



# The Effects of Low Cash Flow on Health Service Delivery and Drug Availability at Ga West Central Hospital

William Afful Gyimah  & Zhou Luolin

1. Jiangsu University

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**Abstract:** The concept of cash flow system is one of the most controversial issues in the health sector. The paradigm focus has been on healthcare utilization, human security until a shift in recent times. The paradigm shift in recent times has linked funding of public health notion to a global approach for ameliorating scarcity of patients' drugs as well as underutilization of health care services. The study aimed at investigating the impacts of central governments low cash flow on health service delivery and the availability of patients' drugs. With a random sampling, participants were selected to partake in the study with standardized quantitative questionnaire to measure the variables involved in the study and a regression technique to analyze the data. The result reveal that low cash flow has negative impact to the health service delivery by any health care Centre as it as well limit the availability of patients' drugs. The study is essential to in restructuring of the cash flow system by the central government towards health care.

**Keywords:** Availability of Patients' Drugs, Low Cash Flow, Health Service Delivery, Management

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## INTRODUCTION

The concept of cash flow system is one of the most controversial issues in the health sector. The paradigm focus has been on healthcare utilization, human security until a shift in recent times. The paradigm shift in recent times has linked funding of public health notion to a global approach for ameliorating scarcity of patients' drugs as well as under utilization of health care services (Amerley, et al, 2022). This has incited the call for a pragmatic approach to ensure that health systems are significantly funded by central governments by instituting and implementing structures and policies that will ensure a constant flow of cash to all public health care systems.

For over three decades, health systems have faced difficulties globally, including urbanization and low cash flow which has resulted in rising rates of infectious disease and traumatic injuries (Durrani, 2016). Undoubtedly, a poorly performing health system cannot contain epidemics as was experienced in Guinea, Sierra Leone and Liberia during the ebola outbreak (Kamal-Yanmi, 2015). The economic and social cost of Ebola epidemic was estimated at \$53.19 billion as at 2014-dollar rates (Huber, 2018).

Health system is defined by the World Health Organization (WHO), as all organizations, institutions and resources that are devoted to producing actions whose primary purpose is to improve health (WHO, 2000). The performance of every health system is inarguably measured across several dimensions including quality, cost, access, equity as well as safety of patients (Ahluwalia, et al, 2017).

The cardinal inspiration for adopting several health policies was from the WHO's six healthcare workforce; information, medical products, vaccines and technologies, financing, and leadership and governance (WHO, 2007). These tenets become a base to strengthening health systems of every country. Ghana, has implemented a considerable health sector reforms over the years in collaborations with donors to help keep a constant cash flow. Consequently, a national health insurance scheme has been initiated by the government with an emphasis to improve equity in accessing health care (Dartey, et al, 2019).

The salary budget is under the auspices of the Ministry of Finance and Economic Planning. Again, the 16 regional health administrations have their own region-specific resource allocation criteria which they use to re-allocate funds received from national level.

While the call for constant cash flow has remained a signature towards the reform of Ghana's health sector, the country has struggled to achieve in this regard, largely because requisite leadership and support systems at the regional, district, and sub-district levels have been neglected (Philips, et al, 2018).

Notwithstanding the global increase in literature on healthcare utilization and health system performance of the areas above, there have been several bottlenecks to the operation of the cash flow system from the central government and the impacts on the general health system. In the same vein, there has been a reduction on the availability of patients' drugs in hospitals resulting in low utilization of healthcare services especially people in rural Ghana. It is against this backdrop that the present study focuses on the impacts of the low cash flow of Governments on Ghana's health system, using the Ga West Municipal Assembly health system apparatus including the only public hospital in the municipal assembly.

## **LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT**

Cash is a vital asset held by health systems in every country. It becomes a valuable asset required to pay employees, suppliers, creditors, and in this case with a total aim to maintain the health care service of the country.

Previous studies have attempted to unravel factors that promote the health system performance of countries and cash flow or funding is a major tenet and its absence can cause a havoc to health system performance. The past decade recorded a remarkable number of hospital closure in California due to low cash flow from the central government to the health sector (Pratt, 2010). Again Choudhury & Mohanty, 2018 preliminary studies on selected health schemes in India, pinpointed some challenges as a result of different tiers of Government effectiveness of funds allocated to many of the schemes.

