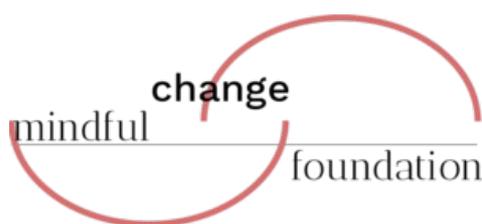


*Project Samentacom, Ivory Coast*

**Activity Report 2019-2020**

*(1. 4. 2019 – 31. 3. 2020)*



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# 1. Editorial



The project "Santé Mentale Communautaire" SAMENTACOM is an initiative of university psychiatrists\* from the "Centre Hospitalier et Universitaire" and the University of Bouaké, which started in 2018. It is an adaptation of the WHO mHGAP programme for the integration of mental health into primary care in countries with limited resources.

Human resources for mental health are insufficient and unevenly distributed in view of the many mental health care needs in Ivory Coast.

Objective: To promote the decentralisation and integration of mental health care into the general care structures in Ivory Coast.

## **General aim:**

- Implement interventions based on a primary mental health care model based on community cooperation and participation.

## **Specific aims:**

- Training of primary care staff in the diagnosis and treatment of priority psychiatric pathologies (psychosis, depression, epilepsy)
- Implementing the provision of mental health care as part of the minimum set of activities
- advocating the availability and accessibility of generic medicines
- Work with families, community leaders, traditional healers and spiritual healers to promote patient compliance with care and integration.

After a year of implementation of the SAMENTACOM project, we present the actions taken, the difficulties encountered and the future prospects.

We would like to thank our academic and health authorities for their support and especially the German NGO "Mindful-Change-Foundation".

*Prof. Agrégé KOUA Asseman Médard,  
Psychiatrist  
SAMENTACOM-Project Coordinator*

## 2. Medical work

### 2.1 Counselling assignments in health centres

We carried out clinical-psychiatric services in 9 health centres:

- 5 health centres in the Gbêkê region (Brobo CSU, Bamoro CSR, Tiéplé CSR, Andokekrenou CSU and Lengbré CSR)
- 2 centres in the Moronou (charity home of the hospital of Kotobi and CSU of Krégbé,
- 1 centre in Loh Djiboua (CS notre dame de Evron de Hiré)
- 1 centre in the Béré region (Joseph Alamano de Dianra centre)



*Map: Location of active SAMENTACOM health centres in the Ivory Coast in 2020*

By the end of the financial year 2019-2020, we had treated a total of 934 patients\*, and in 2018-2019 we had registered 559 patients. This represents an increase of 40%.

- **Breakdown of patients by health centres**  
The number of patients in the various centres varies. However, the centre in Kotobi accommodates 40.5% of our patients.
- **Distribution of patients by gender**  
There is a slight majority of women, who make up 53% of patients\*.
- **Breakdown according to disease**  
Psychosis and epilepsy are the most common pathologies of our patients\* with 49% and 41% of cases respectively.
- **Distribution among age groups**  
The age group most affected is that between 25 and 44 years of age with 42% of cases, followed by the age group between 15 and 24 years of age with 22% of cases. This is therefore the young working population.

## 2.2 Supervision assignments

Supervision is defined as a process in which staff are instructed, supported and trained to ensure high quality care services.

In practice, we have chosen three types of supervision:

- Supervision in physical presence
- Telephone supervision
- Online supervision

### 2.2.1 Supervision in physical presence

It consists of establishing contact with the trained emergency services on site in order to carry out the activities there together. This enables us to identify possible deficiencies and correct them immediately.

To ensure that we fulfil this task this year, we have equipped ourselves with supervision tools, both for medical and community activities with a well-established supervision plan.

These instruments will enable us to have a uniform standard.

In this year 2019-2020 we were able to conduct a total of 20 supervisions, which were composed as follows:

- 5 supervisions at the Brobo centre
- 4 supervisions at the centres Kotobi, Krégbé and Andokekrenou
- 3 supervisions at the Bamoro, Hiré and Tiéplé centres
- 2 supervisions at the centres Dianra and Lengbré



On the whole, practitioners have a good command of the diagnostic tools. The main clinical challenges are mainly in tracking treatment and managing side effects. We also identified many difficulties related to the socio-economic context of the patients (adherence to treatment, keeping appointments, etc.).

We also note a low participation of Community Health Workers. At the ambulatory team level, due to regular breakdowns caused by the poor condition of the road network, the vehicle is sometimes not available.

