Operational Guidelines for Implementation of the Tertiary Institutions Social Health Insurance Programme (TISHIP)

National Health Insurance Scheme

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Foreword

The Health Sector Reform process provides a fundamental shift in how we think about health, how its services are delivered and what each of our roles and responsibilities are in providing better health for all Nigerians.

Among the objectives of the Health Sector Reform are revitalizing the health system with emphasis on delivery of quality health services through Primary Health Care and strengthening referrals with secondary and tertiary institutions to reduce the disease burden to improve the health status of Nigerians, and enhancing financial resource mobilization through the expansion of the NHIS and other Private-Public Partnership arrangements. It is the objective of any government to ensure that efficient health services and care at the three levels is provided to the entire population.

The National Health Insurance Scheme is the body responsible for the provision of effective and qualitative health care services to all Nigerians. It has designed various programmes and products for the attainment of that objective.

The Public Sector programme which flagged off in 2005 provides health cover for federal civil servants and their dependants. Some states have also folded into the programme and efforts are being made by the Scheme to engage other states. The Private Sector programme is yet another programme designed by the Scheme to take care of the health care needs of the employees in the private sector. Any organization with 10 or more employees is expected to log into this programme. The Scheme has also developed the community-based programme for those in rural communities and the urban self-employed groups. These constitute about 70% of Nigeria's total population.

Upon further examination, the Scheme realized that it can only achieve universal coverage when tertiary institutions are enrolled in the Scheme. A programme was developed and tagged Tertiary Institutions Social Health Insurance Programme (TISHIP) to provide health insurance to students in tertiary institutions.

To this end, a draft blueprint for the implementation of TISHIP was developed. The draft was scrutinized by stakeholders at various zonal workshops held in all geopolitical zones and at the national level. Input from all these levels were incorporated into the document. It is hoped that this document will provide a good framework for providing health care needs for students in

tertiary institutions, the purpose for which it has been designed, and a tool for achieving the goal of universal coverage by the year 2015.

Dr. Femi Thomas
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1.0. Background

1.1 Introduction

Globally, access to affordable and qualitative health services is seen rather than a privilege but as a right, irrespective of one's socioeconomic status. In Nigeria, access to health care services is constrained by the ineffective and inefficient health system characterized by poor maternal and child indices. This is made worse high poverty rate in scenario of high out of pocket payments.

As a response to poor health outcomes in Nigeria, the Federal Government introduced health sector reforms, aimed at repositioning sector for improved performance. One of the key outputs of the reforms is the establishment and strengthening of the National Health Insurance Scheme (NHIS) to improve access of Nigerians to needed health services.

The NHIS is saddled with the mandate of universal coverage of all citizens by the end of 2020. As part of strategies to pursue this mandate, the Scheme has designed various programmers targeting the various segments of the Nigerian economy. The Tertiary Institutions Social Health Insurance Programme (TISHIP) is one of such programmes designed for students in postsecondary institutions in Nigeria. Its aim is to transform institutions' sick bays from mere consulting centers to patient centers with all the requisite manpower and infrastructure for qualitative health services. The objectives of TISHIP include to ensure that every student in tertiary institutions has access to good health services; to protect students and their families from the financial hardships of huge medical bills; and to ensure the availability of funds to the tertiary institution health centres for improved services.

The pilot of TISHIP commenced in 2009 using the private health insurance model with the Health Maintenance Organizations (HMOs) as key implementers. Following an evaluation of the implementation process, several challenges were noted. These include multiple HMOs per institution with its negative effect on economics of scale and scope; lack of financial transparency regarding stakeholders; highly variable benefit package and premium structure; and a very slow rate of uptake by Tertiary Institutions. These created the need for a review of the programme.

Following the renewal of the NHIS mandate and the urgent need to scale up coverage in Nigeria, the TISHIP was repackaged for more efficiency and effectiveness in implementation to contribute to this. The revised model is model presented in this Blueprint is based on sound social health

insurance principles, with management structures for accountability. It is a product of extensive stakeholder consultation and enrichment. The central TISHIP management committee would not only facilitate efficiency but ensure stakeholder commitment while the National Steering Committee would generate support as well as compliance to the rules and regulations of the programme by all actors.

