its geographical remoteness, limited infrastructure, and supply chain fragmentation (Tumate & Njoroge, 2023). Hospitals in the county often report prolonged delays, inconsistent product standards, and inadequate vendor oversight, which compromise both service delivery and stakeholder satisfaction (Macharia & Osoro, 2023). These challenges underscore the importance of appraising suppliers not only on technical and financial capacity but also on their consistency in delivering essential goods and services. Despite existing procurement frameworks such as the PPADA (2015), many hospitals in Mandera continue to experience supply chain disruptions. This suggests that inadequate supplier consistency appraisal (failure to evaluate suppliers' reliability and performance systematically over time) may be a significant factor contributing to procurement inefficiencies.

Previous studies on procurement in Kenyan hospitals have largely focused on general procurement practices, strategies, or management techniques. Jillo *et al.* (2024) examined procurement practices at Kenyatta National Hospital, Njiri and Munene (2024) investigated procurement implementation strategies in Nakuru County, and Oseko and Osoro (2024) studied procurement management techniques in Nairobi City County. While these studies provide useful insights, they have not adequately addressed supplier consistency appraisal, particularly in marginalized and logistically constrained counties such as Mandera. This creates both a contextual gap (rural, marginalized settings) and a conceptual gap (focus on supplier consistency as a determinant of procurement implementation). To address this, the present study seeks to examine the effect of supplier consistency appraisal on procurement implementation in public hospitals in Mandera County, Kenya.

## 2.0 LITERATURE REVIEW

### 2.1 Theoretical Framework

#### 2.1.1 Stakeholder Theory

The Stakeholder Theory, developed by Freeman (1984), asserts that businesses should consider the expectations and interests of all parties involved in their operations, not just shareholders. It highlights the interdependence between organizations and their suppliers, consumers, employees, investors, communities, and other partners, emphasizing that a business should create value for all stakeholders. The theory stresses the importance of identifying and prioritizing stakeholders, integrating their needs into strategic goals, and managing relationships to ensure mutual benefit (Mu *et al.*, 2024). Scholars such as Corazza *et al.* (2024) emphasize treating stakeholders, particularly suppliers, as strategic partners, while Cooper (2024) underscores continuous engagement through feedback, ethical sourcing, and supplier development. The theory's strength lies in its holistic and ethical approach, fostering cooperation and long-term sustainability, though it faces challenges in balancing conflicting stakeholder interests, which may complicate decision-making (Reynolds *et al.*, 2006).

Stakeholder Theory is appropriate for this study because it emphasizes the integration of suppliers' needs and reliability into the overall procurement strategy, which are key aspects of procurement implementation. Reliable and consistent suppliers contribute to the timely delivery of medical supplies, adherence to budgets, and ethical compliance in public hospitals. These improvements not only strengthen procurement performance but also benefit a wide

range of stakeholders such as patients, healthcare providers, administrators, and regulatory agencies by promoting efficiency, accountability, and transparency in healthcare delivery within Mandera County, Kenya.

## 2.2 Empirical Review

Otieno (2023) examined the impact of supplier consistency appraisal on procurement performance in public hospitals in Kisumu County using a correlational research design and a census survey of 63 staff from Lumumba Hospital and Jaramogi Oginga Odinga Teaching and Referral Hospital. Primary data was collected through structured questionnaires, whose reliability was confirmed using Cronbach's Alpha. The findings revealed that supplier consistency significantly and positively influences procurement performance. However, the study presents a conceptual gap, as it measured procurement performance as the dependent variable, whereas the present study focuses on procurement implementation, a more process-oriented outcome.

Selnes and Gønhaug (2022) explored the effects of supplier consistency and benevolence on customer loyalty in Malaysian telecommunication firms. Using an exploratory design and snowball sampling of 150 clients, the study found that supplier consistency strongly enhanced customer loyalty. While this supports the general importance of consistency, it presents a contextual gap since it was undertaken in the telecommunications sector, making its applicability to healthcare procurement uncertain.

