ARO VAVA-ORONA - HOW TO SHARE
INFORMATION DURING A PANDEMIC
An Information Ecosystem Assessment

Rooted In Trust 2.0 Madagascar, revised September 2023

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LIST OF ACRONYMS

ANRC
Autorité Nationale de Régulation de la Communication Médiatisée (National Authority for the Regulation of Media Communication)

ASOS
Action Socio-sanitaire Organisation Secours (Health and Social Action Relief Organization

CCO
Centre de Commandement Opérationnel (Operational Command Center)

CEDIII
Centre d'Échanges, de Documentation et d'Information Inter-Institutionnelles de Fianarantsoa (Fianarantsoa Center for Inter-Institutional Exchange, Documentation and Information)

CENI
Commission Électorale Nationale Indépendante (Independent National Electoral Commission)

CHW
Community Health Workers

CID
Communication Idea Development

COVID-19
Coronavirus Disease 2019

CRCO
Centre Régional de Commandement Opérationnel (Regional Operational Command Center)

CSB 2
Centre de Santé de Base de niveau 2 (Level 2 Basic Health Center)

CVO
Covid Organics

DRSP
Direction Régionale de la Santé Publique (Regional Public Health Department)

EDSM
Enquête Démographique et de Santé à Madagascar (Madagascar Demographic and Health Survey)

FGD
Focus group Discussion

FJKM
Fiangonan'i Jesoa Kristy Eto Madagasikara(Church of Jesus Christ in Madagascar)

GDP
Gross Domestic Product

GSM
Global System for Mobile Communications

IEA
Information Ecosystem Assessment

ITU
International Telecommunication Union

JHU
John Hopkins University

KII
Key Informant Interview

MICS
Multiple Indicator Cluster Survey

OJM
Ordre des Journalistes de Madagascar

NGO
Non-Governmental Organization

ACRONYMS

PC
Personal Computer

PPP
Purchasing Power Parity

PSI Madagascar
Populations Services International, Madagascar

RESAT
RESeau SATellitaire

RFI
Radio France International

RGPH
Recensement Général de la Population et de l'Habitat (Population and Housing Census)

RiT
Rooted in Trust

RNM
Radio Nationale Malagasy

SG
Secretary General

TV
Television

TVM
Télévision Nationale Malagasy

UNESCO
United Nations Educational, Scientific and Cultural Organization

USD
US Dollars

WHO
World Health Organization

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

This study aims to document the Information Ecosystem in Madagascar, especially the information surrounding the COVID-19 pandemic. However, it applies to the general context of **humanitarian crises** in Madagascar. Developed by Internews to support its approach of programs it plans to implement in Madagascar, this assessment of the information environment and practices analyzes the landscape of information producers, local community needs, accessibility, catalysts and barriers, trust in sources and information, and the use and influence of information on COVID-19.

Using Internews' information ecosystem assessment (IEA) methodology, this study seeks to improve the understanding of the relationship and interaction between information supply and demand in a crisis. The report analyzes three dimensions of information:

production, **consumption or use**, and **transmission**. To do this, the IEA studies five main components: information providers, information needs and deficits, access modalities, usage and transmission dynamics, and vulnerability to misinformation.

This IEA targets population groups that are vulnerable to rumors and/or misinformation and may have had difficulty accessing information about COVID-19. It also looks to understand how people with different access to information learned about the pandemic, particularly those with little or no education, compared to those with higher levels of education, including access to the internet.

INFORMATION SUPPLY

- Communication and information as part of the response to COVID-19 are defined by the central authorities through the National Plan. The operational centers in the regions implement these strategies. To do this, they use the tools previously developed by central government, such as posters, but also produce content more adapted to the local context, such as audio messages broadcast in the street by vehicles with sound.

- As public channels, Télévision Nationale Malagasy (TVM) and Radio Nationale Malagasy (RNM) are the media for broadcasting official information, while private media have been requisitioned to relay it. While private media outlets in the capital were faced with certain limitations in their coverage of the pandemic, their counterparts in the regions enjoyed greater flexibility, particularly in terms of official sources, which were more readily available. However, they were both relatively obliged to "self-censor" in order to avoid possible sanctions, particularly regarding statistical data.

- Some stations decided to publish local statistics on the evolution of COVID-19, the main source of controversy and concern due to differences with official figures, which generated further mistrust of them by the local community.

- Extensive communication and awareness-raising about COVID-19 through the mass media have ensured that residents of the urban communities have been properly informed. However, this is not the case in rural areas, where access to the media is limited. In this context, the Madagascar IEA noted that:

1. Some rural populations have received general information about COVID-19 but not necessarily the information they need;
2. Some rural localities are informed about the pandemic, but the information does not necessarily reflect the local context;
3. Some remote rural communities are under-informed due to poor access to media and information.

- Information on COVID-19 is mainly disseminated in the official Malagasy language, and in local dialects in regions where the national language is used in a specific way. While all categories of the survey population were mostly informed in official Malagasy during the pandemic, non-literate respondents say they received more information in the local variant.