This policy document provides a compendium on the strategies to effectively implement and monitor the programme by all key stakeholders, to generate health care services for our leaders of tomorrow with viability and sustainability in view. It is hoped that this revision would serve as a policy guide for operations, promoters and initiators of the TISHIP in the country.

1.2. Social Health Insurance

Health security is increasingly being recognized as integral to any poverty reduction strategy and central to social risk management. Of all the social security needs such as shelter, food, personal security etc, health is particularly critical because it requires far more specialized and intensive capital inputs. According to the International Labour Organisation (ILO), implementing universal social health protection might turn out to be a milestone for achieving the MDG goals by the year 2015.

In line with global practices, the Nigerian government initiated the concept of social health insurance and identified the potential and advantages inherent in the system of health financing. Social health insurance is one of the methods of health financing by which health services are paid through contributions to a health fund. The most common basis of contributions is the payroll, with contributions from both employer and employee. Contributions are based on ability to pay while access to healthcare service depends on need.

Key features of social health insurance are:

- It is legislated by government and requires regular, compulsory contributions by members
- Premiums are calculated according to ability to pay
- Benefit packages are standardized
- Contributions are earmarked for spending on health services.

As a result of these features, it is possible to have large 'risk pools' where stable membership of contributors and their dependants cross-subsidizes the care of the elderly, sick and poor with premiums paid by the healthy and wealthy. As a result, it reduces the number of people whose health care needs have to be funded out of the public budget. In addition, it contributes to the public budget through fees paid by members to public services. These characteristics have the effect of improving equity within the membership of the scheme and across the entire health care system.

1.3 National Health Insurance Scheme

The bill for the introduction of a national health insurance scheme was first introduced to the parliament in 1962 but was not approved. The idea re-emerged in the 80s when the National Council on Health commissioned a study on the idea in 1984. Report of the study was submitted in 1989 and the Ministry of Health was directed to start the NHIS in 1992.

Although formal launching of the Scheme was done in 1997, the enabling law was not promulgated until 1999. Some sporadic activities were undertaken from 1999 to 2004. However, the attempts to launch the formal sector programme were postponed three times in 2004. However, the launching of the public sector programme saw the light of the day in 2005 with the flag off by the former president, Chief Olusegun Obasanjo.

The National Health Insurance Scheme is a body corporate established under Act No 35 of 1999 essentially to provide social health insurance in Nigeria where health care services of contributors are paid from the common pool of funds contributed by participants of the scheme. Contributions are based on ability to pay and access to healthcare services based on need. The establishment of the Scheme was part of Government's effort at ensuring access to qualitative, equitable and affordable healthcare to all Nigerians. Although the concept of the Scheme was targeted at the formal sector, that is the public service and organized private sector, the policy thrust later changed to include people in other sectors of the economy which include people in the rural communities, the self-employed, the vulnerable groups and students of tertiary institutions. This becomes necessary so as to ensure universal coverage and access to adequate and affordable healthcare for all. This has been extended to include pupils in public primary students.

NHIS Vision

A strong, dynamic and responsive government parastatal (Agency) that is totally committed to ensuring universal coverage and access to adequate and affordable healthcare in order to improve the health status of Nigerians, especially for those participating in the various programs/products of the Scheme.

NHIS Mission

To facilitate fair financing of healthcare costs through pooling and judicious utilization of financial resources to provide financial risk protection and cost-burden-sharing for people, against high cost of health care, through various prepayment programs or products, prior to their falling ill. This is in addition to providing regulatory oversight on Health Maintenance Organizations (HMOs) and Health Care Providers (HCPs).

Objectives of NHIS

The objectives of the Scheme, among others, include the following:

- To ensure that every Nigerian has access to good health care services.
- To protect families from the financial hardship of huge medical bills.
- To limit the rise in the cost of health care services.
- To ensure equitable distribution of health care costs among different income groups.
- To maintain high standard of health care delivery services within the scheme.
- To ensure efficiency in health care services.

- To improve and harness private sector participation in the provision of health care services.
- To ensure equitable distribution of health facilities within the federation.
- To allow equitable patronage of all levels of healthcare.
- To ensure the availability of funds to the health sector for improved services.

