



COMMUNITY MOBILISATION TO DRIVE VACCINE UPTAKE

CONSOLIDATED IMPACT REPORT

The Solidarity Fund has supported the implementation of the Vaccine Demand Creation Campaign to support the roll out of the COVID-19 national vaccine programme. Community mobilisation has been an integral part of this campaign through support to surge sites across the country, and through the door-to-door mobilisation and activation efforts conducted in communities with low vaccination uptake.

The various community mobilisation efforts are discussed in this report.

SURGE SITE COMMUNITY MOBILISATION

15 February – 15 March 2022

PROJECT	AMOUNT ALLOCATED	AMOUNT DISBURSED	RETURNED TO WAR CHEST
Surge Site Extension	R 1 999 725.00	R 1 749 880.21	R 249 844.79

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COMMUNITY MOBILISATION

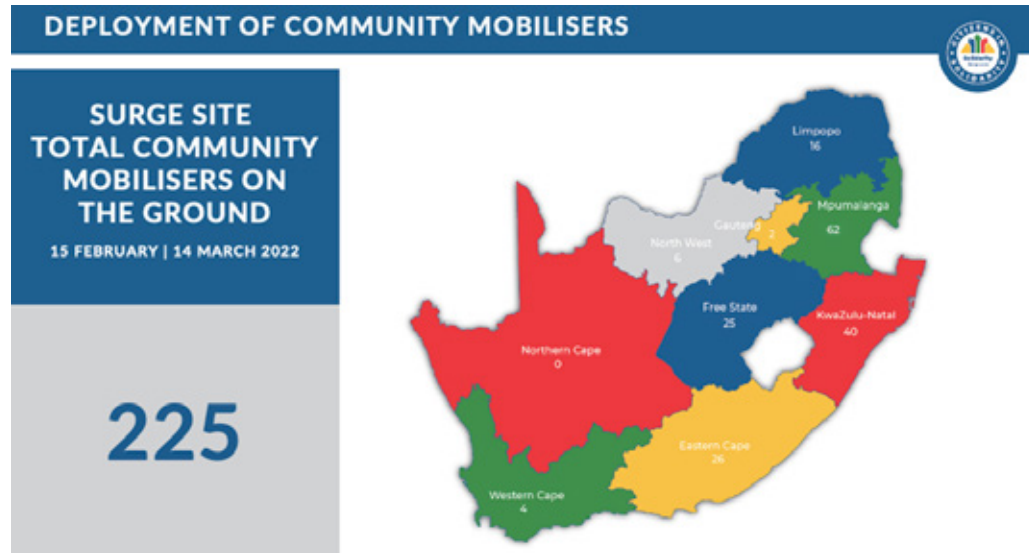
From 1 October 2021 to 30 January 2022 the Solidarity Fund ran a community mobilisation campaign to promote the uptake of the COVID-19 vaccines at vaccine surge sites. Due to the success of this campaign, the Vaccine Demand Acceleration Task Team (DATT) and the National Department of Health (NDoH) requested an extension of surge site support. The Fund agreed to this extension since the face-to-face conversations and encouragement with the citizens during the first campaign saw an increase in vaccination uptake across lagging vaccine surge sites.

The objectives of surge site community mobilisers



Surge site support

The extension of the community mobilisation project focused on the deployment of 225 community mobilisers to over 60 surge sites across eight provinces. The community mobilisers (CMs) drove surge site awareness and created demand at surrounding touchpoints, such as taxi ranks, shopping malls, and local government offices, as well as finding youth-orientated opportunities in various communities.



DATT partnership

Based on learnings from the previous campaign, this extension project increased the support from one CM to four CMs per site in order to expand the community mobilisation footprint into the communities. This was achieved by going door-to-door, creating awareness, and/or assisting the citizens at the surge sites. The additional CMs per site allowed for collaboration opportunities which contributed to a positive impact on vaccination uptake.