INFORMATION DEMAND
Information Access

- For people living in large conurbations, radio and TV are the preferred channels for information about the pandemic. Respondents with a high level of education very often preferred TV stations, while respondents in precarious situations and with a low level of education mainly sought information via the radio. All survey respondents also statedthey very often received COVID-19 information through interpersonal discussions and exchanges, as opposed to posters, community meetings and vehicles with broadcasting sound. Facebook is a channel that is used quite often, but only by respondents who have

access to the platform, who are mainly well-educated.
- While radio is appreciated for its practicality and affordability, TV is preferred above all because of images, for easy and faster understanding, and reliability of information. In addition, testimonials reveal that SMS is a highly effective channel for reaching rural populations.
- Information is "very often" the purpose of Facebook use for the 86% of respondents in the face-to-face survey. On the whole, the survey samples share the same pattern of justifications for their choice to obtain information about COVID-19 on social media networks, which are - in order of importance - the character of constant updating; the practicality demonstrated by the availability of information on demand; the accessibility, particularly in terms of

language or relevance; and diversity. On the other hand, some rather worrying testimonials report that Facebook has enabled them to easily access and experiment with remedies to treat COVID-19.

- The specific language and technical vocabularies associated with the pandemic and health crisis are major obstacles to the communication and accessibility of information on COVID-19, particularly for rural populations and those with a limited level of education, due to the fact that existing translations are unfamiliar to the community. By way of illustration, the use of the expression "mouthwash" to designate the mask considerably hindered awareness of preventive measures, since it suggests only that the mouth should be protected.

- Pictograms on posters aimed at illiterate people, and histograms or tables on television, were not entirely helpful in communicating about the pandemic. Some of those interviewed during this assesment said it was still necessary to explain them verbally.

Information Needs

- The different categories of respondents were most interested in information about COVID-19 as a disease, as well as news about administrative measures. The well-educated population were more or less informed on all pandemic-related topics, while the less educated and those living in precarious conditions showed little interest in international news and access to public services and education, in contrast to the question of state and humanitarian aid. Nevertheless, the treatment of COVID-19 was the major topic shared by all. In addition, it was noted that the need for information on the disease varies according to the personal interests and stakes of the pandemic for the respondents.

- Although information on COVID-19 is amply available in urban areas, the individuals who took part in the face-to-face survey maintain that most of it meets only basic needs. Only a few participants considered to be in a precarious situation (5.6%) and well-educated (6.7%) declared that their information needs had been fully met, while none of the less-educated participants shared this opinion.

- The main factors behind this dissatisfaction are the superficiality of the treatment and the incompleteness of information on certain subjects of interest, politically motivated information and poor communication concerning sensitive health measures such as the burial of COVID-19 victims outside family vaults. As a result, many interviewees felt they had been forced to follow instructions blindly in the absence of satisfactory information.

- Respondents to the telephone survey, identified as illiterate, say they are no longer interested in information about COVID-19, while they also record the highest rate of individuals claiming to have no knowledge of the disease. The majority of educated, urban-dwelling and literate populations still express a need for additional information on the pandemic, while the most undecided are mainly found among the rural, precarious and less-educated population.

- This need for further information on COVID-19 is mainly justified by the poor communication on the situation of the virus in Madagascar, during the post-pandemic period, but also on the vaccine and the sanitary measures that have undermined local culture.

Trusted Sources

- The media and health professionals are the most trusted sources of information about COVID-19, according to all respondents to the face-to-face survey. While the less-educated population also places more trust in the authorities, respondents living in precarious situations tend to rely more on family and friends. Respondents considered to be well-educated tend to trust all the sources mentioned, with the exception of social networks and, to a certain extent, community leaders.

- A priori, survey participants favor technical expertise as a criterion of trust. However, the lack of cohesion and professionalism on the part of certain healthcare players, as well as the lack of neutrality on the part of certain media outlets, compromises their credibility in the eyes of the local community. The government, in particular the President of the Republic and the Ministry of Public Health, are also reliable sources. However, the difference between national and local statistics sows doubts and encourages rumors.

- On the whole, survey respondents favor the official nature, high level of detail, proximity and diversity of the sources reporting the information to establish its reliability. The local community's distrust of information about COVID-19 stems mainly from its contradiction with local reality and lack of neutrality. On the other hand, "concrete" and "visible" evidence is required to convince the local community of the reliability of the information.

- Discussing and exchanging information on COVID-19 with a view to establishing its reliability is a fairly common practice, according to participants in the face-to-face survey. The vast majority of the low-educated and highly-educated population consider this information to be a central topic of their exchanges during the pandemic, in contrast to the one-third of respondents in precarious situations, for whom the disease is not a daily concern and therefore only very rarely discussed.

- Lack of opportunity and disinterest in the pandemic were the reasons most cited for not discussing the pandemic. However, people living in precarious conditions also point to a lack of information.

- In the telephone survey, more than two-thirds of educated, urban-dwelling, literate participants said they very regularly checked the information they received, compared with around half of respondents with no more than primary education, living in rural areas, considered illiterate and living in precarious living conditions. However, almost a quarter of the illiterate population surveyed said they had never checked the reliability of information about COVID-19.

- Confronting information from several sources, including trusted ones, is the main verification technique reported by study participants.

