



# COMMUNITY PARTNERS - VACCINE DEMAND CREATION CAMPAIGNS (CCF, COVID COMMS AND SACC)

## IMPACT REPORT

BENEFICIARIES	AMOUNT APPROVED (EXCL. VAT)	AMOUNT DISBURSED (EXCL. VAT)
Community Constituency Front (CCF), South African Council of Churches (SACC) and Covid Comms	R12 000 000	R12 000 000

### 01

#### SOLIDARITY FUND MANDATE

COVID-19 has changed the way that the world operates, and South Africa is no exception. The Solidarity Fund's mandate is to provide accurate and universal COVID-19 information through awareness campaigns, with the aim of improving the public's understanding of the pandemic and its implications. These campaigns help address misinformation and misunderstanding about the virus, and help to change behaviours to protect not only the individual but the country as a whole.

This is no small objective, and for the Fund to succeed, it was imperative to engage with community partners, who are optimally placed within the public sector. These partnerships enable the Fund to extend its reach and engage with as many South Africans as possible in the fight to eradicate COVID-19. The Fund partnered with three community partners to implement these campaigns in the communities they serve. As well as implementing their individual projects, they were also required to collaborate with each other in both content creation and distribution, and social mobilisation.

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#### PARTNERS

The Fund contracted the Community Constituency Front (CCF), Covid Comms, and South African Council of Churches (SACC) as its community partners. These organisations are represented in the National Communication Partnership (NCP) that is directed by the Government Communication and Information System (GCIS). The Fund had already supported the NCP to implement a range of community level COVID-19 vaccine communications campaigns. Due to the success of these campaigns, the Fund extended funding to the partners to the value of R12m for each of the partners. This report discusses the campaign activities and impact from this additional funding.

# COMMUNITY CONSTITUENCY FRONT (CCF)

01

## BACKGROUND

The Community Constituency Front was established by SANAC Civil Society Forum (CSF) and the NEDLAC Community Trust. It is a registered not-for-profit organisation that was incorporated in 2020 in response to COVID-19. CCF is led and governed by a five-member activist board of directors made up of representatives from the leadership of the Community Constituency serving in NEDLAC.

The leadership of the Community Constituency in NEDLAC provides policy and strategic direction to the board of directors of the CCF. The Community Constituency Front is co-chaired by Steve Letsike (from CSF) and Thulani Tshefuta (overall convener of the NEDLAC Community Constituency). The Community Constituency COVID-19 Front is a front that facilitates the participation of civil society sectors and networks and their constituent member organisations in the national response and implementation of community-based measures in response to the novel COVID-19.

The Community Constituency Front represents a broad voice of civil society formations that consist of over 10 000 NPCs, tribal councils, faith-based organisations, co-operatives and civic organisations represented by the following apex civil society networks. Of these, 3 821 have been verified in our database.

CCF has appointed and delegated the 'SHOW ME YOUR NUMBER HIV PREVENTION PROJECT (SMYN)' as the managing organisation and contracting party on its behalf for mobilising and managing funds for implementation. SMYN has been appointed because it is a constituent and compliant organisation (in terms of due diligence) that is part of the SANAC CSF network and because its executive director, Mabalane Mfundisi, has been appointed as the volunteer convener of the CCF. Therefore, contracting on behalf of CCF happens and will continue through SMYN as the signatory to the contract with any potential funder.



## OVERVIEW

### Increased uptake of vaccination through demand generation and social mobilisation

- Dissemination of messaging about the uptake of COVID-19 in line with national messages from the National Department of Health (NDoH).
- Social mobilisation and demand generation targeting the whole of society, especially youth and men, to take up vaccination.
- Attending planning meetings at district and local levels, providing feedback on work being done on the ground.
- Strengthen our participation in the coordination by linking our neighbourhood agents and leaders to be part of the district, local and ward coordination structures.
- Leverage National Communication Partnership (NCP) and civil society network.



## OBJECTIVES

**Social mobilisation and demand creation:** Through the direct engagements undertaken by the neighbourhood agents (NBAs), we have educated over 280 000 South Africans on why vaccinating is important. Of these, we have mobilised directly over 13 000 to convert their intent to vaccinate into actual vaccination. Social mobilisation and demand creation involve deploying the neighbourhood agents across all identified priority districts and allocating duties to them in the essence of transporting information on COVID-19 gathered through engagement with relevant stakeholders, networks, and partners. This process is done to build a factual argument on vaccines, address local, district and national myths and provide referrals to people on the ground regarding how and where they can get vaccinated.

**Raise awareness through media and communications:** Using leaders as ambassadors, we have participated and used people's centred approach in advocating for the vaccine to be available and convenient for people. In doing so, we used the community-based response to COVID-19 using our leaders as a voice that addresses people's concerns regarding vaccination. This has been done at national platforms (National Rapid Response Task Team engagements, NEDLAC, RCCE, Social listening, Demand Acceleration Task Team, and National



Communications Partners) and at the provincial level (through meetings chaired/ co-chaired by leaders and meetings where our leaders are invited to) and districts level (meetings attended or chaired by leaders) and lastly, local level (meetings attended or chaired by leaders). The leaders who have taken it upon themselves to advocate for vaccine uptake are leaders of the civil society who are invested in their country starting at a community level, district level or provincial level, thus actioning it at a national level as well. Through them, participating in different engagements as a team, we can respond to myths and hesitancy as they empower us.

**Media and communications:** Media and communications have been one enabling pillar, and being strategic about it, we have used our existing platforms and networks to amplify the social mobilisation efforts. In that regard, we have used online radio platforms, social media platforms, our partnership with Daily Sun and 'Show Me Your Number' radio to try and reach more people as our efforts and resources can. Over R2.7m of people were reached through utilising the media and communications resources on board, borrowed, and rendered through Community Constituency Front networks. We can proudly say that our priority districts community have been capacitated/empowered with scientific and medical facts about COVID-19 as a virus and vaccine as a medical tool to be used to curb the spread of vaccine.

**Various newspaper clippings**



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#### TARGETED BENEFICIARIES

- Our primary target was men and youth.
- Our secondary target was all South Africans eligible for vaccination who were not vaccinated, have not taken their second jabs/boosters.

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#### ACTIVITIES

**Demand creation and social mobilisation:** Through social mobilisation, we have deployed ten team leaders and 125 neighbourhood agents to drive demand generation. Over 280 000 people were reached through social mobilisation and demand creation.



**Training:** Training was conducted for the neighbourhood agents, team leaders and ambassadors to be confident ambassadors of the CCF cause. The training encompasses vaccine literacy and social mobilisation as an effective tool to convert intent vaccine into actual vaccination.

**Coordination and directing implementation:** The coordinating team made of the SMYN team led by its executive director, project coordinator, community engagement manager, media and communications coordinator, monitoring and evaluation and others provide day-to-day leadership of the CCF for maximum results to be attained. The team made actual arguments on the vaccine at local, district and national meetings and platforms to address myths and referrals to where and how people can get vaccinated. We did all of this in a quest to increase vaccine uptake.



**Media and communications:** Our media products and messages are complementary to our core work of social mobilisation and demand creation. This approach is premised on the fact that we have decided to have media and communication as one of the tools to raise awareness and accelerate demand creation for vaccines while responding to the myths or incorrect information shared on social by individuals who are anti-vaccination (Anti-Vaxxers).



**Leaders as ambassadors:** Leaders engaged in various platforms to clearly articulate what comes from the ground where communities operate. Our leaders' occupation of these platforms took place at the national, provincial, district and local levels. Further to advocating, the CCF leaders were engaged in fostering partnerships, communicating about increasing vaccine uptake and dealing with hesitancy and myths are thrown around at social meetings/gatherings. Their voices were amplified through social media platforms.



**Activations:** This area of our work speaks to the activations we conducted to engage and mobilise people to vaccinate. Furthermore, the activations were used to gather social listening as to why people do not vaccinate and help people vaccinate in the process).





**Campaigns:** CCF continued to operate and push on-the-ground vaccinations for the men campaign as men remain skeptical. However, the launch was not completed. Since the youth was seen as a priority as well. CCF participated in the mental awareness campaign by providing vaccinations. Stakeholders were POWA, NICRO, SAPS and 'Show Me Your Number'. CCF also participated in the youth campaign, held by the SANAC civil society sectors, where they provided vaccines and took it upon themselves to do a whole week of mobilisations leading up to the campaign.



**Vaccine drives:** We conducted vaccination drives linked with our activations, social mobilisation and demand generation efforts. These vaccination drives were supported by the services of the volunteer professional nurse (Lucy Letsike), who linked us up with vaccination service providers from government, NGOs, and private sector role players. We made use of Ewen provided to us by the Solidarity Fund. This ensured that the availability of vaccination service providers met our social mobilisation and demand generation to convert intent into actual vaccination.



**Participating in various district, provincial and national meetings:** Our voice based on our experiences and technical expertise enabled us to meaningfully and effectively participate in National communication partners, NEDLAC NRRT, NRRTT engagements with NATJOINTS, NCP, DATT, RCCE TWG and RCCE social listening sessions. We further engaged in the internal processes that ensured we provided regular feedback to our network through bi-weekly meetings. We also participated in various webinars to contribute, learn and share about COVID-19.

**Deliverables achieved linked to the activities that were undertaken**

- CCF engaged with approximately 20 000 people directly and ensured 13 000 were vaccinated through the activations and mobilisation.
- CCF had trained ten coordinators to help with planning and strategies on strategies that may best work in their operational districts.
- Deployed 125 neighbourhood agents to be foot soldiers to grasp the understanding of the community so that content can be developed to respond to the concerns.

**Below is the list of deliverables achieved**





## CHALLENGES

- Evolving information on COVID-19, which included easing lockdown restrictions, and removal of masks, made our job difficult. Through the changes, our team had to be continuously capacitated so that they could engage with people on-the-ground, as these changes created a lot of concerns from people.
- As a mitigating measure, we had to keep the knowledge dissemination on-going through regular updates.
- The on-going request of letters from the NDoH hindered our efforts in increasing vaccination uptake. Our NBA were turned away in some communities and local clinics.
- The unclear issue of vaccinating undocumented citizens from nurses in some of our operational districts remained a concern and made NBA seem like they were not true to their beneficiaries.
- We had to lobby and constantly remind colleagues that protocol should not stand in the way of providing services that the government desperately needs to serve the South African society. Where possible, we wrote the required letters and, in some areas, they were adequate, and in others, they were rejected, and people mobilised were unfortunately turned away and not serviced.
- Youth and men remained a big concern because of the low numbers of vaccinations as they were hesitant to vaccine due to numerous reasons, such as infertility risk, scared of needles and questions they had about rumours they heard about COVID-19 vaccines.



