



FEBRUARY 2021

DESCRIPTION	AMOUNT ALLOCATED	AMOUNT SPENT
iSikhaba – Series 1 and 2	R 14 000 000	R 14 000 000

01

CITIZENS IN SOLIDARITY CAMPAIGN MANDATE

The Solidarity Fund was created on 23 March 2020 to respond to the COVID-19 crisis in South Africa. It is a platform for the general public and civil society – as well as the public and private sectors – to contribute to the consolidated effort to fund various initiatives.

The Citizens in Solidarity (CIS) campaign, which forms part of the Fund’s overall communication campaign, aims to lower the spread of COVID-19 by strengthening the Fund’s objectives of prevention, detection and care. All South Africans are invited to become Citizens in Solidarity by playing their part in preventing the spread of the virus.

Being a Citizen in Solidarity is easy: a few simple changes in behaviour saves lives. The key message of the campaign is straightforward:

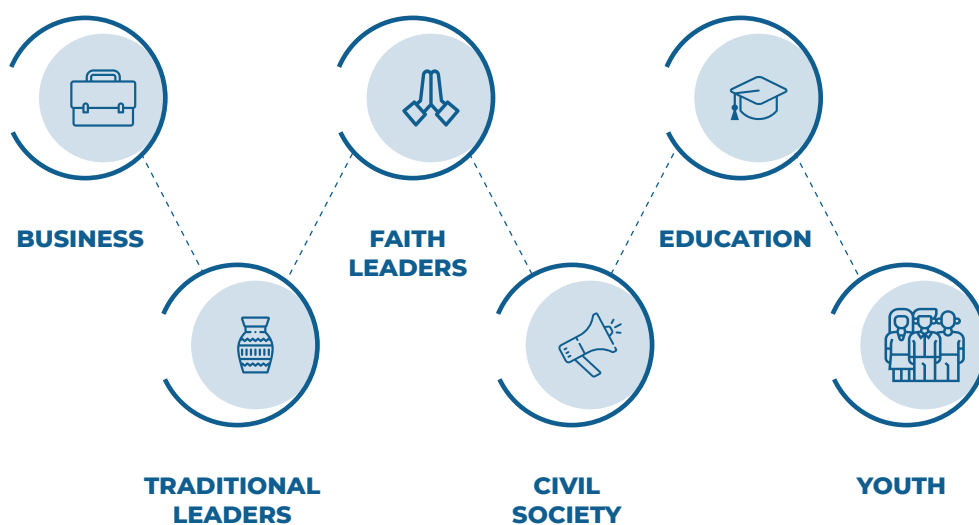
“Wash your hands to protect your neighbours; wear a mask to protect your friends; keep a safe distance to protect your family; and just be kind.”

The CIS campaign helps to mitigate the growing sense of fear, anxiety, mistrust and grief that spread through communities as COVID-19 cases increased. The mandate of the CIS campaign is to leverage networks across key sectors of society to change simple personal behaviours that could significantly spread the rate of infection.



CITIZENS IN SOLIDARITY CAMPAIGN: PHASE 1

During the first phase of the campaign, the Solidarity Fund established partnerships and programmes within the following sectors:



- **Business** – through partnering with the Return to Work Campaign, Business for SA (B4SA) and the Public-Private Growth Initiative (PPGI)
- **Traditional leaders** – through the National House of Traditional Leaders
- **Faith leaders** – through the South African Council of Churches and other interfaith leaders
- **Civil society** – through networks in the Eastern Cape hotspot
- **Education** – through a programme supporting school-management teams and school-governing bodies
- **Youth** – through the Six Million in Six Weeks campaign

Sikhaba iCOVID-19 (“we kick COVID-19!”) was a daily radio programme delivered in all official South African languages across 15 SABC radio stations. The show was created to ensure that communication about COVID-19 and the lockdown reached a broad range of South Africans in their own languages. The show’s core purpose was to be a trustworthy, informed and empathetic platform that provides useful information, builds social solidarity and positive behaviour change and responds to the questions and concerns of the public as they navigate the wide-ranging impact of COVID-19 on their lives, families and communities.

The show, which was initially conceptualised by the DG Murray Trust (DGMT), was endorsed by the National Department of Health (DoH) and SABC1 as their official and jointly supported mechanism to engage with radio listeners, and to ensure that critical information reached the largest possible audience. Following their agreement to support the show, Innovation Edge (through its Executive Director, Sonja Giese), took the lead in establishing the team and managing the production of the first season (from April to June 2020). Following the success of the first season, the National DoH, SABC and Solidarity Fund agreed to support a second season from July to October 2020. At this point, DGMT took over managing the overall production, while the core contracted team remained in place. The first series was jointly funded by the Solidarity Fund, the Millennium Trust and the ELMA Foundation. The extension to the series was funded by the Solidarity Fund, the Zenex Foundation and the ELMA Foundation. The DGMT, Innovation Edge and Ilifa Labantwana all contributed significant time and effort to the leadership, management and oversight of the production at no cost.

The iSikhaba campaign forms part of a broader radio broadcasting campaign, which includes the following initiatives:

- Radio Rx: Red Cross Children's Hospital. This initiative consisted of a webinar with Professor Glenda Gray and a series of PSAs (public service announcements) developed and syndicated through the Community Radio campaign described below.
- A Community Radio programme was developed to expand the reach of the campaign to an additional 15 community radio stations.
- Education: This 10-part talkshow was designed to engage with the schooling community, answer questions, offer advice and to establish a community of practice.

About the DG Murray Trust

The DGMT is a South African foundation built on endowments from Douglas George Murray and his wife, Eleanor. Murray was the son of and successor to John Murray, the founder of the Cape-based construction company, Murray and Stewart, which was established in 1902. This company merged in 1967 with Roberts Construction to become Murray & Roberts, with the parent trusts as the main shareholders. In 1979, the trusts combined to form the DG Murray Trust, which – over the years – has diversified its investments. It currently distributes about R150 million per year.

