

Engaging communities through the Coronavirus crisis

Analysis, insights and proposals for Risk Communication & Community Engagement (RCCE) in Malawi - May 2020

by

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Risk Communication & Community Engagement (RCCE) during the Coronavirus crisis

As the number of confirmed cases rises, some by local transmission, without the necessary concurrent rise in tracing and testing, and political rallies of thousands of people taking place daily across the country, the spread of Coronavirus is likely to rapidly accelerate over the coming weeks causing much suffering across Malawi.

Despite this epidemiological outlook and the best efforts of national and local authorities, UN agencies and NGOs to sensitise and promote appropriate behaviour change, most Malawians have relaxed their observance of public health guidance (hand-washing, avoiding handshaking and social distancing). Reasons for this decreased adherence to public health advice are hard to determine but there appears to be three broad categories of understanding of Coronavirus among people, even within the same communities. A first group of people know very little about Coronavirus besides its name (Group 1). A second group have heard and understood the public health messages and now want more specifics about the disease and how it is transmitted (Group 2). While a third group have a good understanding of how Coronavirus is transmitted and a desire to take action but lack knowledge and confidence on what feasible actions they can take to protect themselves, their loved ones and convince others around them to do the same (Group 3).

Progress on RCCE to date

Since Coronavirus was declared a national disaster in March, national and district authorities and many local and international aid agencies re-orientated their activities and resources towards RCCE in preparation for the spread of the virus, using a variety of RCCE tools including: TV and radio (jingles, PSAs, discussions), commissioning pop songs, activating radio listening clubs, megaphone 'whistle-stop' mobile van tours, posters, household visits, social media (involving celebrities and influencers), SMS surveys (by U-Report and UNDP/NASFAM), cascaded training on how to sensitise communities (through Faith Leaders, ADCs, CBOs, TAs and other community-based volunteers) and door-to-door household visits.

These efforts, especially the use of radio, have succeeded to inform the entire population about the existence of Coronavirus (Group 1). However most have not informed people beyond general advice on how to avoid transmission (Group 2). For significant, cross-community behaviour change to take place RCCE stakeholders need



to focus on establishing engaging two-way feedback channels to increase the proportion of people who feel equipped to take action and convince those around them to do the same (Group 3).

This report analyses feedback received from communities in Zomba District in May 2020, underlines challenges and makes recommendations to improve the impact of current RCCE interventions, and seeks to propose high-impact, low-cost, scalable RCCE activities adapted to the Coronavirus crisis, which may be feasible within a short timeframe, and can lay the foundations for sustained community engagement that will support communities' longer-term development goals.

Communities' questions about Coronavirus (May, 2020)

Gathered in collaboration with Health Surveillance Assistants (HSAs) and local chiefs, below is a random selection of 70 questions placed in 'Coronavirus Questions' envelopes installed at 4 boreholes in TA Mwambo, Zomba, between May 15 and June 3, 2020.

These questions can be loosely categorised into three broad groups:

Group 1— Very limited knowledge or understanding of Coronavirus (33 questions)

Group 2— Know the basic public health messages and want more specifics about the disease and how it is transmitted (14)

Group 3— Thinking ahead and asking what **they can do** to prevent the spread (23)

Group 1 – Very limited knowledge or understanding of Coronavirus

1. *Kodi corona virus idayamba bwanji?*

How did Coronavirus first start?

2. *Kodi Covid-19 akudwala ndi anthu?*

What does Covid19 make you suffer?

3. *Kodi muthu amadwala masiku angati?*

What is the reason why the Boma (Government) stopped school?

4. *Is it true that insects come out of your nose?*

5. *What did Coronavirus start from?*

6. *What is Coronavirus? Is there a medicine for it?*

7. *Why have the churches closed?*



Lots of questions in the 'Coronavirus Questions' envelope at Bakali Borehole in Zomba since last week's early morning borehole meeting where the HSA had a discussion with the women there about how families can prepare for Coronavirus.



Chief of Mwambo and Bakali village reads out the questions placed in the envelope and the answers are discussed.

