PRESBYTERIAN UNIVERSITY COLLEGE, GHANA
OKWAHU CAMPUS, ABETIFI

DEPARTMENT OF BUSINESS ADMINISTRATION

TOPIC
THE ECONOMIC IMPACT OF NATIONAL HEALTH INSURANCE SCHEME ON HEALTH CARE DELIVERY IN GHANA.
A CASE STUDY OF THE DONKORKROM DISTRICT

A REPORT SUBMITTED IN PARTIAL FULFILLMENT OF THE AWARD OF BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION
(Accounting and Finance Option)

BY
OPOKUA PHILOMINA BONI
OK1355/09

JUNE, 2011
DECLARATION

I do declare that, except for references to other people’s work which have been cited, this work submitted as a project report to the Department of Business Administration, Okwahu Campus of the Presbyterian University College, Abetifi, for the degree of Bsc in Business Administration Accounting and Finance option is the result of my own investigation and has not been presented for any other degree.

……………………………… Date ………………………………

Opokua Philomina Boni

STUDENT
CERTIFICATION

This is to certify that, this project work presented to the Business Department has been supervised with the laid down guideline by Presbyterian University College.

In partial fulfillment of the award of a Degree in Bsc. Business Administration (Accounting)

………………………………………… Date……………………………

Dr. KwakuAdu-Opoku

(SUPERVISOR)
DEDICATION

I humbly dedicate this work to The Almighty for the wisdom and the strengths that he has bestowed on me throughout my period of the study and the writing of this long easy.

I also, dedicate this work to my husband Mr. George Darko, my father Nana Akuamoah Boateng II and my kids Nana Yaw Aboagye Elisha, Afua Dentaa Darko Jnr. and my dear sister Birago Joyce Afua, thank you very much for being a vessel of blessing to me and fortifying my hope that I thought has vanished. This is just to say thank you for the prayers, love and care, the encouragement and above all for the huge investment made, am very grateful, and I will forever be grateful.
ACKNOWLEDGEMENTS

Tradition normally requires an expression of gratitude to those who provide any form of assistance for the successful accomplishment of a long essay. For this reason, it would be gross ingratitude of the highest order if the researcher selfishly claims all the credit for the success of this research work without appreciating the services other people and institutions provided. First and foremost, I wish to express the greatest appreciation to God Almighty for support and guidance during the research period. Furthermore, I am very grateful to my supervisor Dr. Kwaku Adu-Opako for his immense technical and academic support. His constructive criticisms, recommendations, and corrections even though did not completely eliminate all language errors, have significantly upgraded the written language factor and technical content. Finally, I am grateful to the Accounts Manager Donkorkrom Presbyterian Hospital (DPH), Mr. Osei Owusu W. and staff of DPH for their invaluable support and assistance given me for the accomplishment of this research work. May God bless you all.
ABSTRACT

The research topic “the economic impact of National Health Insurance Scheme (NHIS) on health care delivery in Ghana” looks in brief the current practice of financing the health service, addressing the underlying inequalities, proving equal opportunities for the people to use current health services in Ghana and to find out the whether the NHIS is the convenient way of financing health service.

Among the main objectives of introducing the National Health Insurance Scheme (NHIS), it was observed that people preferred the National Health Insurance Scheme (NHIS) to the cash and carry system.

From the researcher’s observation, adults who are unemployed and do not receive any identifiable and constant support from anywhere for survival are taken care by the scheme.

From another observation, the internal revenue generation for the health facilities has increased tremendously, because most people now attend hospital. Previously, patients were not visiting the health facilities because of the high cost involve in the treatment.

The scheme seems to be good but it has its problems. These should also be examined and addressed. In the researcher’s observation, these problems were unveiled.

The inability of subscribers to identify the National Health Insurance check points for the registration and payment of premium.

Two forms of fraudulent claims are submitted to the scheme for reimbursement. These are subscriber’s fraud and service provider’s fraud.

Substantial subscriber’s fraud meant that clients tried to claim for reimbursement for drugs supplied outside the scheme’s pharmacy network. The service providers also tried to increase their profits by over-servicing patients, i.e., they performed procedures and tests that were uncalled for in order to boost claims.
Another major problem with the scheme is, as a result of the delays in claims payments and questionable vetting of the claims; the service providers began to under-service the scheme’s subscribers. This meant that the required protocols of care were not entirely adhered to by the service providers and the frustrated subscribers pulled out their support for the scheme. The NHIS, like all other programmes of similar nature has its challenges. The entire work presents policies, recommendations and conclusions concerning ways which the NHIS can improve the finance, efficiency and quality of health system.
# TABLE OF CONTENTS

DECLARATION .................................................................................................................. i
CERTIFICATION ............................................................................................................... iii
DEDICATION .................................................................................................................. iv
ACKNOWLEDGEMENTS ............................................................................................... v
ABSTRACT ...................................................................................................................... vi

## CHAPTER ONE ........................................................................................................... 1

1.1 BACKGROUND OF THE STUDY ............................................................................ 1
1.2 PROBLEM OF THE STUDY .................................................................................... 4
1.3 OBJECTIVE OF THE STUDY .................................................................................. 5
1.4 SIGNIFICANCE OF THE STUDY ............................................................................ 5
1.5 SCOPE OF THE STUDY .......................................................................................... 6
1.6 LIMITATION OF THE STUDY ................................................................................ 6
1.7 ORGANIZATION OF THE STUDY ......................................................................... 7

## CHAPTER TWO .......................................................................................................... 8

2.0 INTRODUCTION ...................................................................................................... 8
2.1 HEALTH .................................................................................................................... 8
2.2 DETERMINANT OF GOOD HEALTH ..................................................................... 9
2.3 HEALTH CARE ....................................................................................................... 9
2.4 GHANA’S HEALTH CARE SCETOR ....................................................................... 10
2.5 FINANCING HEALTH CARE IN GHANA ............................................................... 13
2.6 USERS CHARGES ................................................................................................ 15
2.7 COMMUNITY FINANCING .................................................................................... 16
2.8 INSURANCE PROGRAMME .................................................................................... 16
2.9 SUMMARY .................................................................................................................. 20

CHAPTER THREE ........................................................................................................... 22

METHODOLOGY ............................................................................................................. 22

3.0 INTRODUCTION ........................................................................................................ 22

3.1 TARGET POPULATION .............................................................................................. 22

3.2 SAMPLE SIZE DETERMINATION ........................................................................... 22

3.3 SAMPLING TECHNIQUES ....................................................................................... 23

3.4 SOURCES AND METHOD OF DATA COLLECTION ........................................... 23

3.4.1 QUESTIONNAIRES .......................................................................................... 24

3.4.2 SECONDARY SOURCES ............................................................................... 25

3.5 TECHNIQUES OF ANALYSIS ............................................................................... 25

CHAPTER FOUR ............................................................................................................ 26

ANALYSIS AND DISCUSSION OF FINDINGS ................................................................. 26

4.1 INTRODUCTIONS ................................................................................................. 26

4.2 SOCIAL DEMOGRAPHIC DATA ............................................................................ 26

4.3 HOSPITAL ATTENDANCE .................................................................................... 34

4.4 NATIONAL HEALTH INSURANCE SCHEME (NHIS) AND EFFICIENCY IN THE HEALTHCARE DELIVERY ......................................................................................... 34

