COVID-19 Pandemic

Knowledge and Information Needs Assessment in Africa

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1.1 Introduction and Background

This study took place within the framework of UNESCO's project "*CoronavirusFacts: Addressing the 'Disinfodemic' on COVID-19 in conflict-prone environments.*" The project aims at strengthening citizens' resilience to COVID-19 related disinformation thus contributing to the achievement of SDG Target 16.10.

The study assessed knowledge and information gaps around COVID-19 among select stakeholders drawn from a theory of change framework[1]. These include policy makers, community leaders, faith-based leaders, editors and journalists who have reported on COVID-19. The stakeholders were selected because they are considered as information sources and key influencers, and thus integral in shaping public attitudes. Identifying their knowledge and information gaps was important in order to establish information needs that would inform the nature of need-based communication interventions and type of media stories to be commissioned. Ultimately, this would lead to the designated vision of success as per the project's theory of change. To a great extent, the study's findings have formed the basis upon which the project's contribution will be attributable to the overall goal through a post-project survey.

Non-access to independent experts willing to engage with journalists has been identified as one of the obstacles to effective health journalism. This study identified and catalogued some experts that are ready and willing to engage with journalists, as well barriers that limit expert-journalist engagement.

1.1.1 Theory of Change Framework

The theory of change (ToC) approach is a monitoring and evaluation tool that helps to map the change process and its expected outcomes and eases project implementation. It facilitates strategic planning towards a specific goal, articulates expected processes and outcomes that can be reviewed over time and allows assessment of contribution to change. Essentially, the ToC approach forces different teams working towards a similar goal to consider all factors that need to be in place for a vision of change to be realised, beyond their own individual interventions.

In line with UNESCO's project on addressing the 'disinfodemic' on COVID-19, the project-implementing partners agreed on the following vision of success:

[1] The Theory of Change Framework is appended on page 36

"Because of our contribution, vulnerable communities in Cameroon, Democratic Republic of Conge, Kenya, Madagascar, Senegal and South Africa, will be better informed to make evidence-based decisions on COVID-19."

This study forms the basis for implementation of three key project activities as shown in Figure 1 below. As seen in the figure, the ToC will guide in aligning these activities towards realization of the project vision of success. One of the activities is to sensitise and engage with policy makers, community and faith-based leaders to improve their understanding on COVID-19. Through the project, editors, journalists and other media practitioners will be capacity-built in order to boost their skills on health reporting and safety while covering COVID-19 and other pandemics (should they occur in future). The study will also inform the nature of partnership to be formed, and how the partners will contribute in building a factual narrative on COVID-19.

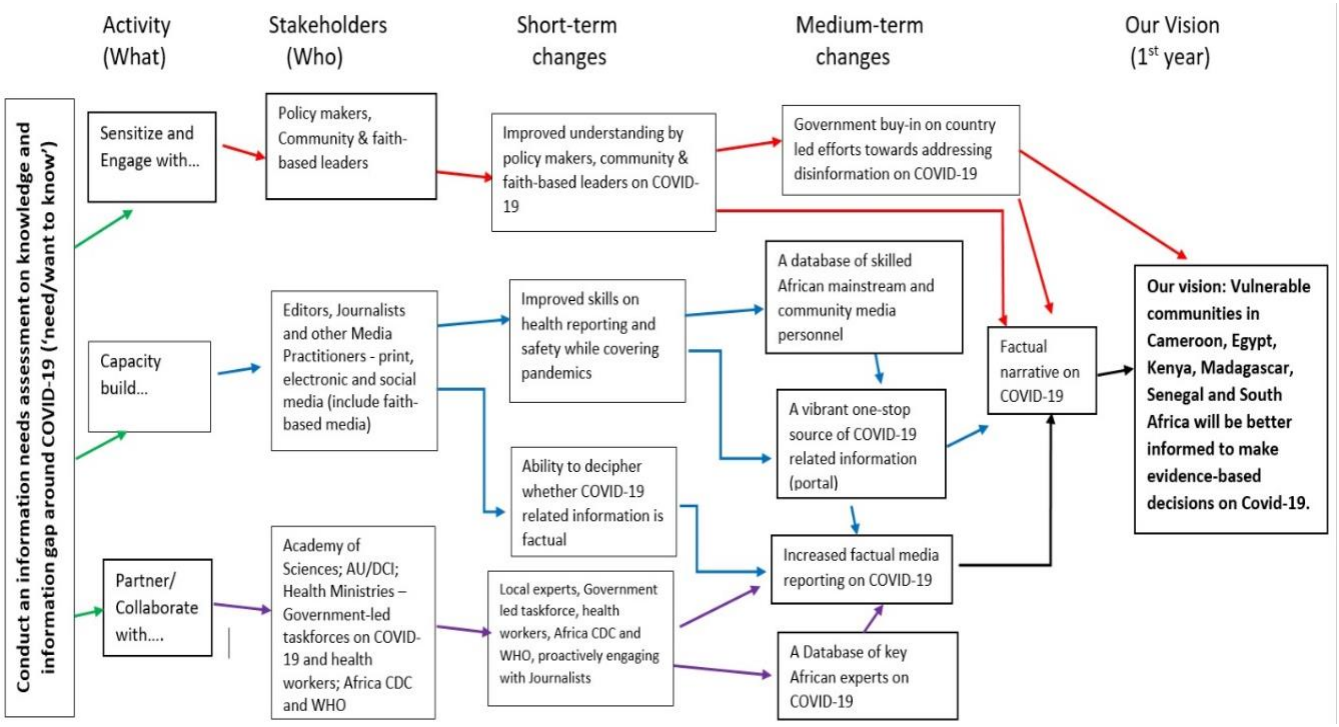


Figure 1: The project's theory of change framework

Given these actors are trusted and respected by grassroots communities, this is expected to lead to the vision of success, where communities in the select countries will be better informed to make evidence-based decisions on COVID-19.

To achieve this, the study identified knowledge and information gaps of policy makers, community leaders and faith-based leaders, as well as established their disinformation status and information needs. In addition, to ensure grassroots communities in the select countries receive credible

information from the media, the study determined barriers to effective mainstream media coverage, as well as those that limit experts from engaging with the media. It also identified challenges faced by journalists when covering COVID-19.

1.1.2 Country Selection

Six countries from five African sub-regions namely central, eastern, western, southern, and northern, were purposively selected for the study. Sampling was based on the following criteria: *Most affected countries, least affected countries, Francophone, Arab-speaking and English-speaking. Predominant faiths i.e. Christian, Muslim and cultural diversity were also taken into account.*

Table 1 below details how each of these countries met the selection criteria.

Region	Countries	Details
Central Africa	Cameroon	• French and English-speaking • Mixture of Christians and Muslims • Geographical and cultural diversity
Eastern Africa	Kenya	• Has the highest number of cases in the eastern African region • English and Swahili speaking • Majority of the population are Christian
Southern Africa	South Africa	• Has the highest no. of cases in Africa • Among top 5 most affected globally • One of the largest economies in Africa • Anglophone country • Majority of the population are Christian
	Madagascar	• Response was less reliant on science during the first few weeks after the pandemic hit Madagascar (prioritised organic remedy) • More than half of the population practice traditional religion; 41% Christian (Source: US Department of State) • Francophone country
Western Africa	Senegal	• Robust and effective response strategy; agile innovation (e.g. COVID-19 immune-based diagnostic test) • High number of recoveries (61% recovery) • Francophone country • Predominantly a Muslim country
North Africa	Egypt	• Has the 2nd highest number of cases in Africa • One of the largest economies in Africa • Arabic-speaking • Predominantly a Muslim country

2.1 Study Objectives

i) Identify local experts ready and willing to engage with the media on COVID-19

ii) Identify knowledge and information gaps of policy makers, community leaders, faith-based leaders and media practitioners

iii) Establish disinformation status and information needs of policy makers, community leaders and faith-based leaders

iv) Determine barriers to effective mainstream media coverage of COVID-19 and propose appropriate mitigation strategies

v) Identify challenges journalists face when covering of COVID-19 and propose appropriate mitigation strategies

2.1.1 Research Questions

i) Are there local independent experts to engage the media on COVID-19 and what barriers limit them from engaging?

ii) What COVID-19 related information is available to policy makers, community leaders, faith-based leaders and media practitioners, how do they access it and do they understand it?

iii) What is the status of disinformation and what type of information would policy makers, community leaders and faith-based leaders want to know most about the pandemic?

iv) What are the barriers to effective media coverage of COVID-19?

v) What challenges do journalists face when covering COVID-19 and how can they be overcome?

3.1 Methodology

The target population comprised journalists reporting on health, media editors, medical experts, policy makers, faith-based leaders and community leaders. Six distinct countries – Cameroon, Kenya, South Africa, Madagascar, Senegal and Egypt – were selected for the study. Country sampling was based on the following criteria: Most affected countries, least affected countries, Francophone countries, Arab-speaking and English-speaking. Predominant faiths i.e. Christian, Muslim and cultural diversity were also taken into account.

The study used a multi-method approach involving a survey research design using both quantitative and qualitative design strategies. While the quantitative method was critical in collecting standardised data, qualitative approach was used to collect the voices necessary to illustrate the levels of COVID-19 and the challenges of media coverage. Qualitative methods were also key in understanding the messages among disparate communities.

Objective 1: Identifying local experts ready and willing to engage with the media on COVID-19:

Key influencers comprising medical experts, policy makers, faith-based leaders and community leaders that took part in the study were selected purposively in the six countries. The selection process was guided by the purpose of the study, with focus on areas that are considered "hot-spots," and individuals from relevant institutions. A pool of 50 key influencers drawn from this group have been identified to be engaged in the project.

Objective 2 (Identifying knowledge and information gaps of policy makers, community leaders, faith-based leaders and media practitioners); and Objective 3 (establishing disinformation status and information needs of policy makers, community leaders and faith-based leaders):

Objectives 2 and 3 was achieved using interviews. To seek the opinions and impressions of experts, policy makers, faith-based leaders and community leaders, thereby providing the detail and depth needed to deduce a conclusive observation, in-depth semi-structured interviews were conducted. These type of interviews were the best fit for this study as they enabled respondents to engage in wide-ranging discussions while maintaining a certain degree of focus.

Objective 4 (determining barriers to effective mainstream media coverage of COVID-19 and proposing appropriate mitigation strategies); and Objective 5 (identifying challenges journalists face when covering of COVID-19 and proposing appropriate mitigation strategies):

Objectives 3 and 4 was achieved using a questionnaire. To gather data that would enable us identify journalists' knowledge and information gaps, identify the challenges they face, and mitigation strategies for overcoming those challenges, a semi-structured questionnaire with closed and open-ended questions was administered.

The journalists were identified using purposive sampling, focusing on those that have reported on COVID-19, in television, radio, print, online. For nation-wide reach, national, community/vernacular, and faith-based stations were taken into consideration.

Data collection in Egypt proved difficult as our contacts cited "fear of being reprimanded" by authorities. Due to time limitations and language barrier with Arab-speaking North Africa, the Democratic Republic of Congo was identified as an ideal replacement. This is because DRC has experience handling the Ebola epidemic, and is a conflict-prone country, meaning millions of

people have been pushed into vulnerability. In addition, according to the World Bank (2020)[2], DRC is one of the poorest countries in the world with 72% of the country's population living in extreme poverty.

3.1.1 Data Collection

To meet study objectives, research assistants in the select countries were identified and tasked with:

i) Identifying 60 journalists from national, community, vernacular and faith-based media houses that have reported on COVID-19, to participate in semi-structured interviews via survey monkey;

ii) Following up with the identified journalists and requesting them to respond to the questionnaire;

iii) Identifying key influencers comprising of policy makers (from relevant ministries, parliamentary committees and COVID-19 government led taskforces), community leaders, faith-based leaders (from COVID-19 hot-spots) and editors/media professionals, to participate in open-ended interviews;

iv) Interviewing at least 6 of the key influencers from across all the categories.