KEY FINDINGS

Catalysts and obstacles

- The vast majority of respondents to the face-to-face survey said they were satisfied with the accessibility of information on COVID-19 in their preferred language. While a quarter of the population in a precarious situation is rather divided on this question, almost a third of participants considered to be educated and less educated share their complete satisfaction.

- Participants in the study point out that the availability of information in the "mastered" language does not necessarily mean that it is understood and assimilated by the community, insofar as technical expressions in Malagasy are not necessarily understood because they are unfamiliar and sometimes "complicated", especially for individuals who tend to master local dialects to the detriment of

the official language.

- As a general rule, respondents to the telephone survey received information about the pandemic in the languages they preferred, which also tends to show that they **filter** information according to their preferred language.

- It has been noted that the language spoken in everyday life is not necessarily the preferred one for information. With the exception of the illiterate population, the other analysis samples, most of whom speak a local variant in their daily lives, prefer to be informed in official Malagasy.

- With the exception of the less educated population, participants in the face-to-face survey prefer official Malagasy

for both oral and written information. However, local variations of Malagasy are preferred for oral communication by respondents considered to be less educated and in precarious situations.

- Respondents to the telephone survey were mostly uninterested in rumors about COVID-19. Respondents living in urban areas, considered to be educated and literate, mostly said they were **"not at all"** concerned by rumors about COVID-19, compared with a very small proportion of respondents considered to be illiterate but also educated and living in precarious conditions, who, on the contrary, said they were **"very concerned"**.

- This concern about COVID-19 rumors is largely justified by their «direct» impact on the

daily life of the community during the pandemic, namely the intensification of fears and even psychosis, unfortunate experiences and the amplification of community gossip.

KEY FINDINGS

Use, transmission and influence

- Sharing COVID-19 information is a fairly common practice among study participants. Nearly half of respondents with less than a secondary education, and a third of those living in precarious conditions, maintain that this happens occasionally, while the majority of the educated population consider it to be a fairly frequent practice.

- In the opinion of the majority of face-to-face survey samples, sharing information about the pandemic most often involves giving advice.

- For around a third of less-educated respondents, sharing COVID-19 information takes place in the context of conversations, while a quarter of the well-educated population and half of those in precarious situations tend to talk about raising awareness.

- The practice of sharing information about the pandemic with those around them often leads respondents to filter information or interlocutors, preferring those who allow them to avoid making too much intellectual effort when sharing. On the other hand, it is the main way for participants living in difficult conditions and with little exposure to the media to obtain information.

- On the whole, survey respondents with a presence on Facebook claim to share online COVID-19 information quite often with people absent from social media networks. However, the majority of respondents with low levels of education and living in precarious conditions consider this to be a rather exceptional practice, in

contrast to two-thirds of the well-educated population, who say they regularly share such information with those around them.

- The information shared generally concerns general information on COVID-19 and health measures. Paradoxically, the population in precarious situations was the least likely to share information on access to state or humanitarian aid. While some respondents refrain from sharing information found on Facebook because of the risks involved, others maintain that it is an excellent means of raising awareness and convincing the most skeptical.

- The vast majority of respondents with less than secondary school education, and those considered to be educated, say they have often bought into the messages .

conveyed by COVID-19 information and acted accordingly. A third of the population in a precarious situation felt that they were sometimes influenced, while a similar proportion claimed that this change was very rare.

- Most of those questioned by Internews cited the adoption of preventive measures as the main change in behavior due to information about the pandemic. People considered to be living in difficult conditions were more likely to say that their opinions had changed.

- ·The interviews reveal that the information stakes during the pandemic stimulated participants' interest in the news. However, the heavy flow of false information and rumors weakened their capacity for discernment and common sense.

RECOMMENDATIONS

••• TO PUBLIC AUTHORITIES

- In order to improve the efficiency of health and humanitarian crisis communications, it is recommended that the central authorities increase the involvement of private media in the communications strategy. Indeed, the requisitioning of COVID-19 during the pandemic certainly enabled the broadcasting networks of official programs to be extended, but local information players were unable to contribute fully to making official messages more accessible, even though they are major sources of trust at local level. To this end, the creation of structures dedicated exclusively to communication within the operations centers, particularly at regional level, is an interesting avenue. Private and state-owned media, civil society and humanitarian actors, as well as institutions, will work together on the most appropriate methods and approaches to ·make key messages more accessible and relevant to the local context: issues of national language and local dialects; channels, content, formats and languages appropriate to targets; joint management of communication dynamics. This strategy will also make it possible to combine the strengths and opportunities of local players in the implementation of response communication, and logically stimulate the establishment of a joint information-sharing mechanism.

- For this "decentralization" of local response and communication management of a health or humanitarian crisis to be effective, local players will need to be provided with the relevant resources (financial, technical, decision-making and human resource). As a result, they will no longer be limited in the production of strategic communication content, and will be able to inform in a coherent and transparent way, especially concerning the statistics that greatly penalized the image of and confidence in public institutions during the pandemic.

- Throughout the crisis period, it is suggested that communication actions aimed at urban and rural areas be carried out simultaneously, in a balanced and constant manner. In particular, it is recommended to reinforce communication on prescriptive measures, especially for rural localities. The aim is to prevent misunderstandings and frustrations on the part of rural dwellers and people with little exposure to the media in relation to the measures and sanctions implemented, particularly those that undermine local culture and traditions. In this context, it is advisable to use SMS and radio to inform people about the measures in force, and community meetings to explain what is at stake.

