

# Get vaccinated, so we can get back to living.

March 2022



## #RollUpYourSleevesSA **SOLIDARITY FUND VACCINE DEMAND CREATION CLOSING OUT CAMPAIGN REPORT**



**#RollUpYourSleevesSA Campaign**

BENEFICIARY	AMOUNT ALLOCATED	AMOUNT DISBURSED
Joe Public - Vaccine Demand Creation Campaign	R141 417 294 (ex VAT)	R141 417 294 (ex VAT)

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### CAMPAIGN OVERVIEW

Phase four of our COVID-19 intervention ran from September 2021 to January 2022. It was a campaign to generate demand and uptake of the COVID-19 vaccine. This campaign was launching amidst some extreme contextual headwinds. Unprecedented levels of miss/diss-information reverberating through social media echo chambers, unprecedented levels of scrutiny and focus on the subject matter on an ongoing basis in the media, as well as social groups were just a couple of the challenges we faced.

Every country in the world faces their own set of challenges and insights to get its populations vaccinated. In South Africa, the research indicated that South Africans had a high acceptance of the vaccine as a concept; however, this was not translating into action. This inertia was due to many reasons, including a degree of apathy (in general and linked to the pandemic specifically), low levels of vaccine literacy and understanding, and high levels of fear and mistrust – all exacerbated by the proliferation of misinformation and disinformation.

In order to overcome all these obstacles and get South Africa vaccinated, the campaign had a dynamic and layered use of channels (from mass to on-the-ground communication) to achieve all our different objectives across all the various segments of South Africa.

In addition, to ensure the most effective and impactful message was ultimately taken to market, we ensured that our campaign was guided by research and insight. We used existing research to inform the strategic direction and conducted our additional research at two separate junctures. The first was to test the proposed concept and the second to evaluate the effectiveness of the campaign and garner learning's to inform subsequent interventions.



### NIDS / CRAM Wave five

This was the research used for strategic input into the campaign. This body of research was conducted in July 2021 and was the largest scale research available.



### Ask Afrika

Focus groups were conducted to pre-test the concept and communication before production and launch.



### GCIS

A post campaign analysis was conducted in February 2022 to determine how effective the campaign messaging achieved the objectives.



### Maintain high vaccine acceptance levels

The NIDS research identified that vaccine acceptance was very high and “fast becoming a norm in South Africa”. 70% of respondents reported that they intend to get vaccinated. We needed to ensure that we maintained these levels and spread awareness around the vaccine to pave the way to vaccination.



### Close the action gap

While acceptance of the vaccine and intention to vaccinate were high, this wasn't translating into action. We were starting to see inertia in the early age groups and were not reaching the expected numbers. We needed a catalyst to motivate people out of their lethargy to get people further down the conversion funnel.



### Address vaccine-hesitancy

There was a group of anti-vaxxers and extremely hesitant people whose fear bordered on conspiracy. A large group also had very legitimate concerns about the vaccine. These were linked to a combination of low understanding and literacy around what the vaccine and getting vaccinated was about and a lot of misinformation and disinformation filling these spaces. We needed to inform, educate, and supply accurate information from trusted sources.

Our strategic approach had two high-level layers:

#### 1. A higher-order layer

While necessary, information alone will not always inspire people to act. We needed to hit a more emotional chord to get people out of their inertia. This pulled on the insight that we had all had a challenging year and a half. It implored people to get vaccinated so that we could get back to living.

#### 2. An information layer

The second layer dovetailed with the first. To inform people and help address their hesitancy, we had a robust channel strategy that took accurate information to the people who needed it across every country segment. We used medical professionals to deliver the message while answering real public concerns.

The campaign had a dynamic and layered use of channels (from mass to on-the-ground communication) to achieve all our different objectives across the various segments of South Africa.

## THE IDEA

Over and above the higher-order message, the golden thread across all our communication was our call to action: Roll Up Your Sleeves SA.

This metaphor drew on the comparison between the action of rolling up your sleeve for the vaccination itself and the fact that all South Africans need to roll up their sleeves to do what they had to do in the fight against COVID-19.

### Channel roll-out

	MARCH			APRIL			MAY					JUNE			
	22	29	5	12	19	26	3	10	17	24	31	7	14	21	
TV							REACH = 72% (1200ARs): 60"; 45"; 20"								
RADIO	DJ LIVE READS							REACH = 80%: 60 stations							
COMMUTER							1300 Vehicle & rank screens (R1m)								
OUTDOOR								Township, rural, urban & highway							
DIGITAL								Facebook, Instagram, Twitter, YouTube, WiFi (R4m)							
PR	ALL PR Incl. Print & radio partnerships														
TIKTOK								TikTok Movement							
ACTIVATIONS				Foot Soldiers & Behavioural Change Agents											
PRINT								Sunday Papers							

Figure 1: Channel roll-out

### Broad channel execution

The budget for all channels was R136 million, and the media spent R78 million. Due to media partnerships and negotiations, we achieved an added value of R210 million. It resulted in a media presence of R288 million.

MEDIUM	SPEND	ADDED VALUE	TOTAL VALUE
TV	R29 M	R108 M	R137 M
RADIO	R34 M	R87 M	R121 M
PR PARTNERSHIPS (INCL. FEE)	R4.5 M	R5 M	R10 M
ACTIVATIONS	R30 M		
OUTDOOR AND TAXIS RANKS	R2 M	R4 M	R6 M
DIGITAL / INFLUENCER	R10 M	R4 M	R14 M
CABC + OTHER RESEARCH	R1.5 M		
PRODUCTION/FEES /NDOH HUB	R25 M		
TOTAL (MEDIA & PRODUCTION)	R136 M		
MEDIA ONLY	R78 M	R210 M	R288 M

Figure 2: Broad channel budget and value per channel

## Television

Due to negotiations achieved, TV reached 85% of 18+ adults at least once, versus the 69% estimated. 65% of adults were reached six times, compared to the planned reach of 50%.

A broad mix of TV stations was used to saturate the reach of the SA population. SABC 1 accounted for 30% of the budget, but 44% of the reach. Mzansi Magic, due to it being a premium buy, accounted for 20% of the budget but 12% of the reach.

