



PROJECT	AMOUNT ALLOCATED (EXCL VAT)	AMOUNT DISBURSED (EXCL VAT)	RETURNED TO SOLIDARITY FUND (EXCL VAT)
Community Engagement Campaign	R52 500 000	R50 108 207	R2 391 793

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CAMPAIGN OVERVIEW

The extension of the Solidarity Fund’s vaccine demand creation campaign continued under the community engagement campaign, which ran from 15 March to 15 May 2022. It was the second chapter in the Fund’s goal to generate demand for the COVID-19 vaccine following on from the previous campaign that ran from September 2021 to January 2022. The campaign focused on improving uptake of vaccinations, maintaining high levels of vaccine acceptance, and addressing vaccine hesitancy. From the digital campaign alone there was over 600 000 click-throughs to the vaccination booking website.

As with the previous campaign, the Fund launched this one amidst extreme contextual headwinds. Unprecedented levels of misinformation reverberating through social media echo chambers and unprecedented levels of scrutiny and focus on the subject matter, were just a couple of the challenges faced.

While the extreme hesitancy and inertia perpetuated by the proliferation of misinformation and disinformation generated by the information war around COVID-19 were not new, we had managed to get all the low-hanging fruit and help encourage the early majority to get vaccinated through the previous campaign. While we acknowledged that there was a significant portion of the country we would never be able to convince to get vaccinated, getting the next tier of the movable middle vaccinated was still very difficult.

It was exacerbated by environmental factors, which had reduced people’s risk perception around COVID-19. When people have a low-risk perception, they are less likely to act. In this instance, the milder Omicron variant, low alert levels over the festive season, and talk of the end of the state of disaster all contributed to massively reduced risk perception. It neutralised the leverage we had used in the previous campaign, where the threat of severe illness and death from contracting COVID-19 had elevated risk perception.

The most affected by this inertia were the youth demographic ages 18 to 35.

According to research, some of the biggest opportunities lay in finding solutions to access barriers, such as after-hour availability of the vaccination sites and spheres in that communication could have little impact.

To succeed at this pandemic stage, we needed a gear shift. At the same time, the concerns we needed to address with the public around the vaccine had not changed drastically from the previous campaign – our approach to media needed to be far more targeted and interactive. The mass approach to media had served its purpose. The next phase required focused investment on community-based channels that could foster dialogue, target the lowest uptake districts and sub-districts across the country, and be more efficient with the budget.

02

RESEARCH

1. **CVACS COVID-19 Vaccine Survey Wave 1:** This research was used to do a psychographic segmentation and find the biggest opportunities for impact. The research findings were released in January 2022 and were vital in informing our direction for this campaign.
2. **National Department of Health Vaccination Data:** We collaborated with the NDoH to determine the focal districts and sub-districts where we could have the most impact, based on the demographic uptake in those regions.
3. **Ask Afrika:** Focus groups were conducted in December 2021 to determine if there were any additional insights that we needed to accommodate in our communication from the previous campaign. These learnings were actioned.

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OBJECTIVES



DRIVE PERSON-TO-PERSON DIALOGUE

The next layer of the movable middle would be tough to convince. As such, we determined the best way to address their vaccine hesitancy was to create environments where they could ask their questions directly.



ADDITIONAL LAYER OF FOCUS ON THE YOUTH

According to NDoH data, the 18-34 age cohort had the lowest vaccine uptake and needed additional focus.



SUPPORT NDoH ACTIVITY

Compliment and support any important activity from the government.



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THE STRATEGY

The Fund broadly linked the strategy for this phase of the vaccine demand creation drive to media. While our approach of putting accurate information from authentic, trusted sources didn't change from the previous campaign, in this one, how we delivered it from a media point of view was critical.

In order to deliver on our objectives, there were two main approaches used:

QUALITY OVER QUANTITY REACH

Instead of a mass reach, national campaign, this phase focuses on the districts and sub-districts that had the lowest uptake according to NDoH data. However, while we reduced the districts we were communicating in, we increased the number of community mobilisers and general activity in those communities.

We adopted a tiered approach where the Fund put the worst lag districts into one of two tiers – based on the percentage of unvaccinated people in those regions and the total population size. The primary difference is that tier one had a deeper inter-community approach and a higher percentage of the budget allocated.

