EMERGENCY COVID RESPONSE

FINAL REPORT

January - September 2021

Photo: Elderly community members waiting for their second dose of Pfizer vaccine at the Bulungula incubator, outreach vaccination site.
Lessons learned

Way forward

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6.1 Way forward
The BI’s COVID-19 Emergency Response Strategy had two main objectives:

- Emergency management of COVID-19 infection waves/outbreaks including the second wave and future waves/outbreaks in BI feeder communities.

- Vaccination community education, campaign readiness and campaign roll out support. [Jump to Objective Two]
OBJECTIVE 1:
Emergency management of COVID-19 infection waves/outbreaks, including the second wave and future waves/outbreaks in BI feeder communities

1.1 Strengthen coronavirus transmission prevention education and support for keeping the elderly safe

Bulungula Community Radio (BCR)
The BI effectively leveraged its community radio station, Bulungula Community Radio, to provide:

- Ongoing education on COVID in isiXhosa with a focus on non-pharmaceutical prevention interventions – masking, social distance, isolation when sick and hand washing and SA Government imposed level restrictions.
- Updates on approaching COVID-19 waves based on daily epidemiological reports from Eastern Cape Department of Health and daily statistics on positivity rates in each village during the second (December – January 2021) and third waves (August 2021).

A half day workshop on COVID-19 facts/information was run with 16 BCR DJs to capacitate program development. Once weekly Radio Station Manager and DJ production meetings were held which planned BCR programming to include:

- 10-15 second tag line (changing week to week) with an isiXhosa message of the week on COVID-19. See some of the tag lines over the funded period – translated from isiXhosa.
- Public Service Announcement (PSA) 3-5 minutes in every two hour program provided information and encouragement including how to protect elderly family members and addressing COVID-19 testing hesitancy.

- Interviews with a) community members who tested, diagnosed positive and who isolated to keep others safe and their need for support when out of isolation b) healthcare team on what to do in various COVID-19 related situations e.g. you become sick/someone in your family tests positive. Radio listeners could also phone or WhatsApp questions.
- Radio programming notifications and education posted on the BCR WhatsApp group— includes more than 200 community members.

Listen: PSA 1: Addressing Testing Hesitancy, PSA 2: Addressing Testing Hesitancy

COVID is still here .. keep masking!

Wave three has arrived – stay away from any community gathering!

Mask up to keep our community safe!
Community healthworker education
In early January, a full day refresher training on COVID-19 facts was held with 22 community healthworkers from four feeder villages. During the second wave (including through the Christmas and early January holidays), community healthworkers visited each household in the village each week to screen for COVID and provide education answering community questions at household visits including: the importance of NPIs to prevent coronavirus transmission; need to isolate and test when symptomatic; understanding that there is an outbreak in the village; importance and strategies for preventing transmission to elderly; understanding of availability of ambulance taxi transport to hospital arranged through BI.

Distribution of masks to elderly community members
In early January 2021, community healthworkers distributed 7 surgical masks to community members above the age of 60 with education on hanging them on 7 nails in the person’s hut and rotating each day of the week during the period of the outbreak. BCR PSA’s also explained distribution, use and storage. Elderly persons were frequently observed wearing their masks.

During vaccination of over 60s (June/July 2021 – see below), before the third wave reached us, each elderly person vaccinated was again provided with 7 masks to wear to prevent infection.

Outcomes Achieved

3,182 masks distributed to elders over 60, for 2nd and 3rd wave of COVID-19
73 villages in broadcast range to listen to daily COVID-19 education and updates
150 average households visited daily by community healthworkers to educate community members
1.2 Screened household members for symptoms

Household screening during outbreaks
During December/January 2021, community health workers aimed to visit each household bi-weekly, providing continued COVID-19 education and screening households for COVID-19 symptoms.

The third wave was short (2-3 weeks in August) with very few community members getting sick, due to high vaccination rates (see below), we did not re-implement door to door screening rather focusing on increasing vaccination uptake of those above 35 years during this period (see below).

Outbreak surveillance approach outside of COVID-19 waves
The BI revised COVID-19 protocols for staff and all education facilities which included criteria for COVID-19 testing. It trained and implemented these in early 2021.