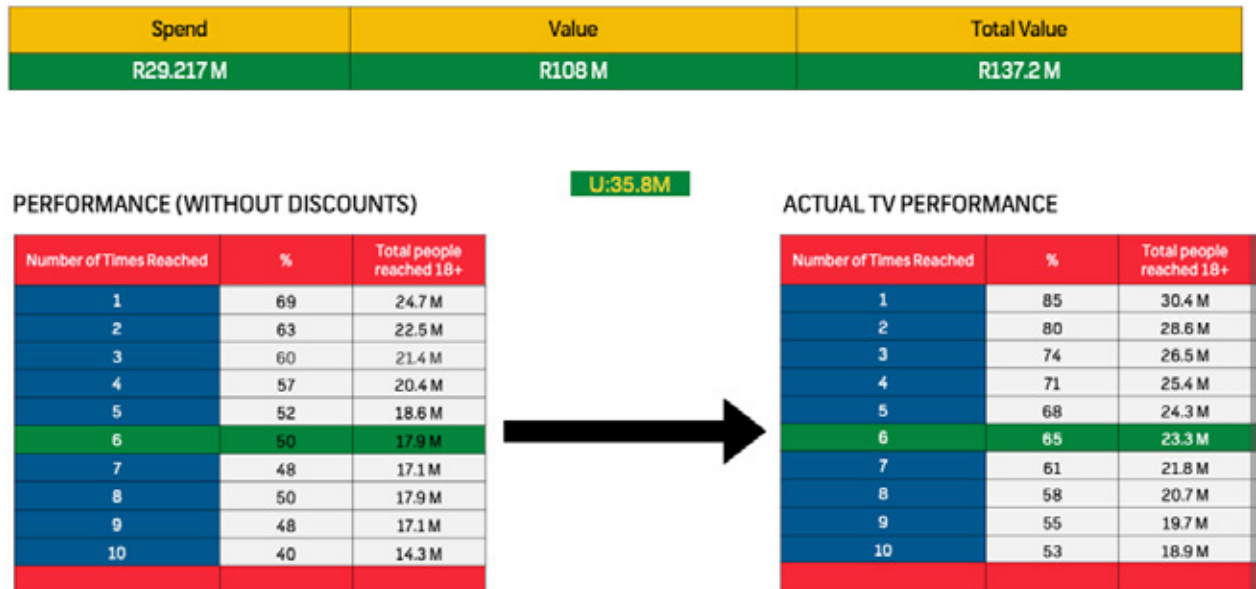


Figure 3: Television campaign performance

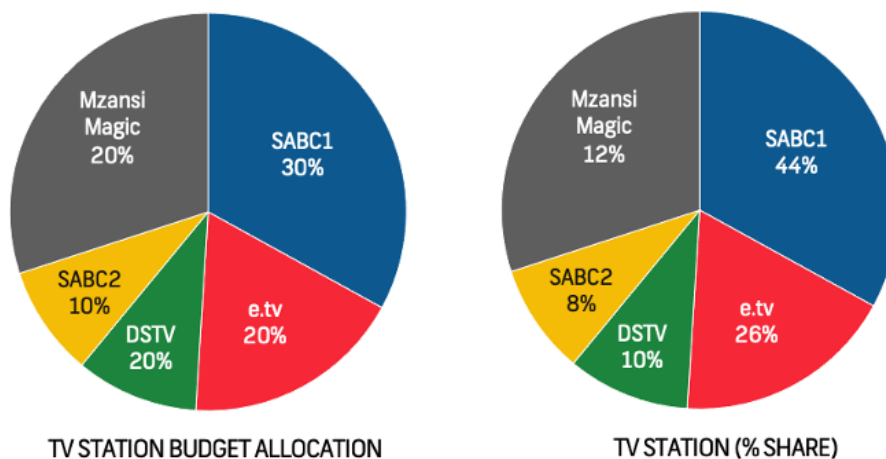


Figure 4: Television station allocation

## Radio

Due to media partnerships and negotiations, 91% of adults were reached versus the planned 71% at least once. 71% were reached six times, versus the planned 43%. The DJs worked as influencers for the campaign. Their voices were used for the conversations, but they also created content that they ran on their personal social media pages.

Spend	Value	Total Value
R34.1 M	R87 M	R121.1 M

#### PERFORMANCE (WITHOUT DISCOUNTS)

Number of Times Heard	%	Total people reached 18+
1	71	25.4 M
2	65	23.2 M
3	60	21.4 M
4	52	18.6 M
5	47	16.8 M
6	43	15.4 M
7	39	14 M
8	36	12.8 M
9	32	11.4 M
10	26	9.3 M

U:35.8 M

#### ACTUAL RADIO PERFORMANCE

Number of Times Heard	%	Total people reached 18+
1	91	32.6 M
2	87	31.1 M
3	84	30.1 M
4	80	28.6 M
5	77	27.5 M
6	71	25.4 M
7	67	24.0 M
8	64	22.9 M
9	59	21.1 M
10	53	19.0 M

Figure 5: Radio campaign performance



Figure 6: DJ content pieces

#### Outdoor

For a spend of R2 million, a negotiated value of R5,9 million was achieved. There was a total of 1 266 sites, including taxi ranks, taxis, bus stations, train stations, and urban areas.



Spend	Initial Value	Value (After Neg)	Total Value
R2M	R2M	R3.9M	R 5.9M

	Static Boards	Digital Boards	Ranks	Screens	Total
Taxi/Bus/Train		167 (Bus Stations)	16 (Ranks)	1019 (in taxi)	1202
Urban sites		64			64
Total	0	231	16	1019	
Total Sites Excl Taxes	247				
Total Sites Incl Taxes	1266				

Figure 7: Out-of-home spend overview



Figure 8: Out-of-home site examples

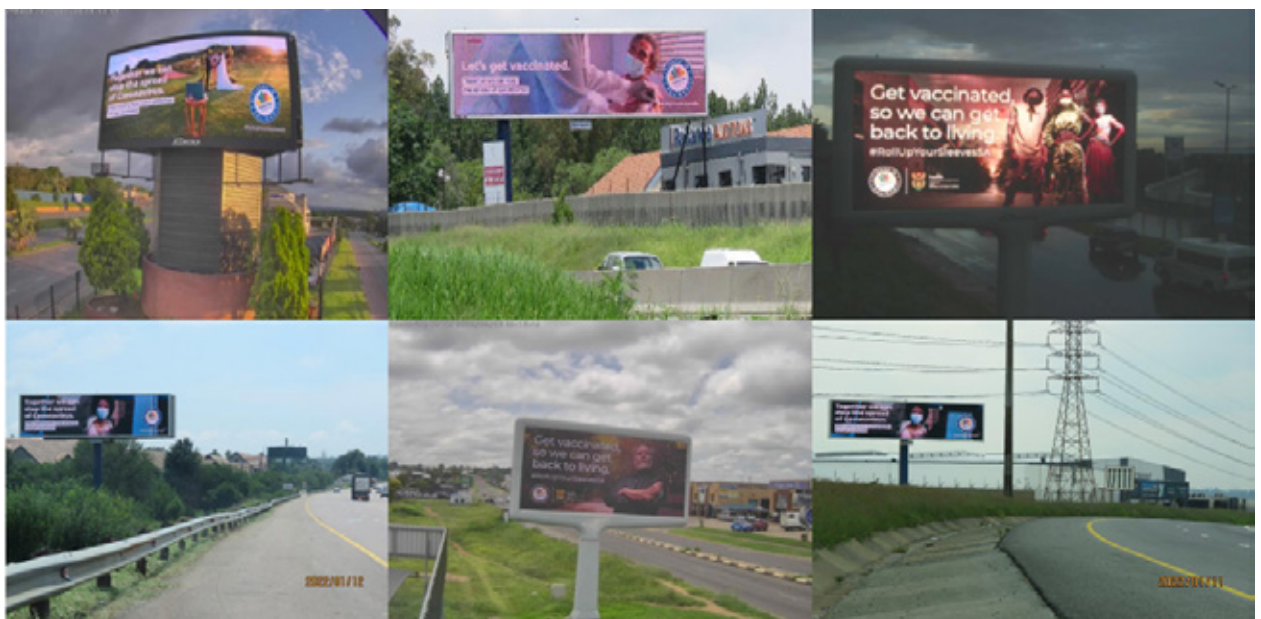


Figure 9: Out-of-home site examples

## Digital

The primary objective for digital was to achieve a broad reach of content that would provide the facts and stats around COVID-19 and address public concerns. The results were excellent. There were 225 million impressions achieved and 25 million people reached. Thirty-three million videos were viewed, and of these, 26 million were completed. The content resulted in 600 000 people going to the vaccination website, which cost R10 per click.

