

Strengthening delivery of integrated social services:

A proposed joint practice and learning agenda

DRAFT Concept Note for discussion

I. Introduction

This concept note outlines a rationale for strengthening delivery of integrated social services in order to help address multi-dimensional poverty and vulnerability, with a strong focus on promoting linkages between health, child protection and social protection services. As will be outlined below, strengthening the social welfare workforce at the local level is at the center of this proposed initiative due to their critical role in supporting children and families by alleviating poverty; identifying and managing risks; preventing and responding to violence, abuse, neglect and exploitation and family separation; and facilitating access to and delivery of social services to enhance child and family well-being. This initiative also proposes to strengthen ongoing efforts to promote outreach to and access of poor and vulnerable households to health services and the National Health Insurance Scheme, by strengthening linkages with social protection programmes. Finally, it seeks to support or develop the coordination, procedures, training and data management systems necessary to support inter-sectoral linkages and referrals.

The concept note proposes a unifying framework for the ongoing and future work of a diverse set of government institutions and development partners. It also lists some suggested actions to document learning from the proposed interventions and see how strengthened integration and coordination can advance progress in reaching these objectives. It is the intention that this experience would then be progressively improved and scaled up to wider national coverage in subsequent years.

The purpose of this draft concept note is to serve as a basis for discussion with the diverse partners at both national and decentralized level for district-led implementation of integrated social services within the framework of district medium-term development plans, district annual plans, different national policies and Agenda 2030.

II. Rationale: Putting poor and vulnerable children & families at the center

Inequality in Ghana is growing with significant disparities both between, and within regions, and between rural and urban areas. Both the recent GLSS7 and MICS 2017-18 surveys show clear disparities between the richest and the poorest not only in terms of income but also in access to services. A key reason why the poorest are being left behind is that the excluded often face compounding drivers of poverty, experiencing multiple vulnerabilities that further exacerbate poverty and cannot be addressed by a single programme. Poor families experience not only monetary poverty, but they may also be limited by low access to adequate health care, psycho-social, sanitation and education services, low labour capacity within the household, social marginalization and exclusion, and repeated exposure to damaging shocks that erode assets and further exacerbate poverty. An ongoing study¹ into multiple overlapping deprivation in Ghana by UNICEF and the National Development Planning Commission finds that whilst 28.2% of

¹ “Multi-Dimensional Child Poverty in Ghana”. Draft MODA report, April 2019, de Neuborg et al. UNICEF, NDPC, SPRI.

children in Ghana are defined as monetary poor², 73.4% of them are actually multidimensionally poor, meaning that they suffer deprivation in three or more dimensions³.

Violence is a daily reality for all children and women in Ghana. Health and development costs of violence are extremely high for Ghana. Further, an estimated 17 per cent of children do not live with either biological parents and are thus often denied family-based care and parental guidance. Department of Social Welfare report show that about 80 per cent of the 4000 children in the residential homes are not orphans but have at least one parent alive. All forms of gender-based violence remain endemic in Ghana. More than 1 in 3 (38 per cent) adolescent girls aged 15-19 years report to have experienced at least one act of sexual violence,⁴ often at the hands of intimate partners or family members.⁵ Violence thus affects a significant number of children in Ghana with devastating consequences for their well-being, health and development. Violence Against Children places a long-term burden on social services, undermines investment and development across sectors including health, nutrition, early childhood development and education, and constrains economic development. Protection of children from all forms of violence, abuse, neglect and exploitation is thus essential to long-term sustainable growth and development of the country.

For any given sector outcome for example child mortality, nutrition, child marriage, etc. there are multiple determinants. These include access, use and quality of services in the particular sector, but often also many other factors including economic poverty, geographic or social marginalization, public awareness, and social norms. Making significant and sustainable progress on specific outcomes therefore requires a multi-sectoral response.