## LESSONS LEARNED

The following are some of the key lessons we have learnt:

- When dealing with the community, be open-minded. Social listening sessions were critical for us to listen and reshape our approach.
- When deploying people to work at the community level, empower them with the necessary information, tools and strategies and always ensure you update their knowledge. However, you need to learn from their experiences to refine the programme design further.
- Quality is better than quantity. Gathering a small pool of people and empowering them with adequate and informative news is better than using mass media, hoping you will reach people. However, there is nobody who is speaking to that information.
- Speaking in a language that people understand makes it easier for them to listen.
- Leaders can serve as a good alliance in curbing societal ills.
- Media platforms are an effective tool to validate the information people speak on-the-ground.
- Working together with stakeholders is the best way to get things done.

## IMPACT AND REACH

**Media and communications impact:** We used the following platforms daily and weekly to amplify national messages based on the guidance of the DATT, NCP and RCCE as follows:

- Produced and presented a weekly online radio show (#ThinkTwiceAboutCOVID-19), interviewing various guests invited and integrating the online radio with YouTube and Facebook as delivery platforms. Eleven shows were broadcasted, and the estimated reach was over 5 000 listeners cumulatively through these platforms.
- Through the partnership with Daily Sun, we had a weekly story in the form of a profile to be published on Daily Sun hard copy and online platforms. More than ten articles were published. Estimate to have reached over 2.7 million readers cumulatively through this platform.
- We had a weekly interview on Radio Khwezi (a community radio station) on COVID-19 messaging. Ten interviews were done, and we estimate to have reached over 150 500 listeners cumulatively per month through the radio station.
- Daily distribution of messages on social media platforms. Over the reporting period, we distributed 95 messages via Twitter, 81 via Facebook, 110 via Instagram and seven via Tik-Tok. Estimate to have reached over 10 000 followers through the various platforms utilised and just over 288 034 audiences cumulatively through these platforms.
- Daily distribution of messaging through the WhatsApp platforms for the leadership network. The WhatsApp platforms cumulatively reached about 300 leaders per month.
- Bi-weekly information dissemination to the leaders through Zoom briefing sessions. Twelve briefings took place, reaching an average of 45 leaders in attendance bi-weekly.

**Social mobilisation and demand creation impact:** The CCF used various social mobilisation and demand creation approaches that resulted in the following impact:

- The CCF engaged a team of ten team leaders who supervised and supported 88 neighbourhood agents working in the following five provinces (Gauteng, Northwest, Limpopo, KZN and Mpumalanga) in ten districts/metro. Through these team leaders and neighbourhood agents, we conducted just over 400 activations which resulted in the following impact being realised and thus contributing to the national efforts as follows:
  - People mobilised to undergo vaccinations were more than 13 000.
  - People who were vaccinated and recorded at the vaccination sites were 13 000.
  - People mobilised and vaccinated, but not recorded at the vaccination sites were 15 000.

**Leaders as ambassadors:** A critical strategic lever of our engagement was about using leaders as ambassadors, which had the following impact:

- Leaders as ambassadors was a key achievement on our side. Through this mechanism, we participated and advocated for a community-based response to COVID-19 through the voice of the CCF leaders on national platforms that included the following:
  - Attending and contributing to the bi-weekly meetings of NEDLAC that had NRRTT and NRRTT engagements with NATJOINTS.
  - Attending the weekly RCCE TWG meetings and RCCE social listening meetings. We participated in the drafting of the weekly RCCE social listening report
  - Briefings of the DATT, including the deployment of two people to assist the DATT in carrying out its work (Pauline Maketa and Noko Mashilo), were deployed from the CCF to assist the DATT with its functions.

- Attending the weekly NCP meetings. These meetings were preceded by the civil society war room meetings, where we presented our weekly progress report and consolidated the weekly civil society report presented at the NCP.
- Engagements and participation in the provincial, district and local levels working groups on demand generation working with other partners like government, business and labour for joint approaches that ensure maximum impact.

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## HIGHLIGHTS

**Our social mobilisation and demand creation:** Our success was through direct engagements undertaken by the neighbourhood agents. Through the collective effort of the neighbourhood agents, we have educated and made over 288 000 South Africans understand why vaccinating is important. Of these, we have mobilised over 10 000 to convert their intent to vaccinate into actual vaccination.

**Media and communications:** Through our media and communications delivery, we have strategically used social media platforms, online radio platforms and community radio slots organised by GCIS, and the partnership we have secured with the Daily Sun, to amplify the social mobilisation efforts. Our media and communications efforts have enabled us to reach over six million people through various media platforms.

**Leaders as ambassadors:** We participate and advocate for a community-based response to COVID-19 through the voice of the CCF leaders on national platforms (NEDLAC, NRRTT, NRRTT engagements with NATJOINTS, RCCE, social listening, DATT and NCP) as well as at provincial, district and local levels working with other partners like government, business and labour for joint approaches that ensure maximum impact.





# COVID COMMS

01

## BACKGROUND AND MANDATE

Covid Comms was formed soon after the announcement of the national COVID-19 lockdown in March 2020 to provide helpful information about the pandemic to people living in South Africa.

Our core principles were, and remain, to produce credible information products – infographics, videos, and sound files – in plain language, in local languages, and easy to move on digital platforms. We strongly emphasise the use of local languages and translate as many of our information products as possible. Covid Comms' mandate was to expand our work, producing more free and easily accessible content explaining COVID-19 principles and prevention in plain language, and to do so in multiple languages.

It was noted that the content itself was to be less of a focus, and instead, Covid Comms would focus on the workshops we piloted in the previous phase of work.

These workshops would involve high-quality monitoring and evaluation and a more extensive reach (twenty instead of ten attendees). We would also further support communities with more significant paper resources.

02

## OBJECTIVES

The main objective of this phase of work was to accelerate vaccine demand. Particularly in areas and population groups where uptake remained low. To do this, we stuck to the fundamentals of identifying why people were not vaccinating, specifically being:

- **Lack of access:** Not know where or how to get vaccinated
- **Lack of information:** Not knowing if the vaccine is safe or have concerns about its safety

This approach meant that all our work attempted to address either or both of these concerns. Workshops are a good example of this, where the information and talking engagement is primarily about addressing anxieties and concerns. Following the facilitator helps community members find and, if necessary, allows them to go to their nearest vaccine site.

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## TARGETED BENEFICIARIES

The primary beneficiaries were communities with lower access to information and insufficient information regarding the pandemic.

Specifically, we aimed 80% of our workshops and content at KwaZulu-Natal and Gauteng, as these were the provinces with the majority of unvaccinated South Africans.

We also placed a special focus on young individuals (under 35) who made up the vast majority of the unvaccinated.

## ACTIVITIES

- **500 workshops organised in communities around the country:** In these workshops, facilitators worked in local languages to talk to their unvaccinated community members, reassure them of the safety and effectiveness of the vaccine, and then help them get vaccinated.
- **103 (including toolkit content) Infographics, thirteen PSAs:** to stimulate conversation or be conversation supporters for people talking about COVID-19 and the vaccine. Some content pieces were also used to agitate consumers into remembering the importance of taking COVID-19 seriously.
- **70 COVID Diaries:** These were initially planned to push for vaccination and reassure people regarding vaccination. However, early on, we identified that in the last phase, we had already produced a significant number videos and spotted an opportunity to go in-depth with individuals understanding the impacts of COVID-19 on them. This process of listening and speaking created compelling content that helps individuals work through the trauma of COVID-19 and see the value in taking steps to avoid the harm from returning.

A complete collection of the content we produced can be accessed for free and in multiple languages on our website or for organisations in a OneDrive folder.

Our 500 community workshops were based on our internally developed toolkit and were conducted by over 150 community facilitators. These workshops took place in local languages with at least twenty attendees. The workshops began with a survey on their attitudes regarding COVID-19 and the vaccine. They were followed by sessions going over important COVID-19 information, and at the end, allowing for a question-and-answer session. Following this, the facilitator assisted attendees in finding and going to their nearest vaccine site. Three weeks later, we SMS a follow-up survey to see what changes occurred over this period and whether the attendees got vaccinated.



A large part of the project was collaborating with other organisations working on COVID Communications. For this purpose, we joined and actively participated in formal bodies such as the National Communication Partnership (NCP) and the Risk Communication and Community Engagement groups (RCCE).

In the NCP, we worked alongside B4SA, The Solidarity Fund, Unions, GCIS, CCF, SACC and other bodies to develop campaigns, respond to communication crises and help the national effort in communicating the vaccine rollout, but also address other pandemic-related difficulties.

In the RCCE, we participated in two ways:

- One, supporting the social listening efforts by passing on information we received via social media and community engagements.
- Two, by supporting content development for the National Department of Health.

Beyond these formal bodies, we continued to work alongside other non-profit organisations and businesses providing COVID-related communications support. Of note, our collaboration with Youth Lab was central to executing the 500 workshops we conducted over this period. Beyond this, we also worked with facilitators associated with countless CBOs in communities across South Africa.

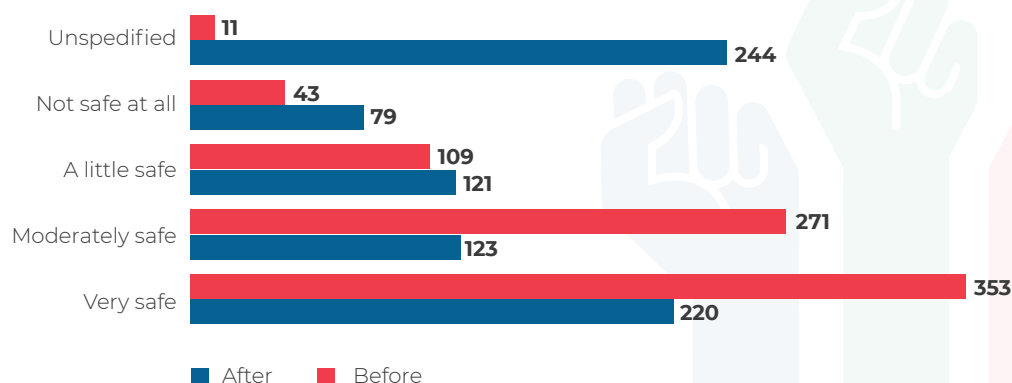


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**DELIVERABLES**

- We successfully conducted 500 community vaccine conversations (workshops).
- We had over 10 000 attendees (our minimum target).
- We conducted a three-week survey via SMS, providing an R10 incentive for respondents to measure the impact of vaccination. So far, with more than 800 responses (we expect to receive over 1 000 once the final respondents reply), it shows self-reported post-workshop vaccination rate of 50%-70%.
- We had a significant impact on vaccine sentiment (outlined below)

Participant perceptions of vaccine safety before and after the workshop





- We produce and have distributed or are still distributing 70 COVID diaries (our target).
- We produced and distributed or are still distributing 103 graphics, many of which are translated into ten languages.
- We produced and distributed or are still distributing thirteen video PSAs.
- We secured free airtime from SABC in unsold inventory. While we have confirmed the PSAs played, the time slots or monetary value of this has not yet been confirmed.