Collaboration community mobilisation support

URBAN SURGE SITE COLLABORATION SUPPORT

PROVINCE	SURGE SITES SUPPORTED	COMMUNITY SUPPORT
GAUTENG	2 Surge Sites Support	<ul style="list-style-type: none"> o School vaccination drive o COVID-19 Pop-up vaccination o Corporate pop-up vaccination o Local taxi ranks
NORTH WEST	6 Surge Site Support	<ul style="list-style-type: none"> o School vaccination drive o COVID-19 Pop-up vaccination o Corporate pop-up vaccination
WESTERN CAPE	4 Surge Site Support	<ul style="list-style-type: none"> o At Home Care Vaccination o Local taxi ranks o Local Clinic support o Local Church support

RURAL SURGE SITE COLLABORATION SUPPORT



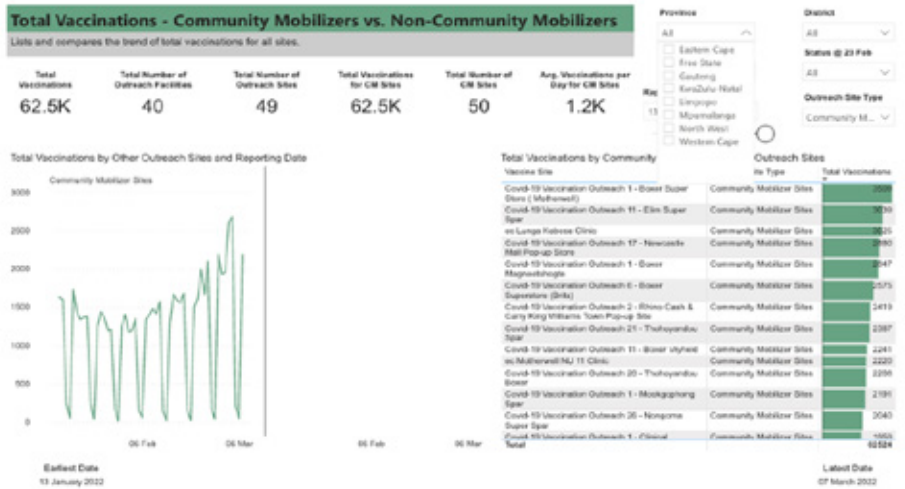
PROVINCE	SURGE SITES SUPPORTED	COMMUNITY SUPPORT
KWA ZULU NATAL	4 Surge Sites Support	<ul style="list-style-type: none"> o Ethekwini School and Tertiary vaccination drive o Down Town & Informal Settlements COVID-19 Pop-up vaccination o Local taxi ranks o KZNCC In-Community Vaccination partnership (Umlazi focus)
LIMPOPO	6 Surge Site Support	<ul style="list-style-type: none"> o School vaccination drive o Neighbourhood COVID-19 Pop-up vaccination stations o Partnership with MEC of Limpopo: Vaccinate & Watch IDiski Activation
MPUMALANGA	8 Surge Site Support	<ul style="list-style-type: none"> o Local taxi ranks o Local Clinic support o Local Church support

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IMPACT

Based on the statistics and numbers of daily vaccination uptake communicated directly from the clinical operators, an increase in vaccinations has been recorded in the four weeks of the community mobilisation surge site support.

COMMUNITY MOBILISER SITES



KEY LEARNINGS

- **Face-to-face two-way dialogue** in people's homes with people from their local community had an immense effect on countering myths and misinformation and driving communities to the nearest surge site/clinic.
- **Taking the vaccine to the people is critical** to close the gap between informing and immediate vaccination. This approach will drive real-time conversion.



AMATHOLE COMMUNITY MOBILISATION

15 February – 29 April 2022

PROJECT	AMOUNT ALLOCATED	AMOUNT DISBURSED	RETURNED TO WAR CHEST
<i>Amathole Pilot Project</i>	R 4 307 293.63	R 2 632 963.50	R 1 674 330.13

This pilot project dealt with two key objectives: community mobilisation and PR-driven radio support. This approach enabled us to tackle the two significant struggles within the region, namely:

1. The lack of vaccination literacy in the community
2. Encourage vaccination uptake at the nearest vaccination surge site.