03

PRINCIPLES THAT GUIDED BEHAVIOUR CHANGE EFFORTS



Speed

All ideas needed to be executed quickly in order for networks to be built across key sectors prior to – and to reduce – the peak, and to flatten the curve.



Targeted hotspots

Phase 1 adopted a hotspot strategy to plan how the energy and resources of various sectors would be harnessed in the fight against COVID-19. We initially started in the Eastern Cape due to the rapid spread of the coronavirus in the province at the time, with the intention to expand to Gauteng and KwaZulu-Natal.



Resource efficiency

The project management office set up for this campaign was tasked with ensuring the effective delivery of contract requirements to enable maximum reach and impact.



Inclusion

The Fund aimed to reach vulnerable households through a wide variety of partners across civil society, the private sector and government. Partners included faith and traditional leaders, non-governmental organisations, care institutions and partners in business.



Safety

The Fund ensured that its partners adhered to social distancing and safety measures while engaging with citizens on the ground.



Building a large network

A large network of Citizens in Solidarity was built by harnessing support within prominent sectors, such as business, faith leaders, the youth, education and civil society. A campaign was crafted to relay key behaviour change messages and activities.

PROGRESS AND IMPACT

Sikhaba Radio Campaign



SIKHABA iCOVID-19

Objectives

The overall objective of the campaign was to draw on the potential reach of 15 commercial radio stations (33 million listeners) to provide educational COVID-19 messaging to citizens, and engage with them on relevant topics. Specifically, the campaign aimed to keep citizens informed by providing them with updated information, assembled by an independent team of experts and broadcast across the 15 radio stations.

Programme description

Sikhaba iCOVID-19 defined its approach as follows:

- It would focus its efforts on the poorest half of the population: Much of the initial communications effort was directed at digital communication, yet half of the population does not have smartphones, and those who do often struggle to afford mobile data costs.
- It would include reinforce prevention messages on a daily basis: Basic messages of prevention need to be refreshed and reinforced to prevent public fatigue and apathy. Community-level health workers require information, recognition and support in an ongoing way.
- It would include messaging around specific actions that individuals and communities can take to respond to the pandemic: Communities/households may be called on to take action, for instance by supporting remote learning if schools remain closed.
- It would promote social solidarity: As the pandemic spread, there was a risk that communities could become panicky and despondent if they were not sufficiently informed about COVID-19 dynamics. Citizens also needed to know that positive efforts were underway, and that their questions and concerns would be heard and addressed.
- It would profile and recognise the response of government: Communities need information from the government, but they also need to recognise that their government is responding to the pandemic, and is concerned and caring.

In the midst of the evolving nature of the pandemic – particularly in the earlier months – it was critical that Sikhaba iCOVID-19 was responsive to new information and how that shaped people’s needs, and while being recognised as a trusted source. The show’s official endorsement by the National DoH and the SABC was critical in this regard. However, with high levels of mistrust of the government, it was crucial to ensure that listeners felt the show responded to their questions and concerns – rather than simply pushing government messaging. This was achieved by ensuring that the show drew on the lived experiences and concerns of listeners. The content was put together by an independent team of experts, and anyone who appeared on the show was credible and carefully selected. Much effort was made to ensure the editorial independence of the show was protected, while remaining committed to communicating as well as possible on behalf of the DoH.

The 8-10 minute show included the following elements:

- An opening billboard.
- A daily dashboard, which provided the most up-to-date information on the COVID-19 pandemic in South Africa.
- A question-and-answer (Q&A) segment, which engaged experts to provide input and responses on a wide range of COVID-19 and lockdown-related topics.
- A personal message – from celebrities, frontline workers, community activists, and COVID-19 survivors – to inspire positivity and social solidarity.

To manage the risks of communicating information correctly during a rapidly changing situation, Sikhaba iCOVID-19 agreed with the DoH and SABC that the majority of the Q&A segments would be prerecorded, and based off scripts that had been vetted and fact-checked. Presenters and the radio station producers worked to make the show as ‘live’ as possible by reading the dashboard and the questions live on air. Shows that had a more personal focus (such as survivor stories), would sometimes feature a live Q&A session.

Programme delivery

All materials (the dashboard script, audio files and briefing documents) were delivered to the 15 SABC radio stations each day. The Sikhaba team also undertook daily calls with producers to ensure that their concerns and feedback would be flagged and addressed. The stations were a valuable partner in ensuring that editorial, sound and delivery quality was maintained, and each station added their own particular feel to the show.

In order to expand the reach of the Sikhaba iCOVID-19 content, partnerships with community radio stations were sought out to broadcast versions of the content that had been specifically curated for their audiences. By the end of September, 15 community radio stations had signed up to participate and broadcast Sikhaba segments. The frequency of broadcast varied widely – with the most frequent being four times a day.

What made the reach of Sikhaba iCOVID-19 particularly impressive was that there was no financial incentive for the radio stations to broadcast the segment. All the community radio stations undertook to use the packaged audio material as they saw fit, at no cost. This demonstrates the value that stations felt Sikhaba brought to their ability to meet the information needs of their listeners.

The first radio show was broadcast in May 2020 and the last at the end of October 2020, covering the most significant part of the COVID-19 lockdown to date.

The first and second seasons were executed in two 13-week phases, comprising a combined 26-week programme. Each week, the campaign aimed to reach the estimated coverage of 33 million citizens across the 15 radio stations in the 11 official South African languages. A new message was broadcast every day across the 15 radio stations.

A total of almost 2 000 shows were broadcast from May to the end of October. This can be seen as a great success, given that more than 99% of the scheduled shows were broadcast. Of the 2 000 shows, four did not air as scheduled and 92 took place but needed some work.