Similarly, Ondieki *et al.* (2023) assessed supplier performance consistency and its effect on procurement performance in Murang'a and Kirinyaga county governments using a descriptive research design. From a target of 168 procurement staff, 60 departmental heads were purposively sampled and surveyed using self-administered questionnaires. Analysis through both descriptive and inferential statistics confirmed that supplier consistency scores were significant predictors of procurement performance.

Jyoti and Akter (2022) researched how data-driven vendor evaluation systems, contract management, and performance enforcement improve supply chain efficiency in the retail sector. It used a quantitative explanatory research design with data from procurement managers, supply chain executives, and contract administrators selected through purposive sampling. Data were gathered using structured questionnaires and analyzed using descriptive statistics, factor analysis, and SEM. The study found that vendor consistency in on-time delivery and quality conformance strongly enhances procurement performance, financial indicators like cost-to-serve and invoice accuracy influence vendor reliability and contract decisions, and digital contract management systems improve transparency, reduce risks, and link performance evaluation to enforceable actions, thereby strengthening accountability and competitiveness.

The study by Holtorf *et al.* (2021) aimed to compare experiences from MCDA workshops and pilot implementations in Indonesia and Thailand to guide future adoption of MCDA-based pharmaceutical purchasing in low- and middle-income countries. It used a mixed-methods design, combining quantitative comparison of MCDA criteria across four countries with qualitative analysis from two pilot cases involving seven hospitals in Thailand and one specialty hospital in Indonesia. Four stakeholders, selected through purposive sampling, were interviewed via web conferences. Descriptive statistics and grounded theory coding were used for data analysis. The study found that MCDA promoted transparency, rational decision-making, and consistent drug quality, but implementation faced challenges from unclear criteria, data gaps, and resistance to change.

Waweru (2024) conducted a study to determine how supplier consistency influences procurement performance. The study adopted a descriptive research design targeting 140 employees of the county government, with data collected through structured questionnaires. A pilot study was conducted in Embu County to test the reliability and validity of the instrument, and purposive sampling was used to select participants directly involved in procurement. Data were analyzed using descriptive and inferential statistics, including correlation and linear regression analysis, with the aid of SPSS version 24. The findings revealed that supplier consistency ensures reliability and timely delivery, reducing operational delays, and financially stable suppliers contribute to sustainable procurement by minimizing risks of supply failure, thereby improving overall organizational performance. Collectively, the studies by Otieno (2023), Ondieki *et al.* (2023), and Waweru (2024) demonstrate that supplier consistency positively correlates with procurement performance, although they primarily focus on performance outcomes rather than process implementation. This gap underscores the need to explore how consistency affects actual procurement processes, not just performance metrics.

### 3.0 METHODOLOGY

This study adopted an explanatory research design to examine the relationship between supplier appraisal practices, specifically competence, consistency, capacity, and risk appraisal and procurement implementation in public hospitals in Mandera County. This study targeted all 101 public hospitals in Mandera County, comprising one county referral hospital, four sub-county hospitals, and 96 health centers and dispensaries. Units of observation were procurement officers, hospital administrators, and accountants working in these hospitals. The sample size was determined using Taro Yamane's formula at a 5% precision level, yielding 171 respondents. These comprised 57 procurement officers, 57 hospital administrators, and 57 accountants, representing 33.3% each of the sample. Primary data was collected using a structured questionnaire. The data was analyzed using descriptive and inferential statistics. Descriptive statistics included means, standard deviations, and frequencies, while inferential analysis involved correlation and linear regression to test the relationship among variables using SPSS version 28. Ethical approval was obtained from the St. Paul's University Ethical Review Board and a research permit from NACOSTI. Respondents were informed about the study's purpose, assured of confidentiality and anonymity, and participated voluntarily through informed consent. All data collected was used strictly for academic purposes and not disclosed to third parties.

### 4.0 FINDINGS

#### 4.1 Response Rate

The researcher administered 171 questionnaires to the sampled respondents. Table 1 shows the response rate.

