



MSF SOUTH AFRICA

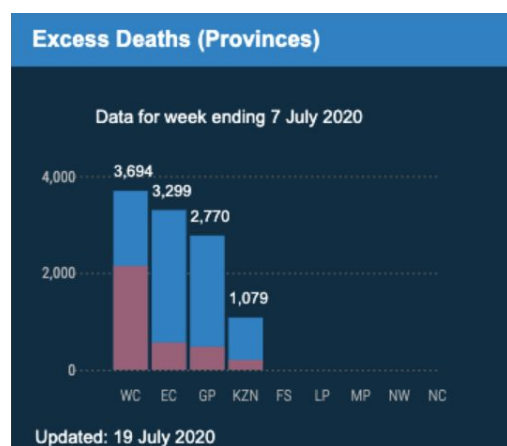
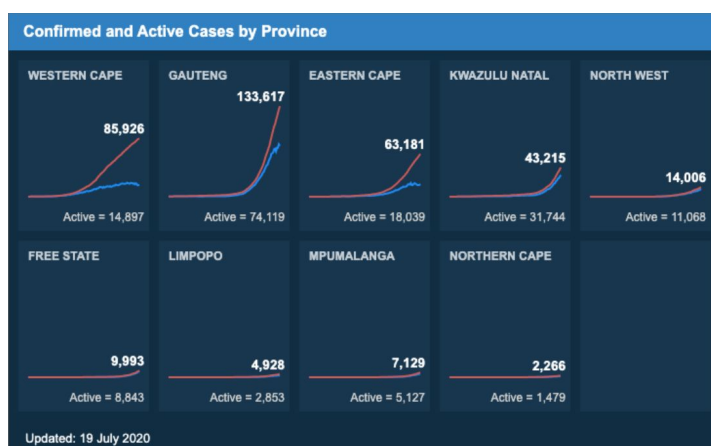
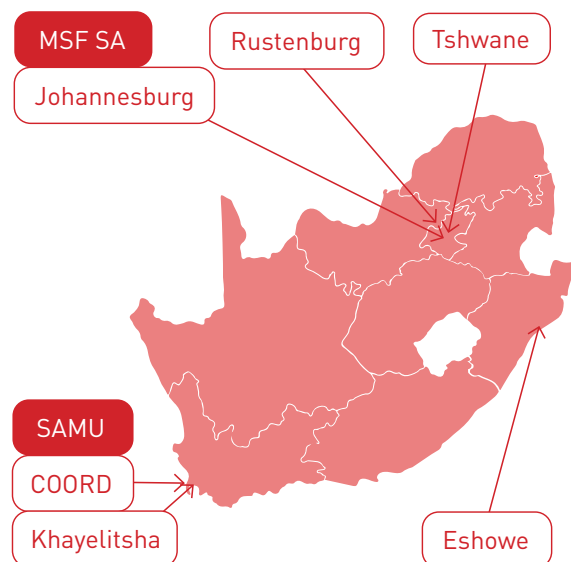
COVID-19 RESPONSE EXECUTIVE SUMMARY

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|---------------------------|---|
| Date: | 17 July 2020 |
| Country/Mission: | South Africa |
| Type of Project: | COVID-19 emergency |
| Project Duration: | 03/2020 – currently on going |
| Project Locations: | Khayelitsha, Western Cape; Rustenburg, North West; Eshowe, KwaZulu-Natal; Tshwane and Johannesburg, Gauteng (new) |
| Staff: | 75 temporary staff members added to the mission |
| Budget: | 2.1 million euros (approx 40 million rand) |



SUMMARY

Since the first COVID-19 case was confirmed in South Africa on 5 March, the government has always expected that it would spread far and wide throughout the country. One of the strictest lockdowns globally was enacted on 26 March but mostly as a means to give the South African health system time to adapt itself to the inevitable cases to come. Cases remained relatively low during the first weeks, except in the Western Cape, but with the easing of the lockdown restrictions, cases began to climb further in the Western Cape, but then in the Eastern Cape and Gauteng. As of 16 July South Africa was approaching 330,000 confirmed cases (6th highest case load in the world with nearly 2.5 million tests) conducted still with many populated provinces like KwaZulu-Natal yet to experience their virus transmission peaks.



<https://mediahack.co.za/datastories/coronavirus/dashboard/>



PROJECT ACTIVITY SUMMARY

KHAYELITSHA

The Western Cape experienced the first large spike in cases, with Khayelitsha being one of the hotspots for transmission. At the outset, MSF supported **health promotion (HP)** by translating materials in Xhosa and generating new HP messages/tools, as well as distribution of HP materials (flyers, posters, digital/social media). **Community screening and testing** was also supported, until that strategy was overwhelmed by the caseload and abandoned. MSF then invested resources to repurpose a sports center into **KICF, a field hospital for mild to moderate cases** (pre-ICU care). The field hospital was a 60-bed extension of the Khayelitsha District Hospital COVID-19 care, with MSF responsible for fully equipping and staffing the facility, including the procurement of 60 oxygen concentrators, and the appointment of more than 50 staff.