Programmes of NHIS

Formal Sector Programme:

- Public Sector Social Health Insurance Programme for the Public Civil Servants' (Federal, States and LGAs.)
- Uniformed Services Social Health Programme for the Armed Forces and other allied services.
- Private Sector Social Health Insurance Programme for the Organized Private Sector,
- Students of Tertiary Institutions and pupils in public primary schools programme

Informal Sector Programme:

- Community Based Social Health Insurance (CBSHI)
- Voluntary Contibutors programme
- Vulnerable Group Programme

1.4. Health Care for Students

Major health problems faced by students of tertiary institutions include illnesses and diseases like malaria, typhoid, respiratory tract infection, anxiety disorders, sexually transmitted infections (including HIV/AIDS), physical injuries (including domestic accidents, road accidents, and sports injuries), dental problems, visual disorders, skin problems, gastroenteritis, hernias, surgical emergencies, drug and alcohol abuse, hypertension and so on. Health education and literacy is also a major health issue among this population.

The current health-seeking behaviours of students in tertiary institutions comprises selfmedication and accompanying drug misuse/abuse, patronage of patent medicine stores, traditional medicine practitioners, spiritual healers, quacks and non-orthodox practices. Payments for these practices are out-of-pocket. Some students also access private medical insurance, particularly during out-of-session periods.

Within the tertiary institutions, there is an institutional medical fee, charged with tuition expenses which cover access to the available health services in the institutions. However, there is low utilization of these services amongst students - dependent on the availability of qualified personnel, hours of operation of these health facilities, availability of drugs and equipment. There are also issues related to the lack of confidence in personnel by students and staff, perceived lack of confidentiality and inefficiency in service delivery.

The health and wellbeing of students of the tertiary institutions are essential to bringing about good quality, equitable, efficient tertiary education and research. These are critical determinants of a country's economic growth and standard of living as learning outcomes are transformed into goods and services, greater institutional capacity, a more effective public sector, a stronger civil society, and a better investment climate.

1.5. Tertiary Institutions Social Health Insurance Programme

The Tertiary Institutions Social Health Insurance Programme (TISHIP) is a social security system whereby the health care of students in tertiary institutions is paid for from funds pooled through the contributions of students. It is a programme committed to ensuring access to qualitative healthcare service for students of tertiary institutions thereby promoting the health of students with a view to creating conducive learning environment. It takes cognizance of the current practices and challenges faced by students in accessing care both during and out of session, as well as the potential of the current tertiary health facilities to maximize access to quality health care.

Tertiary institutions are categorized as Universities, Colleges of Education, Polytechnics, Colleges of Agriculture, Monotechnics, Schools of Nursing, Midwifery, Health Technology and other Specialized Institutions.

2.0. The Approach

2.1. The Purpose

The purpose of TISHIP is to cater for the health care needs of Nigerian students in tertiary institutions who due to their studentship status cannot benefit under other health insurance programmes.

This population constitutes a very large percentage of the country's population. By virtue of their age and their status as students, most of them cannot benefit from the public sector programme as enrollees or dependants of enrollees. This necessitates a programme designed to meet their needs.

Providing students access to qualitative and affordable healthcare is not only imperative to the achievement of the presidential mandate which is to achieve universal coverage and access to healthcare services for all Nigerians and legal residents but also to the overall development of our nation. The ultimate goal is to ensure the health and well-being of this critical population

with a view to creating a conducive learning environment and contributing to the overall development of the country.

2.2. Guiding Principles

The design and implementation of the Tertiary Institutions Social Health Insurance Programme are based on the following guiding principles:

- **Universality** - the right of the citizenry to access health services based on the principles of universal coverage irrespective of their geographical locations.

- **Equity** - the right of students to receive healthcare in equivalent balances, drives the fact that "*unnecessary*" or "*avoidable*" gaps in health and health care service delivery between groups with different levels of social privilege should be eliminated.

- **Social solidarity** - the broader risk pooling and equitable benefits in exchange for contributions from those able to make payment.

- **Responsiveness** -the thrust of qualitative service delivery for every student regardless of age or social class reflected through prompt delivery of healthcare services, reduced waiting time, and service value for premiums paid and so on.

