

### C19RM 2021 MATRIX

Broad Category	Intervention	ACTIVITY DESCRIPTION	Budgeted	IMPLEMENTER					
				AFSA	BZ	NACO	NDOH	SANA	
COVID-19	Intervention 1: Country-level coordination and planning	Strengthen NDoH Project Management Office (PMO) capacity	✓				✓		
		Facilitate enhanced coordination of the national and provincial Incident Management Teams (IMTs) COVID-19 activities	✓				✓		
		Financial support to civil society COVID-19 governance and coordination structures	✓					✓	
		Bolster the multisectoral COVID-19 response coordination at provincial, district, subdistrict, and community level	✓					✓	
		Strengthen the SANAC TSU capacity	✓					✓	
	Intervention 2: COVID-19 diagnostics and testing	NHLS to procure COVID-19 related laboratory reagents and other consumables.	✓					✓	
		Maintenance and servicing of diagnostics and testing health equipment.	✓					✓	
		NHLS COVID-19 laboratory reagents and other consumables - Gene Xpert COVID test kits	✓					✓	
		Procurement of Ag RDTs for diagnosis	✓					✓	
		Prevention related activities: Panbio COVID-19 Ag Rapid Test Device (NASOPHARYNGEAL)	✓					✓	
		Prevention related activities: STANDARD Q COVID-19 Ag Test	✓					✓	
	Intervention 3: Case management, clinical operations, and therapeutics	Strengthen the DoH capacity to ensure uninterrupted availability and supply of oxygen (O <sub>2</sub> )							
		Procure and install PSA oxygen plants in the 30 priority district hospitals	✓					✓	
		Acquire a comprehensive maintenance plan for the 30 PSA plants	✓					✓	
		Train and mentor relevant district hospital staff on safety and effective management of medical oxygen sourced from the PSA plants	✓					✓	
		Support real-time monitoring of medical O <sub>2</sub> supply, demand and cylinder mapping							
		Train managers and operational staff on the O <sub>2</sub> dashboard purpose, value, logistics	✓					✓	
		Train all the supply chain managers, artisans / tradesmen, and the officials responsible for O <sub>2</sub> ordering	✓					✓	
		Mentor facility managers, operational managers, and clinicians on data interpretation and the use the data for decision making	✓					✓	
		Appointment of provincial technical managers to manage O <sub>2</sub> demand and supply.	✓					✓	
		Capacity building of lower-level health facilities to monitor oxygen levels							
		Procure and distribute pulse oximeters to lower-level health facilities	✓					✓	
		Train health workers in lower-level health facilities on how to properly use pulse oximeters	✓					✓	
		Monitor medical surge capacity							
		Train identified health care workers on patient monitoring i.e., vital signs including oxygen saturation level	✓					✓	
		Deploy and supervise home monitoring teams and provide them with pulse oximeters	✓					✓	
		Hire additional clinical staff to address HR capacity needs identified. <i>(MOVED FROM ABOVE BASE)</i>	✓					✓	
		Facilitate linkage of lower-level health facilities to specialized facilities for prompt referral of deteriorating patients	✓						