01**COMMUNITY MOBILISATION**

A hundred (100) community mobilisers were identified, recruited, trained and deployed with the participation and partnership of the National House of Traditional and Khoisan Leaders (NHTKL) and the Cooperative Government and Traditional Affairs (COGTA) district office of Amathole in the Eastern Cape. All the CMs came from the following neighbourhoods:

- Willowvale
- Mbashe
- Xhora
- Dutywa
- Mngquma

All CMs were trained for several days using the Money for Jam (M4JAM) online application, which not only uses audio-visual training aids but also tracks hours of training, and pass rates for all tests taken on the platform. All CMs needed to train until they passed with an 80% mark on the test. The CMs that passed were sent supporting collateral, including a branded cap, branded bib, sanitiser bottle and refill, nose and mouth mask, isiXhosa information leaflets and a sling bag for carrying the leaflets. They were also added into a WhatsApp support group with a team leader.

Their primary mission was to go door-to-door and engage the community in face-to-face, personalised conversations and dialogue around vaccination FAQs, myths, and inaccurate information. Finally, the CMs informed the community where they could then register and get their vaccinations within the nearest vicinity of Amathole. All CM were deployed from 15 February until 29 April (90 days in total).

02**RADIO**

To support on-the-ground efforts by the community mobilisation team, the media team were able to book and place three 30second radio advertisements. The radio spots encouraged communities to come out and vaccinate at the nearest surge site with details of when the vaccination team would arrive and leave, as well as what community members needed to bring with them to get vaccinated. The radio spots also worked to demystify any misunderstandings surrounding vaccination. The 697 radio spots were booked across Forte FM, Ngqushwa FM and UCR FM.

03**OUTSIDE BROADCASTS**

In addition to the radio flighting, Vukani FM and Ngqushwa FM set up outside broadcasts, and two key schools had vaccine sites set up per the list that the NDoH provided. The outside broadcasts were set up to create hype around the vaccine site and to encourage listeners to get vaccinated.



IMPACT

By the end of the campaign, the community mobilisation teams had addressed over 307 700 members of the Amathole community through direct face-to-face conversations. Regarding media and PR, the team was able to secure 697 spots across Amathole radio stations with a total amount of radio exposure valued at R4.5 million. Further to the mass awareness, they administered 8 480 vaccinations as part of this pilot program.

Amathole community interventions with local NDOH, DOE and COGTA



LAG METROS/DISTRICT COMMUNITY MOBILISATION

15 March – 15 May 2022

PROJECT	AMOUNT ALLOCATED	AMOUNT DISBURSED	RETURNED TO WAR CHEST
<i>Community Engagement Campaign</i>	R 21 900 000.00	R 21 431 152.00	R 468 848.00

TWO-TIER STRATEGIC APPROACH

The DATT took time to study the data coming back from clinical and surge site operators as well as community mobiliser on-ground insights and saw clearly that certain areas of the country were doing extremely well as opposed to other areas. This is driven by various attitudinal nuances that various communities held regarding the vaccine. The team decided to take a two-tier approach to bring on board the areas and communities that were beginning to lag.

The first tier was focused on the key lag metros, namely:

- Gauteng (with a key focus on the City of Johannesburg and surrounds)
- Western Cape (with a key focus on Cape Town and surrounds)
- KwaZulu-Natal (with a keen focus on Durban and surrounds)

The second tier was to ensure we do not leave out lying areas within rural districts behind. The second tier of the campaign then became the key lag districts within the various provinces, namely:

- Free State (with a focus on Fezile Dabi)
- Eastern Cape (Chris Hani and OR Tambo districts being the key focus)
- Mpumalanga (Gert Sibande; Dipaliseng; Bushbuckridge and surrounds)
- North West (with a focus on Bojanala and surrounds)
- Limpopo (with a key focus on Capricorn, Vhembe, and Sekhukhune districts)
- Gauteng (with a focus on the far East Rand and Lenasia)
- KwaZulu-Natal (with a focus on Umlazi and southern townships)

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THE ROLLOUT

The two-tier approach was then further divided into three key focus elements;

- Door-to-door engagements
- Community mobilisers were recruited and trained to be well equipped to create two-way interpersonal dialogue at people's houses within the neighborhoods where each of the mobilisers comes from. This allowed them to be conversant with the local language and customs as well as have a passion for making a difference in their communities. Their second objective was to smooth the path for immediate uptake by addressing fears, concerns, and myths in each household they encountered. They would also share details of the nearest surge site where vaccinations could be received.