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## REACH AND IMPACT

### Social Media Reach

Social media performed well. While Engagement rates and impressions dropped significantly as public interest in the pandemic and vaccinations went down, we still managed to perform well without spending on social media advertising. Across the board, we saw that our engagement rates went up.

#### Twitter

Twitter continues to be our premier distribution platform, with high engagement. Our engagement does change a lot based on our other activities, be they on-the-ground, radio or television.

<b>Followers</b>	3 078
<b>Impressions</b>	346 300
<b>Engagements</b>	6 233
<b>Engagement Rate</b>	1.8%

#### Facebook

During this phase, we continued with distribution on Facebook. Our content is already optimised for Facebook and performed well. Reach appears lower due to the impact of POPIA rules by Meta on non-advertised content.

<b>Posts</b>	275
<b>Followers</b>	4 017
<b>Reach (POPIA changes have reduced this)</b>	12 866
<b>Engagement</b>	2 466

#### Instagram

We finalised our distribution process on Instagram. We optimised our content on this platform by getting a large growth in our distribution impressions. However, Instagram is our poorest performing platform. Reach appears lower due to the impact of POPIA rules by Meta on non-advertised content.

<b>Posts</b>	266
<b>Followers</b>	174
<b>Reach (POPIA changes have reduced this)</b>	810
<b>Engagements</b>	86

## Reddit

Reddit proved to be a very engaging platform. During this time, we were the only mover within the space talking about COVID and the regulations.

Reddit added analytics to their posts halfway through this period, so the analytics only reflects the period after 15 May 2022. We only post on the platforms once per week, and we have an arrangement with the mods to pin our content to the top of the channel once we post. Before these metrics, we made eleven posts, and following the provision of metrics from Reddit, we posted eight times.

<b>Reddit Karma</b>	891
<b>Reddit Comments</b>	322
<b>Total Reddit Reach</b>	171 300
<b>Upvote Rate</b>	67%
<b>Shares to other reddit communities</b>	67

## Workshops

Covid Comms conducted 500 workshops over this period, of which we currently have registered 12 000+ attendees. We are still confirming the final attendance numbers. Our monitoring and evaluation are ongoing to establish the impact of these workshops, but a preliminary monitoring and evaluation report.





### SABC Winter Warning campaign

In collaboration with SABC, we played several of our winter warning PSAs on SABC over June and July. The key focus of this campaign was that due to people being indoors with low ventilation, COVID-19 spreads more easily. Thus, the call was for people to vaccinate and engage in preventative campaigns to stop the spread of COVID-19.



### WhatsApp

Covid Comms expanded our WhatsApp distribution to more community WhatsApp groups as a result of our workshop program, and all the Vax Champ WhatsApp groups. For most of the distribution period, Covid Comms was distributing an average of one post a week to up to 35 groups, reaching 5 500+ individuals.

### Website

- Unique users: 5 600
- Sessions: 7 300
- Bounce Rate: 45.97%
- Average session duration: 99 Seconds

## 07

### CHALLENGES

During this round of funding, there were two primary challenges:

**The first challenge was collaboration.** Due to the scale of the campaign and the rapid speed at which campaigns (Covid Comms and others) worked, it was hard to collaborate effectively. We were able to ensure we shared info, resources and the work we did and prevent redundancy, but true amplification was difficult.

Covid Comms developed a specific app for this purpose, to mobilise. However, unfortunately, we could not effectively connect it to our partner organisations due to our partners' time constraints. That said, the app played a significant role in our workshops and other work in



managing, organising, and tracking. If we are to do other collaborative campaigns, we will be able to connect easily with partner organisations, given enough lead time.

**Our second challenge was around supporting workshops from other national efforts.**

Our first round showed that pop-up vaccination sites outside a vaccine workshop increased the vaccine rate post-workshop. While we had encouraging conversations with the National Department of Health about directly supporting this, the timelines proved challenging to implement, as workshops were organised in communities with 1-2 weeks lead time.

However, several of our facilitators successfully connected with local clinics and facilities, arranging for either attendees to go to the clinic following a workshop or for a nurse to assist at a workshop. We felt this was an easier process in this round, but there was still room for improvement.

Finally, other geographic and situational challenges impacted our workshops. The KZN floods stopped the workshop process for two weeks and often required additional support from our facilitators to make further work possible. The increased load shedding also hampered mobilisation efforts due to lowered cell tower connectivity during the period, and mobilisers often used WhatsApp to organise their communities.

While these challenges ultimately delayed the programme by two and a half weeks, we still managed to meet our targets and increase demand among the communities reached.

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**HIGHLIGHTS**

Once again, we were able to exceed our targets while remaining within our budget.

The standout of this phase of work was the workshops. Both in the scale, conducting five times the workshops with double the participants and the speed at which workshops were conducted. The workshop process, in particular, suffered several setbacks, from significant impacts in our KZN workshops (which represented more than 40% of all workshops) as a result of the flooding, in some cases delaying or cancelling workshops outright, to later delays as a result of load shedding and prolonged outages making it harder for mobilisers to work in communities, mainly when they rely on SMS and WhatsApp to confirm and mobilise attendees once initially approached.

While these delays did mean we completed our workshops three weeks later than initially planned, we did not have to sacrifice quality.

Towards the end of the project, we conducted more than 150 workshops in a single week, mainly due to intense coordination and scaling of our program.

By the end of the program, we had trained 158 community facilitators and developed reliable partnerships with around 140 of them.

The implementation of our application, Mobilise, also proved critical in this process, allowing us to cost-effectively scale up to the larger scale, provide support to facilitators in the form of information, services, data and airtime, as well as effectively manage the facilitators.





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**CONCLUSION**

During this phase, we delivered and distributed more than originally scoped while remaining within our budget and conducting an effective ground-based campaign to increase vaccine demand.

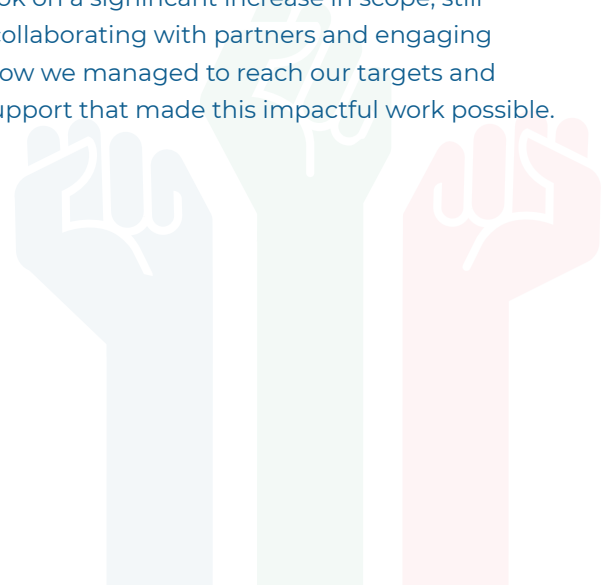
A significant change for us during this phase was our development and use of mobile applications that allowed us to expand our campaign sustainably and ambitiously. The time savings from this system meant that while we only raised our coordination team by 100%, we were able to expand our reach by 1 000%

In particular, the application played a critical role in monitoring and evaluation, automating the sending of SMS to attendees for post-workshop surveys, automatically capturing feedback, and organising it to make it useful.

We also noted that during this period, interest in COVID-19 remained low nationally, requiring greater innovation by our facilitators and our production team to communicate with our audiences effectively.

In particular, following the removal of mask mandates and the remaining restrictions, it became increasingly hard to mobilise in communities. However, we adjusted our strategies, distribution approaches and content to meet our audience's specific concerns better.

Overall, this was a challenging phase where we took on a significant increase in scope, still producing substantial amounts of content while collaborating with partners and engaging in a massive ground campaign. We are proud of how we managed to reach our targets and particularly appreciative of the Solidarity Fund's support that made this impactful work possible.



# SOUTH AFRICAN COUNCIL OF CHURCHES (SACC)

01

## OBJECTIVES

The Solidarity Fund has been running a Vaccine Demand Creation Campaign, partnering with various organisations to implement the campaign in their networks. The SACC has been a partner in implementing phase one to three of Solidarity Fund's COVID-19 intervention campaigns in the religious community. In July 2021, the SACC collaborated with national leaders of diverse religious groups to form the Religious Forum Against COVID-19 to reduce the impact of COVID-19 and promote the vaccine in their networks. The forum first implemented above-the-line communication strategies through mass communication on their internal communication systems and public platforms, including radio, TV, social media, email, websites and more. In September 2021, the forum changed its approach to implementing below-the-line communication through local community engagements and on-the-ground mobilisation via the #VaxuMzansi Campaign, which aims to increase vaccine uptake in the religious community.

In this third phase of COVID-19 interventions, our goal was to implement the two objectives under the Solidarity Fund's Demand Creation Campaign within the religious community in the three provinces of focus (KwaZulu-Natal, Gauteng and Mpumalanga):

- **Objective one:** Maintain reduced national awareness of vaccine safety, efficacy, and positive sentiment around vaccines/ vaccine programme
- **Objective two:** Increase vaccine acceptance by addressing fears and concerns

Religious reservations, along with myths and conspiracy theories, have played a major role in vaccine hesitancy. The national and local voices of religious leaders and local community engagements and dialogues have proven effective as we see the change of heart at the end of the church engagements, dialogues, and door-to-door campaigns.

Through the #VaxuMzansi communications team, various digital and traditional communication efforts were implemented to support on-the-ground interventions. These included local radio recordings and live reads, newspaper articles, social media, religious groups' communication platforms, WhatsApp, and public broadcasters on SABC 2 through special programming and videos on other faith group channels. Through local focus group discussions, surveys and recordings of our dialogues, we could hear the concerns per region and refine our content and strategy to address the vaccine concerns.

