

Rapid Learning on Strengthening Community Health Governance in Côte d'Ivoire



Co-Authors

Tania Mathurin, Senior Program Officer, Results for Development

Eric Djimeu Wouabe, Associate Director, Results for Development

Lior Miller, Program Director, Results for Development



Executive Summary

Context

Côte d'Ivoire faces significant challenges in implementing its community health strategy. To address these challenges, the Accelerator collaborated with the Directorate of Community Health (DSC) of the Ministry of Health and Public Hygiene to complete three major activities to improve community health governance, coordination, and resource allocation, including developing the country's first National Community Health Policy (PNSC), an accompanying operational plan, and a community health resource mapping tool. Across these activities, the Accelerator worked closely with the DSC, other Ministry of Health teams, and partners to ensure that local actors set priorities. It paired coaches with DSC counterparts to address challenges and develop and adapt appropriate solutions to strengthen community health governance and coordination.

Objectives

This rapid learning brief aims to assess to what extent the Accelerator's approaches and collaboration were useful in advancing more integrated community health programming. Specifically, the purpose of the learning activity was to determine if there is early evidence that these tools are leading to greater coordination, better governance, and efficiency in resource allocation in implementing community health activities and to enable the DSC to use the findings for adaptations to the community health policy implementation.

Methodology

The Accelerator conducted a qualitative learning activity to assess how the approach and tools contributed to improved coordination, governance, and resource allocation. The Accelerator conducted a document review, developed a set of learning questions, and interviewed five key community health stakeholders.

Results

There are notable improvements in community health coordination and governance, which can be attributed partly to the Accelerator's collaborative coaching approach and the new community health tools. Implementing, technical, and financial partners are now including community health goals in their respective plans and initiatives, and the DSC is organizing more regular, inclusive meetings with multisectoral community health stakeholders. The Accelerator's use of coaching, co-creation, collaboration with key community health actors, and bringing in relevant examples of community health policies from other African countries contributed to improvements in coordination and governance. However, progress in resource tracking and allocation for community health was not clearly identified and may require additional efforts and strategies, such as increasing government commitment to sustainable



community health financing and strengthening donor and partner alignment around the community health vision and priorities. In addition, key areas of improvement remain to strengthen governance and coordination, such as improving coordination among implementing partners and ensuring that the DSC is sufficiently empowered to play a leading priority-setting, oversight, and convening role.

Recommendations

There is a need to enhance communication, awareness, and implementation of the PNSC and the operational plan. There is an opportunity to define further the mechanisms and processes for resource mapping that can be continuously updated to track efficient resource allocation for community health. Additional domestic financial resources, aligned with national priorities, and allocated to the community health program, are required to achieve its objectives. A phased, piloted approach to implementing the new community health tools may help the DSC learn what works, identify challenges, and scale up new tools more robustly and effectively.

Cover Photo Credit: Validation meeting of the National Community Health Policy, June 2021.



Context

Despite Côte d'Ivoire's recent economic progress, national infant and maternal mortality rates remain high¹. The country continues to face challenges in access to essential health services. To improve equitable access to quality healthcare, Côte d'Ivoire has adopted primary health care as its main strategy for providing care and improving health outcomes. Community health is an essential component of primary health care. Community health improves access to preventive and curative health care services, brings care closer to communities, and engages citizens in health care decisions. However, Côte d'Ivoire's community health program continues to face many challenges, including inadequate application of existing laws and regulations; lack of formal employment status for community health workers (CHWs); insufficient supervision of CHWs; insufficient planning, coordination, and monitoring and evaluation of community health activities; inadequate government health financing; and insufficient resources allocated to community health.²

To address key components of these coordination, governance, and resource allocation challenges, the Accelerator partnered with the Directorate of Community Health (DSC) within the Ministry of Health (MOH), Public Hygiene, and Universal Health Coverage (MSHP-CMU) to develop three major community health tools to support implementation of Côte d'Ivoire's community health program: the country's first National Community Health Policy (PNSC), an operational plan for the policy, and a community health resource mapping tool. These tools, developed from

Definition of Key Terms

Coordination in community health may include aspects such as recruitment and accreditation, training, supervision, compensation/reward and advancement, data reports and information systems, supply chain management, finance, system design and policies, leadership, governance, and community engagement.