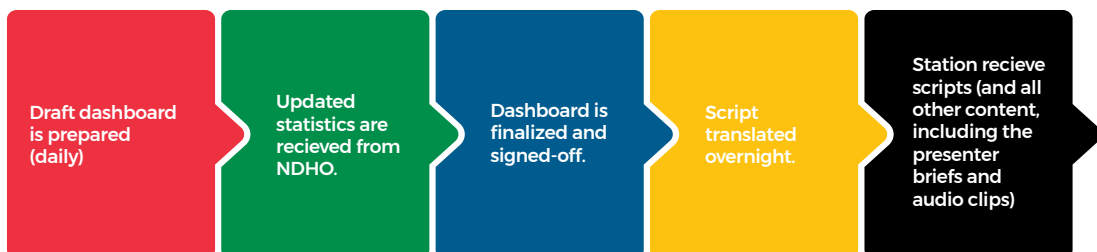
05

DELIVERY PROCESS

1. The Daily Dashboard

The Daily Dashboard is a short, up-to-date, informational section that kicks off each Sikhaba iCOVID-19 segment. The purpose of the dashboard is to provide key statistics, information and critical updates to the public. As the dashboard is produced daily, it can include more timely information than the Q&A segment, which was often prepared two to three days in advance.

The key steps in the dashboard development process are outlined below:



2. The Q&A segment

The Q&A segment provided a mechanism through which the key concerns, questions and interests of the public could be responded to by experts in all official languages. Assembling this segment required sourcing feedback on key issues, developing scripts with expert input and finding experts to deliver the content in each language.

In order to ensure we kept a 'finger on the pulse', we developed a mechanism in partnership with iKapaData whereby ±150 people completed a daily diary, in which they shared their thoughts on the conversations and topics of concern that were being raised in their homes and communities.

A core content team met weekly to unpack these diaries, explore key topics that had arisen on social media and in the press and finalise a content calendar (including the ideal ‘messengers’ for each topic) for the following weeks. These topics were then briefed to the writing team. Wherever possible, the scripting included engagement with topic experts or key partners. The ‘expert wranglers’ were responsible for sourcing experts for each topic, in every language, to deliver the answers once scripted. There was significant editorial engagement with these experts where needed, as they recorded their answers in voice notes, which were then quality checked by the production team. Often, two or three retakes were required to ensure sufficient broadcast quality.

The key steps in the Q&A content-development process are summarised below:



Alongside the audio, we developed, translated and shared a presenter brief for each show. The brief provided directions for presenters, as well as additional information to help them engage more broadly with audiences on the topics raised.

3. Personal messages

To build a stronger sense of social solidarity, each segment ended with a personal message. Initially these were from celebrities and well-known leaders in society. However, some of the most powerful messages came from frontline workers, activists and ordinary citizens who are supporting their communities.

Each show did not necessarily carry a new personal message, as these were less time sensitive. The messages were tagged for content, tone and any other descriptors that would make it easier to match them with the Q&A content for that day. It did become difficult over the six-month process to keep these messages fresh. One station (RSG) decided from the outset to exclude the personal message from their version of the show.

While we initially sourced and used messages primarily from celebrities, we found that listeners responded best to messages from ordinary people, people taking action in their communities and COVID-19 survivors.

4. Technical production

Once the content team had checked the quality of the recorded answers and the personal messages, these were provided to the production team. The production team managed all the technical elements to ensure that the audio was correctly cut, balanced and produced, and that the overall show had been stitched together correctly. They also delivered the files to the various SABC stations in the correct format, and navigated any technical issues with the radio station producers.

As an additional layer of quality assurance, every show was recorded from the live streams of the stations. Each show was then rated on the weekly RAG report, which reflected whether the shows aired in the correct time, correct format, with all elements present and with the prerecorded answers being played in response to the correct questions.

06

CAMPAIGN STATISTICS FOR PHASE 1 AND 2

RADIO STATION	LANGUAGE	TIME SLOT OF SHOW	STATION LISTENERSHIP
Ligwalagwala FM	SiSwati	15.30 – 15.40	1 074 000
Thobela FM	SePedi	15.40 – 15.50	2 978 000
SA FM English	English	15.50 – 16.00	280 000
Lotus FM	English	16.10 – 16.20	7 000
X-K FM	Afrikaans/Xhu	16.15 – 16.25	778 000
Phala Phala FM	TshiVenda	17.10 – 17.20	2 546 000
Motsweding	SeTswana	17.12 – 17.20	5 409 000
Umhlobo Wenene FM	isiXhosa	17.22 – 17.30	207 000
Tru FM	isiXhosa/English	17.33 – 17.53	7 670 000
Ukhozi FM	isiZulu	17.40 – 17.50	1 170 000
RSG	Afrikaans	17.45 – 17.55	1 029 000
Ikwekwezi FM	isiNdebele	19.15 – 19.25	1 020 000
Munghana Lonene FM	XiTsonga	20.20 – 20.30	671 000
Radio 2000	English	20.30 – 20.40	3 196 000
Lesedi FM	Sesotho	20.35 – 20.45	174 000

The campaign had a significant variety of content that was broadcast on a daily basis across the various radio stations. Below is a list of all the topics covered:



WEEK 5

- Stigma and fear** (Monday, 18 May)
- Treatment adherence** (Tuesday, 19 May)
- ECD** (Wednesday, 20 May)
- Safety and security** (Thursday, 21 May)
- UIF and TERS** (Friday, 22 May)

WEEK 6

- Maternal and child health** (Monday, 25 May)
- Release of prisoners** (Tuesday, 26 May)
- Child infectiousness** (Wednesday, 27 May)
- SASSA social grants** (Thursday, 28 May)
- Opening of schools** (Friday, 29 May)

WEEK 7

- Child protection** (Monday, 1 June)
- Back to work** (Tuesday, 2 June)
- Food relief** (Wednesday, 3 June)
- What do the numbers mean?** (Thursday, 4 June)
- Alcohol appeal** (Friday, 5 June)