Other studies by Amarteifio, et al, 2022, mentioned a Livelihood Empowerment against Women (LEAP) as an essential too for giving cash transfers and training to the poor aged. The LEAP program in Ghana, provides essential supports to the vulnerable, orphans as explicated by the aforementioned authors. In the same vein, Agyemang-Duah et al, 2019 and Hwang et, al, 2009 concentrated on the benefits of cash flow from the LEAP to the health security of the aged. To explicate, their study revealed that poor older people without financial strength will be unable to adequately use the healthcare services.

Azam, 2018 asserted that constant cash flow for health system increased hospital services utilization by patients and it sustained across the peripheries of India. To buttress,

Muthama, et al 2016 on their study on ‘effects of cash management practices on operational performance of selected public hospitals in Kisii county, Kenya’, realized that cash budgeting account for 38.9% effect size in influencing operational performance and also 49.3% effect size in influencing operational performance in public hospitals. A past study by Attom, 2014, note that low cash flow is undoubtedly, a chronic challenge and hence, its management is essential to the growth of every enterprise. In line with this assertion, Maritim, 2013, believe that cash flow is an important asset in steering an organization and evaluating its performance. Malakoane, et al 2020, investigated public health system challenges in South Africa. The result indicate that underfunding and low cash flow has negatively affected and influenced the ability of existing health systems in African countries. The following hypotheses were developed:

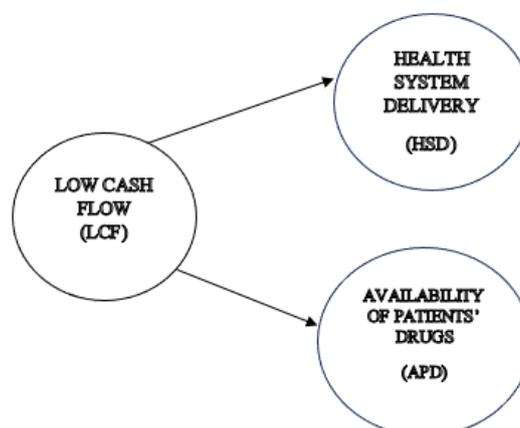
- Hypotheses 1 (H1): There is a relationship between low cash flow and health system delivery.

Global attention given to the health system has been geared towards reducing underutilization and also improve standard procedures include, avoiding inadequate drugs of patients. Studies have identified a range of barriers encountered in health service delivery. Daniels & Abuosi, 2020 bemoaned on the negative impact low cash flow do have on drugs of patients. Low cash flow usher in delay of patients’ drugs, which ushers in an increase in mortality rate, high death rate, etc. Therefore, Essendi, et al, 2010 assert that access to drugs and other healthcare including skilled birth attendance at delivery can reduce maternal deaths and disabilities. The inability of patients to have access to drugs remains one major challenge in addressing the burden of maternal mortality worldwide (Richard F et al, 2010).

Kamau, 2014, investigated the effect of internal and external factors on the profitability of private hospitals in Kenya. One factor that reduced and delayed drugs of patients was low cash flow. The repercussion was that, majority of the patient’s resorted to traditional medication. Based on the above, the study hypothesizes that:

- Hypotheses 2 (H2): There is a relationship between Low cash flow and availability of Patients’ drugs.

### CONCEPTUAL FRAMEWORK



**Figure 1: Conceptual framework of Impacts of low cash flow on health service delivery and the availability of Patients’ drugs**

The conceptual framework in Figure 1 below was developed based on the literature review.

## MATERIALS AND METHODS

### Questionnaire Design, Sampling and Data Collection

The study used the survey method, with structured questionnaire as the main instrument to collect data from patients in the Ga West Municipal Assembly specifically at the Amasaman Municipal Hospital. The Ga-West Municipal Assembly is among the 29 Metropolitan, Municipal and District Assemblies (MMDA) in Greater Accra Region, with a population size of 219,788. The study selected the Amasaman Township from this Municipality purposively because it hosts the only public and biggest hospital in the Ga West Municipality. To comply with research ethics, we first sought permission from the District Chief Executive (DCE), Assembly man, Chief and elders of the area and finally the consent of respondents and the aim of the research communicated to them.