Governance refers to the application of regulatory texts governing community health, the framework for coordinating community activities at the national and district levels, involvement of administrative authorities and local authorities, community leaders in the implementation of community health and other aspects of governance at the national level not mentioned.

Resource allocation refers to the monitoring of financial resources for community health at the national and district levels for better allocation of the health budget to community health, better coordination, and avoidance of duplication.

¹ UNICEF DATA. (2023). Côte d'Ivoire (CIV)—Demographics, Health & Infant Mortality. <https://data.unicef.org/country/civ/>

² Ministère de la Santé et de l'Hygiène Publique. (2021). *Plan Stratégique National de la Santé Communautaire 2017-2021 – Direction de la santé communautaire*. <https://dsccom-ci.org/download/plan-strategique-national-de-la-sante-communautaire-2017-2021>



2020 to 2022, were expected to strengthen Côte d'Ivoire's community health governance, coordination, and resource allocation.

This learning activity aims to assess to what extent the Accelerator's approaches and collaboration with the DSC to develop these tools were useful in advancing more integrated community health programming. Specifically, the learning activity aimed to determine if there is early evidence that these tools are leading to greater coordination, better governance, and efficiency in resource allocation in implementing community health activities. The learning product aimed to provide lessons learned and valuable information for the DSC as it continues implementing the new policy. In the following sections, we briefly describe the Accelerator's approaches and the three tools, the learning questions and methodology, and the lessons learned from the analysis.

Approaches and Tools

Cocreation of Priorities and Coaching Approach

The Accelerator collaborated with the DSC to identify country priorities related to community health and to ensure that solutions were co-created with key stakeholders. The Accelerator centered on local expertise by identifying three in-country experts (coaches) who worked with the Ministry of Health, implementing partners, civil society, and donor stakeholders to develop the three tools for improving community health governance and resource allocation while simultaneously providing coaching. The DSC identified the need for and spearheaded the establishment of two technical working groups, one to guide the development of the policy and operational plan and the second to guide the development of the resource mapping tool. The Accelerator engaged key stakeholders at all stages of the policy and tool design, development, and validation processes and, jointly with the DSC, facilitated meetings and workshops to ensure stakeholders could provide ongoing technical feedback and contributions.

National Community Health Policy

The country's first PNSC articulates a common vision and standardized community health implementation approach. Its purpose was to strengthen the health system's organization and unify all actors around community health. To support the development of the PNSC from January 2021 to June 2021, the Accelerator positioned a local expert in community health to provide coaching and technical assistance to the DSC, carried out a situational analysis of community health interventions, created a technical working group for policy dialogue with key stakeholders in a participatory and inclusive process, and held a validation workshop. The situational analysis describes the socio-economic and political context and the implementation system for community health, shares successful experiences and best practices in community health from Côte d'Ivoire and other sub-Saharan African countries, and proposes the key principles and values to inform the PNSC.

The situational analysis served to orient the development of the PNSC, and the technical working group guided all stages. A validation workshop took place end of March 2021 with stakeholders from the Ministry of Health, and other government actors (the *Programme National de la Santé de la Mère et de l'Enfant* (PNSME), *Direction des soins infirmiers et maternels* (DSIM), *Programme National de Développement Communautaire* (PNDC), *Programme National de Prise en Charge des Orphelins et autres Enfants rendus Vulnérables*, (PN-OEV) and *Agence Nationale d'Appui au Développement Rural* (ANADER)); implementing partners (Population Services International (PSI), Alliance Côte d'Ivoire, CARITAS-CI, Save the Children, and Muso), and UNICEF. The workshop aimed to present the PNSC and incorporate participants' contributions. The final version of the PNSC was available in May 2021.