WEEK 8

- Disinformation** (Monday, 8 June)
- Testing** (Tuesday, 9 June)
- Informal settlements and protecting vulnerable/elderly** (Wednesday, 10 June)
- Caring for yourself at home if you have COVID-19** (Thursday, 11 June)
- Responsible religion (live show)** (Friday, 12 June)

WEEK 9

- Access to health care beyond COVID-19** (Monday, 15 June)
- Young heroes responding to COVID-19 (live show)** (Tuesday, 16 June)
- Youth mental health** (Wednesday, 17 June)
- Alcohol – ER doctors' experiences** (Thursday, 18 June)
- Father's Day** (Friday, 19 June)

WEEK 10

- Caregiver with COVID-19** (Monday, 22 June)
- Gendered nature of COVID-19** (Tuesday, 23 June)
- Schooling** (Wednesday, 24 June)
- Explaining the virus** (Thursday, 25 June)
- Safe transport** (Friday, 26 June)

WEEK 11

- Treatment and cure updates** (Monday, 29 June)
- Gender-based violence** (Tuesday, 30 June)
- Immunisation of children** (Wednesday, 1 July)
- Grants** (Thursday, 2 July)
- TVETs** (Friday, 3 July)

WEEK 12

- Understanding and managing risk** (Monday, 6 July)
- Masked heroes** (Tuesday, 7 July)
- When to test my child** (Wednesday, 8 July)
- Stigmatisation** (Thursday, 9 July)
- Emergency COVID-19 budget** (Friday, 10 July)

WEEK 13

- Recovering from COVID-19** (Monday, 13 July)
- Co-morbidities: what the virus does to one's body** (Tuesday, 14 July)
- Disability and COVID-19** (Wednesday, 15 July)
- ECD reopening (live show)** (Thursday, 16 July)
- Madiba Day call to action** (Friday, 17 July)

WEEK 14

- Protecting nutrition during COVID-19** (Monday, 20 July)
- Back to basics** (Tuesday, 21 July)
- Being prepared for death** (Wednesday, 22 July)
- Youth employment** (Thursday, 23 July)
- Higher education** (Friday, 24 July)


WEEK 15

- COVIDConnect** (Monday, 27 July)
- Vaccines** (Tuesday, 28 July)
- Personal story of recovery** (Wednesday, 29 July)
- Team Sikhaba** (Thursday, 30 July)
- Good-news stories** (Friday, 31 July)


WEEK 16

- Schooling and mental health** (Monday, 3 August)
- Alcohol** (Tuesday, 4 August)
- Child health** (Wednesday, 5 August)
- UIF/TERS** (Thursday, 6 August)
- Women on the frontline** (Friday, 7 August)


WEEK 17

-  **Home schooling** (Monday, 10 August)
- Job seeking for youth** (Tuesday, 11 August)
- Lockdown rules and numbers** (Wednesday, 12 August)
- Male role models and gender-based violence** (Thursday, 13 August)
- Grief and funerals** (Friday, 14 August)

WEEK 18

-  **#BeThere – CCW** (Monday, 17 August)
- Recovering at home** (Tuesday, 18 August)
- Nutrition and co-morbidities** (Wednesday, 19 August)
- Stopping corruption** (Thursday, 20 August)
- COVID-19 and the elderly** (Friday, 21 August)


WEEK 19

-  **Survivor story** (Monday, 24 August)
- What to expect and prep for hospital** (Tuesday, 25 August)
- Education: where we are** (Wednesday, 26 August)
- Boosting our mental and physical health** (Thursday, 27 August)
- Let's get social** (Friday, 28 August)


WEEK 20

-  **Vaccines, treatment and cures** (Monday, 31 August)
- Finding positivity: it's spring!** (Tuesday, 1 September)
- Growing and eating healthy food** (Wednesday, 2 September)
- Disinfecting: what to know** (Thursday, 3 September)
- Tourism and transport** (Friday, 4 September)

WEEK 21

-  **Solidarity Fund** (Monday, 7 September)
- What's looking up?** (Tuesday, 8 September)
- Team Sikhaba – 100 voices** (Wednesday, 9 September)
- Volunteer/community stories** (Thursday, 10 September)
- Business reimaged – positive stories** (Friday, 11 September)

WEEK 22

-  **ECD update** (Monday, 14 September)
- Parenting tips** (Tuesday, 15 September)
- Long COVID** (Wednesday, 16 September)
- NSNP – school feeding** (Thursday, 17 September)
- Building back better** (Friday, 18 September)

WEEK 23

- Do I have COVID-19 or just a seasonal allergy?** (Monday, 21 September)
- Relative risks** (Tuesday, 22 September)
- Misinformation and disinformation** (Wednesday, 23 September)
- Heritage Day** (Thursday, 24 September)
- COVID-19 impact on migrant people** (Friday, 25 September)

WEEK 24

- Matric exams shout out** (Monday, 28 September)
- Living with loss** (Tuesday, 29 September)
- How has COVID-19 impacted the world** (Wednesday, 30 September)
- Preventing school dropouts and supporting reintegration** (Thursday, 1 October)
- Birth registrations** (Friday, 2 October)