- It is advisable to reinforce the use of public and private service networks to transmit information to remote communities: church, national education, security forces, health services, transporters, etc., by soliciting their full commitment to the response.

RECOMMENDATIONS

••• TO PUBLIC AUTHORITIES

- Improved feedback mechanisms are needed to respond in a timely manner to the community's contextual information needs. The setting up of the toll-free number is a practice to be encouraged, but it should not be restricted to reporting cases or facts, but should also enable the local community to express dissatisfaction with a public service or to request information, with a view of preventing rumors. Given the ever-increasing penetration of social media networks, the use of messaging tools is proving important in facilitating interaction with educated populations living in urban areas.

- To stimulate good governance and the fight against corruption, it is suggested to support the adoption of draft laws on freedom of expression and access to information, as well as to set up the National Authority for the Regulation of Media Communication (ANRC) monitoring body, institutionalized by the law on Media Communication.

- In view of the importance of Community Agents in communicating with the local community, and above all in raising awareness among people with little exposure to the media, we recommend improving their working conditions, and possibly integrating them into the public service.

- It is suggested that a module on the consumption of information be integrated into the civic education subject in the national school curriculum, and that they contribute, along with other players, to media education initiatives.

RECOMMENDATIONS

... TO MEDIA

- It is recommended that media professionals do more to help vulnerable populations in times of humanitarian crisis, with appropriate messages, relevant information and space to relay their concerns.

- To ensure that the community always has access to quality information and is properly informed on subjects of interest during a humanitarian crisis, it is recommended that fact-checking mechanisms be implemented within newsrooms, associations or journalists' groups. It is also suggested that specialized programs be set up to counter rumors, which are a source of confusion, fear and unrest. A relevant approach would be to set up interactive programs during which experts could respond directly to the need for information and rumors reported by the local community.

- Joint broadcasts between local media, identified during the IEA in Madagascar are a good practice that should be continued. Nevertheless, it is necessary to retrain and strengthen the skills of local journalists through training courses, particularly on the subject of good journalism in times of crisis.

- With particular regard to private media owned by political actors, it is advisable to prioritize, as far as possible, the ethics of the profession over the political interests of the editorial line during a health or humanitarian crisis. This does not mean refraining from sharing different or partisan points of view, but rather adopting an approach that is more sensitive to a crisis context, in relation to information that is crucial to public order. To this end, the editorial teams concerned could, for example, undertake advocacy actions aimed at press bosses with a view to giving greater priority to coverage that is "useful" for the response to the humanitarian or health crisis.

RECOMMENDATIONS

TO MEDIA

- Based on the local community's preferences, information needs and criteria of trust in a particular news item or source, the following tips could be considered:
1. Diversify coverage formats and adapt programs that are already well known;
2. Highlight local personalities who are influential in the community and who can intervene, share key messages and raise awareness of prevention and mitigation measures;
3. Give priority to pictorial evidence to attest to the accuracy of the facts, and possibly the reporting of testimonies for radio stations;
4. Prioritize and give wide coverage to subjects of interest to the daily life of the community, in addition to information directly linked to the phenomenon at the origin of the humanitarian crisis. With regard to the COVID-19 health crisis, this concerns the availability of both state and humanitarian aid, vaccine issues and prescriptive measures that run counter to local culture and traditions.

- It is recommended that the same level of coverage be maintained throughout the entire period of a humanitarian or health crisis, particularly at the end of the crisis, so that the community can properly assess the situation.

- Together with other local players, the media should contribute to media education for the local community. In fact, the media should be more committed to this than other players, given that the aim is to improve the environment in which they operate.

RECOMMENDATIONS

TO CIVIL SOCIETY

- In view of the need to improve the information environment in times of humanitarian or health crisis, it is recommended that civil society take action to help local players play their part in crisis communication for the benefit of the local community. To this end, the following are some ideas for consideration:

1. Set up media education programs, with a particular focus on social media networks, for responsible and useful use, appropriate in times of humanitarian or health crisis and for the benefit of citizen information. In addition, stimulating young people's interest in information and current affairs, verifying information, deliberating on matters of public interest and providing information to citizens are important medium-term themes for improving the consumption of information by the local community;

2. Set up debates and other forums for exchange and reflection with media owners, with a view to advocating quality information adapted to a context of crisis;

3. Contribute to strengthening citizen participation through education in deliberation on subjects of public interest,and verification of the reliability of information;

4. Support media capacity-building by identifying the needs of local players and encouraging the introduction of appropriate and relevant training courses;

- Identify and set up a network of committed, reliable and trusted local sources for the local community, particularly for rural populations with little exposure to the media, such as notables, community leaders, local authorities... including members of civil society given their commitment to community development. The latter can facilitate the sharing of quality information at grassroots level.

- For civil society organizations (CSOs)

working to support the media and the development of information, we suggest setting up a fact-checking mechanism, notably through an independent, competent and autonomous structure. Setting up a single structure with other local players would be ideal.