There are already in place several national policy and programme frameworks that recognize the need for integration and coordination across social protection programmes, child protection, and social services. A key underpinning of this approach is provided in both the Ghana National Social Protection Policy and Child and Family Welfare Policy. The Social Protection Policy aims to deliver a “well-coordinated, inter-sectoral social protection system thereby enabling people to live in dignity through income support, livelihoods empowerment and improved access to systems of basic services.” Child and Family Welfare Policy aims to “ensure effective coordination of the child and family welfare system at all levels.” Out of the 10 strategic actions identified by the Child and Family Welfare Policy to address violence against children and strengthen family support services at the decentralised level is coordination between child and social protection programmes. The policy states that “the Department of Social Welfare shall be responsible for maximizing use of social protection interventions to address child and family welfare concerns.”

In addition, one of major objectives of the decentralisation system in Ghana is to make all services including social services responsive and accessible at the local level and closer to the people⁶. Policy measures in this regard, according to the National Decentralization Action Plan, include effective inter-

² Monetary poverty is defined using GLSS7 data as Living in a household where members survive on less than 4.8s GHc per person per day.

³ The dimensions studied are Nutrition, health, Learning and Development, Child Protection, Water, Sanitation, Housing and Information.

⁴ Ghana Statistical Service –MoGCSP, Domestic violence in Ghana: incidence, attitudes, determinants and consequences, 2016

⁵ DHS 2014

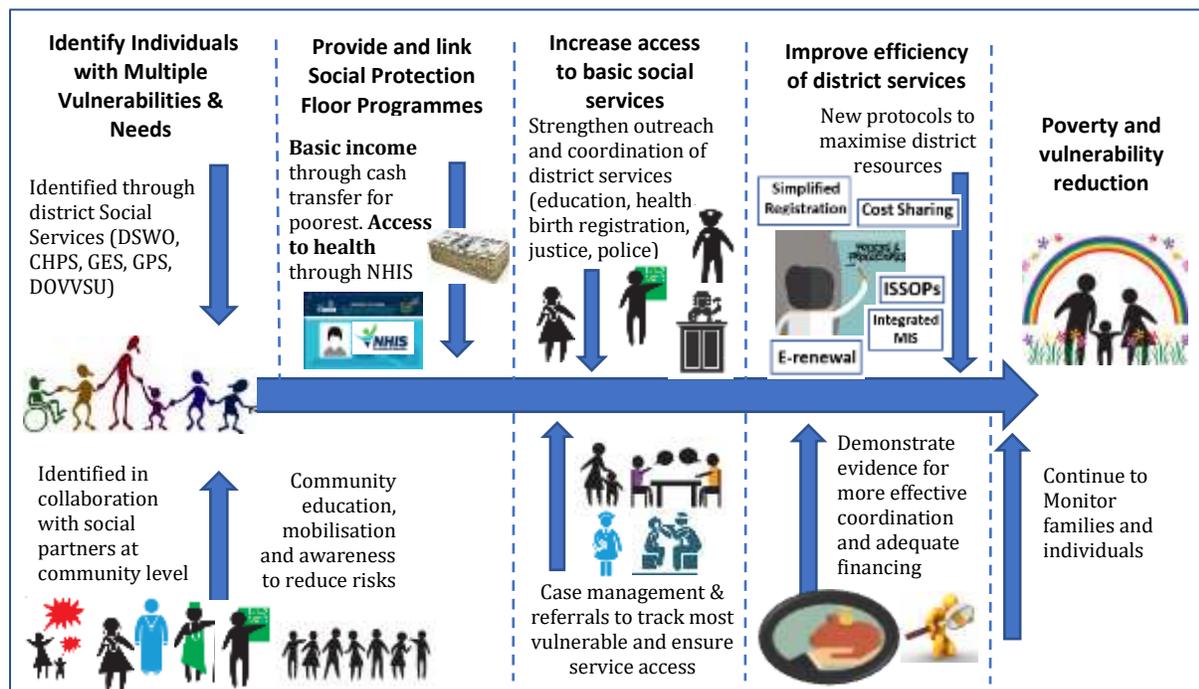
⁶ National Decentralisation Policy Framework 2015-2019 and Decentralisation Act 2016 (Act 936).

service/inter-sectorial collaboration and cooperation at the district, regional and national levels⁷. It also includes enhancing the capacity of MMDAs to deliver services effectively and efficiently and improve procedures and processes.