An inception meeting was held with the research assistants to brief them on the project's objectives and deliverables. Weekly "check-in" meetings for experience sharing were held to address any challenges and re-strategise if need be.

[2] World Bank, Country Profile (2020). *The World Bank in DRC*. Retrieved from https://www.worldbank.org/en/country/drc/overview

Figure 2: Inception Meeting with Research Assistants from the 6 countries of interest

Figure 3: Research Assistants following one of the follow-up/experience sharing meetings

3.1.2 Data Analysis

The raw quantitative data were compiled and organised in excel to check for completeness and credibility of the information. The audio-recorded interview responses were transcribed into written text and those in French translated into English.

Descriptive analysis for the questionnaires was done using SPSS software. Descriptive outputs were displayed using pie charts and bar graphs, while the qualitative data was summarised into thematic contexts and used to enhance the descriptive results/findings. The qualitative data were analysed through deductive coding using a pre-existing frame as highlighted in the image below.

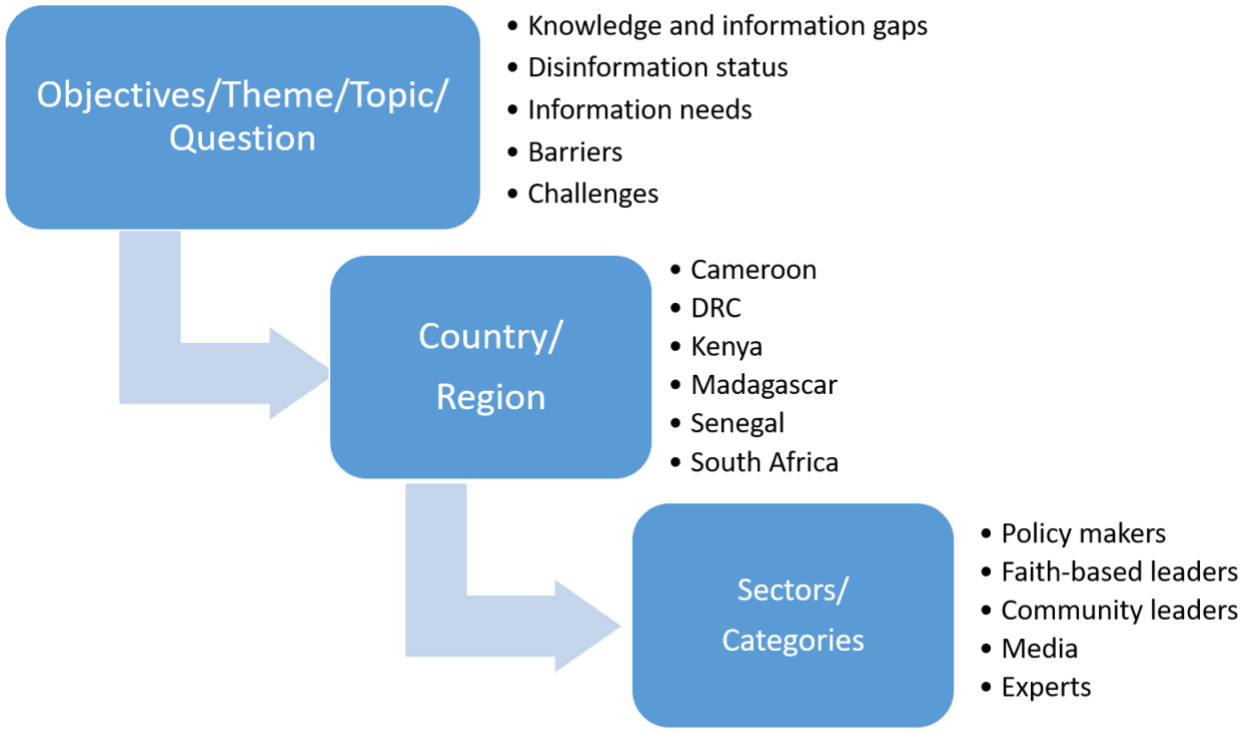


Figure 3 illustrating how the data was coded/categorised

3.1.3 Study Limitations

Due to the COVID-19 pandemic and work from home restrictions, it was challenging to get in touch with survey respondents and key influencers. As a result, the response rate was relatively slow to begin with. This was compounded by the fact that the study's target population is currently overloaded with too much information and have to juggle several demands, making it difficult for them to respond to requests within a short period of time. Given the study was expected to be completed within one month, time constraint presented further challenges. To address this limitation, instead of targeting 100 respondents, the study targeted at least 60 respondents per country.

In addition, the survey respondents and key influencers play an essential role towards the fight against COVID-19 in their respective countries, and some are considered essential and/or frontline workers. Consequently, this presented a challenge in securing face-to-face interviews. To circumvent this, research assistants in the respective countries conducted most of the interviews over the phone, which was also in line with WHO safety guidelines.

When analysing the qualitative data, a pre-existing coding frame was used, meaning the process started with a bias and important themes that would emerge naturally from key influencer's responses could be omitted. However, given the process was guided by the purpose of the study, this method was ideal towards meeting the objectives.

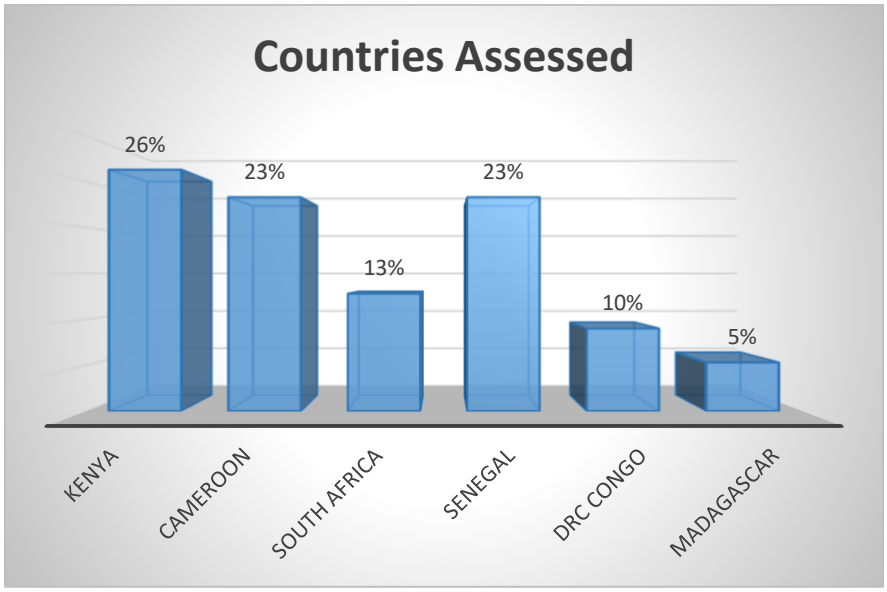
4.1 Results and Findings

One hundred and thirty eight (138) journalists who have reported on COVID-19 responded to the survey and 50 key influencers from the six countries of interest participated in the open-ended interviews.

4.1.1 Countries

The COVID-19 information needs assessment was conducted in six countries with their presentation as Kenya (26%), South Africa (13%), Cameroon (23%), Senegal (23%), DRC Congo (10%) and Madagascar (5%). The countries were strategically selected based on their regional representation in Eastern Africa, Southern Africa and Western Africa. Further, the countries were sampled based on the status of COVID-19 infections (worst affected countries and least affected countries), and linguistic characteristics (two Anglophone countries, three Francophone and one country whose official languages are both English and French). African religious diversity was also considered during the selection. The country representation is depicted in Figure 4.

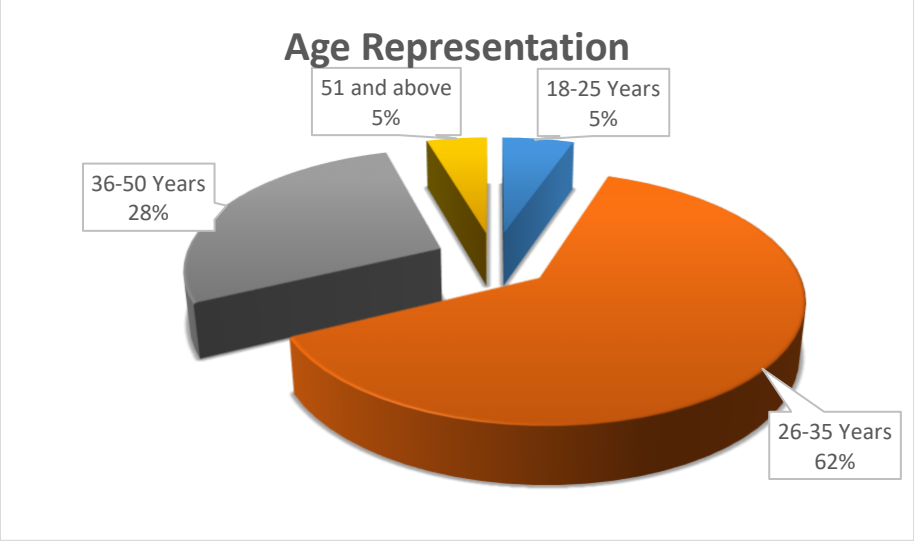
Figure 4: Countries Assessed



4.1.2 Age

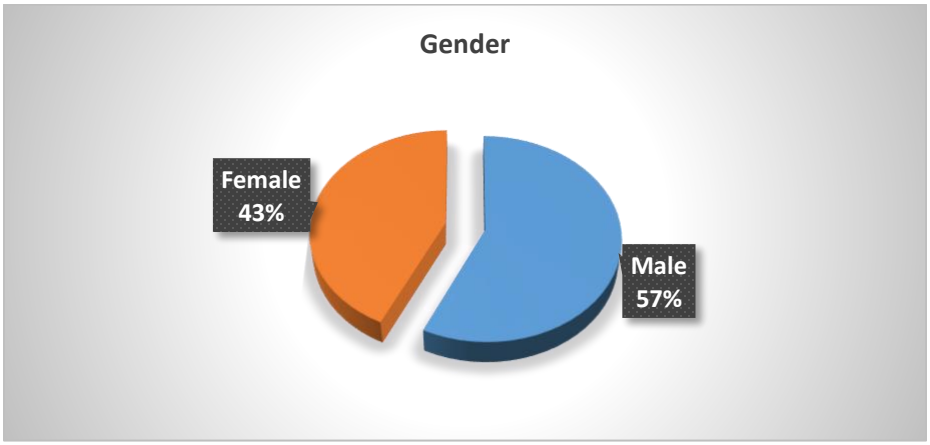
Most of the journalists (62%) who participated in the survey were between ages of 26-35 years. Those aged 36-50 years represented 28%. This implies that most of journalists covering COVID-19 are fairly youthful.