8. What is corona virus?
9. Kodi munthu odwala corona virus tingamudzwibwanji?
How I can know a person who is sick from corona virus?
10. Why has Coronavirus started?
11. Corona virus is it a natural disaster?
12. Corona virus is it a disease?
13. Why are we not to shake hands?
14. What is Coronavirus? Is there a medicine for it?
15. What is Coronavirus?
16. We are told we cannot go to church for funerals. When we die who will sing for us?
17. What are the signs and symptoms of Covid 19?
18. Where did corona virus start?
19. Why government stop children to go to school during Covid 19?
20. I heard that some people have died and others were cured from corona virus. For those who are cured where did they get medicine?
21. Kodi kolonavailasi ndi chiyani?
What is coronavirus?
22. Kodi mawu oti kovid19 amatathauza chiyani?
The word covid19 what does it mean?
23. Kodi chinayambisa kolonavailasi ndi chiyani?
What are causes of coronavirus?
24. Kodi Covid-19 yabwera ndi mulungu kapena anthu.
Covid-19, it came from Jesus or people?
25. Kodi Covid-19 yabwera bwanji.
What did Covid-19 come from?
26. Kodi Covid-19 ndi chani.
What is Covid-19?
27. Is it possible to get it inside the church?
28. We hear we are to drink lemon water. Will this really kill the virus?
29. Tikavera zimenezi tingathe kutenga cv 19?
If I listen to this can I get covid 19?
30. Udzuzu munthu wa kolonavailasi omwewo ndi kulumaso munthu amene alibe kolona?
31. The mosquito bite person who is attacked by coronavirus and the same mosquito bite person who did not attacked what happen to this person?
32. Kodi zizindikiro zosezi zimabwera pakamodzi?
What are sign and symptoms of Covid 19?
33. What are signs and symptoms of Covid 19?



'Coronavirus Question' envelopes give everyone a chance to have their say. However barriers due to illiteracy must be considered and borehole committee members encouraged to seek out people's questions and concerns in case they cannot write them.



...with thanks to teenagers from Sitima village, TA Mwambo, for transcribing and translating these questions.

Group 2 – Know the basic public health messages and want for more specifics about the disease and how it is transmitted

1. Kodi corona virus tingapasilane bwanji?

How can corona virus be shared (spread)?

2. Can we get it if we eat from the same plate?

4. What number of people are suffering from covid 19 in Malawi?

5. How can it spread?

6. Kodi Corona virus ikusiyana bwanji ndi ebola ?

What different between covid 19 and ebola?

7. Kodi munthu odwala covid 19 amaonetsa zizindikiro ziti chifine kutetha thupi pafupipafupi .

What are the signs of a person sick with c/v 19 besides coughing and sneezing?

8. A pregnant woman can be able to transmit covid 19 to her young baby during delivery?

9. Kodi zimayi woyembekezera akapezeka ndi matendawa pochira samapasila mwana pobadwayo?

A women of pregnancy it's true she can share it to her baby?

10. How do we know a cough is the Coronavirus cough?

11. Why is Coronavirus a bigger risk to the elders?

12. If one member of the family is affected with corona virus can the other people get it?

13. If a person has already have diseases like HIV AIDS, asthma, malaria, how can we know that person is infected with corona virus?

14. Kodi amayi oyamwisa ali ndi kolonavailasi mwanayo angathe kutenga matendawa kuzela m'kaka wa mawele?

The child can get coronavirus through breastfeeding?

Group 3 – Thinking ahead & seeking advice on the actions they can take to prevent Coronavirus

1. Kodi kolonavailasi ikagwila munthu wachikulile tingamusamale bwanji ?

What care do we give to elder who attacked by coronavirus?



Questions are read out and answered from those drawing water from Mangwere village borehole, Zomba.