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SURGE AND CLINICAL OPERATOR SUPPORT

Community mobilisers were also deployed to each lag area's surge sites and clinical sites. This ensured that any of the households that had met the door-to-door team would have the ease of finding the actual site and have someone prepare them for their jab. The community mobilisers based at the site also worked with the site operators to collect reporting data that they then pushed daily onto the Money for Jam application. The application was developed for the programme, as well as daily field reporting, training and support.

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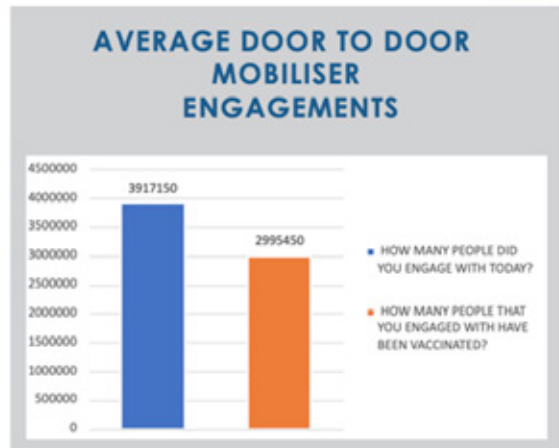
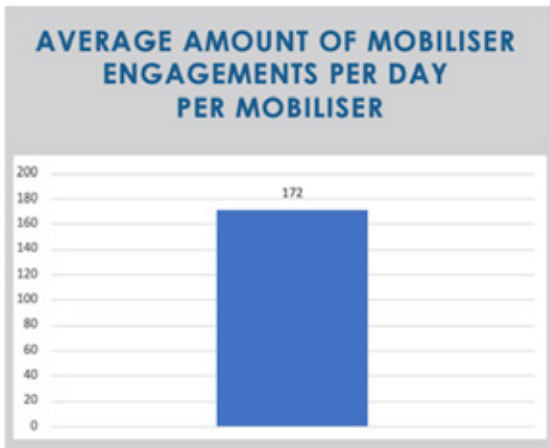
ON GROUND ACTIVATIONS WITH RADIO DROPS AND BROADCAST SUPPORT

The final essential part of the #RollUpYourSleeves campaign involved community mobilisers partnering with local community structures such as the district level NDOH teams, traditional and youth leaders, as well as the South African Council of Churches. These were done at a community level to create mobile vaccination units that would activate at key existing community events where large gatherings happened. It allowed the community mobilisers to address the crowds and ensure everyone had a chance to receive vaccinations. To ensure that everyone in the area knew about the event and the vaccination services, the activation teams partnered with the media to book local radio spots and interviews with key regional players. It included, for example, the local chief, who would encourage the community to come out and vaccinate. At the more significant events, the media team would organise an outdoor radio broadcast so that people who had gotten their jabs could share their experience and encourage other members to come out and get their vaccinations.

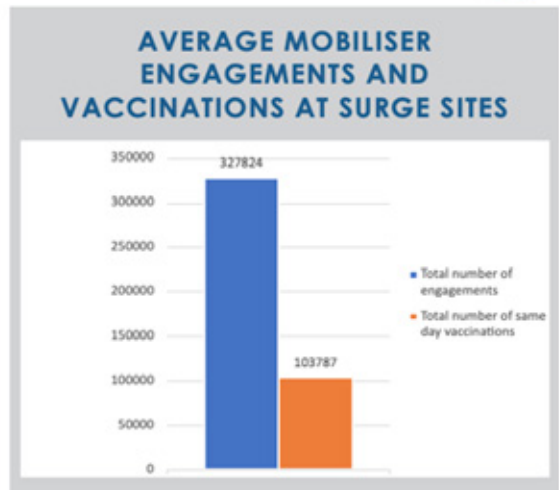
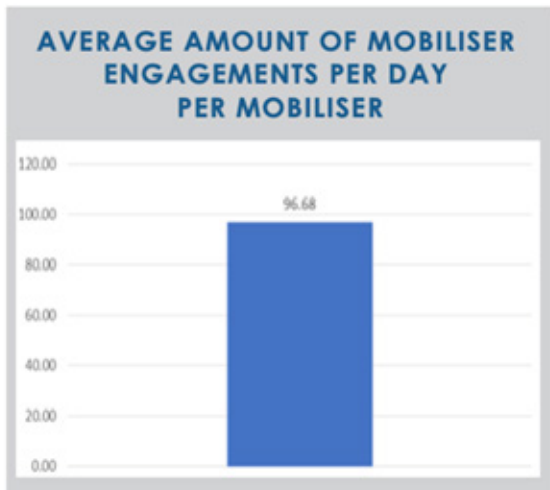
IMPACT