- **Fiduciary responsibility** - these are important responsibilities and are subject to standards of conduct because they act on behalf of participants in a group health plan and their beneficiaries. It is the obligation for people entrusted with financial affairs to act in their client's best interest, theoretically being both transparent in their dealings and accountable for them.

- **Innovation –** to reflect student -friendly changes in actuarial and service delivery policy and progressive dynamics from the private sector that have helped to moderate the rise in health insurance cost, create new models for care delivery and financing, and support the movement toward patient-centered health care.

2.3. Objectives

The objectives of this programme are:

- To ensure that every student in tertiary institutions has access to good health services
- To protect students and families from the financial hardships of huge medical bills
- To maintain high standard of health care delivery services within tertiary institutions

- To ensure availability of funds to the tertiary institution health centres for improved services
- To take cognizance of the peculiar health needs of students in the design of the programme, including access to periodic health education and outreaches

2.4. Operational Strategies

The strategy is to operate the TISHIP as a sickness fund with a Committee responsible for its administration. It will operate with maximum pooling, strategic purchasing by the Committee and HMOs at the core of its operation, with high level monitoring to ensure transparency, accountability and value addition in the whole process.

The programme will include a sustainable system of funds mobilization, collection, management and disbursement for financing a defined standard TISHIP benefit package. It will also provide the platform for the implementation of supplementary packages as demanded by students, but at an additional cost to them.

Scope of cover is for the contributing student, and baby delivered by a married female student is entitled to care for 12 weeks post-natal for a maximun of two (2) livebirths.

3.0. Stakeholders

Several stakeholders are crucial to the successful implementation of the TISHIP. The following key stakeholders and their roles are as follows:

3.1. National Health Insurance Scheme

- Provide guidance through the development and enforcement of the Blueprint and Operational guidelines for implementation.
- Grant approvals for supplementary benefit packages as requested by the students, which must be forwarded to NHIS with an accompanying actuarial report.
- Accredit health care facilities.
- Set quality standards for health care providers.
- High level advocacy to generate support from tertiary institutions and other stakeholders.
- Supervise quality as well as the monitoring and evaluation of the programme.
- Participate in the TISHIP Management Committee.
- Coordinate the activities of the National TISHIP Steering Committee.

3.2. Tertiary Institutions

- Select/change HMO that will purchase secondary healthcare for the students.
- Enter into an MoU with the HMO and notify the NHIS of same.
- Oversee the collection and remittance of contributions to the TISHIP Fund.
- Participate in mobilizing students for the programme.
- Ensure that the HMO meets its obligations to students.

- Ensure that the health care facilities of the institution meet the NHIS accreditation requirements.
- Provide accurate record of registered students at the beginning of each academic session to the selected HMO, NHIS and Health Care Facility through the TISHIP Management Committee.
- Ensure that every student pays his/her contribution at the commencement of each academic session.
- Provide identification cards with students' identification numbers as TISHIP numbers.
- Participate in the activities of the TISHIP Management Committee.

3.3. Students Union

- Educate its members on the benefits and operational modalities of the programme.
- Ensure that all students register for TISHIP in the school.
- Ensure that all students pay for TISHIP on resumption of each academic session ▪ Encourage students to register at the Health Care Facility.
- Participate to ensure that quality services are provided by reporting complaints to the TISHIP Management Committee.
- Participate in the activities of the TISHIP Management Committee.

3.4. Health Maintenance Organizations ▪ Approve referrals by Primary Provider.

- Ensure proper adherence to and completion of referral procedures ▪ Make fee-for-service payments for secondary care.
- Develop supplementary benefit package, as demanded by the students.
- Market approved supplementary package (with ethical standards) to the tertiary institutions
- Establish quality assurance mechanisms.
- Conduct periodic sensitization and enlightenment on the programme to the students
- Generate primary and secondary data for the purpose of programme improvement and monitoring
- Participate in the activities of the TISHIP Management Committee.
- Send quarterly reports to the tertiary institutions and NHIS through the TISHIP committee.