Figure 5: Age Representation



4.1.3 Gender

Figure 6: Gender Representation

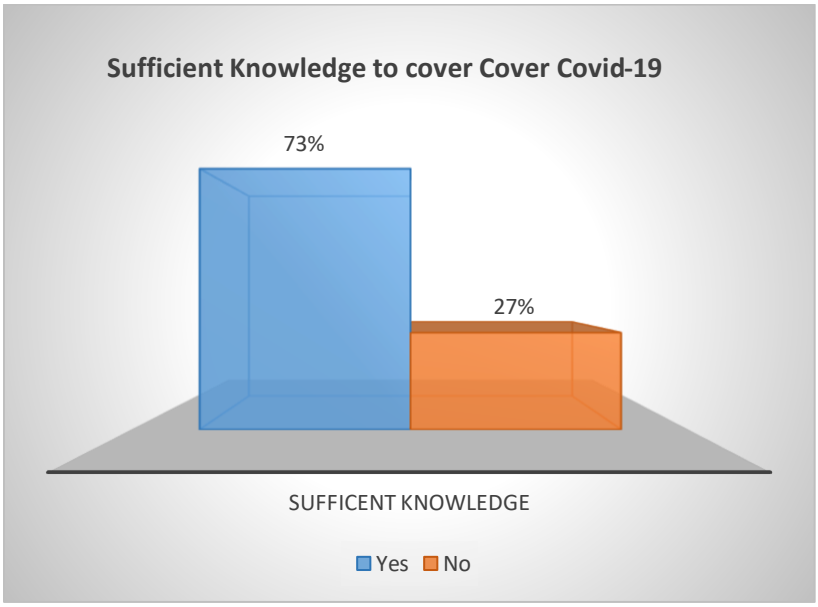


As seen in Figure 6 above, most of the respondents (57%) were male. Female made up 43%.

4.1.4 Journalist's knowledge levels to cover COVID-19

The survey sought to find out whether journalists have sufficient knowledge and information to cover the COVID-19 pandemic in a safe manner. Most of the journalists (73%) in the six countries affirmed that they have sufficient knowledge and information to cover the COVID-19 pandemic in a safe manner. However, 27% said they do not have adequate knowledge and information to cover the pandemic.

Figure 7: Journalist Knowledge on Covering Covid-19



It emerged that familiarity with COVID-19 preventive measures is a key reason why most journalists believe they have sufficient knowledge to cover the pandemic in a safe manner. Some said they receive sufficient information on COVID-19 safety measures from the Ministry of Health.

Insufficient media trainings on COVID-19 was reported as a leading contributor to insufficiency of knowledge to cover the pandemic in a safe manner.

One journalist from Kenya said:

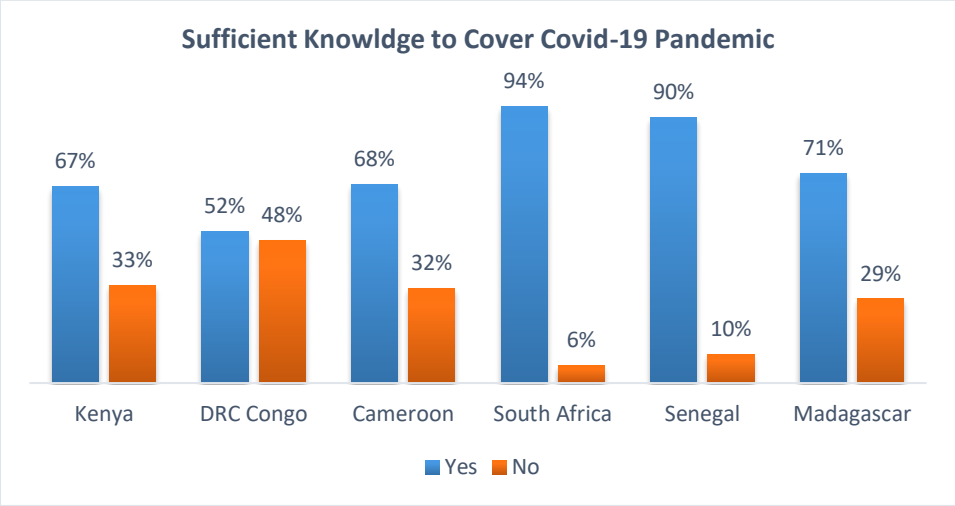
> *"With my good understanding of COVID-19 safety measures, I've think I can confidently say I have knowledge on news coverage of COVID-19"*

Knowledge sufficiency in covering COVID-19	Knowledge insufficiency in covering COVID-19
○ Familiarity with COVID-19 preventive measures ○ Sufficient information from Ministry of Health on COVID-19 safety measures ○ Media house safety protocol in place	○ Insufficient training for journalists ○ Poor access to information on COVID-19 status in the country ○ Inconsistencies in COVID-19 information ○ Limited access to experts willing to engage journalists

Categorising by country

As Figure 8 below shows, most journalists in South Africa (94%), Senegal (90%) and Madagascar (71%) have sufficient knowledge to cover the pandemic in a safe manner. This was followed by Cameroon (68%), Kenya (67%) and DRC (52%).

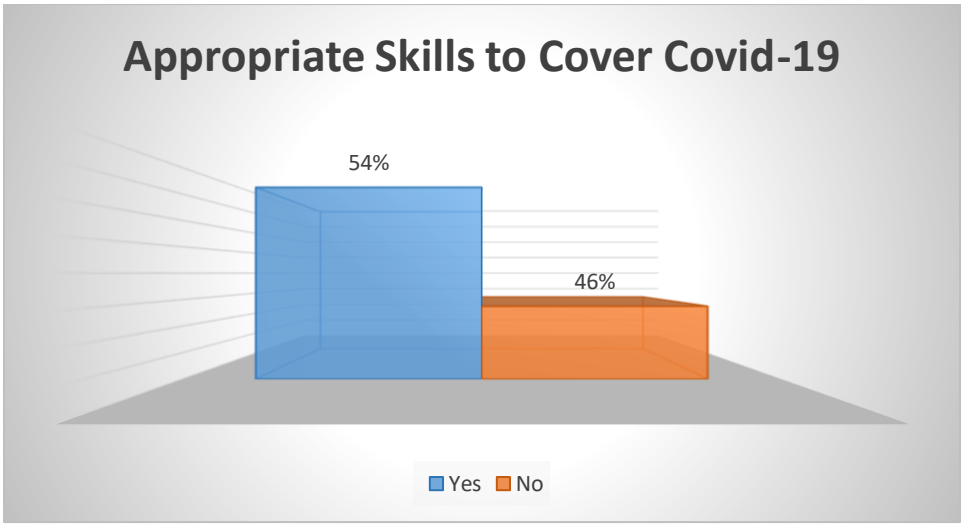
Figure 8: Sufficient Knowledge to cover Covid-19 by Country



4.4.5 Appropriate Skills to Cover Covid-19 Pandemic

The study also enquired whether journalists have appropriate skills to cover the COVID-19 pandemic in a safe manner. Majority of the journalists (54%) in the six countries indicated that they have appropriate skills to cover COVID-19 pandemic in a safe manner while 46% did not.

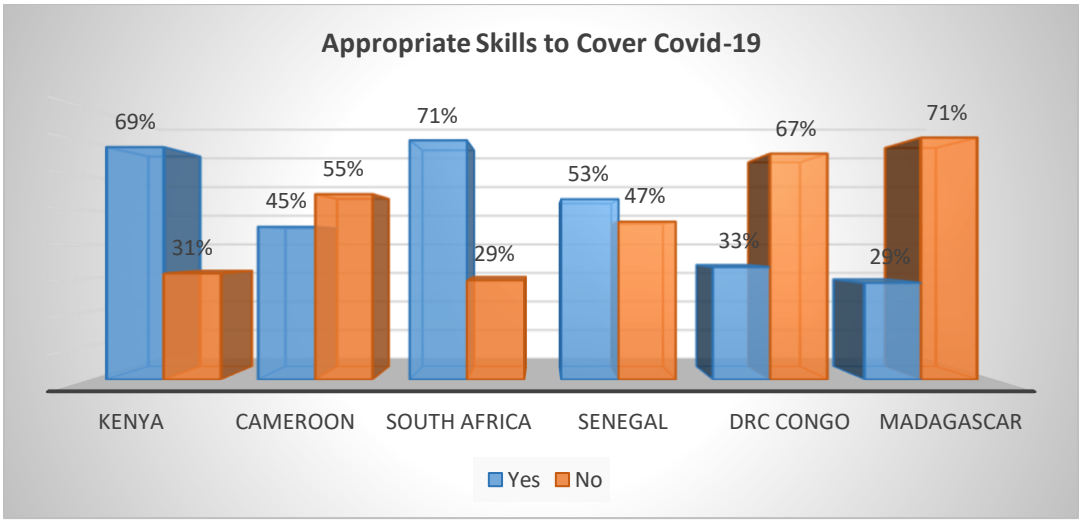
Figure 9: Skills to Cover Covid-19 Pandemic



Majority of journalists in South Africa (71%) and Kenya (69%) have sufficient skills to cover the pandemic. Slightly over half (53%) of journalists in Senegal have sufficient skills to cover COVID-

19. Majority of journalists in Madagascar (71%), DRC Congo (67%) and Cameroon (55%) have insufficient skills to report the pandemic in a safe manner.

Figure 10: Skills to Cover Covid-19 Pandemic by Country



Majority of journalists in South Africa and Kenya said that they have enhanced their capacity and skills to accurately report about COVID-19 in a safe manner. Most said they have attended several media training workshops on effective media coverage of COVID-19.

In Madagascar, DRC and Cameroon, journalists lamented lack of (or insufficient) trainings on media coverage of COVID-19. There were also concerns on how to handle challenging situations in reporting COVID-19.

One journalist in DRC said:

> *"There were a lot of media preparations when the first Ebola outbreak was reported in the country. The government and international organisations sensitised journalists on the epidemic – how to report it safely and what role the media has in sensitising the public. The seriousness in tackling Ebola has not been seen with COVID-19. No media trainings on COVID-19. Very unfortunate."*

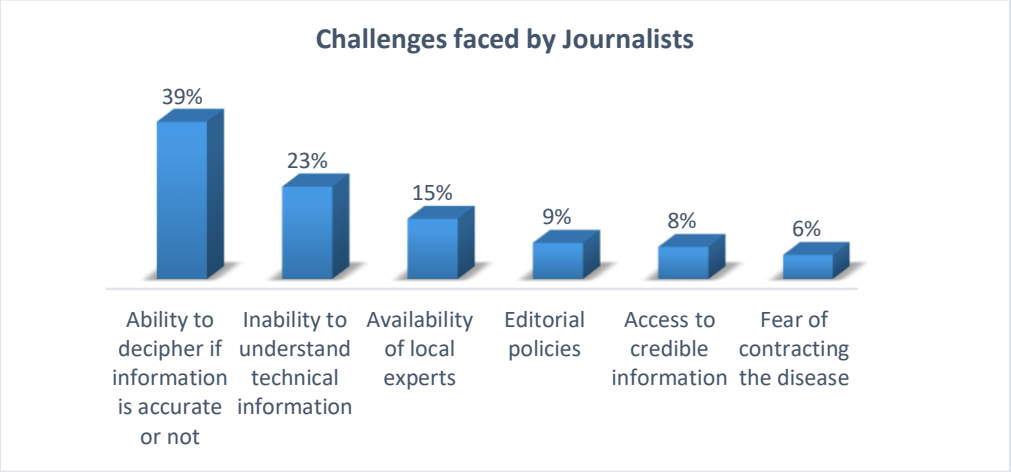
Another journalist had this to say:

> *"Although I have the skills to stay safe as I cover the pandemic, I feel there is a gap on how to safely interact with hostile sources who defy the COVID-19 preventive measures"*

4.4.6 Challenges faced by Journalists when covering COVID-19

The journalist identified the key challenges on covering Covid-19 pandemic in the 6 countries as the ability to decipher whether information is accurate or not (39%), inability to understand technical information (23%), the availability of local experts (15%), editorial policies (9%), access to credible information (8%) and the fear of contracting the disease (6%).

