ASSESSING SUSTAINABLE FINANCING OPTIONS FOR SOCIAL INTERVENTION PROGRAM: A CASE OF NHIS ADENTAN MUNICIPALITY.

By

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DECLARATION

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

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ABSTRACT

The study focused on assessing innovative ways of generating sustainable financing options for social intervention program: A case of NHIA. In order to arrive at the main aim of the study, the following objectives: to review funding options of the NHIS in Ghana, to investigate the challenges in financing the NHIS, and to identify the sustainable means of financing the NHIS were used. A questionnaire was drafted –and this questionnaire was solely meant for the gathering of primary source of data from the population selected as the Case study.An accurate, relevant, efficient and definite conclusion was made after the data was collected from the respondents to the study. The **s**tudy presented to the respondents closed ended questionnaires to which various questions were being asked for data collection. Well, after the data was collected and analysed, the first thing identified was that, the NHIA owes the Facilities huge amount of money. And of course, the amount of money paid as claims for the pregnant women and indigents outweighs any other persons registered on the Scheme. Also, without any doubt, it was found and therefore concluded that the cost burden in the free registration and claims payment of pregnant women and indigents puts pressure on the Scheme. Hence, the study realized that because of the huge sum of money paid as claims for pregnant women and indigents, the outstanding debts to be paid to the various Schemes increases yearly though some of them are being cleared. Finally, since there is a huge cost of running NHIS, the study gave respondents an opportunity to suggest some of the innovative ways by which funds can be raised to help sustain the operations of the NHIS. Example of this innovative funding options suggested by respondents was Taxing plastic producers on a higher rate. Based on the findings, series of recommendation were suggested; an example of this was geared toward helping the NHIS obtain funds through other means. That is to say, lucrative funding sources must be added to existing ones in order to sustain the operations of the NHIS.

Keywords: Innovative Financing, Social Intervention, Health Insurance

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LIST OF ABBREVIATIONS

AHA	-	American Hospitals Association
ADB	-	African Development Bank
GSS	-	Ghana Statistical Service
NHIA	-	National Health Insurance Authority
NHIS	-	National Health Insurance Scheme
OECD	-	Organisation for Economic Co-operation and Development
UNDP	-	United Nations Development Program
UNESCAP	-	United Nations Economic and Social Commission for Asia and the Pacific
WHO	-	World Health Organisation

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The work is dedicated to my Lord and Master Jesus Christ, who is the alter and finisher of my faith, for without Him I can do nothing. It is by His strength that this work or study has been successful. Also, the work is dedicated to my Mum, Juliet Yaa Atta Owarewa, who was used by God to give me life and all the support I needed in life to make me a better person. My final dedication goes to my entire family, friends, lecturers and colleagues at work.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The world has become a global village. Countries are learning to adapt to new ways of improving upon their various activities. But for a country to successfully improve upon its developmental projects – and engage in sustainable development; there is a great need for funding. Imperatively, funding is one of the major means by which a particular country is able to develop or grow to meet the fast-growing trend of this new age – the technological age. This development is to be seen in every sector of the country. That is, innovative ways of generating funds are to be instituted in the development of sectors in a particular country.

For instance, the American Hospital Association instituted innovative means of funding for patients. And this was done by focusing on the social and economic factors that impacts health related issues. Thus, they identified some of these social and economic factors that affects health: these are unsafe and unstable housing, poor nutrition, unemployment, and violence and trauma – and these factors are what contributes to the overall health related issues which leads to burdensome cost in accessing health care. To address these issues, the American Hospital Association introduced the Medicaid financing for interventions to address these factors. These interventions are meant to address housing, employment, food access and transportation issues of the less privilege in the society (American Hospital Association, 2017).

Notably, ancient methods – or means of funding in this fast-growing world wouldn't be relevant when used independently. This means that, for a country to be able to adapt to this technological age; it must also constantly institute innovative funding strategies that would help in the smooth running of the affairs of the country. According to Barclays and New Philanthropy Capital (2011), there is this great need for countries in eradicating poverty to

institute innovative financing options. It is imperative to note that, these intervention programs are not instituted to get rid of the traditional sources of funding such as government grants and subsidies, credit union among others but rather complement them (Barclays and New Philanthropy Capital , 2011).

According to Bishop and Green (2009), financing intervention program such as social investment had contributed to the growth of countries across the globe. But what is this social investment program? This is a program that motivates and encourages the use of entrepreneurial skills in the venturing of business to promote national development. With this kind of initiative, new actors had burst before the scene using the funds to set up small-medium businesses which promotes national development. It is even a means of employment which eradicates poverty from a particular country (Bishop and Green, 2009).

In addition to the above, a social financing intervention program cannot be discussed without the mention of Philanthropies and donors. It is grounded in studies that donations made in today's world is on an increasing rate – and is another means of funding social related issues (Strandberg, 2006). Hence, donors and Philanthropies had contributed to social intervention programs to aid in the funding of the less privileges in a particular country. For instance, Bill and Melinda Gates are known for their world acclaimed Philanthropical act. In 2012, they gave away $3.4 billion as a donation for funding a social intervention program (Gadaf, 2016).

Imperatively, developing countries or African countries need these innovative ways of generating sustainable funding options in order to grow – and meet the needs of the citizens in the country. Meanwhile, these developing countries are facing serious global financial crises – and poverty is on the rise. Due to this, there is a burden on governments to bring up new initiatives and programs to help reduce poverty – and also fund the activities of the country with no sector left behind. Some of these social intervention programs instituted are

the reduction of tax, modernization of social policies among others (Care and De Lisa, 2019). Poverty is not only the alarming issue that calls for innovative funding for eradication but also high population.

Well, in the quest to solve problems like this; there are some intervention programs instituted to help African countries. In the Review report presented by the Bertha Centre for Social Innovation and Entrepreneurship, intervention programs that fund the Livelihood of African indigenes were mentioned. Some of these were international housing solutions, prodigy finance, access to education funding, access to health, Giftedmom (Water, hygiene and sanitation), M-Kopa Solar for Agriculture, Diaspora funding, Peer to Peer lending, Social fundraising and crowd-funding, renewable energy and clean technology among others (Bertha Foundation , 2012).

Even more, Poverty as a matter of fact is one of the major problems of developing countries across the world. Key features of poverty profile in Sub-Saharan Africa include the fact that poverty in the rural areas is much higher than poverty in the urban areas. The Sustainable Development Goal for poverty reduction sets the targets to a No Poverty by the year 2030. The design and implementation of policies on social intervention by governments is usually meant to help in the efforts to boost growth in the economies and to further raise the standard of living of the people. Most often, these interventions are necessary to bring the people living in abject poverty to a place of survival. It is important that the provision of these benefits, especially, for the poor be properly planned and implemented to ensure its sustainability (UNDP, 2017).

Ghana as a developing country is also impacted by poverty and growth in population. Hence, there is this great need for Ghana to also have an innovative funding intervention programs that would help solve their social problems. In view of this, some intervention programs had

been instituted over the years to help solve these social and economic problems of funding. Just to discuss a few of these, some of these social programs instituted by Ghana were the National Health Insurance Scheme (NHIS), the school feeding program and LEAP – Livelihoods Empowerment Against Poverty. Well, among the African countries however, Ghana have had a success story in eradicating poverty over the years (Sonya and Tamar, 2008).

Even, expectation was that with good governance, Ghana would be able to eradicate poverty by 2015. Despite this, Ghana is still having issues with poverty due to lack of funds, lack of sustainable funding – and poor allocation of funds (Sonya and Tamar, 2008). Thus, this study seeks to investigate innovative and sustainable financing options for a social intervention program: A Case of NHIS Adentan Municipality.

1.2 Problem Statement

For several decades now, both the developed and developing country has geared all effort toward making the Health sector better in the world as a whole. And because of this; National Health Insurance Scheme (NHIS) is given greater attention in the world at large since its inception was meant to provide free but efficient and affordable Health benefits to citizens of a particular country. In other words, the National Health Insurance Scheme (NHIS) seeks to provide services to all especially to the vulnerable and poor in a particular country. However, though this policy is very efficient for the country; there are challenges faced with the funding of its activities (WHO, World Health statistics 2014. Geneva: World Health Organization., 2014).

In Ghana, large differences exist when it comes to accessing public health care with NHIS and accessing health care with a private insurer. Few members of the population enjoy good health care while the unprivileged majority suffer from improper or insufficient health care. Contributing cause to these differences include economic problems associated with

government's inability to allocate enough funds to the health care providers of those enrolled under public health care schemes.

To be more specific, some of the funding issues associated with the NHIS are huge gap between the premium paid and the benefit enjoyed by the insured, funding of claim payment, delay in reimbursement of hospitals, and cash flow system changed because of insufficient funds which also have effect on operations (NHIS, 2016). Based on this, the study seeks to assess innovative and sustainable financing options for a social intervention program: A case of NHIS.

1.3 Research Objectives

1.1 Aim

The study seeks to assess the sustainability of financing social intervention programmes; using the National Health Insurance Scheme as a case study.

1.2 Specific Objectives

The specific objectives are as follows:

1. To review funding options of the NHIS in Ghana.
2. To investigate the challenges in financing the NHIS.
3. To identify sustainable means of financing the NHIS.

1.4 Research Questions

1. What are the sources of funds currently used by NHIS?
2. What are the challenges currently faced by the NHIS in financing its operations?
3. Which sustainable means can the NHIS use in financing its operations?

1.5 Proposed Literature review

For a factual conclusion on the findings of a study, there is a need for the researcher to review literatures related to the study. Thus, for the purpose of this study, the researcher would review theoretical literatures and Empirical literatures in relation to the study. When these literatures are reviewed, the researcher would be able to identify gaps in other study which would be an area to be covered. In view of this, the theoretical and Empirical Literatures to be reviewed by the researchers are as follows:

1. Theoretical Literature (Concept of poverty, concept of Economics, theory of needs and concept of demand).

2. Empirical Literature (Concept of Social intervention programs, social intervention programs in Ghana, overview of NHI and the need for innovative funding for sustainability of NHIS).

1.6 Proposed Research Methodology

The section focused on the method employed by the researcher for a successful study. It comprised of the following; research design, research population, sample size and sampling techniques. It also comprised of the data gathering instruments and data analytic method. Based on the above, the study employed quantitative research design and NHIA as its population. It also deployed the random and cluster sampling technique as its probability sampling techniques and purposive and judgmental sampling technique as its non-probability sampling technique. Finally, the study used a closed ended questionnaire, face to face administering of questionnaire and SPSS and Excel as the analytical tool as well as tables, figures, charts, frequencies and percentages for representation of the analysed data.

1.7 Research Limitation

The study may be limited to the Area of study since there are no or limited information provided on the study as well as limited researchers who have embarked on this study. Many

do not even gear their effort in looking at the gaps in a study such as this in order to be able to draw a definite conclusion to their study. From the few studies embarked upon on this study; only few have raised arguments in relation to this aspect of study selected by the researcher.

Therefore, the study may perhaps lack generalization; however, the study is a needed area to look into even with the challenges that comes with it. Finally, most of the literatures available for this particular study are very few; putting pressure on the researcher. Of course, with dedication and commitment, the researcher believes that even with the few literatures available the study can be embarked upon; reaching a definite conclusion.

1.8 Significance of the Study

Firstly, the importance of the study lies on the fact that it will provide existential information to stakeholders of NHIS and policy makers in the public health care industry of Ghana. The stakeholders of National Health Insurance Authority here refer to government, directors and management of National Health Insurance Authority in Ghana.

Secondly, the study will serve as a guideline for management in their strategic decision on how additional financing can be acquired. That is, the study will help create awareness to the managers of the Scheme or the country as a whole on how the Scheme should be improved based on the pitfalls associated with it. It will equally be a relevant study area for other students or researchers since; it will help provide relevant information or literatures for every study close to this subject.

1.9 Organisation of the Study

This project is on the study of innovative ways of generating sustainable financing options for a social intervention program. Chapter one is the introduction to the study. It covers the research background, research problem statement, research purpose, research questions, research importance, methodology, limitations and study outline. Chapter two covers the

review of an existing literature related to the study. Chapter three represents the methodology. Chapter four covers the Data analysis and Discussion and Chapter five covers the summary of findings, conclusion and Recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The Chapter explores as much as possible both empirical and theoretical literature available that has to do with the area of study chosen by the researcher. It comprises of literature reviews from secondary sources. The review also gives researchers more insight into the topic; as well as, helping avoid duplication of already existing information. The chapter stretches out to everything that concerns innovative funding for social intervention programs.