3.5. Health Care Facilities

- Enter into contracts with the HMOs for secondary services.
- Provide quality services to registered beneficiaries as contained in the benefit package.
- Maintain records of all TISHIP activities within the facility.
- Submit quarterly reports to the TISHIP Committee and the institution.
- Participate in the activities of the TISHIP Management Committee.

3.6. Regulatory bodies of Tertiary institutions

- Ensure that all institutions under their control join the TISHIP.

- Assist the NHIS to ensure that all institutions abide by the contents of the Blueprint/Operational Guidelines.
- Join the NHIS in sensitization activities for the TISHIP programme.
- Participate in the activities of the National Steering Committee for TISHIP

Other Stakeholders include; State Governments, Federal Ministry of Education, Federal Ministry of Health, Development Partners etc.

4.0. Implementation Mechanisms for the Programme

4.1. Funding of the Programme:

The main source of funds shall be from contributions from students. Payments shall be mandatory. **These contributions replace institutional medical fees** charged by various institutions *but does not cover the cost of pre - admission entry medical checks.*

Other sources of funds for TISHIP can include charitable or philanthropic organizations, corporate social responsibility initiatives, government mandates, grants, etc.

No co-payments are charged benefiaries at the point of healthcare service under the programme.

4.2. Collection of Contributions

Contributions are paid by students annually on registration for every academic session. These contributions are determined actuarially and the current rate is a community rated amount of **Two Thousand Naira (N2, 000.00)** per student. This contribution is for the standard TISHIP benefit package and is subject to periodic review by NHIS.

For effective pooling, especially at the secondary care level, only one HMO is allowed for each institution.

4.3. TISHIP Management Committee

Within each institution, a TISHIP Management Committee will be established and will report periodically to the school authority. The Committee will be chaired by the Head of the Health Care Facility providing primary care services to the students. Other members include: representatives of the HMO; students' body; Students Affairs unit, Institution's Bursary and Legal Department; as well as NHIS.

The roles of this committee are as follows:

- Oversee the overall implementation of TISHIP in the institution
- Manage the TISHIP fund, including, timely and accurate disbursements to healthcare facilities and HMOs.
- Ensure that the HMO, the health care facility and the institution meet their obligations to students on the programme.

- Act as a key stakeholder in quality assurance and monitoring.
- Provide regular feedback to the Management of the tertiary institution.
- Keep records of the activities of the scheme.
- Perform any other activities to ensure effective functioning of the programme.

4.4. Fund Utilization

Contributions are to be pooled annually in the first instance in the TISHIP Fund. The fund will be managed by the TISHIP Committee and pooled funds placed in NHIS Accredited Banks.

Table 1:

Capitation to health care provider monthly	65%	N1,300
Fee for service to HMO	20%	N 400
Administrative charge for the HMO	10%	N 200
Administrative fee to TISHIP Committee Admin fee account	5%	N 100
Total	**100%**	**N2,000**

4.5. Funds Management

The TISHIP Committee (See composition in 4.3 above) will be responsible for managing the programme in the institution including the TISHIP Fund. The signatories to the TISHIP Account are:

1. The Medical Director of the institution's health facility – Signatory A.
2. The representative of the Dean of Student Affairs Department – Signatory B.
3. The representative of NHIS – Second signatory B.