- In times of humanitarian or health crisis, local civil society players should focus their awareness-raising activities more on populations with little exposure to the media (less educated or illiterate, rural population and those in precarious situations), in order to complement the actions of central authorities and the media. Indeed, as local organizations, they are a major player in non-media communication aimed at specific audiences..

RECOMMENDATIONS

TO LOCAL COMMUNITY

- As members of the public, healthcare professionals can express their opinions on the health crisis or share information with those around them. However, sharing personal opinions that run counter to "global" health strategies has led to confusion, since, as trusted sources of expertise, the information they share is logically considered reliable. Consequently, it is suggested that they respect the ethics and deontology of their profession, even in a private setting during a humanitarian or health crisis.

- The local community is advised to use common sense and critical thinking when faced with unverified information likely to sow panic or amplify concerns. In this context, authorized sources with proven expertise in the issues encountered are to be preferred.

- In times of humanitarian or health crisis, the local population should, each at his or her own level, stimulate deliberation on subjects that have a bearing on the day-to-day life of the community.

RECOMMENDATIONS

••• TO HUMANITARIAN ORGANIZATIONS

Among the main factors limiting access to information are financial resources and time, in addition to the lack of communication and information network coverage for remote rural localities. One recommendation that emerged from the focus group discussions (FGD) was to donate stand-alone rechargeable radios to commune[1], remote villages and disadvantaged Fokontany, and possibly a cell phone to the local authority, an official or someone in the community who can read.

[1] Refers to the smallest administrative district according to Madagascar's territorial division.

METHODOLOGY

The IEA methodology used in Madagascar was designed by Internews global and implemented in collaboration with Internews country researchers and the implementing partners of the RiT 2.0 Madagascar project. Data collection was managed by country partners and service provider namely, Communication Idea Development (CID), Ilontsera and Viamo respectively. Internews and a research consultant scrutinized and analyzed the data to produce this report.

This IEA uses a mixed-methods approach, combining a review of existing literature with quantitative and qualitative data.

Overall, **2,572** people were interviewed: 600 by face-to-face survey, 1,780 by telephone survey,

172 in FGDs, and 20 constituting key informants. Data collection took place between October 2022 and January 2023 in six project intervention zones: Analamanga, Vakinankaratra, Matsiatra Ambony, Androy, Anosy and Vatovavy.

As the face-to-face survey was based on a representative sample, the gender breakdown respects the national proportion of 50.2% women and 49.8% men, as indicated in the latest Population and Housing Census[2]. In the telephone survey, 48% of validated responses came from women, compared with 52% from men. To better understand women's specific experiences, a higher number of women were selected to participate in the FGDs (64%). As for the key informant interviews (KII), a quarter of those interviewed were women.

Informants	Data Collection Tools	Sample Size	Sample Description
COMMUNITY	Opinion Poll	600	301 female and 299 male
	Telephone Survey	1 780	855 female and 925 male
	FGDs	172	110 female and 62 male
RESPONSE ON COVID-19	Interviews with key contacts	3	Regional Directors of Public Health
		1	PSI Madagascar
MEDIA SECTOR		2	Journalists
		1	Vice-president of the Order of Journalists
LOCAL AUTHORITIES		3	Mayor of Urban Commune
CIVIL SOCIETY		1	Tanora Maneho Kanto Association
		1	Treka Mampivoatsa / CEDII Platform
		1	ASOS NGO Madagascar
RELIGIOUS AUTHORITIES		3	FJKM Synod Leaders
TRADITIONAL LEADERS		1	Tradipraticien
		1	President of the Comité des Sages
		1	SG of Toteny Tânosy Association
FACT-CHECKING		1	Factiviste Association

Young people[3] accounted for almost half the participants in the face-to-face survey, telephone survey and FGDs.

Data was collected in both urban and rural areas, but face-to-face data collection took place mainly in urban areas due to difficult access conditions. Consequently, the telephone survey focused on rural areas.

The face-to-face survey was carried out by the CID between October and December 2022 in Antananarivo, Antsirabe and Fianarantsoa. The survey was carried out only in the Urban Communes and conducted by a team of 10 interviewers, using an in-depth questionnaire composed of questions covering all dimensions of the information ecosystem, both online and offline. Respondents were selected based on a representative sample of Madagascar's population and gender distribution. Particular attention was also paid to age range, level of education and standard of living. The face-to-face survey was carried out in the official Malagasy language and adapted in local languages where necessary.