2.1 Theoretical Literature

The researcher had the theoretical literature focused on the concept of Poverty; since poverty is the reason why most African countries introduce social intervention or protection programs to take care of the less privilege –or rather the vulnerable in our society. Hence, the researcher believes that it would be relevant to discuss the Concept of poverty having much of his focus on the Poverty trends in Ghana that calls for innovative funding of Social intervention programs –or rather social protection program. Thus, under this Poverty Concept, two major theories were used by the researcher: these are the fundamental concept of Economics and theory of need.

2.1.1 Concept of Poverty

When the word poverty pops up, the very first thing that comes to mind is Lack. According to the Concise Oxford Dictionary, Poverty is explained as "the state of being extremely poor or the state of being insufficient in amount". Hence, I believe is okay, when one explains poverty in its simple terms as 'a state of Lack'. Well, according to UNDP (2006), poverty was described as a state where there is insufficient income or resources for an individual to be able to gain access to the basic needs or the fundamental needs that makes life comfortable for every average man. African Development Bank (2005) attests that poverty can be seen as

a state of deprivation where an individual is incapable of living that comfortable life due to lack of basic resources that improves the standard of living.

2.1.2 Concept of Economics to deal with Poverty trends in developing Countries

Why the need for the Concept of Economics? Well, the reason why the researcher reviewed this theory in relation to poverty is very simple. Imperatively, the concept of Economics is to deal with the management of insufficient resources. In order words, Economics deals with how people manage their scarce resources to satisfy as many wants as possible, i.e. economics deals with maximizing scarce resources (Wilson, 2008). As we can see in the definition, the word scarce and insufficient are 'siblings' –and that is why the Concept is relevant for the discussion of the concept of poverty that opens door to the funding of social intervention or protection programs –to protect the vulnerable or less privilege in our society.

Lionel Robins, an Economics and Management scholar believes that Economics is a "science which studies human behaviour as a relationship between ends and scarce means which has alternative uses". That simply means, the primary purpose of Economics is finding alternative ways or solution to the problem of Scarcity – or rather manage the scarce resources in its appropriate manner; satisfying the needs of persons involved. The definition explains that our resources are scarce in relation to our numerous wants and needs and as such there is a need to choose between wants in accordance with our scale of preference (Wilson, 2008).

Well, the scale of preference simply demands that individuals, organisations or institutions should arrange the needs in order of importance or priority – and satisfying them one after the other. Clearly, this is the situation faced by many developing countries that have a trend of poverty; many fails to check the list to find the needs most relevant for the poor. Even when they do, approaches to dealing with these becomes a challenge. I believe, the Economics

concept is simply saying that what we have to do to deal with poverty, insufficiency or scarcity is to make sure that the best approaches are adopted to manage the scarce resources; thereby satisfying the needs of everyone – most especially the poor or vulnerable.

It must be understood that most of the developing countries have a trend of poverty either because of less resources or no resources. And instead of proper management of this resources; many of the developing countries tend to mismanage the resources. This is why many suffer poverty. Hence, Economics comes in to advice that the scarce resources should be managed properly in order to satisfy the basic or fundamental needs of everyone. Notably, scarcity which is basic or fundamental economic problem faced by countries and its effects are reasons why there is a need for proper management or looking out for innovative funding ways that would help sustain intervention programs meant to help the poor, or provide solution to the problems faced by many in the provision of their basic needs (GSS, Ghana Statistical Service Census, 2010)

In Ghana, poverty trends are been documented over the years. Reports presented by the Ghana Living Standard Survey reports in recent times shows the various trends of poverty in this part of the world. These reports were presented on [1998/1999], [2005/2006], and [2012/2013], and all had a clear representations of poverty trends. Amazingly, out of the entire 24,657,823 population in the Ghana 2010 population Census report (GSS, Ghana Statistical Service Census, 2010) documented, about 6.4 million people were poor (GSS, Ghana Living Standard Survey Report 6, 2014). It is imperative however to note that this was as a result of an economic issue.

Most of the citizens were deprived of a ‘share in the resources’ of the country used to provide some of the basic needs a citizen is entitled to –this clearly was a mismanagement issue (Azugah, 2016). A more reason why we need the Economics concept which suggests that the

unlimited resources should be managed well. And I believe in so doing the poor can also have their needs provided for from the scarce resource available to the country.

Worth noting however, that the government or country alone is not to be blamed for the trends in poverty in the country, Ghana, albeit they are solely responsible for the mismanagement of the scarce resources of the country depriving the many which leads to high growth in poverty. Now, who else should be blamed? I believe, most of the citizens are also poor because of the rapid growth in population – birth rate is on the rise each day (Ministry of Gender, Children and Social Protection, 2014).

Notably, this rapid population growth leads to increase in labour force, enlarged market size, high dependency ratio, increase in unemployment, fall in the standard of living, High cost of living, Urban congestion and Low savings and investment. When this happens, poverty grows –and the government then finds it difficult to provide for all the needs of every citizen. The Concept of Economics provides solution or measures to control high population which would also help reduce poverty; these are sex education, family planning, mass literacy and provision of family planning clinics. And if this must be successful, there must be social intervention or protection programs to make it possible but funds become a hindrance. Hence, the need to find innovative ways of funding the social protection programs that eradicates poverty – and protects the less privilege.

2.1.3 Theory of needs – the needs of the poor or vulnerable

Why social protection or intervention program? It is to eradicate poverty. Hence, the theory of needs is very important since it looks at the needs of an individual. As discussed above, a person is referred to as poor only when he/she is not able to provide his/her needs – and this is where the government comes in to use the scarce resources effectively and efficiently to

provide their needs – the need for the social intervention program. Thus, knowing the unsatisfied needs that render one as poor is very relevant.

What is the theory of needs? The theory of needs is briefly known as psychological examination of the needs of an individual. One of the most popular theory of human motivation is the Abraham Maslow's theory of needs. This theory of needs was proposed by Abraham Maslow in his paper delivered in 1943. He further extended the idea after observing the human beings – and the way we behave in the society. Abraham Maslow believes that there are five stages by which the needs of an individual can be satisfied. He believed that when these needs are satisfied, the individual gets satisfied (Maslow, 1954).

And this is very important to the field of study. The study is about social intervention programs which are apparently introduced to eradicate poverty – or protect the vulnerable and less privilege in the society. Thus, this theory is just meant to birth out the most basic needs of the poor and vulnerable in the society so that the social intervention programs can be able to satisfy those needs. What are these needs? According to Abraham Maslow, the need of an individual that requires satisfaction follows five stages.

The stages are physiological, safety, Love/belonging, Esteem and Self-actualization needs. To Abraham Maslow, the most basic needs are the physiological needs which are concerned with food, shelter, clothing, water, air, etc.). And these are the needs that are most pressing when it comes to the satisfying of the needs of the poor. That means, to eradicate poverty, the physiological needs are the ones that need to be handled first.

Note, however, the Safety needs (security, safety) are also important needs of the poor that needs to be satisfied. This is why; there is a need for social intervention programs – programs to help eradicate poverty by satisfying the physiological and safety needs. Abraham Maslow believes that when the needs of the first stage (Physiological needs) and second stage (Safety

needs) are been satisfied – the rest of the needs follows with perseverance, dedication and commitment (Maslow, 1954).

2.1.4 Concept of Demand – the Demand for Social intervention programs

Demand alludes to how much quantity of product or service is desired by buyers. That means the quantity demanded is the value of product or service people are ready, eager or prepared to purchase at a specified price; the relationship between price and quantity demanded is known as the demand relationship. According to Whelan and Msefer (1996), demand is the rate at which clients want to patronize a particular product or service. The economic theory reserve that demand consist of two factors: *taste and ability to buy*.

The taste is the request made by the consumer on the preferred product or service. It determines the willingness of the client to patronize a specific service or product at the price structure put in place by the organization providing the service or product. Well, the ability to patronize a particular service or product means that every client must have sufficient wealth or income possessed for the patronage of the service or product (Whelan and Msefer, 1996).

Based on the above, the researcher believes that when it comes to eradicating poverty, there is a great demand by the citizens or the vulnerable for these social intervention programs. Currently, Ghana has some social intervention programs which was as a result of the demand made by reports that shows trend in poverty for the country Ghana. Well, the ability to patronize this particular service; the social intervention program means that the country must have sufficient wealth or funds to possess or satisfy the demand made due to poverty. This is why the study seeks to find innovative ways by which this social intervention programs which came into the scene as a result of demand placed by poverty will be funded – and sustained.

2.2 Empirical Literature

In this section of the study, the researcher seeks to review shreds of literature works done in relation to the various social intervention programs. This would demand that the researcher discuss the meaning of social intervention programs and most especially, the social intervention programs instituted or introduced in Ghana for poverty alleviation.

2.2.1 Social Intervention

The social intervention programs are very important in the first place because they help cater for the needs of the poor as mentioned earlier. The Concept is generally embraced by most developing countries in the quest to completely kick out poverty from the lives of citizens. For instance, the United Nations Development program is set out to eradicate poverty by 2030. This vision is meant to help bring those in abject poverty close to a place of survival (UNDP, 2017). Notably, these programs are been introduced by the government – and other notable NGO's who can be able to help in supporting the poor.

It is important to note that the Concept of Social intervention is meant to manage economic and environmental shocks. In a study embarked by Bolton (2017) on the Topic, "innovative financing methods for social protection", she stated that "financing for social protection often comes from government funds. Any way of expanding fiscal space could therefore be useful with the political will for prioritisation" (Bolton, 2017).

Imperatively, one of the wings of social intervention program is to fund the needs of the less privilege, the poor – or the vulnerable in our society. And it may interest you to know that this had been in existence for long – taking different forms. For instance, Philanthropical acts of generosity in the society are one of the social intervention programs. This therefore means that not only the government is allowed to provide support to the poor in order to alleviate poverty but those who are capable to render help to the government by extending helping hands are also allowed – or encouraged to do so.

The NGO's (Non-governmental organisations) in our society are also encouraged to provide this service – and I believe we have seen some few philanthropists that have engaged in this act of providing help to the poor – or the vulnerable. The individual citizens that also aid in supporting this social intervention programs are spread across the globe (Gadaf, 2016). To mention a few, Bill Gates, Melinda Gates, and Dr. Osei Kwame Despite are some of the philanthropists we have in the world today.

In addition to the above, there is one of the social intervention activities that dates back to the ancient days – and still in operation today. A popular one is referred to as social finance. What then is social finance in this regard? Well, the term social finance is a modern concept but as mentioned earlier the concept dates back to earlier days. The concept were actually used by the Islamic financial System or the holy order created by poor Fellow Soldiers of Christ and of the Temple of Solomon founded in the crucible of the Crusades in 1119 (Review, 2012). In the European countries; for example, during the 1950s and the early 1970s, France invested a lot in social housing. It may interest you to know that this social housing is a social intervention program (Lehner).

During this period, the Keynesian approach introduced by the Economist was used to determine the welfare of individuals and the support that is to be rendered to them. According to Howard (2012), this social intervention program as of that time incorporates several other socially oriented financial activities: impact activities (both financial and social returns expected after investment), social banking (social enterprises receiving investment deposits), Charitable banking (banking that focuses on the needs of the poor), financial inclusion for the less privilege, crowd funding platforms for funding social ventures (Howard, 2012).

Grounded in shreds of literatures; the social intervention programs are also seen as social protection programs. Well, your guess is as good as mine; for it is referred to as a social

protection program simply because it has the same aim and objectives. And that is to protect the vulnerable, help provide the needs of the poor – and possibly kick out poverty in the lives of the many citizens that are suffering from abject poverty in the world. In order words, these programs bring the victims to a place of survival.

