

Success Story

In Cote d'Ivoire, Community Health Workers Key to Linking Families to HIV Care and Treatment



“I was already known by people in my community as a resource person to contact in case of illness.”

-Mr. Tagbo Gballo Felix, CHW in Cote d'Ivoire

At Centre de Sante Urbain Zikisso, an ICAP-supported clinic in the rural town of Lakota, Cote d'Ivoire, Mr. Tagbo Gballo Felix, a community health worker (CHW), has escorted a female patient to receive care and treatment services. Diagnosed with HIV four years earlier, the patient discontinued antiretroviral treatment (ART) believing she had been cured. New to Lakota, she was reluctant to seek treatment from the health facility once she became ill. Like many Ivoirians, several factors contributed to the interruption her care.

In 2012, HIV retention rates at health facilities in Cote d'Ivoire varied between 32 and 76 percent, well below the 80 percent PEPFAR target, posing a challenge to the provision of health services to people living with HIV/AIDS. One key strategy to respond to low retention rates is a team approach to decentralize HIV care: attending physicians initiate treatment; nurses and midwives review and renew prescriptions; social workers in the clinic support patient appointments and follow-up; and CHWs, the newest addition to the team, support family-oriented care and community engagement.

ICAP's Global Nurse Capacity Building Program received support from PEPFAR through HRSA to partner with the Ministry of Health (MSLS) to implement this community health approach, recruiting and training a cadre of CHWs to work between healthcare clinics to link individuals to health services, address the various health needs of the families while integrating HIV-specific activities. By fostering relationships with communities, CHWs can help to retain HIV-positive individuals in care, impart critical health information, engage individuals and families disconnected from healthcare, and influence positive health behaviors in communities.

In June 2014, the ICAP Community Health Workers Approach (ICHAP) project was launched with 102 CHWs and 12 nurse supervisors at 12 health facilities across four districts—Fresco, Divo, Lakota and Abidjan—in Cote d'Ivoire. As part of the pilot, ICAP tests three models of CHWs: basic workers trained to support the community; peer educators, who are HIV-positive themselves and adhere to treatment; and CHW Coaches, who mentors small teams of CHWs. ICAP worked with the districts to facilitate and guide the selection of CHWs who were eager to volunteer and accepted by their communities.

To equip this new cadre of CHWs, ICAP trained 12 nurse supervisors to provide direct support to CHWs. ICAP also conducted an intensive training of CHWs using 13 validated training modules on topics such as HIV prevention, testing, ART adherence, and chronic disease prevention. CHWs were also equipped with job aids and engagement tools on HIV, tuberculosis, and family health such as maternal and infant nutrition and hygiene. After the training, ICAP and the Ministry of Health re-introduced all CHWs to their communities where each is responsible for 30 families. The CHW-Coaches were also each responsible for mentoring a group of 4-5 CHWs.

In Lakota, Mr. Felix worked with a nursing supervisor to determine his intervention area in the village and organized community education sessions. “I was already known by people in my community as a resource person to contact in case of illness and referred pregnant women and sick children to health centers for care,” said Mr. Felix. “I connected with the woman in Lakota when her younger brother invited me to their home to discuss his sister's health,” said Mr. Felix. “Afterwards, I offered to accompany her to the health facility, she agreed to seek additional treatment and four months later she was back on ART and doing well.”

In three months, since the project was established in Cote d'Ivoire, the CHW model has shown considerable success in raising awareness of HIV prevention, effectively following up with HIV patients, reengaging them in care, and ensuring pregnant women receive regular antenatal care. The group of 24 CHW peer educators was exceptionally successful in their roles, connecting with 1,438 families, conducting 6,715 home visits, referring 166 pregnant women for ANC and 27 pregnant women for assisted delivery with skilled medical personnel. In addition, CHW peer educators conducted 433 community sensitization sessions involving 7,011 participants. They also proved effective in stimulating behavioral changes such as exclusive breastfeeding, practicing safe sex, and utilizing health facilities to give birth with the assistance of skilled personnel.

ICAP's Community Health Worker's Approach proves that CHWs are the missing link between communities and health facilities able to increase community awareness about good health practices and also to track HIV patients lost to follow-up care. Moreover, CHWs who are themselves HIV-positive provide stronger engagement through status disclosure.

Through the CHW model, ICAP is scaling up a sustainable program that is responsive to the health needs of HIV patients, their families and their communities, linking the HIV response to a diverse set of challenges. The CHW model also builds on current strengths in Cote d'Ivoire, utilizing decentralized HIV care to include the entire health care system in the response and advance the goal of PEPFAR and the Ministry of Health to achieve high HIV retention rates and more connected health care Cote d'Ivoire.

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