4.5 PROBLEMS ASSOCIATED WITH NATIONAL HEALTH INSURANCE SCHEME (NHIS) ........................................................................................................... 35

CHAPTER FIVE .............................................................................................................. 38

SUMMARY, CONCLUSION, AND RECOMMENDATIONS ........................................... 38

5.1 INTRODUCTION .................................................................................................... 38

5.2 SUMMARY OF FINDINGS ..................................................................................... 38

5.3 CONCLUSIONS ....................................................................................................... 39
5.4 RECOMMENDATIONS ................................................................................................. 41

BIBLIOGRAPHY .............................................................................................................. 42

APPENDIX ONE .............................................................................................................. 44

APPENDIX TWO ............................................................................................................. 47

APPENDIX THREE ......................................................................................................... 49

APPENDIX FOUR ............................................................................................................ 51

APPENDIX FIVE .............................................................................................................. 53
CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Health is the blending of physical, emotional, social, intellectual, spiritual and occupational resources as they assist in mastering development task necessary far satisfying a productive life. As the saying goes “no one can escape good health which enhances development”. It is therefore believed that every nation including Ghana needs to tap its human, financial and physical resources so as to channel them into sustainable development.

The development of the human resources of the country has been identified as one of the key priorities of government. Under the Ghana Poverty Reduction Strategy (GPRSII -2003-2005), a number of measures were initiated in the medium term to enhance access to and the delivery of health services. A considerable investment was made in the provision of health care facilities, with positive outturn in a number of health indicators. However, by the end of the implementation of GPRSII, a significant proportion of people still did not have adequate access to quality health services. There are still regional and socio-economic disparities. These variations in health status were attributed, in part, to geographical and financial barriers, service delivery constraint and broad socio-culture barriers including gender.

In 1983 the government was compelled to embark on a World Bank and International Monetary Fund supported structural adjustment programme, due to the poor state of the economy. This hardship, which emerged particularly in the late 1970’s and early 1980’s, which made it difficult for the government to finance the current inputs such as drugs which reduced the effectiveness of the existing health services and resulted in an increase in mortality rate.
The PNDC government then in power, due to this economic hardship, did not hesitate to state in his special national address that “they have turned our hospitals into grave yards and clinics into transit camps where men, women and children die daily because of lack of adequate drugs and basic medical equipment” (Daily Graphic, January 4th 1982,).

In spite of this, the government instituted full cost recovery for drugs as a way of generating revenue to address the shortage of drugs and medical equipment. This payment mechanism put in place was termed as “cash and carry system” meaning that one has to pay for almost all the treatment or service rendered to him or her. This was part of the World Health Organizations’ policies to improve health sectors in Ghana. The introduction of the “cash and carry system” was needed to generate revenue to run the health sectors and also for people to value the treatment offered them. The system of paying for health care at the point of services was observed as a key factor to financial barrier to health care access for the poor.

The Former President J.A. Kuffour on 7th January, 2000, made in his speech, the introduction of National Health Insurance Scheme as a means of removing financial barrier to health services and ensuring an affordable and a sustainable health care arrangement for the poor.

He explained that the “cash and carry system” of the health care financing present strong barriers to health care access to the majority of Ghanaians, and that if the health of the populace is to be secured, then there is an urgent need to replace the system with another system that enhances utilization of health care.

However, the Daily Graphic on 14th and 21st July 2000, reminded the President of his speech made on 7th January, 2000 and out of this reminder, a committee was set up known as the National Health Insurance Council to formulate policies to cover the scheme. Arrangement which best suit the current socio-economic circumstances of the people in the country was
made. The outcome of the National Health Insurance Council (NHIC) culminated in the passage of the law of Nation Health Insurance Act 2003 (Act 650) by Parliament (Questions and Answers, National Health Insurance Scheme and Levy). This therefore received Presidential Assent on 5th September 2003 and was gazette on 12th September, 2003 (Questions and Answers, National Health Insurance Scheme and Levy). With this scheme, an insured patient does not pay directly from his pocket for health services at the time of use. By this; a subscriber of the scheme becomes each other’s keeper by payment of premium. (Questions and answers NHIS& Levy).

The National Health Insurance Scheme is financed mainly through taxes on selected goods and services, as well as retention on workers’ social security and national Insurance Trust contribution and premium payment through membership contribution and registration. The NHIS Act 2003 (Act 650) imposed a 2.5% VAT levy on selected goods and services in the country to finance the scheme, in addition to 2.5 % of workers contribution to the Social Security and National Insurance Trust (SSNIT) which is deducted at source as their contribution to the scheme. Thus all SSNIT contributors are exempted from paying a premium, though they are required to register in order to benefit from the scheme. On the other hand, all informal sector workers are required to pay a premium, based on the income level of subscribers, in order to have access to basic health services under the national Health Insurance Scheme.

A portion of total mobilized funds for the scheme is repackage as an exemption fund and channeled through district implementing bodies to cater for the poor and vulnerable groups as defined under the scheme. Due to anticipated teething problems related to adverse and risk selection issues, and also low incomes, the framework innovatively established this fund to
provide buffer for district mutual health insurance schemes licensed under the NHIS Act and to subsidize the cost of providing health care services to the exempted group. This fund implicitly subsidizes families by exempting children (under 18 years of age) whose parents fully pay their annual premium.

1.2 PROBLEM OF THE STUDY

The high cost of charges that characterized private and public hospitals has far reaching consequences. Due to this high cost involved in the “cash and carry system”, people were not able to pay their hospital bills which resulted in a situation where people die in their various homes because they could not afford to pay the hospital bills. Patients also absconds from the health facilities without paying their bills and drug abuse was on the rise because people preferred self-medication than going to the hospitals for treatment due to the high cost involve in going to the hospital for medical treatment.

There was also a conflict of economic efficiency and social justice.

People also showed negative attitude towards the scheme by not registering under the schemes and they believed the scheme to be politically influenced so it has become necessary to investigate in to the socio - economic impact of National Health Insurance Scheme (NHIS).

Many people living in the rural districts are not aware of the scheme and the benefit package that the NHIS has for them and now a time has come for a scientific and economic investigation into the economic value of the scheme on health care delivery system in Ghana.
1.3 OBJECTIVE OF THE STUDY

General objective:

- To conduct a study into the economic effect of National Health Insurance Scheme (NHIS) on the people of Donkorkrom District.

Specific objectives of this research include the following:

- Determine why NHIS was introduced in the health sector in this country
- To identify whether people prefer the NHIS to ‘cash and carry system’
- To identify the benefits of the scheme to the people of Donkorkrom district.
- To identify the problems of the scheme as well as whether the aim of the scheme has been achieved.
- Recommend suggested solutions of how best to solve the problems in the health delivery system in Ghana.

1.4 SIGNIFICANCE OF THE STUDY

The findings of this study would help the government to have fairer and more independent analysis of the National Health Insurance Scheme (NHIS). Based on the findings of the study other policies could be suggested to the Ministry of Health (M.O.H.).

