Using Mural Arts to Trigger Behaviour Change and Combat the Spread of COVID-19
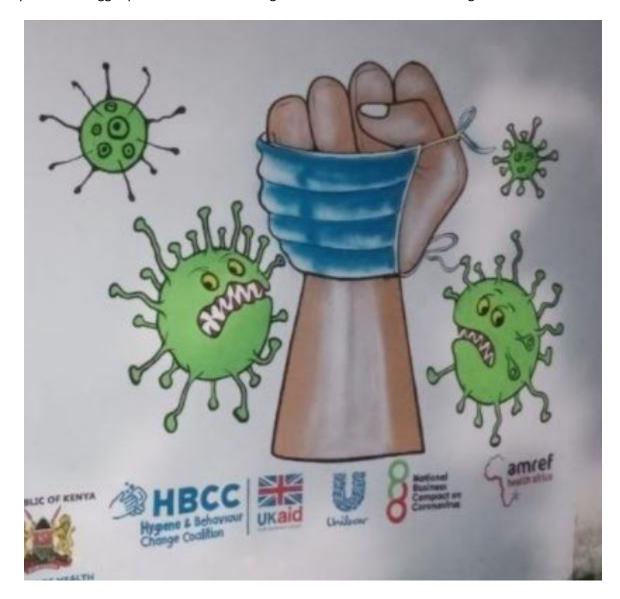
Summary: Highlighting the work of Amref Health Africa and Lynk who are supporting murals' painting to share COVID-19 preventative behaviors

Country and region: Nairobi, Kenya
Organization: Amref Health Africa Kenya in collaboration with Lynk
Point person and Role: Raymond Obare, project Coordinator (Communications)| Rogers Moraro, Social Behaviour Change Officer at Amref Health Africa (HBCC programme).
Population served by the programme: The general public targeted in 10 implementation counties across Kenya, namely Nairobi, Mombasa, Kwale, Meru, Embu, Migori, Homabay, Siaya, Kisii and Kakamega
Unique characteristics of the setting: The intervention targeted high-traffic streets, markets, shopping centres and other strategic public spaces in both urban and peri-urban settings in the previously mentioned 10 counties. Local objects, cultural references, and language were used to trigger an emotional response and trigger positive behaviour change to combat COVID-19 in the target communities.

A mural depicting the power of mask wearing in providing protection against COVID-19, Mombasa County, Kenya

Briefly describe the key components of your COVID-19 response programme.
The programme intervention embraced the use of art and its powerful tool in touching and reaching everyone to promote and trigger key COVID-19 prevention behaviors. All artistic creation and production processes were led by and in collaboration with the target communities.
Sixty-five murals were painted by local artists in an interactive and partially improvisatory way with the goal of being relatable, locally-relevant, and easy for a large and diverse audience to engage with. Each mural visually depicts one of the main COVID-19 preventive behaviors (i.e. handwashing with soap, face mask wearing and physical distancing) or other relevant hygiene behaviors, in alignment with the broader '*PASSWORD*' campaign in Kenya.
Murals are different from regular Information, Education and Communication (IEC) materials in that the creation and production processes are entirely led by community members (e.g. local young artists), hence addressing community perceived knowledge and gaps in behaviour change. Murals also provide the artists with the opportunity to express themselves during uncertain times and continue producing art that can connect with and motivate their own communities. Finally, murals are income-generating initiatives for young local artists and they contribute to youth economic inclusion and the vision of 'building back better' from the negative impacts of the COVID-19 pandemic.

What process did you use when designing your COVID-19 response programme?
We applied a localization approach to design our COVID-19 response programme, leveraging on local young talents within existing networks. Local artists were identified by Lynk, a local online marketplace platform that connects skilled individuals from the informal sector and job opportunities in Kenya and across East Africa.

