Côte d’Ivoire - Extending universal health insurance coverage to cocoa farming communities

Description

Poverty and exposure to shocks and disruptions may impact family incomes and affect household decisions regarding children’s education. This refers, for example, to economic shocks such as an adult member of the family losing his/her job, health-related shocks like a severe illness or an employment injury, and agriculture-related shocks, such as drought and crop failure.

Social protection reduces family poverty and vulnerability, thereby diminishing key drivers of child labour. Aware of the importance of social protection for the elimination of child labour and beyond, Côte d’Ivoire adopted a National Social Protection Strategy (NSPS) in 2014 which aims at facilitating access to basic social services and extending social security to all in line with the ILO Social Protection Floors Recommendation, 2012 (No.202).

In this context, ACCEL Africa carried out a study to understand the demand and supply of labour in cocoa-producing regions. The results of this research showed that families, where an adult family member has been affected by a health-related issue, are more likely to rely on child labour to supplement the consequent labour force shortage and income.

This study and its results were followed by another which tried to identify the prevalent obstacles to accessing universal health coverage (UHC) by rural cocoa-producing households in the Soubre (Grand Zattry) and M’batto areas. The results of this study revealed the following:

i) Difficulty in enrolment: due to distance from the centres, absence of required parts, lack of footprints of farmers. Individual registration of cocoa farmers was complicated.

ii) Workers cannot make the financial contributions needed, and if some can, they do not trust the system.

iii) Access to services is difficult, for example due to the remoteness of health centres affiliated to healthcare networks.

To this end, the ACCEL Africa project and the National Health Insurance Fund (CNAM) worked on developing and implementing a roadmap that considers the obstacles identified to promote access to UHC for cocoa farmers in Grand-Zattry and M’batto. This roadmap enabled the CNAM to raise awareness among cooperatives and their producers about the importance of UHC. As a result, through the first awareness campaign 1,815 cocoa producers from eight cocoa cooperatives have joined the CNAM. Since then, nine community health centres have been integrated into the network of facilities offering UHC care. Moreover, the ACCEL Africa project facilitated the contact between cooperatives, the CNAM and cocoa exporters by signing an agreement allowing the exporter OLAM International to contribute financially to the payment of the contribution of certain cocoa producers.

Responds to the following criteria

- Responsiveness
- Relevance
- Replicability
- Innovation, and sustainability if institutionalized

Main stakeholders

- National Health Insurance Fund of Côte d’Ivoire (CNAM);
- cocoa cooperatives;
- producers;
- and exporters (OLAM International).
Good Practices
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Process

Preparation

- **CNAM collaboration**: Establish a framework for collaboration with the National Health Insurance Fund (CNAM), to improve access to universal health coverage (UHC) for cocoa farmers.

- **Health services**: Identify the obstacles to access to the UHC by analysing the path that an insured person needs to take to receive health services through a human-centred design approach.

- **Roadmap**: Develop a roadmap that integrates solutions to identified barriers to enrolment, payment of contributions and access to benefits.

- **Identify exporters**: Identify exporters who have an interest in ensuring the contribution to the well-being and good health of farmers, and develop partnerships with these exporters to pilot the solutions presented in the roadmap.

- **Social protection and health coverage**: Map already existing forms of national and institutionalized forms of social protection and health coverage systems in Côte d’Ivoire.

- **Assess obstacles**: Assess the specific obstacles faced in accessing these national institutionalized programmes by farmers at the lower tiers of the value chain.

- **Cooperatives and unions**: Seek ways to overcome organizational and financial obstacles by establishing strong linkages with cooperatives and unions.

- **Social dialogue and collaboration**: Initiate social dialogue and collaboration between interested exporters, the CNAM, producers and cooperatives on the issue of UHC.

- **Unionized groups**: Ensure that farmers in lower tiers of the supply chains are part of unionized groups such as cooperatives, which facilitates their enrolment in UHC.
**Implementation**

<table>
<thead>
<tr>
<th>CNAM</th>
<th>Engaging the CNAM, the national agency in charge of promoting UHC, in a pilot process for access to UHC. The engagement of the CNAM is based on policy frameworks such as (i) the National Action Plan to Combat Trafficking, Exploitation and Child Labour, which provides for actions to extend social protection mechanisms for vulnerable households; and (ii) the National Social Protection Strategy, which aims to extend social protection to workers in the informal economy and the agricultural sector.</th>
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<td>Cooperatives</td>
<td>The CNAM contacted the cooperatives directly to present the intervention plans.</td>
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<td>Initial campaign</td>
<td>Organization of an initial meeting and awareness campaign aimed at reaching cooperative leaders to establish a joint implementation plan between the CNAM, exporters and ACCEL Africa.</td>
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<td>Second campaign</td>
<td>Second awareness campaign for members of the cooperatives to spread a clear message to the greatest number of cooperative members through a combination of physical meetings in the sections and large-scale communication technologies. Here the message mainly concerned the process of affiliation to the UHC, the basket of healthcare, the stages of the course of the insured and the upcoming enrolment campaign. These events took place within cooperatives.</td>
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Activation of health centres whereby the CNAM identified the health centres which are located closest to the cooperatives, and sent a delegation of trainers to strengthen their capacities to welcome the future members. Health centres were selected for their accessibility, and energy/electricity and mobile internet coverage.