It could also help the government, and policy makers in their decisions. The findings of the study would increase knowledge of the impact of the insurance scheme.
1.5 SCOPE OF THE STUDY

a) Donkorkrom District
b) Providers of healthcare delivery Donkorkrom Presbyterian Hospital (D.P.H)
c) The National Health Insurance Secretariat

With regard to the Donkorkrom District, the researcher would like to find out how best the scheme would benefit the In- and Outpatient department and the general public.

Other sections of the hospital, such as the Medical and Nursing Administration, Pharmacy and Accounts will be examined to determine the impact of the NHIS on health care in Donkorkrom.

The researcher would also like to know more about the scheme from the National Health Insurance Office – Donkorkrom and its operation in the district.

1.6 LIMITATION OF THE STUDY

- The researcher has had to face financial difficulties to conduct the study.
- There is also the problem of a limited time frame to complete the work.
- Data collection has become a problem because many people in the district are unaware of the scheme and have also politicized the issue, therefore the right information would not be given out for records; because of this, firsthand information became difficult.
1.7 ORGANIZATION OF THE STUDY

The study is divided into five chapters.

- Chapter one deals with introduction, which comprises a brief background of the study, statement of the problem, objectives of the study, significance of the study, scope of the study as well as limitation of the study.

- Chapter two will review related literature.

- Chapter three consists of methodology. This consists of the research design, population, sample and the sampling technique, data collection procedure and data analysis.

- Chapter four deals with the data presentation, analysis and discussion of the main findings.

- Chapter 5 concludes the study with summary, conclusions and recommendations of the study.
CHAPTER TWO

2.0 INTRODUCTION

People usually associate health care concept with only physical components such as fitness, appearance and proper nutrition. It is therefore necessary to understand that there are several dimensions to the health concept, all which include physical, emotional, social, spiritual and vocational.

A country’s development depends mostly on the health of the people living in it and as the saying goes “a sound mind lives in a sound body.” To make sure that the above statement is achieved, there are many factors to consider that influences the health of the people, either individual or group. Among these factors, are drinking water, shelter, diet and personal hygiene. Besides these factors of a person’s quality of health, poor health can sometimes contribute to factors outside a person’s control such as inherited disease.

Recently, problems facing the world and especially developing countries in relation to resource allocation and management, which Ghana is no exception, it will be appropriate to seriously look at the system of health care before some insight into the economic effect of NHIS across the nation in Donkorkrom District in particular.

2.1 HEALTH

Health is defined by the World Health Organization (WHO) 1993 as a state of a complete physical, mental and social well being and not merely the absence of disease or infirmity. The WHO also states that health is one of the fundamental rights of every human being without distinction of sex, race, religion, political belief and economic or social conditions. It also states that, health is a fundamental right, that is, the attainment of important social goals
which can be achieved through effective health care delivery. The Oxford English Dictionary also defines health as the condition of a person’s body and mind.

### 2.2 DETERMINANT OF GOOD HEALTH

Good health may be determined by the following:

- A person with access to clean water and lives in a healthy environment that is less susceptible to contract diseases.
- A person who is better educated and well informed about health behavior and makes better choices.
- Health services by themselves are not the only or the main determinants of health status of nation.

### 2.3 HEALTH CARE

According to Weitzu and Fuert (1979:261-3), Health care is an integrated system of care that incorporates promotion of health, the prevention of diseases, the detection and treatment of diseases and rehabilitation. The researcher however, uncovered that, the effectiveness of the health care services in a community depends on the extent to which the services are relevant to the economic, socio-cultural and health needs to such community.

Phillips (1995:335-7) says that the developing countries are to some extent not different from developed countries considering social and welfare changes. Whilst some conditions are improving, others are deteriorating and there is an excessive pressure on resources relating to the population and age structure. In addition to the modern health care sector comprising
hospitals, clinics, doctors, surgeons, there is also the pressure on traditional health care system especially in the third world countries which includes Ghana.

2.4 GHANA’S HEALTH CARE SECTOR

A lot has been said about health care sector of our dear nation with respect to every facet of it. It made the researcher to look at Ghana’s health care sector and what others have written about it.

The health service is a way of administering medical treatment to its attendants. It is however financed mainly by public funds. It interests the researcher to note that in 1998, National Health Insurance (NHI) was introduced in United Kingdom with the sole aim of providing a comprehensive service for every resident. In the past decade Ghana has experienced high a population growth and in 1978, the then government adopted the Primary Health Care (PHC) strategy as a means of achieving and making health care accessible for all.

De-graft and Awusaba (1993), pointed out that among children, the main cause of mortality were respiratory infections, malnutrition, diarrhea, meningitis and malaria. While among adults are basically respiratory diseases, tuberculosis, sexually transmitted diseases, pregnancy related complications, accidents and many more.

There is no doubt about the number of institutions in Ghana which render remedies for health related issues, these institutions are highly not erroneous in nature, that is, the mixture of both scientific and medical practitioners, thus government, churches, non-governmental Organizations (NGOs), individuals, private practitioners and traditional healers all play a significant role in health care delivery.
It was however unveiled by the researcher that public institutions which are under the umbrella of the government and some other institutions by non-governmental Organization (NGO) are categorically grouped into four (4) main systems of the service delivery (Twumasi, 1975).

The regional hospitals or the teaching hospitals are located in the regional capitals. These ones have the largest unit of health care delivery system and are well staffed with health professionals such as specialist and general duty medical officers. They are also equipped with modern equipment to take care of complicated problems which the district hospitals, health centres and clinics cannot deal with.

Besides the above, the district hospitals are next to regional hospitals and they are relatively located in large towns. Here, they are not well staffed like the regional hospitals, therefore staff and facilities are limited. Limited number of medical officers can be found in the district hospital either as visiting or part-time doctors in such hospitals. One can find only one medical or two medical officers and medical assistance stationed in these hospitals. It is worthwhile to mention that, medical officers and other paramedical personnel such nurses, health practitioners as well as ward assistants run the affair of the hospital.

Furthermore, health centres are put up to relieve the regional and district hospitals in terms of over population of patient in treating minor cases in those hospitals. These centres are mostly situated in rural areas to promote health need of the people, like healthy living condition, by emphasizing on prevention through immunization and teaching better child feeling practices. The centres also do not have adequate health professionals and modern equipment. Over there, the centres are staffed with paramedical and professional services are provided on visiting basis.
The last which is the fourth on the hierarchy are the health post. They are small units of the health care. Health Post Superintendents, community health nurses and medical auxiliaries normally head them. At these places minor cases of illness and first aids are treated. The relatively serious cases are referred to the nearest health centres or district hospitals. Occasionally, the district medical officers go there to assist at the health post.

**Figure 2.4.1 HIERACHY OF HOSPITALS**

![Hierarchy of Hospitals Diagram]

Twumasi P.A.( 1975)

The four categories of health system are under the umbrella of ministry of health (MOH). The intension is to make ministry of health the executor agency to be responsible for health services delivery. But due to financial constraints it has resulted in shortage of staff especially doctors and nurses in the Public Health institutions at all levels. As a result of these constraints, most doctors and nurses prefer to be with the Private Health sectors where salaries are more attractive and comparatively good conditions of services. Ghana is having problems of providing good health services to its citizens, therefore it has become necessary
for government to introduce insurance scheme to attain a better health status for all citizens in Ghana.