Screening and safe waiting at Bulungula Health Point
We used funding to hire a local builder to build a well ventilated and spaced waiting room for community members seeking health services. All Bulungula Health Point attendees were screened prior to entry into the small health facility. Both the nurse and community healthworker wore N95 masks at all times. Community members reporting symptoms on arrival waited outside the waiting area on the grass and did not enter the waiting room. COVID-19 testing was done outside at the back of the facility with our nurse dressed in full PPE (N95, gown, mask, visor and gloves).

COVID-19 tracker database
Screening was completed in paper registers and counts captured electronically. Symptomatic community members were identified and offered COVID-19 PCR testing at community-level.
1.3 Provide community level testing

Due to strengthened relationships, the BI negotiated COVID-19 PCR swabbing at community-level with both feeder hospitals – Madwaleni and Zithulele hospitals. The volunteer doctor, Dr Tom Boyles trained and mentored the two nurses on nasopharyngeal swabbing. Training was effective with only 4 specimens with inconclusive results.

COVID-19 PCR testing was provided daily at the Bulungula Health Point from January to August 2021. In addition, COVID-19 testing was conducted once a week in each village during the peak of the second wave (December to mid-January 2021) and at Bulungula College during an outbreak amongst Grade 10 learners in late February 2021.
The BI followed up all individual COVID-19 results through the NHLS results system on a daily basis providing community members with result feedback.

### Outcomes Achieved

- Daily COVID-19 PCR testing available at community-level (no need to travel to hospitals) from 1 January – 31 August 2021
- During 2nd Wave (04 Dec 2020- 27 Jan 2021), 117 tests were administered; 30% positive, 68% negative, and 1.7% inconclusive.
- During 3rd Wave (12-31 Aug 2021), 115 tests were administered; 32% positive, 66% negative, and 1.7% inconclusive.
- Testing hesitancy improved over time

**358**

COVID-19 PCR tests administered at community level (Jan-Aug 2021)

- **78%** tested negative
- **21%** tested positive
- **1%** inconclusive
1.4 Support and monitor symptomatic and confirmed cases and strengthen referral systems with feeder hospitals

The BI supported all community members who tested positive as illustrated above. Supportive home monitoring was done by community health workers (daily if moderately unwell or over 60 otherwise once every three days). Community members who were deteriorating were referred to the Bulungula Health Point for doctor evaluation. Where appropriate the person was referred to the closest hospital with doctor-to-doctor referral and acceptance. Follow-up was done through doctors based at the hospital/s.

Photo: Clinical monitoring board for clinical oversight.
BI funded local taxis to collect the person deteriorating with COVID-19/suspected COVID-19 at home with their belongings, bring the person to the health point for doctor evaluation and then either return them home or take the person to hospital. The BI designed tools and trained three local taxi drivers who undertook this work on appropriate infection control measures.

Read more: Removing Barriers to Healthcare

Outcomes Achieved

- Community members with severe COVID-19 identified quickly, transported and effectively admitted to hospital. Limited number of severe COVID-19 cases during the second wave and none in the third wave due to high vaccination coverage.

COVID-19 Second Wave
(04 December 2020 - 15 January 2021)

- 9 people referred to hospital
- 6 effective referrals transported to hospital
- 3 community members referred to hospital who refused referral
- 5 confirmed or suspected COVID-19 deaths
1.5 Strengthen referral systems with feeder hospitals

The BI volunteer doctor strengthened relationships with referral hospitals to ensure successful referrals. Dr Tom Boyles, an infectious disease specialist, provided clinical training and infectious disease focused ward rounds bi-weekly at Madwaleni hospital from January to August 2021. In addition, he provided and will continue to provide technical guidance on infectious disease related cases at both feeder hospitals via a “Ask the Infectious Disease Specialists” WhatsApp group.

All referrals were evaluated by the doctor at the Bulungula Health Point and referred after telephonic communication with receiving doctor at feeder hospitals to support effective referrals.

1.6 Develop and operate COVID-19 tracker electronic database and dashboard to manage outbreak

Initially we developed a fairly complex COVID-19 tracker database during the second wave to track symptomatic community members, those tested and those who tested positive including dates of de-isolation. Once the second wave had dissipated, we focused our COVID-19 tracker database and data capturing efforts on those testing for COVID-19 and vaccinated (see Vaccination section below).