Community Health Operational Plans

The operational plan for the PNSC provides concrete guidance on social mobilization, community action planning, and strategies to ensure the sustainability of the policy. The plan is a key tool for the DSC to promote implementing more cohesive, integrated preventive and curative services as outlined in the PNSC. To date, community health services in Côte d'Ivoire have been fragmented, often focused on supporting specific aspects of vertical disease programs. The operational plan also provides guidelines and a harmonized approach to implementing community-based programs that address access to care and health coverage challenges.

The plan was developed from January to June 2022. The Accelerator, led by the coach who developed the PNSC, and the DSC established a second technical working group comprised of key community health stakeholders to provide guidance and feedback on the plan. In April 2022, the Accelerator supported the DSC to lead a validation workshop to review the draft. Government representatives, technical and financing partners, including UNICEF, Save the Children, Muso, Alliance Côte d'Ivoire, and regional MOH representatives participated. During the workshop, participants proposed strategies to streamline the plan and make it more accessible and user-friendly to implementers at the district and community levels. The Accelerator presented a revised plan to the DSC, and the working group subsequently held a final meeting to validate the document. The DSC also held an orientation session with community actors (such as district-level health officials, community health workers, community-based organizations, and partners) to disseminate the operational plan.

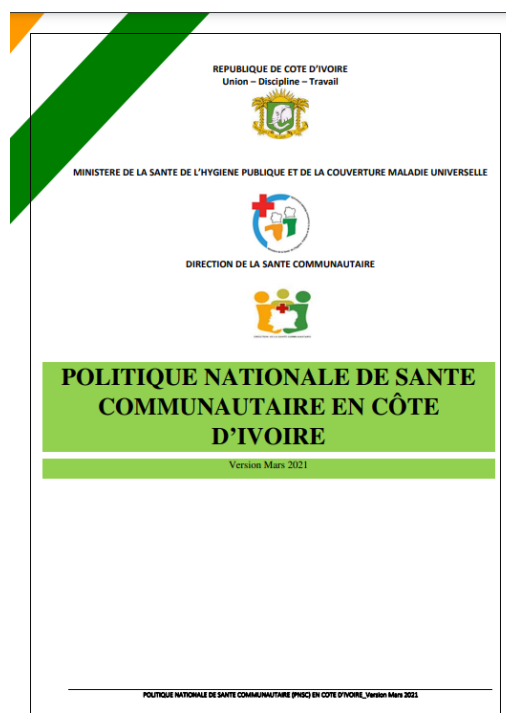


Figure 1. [Côte d'Ivoire's National Community Health Policy](#)



Community Health Resource Mapping Tool

The online, interactive community health resource mapping tool identifies current community health interventions, available funding sources, and actors in all regions. The tool aimed to facilitate evidence-based decision-making and resource allocation for community health, to understand where community health services were being implemented, by whom, and the funding sources for implementation. The Accelerator recruited two local consultants -- a specialist in health surveys and a specialist in geo-referenced data -- to develop online, interactive databases and websites. The consultants led the development of the tools from March 2021 to October 2021, collaborating with the DSC and its partners. Six typologies of actors were defined: state structures, local authorities, civil society organizations, the private sector, technical and financial partners, and beneficiary communities. From April to July 2021, the Accelerator conducted online training with district health officials on the purpose of the resource mapping tool and how to collect the data required to complete the tool. Data collection was conducted in all 113 districts, including information on the type of community health actors present in each district, the source of funding, and their GPS coordinates. The Accelerator reviewed and analyzed the data with the DSC before uploading the data into an online, interactive database. The Accelerator, with stakeholders from the government (DSC, PNSME, etc.), civil society (*Fédération Nationale des Organisations de Santé de Côte d'Ivoire* (FENOSCI)), the private sector (*Coalition des Entreprises de Côte d'Ivoire* (CECI)), and technical and financial partners (UNICEF and Muso), held a workshop in September 2021 to validate the tool. The Accelerator also provided training for DSC staff on maintaining and hosting the online database to strengthen the ownership and long-term sustainability of the tool.