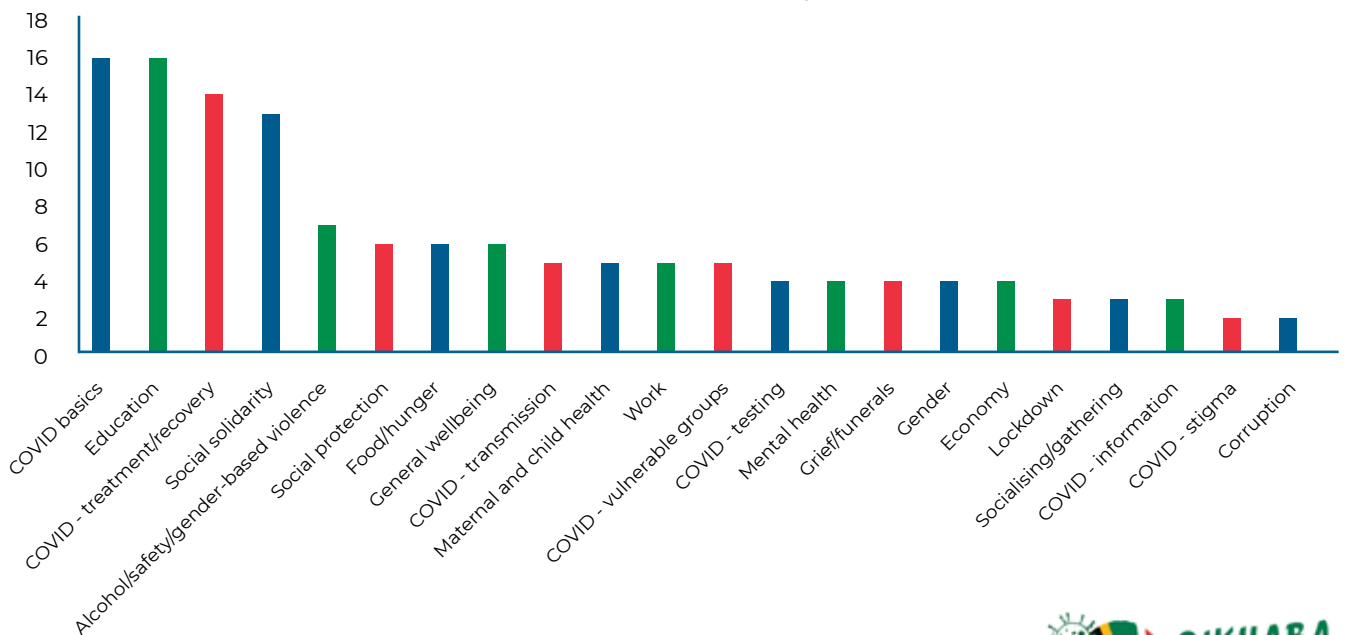
WEEK 25

- Understanding developments in testing** (Monday, 19 October)
- What will happen with the 2021 school and university calendar?** (Tuesday, 20 October)
- Shout out to COVID heroes** (Wednesday, 21 October)
- International travel and borders opening** (Thursday, 22 October)
- Finding trustworthy information** (Friday, 23 October)

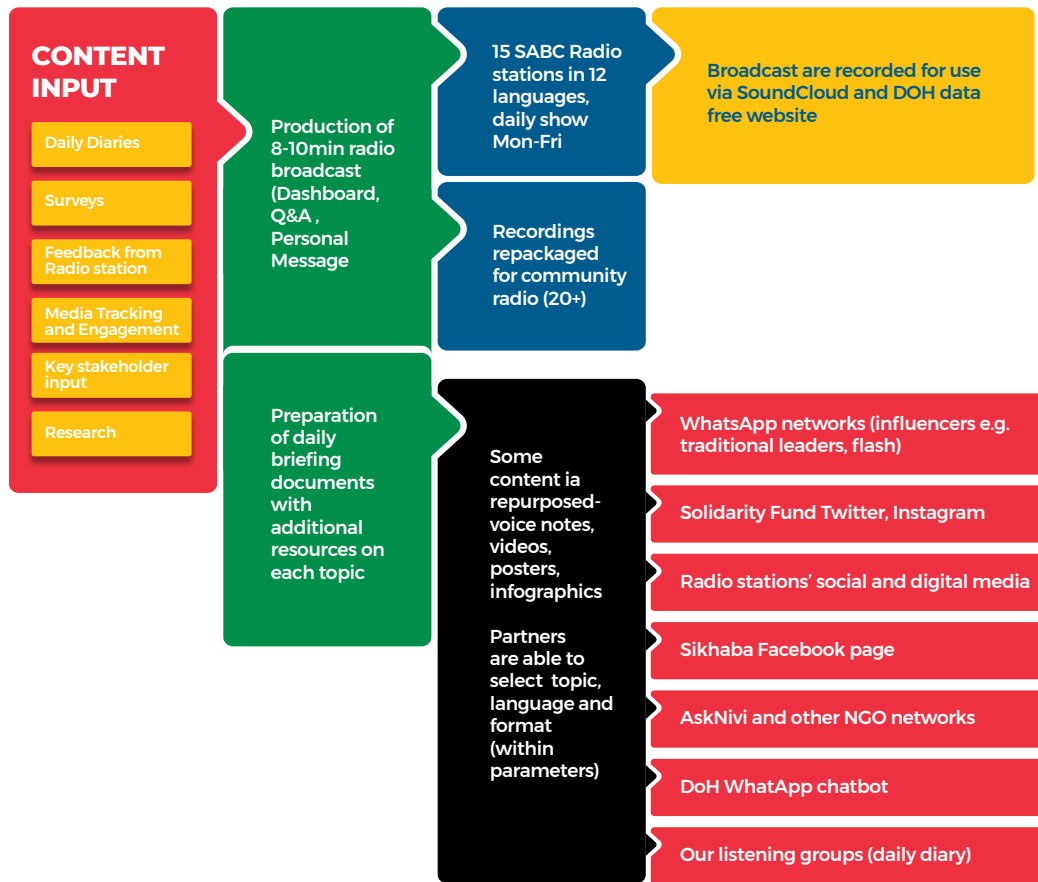
WEEK 26

- Update on social grants** (Monday, 26 October)
- Vaccines and treatments progress** (Tuesday, 27 October)
- Inspiration for youth** (Wednesday, 28 October)
- Summer socialising and COVID-19 safety** (Thursday, 29 October)
- Farewell Sikhaba iCOVID-19** (Friday, 30 October)

THEMES COVERED AND FREQUENCY



EXTENT OF THE CONTENT FLOW THROUGHOUT THE SIKHABA RADIO SERIES



07

ADDITIONAL VALUE DELIVERED BY THE SIKHABA RADIO PROGRAMME

Beyond the radio programme, the Sikhaba team achieved more than what it set out to do initially. These significant value-adds were as follows:

1. Community radio syndication

The Sikhaba team agreed to syndicate and share the content created for this campaign with the community radio initiative. This significantly increased the reach of the Sikhaba content and also allowed community radio stations to reach rural areas where commercial stations do not have reach. The community radio campaign has been covered in a separate report.

