

Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level



Community Health Roadmap

Côte d'Ivoire

2021
Update

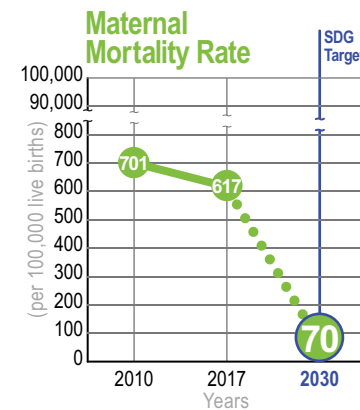
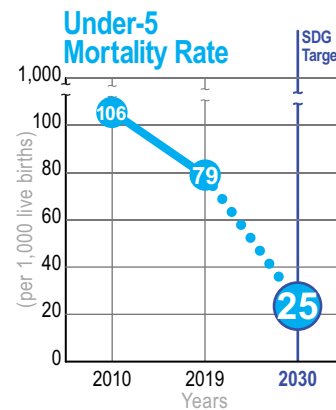
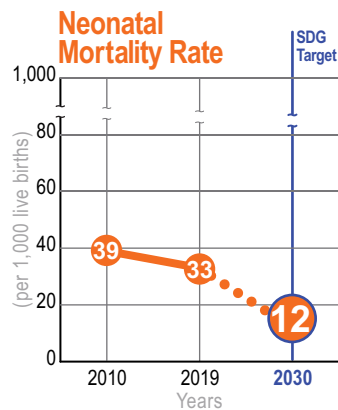
At a Glance: Country indicators

Population (2019):
25,716,544

Total number of community
health workers (CHWs):

Current: 11,397

At scale-up: 25,000



Community Health Overview

Côte d'Ivoire is in the process of implementing its **National Strategic Plan for Community Health (PSNSC)** (2017-2021), which envisages the scale-up of its community health workforce from 11,397 to 25,000. The PSNSC 2017-2021 is being evaluated towards a new plan for 2022-2025.

VISION: "A Côte d'Ivoire where responsible, involved, committed and fully integrated communities contribute to the demand and supply of basic health care accessible to all in a partnership between them and the basic social services system and local government."
(PSNSC 2017-2021)



STATUS OF NATIONAL PLAN:
Côte d'Ivoire is in the process of evaluating its PSNSC 2017-2021 and will be transitioning to a new plan for 2022-2025.



Urgent Investment Actions



1. Close the human resource gap:

- Scale up the number of CHWs in response to need
- Expand areas/counties to be covered
- Mobilize sufficient funding to close these gaps



2. Re-evaluate/update roles to reflect changing needs



3. Strengthen and ensure the quality of community health services:

- Strengthen the institutional and organizational framework of community health
- Enhance the participation and engagement of communities and local groups
- Expand coverage and quality of community interventions
- Improve the monitoring and evaluation system of community health interventions
- Establish sustainable financing mechanisms for community health



4. National guidelines that will:

- Strengthen the institutional and organizational framework of community health
- Engage communities and local groups
- Increase coverage and improve the quality of community interventions
- Consolidate the monitoring and evaluation system of community health interventions
- Mobilize community health financing

Description of Community Health Structure



Cadres:

Currently, 11,397 in three cadres:
(1) community health workers (CHW),
(2) CHW coaches (supervisors), and
(3) community counsellors focusing
on HIV and related diseases.



Scale-up: PSNSC envisages to scale
up the number of CHWs from 11,397 to
25,000 by 2021-2022.



Services offered:

CHWs and CHW coaches

Promotional, preventive and curative
services; monitoring; and supportive
activities. Focus is on the delivery of
high-impact interventions to reduce
morbidity and mortality among children
under 5 years old and among
pregnant women

Community counsellors (HIV)

Promotional, preventive and curative
services; monitoring; and supportive
activities. Focus is on delivering
interventions to prevent and treat HIV and
related diseases (tuberculosis, sexually
transmitted infections, cervical cancer)



Supervision:

CHWs and CHW coaches are supervised
by the health worker. Each CHW coach is
assigned to 10 CHWs.

The community counsellor is supervised
by the health worker.



User fees:

None

Description of Community Health Structure



Training:

Training sessions are 12 days in duration and may take place at the health facility of the first contact or at the regional or district facility. CHWs and CHW coaches receive a per diem of US\$73 for training and are reimbursed for transportation costs. The training is done once, and CHW capacity building is done on an 'as needed' basis. The new PSNSC (2022-2025) envisages more frequent training.



Remuneration:

- CHWs are paid US\$36/month.
- CHW coaches are paid US\$54/month.
- Community counsellors are paid US\$36/month.



Data collection:

- Collecting and summarizing data



Health system linkages:

CHWs provide a link between health structures, social structures and the community.

Community counsellor (HIV)

Community counsellors provide a link between health facilities and community-based care.