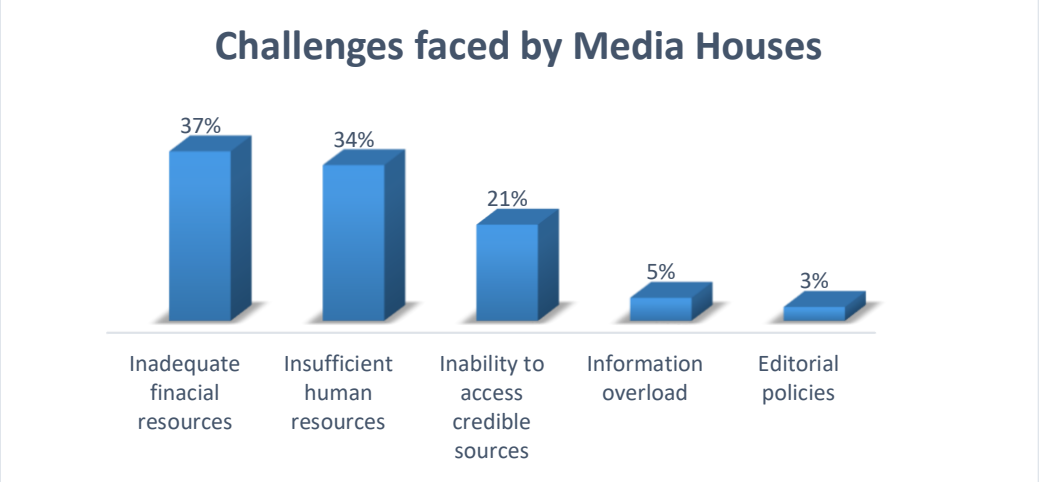
Figure 11: Challenges faced by Journalists in Covid-19 Coverage



4.4.7 Challenges faced by Media Houses

The key challenges faced by the media houses on covering COVID-19 pandemic in the six countries were inadequate financial resources (37%), insufficient human resources (34%), inability to access credible sources (21%), information overload (5%) and unfavorable editorial policies (3%).

Figure 12: Challenges faced by Media Houses

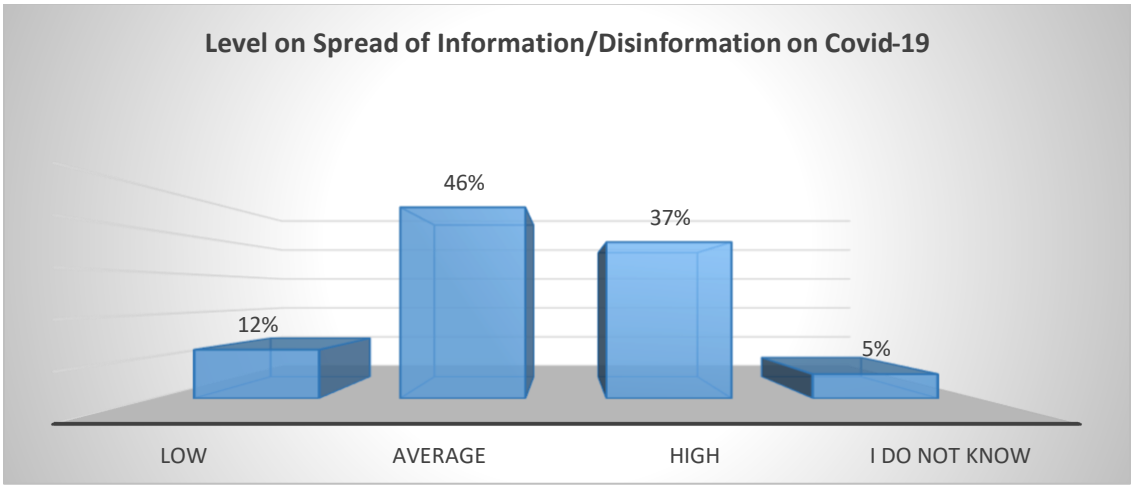


Inadequate financial and human resources come out as the main challenge faced by media houses in the six countries. This can be blamed on disruption of advertising due to COVID-19. Advertising is the main source of revenue for most media houses in Africa. With this disruption, there was a significant reduction on the number of advertisements carried in the media, and in turn they was a big drop in media revenues. This situation force many media houses in Kenya to cut down salaries for their journalists and reduce the number staff in their offices. This in turn overstretched human resource capacity in media houses.

4.4.8 Level of spread of misinformation and disinformation about COVID-19

Majority of journalists (46%) in the six countries rated the spread of COVID-19 misinformation and/or disinformation as average. Thirty-seven per cent (37%) said the spread of COVID-19 misinformation and/or disinformation is high, 12% said the spread is low while 5% said they did not know the level of spread of COVID-19 misinformation/disinformation.

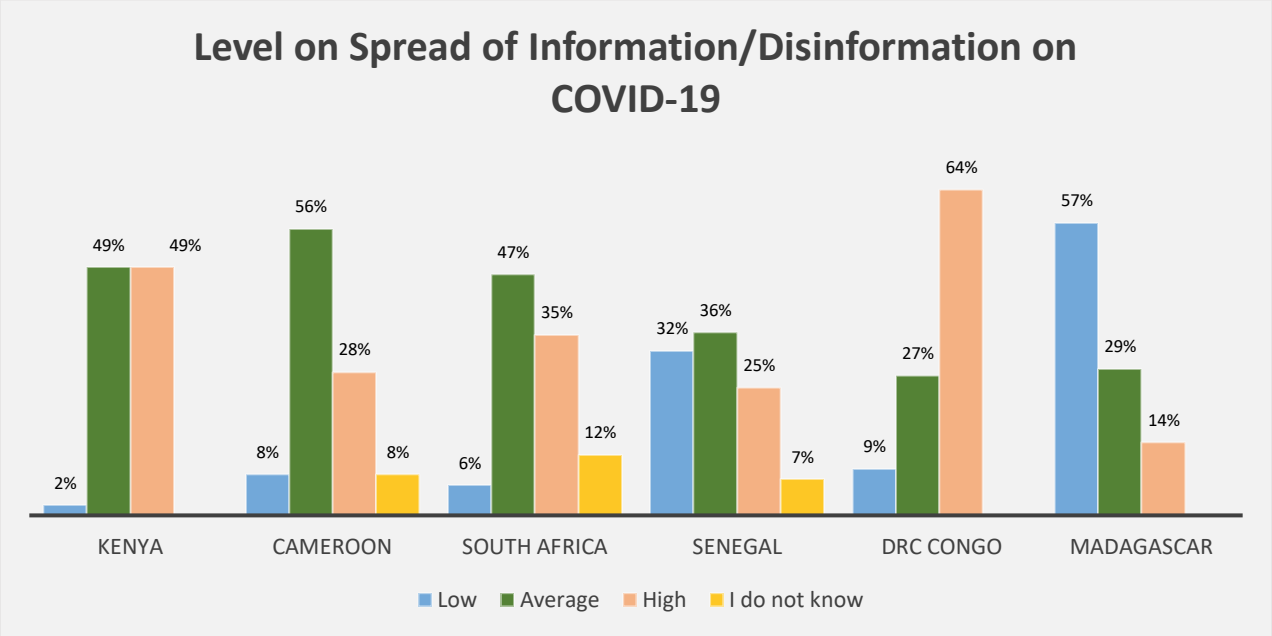
Figure 13: Level of spread of misinformation and disinformation about COVID-19



From the responses, it emerged that DRC has the highest level of spread of COVID-19 misinformation as majority of the respondents (64%) reported the country has high COVID-19 misinformation spread. It was followed by Kenya (49%).

It also emerged that the spread of COVID-19 misinformation in Cameroon, South Africa and Senegal is average. The findings show that Madagascar has the lowest level of spread of misinformation/disinformation about COVID-19.

Figure 14: Level of misinformation and disinformation about COVID-19 by Country



In DRC, a government official and a community leader felt that the country's Ministry of Health is not doing enough to engage or educate the public thus the high level of COVID-19 misinformation.

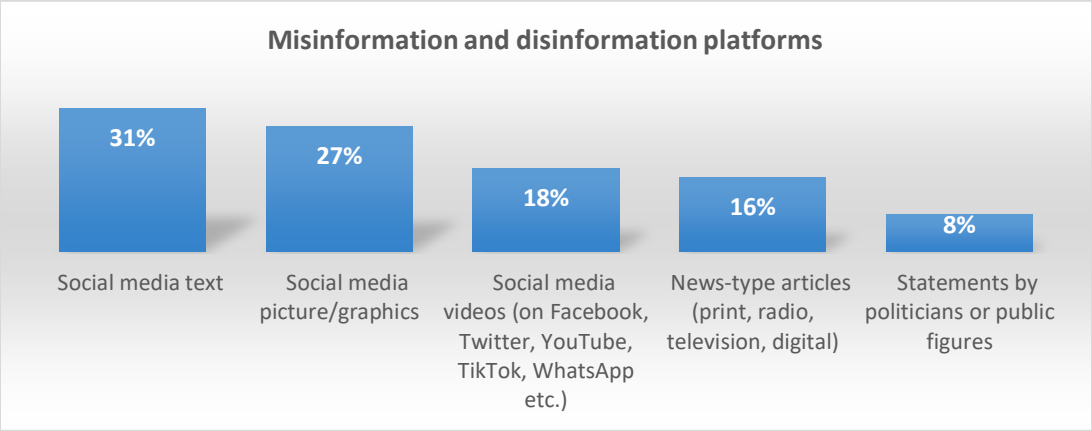
Kenya, South Africa and Cameroon had the second, third and fourth highest levels on spread of misinformation/disinformation on COVID-19, respectively. For Kenya and South Africa, this could be attributed to high internet and social media penetration rates (Kemp, 2020)[3]. During the course of this study, the Cameroonian respondents relied heavily on WhatsApp, to the extent that some interviews with high-level policy makers were conducted via WhatsApp. According to the respondents, the platform is widely used in the country, including for official business. Unfortunately, WhatsApp has been cited as one of the platforms that spreads the most misinformation, and perhaps explains why Cameroon has high levels of misinformation. Although there is no concrete evidence to support this assertion, it remains an important researchable element that could inform this trend.

[3] Kemp, S. (2020), February 18. Digital 2020: Kenya. Retrieved from DataReportal: https://datareportal.com/reports/digital-2020-kenya
Kemp, S. (2020, February 18. Digital 2020: South Africa. Retrieved from DataReportal: https://datareportal.com/reports/digital-2020-south-africa

4.4.9 Misinformation and Disinformation Platforms

Disinformation and misinformation about COVID-19 has widely been disseminated across the internet, reaching many people and potentially influencing them. Journalists who took part in the survey identified the main platforms in disinformation and misinformation about COVID-19 as social media text (31%), social media picture/graphics (27%), social media videos (18%), news-type articles (print, radio, and television, digital) at 16% and statements by politicians or public figures (8%). Thus, online platforms have become a key channel for disinformation.

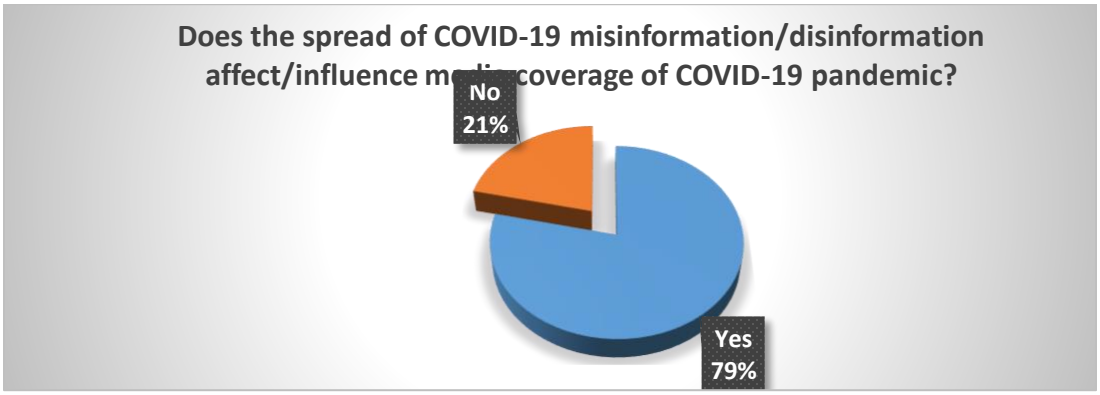
Figure 15: Platforms for spreading misinformation/disinformation



4.4.10 Effects of misinformation/disinformation on Media Coverage of COVID-19 Pandemic

The public is increasingly accessing information, news and content through the internet on news sites, social media platforms, and video-sharing platforms. A majority of the journalists (79%) indicated that the spread of misinformation and disinformation had indeed affected their media coverage of COVID-19 pandemic. Only 21% were not affected by the misinformation.