2. Social media

The primary social media vehicle used by the show was the Sikhaba iCOVID Facebook Page. The Facebook page was used in three distinct ways: 1) to grow a mechanism to engage the Sikhaba audience more directly; 2) to reiterate the core messages from the show of each day using posters and text posts (see example below); and 3) to respond to questions from the listening public in comment threads and the page's inbox.

The social media team prided themselves on being able to respond to every inbox message within one hour. This was a significant undertaking, but was fundamental to the ethos and values of Sikhaba.

By the end of October, the Sikhaba iCOVID-19 Facebook page had published 818 posts and garnered 13 582 'likes'.

Posts that gained the most engagement were largely those dealing with updated information about the SASSA social relief of distress, and caregiver, grants. Second were the posts that provided somewhat novel content directly around COVID-19, such as those connected to shows about alternative remedies, COVID-19 survivor stories and updates on the developments of vaccines and treatments.

A significant social media activation was the #TeamSikhaba campaign, which ran over three days in late July. The campaign was conducted in collaboration with TreeShake, and proved a phenomenal success on Twitter in terms of its reach and engagement. It also grew the Facebook audience significantly. Fundamental to the success of the campaign was the power of the central metaphor (that beating COVID is a team sport, in which we all have a role), and the range of influential sports stars who carried that message onto the social media platforms. This approach was particularly powerful as it gave us a new language to talk about prevention measures, and cut through some of the fatigue in continuous messaging.

3. WhatsApp and NGO partners

Content from Sikhaba iCOVID was also repurposed for a WhatsApp Business line (063 610 2608) and shared with a range of NGO partners. The WhatsApp line delivered two to three pieces of content weekly, which included text on the topics, posters and audio.

In late October, the DoH identified 32 audio clips for use on its own WhatsApp line. While we do not have any data on usage figures, we are very pleased that the DoH re-purposed the content.

IMPACT AND REACH

1. **Headline results**

- 15.4 million people reached on Twitter
- Over 740 000 people reached on Facebook
- Trended on Twitter nationally
- More than 45 000 people interacted with the content across platforms
- Over 3 000 people joined us in creating original posts in support of the campaign

2. **Content**

Our official #TeamSikhaba content was shared by an incredibly diverse group of people, including sports stars, academics and researchers, civil-society leaders and citizens. We believe this is a testament to the value of the content and the importance of the message.

Examples of the content:



Facebook

www.facebook.com/hashtag/teamsikhaba

Twitter

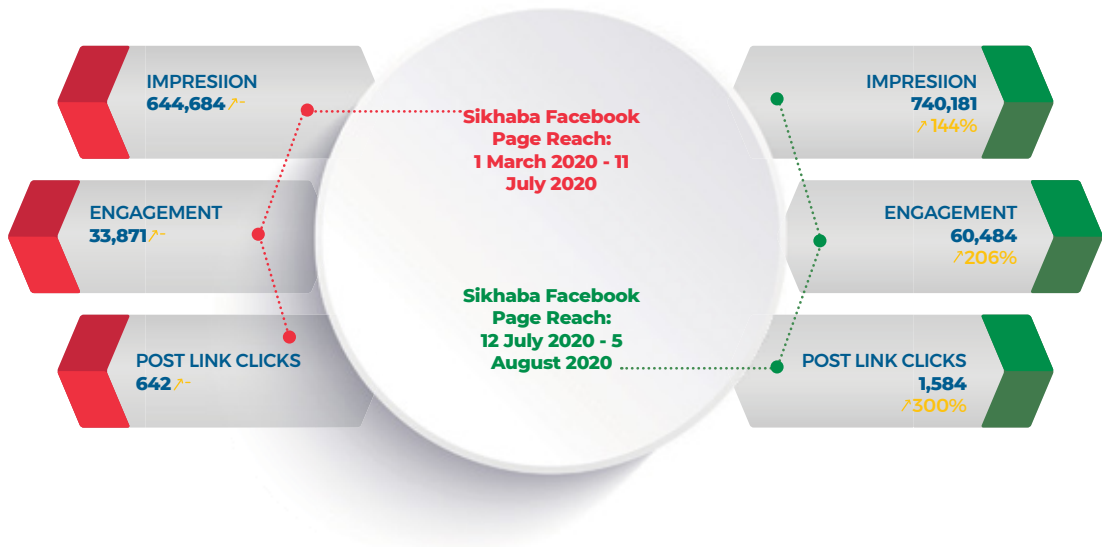
https://twitter.com/search?q=%23TeamSikhaba&src=hashtag_click

Instagram

<https://www.instagram.com/explore/tags/teamsikhaba/>

3. **Facebook**

- Grew audience by 90% (adding +4 500 fans)
- Reached more people directly over the campaign period than in the prior three months combined (707 000 reach, with 59 000 engagements)
- Millions more impressions are unaccounted for, since Facebook doesn't allow us to measure the total reach of posts and the hashtag when they were not posted directly to our own page. Some of these posts (which have been set as 'public' by the users) can be seen here: <https://www.facebook.com/hashtag/teamsikhaba>