### 2.5 FINANCING HEALTH CARE IN GHANA

How health care should be financed has been a major concern of many well-meaning citizens in Ghana. Ghana spent much of the years paying off debt and enacting austerity measures designed to shore up its economy. The country’s health sector noticeably suffered under the economic cutbacks, resulting in staff shortages and poor maintenance of health facilities (Oppong, 2001:337-70). In order to curb the deterioration of health services and to boost the quality of health care delivery, Ghana eventually implemented a pay-per-service health care model commonly referred to as the “cash and carry system.”

However, the” cash and carry system ended up discriminating against Ghana’s most vulnerable communities rendering health services unaffordable to them. A substantial decline in the number of people accessing health care services in hospitals became evident shortly after, with estimates suggesting at least (25%) twenty five percent drop in usage. The greatest declines were recorded among the poor, elderly, women, and rural residents (Anyiman 1989;531-47; Hutchful 2002:129-40; Konadu – Agyeman 2000:475-81; Waddington and Enimayew, 1990:287-312).

The failure of the “cash and carry system” to cater for the health care needs of the country’s most vulnerable populations placed health care services and delivery improvements on top of the country’s development agenda. This system could be best described as “stinking and dehumanizing” because patients who did not have the ability to pay for medical services
were turned away from hospitals only to die at home. The physically challenged, poor and accident victims were being asked to pay on the spot before getting medical attention. However, it was deduced by the researcher that it was for the purpose of deciding how to finance health care and to address the underlying inequalities and also provide equal opportunities for the people to use that brought about NHIS. In 2003, the National Health Insurance Act was approved by parliament, followed by the launch of the National Health Insurance scheme (NHIS) in 2004. The NHIS was designed to offer affordable health care to the country’s poor, with adult contributing minimal annual payment in comparison with the value of their potential health care usage.

In Ghana today, almost everyone recognizes the fact that “cash and carry” system of health care financing presented a strong barrier to health care access for majority of Ghanaians’ and that if the health of the population is to be secured, then there is an urgent need to replace it with the National Health Insurance Scheme which will enhance utilization of health facilities. Health insurance is a risk pooling system arrangement by which the cost of health care to any single individual becomes a collective responsibility of all the people in the society. Thus, it is an arrangement which best suits the current socio economic circumstances in our country. According to Griffin (1992) if the insurance scheme is well administered, it is believed that the following would be achieved.

- It will allow the government to diversify the sources for health sector.
- Provide a payment mechanism that is necessary for greater private sector involvement in providing curative care.

The NHI programme also aims to salvage any eventualities. A Health Insurance Scheme (HIS) as instituted under section (2) of the National Health Insurance Act 2003, (Act 650) is
a health care payment arrangement that spreads the risk of health care cost over a group of subscribers. Thus an insured patient does not pay directly from his or her pocket for health services at the time of use when, most probably, the patient is not in a position to pay for consultation, treatment and hospitalization.

As individuals begin to pay into the scheme, the immediate impact of health insurance fee can translate into a decrease in funds for food, communication or transportation expenditure.(KochandAlaba, 2010:180-81).with the implicit tradeoff between basic necessities, well functioning and accessible health care system, Ghana must take steps to address the disproportionate under-enrolment of the poor in the NHIS. The National Health Insurance Authority (NHIA) has begun investigating into the possibility of a single payment for lifetime membership. It is argued that the government can assure unhindered financial access to health care for residents of the country through a One-Time Premium Payment.(NHIA, 2010:17)

2.6 USERS CHARGES

Crease (1970) sees, user charges as pay as you use and shifting the burden of payment on the user of healthcare in the form of charges at the time of use.

In another development, Hardwick, Khan and Langue (1990) also see a user charge as the price charged on individual users for the facilities provided by the public sector and has in its opinion in the benefit principle of taxation as a way of financing public spending. The user charges were to enable government to provide better health services to her people since they are paying for the facilities they use at the public hospitals.
2.7 COMMUNITY FINANCING

Community financing as Sintoon (1984) uses the phrase “community financing” to mean that contribution are made to support part of health care by individual, families, or community group in a cash, in kind, in labour or some collective effort directed at the creation of health facilities.

2.8 INSURANCE PROGRAMME

Insurance is something done to protect oneself against some occurrence in the future. It means paying an agreed premium to insure oneself against any future event. Insurance provides a payment mechanism that is necessary for greater private involvement in providing curative care of property.

The “cash and carry” system, made it compulsory for everybody to pay money immediately before and after treatment in our hospitals, clinics, etc which was not within the means of most Ghanaians where many were not going to our hospitals, resulting in needless deaths. Therefore it became necessary for the government in power to introduce an insurance scheme to cover their health care since they needed healthy Ghanaians to contribute immensely to develop our dear nation hence, the introduction of the National Health Insurance Scheme (NHIS).

National Health Insurance Scheme is defined as a health care cost over a group of subscribers Health Insurance Act 2003 (Act 650). Thus, the cost of treating a patient will be drawn from the fund into which all subscribers to the scheme pay their premium. In other words the pooling of resources will provide the financial bedrock required by members of the scheme who are unfortunate enough to fall sick. By this, the subscribers become each other’s keeper.
Even though, reference is often made collectively to the National Health Insurance Scheme (NHIS), there are indeed three types of schemes under section II if the Act:

a. The District Mutual Health Insurance Schemes.

b. The Private commercial Health Insurance Schemes.

c. Private Mutual Health Insurance Schemes.

The different insurance schemes run by different groups or associations will be registered under each of the three types of schemes by the National Health Insurance Council, the authority designated for that purpose by sections 13 and 14 of the Health Insurance Act (2003).

The Government does not want to take chances and has therefore decided to support the District Mutual Health Insurance Scheme concept to ensure that:

- Opportunity is provided for all Ghanaians to have equal access to the functional structures of Health Insurance.

- Ghanaians has moved from an unaffordable “cash and carry” system to another affordable Health Insurance scheme.

- A sustainable Health Insurance option is made available to all Ghanaians.

- The quality of health care is not compromised under Health Insurance (NHIS questions and answers).

The District Mutual Health Insurance Schemes have been programmed to allow the payment of very low premiums affordable by the poor in society while still ensuring adequate coverage of basic Healthcare needs. The low premiums also mean that contributions received from premiums will not be able to cover the cost of provision of the “basic health care needs” which have been defined for the District Mutual Health Insurance Schemes. In this respect,
the gap will be funded by subsidy from the National Health Insurance Fund by the National Health Insurance Council under the provisions of section 33 of the Act which provides for such subsidy.

The National Health Insurance Scheme (NHIS) is in such a way that contributions are payable in line with one’s ability to pay, because the socio-economic condition of all residents in Ghana are not the same therefore the contributions must be affordable to all to ensure that nobody is forced to remain in the “cash and carry system”. The premium contribution is not standard for all, this means that premium payment varies from one district to the other as the disease burden is also not the same in all the districts.