We deployed 1 370 community mobilisers across the country, targeting all the lag districts and metros. We saw from our daily reporting systems that each door-to-door mobiliser could engage about 172 people daily. Furthermore, they collectively engaged over 3 917 150 individuals, of which 2 995 450 had been vaccinated. We saw that each site mobiliser could engage with 96 people in surge sites daily. Over the campaign, the CMs on site could collectively engage 327 824 people and 103 787 people were vaccinated on the same day CMs engaged them.

DOOR TO DOOR SUPPORT REACH



SURGE SITE SUPPORT REACH



ON THE GROUND INSIGHTS

We found that the following strategic approaches are what really worked to drive the success of the campaign:

- 1. Community events** - Community mobiliser presence at events that were family oriented had a good impact as they served everyone beyond just our target segment who intended on getting vaccinated. The events proved impactful in targeting the youth in an environment that does not promote or provide high alcohol consumption. Helped immensely with closing the gap from engagement to immediate vaccination. Broadened our network; Wits Health Consortium, an outreach team who thoroughly appreciated our mobilisation teams for their efforts outside of the events we collaborated on with them.
- 2. Ward councillor affiliation and collaborations** - The collaboration with the district or different ward councillors and leaders of the respective communities gave the community members more trust in our community mobilisers, and their responses to engagements were positive. The ward councillor's affiliation further afforded us invitations to their events which enabled our collaboration efforts to extend and gave us more opportunities to provide pop-up vaccination facilities for people who are busy on the weekday but intended to get vaccinated on the weekend. This affiliation and relationship allowed us to engage with, educate and convert the politically inclined youth who were not necessarily vaccine willing or keen. Seeing our community mobilisers alongside a vaccination site in that environment gave them the change of perspective they needed.
- 3. Door-to-door presence combined with surge site activity** - The deployment of community mobilisers in communities that had nearby surge sites and the utilisation of door-to-door CMs to drive surge site awareness and create demand at surrounding touchpoints, resulted in large turnouts at surge sites across the lag districts.





SURGE SITE COMMUNITY MOBILISATION EXTENSION (NDoH SUPPORT)

19 May – 30 June 2022

PROJECT	AMOUNT ALLOCATED	AMOUNT DISBURSED	RETURNED TO WAR CHEST
<i>Surge Site Extension</i>	R 10 603 500.00	R 10 603 500.00	R 0.00

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COMMUNITY MOBILISATION

Our community mobilisers observed that vaccination resources were insufficient in their respective communities. For some communities, the sites/clinics were either too far or they did not know of any health facility that was consistent in administering the vaccination. Furthermore, many citizens still feared vaccination, discouraging them from getting vaccinated. To increase the vaccination/booster uptake and assist in resolving the challenges mentioned above, we aimed to get deeper into communities to close the gap from informative and encouraging conversations to immediate vaccination.

The overall objective of the community mobilisation was to ensure that we engaged local communities across the country through dialogue in the comfort and safety of their homes, together with solid support at the surge sites (including outreach). We deployed over 600 Community Mobilisers (CMs) active for six weeks within the lowest performing districts and sub-districts across 120 surge sites. Supporting the surge sites with a larger number of CMs enabled the CMs to accompany community members to the specific surge site in their respective communities and *Kasi*.