4. Twitter

- 79 000 people reached directly via Sikhaba posts. (This is impressive for a brand new account that started out with fewer than 10 followers.)
- Thousands more joined the conversation with likes, comments and retweets
- 15.4 million reached across all posts by the community using #TeamSikhaba
- Over 3 000 people and organisations actively shared original #TeamSikhaba content

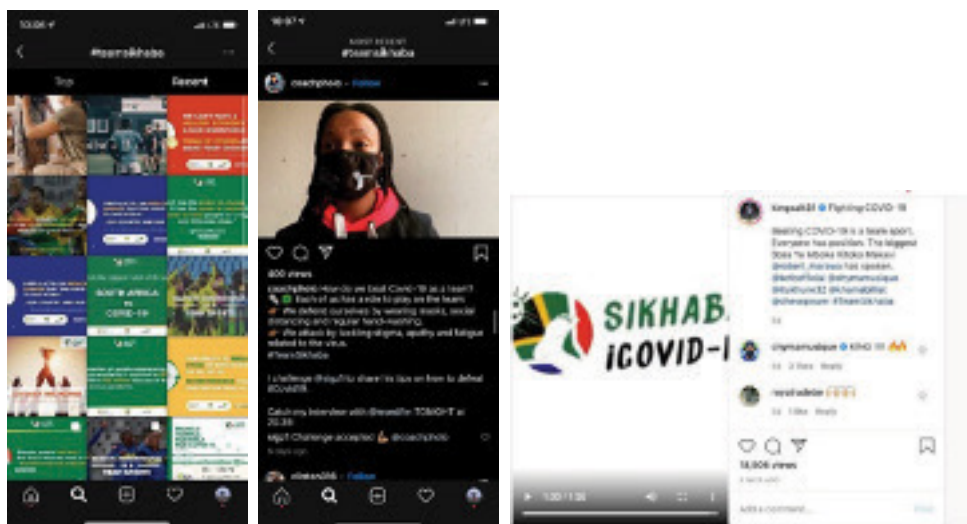
There was a high degree of engagement from key influencers and many others. The top 10 are indicated below, but there were many others who brought credibility, depth and insight to the conversation. Please note that most people didn't just put out one post, but several.

Profile	Audience	Mentions
	1.0M	5
	495.0K	6
	347.8K	1
	225.6K	2
	224.9K	5
	224.2K	3
	187.8K	1
	184.5K	2
	175.8K	2
	172.6K	1

5. Instagram

- We didn't expect people to share content on Instagram, so we were pleasantly surprised to see #teamsikhaba content being shared on that platform.
- We don't have data about the total reach of these as we didn't set an Instagram tracker, but the most popular video had over 18 500 views and was posted by Kaizer Chiefs midfielder and Zimbabwean national team player, Willard Katsande.
- Most posts combined campaign content with individual reflections.

As with Twitter, Instagram also saw a high degree of engagement from key influencers and many others. Some of the key posts are below, but there were many others who brought credibility, depth and insight to the conversation. Please note that most people didn't just put out one post, but several.



Campaign participation on Instagram usually happens via the 'Stories' feature, which disappear after 24 hours. However, the Instagram page posts can be viewed here: <https://www.instagram.com/explore/tags/teamsikhaba/>.

The Ask Afrika research campaign (covered in the Ask Afrika Report) also confirmed the effectiveness of the campaign. Below is an extract from the Ask Afrika report on the effectiveness of the Sikhaba series. The results were based on the review of the first season:

SIKHABA CONTENT HELPFULNESS



- 86% of respondents either agreed or strongly agreed that the content of the series was informative.
- 28% of respondents confirmed that they have heard of the Sikhaba radio programme.
- In terms of target audience, those who reported listening to the show are 91% Black, 55% female, predominantly between the ages of 19 and 34 years (72%). Some 46% were employed, 31% unemployed, 13% not working and 11% self-employed.

Challenges

1. Aligning approaches across partners

An early challenge in the production of Sikhaba was securing agreement across all parties (the SABC, DoH and the internal team) as to how best to approach the show. The preference of the SABC – particularly SABC Education and the station producers – was that all shows should be live in order to produce the best radio experience. The DoH was naturally very mindful about communicating accurate information, and wanted every show to be pre-recorded so that all the scripts and information could be fact-checked. A further complication was that the SABC Education mandate to ‘educate’ the public was interpreted by its team to mean that the show had to involve two-way communication; otherwise it would simply be ‘informing’ and not ‘educating’ the listeners. These differences led to early challenges in the launch of the show; and re-emerged when the show was extended to a second season.

Ultimately, it was agreed that the difficulty in finding experts every day in every language, along with the sensitivity around the changing nature of the pandemic, meant we had to pre-record shows. However, it was agreed that where there were non-medical topics, of an individual or personal nature, shows could be broadcast live.

In the negotiations for the extension of the show, it was agreed to move the partnership from SABC Education to SABC Radio, given that the pre-recorded format did not align with the SABC Education mandate.

2. Working in 11 languages, every day

In order to ensure that all stations received the same fact-checked information for each broadcast, we created the content through scripting each show (questions and answers) in English. By scripting and pre-recording the expert answers, we could assure the DoH that all information would be correct and verified before broadcast.

Initially, we assumed that the experts identified for each show would be able to work from the English scripted talking points and translate for themselves. However, we quickly found that while the experts may be fluent first-language speakers, they did not necessarily have the technical language to converse easily about the topics at hand. All guests were also volunteering. Recording the answers (with multiple retakes) can take several few hours; so the additional burden of translation proved too high.

We thus began a process of translating all the scripts for our experts, working from an original English version. From the outset we understood that it is not ideal to work from English into other languages; ideally, there would be a unique script for each language. However, the daily production cycle made this impossible. In order to try and ensure the best quality translations, we created a three-step process: 1) all English scripts were edited for plain language and length; 2) scripts were translated as a first draft; 3) translated scripts were read to native speakers to listen for conversational tone, before being finalised. Despite our best efforts, we did receive some feedback of the certain translations being too literal, and not conversational enough.