Learning Questions and Methodology

This learning activity aimed to determine if there is evidence that the PNSC, operational plan and resource mapping tool are achieving their objectives of improving community health coordination, governance, and resource allocation among government actors, implementing partners, and donors. Specifically, the following learning questions were explored:

- How and in what ways are national-level policies, operational plans, and resources mapping tools key inputs for improving community health coordination, governance, and resource allocation?
 - Is there early evidence that implementing partners and government actors are taking steps to align community health services with the new national community health policy?
- Are the policies and resource mapping tools contributing to better resource allocation among donors?
- To what extent does coaching by local consultants and technical working groups to Ministry officials yield the intended progress in the community health program and the country's capacity for adaptive and continuous improvement in its implementation?



- What additional activities can be used to strengthen community health governance and implementation in Côte d'Ivoire, particularly in improving equity and resiliency of the community health workforce?

Methodology

The learning approach was based on three key elements: a document review and inputs from the activity team, semi-structured qualitative interviews from relevant stakeholders, and a thematic analysis of the qualitative interviews.

Document Review: The Accelerator reviewed the PNSC, the operational plan, the community health resource mapping tool, and associated documents to understand community health coordination, governance, resource allocation, and relevant stakeholders at the national and community levels. In addition, the team reviewed Accelerator reports to understand the process and involvement of different stakeholders that contributed to these three products. The document review also fed into designing a semi-structured key informant guide and selecting relevant stakeholders to interview.

Key Informant Interviews: The Accelerator conducted semi-structured key informant interviews from June to July 2023 with stakeholders from the government, donors, and implementing partners. The DSC recommended these stakeholders. The Accelerator used purposive sampling to select five key stakeholders to capture different perspectives on early evidence of changes in community health coordination, governance, and resource allocation from various organizations. All stakeholders interviewed were engaged in developing the Accelerator-supported community health tools. Some stakeholders were more directly involved through their participation in the two technical working groups, whereas some stakeholders were involved through their participation in the validation workshops, where they provided technical inputs and revisions to the tools.

Thematic Analysis: The Accelerator transcribed the interviews and coded the data using Excel to facilitate analysis. Several patterns and larger themes were identified. Quotes and key points were categorized into those main themes.

Findings

1. Improvements in National-Level Community Health Coordination and Inclusivity

Four out of five respondents cited improvements in community health coordination at the national level and observed that the DSC is playing a stronger convening role than it was before the three tools were developed. There is also a greater effort by the DSC to ensure the inclusivity and participation of multi-sectoral stakeholders involved in community health policy and decision-making. One respondent's involvement in drafting the policy and the operational plan was cited as an example of improved coordination and collaboration among community health stakeholders.



Another respondent noted that the new community health normative documents, including the Accelerator-supported tools, represent progress toward improved coordination. Respondents observed that implementing partners and government actors are more focused on community health and have included it in their respective health plans due to the new national community health policy and operational plan.

Respondents also shared that the new tools increased motivation and willingness to improve community health outcomes and programs, leading to more workshops and meetings to convene community health stakeholders. One notable improvement that was frequently cited among respondents was the creation of the “*cadre de concertation*.” The *cadre de concertation* is a body for coordinating community health interventions which brings together representatives of the MSHPCMU, technical and financial partners, implementing partners, civil society organizations, and all other government ministries and institutions. The PNSC recommended this body. Respondents cited the meetings as a key step in improving community health coordination and governance. While initially, the *cadre de concertation* was held regularly, more recently, participants noted that meetings were held less frequently.

2. Ongoing Insufficient Coordination with Implementing Partners and NGOs

Respondents shared areas for continued progress to address the ongoing challenge of inadequate coordination among partners and the DSC in implementing community health programs. For example, there are continued challenges in standardizing CHW recruitment and accreditation, training, supervision, compensation/reward, and advancement; community health data reporting and information systems; supply chain management; and financing. One respondent noted that there has not been significant improvement in coordination at the implementing partner and NGO levels. For example, technical and financial partners often directly coordinate activities with NGOs without sufficiently involving the DSC or other Ministry of Health officials at national and decentralized levels. A respondent noted that community health coordination improved in terms of more inclusive opportunities for consultation. However, partners continue to implement community health activities to meet their objectives and work plans, making it difficult to ensure synergies and avoid duplicating efforts across partners. This lack of coordination is particularly evident in terms of the continued use of different compensation and incentives for CHWs across partners. Furthermore, coordination has improved more at the national level, whereas community health coordination is still limited at the district and regional levels.