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COVID-19 control and containment interventions		Support linkage of the HBIC with facilities through the ambulance services	✓					✓	
	Intervention 4: Surveillance, epidemiological investigation, and contact tracing	Strengthen contact tracing, active case finding, isolation, cluster investigation, and testing <i>(MOVED FROM ABOVE BASE)</i>							
		Promote optimal utilisation of digital contact tracing tools e.g., <i>CovidConnect</i> .	✓	✓	✓	✓	✓		
		Hire additional staff for contact tracing, epidemiological investigation, surveillance, as necessary (e.g., most affected districts)	✓	✓	✓	✓	✓		
		Support social cluster, government departments and private sector to provide COVID-19 prevention education, screening, and contact tracing							
		DBE - learners, educators, SMTs and SGBs.	✓	✓	✓	✓			
		DSD - beneficiaries at DSD supported places of safety	✓	✓	✓	✓			
		<i>DCS - inmates and correctional services staff (REMOVE)</i>	✗						
		<i>Private sector - People Living in the Street, waste pickers, taxi drivers and informal traders (REMOVE)</i>	✗						
		Train COVID-19 case investigators and contact tracers	✓	✓	✓	✓	✓		
	Intervention 5: Surveillance systems	Strengthen the DoH/ NHLS/ NDOH capacity to implement COVID-19 surveillance and routine reporting in alignment with existing HMIS platforms							
		Hire additional staff for DATCOV and EVDS implementation at national, provincial, district and facility/ community level	✓				✓		
		NHLS to employ additional call centre staff to track, manage and report vaccine adverse events. <i>(MOVED FROM ABOVE BASE)</i>	✓				✓		
		Procure additional computer hardware for effective implementation of DATCOV and EVDS. <i>(MOVED FROM ABOVE BASE)</i>	✓				✓		
		Support NHLS/ NICD to recruit additional data analysts and epidemiologists to facilitate real-time data analysis for evidence-based planning and decision making <i>(MOVED FROM ABOVE BASE)</i>	✓				✓		
	Intervention 6: Infection prevention and control and protection of the health workforce.	Assess the national IPC program, develop a strategic plan/ an operational plan as appropriate.	✓				✓		
		Assess of IPC best practices and implementation of corrective measures in healthcare facilities.	✓				✓		
		Provide mentorship and supportive supervision in healthcare facilities.	✓				✓		
		Implement tools and strategies for prevention, identify, monitor, and manage health workers exposed to COVID-19 patients and those with COVID-19.	✓				✓		
		Review the national IPC guidelines, then validate, and disseminate.	✓				✓		
		PPE for frontline and essential facility-based and community-based HCW	✓	✓	✓	✓	✓		
		Train HCW on IPC measures and rational use of PPE	✓	✓	✓	✓	✓		
		Provide relevant WASH services to minimise C19 transmission	✓	✓	✓	✓			
		<i>Support DBE &amp; DHE to procure PPEs for learners, students, educators (REMOVE)</i>	✗						
	Intervention 7: Health products and waste management systems	<i>Provide systems support to strengthen vaccine delivery services (REMOVE)</i>							
		<i>Procure appropriate cold chain equipment for mobile/ outreach vaccination services in communities.</i>	✗						
		<i>Support DoH to augment its waste management systems to provide adequate waste management for mobile/ outreach vaccination services.</i>	✗						

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		Support civil society HTS to hire a full-time HIV specialist to manage the increased demand for strengthened health products procurement	✓	✓	✓	✓	✓	
COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis, and malaria	Mitigation for <u>HIV</u> program	Adapt HIV prevention, testing and treatment programming, prioritize and strengthen HIV community-based service						
		Support enhanced PICT, HIV self-testing, community HTS and linkage to ART.	✓	✓	✓	✓	✓	
		Service integration – screening for HIV, TB, COVID-19, GBV, STIs, SRH and linkage.	✓	✓	✓	✓	✓	
		Promote same-day ART initiation; point of care testing VL / EID.	✓	✓	✓	✓	✓	
		Strengthen differentiated service delivery models e.g., multi-months dispensing (MMD), CCMDD.	✓	✓	✓	✓	✓	
		Support virtual programming for HIV and TB prevention, adherence, psychosocial care, and support.	✓	✓	✓	✓	✓	
		Maintain access to essential HIV laboratory tests.	✓				✓	
		Modify infrastructure and patient flow at facility or community-based HIV service points	✓	✓	✓	✓	✓	
		Strengthen OHS measures to minimize COVID-19 related disruption of essential HIV services.	✓	✓	✓	✓	✓	
		Train facility and community-based HCW on HIV and COVID-19 i.e. IPC measures and rational use of PPE	✓	✓	✓	✓	✓	
		Support the DoH vaccine delivery services to ensure facility and community-based HIV HCW receive the COVID-19 vaccination	✓	✓	✓	✓	✓	
		Train and mentor HIV program staff incl. DCS-based HCW to integrate COVID-19 screening within HIV prevention, treatment care and support services	✓	✓	✓	✓	✓	
		Use routine HIV program data to monitor service disruptions and address service delivery challenges across the continuum of HIV care	✓	✓	✓	✓	✓	
	Involve / engage civil society or CBOs including PLTB in accordance with OIA principles, in the provision of additional services in the community.	✓	✓	✓			✓	
	Mitigation for <u>TB</u> program	Integrate TB, HIV and COVID-19 prevention, screening, contact tracing and diagnosis.	✓	✓	✓	✓	✓	
		Strengthen OHS measures						
		Virtual and in-person training for facility and community-based HCW on TB and COVID-19	✓	✓	✓	✓	✓	
		Support the DoH vaccine delivery services to ensure facility and community-based TB HCWs receive the COVID-19 vaccination	✓	✓	✓	✓	✓	
		Leverage available COVID-19 IPC resources to close gaps or address challenges related to optimal TB IPC implementation	✓				✓	
		Use routine TB program data to monitor service disruptions	✓				✓	
Involve / engage civil society or CBOs including PLTB		✓	✓	✓	✓	✓	✓	
Intervention 1: Infection prevention and control and protection of the health workforce.	PPE for frontline and essential services facility and community-based staff	✓				✓		
	Train HCWs on IPC measures and rational use of PPE in COVID-19	✓				✓		
	Employ IPC measures and provide COVID-19 response related training for CHCW that support vaccine delivery e.g., mobile outreach vaccination teams.	✓	✓	✓	✓	✓		
	NHLS to enhance its genomic sequencing capacity to assess and monitor circulating of variants of interest or concern.	✓				✓		
	NHLS to enhance mutualization of equipment for multiple testing protocols.	✓				✓		