	District	Fully Vaccinated Coverage	First Dose Coverage	Partially Vaccinated Coverage	Unvaccinated Population
TIER 1 (5 largest unvaccinated metros)	Johannesburg MM	31.76%	40.3%	9%	2,883,303
	Ekurhuleni MM	26.27%	33.0%	7%	2,137,017
	eThekweni MM	28.23%	34.0%	6%	2,085,211
	Cape Town MM	39.50%	47.6%	8%	1,947,848
	Tshwane MM	30.73%	36.2%	6%	1,939,412
TIER 2 (10 districts with unvaccinated populations of over 500k)	Bojanala Platinum DM	30.58%	35.5%	5%	973,068
	Nkangala DM	21.25%	24.6%	3%	955,511
	Ehlanzeni DM	35.55%	40.6%	5%	792,458
	O Tambo DM	28.17%	34.4%	6%	685,358
	G Sibande DM	26.42%	30.3%	4%	666,100
	Vhembe DM	34.20%	41.5%	7%	631,854
	N Mandela Bay MM	34.52%	41.6%	7%	570,891
	Sekhukhune DM	29.08%	35.8%	7%	560,862
	Sedibeng DM	25.27%	30.8%	6%	538,534
	Capricorn DM	40.09%	46.6%	7%	528,322

CLOSE THE GAP BETWEEN DIALOGUE AND ACTION

The nature of mass communication is typically a gap between message and action. While people may be convinced by our message, by the time they may be able to go for the vaccine, many others may have swayed them out of it again, or apathy may creep in. As far as possible in this campaign, we aimed to reduce the time between our communication, dialogue and discussion and people being able to vaccinate. We did this by using mobile vaccination sites, a significant presence around surge sites, and community mobilisers prompting immediate vaccination once they had convinced people it was a good idea.

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THE IDEA

While there was no central concept for this campaign, it was driven by a true north of three underlying principles:

Simplicity, Authenticity and Engagement.



CHANNEL ROLL-OUT

RADIO

Radio flighted across 24 stations in the following regions: Ekurhuleni, Johannesburg, Cape Town, Tshwane, Gauteng, Limpopo, Mpumalanga, North West and Eastern Cape.

The campaign was split into two executions:

- 1. Broad Awareness** – Language-specific content on radio, DJ posts, and medical expert video's on the station's social pages
- 2. Activation Support** – Live call-outs over two days to drive awareness of vaccination sites and outside broadcasts in KwaZulu-Natal (KZN), Western Cape and Gauteng – all to support larger-scale events. Due to the high share of spend on radio, partnerships and negotiations, the campaign achieved a total listenership of six million.

Figure 1: Radio campaign performance and value

Spend	Value	Total Value
R5.8 M	R11.5 M	R17.3 M

EXECUTION	Number of Stations	Spend	ADDED VALUE	TOTAL VALUE
60s Recorded Ad with Medical Expert	14 (Tier 1) & 10 (Tier 2)	R4 M	R10 M	R14 M
DJ and Social Posts	14 (Tier 1)	R306 K	R192 K	R498 K
Outside Broadcasts	4 (Tier 1)	R1.3 M	R916 K	R2.2 M
Live Read Call Outs	9 (Tier 1)	R170 K	R144 K	R314 K
		R5.8 M	R11.5 M	R17.3 M