Figure 1

Sample age range according to data collection tool
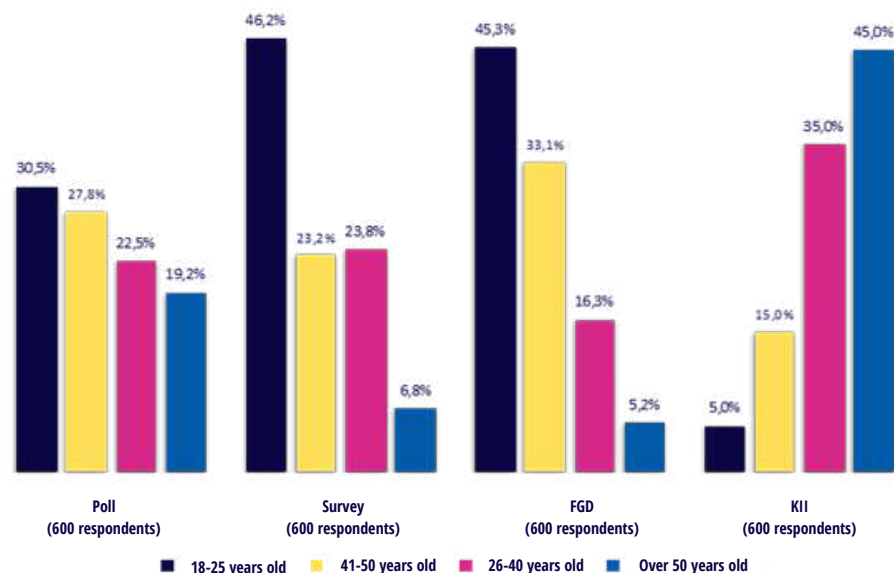
	18-25 years old	41-50 years old	26-40 years old	Over 50 years old
Poll (600 respondents)	30,5%	27,8%	22,5%	19,2%
Survey (600 respondents)	46,2%	23,2%	23,8%	6,8%
FGD (600 respondents)	45,3%	33,1%	16,3%	5,2%
KII (600 respondents)	5,0%	15,0%	35,0%	45,0%

The telephone survey was carried out in December 2022 by Viamo. It was a short survey via an automated call based on an Interactive Voice Response (IVR) system. Respondents were guided by a pre-recorded voice with binary or limited response choices. This survey was intended to complement other data collection methods, particularly for areas not covered by the face-to-face survey and which proved to be

mostly remote: Androy, Anosy, and Vatovavy. This cell phone survey focused on the profile of respondents, languages used, information needs on COVID-19 and trust in the information. Viamo contacted 12,146 people, of whom 3,701 completed the survey. After cleaning, only **1,780** responses were complete and considered for this report. Pre-recorded questions were available in official Malagasy or in the regional variants Antambahoka

and Antandroy. **FGDs** were conducted between October and December 2022 by CID and Ilontsera, who held 11 and six FGDs respectively. The FGDs took place in Analamanga, Vakinankaratra, Matsiatra Ambony and Anosy. CID focused mainly on women, young people and populations living in relatively precarious conditions. Ilontsera, on the other hand, disaggregated participants according to their level of education or literacy. Both partners organized group interviews in the Vakinankaratra and Matsiatra Ambony regions. However, these FGDs complemented each other in that CID favored participants from Urban Communes, while Ilontsera sought out people from suburban and rural areas. CID also organized meetings in Antananarivo and Ilontsera in Taolagnaro. These FGDs aim to support quantitative surveys with more nuanced, qualitative

information aimed at answering the "how" and "why" questions.
KIIs were used to gather the views and opinions of resource persons who occupy a specific role in information management during the COVID-19 response. These interviews were conducted from November 2022 to January 2023 by CID and Ilontsera. CID targeted organizations involved in COVID-19 vaccination campaigns and fact-checking via a questionnaire shared via e-mail. Ilontsera conducted face-to-face interviews with a senior official in the Ministry of Public Health, a media player, a CSO, a traditional leader, a religious authority, and a local authority in each zone where it intervened: Antsirabe, Fianarantsoa and Fort Dauphin. Discussions focused on how interviewees provided information about COVID-19, their information practices, and the challenges they faced during the pandemic.

Figure 2

Telephone survey sample by place of residence

- Urban area
- Rural area

33.3%
66.7%
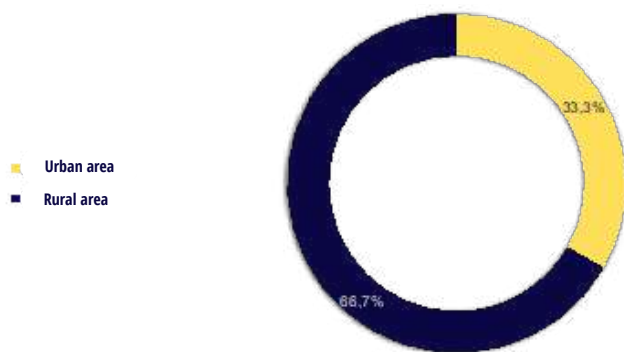
Base: 1,780 respondents

Participants were selected according to their level of literacy, education, place of residence and quality of life.

A person is considered literate when he or she can read and write, with understanding, a short and simple statement relating to his or her daily life[1]. In this respect, 77% of the population aged 11 years and above is literate in Malagasy[2], 37% in French and 14% in English. In the context of this IEA, it appears that almost one person in five who completed the telephone survey can be considered illiterate, insofar as 6.6% can neither read nor write, while 11.2% of the sample claim to be able to either read or write.

