

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI, GHANA

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MANAGEMENT OF INTERNALLY GENERATED FUNDS IN PUBLIC HOSPITALS:

A CASE STUDY OF THE CAPE COAST METROPOLITAN HOSPITAL

CAPE COAST, CENTRAL REGION OF GHANA.

BY

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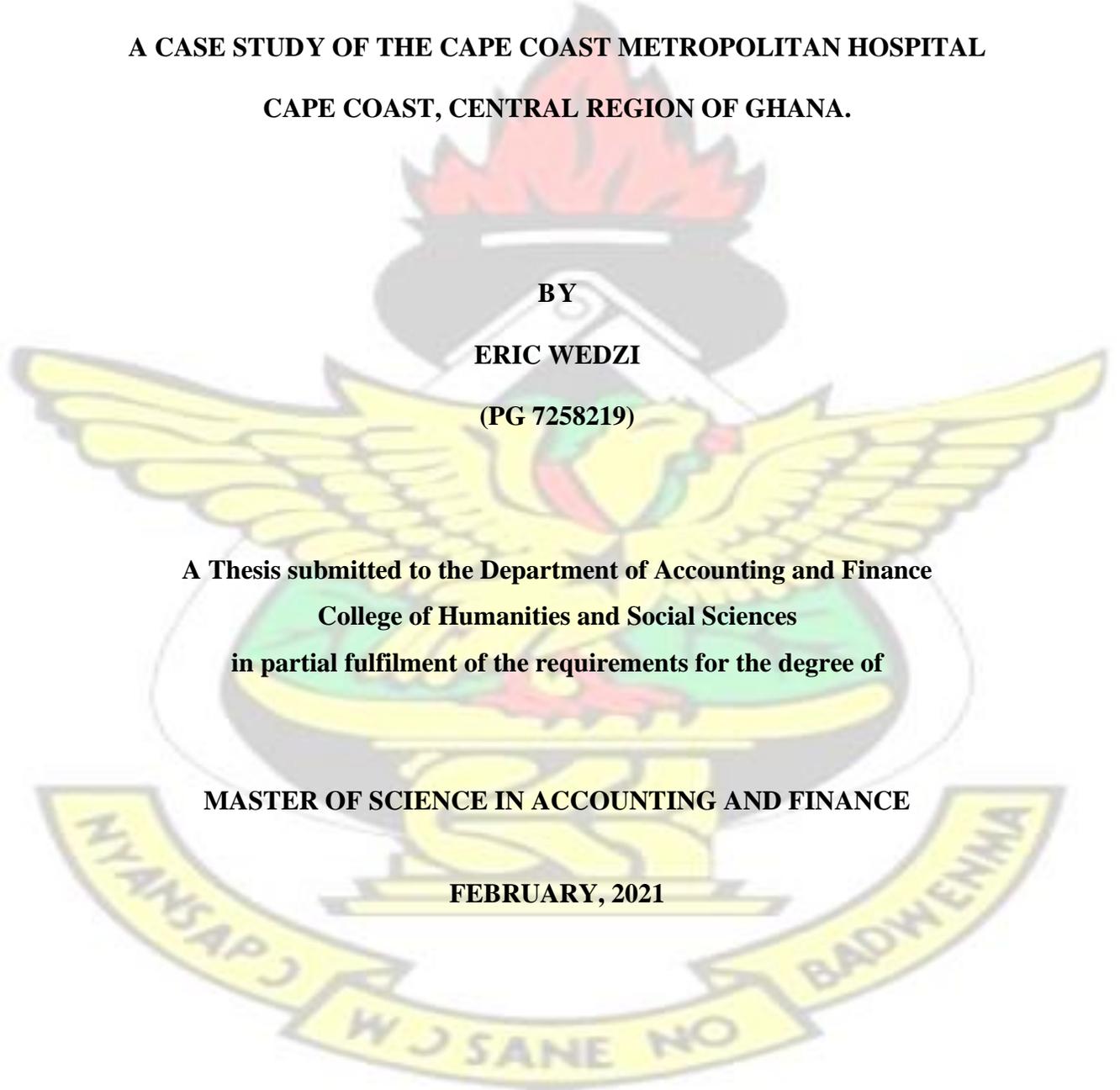
A Thesis submitted to the Department of Accounting and Finance

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in partial fulfilment of the requirements for the degree of

MASTER OF SCIENCE IN ACCOUNTING AND FINANCE

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DECLARATION

I hereby declare that this submission is my own work towards Masters of Science in Accounting and Finance and that, to the best of my knowledge, it contains no materials previously published by another person nor materials which has been accepted for the award of any other degree of the university, except where due acknowledgement has been made in the paper.

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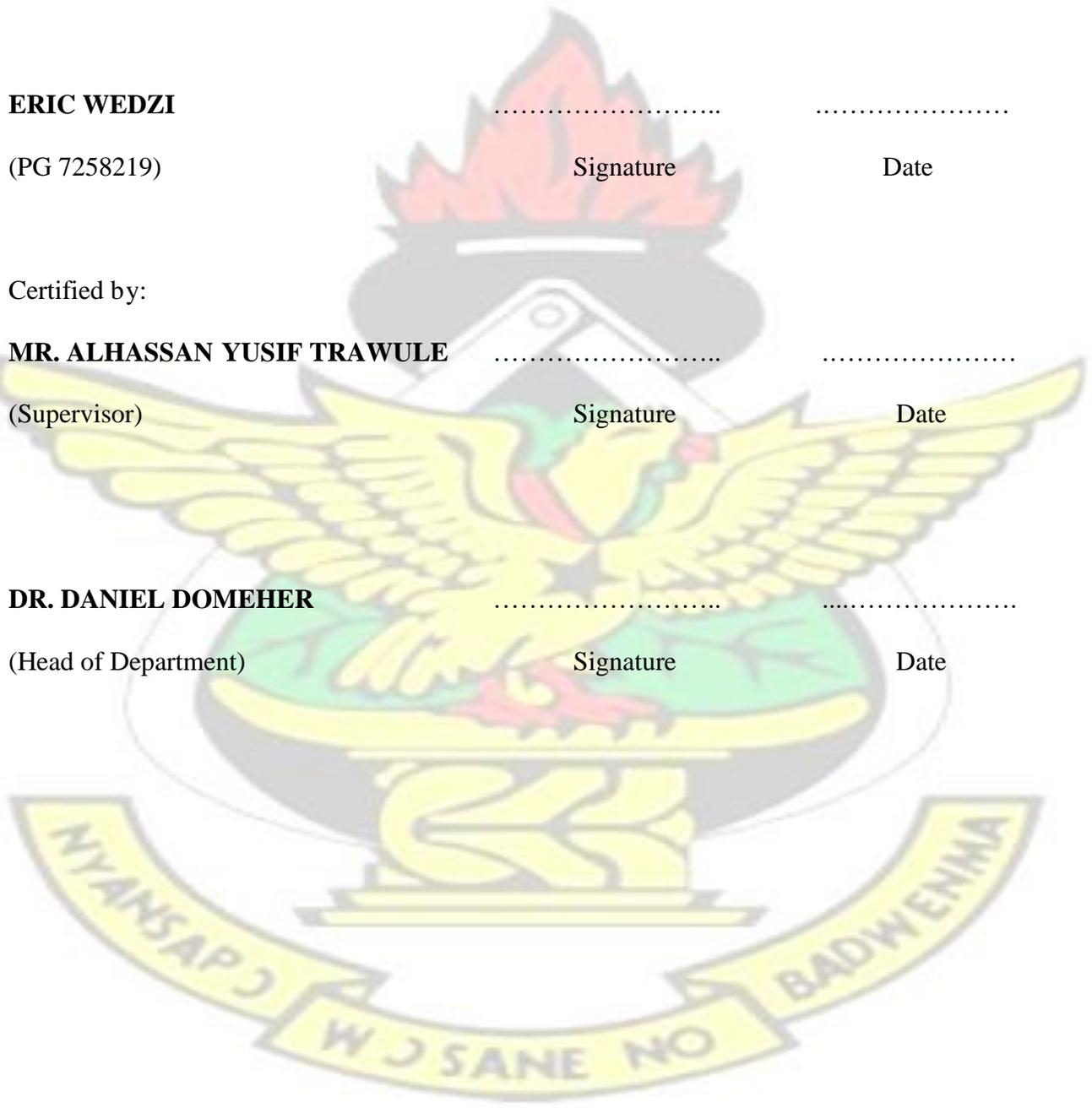
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ABSTRACT

Ghana in recent times is facing severe challenges on healthcare funding by the government. This is worrying as a rising country where poverty level among the populations is high. It is vital that the state must show commitment in reversing this development by resourcing the public hospitals adequately to carry on its mandate.

The purpose of this study was to assess the management of internally generated fund in a public hospital in Ghana. Cape Coast Metropolitan Hospital in the Central Region of Ghana was purposively selected for the study. The study employed the quantitative approach by designing closed-ended questionnaires to solicit appropriate numerical data necessary to address the study objectives. In carrying out the study to address the problems or challenges associated with management of internally generated fund, a total of fifty-six (56) respondents were drawn from a total population of sixty-five (65), the entire staff of the Cape Coast Metropolitan Hospital who were directly or indirectly involved in the revenue administration and mobilization as at July, 2020 (Cape Coast Metropolitan Hospital Report, 2019). The study adds to the body of existing knowledge on internally generated fund (IGF).

The key findings from the study indicate that, IGF is the most reliable source of funds to Public Hospitals in Ghana. However, in ranking the sources of IGF, out-patient department (OPD) services, consultation, and laboratory services respectively are the top three services that raise enough IGF to Cape Coast Metropolitan Hospital.

The study recommends that the hospitals should be encouraged to increase IGF by being innovative in creating other unique services for the high-class clients who can afford to spend as extra source of finance. In addition, funds must be spend prudently and supervisory procedures must be in place to address inefficiency of the hospital systems.

TABLE OF CONTENTS

TITLE	PAGE
Declaration.....	i
Acknowledgement.....	ii
Abstract.....	iii
Table of contents.....	iv
List of tables	viii
List of figures.....	ix
List of Acronyms	x
CHAPTER ONE: INTRODUCTION	
.....	1
1.1 Background to the Study.....	1
1.2 Statement of the problem.....	2
1.3 Objectives of Study	5
1.4 Research Questions.....	5
1.5 Significance of the Study	6
1.6 Scope of the Study	7
1.7 Overview of research methodology.....	7
1.8 Limitations of the Study.....	7
1.9 Organization of the Thesis	8

CHAPTER TWO: LITERATURE REVIEW.....	9
2.0 Introduction.....	9
2.1 Conceptual Review.....	9
2.1 Government Policy and Reforms on Financing Health Care.....	9
2.2 The Origin of Cash and Carry System.....	10
2.3 The Introduction of National Insurance Scheme.....	11
2.4 IGF in Hospital Financing in Ghana.....	12
2.5 Definition of Internally Generated Fund (IGF).....	14
2.6 Sources of Internally Generated Fund.....	14
2.7 Theoretical Review.....	15
2.7.1 Agency Theory.....	15
2.7.2 Control Theory.....	16
2.7.3 Culture Theory.....	17
2.8 Empirical Review.....	18
2.9 Conceptual Framework to the Study.....	20
CHAPTER THREE: RESEARCH METHODOLOGY.....	21
3.1 Introduction.....	21
3.2 Research Design.....	21
3.3 Research Approach.....	22
3.4 Population and Sampling.....	23
3.4.1 Target Population.....	23
3.4.2 Sampling Procedure and Sample Size.....	24

3.4.3 Sampling Techniques.....	25
3.5 Data Collection Method.....	26
3.6 Research Instruments	26
3.7 Pilot Testing of Data Collection Instruments.....	27
3.8 Data Analysis	27
3.9 Validity and Reliability	27
3.10 Ethical Considerations	29
CHAPTER FOUR: RESULTS AND DISCUSSION.....	33
4.0 Introduction.....	33
4.1 Response Rate.....	33
4.2 Background of Respondent.....	34
4.2.1 Sex of Respondents.....	34
4.2.2 Age distribution of Respondents.....	35
4.2.3 Level of education of Respondents.....	35
4.2.4 Position of Respondents.....	36
4.2.5 Working Experience of Respondents.....	36
4.3 Sources of Internally Generated Funds for Cape Coast Metropolitan Hospital.....	37
4.4 Strategies Adopted for Revenue Mobilization.....	39
4.5 Challenges Associated with Management of Internally Generated Funds.....	40
4.6 Effective and Appropriate Financial Control Measures for IGF Management.....	42
4.7 Discussion of Results.....	44