Figure 2: DJ and radio station social posts

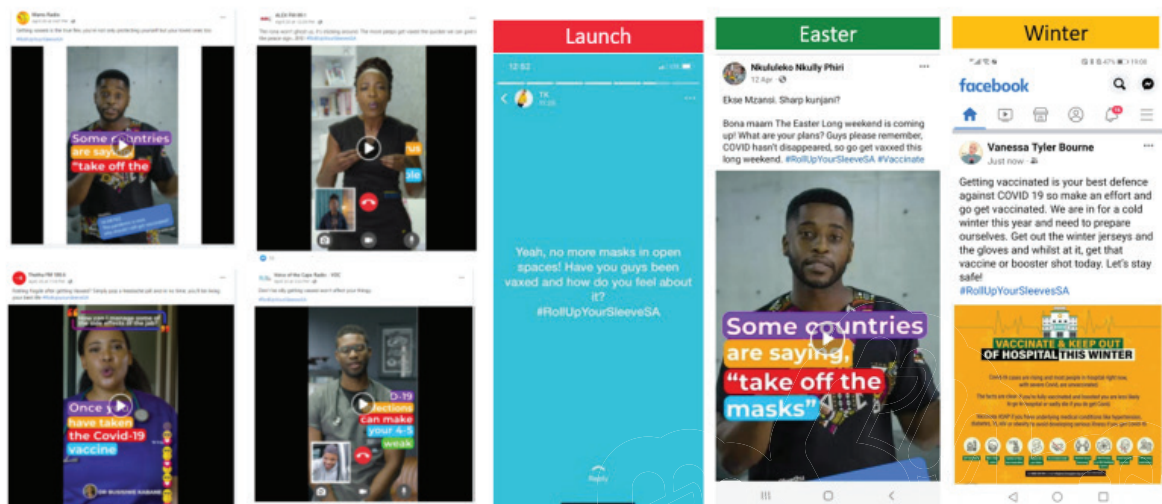


Figure 3: Outside broadcasts activations



OUTDOOR

For a spend of R400 000, the Fund achieved a negotiated value of R846 000. Eleven screens were set up in eleven taxi ranks in Ekurhuleni, Johannesburg, Cape Town, and Tshwane. A total of 20 766 spots flighted over this period.

Figure 4: Out-of-home spend overview

Spend	Value		Total Value			
R400 K	R486 K		R846 K			
Timing	Number of screens	Flightings per Day	Duration	Total Booked Ads	AV Spots	Total Ads Flighted
22 – 31 March	11	36	30"	3,168	1,373	4,541
1 – 30 April	11	36	30"	10,296	706	11,002
1 – 13 May	11	32	30"	4,356	867	5,223
				17 820	2 946	20 766

Figure 5: Out-of-home site examples



DIGITAL ROLL-OUT

	March 2022					April 2022					May 2022						
	0	7	14	21	28	0	4	11	18	25	2	9	16	23	30		
Paid Social						Facebook											

- Paid digital campaign launched on the 28th of March and completed on the 15th of May 2022
- Final digital spend of R1 253 359 inclusive of all fees.

DIGITAL PERFORMANCE OVERVIEW

- Paid digital prioritised the platform, that allowed for the greatest incremental reach/exposure with key target groups.
- Facebook met these criteria, and by funnelling all digital budgets into one central place, the Fund did not sacrifice key performance metrics.
- Targeting parameters set up were male/female between 18 and 35 years, residing in Johannesburg/Tshwane/Ekurhuleni or Cape Town. The available audience reach was 6 600 000.
- The social campaign reached a sizeable portion of this addressable audience, achieving an 85% unique reach on Facebook.
- Using specific vernacular languages in the video ads and targeting them to specific regions helped successfully localise and ensure relevance to the target market.
- Over one million completed video views, above the benchmarked video view through rate (20% vs 15%) and 144 000 click throughs to the website.

Figure 6: Digital campaign performance

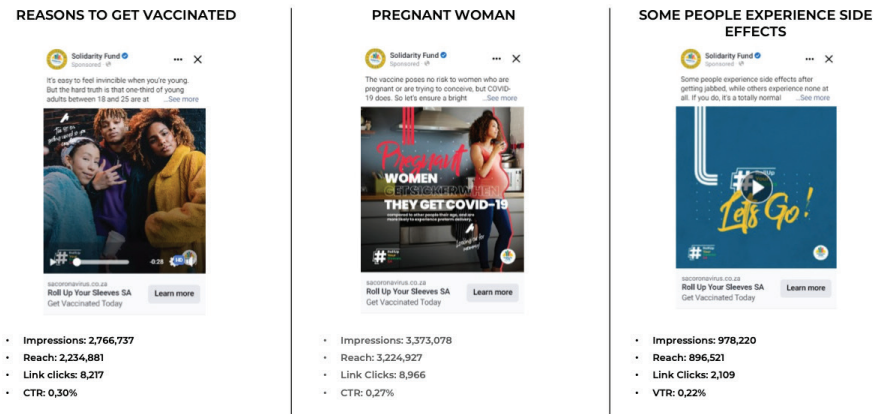
Objective	Spend	Visibility				Attention					Engagement			
		Reach	Impressions	CPM	Frequency	Video Starts	Completed Video Views	VTR	CPV - 3 Second	CPV - Complete	Link clicks	CTR	CPC	
REACH	R357 143,89	5 501 909	19 299 314	R18,51	3,51							40 954	0,21%	R8,72
Target	R 352 000,00	2 300 000	17 000 000	R20								35,000		R10
VIDEO VIEWS	R761 927,24	1 766 907	12 074 835	R63,10	6,83	5 283 489	1 044 542	19,77%	R0,14	R0,73	103 096	0,85%	R7,39	
Target	R 758 000,00	2 500 000	10 000 000	R60		2 400 000	350 000	15%	R0,25					
Totals	R1 119 071,13	5 680 085	31 374 149	R35,67	5,52	5 418 407	1 055 583	19,48%	R2,79	R1,06	144 050	0,46%		