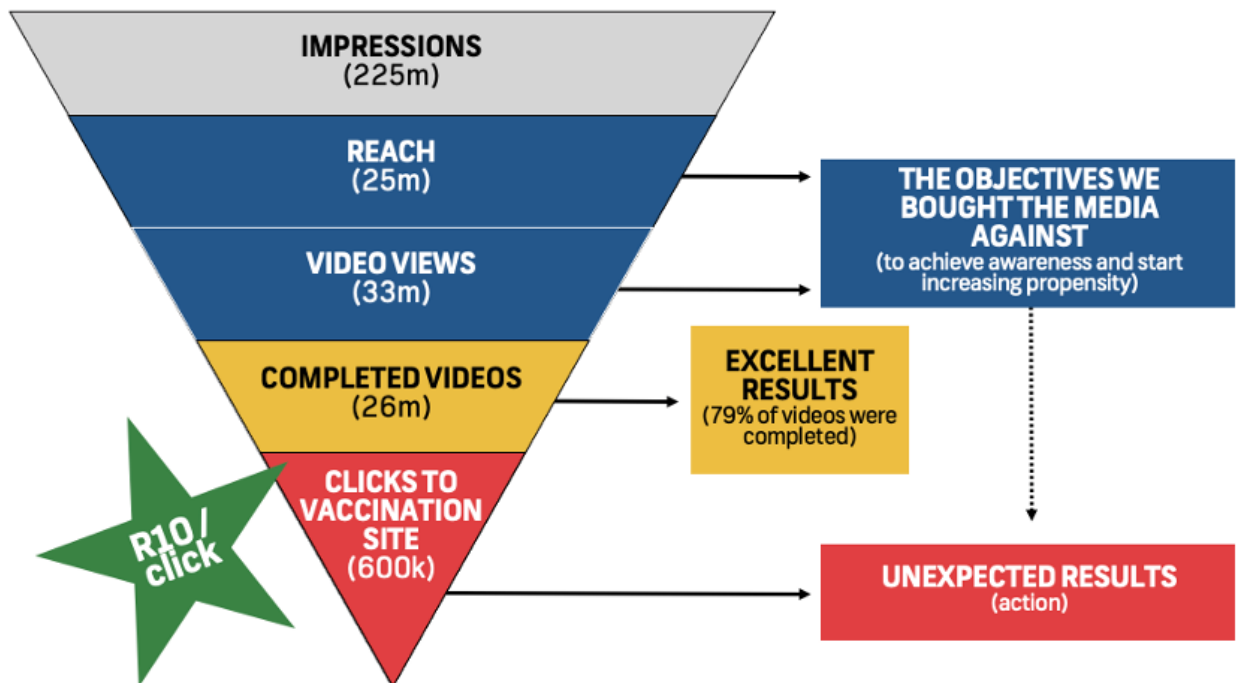


Figure 10: Digital performance

Powerful content is what drove the digital success. In total, 1 400 pieces of digital content was generated. Of these, half were on Twitter. The medical expert videos were pivotal to the success of the campaign.

## Medical expert videos

3 X 45" FLIGHTED ON TV / YOUTUBE

YOUTUBE ACHIEVED :

- 2.8 MILLION PEOPLE REACHED
- 600 000 COMPLETED VIEWS
- 19C PER COMPLETED VIEW



Figure 11: Medical expert video

### SA's asking videos

Medical expert videos were adapted for social. These were created using ordinary people to pose the question, which the medical experts answered.

**17 X 20" VIDEOS –  
FLIGHTED ACROSS FB/IG, YT & TWITTER**

- 28 M IMPRESSIONS
- 10M REACHED
- 14.6 M VIDEO VIEWS
- 8.7 M COMPLETED VIDEO VIEWS

**TWITTER ACHIEVED :**

- 1.1 M COMPLETED VIEWS
- COST OF **30C** VERSUS THE R5 AVERAGE
- 1% CLICK THRU RATE VERSUS THE .2% AVERAGE.



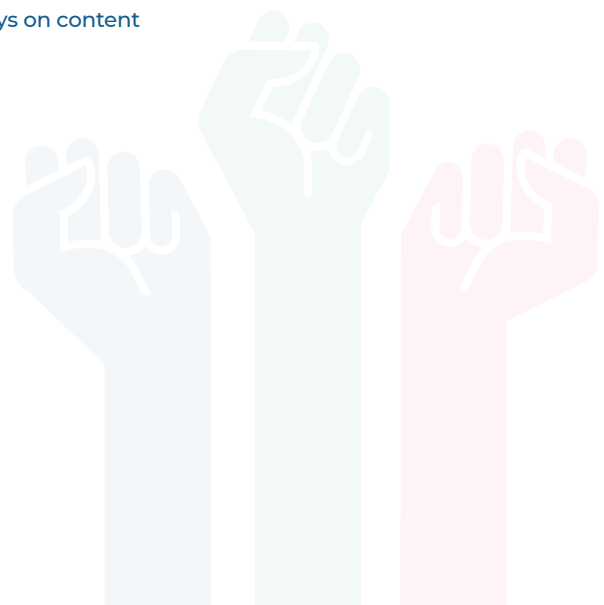
Figure 12: SA's asking video

### Facts and stats

The fact and stats pillar allowed the Solidarity Fund to respond to behaviour and hesitancy issues as they developed. This allowed the communication to respond to the festive season or when the new variant broke out. Online research conducted by the CABC was used to create content that could directly address these hesitancy issues.



Figure 13: Always on content





## FESTIVE MESSAGING



## NEW VARIANT BREAKING NEWS



Figure 14: Festive messaging and new variant breaking news



Figure 15: CABC finding responses

## Vooma weekend

The Solidarity Fund worked closely with the NDoH to ensure that the Vooma weekends were supported. This included national radio as well as digital support. Three weekends were covered, reaching 13 million people on social and 72 000 clicks to the website.