2. Kodi mwana wa zaka ziwili ndi koyenera kuvala masiki?
It is true for young wear mask?
3. Kodi coron tigaipewe bwanji kusamba manja ndi sopo pafupipafupi?
What can I do to prevent covid 19 besides wash your hands with soap?
4. Kodi corona virus tingaitenge posasamba m'manja ndi sopo ?
Can I get Corona virus if I do not wash my hands with soap?
5. How can people prevent corona virus?
6. Can I still sleep in the same bed as my husband?
7. How can we prevent corona virus?
8. Children between a 6 month or 1 year are also needed to use mask?
9. Kodi munthu ungapewe bwanji c/v 19 ulibe mask?
How can I prevent c/v 19 if I cannot have a mask?
10. Kodi nanga thawi yovala masiki ingakhale iti?
What proper time to wear mask?
11. Nanga mwana wa aneba wabwela tingamuteteze bwanji?
If son from neighbour comes to play how should we treat him?
12. Abale ako atabwela panyumba kuzamutenga mwanayo ungawathandize bwanji? Kum-bali ya matendawa
How can you advise your relatives if they come to take the baby that you stay with, and your house has been affected by Coronavirus. What do you advise to do?
13. Kodi kolona tingamupewe bwaji?
How can we prevent coronavirus?
14. Muti tizitalikilana zingathekebwani nyumba mwathu kuti titalikane nanga banja zin-gatheke bwanji kapena mwana wapezeka ndi matendawa tingapange bwanj?
How can it be possible to be one metre apart in members of family when one of us affected by coronavirus what should we do?
15. Kodi corona virus tingaipewe bwanji?
What I can preventing corona virus?
16. Is there another way to prevent it if we don't have soap?
If they close the markets where will we buy food?
17. What can we put in place to protect ourselves?
18. How can we keep our children apart?
19. How do we quarantine?
20. Some are continuing school with the internet but what about the poor. How do we con-tinue learning?
21. What do we do if we are far from water and need to touch our face?
22. Can the poor really prevent themselves from Coronavirus without money?



Key Challenges & Recommendations

Information will save more lives than medicine in the fight against Coronavirus in Malawi. Communities want to know what they can do to protect themselves, their families and their neighbours. They are ready and waiting to engage. In the absence of this engagement, there is increased risk of stigmatization of the sick, anger towards duty-bearers and misinformation causing further anxiety and the potential politicization of the crisis. There is an **urgent need to establish an engaging community feedback mechanism with all Malawian communities, that provides them with tailored, culturally appropriate, up-to-date, trusted and actionable advice, specific guidance on how they can protect themselves, their families, their communities** and especially the elderly and vulnerable among them, and an opportunity for these people to ask questions throughout the Coronavirus crisis.

1. Challenge: RCCE efforts by UN agencies and NGOs to date have not reached all communities in a manner that has resulted in appropriate behaviour change, and at current rates of progress through current modalities, they are unlikely to succeed in doing so before the crisis intensifies. Limited funding complicates the task of reaching all Malawian communities with a minimum of effective RCCE for the duration of the crisis.

Recommendation: Greater operational coordination between the RCCE efforts of Government, UN and non-governmental stakeholders as well as the introduction of new community engagement modalities is needed to leverage the varied albeit limited resources and expertise of different RCCE stakeholders (e.g. HSAs from the MoH, U-Report from UNICEF, MRCS volunteers) to establish and manage communities' feedback more effectively and quickly, so that it informs decisions that provide communities with concrete actions and guidance they can adopt and continue with minimal external support (see: Community Care Plans).



When should we wash hands? Whenever you exit or enter a circle. The small circles are used to represent households, the bigger circle represents the community and local health centre.



Face to face meetings are sometimes the only way: Of these women at Bakali Borehole this morning only two owned radios and one owned a phone.

2. Challenge: Reaching the poorest and most vulnerable who have limited or no access to radio and mobile phones. The photo (below right) shows the women that use Bakali village borehole in TA Mwambo. Only one of those present owns a mobile phone and two own a radio.

Recommendation: HSAs, religious leaders and Chiefs are the most reliable and trusted conduits of information to the poorest and most vulnerable and commonly live within these communities. They should be a focus of RCCE efforts to the most vulnerable groups.

3. Challenge: Public health advice is not feasible —Many groups, especially the poor, vulnerable and elderly are unable to follow the guidance proposed (hand-washing, social distancing, stay at home when sick) and are therefore fatalistically and with some anxiety ignoring it.

Recommendation: Public health guidance needs to promote community-led efforts to protect the vulnerable and elderly, and be tailored to their daily realities and needs. Flood local markets with subsidised soap and locally produced face masks to facilitate behaviour change.