Preparation of the enrolment campaign, initiated through exchanging up-to-date information on members of the cooperatives with the CNAM. During the enrolment operations, this register was used to validate the producer’s membership in a cooperative. It also served as a sign-up list that allowed the cooperatives to monitor the performance of the enrolment campaign itself.

The CNAM supported the cooperatives to validate a communication plan for its members in the villages in order to announce the terms of the upcoming enrolment operations. This helped the cooperatives to have a clear vision of the course of future operations. Until the start of the enrolment campaign, it had to communicate regularly with its members to guarantee optimal mobilization at the time of the campaign.

The enrolment campaigns were carried out by a CNAM service provider who deployed mobile enrolment stations in the villages and camps according to the defined enrolment sites. Until this stage, it was important to communicate regularly with the members of the cooperatives to announce the upcoming enrolment operations. The day before the start of the enrolment campaign, the cooperative, CNAM and its service providers held a framework meeting to agree on the final operational details.

Once the validity of the data collected was confirmed, enrolment was effective and each member was assigned a unique UHC number. Then, the farmer’s insurance card was produced and sent to the collection point closest to the enrolment site.

Community leaders were responsible for the distribution of cards among community members. In addition, each new member received an SMS to inform them that the card was available at the cooperative’s headquarters.

Financial contributions started three months before providing access to UHC, as this is the mandatory waiting period of the CNAM. Contributions are paid in different ways: (i) with any phone and a mobile money account via USSD codes; (ii) with a smartphone via the YUP and Kash Kash applications; or (iii) by paying directly at the counter of a partner bank.
In order to generate a first positive experience on the part of producers and create confidence on the system, an agreement was signed between the CNAM, OLAM and the cooperatives to contribute to the contribution of some of the farmers. Several options for financing contributions to the UHC are available (table 1).

If members of cooperatives who became covered by UHC show dissatisfaction with the services provided by their nearest community health centre, the insured can report incidents through e-mail or a toll-free phone number.

The CNAM also conducts targeted satisfaction surveys by telephone with members of the cooperative who are beneficiaries of healthcare covered by the UHC.

Finally, cooperatives are regularly informed of the satisfaction of their members and receive statistics on the use of the UHC by members to illustrate the added value of the service, and in particular the amounts saved by their communities. Based on this information, cooperatives may also participate in local commissions to resolve any detected challenges, in the presence of local institutional representatives of health and social protection. In addition, the agreement between the CNAM, OLAM and the cooperatives includes a monitoring committee that is responsible for analysing the challenges and finding specific solutions to the difficulties of access to benefits.

**Table 1. Options for financing contributions to the UHC**

- Producers pay their dues by mobile money.
- Cooperatives encourage the producer to pay his/her dues when he/she receives his/her bonus.
- The cooperative makes a loan to the producer so that he can pay his contribution.
- The cooperative pays all or part of the producer’s contribution and then collects the amount paid from its cocoa deliveries to the store.
- The cooperative pays all or part of the membership fee to thank the producer for his loyalty.
- The cooperative requests that the payment of producer contributions be included in the chocolate maker’s sustainability bonus plan.
- The cooperative asks the exporter to support financing all or part of the producers’ contributions as part of a sustainability programme.

The multi-level benefits resulting from this innovative practice for all relevant partners are described in figure 1.
Producer loyalty is a competitive advantage

Deploying innovative sustainability programmes ensures positive corporate visibility

Loyalty

Decent income

A household that reduces its health expenditure has less recourse to credit and reinvests its savings in the maintenance of the plantation, the schooling of children, etc.

Reputation

Human capital

Productivity

A productive worker maintains his plantation to maintain cocoa yields (productivity) and quality

Sustainable farming practices

A healthy producer is receptive to training and engages in sustainable farming practices

Access to care preserves future generation farmers
In addition to assistance to local health service providers to strengthen their capacity for the provision of services, the project has established a grievance mechanism for cooperatives to collect information in case there are any challenges among insured members in terms of access to health services.

Insuring the head of the family is expected to have an impact on children’s attendance to school and overall wellbeing.

ACCEL Africa is currently implementing this good practice in cocoa growing communities.
In brief

As studies have revealed, social protection measures, especially health coverage for farmers and other workers at the lower tiers of the supply chain, highly affect their productivity and the prevalence of child labour.

Therefore, this good practice highlights how to find innovative solutions to seek such protection: first, through seeking already existing government institutions and programmes that provide these services; and second, by allocating appropriate partners from private sector institutions, specifically those which have most interest in ensuring the well-being of workers in general and specifically cocoa farmers in this case. This means that whilst identifying these partnerships, it is essential to acknowledge and identify collaborators who could bring about a win-win situation – in this case exporters and producers.