As part of the 'localization' approach, we followed the following steps:
1) **Site identification:** in liaison with local governments and community leaders, the network of selected artists identified strategic places for painting art murals within their localities (e.g. places with a lot of person and vehicle traffic, exposed and visible, etc.). Relevant authorizations and permits were sought from both the County Government and landlords to paint the murals.
2) **Ideation:** during the ideation stage, creative briefs for murals are elaborated following a participatory approach with selected community members guided by the local artists. These briefs detail the behaviour change messages agreed upon by community members and provide guidance for the design of the murals, while leaving artists with freedom to express their creativity. Behaviour change messages were checked upon for conformity with the national *'PASSWORD'* communication campaign. The design proposals by artists were reviewed by the technical team at Lynk, National Business Compact on Coronavirus and Amref Health Africa prior to adoption and painting of the mural arts in the identified locations.
3) **Site Painting**: the team of experienced young painters and artists use the creative briefs to guide their realization of the murals, continuing to work in close collaboration with the community members. Besides markets, busy walkways and streets, some murals were painted near schools and hospitals, particularly in urban counties like Nairobi and Mombasa, to creatively reinforce COVID-19 preventative behaviors.

A mural using local slang to reinforce the importance of physical distancing in public places against COVID-19, Umoja neighborhood, Nairobi, Kenya

What is one thing that has been working really well so far and is there something other programmes could learn from this?

Arts and murals are powerful tools to reach large audiences in the community in an inclusive way. They provide the opportunity to engage with all populations - children, youths, adults and elderly, urban and peri-urban populations and persons with physical, mental and hearing disabilities who come across the murals at any time. Pictorial depiction of the COVID-19 preventive behaviors also helps to overcome issues with illiteracy and language barriers. It is an alternative and memorable communication form to pass information while eliciting people's emotions and feelings.

What is one challenge that you have encountered, and how are you trying to overcome this?

Since the programme intervention entailed painting of murals in public places, high levies were asked by landlords and local governments (as high as $1,500 per mural) and sorting out permits and authorizations was often a lengthy bureaucratic process. Procedures had to be completed with all County Governments for each mural. This led to delays in the roll-out of our intervention and the painting of many murals. To limit the time taken by these repetitive administrative procedures, we liaised with the Ministry of Health and successfully applied for fast-tracked permissions. We were also granted with fee waivers on account of the emergency of the COVID-19 response.

How have you been engaging communities throughout your programme, and what feedback have you received?
A total of 65 interactive murals with key COVID-19 preventive behaviors (handwashing with soap, physical distancing and face mask wearing) were painted at different strategic points. The chosen locations were mainly high-traffic areas (e.g. markets, schools, hospitals, etc.) with the objective of reaching as many diverse people as possible. We painted three murals at the Coast Provincial General Hospital in Mombasa County. The hospital has estimated that the murals are seen by approximately 700 unique people daily, reinforcing the key recommended COVID-19 preventative behaviors.

We regularly gathered qualitative feedback using key informant interviews and collated comments and questions left on social media (e.g. WhatsApp groups) by community members. This helped us to monitor community engagement with the murals and emerging questions and to evaluate programmatic outcomes. Mary Goretti, the WASH and COVID-19 Interventions Coordinator in Kakamega County applauded the mural arts as "*informative and very relevant, especially the ones painted in the market, as there have been challenges in adhering to COVID-19 protocols in such places.*"

What systems are in place to monitor programme outcomes? What tools are being used?
Our Monitoring and Evaluation (M&E) team on this programme developed and used a real-time monitoring dashboard to track intervention progresses on a weekly basis. For instance, output level indicators for this programme included the number of murals painted in strategic locations within targeted Counties and the number of artists engaged in mural painting.

Estimating the number of people interacting with the murals and the impact of the murals on actual behaviour change has been complex to assess. We had to make the assumption that attention-grabbing murals using locally relevant objects and costumes, with cultural references and in the local language could trigger some emotional response amongst the community and lead to positive behaviour change.

This participatory art intervention complemented other programme interventions under the umbrella of the *'PASSWORD'* campaign which has reached over 15 million Kenyans through mass and digital media and community-based programmes.

How might your experiences responding to COVID-19 change the way your organization designs and delivers hygiene programming in the long-term?
Arts and murals have been used to communicate complex phenomena in simple, intriguing and memorable ways to connect with diverse and large groups of people. Art is an inclusive approach which has allowed us to reach and touch broad communities in different settings. We believe this is a powerful tool to trigger hygiene behaviour change through innovative interventions. Going forward, we will continue harnessing the power of art created by and for communities in a bottom-up approach to enhance long-term behaviour change while leaving no one behind.

A mural depicting a man catapulting the COVID-19 virus out of the planet Earth, Migori County, Kenya