Our relationship with churches in distant rural areas gave us access to communities that have limited access to vaccine information and vaccine sites. As a result, we could host vaccine dialogues and vaccine drives in the private residences of local community members or faith leaders where vaccine access was non-existent.

## PROJECT OUTCOMES COMMUNICATION

### Implemented a local radio campaign

- 9 x Local radio stations in districts of campaign implementation: (Radio Pulpit, Nkomazi FM, Radio Khwezi, Izwi loMzansi FM, Rainbow FM, uMgungundlovu FM, V.O.C. FM, VUT FM & Kasi FM): Aired on Wednesdays, Thursdays and Fridays and sometimes weekend slots from 12:00 to 16:00.

RADIO STATION	DISTRICT/COVERAGE
<i>Radio Pulpit</i>	Christian audience nationwide coverage
<i>Nkomazi FM</i>	Mpumalanga districts, which include Gert-Sibande and Ehlanzeni
<i>Radio Khwezi</i>	Covers the Natal Midlands, including Amajuba district
<i>Izwi loMzansi</i>	eThekwini
<i>Rainbow FM</i>	Christian radio station which covers Johannesburg, Midrand and City of Tshwane
<i>uMgungundlovu FM</i>	uMgungundlovu
<i>V.O.C. FM</i>	Mpumalanga province (including both Gert-Sibande & Ehlanzeni)
<i>VUT FM</i>	Sedibeng
<i>Kasi FM</i>	Nelspruit

- Campaign objectives:
  - Increase awareness within the interfaith community about the importance of getting vaccinated.
  - Actively drive listeners to get their jabs at #VaxuMzansi pop-up sites and nearest vaccination clinics.
  - Highlight the #VaxuMzansi campaign interventions and encourage interfaith dialogue around vaccine safety, efficacy, and positive sentiment around the COVID-19 vaccines.
- 1 373 000 Weekly listeners
- 275 000 Total Impressions and Reach
- 126 x "30 seconds Live Reads
- 19 x "30 seconds Recorded Adverts

### Created COVID-19 social media content

- 54 x posters
- 30 x videos
- 2 081 651 x people reached
- 5 884 engagements

### Religious leaders' interviews

We had twenty interviews of faith leaders shared on the radio stations and WhatsApp to increase the public voice of the religious community in their support of vaccination and the fight against COVID-19. Shared recordings of faith leaders promoting vaccine uptake, the #VaxuMzansi campaign and the importance of getting more local faith leaders to engage their





congregants on COVID-19 and vaccine matters. Faith leaders also shared factual and updated information, i.e. taking booster shots and the continuation using NPIs on the province-specific local radio stations.

DISTRICT	RADIO STATION	NUMBER OF INTERVIEWS
<i>Amajuba</i>	Newcastle FM Imvula FM	6 1
<i>eThekweni</i>	Gagasi FM	8
<i>Sedibeng</i>	VUT FM	5

### **Easter broadcast on SABC 2**

Easter is one of the most highly esteemed Christian observances in South Africa. Through an existing relationship with SABC 2, the SACC broadcasted two Ecumenical Easter services on the channel during the Easter weekend. These services included COVID-19 and vaccine messaging by faith leaders through prayer and sermons. The recordings were pre-recorded at Grace Bible Church and Grace Point church with over 1 500 live participants. The broadcasts included strips on the screen, encouraging 3.2 million viewers on average.

### **Focus group discussions**

Curated focus group study questionnaire and facilitated the 16 x group discussions in the eight focus districts. The purpose of the focus group studies was to garner a deeper understanding of vaccine perceptions and experiences in the communities. The focus group discussions occurred before the Faith Meets Science Dialogues, so the information gathered would be used as discussion points in the dialogues.

### **Online surveys**

A district-focused #VaxuMzansi campaign survey, which was translated into six of the official languages, was curated and shared with all eight district coordinators to be filled out by the communities at the start of the campaign, which also assisted us with knowing more about what the sentiment on COVID-19 and the vaccine was before us implementing our activities for the campaign. We asked respondents of the online survey if they had been vaccinated - 63% responded that they were vaccinated, and 70% believed in and supported receiving booster shots. The statistical information on the number of people vaccinated in each district helped us with our messaging and on-the-ground activities.

### **DEMAND CREATION ACTIVITIES**

Five provincial coordinators who implemented the phase two demand creation activities at the provincial level were seconded from member churches and reappointed to focus on specific districts. Three new district coordinators were appointed to make the entire team composition of eight district coordinators. Each district coordinator had a team of volunteers supporting them with on-the-ground mobilisation. Each coordinator was given a target to guide them on the number of activities each district had to undertake, and they organised the following in-person engagements.

### **Presented #VaxuMzansi to churches and other key stakeholders through meetings (community sensitisation/entry)**

Presentation of the VaxuMzansi campaign to respected community groups to create local collaboration and foster invitations to engage with the community group audiences.

These presentations were valuable in getting buy-in and support from community structures such as the House of Traditional Leaders, Organised groups within communities, Youth and members of the church fraternity in each district.

### **Vaccine Literacy and Mobilisation Workshops**

The Vaccine Literacy and Mobilisation Workshops aimed to educate communities on COVID-19 and vaccines. These workshops were facilitated for the faith groups and community members to provide information on COVID-19 vaccines and encourage them to vaccinate and become vax champs.

### **Religious Community Engagement Dialogues**

The Religious Community Engagement Dialogues aimed to create a platform for the faith community to dialogue and debate on COVID-19 and vaccines. The dialogues were held in churches to ensure that we created a safe space for the faith community to engage on challenges that affect them and to help dispel myths and conspiracy theories linked to religious beliefs. The programme teams facilitated the dialogues and coordinated in partnership with local church leaders.

The dialogues were facilitated face-to-face with participation from local churches and some community members.

### **Vaccine drives**

Vaccine drives aim to provide vaccination services to communities to encourage vaccine uptake. The vaccine drives were hosted alongside our other interventions to allow participants an opportunity to vaccinate immediately. They were also hosted independently with the VaxuMzansi team mobilising communities to vaccinate at the pop-up sites.

Pop-up vaccine sites were set up at local churches and were supported by Private Health Clinics (Clinix), Right to Care, Broadreach, the District Department of Health and clinical providers (DGMT). The District Department of Health considered the VaxuMzansi campaign a critical demand creation partner that supported them with mobilisation to increase vaccine uptake on the day of the vaccination drives.

### **Door-to-door Mobilisation Campaigns**

Volunteer-based door-to-door mobilisations were implemented to educate communities about the benefits of COVID-19 vaccines and encourage them to vaccinate. These campaigns were conducted by mobilisers recruited from the local communities where door-to-door mobilisation was conducted. IEC materials were distributed, and community members got to ask questions on COVID-19 and COVID-19 vaccines.

The door-to-door mobilisations provided one-on-one interaction with community members, demystifying conspiracy theories and mobilising communities to attend vaccine drives. Loud hailers were delivered to the district teams, and the District Department of Health provided additional resources such as mobilisation vans and units.

### **Faith Meets Science dialogues**

The Faith Meets Science dialogues brought in a panel comprising health experts, faith leaders, youth faith leaders and local community leaders who engaged the interfaith communities on diverse topics, enabling us to bridge the gap between religion and science. The dialogues allowed attendees to express their reasons for vaccine hesitations and were able to engage with religious and medical experts on their hesitations and questions.

Vaccine pop-up sites were set up during the dialogues, which allowed participants to vaccinate during or after the discussions. These dialogues witnessed several people change from being vaccine-hesitant to pro-vaccine. Some previously hesitant faith leaders took up the vaccine on the day and even became vax champs.

### **Religious Leaders' visitations**

The Religious Leaders' visitations aimed to amplify positive messaging through faith leaders identified as vax champs within their communities. We invited faith leaders to undertake door-to-door mobilisation and invite communities to vaccination drives. The faith leaders engaged with local media to answer questions on COVID-19 and religion and encourage faith communities to vaccinate. Vaccination drives were held at nearby local churches or community halls. Community members were linked to local clinics where pop-up sites were not possible.

The Religious Leaders' visitations increased trust as communities had a one-on-one opportunity to engage with their local faith leaders.

03

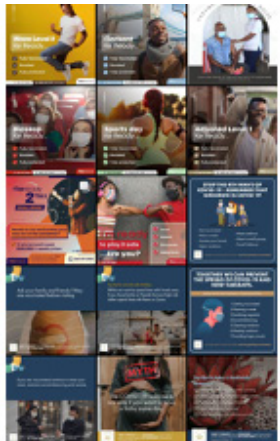
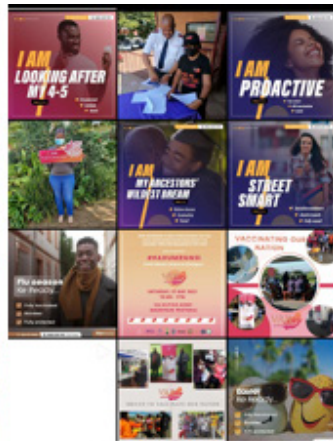
### **REACH**

The #VaxuMzansi communication processes used in realising the campaign's objectives were listening to the faith communities through online surveys translated into six languages spoken in the selected districts and focus group discussions in all eight districts. These results were used to produce, distribute, and disseminate digital educational content regarding COVID-19 and promoting the vaccine. The content was distributed on existing communication platforms of religious groups, with WhatsApp being the most common platform. Facebook and Twitter were the most used social media platforms. The content was also shared on the 'Religious Forum Against COVID-19' social media pages.

To date #VaxuMzansi has been able to engage in the following:

- 1 039 x Digital and printable infographics
- 2 081 651 x Total Reach
- 30 x COVID-19 videos
- 11 x PSAs
- 24 x Radio clips
- 20 x Radio interviews
- 2 x Easter services with vaccine messaging on SABC 2
- 9 x Faith meets science dialogues
- 8 x Religious leader's visitations
- 1 x Newsletter to Sunday World subscribers
- 3 x Sunday World Newspaper articles
- 20 x Known media features
- 360 x Vaccine promotional t-shirts and caps
- 1 700 x Vaccine promotional sweaters and beanies
- 42 x Vaccine promotional gazebos and banners
- 850 x Vaccine promotional sanitisers

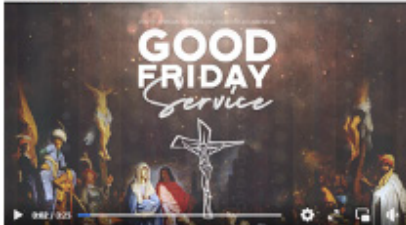




South African Council of Churches  
 Published by Boni Eubal · 9 April at 19:00  
 Wazani no! Lets all tune into SABC 2 for the SACC Ecumenical Service on the 15th and 17th April. Kuobu nmandi and kuobu it.