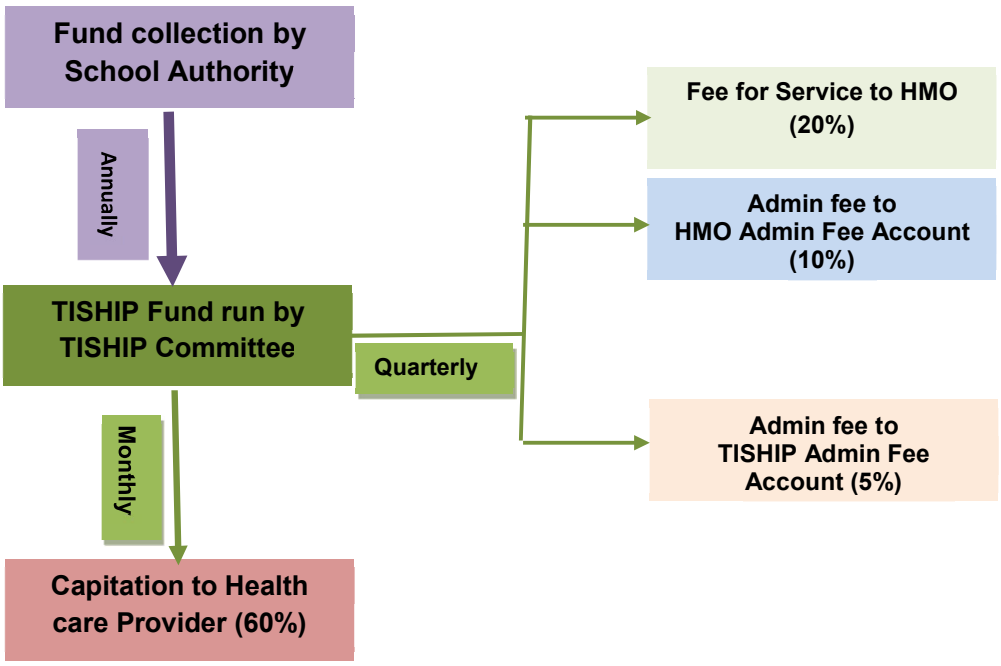

Figure 1. Schematic representation of Funds Flow in TISHIP Programme

4.6. Identification and registration

Each student will be identified with the Student identity card. The student registration number will serve as the TISHIP number. It will be the number till student completes his/her course of studies. Every student must ensure that he/she is registered the primary care facility serving the institution.

4.7. Benefit Package

The Benefit Package is drawn to meet basic healthcare needs of students. See Annex.
It consists of promotive, preventive and curative services for the prevailing morbidities among students in Tertiary Institutions.

Supplementary services can be provided at the voluntary request of the Students of the tertiary institutions. The cost of these extra services will be determined actuarially by the HMO and forwarded to NHIS for evaluation and approval.

4.8. Provider Payment Systems

Primary care Facilities will be remunerated through capitation (N100 per month) paid monthly in advance on behalf of the contributor by the TISHIP Committee (see table 1 above). Providers of secondary care are to be paid fee-for-service based on the current NHIS tariff rates by the HMO.

4.9. Health Care Service Delivery

The providers of healthcare services are the health centers of tertiary institutions. Any healthcare facilities accredited by NHIS outside these institutions are to be used by students during holidays. In the absence of a healthcare facility within the institution, an NHIS accredited health facility outside the institution could be engaged to offer healthcare services to the students. These are primary health care facilities and constitute gatekeepers in the entire TISHIP structure.

Secondary health care facilities accredited by NHIS are used only on referral. Depending on the level of the institution's health centre, it could also provide secondary level care. Secondary providers must sign contractual agreements with the HMOs on the provision of secondary care to enrollees.

For the purpose of the programme, all healthcare facilities shall open a bank account, into which all payments for services shall be paid.

Signatories to the account shall include:

i. The Head of the Health care facility
ii. A representative of the Bursary of the institution.

All withdrawals must be after due approvals from the head of the institution or whoever is responsible for such approvals.

All funds accruing to the health facilities for the programme shall be used only for drugs, consumables, laboratory reagents and equipment and other inputs for effective service delivery. This excludes personnel costs that are already provided by the institution.

In the case of forceful closure of any institution, such as during strikes, the students will access service from any NHIS accredited facility closest to them. The HMOs shall reimburse such facilities the cost of the services by fee-for-service. Such payments shall be reimbursed to the HMO by the TISHIP Committee from the non-remitted capitation during the period of the strike following the submission of evidence of such transactions.

All students involved in such treatments shall inform the institution's primary healthcare facility before or during the treatment and provide a report to the primary healthcare facility of such treatment(s).

4.10. Risk and Fraud Management

a) Identification at point of access with the institution's ID card and encounter data equipment. These check fraud/ abuse and free riding.
b) Student registration at the primary health care facility.
c) The gate keeping function of the primary facility regulates access to secondary care.
d) The authorization codes by the HMO during referral.
e) The TISHIP Committee functions and the signatories facilitate financial transparency.
f) Submission of report of treatment in facilities outside the school during closure.
g) Fund utilization at facility level introduces transparency, accountability and efficiency.