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND

RECOMMENDATIONS46

5.0 Introduction.....46

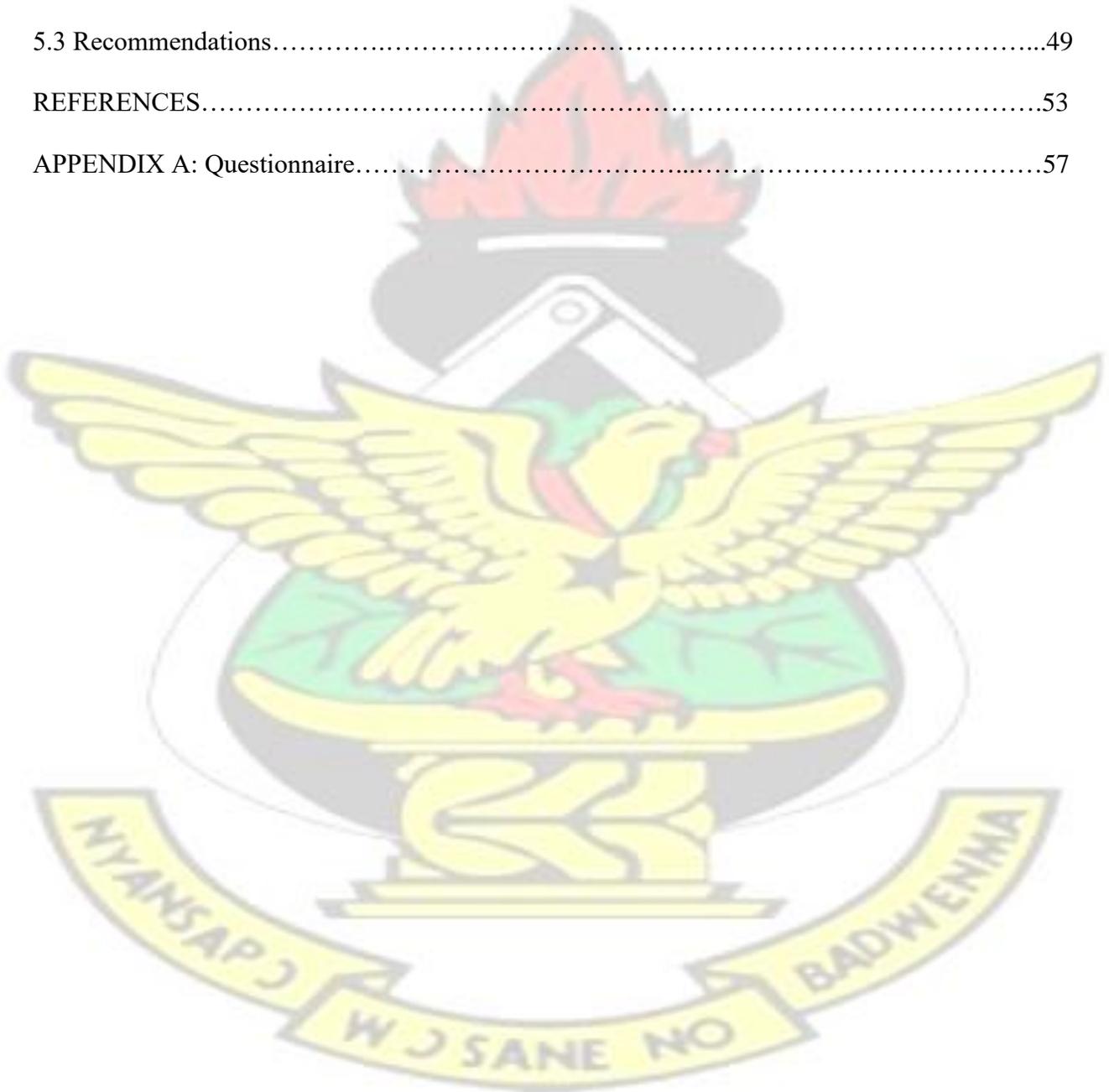
5.1 Summary of Findings.....46

5.2 Conclusions.....48

5.3 Recommendations.....49

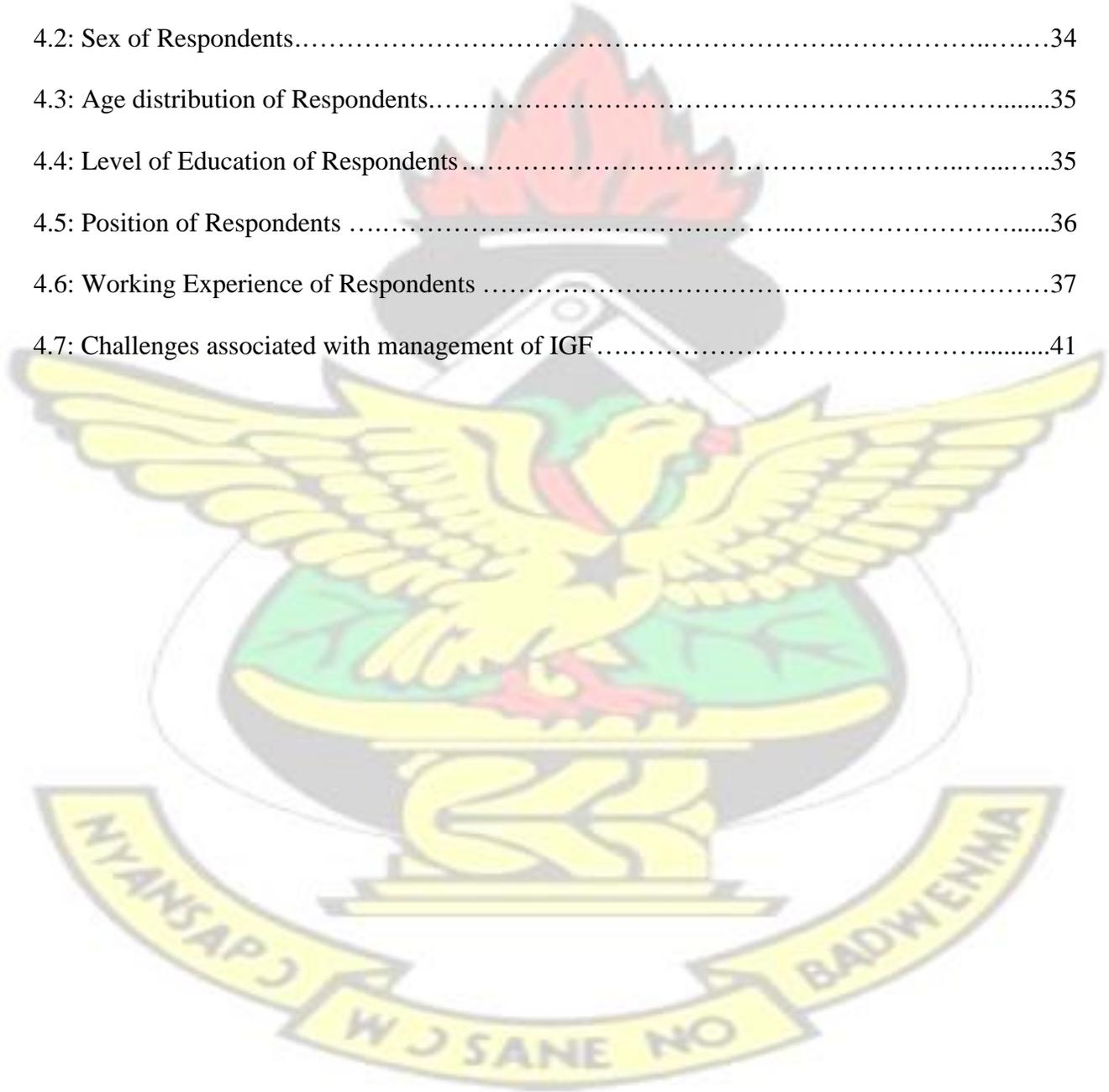
REFERENCES.....53

APPENDIX A: Questionnaire.....57



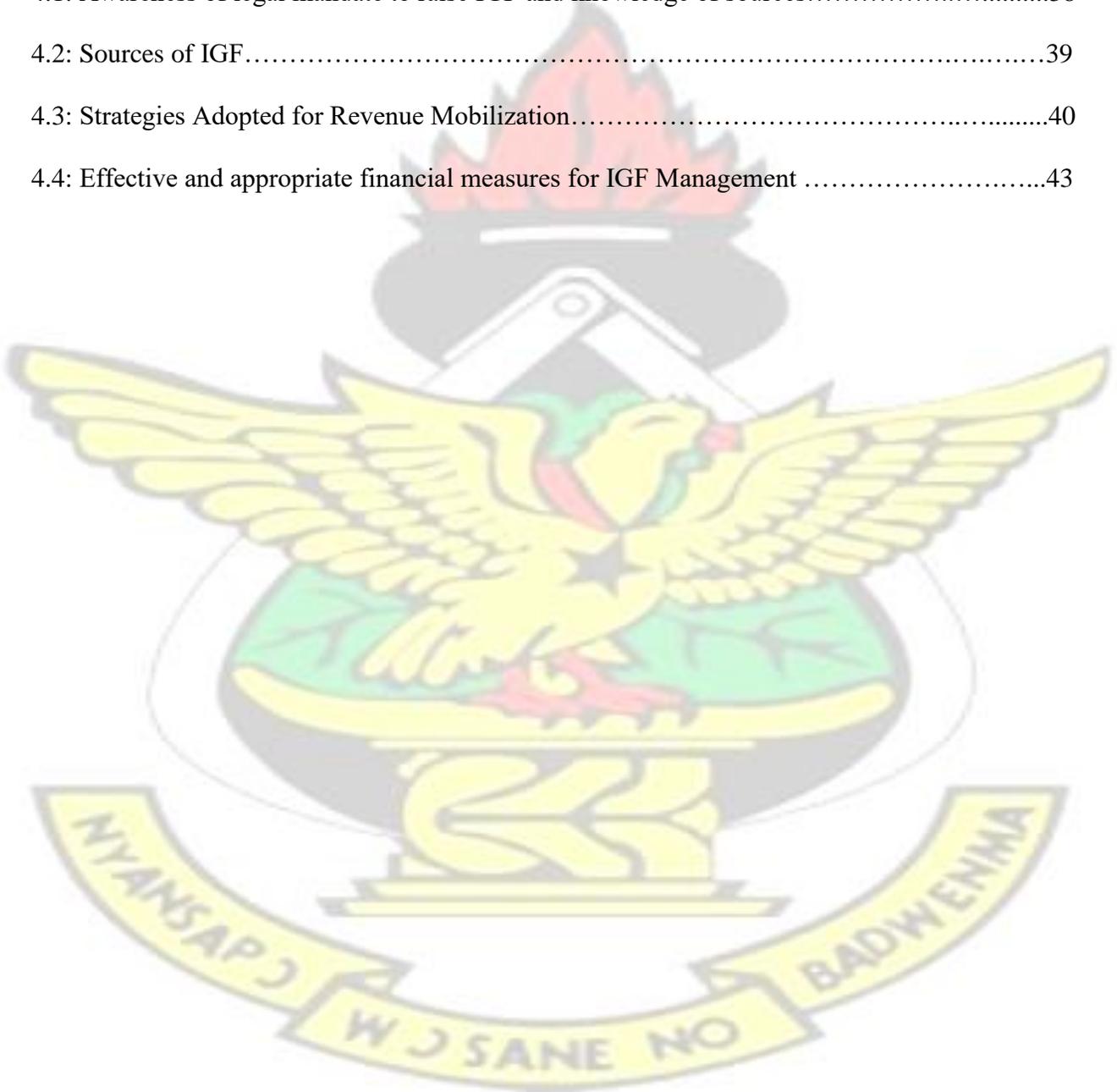
LIST OF TABLES

TITLE	PAGE
3.1: Sample Size distribution	24
3.2: Reliability Test	28
4.1: Administration of Questionnaire and Response Rate	33
4.2: Sex of Respondents.....	34
4.3: Age distribution of Respondents.....	35
4.4: Level of Education of Respondents	35
4.5: Position of Respondents	36
4.6: Working Experience of Respondents	37
4.7: Challenges associated with management of IGF.....	41



LIST OF FIGURES

TITLE	PAGE
2.1: Conceptual Framework.....	21
3.1: Profile and Organogram of the Case Study.....	30
4.1: Awareness of legal mandate to raise IGF and knowledge of sources.....	38
4.2: Sources of IGF.....	39
4.3: Strategies Adopted for Revenue Mobilization.....	40
4.4: Effective and appropriate financial measures for IGF Management	43



LIST OF ACRONYMS

IGF – Internally Generated Fund

OPD - Out-Patients Department

CCMH – Cape Coast Metropolitan Hospital

HISPAG – Health Insurance Service Providers Association of Ghana

NHIS – National Health Insurance Scheme

NHIA – National Health Insurance Authority

DPF – Donor Pooled Fund

GoG – Government of Ghana

ERP – Economic Recovery Programme

PAMSCAD – Programme of Action to mitigate the social costs of Adjustment

PHC – Public Health Care

MoH – Ministry of Health

NHIF – National Health Insurance Fund

NHIL - National Health Insurance Levy

SSNIT – Social Security and National Insurance Trust

NHIC – National Health Insurance Council

PFMA – Public Financial Management Act

SPSS - Statistical Product and Service Solution

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Public Sector organizations are an important part of most economies in the world today. One important purpose of the public sector organization is to control and regulate the economy in certain key areas. It is pertinent to emphasize here that certain areas of the economy such as defense, security, health, energy, and education and so on, cannot be left in the hands of the private sector if the governments of today are to provide for safety, welfare and standard of living of the citizenry (Fofie, 2010).

Healthcare is an important part of the human exists and cannot be ignored, be it a person, household or a state. Therefore, a deliberate and a strategic effort must be employed by the government to make sure that healthcare is accessible, universal and affordable especially for the poor in the developing economies.

Asare (2015) suggested that hospitals and healthcare facilities are hard-pressed due to population growth rate. For instance, the 2010 population and housing census recorded 24,658,823 as against 6,726,815 in 1960 for population size in Ghana. The 73% rise in the population between 1960 and 2010 has put pressure on existing social amenities like hospitals, clinics and health facilities.

Kutzin (2001) reported that there is need for efficient policies on healthcare financing to guarantee sustainability of funds. World Health Report (2010) suggested practical guidance on how healthcare can be financed by both developed and under-developed countries. The report also suggest Universal Health Coverage and made it clear that health services must be accessible to all manner of persons regardless of their ability to pay for the service or not.

Atim, C., Fleisher, L. K., Hatt, L., Musau, S. and Arur, A. (2008) suggested that budgetary constraints in terms of allocations to hospitals to spend on healthcare supplies in most African countries are insufficient to ensure universal coverage in terms of ease of access and low-cost of health service delivery.

Akortsu and Abor (2011) reported that internally generated funds (IGFs) are the most dependable as a source of hospital funding while donor support is the least. The study further affirm that delays in government financial support and compensation of health insurance are funding challenges to the hospitals and therefore, there is the need for hospitals to generate enough IGF to make up for the shortfalls in revenue to finance hospital projects.

Asare (2015) reported that the National Health Insurance Scheme plays a major role in contributing to hospital funding because its clients who access health service is about 70%-90% of Out-Patient Department (OPD)/Inpatient client. The study affirmed that in terms of IGF revenue “cash and carry” comprise between 10%-20% which make it a dependable source of revenue for the hospitals. As reported by Asare (2015), public hospital funds come from the government financial support to a large extent and Internally Generated Fund. Asare said the IGF includes the health insurance, “cash and carry”, donor and grant funds.

Therefore, this study is aimed at assessing the management of Internally Generated Fund in Public Hospitals, using the Cape Coast Metropolitan Hospital (CCMH) in the Central Region of Ghana as a case study.

1.2 Statement of the Problem

Baffo Gyasi (2017) reported that Ghana over the years is undergoing a rapid increase in human population. The rise in the Ghanaian populace coupled with demand for better and quality health care is putting intense pressure on the health facilities available. It is therefore necessary for the expansion

and improvement of the existing facilities to meet the increasing demand. This has called for massive investment activities to be done in the sector. Moreover, there have been numerous complaints on the airwaves and reported cases with respect to delays and non-payment of health insurance claims due the various hospitals, health centers and the polyclinics. For instance, Frank Richard Torblu, the Chief Executive Officer of Health Insurance Service Providers Association of Ghana (HISPAG), reported that the National Health Insurance Authority (NHIA) is heavily indebted to hospital service providers to the tune of GHC 213 million which represent only a four-month claim out of the seven months service provided (Daily Guide, 2016).

Internally Generated Funds remains the second largest source of funds for public hospitals in Ghana (Ministry of Health Report, 2016). In the medium term expenditure framework report for 2019-2022 prepared by the Ministry of Health, IGF continues to be a key source of internally generated funds that supports the daily operations of public hospitals. For instance, IGF contributed GHC 727.27 billion and GHC 1,039.04 billion in 2016 and 2017. These figures were higher than total amounts released by development partners to the hospitals (MoH PBB Estimates, 2016, 2017, 2018; MoH CIMU; CAGD; MoH-Agencies; 2017 MoH Financial Report). IGFs have been used to develop hospitals through the creation and maintenance of operational activities, this is evident in the performance audit report of the Auditor General on the generation and management of IGF in public hospitals. A study of a number of public hospitals in the Greater Accra, Volta and Central region found out that IGFs are the major source of funding for development of hospitals. IGF is mainly made up of NHIS and user fees. NHIS has been a major contributor to hospital IGF in Ghana. For instance, the NHIS has become a major purchaser of Hospital services with 70%-90% of OPD/Inpatient client registered with the scheme (Health Summit Report, 2015). Akortsu and Abor (2011) identifies some of the services enjoyed under the National Health Insurance Scheme (NHIS). These include; outpatient care, prescribed medicine, maternity care, preventive care, consultations with medical specialist, eye, dental, and hospital care. It is worthy of

note that, the use of the NHIS is without challenges. Often, claims submitted by the healthcare providers for payments of services provided to subscribers could take as long as twelve months or more. It was determined that the delays tend to affect the ability of the hospital to pay suppliers of drugs that goes a long way to impede the smooth running of the healthcare facility (Akortsu & Aseweh, 2011). In another related development, Asiedu-Addo (2013) reported that National Health Insurance Authority (NHIA) was heavily indebted to Cape Coast Metropolitan Hospital to the tune of GH¢600,000. The effect of which could potentially collapse the hospital. Reports indicate that 85 percent of the hospital's clients were insured, which meant that 85 percent of its income came from the NHIA. The NHIA was supposed to pay hospitals after it had received its claims and pre-audited them. However, this was not the case with CCMH. In view of this the hospital continues to struggle with inadequate financial resources to undertake its projects. In a nutshell, IGF is a major source for the generation of funds for hospitals. In spite of the relevance of IGF to hospitals survival and smooth operation, it alone cannot run hospitals, maintain and expand infrastructure (Health Summit Report, 2015), hence the need to pay attention to its mobilization and management. Akin to the above, even though the public financial management Act guides the management of the IGF, yet there are issues with its mobilization as there are either lack of strategies or ineffective strategies for its generation coupled with the fact that public hospitals have financial control measures that are not working.

Previous studies have supported the relevance and contribution of IGF to hospital revenue generation and included Akortsu and Abor (2011); Balo (2014); Amoa (2012); Adusei (2017). Other Studies also saw NHIS as a key contributor to hospital financing (Asare, 2015).