In Azungah (2016) study on the Topic, "Social protection Strategies and Poverty Reduction in Northern Ghana; A beneficiaries' perspective of LEAP in Kumbungu District", he stated that, the salient objectives of the social protection programs are pointed out in the United Nation's Universal Declaration on Human Rights (1948) Law, in Articles 22, 23.3 and 25. For the United Nation's Universal Declaration of Human Rights, the social protection or intervention programs are Human Rights entitlement. And the following instruments were their guide to social protection program:

- The Universal Declaration on Human Rights (1948);
- The UN Convention on the Elimination of All forms of Discrimination Against Women
- The UN Convention on the Rights of the Child (1989)

Different instruments have also been adopted locally, which are:

- Social Security Law, 1991 (PNDC Law 247)
- The Children's Act, 1998, (Act 560);
- Labour Law, 2005
- Persons Living with Disability (Act 715)
- The Draft National Ageing Policy (2003)
- National HIV/AIDS Policy (2002
- Gender and Children's Policy (2003).

Clearly, social intervention or protection program are there to protect the right to good health care, employment, etc. of citizens who find themselves in a particular geographical location. Thus, it was important for the researcher to know what the social intervention programs are all about. Having reviewed the above shreds of literature, it is clear to the researcher that the social intervention programs are also Human Right entitlement that is to be enjoyed by the less privilege, the vulnerable, the poor – and even those who are not in abject poverty; though it was basically instituted to help the poor.

2.2.2 Social Intervention Program in Ghana

Perhaps, most people would believe that the Social intervention program took form in Ghana just recently but it is imperative for us to note that this is not the case. When we talk about the Social intervention programs, we find it root in Ghana as of the time Ghana gained independence. After Ghana gained independence from 6th March, 1957, the government intervened in the social lives of citizens through the provision of accessible and affordable, however quality health care services for all. This was the very first social intervention program that was instituted by the government but due to budgetary constraints the government could not achieve this – and that led to the 'cash and carry' system – the pay as you go system (Azugah, 2016).

As the years go by the government of Ghana continually institutes new social intervention programs to protect the poorest citizens in the country – and even those who do not fall under this class. In a study embarked upon by Schrofer and Sultan (2008) on the Topic, 'building Support to have Targeted Social Protection Interventions for the Poorest – The Case of Ghana', they buttressed the above saying that indeed there have been patterns of Social intervention programs introduced by the government of Ghana to help and protect the less privilege – most especially the poor.

Well, in the African continent Ghana is seen as one of the countries that progressively have a success story in development since it has a steady economic growth – and with good governance can halve poverty in 2015 (Sultan and Schrofer, 2008). Well, according to Ghanaians however, the expectation of Sultan and Schrofer (2008) is not what we see today. Many citizens claimed that they can barely notice the country. In fact, Sultan and Schrofer kind of agree with what the Ghanaian citizens are saying about the struggles in the country due to bad governance. They said, despite the fact that Ghana is the shining star among the African countries when it comes to development, they are still having 28% of the citizens poor, 18% in abject poverty (unable to meet their basic nutritional requirements). Thus, out of the 100% of Ghanaian citizens, a total of 46% are barely surviving due to poor governance which had led to poverty.

Well, albeit the country had not fully halved the poverty which was expected to be achieved in 2015, there is no doubt however that the government of Ghana have been consistent in instituting several social intervention programs to aid the poor and vulnerable. Again, in the study embarked by Azugah (2016) study on the Topic, "Social protection Strategies and Poverty Reduction in Northern Ghana; A beneficiaries' Perspective of LEAP in Kumbungu District", he listed the chronology of Social Intervention or Protection Programs in Ghana.

It is found in his study that, the chronology of the Social intervention program dates back to the 1957, the period of free health care which was not achievable because of budgetary constraints. This free health care because of the stumbling block which is the budgetary constraints became the 'pay as you go' service as mentioned earlier. From this period, new social intervention program had burst before the scene to help all citizens; most especially the poor and the vulnerable in Ghana.

According to Abebrese (2011) who studied on the Topic, 'Social protection in Ghana. An Overview of Existing programs and their prospects and challenges', below are the chronology of the social intervention programs after the 1957's free health care for all social intervention program:

- The Social Security Act of 1965 which provides Fund Scheme, lump sum payment for Old age, invalidity and survivor's benefit.
- The Social Security Law of 1991 Which Converts Provident Fund Scheme into Pension Scheme (SSNIT).
- Ghana Poverty Reduction Strategy I. (2002-2005) which was implemented to help achieve the Millennium Development Goals.
- National Health Insurance Authority (NHIA) 2003 which was introduced to provide health insurance support.
- The Ghana School Feeding Program (GSFP) 2005 which provides a meal for school children.
- Ghana Poverty Reduction Strategy II. (2006-2009) which is centered on making Ghana a middle-income country
- National Social Protection Strategy (NSPS) 2007. A policy document which comprises of several protection programs instituted.
- The Livelihood Empowerment against Poverty (LEAP) 2008: it focuses on helping the vulnerable persons by providing social cash transfers and free health insurance membership.

Conclusively, the above is the chronology of social intervention programs in Ghana which dated till 2008. But in recent times there are some other social intervention program instituted by the government of Ghana. The most recent one that is known to Ghanaians is the free SHS

education policy enacted by the leader of the current government in the person of His Excellency Nana Akuffo Addo in September 2017. This social intervention program is meant to provide free education for qualified students that seek to further their education in the Senior High level. The package includes free tuition, free textbooks, and uniforms among others – totally free is the word. For the purpose of this study however, the researcher would like to narrow the literature review to the Case Study which is the National Health Insurance Authority (NHIA).

2.2.3 Overview of NHIS (National Health Insurance Scheme) as a Social Intervention Program

According to researchers, Germany was the first to make the health insurance service national. In other words, the inception of national Health insurance (NHI) service started with the Germans. It was introduced by a German Chancellor; in the person of Prince Otto Von Bismarck. He gave out a proposal on a compulsory sickness insurance law in 1883 which was approved and had its funding from a state subsidy (Aaron, 2005). In Japan for instance, they started with the mutual aid services termed as Jyorei from designated societies in1835 but was fully developed into national health insurance (NHI) after it was enacted as a law in 1922 (Ministry of Health, 2010).

In Africa however, most of the countries are experimenting different types of approach to making the NHI policy work and also more beneficial to citizens in the country. This of course has not been easy for them. In the first place, embracing the policy and enacting it into the country's law is the challenging aspect because most of the countries feel reluctant based on the demands to be met on this policy especially payment of claims for the free registrants to this policy. In most cases, this policy covers the free registration of pregnant women and also indigents as well as the payment of claims when they enjoy any healthcare benefits on the policy (Arpoh-Baah, 2010).

Well, in Ghana however, before the NHIA was introduced in 2003 and fully embraced in 2005; the country started with the Mutual Health Insurance in the 1990s. This Mutual Health scheme was placed in the hands of designated group called the Mutual Health organization (MHO). Then in 2000, the New Patriotic Party (NPP) came with the election promise of bringing the National Health Insurance Scheme into existence in other to get rid of the 'cash and carry' system before a citizen enjoys health care at the Health facilities. Thus, this led to the establishment of the National Health Insurance Act, 2003 (650) and this was geared toward providing financial access to quality health care for residents in Ghana; most especially for the poor and vulnerable.

2.2.4 The need for innovative funding for sustainability of NHIA

In continual pursuit for innovative funding, developing countries have had several innovative funding options introduced over the years. In other words, innovative ways of raising funds have been developed by developing countries over the years. For instance, 20 years after the World War II, a foreign capital for developing counties was developed, referred to as ODA. Another funding option was/is the FDI (Foreign direct investment). Recent innovative funding options however are Development Corporation for Israel (DCI) and the state Bank of India (SBI), GDP-indexed bonds among others (World Bank, 2009).

According to UNESCAP (2016), social intervention programs are mostly funded using funds from the government. This is more reason why there is a need for innovative funding options to help sustain social interventions programs instituted (UNESCAP, 2016). And this is the reason for the study. Imperatively, NHIA which is the profile Case study can be sustained only when new innovative funding options are identified. The question then is, what are the sources of funding available for the NHIA?

Reports shows that the Scheme was put in place to have five main sources of funding or sources that helps in the accumulation of funds for their operations. These sources of funds as designed by the Scheme in raising or in accumulation of funds are 2.5% of National Health Insurance Levy (NHIL); which is collected under the Value Added Tax (VAT), 2.5% social security deductions from the formal sector workers managed by the Social Security and National Insurance Trust (SSNIT), Government of Ghana annual budgetary allocations proposed and approved by parliament to the NHIF, accruals from investments of surplus funds held in the NHIF by the National Health Insurance Council (NHIC) and grants, gifts and donations made to the NHIF (NHIA, 2012).

NHIS also receives voluntary contribution from subscribers to help in making the Scheme achieve its goal and objectives of establishment. The contributions are also seen as the premiums paid before an individual is signed on as a member. That means when an individual wish to be signed on as a member on NHIS; he/she pays a voluntary amount of money as premium if he/she is 18 years and above. These contributions are retained at the district level for claims payment and administrative support at that level. Thus, it means that the claim payment is paid by the district using the voluntary premiums received (Asante, F.A., Arhinful, D.K., Fenny, A.P. & Kusi, A.. (n.d.)

The above is just the sources of funds for the sustenance of the NHIS – and there have been several arguments on the fact that the NHIA is dying due to lack of funds for the payment of claims when the subscriber goes to the health care facility to receive health-care (Arpoh-Baah, 2011). Even more, well, WHO (2000) also believes that indeed the financial sustainability of NHI can be made stable, efficient and effective based on the contributions made by the government as a contribution to support internally generated funds WHO, (2000), World Health Organisation. World Health Statistics 2014.

Arpoh-Baah then concluded his study on this premise, saying that all the sources of funds received by NHIS in payment of claims are of great importance, however not enough. Thus, it is imperative for NHIS to find other alternative methods of funding for the payment of claims. Well, Arpoh-Baah is very right about what he suggested. If NHIA must be sustained then it must look for other funding options that would support the already existing funding options been used by the government.

According to Ortiz, Cummins and Karunanethy (2015) which was cited by Bolton (2017), they believe that the government can increase social investment by reallocating public expenditures, increasing tax revenues, expanding social security coverage and contributory revenues among others. Innovative financing options is very important, otherwise it would be difficult to sustain social intervention or protection programs.

For instance, in Asia, they realized the need for looking out for other financing options to sustain their social protection in developing Asia. These options for generating fiscal space included realizing efficiency gain in managing provident and pension Fund organisations, innovations in design, and enhanced policy coordination and coherence and finally generating budgetary resources from conventional and unconventional sources (Asher, M. G., and Bali, A., S., 2014).

In extending Ortiz, Cummins and Karunanethy (2015) suggested funding options, they believe that even the poorest countries can sustain social intervention programs with these options. They gave eight list of this funding options which were endorsed by the policy statements of the United Nations and international financial insitutions. These were: re-allocating public expenditures, increasing tax revenues, expanding social security coverage and contributory revenues, lobbying for aid and transfers, eliminating illicit financial flows,

using fiscal and central foreign exchange reserves, borrowing or restricting existing debt and adopting a more accommodating framework (Ortiz, I., Cummins, M. and Karunanethy, K., 2015)

Well, NHIA have had this challenge of sustainability over the years due to unavailability of funds to pay claims among others like mentioned earlier. In view of this, I believe there is indeed a need for innovative financing options to sustain the NHIA operations.

2.2.5 Challenges in Social intervention Program

In a study embarked upon by Korankye (2013) on the Topic, "Challenges of financing Health Care in Ghana: A case of National Health Insurance Scheme (NHIS)", he found some challenges that is very important to this study. Apparently, the study is concerned with how social intervention programs can be sustained by getting other funding options suitable. Well, since the Case study for the subject for the Study is the National Health Insurance, Korankye's study becomes a very relevant source document.

The study used a total of 250 respondents and the instrument for the data collection was a closed ended questionnaire. In the quest to find the challenges faced by NHIS in funding, Korankye (2013) observed that the major funding challenges faced by the NHIS are inadequate funding sources, and insufficient premium. And this is because the highest percentage of the respondents was of the view above. Even more, the researcher's study showed that the situation of high unemployment in Ghana have been a factor that makes it difficult for the Government of Ghana to fund NHIS. Why? The reason has been that most of the citizens are poor. Hence, only few are paying a premium which is the main source of funding for the NHIS (Korankye, 2013).