### **Suggestions:**

- x Increasing the capacity of resources for prescribing medicines and treating side effects
- x Better involvement of health professionals in case assessment and aftercare of patients in the community
- x Better planning of supervision, especially with regard to logistics
- x Purchase of an emergency vehicle whose stability is adapted to village roads and streets

### **2.2.2 Telephone supervision**

It consists of giving the practitioners of the consultation sites the opportunity to communicate with a doctor of the project around the clock. In this way they will be able to respond immediately to their various concerns.

To this end, the project is equipped with a mobile phone specifically designed for this purpose.

We can estimate the number of telephone supervisions at 60 incoming calls. Most of the requests came from the centres of Hiré, Dianra and Kregbe.



### *A telephone supervision*

This telephone supervision supports the consultants directly in their consultation hours and enables them to react in real time to the requirements of the health centre staff. It also enables the prioritisation of the different locations for presence supervision. In this way, it will be possible to define supervision objectives that correspond to the actual needs of the consultation locations.

**Suggestions:** Provision of the supervision telephone in the unit. In this way the supervisor can call to encourage and instruct the counsellors.

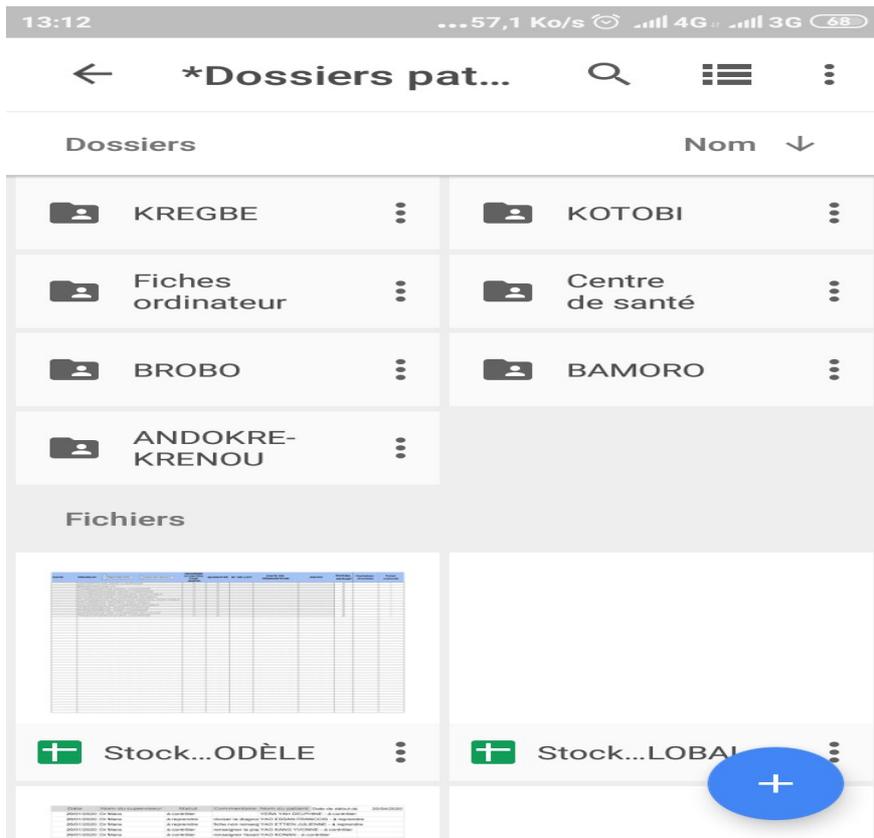
### **2.2.3 Online supervision**

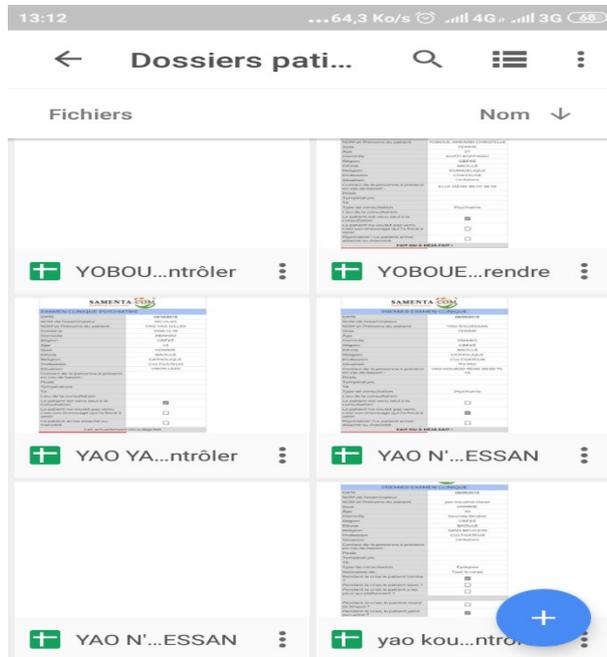
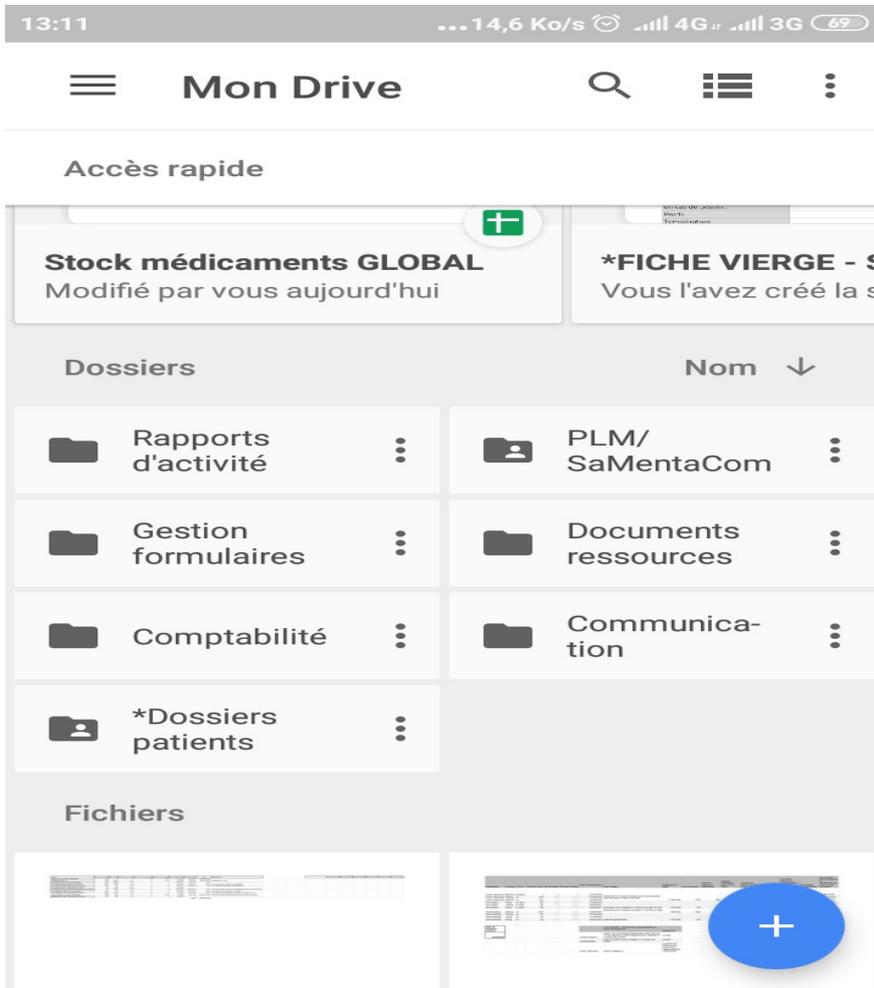
It is being tested in two centres: The Brobo Municipal Health Centre and the Kotobi Charity Hospital. It consists of the digitalisation of each patient file. This enables us to follow the work of the consultants\* regularly and in real time and to correct any errors immediately.



### *An online supervision from a distance*

*Examples of digitized patient files:*





# 3. Training, research and cooperation

In order to improve its services and propose better mental health services, the SAMENTACOM project team has initiated several training courses and participated in several research and advocacy activities.

Indeed, the new World Health Organization (WHO) policies on the care of psychiatric patients advocate a community-based approach to traditional hospital care.

## 3.1 Training

In the course of this year 2019, numerous training sessions were held to strengthen the capacities of local actors.