Some studies also found some of the challenges encountered in the collection of IGF (Ensor et. al., 2009; Amoa, 2012; Akortsu and Abor, 2011; & Adusei, 2017). However, their findings were general and not specific to the issues of IGF management at health centers. Furthermore, none of the studies synthesized strategies to ensure efficient IGF management as well as identified effective and

appropriate financial control measures that would improve the management of Internally Generated Fund. These are the weaknesses in their study.

This study will therefore seek to analyze the various sources of IGF available to Cape Coast Metropolitan Hospital (CCMH) and how these funds generated internally are being managed in their quest of providing quality healthcare delivery to its clients.

1.3 Objectives of the Study

This research examines the contributions of Internally Generated Funds in the development of the Cape Coast Metropolitan Hospital and the challenges posed in revenue mobilization. Therefore, the general objective of the research is to assess the management of internally generated fund in a public hospital in Ghana.

The specific objectives of the study are to;

1. Identify the sources of internally generated funds of the Cape Coast Metropolitan Hospital in the Central Region of Ghana.
2. Examine the strategies for the effective generation of internally generated funds by Cape Coast Metropolitan Hospital in the Central Region of Ghana.
3. Ascertain the problems or challenges associated with management of Internally Generated Fund in the Cape Coast Metropolitan Hospital in the Central Region of Ghana.
4. Identify effective and appropriate financial control measures that would improve the management of Internally Generated Fund in the Cape Coast Metropolitan Hospital in the Central Region of Ghana

1.4 Research Questions

To help achieve these objectives, the following questions were posed;

1. What are the main sources of Internally Generated Fund for the Cape Coast Metropolitan Hospital?
2. What are the strategies for the effective generation of internally generated funds by the Cape Coast Metropolitan Hospital?
3. What are the challenges associated with the management of Internally Generated Funds in the Cape Coast Metropolitan Hospital?
4. What are some of the effective and appropriate financial control measures to improve the management of Internally Generated Fund in the Cape Coast Metropolitan Hospital?

1.5 Significance of the Study

The research work is significant because of the important role hospitals play in the generation and management of their own IGFs for their developmental purposes especially at such times of economic crisis like the 2008 global financial crisis. An independent study to assess the hospital's performance on the IGF is therefore important to assist CCMH design efficient and effective ways, not only to generate internal funds, but also manage it prudently for development.

The research work will serve as veritable source of information to researchers in respect of the management of internally generated funds in a public hospital in Ghana.

It will also help hospital administrators and staff to strengthen financial management practices to improve IGF generation and collection, and maintain equipment and infrastructure used in generating the IGF.

This study will further; enable government to be more aware of the problems facing the various hospitals in the country, more especially CCMH, in order to find lasting solutions to them, make management of CCMH also aware of the challenges in order to consider if not all some of the

recommendations that may be outlined in this study for implementation. This study could again serve as a source of reference for other future researchers who may carry out their study on a related subject.

1.6 Scope of the study

There are different sources of funds for funding public health institutions: Donors Pooled Fund (DPF) and funding from Government of Ghana Subvention (GoG), and Internally Generated Fund (IGF). The research is limited to Internally Generated Fund, intended for a critical assessment of the financial control measures and financial management practices being applied in the management of internally generated fund in Metropolitan Hospital. The study focuses on the Cape Coast Metropolitan Hospital as a case study.

1.7 Overview of research methodology

The methodology of the study includes the research approach, research design, and population of the study, sampling procedures and data collection and analysis procedures. Data to be collected for the study consists of primary and secondary sources. Generally, the research design was descriptive.

1.8 Limitations of the study

Some of the few limitations to the findings of the study were human errors. This was due to the open-ended responses that were collected and the researcher used good judgment in transcribing them. The real intention of respondents could be affected in this regard.

Another limitation to the study was lack of co-operation amongst some staff during the administration of questionnaires and difficulties involved in gaining access to relevant data.

Again, because this research is not longitudinal, but cross-sectional and takes a snapshot of the management practices of an IGF in a metropolitan public health institution, it is thus limited in its geographical setting and coverage.

Finally, the researcher being a worker had it difficult in putting this thesis together. By combining classroom work and research work mostly was a tedious experience. Thus, it took quite some time to complete this thesis work.

1.9 Organization of the Thesis

The research work is organized into five main chapters. Chapter one focuses on the introduction to the case study; which covers the background to the study, the statement of the problem, objectives to the study, research questions, and overview of research methodology, significance of the study, and scope of the study, limitation, and organization of the study.

Chapter two considered the literature review of the study. Chapter three sets out the research methods used in the collection of data and the methods used in data analysis. Chapter four presents research findings and analysis of data. Chapter five presents summary of findings, conclusions and recommendations of the study.

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CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

This chapter seeks to review conceptual, theoretical and empirical literature relating to the management of Internally Generated Funds in the public health sector. This includes some concept on government policy and reforms on Financing HealthCare, the cash and carry system of healthcare financing, and the introduction of National Health Insurance Scheme. The review also involves sources of internally generated funds, strategies employed for the effective generation of internally generated funds, as well as the challenges associated with management of Internally Generated Fund in the Cape Coast Metropolitan Hospital in the Central Region of Ghana.

2.1 Conceptual Review

2.1 Government Policy and Reforms on Financing Healthcare

Funding health care has seen various reforms in the history of Ghana. Health care funding in Ghana began after independence, with a tax-financed arrangement called free health care, which provided health care services free of charge to all persons resident in Ghana (Blanchet et al., 2012). This policy progressively became financially unsustainable with the Ghanaian economy stagnating in the 1970s (Blanchet et al., 2012). User fees were, therefore, introduced for hospital services, to offset the financial burden of health care on the state, giving rise to cost sharing (Amu & Dickson, 2016). The cost sharing policy also became financially unsustainable, leading to the introduction of full cost recovery (cash and

carry), whereby patients bore the full cost of healthcare during service delivery. The National Health Insurance Scheme (NHIS) subsequently replaced the cash and carry system (Kumi-Kyereme, Amu, & Darteh, 2017).

2.2 The Origin of Cash and Carry System

According to Britwum (2001), the government enhanced user fees in all public health facilities with the aim of collecting revenue to make up for recurrent costs and to discourage minor use of equipment and other resources. Separate fees were collected from out-patients for general health and invasive treatment, hospital accommodation and feeding. New rates and price schedules were introduced for the hospitals. In the case of the teaching hospitals, higher fees were charges. There were also disparity in the charges for children and adults. The schedule gave exceptions to three classes of persons:

- Persons with listed contagious diseases such as leprosy and tuberculosis
- Health employees and trainees in health training institutions
- Paupers based on inability to pay

Britwum asserted, among the elements of the economic recovery programme was the elimination of subventions and the reinforcement of fee collection for health services under the Hospitals Fee Act

1971 (Act 387). Recognizing the probable negative impact of this programme at the family and communal level and on the very success of the Economic Recovery Program (ERP) itself, the government at the time introduced what is called the Programme of Actions to Mitigate the Social Costs of Adjustment (PAMSCAD). The health factor of PAMSCAD necessitated the provision of vital drugs within the Public health sector through Public health Care (PHC) framework.

The Hospital Fee Act was reviewed in 1988, to include the supply of drugs to persons who require medical care at total cost. Healthcare facilities were also given the room to hold substantial proportions of their revenue generated internally, thus, internally generated funds (IGF). The Ministry of Health (MOH) approved a list of essential drugs for use within the public health sector. Britwum further argue that, the problems of purchase of drugs and the unfair distribution of drugs to healthcare centers motivated the introduction and implementation of the “Cash and Carry” scheme in 1992 which was formally known as the Revolving Drug Fund. The cost of sustaining the Ghana’s ‘cash and carry’ system of health care funding became very high. The burden to sustain the cash and carry scheme of procurement of drugs is being attributed to over-prescription, varying pricing of prescription and subsequent decrease in hospital turnout. According to Britwum (2001), the hospital turnout that was in the decrease when fee for service was introduced in 1985 has sharply declined to about 25% after the cash and carry scheme was implemented in 1990. However, average revenue per patient generated between 1990 and 1992 increased from ₵201 to ₵348.

The intentions behind the cash and carry arrangement initially were to promote greater duty in service delivery, good use of limited resources, raise adequate funds to help improve quality healthcare and extend primary healthcare to areas where they were needed. However, the ‘cash and carry’ system could not serve these intentions. To a great degree its implementation was criticized for contributing indescribable sufferings on the underprivileged who could not pay for high fees often charged at the health centers. The general lack of quality of the ‘cash and carry system’, coupled with its adverse effects on the underclass, led to various research for alternative that was commissioned by the government at the time. The focus of the research was on better health system delivery that was largely on insurance based. Feasibility studies and investigation led to National Health Insurance Scheme.

2.3 The Introduction of National Insurance Scheme

The Government of Ghana in 2003 instituted the National Health Insurance Scheme (NHIS), which was fully implemented in 2005. The scheme was introduced to ameliorate the adverse impacts of cash and carry, especially on the poor (Blanchet et al., 2012). The overall aim of the scheme was to provide universal health insurance coverage for all Ghanaians, regardless of their socio-economic status. Thus, solving the problem of lack of ability of patients to cater for their healthcare cost. The NHIS covers both the formal and informal sectors of the economy (Adinkra, 2014).

In 2013, the National Health Insurance Authority reports that the scheme is basically financed from the National Health Insurance Fund (NHIF). A health insurance levy of 2.5 taxed on selected goods and services goes to the NHIF. Formal sector workers contribute 2.5 percent of each person's 18.5 percent contributions to Social Security and National Insurance Trust (SSNIT) to NHIF. Government budget allocations and premiums from informal sector workers are the other fund generating sources towards the running of the scheme. Other funding sources include funds allocated to the scheme by parliament, returns on the investments made by the National Health Insurance Council (NHIC), grants, donations, gifts and voluntary contributions made to the NHIF.

In practice, however, most subscribers to the scheme are people in the upper wealth quintile, as the poor in society are less likely to subscribe to the scheme (Kumi-Kyereme & Amo-Adjei, 2013).

2.4 IGF in Hospital Financing in Ghana

Internally generated funds are funds that are realized internally from the activities and operations undertaken by an institution or entity. It excludes funds borrowed from external sources or realized by way of support, gift or donation. The concept of IGF is popular in local revenue mobilization among

the local government authorities. However, the concept has also been used frequently in public financing in the healthcare sector. Numerous studies done on the concept of IGF are found in literature covering District Assemblies (Das). For instance Owusu (2015) was on Kumasi Metropolitan Assembly and found that IGF is a major source of funds without which it will be difficult for the assembly to function effectively.

According to Agyepong (2010) user fees or IGF in Ghana started in 1971 with the hospital fee act. The 1971 fees were very low and aimed to reduce unnecessary use of services rather than to generate revenue. In July 1983 the fees were slightly raised, and in July 1985 a new hospital fee act was passed and the fees were substantially raised, the aim of the Ministry of Health being to recover at least 15% of its total recurrent expenditure.

Initially, health centres and clinics were allowed to retain only 25% of their revenue, and hospitals 50%, while the rest was sent to the central Ministry of health and the National Treasury (Waddington and Enyimayew, 1990). In 1990 the law was amended and institutions were allowed to retain 100% of the fees; and a revolving fund for drugs known as Cash and Carry was initiated. Under Cash and Carry, institutions were to recover 100% of the cost of drugs, keep the revenue for drugs separate and use it only to purchase more drugs. The 'Cash and Carry' revolving drug fund currently operates at all facility levels from community clinics to teaching hospitals and successfully recovers 100% of the cost of drugs plus a small overhead (average 110-15% of drug costs in theory but in practice sometimes much more). Apart from fees for drugs, fees have been gradually introduced for other consumables such as OPD cards, gloves, gauze, needles and syringes. In addition there are informal user fees of various shades of legality, such as the 'mother's voluntary contributions' collected by MCH staff to help with transport for outreach which are usually documented and accounted for; and 'under the table fees' which are not documented anywhere and go into the pockets of the staff who collect them (Agyepong, 2010 as cited in Agbeko, 2019). This background as stipulated by (Agyepong, 1999) did not take into account the

changes that the National Health Insurance Scheme (NHIS) has brought to the health sector which has affected most of the user fees now covered by the NHIS.

As emphasized by (Agyepong, 2010) IGF have been fairly successful in terms of revenue generation, cost recovery and establishment of a revolving drug fund. However, revenue generation and cost recovery have tended to be seen as ends in themselves (Agbeko, 2019).

2.5 Definition of Internally Generated Fund (IGF)

The concept of Internally Generated Fund has seen numerous definitions from various authors and researchers. Its definition is usually seen in government legislations and also been used in different contexts depending on the industry. The Public Financial Management Act (PFMA) 2016, Act 921 defined IGF as revenue generated from the activities of a covered entity from its operations other than taxes collected by the Ghana Revenue Authority. The term “Covered Entity” in the definition includes Executive, Legislature and Judiciary; Constitutional bodies; Ministries, Departments Agencies and local government authorities; the public service; autonomous agencies; and Statutory bodies. Public Hospitals which are part of the covered entity also generate revenue in the form of IGF through activities of the hospital’s operations as an additional source of funding. An IGF consists of funds collected exclusively by or for sub-national governments (Kazentet, 2011).

Erhagbe (2014) states that Internally Generated Revenue is the creation of “tangible” and “intangible” funds within the confines of one’s entity. It is a combination of all non-governmental monetary accruals to the institution and may involve diverse strategies. This means that the funds used in effectively transforming the institution’s landscape were not borrowed or realized through direct Government intervention.

2.6 Sources of Internally Generated Fund

IGF includes fees charged at the Hospital. The sources of IGF include drug fees and other patient fees raised by a Hospital. These funds could be from the payment of services by health insurance organizations that contracted the Hospital and individuals who use the facility (Akortsu and Abor, 2011). Other activities that generate such funds are fees for the use of cafeteria services provided by the facility, the use of parking space and other such activities. The IGF was found to be a very reliable source of funding the Hospital. The IGF is used on personal emoluments of contract workers, administrative expenses, services and investments. The use of IGF for administrative expenses, investments and personal emoluments confirms the fact that government subvention, although may appear to be the highest financing source is actually inadequate in running the health facility.

2.7 Theoretical Review

2.7.1 Agency Theory

Agency is a willful connection between at least two parties in which one party is approved by communicated or inferred agreement to represent and in the interest of the other, called the principal. The agent would thus be able to influence or lead the legitimate undertakings of the principal with others as on account of an arrangement called "intensity of lawyer" (Mohammed, 2018). Agency hypothesis tends with the impact of impetuses on the conduct of people in an establishment for example province regarding the inferred legally binding connections among principal and agent (Baiman and Eisenhardt, 1990 as referred to in Githinji et al., 2014). The plan of a blemished motivating force structure gives the agent an intention to evade his work in light of the fact that such a structure allows him to possess financial interest veer from that of the Principal. A fitting prize structure altogether lessens the contentions of personal circumstance among principal and agent and assists with checking agent advantage. Motivating force structures in rethinking contracts help to adjust the thought processes

of the agents and the administrators to encourage project achievement (Githinji et al., 2014). A very much planned motivation structure with a harmony among punishments and prizes predicts expanded craving on the agent's part to meet the conditions of the agreement. It likewise predicts agent conduct that is steady with the principal's wellbeing (Bryson, 2002).

Investigation has affirmed the impacts of observing. Board of directors' use observing to adequately control and survey the directors settling on significant choices in enormous expert associations, checking the agent's activities in the post-authoritative stage encourages the principal to see whether the agent is acting fittingly. It therefore assists the principal with approving or like the agent's activities. Simultaneously, it additionally makes prevailing burden on the agent and consequently builds the likelihood and degree of the agent's consistency. The agent, realizing that he is being noticed, is less inclined to evade or act against the interest of the principal. Observing can be viable in controlling agent conduct and checking post-legally binding agent advantage, (Wathne and Heide, 2000).