Figure 16: Misinformation/Disinformation and Media Coverage on COVID-19 Pandemic



4.4.11 Media-based fake news/misinformation about COVID-19 pandemic

Journalists in the six countries indicated that most of their media coverage remained factual. However, journalists in all the countries, except South Africa, said that there have been instances of fake news/misinformation about COVID-19.

Where fake news/misinformation occurred, the frequency in most instances was rare, occurring only about one to three times. However, Kenya has had four to eight occurrences of fake news/misinformation in the mainstream media.

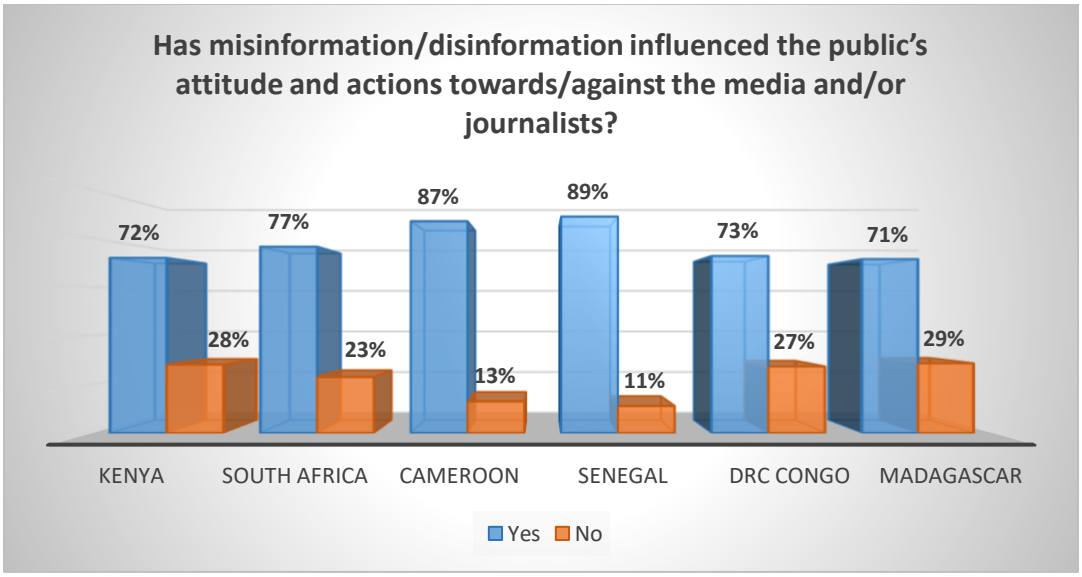
The Secretary General of the South African National Editors Forum (SANEF) had this to say:

> *"We saw the numbers skyrocket, where people were turning to radio, TV channels and online publications. This shows that people were turning to traditional media for trusted news given media reports did a good job at highlighting misinformation/disinformation as fake news."*

Effects of misinformation/disinformation on the public's attitude against the media

Although the study shows most media reports about COVID-19 are factual, majority of journalists in each of the six countries felt that COVID-19 misinformation has had an effect on how the public perceive the media. In Senegal, 89% of the respondents felt that this misinformation has affected public perception on the Senegalese media. Eighty-seven (87%) of journalists in Cameroon, South Africa (77%), DRC Congo (73%), Kenya (72%) and Madagascar (71%) said the misinformation has had an effect on people's perception of the media.

Figure 17: Fake News/Misinformation and Public Attitude



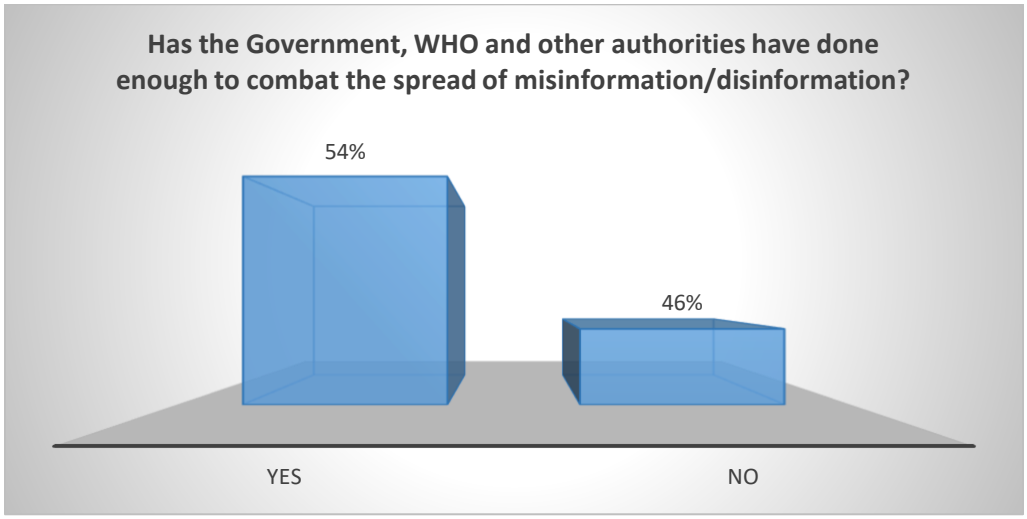
The following table summarizes some effects of misinformation on public perception about the media.

Effects of misinformation on public perception about the media
○ Caused public mistrust towards the media
○ Journalists viewed as collaborators in corruption schemes involving COVID-19 funds
○ Journalists viewed as government puppets
○ Media reports on COVID-19 no longer taken seriously
○ Media viewed as creators of panic

4.4.12 Government, WHO and Authorities on Combating Misinformation/ Disinformation

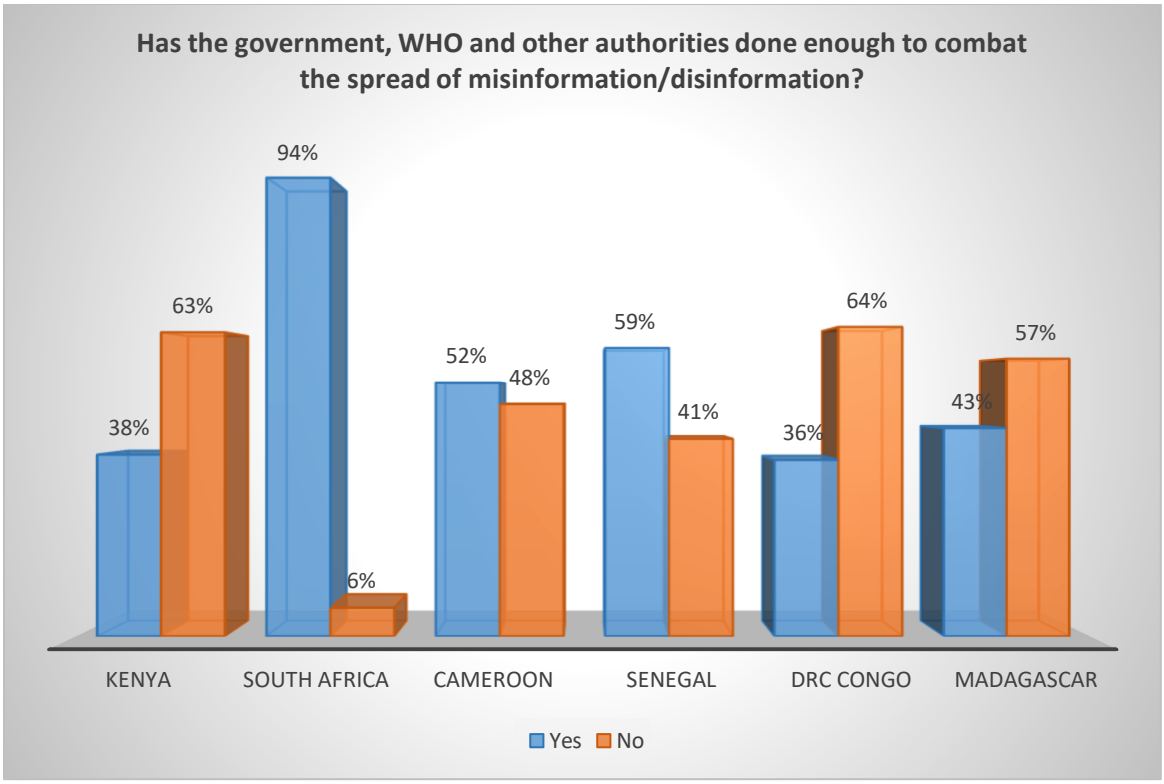
Majority (54%) of the journalists in the six countries felt that their governments, WHO and other authorities had done enough to combat the spread of misinformation/disinformation. However, 46% were of a different opinion and felt the authorities had not done enough.

Figure 18: Fight against COVID-19 misinformation/disinformation



Ninety-four (94%) percent of South Africa journalists indicated that their authorities had put in considerable efforts in combating COVID-19 misinformation/disinformation. This implied that attempts for fake news was averted early enough. This was followed by Senegal (59%), Cameroon (52%), Madagascar (43%), Kenya (38%) and DRC (36%).

Figure 19: Fight against COVID-19 misinformation/disinformation by Country



Specifically, majority of journalists in DRC, Kenya and Madagascar feel that WHO, their governments and other authorities have not done enough to fight COVID-19 misinformation.

Why DRC, Kenya and Madagascar have not done enough to combat COVID-19 misinformation

- Message inconsistencies on COVId-19 official communication in Kenya has escalated misinformation
- Poor strategies to fight misinformation in Cameroon and Kenya
- Focus has be on COVID-19 infection status but not the fight against misinformation

4.4.13 Key Influencers' Perspectives

This section presents findings and discussions on COVID-19 knowledge and information needs for policy makers, experts, community leaders, faith-based leaders and media practitioners who were selected as key influencers for the study. Fifty (50) were interviewed across the six countries the study took place.

Knowledge and Information Gaps around COVID-19 in Africa

The following findings emerged in regard to COVID-19 knowledge and information gaps:

- Lack of analytical skills among journalists, minimizing their ability to interpret and report data on COVID-19.
- Low literacy levels among local communities, limiting penetration and comprehension of COVID-19 information
- Top-down approach in communication that is ineffective in raising awareness and influencing behavior change among local communities
- Use of technical terms and complex statistics by government officials when communicating about COVID-19, further disenfranchising vulnerable communities
- Inconsistency in messaging and poor communication strategies that are limiting access and acceptance of credible information at the grassroots
- Corruption has raised suspicion and created mistrust on government-channeled information on COVID-19, contributing to the knowledge gap between the elite and vulnerable communities

The study shows that about one in three journalists in Cameroon, and one out of two in the Democratic Republic of Congo have insufficient knowledge to cover COVID-19. Bennen Buma Gana, the Editor-in-Chief at the state owned Cameroon Radio Television (CRTV), said journalists in Cameroon only have basic information about coronavirus. He pointed out that:

> *"They [journalists] have information such as hand washing, wearing of masks, physical distancing and not touching your face. Worryingly, some journalists do not fully understand COVID-19. That is the reason some media reports breed stigmatisation or discrimination for those suffering from COVID-19"*.