Nonetheless, from the viewpoint of poor and vulnerable households, delivery of social services is often disjointed and uncoordinated at a local level. There are many reasons for this, including limited engagement of district social services in formulating implementation strategies to translate national policies, overburdened frontline workers, inadequate or unpredictable transfer of human and financial resources or clear capacity building. In addition, objectives and planning are often sector-specific especially given that different programmes and services have different degrees of decentralization. National systems are also not often well-prepared to facilitate inter-sectorial collaboration.

While many programmes and services are achieving important impacts, a more integrated approach which operationalizes the various positive national commitments has the potential to amplify these impacts and expand their coverage, accelerating reduction of poverty and vulnerability.

Diagram 1: Promoting social inclusion and poverty reduction through integrated social services



III. Goal and Objectives

⁷ EU (July 2018). Technical assistance to enhance the effectiveness and efficiency of the social protection system in Ghana through support to the Ministry of Gender, Children and Social Protection to ensure implementation of the Social Protection Policy

Goal: Poverty and vulnerability of children and families is reduced through increased access to an integrated set of social services.

Objectives:

1. Strengthen capacity, coordination, and systems at local and national level required to enable sustainable delivery of integrated services with a focus on child protection, social protection and health services.
2. To learn and document how social services can best be delivered in a more coordinated manner, in order to more effectively address the needs of vulnerable children and families.

IV. Approach

This framework seeks to build on and support existing government priorities, plans and programmes within the context of Ghana's decentralization efforts by focusing on the collaboration between key child protection and social protection programmes and the increased efficiency of local resources in favor of the most vulnerable. As highlighted above, there are a set of ongoing efforts to expand, improve and better coordinate delivery of social protection programmes and child protection services, with significant overlap in the intended target individuals and households.

The intention of this proposed framework is not to introduce 'new' programmes, but rather to embark on a joint action learning initiative on how to best strengthen linkages and coordination in delivery to these individuals and households. This initiative would provide catalytic support to ongoing initiatives, particularly in areas that enhance and unblock bottlenecks to collaboration across services and programmes at the decentralized level. District social welfare and community development offices and health services will be the primary entry points.

The initiative will also support MMDAs to document the experiences and lessons learned. It will support monitoring, documentation and joint reflection on drivers of success and to identify operational and systems/management bottlenecks, in order to then identify and test subsequent solutions. This will include improvement of coordination protocols between district level services and looking at financing and financial management of integrated social services at MMDA level and develop lessons for policy advocacy and capacity building at all levels. Simultaneously, this initiative will support efforts at national level to put in place and strengthen inter-sectoral agreements, protocols and systems necessary to facilitate these linkages. It is expected that this will be an iterative process with lessons for decentralized implementation informing national systems and vice versa. A 4-month testing phase led by 40 districts is proposed, in order to inform subsequent expansion to additional districts (at least 50 over the next 3 years)⁸.

A cross-cutting emphasis for this initiative will be inclusion, in order to ensure that all Ghanaians are able to access the services to which they are entitled. As mentioned above, in order to address multiple drivers