Organization hypothesis proposes that the more the principal (Metropolitan, City and Locale Congregations, Chiefs, Chairmen/supervisors and Principals of Divisions) depends on the agent for progress, the more the principal (Heads of Agency for example Hospital/Clinic Directors, Administrators) requirements to screen the exhibition of the agent. More prominent observing/the board mediations are attempted to create better expected income assortment framework results (May and Fischer, 1985). This theory is applicable to this study simply because instituting controls by the top hierarchy of the hospital/Clinic is one of the key mechanisms used in revenue collection and management within public and private organizations. Agency theory will help the hospital administrators to manage their relationships while ensuring efficient and effective revenue collection and management through the adoption and implementation of strategies.

2.7.2 Control Theory

Control theory is an interdisciplinary part of designing and science that manages the conduct of frameworks with information sources or segments. The outside contribution of a framework is known as the reference. At the point when at least one yield factors of a framework need to follow a specific reference over the long run, a supervisor controls the contributions to a framework to get the ideal impact on the yield of the framework. As per Mwachiro (2011), the target of a control theory is to offer answers for remedial activity from the administrator that bring about framework steadiness, that is, the framework will hold the set point and not falter around it. Setting goals, financial plans, plans and different assumptions set up standards for control.

IGF collection and its administration or management is made up of a whole system and control itself exists to keep execution or a situation inside what is normal, permitted or acknowledged. Control worked inside a cycle is inward in nature and it happens with a mix of interrelated segments, for example, control climate affecting conduct of representatives, data and correspondence essential in control, and control actions (arrangements and methodology) in the collection and management of internally generated funds within an environment like the hospital.

2.7.3 Culture Theory

Social speculations from Hofstede and Hall have been utilized to investigate the impact of public culture. Hofstede (2001) characterizes culture as an aggregate programming of psyche that separates individuals from one gathering from other. Corridor (1994) considers culture to be a screen which lies between an individual and his current circumstance and empowers him to choose what is more significant for him. In this investigation, Hofstede's design is utilized since it is an all-around tried and

known hypothesis. It is the most extensive exploration investigation of public societies and has been utilized in some revenue assortment framework examines. Hofstede's design of social measurements comprises of four principle components of culture, for example, power distance, independence versus community, manliness versus woman's rights, and vulnerability shirking with every nation scored on a size of 0 to 100, comparative with examinations in the example. His file, in view of his investigation of IBM (frameworks) representatives in 85 nations around the globe, is a valuable option in contrast to the customary classification of culture. Workers in these societies will in general acknowledge brought together power and vigorously rely upon their bosses for inception (Rodrigues, 1998).

Moreover they are less inclined to be engaged with any dynamic cycle (Rees, 1998). Then again, in lower power distance societies, people are less inclined to acknowledge incorporated power and hope to be counseled in dynamic (Rodrigues, 1998). Subsequently representative interest is bound to be satisfactory in lower power distance culture (Rees and Porter, 1998). Overall, high Power Distance Index (PDI) social orders show huge passionate distance, and subordinates will infrequently move toward their directors with analysis.

Culture speculations impacts preparing programs which is a significant factor in guaranteeing effectiveness in Revenue Management framework. In this investigation, social discernments about the arrangement of data could likewise influence the revenue assortment and the board inside medical hospitals. This investigation is battling that no widespread framework can be executed in Ghanaian hospitals effectively without settling nonconformists coming about because of inward contrasts.

2.8 Empirical Review

Numerous studies have been conducted on Internally Generated Fund as a major concept, however, most of these studies concentrated on local governance. IGF is also seen as a key concept for this study

with a focus on hospitals. For instance, the study by Akortsu and Abor (2011) examined how public hospitals in Ghana are financed and the challenges facing the modes of financing they adopt. This study is a case study of a public hospital in Ghana. The study used a descriptive research design. It relied on both primary and secondary data to collect data. The primary data was collected through interview while the secondary data was gathered from annual reports of the Hospital. They found internally generated funds as the most reliable source of hospital financing. Donor support was found as the least source of hospital financing. The study also asserted that delays in reimbursement of health insurance and receipt of government subvention are the key financing challenges hospitals are facing.

Amoa (2012) found an insufficiency in the inner control system, as no randomized "on the spot "checks have been initiated as suggested by the IGF policies. The investigation additionally demonstrated that material resource management was poor because of the top-base planning approach utilized in the hospital. Monetary administration was astounding and the commitment of IGF to the non-wage repetitive use was 63.15%. The proposed framework to improving IGF included selection of a base up arranging approach, enhancement for the inward control system and truly take perception of the network's suggestion to improve the revenue assortment technique to legitimize the IGF generation as an elective wellspring of subsidizing nonwage repetitive use.

Balo (2014) conducted a study on the generation and management of internally generated funds in public Hospitals, a case of Tema General Hospital. The research approach was quantitative and the design was case study. Convenience sampling was employed to select a sample size of 23 for the study. A questionnaire was used to solicit information from the respondents. The findings indicated that IGF is the major source of fund to the Tema General Hospital. It was therefore concluded that, IGF still remains the major source of fund to public hospitals in Ghana.

In a related study, Asare (2015) confirmed that the National Health Insurance Scheme is a major contributor to hospital financing. The study found about 70%-90% of OPD/Inpatient clients as registered members who access health delivery. He established that in terms of IGF revenue the “cash and carry” constitute between 10%-20% which make it a reliable source of revenue for the hospitals.

Ensor et. al. (2009) studies stressed that cost pressures, demand pressures and inefficiency are the three main factors that accounted for strain on the hospitals in recent times.

Akin to the above studies, Adusei (2017) identified the sources of finance available to hospitals in Ghana and challenges they face in accessing finance from these sources at Goaso hospital. A questionnaire was used to solicit information from the respondents. Purposive sampling was used to select the case hospital and the sample of 40 respondents. The study adopted a case study design however the approach was quantitative in nature. The study found that government subvention, National Health Insurance Claims and Internally Generated Funds are the main sources of finance to the hospital. The study also revealed that the key challenges faced by the hospital with regards to financing are the delays in accessing National Health Insurance claims and government subventions.

From the systematic review on related literatures, it is clear that IGF remains a key source of revenue for hospital financing. Empirical review indicated that IGF was the common concept used in the various studies. For instance, most of the studies supported the relevance and contribution of IGF to hospital revenue generation and included Akortsu and Abor (2011); Balo (2014); Amoa (2012); Adusei (2017). Other Studies also saw NHIS as a key contributor to hospital financing (Asare, 2015).

These studies also found some of the challenges encountered in the collection of IGF (Ensor et. al., 2009; Amoa, 2012; Akortsu and Abor, 2011; & Adusei, 2017). However, their findings were general and not specific to the issues of IGF management at health centers. Furthermore, none of the studies synthesized strategies to ensure efficient IGF generation and management. Also, the related literatures

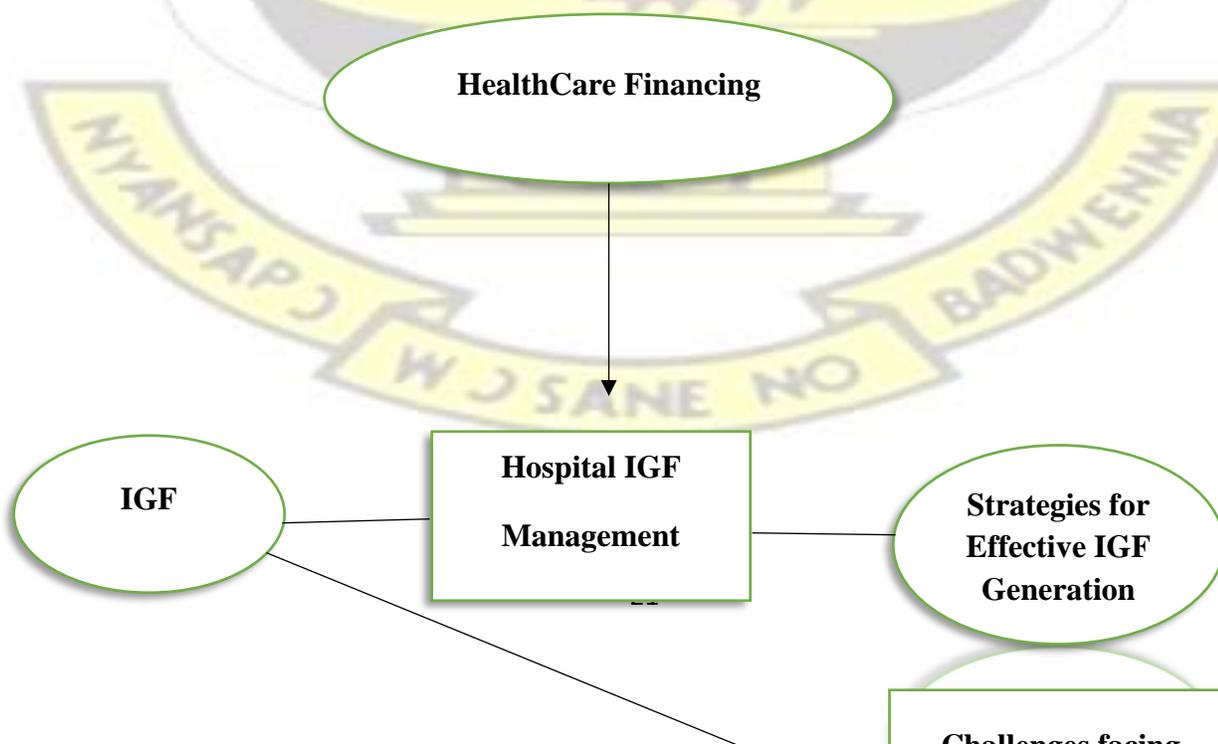
failed to identify and discuss effective and appropriate financial control measures that would improve the management of Internally Generated Fund. These are the weaknesses in their study, hence the gap to fill by this study.

2.9 Conceptual Framework of the Study

Chandran (2004) describes conceptual framework as a legitimately settled, characterized and expounded organization of interrelationships among factors viewed as necessary pieces of the elements of the circumstance being considered. Adrian, (2002) further adds that the critical reason for a calculated system is to set the scientist in a place that will relate him/her to the investigation. It expresses the scientist's philosophical situation from their gratefulness or disappointment with the current conversation and issues.

Conceptual framework can be adapted, adopted or created to meet the purpose of a particular study. This conceptual framework was purposely to suit the specific objectives of this study. It indicates IGF as the key variable and Sources of IGF, Strategies, and Challenges of IGF Management as the other supporting variables in the study. Figure 1 shows the conceptual construct of the study.

Figure 1: Conceptual Framework



Sources of IGF

Source: Researcher's own construct

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This part talks about the philosophy followed to react to the inquiries raised expected to accomplish the goals of the study. The methodology adopted comprises the research design and approach, population and sample size assurances, examining strategies, information assortment strategy, confidentiality and ethics issues, legitimacy and unwavering quality of the investigation and information preparing and examination methods. It provides a brief profile of the organization used as the case in this research.

3.2 Research Design

As indicated by Newing (2011), research configuration is the arrangement of conditions for party and dissecting information with a certain goal in mind that consolidate pertinence to the motivation behind the investigation. The researcher adopted a survey design using one organization as a case study. The use of the case study was appropriate in finding out in-depth answers to the specific questions as set out in this study. The case study is better suited for this study as the period of the study is very limited.

However, it is an undeniable fact that the case study could provide little basis for scientific generalization but it is possible to generalize to a theoretical proposition.

3.3 Research Approach

In conducting a research, three approaches can be adopted by a researcher: subjective, quantitative and blended approach. Domegan and Fleming (2007) placed that "subjective examination means to investigate and to find issues about the issue close by, on the grounds that almost nothing is thought about the issue. There is generally vulnerability about measurements and traits of the issue. It utilizes delicate information to get rich information (Domegan and Fleming, 2007, p.24). The methodology is intended to help agents to get individuals, and the social and social settings inside which they live (Myers, 2009).

Quantitative research uses numbers and statistical methods (Kwashie, 2017, p.41). It tends to be based on statistical measurements of particular aspects of developments; it extracts from certain instances to look for general description or to test for temporary hypotheses, it tries measurements and analyses that other researchers replicate with ease. (King et al., 1994 as cited in Kwashie, 2017 p.41).

The blended way to deal with research simultaneously consolidates together subjective and quantitative methodologies to accomplish a more successful result (Malina et al., 2011). However, this study adopted the quantitative method to help achieve the set objectives. The use of this research method aided the researcher to design surveys in the form of questionnaires to gather numeric data from a group of participants located in a particular setting to facilitate generalization.

A quantitative method was purposely selected for this study to identify key sources of IGF, strategies for revenue mobilization, challenges associated with the management of IGF, and effective and appropriate financial control measures to improve the management of Internally Generated Fund. The

approach aids respondents to actively participate in answering the questions prepared towards the research objectives.

3.3 Population and Sampling

3.3.1 Target Population

As indicated by Babbie (2008), the populace for an investigation is that bunch about whom or which an agent or agent needs to deduce ends from. The populace in this study was the entire staff of the Cape Coast Metropolitan Hospital who were directly or indirectly involved in the revenue administration and mobilization whose total number was sixty-five (65) as at July, 2020 (Cape Coast Metropolitan Hospital Report, 2019). This number is made up of departments involved in revenue administration and mobilization. The population consists of people with diverse educational background and other demographic characteristics such as sex, age, etc in the organization.

3.3.2 Sampling Procedure and Sample Size

Parasuraman (2004) defines sampling as the selection of items at random from a populace and used to test theories about the populace. As indicated by Williamson (2008), a sample is a subset of the populace which involves individuals chosen from it. In straightforward terms, a sample is little important for something proposed as illustrative of the entirety. This investigation utilized Krejcie and Morgan's 1970 sample size table to decide the sample size. Along these lines, in a populace of (65), sample size of (56) altogether speak to the populace. Hence, the sample size of the investigation consisted of (56) respondents. Permitting a room for mistakes of 5% from a complete populace of 65 cases is viewed as fitting for an example size of 56 (Saunders et al., 2007).

Table 3.1 shows the sample size appropriation dependent on the determination standards in accordance with the idea of the investigation.

Table 3.1 Sample Size Distribution

<i>No</i>	<i>Category</i>	<i>Population</i>	<i>Sample Size</i>	<i>Percentage</i>
1	Directors/Heads/ Assistant Heads	8	8	14.3
2	Revenue Administration Heads	5	5	8.9
3	Revenue Unit	36	30	53.6
4	Accountants/Finance Officers	8	5	8.9
5	Budget Officers	3	3	5.4
6	Cashiers	5	5	8.9
TOTAL		65	56	100

Source: Field Work, Wedzi (2020)

3.3.3 Sampling Techniques

The sampling frame is made up of a list of staff from Cape Coast Metropolitan Hospital directly or indirectly involved in IGF mobilization. The frame is used to select IGF administrators and mobilizers to participate in the study. Only staff who are familiar with the IGF administration and revenue mobilization were chosen to participate in the survey. A random sample of the departmental staff is made to identify the staff required to participate in the study. The next step is the use of stratified sampling technique to divide the identified and selected staff into different categories. The basic arbitrary examining guarantees that outcomes acquired from the sample surmised what might have been gotten if the whole populace had been estimated (Shadish et al., 2002). The legitimization is that, straightforward irregular sample allows all the components in the populace equivalent likelihood of choice.

In order to get a sampling strategy for this study, the researcher considered key elements of the target population in regards to the sample unit with respect to the most relevant information noting also the objectives of the study. Respondents in this regard were well-thought-out based on their ability, professional background, capacity, expertise to information that best serves the aim of this study.

The technique was precisely used in choosing directors, administrators, revenue officers, accountant/finance officers, budget officers and cashiers from the hospital since the researcher is certain that they constitute the populace and could provide concrete and acceptable reactions to the inquiries presented.

3.4 Data Collection Method

The survey gathered essential first-hand information from staff of Cape Coast Metropolitan Hospital on sources of IGF, strategies for revenue mobilization, challenges associated with the management of IGF, and effective and appropriate financial control measures to improve the management of IGF using questionnaires. The study used primary data to solicit for adequate first hand and principal information from the respondents. Ahiawodzi (2011) refers to primary data as a “data gathered at firsthand in a manner to fulfill a purpose of a specific statistical investigation.” In this study, data was mainly gathered through a survey from a primary source in the form of questionnaire administration. The study also employed the use of some secondary data in the form of records and documents such as staff records, IGF documents, and hospital profile and background.