**3 DAY BLITZ x 3 WEEKENDS  
OCT/ NOV / DEC**

- **31M IMPRESSIONS**
- **13 M REACHED**
- **72 000 CLICKS TO VACCINATION SITE**

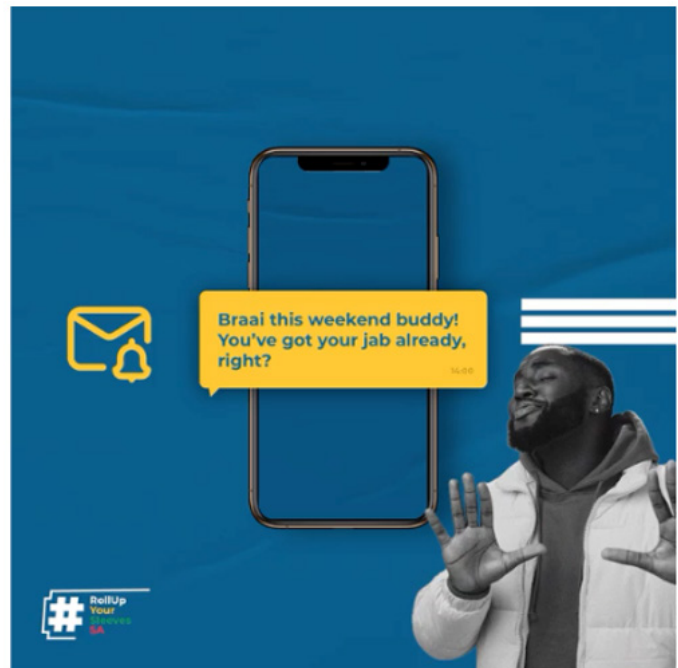


Figure 16: Vooma weekend content

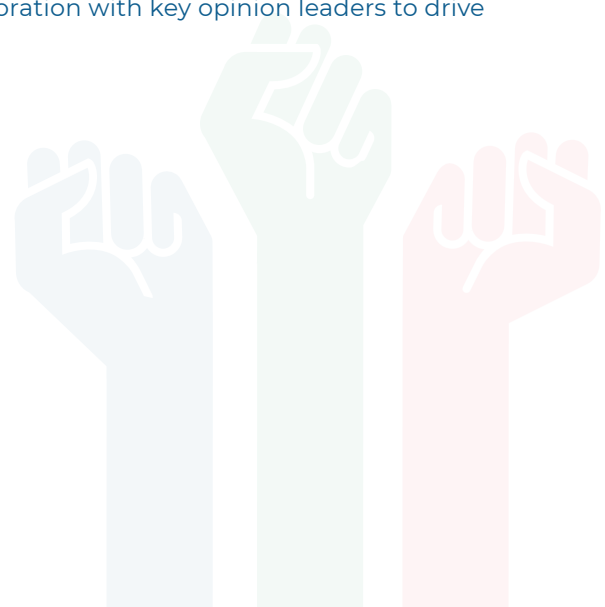
### ***PR approach***

The PR strategic approach for the overall vaccine demand had two high-level layers:

1. A Higher-Order Layer
2. An Information Layer

The role of PR was to amplify the information layer. A few elements were key in bringing this layer to life.

- A broadcast engagement approach that partnered with some of the major new news channels, i.e. eNCA and Newzroom Afrika. Based on their viewer insights, the two stations were receptive to our content, even to the extent of planning some of the content with us. Our approach to broaching reach broadcast was to script and produce content for them on events and activities they could not cover. This partnership benefited the campaign in an impactful way.
- An approach to content that considered the various levels of comprehension for the diverse audience targeted by the campaign.
- Content that was engaging and responsive to the market needs, based on active social listening.
- A range of corporate, government, civil society and community-and faith-based organisation engagements through partnerships that would ensure that we extend our reach, but most importantly, add more credible voices to the campaign.
- Influence drove communication through collaboration with key opinion leaders to drive online conversations.



## PR overall quantitative earned media results

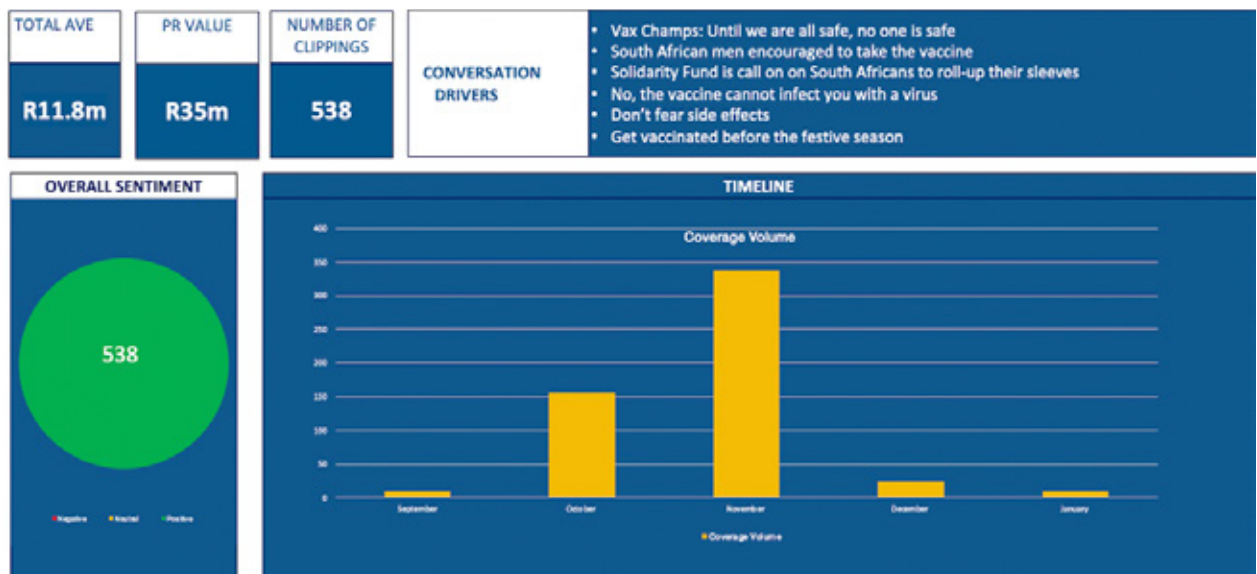


Figure 17: Quantitative media results

## Communication roll-out

### Campaign launch

The PR launch coincided with the higher-order layer communication through a media roll blocking approach in October. The focus of this approach was to take over the broadcast channels, radio and television with the #RollUpYourSleeves messaging. It was done through interviews about the campaign itself and interviews answering hot questions that members of the public have about vaccinations.

We sent out campaign press packs that included branded T-shirts, USB sticks, masks, a notebook, and a pen and sent these to eNCA, ETV and SABC radio stations, and media and marketing media. The relevant anchors wore the branded shirts in the morning show on eNCA as well as by radio station presenters across the country. We facilitated broadcast interviews throughout the day as well as the weekend with relevant spokespeople.

Thirty-two radio interviews were secured covering the launch across radio and TV.



Figure 18: Campaign launch

## 06

### STRATEGIC PARTNERSHIPS

We engaged in strategic partnerships that complemented our communication strategy and partnered on content and events to drive our message to the public.

#### ***SAHPRA Partnership***

One of the key partnerships was with SAHPRA – we worked closely with the team to ensure unified educational messaging around vaccinations. This partnership was key as it helped add credibility to our vaccine education messaging and allowed us to expand our reach. We partnered with SAPRHA, which hosted a series of webinars addressing hesitancy and adverse effects throughout the campaign.

We invited media to attend the webinars and commissioned a writer to craft post-webinar press releases seeded to the press, resulting in coverage and interview opportunities. SABC, Newzroom Afrika and eNCA streamed parts of the adverse effects webinar, which SAHPRA used to launch the Medihelp App, a platform to address adverse side effects of the vaccine. Dr Saul Johnson was a panellist at one of the webinars in November.

#### ***The Community Constituency Front (CCF) #Vaccination4Men Campaign***

Another strategic partnership was a campaign launched by the CCF called #Vaccination4Men. The campaign was created after research findings highlighted that there was major vaccine hesitancy amongst men. After the CCF conducted various social listening sessions in various languages and across the country, we developed a framework for the roundtable discussion where these concerns could be addressed. The event strategically took place in November, which is international men's month.



The discussion happened with representatives from various NGOs, CBOs and community structures who participated in the discussion. These included the South African Youth Council, Football Players Union, CONTRALESA, National Union of Mine Workers, Access Chapter 2, the National Unitary Professional Association for African Traditional Health Practitioners of South Africa, The South African Council of Churches, and The Solidarity Fund. The event was covered by various broadcast, online and print media.