Apart from the challenge of finding experts in every language, every day, and on multiple topics each week, a second major challenge related to working in multiple languages was the level of 'purity' of language expected by the SABC radio stations. On a few occasions, experts' recordings were rejected because they did not speak the same dialect as the station, or their accent was not convincing as a first-language speaker. This meant that alternative experts had to be sought at the last minute. We also found that many potential guests felt they were not fluent enough in their home languages to speak to technical topics. While the commitment of the SABC stations to the protection and promotion of South Africa's official languages is commendable, it proved an extremely high bar to meet – but one that we ultimately did meet, with a few exceptions where our translation team stepped in to record the segments as members of Team Sikhaba.

3. Identifying experts on a wide range of topics

A central premise of Sikhaba was that it would bring experts on each topic to the listening audience. This was critical to building the trustworthiness of the show – especially on difficult and sensitive topics. While we initially assumed that we would struggle most with the medical topics, we soon recruited a slate of excellent doctors from across the country who each recorded multiple shows for us. There were two types of shows that proved more challenging: those where the topics within the show were wide ranging, or did not lend themselves to a single type of expert; and those where we used government officials as the experts. Ultimately, we managed to get over 500 experts to participate. The experts are a huge resource for future multilingual projects.

4. Reimagining how government communicates

A central objective of the approach Sikhaba took to scripting the content – and in identifying the issues it should address – was to understand the concerns and questions of the public; and to build their understanding of the rationale and approach that government was taking to managing the pandemic.

We soon found, however, that in scripts that were directly about government actions (such as the announcement of SRD grants, or decisions about schools opening and closing), we struggled to shift the approach of government communicators from only delivering information to building empathy. Scripts sent to spokespeople for fact-checking were often changed significantly, with the 'human element' removed. We worked hard with officials to model new ways of communicating – and to build solidarity and trust with the audience at a time that was marked by high levels of distrust of government. This remained challenging throughout. It was also surprisingly challenging for government departments to identify experts in all languages for the shows. This often required days for experts to be identified, and then obtain approval from the various chains of command. This proved particularly challenging for the nature of a fast-moving daily show; and so ultimately we ended up often using civil society organisations rather than government representatives.

5. Poor quality of services for referrals

Sikhaba aimed to empower its listeners by providing information of the actions they could take in response to particular issues. Often this meant referring them to helplines or call centres for more information, or to resolve particular issues they were facing. In order to ensure that we were making effective referrals, our team checked each hotline number that was shared. Unfortunately, in many cases the hotline numbers were either never answered, or the quality of service provided was below par. This made it extremely difficult for us to refer the public to these resources in good conscience, and retain our status as a trustworthy source of information. We attempted to work through this by using our social media platforms for ongoing engagement with our listeners, and directly intervened wherever possible to share information and respond to questions that they may otherwise be directing to those hotlines.

Learnings

1. It is important to build understanding, not just share information

From the outset, the Sikhaba team strove to communicate in a way that built the audience's understanding of the virus, the lockdown and its effects. As we read through our daily diaries it became clearer and clearer how important it was to ensure that people were not just hearing messaging ("wash your hands, wear a mask, and socially distance") but that they could understand why these strategies were important and effective by providing clear messaging about the virus itself. As we moved out of the shock phase of hard lockdown, building understanding (particularly through that commitment to preventative behaviours) became increasingly important, as the public's early compliance was largely driven by fear rather than internalised commitment.

We received particularly positive feedback on shows that took such an approach to topics, whether it was explaining how vaccines are developed, how treatments are tested and evaluated for efficacy, or how the virus enters and affects the body. People found it particularly helpful to hear from 'COVID-19 survivors'. This was, however, particularly difficult for the production team in the earlier months of the show, as there were high levels of stigma and we struggled to find people who were willing to share their stories. Despite these challenges, the survivor stories were consistently the most commented on and positively received. Explaining the basics of COVID, the dynamics of transmission and the rationale for the prevention strategies (rather than rote repetition) should continue to be a priority for any ongoing communications campaign. Much of how people interpreted news about developments seemed to be filtered through the experience of HIV. So, for example, many of our listeners equated the fact that there was no treatment/cure for COVID to the idea that they would either die or have the virus for life. There was very little understanding of how the body itself can fight off viruses through developing antibodies.

We also found high levels of mistrust of government and various conspiracy theories. Our sense was that in part people bought into these ideas to fill the gap between what they were experiencing and what their understanding was.

2. Using metaphors can break through ‘prevention fatigue’ – but this remains challenging

One of the major challenges we faced was to try and keep prevention messaging fresh, and to overcome ‘prevention fatigue’. We found that using metaphors (such as “beating COVID is a team sport”) brought new energy to our communications, and created a mechanism by which listeners and radio stations could also extend the metaphor drawing on their own ways of communicating and acting. However, throughout the series we received multiple daily diary messages sharing that people in communities were not wearing masks, and were gathering in large groups without socially distancing.

3. Draw on local-level experience and action – the messenger matters, and people want to help

One of the real successes of Sikhaba was that it grounded its topics and approaches in real questions being asked by the daily diary contributors, and then drew on a wide network of organisations, experts and individuals to respond to these concerns. We consistently received feedback from organisations and individuals that they experienced a new sense of purpose, reached new audiences and felt proud to share their local experience and expertise. Every guest who participated did so completely voluntarily – and in some cases (such as the medical doctors), this meant spending many hours each week recording, and re-recording, the segments. We also received feedback from listeners that these ‘messengers’ were particularly credible. All community radio stations participated without any financial contribution – but because they found value in the content for their audiences. It would thus be good to continue to grow networks of communicators who can ground the messaging in local experience and real lived responses to the pandemic.