As stated earlier, contributions are payable in line with one’s ability to pay. For the informal sector, community health insurance committees are to identify and categorize resident into social groups to enable individuals in each group to pay line with the ability to pay. By law, the poor or the indigent who are considered as adults and unemployed and receive no consistent financial support from identifiable sources will be exempted from contributing the health insurance scheme. Children under 18 years whose parent(s) or guardian(s) pay their own contributions are exempted from paying any contribution. The poor or very poor who are employed or unemployed but receive identifiable and consistent financial support from sources of low income contribute GH¢7.20 per year but due to financial constraint, they are allowed to pay in monthly installment of GH¢0.60 per month.

The middle income adult is also to contribute GH¢18.00 and the rich and very rich also contribute GH¢48.00 per year which is subject to renewable every 13 month. (National Health Insurance Act). It must also be noted that, all Ghanaians are going to pay 2.5% Health Insurance levy on selected goods and services to be put into a National Health Insurance
Fund to subsidize all fully paid contribution to the District Health Insurance Scheme. This is to give a wider scope and coverage that will help to generate more revenue and also to ensure that the poor also contributes when they procure goods and services (Health Insurance Act 2003).

The Government has come with a minimum benefit package of diseases which every district – wide scheme must cover. This package covers about 95% of diseases in Ghana. Diseases covered include among others Malaria, Diarrhea, Upper Respiratory Tract Infection, Skin Diseases, Hypertension, Diabetics, Asthma, and a lot of other diseases ranging from head to toe. However, all district – wide schemes have the right under the law to organize their schemes to cover as many diseases and services as they desire, provided it is approved by National Health Insurance Council.

Certain diseases are however excluded from the benefit package. This is mainly because it may be too expensive to treat those diseases and therefore other arrangements are being considered to enable people get these diseases treated. Diseases currently not covered are: optical aids, hearing aids, treatment of chronic renal failure, Dentures, Beautification surgery, supply of AIDS drugs, treatment of Heart and Brain Surgery, etc. all these constitute only 5% of the total number diseases that attacked us. (National Health Insurance Scheme Levy questions and answers booklet).
2.9 SUMMARY

The National Health Insurance mandates workers in the formal sector to join the scheme. People often asked that workers have health benefits in their present employment relationships and deducting their contribution from Social Security and National Insurance Trust Fund (SSNIT) will mean double payment for workers.

With the Health Insurance, there is no possibility for double payment for anyone. Also, the current collective bargain agreement between workers and their employers, which was hatched at a time when there was no health insurance in the system, will be reviewed to reflect the trends of today. We need also to recognize that only few organizations provide health benefits for their workers. And even those that do provide such benefits, the levels do not in any way meet the healthcare needs of the SSNIT contributions. The NHIS will ensure that all currently enjoy some benefits and those who receive nothing at all.

The government has come out with painless way for workers to join the district – wide Health Insurance Scheme through the enacted law on health insurance. The law makes it mandatory for 2.5% of workers social security contributions to the scheme. Children under 18 years of formal sector workers will also be exempted from paying any contributions provided by spouses in the formal sector, if any, also pay their own contributions.

The idea to deduct workers contributions from their social security deduction instead of their salary earnings is to achieve the following:

a. To provide free health insurance coverage for worker within the minimum benefit package.

b. To minimize the health care component of workers household budget to enable them have more disposable income during their working days.
c. To minimize the health care component of workers household budget when they go on pension to enable them receive free treatment within minimum benefit package for the typical old age chronic diseases like diabetes and hypertension and also to have more disposable pension income to improve general well being.

d. To ensure that formal sector companies and organizations comply with payment of workers contribution to the SSNIT fund.

Because of the National Health Insurance Scheme (NHIS) system, the high mortality rate is hoped to decrease or reduce and that would be an improvement in the man power, which every nation needs to develop its country (the Mirror, 11\textsuperscript{th} June, 2005).
CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

In order to have reliable information for this study, effective and efficient research techniques were used. This chapter discusses the various research methodologies employed in obtaining the necessary information for the study. It deals with the various data collection techniques used.

The use of primary and secondary sources of data, sample size determination and the targeted population among others are all considered in this chapter.

3.1 TARGET POPULATION

This research is aimed at finding the impact of National Health Insurance Scheme (NHIS) on healthcare delivery system in Ghana focusing on the people of Donkorkrom District as a case study. This is centered on the people of Dorkorkrom Presbyterian Hospital. The researcher therefore decided to use certain group of people as the targeted population.

3.2 SAMPLE SIZE DETERMINATION

The researcher sampled 200 people to be interviewed. The Dorkorkrom District has been selected hence the general public, patient and worker of Dorkorkrom Presbyterian Hospital and health centers.
3.3 SAMPLING TECHNIQUES

Sampling is the process of selecting a few from a large group to become the basis for estimating or predicting a fact, situation or outcome regarding bigger group.

Quota sampling was used for this study. Quota sampling is not a pre-selected but was chosen by the interviewer on the spot up to the levels of quota. To avoid undue bias, the quota is subdivided into various categories, example, and nurses, out and in patients, accountants, pharmacist, and the general public. This is because this method is simple and reasonably effective.

Table 3.1: TARGET SAMPLE SIZE

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General public</td>
<td>100</td>
</tr>
<tr>
<td>Out patients</td>
<td>50</td>
</tr>
<tr>
<td>In patients</td>
<td>20</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>5</td>
</tr>
<tr>
<td>Accountants</td>
<td>5</td>
</tr>
<tr>
<td>Nurses</td>
<td>20</td>
</tr>
<tr>
<td>Total sample size</td>
<td>200</td>
</tr>
</tbody>
</table>

3.4 SOURCES AND METHOD OF DATA COLLECTION

Data that was used for the research was obtained from two main sources which are primary and secondary in order to achieve the main objectives of the study.
3.4.1 QUESTIONNAIRES

Survey questions can be divided into two basic categories.

i. Open – ended questions

ii. Close – ended questions

iii. Open – ended questions: this permits the respondent to answer the questions in their own way.

iv. Close – ended questions: this limits the respondent to no alternative than to respond in the specific.

For the purpose of this study, both types were used for the following reasons;

- Using open – ended questions to answer more completely and to reveal reasons behind the answer.
- Open – ended questions are likely questions that will discover something not anticipated by it designers.
- Closed – ended questions were chosen because the researcher will be dealing not only with literate but illiterate too.
- Closed – ended questions, because the possible response are already categorized and has become easy to analyze.
Table 3.2: NUMBER OF ITEMS IN THE QUESTIONS

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>General public</td>
<td>16</td>
</tr>
<tr>
<td>In - Out patients</td>
<td>14</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>12</td>
</tr>
<tr>
<td>Accountants</td>
<td>12</td>
</tr>
<tr>
<td>Nurses</td>
<td>15</td>
</tr>
<tr>
<td>Total sample size</td>
<td>69</td>
</tr>
</tbody>
</table>

3.4.2 SECONDARY SOURCES

The researcher also used secondary sources of data. There were reviews of relevant and related literature taken from text books, brochures, internet, academic journals and news papers relevant on the researcher work.