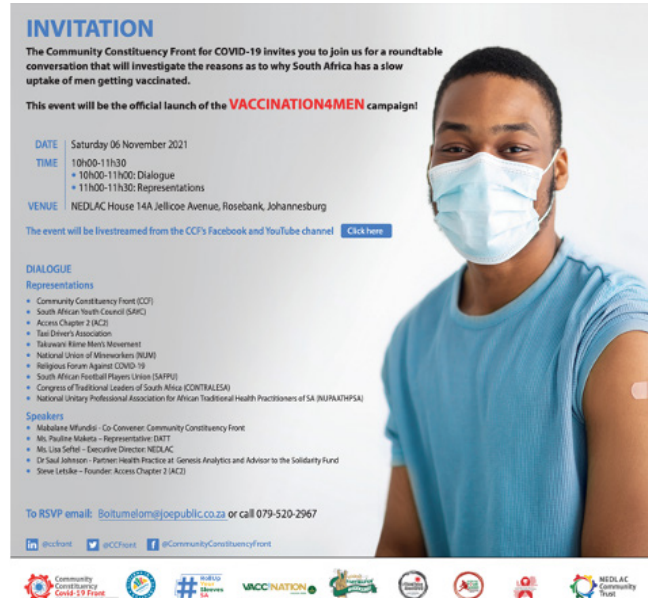


Figure 19: #Vaccination4Men

For this activity, our production team filmed and produced the story in a manner that drove the messaging to benefit the campaign. The packaged story was syndicated to all major broadcast platforms.

### **Crown Gospel Awards Partnership**

We identified the gospel fraternity as a vehicle to drive our vaccination messaging. We thus partnered with the Crown Gospel Awards and had a presence at the awards ceremony, which was attended by influential people in the industry in November.

Dr Gugu Ngubane presented an award on behalf of the Solidarity Fund and gave a speech on the importance of vaccines to help the cultural and entertainment sectors recover.

We also had a speaking opportunity at the Iziko Conference in December to educate the broader gospel fraternity on the importance of vaccination.

Communication for the awards was amplified on social media platforms through collaborations with influential gospel artists, who put our regular #RollUpYourSleevesSA messaging on their social media platforms for six weeks.

### **National Department of Health**

One of the key partnerships was with the National Department of Health, whom we collaborated with on messaging and the use of spokespeople.

Further collaboration was in the support provided for the VOOMA Vaccination Weekend initiatives and the VOOM Vax Champs campaign, which was meant to encourage ordinary South Africans that are vaccinated to be vaccination champions who encourage those around them to get vaccinated.

The Vooma Vax Champs campaign was launched through a webinar discussion with a wide variety of speakers that included an angle on youth and a case study on how the mining industry has succeeded in healthcare initiatives over the years, and lessons that could be applied to COVID-19 vaccines.



Figure 20: Vooma Vax Champs

### ***The South African Council of Churches (Gauteng)***

In collaboration with the community mobilisation team, PR arranged for the Gauteng Council of Churches to arrange a Sunday service to allow the community mobilisation team to provide vaccine literacy during the service. In contrast, the National Department of Health surge sites team were able to offer vaccinations on site.

The service was attended by all broadcast media, as well as community print and radio stations.



Figure 21: Church service

## Engen

Engen was a stakeholder relationship secured by PR and leveraged through the community mobilisation team to reach thousands of South Africans travelling to holiday destinations over the December period.

Community mobilisers were placed on the ground in the Free State to offer vaccine literacy on the forecourts. PR supported this activation with media exposure and live-crossing over the period.



Figure 22: Engen

Also leveraged over the holidays was a content collaboration with the South African National Blood Donation Service. With the country facing a shortage of blood at the time, it was an opportunity to educate on vaccines and encourage blood donations.

## Strategic partnerships snapshot

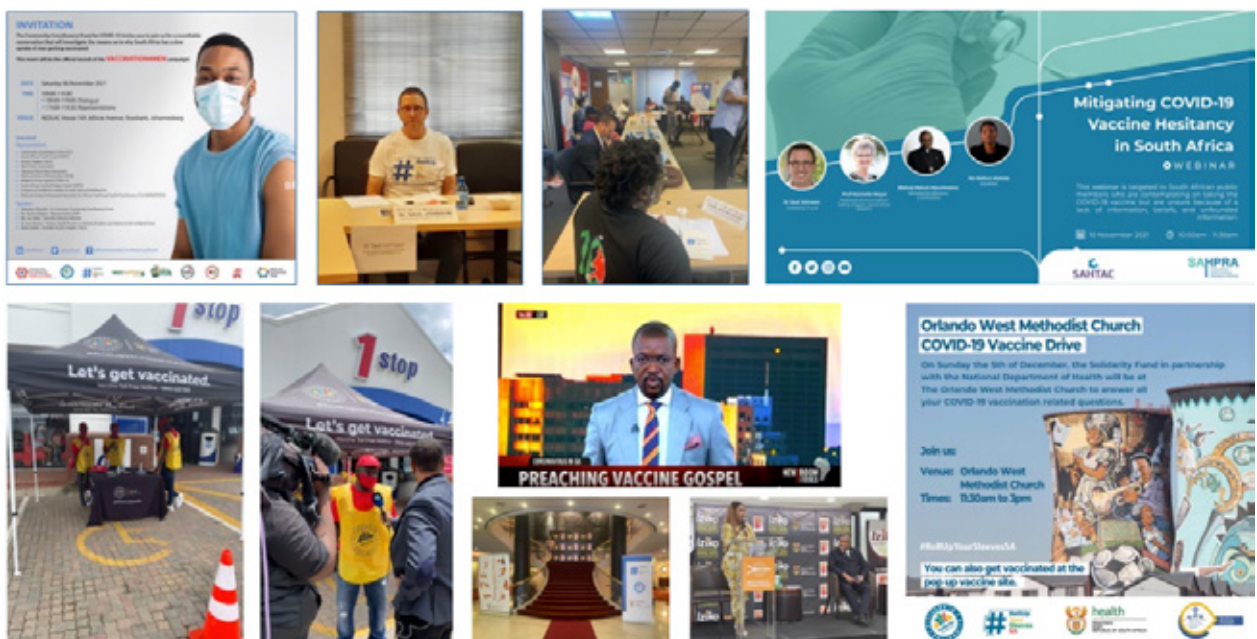


Figure 23: Strategic partnerships

## CONTENT DRIVERS

Content was generated from articles, interviews, as well as own recorded and packaged stories that were pitched to the media. Messaging was supported using an array of medical experts.

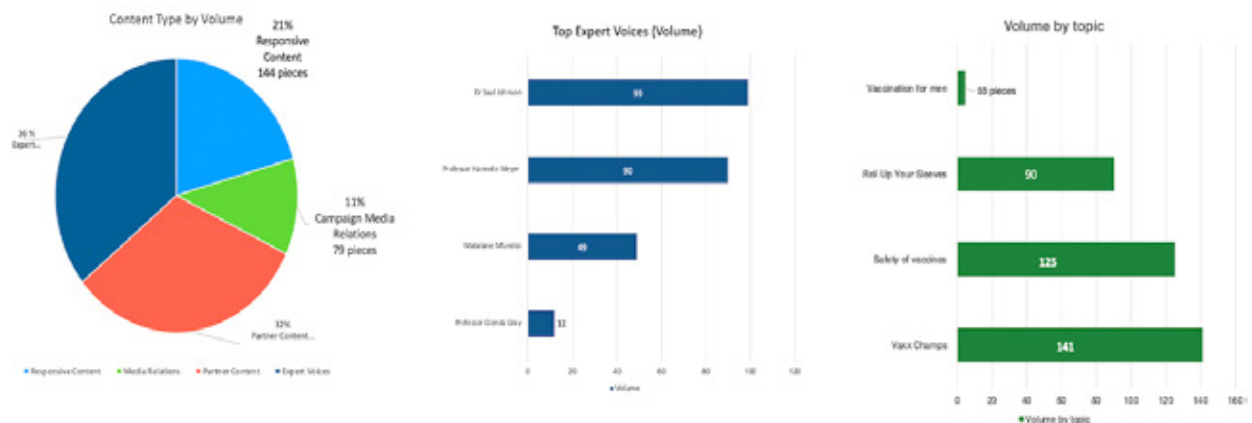


Figure 24: Content volume

### Content generated over campaign period

Our ongoing agenda surfing allowed us to determine opportunities to develop newsworthy content to pitch and seed to the media.