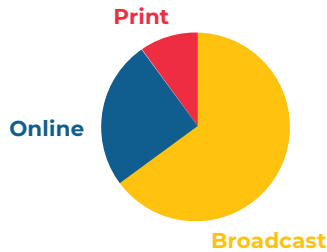
South African Council of Churches  
 Published by Boni Eubal · 11 April at 14:00  
 Let's get Easter ready Mzansi! Get your job in...  
 #who? our #VaxUmzansi teams will be hosting vaccine drives in the #iNgangano and #idini. KZN  
 Learn more about our #VaxUmzansi campaign: #VaxUmzansiJoined-157  
 #VaxUmzansiForGood #VaxUmzansi #VaxUmzansi #VaxUmzansi #Easter2022

South African Council of Churches  
 Published by Boni Eubal · 11 April at 14:00  
 Wazani no! Lets all tune into SABC 2 for the SACC Ecumenical Service on the 15th and 17th April. Kuobu nmandi and kuobu it.





## Media reach



### Broadcast:

- Radio Pulpit
- Nkomazi FM
- Radio Khwezi
- Izwi loMzansi FM
- Rainbow FM
- uMgungundlovu FM
- V.O.C. FM
- Power 98.7
- Radio Khwezi
- IMPACT Radio
- Newzroom Afrika
- Power 98.7
- YFM
- Vuma 103 FM
- Ikwekwezi FM
- Radio Helderberg
- eNCA
- SAfm
- Cosmo FM 90.5
- Radio 2000

### Print and Online:

- Joy!
- Sowetan
- Sowetan KwaZulu-Natal
- Sowetan KwaZulu-Natal Second Edition
- Sunday World
- Sunday Tribune
- Newcastle Express
- Sunday Times
- Pondo News
- Newcastle & District Advertiser
- Newcastle Express
- Estcourt & Midlands News
- The Voice of the Cape
- Daily Maverick
- Northern Natal News
- Gateway News
- The Daily Vox
- Weekend Argus – Sunday – Insider
- The Sunday Independent – Insider

## MEDIA ARTICLES

### Sunday World Editorial Series 1

**Religious Leader:** Bishop Malusi Mpumlwana

**Date:** Sunday 27 February 2022

## Science is the gift of God, so are vaccines, says Mpumlwana

**A**s the government contemplates lifting the national state of disaster following months of Covid-19 restrictions, a multi-faith initiative involving the South African Council of Churches (SACC) has moved swiftly to intensify its vaccination programme.

Leaders of the #VaxuMzansi campaign say since its launch in September more people in areas where vaccination uptake has been low have come forward to take the jab.

With the government considering ending the coronavirus restrictions and vaccine hesitancy continuing in many quarters of society, the Religious Forum Against Covid-19, the leaders of #VaxuMzansi, say it is time the vaccination drive is taken to another level to save lives when normality

returns under the pandemic.

Bishop Malusi Mpumlwana, the general secretary of the SACC, says as religious leaders they are doing everything they can to save lives.

He says the campaign was meant to promote a mindset of vaccination and make people understand and appreciate why inoculating people has benefits for society and the economy.

“Remember that the churches operate on three very important messages of Christ. Jesus said I came that they may have life and have it in abundance and therefore we are agents of life. We want to do anything we can to prevent



**Bishop Malusi Mpumlwana**

regard and to free those who are held captive or enslaved by misinformation,” he says.

“We want to say science is the gift of God to our society. We have got some of the best scientists in this country.”

In partnership with the National Department of Health and Clicks Pharmacies, the #VaxuMzansi campaign has helped hundreds of

death.

“Second, Jesus said I have come to preach good news to the poor, the opening of eyes to the blind. So, if one is misled into believing wrongly about the impact of this [vaccine], it is our duty to open their eyes in that

congregants get vaccinated by providing information, education and, at times, transport to those unable to access vaccination sites.

The church leaders have been meeting every Thursday since last year in an effort to ensure that seven out of 10 congregants in churches get the jab.

The men of the cloth have also been central in debunking religious myths associated with vaccines.

They argued against the belief by some sections of the Christian community that the vaccine is not from God but is part of the “new world order” governed by the devil and has 666, the “mark of the beast”.

The position of the SACC was that association of the vaccine with the beast was based on a wrong and lit-

eral interpretation of the *Book of Revelation* and ignored its historical context.

During the interview Bishop Mpumlwana also spoke about how the Christian community has not been as quick off the mark as the Hindu and Jewish faiths when it comes to vaccine uptake.

Moving forward, this column will be dedicated to answering your questions about the Covid-19 vaccine.

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## Sunday World Editorial Series 2

Religious Leader: Moulana Ebrahim Bham

Date: Sunday 15 May 2022

### Religious Forum's vaccine drive a battle for the minds of men

There is a saying popularised by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) constitution: "Since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed."

This is what underpins the campaign by the Religious Forum against Covid-19 which is an interfaith collaboration of various religious communities standing together to fight the spread of the Covid-19 pandemic. At the heart of the drive is the goal to ensure that at least seven out of every ten worshippers from different faith traditions are vaccinated under the banner #VaxuMzansi. The forum wants to dispel the mis-truths, especially in religious communities, pertaining to

fears associated with getting the Covid-19 shot. The forum feels morally bound to eliminate the trust deficit and scepticism which exists among congregants in the work of science.

Moulana Ebrahim Bham, the secretary-general of the Council of Muslim Theologians, explains that the Islamic faith had been providing a theological perspective to its congregants that there was nothing impeding the people of the faith from vaccinating.

"The hesitation with regard to vaccination is not specific to the Muslim community or adherence to the Islamic faith. We all know that there has been a great amount of hesitancy about



Moulana Ebrahim Bham

vaccines because of the sceptics who have become a loud voice within the social media space," he said.

Bham explains that anti-vaccination sentiments were fuelled by people within the faith communities who had created doubts from a theological perspective but they are now dismantling this deadly assertion.

"The Council of Muslim Theologians, taking lessons from a theological perspective, is driving a message that there were no ingredients in the vaccine which forbid people from taking it," he said.

Bham says while driving the message, the faith communi-

ty has also taken solace in the fact that people often rely on the counsel of their faith leaders for guidance on spiritual decisions or anything that has a bearing on their lives.

"We all know that there were restrictions which had a major impact on the faith communities. Communities rely greatly on interaction with their faith leaders. In the Muslim and Islamic faith we are adopting to prevent harm. In our teachings we emphasise extensively vaccination as part of our key religious duties."

The targeting of faith communities has also been identified as a key strategy to minimise infections when worshippers gather after a new surge in Covid-19 infections driven by Omicron sub-variants. The forum continues to drive sim-

ilar messaging through the Faith Meets Science workshops around the country.

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**The Religious Forum Against Covid-19 comprises of various religious groups namely:**

Bantu Church of Christ, Believers in Christ, Council of African Independent Churches (CAIC), Council of Muslim Theologians (Jamiatul Ulama), International Federation of Christian Churches, Nazareth Baptist Church (Shembe, Thembezinbele), The Muslim Judicial Council, The South African Hindu Maha Sabha (SAHMS), The Church of Jesus Christ of Latter-day Saints, The Evangelical Alliance of South Africa (TEASA), The South African Council of Churches (SACC) and the Union of Orthodox Synagogues.

## Sunday World Editorial Series 3

Religious Leader: Pastor Giet Khoza

Date: Sunday 5 June 2022

### Too early to sound victory trumpet in Covid battle, IFCC warns

The International Federation of Christian Churches (IFCC) has warned against vaccine fatigue, saying faith-based communities should never let their guard down.

The IFCC said though the numbers of both infections and deaths are decreasing, the war against the deadly coronavirus is not yet over.

The IFCC represents more than 400 churches across the country, including Grace Bible Church, Rhema Bible Church, Christian Revival Church, Hope Restoration Ministries and RUCC Ministries.

IFCC general secretary Pastor Giet Khoza cautioned against what he called Covid-19 fatigue.

"As long as there are new cases of Covid-19 infections, this pandemic is not over

yet. We should exercise caution," said Pastor Khoza.

"The message is part of a series of ongoing engagements and interventions conceived by the faith-based organisations to dispel unscientific claims, which gained momentum within church quarters when the pandemic hit our shores, that vaccines were ungodly."

Pastor Khoza said that these unfounded claims had divided faith-based communities, had led to vaccine hesitancy and caused many deaths that could have been avoided.

He said it was for this reason that men and women of the cloth had to take a stand, preaching the pro-



Giet Khoza

vaccine message within their congregations.

"There were a lot of myths within the religious community, with some saying it was 666. People within the church were essentially preaching ignorance. As

leaders, we had to step up and help change the narrative by saying vaccines are good and save lives," Pastor Khoza said.

He recalled that at one stage, he had taken his own mother to get vaccinated and had demonstrated to other elders within the church that taking the Covid-19 jab was safe.

"We are realistic in our messaging by giving people scientific statistics

of the advantages of being vaccinated. We are also telling congregants that even though we believe that Jesus heals, it is important to get vaccinated because vaccines are part of protective measures available to us," said Khoza.

Launched on September 24 last year, #VaxuMzansi is a campaign by the Religious Forum Against Covid-19, now known as the National Religious Forum.

Central to the nationwide drive is the need to conscientise parishioners in different religious communities to take the Covid-19 jab.

"People had a genuine fear of vaccines. They were more terrified of dying from the vaccine than Covid-19 itself. Initially, there was no clear message to address vaccine

hesitancy."

Pastor Khoza said people had misguided perceptions and needed information from our Government.

"The side-effects issue was not tackled properly, particularly the perception created that vaccines impacted on manhood. There was also the 5G issue, which was also not effectively addressed," Khoza said.

Through the National Religious Forum, a significant number of congregants have been vaccinated and the pro-vaccine narrative is now gaining ground within the religious community.