**Table 1: Response Rate**

Questionnaires	Frequency	Percentage
Filled and given back	147	85.96%
Not returned or not filled	24	14.04%

A total of 147 questionnaires were correctly completed and returned, translating to a response rate of 85.96%. The remaining 24 questionnaires (14.04%) were either not returned or were inadequately filled. This level of response is considered very good and sufficient for analysis.

According to Scheaf *et al.* (2023), a response rate exceeding 70% is adequate for making statistical inferences and generalizing findings. Therefore, the achieved rate of 85.96% was considered acceptable for drawing conclusions from the study results.

## 4.2 Descriptive Results

### 4.2.1 Descriptive Results for Supplier Consistency Appraisal

The second objective of the study was to examine the relationship between supplier consistency appraisal and procurement implementation in public hospitals in Mandera County, Kenya. The study participants were to indicate whether they concurred or disagreed with a series of statements related to supplier consistency in their institutions. Table 2 shows the results.

**Table 2: Supplier Consistency Appraisal**

	SD(%)	D(%)	N(%)	A(%)	SA(%)	Mean	SD
Our organization regularly evaluates the consistency of suppliers in meeting delivery timelines.	1.26	8.18	6.92	48.43	35.22	4.08	0.93
The hospital assesses whether the supplier maintains the expected level of quality across all deliveries.	2.52	6.92	12.58	47.80	30.19	3.96	0.97
The hospital evaluates whether the supplier maintains a consistent level of customer service and support	5.03	17.61	5.03	41.51	30.82	3.75	1.21
The hospital considers whether the supplier consistently fulfills contractual obligations without errors.	1.89	11.95	10.06	50.31	25.79	3.86	1.00
The hospital evaluates whether the supplier's performance rating is steady	7.55	11.95	5.03	40.88	34.59	3.83	1.24
Our organization regularly evaluates the consistency of suppliers in adhering to hospital procurement practices	5.66	11.32	5.66	44.65	32.70	3.87	1.16
<b>Average</b>						<b>3.89</b>	<b>1.09</b>

*Source: Research Data (2025)*

A combined 83.65% of the respondents agreed that their organizations consistently evaluate whether suppliers meet delivery timelines, while only 9.44% did not agree and 6.92% remained non-committal. The high mean score of 4.08 and a relatively low standard deviation of 0.93 suggest a consistent emphasis on timeliness in procurement, which is crucial in ensuring uninterrupted service delivery in healthcare settings. These findings echo those of Otieno (2023), who stressed that supplier consistency in delivery timelines reduces operational disruptions and enhances organizational growth. In evaluating whether suppliers maintain expected levels of quality across all deliveries, 77.99% of participants affirmed this practice, 9.44% disagreed and 12.58% adopted a neutral stance. A mean score of 3.96 with a standard deviation of 0.97 indicates that quality consistency is broadly monitored across the organizations. Continuous quality monitoring is essential for ensuring the safety and efficacy

of medical supplies, supporting Sernes and Gønhaug (2022), who found that consistent quality assurance is a foundational element in healthcare procurement systems.

Assessment of supplier consistency in customer service and support yielded agreement from 72.33% of respondents, while 22.64% opposed this view and 5.03% were indifferent. The corresponding mean of 3.75 and standard deviation of 1.21 suggest moderate consensus, with noticeable divergence in experiences across hospitals. This may reflect variations in supplier responsiveness or the existence of formalized service-level evaluations. The result supports the assertion by Ondieki *et al.* (2023) that consistent after-sales support enhances supplier-client trust and smoothens procurement coordination. When asked whether the hospital considers suppliers' consistency in fulfilling contractual obligations without errors, 76.10% indicated agreement, 13.84% rejected the claim and 10.06% neither agreed nor disagreed. A mean value of 3.86 and standard deviation of 1.00 reflect general alignment around the importance of dependable contractual compliance, which reinforces internal audit trails and accountability mechanisms in procurement.