A COMBINATION OF IMPACTFUL CREATIVES SET THE FOUNDATION FOR A SUCCESSFUL CAMPAIGN

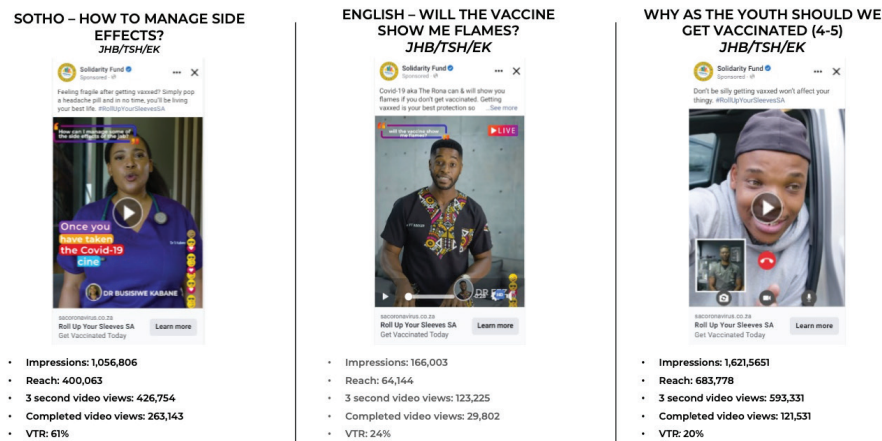
A dedicated reach campaign with various 'Facts & Stats' messaging rendered across multiple formats and ran parallel to primary medical advice videos, ensuring key vaccination message recall.

Figure 7: Top three 'Facts & Stats' advertisements



- The key driver of the campaign's success was the hyper-local medical advice videos that served across key regions in the relevant languages.
- Videos specifically in Sotho, English and Zulu, that covered topics of side effects and who should be vaccinated, resonated the most with target audiences, achieving the highest view-through rates.

Figure 8: Top three medical advice videos



PR APPROACH

The PR strategic approach had four pillars of focus to support and amplify the vaccine demand creation community engagement campaign. These included:

1. Campaign Launch Support
2. Community PR Support
3. National PR and NDoH Support
4. Content Development

The role of PR was to amplify and leverage the campaign:

- The approach to this campaign included finding opportunities in the areas where the community engagements were executed to generate media coverage and encourage community members to visit the activation and vaccine surge sites.
- Our approach included a campaign launch announcement based on the findings and learnings from the previous phase regarding the vaccine numbers in parts of the country where uptake was low.
- An approach to support community activations by leveraging the activations in targeted areas through engagement with community media and added value media opportunities.
- An approach to support national/urban activations by leveraging the activations through media engagement and added value opportunities (outside broadcasts).
- An approach to support the NDoH #KeReady campaign and activations/ initiatives.
- Content development to support the campaign where required.