In a report on a Case study submitted by Alliance for Financial Inclusion (2018) on the Topic, "Agriculture Finance intervention in Ghana"; the reporters observed that the major problem with Social intervention programs in developing countries is the financing of the intervention programs instituted. However, in AFI (2018) studies, they found that in relation to the Agriculture intervention program in Ghana, less cost-effectiveness and poor ownership is a major challenged faced with Agriculture intervention programs. Even more, they attested that Intervention programs in general are also not properly harmonized and coordinated. Hence, this pose a challenge on the initiators on how to sustain the intervention program instituted at any point in time (Alliance for Financial Inclusion -AFI, 2018).

In another study embarked upon by Azugah (2016) on the Topic, "Social Protection Strategies and Poverty reduction in the Northern Ghana: A Beneficiaries' Perspective of LEAP in Kumbungu District", the researcher identified some challenges faced and this challenges were concerned with the beneficiaries having access to a social intervention program introduced in Ghana to help eradicate poverty or at least bring the people to a place of survival. It is imperative to note that all this while the above literatures discussed challenges faced with the sustenance of the social intervention program but this time, this researcher discussed challenges concerned with gaining access to the intervention program introduced by beneficiaries.

The researcher observed that funding is not the only challenge with social intervention programs but also the challenge of the beneficiaries having access to the program introduced for their well-being. The study revealed that the major challenges associated with the intervention program: LEAP was that the distance for the collection of the funds to support the poor was very far, time interval for disbursement was also a challenge, and finally the cash given out or the LEAP cash wasn't enough to be able to 'boost 'up the livelihood of the

beneficiaries to the intervention program introduced at the Northern part of Ghana (Azugah, 2016).

In addition to the above, an article by OECD (2018) geared "towards investment and financing for suitable tourism" revealed some challenges. According to this article, the challenges faced with the sustainability of intervention program is unavailability of funds for the funding of large projects such as hotels, resorts among others for tourism, also small projects presents challenges linked with their size which may require public intervention, and failure to account for the impact of projects or intervention programs on the environment, etc. (OECD, 2018). In conclusion we can say that, the major challenge faced with social intervention programs is unavailability of funds to sustain the program since almost all the literatures reviewed above attests to the same thing. It means that introducers of social intervention programs are to find other relevant means through which these programs can be maintained.

How relevant is this to the study? Well, these shreds of literatures are very relevant to the study because it helps the researcher to know the kind of challenges faced for the sustenance of these social intervention programs. This means that, after the study, the finding will either support or add up to the findings of the shreds of literatures reviewed. Even more, it is possible that the researcher may have a whole different finding on challenges to social intervention.

2.2.6 The funding options of NHIS (National Health Insurance Scheme)

Reports shows that the Scheme was put in place to have five main sources of funding or sources that helps in the accumulation of funds for their operations. These sources of funds as designed by the Scheme in raising or in accumulation of funds are 2.5% of National Health Insurance Levy (NHIL); which is collected under the Value Added Tax (VAT), 2.5% social

security deductions from the formal sector workers managed by the Social Security and National Insurance Trust (SSNIT), Government of Ghana annual budgetary allocations proposed and approved by parliament to the NHIF, accruals from investments of surplus funds held in the NHIF by the National Health Insurance Council (NHIC) and grants, gifts and donations made to the NHIF (NHIS Annual Report, 2005).

In addition to the above, NHIS also receives voluntary contribution from subscribers to help in making the Scheme achieve its goal and objectives of establishment. In other words, many subscribers to the Policy contribute their quota to the funding of the Scheme by making voluntary contributions to the Scheme. The contributions are also seen as the premiums paid before an individual is signed on as a member. That means when an individual wish to be signed on as a member on NHIS; he/she pays a voluntary amount of money as premium if he/she is 18 years and above. These contributions are retained at the district level for claims payment and administrative support at that level. Thus, it means that the claim payment is paid by the district using the voluntary premiums received (Asante et. al., 2014).

Thus, this literature review is relevant to the researcher and the study because it makes the researcher know the means of funding use for the payment of claims at the health centres. Also, after the study the researcher has the opportunity to probably recommend other means of funding or strategy for the funding of the claims if it is found that claim payment places a huge burden on the Scheme. Again, this literature will make the study focus on other sources of funds for the general administration of the Scheme.

2.2.7 Challenges in funding the NHIS operations

For several decades now, both the developed and developing country have geared all effort toward making the Health sector a better one in the world as a whole. And because of this;

National Health Insurance Scheme (NHIS) is given greater attention in the world at large since its inception was meant to provide free but efficient and affordable Health benefits to citizens of a particular country. In other words, the National Health Insurance Scheme (NHIS) seeks to provide services to all especially to the vulnerable and poor in a particular country. However, though this policy is very efficient for the country; there are challenges faced with it.

According to researches done on the subject; the major problem faced by the National Health Insurance Scheme (NHIS) is the payments of claims and the burden it has on the Scheme. In other words; it has been asserted that the major cost driver is the claims that are supposed to be paid at the health facilities by each Scheme. Well, based on the great demand on this Scheme in the payment of claims, the policy is sometimes addressed as irrelevant by citizens when they are probably made to pay for a particular service rendered at the health sector (NHIA, Annual Report 2010).

In 2009, NHIS claim payment covered about 85% of the country's total expenditure. It was recorded that, claim payment shifted from GH¢ 7.60 million in 2005 to GH¢ 35.48 million in 2006. From 2006, payment shifted to GH¢ 79.26 million in 2007 and again shifted from the 2007's figure to GH¢ 198.11 million in 2008 (NHIA, Annual Report 2009). Annual reports showed that it continued to increase from 2008 and till date, there is still a tremendous increase in the claim payment (NHIA, Annual Report 2016).

Furthermore, many customers even feel reluctant to pay the premium which is the only means through which the NHIS generate funds internally. It means therefore that, the clients from time to time may ask for reduction in the premium levy that is to be paid by the clients that falls in the informal category (Arpoh-Baah, 2011). Asante et. al. (2014) attested that

many poor communities, paying for a year of health insurance in one ungainly sum may be cost-preventive and make families less confident in enrolling on the Scheme.

Asante et. al. (2014) again argued that claims are paid by the district using the voluntary premiums received. However, many poor communities, paying for the health insurance have big issues with the premium's that are being charged and that makes it difficult for many people or families to enrol on the Scheme. Arpoh-Baah (2011) on the other hand declares the importance of the government in contributing to the financial sustainability in the means of funding for NHIS. And this is because clients feel reluctant in paying the premiums.

Even more, attestation from WHO (2000) supported the argument of Arpoh-Baah on the fact that the financial sustainability of NHIS is made stable, efficient and effective based on the contributions made by the government as a contribution to support internally generated funds. In conclusion, all the sources of funds received by NHIS in payment of claims are of great importance, however not enough. Thus, it is imperative for NHIS to find other alternative methods of funding for the payment of claims.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

To arrive at a definite analytical conclusion, a research work must have a well-structured method or layout toward the accomplishment of the objectives or aims of the study. Hence, the purpose for this Chapter. The Chapter therefore discussed the following; research design, research population, sample size and sampling techniques that is used in the study. It also explains the data gathering instruments and data analysis. Finally, it also gives a brief summary on the organizational profile.

3.2 Research Strategy

As research strategy, the researcher chose to conduct a case study. According to Yin (1994), case research is particularly useful when the phenomenon of interest is of a broad and complex nature and hence is best studied within the context in which it occurs. Imperatively, a case study has a distinct advantage as research method when a how or why question is being asked about a contemporary set of events over which the investigator has little or no control.

Based on the argument of Yin (1994), the researcher found the case study as a relevant strategy to be selected for the purpose of this study. In fact, the case study is a relevant strategy for this thesis because it helps in conducting a more robust study which provides more compelling evidence from data collected and adds validity to the findings. This study therefore relied on a single case study.

3.3 Research Design

In every study, it is very important for the basic method which is the research design to be discussed by the researcher. In view of this, the researcher selected a particular research design which aided him in arriving at the aims spelt out before the study was embarked upon. Mostly, there are two main approaches used by researchers, and these approaches are

quantitative and qualitative research approach. It is imperative for us to grasp that both have their strength and weaknesses. Hence, one cannot settle on one as the best approach to be used by a researcher. Thus, depending on the kind of study embarked by a researcher, the researcher can choose any of these approaches that can best bring him/her to the desirable results (Yin, 1994).

Just to discuss both briefly, the qualitative research design is softer and explores why people act or think the way they do and it is most effective when open ended, as in focused groups or in-depth interviews. It is also mostly preferred by researchers embarking on studies concerned with the behavioural-orientation of a particular group. In Contrast, the quantitative research which is also referred to as survey implies the search for knowledge that will measure, describe and explain the phenomena of our reality (Yin, 1994). And this is the kind of approach the researcher chose for the purpose of this study.

This approach was chosen by the researcher because of its ability to formalize and well structure the findings or results to the study in a manner presentable for easy understanding when read by any individual. It is usually associated with the natural science model of research. Most of all, this approach makes data quantitative since it is obtained from samples and observation seeking for relationship and patterns that can be expressed in numbers than words. Finally, it helps get rid of biasness in study – and this is one of the major reasons for the selection of this approach; for the study seeks to have all respondents fairly represented.

3.4 Population

The study cannot be able to arrive at its aim without respondents contributing to the study. Hence, it is imperative for the researcher to have a population from which he can be able to extract the sample frame and size for the study (Graziano and Raulin, 2012). In view of this, the researcher chose NHIS at the Adentan Municipality and five Hospital facilities around

Adentan and Madina. This was because respondents could be easily accessed at this catchment area chosen for the study.

3.5 Sample frame and size

In first place, albeit information can be easily accessed from the population, not all the people found at that catchment area can respond to the study. In fact, it is very difficult studying the entire population that is the Hospital Facilities and NHIA at the Madina-Adentan Municipality. It is therefore imperative for the researcher to resort to sampling so that inference can be made about the large population after the study. What is a Sample in this case? A sample is a set of research subjects chosen from the sample frame, or in an alternative fashion, to represent the whole studies population (Salkind, 2013).

However, since the selection is not just done anyhow, the researcher used a calculative mechanism to have its number of respondents to the study appropriately selected. To determine the Sample frame and size, the researcher used the formulae; $N=\frac{Z^2 S.D^2}{E^2}$, where N is the sample size, Z, the Z-score, S.D as the standard deviation and E as the Error rate. Thus, the researcher because of the large population assumed that Z=1.96, S.D = 15.8 and E=4.

Therefore $N=\frac{1.96^2 15.8^2}{4^2}$ = 59.938564 ≈ 60 (whole number).

Based on the above, it means therefore that the total sample size for the study was 60 respondents. And these 60 respondents include respondents from the Scheme, the Subscribers at the Scheme and the workers at the Hospital facilities accepting the NHIS card. For equality and fairness in representation of the respondents, the researcher had 20 respondents each from the Hospital facilities, Schemes and Subscribers at the Scheme respectively. Thus, these were represented below in Table 3.1, 3.2 and 3.3:

Table 3.1: Respondents from the Scheme

Department	Male	Female	Total
MIS and Account Department	5	5	10
PR/ADMIN. Department	5	5	10
Total	**10**	**10**	**20**

Table 3.2: Respondents from the Facilities

Department	Male	Female	Total
Motherlove Hospital	2	2	4
Oyoko Clinic	2	2	4
Pantang Hospital	2	2	4
Adentan Clinic	2	2	4
Pentecost Hospital	2	2	4
Total	**10**	**10**	**20**

Table 3.3: Respondents from the Subscribers at the Scheme

Types of Subscribers	Male	Female	Total
SSNIT Contributors and Informal	5	5	10
Indigents and Pregnant Women	5	5	10
Total	**10**	**10**	**20**

Looking at the Tables above, it is clear that all respondents were fairly represented. Even more, males and females were all fairly represented by the researcher. Thus, the sample size comprised of 30 males and 30 females and 20 each of respondents from the Scheme, facilities and subscribers. All these give us a sum total of 60 respondents which was calculated by the researcher above.

3.6 Sampling technique

The study used a cluster sampling technique. In view of this, the study had three major clusters. Cluster is a group of similar things or people positioned or occurring closely

together. These are respondents from the Scheme, the Hospital or Facilities and Subscribers at the Scheme. Well, the researcher clustered the stakeholders to NHIS below:

Step 1

- Cluster 1: this comprised of subscribers/beneficiaries of the Scheme as one group of respondents to the study.
- The second cluster comprised of the Health centers or facilities that have a stake in NHIS.
- And the final cluster comprised of all the employees of Adentan NHIS as respondents to the study.