### 3.1.1 Training of staff in community health facilities (29 and 30 November 2019)

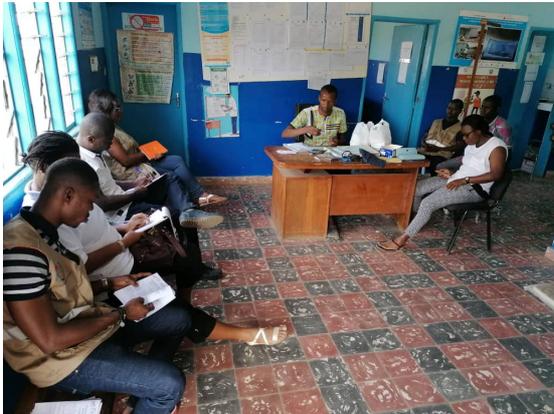


During two days, ten "Community Health Workers" from the following locations received training on the basics of mental health, mental illness and the need to recognise the symptoms of mental illness and to pass them on to the staff of the health centre to which they belong: Bouaké, Brobo, Tiéplé, Bamoro, Hiré, Ando-Kékrenou, Kotobi, Dianra Village, Lengbré and Krégbé.



The training team consisted of 5 people from the SAMENTACOM project team: Prof. KOUA Asseman Médard, Dr. Djo Bi Djo François, Dr. Paul Roginski, Sullivan Valet, KOUA Aka Vincent and Rita Adou.

### 3.1.2 Training of nurses from the CSR of Lengbré and the CSU of Ando-Kékrénou (30 December 2019)



During this training on the medical management of mental disorders and epilepsy, Dr. Djo Bi explained to the nursing staff the correct examination methods for a correct diagnosis and the medication to be prescribed after the diagnosis.

## 3.2 Research

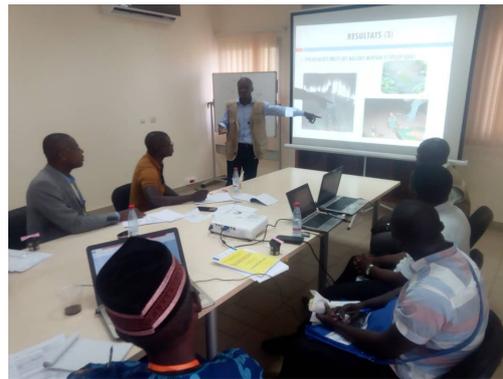
In addition to the training activities, the project was involved in several research activities:

### 3.2.1 The 1st Science Days of the Ivorian Society for Telemedicine (SITELEMED), (10, 11 and 12 October 2019) - Topic: "Telemedicine and health challenges in Africa"

This meeting began on Thursday, October 10th, with stock-taking in telemedicine at the University Alassane Ouattara in Bouaké. Afterwards, the Catholic hospital Saint Joseph Moscati of Yamoussoukro welcomed the congress participants\*. Telemedicine experts from France, Morocco, Mali and the Ivory Coast gave several presentations to assess the telemedicine situation in Africa, appreciate the French model and measure the amount of work that needs to be done to further establish telemedicine in the country.



### 3.2.2 International Symposium on Ethnopsychiatry and Ethnomedicine at the University of Peleforo Gon Coulibaly, Korhogo (7, 8 and 9 November 2019)



The aim of participating in this colloquium was to present the actions carried out in the framework of the SAMENTACOM project in the various non-conventional care structures, especially in the prayer camps and therapy villages. Several scientific works were presented for this purpose. The scientific team, present on these days, was composed of 5 members, namely Professor KOUA Asseman Médard, the doctors Djo Bi Djo François and Konandri Emeric Désiré, and the doctoral students Koua Aka Vincent and Sreu Eric. Each of them presented at least one research paper.

### 3.3 Cooperation and institutional meetings

The NGO has initiated several meetings with the aim of building partnerships and ensuring the strengthening of its cooperation with the various actors in the health sector.

#### 3.3.1 Official presentation of the activities of the SAMENTACOM project on the occasion of the World Mental Health Day celebrations (25 October 2019) - Bouaké Psychiatric Hospital



Professor KOUA Asseman Médard, coordinator of the project, introduced the project and emphasized its importance. He also introduced the team and handed over kits to the different stakeholders\* of the project and two motorcycles to the CSU of Kotobi and Brobo, financed by the German NGO MCF.



### **3.3.2 Meeting with pastors and leaders of prayer camps with the SAMENTACOM team (January 2020) - CMA Church Office (Bouaké-Air France)**

The aim of this meeting was to create a framework for cooperation between the CMA Church and the SAMENTA-COM project team. It was attended by six people. They were: Reverend Father DJAHA Kouassi, Pastor BROU N'Goran Patrice, Professor KOUA Asseman Médard, Mrs. TRAZOUO Joëlle, Mr. KOUA Aka N'Zi Jean Vincent.