4. Challenge: Health Surveillance Assistants (HSAs) have not been sufficiently trained, resourced and empowered to ensure they can provide their communities with essential information and guidance, and channel communities' feedback up to decision-makers. As difficult as it may currently be for a HSA to explain to their communities that there is no treatment for Coronavirus and they must stay at home if they develop symptoms. It will be a much more difficult and potentially dangerous task for these HSAs to visit their communities when people are already sick and dying. HSAs risk becoming overwhelmed, demoralized and unable or unwilling to perform their duties.

Recommendation: HSAs need remote training (e.g. through WhatsApp videos) that gives them information, ideas and encouragement to get in front of their communities to begin conversations about Coronavirus and how they can support themselves throughout the crisis.



Masks and soap are distributed to the elderly and vulnerable by the Bakali Borehole Committee



Chief Mwambo demonstrates how to correctly wear a mask at Mwambo Village borehole.

RCCE proposals—

Vaccinating stigmatization with Community Care Plans that shield the vulnerable

Building upon the Ministry of Health's guidance (Operational Guide for Community Health Workers on Covid-19 in Malawi, April 2020. Section 2.5. 'Isolation of suspected or confirmed Coronavirus cases', p.22), the risk of stigmatization can be reduced by helping communities develop plans for how they will care for and support each other once people in their community start getting sick. Instead of stigmatizing and ostracizing the sick when they most need their community's support, Community Care Plans can catalyse existing community solidarity and support systems, and empower people to help their neighbours in a structured and safe way.

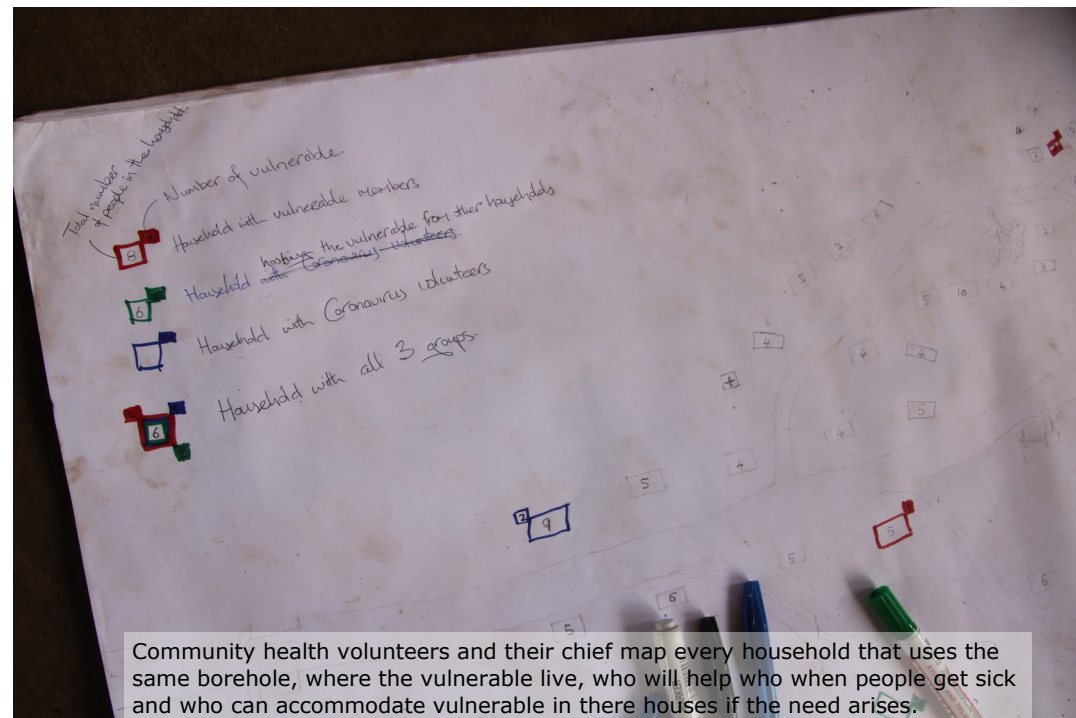
Essential Care Services for Households in Isolation

- Water
- Shopping
- Firewood
- Cooking utensils
- Maize mill

Key Steps in Community Care Plan development

First meeting—Week 1 (with HSA, Community Health Volunteers and Chief)

- **Who and where are the people at greatest risk?** - Draw a map of the community (i.e. all of the households who use the same borehole) indicating all of the households, the number of people in each household and where the vulnerable people live (elderly and people with underlying conditions), and which households can accommodate vulnerable people if someone in their house gets sick (see picture above right).
- **Who can help the sick?** - Make a list of 'Coronavirus Care Volunteers'. These volunteers will deliver the Essential Care Services (ECS) listed



Community health volunteers and their chief map every household that uses the same borehole, where the vulnerable live, who will help who when people get sick and who can accommodate vulnerable in these houses if the need arises.