Step 2

Each respondent from the cluster were selected using the purposive sampling technique. Well, the purposive sampling technique is a non-probability sampling technique in which a researcher is given the opportunity to rely on his/her own judgment when choosing members of population to participate in the study. This technique is also referred to as judgmental sampling technique –and this was very relevant and efficient as used by the researcher in choosing members from the above clusters to respond to the study based on his judgment. Hence, data were readily available from the respondents selected from the clusters.

3.7 Research Instrument

The research instrument used by the researcher was a closed ended questionnaire with 7 sections and these sections are bee discussed below:

Section A

The section A was concerned with the demography of the respondents. Under it the researchers had respondents respond to the following: Sex, Age, Educational level,

department and Position. All these had four scales attached to them except for that of the Sex and Age which had only two scales.

Section B

Section B of the questionnaire was concerned with responds on the funding challenges faced by the National Health Insurance Authority. And with these a summated rating scale was used by the researcher. These scales are as follows:

SA = Strongly Agree

A = Agree

N = Neutral

SD = Strongly Disagree

D = Disagree

However, during the data analysis and discussion, the researcher combined SA and A as agree since they both mean the same thing. And also, that of SD and D were also put together as Disagree since they also mean the same thing.

Section C

Section of the questionnaire was concerned with the utilization rate of the insured and non-insured Citizens on the Scheme. This section also used the same scales spelt out in Section B.

Section D

Section D of the questionnaire was concerned with funding options used by National Health Insurance Authority (NHIA). Also, the same scales used in Section B were used by the researcher.

Section E

Under this section, the researcher had the respondents respond to the innovative options to help sustain the operation and existence of NHIS. At this section, the researcher suggested the various options they believe can be used by NHIA to support the other sources of funding.

Section F

This is the final section, and in this section, respondents told the researcher how they felt about the services rendered by NHIS.

3.8 Data Analysis

Under this section, the researcher used Statistical Package for Social Sciences (SPSS) software for the queuing in the coded information on the questionnaire – and also for the analysis of the data collected from the respondents. Well, the reason for the use of this Software for the data analysis is due to the fact that this is one of the most effective and efficient tools used by researchers in data analysis. Also, for the representation of the analysed data, the researcher used tables and figures. With tables and figures, the frequencies and percentages derived from the SPSS were represented on them.

3.9 Ethical Consideration

For a researcher to successfully go through his/her study, the principles of ethics are to be met by the researcher. For it is a need. Hence, the researcher made sure that this principle was met by firstly making the respondents aware of the purpose of the study and what he/she seeks to arrive at. Notably, many individuals will fail to participate in the study if they have no idea about what the study is about and this is more reason why the researcher have to do that first before any other thing. Precisely, the respondents felt confident enough to respond to the study since they were assured of total confidentiality when it comes to their identity. Even more, the researcher went further to make the respondents aware of the risks and benefits of participating in the study.

In fact, the policy of voluntary involvement and ready to decline at will was one of the major tools used by the researcher to make respondents give their consent to respond to the study. Also, the privacy and the safety of the participants were taken into consideration throughout the data collection process. It is imperative to note that all relevant information including the aims and purpose of the study was disclosed by the researchers to respondents who proved difficult to give their consent to the study – and through this the researcher had some of them give their consent to respond to the study. The researcher went to the very extent of showing his student identity card to some respondents who needed more prove – and this convinced them to respond to the study.

Also, since some of the respondents were subscribers, the respondents realized that there was a great need to read and explain to some of them that have no academic background – and also the academically weak respondents. That means, the researcher had to use the local dialects of some of the respondents – and that made them understand in order to respond to the study. With languages unfamiliar to the researcher, he found respondents that understand the language to interpret the questionnaire to them. In all these, the consent of the respondents was taken into account before they were engaged. Finally, to gain access to key sites, permission was sought from appropriate authority in time.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 INTRODUCTION

This chapter formally introduce the reader to the results and discussions. It is centred on background information of the respondents (i.e. Employees at the facilities (hospitals) and Schemes), Funding Challenges faced by the NHIA, utilization rate of insured and non-insured citizens on the Scheme, funding options used by the NHIA, and the innovative financing options to help sustain NHIS operation.

4.1 BACKGROUND INFORMATION OF RESPONDENTS

Before this chapter, the researcher determined in the methodology that a total of 60 respondents should be used for the study. Out of these 60 respondents, 20 each were to be selected from the facilities (5 hospitals), the Scheme (National Health Insurance, Adentan office), and from the clients that have already subscribe to the service rendered by them or yet to be a member. Well, the data and the results of the study proves that this determined means of administering the questionnaire was achieved by the researcher.

Notably, males and females were fairly represented. This means that a total of 30 males and 30 females responded to the study. To further discuss this, out of the 20 each that was to be selected from the strata's, 10 males and 10 females were duly represented by the researcher in other to avoid biasness. In relation to the ages however, the researcher found that most of the respondents [13 (65%] selected among the subscribers were between the ages of 26 to 30 years. This is represented below for your perusal:

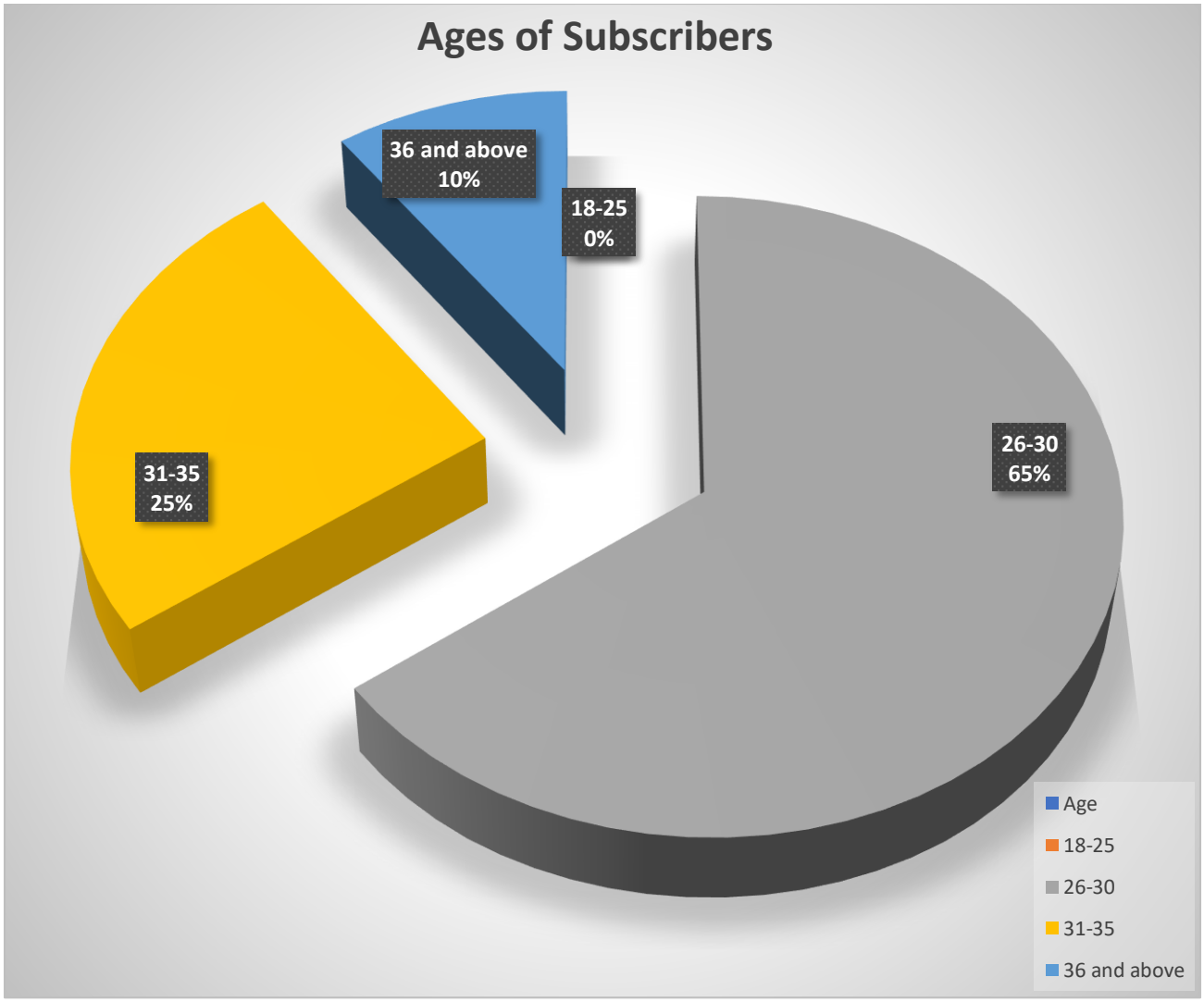

Figure 4.1: Ages of Subscribers
Source: *Field data; September, 2019*

This was followed by a few of them (25%) who fall between the ages of 31-35. Well, the case was different with the respondents at the Scheme. At the Scheme a little above half of them (40%) were at the age of 31-35, and this was followed by a few (25%) who were between the ages of 18-25.

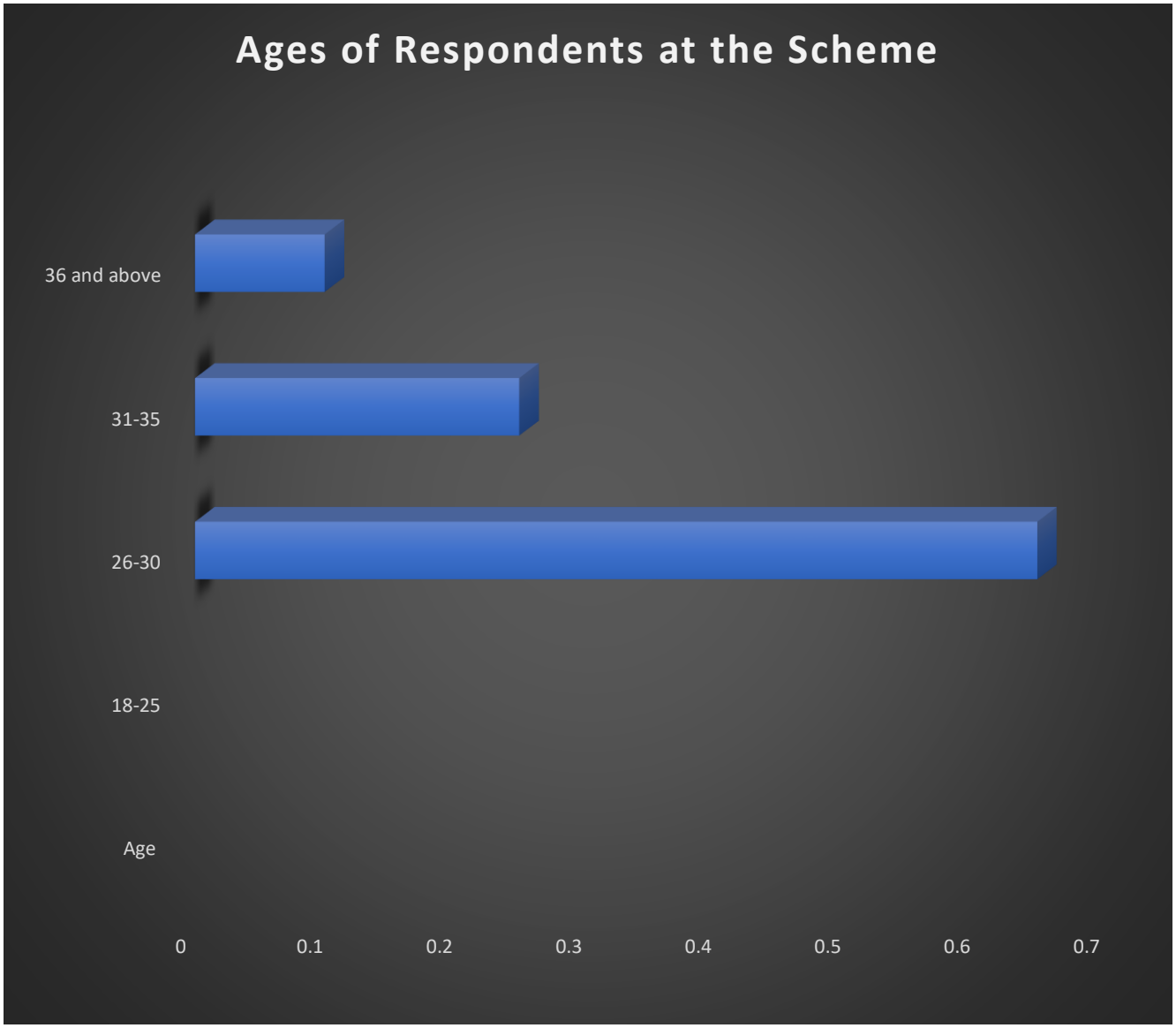

Figure 4.2: Ages of Respondents at the Scheme
Source: *Field Data; September, 2019*

The ages of the respondents at the facilities however showed that half of them (50%) were at the ages of 31-35, followed by a few (26%) who were at the ages of 26-30.