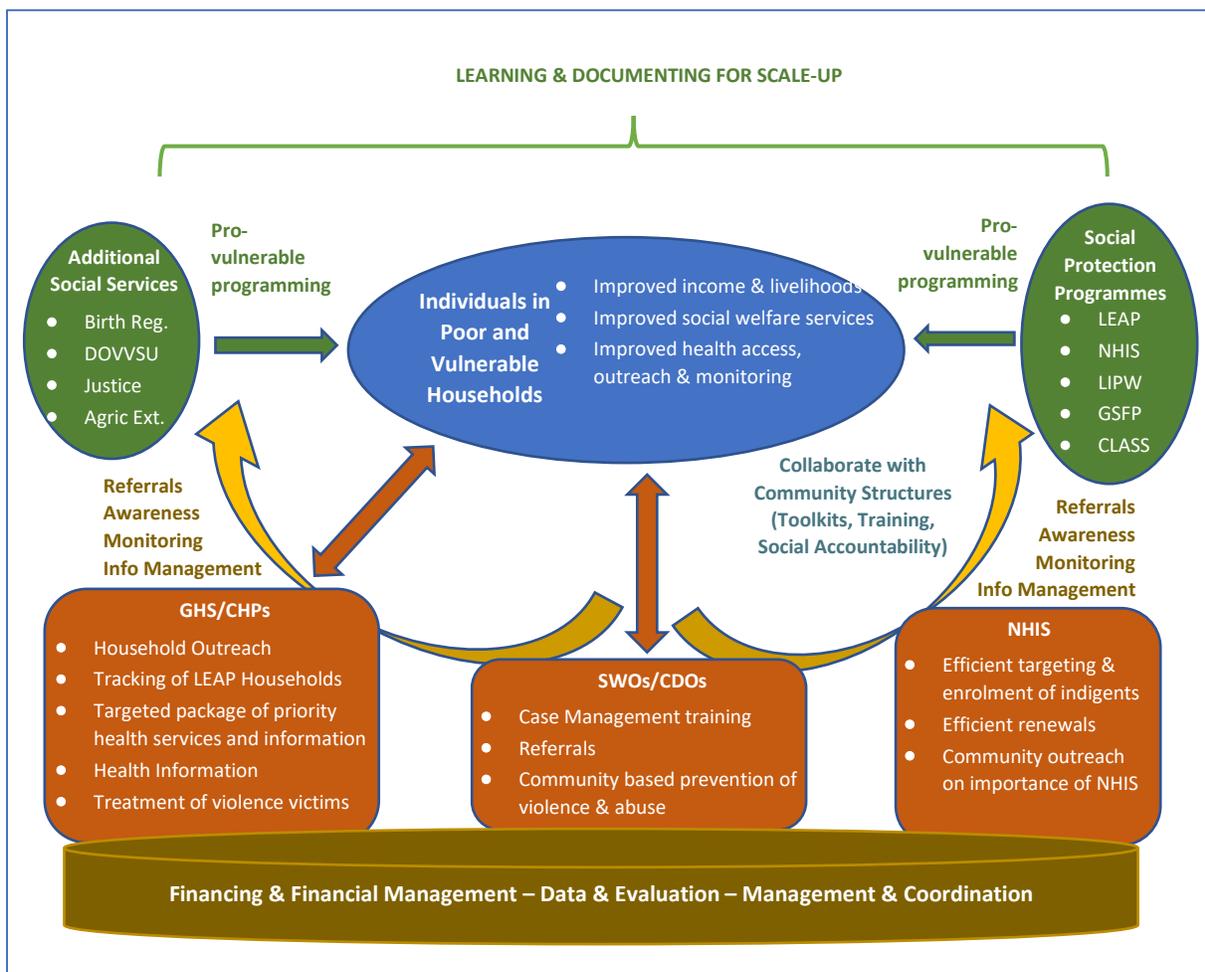
⁸ UNICEF will provide technical and financial support to the selected districts with technical and financial support, based on the needs and activities integrated in the Assembly Annual Work Plan.

of poverty and vulnerability it is critical that issues of inclusion, including but not limited to age, disability and gender, are addressed in the type of services provided, who they are provided to, and how.

V. Key initial components for integrated delivery to address multiple vulnerabilities

This section gives an overview of areas which could support increased coordination and integration of social service delivery to poor and vulnerable households and individuals. This includes a number of areas that are already underway. These are outlined as a basis for discussion and elaboration.

The diagram below gives an overview of the range of intervention and linkages with key social services that would be part of a holistic model with vulnerable individuals are at the center.