The item assessing whether a supplier's performance rating remains steady over time received a combined agreement rate of 75.47%, while 19.50% challenged the statement and 5.03% were neutral. The mean score of 3.83 and standard deviation of 1.24 indicate moderate agreement, although the relatively high variation suggests that performance appraisal systems may differ in scope and consistency among the institutions surveyed (Yazdani *et al.*, 2020) Evaluation of supplier adherence to hospital procurement practices attracted support from 77.35% of respondents, whereas 16.98% were opposed and 5.66% assumed a neutral position. The mean score of 3.87 and standard deviation of 1.16 suggest that procurement practice compliance is actively monitored, though to varying degrees. This is consistent with the argument by Allin *et al.* (2022), who noted that aligning supplier conduct with institutional procurement protocols improves efficiency, transparency and regulatory compliance.

The aggregated responses yielded an average of 3.89 with a standard deviation of 1.09. The high mean scores ( $M = 3.89$ ) across supplier consistency indicators suggest that hospitals actively engage in monitoring supplier performance. This aligns with Stakeholder Theory, which emphasizes building reliable supplier relationships to enhance mutual value creation. The responses imply that delivery timelines, product quality, contractual compliance and procedural adherence were treated as critical metrics in supplier evaluation. While the findings point to a structured approach to managing supplier consistency, the variations in standard deviation suggest differing levels of institutional capacity or maturity in supplier management systems.

#### **4.2.2 Procurement Implementation**

The study further sought respondents' perspectives on procurement implementation in their hospitals. Similarly, a Likert scale of 1-5 was applied. The analysis in percentages, means and SD was as indicated in Table 3.

**Table 3: Procurement Implementation**

	SD(%)	D(%)	N(%)	A(%)	SA(%)	Mean	SD
Goods and services delivered are always in the desired quality	2.52	14.47	13.84	47.17	22.01	3.72	1.04
Procurement functions are done promptly without delays	10.69	15.72	9.43	38.99	25.16	3.52	1.31
Procurement implementation complies with established hospital procurement policies.	0.00	9.43	11.32	46.54	32.70	4.03	0.91
The procurement outcomes align with healthcare delivery goals.	1.26	11.95	6.29	54.09	26.42	3.92	0.96
All procurement activities follow legal and regulatory guidelines.	0.00	2.52	18.24	35.85	43.40	4.2	0.83
Stakeholders are always satisfied with procurement outcomes.	3.14	9.43	13.21	52.83	21.38	3.8	0.99
<b>Average</b>						<b>3.87</b>	<b>1.01</b>

*Source: Research Data (2025)*

The results showed that 69.18% of the respondents confirmed that goods and services were consistently delivered with the expected quality standards. Meanwhile, 16.99% expressed disagreement with this view and 13.84% maintained a neutral stance. A mean score of 3.72 and a standard deviation of 1.04 demonstrate a generally favorable assessment of quality assurance in procurement; however, this shows a disparity in quality deliverables among the public hospitals in Mandera County. As stated by Althabatah *et al.* (2023), consistent delivery of quality inputs strengthens service delivery and enhances patient outcomes.

For the statement on timeliness, 64.15% of participants supported the view that procurement tasks were completed without delays. However, 26.41% opposed this, and 9.43% were indifferent. The mean score of 3.52 and standard deviation of 1.31 suggest mixed experiences among hospitals, with time efficiency not being uniformly achieved. These findings point to untimely execution of procurement. According to Ganiyu *et al.* (2020), delays in procurement processes can negatively influence the performance of service-based institutions, especially in health systems that depend on time-sensitive supplies. On compliance with internal procurement policies, 79.24% agreed that procurement implementation aligns with institutional rules. Another 11.32% neither agreed nor disagreed, while 9.43% expressed discontent. A high mean value of 4.03 and a relatively low standard deviation of 0.91 reflect a broad consensus on adherence to established policies. Strag (2023) showed that such compliance enhances operational transparency and reduces risks of malpractice in public procurement systems.