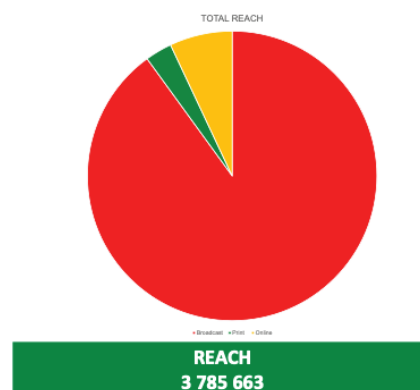
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PR RESULTS OVERVIEW

Figure 9: Results overview

BROADCAST	PRINT	ONLINE	TOTAL AVE	TOTAL PR VALUE
R449K	R47K	R47K	R550K	R1.6M

CONTENT
Solidarity Fund Final Phase of the campaign
Easter Holidays Release
Dr Saul Johnson Op-Ed
Interview opportunities to drive vaccine uptake at activations



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COMMUNITY ENGAGEMENT SUPPORT

PR efforts to support the **community activations** through community media engagement opportunities and leveraging added value opportunities through the securing and coordination of interviews.

- Vaal Methodist GBV and Wellness Event
- Tembisa Drug Awareness Outreach Campaign
- Sasolburg one millionth job filming

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NATIONAL ENGAGEMENT SUPPORT

PR efforts focused on supporting **urban activations** through media engagement and leveraging added value opportunities, particularly at the outside broadcast events.

- Rand Easter Show
- Durban International Marathon
- Neighbour Goods Market at the Old Biscuit Mill (Cape Town)
- Charlotte Maxeke Academic Hospital reopening



STRATEGIC PARTNERSHIPS

We engaged in a strategic partnership with NDoH that complemented our approach to encouraging vaccination, especially amongst the youth. We partnered on content and activations to drive this messaging to the public. (A separate #KeReady campaign report was shared).

National Department of Health

This collaboration included PR support for the campaign and the initiatives that took place to encourage the youth to get vaccinated during the vaccine demand creation community engagement campaign.

SNAPSHOT OF PR COVERAGE

SNAPSHOT OF FILMING

SASOLBURG FILMING

Sasolburg filming took place to celebrate the 1 millionth job since the outreach sites where set up:



REOPENING OF CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

Filming of the reopening of the Charlotte Maxeke Johannesburg Academic Hospital



COMMUNITY MOBILISATION

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

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

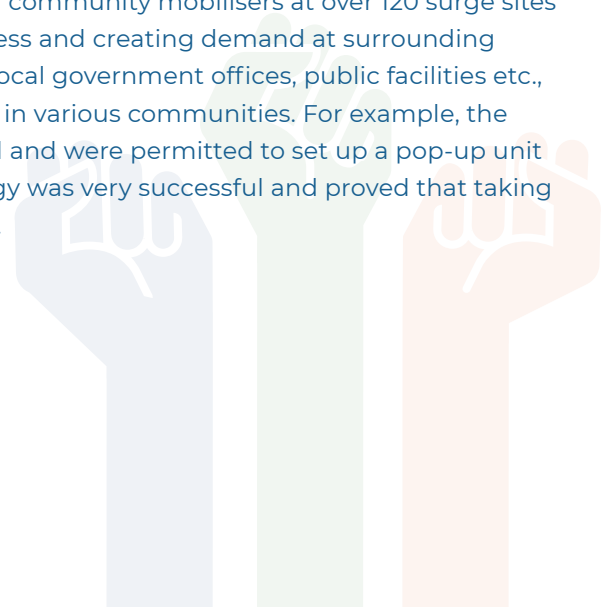
Underpinning the community engagement and surge site awareness drive strategy were four key pillars:

Door-to-door dialogue

The lead on-the-ground engagements were the face-to-face conversations that the Solidarity Fund CMs drove. They comprised young, unemployed students and youth from the surrounding areas who knew the local language well and were respectful of the local customs and practices. This ensured that we approached the community with a sensitivity that allowed our CMs to be welcomed and given time to share information and know how to communicate and drive same-day vaccination at the surge site closest to said community members. The CMs excelled in understanding the sensitivities, culture and social nuances, which assisted in finding solutions. For instance, our CMs in the Western Cape, Malmesbury, was assigned a specific CBD area to mobilise and create awareness for their respective surge site. In engagements with the citizens, they found that most had been fully vaccinated. They, therefore, suggested to the clinical operator that the site be moved to a specific informal settlement where the CMs knew several people who could not afford to get a taxi to the clinic. The surge site then travelled to said area, and a pop-up site was erected. Community members finally had an opportunity to vaccinate.