#### Content drivers

- Solidarity Fund calls for South Africans to congregate differently to prevent the next wave of the pandemic press release
- The “When We Come Together” campaign announcement press release
- The Solidarity Fund calls on those 60 years and older to register for COVID-19 vaccines press release
- The #RollUpYourSleevesSA campaign announcement release
- Press release on the cultural sector: Vaccinate to get the creative and cultural sector back on track by Prof. Marc Mendelson and Dr Saul Johnson
- Will the vaccine give me COVID-19 by Dr Saul Op-Ed
- How was the vaccine developed so fast? A focal myth article by Dr Glenda Gray Op-Ed
- Can I still get COVID once vaccinated by Dr Sangxa Op-Ed
- How effective is the vaccine article by Dr Boitumelo Op-Ed
- CCF #Vaccination4Men press release
- SAHPRA post-webinar release
- Second jab article
- No, the COVID vaccine cannot infect you with the virus article
- Get vaccinated before the festive season
- Why are South African men not getting vaccinated article
- Fears over sexual dysfunction stop men vaccinating article
- COVID jab does not infect its recipient article
- No deaths attributed to the COVID vaccine article
- Vaccinate to get the creative and cultural sector back on track by Dr Marc Mendelson
- Mpumalanga tourism story: How a province so dependent on tourism is making sure that citizens are vaccinated
- COVID-19 vaccines build on tested scientific advances of the past by Dr Glenda Gray
- How was the vaccine developed so fast? A focal myth article by Dr Glenda Gray



- Thought Leadership piece: Celebrating our heritage in a safe and protected environment
- Let's Braai together – let's all get vaccinated
- SANBS and Dr Saul Johnson article around blood donation and vaccines
- Blood service supply low due to COVID-19
- SANBS urges people to donate blood
- COVID-19: Going from a life of vigilance to one of cautious optimism by Dr Saul Johnson Op-Ed

### Snapshot of coverage



Figure 25: Snapshot of television coverage



Figure 26: Snapshot of print and digital coverage

08

## KEY OPINION LEADER HIGHLIGHTS

Key opinion leaders were split into three categories:

### 1. #RollUpYourSleevesSA

**Execution:** Weekly long-form conversations delivered in Instagram lives, video content and Twitter spaces.

- Graeme Codrington – Author, futurist, strategist and consultant
- Tumi Sole – Creator, founder of #CountryDuty
- Songezo Zibi – Former editor of Business Day, former head of communications at ABSA
- Relebogile Mabotja – TV presenter

### 2. Crown Gospel Awards Influencer Content Partnership

**Execution:** Gospel stars create content to encourage vaccination among their fans, most of whom hold strong beliefs against the vaccine. Top performers were:

- Sniezey Msomi
- Winnie Mashaba
- Hlengiwe Mhlaba

### 3. Vax Champ Influencer

**Execution:** Three strong vocal influencers to target communities identified as resistant to vaccination messaging. Key messages were to inspire communities to take the mantle and be vaccination champs by spearheading initiatives to ensure that the most vulnerable and those who lack information in their communities are exposed to it from a factual POV. The influencers were:

- Florence Masebe for the isiPedi and TshiVenda communities
- Penny Lebyane for the Mpumalanga communities
- Nurse Nelly Mohlomi for the Sesotho and isiXhosa communities

## The results of key opinion leaders

Across all categories, audiences were encouraged to play their part by rolling up their sleeves and getting vaccinated. Audiences were also encouraged to sign up and be #VaxChamps at a later stage of the campaign. Overall impressions of 1 413 540 million with a potential reach of over five million.



Figure 27: Snapshot of key opinion leaders

## Innovative use of social media platforms

We partnered with Tumi Sole, Relebogile Mabotja, Graeme Codrington and Songezo Zibi through six Twitter spaces conversations, two LinkedIn dialogues repurposed on Facebook, and three Instagram live sessions. We strategically paired the influential personalities with medical experts in these sessions:

- Dr Sangxa Rozani – Independent medical expert
- Nurse Nelly Mohlomi – Frontline nurse
- Dr Saul Johnson – Partner to the Solidarity Fund and epidemiologist
- Dr Nokukhanya Msomi - Independent medical expert
- Professor Glenda Gray – SAMRC
- Dr Zameer Brey – Independent medical expert

Medical experts unpacked the following topics in these conversations:

- Side effects – the difference between side effects and adverse medicine's reaction.
- How to speak to vaccine-hesitant friends and relatives, and proactively encourage them to get vaccinated – our safety and protection are in our hands.
- Being on the frontline of the pandemic. Key insights and examples on sharing information to combat misinformation.
- Vaccines are our only hope – the road to normalcy can be achieved through a vaccinated South Africa.
- What can be done before the 4<sup>th</sup> wave hits.
- Approval of the J&J vaccine booster and what this meant for South Africa.
- Addressing misinformation around vaccines for expectant mothers.
- How businesses/corporates can support the call for vaccination.



As the festive period drew nearer, we also partnered with key creative industry thought leaders towards the end of the year. Three YouTube sessions unpacked the following topics:

- How to encourage vaccine-hesitant friends and family, challenges faced by pop/woke culture as we head towards festive.
- What impact the pandemic had on the arts and entertainment sector: event organisers and partygoers.
- Small businesses that thrived because of the events also suffered, how businesses ensured survival during these challenging times. How did they adapt?

### **Leveraging paid media spend**

We leveraged the campaign media spend as part of a strategic approach to get some added value to push our messaging over the holiday period in December and January. We approached SABC and pitched a series of potential interview topics. We pre-recorded an interview that aired across 31 community radio stations during the holiday period.

## **09**

### **COMMUNITY MOBILISATION**

With all the above the line media spending that made sure to drive mass awareness, we still needed to get deeper into communities themselves to truly understand what South Africans were feeling and what barriers had been created to stop the citizens from vaccinating. The overall objective of activations was to ensure that we engage local communities across the country through dialogue in the comfort and safety of their homes. We deployed over 1 000 door-to-door Community Mobilisers (CMs) who were active for 16 weeks within the lowest-performing districts and sub-districts in terms of vaccination uptake, as per the data coming from the NDOH. The key role was to communicate with households, educate them on vaccination options, dispel myths, and drive helpful information about where the nearest vaccination sites can be found in the area. Underpinning the community engagement strategy were five key pillars:

**Door-to-door dialogue:** The lead on-ground engagement was the face-to-face conversations driven by Solidarity Fund CMs who were made up of young unemployed students and youth from the surrounding areas, who had good knowledge of the local language and well as being respectful of the local customs and practices. This ensured that we approached the community with sensitivity and delicacy that allowed our CMs to be welcomed and given time to share information and listen to the concerns and issues raised by the communities. The main aim of these CMs was to have a meaningful conversation, put minds at ease, encourage and ultimately drive people from their homes to the nearest vaccination sites.

**Surge site support:** The deployment of community mobilisers at over 90 surge sites across all provinces drove surge site awareness and created demand at surrounding touchpoints like taxi ranks, shopping malls, local government offices, and public facilities. The main aim of these CMs was to address the audience and encourage immediate vaccination.