Community engagement:

Traditional authorities, management committee (COGES), NGOs, village development committee (CVD), neighbourhood development committee (CDQ)

Primary Health Care Structure at Community Level: Supports service delivery, engagement and accountability

Ministry department responsible for community health: Community Health Directorate, General Directorate of Public Health and Hygiene



Primary Health Care Priorities and Progress at Community Level

Service Delivery



Service delivery structure, package and quality of care

Progress (Sept. 2021)

- COVID-19 training modules and tools designed (e.g., image box and monitoring grid for COVID-19 actions)
- District management teams trained on COVID-19 response
- Committee established to conduct health activities in prisons

Health Workforce



Recruitment and accreditation

Priorities (2021-2022)

- Recruitment of CHWs
- Installation of CHWs in their communities

Progress (Sept. 2021)

- Recruitment of 2,600 new CHWs is ongoing

Health Workforce (continued)



Training

Priorities (2021-2022)

- Training and capacity-building
- Equipping CHWs
- Training in emergency management and initial rapid assessment with community involvement

Progress (Sept. 2021)

- 2,000 CHWs trained

Supervision

Priorities (2021-2022)

- Establish a proactive supervision system for CHWs
- Update supervision methodology; develop a dedicated supervision guide
- Disseminate supervision tools to make them available on a regular basis at the level of health area
- Provide needed materials and equipment (i.e., motorcycles) for supervision by state-registered nurses [*infirmière diplômée d'état (IDE)*] and district health teams
- Provide required items for central-level coordination

Health Workforce

(continued)



Remuneration/reward and advancement

Priorities (2021-2022)

- Increase the financial incentives of CHWs
- Sustain CHW motivation
- Give awards to CHWs upon completion of training
- Recognize the achievement of CHWs

Progress (Sept. 2021)

- Nearly 2,000 CHWs have received no incentives since Jan. 2021

Health Information Systems



Data reporting and information systems

Priorities (2021-2022)

- Reproduce data collection tools
- Provide means of travel for quarterly validations of community data

Progress (Sept. 2021)

- Community data integrated into DHIS2
- Validation of community data by zones

Supply Chain Management



Supply chain management (including commodities)

Priorities (2021-2022)

- Strengthen the community drug supply chain
- Strengthen product management at the community level

Progress (Sept. 2021)

Working to resolve problems of availability of drugs and supply items at the community level

Health products

Priorities (2021-2022)

- Strengthen the drug supply system (i.e., ensure uninterrupted supply, avoid stock-outs)
- Strengthen drug management by CHWs at the community level

Finance



Finance

Priorities (2021-2022)

Secure funding that will allow several priority activities to proceed:

Document development and strategy related:

- PSNSC 2017-2021 final evaluation
- PSNSC 2022-2026; production, dissemination and awareness activities
- Quarterly multi-sectoral platform for PSNSC
- Mapping community health providers and interventions
- National community diagnostic document

Monitoring and coordination:

- Semi-annual monitoring of activities with lot quality assessment survey
- Child-friendly community approach
- Revive management committees of health facilities of first contact
- General assemblies of community-based facilities management associations

Training:

- Post-training follow-up
- Train 50 local NGOs in the practice of community diagnosis
- Train 1,100 rural development agents in the minimum integrated community approach to health

Progress (Sept. 2021)

- PSNSC 2017-2021 final evaluation not yet carried out; funding remains to be secured
- PSNSC 2022-2026 in process of validation
- PSNSC multi-sectoral platform meetings conducted
- Mapping document to be validated in Sept. 2021
- National community diagnostic document not yet carried out; funding remains to be secured

Leadership and Governance



System design and policies

Priorities (2021-2022)

- Review community health policy
- Develop community health standards and procedures
- Review mapping of CHWs, NGOs and implementing partners involved in community activities
- Conduct operational research on CHW activities
- Strengthen public health legislative framework
- Improve service coverage by deploying health personnel in areas that are underserved and have real needs

Progress (Sept. 2021)

- Community health policy developed and technically validated (awaiting institutional validation)



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Leadership and Governance

(continued)



System management and leadership

Priorities (2021-2022)

- Raise public awareness about the delivery of community health services (i.e., in the fight against chronic diseases)
- Scale-up the School for Husbands strategy (in which men are educated about women's health) and community dialogue in health districts with high maternal and infant mortality rates
- Pool resources with the National Agency for Rural Development (ANADER) on community activities for sustainable development
- Implement a multi-sectoral coordination platform for community health activities
- Use of information and communication technologies for the exchange of experiences and best practices in community development

Political priorities

Priorities (2021-2022)

- Community health policy
- Health promotion policy
- Public health legislative framework
- Final evaluation of PSNSC 2017-2021

Community Engagement



Community engagement

Priorities (2021-2022)

- Organize community activity feedback sessions with CHWs for transparency; design a community database for monitoring
- Organize quarterly meetings of the multi-sectoral platform for health promotion
- Revive management committees of health facilities of first contact (COGES), village and neighbourhood development committees (CVDs and CDQs), and community-based facilities management committees

