

**TECHNICAL PROTOCOLS
FOR IMPLEMENTING LEAP-NHIS LINKAGES
UNDER THE ISS INITIATIVE**

PREAMBLE

The Integrated Social Services (ISS) initiative, which is implemented in collaboration with various MDAs including MoGCSP, OHLGS, NHIS, LMS, GHS, NDPC, MLGRD and MoF, has technical and financial support from UNICEF, USAID and DFID. It seeks to increase complementarity and efficiency of local service delivery for the most vulnerable, including strengthening social welfare services, intersectoral referrals (via ISSOPs) strengthening information management, strengthening planning, reporting and financing, identifying and addressing bottlenecks, and learning from and scaling up best practices.

These technical protocols are to strengthen the linkages between LEAP, NHIS and CHPS services to ensure that, as per the operational guidelines of LEAP and per the protocols between LEAP and NHIS, **all members of LEAP households have access to free health insurance and quarterly health visits.**

These protocols apply to DSWCD, NHIA and GHS staff working on linkages in the 60 selected MMDAs in all 16 regions of Ghana. They reflect agreements between LMS (Leap Management Secretariat), the NHIA (National health Insurance Authority) and the GHS (Ghana Health Service) on how to proceed in the selected districts for strengthening LEAP-NHIS active enrolment, and to enable the participating district and regional offices to learn and improve service delivery.

PROTOCOLS

1. A specific **focal person for linkages should be identified** for the MMDA's (a) Department for Social Welfare and Community Development as well as the (b) NHIS-Office and (c) the MMDA-GHS Directorate. Their email and telephone contacts are shared with LEAP, NHIA and GHS staff at national level that are appointed to work on these linkages.
2. **LMS compiles the household data** for the participating MMDAs, including the following details: Community Name, Household LEAP-ID, Name of Primary Caregiver, Names of Registered Household Members including birthdates, gender and member IDs, Household Location
3. **LMS shares the LEAP household data with officers at the NHIA Headquarters**, nominated to support the ISSOPs. **NHIA Headquarters share the LEAP Households data with their sub-national NHIS-Office** of the participating MMDAs with **the following instructions**:
 - a. The NHIS-Office is to treat this data confidentially to protect privacy of LEAP households. Staff involved in registration and renewal can consult the LEAP household data, but not make copies, share or publish
 - b. This is a list validated by LMS to be its active household members data. The data will remain valid until an updated version is shared following reassessment, changes in household status or new enrolment. All persons on this list are eligible for free NHIS enrolment and renewal
 - c. Persons that are able to identify themselves as LEAP household members, can go to an NHIS office and ask to be registered/renewed free of charge as LEAP individuals. LEAP beneficiary household members may walk into any NHIA office with any LEAP ID or any confirmation by the DSWO. NHIS staff then confirms their ID against the shared list.
 - d. NHIA officers are advised to collaborate with their DSWOs counterparts on how to handle LEAP beneficiaries who may go to the NHIA officers with inadequate ID.
 - e. LEAP household members that have previously been paying for their membership because they were unaware of exemptions, can have membership renewed for free and be reclassified by the NHIS office as Indigent.
 - f. If there are household members that are not on the shared LEAP list, this may be because they were missed in initial household registration or were not yet born at the time. They are nonetheless eligible for free enrolment and renewal if they can prove that they are in fact a member of that LEAP household by other means such as:
 - i. Proper documentation such as birth certificate or national ID,
 - ii. In absence of formal ID, a confirmation from the CHPS nurse in collaboration with the DSWO, following a simple social inquiry, can be submitted.
 - iii. The DSWO and NHIA staff should keep record of any new LEAP household members that are added this way, for later updating of the LEAP list.
 - g. NHIS MMDA Focal Points ensure that their officers can access the list on a common hard drive on their work-PCs, and that they can update it as necessary with the following information:

- i. The NHIA membership numbers, renewal and expiry date for each LEAP individual household member
 - ii. Additional names being added to a specific LEAP household, ensuring that they have the same LEAP Household Unique ID number.
 - iii. Updated telephone numbers, if applicable, of the LEAP household members
 - iv. All updated information will be provided in a different color font (e.g. red or blue), so that it can easily be tracked which information is new.
- h. Regularly, but at least once a month, NHIS will meet with DSWCD and GHS:
- i. Discuss progress, challenges and opportunities with regards to enrolment and renewal of membership
 - ii. Share a soft copy with the DSWO (can be via email) of the updated Excel-list of LEAP Household Members, *after which the NHIA can change all the font-colours in the excel sheet back to a normal colour.*
 - iii. Analyze gaps in enrolment at different communities based on GHS/CHPS information and coordinate on community visits for mobile enrolment.
4. **LMS Shares data of LEAP household members with respective District Social Welfare Officers** participating in the pilot linkages project with **the following instructions**:
- a. The data contains the names of members of LEAP households in their respective MMDA and by Community. DSWOs are responsible for keeping LEAP household member data secure¹, protecting their privacy. Only officers that are directly involved in this work may have access.
 - b. DSWOs should **sensitize households via Community Focal Persons (CFPs)**, that
 - i. LEAP households and all their members can receive free NHIS enrolment and renewal at the MMDA NHIA office, either by going there directly or by visiting the DSWO office first.
 - ii. CFPs should support CHPS nurses to find LEAP Households on their home visits and inform CHPS nurses of dates and locations of planned LEAP pay-days for community health sensitization
 - c. DSWCDs will receive regular reports from GHS on CHPS Home Visits to LEAP Households. They will analyze these reports and address problems and opportunities in dialogue with the NHIS, GHS and District Assembly. Problems can include:
 - i. Large number of LEAP members unregistered for NHIS, in which case DSWCDs will seek to organize mobile registration campaigns with NHIS or bussing campaigns if viable
 - ii. LEAP members with inactive cards, in which case DSWCDs and GHS staff will pass these numbers on to the NHIS office for non-presential² renewal.

¹ In accordance with the provisions of the Ghana Data Protection Act 2012 (ACT 843)

² Meaning the individual is not physically present, and the NHIS office simply extends the validity period for that card, and updates the excel file accordingly.

- iii. Protection issues requiring case management and referral in line with the ISSOPs³
 - d. DSWOs should note that there may be additional household members that have been born after LEAP-enrolment and are not on the list. They may be identified via the GHS and CHPS compounds and be brought to the attention of the DSWO, or they may be “walk-in” LEAP household members that tried to register their children who are not on the current LEAP Household List, and for whom they do not have documentation. These “**unlisted household members**” are also eligible, but DSWOs will have to provide written confirmation to NHIS that they are indeed members of a specific LEAP household.
 - e. DSWOs should keep track of how many LEAP household members they assist in getting NHIS enrolment and NHIS renewal.
 - f. DSWOs will receive periodically an updated list from NHIS with membership data and additional household member names. They will update this membership data in the **Linkages Module** of the LEAP E-reporting tool.⁴
5. **LMS shares Household lists with GHS** staff at MDA-level. GHS shares with its MMDA offices with the following **instructions**:
- a. GHS MMDA Focal Point distribute the LEAP list to CHPS compounds
 - b. CHPS compounds distribute LEAP households amongst nurses for quarterly home visits
 - c. CHPS nurse during home visit of LEAP Household:
 - i. Conduct regular activities for CHPS home visits⁵
 - ii. Check NHIS status and membership number of all members of household
 - iii. Identify and record new members of households that are not on the LEAP list
 - iv. Recommend members for NHIS enrolment or renewal
 - v. Record these activities in a separate attachment for the home-visit book
 - d. CHPS compounds compile data from LEAP home visits in their regular reporting and inform GHS at the MMDA on the following:
 - i. Names and NHIS membership numbers LEAP household members identified with inactive/expired NHIS ID – share the numbers for renewal-from-remote.
 - ii. Names (and the total number) of persons in LEAP households without any NHIS registration in their CHPS zone
 - e. CHPS nurses also conduct community sensitization on LEAP paydays in concertation with LEAP Community Focal Persons (CFPs), covering regular CHPS and ISS topics but

³ Inter Sectoral Standard Operating Procedures for Social Welfare Case Management and Referral – no the object of this protocol, but a key element of the ISS Initiative

⁴ LEAP E-MIS has been developed and rolled out since 2019. Not all DSWCDs have access yet, in which case specific provisions may need to be made.