Figure 3

Sample literacy level
TELEPHONE SURVEY

- ■ Reading and writing
- ■ Read or write
- ☐ Neither reading nor writing

6,6%
11,2%
82,2%

Base: 1,780 respondents
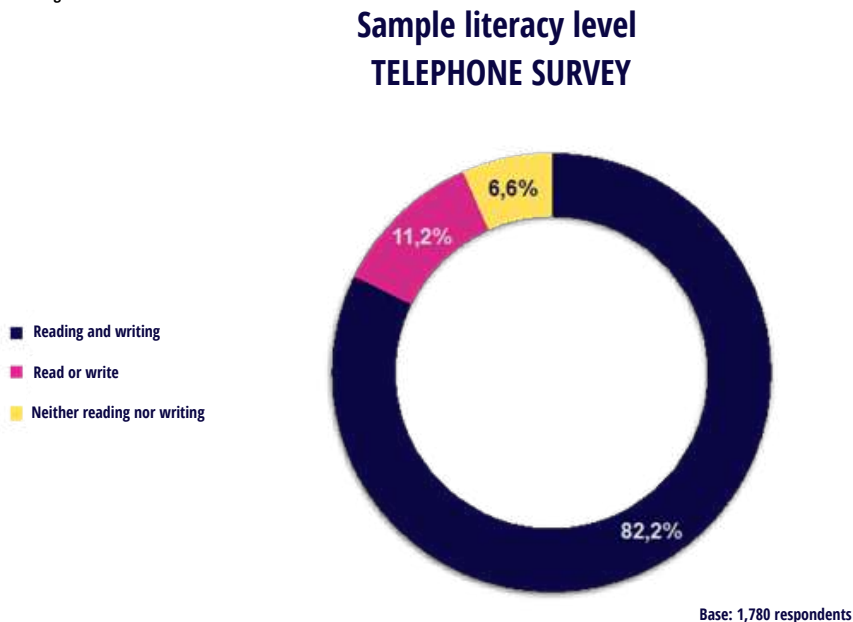
[4] UNESCO, Records of the General Conference, tenth session, Pans (1958). Resolutions. Available on Internet: Records of the General Conference, 10th session, Paris, 1958: Proceedings - UNESCO Digital Library.
[5] CCER (2020) Résultats globaux du du Recensement Général de la Population et de l'Habitat (RGPH-3). Available on the Internet: https://madagascar.unfpa.org/sites/default/files/pub-pdf/resultat_globaux_rgph3_tome_01.pdf

According to the Population and Housing Census[6], most of the Malagasy population over the age of six years have only received primary education (48.4%) or have not attended school (21.8%). There is a significant disparity between urban and rural populations, where respectively 34% and 52% have received primary education. Most (59.7%) of those interviewed in the telephone survey said they had no more than primary education, while most (79.4%) of those interviewed face-to-face in urban areas had secondary or university education. **For the purposes of this IEA, individuals with at least secondary schooling are considered to be the "educated population", as opposed to "less educated", for those with less than secondary education.**

The World Bank measures the poverty of a country's population through its indicator based on the international poverty line of USD $1.90 per day at 2011[7] Purchasing Power Parity (PPP). PPP is the ratio of the population living on less than USD $2 a day. For Madagascar, this indicator concerns 81% of the population by 2022[8]. For this Information Ecosystem analyses, **the question of precarious living conditions refers to both economic and social poverty.** In summary, respondents were asked to rate their perception of the difficulty they encounter in their daily lives. Half of the telephone survey sample (49.8%) defined themselves as living in precarious conditions, compared with 3% in the face-to-face survey and almost a third of participants (31.4%) in the FGDs.

Educational level of quantitative survey samples
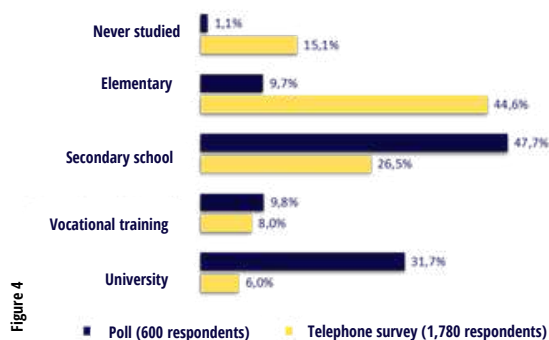

Figure 4

- Poll (600 respondents)
- Telephone survey (1,780 respondents)

Never studied	1,1% / 15,1%
Elementary	9,7% / 44,6%
Secondary school	47,7% / 26,5%
Vocational training	9,8% / 8,0%
University	31,7% / 6,0%

Precariousness of samples according to data collection tool

Figure 5

FDG (172 respondents)	31,4%
Survey (1,780 respondents)	49,8%
Poll (600 respondents)	3,0%

- Precarious living conditions
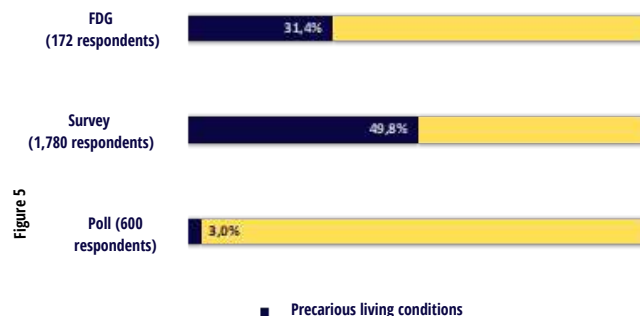
[6] CCER (2020) Résultats globaux du du Recensement Général de la Population et de l'Habitat (RGPH-3). Available on the Internet: https://madagascar.unfpa.org/sites/default/files/pub-pdf/resultat_globaux_rgph3_tome_01.pdf
[7] World Bank. Madagascar data https://donnees.banquemondiale.org/pays/madagascar
[8] World Bank (2022). Madagascar Economic Outlook: Surmonter la Tempête (French). Washington, D.C.: World Bank Group.