1.7 Super-spreader event notification system with BI response

Due to the embedded nature of the Bulungula Incubator in the community, it was possible to ensure the BI health team were notified of every death in the 4 villages. This allowed us to provide education on Government restrictions on funerals, practical tips on how to reduce COVID-19 transmission risk (social distancing, eating outside, no choirs, open sided tents, shortened funerals) and provide both masks and hand sanitiser for both the ‘Vela’ period and at the funeral. This education and support was highly appreciated.

"We thank you for thinking of us, giving us ways to keep us safe and helping with masks and sanitiser, this was all what we could not think of at this difficult time"

Quote from mother who lost her 6-year old child to drowning.
[translated from isiXhosa]
We are also ensuring that the Bulungula College events were kept to a minimum and followed COVID-19 restrictions including two memorial services for Grade 12 learners who passed in 2021 in their matric year.

Photo: attendees being screened by CHWs at the Bulungula College

Photo: memorial service at the Bulungula College regulated by the BI

**Outcomes Achieved**

- Bulungula Community Radio communicated government guidance on gatherings and local context adaptations to support safer funerals
- Limited super spreader events and reduced risk at funerals/memorial services and other community events

19 super-spreader events notified, and all 19 were managed by the BI
1.8 Co-ordination and adaption of COVID-19 response

We set up a COVID-19 outbreak management team with appropriate sub-teams and a vaccination outreach team – see diagram below. These teams relied heavily on active WhatsApp groups to manage planning, clinical monitoring and data.

**COVID-19 outbreak response management team**
- Weekly Meetings
- Daily WhatsApp group engagement during outbreaks

**Community healthworker ground level management**
- Monthly debriefing meeting
- Daily WhatsApp comms

**Clinical monitoring and oversite**
- Weekly clinical meeting
- Daily WhatsApp comms

**Data oversight and test result management**
- Ad-hoc meetings as required
- Daily WhatsApp comms, including test results

**Vaccination Outreach Management**
- Two meetings per outreach planned
- Daily WhatsApp comms, including test results
OBJECTIVE 2:
Vaccination community education, campaign readiness and roll out campaign

2.1 Community vaccination education

Vaccination Literacy Approach
From immediately after dissipation of the second COVID-19 wave (the first wave missed our communities), the BI shifted its focus to COVID-19 vaccine literacy. We wanted to ensure that when vaccines became available, our community would have been provided with reliable isiXhosa vaccine related information and have had time to consider and have their questions answered.

We developed 5 storyboards in isiXhosa using context specific imagery. These were disseminated in the following ways from mid-February to end August 2021.

isiXhosa COVID-19 vaccination literacy storyboard dissemination approach

- Community healthworker printed toolkit for household education on home visits
- Poster format at all schools, taverns and community collection points
- Bulungula Community Radio modified audio version played frequently
- Community healthworker printed toolkit for education at health point waiting room
We held training sessions for both our Community healthworkers and the BCR DJs on vaccines in general and COVID-19 vaccines in particular. Improving their understanding and capacity to disseminate vaccine literacy effectively.

The BI made its COVID-19 vaccine literacy open source and available for others to use. We distributed through rural doctor and public health networks with many requests to use/re-purpose. Both feeder hospitals used the literacy including in waiting room TV education.

The importance of vaccine literacy and the BI approach was featured in a Daily Maverick article.

**Community health team demonstrate vaccine safety by vaccinating**

All BI health (community healthworkers including interns, nurse and volunteer doctor) vaccinated as soon as Madwaleni and Zithulele vaccine sites opened with health program support staff (managers, drivers, data capturers) vaccinating a week later when allowed. The BI focused on encouraging our health staff to lead by vaccinating first and transported them vaccination sites. We photographed and took videos of vaccinations to lead vaccinations in our community and demonstrate safety.
Outcomes Achieved

- Vaccine literacy developed including audio for radio developed
- Vaccine literacy training provided to 22 community healthworkers and 16 DJs
- Radio vaccine literacy aired regularly on BCR
- 100% of health and health support staff vaccinated in Phase 1 to lead and demonstrate safety to our community members
- BI supported communities favourable towards COVID-19 vaccination evident from high uptake of vaccination immediately available

2.2 BI vaccination campaign readiness

The BI joined civil society groups in calling for vaccine access in rural areas. We specifically met with Right to Care, the implementing partner for healthcare worker access through the Sisonke study to advocate for accreditation of our two feeder rural hospitals. Dr Tom Boyles worked with the two hospital sites to get them ready, accredited and vaccination of healthcare workers started.