⁵ These are detailed in separate instructions for GHS and CHPS MMDA-staff for the ISS as discussed during the Zonal Workshops, such as vaccination, growth monitoring, pre- and post-natal checks, birth registration support, education and household sensitization, detect and flag signs of child abuse to DSWO etc.

also inform communities about the importance of NHIS, and inform LEAP households that NHIS enrolment and renewal is free for them and their household members.

- f. GHS will meet regularly, at least once a month, with NHIS and DSWO focal points for ISS linkages to discuss progress and challenges. This includes:
 - i. informing NHIS of inactive card numbers for non-presential renewal,
 - ii. planning mobile enrolment or renewal campaigns
 - iii. planning community sensitization at LEAP pay days
 - iv. discussing Social Welfare case management and referral issues per the ISSOPs⁶

6. **MMDA reporting** will be carried out in accordance with usual sector-specific reporting requirements, protocols and tools, which will be augmented with specific forms and checklists to collect critical data that is not already included. Such existing tools include:
 - a. **For NHIS:** monthly and quarterly district and regional reports on activities, use of resources and membership statistics in line with NHIS procedures and protocols
 - b. **For LEAP:** Monthly payment reporting and quarterly activity reporting using the LEAP E-MIS and other tools in line with the LEAP Operational Manual
 - c. **For GHS:** Use of CHPS Home Visit, CHPS Compounds, and GHS weekly and monthly reporting tools as per the GHS operational manual for M&E.
 - d. **For DSWCD:** Use of the APR quarterly and annual reports

7. **Regional NHIS, GHS and Social Welfare and Community Development offices** have the following roles:
 - a. **Consolidation of district reporting** on a monthly and quarterly basis in line with the APR, normal sector reporting as well as additional indicators for the ISS Monitoring Plan
 - b. **Conducting of quarterly monitoring visits** to the participating MMDAs using the Checklist for ISS⁷ Regional Monitoring Visits, which covers the following:
 - i. Meeting with GHS, NHIS and DSWCD focal points to discuss progress and challenges identified in their monthly or regular meetings
 - ii. Checking data and information accuracy for reporting
 - iii. Checking operational procedures being deployed by MMDA NHIS, DSWCD and GHS offices and troubleshooting uncertainties or unforeseen challenges.
 - iv. Recording best practices and bottlenecks for implementing of ISS activities at the district level, sharing experiences from other districts in the region.
 - c. **Compiling quarterly regional reports** on ISS using the Regional Quarterly Reporting Template and submitting to the ISS technical steering group.⁸

8. The ISS Technical Steering Group⁹ will:

⁶ See earlier footnote on ISSOPs

⁷ Still under development

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⁹ LMS, NHIA, GHS, DSW, OHLGS, NDPC, OHLGS, MOF, UNICEF and other stakeholders including donors such as USAID, DFID

Technical Draft – For Discussion and Gradual Improvement

- a. Provide technical and financial support for these activities as per the allocated budget
 - b. Review quarterly and annual progress as per the reports
 - c. Conduct occasional monitoring visits as required to ensure the quality of implementation as well as documentation and visibility of the initiative
 - d. Take action to promote cross-regional learning
 - e. Strengthen upstream processes such as operational protocols, M&E indicators and tools, and management information systems to simplify the work at the MMDAs.
9. **These protocols will be reviewed periodically and may be updated** to reflect new learnings and additional approaches to promoting and enacting LEAP-NHIS-GHS linkages, such as:
- a. New innovations to information management systems, such as the LEAP E-reporting Linkages Module, the Social Welfare Information Management System (SWIMS) or the NHIS inclusion of indigent categories in its mobile renewal platform.
 - b. Changes resulting from the implementation of the Social Welfare Referral and Case Management components on ISSOPs and SWIMS
 - c. Upstream innovations to protocols, M&E tools and processes or Information Management Systems