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## IMPACT

DIGITAL PLATFORM	TOTAL NUMBER OF POSTERS	TOTAL NUMBER OF POSTS (EXCLUDING POSTERS)	TOTAL NUMBER OF VIDEOS	TOTAL REACH	TOTAL ENGAGEMENT
<i>SACC Facebook</i>	10	51	13	70 009	3 863
<i>SACC Twitter</i>	4	52	6	1 056	628
<i>RFAC Facebook</i>	4	28	6	8 521	1 124
<i>RFAC Instagram</i>	2	28	4	10	13
<i>Sunday World Articles and Newsletter</i>	4	5	0	2.8 million	0
<i>Sunday World Social Media</i>	30	9	1	2 058	256
<b>Total</b>	<b>54</b>	<b>173</b>	<b>30</b>	<b>2 081 651</b>	<b>5 884</b>

### #VaxuMzansi Demand Creation impact

VaxuMzansi continued to use in-person vaccine promotion to engage in deeper conversations regarding vaccine literacy and hesitancy among religious groups and the communities they serve in. Although our primary target audience was local faith leaders who influenced their congregations and their community, we received much support from other community structures. We continued to maximise the influence of faith leaders who became vax champs and promoted the vaccine to their congregations and communities. Providing a panel of experts during the Faith Meets Science Dialogues who were medical practitioners, local leaders, faith leaders, municipal representatives and academics in theology built community trust. As a result, many participants were vaccinated during these dialogues.

### Demand Creation Campaign Reach

GAUTENG	MPUMALANGA	KWAZULU-NATAL
<b>Activities</b> <ul style="list-style-type: none"> <li>• 32 x Vaccine Literacy and Mobilisation Workshops</li> <li>• 55 x Vaccine Drives</li> <li>• 105 x Stakeholder Engagement Meetings</li> <li>• 36 x Religious Engagement Dialogues</li> <li>• 107 x Door-to-Door Mobilisation</li> <li>• 4 x Faith Meets Science Dialogues</li> <li>• 3 x Religious Leaders' Visitations</li> <li>• 6 x Focus Group Discussions</li> </ul>	<b>Activities</b> <ul style="list-style-type: none"> <li>• 25 x Vaccine Literacy and Mobilisation Workshops</li> <li>• 40 x Vaccine Drives</li> <li>• 54 x Stakeholder Engagement Meetings</li> <li>• 19 x Religious Engagement Dialogues</li> <li>• 77 x Door-to-Door Mobilisation</li> <li>• 2 x Faith Meets Science Dialogues</li> <li>• 2 x Religious Leaders' Visitations</li> <li>• 4 x Focus Group Discussions</li> </ul>	<b>Activities</b> <ul style="list-style-type: none"> <li>• 58 x Vaccine Literacy and Mobilisation Workshops</li> <li>• 44 x Vaccine Drives</li> <li>• 82 x Stakeholder Engagement Meetings</li> <li>• 29 x Religious Engagement Dialogues</li> <li>• 68 x Door-to-Door Mobilisation</li> <li>• 3 x Faith Meets Science Dialogues</li> <li>• 3 x Religious Leaders' Visitations</li> <li>• 6 x Focus Group Discussions</li> </ul>
<b>Total Number of People Vaccinated= 1 350</b>	<b>Total Number of People Vaccinated= 1 189</b>	<b>Total Number of People Vaccinated = 1 369</b>

GAUTENG	MPUMALANGA	KWAZULU-NATAL
<b>Districts Covered</b> <ul style="list-style-type: none"> <li>• City of Johannesburg</li> <li>• City of Tshwane</li> <li>• Mogale City</li> <li>• Sedibeng</li> </ul>	<b>Districts Covered</b> <ul style="list-style-type: none"> <li>• Ehlanzeni</li> <li>• Gert Sibande</li> </ul>	<b>Districts Covered</b> <ul style="list-style-type: none"> <li>• Amajuba</li> <li>• eThekweni</li> <li>• uMgungundlovu</li> </ul>
<b>Total number of people reached through these interventions = 25 356</b>	<b>Total number of people reached through these interventions = 12 900</b>	<b>Total number of people reached through these interventions = 27 038</b>

#### PERFORMANCE PER DISTRICT: 20 MARCH - 9 JULY

##### KwaZulu-Natal

##### uMgungundlovu

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	8	24	0	None
Vaccine Literacy and Mobilisation Workshops	8	21	0	None
Religious Community Engagement Dialogues	8	10	0	None
Faith Meets Science Dialogues	1	1	0	None
Vaccine Drives	14	12	2	Difficulty getting health workers to work over the weekend
Religious Leaders' Visitations	1	1	0	None
Door-to-Door Mobilisation Campaigns	42	26	16	Community more receptive to workshops
Focus Group Discussions	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>97</b>	<b>18</b>	





eThekwini

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	8	29	0	None
Vaccine Literacy and Mobilisation Workshops	8	15	0	None
Religious Community Engagement Dialogues	8	11	0	None
Faith Meets Science Dialogues	1	1	0	None
Vaccine Drives	14	19	0	None
Religious Leaders' Visitations	1	1	0	None
Door-to-Door Mobilisation Campaigns	42	22	20	Delay in recruiting mobilisers
Focus Group Discussions	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>100</b>	<b>20</b>	

Amajuba

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	8	29	0	None
Vaccine Literacy and Mobilisation Workshops	8	22	0	None
Religious Community Engagement Dialogues	8	8	0	None
Faith Meets Science Dialogues	1	1	0	None
Vaccine Drives	14	13	1	Challenge with health partners not working on weekends and not getting paid overtime
Religious Leaders' Visitations	1	1	0	None

<b>Door-to-Door Mobilisation Campaigns</b>	42	20	22	Delay in recruiting mobilisers
<b>Focus Group Discussions</b>	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>96</b>	<b>23</b>	

## Mpumalanga

### Ehlanzeni

<b>ACTIVITIES</b>	<b>TOTAL OUTPUTS PLANNED</b>	<b>TOTAL OUTPUTS DELIVERED</b>	<b>OUTSTANDING OUTPUTS</b>	<b>REASONS/NOTES</b>
<b>Stakeholders Engagement Meetings</b>	8	24	0	None
<b>Vaccine Literacy and Mobilisation Workshops</b>	8	12	0	None
<b>Religious Community Engagement Dialogues</b>	8	10	0	None
<b>Faith Meets Science Dialogues</b>	1	1	0	None
<b>Vaccine Drives</b>	14	22	0	None
<b>Religious Leaders' Visitations</b>	1	1	0	None
<b>Door-to-Door Mobilisation Campaigns</b>	42	38	4	Delay in recruiting mobilisers
<b>Focus Group Discussions</b>	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>110</b>	<b>4</b>	



Gert Sibande

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	8	30	0	None
Vaccine Literacy and Mobilisation Workshops	8	13	0	None
Religious Community Engagement Dialogues	8	9	0	None
Faith Meets Science Dialogues	1	1	0	None
Vaccine Drives	14	18	0	None
Religious Leaders' Visitations	1	1	0	None
Door-to-Door Mobilisation Campaigns	42	39	3	Scheduling delay
Focus Group Discussions	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>113</b>	<b>3</b>	

Gauteng

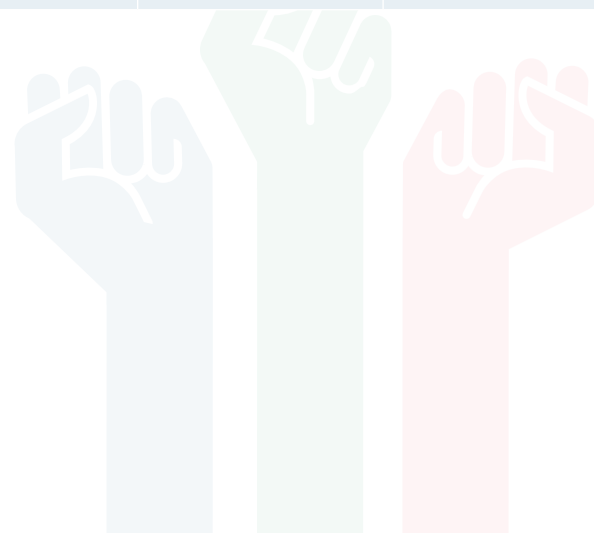
Sedibeng

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	8	27	0	None
Vaccine Literacy and Mobilisation Workshops	8	13	0	None
Religious Community Engagement Dialogues	8	15	0	None
Faith Meets Science Dialogues	1	1	0	None
Vaccine Drives	14	27	0	None
Religious Leaders' Visitations	1	1	0	None

<b>Door-to-Door Mobilisation Campaigns</b>	42	40	2	Scheduling delay
<b>Focus Group Discussions</b>	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>126</b>	<b>2</b>	

#### City of Tshwane

<b>ACTIVITIES</b>	<b>TOTAL OUTPUTS PLANNED</b>	<b>TOTAL OUTPUTS DELIVERED</b>	<b>OUTSTANDING OUTPUTS</b>	<b>REASONS/NOTES</b>
<b>Stakeholders Engagement Meetings</b>	8	43	0	None
<b>Vaccine Literacy and Mobilisation Workshops</b>	8	7	1	None
<b>Religious Community Engagement Dialogues</b>	8	4	4	None
<b>Faith Meets Science Dialogues</b>	1	2	0	None
<b>Vaccine Drives</b>	14	8	6	Challenge with health partners not working on weekends and not getting paid overtime and having competing priorities
<b>Religious Leaders' Visitations</b>	1	1	0	None
<b>Door-to-Door Mobilisation Campaigns</b>	42	11	31	Lack of support from churches
<b>Focus Group Discussions</b>	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>78</b>	<b>42</b>	





Mogale City

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	8	25	0	None
Vaccine Literacy and Mobilisation Workshops	8	7	1	None
Religious Community Engagement Dialogues	8	12	0	None
Faith Meets Science Dialogues	1	1	0	None
Vaccine Drives	14	15	0	None
Religious Leaders' Visitations	1	1	0	None
Door-to-Door Mobilisation Campaigns	42	38	4	None
Focus Group Discussions	2	2	0	None
<b>Total Number of activities conducted</b>	<b>84</b>	<b>101</b>	<b>5</b>	

City of Johannesburg - Region D (Additional region not part of original proposal)

ACTIVITIES	TOTAL OUTPUTS PLANNED	TOTAL OUTPUTS DELIVERED	OUTSTANDING OUTPUTS	REASONS/NOTES
Stakeholders Engagement Meetings	0	10	0	None
Vaccine Literacy and Mobilisation Workshops	0	5	0	None
Religious Community Engagement Dialogues	0	5	0	None
Faith Meets Science Dialogues	0	0	0	None
Vaccine Drives	0	5	0	None
Religious Leaders' Visitations	0	0	0	None
Door-to-Door Mobilisation Campaigns	0	18	0	None

<b>Focus Group Discussions</b>	0	0	0	None
<b>Total Number of activities conducted</b>	<b>0</b>	<b>44</b>	<b>0</b>	