3. Progress in Community Health Governance

All respondents identified progress in community health governance, especially as the DSC plays a stronger convening role. As the DSC has promoted a more participatory, inclusive approach to engaging multisectoral stakeholders, there has been a cascade effect whereby actors at all levels of the health system, including decentralized levels such as district and community leaders, are demonstrating increased interest, involvement, and commitment to community health.



Another noted an improvement in human resources at the regional and district levels devoted to managing and implementing community health. “The existence of all these [participatory governance approaches] demonstrates a certain intersectorality which is at the heart of community health,” cited one participant. Additionally, one participant noted that the new national strategic plan, a key governing document for the DSC, stems from the PNSC. “The National Strategic Plan exists because of the national community health policy. It's from the Policy.” Finally, one respondent noted that the DSC has begun to harmonize the different tools used in community health implementation and is encouraging community health implementers to all use the same tools, which is an important milestone.

4. Insufficient Uptake and Ownership of New Policies to Improve Governance

While participants identified incremental progress toward improving community health governance, there remains insufficient dissemination, uptake, and ownership of the PNSC and related regulatory texts. The governance framework described in the PNSC for coordinating community health activities, which describes the roles and responsibilities of administrative authorities, local authorities, and community leaders in implementing community health, is not yet fully operationalized. These new normative policies and documents have not been adequately disseminated and implemented across the country, and there is insufficient ownership and uptake of these policies at decentralized levels, which require changes in the behaviors and practices of government actors and implementers. For example, *comité villageois* (village committees), which are prescribed in the PNSC as an important avenue for involving decentralized authorities and community members in implementing community health, have not yet been established or made functional.

Another respondent observed that while there was some evidence of improvement in human resources for community health, it was important to strengthen further human resources dedicated to monitoring community health activities at the regional and district levels. Several respondents noted ongoing major challenges that the DSC faces in establishing and regulating the status and compensation of CHWs, which, as noted above, often vary across partners and NGOs and weakens the DSC's governing power. These challenges further highlight that different organizations involved in implementing community health activities continue to operate in a fragmented manner, which may not always be in alignment with the national policy and related guidelines.

5. Lack of Resource Mapping Use or Resource Allocation Progress

Respondents cited positive changes associated with coordination and governance. They also observed a lack of progress in utilizing resource mapping and improved resource allocation. Some respondents did not distinguish between the community health resource mapping tool supported by the Accelerator with new initiatives by the DSC to track resources. This highlights that the tool developed by the Accelerator was an initial first step and a helpful foundation in addressing resource mapping and



allocation efforts that the DSC and community health stakeholders are continuing to refine and build upon. However, there is continued interest from the DSC in improving resource mapping and allocation for community health to address ongoing challenges in tracking financial resources and allocating them efficiently and effectively, indicating that this remains a priority area for future technical assistance and investment.

6. Accelerator's Coaching Approach Beneficial to Community Health Programming

Two respondents elaborated on their experience in response to learning question 3: *To what extent does the use of local consultants and technical working groups to coach Ministry officials through the policy development process yield the intended progress in the community health program and the country's capacity for adaptive and continuous improvement in its implementation?* The two confirmed receiving coaching from the local consultants and the technical working group. One respondent noted that using consultants allowed them to be better organized in terms of putting together a joint workplan to complete the tools and focusing on specific objectives to support the community health program's overall goals. The respondents also learned from Accelerator coaching strategies for advocacy and how to collaborate with others to support a goal effectively.

They noted that the Accelerator consultants were available to advise on developing the policy and the operational plan. Because consultants were leading the desk review of examples from other countries, it allowed the respondents to learn about other countries' experiences in terms of developing and implementing a national community health policy. The technical working groups facilitated the exchange of ideas and information to deepen understanding of community health to improve programs. "The working group was a necessary element to involve the various stakeholders and have their contribution," noted one of the respondents. Finally, one respondent mentioned that they adapted the consultants' analytical tools to analyze their own specific projects and programs.