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Expanded reinforcement of key aspects of health systems and community-led response systems	Intervention 2: Laboratory systems.	<i>NHLS to expand its point of care testing (POCT) capacity, building on the POCT lessons learned to date thus making HIV, TB, COVID-19 testing readily available within health facilities and in communities.</i>							
		Develop a comprehensive set of POCT training materials and train health facility level end-users to conduct accurate POCT	✓				✓		
		Develop and integrate test sets and items into the NHLS laboratory information system to enable real-time reporting.	✓				✓		
	Intervention 3: Case management, clinical operations, and therapeutics	Virtual and in-person training and supervision platforms							
		Implement the COVID-19 clinical pathway for early initiation of treatment.	✓				✓		
		Conduct triaging and early detection of hypoxia at community and in primary health care facilities.	✓				✓		
		Assess critical patients and initiate early treatment or early referral	✓				✓		
	Intervention 4: Gender-based violence prevention and post violence care.	PRs to collaborate with DSD to employ additional social services workforce that will provide GF beneficiaries with psychosocial support	✓	✓	✓	✓			
		Provide virtual and in-person training for first responders on GBV identification and management.	✓	✓	✓	✓	✓		
		Engage multi-media platforms to increase community mobilization and advocacy	✓	✓	✓	✓	✓		
		Engage CSOs to strengthen GBV advocacy and engagement of different actors to address violence against women and girls during COVID-19	✓	✓	✓	✓	✓		
		Engage/ contract women and affected key populations-led organisations to facilitate linkages to access legal redress or justice for human rights violations experienced because of COVID-19 restrictions.		✓	✓	✓		✓	
	Intervention 5: Respond to human rights and gender related barriers to services.	Scale-up of CLM human rights violations documentation, equitable coverage, and access to C19RM funded tools i.e., expanding the use of the "Communities Matter" App.	✓	✓	✓	✓	✓	✓	
		Strengthen the capacity of ProBono, Legal Aid SA and SAHRC to include the monitoring and respond to rights violations affecting PLHIV/TB/KVPs	✓	✓	✓	✓		✓	
		Engage community leaders to raise awareness on the potential rights-violations in the context of COVID-19	✓	✓	✓	✓		✓	
		Provision for printed materials to improve communication and coordination of CSF sectors.	✓					✓	
	Intervention 6: COVID-19 CSS - Community-led monitoring (CLM)	Adapt and implement the GF CLM Accountability Toolkit to track the availability, accessibility, acceptability, and quality of HIV, TB and COVID-19 services	✓	✓	✓	✓		✓	
		Provide IPOs with tools and equipment e.g., PPE for COVID-19 protection, tablets, airtime, etc. for CLM.	✓	✓	✓	✓		✓	
	Intervention 7: COVID-19 CSS - Community-led advocacy and research	Train community leadership (i.e., traditional, religious, municipal wards, etc.) to support COVID-19 campaigns	✓	✓	✓	✓		✓	
		Develop and disseminate simple advocacy materials on the importance of preserving access to HIV and TB services and reproductive health services during COVID-19.	✓					✓	
	Support social cluster government departments to provide COVID-19 vaccine awareness and acceptance.								