The Amasaman Township was purposively selected due to the high number of recorded patient's healthcare utilization in the community (7960). Based on this population size, a total sample size of 399 was estimated using a sample size estimation formula by Yamani (1967) as follows:

$$\text{Sample size, } n = N / (1 + Ne^2)$$

Where  $N$  is the total target population,  $e$  is the error margin. An error margin of 0.05 was proposed for the study hence the sample size was estimated as:

$$\text{Sample size, } \frac{7960}{1 + 7960(0.05)^2} = 399 \text{ participants}$$

Studying only patients and some health insurance authorities, the study considered only those who have lived in the study area for the past 5 years. However, since there was quite a number of patients plying the healthcare service at the Amasaman hospital within the enclaves of the study area, the study first employed the purposive sampling technique using both inclusion and exclusion criterion to set the intended study respondents apart from others. Even though there is a tendency to commit a sampling bias using purposive sampling technique, the possible bias was minimized due to the inclusion and exclusion criteria used during the sampling. From the sampled set, questionnaires were then randomly distributed community to community by the three research assistants following no particular order in order to represent the whole population. The 3 research assistants were not obliged to go back to households because a legible respondent was absent at the time of data collection. Once the target number was achieved, questionnaire distributions ceased.

The questionnaire had three sections: A, B, and C. Section "A" dealt with personal data of the respondents; section "B" consisted questions from related literature, section "C" contained questions measuring the various variables (Low Cash Flow, Health System and Availability of Patients' Drugs). Section C was structured on a 5-point Likert scale, ranging from "Strongly Disagree" (SD), "Disagree" (D), "Neutral" (N), and "Agree" (A) to "Strongly Agree". Respondents were instructed to respond according to their degree of agreement with the statements contained in the instrument (see Appendix A, Table A1)

Questionnaires were developed in simple plain English taking the ages of the respondents into consideration. They were administered face to face. Those who could not read or write were assisted by 3 research assistants who helped with translations. Those who could read but couldn't write were still offered assistance to fill in the questionnaires.

A total of 1 month was used to distribute and collect data. Out of the 399 sampled respondents administered with questionnaires, only 390 answered questionnaires were returned; this represents 97% of the recovery rate of the sampling tool. Out of the 390 received, seven were incomplete so were regarded null. The response rate was good as the study covered majority of questionnaires distributed, representing a 94% response rate. Researchers have asserted that a high response rate, precisely above 60-70% is vital in ensuring accuracy in results (Amarteifio, et al, 2022).

### **Inclusion and Exclusion Criteria**

The study sampled both males and females who had lived in the Municipality for the past 5 years and patronized the services of the Amasaman hospital.

### **Measures**

#### ***Result Variables***

The outcome variables were Availability of Patients Drugs (APD) and Health System Performance (HSP). This was initially measured on a 5-point Likert scale and then transformed into a continuous variable using the average responses. This variable measures the health security of the older adults. The key Predictor was Low Cash Flow (LCF).

This Variable was also initially measured on a 5-point Likert scale and later transformed into a continuous variable using the average responses. The study used age, sex, marital status and occupational status as control variables in the regression analysis.

### **Statistical Analysis**

The primary cross-sectional data collected were coded and analyzed using SPSS (version 23.0, IBM Corp., Armonk, NY, USA; 2015). The study employed multiple statistical analyses approach which included descriptive statistical procedures, bivariate correlation and multivariate regression. Hypotheses were tested using the multivariate regression with OLS. The study utilized the OLS approach to estimate the regression Equations (1). These regression models estimated both the direct effects of Low Cash Flow on both Health System Delivery and Availability of Patients Drugs. The regression models estimating

$$Y = a + bX + \epsilon$$

Where Y - is the dependent variables, X - is the independent (explanatory) variable, a - is the intercept, b - is the slope  $\epsilon$  - and is the residual (error). The reliability of the data was checked using the Cronbach's Alpha test where a Cronbach alpha value of 0.7 and above implies strongly reliable variable construct. Likewise, the Bivariate Pearson correlation analysis was used to determine the strength and direction of relationships between the key interest variables; Low Cash Flow (LCF), Availability of Patients Drugs (APD) and Health

System Delivery (HSD). Finally, multi-collinearity test was performed using the Variance Inflation Factors (VIF) and tolerance where variables with VIF values less than 10 indicate the non-existence of multi-collinearity.