Below community health volunteers from Mbalu village show the first draft of their Community Care map.

above to sick households.

- **Who can host the vulnerable?** - Make a list of 'Host Households' willing to take in elderly and vulnerable neighbours if someone in their household gets sick.

Second meeting—Week 2 (same people as Week 1 plus Coronavirus Care Volunteers)

- Train Coronavirus Care Volunteers on their job and safety protocols they must observe when delivering ECS.
- Coronavirus Care Volunteers live simulation/trial run (from the Chief who receives the alert from the sick family to the Coronavirus Care Volunteers swinging into action).
- Discussion about how the Coronavirus Care Volunteers can change behaviours and mindsets in their communities.
- Provide the community with soap and cotton masks to be given to the elderly and vulnerable and sold at 50 kwacha per piece to everyone else (approximately 50% of the market prices). Explain that funds generated by the sales will go towards providing Essential Care Services.

Third (and further) meetings

- Regular meetings to deal with problems delivering ECS, to monitor illnesses in the community, to share the burden.

Assumptions / Critical Components

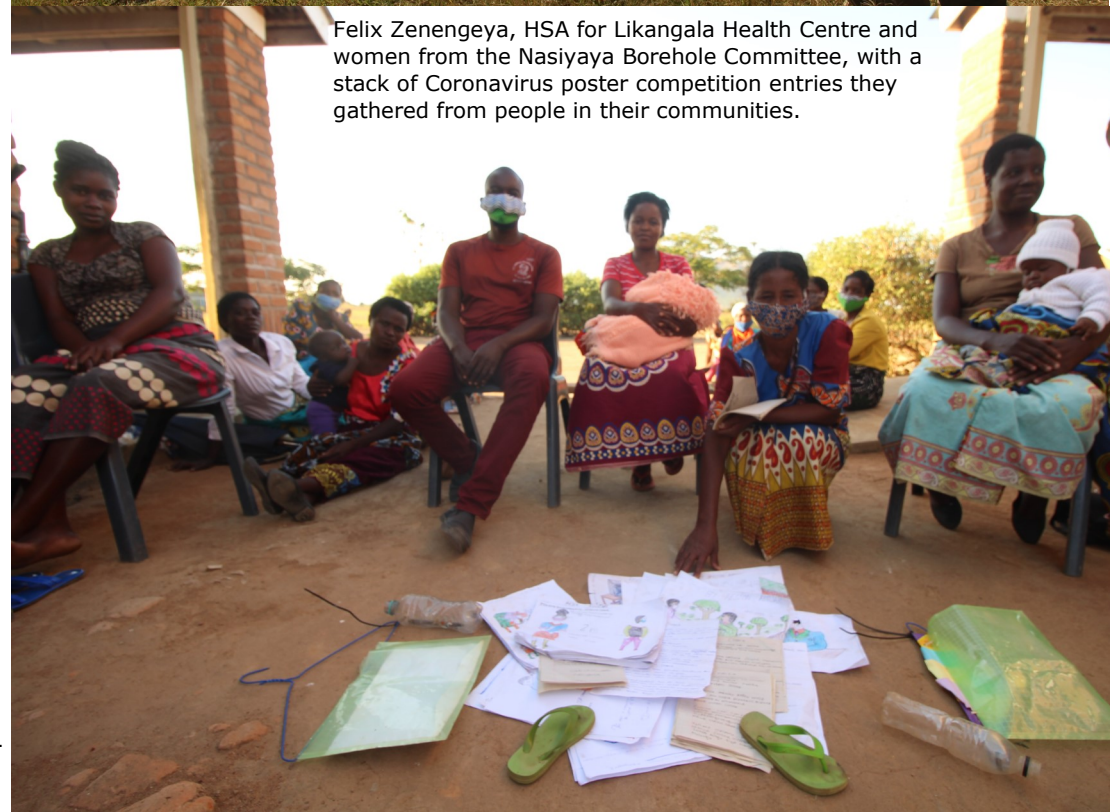
People who become sick isolate immediately, report that they are sick to their Chief (Village Head) immediately and the community's Essential Care Services (ECS) must begin to support these sick people immediately, i.e. Chiefs become the community-level 54747 hotline.