We prepared our Health Point for being able to store vaccines, setting up solar power and installing a fridge. We built an appropriately ventilated waiting room for the Health Point (see above).

We obtained formal recognition of the Bulungula Health Point as a fixed outreach satellite from Nkanya clinic, our feeder clinic (across the Xora River). This was necessary to ensure later accreditation as a vaccine outreach site.

View: Formal approval letter
We negotiated child immunisation access at the Health Point for children 0-6 years with vaccines supplied by Nkanya clinic and stored in our new fridge so demonstrate capacity to vaccinate and to ensure long term utilisation of power/cold chain to the health point. We have been vaccinated 70-100 children at the health point each month since May.

We registered our nurse for vaccine training through National Department of Health online vaccine training and ensured her mentorship by Department of Health nurses vaccinating at outreach days.

We trained our data capturers that we appointed for COVID-19 data capturing to pre-register community members for vaccination. Our community healthworkers collected lists of community members wanting to vaccinate for pre-registration as time windows opened for new age categories. Most of our community members especially the elderly don’t have smart phone access or capacity to register. We set up an email address for all our pre-registrations and used the mobile numbers of our community healthworkers in each area as a mobile number was required. Our high pre-registration demand clearly demonstrated vaccine demand in our area.

We demonstrated the BI’s capacity to mobilise community members for vaccination and co-ordinate vaccination by pre-registering, transporting and managing vaccination of 190 community members to Madwaleni hospital over 4 days.

Read More: Supporting Our 60+ Community Members to be Vaccinated
In July 2021, the BI managed to reach and negotiate a partnership with both Madwaleni and Mbashe sub-district to provide vaccine outreach directly in our villages with BI coordination, facilitation and support.

**Outcomes Achieved**

- Joined Civil Society groups in advocating for rural community vaccine access including rural community healthworkers during Phase 1
- Received Department of Health formal recognition of Bulungula Health Point as fixed outreach satellite of its feeder clinic
- Installed solar power and cold chain at Bulungula Health Point for vaccines
- Trained Nurse to deliver COVID-19 vaccines
- Mobilized community for vaccination including pre-registering community members who wanted to vaccinate as age band windows opened up.
- Established outreach partnership for first community-level vaccine (not health facility based) outreach by Department of Health in Amathole district
- BI health program ensured readiness and capacity to support Department of Health with COVID-19 vaccination campaigns in feeder area
## 2.3 Delivery of vaccination outreach within our communities in partnership with the Department of Health

The BI and Department of Health (DoH) partnership provided 1189 vaccinations at 8 outreach vaccinations days from 14 July to 27 August supporting the vaccination of 1070 community members receiving one or both vaccinations at community level.