3.5 Research Instruments

The researcher will develop and adapt self-administered questionnaires to identify the major sources of IGF, strategies for revenue mobilization, challenges associated with the management of IGF, and effective and appropriate financial control measures to improve the management of IGF.

Questionnaires are constructed to collect data from directors, administrators, revenue officers, accountant/finance officers, budget officers and cashiers at the Cape Coast Metropolitan Hospital. The survey includes both open and close-ended inquiries. The survey is comprises five (5) sections. The initial segment looked for data about the individual foundation of the respondents. The second, third and fourth parts are on sources of IGF, strategies for revenue mobilization, challenges associated with the management of IGF, and effective and appropriate financial control measures to improve the management of IGF respectively.

3.6 Pilot Testing of Data Collection Instruments

There will be a pre-testing of the information assortment device that will be utilized to test the adequacy of the poll in party the ideal reaction. The attention will be on the structure, syntactic definition of the English language, cogency and unwavering quality of the inquiries. The test will be conducted on respondents who have no bearings whatsoever or part of the real data collection work. The pilot study will help the researcher to be satisfied with the expected response required for the study. In addition, it will also help the researcher to review questions and sub-questions that will become ambiguous to respondents. This will enable the researcher to better design the survey by making it successful.

3.7 Data Analysis

The quantitative data obtained will be analyzed using descriptive format. Data collected will be arranged, edited, coded, cleaned and entered in computer using Statistical Package for the Social Sciences (SPSS) application version 17.0. Data will be well organized to obtain confirmation of its representation to the population that was targeted to enable unbiased analysis. Likewise, the reactions will be vetted for accuracy and then ascribed numerical values which represent different elements to be measured. Descriptive statistics will be used to describe the basic features of the data and the specific questions of the study. The data will be analyzed using tables, pie charts, and histogram.

3.8 Validity and Reliability

As indicated by Harper (2002), for a survey to deliver helpful outcomes, it should have legitimacy and unwavering quality. On the off chance that the poll can really test what it is expected for, it alludes to legitimacy, while, unwavering quality estimates the importance of the inquiries in that. To test the unwavering quality and legitimacy of the survey, a pre-test was done. The poll was directed to 13 respondents (speaking to 24.5%) of the sample size to build up whether the survey estimates what it hopes to quantify (Chandran, 2004).

Dependability of a scale gives a sign of how free it is from arbitrary mistakes (Pallant, 2013) or the degree to which the scale produces reliable outcomes whenever rehashed measures are taken (Kent, 2007). Cronbach Alpha which measures interior consistency was utilized and it gauges how much all things on a scale measure a hidden build (Pallant, 2013). The standard is that singular consistency dependability should be 0.7 or higher.

The yield as appeared in Table 3.2 demonstrated that all classifications meet the worthy degree of 0.7 or higher. The Cronbach alpha for the factors; Sources of Internally Generated Funds, Strategies adoption for Revenue Mobilization, Challenges associated with Management of Internally Generated Funds and Effective and appropriate financial control measures for IGF gone from 0.800 to 0.875, this infers a significant level of inside consistency of the multitude of scales used to gauge the factors under examination.

From the investigation, the general score for the Cronbach Alpha is 0.830 for the four (4) utilized in the examination. Hence, the outcomes from the examination show that the inquiries gave to inspected respondents were more dependable to measure management of internally generated funds in the Cape Coast Metropolitan Hospital.

Table 3.2: Reliability Test

Variable	Cronbach Alpha
Sources of Internally Generated Funds	0.820
Strategies adoption for Revenue Mobilization	0.875
Challenges associated with Management of Internally Generated Funds	0.815
Effective and appropriate financial control measures	0.800

Source: *Field Work, Wedzi (2020)*

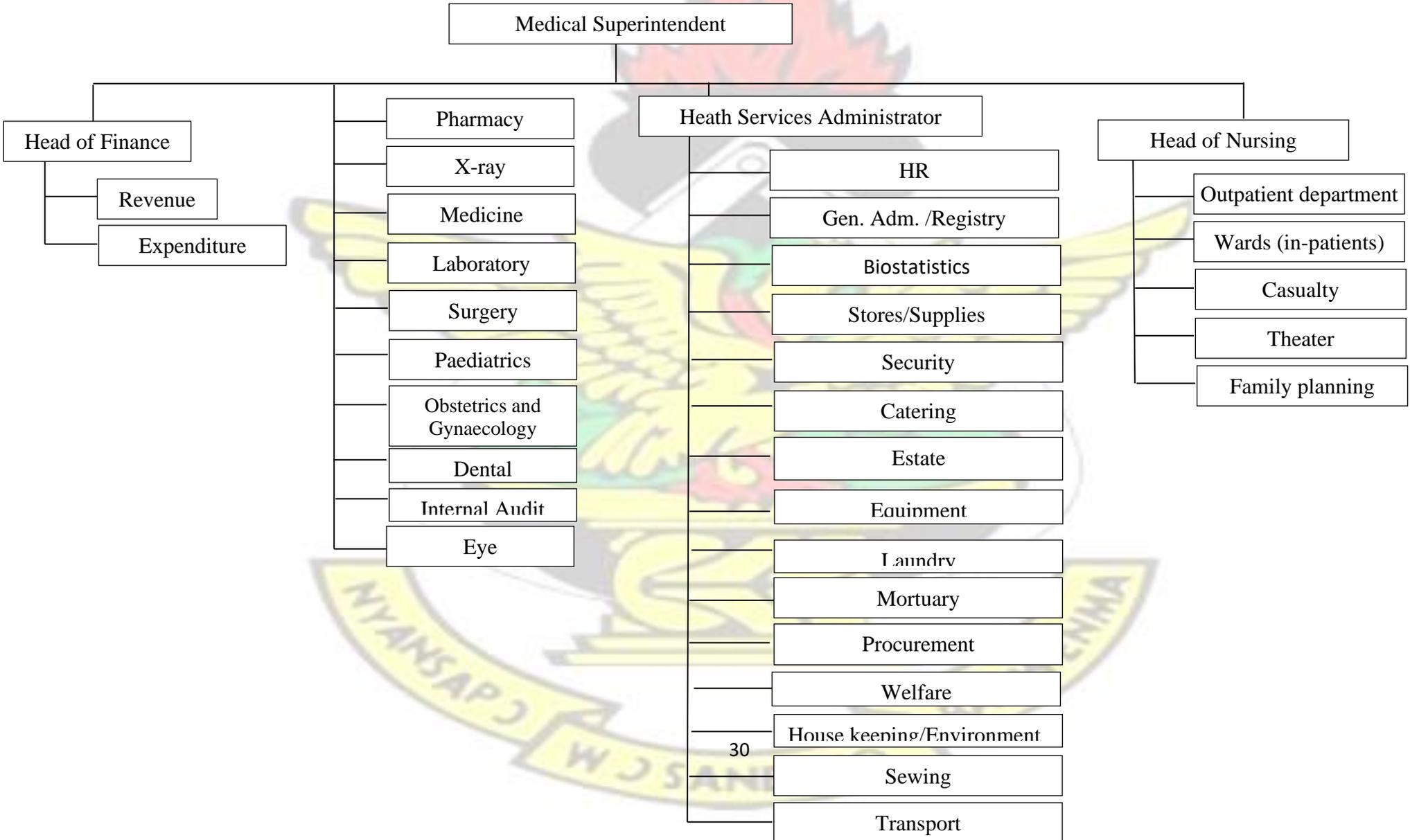
3.9 Ethical Considerations

Malhotra and Peterson (2001) examined that scientists should search out assent from members prior so as to explore, in both quantitative and subjective examination draws near. In regard to this and by the nature of the sampling technique (purposive sampling) adopted, the researcher encouraged voluntary participation of the respondents ensuring to receive their full consent before being allowed to be involved in the study. In addition, appreciating their right to privacy and confidentiality and considering also the global COVID-19 pandemic situation, steps were taken to ensure participants rights to privacy are respected and all COVID-19 protocols duly observed. For example, most of the questionnaire were administered to respondents using the online means after seeking their consent.

3.10 Profile of Study of the Organization

CAPE COAST METROPOLITAN HOSPITAL

ORGANIZATIONAL CHART



CCMH is situated at the Cape Coast City in the Central region of Ghana. It is limited on the South by the Gulf of Guinea, on the west by St. Augustine College on the east by the Cape Coast Nursing Training College (NTC) and on the north by the Fosu Lagoon.

The Cape Coast Metropolitan Hospital was established in 1939 as a district hospital and was later upgraded to Regional Hospital for the Central Region. In 1998 when the new Regional Hospital was built, it was reverted to the district hospital status. The hospital serves about 106 communities.

The hospital has One Hundred and Thirty beds (130) with Five (5) wards namely: Paediatrics ward, Male ward, Female ward, Obstetrics and Gynaecology ward and Isolation ward. In addition to this, the hospital has Out-Patient Department (OPD) as well as Emergency/Casualty unit, which run 24-hour services. The Casualty unit takes care of emergency cases like minor surgeries and detain cases for observation while the OPD takes care of general reported cases. The hospital has one big theatre with changing rooms for Medical Officers and nurses, two operating rooms: one for minor and septic cases and the other for major cases, etc.

The hospital provides general medical services in the following area:

- Medicine
- Surgery
- Social welfare
- Obstetrics and Gynaecology
- Dentistry
- Public Health services which include Antenatal and Postnatal services
- Eye clinic
- Dental clinic
- HIV counselling and testing

- Community psychiatric clinic
- Diabetic clinic
- Family planning clinic
- Herbal Medicine

The hospital also has the following technical and diagnostic units: Pharmacy, Laboratory, Mortuary, X-ray unit and Ultrasound scanning unit

There are also administrative and support units which include: General Administration, Accounts, Biostatistics unit, Stores and Supplies, Laundry, Security, Catering, Estate, Telephone Exchange unit, Environmental and Transport units.

In addition to these medical services, health talks are also given to patients by some selected staff of the hospital before consultation.

Some of the cases reported to the hospital include malaria, diseases of oral cavity, upper respiratory tract infection, gynaecological disorders, acute eye infections, diseases of the skin, pregnancy related complications etc.

Most surgical and gynaecological cases are performed at the hospital except few cases that are referred to the Central regional Hospital.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 INTRODUCTION

This section involves results and discussions of the investigation. The study seeks to examine the contributions of Internally Generated Funds towards the development of the Cape Coast Metropolitan Hospital, its strategies and the challenges posed in revenue mobilization. The presentation of the results and discussions was done in accordance with the research targets set out and the questionnaire employed to collect data.

4.1 RESPONSE RATE

The study targeted 56 respondents from Cape Coast Metropolitan Hospital staffs. Out of 56 questionnaires given out by the researcher, only 50 filled forms were reverted constituting 89.2% response rate as indicated in Table 4.1. Achieving either 50% response rate or more is adequate and better to support reporting and analysis (Babbie, 2002). Mugenda and Mugenda (2003) further argue that a reaction pace of at any rate 70% is remarkable. Subsequently, the reaction pace of 89.2% is viewed as suitable for this investigation.

Table 4.1: Administration of Questionnaire and Response Rate

<i>No</i>	<i>Category</i>	<i>No. of Questionnaire Distributed</i>	<i>No. of Questionnaire Retrieved</i>	<i>Response Rate</i>
1	Directors/Heads/ Assistant Heads	8	7	12.5
2	Revenue Administration Heads	5	5	8.9

3	Revenue Unit	30	28	50.0
4	Accountants/Finance Officers	5	4	7.1
5	Budget Officers	3	2	3.6
6	Cashiers	5	4	7.1
TOTAL		56	50	89.2

Source: Field Work, Wedzi (2020)

4.2 BACKGROUND OF RESPONDENT

This segment demonstrates and gives detailed analysis of the socio segment status of respondents utilized in this investigation. With the end goal of this investigation, sex, age, proficient foundation, level of schooling, position held by respondent and work experience were the socio demographics examined. These segment review, despite the fact that do not exist in the goals of the investigation, are proposed to give a detailed representation of the sample, subsequently giving general view towards the respondents in regard of the primary goal of the research and furthermore to evaluate for any impact on the study discoveries.

4.2.1 Sex of Respondents

As portrayed in Table 4.2, Males overwhelmed this survey with 31 respondents representing 62.0% while 19 respondents were females which represents 38.0%. This is an indication that Accounting and Finance Administration at the hospital is male dominated.

Table 4.2: Sex

	<i>Frequency</i>	<i>Percentage (%)</i>
<i>Male</i>	31	62.0
<i>Female</i>	19	38.0
<i>Total</i>	50	100.0

Source: Field Work, Wedzi (2020)

4.2.2 Age distribution of respondents

Table 4.3 below exhibits age distribution of the respondents. Between 18 to 25 years represents (16%), 26 to 39 years (32%), 40 to 55 years (38%) and over 55 years represents (14%). The age range of 40 to 55 years forms the majority percentage, indicating a vibrant and energetic workforce who with little commitment and dedication to work could contribute productively to achieve desired results in the hospital.

Table 4.3: Age group	Frequency	Percentage (%)
<i>18-25yrs</i>	8	16.0
<i>26 – 39yrs</i>	16	32.0
<i>40 – 55yrs</i>	19	38.0
<i>over 55yrs</i>	7	14.0
Total	50	100.0

Source: Field Work, Wedzi (2020)

4.2.3 Level of education of respondents

Table 4.2.1 below, depicts level educational qualification of the respondents. 6% had professional certificate, 24% had postgraduate certificate, 40% had obtained qualification in first degree, and 20% had diploma certificate while 10% held Secondary school certificate from various disciplines. This information indicated that the respondents have a certain level of knowledge to appreciate the study.

Table 4.4: Level of education

	Frequency	Percentage (%)
<i>Professional</i>	3	6.0
<i>Postgraduate</i>	12	24.0
<i>Degree</i>	20	40.0
<i>Diploma/HND</i>	10	20.0
<i>SHS</i>	5	10.0
Total	50	100.0

Source: Field Work, Wedzi (2020)

4.2.4 Position of Respondents

Table 4.2 below presents the results of the position of respondents. The results show that the study involved all the entire staff categories of the case study organization who directly or indirectly took part in the revenue mobilization and its administration to get an unprejudiced data in regard of the principal theme for the study. The outcome revealed that, 14% of the respondents were directors, 10% and 8% were revenue administrators and accountants respectively. 56% of respondents were revenue Officers, 4% and 8% represented budget officers and cashiers respectively. This result reveals the fact that the majority of the respondents were within the operational category and are mostly engaged in the day to day happenings, particularly regarding revenue mobilization in the hospital.

Table 4.5: Position

	<i>Frequency</i>	<i>Percentage (%)</i>
<i>Director/Head</i>	7	14.0
<i>Revenue Administrator</i>	5	10.0
<i>Accountant/Finance</i>	4	8.0
<i>Revenue Officer</i>	28	56.0
<i>Budget Officer</i>	2	4.0
<i>Cashier</i>	4	8.0
Total	50	100

Source: Field Work, Wedzi (2020)

4.2.5 Working Experience of Respondents

As shown in Table 4.2.1, Less than one year work experience of the respondents accounted for 6%, between one to five years working experience was 10% and that of six to ten years accounted for 36% while those working with experience over ten years accounted for 46% within the years range. These statistics provide information about the rich working experience of the respondent's in the hospital of which the health sector will largely benefit from should the need for such experienced personnel arise.