This action-orientated mindset means that everyone in a community is vigilant for the first people to become ill, but they are vigilant in order to begin helping the sick rather than to begin stigmatising and ostracizing them.

Furthermore, the safety protocols practiced by Coronavirus Care Volunteers will lay essential foundations if the required behaviour changes relating to the disposal of bodies and funerals is to be observed.



Senior Environmental Health Officer and manager of 21 HSAs in Likangala area of TA Mwambo, Fresco Masuku, invites fishermen at Kachulu port, Lake Chilwa to enter a competition to build the best ponde giya ('tippy tap' handwasher) at the port. The port is one of Malawi's many border crossing with Mozambique.



Felix Zenengeya, HSA for Likangala Health Centre and women from the Nasiyaya Borehole Committee, with a stack of Coronavirus poster competition entries they gathered from people in their communities.

Coronavirus Poster Competitions

'Draw a poster to help your community better understand & prepare for Coronavirus!'

In collaboration with local chiefs (Group Village Heads), poster competitions are conducted that invite teenagers and young adults to draw posters that 'help their communities better understand and prepare for Coronavirus. Shortlisted entries will be laminated and put on display within the artists' communities (e.g. at boreholes and shops). Winning entries will be exhibited at the District Council buildings. Entries will provide highly localized indicators of knowledge about and sentiments towards Coronavirus in different communities.

Key Steps for a Coronavirus Poster Competition

First Meeting—Week 1

- HSAs visit the GVH's in their catchment areas to explain the purpose and proposed logistics of the competition. If the chief welcomes the activity, the HSA leaves the chief 100 sheets of A4 photocopy paper, a sign to explain the competition ("Draw a poster to help your community better understand and prepare for Coronavirus") and instructions to gather entries from as many people as possible, including children, by the date of the second meeting (ideally, one week). Inform local radio stations about the competition so that they can publicise it and instruct people to deliver entries to their GVHs by the deadline.

Second Meeting—Week 2

- The HSA and Chief review the entries the Chief has received and select the best three. The HSA notes these three names, and leaves sheets of A1 flipchart sized paper, markers, colouring pencils and pens as a reward for those shortlisted and as materials they can use to redo their poster better and bigger or to try a new design for the second round of the competition.