A. Social Welfare system as the key entry point – strengthening the social welfare workforce

Social services are essentially multisectoral. The core response systems broadly comprise social welfare, justice, and health sectors, whereas the core systems for prevention are social welfare, social protection, justice, and education. The social welfare officers are critical actors to effective delivery of more integrated social programmes and services. Social welfare officers’ role in outreach, case management

and referral services help to identify the complex needs of children, adolescents and their families, and to 'connect the dots' between poor and vulnerable citizens and the relevant programme and services. This includes supporting the delivery of key social protection programmes such as LEAP and NHIS exemptions, providing programme and services information, and direct referrals to other services including health, education, police, birth registration and justice services. Particularly for individuals and households that are socially vulnerable or marginalized – for example people with disabilities or victims of violence, this additional human support can be critical in addressing barriers to accessing service or entitlements.

Social welfare workers also provide direct services that are key to promoting social justice, reducing discrimination, challenging and changing harmful behaviours and social norms, and preventing and responding to violence, abuse, neglect and exploitation and family separation.

The critical role of social service workers in case management

According to the Global Social Services Workforce Alliance (GSSWA), case management is a process practised by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. The primary objective of a case management system is to ensure that clients – children and their families – receive quality protection and social services in an organized, efficient and effective manner, in line with their assessed needs.

The process of case management relies heavily on human resources, especially social services workers, who are responsible for implementing the process. A case worker (or at times, a group of workers) under the supervision of a case manager undertakes key tasks associated with the case management process – from assessment of a child's and family's needs to organizing and coordinating the necessary multisectoral services for the child and family, as well as monitoring and evaluation of these services. A well-staffed and skilled social service workforce is therefore essential for quality case management services for child and social protection beneficiaries and for the facilitation of referrals to services across multiple sectors.

Consequently, there is a need to adequately prepare the workforce to respond to children and families within the mandate and procedures of the country's key legislative and policy framework. It is clear that a strong, well-trained workforce comprising of different levels of skillset, is imperative to be able to successfully contribute to the wellbeing of vulnerable populations. UNICEF is working with the MoGCSP, the OHLGS and multiple stakeholders at national and subnational level to map and strengthen the social workforce and to improve operating procedures to permit more effective service delivery. The linkages programme will build on this work and seek to strengthen the DSW/CDs, their workers and their work processes.

This Framework seeks to strengthen the capacity of the social welfare system and its staff by:

- Strengthening social welfare case management at MMDA level via implementation of the case management Standard Operating Procedures for children in need of care and protection, training and capacity building
- OHLGS update and roll-out of in-service training curriculum for Social Welfare and Community Development Officers.
- Providing tools to manage information, monitoring and reporting using online case management and information management system for social and child protection services.

- Social Service Workforce Capacity Assessment: a detailed assessment is currently underway of the social service workforce at the MMDA, regional and national level including the assessment of the workforce, the services provided, the academic offer contributing to the professionalization of the sector and the analysis of the budget of the sector. The assessment will be followed by recommendations on how to strengthen the social welfare workforce’s capacity to fulfill its mandate.
- Assessing continuing bottlenecks to service delivery including capacity, procedures, and resources, and supporting DSW/DS’s in more effectively lobbying for and managing adequate resources.

What do we need to learn from the selected districts in this model?

- 1) How is the experience of rolling out the ISSOPs? Both practically and operationally? Are they replacing old procedures for case management?
- 2) What are the challenges and bottlenecks and what are possible ways to overcome these?
- 3) Are clients experiencing an improvement in the quality of service delivery?
- 4) What type of advocacy needs are there for DSW/CD in short and long term?

B. Strengthening health access, outreach and linkages for poor & vulnerable households

a. LEAP and NHIS linkages

One of Ghana’s key successes in strengthening linkages between social protection programmes has been the collaboration between LEAP and the NHIS, to enroll LEAP households under the “indigent” category under the scheme that is exempt from premiums and fees. Providing poor households as well as children, pregnant women and the elderly with easier access to the scheme is one of the most important social protection interventions of the Ghanaian government.