## RESULTS

### Descriptive Statistics

The research identified the descriptive statistics of the data. The following table shows the descriptive characteristics of the variables in the data set and the demographic characteristics of respondents. The characteristics in the table display the general distribution of data variables. The total number of observations for the study was 300 with APD indicating its largest mean, showing a positive relationship LCF has on the dependent variables. Out of the 300 participants, 111(37.0%) were males whereas 189(63.0%) were females. It is obvious from this data that majority of women were available at the hospital during the period of data collection. For occupation, 45(15.0%) were private workers, 98(32.7%) were unemployed while 157(52.3%) were pensioners. Seventy-nine (26.3%) were married, 72 (24.0) were widows and widowers, 90 (30.0%) divorced as shown in Table 1. The age group as well as the percentage of Females is expected due to the study under discussion as women and children utilize health services than the opposite sex.

**Table 1: Descriptive Statistics of Variables**

Variables	Mean	Std. Deviation	N
<b>Health Service Delivery (HSD)</b>			
<b>Availability of Patients' Drugs (APD)</b>			
<b>Low Cash Flow (LCF)</b>			
<b>Demographic characteristics</b>		<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age</b>	60-65	101	33.7
	66-70	92	30.7
	70-75	71	23.7
	76 and above	36	12.0
<b>Gender</b>	Male	111	37.0
	Female	189	63.0
<b>Marital Status</b>	Married	79	26.3
	Unmarried	59	19.7
	Widowed	72	24.0
	Divorced	90	30.0
<b>Occupation</b>	Private Worker	45	15.0
	Pensioner	157	52.3
	Unemployed	98	32.7

Source: Authors Construction

### Reliability Test

The Cronbach alpha obtained for the instrument was 0.966, indicating an excellent reliability based on the assertion of Blumberg et al (2008). Results for the reliability test for the constructs are presented in Table 2.

**Table 2: Reliability Statistics of Variables.**

Description	Cronbach's Alpha	Number of Items
Low Cash Flow	0.805	3
Availability of Patients' Drugs	0.967	4
Health Service Delivery	0.925	4
Overall Questionnaire Reliability	0.966	11

Source: Author's Construction

### Correlation Analysis

Pearson correlation analysis was used to determine the strength and direction of relationships. Table 3 shows a positive correlation between the dependent variables and independent variable. Displayed variables are Low Cash Flow (LCF) against Health System Delivery (HSD) and Availability of Patients Drugs (APD). Table 3 shows a positive correlation between the dependent variable and independent variables. Results from Table 3 reveal a strong positive and statistically significant relationship between LCF and HSD ( $r = 0.0.770$ ,  $p = 0.000$ ). This implies that, as LCF experiences a considerable improvement possibly as more cash has been transferred to the health system from the central government, there is a high tendency that health service delivery will improve. Similarly, results also indicate that LCF has positive and statistically significant relationship with APD ( $r = 0.814$ ,  $p = 0.000$ ). The implication is that the two variables increase together; however, there is moderate association between the variables. An improvement in the cash flow for health care delivery will positively impact the performance of the health centers, even in provision of patients' drugs.

**Table 3: Results of Correlation analysis**

		APD	LCF
Pearson Correlation	APD	1.000	.814
	LCF	.814	1.000
Sig. (1-tailed)	APD	.	.000
	LCF	.000	.
N	APD	300	300
	LCF	300	300
		HSD	LCF
Pearson Correlation	HSD	1.000	.770
	LCF	.770	1.000
Sig. (1-tailed)	HSD	.	.000
	LCF	.000	.
N	HSD	300	300
	LCF	300	300

Source: Author's Construction

### Regression Analysis

The multivariate regression analysis was utilized to examine the extent to which the Low Cash Flow (LCF) influences Health Service Delivery and Availability of Patients' Drugs. The results from regression Model 1 focused on testing Hypothesis 1(H1) which sought to examine the impact of LCF on HSD. The results from Table 4 indicate an R-square value of 0.783 (R<sup>2</sup>

= 0.783) which implies that, about 78.3% of the variations in the dependent variable(Health Service Delivery) is explained by the independent variables such as LCF, and the control variables such as marital status and occupation of the respondents. Similarly, results from Table 4 shows that, the F-statistics ( $F = 435.075$ ,  $p < 0.001$ ) was statistically significant at 1% level. This implies that, the independent variables have joint statistically significant impact on the dependent variable (Health Service Delivery).