Table 4.6: Working Experience

	<i>Frequency</i>	<i>Percentage (%)</i>
<i>Less than 1 year</i>	3	6.0
<i>1-5years</i>	5	10.0
<i>6-10years</i>	18	36.0
<i>Over 10 years</i>	23	46.0
<i>Total</i>	<i>50</i>	<i>100</i>

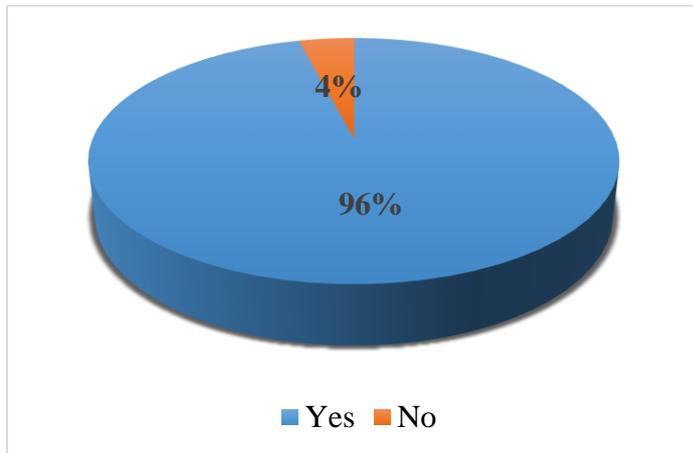
Source: Field Work, Wedzi (2020)

4.3 SOURCES OF INTERNALLY GENERATED FUNDS FOR CAPE COAST METROPOLITAN HOSPITAL

The first goal of this study was to recognize the sources of Internally Generated Funds (IGF) of Cape Coast Metropolitan Hospital. Here, the researcher wanted to discover the key services that contribute to the revenue generation of the hospital. The respondents answered specific questions that related to the above mentioned objective. Their responses were analyzed and presented below.

In the first place, the researcher wanted to find out whether the hospital is legally mandated to raise its own revenue and also whether respondents are aware that the hospital has revenue sources. The result showed that 48 of the respondents (96%) confirmed that Cape Coast Metropolitan Hospital is legally mandated to raise its own revenue except 2 respondents (2%) who did not confirm in both questions.

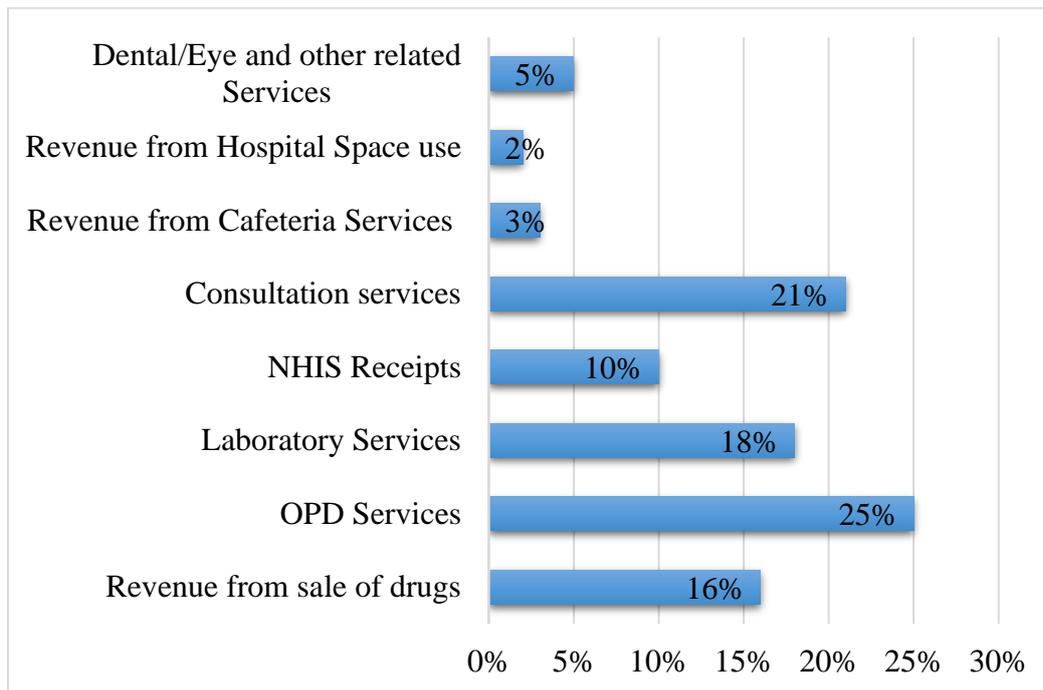
Figure 1: Awareness of legal mandate to raise IGF and knowledge of sources



Source: Field Work, Wedzi (2020)

Secondly, respondents were asked to list in order of importance, the sources of Internally Generated Funds. This aspect was analyzed using a bar chart to identify the key contributors among the services provided by the hospital. As indicated in figure 2, the result showed that out-patient department (OPD) services was the most chosen item by respondents as the leading contributor of the revenue of the hospital. This is followed by consultation services (21%), laboratory services (18%), and revenue from sale of drugs (16%). On the other hand, revenue from the use of hospital space (2%) and revenue from cafeteria services (3%) were the least chosen by the respondents.

Figure 2: Sources of IGF



Source: Field Work, Wedzi (2020)

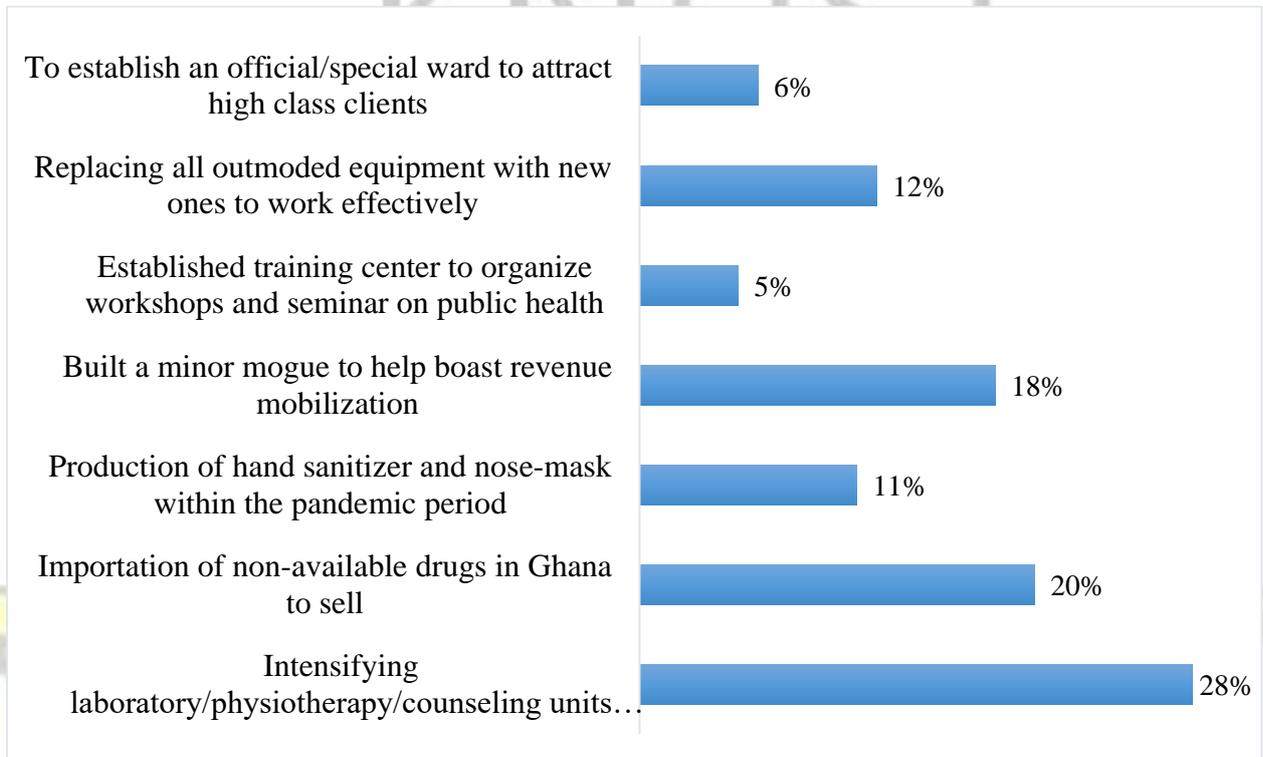
4.4 STRATEGIES ADOPTED FOR REVENUE MOBILIZATION

The second objective attempted to identify the schemes adopted by the hospital in the mobilization of revenue. Here, the researcher wanted to discover the key plans put in place by the hospital to boost revenue generation. The respondents answered specific questions that related to the above mentioned objective. A bar chart was deemed proper to analyze the primary data collected from the respondents. Their responses were analyzed and presented in figure 3.

From the figure, efforts to intensify laboratory/physiotherapy/counseling units to attract more clients recorded 28% of the total response rate. This was followed by the plan of importing unavailable drugs to augment the local ones. It recorded 20% from respondents while the strategy to build a minor morgue to help boost revenue mobilization recorded 18%. Conversely, the plans to establish a special ward to attract high class patients formed 6% while plans to establish a training center to organize workshops and seminars on public health was 5%. These

were least considered by the respondents as strategies to boost revenue mobilization by the Cape Coast Metropolitan Hospital.

Figure 3: Strategies adopted for Revenue Mobilization



Source: Field Work, Wedzi (2020)

4.5 CHALLENGES ASSOCIATED WITH MANAGEMENT OF INTERNALLY GENERATED FUNDS (IGF)

The third objective sought to know the current challenges encountered by Cape Coast Metropolitan Hospital in managing internally generated funds.

This section included a list of challenges associated with management of IGF, organized in no special order. These challenges were discovered through review of a body of existing knowledge and investigation of past researches on IGF and its management challenges. A semantic differential scale from 1 to 5 was given against each difficult factor, with score 1

demonstrating less degree of importance and score 5 indicating the high degree of importance. The respondents were asked to rate the challenges associated with management of IGF based on their experience of administering and managing IGF at Cape Coast Metropolitan Hospital, in order of their importance Table 4.7 gives the ranking of challenges associated with management of IGF factors in terms of mean and standard deviation of the rating given by the respondents. Table 4.3 indicates that poor monitoring and evaluation of revenue collection (M=4.30; SD=0.782), mismanagement of available funds mobilized (M=4.28; SD=0.741) and inadequate equipment and control systems in place (M=4.25; SD=0.750) were rated as the three most challenges for IGF collection and management at Cape Coast Metropolitan Hospital. The next challenging factors were inadequate training of revenue administrators and officers, followed by the conservative attitude of staff to old system and ways of doing things, and the rest as indicated in the table below. On the lower end, personal interest (conflict of interest) (M=3.25; SD=0.880), frequent transaction duplication (M=3.57; SD=0.912), as well as unreliable network (M=3.65; SD=0.992), were rated as the less three challenging factors associated with management of IGF.

Table 4.7: Challenges associated with management of IGF

Challenges associated with management of IGF	Mean	SD	Rank
Staff are conservative to old system and ways of doing things	4.21	0.790	5th
Misappropriation and embezzlement related issues	4.06	0.896	8th
Poor working environment for revenue officers	4.10	0.796	7th
Mismanagement of available funds mobilized	4.28	0.741	2nd
Personal interest (conflict of interest)	3.25	0.880	12th
Inadequate personnel	4.11	0.797	6th
Inadequate equipment and control systems in place	4.25	0.750	3rd

Unreliable network	3.65	0.992	10th
Software not regularly updated	3.67	0.929	9th
Frequent transaction duplication	3.57	0.912	11th
Poor monitoring and evaluation of revenue collection	4.30	0.782	1st
Inadequate training of revenue administrators and officers	4.23	0.793	4th

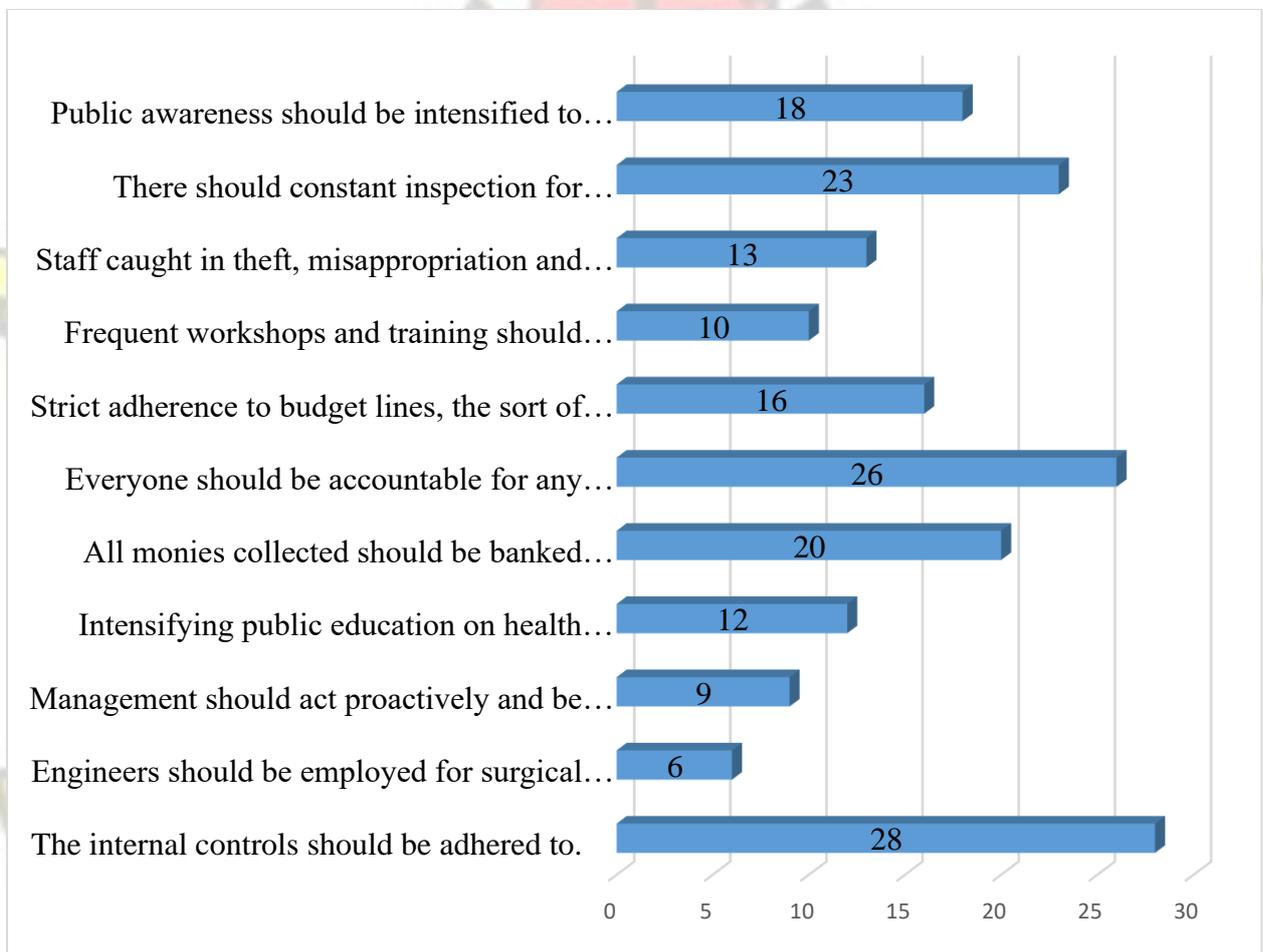
Source: Field Work, Wedzi (2020)

4.6 EFFECTIVE AND APPROPRIATE FINANCIAL CONTROL MEASURES FOR IGF MANAGEMENT

The fourth objective sought some of the effective and appropriate financial control measures the respondent's think can improve the administration of Internally Generated Fund in the Cape Coast Metropolitan Hospital. This scrutiny was finished utilizing a bar graph to show the different conclusions shared out by respondents about the financial control measures for the management of IGF at Cape Coast Metropolitan Hospital. The varied responses were grouped into eleven important variables. Moreover, some of the respondents answered more than one question, hence, the bar chart exhibits frequency of responses as displayed in Figure 4. The views gathered from respondents included; adherence to internal controls, engineers should be employed for surgical equipment repairs, Management should act proactively and be dynamic with strategy implementation, Intensifying public education on health related issues within the metropolis and beyond, All monies collected should be banked before 24 hours and Everyone should be accountable for any mismanagement of funds in the Hospital. The others include; strict adherence to budget lines, the sort of payment that can be made with IGF funds, frequent workshops and training should be given to revenue collectors, staff caught in theft, misappropriation and embezzlement of funds should be reprimanded to serve as deterrent to others, there should be constant inspection for receipts issued to clients and proper

authorization should be given out to carry out any expenditure activity at the Hospital and finally, public awareness should be intensified to sensitize the patient and the public on the need to join the NHIS since it serve as one of the major source of IGF. However, adherence to internal control mechanisms was the most mentioned by respondents (28 times), followed accountability for everyone (26 times) and constant inspection for receipts issued to clients and proper authorization for expenditure activity as the third most mentioned control measure from the respondents (20 times).