Underpinning the community engagement and surge site awareness drive strategy were four key pillars:

Door-to-door dialogue

The lead on-the-ground engagements were the face-to-face conversations that the Solidarity Fund CMs drove. They comprised young, unemployed students and youth from the surrounding areas who knew the local language well and were respectful of the local customs and practices. This ensured that we approached the community with a sensitivity that allowed our CMs to be welcomed and given time to share information and know how to communicate and drive same-day vaccination at the surge site closest to said, community members.

The CMs excelled in understanding the sensitivities, culture and social nuances, which assisted in finding solutions. For instance, our CMs in the Western Cape, Malmesbury, were assigned a specific CBD area to mobilise and create awareness for their respective surge site. In engagements with the citizens, they found that most had been fully vaccinated. They, therefore, suggested to the clinical operator that the site be moved to a specific informal settlement where the CMs knew several people who could not afford to get a taxi to the clinic. The surge site then travelled to said area, and a pop-up site was erected. Community members finally had an opportunity to vaccinate.

Surge site support

his initiative involved the deployment of over 120 surge sites across eight provinces, driving surge site awareness and creating demand at surrounding touchpoints, such as taxi ranks, shopping malls, local government offices, public facilities etc., as well as finding youth orientated opportunities in various communities. For example, the Tshepo One Million Event, where we collaborated and were permitted to set up a pop-up unit to encourage immediate vaccination. This strategy was very successful and proved that taking the vaccine to the people was a winning formula.

Localised partnership networks

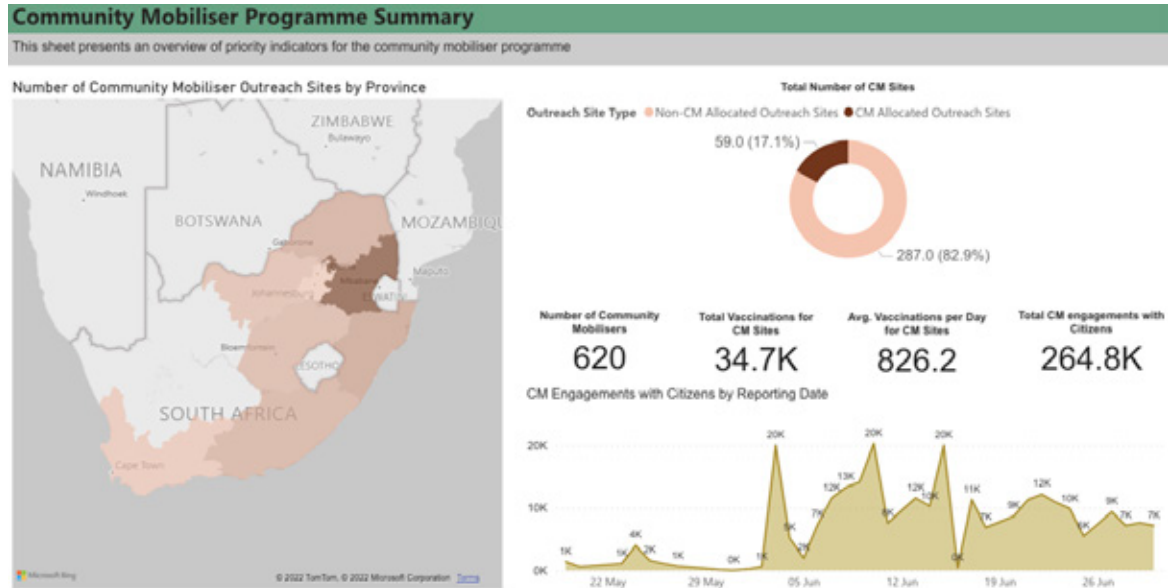
To be effective in communities, the Solidarity Fund community mobilisation teams partnered with local networks in the surge site support extension phase. These included DATT, NDOH, Wits Health Consortium and Southern Health, all of which played an instrumental role in the community vaccination pop-ups, school vaccination programme and street-to-street initiative. Through the network integrated effort, we collaborated with community opportunities and support at the district and ward levels.