Concerning alignment with healthcare delivery goals, 80.51% acknowledged that procurement outcomes support institutional health service objectives. Conversely, 13.21% dissented and 6.29% were neutral. The mean score of 3.92 and standard deviation of 0.96 show that most institutions view procurement not just as a logistical function but as a strategic enabler of service delivery. This perception confirms prior findings by Ogbu *et al.* (2024), which indicate that strategic procurement functions help hospitals secure essential inputs that directly

contribute to clinical effectiveness and patient satisfaction. When asked whether procurement activities conform to legal and regulatory provisions, 79.25% concurred, while 18.24% remained non-committal and only 2.52% disagreed. The mean score of 4.20 and standard deviation of 0.83 reveal a strong affirmation of legal compliance. These figures reflect a structured procurement environment guided by statutory frameworks, thereby enhancing credibility and accountability. According to Monczka *et al.* (2021), legal conformity in procurement practices is critical for minimizing litigation risks and upholding ethical standards in public institutions.

In relation to stakeholder satisfaction, 74.21% of respondents stated that key stakeholders such as medical personnel and administrators were regularly contented with procurement outcomes. However, 12.57% expressed contrary views and 13.21% did not commit to either position. The corresponding mean of 3.80 and standard deviation of 0.99 indicate stakeholder satisfaction with procurement activities was achieved in most of the studied hospitals, suggesting that procurement processes were responsive to the operational needs of healthcare stakeholders. This supports the findings of Silva *et al.* (2024), who found that stakeholder inclusion and responsiveness in procurement processes improve trust and coordination in service delivery. The aggregate mean of 3.87 and standard deviation of 1.01 suggest that procurement implementation practices within the hospitals were generally effective. Key dimensions such as compliance, quality assurance, and alignment with strategic goals appear to be well institutionalized. However, variations in timeliness and stakeholder satisfaction signal areas that may benefit from process improvements and performance monitoring.

The overall mean of 3.87 indicates that procurement implementation is moderately effective, particularly in compliance and quality control, though time efficiency remains a challenge. This suggests that while governance structures are sound, logistical and administrative inefficiencies persist. Procurement officers may need to adopt performance monitoring tools or e-procurement systems to minimize delays and enhance stakeholder satisfaction.

#### 4.3 Correlation Analysis

Pearson's correlation coefficient (*r*) ranges from -1 to +1. A positive value indicates a direct relationship, while a negative value implies an inverse relationship. A value closer to  $\pm 1$  signifies a stronger correlation. The significance level (*p*-value) was tested at a 0.05 confidence level. Table 4 shows the correlation results for the variables involved in this research.

**Table 4 Correlation Analysis**

		<b>Procurement Implementation</b>	<b>Supplier Consistency</b>
Procurement Implementation	Pearson Correlation	1	
	Sig. (2-tailed)		
Supplier Consistency	Pearson Correlation	.797**	1
	Sig. (2-tailed)	0.000	

The correlation analysis reveals that supplier consistency appraisal is strongly and positively associated with procurement implementation ( $r = 0.797$ ,  $p = 0.000 < 0.05$ ). This indicates that improved supplier consistency appraisal would be accompanied by improved procurement

implementation, even though without causation. The result affirms the assertion by Selnes and Gønhaug (2022) that sustained supplier reliability is positively correlated with operational continuity and improved procurement outcomes.

#### 4.4 Regression Analysis

This section displays regression analysis outcomes undertaken to examine the extent to which supplier consistency appraisal predicts procurement implementation among public hospitals in Mandera County, Kenya. Table 5 contains the model summary.

**Table 5: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.797	0.635	0.633	0.62196

*Predictors: (Constant), Supplier Consistency*

Table 5 reveals that supplier consistency appraisal demonstrates a strong explanatory power on procurement implementation among public hospitals in Mandera County. The coefficient of determination ( $R^2$ ) was 0.635, indicating that 63.5% of the variation in procurement implementation can be explained by supplier consistency appraisal. The remaining 36.5% is attributed to other variables not examined in this study.