Figure 4: Effective and appropriate financial control measures for IGF Management



Source: Field Work, Wedzi (2020)

4.7 DISCUSSION OF RESULTS

The ultimate goal of the survey was to examine the sources of internally generated funds available to Cape Coast Metropolitan Hospital.

The discussions of the various objectives have revealed that internally generated funds are a key source of funds for hospitals. This finding is in support of findings by Akortsu and Abor (2011) and Balo (2014) who found internally generated funds as the most dependable source of hospital finance and the second most reliant source of fund for the operational activities of the Hospital respectively. This study went further to determine the key services that raise IGFs to the Hospital. It emerged that out-patient department (OPD) services, consultation services, laboratory services are the leading contributors of IGF to the hospital. This means that the managers and revenue administrators of Cape Coast Metropolitan Hospital should focus on out-patient department (OPD) services, consultation services, laboratory services and devise strategies to improve the sources that contributed less to the IGF of the hospital.

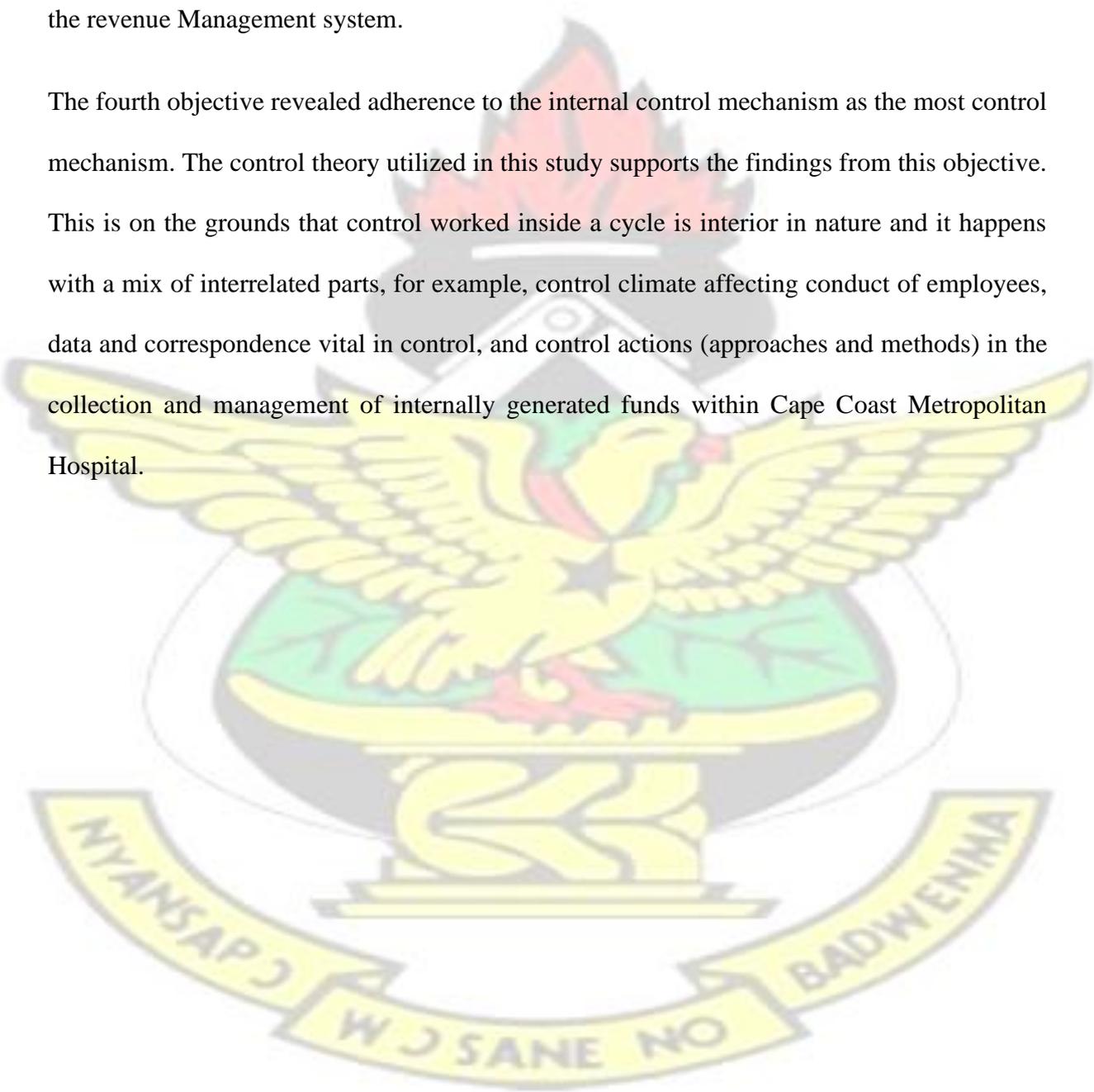
The second objective identified strategies adopted by the hospital in the mobilization of revenue. The agency theory is in support of these findings from this objective. This theory supports the key strategies and mechanisms that could be used in revenue collection and management within public and private organisations. Agency theory can help hospital administrators to manage their relationships while ensuring efficient and effective revenue collection and management through the adoption and implementation of strategies.

The third objective revealed some challenges of IGF management and the findings are akin to previous studies carried out by Amoa (2012) who found a deficiency in the internal control mechanism for revenue management and Asare (2015) whose findings indicated leakages in revenue or weak controls over cash collections as one of the key challenges in revenue management in hospitals. The findings from previous studies fall within the third ranked

challenge of inadequate equipment and control systems in place. The difference in their studies is the failure to rank the challenges of IGF management as done in this study.

In addition to the above, the study identified inadequate training of personnel as a challenge. This finding and rest of the factors are in support of the culture theory. For instance, culture theory influences training programmes which is an important factor in ensuring efficiency in the revenue Management system.

The fourth objective revealed adherence to the internal control mechanism as the most control mechanism. The control theory utilized in this study supports the findings from this objective. This is on the grounds that control worked inside a cycle is interior in nature and it happens with a mix of interrelated parts, for example, control climate affecting conduct of employees, data and correspondence vital in control, and control actions (approaches and methods) in the collection and management of internally generated funds within Cape Coast Metropolitan Hospital.



CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.0 INTRODUCTION

This part sums up the discoveries of the research, ends drawn and recommendations made according to the research objectives. It also gives some recommendations that may help improve management of internally generated funds in the health sector and ultimately to help in the provision of quality healthcare in the country.

5.1 SUMMARY OF FINDINGS

The main discoveries of the survey is introduced in a summarized form in this section as set out in the research objectives.

The first research objective was to identify the sources of internally generated funds of the CCMH in the Central Region of Ghana. The survey observed that the various revenue points identified by the respondents within the Hospital are; sale of drugs, OPD services, laboratory services, NHIS receipts, consultation services, cafeteria services, hospital space rentals, dental/eye and other related services. It also reveals the two main forms of internally generated fund to the Hospital; which are Cash and carry and NHIS. In ranking the services that raise enough IGF to the hospital, out-patient department (OPD) services, consultation, and laboratory services are the three services that top the chart respectively as represented in figure 2. The study further confirms that, the Cape Coast Metropolitan Hospital was legally mandated under the laws of Ghana to raise internally generated funds to support its operational activities.

The second objective was to examine the strategies for the effective generation of internally generated funds by Cape Coast Metropolitan Hospital in the Central Region of Ghana. It was

observed from the results that; efforts to intensify laboratory/physiotherapy/counseling units to attract more clients; importing unavailable drugs to augment the local ones manufactured in Ghana; building minor morgue to cater for casualty occurrences; establishing special ward to attract high class patients for a fee; and establishing training center to organize workshops and seminars on public health matters for a fee are the key strategies when employed by Cape Coast Metropolitan Hospital could help in generating enough IGF.

The third objective was to ascertain the problems or challenges associated with management of Internally Generated Fund in the Cape Coast Metropolitan Hospital in the Central Region of Ghana. The results from the study indicated; poor monitoring and evaluation of revenue collection; mismanagement of available funds mobilized; inadequate equipment and control mechanisms in place; inadequate training of revenue administrators and officers; outmoded revenue collection computer equipment, network issues and conservative attitude of staff to old system and ways of doing things; and human errors during data entry resulting to frequent transaction duplication and personal interest (conflict of interest) are the key challenges observed.

The fourth and final objective was to identify effective and appropriate financial control measures that would improve the management of Internally Generated Fund in the CCMH in the Central Region of Ghana. In order to improve upon the management of IGF in the CCMH, the challenges indicated under objective three needs to be acted upon, hence, this calls for appropriate measures to be put in place to enhance already existing measures that would ensure improvement of internally generated fund in the CCMH. The survey results reveals; maximum adherence to available internal controls; hiring of engineers for surgical equipment repairs in

the Hospital; management action on strategy execution and implementation should be current, dynamic and coherent; intensify public education on health related issues within the metropolis and beyond. It further observed; all monies collected should be banked before 24 hours and everyone should be held accountable for any mismanagement of funds in the Hospital; strict adherence to budget lines; the sort of payment that can be made with IGF funds; frequent workshops and training given to revenue collectors; staff caught in theft, misappropriation and embezzlement of funds should be reprimanded to serve as deterrent to others; constant inspection is required for receipts issued to clients. Other major measures also identified were; proper authorization should be given out to carry out any expenditure activity at the Hospital; and public awareness to sensitize the patient and the public on the need to join the NHIS since it serve as one of the major sources of IGF.

5.2 CONCLUSIONS

From the above findings, the following conclusions can be drawn with respect to IGF management in the health sector in Ghana. It must be emphasized that the under-mentioned conclusions were based on the case study at Cape Coast Metropolitan Hospital. It can apply to Cape Coast Metropolitan Hospital in particular and the health sector of Ghana in general.

- The study inferred that there is deficient financing to withstand the wellbeing conveyance administrations of the medical hospital. Though, there are other sources of funds available to the hospital such as government subventions and donor pooled funds, in terms of the funding options that are sustainable, the respondents confirmed that IGF is the most dependable source. This IGF source is gained through OPD services, consultation services, laboratory services, etc. Government imposition of high health sector fees and interference in setting those fees as well as repayment of public medical coverage claims which

ordinarily delays were signs of the funding challenges confronting the hospital. This therefore, poses a serious threat to the liquidity of the hospital.

- Ghana in recent times is confronting extreme difficulties on medical care financing by the state. This is stressing as an immature country where there is significant level of destitution among the residents. It is very necessary that government must be committed by adequately resourcing the public hospitals to function as expected.
- In summary, it is concluded that IGF is the most dependable source to Hospitals in Ghana. However, the hospital must also ensure to provide specialized and unique services that could attract high-class market and for clients who are willing to spend more for such a deserved service.

5.3 RECOMMENDATIONS

In light of the discoveries uncovered, the following recommendations made below could enhance revenue generations and management of IGF in the health sector if implemented:

Sources of Internally Generated Funds for Cape Coast Metropolitan Hospital

- There should be constant supervision and monitoring of all the various revenue points identified by the respondents within the Hospital to help avoid revenue leakages and also collect the right amount of revenue due the Hospital.
- Claims for re-imburement to NHIA for services providers to registered clients should be filed on timely manner to avoid delays that disrupt smooth operational activities of the Hospital since NHIS claims form crucial part of the IGF of the Hospital.
- The researcher recommend that, some level of attention should be directed to user fees services, thus “cash and carry” because it is a more dependable source of revenue for Hospitals. It comprises between 10-20% of total IGF revenue. As a matter of fact, it is the

life wire in the current crisis.

- Regular in-service training should be provided to officers in the top three key departments that raises enough IGF for the Cape Coast Metropolitan Hospital to continue improving upon their service delivery.
- The Hospital should continue to observe all the laws and regulations that give credence to its existence, operations and delivery of quality of healthcare to its clients.

Strategies Adopted for Revenue Mobilization

- There should be efforts to intensify laboratory/physiotherapy/counseling units to attract more clients.
- The Hospital should import unavailable drugs to augment the local ones manufactured in Ghana.
- The researcher recommends building minor morgue to cater for casualty occurrences for a fee.
- The Hospital should establish special ward to attract high class patients for a fee.
- The researcher recommends that, the Hospital should consider establishing training center to organize workshops and seminars on public health matters for a fee.

Challenges Associated With Management of Internally Generated Funds (IGF)

- Monitoring and evaluation of revenue collection should be intensified.
- Funds mobilized and meant for intended operations and projects be duly utilized to achieve desired result and benefit from value for money. Officers who abuse and misapplied available funds should be held accountable using well laid down policies and regulations.
- The researcher recommends that, the Hospital should be provided with resource support such modern equipment and accessories to meet the increasing demand of key services

from clients which in turn could boost IGF revenue.

- Revenue administrators and officers must be given training and refresher courses on contemporary revenue generation and emerging issues with specific focus on hospital administration such as Cape Coast Metropolitan Hospital.
- Network infrastructure at the Hospital should be expanded to cover key departments/unit and also integrated with the Hospital software to provide fast, reliable, and the best of service to clients. This would reduce the amount of time spent by clients at the Hospital and could possibly result in increasing enrolment numbers translating into revenue increase.
- Regular training is required for data entry officers. The Software system used should be as much possible user friendly to eliminate the human errors associated with entering data. Access levels and audit trails should be in-built in the systems to monitor and check officers who seek to benefit for their self-interest.

Effective and Appropriate Financial Control Measures for IGF Management;

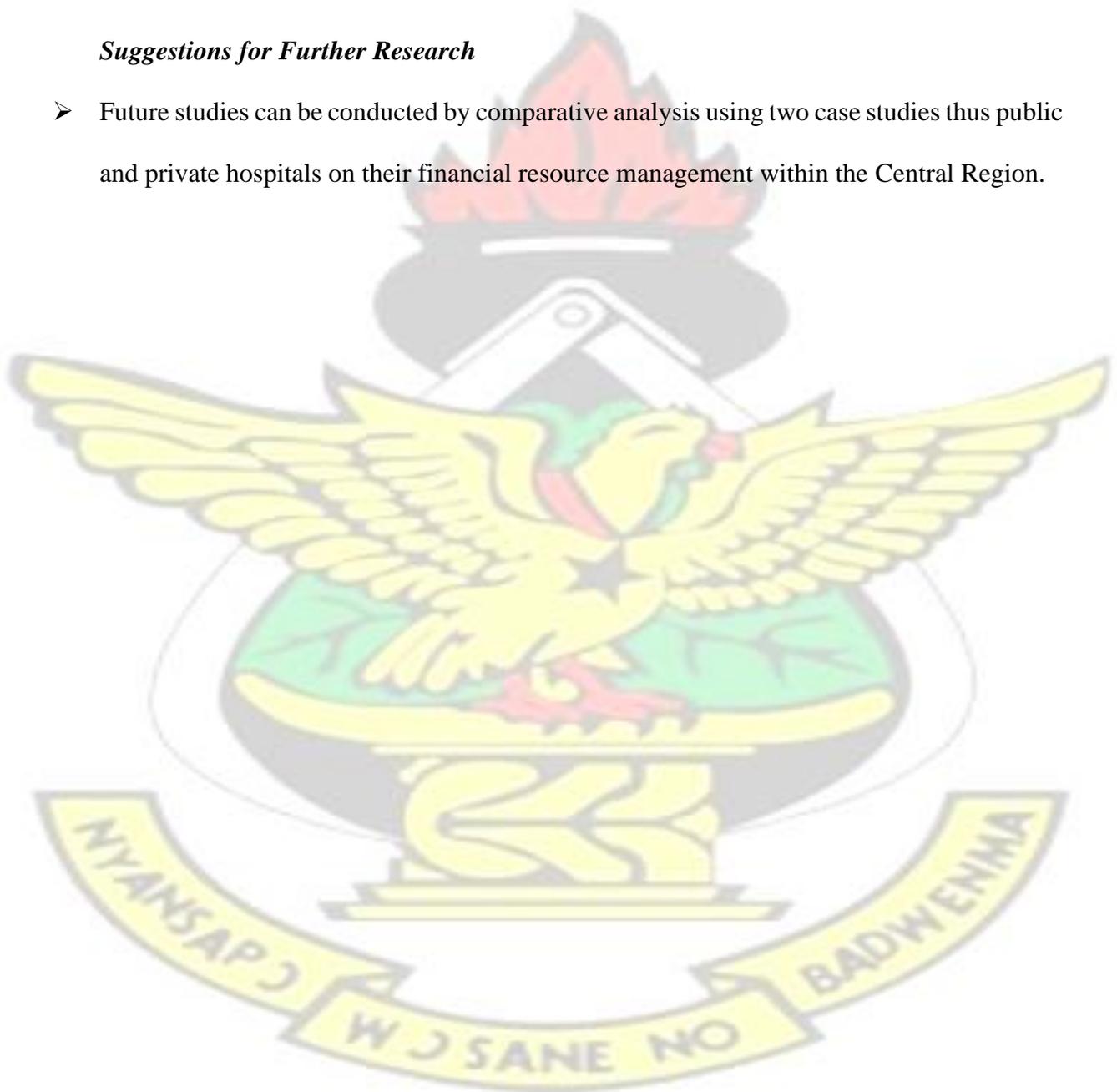
Since IGF is the most dependable source of revenue in the health sector, policy guidelines, strategic and control measures must be put in place to enhance revenue generation. In addition to some of the major appropriate measures identified under the findings by the respondents, the researcher recommends the following below with regards to enhancing revenue generation in the health sector;

- All revenue collection points must be clearly defined and a competent, reliable and appropriate revenue official assigned to each collection point.
- From time to time, all revenue officials must be rotated from one collection point to another.
- Revenue officials must be given training and refresher courses on contemporary revenue generation and emerging issues on the national health insurance scheme.