3.5 TECHNIQUES OF ANALYSIS

These results of the study were presented using tables, and charts. Percentages were calculated to analyze the results.
CHAPTER FOUR
ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTIONS

This chapter seeks to interpret and analyze the data collected. In all, 200 people were interviewed, which includes patients, nurses, accountant from the health sector, pharmacists and the general public.

4.2 SOCIAL DEMOGRAPHIC DATA

Out of the 200 people interviewed, in the Donkorkrom District, 140 which represent 70% of the sample as shown in the table given below were males and 60 representing 30% were females.

**TABLE 4.1 SEX OF RESPONDENT**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>140</td>
<td>70</td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>
4.2.1 The various ages of the patients and the general public were also analyzed as follows: ages between (18-25) = 40, (26-35)-63, (36-45) = 50, (46-55) = 18, (56-65) = 15, 66 and above were 14.

This is depicted below

TABLE 4.2: AGE DISTRIBUTION OF RESPONDENTS

<table>
<thead>
<tr>
<th>AGE GROUPS</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>40</td>
</tr>
<tr>
<td>26-35</td>
<td>63</td>
</tr>
<tr>
<td>36-45</td>
<td>50</td>
</tr>
<tr>
<td>46-55</td>
<td>18</td>
</tr>
<tr>
<td>56-65</td>
<td>15</td>
</tr>
<tr>
<td>66 and above</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
</tr>
</tbody>
</table>

FIGURE 4.2: AGE DISTRIBUTION OF RESPONDENTS
### TABLE 4.3: OCCUPATIONAL LEVEL OF RESPONDENTS

<table>
<thead>
<tr>
<th>OCCUPATIONAL LEVEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>56</td>
<td>28</td>
</tr>
<tr>
<td>Self employed</td>
<td>45</td>
<td>22.5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>Pensioners</td>
<td>25</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**CALCULATION OF PERCENTAGE ON OCCUPATIONAL LEVEL:**

- **Employee** = \( \frac{56}{200} \times 100 \) = 28%
- **Self employed** = \( \frac{45}{200} \times 100 \) = 22.5%
- **Unemployed** = \( \frac{74}{200} \times 100 \) = 37%
- **Pensioners** = \( \frac{25}{200} \times 100 \) = 12%
4.2.2 UNDERSTANDING AND CONTRIBUTION TO NHIS

Among other things unveiled during my research are, out of the 170 people being the general public and out and in-patients, 16 people representing 9.4% have no knowledge and idea about the scheme and therefore do not contribute to the scheme. 51 people representing 30% do not understand the scheme but contribute to the scheme and others too for political reason, they have registered to show their membership with political party which implemented the NHIS; 70 people who represent 47.1% understands and contribute to the scheme, this is because they do not have enough money to finance their health needs therefore they rely on the scheme for a free health care services by paying a small amount to the scheme as annual premium; and 23 who represent 13.5% understand but do not contribute to the scheme because they can afford to pay their hospital bills, want to skip the queuing in the accredited health centres and others also claimed that the insurance premium is too expensive that they cannot afford to pay.
TABLE 4.4 UNDERSTANDING AND CONTRIBUTION TO NHIS

<table>
<thead>
<tr>
<th></th>
<th>FREQUENCY</th>
<th>DEGREES (°)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not understand and do not contribute to the scheme</td>
<td>16</td>
<td>9.4%</td>
</tr>
<tr>
<td>Do not understand but contribute</td>
<td>51</td>
<td>30%</td>
</tr>
<tr>
<td>understand and contribute</td>
<td>80</td>
<td>47.1%</td>
</tr>
<tr>
<td>Understand and do not contribute</td>
<td>23</td>
<td>13.5%</td>
</tr>
<tr>
<td>Total</td>
<td>170</td>
<td>100%</td>
</tr>
</tbody>
</table>
FIGURE 4.2: THE UNDERSTANDING AND CONTRIBUTION TO THE NHIS

UNDERSTANDING AND CONTRIBUTION TO THE NHIS

- Do not understand and do not contribute to the scheme: 9.40%
- Do not understand but contribute: 13.50%
- Understand and contribute: 30%
- Understand and do not contribute: 47.10%
### Table 4.5: Marital Status of Respondents

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Married</th>
<th>Single</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out patients</td>
<td>30</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Inpatients</td>
<td>20</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>General Public</td>
<td>51</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>101</strong></td>
<td><strong>49</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

### Table 4.6: Marital Status Expressed in Percentage

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>101</td>
<td>59.4</td>
</tr>
<tr>
<td>Single</td>
<td>49</td>
<td>28.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>20</td>
<td>11.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>170</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
4.2.3 MARITAL STATUS

Out of the 170 people which includes both out and in patience and the general public interviewed, 101 people representing 59.4% were married, 49 people representing 28.8% were singles and the remaining 20 which represents 11.8% were divorced.

Those married with children have great interest in the National Health Insurance Scheme (NHIS), this is because they pay less as premium to cater for the whole family (parents and children under 18 years). On the other hand those singles believe they can cater for their health needs since they are not burdened with other family issues and the divorced also prefer the NHIS than the ‘cash and carry system’ because they have separated after paying
the premium, the scheme will cater for them and the children’s health needs for a year before renewal by paying an affordable premium.

Some of the out-patients are of the view that, the cost involved as premium to the scheme is affordable and the in-patients are also of the view that, since the cost of certain drugs and treatments are too high, the scheme is the best alternative to the cash and carry system.

4.3 HOSPITAL ATTENDANCE

When the National Health Insurance Scheme (NHIS) was introduced, it was not well understood by some people and those who patronize the scheme frequently use the hospital facilities more than before.

It was also observed that, out of those interviewed, about 90% prefer the National Health Insurance Scheme (NHIS) to the cash and carry system because it is believed that, ”sickness does not inform’ therefore the scheme has prepared clients to go to hospital without looking for an advance payment before being treated or attended to.

4.4 NATIONAL HEALTH INSURANCE SCHEME (NHIS) AND EFFICIENCY IN THE HEALTHCARE DELIVERY

Among the main objectives of introducing the National Health Insurance Scheme (NHIS), it was observed that people prefer the National Health Insurance Scheme (NHIS) to the cash and carry system.

Also, it was observed that the scheme is more economical for the patients to the cash and carry system, because money that will be use for health treatment can be set aside for a different purpose.
From the researcher’s observation, adults who are unemployed and do not receive any identifiable and constant support from anywhere for survival are taken care off by the scheme.

It was also found out after that, most patients who contribute to the scheme attends the hospital frequently than before and this will improve the health condition of the people in the district. This seems to be a good schemes with regard to the cash and carry system as some of the interviewers said, it should be encouraged and solutions should be found to some of the draw backs, mostly on the education of the scheme.

From another observation, the internal revenue generation for the health facilities has increased tremendously, because most people now attend hospital. Previously, patients were not visiting the health facilities because of the high cost involve in the treatment.