**Table 4: Regression Model 1 R-Square between Low Cash Flow and Health Service Delivery**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.770 <sup>a</sup>	.783	.782	.7672	.693	435.075	1	298	.000	.597
a. Predictors: (Constant), LCF										
b. Dependent Variable: HSD										

Source: Author's construction

Findings from regression model 1 in Table 5 reveal that, LCF has a statistically significant and positive impact on HSD ( $B = 0.843$ ,  $p < 0.001$ ), meaning an improvement in Low Cash Flow increases the Health Delivery Service of health facilities and stakeholders. These results support Hypothesis 1 (H1) which states that, there is a positive relationship between LCF and HSD.

**Table 5: Regression Model 1 Nexus between Low Cash Flow and Health Service Delivery**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	.503	.104		4.819	.000					
	LCF	.843	.040	.770	20.858	.000	.770	.770	.770	1.000	1.000
a. Dependent Variable: HSD											

Source: Author's construction

Regression Model 1 in Table 6 again, sought to test the research Hypotheses 2. The analysis emphasizes on examining the impact of Low Cash Flow on Availability of Patients' Drugs. Results obtained present an R-square value of 0.957 ( $R^2 = 0.957$ ) which implies that, about 95.7% of the variations in the dependent variables (APD) are explained by the independent variables such as LCF.

The results from Table 5 also shows that, the F-statistics ( $F = 583$ ,  $p < 0.001$ ) was statistically significant at 1% level. This means that the independent variable influences the dependent variable (APD) which was statistically significant at 1% level.

**Table 6: Regression Model 2 R-square between Low cash Flow and Availability of Patients' Drugs.**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.814a	.957	.661	.64852	.662	583.968	1	298	.000	.733
a. Predictors: (Constant), LCF										
b. Dependent Variable: APD										

Source: Author's Construction

The regression model in Table 7 indicates that, LCF ( $\beta = 0.936$ ,  $p < 0.001$ ) has a statistically significant and positive direct impact on APD. This supports the research Hypothesis 2 (H2) which states that there is a positive relationship between Low Cash Flow and Availability of Drugs. This result implies that, an improvement in Low Cash Flow tend to promote the availability of patients' drugs.

**Table 7: Regression Model 1 Nexus between Low Cash Flow and Availability of patients' Drugs**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
		B	Std. Error	Beta			Zero-order	Partial	Part
1	(Constant)	.211	.100		2.112	.035			
	LCF	.936	.039	.814	24.165	.000	.814	.814	.814
a. Dependent Variable: APD									

Source: Author's Construction

Table 6 displays the collinearity statistics with variables showing multi-collinearity non-existence as all the Variance Inflation Factors (VIF) is less than five.

**Table 8: Multi-collinearity Test.**

Model	Collinearity Statistics	
	Tolerance	VIF
LCF	0.234	4.273
Dependent Variable: HSD	0.223	4.324
Dependent Variable: APD		

Source: Author's construction

## DISCUSSION

The foremost goal of the paper was to examine the impact of Low Cash Flow on Health Service Delivery and Availability of Drugs. Although, there is a countless number of literatures on Low Cash Flow there remains a gap in the link between Low Cash Flow, Health service delivery and Availability of patient's drugs. This necessitated the need to look into this area of the study. Practically, cash transfers have been the main modus operandi for

most developing countries that implement social protection policies. It is the same in Ghana where most cash flow emanate from the central government.

Studies have shown that reducing healthcare cost and delay in cash flow to run the facility from the central government have become a critical concern for hospitals. It is hence, expected that with an improvement in the cash flow system, drugs must be available to cater for the needs of patients. The results from the study show a positive strength between Low Cash Flow and health service delivery. This finding affirms the discoveries of (Malakoane, et al, 2020). The scholars embarked on public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. The major challenges noted by the scholar's service delivery, staff shortages as well as unavailability of patients' drugs. Further, under their leadership and governance theme, risk to patient care was also associated with delay in cash flow. This is also highlighted in the reports of the (Department of health, 2017), mentioning, negative staff attitude, long waiting times, unclean facilities, medicine stock-outs, insufficient infection control and compromised safety and security of both staff and patients.