- The hospital's management must ensure continuous dialogue with the National Health Insurance Authority for them to make swift reimbursement to the hospital for services rendered to their clients.
- To ensure that all IGF revenue due the hospital is collected, proper documentation must be kept on all patients who visit the hospital in order to prevent any leakages.

Suggestions for Further Research

- Future studies can be conducted by comparative analysis using two case studies thus public and private hospitals on their financial resource management within the Central Region.



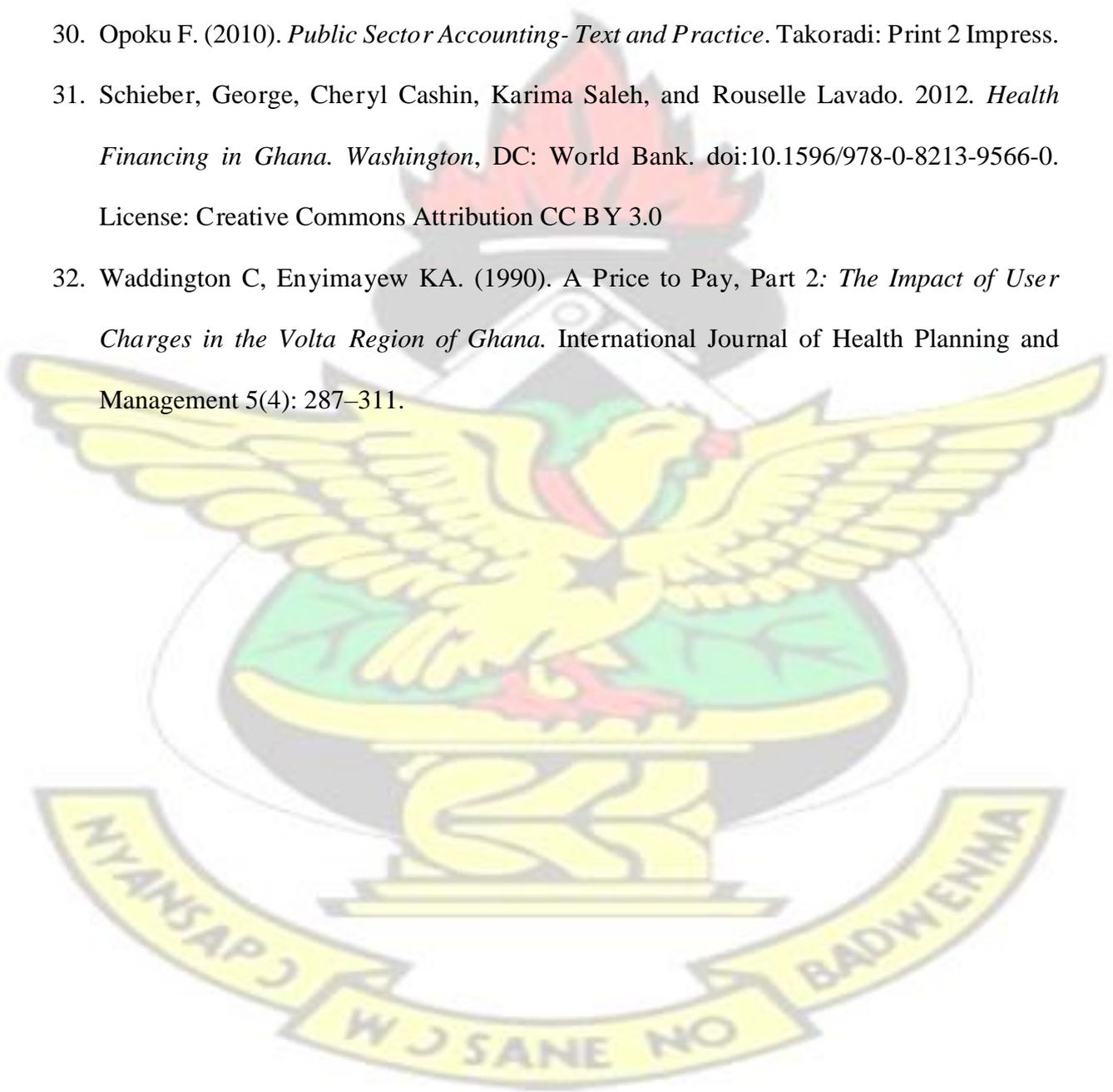
REFERENCES

1. Atim, C., Fleisher, L. K., Hatt, L., Musau, S. and Arur, A. (May, 2008). *Health Financing in Africa Today: Challenges and Opportunities*. Washington, DC: Africa's Health in 2010, Academy for Educational Development, and Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc.
2. Akortsu, M. A. & Abor, P. A. (2011), *Financing public healthcare institutions in Ghana*, *Journal of Health Organization and Management*, Vol. 25(2), pp.128-141.DOI: 10.1108/14777261111134383.
3. Asiedu-Addo, S. (2013) '*NHIA heavily indebted to Cape Coast Hospital; Faces possible closure*', *Graphiconline*, Accra , 18 February. Available at: <https://www.graphic.com.gh/news/health/nhia-heavily-indebted-to-cape-cost-hospital-faces-possible-closure.html> (Accessed: 21 February 2020).
4. Aryee, J.A. (2003) *decentralization for local development in Ghana: (university of Ghana press)*
5. Asare, D. (2015), *Financing Public Hospitals in Ghana. Health Summit*. Accra. GIMPA.
6. Adinkra, J.M. (2014). *Health Care System in Ghana*. Ghana Physicians and Surgeons Foundation of North America. www.ghanaphysicians.org. Accessed on 21/03/2020.
7. Auditor General (2012). Performance audit report of the Auditor General on the management of claims by the National Health Insurance Authority. www.ghaudit.org.
8. Adusei, C. (2017). *Hospital Financing in Rural Ghana: Insight from Practitioners*. *International Journal of Academic Research in Accounting, Finance and Management Sciences* Vol. 7, No.1, January 2017, pp. 138–143
9. Agbeko, R.C. (2019). *The Impact of Internally Generated Funds on Quality Healthcare Delivery In Ghana. A Case Study of Pantang Hospital. A Master Thesis*.

10. Agyepong, A. (2010). *Challenges of Financing Health Care in Ghana: The Case of National Health Insurance Scheme (NHIS)*.
11. Agyepong, I. A. (1999). *Reforming health service delivery at district level in Ghana: the perspective of a District Medical Officer*.
12. Akortsu M. A. and Abor P. A. (2011), *Financing public healthcare institutions in Ghana*, Journal of Health Organization and Management, Vol. 25(2), pp.128-141.DOI: 10.1108/14777261111134383.
13. Amoa, J. (2012). *The Management of the internally generated funds (IGF): The case of Kintampo Hospital*. Available at: <http://ir.knust.edu.gh/xmlui/handle/123456789/2597>
14. Balo, S. K. (2014). *The Generation and Management of Internally Generated Funds in Public Hospitals (A Case Study on Tema General Hospital, Ghana)*, A Master Thesis.
15. Briggs, A. D. M. (2013), How changes to Irish healthcare financing are affecting universal health coverage, Health Policy, Vol. 113(1), pp. 45-49. doi:10.1016/j.healthpol.2013.07.022
16. Baffo Gyasi, G. (2017) 'Ghana's health challenges and the way forward', Ghanaweb, Accra , 26 December 2017. Available at: <https://www.ghanaweb.com/GhanaHomePage/features/Ghana-s-health-challenges-and-the-way-forward-612593> (Accessed: 21 February 2020).
17. Britwum, R.B. (2001), "*Impact of healthcare financing reforms in the Management of Malaria in Ghana*", Department of Community Health, Ghana Medical School, Accra.
18. Blanchet, N. J., Fink, G., & Osei-Akoto, I. (2012). The effect of Ghana's National Health Insurance Scheme on health care utilisation. Ghana Medical Journal, 46 (2), 76-84.
19. Chandran, C. (2004). *Research Methods with Illustrations from Christian Ministries*. Nairobi: Daystar University.

20. Ensor, T., Kruger, J. and Lievens, T. (2009). *Improved Methods for Funding Public Hospitals in South Africa*. Oxford: Oxford Policy Management.
21. Eragbe. (2014). *University education financing in Nigeria: Using Oshodin's strategy to convert intangible to tangible development*. In E. O. Ojeme, & L. I. Salami (Eds.), *Transformational Leadership in the University of Benin*. A publication of the Faculty of Education, University of Benin, Benin City.
22. Githinji, R.K., Mwaniki, M., Kirwa, K.J. & Mutongwa, S.M. (2014). *Information and Communication Technology (ICT) on Revenue Collection by Kenyan Counties*. International Journal of Academic Research in Business and Social Sciences, Vol. 4, No. 11.
23. Kutzin, J. (2001), A descriptive framework for country-level analysis of health care financing arrangements, *Health Policy*, Vol. 56(3), pp. 171-204. doi: 10.1016/S0168-8510(00)00149-4.
24. Kumi-Kyereme, A., & Amo-Adjei, J. (2013). Effects of spatial location and household wealth on health insurance subscription among women in Ghana. *BMC Health Services Research*, 13(221), 1-8.
25. Kazentet, H.M. (2011). *An assessment of internally generated fund and its contribution for district development expenditure: A case of Asutifi District, Ghana*. Master's Thesis. Kwame Nkrumah University of Science and Technology, Kumasi.
26. McGaghie, W. C.; Bordage, G. & Shea, Judy A (2001) *Academic Medicine*- Available:<http://journals.lww.com/academicmedicine/toc/2001/09000>, Volume 76 - Issue 9 - p 923-924
27. Mohammed, A. (2018). *Effect of Internal Control on Revenue Collection in Kintampo Municipal Assembly*. A Master Thesis, University of Cape Coast. Available at: <https://erl.ucc.edu.gh/jspui>

28. National Health Insurance Authority (2013). Annual Report. 2013. National Health Insurance Authority, Ghana.
29. Owusu, V.A. (2015). *Assessing the contributions of internally generated funds in the development Of Metropolitan Assemblies in Ghana: a case study of the Kumasi Metropolitan Assembly (KMA)*.
30. Opoku F. (2010). *Public Sector Accounting- Text and Practice*. Takoradi: Print 2 Impress.
31. Schieber, George, Cheryl Cashin, Karima Saleh, and Rouselle Lavado. 2012. *Health Financing in Ghana*. Washington, DC: World Bank. doi:10.1596/978-0-8213-9566-0. License: Creative Commons Attribution CC BY 3.0
32. Waddington C, Enyimayew KA. (1990). A Price to Pay, Part 2: *The Impact of User Charges in the Volta Region of Ghana*. International Journal of Health Planning and Management 5(4): 287–311.



APPENDIX A

QUESTIONNAIRE

CAPE COAST METROPOLITAN HOSPITAL STAFF

QUESTIONNAIRE TO SOLICIT INFORMATION ON MANAGEMENT OF INTERNALLY GENERATED FUNDS IN PUBLIC HOSPITALS: A CASE STUDY OF THE CAPE COAST METROPOLITAN HOSPITAL

Dear Respondent,

This study aims to examine the contributions of Internally Generated Funds in the development of the Cape Coast Metropolitan Hospital and the challenges posed in revenue mobilization.

This questionnaire seeks to collect data on the main sources of internally generated funds, strategies for revenue mobilization, challenges associated with management of Internally Generated Fund as well as to institute effective and appropriate financial control measures that would improve the management of Internally Generated Fund in the Cape Coast Metropolitan Hospital in the Central Region of Ghana.

Your assistance is kindly being sought to participate by completing this questionnaire as objectively as possible.

Thank you

Kindly respond to all the questions by ticking in the appropriate option in the box provided for each question and write briefly where required. Please note that all information provided shall be used strictly for this study and shall not be disclosed to any third party.

Demographic data

i. Sex

Male

Female

ii. Age group

- 18-25yrs
- 26 – 39yrs
- 40 – 55yrs
- over 55yrs

KNUST

iii. Level of education of respondent:

- SSS/SHS/GBCE/ABCE
- Diploma/HND
- Degree
- Postgraduate
- Professional

iv. What is your Job Position/Title at Cape Coast Metropolitan Hospital?

- Director/Head
- Revenue Administrator
- Accountant/Finance
- Revenue Officer
- Budget Officer
- Cashier

v. Years of working experience in Cape Coast Metropolitan Hospital?

- Less than 1 year
- 1-5years
- 6-10years
- Over 10 years

A. Knowledge on Sources of Internally Generated Funds for Cape Coast Metropolitan Hospital

1. Do you know that Cape Coast Metropolitan Hospital is legally mandated to generate its own funds?

Yes No

2. Does the Hospital have sources for generating funds internally?

Yes No

3. In order of importance, kindly rank the sources of Internally Generated Funds available to the Hospital below by ticking (√) one box only for each serial number.

Serial No.	Sources of Hospital IGF	Rank				
		Very Low	Low	Some what	High	Very High
		1	2	3	4	5
A	Dental/Eye and other related services					
B	Revenue from Hospital space use					
C	Revenue from cafeteria services					
D	Consultation services					
E	NHIS Receipts					
F	Laboratory Services					
G	Out-Patients Department (OPD) services					
H	Revenue from sale of drugs					

B. Strategies adopted for Revenue Mobilization

4. Does the hospital have strategies in place for revenue mobilization?

- Yes No

If Yes, kindly list the strategies Cape Coast Metropolitan Hospital adopts in revenue mobilization.

- i.....
- ii.....
- iii.....
- iv.....
- v.....

C. Challenges associated with Management of Internally Generated Funds

5. As a staff of Cape Coast Metropolitan Hospital, what are some of the challenges encountered in mobilizing Internally Generated Funds?

- i.....
- ii.....
- iii.....
- iv.....
- v.....

D. Effective and appropriate financial control measures to improve the Management of Internally Generated Funds

6. In your view, what are some of the effective and appropriate financial control measures you think can improve the management of Internally Generated Fund in the Cape Coast Metropolitan Hospital?

- i.....
- ii.....
- iii.....
- iv.....
- v.....

KNUST