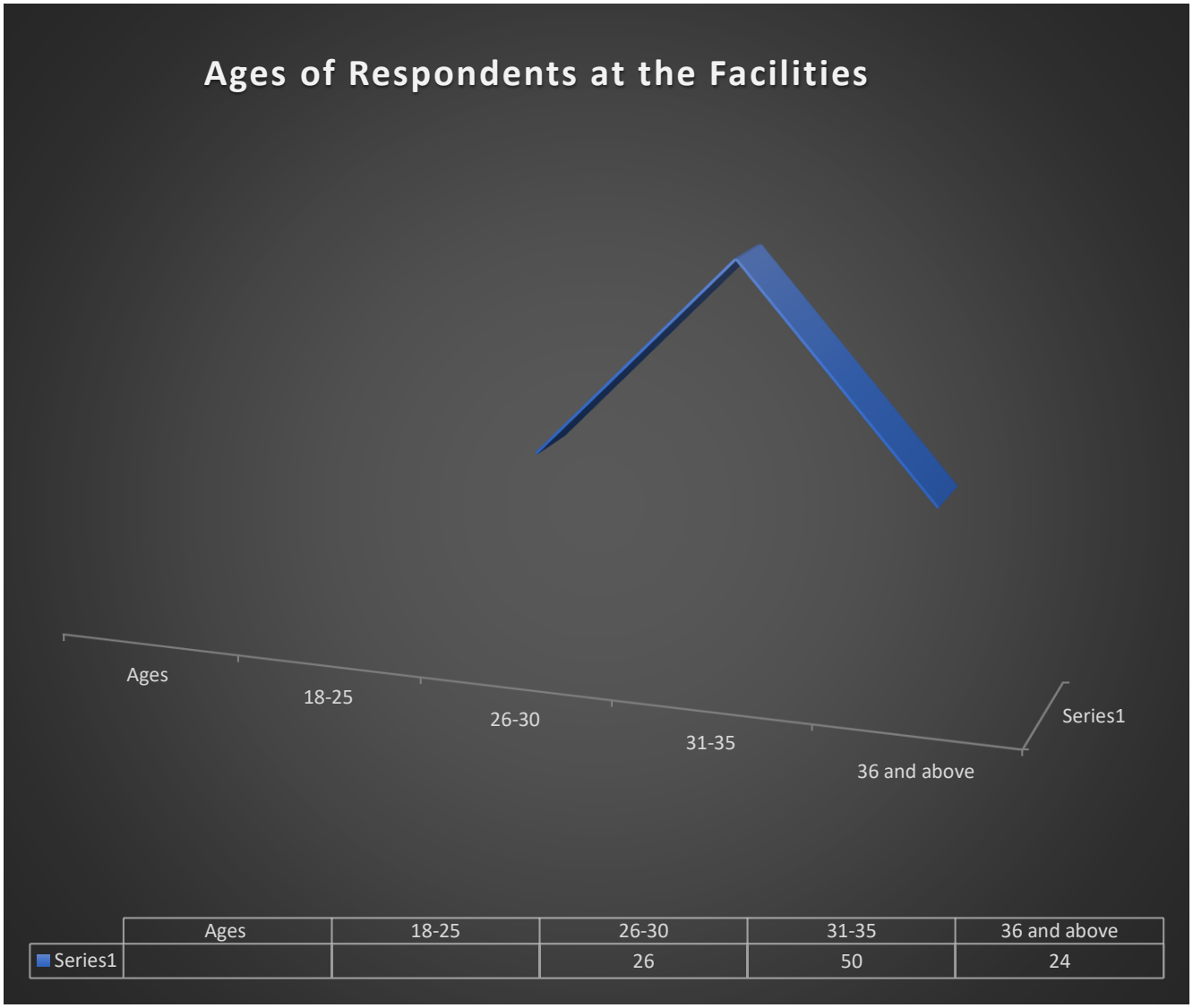

Figure 4.3: Ages of Respondents from the facilities
Source: *Field Data; September, 2019*

This means that almost all the respondents selected for the study are in their late 20s and early 30s. And this reflect the fact that most of the subscribers are at the informal category (18 years and above). In relation to the respondents from the scheme at the facilities, we can say that most of them have either finished their first degree or HND/Diploma holders. And this is proven by another finding to the study which shows that majority of them (70 and 65%) are degree holders from the Scheme and facilities respectively. This was followed by a few (15% and 20%), who were HND/Diploma holders at the Scheme and facilities respectively.

Table 4.1: Educational level of respondents from the Scheme and facilities

Educational Level	Scheme		Facilities	
	Frequency	**Percentage**	**Frequency**	**Percentage**
HND/Diploma	3	15	4	20
Degree	14	70	13	65
Masters	1	5	1	5
Others	2	10	2	10
Total	20	100	20	100

Source: *Field Data; September, 2019*

The case was quite different with the Subscribers because with them, half of them (50%) owned their own business and have attained their academic pursuit in education to the Junior High School level. This was followed by a few (28%) of them who have earned a Senior High School certificate. And lastly, the remaining few of them (22%) were degree holders.

4.2 Funding challenges faced by the Scheme

Under this section, the researcher discussed the following: the amount paid by NHIS commensurate with the services provided, the amounts of contribution made by subscribers are not enough to help sustain the NHIS operation among others. With the first statement on Table 4.2, the researcher found that majority of the respondents (60%) disagrees that the amount paid by the NHIS commensurate with the services provided. This was followed by the very few (20%) who agrees that indeed the amount paid by the NHIS commensurate with the services provided.

Table 4.2: Funding challenges faced by NHIA

STATEMENTS	AGREE	NEUTRAL	DISAGREE
The amount paid by the NHIS commensurate with the services provided.	4 (20%)	4(20)	12(60%)
The amounts of contribution made by subscribers are not enough to help sustain our operation.	16 (80%)	1 (5%)	3 (15%)
Claims paid for Pregnant women and indigents outweighs the amount paid for other insurers	11(55%)	8(40%)	1(5%)
The cost burden on free registration of the pregnant women and indigents	11 (65%)	6 (30%)	3(15%)

Source: Field Data; March, 2018

Where A means (AGREE), N means (NEUTRAL) AND D means (DISAGREE)

I believe that the respondents were really sure when they affirmed that the amount paid by the NHIS does not correspond to the services provided. This is because, the number of claims sent to the Schemes are not paid as expected, which always leave behind outstanding debt that needs to be paid. Thus, the Schemes are mostly owing the facilities some amount of money to be paid for claims even before present claims are being paid as expected (NHIS Annual Report, 2012).

Even more, the agreement of most of the respondents [16 (80%)] on the statement: The amounts of contribution made by subscribers are not enough to help sustain our operation is a buttressing fact to the reason why the amount paid by them doesn't commensurate to the services provided. This was followed by only a few (15%) who disagrees that the amounts of contribution made by subscribers are not enough to help sustain their operation.

Well, the findings of the study again explain why the amount of contribution made by subscriber isn't enough to cater for the services rendered by the facilities to patients with the NHIS card. Imperatively, the NHIS takes care of the services rendered by the facilities to

pregnant women and indigent. Meanwhile, this indigents and pregnant women contribute nothing to the schemes. The question is, how then do they pay for their claims. Notably, the claims are paid with the same amount contributed by the very few subscribers to the service.

This is buttressed by the findings on Table 4.2 which shows that majority of the respondents (65%) agrees that the cost burden on free registration of the pregnant women and indigents is very huge. No wonder the amounts contributed by the subscribers are not enough to cater for the services rendered by the facilities to patients with the NHIS card.

This was of course followed by just a few (30%) who were neutral on the subject. It may even interest you to note that the claims paid for pregnant women and indigents outweigh the amount paid for other insurers. This is also buttressed by the respond of a little above half of the respondents (55%) who agrees that claims paid for pregnant women and indigents outweighs the amount paid for other insurers. This was followed by a few (30%) who were neutral on the statement.

4.3 Funding Options used by the NHIA

Under this section, the researcher discussed the funding options used by the NHIS for claims payment to the facilities that administer services to patients registered by the NHIA. Thus, the following would be discussed: Premium is the main source for claims payment, there are other funding sources used in payment of claims, the premium paid is not enough for claims payment and the premium paid is expensive. Table 4.3 below shows that a little above half (60%) of the respondents agrees that the only amount of money used for the payment of claims is the premium.

Table 4.3: funding options used by NHIA

STATEMENTS	AGREE	NEUTRAL	DISAGREE
Premium is the main source for claims payments	12 (60%)	1 (5%)	7 (35%)
There are other funding sources used in payments of claims.	16 (80%)	2 (10%)	2 (10%)
The premium paid is enough for claims payment	2 (10%)	5 (25%)	13 (65%)
The premium paid is expensive	-	2 (10%)	18 (90%)

Source: Field Data; September, 2019

Where A means (AGREE), N means (NEUTRAL) AND D means (DISAGREE)

Undoubtedly claim payments are paid by the Scheme through the premiums paid by the informal subscribers registered on the Scheme (NHIS Annual Report, 2012). However, though the premium is the main source for claims payments there are others funding sources used in the payment of claims by the NHIS (NHIS Annual Report, 2012). And this is clearly represented on Table 4.3, which shows that most of the respondent (80%) agrees that there are other funding sources used in payments of claims. This was followed by a few of them (10%) who disagree to the statement.

In Reports presented by the NHIS, the other sources of funding are mentioned as follows: 2.5% of National Health Insurance Levy (NHIL); which is collected under the Value Added Tax (VAT), 2.5% social security deductions from the formal sector workers managed by the Social Security and National Insurance Trust (SSNIT), Government of Ghana annual budgetary allocations proposed and approved by parliament to the NHIF, accruals from investments of surplus funds held in the NHIF by the National Health Insurance Council (NHIC) and grants, gifts and donations made to the NHIF (NHIS Annual Report, 2005).

Well, despite all the other sources of funding, it is imperative to note that it has been said earlier on Table 4.2 that the amount of money isn't enough. In fact, majority of the respondents (65%) based on Table 4.3 results mentioned that the premium paid to the facilities as claims payment for subscribers who had visited the hospital or facilities isn't enough. This was followed by just a few of them (10%), who were neutral to the fact that the premium paid is enough for claims payment. Let's have a quick preview of the claim's disbursement made to the facilities in 2017 below:

Table 4.4: Claims disbursed to Facilities in 2017

Facilities	Amount	Last Month
Mother Love Clinic/Maternity	1921.45/4555.69	July/August
Twumasiwaa Medical Clinic	22,537.99/28,191.95	August/October
Madina Polytechnic (Kekele)	78,764.73	August
Tema General Hospital	505,879.00	October
Pentecost Hospital	220,926.88	September
Bengali Hospital	54,108.44/51,009.53	August/September
NarhBita	39, 020.84	October
Ashiaman Community Clinic	126, 906	August
Madina Polytechnic (Rawlings Circle)	42,734.57/44,686.87	Sept/October
Adentan Clinic	51,284.78/60756.71	August/October

Looking at the above it is clear that in comparing the 2 months at which claims are disbursed to the various Facilities; each of them showed that there is an increase in the claims that is paid to each facility. Even more, the internally generated fund is lesser than the amount of fund disbursed by NHIA for claims payment. This is also distributed below:

Table 4.5: Internally Generated funds

Years	Premium	Claims
2008	127,274	302,835.32
2009	222,444	587,238.00
2010	116,484.00	677,376

This implies that the Schemes internally generated funds are not encouraging which is threatening the financial sustainability of the Scheme. The Scheme can be sustained by the support of the government. This is because, albeit, there are other funding options available to the NHIS, the various Schemes solely depend on the premium as their major source of funding to run the affairs or operations of the Scheme. It may interest you to know that this premium that the Scheme mentioned that it isn't enough for claims payment is said to be inexpensive.