**Localised partnership networks:** To be genuinely effective in communities, the Solidarity Fund Community Mobilisation teams partnered with local networks as much as possible. This included local retailers like Engen 1Stops, national and traditional leadership through the NHTKL (National House of Traditional and Khoisan Leaders), religious leaders through the SACC Gauteng (South African Council of Churches Gauteng) as well as the local district offices of the NDOH (National Department of Health). Through this network of partners, we were enabled tactical community opportunities and support at the district and ward levels. Community engagements facilitated by key faith leaders (SACC Gauteng) and traditional leaders (NHTKL) have created environments where community mobilisers address the congregation with a respected leadership reinforcement of messaging and encouragement. The Engen 1Stops partnership enables high footfall infrastructure during calendar travel periods.



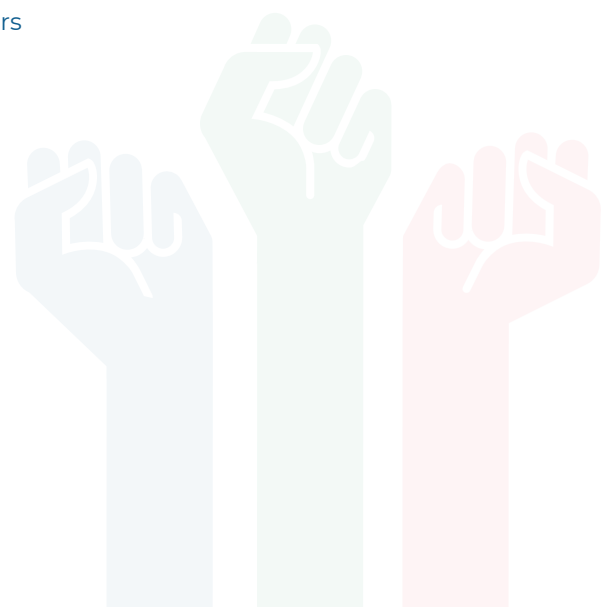


Figure 28: Community mobilisers focused roll-out strategy

**Vaccination task team:** This was the collaboration with the demand task team, co-ordinated by the DGMT, worked through the district coordinators and thus enabled tactical community opportunities and support at the district and ward level for our CMs. These saw initiatives like mobile door-to-door vaccination for the elderly in some districts across Mpumalanga and KZN. We partnered with the demand task teams to support mobile vaccination sites at key touchpoints like voting day in November 2021, where CMs engaged voters as they waited in voting lines. They were encouraged to vaccinate on the day at key voting sites.

**A5 leave behinds:** A significant focus was put on interpersonal engagements within the door-to-door and congregate environments where after engagement and conversations, the CMs would share information leaflets with the objective being to share facts from reliable sources that addressed critical issues including:

- Address fears and hesitancy
- Encourage vaccination
- Drive to surge sites and local vaccination partners



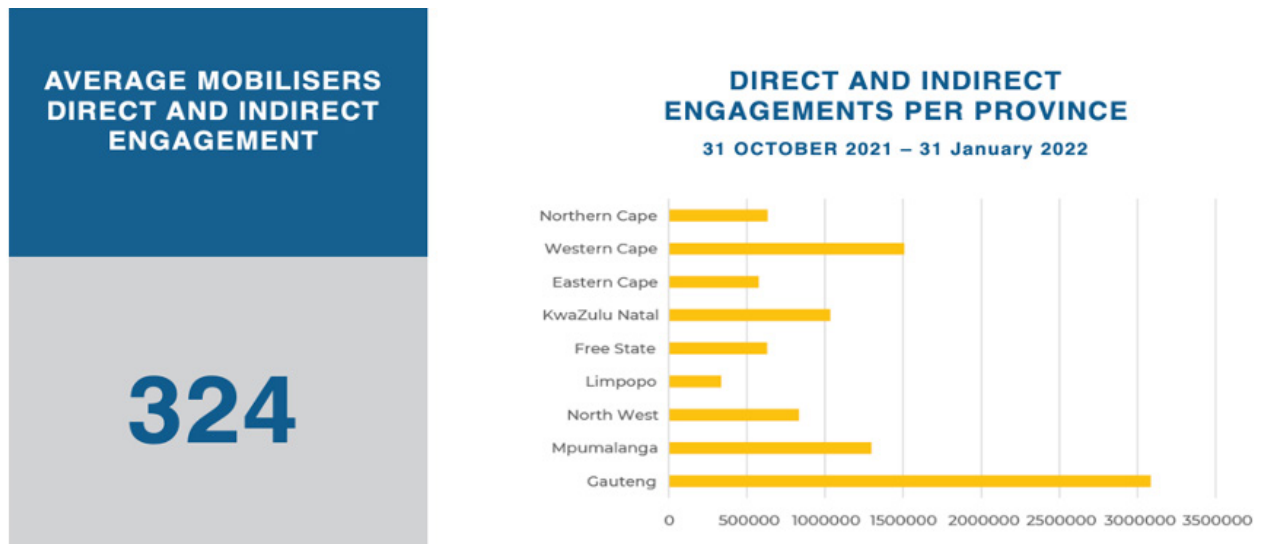


Figure 29: Community mobiliser daily average reach figures

Over the campaign period running October 2021 to January 2022, our CMs engaged on average 324 people per day. This was higher in densely populated areas and less in outlying rural areas. The average monthly reach across all CMs was 670 000 people engaged every month across both door-to-door and surge vaccination sites. The CMs were not only given training and branded uniforms for ease of identification and information leaflets but also onboarded onto a smartphone app that allows for daily reporting. The reporting included important information like what triggers drove community members to get vaccinated, how many community members they met daily who were already vaccinated and other important information that allowed us to tailor our approach each day. The CMs were able to share some very insightful findings from the communities they worked in.

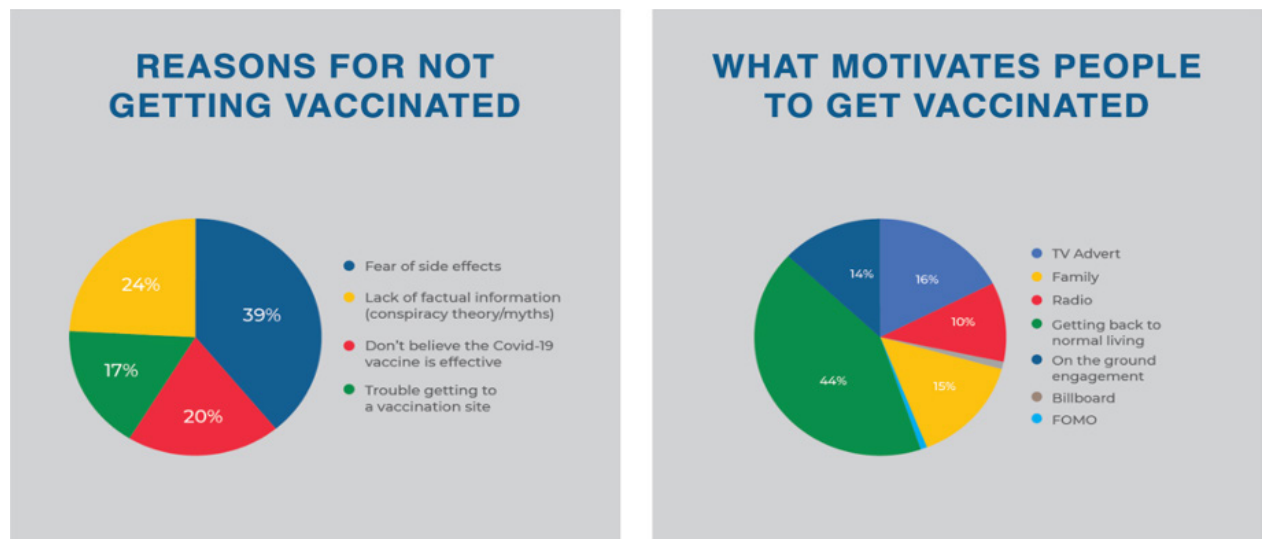


Figure 30: Community mobiliser daily insights and reporting

**Important insights:** Many community members shared concerns and fears about what they may have read on social media or heard from friends regarding either the safety of the vaccine or the effectiveness of the vaccine. The role of our CMs was to then address any misinformation or concerns by sharing reliable sources of information as well creating a space for dialogue where the trained CMs would dispel any myths. Another key insight that came from the engagements was that the most important motivator for most South Africans to get vaccinated was their concern for the health and safety of their families. It made the door-to-door engagements all the more important to overcome vaccination-hesitancy and get a strong pulse on what South Africans were thinking and feeling inside their homes while creating work opportunities for over 1 000 young people around the country.