<table>
<thead>
<tr>
<th>Date</th>
<th>First Dose</th>
<th>Second Dose</th>
<th>Total</th>
<th>Venue</th>
<th>Communities served</th>
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<tr>
<td>14-Jul</td>
<td>85</td>
<td>-</td>
<td>85</td>
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<td>Nqileni and KwaTshezi</td>
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<tr>
<td>15-Jul</td>
<td>143</td>
<td>-</td>
<td>143</td>
<td>Bulungula College</td>
<td>Folokwe and Mgonjweni</td>
</tr>
<tr>
<td>10-Aug</td>
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<td>169</td>
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<td>Nqileni and KwaTshezi</td>
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<td>95</td>
<td>Bulungula College</td>
<td>Folokwe and Mgonjweni</td>
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<tr>
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<td>91</td>
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<td>Folokwe and Mgonjweni</td>
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<tr>
<td>25-Aug</td>
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<td>218</td>
<td>BI Nqileni Village</td>
<td>Nqileni and KwaTshezi</td>
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<tr>
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<td>43</td>
<td>175</td>
<td>Mgonjweni Great Place</td>
<td>Folokwe and Mgonjweni</td>
</tr>
<tr>
<td>27-Aug</td>
<td>173</td>
<td>40</td>
<td>213</td>
<td>Bulungula College</td>
<td>Folokwe and Mgonjweni</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>873</strong></td>
<td><strong>316</strong></td>
<td><strong>1189</strong></td>
<td></td>
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</tr>
</tbody>
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In total, the BI supported 1430 vaccinations for 1113 community members including transportation to vaccination sites elsewhere and outreach vaccination. Based on 2011 adjusted census data for our feeder villages, we estimate 61% (58-63%) coverage of community members over 18 years old. With the window for 18-34 year old community members only opening 2 days before our 25-27 August vaccination outreach, we will be able to substantially increase coverage in this age group through additional outreach days and vaccination provision at the Bulungula Health Point going forward. Outreach on 25 and 27 August provided the highest number of vaccinations by Madwaleni or any of its feeder clinics to date.

*Chart: Breakdown of vaccinations administered during the 8 outreach days from 14 July - 27 August.*

- **61%** 18-59 year olds community members vaccinated
- **95%** 60 and over community members vaccinated
### Vaccination Coverage by Age Band End of August

- **18-34 yrs**: 46%
- **35-49 yrs**: 59%
- **50-59 yrs**: 74%
- **60+**: 95%

**Graph:** Age band vaccination coverage end of August

- **Estimated Population**
- **Vaccinated**
- **Proportion Vaccinated**

**Photos:**
- 60+ community members vaccinated at Bulungula Incubator.
- 60+ community members waiting for vaccine at BI.
- 18+ community member being vaccinated at Mgonjweni Great Place (home of chief No Ofisi).
- 18+ community member being vaccinated at Mgonjweni Great Place (home of chief No Ofisi).
- 18+ community members waiting to be vaccinated at the Bulungula College.
- Bulungula College learner being vaccinated.
All healthcare workers and support staff received Johnson and Johnson (J&J) single dose (grey). Initially DoH only had Pfizer vaccinations available for outreach which required all elderly vaccinated in June and July to receive a second vaccinations 6 weeks later (blue). From 10 August, we had access to both Pfizer for second doses and J&J which assisted with one vaccination needed per person (red). We achieved a 91% full vaccination rate - two Pfizer vaccines or one J&J vaccine. We are continuing our efforts to follow up community members who have not had their second Pfizer vaccine.

Outreach days were heavily dependent on BI planning, co-ordination, staff and management as set out below:

Management by BI COVID Coordinator (Acting Director)

**Before**
- plan with sub-district/hospital including estimated numbers
- mobilise for outreach dates - BCR/CHWs/community leadership
- prepare and advertise on community WhatsApp groups
- pre-register community members for vaccination
- negotiate community venues for outreach
- hire chairs and order food

**On the day**
- overall management of outreach day
- 12 BI staff support each outreach vaccination
- run two vehicles along main dirt road routes to outreach sites to transport people to and from outreach sites (especially elderly)
- fully run gate registration and COVID screening, pre-registration (for those arriving on the day), waiting areas, queue management, and post vaccination room
- provide clinical staff support for EVDS registration and vaccination

**After**
- data capturing of vaccination
- follow-up of community members who missed second vaccinations
BI was congratulated for its work to support vaccine coverage by Dr Rolene Wagner, the new Head of Eastern Cape DoH.

Photo: BI COVID coordinator assisting DoH in registration of vaccines.

Outcomes Achieved

8COVID-19 outreach days at community venues accessible to all four feeder villages

1113community members vaccinated (May-August 2021)

4BI feeder communities with high vaccine uptake
2.4 Accreditation and COVID-19 vaccination at Bulungula Health Point

In September 2021, the BI advocated for approval as a vaccine site with other Mbashe clinics. On 23 September after an accreditation visit, we received formal accreditation and were included as an official vaccine site on national COVID-19 vaccination system (EVDS).