4.11. General Procedure for participation in TISHIP

a) Institution shall inform NHIS of its intention to commence programme.
b) Institution selects its Health Maintenance Organization (HMO) and notifies NHIS.
c) Constitution of the TISHIP Management committee by NHIS.
d) Students pay for TISHIP at the beginning of each academic session as the pay for school fees. Each payment last for 12 calendar months.
e) Provide a list of all students per academic session to NHIS, TISHIP Committee and HMOs.
f) Remit all collected TISHIP contributions to the TISHIP Fund within 2 weeks of resumption.
g) NHIS and HMO carry out verification of information supplied.
h) Sensitization of students by NHIS and HMO on operations of the programme.
i) Accreditation of health care provider by NHIS.
j) The TISHIP Committee shall meet regularly to review operations of the programme.
k) The TISHIP Committee makes capitation payment to primary health care facilities monthly and remits fee for service funds to HMOs on a quarterly basis.
l) Fee-for-Service payments shall be made by HMOs to secondary health care facilities within 2 weeks of submission of claims.
m) Fee-for-Service utilization report must be made to the TISHIP Committee by the HMO on a quarterly interval.
n) All TISHIP encounter and financial reports must be provided to TISHIP Committee by Healthcare providers quarterly.
o) Quality assurance reports must be provided by the HMOs to the TISHIP Committee on a quarterly basis.
p) The TISHIP Committee shall provide all reports to the institution and NHIS on a quarterly basis.
q) Verification exercise by NHIS must be conducted quarterly.
r) Independent Quality Assurance by NHIS to be carried out bi-annually.

4.12. Grievance and Arbitration

Arbitration Committee

NHIS will set up an arbitration committee when the need arises. This comprises the Dean of student affairs, Representative of Students Union, Head of the health centre, Representative of the HMO, Representative of NHIS and the legal adviser of the institution. The committee shall address grievances/breaches from all aggrieved stakeholders. The NHIS representative shall be the Chairman of the Arbitration Committee.

Arbitration

Complaints by students are to be addressed first by the Health Care Facility.

The second line channel for addressing students' complaints is the TISHIP Committee. All unresolved matters at this stage should be referred to the Arbitration Committee.

Prescribed sanctions will be in line with the NHIS Operational Guidelines.

4.13. Programme Review

Assessement and review of programme will be carried out periodically by NHIS.

Key parameters by which quality will be measured will include user satisfaction, client readmission rates, referral and rate of utilization of referral services.

Quality Assurance will be also be carried out periodically (bi-annually) by NHIS.

5.0. Conclusion

The TISHIP is a compulsory programme for students of tertiary institutions with an annual contribution of N2,000 paid into a TISHIP Fund managed by an all-inclusive stakeholder TISHIP Committee. The programme will be over-sighted by a high level National Steering Committee. This arrangement is to facilitate access of students to quality and affordable health care services during academic sessions and out-of-session periods within the year of coverage.

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Benefit Package for the Tertiary Institutions Social Health Insurance Programme (TISHIP)

	PRIMARY LEVEL CARE
1	**Consultation with General Practitioners and prescribed drugs**
2	**Health prevention and promotion**
	Family planning services excluding commodities
	Dental care
	HIV/AIDS
3	**Management of simple infections/ infestations**
a	Malaria
b	Respiratory tract infections
c	Urinary Tract Infections
d	Gastroenteritis
e	Conjunctivitis
f	Primary Ear, Nose and Throat infections
g	Urinary tract infections
h	Diarrheal diseases
i	Enteritis/ typhoid fever
j	Helminthiasis
k	Schistosomiasis
l	Pelvic inflammatory disease
m	Mumps
n	Skin infections/ infestations such as Chicken pox, scabies and fungal diseases
o	Snake and Scorpion Bites