4.5 PROBLEMS ASSOCIATED WITH NATIONAL HEALTH INSURANCE SCHEME (NHIS)

Even though, the scheme seems to be good but it has its problems. These should also be examined and addressed. In the researcher’s observation, the following problems were unveiled.

Firstly, due to the poor education of the National Health Insurance Scheme (NHIS) personnel, people did not understand the scheme very well as they should.

Secondly, most people though that the National Health Insurance Scheme (NHIS) is an N.P.P. project and therefore the opposition party members did not see the need to contribute to the scheme. The reason being if they register with the scheme, they automatically become members of the N.P.P party. This is a wrong notion by members of the opposition party.
Also availability of check point for registration and collection of premium or contribution was a big problem in the villages.

Another problem was the inability of subscribers to identify the National Health Insurance Scheme officials, the reason being that, during the study or the research work, it was found out that most of the people that were interviewed thought the researcher was part of the National Health Insurance Scheme officials. This is very dangerous since one can pretend to be National Health Insurance Scheme officials and dupe people by way of deceiving them to pay their contributions or premium to them.

Poor attitude of health professional towards patients has now been a serious drawback with the scheme, because there is no instant cash payment before treatment for those who have registered under the scheme. Health professionals feel reluctant to treat patients since they would not deal in physical cash from the patients.

Two forms of fraudulent claims are submitted to the scheme for reimbursement. These are subscriber’s fraud and service provider’s fraud.

Substantial subscriber’s fraud meant that clients tried to claim for reimbursement for drugs supplied outside the scheme’s pharmacy network. The service providers also tried to increase their profits by over-servicing patients, i.e., they performed procedures and tests that were uncalled for in order to boost claims.

Another major problem with the scheme is, as a result of the delays in claims payments and questionable vetting of the claims; the service providers began to under-service the scheme’s subscribers. This meant that the required protocols of care were not entirely adhered to by the service providers and the frustrated subscribers pulled out their support for the scheme.
The NHIS, like all other programmes of similar nature has its challenges and the above stated challenges are the major ones that the scheme should take into consideration and address to make a smooth running of the scheme in the district.
CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the summary of the entire work as well as drawing conclusion from what has been done so far. It presents policies, recommendations concerning ways in which National Health Insurance Scheme for health service can benefit patients and improve the finance, efficiency and quality of the health system.

5.2 SUMMARY OF FINDINGS

The work seeks to investigate empirically the impact of the National Health Insurance Scheme (NHIS) on healthcare delivery system in Ghana, using Donkorkrom District as a case study.

It is quite an undeniable fact that with the inception of the National Health Insurance Scheme (NHIS), attendance to public health centres has increased with the condition that patients would be treated free. However, suffice to mention here that the National Health Insurance Scheme will influence peoples’ decision on healthcare.

From the perspective of the general public, attitude of the health professionals in the health services will create a problem for the patients by preventing people with serious health problems from visiting the facility because they do not pay directly for their hospital bills. Therefore, the government through the Ministry Of Health (MOH) should re-orientate health professionals on a good customer care services.

Moreover, the majority do not understand the scheme as it was observed, and therefore do not contribute to the scheme. It would be necessary for the government through the National
Health Insurance Secretariat to provide better means of educating the people on the scheme, both on the media and also at social gatherings where individuals would meet the National Health Insurance Scheme officials to discuss and explain things about the scheme.

Finally, the introduction of the scheme has actually brought about congestion in the hospitals because patients are treated without paying for treatment instantly. This has increased the work load of health professionals because the number of patients has increased. Therefore, provisions should be made for more health facilities and health professional by the MOH to reduce the congestion in the healthcare facilities.

5.3 CONCLUSIONS

Holding other things constant, if a nation wants to develop economically and progressively, then it needs good health care services in order to produce at a minimum cost and at maximum benefits. Therefore healthcare can be used as an important instrument in measuring the standard of living and economic development.

The following conclusions can be drawn from the hypothesis of the study:

1. The introduction of the National Health Insurance Scheme (NHIS) is preferred to the cash and carry system because people are treated without paying from their pockets directly at the hospitals.

2. The introduction of the National Health Insurance Scheme (NHIS) has increase the burden of the health professional since contributors would like to access health care services in order to be treated for minor cases at the hospitals.

3. Most people do not understand the National Health Insurance Scheme therefore do not contribute to it, due to the inadequate education on the scheme.
4. It was also observed that, people are now visiting the hospitals than before. Therefore the use of orthodox medicine by patients has reduced as well as drug abuse or self medication.

These are some of the benefit that will be derived from the scheme;

➢ There would be an improvement in the production of goods and services in the country since a sound man lives in a sound body.

➢ It would also improve the socio-economic development of the country since it has made it easier for people to get access to hospital facilities at any point in time.

➢ The standard of living of the people in the country would improve because people can divert or invest some of their resources into other business instead of using it to pay hospital bills and to buy drugs.

➢ It will also save the lives of people since cash and carry has been eliminated.

The work of the researcher unveiled that since the inception of the National Health Insurance Scheme (NHIS), there has been no problem except how to employ effective measures to enable both the users and the providers of health services to appreciate and promote better healthcare.
5.4 RECOMMENDATIONS

Based upon the findings, the following recommendations are made.

1. There should be a better preventive healthcare system in the district.

2. There should be a national database that would make it easier for the registration process.

3. The government should set proper registration centres to enable people know where and when to register.

4. Tax on drug should be reduced to enable the scheme to provide better drugs to patients who register under the scheme.

5. There should be proper education on specific issues concerning the amount to be paid, the mode of payment, the diseases it covers and the drugs which can be provided by the scheme on the various media such as the radio, television, newspapers, at social gatherings and also door to door education by the scheme’s officials.

6. The schemes should be networked to enable people under it to get access to hospital facilities irrespective of district or region registered.

7. The scheme should provide adequate health facilities in order to reduce the congestion of patients in the various health centres.

8. The schemes’ personnel should be given proper training and also provide them with better logistics and be well motivated to establish quality services.

9. The healthcare providers should be reimbursed on time in order to make provision for the shortage of drugs and non-drug supplies to enable them meet the health needs of the insured clients.
BIBLIOGRAPHY


14. The Mirror (11th June, 2005)


APPENDIX ONE

Presbyterian University College, Ghana

Department of Business Administration

Philomina Opokua Boni is my name and a final year student of the Presbyterian university college. I am researching into the economic impact of national health insurance scheme on healthcare delivery system in Ghana. Your response is needed in order to gather information for this study. Be assured that any information giving shall be treated with utmost confidentiality. This information shall be used solely for academic work. Thank you.