Recommendations to Strengthen Coordination, Governance, and Resource Allocation and Conclusion

The Accelerator's collaborative consultative and coaching approach and its technical and financial assistance for developing Côte d'Ivoire's first national community health policy contributed to important foundational improvements in coordination and governance. Although areas of continued progress clearly remain, particularly for resource allocation, this rapid learning exercise now provides the DSC with evidence-based next steps and recommended adaptations as they continue to lead community health strategies.



Participants emphasized the need to enhance communication and awareness of the normative policies, plans, and documents to improve coordination. It is important to amplify communication, organize conferences and debates, and continue raising awareness at the health system's national, district, health center, and community levels. Another respondent noted that the community must be more involved in health activities, and roundtables with donors to facilitate coordination should be held.

To improve governance, respondents recommended that the DSC strengthen its institutional authority. They suggested that more financial resources should be allocated to the DSC, through domestic resource mobilization, to conduct its activities and that the DSC should receive technical assistance to train and strengthen their staff's skills. Respondents also recommended that the DSC develop minimum requirements for NGOs involved in implementing community health activities to improve coordination and governance and create a mechanism to monitor that the minimum requirements are being followed. Finally, one respondent noted that to coordinate all activities and actors better and promote a multisectoral approach, it may be beneficial to re-attach the community health program to the prime minister's office or the president's office instead of the Ministry of Health.

One aspect where the DSC could start to enhance community health coordination that respondents frequently prioritized was to formalize the status of CHWs as health care workers, an initiative that would likely need the approval of the Ministry of Health and other government bodies. The respondents also emphasized that the DSC should set CHW training and compensation standards and promote greater harmonization of the services delivered by CHWs. One respondent suggested that to make CHWs more effective in their roles and to improve the quality of community health services; they must be well-trained and know how to analyze and use their data for tracking program improvements with the support of district health teams.

Respondents mentioned the possibility of integrating CHWs into existing performance-based financing (PBF) schemes to enhance program quality. Another noted the existence of other community-level cadres working in related sectors, such as social protection that could collaborate with CHWs to improve the quality of community health interventions.

Resource mapping and tracking resource allocation can be a time-intensive, complex effort, so identifying the mechanisms and processes to carry out resource mapping in a way that can be continuously updated, and to track efficient resource allocation for community health, is also recommended.

Finally, respondents suggested that the DSC should consider piloting the implementation of community health activities in select districts by applying the three new tools. This pilot approach would allow the DSC to learn what works, identify challenges, and scale up the application of the new tools more robustly and effectively throughout the country.



About the Health Systems Strengthening Accelerator

The Health Systems Strengthening Accelerator (Accelerator) is a global initiative funded by the United States Agency for International Development, with co-funding from the Bill & Melinda Gates Foundation. Its goal is to partner with countries to build resilient, high-performing health systems that respond to persistent and emerging health challenges that disproportionately impact vulnerable populations. The Accelerator contributes to USAID's strategy for achieving improved health equity, quality, and resource optimization by helping countries apply a whole-of-systems lens to intractable health systems issues, connecting local innovation and global knowledge, strengthening local ownership and processes, and building the institutional architecture needed to ensure lasting change.

The Accelerator systematically learns and shares new knowledge about building sustainable, country-led institutions for iterative health systems strengthening that ultimately help countries and development partners develop new strategies, partnership models, and approaches.

The Health Systems Strengthening Accelerator

Results for Development
1111 19th Street NW
Suite 700
Washington, DC, 20036,
USA

Project Director: Nathan Blanchet.

nblanchet@r4d.org

www.acceleratehss.org

Dedication

This learning activity is dedicated to our late colleague and friend, Dr. Charles-Etienne Andre-Michel Zouzoua, one of the Accelerator coaches, a nationally and globally recognized community health expert and leader, and a key architect behind the PNSC.

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