Health centers were supported to improve flow, prevention methods and establish external screening and testing to prevent symptomatic people from entering. Differentiated models of care with extended refill and community ART distribution was launched. **Shielding strategies** to protect the most at risk such as TB telephonic counselling, TB home based care and others were implemented under the name “**ISIPHELO seCOVID-19 eKhayeltisha**” isiXhosa for “End COVID-19 in Khayelitsha.”

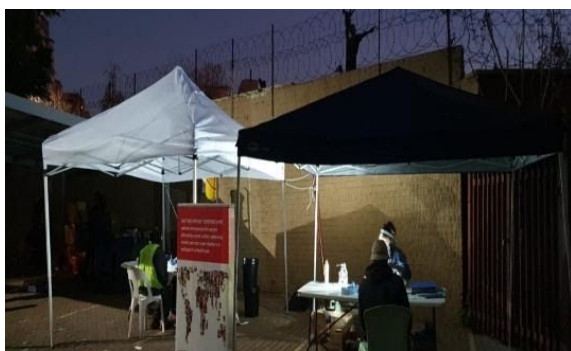
ESHOWE

Eshowe has experienced relatively low transmission rates of COVID-19, but there is community spread in the project area. The Eshowe project has successfully drawn on its strong community ties, including with its community partner organization, SHINE. 35 **community pick-up points** were established making it easier for service users to pick up chronic medications. HP messages were disseminated widely and MSF supported the establishment of **triage/screening sites at every health center** in the area. Hand washing points were also established. As of today, Eshowe is now preparing to support **integrated hospital pre-ICU care** for COVID-19 patients at three hospitals in the area: Eshowe District Hospital, Mbongolwane Hospital and Catherine Booth Hospital.



TSHWANE AND JOHANNESBURG

For COVID-19, both projects' main focus has been on providing **services to the shelters that were created for street-based people during the lockdown**. The services were Primary Health Care (including methadone substitution therapy in Tshwane), mental health services, social work, HP and COVID-19 screening integrated with HIV and TB screening/testing. The shelters presented challenges as the population was living in cramped conditions and some violence, protection and social issues were experienced. The Tshwane team conducted **extensive community Health Promotion** activities, targeting vulnerable migrants. The Johannesburg team focused on conducting health promotion trainings with community based organizations (CBOs) working in vulnerable areas, so that they could further capacitate their members/staff/volunteers, while a team of MSF nurses **trained government health staff** on COVID-19 swabbing and testing. With Level 3 lockdown, the number of shelter residents has declined, and MSF is reconsidering how best to intervene in these contexts.



RUSTENBURG

The North West Province is yet to experience a surge in cases, but the team has participated in COVID-19 activities, primarily at health center level. Clinics were equipped to conduct **triage/screening** in order to prevent people

with COVID-19 symptoms from entering the facility. Rustenburg also seconded 3 nurses to Johannesburg for community **screening and testing**. The team also ensured that during the difficult weeks of the lockdown, the SGBV and abortion services remained open and functional for clients. Moving forward the team is looking to be able to provide technical support if the province moves forward with its plans to launch a field hospital in the Rustenburg area.



OTHER POSSIBLE INTERVENTIONS

As the resources needed in the Western Cape diminish, MSF is looking to relocate its material and human resources. The Eastern Cape, a very fragile and overwhelmed health system, has requested material for a field hospital, in addition to technical support.

MSF is looking to share its **lessons learned** in setting up and managing a field hospital, but as well in community screening and testing. Both have formal capitalization documents that can be shared widely.





CONCLUSIONS

With a complex epidemiological context in South Africa, MSF intervened quickly from the onset of COVID-19 and repurposed all four of the existing projects, plus added a fifth project location for COVID-19 in Johannesburg. Project activities were ramped up as was collaboration with the Department of Health (national, provincial, local), community action networks, and other partners.

Supply and human resources successfully met the needs under intense pressure and tight timelines of the expanded operations. Communications and advocacy actors re-strategized, aiming to put the spotlight on COVID-19 and related issues. Up to now MSF in South Africa has been able to respond within its limits and its mandate to at least some of the massive needs this pandemic has created.

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|---|---|---|
| HEALTH PROMOTION | <i># training sessions</i> 1747 | <i># cloth masks distributed</i> 21,686 |
| MEDICAL CARE | <i># patients admitted</i> 213 | <i># patients died</i> 30 |
| SCREENING | <i># screened homeless shelter inhabitants/total</i> 2474 / 139,914 | <i># gazebo/help desks set-up</i> 51 |
| SOCIAL MEDIA | <i># people reached via 2 Facebook campaigns</i> 302,282 | |
| WATSAN | <i># hand washing points set-up</i> 26 | <i># hand and hygiene kits distributed</i> 1966 |
| SHIELDING | <i># patients supported with community ARV pick-up</i> ~ 49,000 | |
| SUPPLY | <i># N95 masks procured</i> 34,804 | <i># COVID orders placed</i> 455 |
| COMMUNICATIONS (national+international) | <i># print/online articles</i> 60 / 279 | <i># TV/radio interviews</i> 39 / 51 |
| HUMAN RESOURCES | <i># temporary staff recruited</i> 74 | |
| BUDGET | <i>BUDGET in ZAR</i> 39,796,000 | |