**Table 6: ANOVA**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	97.590	1	97.590	252.316	.000 b
Residual	56.083	145	0.387		
<b>Total</b>	<b>153.673</b>	<b>146</b>			

*a. Dependent Variable: Procurement Implementation*

*b. Predictors: (Constant), Supplier Consistency*

The ANOVA results presented in Table 6 demonstrate that the model used to assess the relationship between supplier consistency appraisal and procurement implementation is statistically valid. The computed F-value of 252.316 significantly exceeds the critical value at the 5% significance level, confirming the model's robustness in explaining variations in procurement implementation. The p-value of 0.000 falls well below the 0.05 threshold, further validating the reliability of the regression model. These findings suggest that supplier consistency exerts a statistically meaningful influence on procurement implementation within public hospitals in Mandera County.

**Table 7: Regression Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.038	0.051		2.735	.003
Supplier Consistency	0.866	0.054	0.797	15.884	.000

#### a. Dependent Variable: Procurement Implementation

The regression coefficients displayed in Table 7 provide a detailed examination of how supplier consistency appraisal influences procurement implementation in public hospitals in Mandera County. The constant value of 0.038 ( $p = 0.003$ ) represents the baseline level of procurement implementation when supplier consistency appraisal was absent.

The coefficient for supplier consistency appraisal was 0.866 with a p-value of 0.000 ( $\beta = 0.866$ ,  $p = 0.000$ ). This represents the strongest influence among the predictor variables. A one-unit enhancement in consistency appraisal is associated with a 0.866-unit improvement in procurement implementation. This outcome reinforces the insights of Sernes and Gønhaug (2022), who showed that consistent delivery schedules, compliance with specifications and regular supplier evaluations significantly enhance procurement planning and execution.

The regression model established from these results is as follows:

$$\text{Procurement Implementation} = 0.038 + 0.866 (\text{Supplier Consistency}) + \varepsilon$$

### 5.0 CONCLUSION

Based on data collected from 147 respondents across public hospitals in Mandera County using an explanatory research design, the study concluded that supplier consistency appraisal exerts a statistically significant and positive influence on procurement implementation ( $r = 0.797$ ,  $p < 0.05$ ). The study concluded that supplier consistency appraisal significantly influences procurement implementation in public hospitals. Specifically, consistent evaluation of suppliers' delivery timelines enhances the timely execution of procurement processes, minimizing disruptions in healthcare service delivery. The findings also established that suppliers who maintain consistent quality across deliveries contribute to improved reliability and satisfaction in hospital procurement operations. Moreover, the study confirmed that regular assessment of suppliers' adherence to contractual obligations, customer service, and compliance with procurement policies promotes efficiency and accountability. The study concludes that supplier consistency appraisal is a critical determinant of sustainable, transparent, and effective procurement implementation in public hospitals, reinforcing the need for continuous monitoring and performance evaluation of suppliers to achieve long-term institutional efficiency. The findings show the importance of institutionalizing supplier performance appraisal frameworks within public hospitals to promote sustainable procurement practices.

### 6.0 RECOMMENDATIONS

The study recommends that public hospitals in Mandera County strengthen supplier consistency appraisal to enhance procurement implementation. Hospitals should adopt digital systems that continuously track supplier delivery timelines, quality consistency, and contractual fulfillment across procurement cycles. Establishing cross-functional review teams, including medical staff, would provide practical feedback on supplier performance and ensure that services align with healthcare delivery needs. In addition, periodic performance audits and risk-based evaluations should be institutionalized to confirm suppliers' reliability in both routine and emergencies. These measures would improve predictability, support timely procurement functions, and strengthen compliance with hospital procurement policies.

At the policy level, the Ministry of Health should develop a standardized national framework for supplier appraisal in public healthcare, integrating advanced capacity and risk evaluation metrics. This framework should mandate the use of supplier certification databases linked to

regulatory and ethical compliance systems to ensure that only vetted suppliers participate in hospital procurement. Policymakers should also require public hospitals to submit annual supplier performance audit reports to oversight bodies for transparency and accountability. Furthermore, the Ministry should support the digitization of procurement appraisal processes through dedicated funding, infrastructure investment, and capacity-building programs, enabling hospitals, especially in remote regions like Mandera County, to adopt modern, data-driven procurement systems that uphold national standards and improve service delivery.

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