Third meeting—Week 3

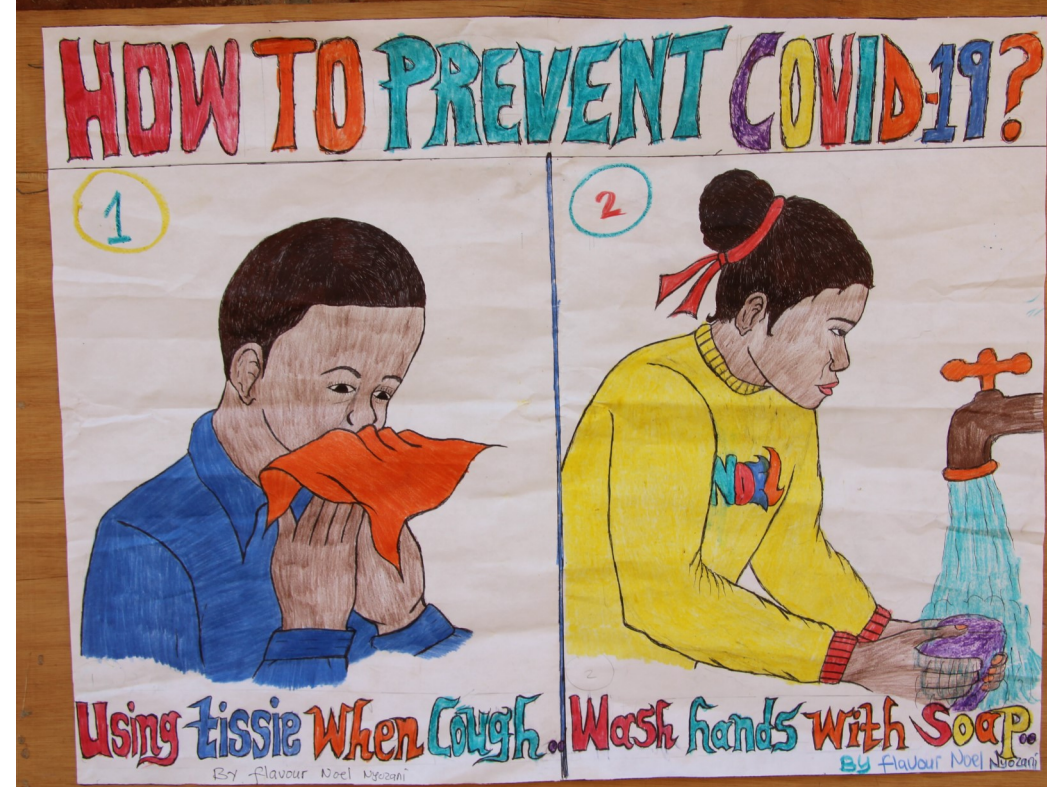
- The HSA collects the A1 flipchart sized entries from each GVH and returns the shortlisted entries now laminated to be displayed within the community. These shortlisted entries from all participating GVHs are judged



and the best dozen are framed and put on display as a poster exhibition outside the District Council's offices with a cash prize presented to the overall winner by the District Commissioner.

Relaunch — Repeat Steps 1 to 3 with different themes

- Following the same steps, story and poetry competitions can also be conducted, and when priorities shift from awareness raising about Coronavirus to home-schooling and education, fairytales and nursery rhyme competitions can be conducted that link to radio schooling projects.



There are no upper or lower age limits to enter Coronavirus poster competitions



Making U-Report a trusted source of information on Coronavirus

With more than 200,000 subscribers across all districts of Malawi, UNICEF's U-Report free-to-use, SMS survey tool provides huge potential to gather, visualize and analyse feedback from communities across Malawi about how Coronavirus is affecting them.

- Chatbot-programmed SMS conversations can provide specific pieces of information about Coronavirus that people are looking for. Keyword detection within U-Reporters' messages allows for real-time identification of outbreaks and emergencies. This data can complement community feedback from other sources (e.g. data collected by the District Council, DoDMA, MoH, MRCS, NGOs).
- U-Report users can be invited to participate in quizzes to test their knowledge of Coronavirus in a way that dispels misinformation and myths in an engaging way.
- A daily U-Report message, sent at the same time everyday, can provide a short piece of the latest news, advice, guidance or words of encouragement to U-Reporters around the country. Or according to differing RCCE needs in different areas (e.g. because of a localized outbreak), U-Report's automated, real-time data collection and visualization tool, built on Rapid Pro software can show geo-specific data down to village-level and offers a ready-made, public, free-to-use tool that can make community-specific data visible to other stakeholders.
- There is a risk the Coronavirus crisis will be politicised over the coming months, with intentional efforts to spread misinformation and rumours and stoke anxieties and anger. Establishing U-Report as a trusted channel of communication to more than 200,000 mobile phones in Malawi can mitigate this risk. In collaboration with the UNRCO, UNICEF, the Government of Malawi and the Ministry of Health, U-Report should seek to become the most trusted, reliable source of information on Coronavirus, guided by its analytics and surveys of people's sentiments as the crisis evolves.