**Total Number of Activities Undertaken: 20 March - 9 July**

<b>ACTIVITIES</b>	<b>NUMBER OF OUTPUTS PLANNED</b>	<b>TOTAL OUTPUTS DELIVERED</b>	<b>OUTSTANDING ACTIVITIES</b>
<b>Stakeholders Engagement Meetings</b>	64	241	0
<b>Vaccine Literacy and Mobilisation Workshops</b>	64	115	0
<b>Religious Community Engagement Dialogues</b>	64	84	0
<b>Faith Meets Science Dialogues</b>	8	9	0
<b>Vaccine Drives</b>	112	139	0
<b>Religious Leaders' Visitations</b>	8	8	0
<b>Door-to-Door Mobilisation Campaigns</b>	336	252	84
<b>Focus Group Discussions</b>	16	16	0
<b>District Orientation Meetings</b>	8	8	0
<b>Interviews with religious leaders on vaccine hesitancy and policy</b>	16	16	0
<b>Total number of activities undertaken</b>	<b>696</b>	<b>892</b>	<b>102</b>

The VaxuMzansi campaign benefited from a strong implementation structure and partnerships previously set up in phase two. More engagement was required with the focus from the provincial to the district level. Zoning in on areas that needed more attention based on vaccine hesitancy and low vaccine uptake yielded good results. We developed a scope of work with clear outcomes and targets, providing the VaxuMzansi team with clear deliverables. Our monitoring and evaluation orientation site visits allowed us to support the district team before they undertook their activities. The site verification visits throughout campaign implementation allowed for real-time reflection on areas for further development and reprogramming as part of our ongoing process, as we were able to contextualise some of the challenges each district experienced. The close-out site visits allowed us to reflect on the work done and document critical information on how the campaign was received on the ground and how the campaign managed to change behaviour and ultimately increase vaccine uptake.

Due to poor vaccine uptake in Johannesburg Region D, we had requested to implement some activities in this area as a bonus area. Our Mogale City District coordinator implemented activities in both areas with support from her TEASA church structure.

Sensitising communities to our engagements became critical. This required our coordinators to host more stakeholder engagement meetings and community engagement dialogues. These interventions allowed us to create partnerships with local structures that helped us garner more support and participation from community members. Although each coordinator was given the same targets, the communities were receptive to different interventions. To be effective and receptive to the communities, the number of activities had to be varied by district. Some activity implementations were more than planned, while others were less as they did not receive great reception.

There was much inter-district support among the coordinators. This allowed the coordinators to learn from one another.

05

## **IMPACT AND EXPERIENCE PER DISTRICT**

### **Gauteng**

#### **City of Tshwane**

There was much hesitancy in the City of Tshwane in the initial stages of the campaign implementation, and many faith leaders were divided on COVID-19 vaccines. More engagement with the faith leaders, Councillors and community members was required to ensure that there is buy-in and support for the successful implementation of the VaxuMzansi campaign. We collaborated with the district's Regional Tshwane Council of Churches, the Salvation Army, Anglican Church and the Methodist Church. They communicated the campaign activities to their local church leaders. Through these collaborations, we could implement the VaxuMzansi campaign with their member churches and host pop-up vaccine sites at the gatherings, such as the Methodist Church Regional Synod. The VaxuMzansi campaign was instrumental in strengthening community relations and positioning the role of churches in responding to COVID-19 and vaccine uptake. We also targeted the homeless community in the district to ensure that we bring vaccine services directly to them. In preparation for the Faith Meets Science dialogues, local organising communities were formed, and the community members included Ward Councillors, Church leaders, Civil Society Organisations and community representatives. Although our target was to host one Faith Meet Science in each district, we hosted two dialogues in the City of Tshwane due to the demand and requests on the ground. The Faith Meets Science dialogues' inaugural launch was held in Mabopane. We received a lot of support from the local structures, including the Ward Councillor, Civil Society organisations, and local faith leaders. Given the success of the first Faith Meets Science dialogue, there was a request to host a second one held in Mamelodi. We received support from the District Department of Health, which provided vaccine services for our vaccination drives. Civil society organisations such as Izwe Lonke, a women's organisation (provided platforms for the district coordinator to present the VaxuMzansi activities during their events. The district coordinator is a senior church leader at the Salvation Army and received much support from faith leaders within the Salvation Army who volunteered to participate in the door-to-door mobilisations.

### **Sedibeng**

Having partnered with the Council of African Instituted Churches of South Africa (CAIC) in phase two through the appointment of a coordinator through their structure as one of our

member churches whose focus was to implement the VaxuMzansi campaign in the Sedibeng district, the campaign was already known. We did not have to put too much effort into introducing the campaign activities to key stakeholders on the ground. Many engagements were done in phase two, however, with more focus on sub-districts, some engagements had to be undertaken. Faith Leaders in Sedibeng availed themselves of providing support for the implementation of the campaign. With the ending of the regulations and the wearing of masks stopped, communities perceived that COVID-19 had ended. As a result, parents stopped signing consent forms permitting health workers to vaccinate their children. Mobilisers were critical in ensuring that the communities were widely reached, creating opportunities to respond to individual questions and concerns. The Vaccine Literacy and Mobilisation workshops led with participants sharing the knowledge acquired to their communities. This led to other communities reaching out to the coordinator to host the workshops in their respective areas. The District Department of Health supported all the vaccine drives. CAIC continued to support the VaxuMzansi campaign by facilitating its activities with its church members and on social media platforms. The Mayoral office provided their space to host the faith-based meetings. Ward councillors supported the implementation of the VaxuMzansi campaign activities. Local radio stations, such as Lekwa FM, Theta FM and Kagiso FM, provided free air time, allowing us to publicise the campaign activities and spread the message to the listeners on the benefits of vaccination. We established a great partnership with Tshegatsanang, a community organisation for the Catholic Church that supported the campaign activities by offering health services.

### **Mogale City**

The VaxuMzansi campaign was not known in most of the areas in the district, and many stakeholder engagement meetings had to be conducted. Most faith leaders were very reluctant, citing confusion created by the government lifting some of the lockdown regulations. The district coordinator is a qualified healthcare practitioner and a church leader who was seconded by the Evangelical Alliance of South Africa (TEASA) during the implementation of VaxuMzansi campaign in phase two. This made building trust with communities and the TEASA member churches easier. Most churches introduced to the campaign through community engagement meetings provided the venues for VaxuMzansi activities.

VaxuMzansi was invited to present at the youth seminar in Tshepisong, which created an opportunity to engage with young people who were in attendance. The partnership with the Community Works Programme in the district provided support by appointing young people who were part of the programme as mobilisers for the VaxuMzansi campaign. Through this structure, the coordinator managed to host a Vaccine Literacy and Mobilisation Workshop which was over 100 participants attended. There was a challenge with health care workers not supporting the VaxuMzansi vaccine pop-up sites. However, the coordinator saw an opportunity to partner with the clinics and mobilise communities close to the clinics to vaccinate. There was much support from the schools engaged in the districts, and the campaign was presented to the learners during assembly. Some of the local business owners provided support by providing their workplaces as distribution channels for the campaign IEC materials. Local community leaders provided support to ensure the successful implementation of campaign activities. The Faith Leader in Tshepisong, who is also a medical practitioner, and well trusted by the community, provided his church to host the Faith Meets Science Dialogue and is also one of the panellists.



## **City of Johannesburg**

### **Region D - Soweto**

There was a lot of support during the church engagement dialogues and meetings with the church members within the TEASA structure who requested the campaign to be implemented in Region D. The district coordinator who was allocated to work in Mogale City moved to Region D and hosted church engagement meetings with member churches in the region. VaxuMzansi campaign was invited to present at the Passover Conference, which was held in Meadowlands during Easter. The conference was attended by participants from the different areas around the country. The VaxuMzansi campaign was also invited to the community engagement session hosted by Defend Your Democracy in White City Jabavu and at their conference which, was held in Ekurhuleni. The district coordinator introduced the campaign and reminded participants to use the non-pharmaceutical interventions

## **KwaZulu-Natal**

### **Amajuba**

Vaccine hesitancy in this district was very high, and Amajuba was one of the districts with low vaccine uptake, and much engagement had to be undertaken. This was worsened by the video of the paramedic working for the District Department of Health in Amajuba, who claimed to have gotten sick from the COVID-19 vaccine. Most people who refused to vaccinate referred to this video they had seen circulating on social media platforms. Presenting the VaxuMzansi campaign to the church leaders was not easy initially, as many wanted to understand how they would directly benefit from the campaign. With more engagement with the church leaders, the VaxuMzansi campaign objectives were clearly defined.

The district coordinator is also the regional coordinator for the Thukela, Amajuba, and Mzinyathi Christian Council and a former church leader in Amajuba. These roles made it easier for him to engage with the broader faith structure. A good partnership was established with the district Department of Health through the district health officer. The district coordinator developed a great partnership with Ukhahlamba FM, Imvula FM and Newcastle FM and was invited as a guest content presenter on their health shows. This amplified our COVID-19 and vaccination messaging to communities. 80% of the people reached through the VaxuMzansi campaign in the district gave positive feedback about how the campaign educated them, thus compelling them to vaccinate. Most community members felt that the VaxuMzansi campaign was developed with their interest and wanted to participate in the campaign activities. Working directly with the local fraternal yielded promising results in getting buy-in from the faith communities.

The door-to-door mobilisation campaigns helped mobilise communities to attend vaccine drives and dialogues. Having the faith leaders participate in the door-to-door campaigns through the Religious Leaders' visitation increased the number of local communities taking up the vaccine services at the pop-up sites linked to this visitation. The Religious Leaders' visitation was streamed on Newcastle FM and announcements were made inviting community members to vaccinate. VaxuMzansi campaign was given a slot to present at multiple Traditional Leaders' meetings. The Youth Structure in Amajuba was very supportive of the project. This created a platform for other young people to participate in most campaign activities, including vaccination drives. VaxuMzansi was frequently invited to participate in the Newcastle Operation Sukuma Sakhe room meetings. Farm owners were receptive to the campaign and its objectives and provided a platform for the coordinator to present to their employees. The Faith Meets Science Dialogue was held at a religious leader's home,

and most of the young people who attended the dialogue were vaccinated. The production company appointed by the Solidarity Fund included a religious engagement dialogue in the documentary. Over 150 members from the indigenous churches participated in the dialogue.