Progress (Sept. 2021)

Community activity feedback sessions conducted at community places and in districts



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Costs of PSNSC implementation

National Strategic Plan for Community Health 2020-2022 as costed: **US\$6,160,694**

Based on US\$1 = 550 francs CFA

Resource gap: US\$900,000

Côte d'Ivoire has estimated costs of PSNSC 2020-2022 implementation at US\$6.16 million, which includes the scale-up of community health workers to 25,000 as envisaged. The greatest cost drivers are CHW allowances (US\$3.5 million) followed by tools, equipment and supplies (US\$2.35 million). Implementation is mainly via technical and financial partners. The gap in the implementation of the plan is US\$900,000.

Figure 1.
Cost (in US\$) of implementing the CHW strategy, 2020-2022

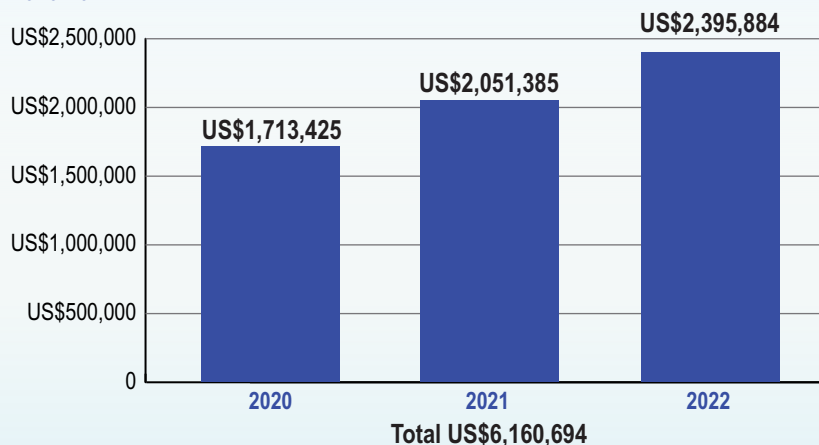
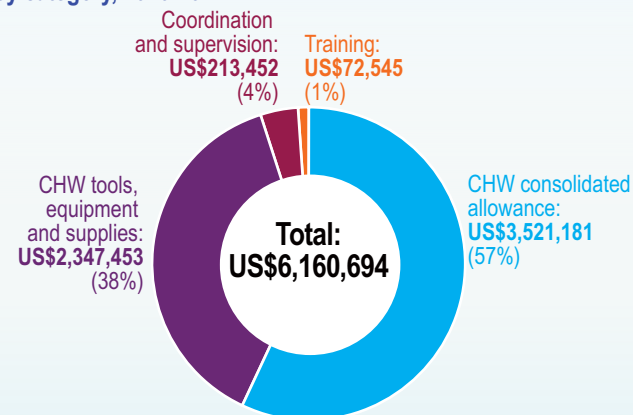


Figure 2.
Breakdown of implementation costs (in US\$), by category, 2020-2022



Development Partners and Coordinating Mechanisms

Funders:

C2D (Contrat de Désendettement et de Développement) / AFD
 CDC
 The Global Fund
 PEPFAR
 UNFPA
 UNICEF
 USAID
 US President's Malaria Initiative (PMI) / Impact Malaria
 The World Bank
 World Health Organization

Implementing Partners:

ACF
 ACONDA-VS
 AIP
 Alliance Côte d'Ivoire
 Alliance des Religieux contre le VIH/SIDA et les autres pandémies
 ANADER
 APROSAM
 ASAPSU
 ARSIP
 CIP

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
 EGPAF
 FHI360
 International Rescue Committee
 JHPIEGO
 JHU-CCP
 PSI-CI
 Save the Children
 SEVCI
 MUSO-HEALTH

Coordinating Mechanisms:

- National Coordinating Committee for Community Health
- Traditional authorities
- Management committees (COGES) with NGOs
- Village development committee (CVD)
- Neighbourhood development committee (CDQ)



Acronyms and Sources Used

Acronyms:

ANADER	Agence Nationale d'Appui au Développement Rural (<i>National Agency for Rural Development</i>)
CDQ	comité de développement du quartier (<i>neighbourhood development committee</i>)
CHW	community health worker
COGES	comité de gestion (<i>management committee</i>)
CVD	comité villageois de développement (<i>village development committee</i>)
IDE	infirmière diplômée d'état (<i>state registered nurse</i>)
PSNSC	Plan stratégique national pour la santé communautaire (<i>National Strategic Plan for Community Health</i>)

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

Mortality: United Nations Inter-Agency Group on Child Mortality Estimation, childinfo.org.

Population: Primary Health Care Performance Initiative, <https://improvingphc.org/indicator/population#?loc=&viz=0&ci=false>, accessed 18 Aug. 2021.