Factual literacy leaflets

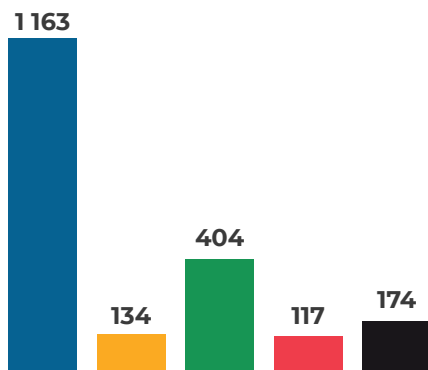
A significant focus was put on interpersonal engagements through the door-to-door engagements and in congregate environments. After these engagements and conversations, the CMs shared leaflets that had factual and comprehensive information in various languages, regarding COVID-19 and the vaccination. These leaflets were designed to share facts from reliable sources that addressed key issues including:

- Addressing fears and hesitancy around the vaccine
- Encouraging vaccination
- Driving people to surge sites and local vaccination partners



With the campaign extension period running from 19 May 2022 to 30 June 2022, our CMs' average engagement reach was 264 800, with a conversion of 3 700 over the six weeks of the campaign. The CMs were not only given adequate training, a branded uniform and factual literacy leaflets but also onboarded onto a smartphone app that allowed daily reporting. The reporting information included the possible reasons why community members were not vaccinated, how many community members they were engaging with daily had already been vaccinated, how many of them were not vaccinated, and other important information that allowed us to tailor our approach each day. The CMs worked closely at the surge sites and with their respective clinical operators. Therefore, we could also obtain daily numbers of the vaccination uptake directly from the clinical operators' daily stats.

Citizens that did not get vaccinated on the same day – what was the reason?



- Fear of side effects
- Don't think the COVID-19 vaccine is effective
- Not ready to get vaccinated
- Don't believe COVID-19 exists
- Not interested in getting the COVID-19 vaccine at all

IMPORTANT INSIGHTS

Many community members shared concerns about what they may have read on social media or heard from friends regarding the vaccine's safety or effectiveness. The role of our CMs was to address any misinformation or concerns by sharing reliable sources of information and creating a space for dialogue where the trained CMs would dispel any myths and misinformation. The other common observation our CMs made in engaging with communities was that vaccination resources, such as local clinics, were insufficient at their respective and permanent sites. For some communities, it was too far to travel and get vaccinated, or they did not know of any health facility that was consistent in administering the vaccination. It discouraged them from making an effort as that could have resulted in their actions being in vain.

Another key insight was that undocumented citizens felt apprehensive about accessing health facilities or were not welcomed into some health facilities despite wanting to get vaccinated. Our CMs spoke to many people and reassured them, and accompanied them to the surge vaccination sites, where they indeed got vaccinated in numbers. They even referenced other areas with an influx of undocumented people who might not have been aware of this information and did not receive the vaccination. This solidified the assistance and support that our CMs were providing surge sites and the execution of having pop-up sites and mobilisation into other areas more in need of the vaccination and our service. Another critical insight from the engagements was that the most important motivator for South Africans to get vaccinated was their concern for the health and safety of their families. This made the door-to-door engagements even more important to overcome vaccination hesitancy and get a strong pulse on what South Africans thought and felt inside their homes – all the while creating work opportunities for the young people around the country and their respective communities.



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IMPACT

Based on the statistics and numbers of daily vaccination uptake communicated directly from the clinical operators, an increase in vaccinations has been recorded in the six weeks of the community mobilisation rollout.

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KEY LEARNINGS

- **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 vaccinate.
- **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.

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CONCLUSION

The success of the initial community mobilisation campaign around promoting COVID-19 vaccination was a huge success, prompting the extension of the campaign to support the uptake of vaccines from the surge sites that the Fund has supported across the country.

Various surge site mobilisation campaigns were conducted that brought community mobilisers to communities to engage them in their own homes and villages. This direct engagement helped to broaden our understanding of the barriers and hesitations to vaccine uptake. It further helped to dispel many myths, misconceptions, and lack of information about the vaccine and the surge sites and drove significant numbers to go and get vaccinated.

This mobilisation has greatly improved the impact of the surge site and overall vaccine programme, helping South Africa to move forward and put the COVID-19 pandemic behind us.