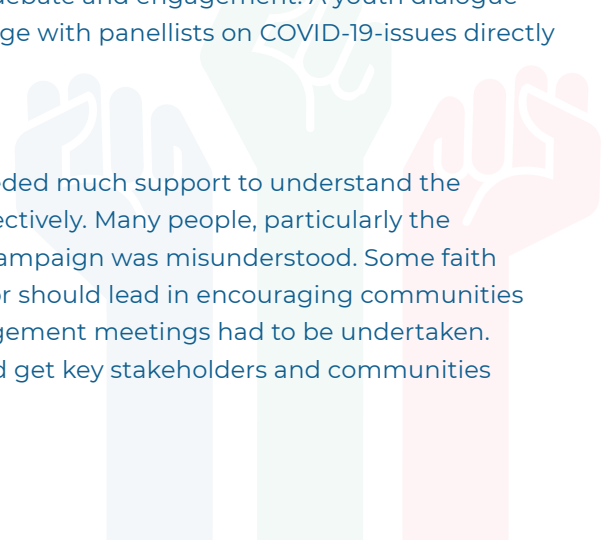
### **eThekwini**

The VaxuMzansi campaign was well received on the ground, with the campaign being implemented in the area during phase two. Many community engagement meetings with the local traditional leadership were required, and the district coordinator received support from COGTA, who assisted in convening these meetings. The traditional leadership endorsed the VaxuMzansi campaign, which opened doors for the campaign to be accepted and supported by most of their communities, who considered the traditional leaders as the trusted voices. There was much confusion on the ground because of lifting some of the lockdown restrictions when the campaign activities started. Most areas had limited access to vaccination services, making it difficult for communities in those areas to vaccinate. Stakeholder engagements were an effective community entry activity warming the community to accept and understand the campaign objectives and welcome our activities. The religious engagement dialogues assisted in disseminating information through the faith leaders, who were trusted in those communities. The district coordinator participated in the weekly senior church leaders meetings convened by the KwaZulu-Natal Christian Churches, which provided a platform for the campaign to be supported by the church leaders in their regions. Stakeholder engagement meetings were critical as they created a platform for the campaign to be endorsed and supported by the different stakeholders. The panellists who participated in the Faith Meets Science dialogue created a safe space for attendees to engage and brought many faith groups to work together. The District Department of Health supported pop-up vaccine sites and activity collaborations. The department convened a planning and brainstorming meeting where all the partners working in this space were invited, and a strategy was developed for the district. The ward councillors and their ward committees supported the campaign throughout its implementation process and circulated information about VaxuMzansi activities during their meetings. Fraternal structures and the different church structures endorsed the campaign and assisted with mobilisation within their churches.

NGOs such as DrumAide, and DGMT supported the district coordinator throughout the implementation of the campaign and collaborated in door-to-door mobilisation campaigns. The premier's office endorsed the VaxuMzansi campaign as one of the key interventions in the province. A Ward-based approach introduced by the department of health ensured that more focus was given to the areas where vaccine uptake was low, and this led to a more structured approach to hosting vaccine drives. The MEC for health in KwaZulu-Natal endorsed the VaxuMzansi campaign in one of her sessions and encouraged key stakeholders to support the campaign. Having health practitioners, academics and theologians as panellists for the Faith Meets Science dialogue strengthened the debate and engagement. A youth dialogue created an opportunity for young people to engage with panellists on COVID-19-issues directly affecting them.

### **uMgungundlovu**

Initially, the district coordinator was new and needed much support to understand the campaign objectives to execute the activities effectively. Many people, particularly the faith leaders, were reluctant as the VaxuMzansi campaign was misunderstood. Some faith leaders could not understand why the faith sector should lead in encouraging communities to vaccinate. As a result, many stakeholder engagement meetings had to be undertaken. These stakeholder engagement meetings helped get key stakeholders and communities



to accept and understand the project. Developing partnerships with stakeholders such as the church fraternity, Indunas and local traditional leaders strengthened our mobilisation and provided access to work in some areas. During the first religious engagement dialogue, most faith leaders who attended believed that the VaxuMzansi campaign was a campaign by the government. Their main concern was that the government did not involve them when introducing the COVID-19 Disaster Management Act and regulations and only engaged them through this campaign because they needed support from the faith leaders. These dialogues assisted in providing the correct information to the church leaders, who supported implementing the VaxuMzansi campaign. The support from the KwaZulu-Natal Church Council made it easier for the church leaders and the local fraternity to be accessible. Most of the stakeholder engagement meetings led to increased support on the ground. The IEC materials assisted in educating the community and providing the correct information.

Through the door-to-door mobilisation campaigns, many communities wanted to attend all the VaxuMzansi activities. The Faith Meets Science dialogue gave a different perspective to attendees because experts were available to provide factual information and respond to all the questions asked. Leaders from most of the member churches were very supportive of the campaign. They assisted by mobilising their church members to participate in most activities and availed their churches as venues for the dialogue sessions. The District Department of Health was very supportive and supported the campaign by circulating communication about campaign activities to the clinics to support the vaccine drives. Ward councillors supported the campaign and provided catering for participants in some instances. Many community members appreciated that vaccine services were provided through the VaxuMzansi pop-up sites as they were reluctant to access vaccine services in the clinics.

## **Mpumalanga**

### **Ehlanzeni**

The VaxuMzansi campaign was already known in some of the communities in the district. It was well received as community members were already familiar with the activities implemented in phase two. There was much support from faith leaders as they were knowledgeable about the benefits of the COVID-19 vaccines. Through ongoing community engagement, it became clear that many communities did not have a problem with the vaccine but instead needed reassurance that it was safe. Most of the stakeholders saw the benefits of partnering with the VaxuMzansi campaign. Nkomazi sub-district wants to award the district coordinator a certificate of appreciation for the work done in the district. The District Department of Health provided community health workers to support the campaign during door-to-door mobilisation campaigns, enabling the campaign to reach more communities. The ward councillors were very supportive in informing their communities about the planned campaign activities and provided loud-hailing services. Engaging with the Izindunas through the community engagement approaches created a strong partnership for the district coordinator and made it possible for the campaign activities to be undertaken in most communities.

Partnering with community organisations assisted with mobilisation and identifying panellists for the Faith Meets Science dialogue. The Faith Meets Science dialogue in the districts attracted over 150 participants. Right to Care provided support with some of the vaccination drives. A stakeholder group was created in Matsulu through which most of the planned activities were communicated and assisted with implementation. Positive Women's Network supported the VaxuMzansi campaign throughout the implementation of all the campaign activities. Church leaders participated in the campaign through support from the President of the Mpumalanga Council of Churches.

## **Gert Sibande**

Initially, the district coordinator was new and needed much support to understand the campaign objectives to execute the activities effectively. There was a lot of hesitancy in some churches in the district, making accessing the church communities difficult. Most stakeholder engagement meetings resulted in activities being supported by the various stakeholders. Developing partnerships with stakeholders allowed us to implement the campaign on the ground. The district coordinator is the President of the Youth in the Methodist Church, making it possible for the communities to trust her. Health workers availed themselves to support the campaign activities and helped ensure that factual information was shared with participants. Many community members refused to believe the information shared by mobilisers because they were not theologians, particularly those who have lost their loved ones to COVID-19. The vast district and has many farms making it challenging to access some of the communities living on the farms. Support from the Ehlanzeni district coordinator, who was responsible for implementing the campaign at the provincial level in phase two, assisted in building momentum in the district.

VaxuMzansi received much support from the Department of Health sub-district in Mkhondo. The Treatment Action Campaign was a key stakeholder and supported VaxuMzansi through its platforms and structures. Other civil society organisations provided the district coordinator with a platform to present the VaxuMzansi campaign at their events and provided their venues for our dialogues. Positive Women's Network in Amsterdam supported all the door-to-door campaign activities. Many local traditional healers attended the Faith Meets Science dialogue in Mkhondo and valued the partnership the campaign had established with them. A vaccine-hesitant local faith leader had a change of heart during the dialogue. After his questions were answered, he was vaccinated on the day. The campaign managed to get support from experts in the different sectors through engagement with them during the dialogues. Although the coordinator struggled to get support for vaccine drives at the beginning of the campaign, partnering with the local clinics and mobilising communities near these clinics increased vaccine uptake.

## **06**

### **CHALLENGES**

- Access to vaccine services in some areas continued to be a considerable challenge.
- Capturing accurate data on the number of people vaccinated at the VaxuMzansi drives and events was difficult since we relied on health partners to provide this data, and some were hesitant to provide this information.
- There is still hesitancy among some church leaders and community members. This is due to the misinformation around side effects – unverified reports about long-term flu symptoms or episodes post-vaccination, relaxing lockdown restrictions and ending the National Disaster Management act regulations.
- Communities wanted monetary incentives from mobilisers. They specifically asked about the R350 stipend previously offered by the government.
- There is confusion around the vaccine uptake for undocumented people. There is no clear understanding regarding administering vaccines to people without legal papers.
- Misinformation on social media and shared within the community influences people's vaccination decisions.
- The IEC materials in different languages are not always welcome in some areas. Most people prefer English.

- There is still some confusion and misunderstanding of the various vaccine doses and their effectiveness.
- There is a common thread in all the districts where some of the communities felt that having dialogues was no longer relevant after all restrictions were lifted.
- Young people are still reluctant to vaccinate due to their misconceptions about COVID-19.
- Lifting the COVID-19 regulations created many misconceptions on the ground as most of the people we engaged had a perception that COVID-19 had ended and they did not need to vaccinate.
- There are still some communities who believe that COVID-19 is man-made and has a hidden agenda.
- Community members believe that because the first case of Monkeypox in South Africa happened as the COVID-19 regulations ended, it meant COVID-19 was over, and Monkeypox was the new disease. They believe that this is evidence that COVID-19 is man-made. This further strengthened young people's belief that COVID-19 was a plot by the government to reduce the country's population.
- There are protocol challenges when accessing learners, which impact vaccine uptake as many eligible young people are in schools.
- Many people who had received their first and second vaccine doses were reluctant to take booster shots because of the side effects they experienced in the past.

07

## CONCLUSION

Having embarked on the #VaxuMzansi campaign, we have learnt that community dialogue methodology brings more engagement and vigour to understand why the vaccine is important. Each faith group responded and engaged differently to COVID-19-related, content and having the support of the faith leaders makes the communication exercise more impactful. Stakeholder engagement meetings and community engagement dialogues proved to be a powerful community entry tool to build trust and garner support.

We believe that our on-the-ground interventions were a seed that inspired those we engaged with to spread correct vaccine information to their network and answer hesitant individuals. We believe that thousands of secondary and tertiary information recipients were inspired to vaccinate, contributing to the overall vaccine increase in the districts. Therefore our known numbers are not a true reflection of our full impact.