Inadequate COVID-19 training for Cameroonian journalists is another reason for insufficiency of knowledge among media reporters in Cameroon. Buma Gana argued that journalists in both urban and rural areas should be properly trained and empowered on health reporting. In the Democratic Republic of Congo, authorities showed reluctance or little efforts to enhancing the journalists' capacity to report more accurately and effectively on COVID-19. As pointed out by Cosmas Mungazi Kakola, the Managing Editor at Flambeau de l'Est (an investigative journal published in Goma, North Kivu), DRC government did not engage journalists as effectively as it did during the Ebola outbreak in 2018.

The top-down communication model is not conscious of ordinary citizens' feelings and thoughts about the best approach to combat the pandemic. Owing to this communication disconnect, COVID-19 strategies employed by African governments or international agencies were formulated without careful consideration of rural African settings and realities and hence are ineffective to influencing a significant positive change in behaviour. Reverend Masock Emmanuel, Presbyterian Church of Cameroon, said that

> *"There is a contradiction between the way the government or international agencies approach the fight against COVID-19 and the what the locals believe would have been the best approach. The ordinary man believes the community has enough biological resources to fight the virus. The local community would go for local remedies that they believe offer treatment against the virus"*

In DRC, authorities compelled citizens to wear masks without giving convincing reasons why it was necessary for them to do so. According to Asumani Linda Dobson, a political analyst and human rights defender in the country, the hesitancy in complying with COVID-19 safety measures has been occasioned by lack of public engagement on COVID-19. She said *"awareness creation on COVID-19 has been inefficient, and this is the reason the public are not taking these measure seriously."*

According to a community leader in North Kivu, DRC, there is total absence or very weak engagement on COVID-19 at the community level. More worryingly, there is lack of feedback or response to counter rumours. In Cameroon, the Ministry of Health has centralised dissemination of COVID-19 information with their audience being the media. Emmanuel Bami, MP from North West region, and Chairperson, Foreign Affairs Committee, Cameroon, said that:

> *"The ministry gives the right information but limited to the media. The information does not reach the wider spectrum of the community. Many others such as local leaders and women leaders should be brought on board so that they can relay COVID-related information through their social groups."*

Bami expressed his concerns about vulnerable communities in rural setting where health-systems are at their weakest, adding that majority of this population is old. However, communication about the pandemic is limited to the big cities only, and does not get to the villages. *"More effort has to*

be done to ensure rural communities not only access information on COVID-19 but also utilise it to protect themselves from the virus," said Bami.

To make matters worse, daily briefings are dotted with medical jargon and complex statistics that are difficult for common people to understand thus affecting appreciation and utilisation of such information. Wilfred Mbacham, a professor of Biotechnology from Cameroon, noted that:

> *"The government should simplify the language when communicating about COVID-19. Information about the disease should be repackaged in ordinary person's language in a way that a 10-year old child can understand. For example, instead of saying 90%, it is more effective to say nine out of ten."*

Contradictory messages on who should wear masks created confusion especially during the first few days of COVID-19 outbreak in Africa. Initially, the WHO and the government had advised that only COVID-19 patients and doctors should wear masks. This recommendation later changed, as everyone was required to put on a mask when in public places. The Managing Editor at Flambeau, Mr. Cosmas Mungazi, observed that this contradiction in messaging put the WHO and the government on the spot with regard to their confidence in combating the pandemic.

During the onset of the virus,Wilfred Mbacham said there were contradictory messages on people's capacity to resist coronavirus. He pointed out experts were on record earlier on during the outbreak of pandemic indicating that people do not have immunity to fight coronavirus. The same experts later reported that people possessed the immunity to fight the virus. Mahlatse Mahlatse, the Secretary General of the South African National Editors Forum (SANEF), said that the inconsistencies were challenging for the media, who had to keep up and respond to the shifting information. Mahlatse Mahlatse said:

> *"Journalists have had to deal with a lot of information in a short period of time, and this became even more difficult in an environment where the science itself keeps changing based on the evidence the experts are learning every day. The media therefore has had to keep up and respond very quickly."*

In risk communication, trust plays a major determining factor on whether the public will accept the messages shared by experts. However, inconsistencies in messaging diminishes trust. Professor Guy Richards, Emeritus Professor of Critical Care and Pulmonology at the University of Witwatersrand stated that:

"People don't trust those who are setting the rules or telling them what to do or not do. Part of the problem is that some of the initial lockdown rules made no sense. People were not allowed to visit their families or go to the park where likelihood of transmission is lower because it's in the open air, but could attend funerals and religious gatherings in enclosed spaces where the spread is more likely to occur."

Ordinary citizens perceive government COVID19-related policies as oppressive. Nationwide lockdowns or curfews imposed in the wake of the pandemic have negatively impacted on small businesses that are a source of livelihood for most people in Africa. But in Cameroon, for instance, people have questioned government's decision to lift the lockdown while failing to re-open schools and places of worship. People feel the government has not been honest when implementing its policies. According to Reverend Masock,

"People are asking why should the close churches and schools when it has allowed nightclubs and pubs to run? These 'double standards' paint mistrust in the government communication process."

At the onset of the pandemic, the level of adherence to safety guidelines was better, but this has diminished with time, according to various influencers. A key contributing factor to this is corruption. Corruption has indirectly contributed to widening the knowledge gap between the elite and vulnerable communities by raising suspicion and creating mistrust on government-channeled information on COVID-19. Prof. Douglas Miano, a Virologist at the University of Nairobi in Kenya said that:

"The corruption saga involving the Kenya Medical Supplies Authority has made people doubt if coronavirus is real and this has made people throw caution to the wind. People no longer observe the laid-down preventive measures."

Prof. Miano's view was shared by Dr Samuel Oroko, the Chairman, Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) who said that*:*

"Citizens had a lot of trust in government's top health officials, and their communication on COVID-19 was taken as gospel truth. When corruption kicked in, people stopped trusting them."

Information Needs on COVID-19

The study identified the following information needs on COVID-19

- Impact and investigative reporting on COVID-19 pandemic is inadequate. There is need to go beyond reporting numbers
- Lack of empathy in public health communication on COVID-19. More human interest stories that address pertinent issues which affect people's daily lives as well as the role of frontline workers like community health workers
- Less negative and sensational reporting on COVID-19
- Daily briefings on COVID-19 situation are ineffective. There is need to address pertinent issues such as the evolution of the disease, care-giving for COVID-19 patients, and how the government will meet people's needs during times of lockdowns.
- More stories around the science of the pandemic and debunking the misinformation/disinformation in the public sphere

According to Thando Mthembu, a Community Health Worker from South Africa, when working with communities and conducting house-to-house screenings, people do not want to talk to them because they believe health workers can infect them. This level of stigmatisation interferes with efforts to fight the pandemic. As a result, more stories that highlight the role of frontline workers, and measures that have been put in place to protect the communities, need to be told.

The media should focus less on negative and sensational stories and do more impact and investigative reporting. Dr. Ezekiel Mutua, a media expert and the CEO of Kenya's Film Classification Board, stated, *"the media has been used as a conveyor belt to churn government information, and is conducting little to no impact and investigative reporting."*

Prof. Mbacham from Cameroon called on the media to think outside the box and *"use role-play, enactments and comedies to drive COVID-19 messages home."* He also challenged his government to not rely heavily on mainstream outlets and disregard other means such as social media to relay information about COVID-19.

According to Prof Ongolo Zogo Pierre, the Vice Chair of Cameroon Public Health Emergency Scientific committee of the COVID-19, and Advisory Board of the COVID-19, government and WHO Messages on COVID-19 have not been customised in accordance with the African context.

This can be blamed on inadequacy in the communication strategies employed by African governments. Prof. Pierre says that:

> *"For instance in Cameroon, messages that were tailored for the West were shared without shaping them to fit the Cameroonian context and thus were not well conceived here."*

There has also been little creativity in relaying COVID-19-related messages on the continent. For instance, African governments have not optimised the use of performing arts such as drama to convey these messages even though such arts are considered effective in advancing public education on various issues.

Prof. Guy Richards from South Africa highlighted his concern on negative and sensational reporting. He points out that:

> *"If one child gets COVID-19, the headline might be, child gets COVID and dies from it. Meanwhile, the child that dies might have had severe heart disease, and happened to have had COVID as well. This sort of reporting plays on fear and sensationalism. In some ways, fear has been used to drive the response in the community, rather than good educational material."*

For instance, in Cameroon, COVID-19 recovery rate is over 90%. Ironically, media reporting has been painting a grim picture of the pandemic with focus on news about new infections and deaths while failing to highlight what the high rate of recoveries mean in the fight against the disease.

Daily media briefings on COVID-19 in most African countries have been deemed as inadequate in responding to information needs towards fighting the pandemic. Information on the number of new infections, COVID-19 death toll, and the disease surveillance progress dominates the briefings. Most press briefings do not seem to address pertinent issues such as the evolution of the disease, care-giving for COVID-19 patients, and how governments will meet people's needs during times of lockdowns.

Josué Poshombili, a faith-based leader in the DRC, lamented that the government has not provided sufficient information on COVID-19 in the country. To him:

> *"Information on COVID-19 needs to always be available and should be served accurately, truthfully and in abundance."*

Furthermore, government communication on the pandemic has been unresponsive to the harsh socio-economic realities bedeviling people living in poorly developed areas. African governments are adamant that everybody must often wash their hands and always wear a mask in public places. The daunting reality is that some people do not have easy access to water, making it difficult for them to wash their hands regularly. In the African context, majority of people cannot afford to buy masks regularly despite many governments demand that everyone put on a mask. Asumani Linda Dobson, a political analyst and human rights defender from DRC, questions his government's order that people buy and wear masks. He asks:

> *"Do you know that in my neighbourhood there are people who cannot afford to buy masks? Here at home, the cheapest is going for 500 Congolese Francs (US$0.25)! Do you know that people in my neighbourhood can buy sweetpotatoes with 1,000 Francs (US$50) and live with them? And all that you do is tell me: Wear your mask!"*

Disinformation status on COVID-19

Here are key findings on disinformation status on COVID-19

- Conspiracy theories about COVID-19 vaccines (e.g. vaccines are developed by Bill Gates to advance his business motives, or to reduce African population).
- Disinformation that COVID-19 does not exist
- Disinformation that Africans have immunity against COVID-19
- Myth that COVID-19 only targets the rich and their families
- Myth that traditional remedies/concoctions kill coronavirus/treats COVID-19
- Disinformation about the source of the virus with many believing that it is man-made

Any discussion touching on population growth becomes an emotive issue in Africa. Conspiracy theories that COVID-19 vaccines will cut down on the rapidly rising African population have fueled suspicions and created resistance against these vaccines. The WHO and other authorities have done little to address these concerns. This is expected to negatively impact acceptance of the vaccine when it becomes available.

Reverend Masock Emmanuel Bass of the Presbyterian Church in Cameroon noted that these theories have dominated social media space. More worryingly, campaigns against introduction of COVID-19 vaccines have had a ripple effect on other health programmes in Africa. The Vice Chair

of the Public Health Emergency Scientific committee of COVID-19 in Cameroon said the expanded immunisation programme in the country is facing a big challenge with the surge of vaccine hesitancy among the population. He pointed out that many parents are afraid to get their children vaccinated because of fears created by misinformation about COVID-19 vaccines.