### **3.3.3 Workshop to officially launch national mapping of non-conventional structures (15 and 16 January 2020) - Université Alassane Ouattara de Bouaké**



This workshop was divided into two parts:1. The official opening ceremony of the national survey with the handover of the material to the investigators in the presence of several personalities.



2. The training of the 15 investigators in the use of investigation equipment.



# 4. Pharmaceutical activity

## 4.1 Strengthening quality: more medicines and better use

### 4.1.1 Availability of medicines

The experience gained during the first year of the financial year (2018-2019) and the use of inventory management tools have enabled better planning of the project's pharmaceutical needs.

With regard specifically to the stock shortage, on the list of medicines distributed last year, the ratio of the number of months with a stock shortage (all medicines) to the number of months of the financial year (all medicines) was 19% compared with 16.7% this year.

*Number of months of cumulative interruption in relation to the total number of total cumulative months in relation to the financial years*

### 4.1.2 Prescribed drugs: new perspectives

#### The preferred oral administration

As a result of the guidelines for improved prescription practice, the ratio of parenterally versus orally administered psychotropic drugs (excluding the delayed form) has decreased significantly. Injectable forms are now reserved only for emergency, when the patient is unable to swallow the product.

#### Risperidone and Fluoxetine: Integration of new generation drugs

At the end of the last financial year, the need to make modern active ingredients available in order to meet the specific needs of certain patients became apparent.

The response to this need was initiated with the availability of RISPERIDONE 2MG CP from the end of 2018-2019. The drug has shown good results in practice and its consumption has increased over the 2019-2020 period. In a second step, we introduced FLUOXETINE 20MG CP, with a consumption trend similar to that of Risperidone a few months earlier (see usage summary at the end of this section).

#### Treatment of epilepsy: improving management and strengthening therapeutic options

The project has benefited from the expertise of the Spanish foundation RECOVER through its lead programme against epilepsy. This support has enabled us to further optimise the use of the antiepileptic drugs available in this field (carbamazepine and phenobarbital) and to examine the integration of modern drugs that act on case-specific situations. Against this background, the RECOVER Foundation currently supplies the project with a significant stock of phenobarbital, valproic acid, lamotrigine and leviracetam.



## **4.2 Enhancing security: new ways forward**

Specific actions are underway to make the dispensing of medicines safer:

- In connection with the training component for health personnel, worksheets are being developed to strengthen the health personnel's knowledge of the drugs used. These sheets will include a section containing essential information to be provided to the patient.
- The hospital packaging of certain medicines requires pharmacy operators who are partners in the project to reprocess them on demand. As this reprocessing is not carried out under satisfactory conditions, it is planned to provide the partner centres with individual bags and pre-printed labels. The labelling will include:
  - the full name of the medicinal product
  - the dosage
  - the name of the patient
  - the expiry date of the medicine.

## **4.3 Strengthening the financing model: towards autonomy**

The structuring of the distribution measures as well as the sensitisation of the partner centres to the importance of patient participation within their means achieved a very favourable development of the recovery rate during the year.

A social welfare system will be set up to better manage precarious situations and to ensure that no one is left without treatment due to lack of resources. This system will also make it possible to better justify the remaining lack of coverage.

Thanks to the efforts made, the project will be able to secure part of its supply independently this year. The distribution system is similar to that of the "New Pharmacy for Public Health" (NPSP-CI) and should eventually allow a smooth transition to the public supply model.

## 5. Testimonies of the actors and beneficiaries of the SAMENTACOM project



Thérèse, Community Health Worker (CHW) SAMENTACOM at Krégbé CSR: "The health of all is important to me. This project has enabled me this year to help my patients and their families to take care of their mental health."



IRK Kakou, responsible for Thérèse: "This year the project enabled us to support the pregnancy of a woman suffering from a psychosis. Today there is a child who calls this woman "mother", and that makes us very proud."

For Thérèse, our ASC, the project is a safeguard and gives her a sense of usefulness for the patients she counsels. Thanks to her work, the number of visitors to our centre has increased in recent months".

Mr TUO, IRK at the Lengbré Health Centre: "Since we became a partner centre of the project, our field of action has expanded thanks to our new competences in the field of mental health. In the past, we were often confronted with situations where we did not know what to do. Now our patients have easy and quick access to care. Thanks to this increased efficiency and the possibility of better treatment, the number of visitors to our centres has increased".



Dr. ABUDU Sumaila, partner doctor of the SAMENTACOM project in the health centre of Dianra: "This project enabled me to better understand the psychosocial care of epilepsy patients".