Nonetheless, registration and renewal of NHIS by LEAP beneficiaries still has major gaps and challenges . Of the estimated 1.65 million current LEAP beneficiaries, only approximately 550.000 are insured. To improve reach and impact of the implementation of the already established linkage between LEAP and NHIS, there a number of activities that could be tested at local level to inform national institutionalization. These include:

- Improvement of outreach capacity of NHIA, including through collaboration with LEAP, DSWOs and CHPS compounds
- Systematic tracking of NHIS-card validity and usage for LEAP households
- Assessment of whether there are barriers on the demand and supply side to accessing the NHIS for particular groups, e.g. people living with disabilities
- Exploring possibilities for technological innovations to increase both outreach and efficiency, such as offline capacity for enrollment, and linking LEAP and NHIS Management Information Systems. Extension of the insurance validity period for the exempt categories

There are also opportunities for strengthening linkages among other flagship social protection programmes, including LIPW, Ghana School Feeding Programme and the Capitation Grant (for example through joint geographic prioritization, using GNHR data). For now, this concept note has focused on

strengthening the existing NHIS and LEAP linkage, but this does not preclude other specific activities to strengthen integration and complementarity in other areas.

What do we need to learn from the selected districts in this model?

- 1) What are the main bottlenecks in the enrollment and renewal processes from both supply and demand side?
- 2) Are there cost-effective ways to address these downstream?
- 3) Are there strategic ways to address these upstream?

b. Crowding in of health services for poor and vulnerable households

Closing the gap in access to health services for poor and vulnerable households, care has been a long-term objective of the Government of Ghana in its pursuit to promote universal health coverage. Ghana Health Services through Community-Based Health Planning and Services (CHPS) had played a critical role in extending health services to all. The CHPS compounds are the closest health care entry-point for and are best placed to monitor the health status and developments of particularly vulnerable individuals and their specific health needs – including pregnancy and maternity, neo-natal and early child health and nutrition, elderly, people with disabilities, health of violence and abuse victims. Community Health Officers also have a specific role as agents of referral services and in providing health information.

In alignment with the CHPS policy, the Inter Sectoral Case Management Standard Operating Procedures for child protection and family welfare, the LEAP operational manual, GHS and LEAP have identified some specific areas for strengthening linkages at the district and community level, including:

- Using LEAP payment days as opportunity for health sensitization and promotion, through cooperation between LEAP and District Health Promotion Officers.
- Community health outreach/home visits by CHPS/CHNs, in line with existing CHPS priorities (e.g. maternal, adolescent and child health, health and nutrition education, etc). Concretely to include sharing of LEAP participant lists with CHPS compounds, tracking of LEAP households in CHPS registers, including prioritization of LEAP household home visits as mandate of Community Health Nurses.
- GHS training and participation in referrals system and Intersectoral SOPs, including in relation to child protection risks (see below)
- Basic training for DSWCDOs to be able to identify critical health needs and forms of violence.

In addition, the work mentioned above on strengthening social welfare case management can also help to identify people who have additional health needs and ensure that they are actually accessing health services.

What do we need to learn from the selected districts in this model?

- If and how CHPS compounds are able to systematically monitor health status of LEAP and other vulnerable households?
- What mechanisms or opportunities work best for LEAP and Social Welfare Services to support CHPS outreach and service delivery to LEAP and other vulnerable households?

- What support to CHPS and CHOs need to effectively refer people to other services, and to respond to referrals for CHPS services?
- What support to DSW/CDOs need to effectively respond to referrals from CHPS services?
- What are the main bottlenecks and opportunities? Which of these can be addressed at district level and which at national level?

C. Inter sectoral referrals and systems

In addition to strengthening of linkages and cooperation between specific programmes and services, it is critical to put in place or strengthen the systems, procedures, resources and relationships that will enable the management of cases and referrals across multiple service providers. In effect, what is needed to enable the creation of a web through which poor and vulnerable people will not fall. In discussions to date, there are several areas that have been identified:

- Inter-sectoral referrals: A set of Inter-sectoral Standard Operating Procedures (ISSOPs) are currently under development and are ready for implementation at district level.
- Social Service Mapping: UNICEF and the OHLGS are currently conducting a mapping of existing state and non-state social services at district level and helping to include these in protocols for the ISSOPs to improve the overall service delivery to beneficiaries.
- Social Welfare Information management systems: In order to facilitate individual and household level social welfare case management, the Ministry of Gender, Children and Social Protection has planned to put in place a Social Welfare Information Management System (SWIMS). This MIS will support frontline and support workers (DSWOs, CHNs, Social Protection/LEAP case management officers, etc.) to be able to track and refer people between services, as well generate better national data on types and numbers of cases, referrals, etc. To facilitate exchange of relevant data, there will also need to be a mapping of the key information that needs to be shared across different services and programmes and support to increase interoperability of the relevant MIS.
- Communication materials and resources: A set of communication materials for use at district and community level can help 1) service providers to know who they can contact or should refer to for various programmes and services; 2) clients to better understand the services and programmes they should be able to access.

VI. Partners

Collaboration of multiple stakeholders is needed to maximize the potential results of this framework, and to design a participatory action-learning approach. It is proposed that the Ministry of Gender, Children and Social Protection (MoGCSP), in close partnership with the Office of the Head of Local Government Services (OHLGS), the Ministry of Local Government and Rural Development and UNICEF act as the convening partners. Key stakeholders include: the Ghana Health Services (GHS) and the National Health Insurance Authority (NHIA), relevant departments of MoGCSP (including LEAP Management Secretariat, Department of Children, Department of Social Welfare, PPME). At the decentralized level, Departments for Social Welfare and Community Development (DSW/CD) under supervision of District Executives and the District Social Services Subcommittees will play a leading role, alongside District Health Teams and

NHIA District Offices. UNICEF Ghana is partnering on this initiative with support from USAID, DFID, and UNFPA-UNICEF Global Programme on ending child marriage (which is funded by Canada, UKAID, Netherlands, EU, Belgium, Norway and Zonta International).

There are a number of partners also implementing complementary efforts to strengthen linkages and complementary services for poor and vulnerable households, including the Ghana National Household Registry, LIPW, USAID G2G Care Reform Initiative, and the EU Social Protection Systems Programme. Other partners may want to participate in the learning from the initial testing phase to help identify opportunities to build on this experience.

LIST OF PARTICIPATING DISTRICTS

Region

Ahafo	Asutifi North District
Ashanti	Kwabre East
Ashanti	Asokore Mompung Municipal
Ashanti	Kumasi Metro
Ashanti	Amansie West
Ashanti	Afigya Kwabre South
Bono	Suryani Municipal
Bono East	Nkoranza North District
Central	Agona West
Central	Ajumako/Enyan/Esiam
Central	Effutu
Central	Cape Coast
Central	Komenda-Edina-Eguafo-Abirim
Central	Upper Denkyira East
Central	Assin South
Central	Upper Denkyira West
Central	Ekumfi
Eastern	Akyem Mansa
Eastern	Kwahu Afram Plains North
Eastern	Lower Manya
Eastern	Upper Manya
Greater Accra	Accra Metro
Greater Accra	Ga West
Greater Accra	Tema Metro
Greater Accra	Ga South
Greater Accra	Ashiaman Mun
Greater Accra	Adenta
Greater Accra	Ada West

Greater Accra	Ningo-Prampram
Greater Accra	La-Nkwantanang
North East	Mamprugu Moagduri
North East	West Mamprusi
Northern	Kpandai
Northern	Kumbungu
Northern	Sagnerigu
Northern	Tamale Metro
Northern	Tolon
Northern	Tatale Sanguli
Oti	Krachi West
Oti	Nkwanta South
Oti	Krachi East
Oti	Biakoye
Savannah	Sawla Tuna Kalba
Savannah	Bole
Upper East	Bongo
Upper East	Talensi
Upper East	Garu
Upper East	Pusiga
Upper East	Bolgatanga East
Upper West	Jirapa
Upper West	Lawra
Upper West	Wa
Upper West	Lambusie Karni
Volta	Ho Mun
Volta	Ketu South
Volta	South Dayi
Volta	North Dayi
Western	Sekondi Takoradi
Western	Shama
Western North	Sefwi Wiawso