Conversations with key influencers demonstrated how ineffective communication on COVID-19 has been given. Many African communities still deny the disease exists. Instead of just churning out statistics on a daily basis, reporting needs to highlight impact of the disease. Augustin Kapila, the General Secretary in charge of communication in Goma of eastern DRC, says that:

> *"People are saying they have neither seen anyone suffering nor dying from this disease."*

Some members of African communities and some of their religious leaders continue to hold onto the belief that Africans are immune to the virus. For instance, a Cameroonian faith-based leader said, *"WHO should tell us that we [Africans] are naturally immune*." Some local leaders also believe traditional medicines such as herbs are a panacea to ending the pandemic, and continue to spread the myth.

Another myth that is quickly spreading within communities is the misperception that there is no COVID-19 in Africa and that it only affects the White, the rich and those living in the temperate zones. Some people claim COVID-19 does not exist in the tropics and believe that reports about COVID deaths are a lie. It is hard to convince people in public places to wear masks because they do not see a reason for doing that. This could also be attributed to the fact that Africans have not experienced the levels of the spread seen in the west. Augustin Kapila, the General Secretary in charge of communication in Goma of eastern DRC, says that:

> *"A sizeable number of people in DRC holds a misperception that COVID-19 only attacks men and women of means such as senior politicians and people of the upper class. They believe the disease does not target people who live in Majengo (shanties) and in the remote neighbourhoods of the city."*

Social media, social networks and local leaders have been cited as leading sources of misinformation and disinformation on COVID-19. According to Reverend Masock:

> *"Face-to-face communication in the local setting is enough to spread misinformation on COVID-19 since this is the most dominant form of communication within communities.*

Local leaders who are not yet convinced about the virus, or not appropriately informed, have become vectors of COVID-19 misinformation,"

On his part, Bennen Buma Gana, Editor-in-Chief at Cameroon Radio TV, said:

"Social gatherings form a major platform for spread of misinformation/disinformation. The bars, drinking spots and meetings houses are avenues for passing this misinformation/disinformation."

The spread of COVID-19 misinformation has been a big concern to government-led COVID-19 national emergency response teams. In Cameroon, the Public Health Emergency Scientific Council has been monitoring shared information about COVID-19, and often times, it has come out strongly to counter COVID-19 misinformation and tried to convince people that the government is telling them the truth about the disease. According to Mahlase Mahlatse, the Secretary General of SANEF, media can play a big role in addressing misinformation/disinformaion that is circulating on social media by highlighting it as fake news during news bulletins.

Barriers to Effective Mainstream Media Coverage on COVID-19 and Barriers that Limit Experts from Engaging

The following findings emerged as barriers to effective mainstream media coverage of COVID-19:

- Poor information and communication infrastructure is hindering communication on COVID-19 in Cameroon and Democratic Republic of Congo
- People's culture and traditions affect the way COVID-19 information is utilised and appreciated
- Lack of facilitation and support for community-led COVID-19 sensitisation exercises
- Stigma and discrimination associated with COVID-19 has affected open discussion and messaging on the disease
- Lack of openness by authorities in providing COVID19 information such as the number of people infected with the virus, the condition of those hospitalized, and detailed information about those who have recovered.
- Politicization of the fight against COVID-19.
- Lack of a clear mechanism on how experts should engage with the media

Although governments are doing their best to disseminate information to the public, the efforts are still wanting to a certain extent because a number of people is located in rural communities. There is limited radio and television coverage in some territories. These places are at times not accessible, and this makes it difficult for government information to reach communities.

In addition, people's cultures and traditions affect the way COVID-19 information is utilised and appreciated. For instance, people are finding it strange and difficult to believe that they have to keep social distance when they participate in cultural activities where dancing and social interactions are common. H.M. (FON) Lekunze Nembo Andreas, the Paramount FON Traditional Ruler of Bamumbu, and elected Senator of the South West Region of Cameroon, for example says that:

> *"The African society is pegged on the pillars of love and togetherness (Ubuntu). Social gatherings are part of our lives as Africans because people have to assemble around palm wine to discuss local stories and community issues."*

Even though the African society is interwoven into diverse sets of cultural complexities, WHO did not formulate context specific messages and communication on COVID-19. Failure to incorporate traditional approaches in communicating about the pandemic has negatively affected adherence to COVID-19 preventative measures. For public health communication to appeal to cultural values, it must be context conscious.

High poverty levels and insufficient income among most people have significantly lowered the population's tendency to seek information on COVID-19. Father Razafinadraina Noel of the Catholic Church in Madagascar says:

> *"People no longer observe the preventive measures; neither do they care about what is communicated about COVID-19. People are slowly returning to their normal hustles. They have realised they need to fend for their families no matter what."*

In Cameroon, Stigma and discrimination associated with COVID-19 has affected open discussion and messaging on the disease. Most people do not want to speak candidly on whether they have contracted the disease or not for fear of stigmatisation. This makes it difficult for journalists to document community's experience with the disease. People in the community do not want to be interviewed. Bennen Buma Gana, the Editor-in-Chief at CRTV, Cameroon, says that:

“Getting people to talk about their health situation or getting government to open up and share clear statistics about the pandemic in Cameroon is still a problem.”

Lack of openness by authorities in providing COVID-19 information such as the number of people infected with the virus, the condition of those hospitalised, and detailed information about those who have recovered is affecting coverage on the pandemic. Gana further points out that:

"When you listen to international media stations, you get facts that you can understand. When you come to Cameroon, local media give you little facts about COVID19 situation in the country."

Politicisation of the fight against COVID-19 is also aggravating the matter as Professor Wilfred Mbacham points out. He accuses politicians in Cameroon of “spinning COVID-19 out of control.” This view is supported by Prof. Guy Richards, Emeritus Professor of Critical Care and Pulmonology, University of the Witwatersrand, South Africa who points out that:

“We need to stop politicising the pandemic. It shouldn’t provide ground for bashing different parties but rather, it should be an educational process.”

Journalists highlighted the lack of access to local experts as one of their main challenges. Although experts are considered as key sources of information, their participation in the public discourse on COVID-19 is lacking. According to Prof. Raphael Munavu, the Chairperson of the Kenya National Academy of Sciences, the issue was first framed as a health/medical challenge. Accordingly, other experts such as virologists, epidemiologist, socio-economics, felt they did not have a role to play in the fight against the pandemic. The lack of a clear mechanism on how experts could engage with the media, and the fact that many things were still unclear about the pandemic saw experts retracting into their own communities where they “talked among themselves.” According to Prof. Miano discussions are rife among experts. He states that:

“My colleagues and I engage on a regular basis about various issues to do with the pandemic, including the misinformation that is widespread, but majority of us have not yet had an opportunity to participate in media interviews to clarify the myths and misinformation.”

5.1 Summary of Findings and Recommendations

This section puts forward a number of recommendations in line with each study objective.

Objective 1: Identify local experts ready and willing to engage with the media on COVID-19

i) *A structured media-and-expert engagement:* Experts will play a vital role towards the fight against misinformation/disinformation. A structured way on how the media and experts can engage needs to be developed. For instance, a central portal where journalists can get contacts of local experts willing to engage on COVID-19 would be useful. Further, such a portal would act a central source of credible and locally contextualised information on the pandemic.

Objective 2: Identify knowledge and information gaps of policy makers, community leaders, faith-based leaders and media practitioners

i) *Adopting bottom-up communication approach:* Effective communication is culture and context specific. The study established that there is a communication disconnect due to failure in factoring Africans cultural beliefs and settings. The top-down approach that has been used to share information on COVID-19 is ineffective and has failed to tackle disinformation on COVID-19 and inspire behaviour change. Consequently, government communication strategies on COVID-19 need to be revised to address this gap, and adopt a bottom-up approach. Public health messages and campaigns against COVID-19 should also carried in local languages.

ii) *Sensitising faith-based and community leaders on COVID-19:* Given religious leaders, cultural, traditional and faith-based are highly trusted within their communities and their sentiments are usually taken as gospel truth, there needs to be more efforts towards sensitising them, and other key influencers that are highly regarded by grassroots communities.

iii) *Simplifying COVID-19 information:* The complex nature of information shared on COVID-19 has made it inaccessible to a significant proportion of communities in our countries of interest. Knowledge brokers therefore need to work hand-in-hand with WHO and governments to simplify and contextualise information on COVID-19. Although experts are key, they typically use technical jargon when engaging non-technical audiences. Consequently, capacity building activities for training experts on how to simplify their language and connect with a lay audience should be considered.

Objective 3: Establish disinformation status and information needs of policy makers, community leaders and faith-based leaders

i) *Developing social media strategies and campaigns to address COVID-19 misinformation:* Even though social media has proven to be a powerful tool in the spread of information on COVID-19, it has also been used to proliferate misinformation/disinformation. However, there are little to no deliberate efforts by governments to utilise these platforms for information sharing. Development of social media strategies and campaigns to address misinformation is key.

ii) *Considering stories that speak to the public's concerns:* Communication on COVID-19 has focused on telling people what they need to know versus what they want to know. Stories that speak to the public's concerns should be considered, as well as those that unpack the myths/misinformation.

Objective 4: Determine barriers to effective mainstream media coverage of COVID-19 and propose appropriate mitigation strategies

i) *Using community radio in COVID-19 public sensitisation:* Vulnerable communities have been marginalised further due to various issues, including infrastructural. Community radio provides a key platform for communicating information within these communities, and thus should be prioritised in.

Objective 5: Identify challenges journalists face when covering of COVID-19 and propose appropriate mitigation strategies

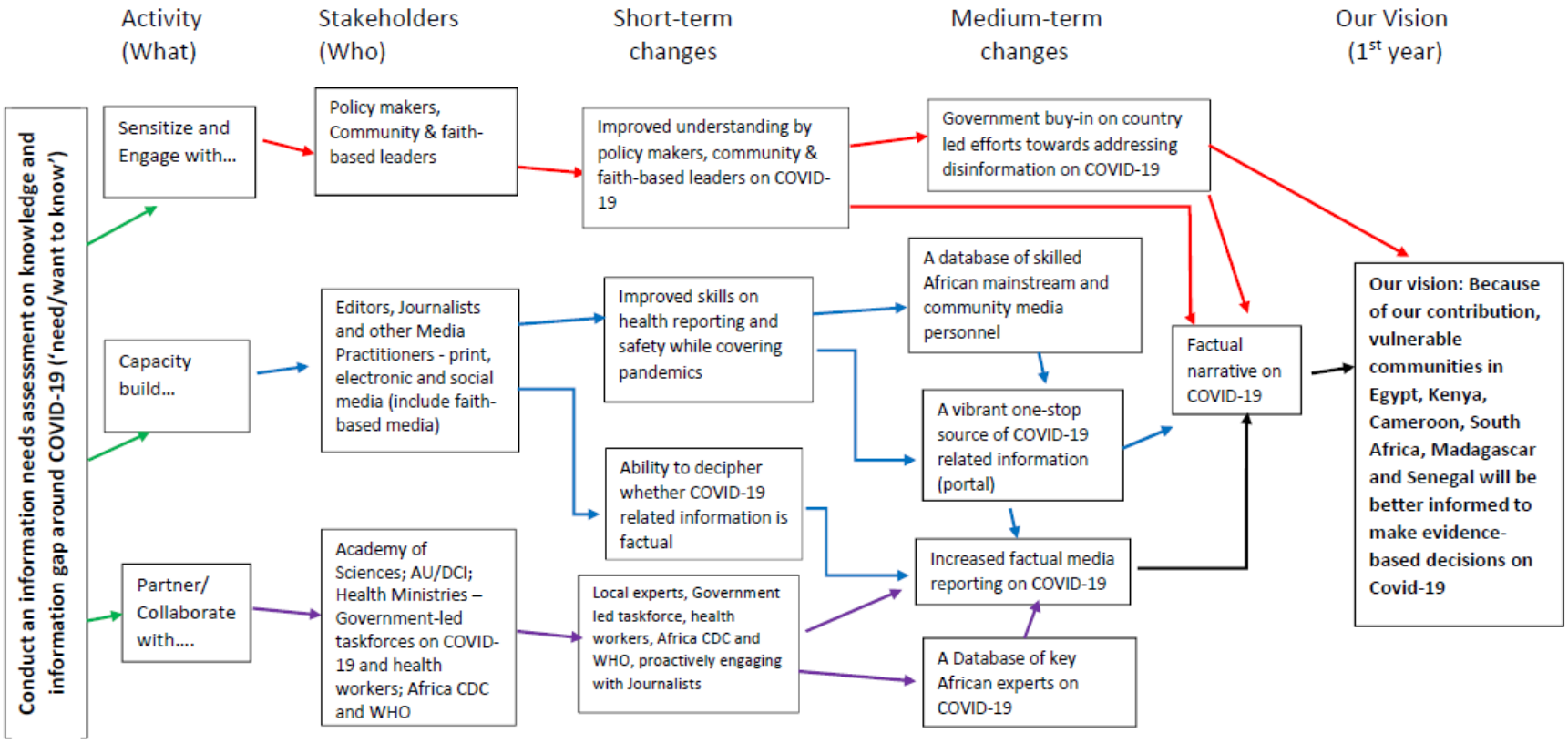
i) *Updating journalism training curricula:* The pandemic has brought to the fore the importance of specialised journalism. Therefore, there is an urgent need to update journalism curricula in most African countries to align with emerging trends.