Surge site support

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



Localised partnership networks

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

Figure 10: Community mobilisers focused roll-out strategy



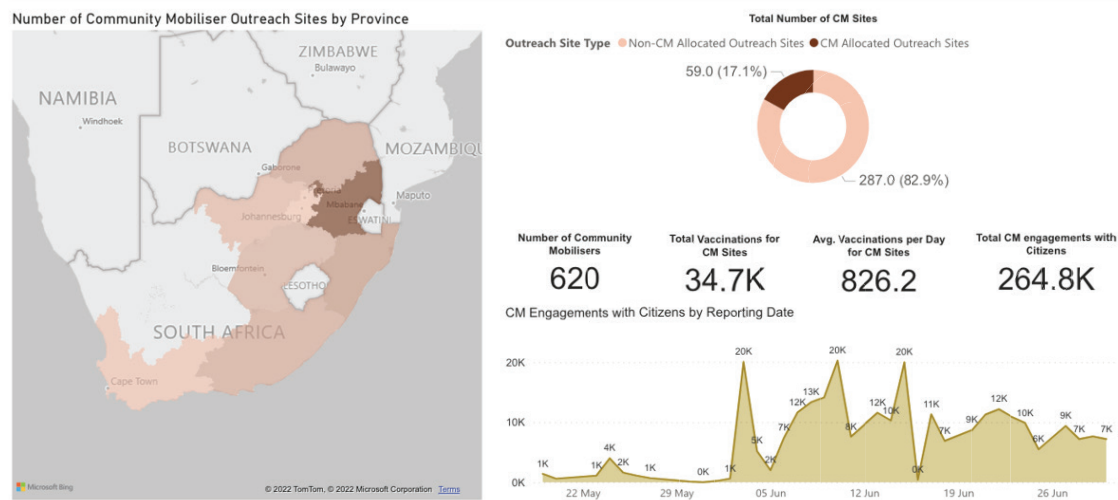
Factual literacy leaflets

A significant focus was put on interpersonal engagements within door-to-door and congregate environments where, after engagement and conversations, the CMs would share leaflets that had factual and comprehensive information in our various languages, regarding COVID-19 and the vaccination. The objective was to share facts from reliable sources that addressed key issues including:

- Addressing fears and hesitancy
- Encouraging vaccination
- Transport to surge sites and local vaccination partners

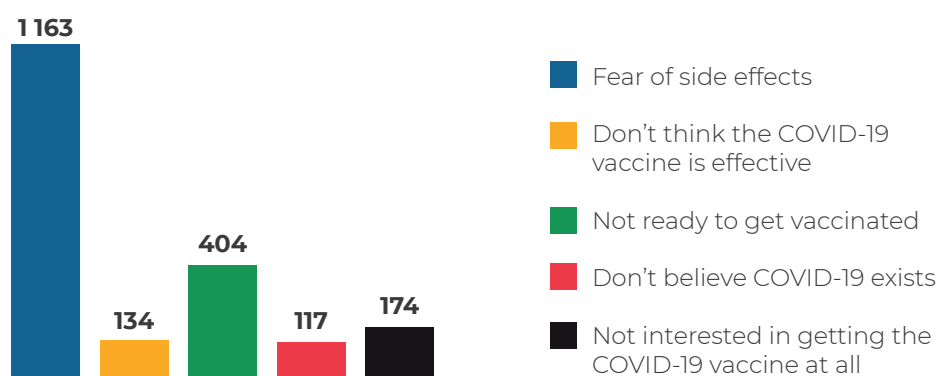
Community Mobiliser Programme Summary

This sheet presents an overview of priority indicators for the community mobiliser programme



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

Figure 12: Community mobilisers dialy insights



Important insights

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

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

Figure 13: Surge site community mobilisers engaging community members



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IMPACT

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

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KEY LEARNINGS

- **Face-to-face two-way dialogue** in people's homes with people from their locality had an immense effect on countering myths and misinformation and driving communities to vaccinate.
- **The family unit remains** the most important influence on whether people would get vaccinated or not. Most people felt responsible for the health of their family members.
- **Taking the vaccine to the people** is critical to close the gap between informing and immediate vaccination. This approach will drive real-time conversion.