Figure 31: Door-to-door Community Mobilisers engaging community members

**Vooma weekend:** The Solidarity Fund worked closely with the NDoH to ensure that the Vooma weekends were supported. This included national radio as well as digital support. Three weekends were covered reaching, 13 million people on social, and 72 000 clicks to the website.



Figure 32: Vooma weekend

It is challenging to attribute action to the campaign itself, as various factors can positively and negatively influence action. In addition, the true impact of social and behavioural change communication (SBCC) is felt over a longer period. However, based on the significant uplift in uptake during the first two months of the campaign, and the fact that nothing else substantial was happening to impact that at the time, it is safe to assume that the campaign had a short-term impact.

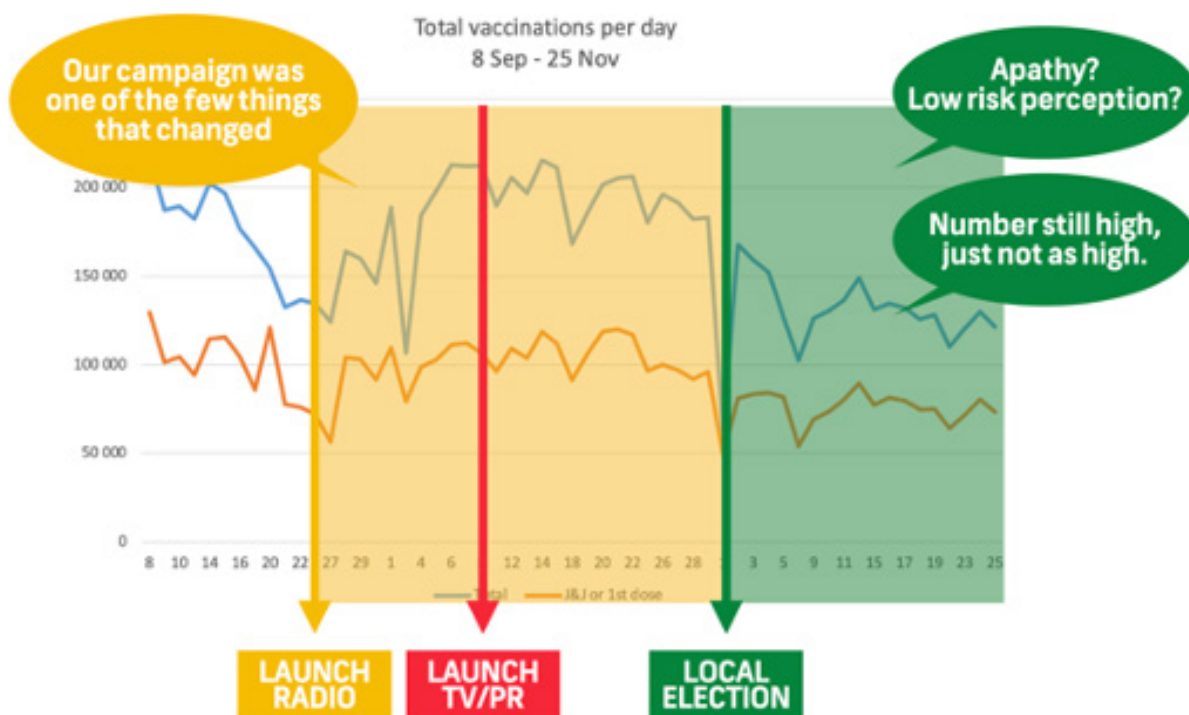


Figure 33: Total vaccinations per day

- **Media owners** partnered the programme with substantial added value. (I: 3.5)
- **Layered creative executions ensured** multiple objectives of the campaign were achieved from both a broad and deep level. e.g. '...we needed to create a campaign vision to motivate the public to get vaccinated, we needed to influence people to vaccinate, and we needed to share people's stories as these are the most influential'. This layered approach was carried out on every platform. On TV, a higher-order piece was flighted, together with medical expert videos and influencers from all walks of life inspiring people with what they were looking forward. The DJs acted as influencers on the radio, and PSAs were created so that the public would be influenced by people they related to the most. On digital, the approach was expansive, from flighting the TV concept (broad) to directly addressing people's concerns with content tailored to their questions (deep).
- **Multiple video durations** allowed for increased reach (6" roll up your sleeves message) and medical expert videos (45" and 20").
- **Media platforms were leveraged for influence.** The radio content was personal and more impactful by using DJs voices for impact.



- **Social media** was leveraged with content that was shot specifically for the platform. This resulted in very high completion for videos across all social platforms. The completed views were exceptional on Twitter, the most challenging platform for getting video views. (SA's Asking: 1.1 million completed video views)
- **Partnerships were leveraged** across all aspects of the campaign to increase the vaccination share of voice and reach various audiences across various audience groupings. These include partnerships with:
  - SAHPRA to add scientific credibility to messaging.
  - CCF to create engagement with business and civil society, with communication focused on reaching the male demographic.
  - Further partnerships were created to increase the range of topic relevance. These included Engen and the South African Blood Service to tap into the December holiday narrative, as well as the Crown Gospel Awards and SACC Gauteng, to create trust within religious groups.
  - In community mobilisation, we partnered with The National House of Traditional, Khoisan Leaders and DGMT, who then helped us find young unemployed people trained and deployed back in their communities to drive education around health behaviours dispel any misinformation around COVID-19 vaccination. Another strong partnership was the Community Networks created with local district offices of The NDOH (National Department of Health) all the way to the local office of the chief and faith networks which allowed our Community Mobilisers to access key community meetings and speak to large crowds, thus being able to effect community sentiment at scale.

## 12

### KEY LEARNINGS

- **Influencers** need to be authentic to have an impact. The broader celebrity influencers did not achieve high engagement in social media.
- **Medical experts** carried the most weight. Voices with the most credibility should always be used first.
- **People want to be heard.** Use content that most effectively communicates – We listen to you.
- **Conversation** got people to respond, engage, and ask a lot of questions in Twitter spaces and Instagram lives hosted by key opinion leaders and Influencers.
- **Targeted content PR in layman language** content performed better when it was targeted to a specific topic, i.e. men, hesitancy, religion, as the content was not overwhelming to consumers and was concise and simplified.
- **Face-to-face two-way dialogue** in people's homes with people from their locality had an immense effect on countering myths and misinformation and driving communities to get vaccinated.
- **The family unit** remains the most important influence on whether people would get vaccinated or not. Most people felt responsible for the health of their family members.
- **Taking the vaccine to the people** is critical to close the gap between informing and immediate vaccination. This approach will drive real-time conversion.