Feedback Forum for All RCCE Stakeholders

Due to restrictions on movement, more than ever UN agencies, Government counterparts and NGO partners involved in RCCE need an online forum to share and discuss new ways to engage communities, gather their feedback and find the best ways to respond to it. Given the importance of localising data and feedback (e.g. to locations of new cases versus rural locations without cases), mapping data received from HSAs and NGO field staff could provide valuable insights to inform RCCE decision-making. Ongoing plans by the UN (through UNICEF) to distribute mobile phones to community-level stakeholders (e.g. Community Health Volunteers, HSAs and Chiefs) will enable the collection and mapping of very specific field-level data and feedback to inform. Click on the link to explore the interactive prototype RCCE Google Map below that is populated with geo-tagged information shared through WhatsApp. [https://www.google.com/maps/d/drive?state=%7B%22ids%22%3A%5B%](https://www.google.com/maps/d/drive?state=%7B%22ids%22%3A%5B%22)

The screenshot displays a Google My Maps interface for 'Coronavirus RCCE - Mal...'. The left sidebar lists several categories of locations:

- Chilipaine Village, GVH Kathebe**
 - Nyamachengwa Camp
 - Gombo Camp
 - New Mary Village
 - ... 19 more
- Chiefs' Homes**
 - GVH Nyambalo's home
 - TA Mwambo Headquarters, Mwambo Vil...
 - GVH Kimu's home
 - GVH Monyo's home
 - GVH Gombo's home
 - Home of GVH Mazongoza
- Health facilities**
 - Chisi Island health centre/chipatala

The map shows a region in Malawi with labels for 'Kuchawe', 'Zomba', and 'Jali Post Office'. Numerous colored location pins (purple, orange, blue, green) are scattered across the map. A WhatsApp chat window is overlaid on the right side of the map, showing a conversation with 'Fresco Masuku Hsa For Gundu And Likala...'. The chat includes a photo of a person, a location pin, and text messages such as 'I will finish tomorrow morning with remaining 4GVH, today I started late cause I was at DHO and when I started distributing I used a wrong road that delayed me alot' and 'Looooong day. I hope Chanco start announcing and people hear the radio now.' The bottom of the map shows 'Map data ©2020 Imagery ©2020 TerraMetrics' and a scale bar of 2 km.

Integrating feedback tools and technologies to accelerate coordination

RCCE activities currently being conducted by Government, UN agencies and partners can be synergized and their impact multiplied by feeding into a broader overall objective or specific campaign. The diagram below illustrates an example of how district-level poster competitions (challenging young people to “Draw a poster that helps your community better understand and prepare for Coronavirus”) can combine with ongoing radio and other RCCE activities to generate a lot of thoughtful engagement by communities, provide rich feedback about how communities perceive and are reacting to Coronavirus, and increase U-Report subscribers who will receive information and advice that is better tailored to the challenges they face.

RCCE Feedback Forum



Step 2 – U-Report SMS Surveys

Announce the poster and poetry competitions through UNICEF’s U-Report to increase engagement in U-Report SMS surveys to better understand how Malawians from different socio-economic profiles and locations (e.g. poor urban (market boys), wealthy peri-urban (business owners), middle-class rural (Chiefs and teachers)) are managing the crisis. This will contribute to the development of useful, timely and feasible public health messages and measures and provide decision-makers with real-time insights into people’s daily lives.

National & Community Radio stations



Step 1 – Announce Coronavirus Poster & Poetry Competitions

Engage thousands of children, teenagers and adults from across Malawi with the challenge to “Create a poster/Write a poem that helps your community understand and prepare for Coronavirus”. This competition is advertised on radio & through UNICEF’s U-Report. Top prize: 50,000 kwacha per district! Contestants are invited to submit their entries through their GVHs. Free face mask for all entrants. Different prizes for winners at GVH, TA and District levels.

Combining RCCE tools to catalyse community engagement

Better informed, better prepared & more protective communities
(urban, peri-urban, rural)

Step 3 – Announce the winners & launch the next round

Announce the competition winners from TA-level. Interview them on the radio. Discuss some of the misinformation/misunderstanding revealed in some entries. Read out the winning poems (by TA/district/region) and launch the next round of the competition (e.g. district, then national-level). Options could include adding age categories for children and/or more specific (health/community solidarity-themed) instructions.

Step 5 – Refine & Repeat

Competitions can be varied to drawing, hand-writing, poetry and/or more specifically-themed story competitions.

Step 4 – Exhibiting and publicizing the winners

Print the winning posters to be used as Coronavirus awareness-raising posters to be placed within the winners’ TAs at shops, markets, boreholes, maize mills, etc.