ii) *Building journalists' capacity on safe reporting:* In the meantime, capacity building activities for training journalists on how to safely cover a pandemic, handle challenging situations, and decipher whether information is factual, are key. Efforts towards developing safety manuals for journalists should also be put in place

6.1 Appendix 1 – Theory of Change Diagram

Monitoring and Evaluation of Project Success

Monitoring and evaluation of this project will be conducted using the Theory of Change (ToC) approach. ToC is an ongoing process of reflection to explore change and how it happens – and what that means for the part project partners play in a particular context, sector and/or group of people.



ToC for strengthening citizens' resilience to COVID-related disinformation in conflict-prone environments and thus contribute to the achievement of SDG Target 16.10

6.2 Appendix 2 – List of Key Influencers

	CATEGORY	NAME	TITLE	INSTITUTION	COUNTRY
1.	Policy maker	Thabo Masebe	Head of Communication	Gauteng Provincial Government	South Africa
2.	Policy maker	Prof. Hamadi Boga	Principal Secretary	Department of Research	Kenya
3.	Policy maker	Augustin Kapila -	General Secretary in charge of communication	GOMA Province	DRC
4.	Policy maker	Hon. Emmanuel Bami	Member of Parliament and Chair	MP from North West region, and Chairperson, Foreign Affairs Committee	Cameroon
5.	Policy maker	Hon. (FON) Lekunze Nembo Andreas	Senator and Traditional Ruler of Bamumbu	Paramount FON, and elected Senator of the South West Region of Cameroon	Cameroon
6.	Media Editor/Expert	David Omwoyo	CEO	Media Council of Kenya	Kenya
7.	Media Editor/ Expert	Churchill Otieno	President	Editors' Guild, Kenya	Kenya
8.	Media Editor/ Expert	Mahlatse Mahlatse	Secretary General	South African National Editors Forum (SANEF)	South Africa
9.	Media Editor/ Expert	Dr Ndeti Ndati	Director	University of Nairobi, School of Journalism & Associate Professor of Health Communication	Kenya

10.	Media Editor/ Expert	Dr Mercy Korir	Health Journalist and Lead Group Editor Health and Science	Standard Media Group	Kenya
11.	Media Editor/ Expert I	David Owino	Secretary General	Disaster Risk Reduction Network of African Journalists (DIRAJ)	Kenya
12.	Media Editor/ Expert	Dr Ezekiel Mutua	Chief Executive Officer	Kenya Film Classification Board (KFCB)	Kenya
13.	Media Editor/ Expert	Marie Yambo	President	Africa Media Network on Health (AMNH)	Kenya
14.	Media Editor/ Expert	Simon Lyonga	Entertainment Manager	Cameroon Radio Television (CRTV)	Cameroon
15.	Media Editor/ Expert	Bennen Buma Gana -	Editor in Chief	Cameroon Radio TV	Cameroon
16.	Faith-based Leader	Father Smangaliso Mkhatshwa	Priest and Chairperson	Chairperson, Moral Regeneration Movement	South Africa
17.	Faith-based Leader	Moulana Ebrahim Bham	Secretary General	Council of Muslim Theologians	South Africa
18.	Faith-based Leader	Father RAZAFINADRAINA Noël Marie	Priest	Catholic Church	Madagascar

19.	Faith-based Leader	Dr. Timothy Ndambuki	Chairperson	National Council of Churches of Kenya	Kenya
20.	Faith-based Leader	Josué Poshombili	Evangelist	North Kivu	DRC
21.	Faith-based Leader	His Lordship Jervis Kebei	Assistant Secretary General	Cameroon Episcopal Conference	Cameroon
22.	Faith-based Leader	Imam Kumar Njimogny	Islamologist and Preacher	Cameroon Muslim Council	Cameroon
23.	Expert	Prof. Glenda Gray	Female President and CEO	South African Medical Research Council (SAMRC)	South Africa
24.	Expert	Prof. Guy Richards	Emeritus Professor of Critical Care and Pulmonology	University of the Witwatersrand	South Africa
25.	Expert	Prof Coumba Touré Kane	Professor of Microbiology	Cheikh Anta Diop University	Senegal
26.	Expert	Jaurès Churchil Rabemanantena	Medical Doctor and Epidemiologist	Madagascar	Madagascar
27.	Expert	Dr Samuel Oroko	Chairman	Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU)	Kenya
28.	Expert	Prof. Joachim Osur	Technical Director, Amref Health Africa/Dean	Amref Health Africa/Amref International University	Kenya

29.	Expert	Damaris Matoke	Deputy Director	Kenya Medical Research Institute	Kenya
30.	Expert	Prof. Raphael Munavu	Chairperson	Kenya National Academy of Sciences(KNAS)	Kenya
31.	Expert	Prof. Douglas Miano	Virologist	University of Nairobi	Kenya
32.	Expert	Emaculate Nyaugo	Senior Nutritionist	Ministry of Health	Kenya
33.	Expert	Jimmy Katembo Kirani	WHO Consultant	Butembo, Beni and Kasindi Health Zone	DRC
34.	Expert	Dr. Odoh	Medical Doctor	Cameroon	Cameroon
35.	Expert	Professor Wilfred Mbacham	Public Health, Biotechnology	Public Health Biotechnology, University of Yaounde	Cameroon
36.	Expert	Prof Ongolo Zogo Pierre	Vice Chairman	Public Health Emergency Scientific committee of the COVID19, and Advisory Board of the COVID19	Cameroon
37.	Media Editor	Cosmas Mungazi Kakola	Managing Editor	Flambeau	DRC
38.	Community Leader	Thando Mthembu	Community Health Worker	Strettford Clinic	South Africa
39.	Community Leader	Ralphine	Chair Lady	National Network for Women with Disabilities	Madagascar
40.	Community Leader	Dr Manu Chandaria	Chairman/Businessman	Comcraft Group of Companies	Kenya

41.	Community Leader	Suba Churchill	President/National Coordinator	The National Civil Society Congress (NCSC), Kenya	Kenya
42.	Community Leader	Edward Kamunde	Secretary	National Council of Elders/Tharaka Nithi Council of Elders	Kenya
43.	Community Leader	Bretta Mutisya	Community health worker	Machakos County	Kenya
44.	Community Leader	Marstella Bahati	Chairperson	Pwani Ufanisi Farmers' Co-operative (PUFCO)	Kenya
45.	Community Leader	Johnson Kiiti	Leader	Mau Mau, Eastern Kenya	Kenya
46.	Community Leader	Vincent Luka Muindi	Youth Leader	East African Youth Parliament	Kenya
47.	Community Leader	Victoria Mulalya	Chairperson	Maendeleo ya Wanawake	Kenya
48.	Community Leader	Asumani Linda Dobson	Political Analyst and Human Rights Defender		DRC
49.	Community Leader	Pastor Masock Emmanuel Bass	Senior Pastor	Presbyteriab Church	Cameroon

50.	Community Leader	Dr. Douffissa Albert Vondou	President	Association of Guidar Community	Cameroon

6.3 Appendix 3 – Journalists Questionnaire

1. Enter your name/outlet/country/age bracket (all data is strictly confidential, and is only registered for geographical/comparative analysis)

❑ Name:

❑ City/Town:

❑ Country:

❑ Email Address:

❑ Outlet:

❑ Age Bracket □18-25 □ 26-35 □ 36-50 □ 51 and above

❑ Gender: □ Male □ Female □ Other

2. Education level (pick the most appropriate):

❑ Secondary/High School

❑ Tertiary

❑ University

❑ Professional journalism training

3. Do you have sufficient knowledge and information to cover the COVID-19 pandemic in a safe manner? (if no, please explain your answer and suggest mitigation measures needed to empower you effectively cover the pandemic. If yes, what information is available to you)

□ Yes

□ No

4. Do you have appropriate skills to cover the COVID-19 pandemic in a safe manner? (If no, please explain your answer and suggest mitigation measures needed to empower you sufficiently to cover the pandemic. If yes, what skills do you have to cover the pandemic)

□ Yes

□ No

5. What challenges do you face when covering COVID-19?

❑ Access to credible information

❑ Availability of local experts

❑ Ability to decipher if information is accurate or not

❑ Inability to understand technical information

❑ Editorial policies

❑ Fear of contracting the disease

❑ Other (outline)……

6. What challenges does the media you work for face when covering COVID-19?

❑ Lack of human resources

❑ Lack of financial resources

❑ Inability to access credible sources

❑ Information overload

❑ Editorial policies

❑ Other (outline)……...

7. What do you think is the level of spread of misinformation and disinformation about COVID-19?

❑ Low

❑ Average

❑ High

❑ I do not know

8. What type of misinformation or disinformation is spreading the most?

❑ News-type articles (print, radio, television, digital)

❑ Social media text

❑ Social media picture/graphics

❑ Social media videos (on Facebook, Twitter, YouTube, TikTok, WhatsApp etc.)

❑ Statements by politicians or public figures

❑ Other (specify)……

9. Does the spread of COVID-19 misinformation/disinformation affect/influence media coverage of COVID-19 pandemic?

□ Yes

□ No

10. Has news media in your country (or your outlet), at any point, carried COVID-19 information that later turned out to be fake news/misinformation about the pandemic?

□ Yes

□ No

11. If your answer was yes in question 10, how often has news media (or your outlet) carried COVID-19 information that later turned out to be fake news/misinformation about the disease?

□ Rarely (1-3 times)

□ Often (4-8 times)

□ Very often (more than 8 times)

12. Do you think the spread of COVID-19 misinformation/disinformation has influenced the public's attitude and actions towards/against the media and/or journalists?

□ Yes

□ No

13. If yes to question 11, how specifically has COVID-19 misinformation/disinformation influenced people's attitude and actions towards/against the media and/or journalists?

14. Do you think the government, WHO and other authorities have done enough to combat the spread of misinformation/disinformation in your country?

□ Yes

□ No

Please explain……..

15. What do you consider the top three types of disinformation in your country?

i)

ii)

iii)

16. Who do you consider to be the most credible sources of information on COVID-19 (List in order of importance)

17. What kind of information would you like to access to improve your coverage of the COVID-19 pandemic?

18. What measures would you propose to improve media coverage if a similar crisis occurs in the future?.....