This is because majority of them (90%) disagrees to the fact that the premium paid is expensive. This was followed by few of the (10%) who were neutral on the statement. This is represented on Figure 4.4 below:

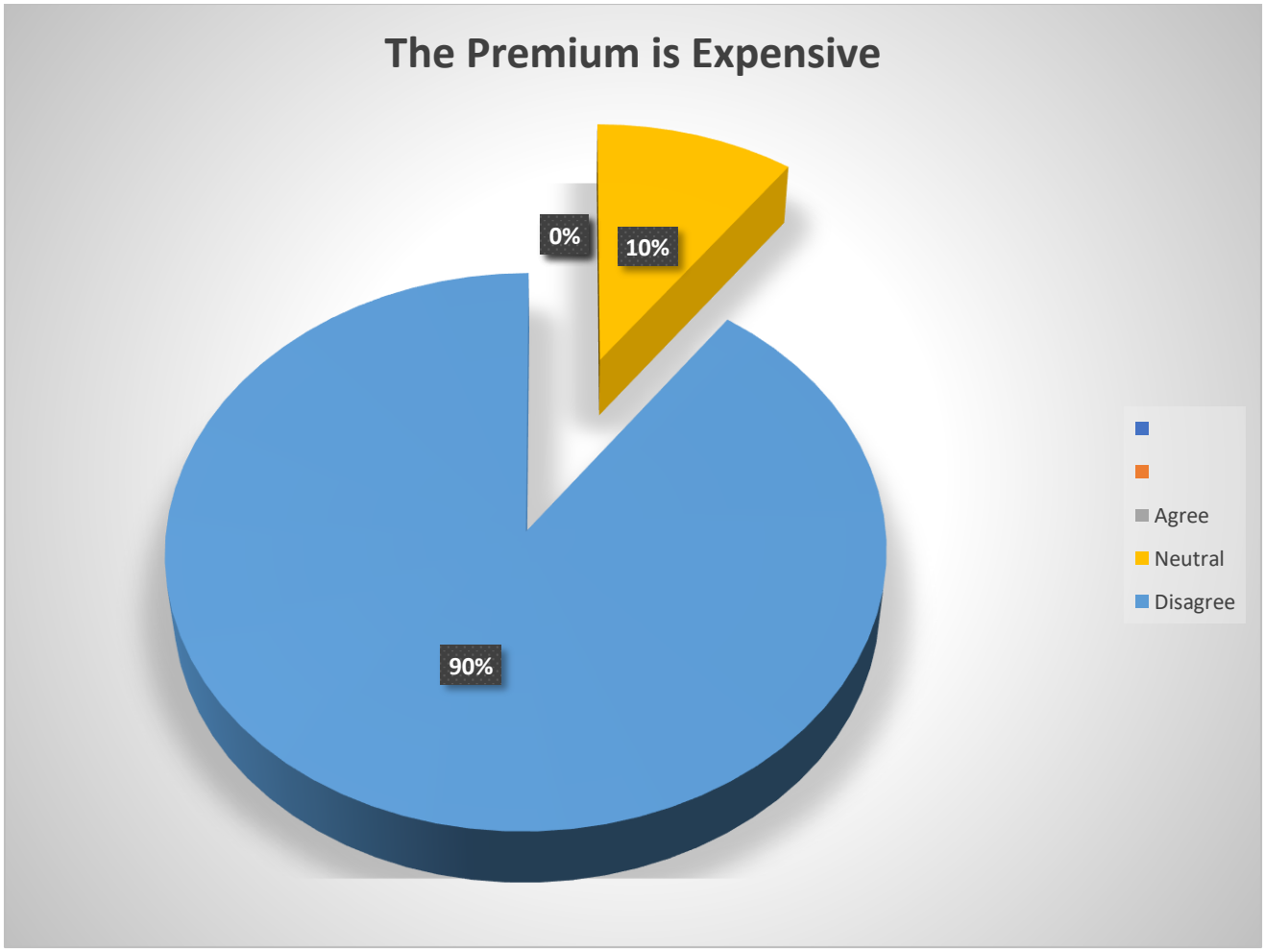

Figure 4.4: The Premium is inexpensive
Source: Field Data; September, 2019

Where A means (AGREE), N means (NEUTRAL) AND D means (DISAGREE)

According to Arpoh-Baah (2011) and WHO (2000), even all the other funds generated by NHIS put together will not be enough to pay for claims. Thus, it is very important that the various Schemes either increase the premiums or find other means of funding in other to be able to pay for claims. If this is not done, the sustainability of the Schemes will be shaken because the policy doesn't have a solid ground to stand. Besides, over the years there have been critics on how the NHIS policy has failed the goal and objective for which it was established.

Even more, some of the respondents at the various Schemes and facilities believe that the free registration of indigents and most especially pregnant women increases the policy, therefore they should be allowed to pay something little to deter the youths from getting pregnant at an unimaginable rate. Also, others just forcedly believe that these persons registered freely should at least be charged a lesser amount compare to the others since the cost involved in providing services to them on the Scheme is huge; thereby increasing the amount of money to be paid by the Schemes as claims (Arpoh-Baah, 2011).

4.4 Utilization rate of insured and non-insured Citizens on the Scheme

The table below discusses the utilization rate of insured and non-insured Citizens on the Scheme. Well, this section was answered by the various facilities selected for the study. It concludes that pregnant women and indigents on the Scheme used more consumables than non-insured clients, the subscribers of NHIS visit the facility more often than the non-insured on the Scheme and Cost involved in attending to pregnant women and indigents is very huge.

Table 4.6: Utilization rate of insured and non-insured Citizens on the Scheme

STATEMENTS	AGREE	NEUTRAL	DISAGREE
The Subscribers on the Scheme used more consumables than the non-insured clients.	11 (55%)	4 (20%)	5(25%)
The Subscribers of NHIS visit the facility more often than the non-insured on the Schemes.	12 (60%)	3 (15%)	5(25%)
Cost involved in attending to pregnant women and indigents is very huge.	10(50%)	5(25%)	4(20%)

Source: Field Data; March, 2018

Where A means (AGREE), N means (NEUTRAL) AND D means (DISAGREE)

Based on the Table above, a little above half of the respondents (55%) from the facilities selected for the study agrees that the subscribers on the Scheme uses more consumables than the non-insured clients. This was followed by few of the respondents (25%) who disagrees that subscribers on the Scheme uses more consumables than the non-insured clients. If this is the case then it means that a lot of folks are registered on the NHIS services –and even more subscribers visit the hospitals more than the non-insured.

Well, this is buttressed by the responds of most of the respondents (60%) who agree that subscribers of NHIS visit the facility more often than the non-insured on the Scheme. Finally, the last section in Table 4.6 also shows that half (50%) of the respondents agrees that the cost involved in attending to pregnant women and indigents is very huge. This means the amount of money generated for claims payments must be increased or other means of funding must be used to support the payment of claims.

Besides, this problem is not new to us I believe because in the background of this study as well as some of the literatures reviewed, it was clear that one of the greatest challenge facing the NHIS is how to raise funds to support their operations; most especially in the payment of claims submitted to them by the health care facilities.

According to Abekah-Nkrumah et. al. (2009), they asserted that though many people are being registered on the Scheme, there is still the biggest problem, which is the funding of the National Health Insurance Policy on claims payments. Thus, it is very imperative that NHIS find another means of raising funds to pay for claims submitted to the various Schemes by the facilities. Well, according to Arpoh-Baah (2011), in other for the government to sustain the NHIS, there must be an increase in possibly the National Health Insurance Levy (NHIL); in doing such, the funds generated for the payment of claims will at least increase, so that the Schemes can pay for outstanding debts and also other claims expected of them.

4.5 The innovative financing options to help sustain NHIS operation

The relevance of this section is grasp totally when we think about the results in the previous section of this Chapter. The findings in section 4.4 shows that the basic means of funding is the use of the premium paid by the informal subscribers on the Scheme. And despite the fact that there are other means of funding, the results show that even with the other funding options, the amount of money owned by the NHIS isn't enough for the payment of claims. Well, all of the 60 respondents to the study agrees that there is a need for other funding options to help sustain the activities of NHIS. Based on this, the researcher had the respondents suggest various innovative funding options to help sustain the NHIS operation. Few of these would be displayed on Table 4.7 below for your perusal:

Table 4.7: Opinions of respondents on innovative funding options

Respondents	Innovative funding options
RA	1. The premium should be increased for foreign nationals 2. The National Health Insurance (NHIL) or Tax should also be charged on hazardous products or toxic consumables such as cigarettes must be increased since it causes a lot of negative health issues.
RB	1. The private investors should contribute by investing into the activities of NHIS 2. Government should also increase the percentage allocated to NHIS from the taxes paid to them.
RC	1. Funding NHIS with a percentage of the funds from taxes received from the oil industry. 2. Increment of at least 50% of the amount paid by the informal subscribers to NHIS services.
RD	1. Taxing cosmetics producers at a higher rate because their products have some harmful effects on the health of their consumers who go to the facilities to seek for medical care. 2. Taxing plastic producers on a higher rate.
RE	1. Importation of harmful consumables should be taxed highly in order to generate extra funds to support the NHIS operations. 2. Copayment options for clients so that the private hospitals will consider enrolling on to the NHIS.
RF	1. A percentage of the funds collected at the Toll Booth should be allocated to the NHIS. 2. A major problem of the NHIS is Network related issues. Hence, if resources are channeled into solving this issue; more clients can be registered on the Scheme in order to get extra funds to fund the services of NHIS.
RG	1. Some laboratory tests and other medications should also be included in the insurance Scheme in order to increase the premium paid by the subscribers to the NHIS services. 2. Government should impose more tax on bitters and drugs that have effect on human life.

Source: ***Field Data; September, 2019***

Undoubtedly, because of the challenges faced by NHIS in the payment of claims among others, respondents selected among the subscribers have some concerns. On Figure 4.6, majority of the respondents (70%) mentioned that, though there are several benefits enjoyed by subscribers, they are still not happy with the services rendered under the NHIS policy.