QUESTIONNAIRES FOR INPATIENT AND OUT PATIENTS

BACKGROUND AND INFORMATION (Please tick where appropriate):

1. Sex
   - Male ☐
   - Female ☐

2. Age
   - 18-25 ☐
   - 26-35 ☐
   - 36-45 ☐
   - 46-55 ☐
   - 56-65 ☐
   - 66-75 ☐
   - 76-85 ☐
   - 86 and above ☐

3. Educational background:
   - Primary ☐
   - J.H.S ☐
   - S.H.S Six form ☐
   - Vocational school/Post secondary ☐
   - Tertiary ☐
4. Marital status:  Single  Married  Divorced

5. Occupation:  Self-employed  Employed  Unemployed  Pensioner

OTHER INFORMATION

6. Do you have any knowledge about the National health Insurance Scheme (NHIS)?

   Yes  No

7. Are you a member of the scheme (NHIS)?

   Yes  No

8. Do you pay premium or contribute to the scheme (NHIS)?

   Yes  No

9. What benefit do you derive from this scheme NHIS?

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

10. How many children do you have?

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

11. National Health Insurance Scheme and cash and carry which one does you prefer?

    NHIS  Cash and Carry

12. Why do you choose the above?

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

13. So do you anticipate that NHIS will be facing problems: Yes  No
14. Give suggested solution to the problem anticipated

                                                                                               
                                                                                               
                                                                                               

46
APPENDIX TWO

Presbyterian University College, Ghana

Department of Business Administration

Philomina Opokua Boni is my name and a final year student of the Presbyterian university college. I am researching into the economic impact of national health insurance scheme on healthcare delivery system in Ghana. Your response is needed in order to gather information for this study. Be assured that any information giving shall be treated with utmost confidentiality. This information shall be used solely for academic work. Thank you.

QUESTIONNAIRES FOR ACCOUNTANTS

BACKGROUND INFORMATION (Please tick where appropriate):

1. Sex
   - Male □
   - Female □

2. Age
   - 18-25 □
   - 26-35 □
   - 36-45 □
   - 46-55 □
   - 56-60 □

3. Qualification…………………………………………………………………………………

4. Rank ………………………………………………………………………………….

OTHER INFORMATION

5. Any knowledge about National Health Insurance Scheme (NHIS)
   - Yes □
   - No □

6. If yes, are you registered under the scheme?
   …………………………………………………
7. From your perception do you think people understands the scheme NHIS?
   Yes ☐   No ☐

8. If No, why?
   ...............................................................................................................

9. Why the need for the NHIS?
   ...............................................................................................................

10. What benefits do you think NHIS has brought to you?
    .............................................................................................................

11. What problem do you see with the scheme?
    .............................................................................................................

12. Give suggested solutions to the problem given above
    .............................................................................................................
APPENDIX THREE

Presbyterian University College, Ghana

Department of Business Administration

Philomena Opokua Boni is my name and a final year student of the Presbyterian university college. I am researching into the economic impact of national health insurance scheme on healthcare delivery system in Ghana. Your response is needed in order to gather information for this study. Be assured that any information giving shall be treated with utmost confidentiality. This information shall be used solely for academic work. Thank you.

QUESTIONNAIRES FOR NURSES

BACKGROUND INFORMATION (Please tick where appropriate):

1. Sex  Male □  Female □

2. Age  18-25 □  26-35 □  36-45 □

   46-55 □  56-60 □

3. Qualification………………………………………………………………………………

4. Rank …………………………………………………………………………………

OTHER INFORMATION

5. How long have you been working with this Hospital?

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

6. What are some of the general problems related to healthcare?

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

   ..............................................................................................................
7. Do you have any knowledge about National Health Insurance Scheme (NHIS)?
   Yes ☐   No ☐

8. Is this hospital practicing the scheme (NHIS)? Yes ☐ No ☐

9. If Yes, are people patronizing it if you look at the attendance (in other words if you look at the number of the people who visits the hospital daily, are most of them registered)?
   Yes ☐ No ☐

10. Do patient complain about the scheme?:
    .................................................................

11. If yes what is their complaint about?
    .................................................................

12. How effective is this scheme (NHIS)?
    ................................................................................

13. Has people’s attendance to hospital increase since the introduction of NHIS?
   Yes ☐ No ☐

14. As a nurse what are the general problems you think this scheme is likely to face?
    ................................................................................
    ................................................................................

15. Give suggested solution to your problem mentioned above
    ................................................................................
    ................................................................................
APPENDIX FOUR

Presbyterian University College, Ghana

Department of Business Administration

Philomena Opokua Boni is my name and a final year student of the Presbyterian university college. I am researching into the economic impact of national health insurance scheme on healthcare delivery system in Ghana. Your response is needed in order to gather information for this study. Be assured that any information giving shall be treated with utmost confidentiality. This information shall be used solely for academic work. Thank you.

QUESTIONNAIRES FOR GENERAL PUBLIC

BACKGROUND INFORMATION (Please tick where appropriate):

1. Sex
   - Male □
   - Female □

2. Age
   - 18-25 □
   - 26-35 □
   - 36-45 □
   - 46-55 □
   - 56-65 □
   - 66-75 □
   - 76-85 □
   - 86 and above □

3. Educational level:
   - Primary □
   - J.H.S/Middle School □
   - S.H.S Six form □
   - Vocational school/Post-secondary □
   - Tertiary □

4. Marital status:
   - Single □
   - Married □
   - Divorced □
5. Occupation: Self-employed □   Employed □  
                 Unemployed □  Pensioner □

OTHER INFORMATION

6. Do you have any knowledge on National health Insurance Scheme (NHIS)  
   Yes □       No □

7. Do you understand the scheme  
   Yes □  No □

8. Are you a member of the scheme (NHIS)  
   Yes □       No □

9. If yes have you paid or have you been paying your premium  
   Yes □       No □

10. If No, why .......................................................... .........................................................

11. How many children do you have?  

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

12. What benefit do you anticipate to get from the scheme (NHIS)?  

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

13. What benefit do you derive now from the scheme?  

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

14. National Health Insurance Scheme and cash and carry, which one do you prefer?  

   NHIS □       Cash and Carry □

15. Why do you prefer the choice made above? .................................................................

16. Suggest solution to the problem mentioned above  

   .................................................................................................................................
APPENDIX FIVE

Presbyterian University College, Ghana

Department of Business Administration

Philomina Opokua Boni is my name and a final year student of the Presbyterian university college. I am researching into the economic impact of national health insurance scheme on healthcare delivery system in Ghana. Your response is needed in order to gather information for this study. Be assured that any information giving shall be treated with utmost confidentiality. This information shall be used solely for academic work. Thank you.

QUESTIONNAIRE FOR PHARMACISTS

BACKGROUND INFORMATION (Please tick where appropriate):

1. Sex: Male □ Female □

2. Age……………………………………………………………………………………………………

3. Qualification…………………………………………………………………………………………

4. Rank……………………………………………………………………………………………………

OTHER INFORMATION

5. Do you have any knowledge about the National Health Insurance Scheme (NHIS)?

   Yes □ No □

6. Is the pharmacy practicing National Health Insurance Scheme?

   ………………………………………………………………………………………………………

7. Do you think people are patronizing the scheme (NHIS)?

   ………………………………………………………………………………………………………
8. How effective is the scheme (NHIS) with regard to healthcare delivery?

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

9. National Health Insurance Scheme and cash and carry System which one does you prefer?

NHIS □ Cash and Carry □

10. Why do you prefer the one you have chosen above?

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

11. What are the problems you think NHIS has been facing in its operation?

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

12. Give suggested solution to the problem(s) mentioned above

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