

Rapid Health System Adaptation During a Pandemic: A Case from Zanzibar CHV Program

Salum Mbaruok

D-tree International

Introduction: The first confirmed case of COVID-19 was reported in Zanzibar in mid-March 2020, threatening to undermine the health system and disrupt service delivery. However, the National Community Health Volunteer (CHV) Program, introduced in 2019, provided a cohort of CHVs trained and equipped with a digital tool to support them in providing education to their communities and collecting health data for informed decision making. Having already deployed this national program, the Zanzibar Ministry of Health (MOH), in partnership with D-tree International, rapidly adapted the system for COVID-19 and responded to the crisis.

Methodology: When the pandemic first hit Zanzibar, the MOH organized district and national surveillance teams to conduct contact tracing, follow-up, and education. The MOH quickly realized the need to find an alternative in order to reach each individual, support community-based contact tracing, and ensure close follow-up of suspected cases. In collaboration with the MOH, D-tree International introduced a new package of services to CHVs with support from the digital tool. The services include household sensitization on COVID-19, where household members are educated on preventive measures and symptoms. CHVs also collect data on the number of at-risk members in the family, such as those above 50 years of age and those with respiratory illness symptoms, so as to stress the importance of taking extra care of these groups. Some CHVs are also part of the surveillance team and are trained on contact tracing to ensure that all suspected cases follow health guidance and break the infection chain. The National CHV program in Zanzibar helps the MOH utilize CHVs to provide direct community education, surveillance, and data.

Results: From May to September 2020, a total of 44766 households were given COVID-19 education in Zanzibar in 6 out of 11 Districts. The data shows that a high percentage of people sensitized asked questions on the meaning and the source of COVID-19 compared to other questions such as symptoms and preventive measures. This showed that most people had enough knowledge on signs and preventative measures but have no knowledge of the meaning and source. For instance, 31% of people sensitized in May asked to be explained the meaning and source of COVID-19 compared to 15% of people who asked about its symptoms.

Conclusion: The National CHV program has given a new direction to the MOH in dealing with COVID-19 and future outbreaks. CHVs were not part of Zanzibar's pandemic response, but the health system rapidly adapted, and the changes have shown very positive results.