We set up vaccine and consumable supply system with Mbashe and Madwaleni hospital with the intention of providing vaccination each Wednesday morning at Bulungula Health Point or outreach from the Bulungula Health Point. It is only feasible once a week, as we need to provide a team of 4 (2 community healthworkers, and 2 administrators) to the professional nurse to ensure all paperwork and electronic system administration is managed.

On 29 September 2021, a cold wet day, we piloted our very own COVID-19 vaccination with no onsite support from the Department of Health. We vaccinated 31 community members including 6 elderly who missed their second Pfizer dose.
Accredited COVID-19 vaccination site in our community
Vaccine and consumable supply system in place with Department of Health
Successful pilot of COVID-19 vaccination system at Bulungula Health Point
Ongoing community-based COVID-19 vaccination access for BI feeder communities towards further increasing COVID-19 vaccine coverage
Evolution of COVID-19 emergency response in 2021

- Mar-Nov 2020: No COVID-19 outbreaks in BI villages (first wave missed area)
- Dec '20 - Jan '21: Second wave hit BI villages with peak positivity rate of 39% (approx 8 weeks)
- Feb-Apr 2021: End February outbreak in Bulungula College Grade 11 class, otherwise no additional cases
- May-Jul 2021: Community-level outreach advocacy, vaccination at hospital sites, run vaccination outreach and COVID-19 case surveillance
- Aug 2021: Continued outreach vaccination efforts, run community-level outreach advocacy, vaccination literacy, run vaccination outreach and COVID-19 case surveillance

Mar-Nov 2020: COVID-19 education and prevention activities
Dec '20 - Jan '21: COVID-19 outbreak emergency management
Feb-Apr 2021: Community vaccination literacy, vaccination community-level outreach advocacy and COVID-19 case surveillance
May-Jul 2021: Community-level outreach advocacy, vaccination at hospital sites, run vaccination outreach and COVID-19 case surveillance
Aug 2021: Continued outreach vaccination efforts and COVID-19 outbreak emergency management

- Aug 2021: Third wave hit BI villages only in mid-August (2-3 weeks only)
- Aug 2021: First wave outbreak in Bulungula
- Aug 2021: Additional cases in Mbhashe area: outreach in Grade 11 class, otherwise no health care workers vaccination for COVID-19 case surveillance

End February 2021: Third wave outbreak
Mar-Nov 2020: No COVID-19 outbreaks in BI villages (first wave missed area)
Lessons Learned

Well disseminated vaccine literacy in local language is critical to ensure community demand for vaccination.

Vaccine provision with single dose vaccine at village level necessary to ensure high coverage.

Focus on rural vaccination coverage over compliance with non-pharmaceutical interventions yielded zero cases of severe COVID-19 and deaths during COVID-19 third wave.

Read: Recognition as successful vaccination model in rural South Africa
Main Objective Achieved

Effectively reduced morbidity and mortality from COVID-19 disease in Nqileni, KwaTshezi, Folokwe and Mgonjweni villages in Xhora Mouth Administrative Area, rural Eastern Cape

- High vaccination uptake – 95% in community members above 60 years and 58-63% in community members above 18 years
- Low mortality – 5 confirmed/suspected COVID-19 deaths from December 2020-August 2021
- Reduced morbidity from second to third wave – no hospital referrals required during August 2021
Way Forward

COVID Management

- Advocate to DoH for COVID-19 rapid testing capacity at community-level to support diagnosis, isolation and monitoring to reduce time delays and transport cost
- Provide COVID-19 rapid testing capacity at Bulungula Health Point
- Continue case surveillance methods
- Continue to support community members testing positive to isolate with referral to hospital where necessary

Vaccination coverage

- Continue to utilise Community healthworkers at home visits and Bulungula Community Radio to mobilise for vaccination
- Continue providing COVID-19 vaccination every Wednesday morning at Bulungula Health Point or as outreach from Bulungula Health Point
- Once vaccination opens for younger age groups (<18 years), set up and run vaccination outreach at local schools

Photo: Nqileni village resident who stayed for 4 months at the BI Safe-Home at the beginning of the pandemic (Mar 2020), being vaccinated at the Bulungula Incubator.