As defined by the World Health Organization (WHO), health system involves all organizations, institutions and resources that are devoted and necessary to produce actions with a purpose to improve health (WHO, 2000). However, a study by (Begg et al, 2018) proves that health systems shortcomings endanger the health and lives of people and have also resulted in a loss of confidence among users. The study further explicated some of the health system shortcomings which aligns with the results of the study.

A study by (Coovadia, et al, 2009), previously investigated the health and health system of South Africa. The findings posited that failures in leadership and stewardship and weak management have led to inadequate implementation of good policies as well as good service delivery. To explicate, (Paim, et al, 2011), investigated on the Brazilian health system with their history, advances and challenges. Although the Brazilian health system has experiences enormous advancement for the past 20years, the persistent high frequency of adverse drugs remains a major concern.

To promote the health of people, there should be a well-structured Cash flow system that will aid in ensuring a constant provision of drugs to patients. In other words, a reliable, effective and efficient cash flow system promotes the health of patients.

Several studies have raised the need to adapt a well-structured cash flow system to boost a high utilization of healthcare system to promote the health patients. This is in line with other empirical studies on the significant association between a well-structured cash flow system and the health service delivery performance and the availability of patients' drugs (Paim, et al, 2011; Coovadia, et al, 2009).

Cash management is necessary for every firm and the health system is not an exemption. Studies have mentioned that hospitals have bemoaned on the maintenance of large cash reserves in an effort to tackle an unforeseen expenditure. However, low cash flow practices have resulted to slow rate of service delivery, accompanied with unavailability of patients' drugs and other basic equipment for use in hospitals.

Lienert (2009), postulated in a previous study that cash flow system has four major tasks, thus; to ensure a constant flow of cash to pay all expenditures when they are due and to manage risk.

Again, results implied a causal relationship between LCF, HSD and APD. However, the use of the cross-sectional data and the type of research design employed limits the ability of the study to draw a solid conclusion on the causal relationship between the variables. It is possible there may be backward causation between the independent variable and the two dependents. Nonetheless, our data and research design does not permit such test. Hence future use of longitudinal data would be more appropriate to test and establish whether there is a reverse strong causality between these variables. Further, our sample size was particularly limited coupled with self-reported data.

Future study may expand the sample size and incorporate a more rigorous statistical computation approach to address the robustness of this analysis. It could also consider adding more moderating variables such as socio-demographic features of the participants and could also focus of comparative study between the urban and the rural communities in other countries to expand the scope of the study.

### CONCLUSION

The study explores a model that unravels the impact of low cash flow on both health service delivery and the availability of patients' drugs. It was found that the health service delivery performance has considerably abated and not making a lot of strides in the lives of patients.

The results additionally indicated a positive relationship between Low Cash Flow and Availability of patient's drugs. Our results demonstrate that, Cash flow plays a significant role in ensuring that there is an adequate drug for patients to promote their health. Additionally, the positive relationship between Low Cash System and health service delivery is vital to maintain the high utilization of healthcare service by patients.

The findings from the study offers a strong springboard for a thorough empirical and theoretical understanding cash flow systems and healthcare utilization among patients from a developing country's perspective. The findings further provide support and guide to inform already existing cash flow policies and systems, health delivery systems and drug availability.

The study recommends prudent measures necessary to maintain and boost the cash flow system in order to ensure a proper administration by other health facilities and organizations.

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**APPENDIX A****Table A1: Questionnaire items and responses related to LCF, HSD and APD.**

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>Statements Measuring Low Cash Flow</b>					
Cash must flow from the central Government.				44	56
Cash flow has been inconsistent 30 70				30	70
Cash flow affects health service 40 60				40	60
Delivery.					
<b>Statements Measuring Health Service Delivery</b>					
I am confident with the health Delivery here	50	20	5	10	15
Due to low cash flow, the facility's Delivery is low.	3	7		40	50
Health service delivery includes Providing patients' drugs.				30	70
Health service can do better with good Cash flow system	5			5	30
<b>Statements Measuring Availability of Drugs</b>					
I always get the drugs I want from this facility.	60		30		10
The facility has shortage of drugs		20		30	50
Good Cash flow system affects availability of drugs.				50	50
Shortages of Drugs have caused Underutilization of healthcare delivery		4	6	20	70