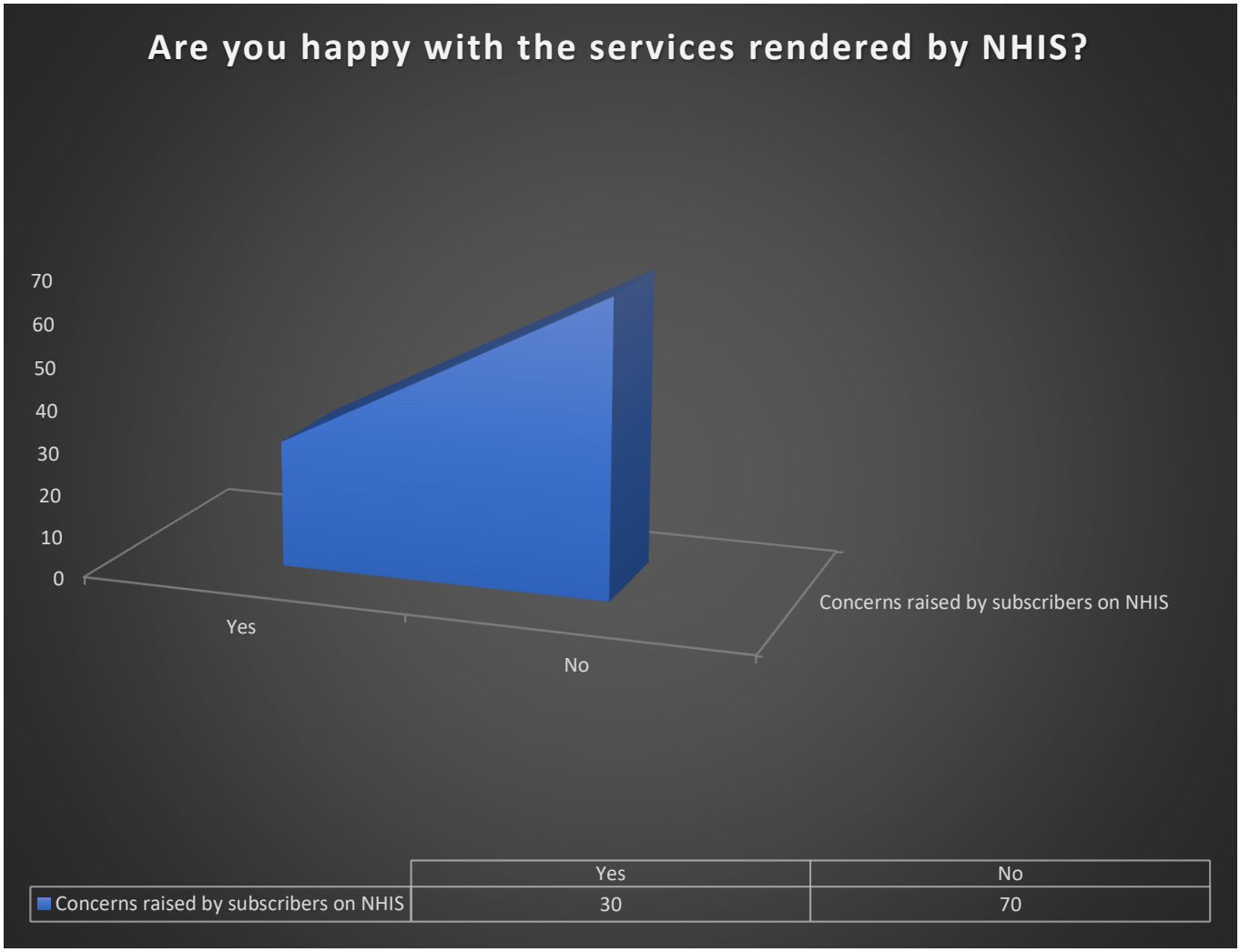

Figure 4.5: Concerns raised by subscribers on NHIS
Source: *Field Data; September, 2019*

Well, due to the fact that most of the respondents showed that they are not happy with the services rendered by NHIS, the researcher went further to get their opinions on why they are not happy about the services rendered by NHIS. Most of the respondents poured out their concerns, however, just a few of them were outlined on Table 4.8 below:

Table 4.8: Concerns of Respondents on why they are not happy about the NHIS services.

Respondents	Concerns
R1	Everyone should be entitled to better medication. However, I believe most medications given under the NHIS policy is not the best. Hence, this concern should be solicited to assist this scheme.
R2	If any client is at the working environment before the closing time, he/she should be attended to just like it is done at the banks.
R3	Clients with less educational background should be given extra or special assistance with the mobile money renewal services introduced by the NHIS when they visit the facility.
R4	Critical drugs are not paid for. Hence, patients are forced to pay extra money before they are attended to; which is often embarrassing when the client visit the facility without extra cash.
R5	More research can be done to be able to enable more sustainable Programme to satisfy dis-satisfied clients and health providers.
R6	Claims should be pay on time by the various schemes –and outstanding debts should be pay at the given time expected by the facilities.
R7	Inability of NHIA to complete its end of the bargain because of late claims payment to their providers has resulted in the cash and carry system and copayment for subscribers.

Source: ***Field data; September, 2019***

Also, the researcher took few of the opinions of the respondents that affirms that they are happy with the services rendered by the NHIS. These opinions on the satisfaction derived by subscribers are presented on Table 4.9 below:

Table 4.9: Concerns of Respondents on why they are happy about the NHIS services.

Respondents	Concerns
RG	I'm happy with the NHIS services because it helps the less privileges and our love ones in the villages.
RH	It is a very good and efficient social intervention program because helps the indigents and pregnant women at their time of need since it caters for them till the day of their delivery.
RI	They services rendered by NHIS are very good –and it also enables the clients to feel comfortable whenever they visit the Scheme and also helps NHIS to have a good reputation.
RJ	The NHIS services helps those who cannot afford the full amount to be paid for a medical service rendered by the health providers.

Source: ***Field data; September, 2019***

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMEDATIONS

5.0 Introduction

This Chapter was centred on the summary of the results to the study, conclusions and recommendations. In view of this the researcher outlined some of the findings concerning demography of the respondents along with others such as the results on the funding challenges faced by the NHIA, utilization rate of insured and the non-insured citizens on the Scheme, funding options used by the NHIS and innovative ways of accessing funds to fund the activities of NHIS.

5.1 Summary of findings

In relation to the study, the researcher determined in the methodology the number of respondents to the study. And the Total which was 60 respondents responded to the study. Out of these 60 respondents, 20 each were selected from the Scheme, the facilities and the subscribers who visit the Scheme to have them registered on the services. Also, to avoid biasness in the study males and females were equally represented. That is, a total of 30:30 males and females were selected as respondents to the study. Of these 30 males and 30 females; under each of the strata's, 10 each of males and females responded to the study.

5.1.1 Funding challenges faced by NHIA

The study showed that a little above half (60%) of the respondents disagree that the amount paid by the NHIS commensurate with the services provided. This was followed by a few of them (20%) who believe that indeed the amount paid by the NHIS commensurate with the services provided. Again, most of the respondents (80%) agrees that the amount of contribution given by subscribers are not enough to sustain the NHIS operations. Notably, the study again showed that a little above half (55%) of the respondents agrees that claims for pregnant women and indigents outweighs the amount paid for other insurers. Well, due to

this, the cost burden on free registration of the pregnant women and indigents is very huge – and for this majority (65%) of the respondents are in agreement. Also, most (70%) of subscribers declared their dissatisfaction to the services rendered by the NHIS because of the limited funds to take care of the payment of claims.

5.1.2 Utilization rate of insured and non-insured Citizens on the Scheme

In relation to this section, a little above half (55%) of the respondents at the facilities believe that the subscribers on the Scheme use more consumables than the non-insured clients. Also, a little above half of them (60%) again agrees that the Subscribers of the NHIS visit the facility more often than the non-insured on the Scheme. Finally, half of them (50%) agree that the cost involved in attending to pregnant women and indigents is very huge.

5.1.3 Funding options used by the NHIA

In addition to the above, a little above half (60%) of the respondents agrees that premium is the main source for claims payment by the Schemes. Also, most of the respondents (80%) asserted that there are other funding sources used in the payment of claims by the Scheme. However, the premium according to majority of the respondents (65%) is not enough for the payment of claims to the facilities. It may interest you to note that, this premium paid is even not expensive –and this was agreed upon by most of the respondents (90%) from the facilities.

5.1.4 The innovative financing options to help sustain NHIS operation

Even more, the study showed that all the 60 respondents selected for the study are in agreement that other innovative funding options are to be discovered in order to help sustain the NHIS operational activities. Of this, almost all of the respondents gave diverse options and these options were summarized and presented by the researcher in the data discussion and analysis section. Well, some of these suggestions were some laboratory tests and other

medications should also be included in the insurance scheme in order to increase the premium, part of the funds paid at the Toll Both should be given to the NHIS, taxing of plastic producers on a higher rate among others.

5.2 Conclusions

In conclusion, the **s**tudy presented to the respondents closed ended questionnaires to which various questions were being asked for data collection. Well, after the data was collected the researcher was able to conclude that NHIA is owing the Facilities huge amount of money. And of course, the amount of money paid as claims for the pregnant women and indigents outweighs any other persons registered on the Scheme.

Also, without any doubt, it was found and therefore concluded by the researcher that the cost burden in the free registration and claims payment of pregnant women and indigents puts pressure on the Scheme. Well, based on the huge sum of money paid as claims for pregnant women and indigents, the outstanding for the various Schemes increases yearly though some of them are being cleared.

Finally, despite the challenges and pitfalls associated with the running of the Scheme the researcher found that there are advantages to the free registration of indigents and most especially pregnant women. This is because the pregnant women for instance are opportune since they enjoy so much on the Schemes at no cost. Well, this suggest that the cost is being taken care of by the NHIS which explains why there is so much burden on NHIA. Hence, the need for other funding options to which has been suggested by the respondents in Chapter four.

5.3 Recommendations

Based on the findings of the study and the conclusions derived from the study, the following recommendations were hereby made;

- The study showed that the major source used in the payment of claims among the other sources are not enough. To overcome these challenges; other avenues must be created for investment or probably other lucrative sources of funding must be added to the existing one for it to help in getting rid of this challenge.
- The study found that pregnant women and indigents often visits the facilities than any other insures on the Scheme or non-insures. Also, the pregnant women and indigents on the Scheme uses more consumables than any other person that visits the facilities. Therefore, to breach this gap, the Schemes must try to pay the outstanding debt on claims and on time; so that the facilities can have enough consumables for all, being it insured or non-insured pregnant women and indigents.
- The study showed that much treatment is given to the insured pregnant women than the non-insured pregnant women. Well, despite the fact that being on the NHIS Policy is very important, other persons that are not registered on the Scheme must also be given much priority.

Also, the government must help by looking for other means of funding in order to help sustain the activities of the NHIA.

5.4 Limitation to the Study

This research like others was carried out for a short period of time to meet the deadline requirement of academic calendar of KNUST. Time Constraint affected both the quality and quantity of the study because the researcher had to use fewer respondents so as to be in position to analyse the data on time. Secondly, although the studies used workers at the Scheme and workers at the Facilities, only few of these facilities in even greater Accra was selected and also only one of the Scheme was selected for the study. This study may perhaps lack generalization due to this, though it is a relevant piece of information.

5.5 Further Studies

Further studies should be conducted in relation to the study. This can create an accessible avenue for students to have more research information for a similar research. Thus, these were some of the suggested research topics that can be studied by students who are embarking on a similar research project. These topics were listed below:

- The effect of NHIS Policy to civilians in Nation Building.
- The Benefits and challenges associated with the NHIS Policy
- The positive or negative effect of NHIS in accessing health care.
- The contribution of NHIS in nation building.

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QUESTIONNAIRE

The objective of the study is to assess Innovative and Sustainable Financing Options for A Social Intervention Program: A Case of NHIS Adentan Municipality. This study is for academic purposes therefore any information given will be treated strictly as confidential. Please read through the following questions and answer all questions as best as you can. Tick [ ] where appropriate and supply the needed information where applicable.

SECTION A

Demography of Respondents

Sex: Male [ ] Female [ ]

Age: Below 18 – 25 [ ] 26 -30 [ ] 31-35 [ ] 36 and above [ ]

Educational Level: JHS [ ] SHS [ ] Diploma/HND [ ] Degree [ ] Masters [ ] Others [ ]

Department…… Position …….

SECTION B (Schemes Only):

Funding Challenges faced by NHIA

Please tick appropriately with the following scales:

SA- Strongly agree, A-Agree, N- Neutral, SD-Strongly disagree and D- Disagree.

STATEMENTS	SA	A	N	SD	D
The amount paid by the NHIS commensurate with the services provided.					
The amount of contribution made by subscribers are not enough to help sustain our operation.					
Claims paid for pregnant women and indigents outweighs the amount paid for other insures.					
The cost burden on free registration of the pregnant women and indigents is very huge.					

SECTION C (Facilities Only):

Utilization rate of insured and non-insured Citizens on the Scheme

Please tick appropriately with the following scales:

SA- Strongly agree, A-Agree, N- Neutral, SD-Strongly disagree and D- Disagree.

STATEMENTS	SA	A	N	SD	D
The Subscribers on the Scheme used more consumables than the non-insured clients.					
The subscribers of NHIS visit the facility more often than the non-insured on the Scheme.					
Cost involved in attending to pregnant women and indigents is very huge.					

SECTION D (Schemes Only):

Funding options used by NHIA

Please tick appropriately with the following scales:

SA- Strongly agree, A-Agree, N- Neutral, SD-Strongly disagree and D- Disagree.

STATEMENTS	SA	A	N	SD	D
Premium is the main source for claims payment.					
There are other funding sources used in payment of claims.					
The premium paid is enough for claims payment.					
The premium paid is expensive.					

SECTION F (All Respondents):

The innovative financing options to help sustain NHIS operation

What are some of the innovative funding options you believe can be used to sustain NHIS?

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SECTION G (for only Subscribers)

Are you happy with the services rendered under the NHIS policy? Yes/No

If No, please give reason for your answer below:

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Thank You