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When Human Resource Becomes The Last Resource: Zanzibar-based Project Sets New Pace In COVID-19 Fight

Zanzibar. *This is a story of 100 healthcare workers who were deployed through USAID Afya Endelevu Activity in Zanzibar—from seaports to airports, hospitals and communities—and they became a living proof of how more investment in Human Resource for Health can boost efforts to curb a pandemic—and potentially create a health system that can withstand future pandemics.*

In the midst of rising COVID-19 infections worldwide, staff shortages hit the Malindi Sea Port at Zanzibar's main entry point, and a human resource gap was laid bare. Systems that were in place for surveillance and prevention of epidemics could not withstand the influx of inbound travelers to the Island. Health facilities across the Isles were also overburdened by the rising demand for health services during the pandemic

Mr Abdulla Ame Makame, an environmental health officer was trained and deployed to the Island to bridge the gap; alongside other 99 healthcare workers allocated in the whole of Zanzibar as part of the COVID-19 emergency response implemented by the Benjamin William Mkapa Foundation through USAID Afya Endelevu Activity, with consultations from Ministry of Health Zanzibar. The response support lasted for 9 months, from October 2021 to June 2022.



Abdulla Makame Ali, an environmental health officer (standing left) holds a hand thermal scanner as he complements the COVID-19 response efforts at Malindi Sea Port Health Zanzibar. His support helped reduce workload in screening, testing and vaccination.

The Malindi Sea Port's health section where Makame was placed, usually handles up to a daily 3,000 inbound travelers. Before his arrival, the section needed at least 6 staff to work concurrently during a shift to screen and monitor suspects of disease outbreaks and provide relevant medical care, including COVID-19 vaccination. On arrival at his workstation, he says, "What I found was

an overwhelmed system that needed manpower to make it deliver. I identified gaps and set targets to support the existing team.”

The Vector Control Officer of Malindi Sea Port Health, Mr Ali Ahmada Ali, says *“At times we would suspend some activities like screening because of not having the required number of staff to provide the services at critical times.”* Ali explains that the situation led to increased risk of community transmission due to missed cases of COVID-19 at screening points.

“After receiving one environmental health officer, a clinical officer and a nurse through USAID Afya Endelevu, we got an optimum number of staff. We can now screen all travelers uninterrupted and provide COVID-19 vaccination. In situations where we used to spend one hour attending to travelers, it now takes us around 30 minutes,” he says, recommending: *“Going forward, we need to invest heavily in strengthening this human resource capacity so that in times of outbreaks the system can continue serving people regardless.”*



Health education: Clinical Officers deployed through USAID Afya Endelevu at Makunduchi District Hospital in Unguja raise awareness on vaccination and COVID-19 prevention to clients visiting the facility

Staff shortage, however, wasn't limited to the seaports alone. In Pemba Island, health facilities such as Chache Chake Hospital were grappling with a high workload due to scarcity of staff for all cadres.

“Due to staff shortage, we were not able to carry out COVID-19 outreach programs and this affected our plans for vaccination,” says Dr Ibrahim Said Moh'd, the Assistant-in-Charge of Chake Chake Hospital. But the situation improved after seven staff (3 clinical officers, 2 lab technicians and 2 nurses) were deployed to the facility. Through the USAID Afya Endelevu activity, 51 staff were allocated to Pemba.

According to Dr Moh'd, the staff have initiated health education sessions at Outpatient departments for COVID-19 by focusing on vaccine uptake, raising the monthly average of vaccinated clients to 4,353 by March 2022 up from an average 1,000 in September 2021.

But the impact of staff deployment has been replicated across the Zanzibar Island in the provision of essential health services, such as Reproductive and Child Health, COVID-19 prevention, testing and vaccination.

COVID-19 intervention summary in 36 Health Facilities & 6 Ports of Entry in Zanzibar by June 30th, 2022.

Months	#OPD Clients	#Screened for signs & symptoms of COVID-19 infection	#Tested clients for COVID-19 infection	#Clients vaccinated against COVID-19
First Quarter in 2021				
September	36,537	134,200	0	50
October	30,165	181,675	323	3,453
November	35,035	162,241	58	5,945
December	40,902	244,778	1,720	4,541
Second Quarter in 2022				
January	47,175	225,543	6306	3,989
February	41,140	195,353	4,738	4,637
March	37,804	245,715	1,454	4,390
Third Quarter in 2022				
April	40368	246096	1584	2485
May	38028	193266	1764	3480
June	37886	206,153	1462	4,742
TOTAL	385,040	2,035,020	19,409	37,712

Data Source: Health facility registry

The Island’s major international airport was not spared.

“We were not able to adhere fully to international COVID-19 safety protocols at Abeid Amani Karume International Airport because we didn’t have enough man power in our health sections. That was one of the major reasons we were rated low, at 2-star, early in January 2021,” says Mohammed Hamisi, the Port Health Officer at the Ministry of Health Zanzibar.

“But currently, all COVID-19 protocols are followed according to international standards,” says Hamisi, revealing how the

Ministry of Health Zanzibar has worked in collaboration with BMF through USAID Afya Endelevu to address the challenge.

The staff deployment has ignited broader plans to invest more in human resource for health.

“If we really want to deal with diseases of pandemic nature, such as COVID-19, we have no choice but to invest in building resilient health systems. And this can be achieved through having adequate human resources,” says Dr Ali Nyanga, the Director of Preventive Services at the Ministry of Health Zanzibar.

In a nutshell, Dr Nyanga explains, *“As the government, we cannot do it alone. We need to work collaboratively with health stakeholders such as what we have done*

through USAID Afya Endelevu, in ensuring that we have well equipped and trained human resource.”

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