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	Intervention 8: COVID-19 CSS - Social Mobilisation	DBE and DHE - to learners, student, educators, SMTs and SGBs.	✓	✓	✓	✓		
		DSD - to the beneficiaries at DSD supported places of safety.	✓	✓	✓	✓		
		DCS – inmates and correctional services staff.	✗					
		Contract / engage youth and women led CSOs / CBOs to support beneficiaries to register for the vaccination.	✓					✓
		Engage CSOs/ CBOs to deliver community messaging that address COVID-19 testing, treatment, and vaccine hesitancy	✓	✓	✓	✓		
		Use existing community platforms (drop-in centres, safe spaces, community-based clinics) as well as community networks to deliver integrated HIV, TB, and COVID-19 services.	✓	✓	✓	✓		
	Intervention 9: COVID-19 CSS - CBO institutional capacity building	Train traditional health practitioners (THPs) to recognise HIV, TB, COVID-19 symptoms and refer to clinics.	✓					✓
		Train faith-based sector to elevate their role as psychosocial support providers	✓					✓
		Train CSOs to provide COVID-19 screening, testing, contact tracing in communities including KP hot spots and HTAs.	✓					✓

### C19RM 2021 MATRIX - ADDITIONAL FUNDING

Broad Category	Intervention	Funding Priority	Budgeted	IMPLEMENTER					
				AFSA	BZ	NACO	NDOH	SANAC	
	Intervention 2: Surveillance systems	NHLS to enhance its genomic sequencing capacity to assess and monitor circulating of variants of interest or concern.	✓				✓		
		Support DCS to appointment Surveillance Officers in each region for routine COVID-19 surveillance within correctional facilities.	✓				✓		
	Intervention 4: Infection prevention and control and protection of the health workforce.	Support DCS to appoint IPC Coordinators per region	✓				✓		
		Support access to WASH services in public and community spaces most at risk, with special considerations for vulnerable populations e.g., schools, churches, traditional gatherings, SASSA pay points, etc.	✓	✓	✓	✓			
		Provide psychosocial support for frontline and essential facility and community-based health care workers	✓	✓	✓	✓	✓		
	Intervention 5: Risk communication	Involve affected communities, key and vulnerable populations, women and girls, men, or other groups in the development of culturally appropriate COVID-19, messages and information, education, and communication (IEC) materials, and integrate COVID-19 and TB messaging.	✓	✓	✓	✓	✓	✓	
		Prepare and disseminate culturally appropriate messages using relevant channels/ structures/ platforms and community networks/ influencers targeting key stakeholders.	✓					✓	
	Mitigation for HIV programs	Support the implementation of sound HIV mitigation plans including service adaptations to ensure uninterrupted HIV service delivery.			✓	✓	✓	✓	
		Develop/ review HIV mitigation plans to address program needs identified at all DoH levels, and implement key actions accordingly	✓		✓	✓	✓	✓	
		Establish adherence clubs and safe spaces as KVP community-based Pick-Up-Points (PUPs).	✓		✓	✓	✓	✓	
Scale up the registration / enrolment of stable ART clients onto CCMDD external PUPs		✓		✓	✓	✓	✓		
Promote the implementation of the appointment / booking system, particularly high-volume facilities with insufficient external PUPs.		✓		✓	✓	✓	✓		
Prioritise monitoring and tracing of early and late missed appointments on Tier.Net using CHWs, to improve retention in care.		✓		✓	✓	✓	✓		
Track progress in the implementation of mitigation plans, and use program data, lessons learned and best practices to continuously improve and sustain quality HIV service delivery.		✓		✓	✓	✓	✓		
Support the implementation of comprehensive TB mitigation plans to ensure continuous TB service delivery									
Develop / review TB mitigation plans to address program needs identified at all DoH levels.	✓					✓			

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				AFSA	BZ	NACO	NDOH	SANAC
	Mitigation for <u>TB</u> programs	Home-based patient monitoring, counselling, and sputum collection.	✓				✓	
		Delivery of TB treatment through CCMDD or at home by community health workers	✓				✓	
		Screen all GF KVP program beneficiaries for TB using the TB Health Check app	✓				✓	
		Monitor progress in the implementation of mitigation plans, and use program data, lessons learned and best practices	✓				✓	
Expanded reinforcement of key aspects of health systems and community-led response systems	Intervention 1: Laboratory systems.	Support the NHLS to procure IT equipment and software to enhance programmatic data visualization via Business Intelligence Dashboards, to inform interventions (disease hotspots, treatment interventions and disease impact).	✓				✓	
		Support NHLS to integrate digital health solutions into the laboratory value chain to improve HIV, TB, and COVID-19 patient care.	✓				✓	