4	**Management of minor injuries**
a	Minor Surgical Procedures: incision & drainage, suturing of lacerations, minor burns, simple abrasions, etc
b	Excision of lump
5	**Primary dental care**
6	**Management of non-communicable diseases**
a	Screening and referral for Cancers, Diabetes and Hypertension.
b	Management of uncomplicated Hypertension and Diabetes.
c	Management of neurosis
7	**Special Maternal, Neonatal and Child Health (MNCH) Services**
a	Antenatal care
	o At most 4 visits except in emergencies
	o Routine drugs to cover duration of pregnancy
	o Routine urine and blood tests
	o Pelvic & obstetric scan (at least twice if available)
	o Referral services with complications
b.	Management of simple sexually transmitted infections (STI) and urinary tract infections (including Laboratory diagnosis)
c.	Deworming
d.	Management of uncomplicated Lower respiratory tract infection, such as Pneumonia
e.	Postnatal services
f.	Neonatal Care (Cord care, Eye care, Management of simple neonatal infections) for 12 weeks
8	**Childbirth services**
a.	Normal delivery (spontaneous vaginal delivery) by skilled attendant
	o Normal delivery
	o Repair of birth injuries and episiotomy
b.	New born care and prompt referral
9	**Basic and Comprehensive Emergency obstetric care**
a.	Essential drugs for Emergency Obstetric care (EmOC)
b.	Blood transfusion services – Screening etc
1	Basic laboratory investigations
	a. MP

	b. Widal
	c. RBS
	d. Urinalysis
	e. Urine/Stool Microscopy
2	Management of sickle cell disease
3	Allergic conditions
4	Poisoning
5	Accidents and Emergency
6	Other conditions as may be listed by NHIS from time to time
SECO NDARY LEVEL CARE	
1	Consultation and treatment by specialist such as surgeons, paediatricians, ophthalmologist, etc
2	Emergency cases outside place of residence.
3	Admission (maximum of fifteen days cumulative per year)
4	Procedures that cannot be handled at primary level of care such as
a	Treatment of moderate to severe infections and infestations
b	Management of severe malaria.
c	Management of meningitis, septicaemia, etc.
d	Management of complicated RTIs.
e	Management of complicated typhoid fever, etc
5	**Basic and Comprehensive Emergency obstetric care**
6	**Management of Preterm/Pre-labour Rupture of Membrane (P/PROM)**
a	Detection and management of pre-eclampsia using Magnesium Sulphate
b	Blood transfusion services – Screening etc
c	Management of Postpartum Haemorrhage
d	Eclampsia
e	Caesarian section
f	Operative Management for ectopic gestation
g	Management of intra-uterine foetal death
h	Management of neonatal infections.
i	Management of puerperal sepsis
j	High risk deliveries – 1st delivery, mal-positioning/mal-presentation, multiple deliveries, etc.

7	**Surgeries**
a	Appendicectomy
b	Hernia repair
c	Hydrocelectomy
d	Management of Fractures
8	**Dental care**
a.	Amalgam filling
b.	Simple and surgical tooth extraction
9	**Management of non-communicable diseases**
a.	Management of complicated Diabetes and Hypertension
b.	Management of substance abuse
c.	Management of Sickle cell disease
10	**Management of emergencies**
	Management of emergencies such as accidents, severe asthmatic attack, severe shock, moderate to severe poisoning etc.
11	**Psychiatry, such as Management of psychoses**
12	**Laboratory investigations at secondary level of care**
i.	Genotype
ii.	Lumbar puncture
iii.	Urea/electrolyte/creatinine
iv.	Bilirubin (total and conjugated)
v.	Alpha feto protein
vi.	Ketone bodies
vii.	Urine m/c/s
viii.	Occult blood in stool
ix.	Sputum/m/c/s
x.	Urethral/wound/ mcs
xi.	Blood m/c/s
xii.	Ear/Eye/throat swab/ m/c/s
xiii.	Aspirate pus m/c/s
xix.	HVS m/c/s
xv.	Skin snip for microfilaria
xvi.	AFB for TB

xvii.	Gram stain
xviii.	Mantoux test
xix.	Grouping and crossmatching
xx.	Hepatitis B surface antigen screening
xxi.	Screening for HIV 1 & 2
xxii.	RBC Count
xxiii.	FBC
xxiv.	Reticulocyte count
xxv	Plateletes count
xxvi.	Prothrombin/thromboplastin time
xxvii.	Blood bag
xxviii	Donor screening