Limitations

Data collection took place after the active pandemic outbreak period, during which COVID-19 was no longer at the forefront of community concerns. The team's ability to physically access remote areas was also limited by the country's geographical conditions and the timing of data collection. As a result, face-to-face surveys were not carried out in rural localities. This is reflected in the low representation of illiterates in the overall sample size. The team therefore had to adapt its analytical framework, focusing on educational attainment rather than literacy.

Some key informants were difficult to access or reluctant to participate. Some of the key players involved in the response to COVID-19 did not respond. As a result, the team contacted other response actors instead.

Only 10.5% of those contacted for the telephone survey took part, with a survey drop-out rate of 32%. Inconsistencies were noted in the responses, indicating either a lack of understanding of the questions, or an error in wording. Of the 3,701 respondents, only 1,780 could be included.

Statistical data and other documentation on Madagascar are not very recent, like the latest Population and Housing Census, published in December 2020, based on surveys carried out in 2018.

I n 2023, Madagascar ranks as the 5th poorest country in terms of Gross Domestic Product (GDP) per capita, with USD$539[9]. Since gaining independence in 1960, Madagascar's economy has steadily declined, as has its population's standard of living, even though it has not experienced any war or armed conflict. The Big Island has experienced recurrent political and social crises - in 1972, 1991, 1996, 2002, 2009 and 2018 - which have weakened its economy and compromised its development. Madagascar is also plagued by corruption, ranking 142nd out of 180 countries, with a corruption index of 26/100[10].

The majority (80.75%) of Madagascar's 28,915,653 inhabitants live in rural areas[11], and only 33% of Malagasy households have access to electricity, with significant disparities between rural (24%) and urban (73%) areas[12]. The country's national electricity company struggles to meet the population's energy needs, often resorting to load shedding.

Urban households own more "valuable consumer goods" than rural ones.For example, 57% of urban households own a television, compared with only 12% of rural households[13]. Similarly, 80% of urban households own a cell phone with at least basic Global System for Mobile Communications (GSM) functionality, versus 47% of rural households. We can therefore assume that media exposure is lower in rural households. In fact, 58% of women aged between 15 years and 49 years do not use any media at all.

[9] Fond Monétaire International (2023). World Economic Outlook Database Madagascar
[10] Transparency International. Corruption Perceptions Index https://www.transparency.org/en/cpi/2022
[11] World Bank. Madagascar data https://donnees.banquemondiale.org/pays/madagascar
[12] Ibid
[13] Institut National de la Statistique (INSTAT) et ICF. (2022). Enquête Démographique et de Santé à Madagascar, 2021. Antananarivo, Madagascar et Rockville, Maryland, USA : INSTAT et ICF.

Madagascar and the COVID-19 pandemic

The first cases of COVID-19 in Madagascar were confirmed on March 20, 2020. The government declared a state of health emergency a day after accompanied by various restrictive measures, including total containment and the closure of national and regional borders. A social emergency plan was put in place at the end of March 2020, designed to support households particularly affected by the impacts of the health crisis.

On April 8, 2020, President Andry Rajoelina announced the

development of herbal remedies, mainly Artemesia Annua, to be formalized on April 20, 2020, under the name COVID Organics (CVO) and presented in herbal tea form. However, no scientific proof of the remedy's efficacy has yet been provided. In fact, the absence of clinical trials at the time led to considerable debate. The treatment, presented as a preventive measure, was distributed free of charge to the most vulnerable households, and made compulsory for the resumption of teaching activities. On October 2, 2022, President Rajoelina made official an "improved version" of CVO called CVO Plus, which was intended to be curative. Produced in capsule form, this remedy was industrially manufactured by a new factory

called Pharmalagasy.
The government defended the efficacy of these remedies, despite warnings from regional organizations and the World Health Organization (WHO)[14] and decided to lift the state of health emergency on October 18, 2022, notably due to the drop in new cases of COVID-19 in Madagascar. In an interview with Radio France International (RFI) on November 26, 2020[15], the government spokesperson said publicly that *"Madagascar did not wish to join the global initiative for access to COVAX, the anti-COVID-19 vaccine, preferring first to see its effectiveness in the countries using it"*. The authorities justified their position by the fact that the first vaccines are still under development, as well as by the observation of side effects.

[14] France 24/RFI Interview with Andry Rajoelina. May 15, 2020, https://www.botschaft-madagaskar.de/fr/nouvelles/interview-du-president-de-la-republique-s-e-m-andry-rajoelina-sur-france-24-rfi/
[15] rfi.fr: COVID-19 in Madagascar: the government refuses the vaccine and prefers local remedies https://www.rfi.fr/fr/afrique/20201127-covid-19-%C3%A0-madagascar-le-gouvernement-refuse-les-vaccins-et-pr%C3%A9f%C3%A8re-les-rem%C3%A8des-locaux.

Madagascar and the COVID-19 pandemic

In March 2021, Madagascar was hit hard by the second wave of the pandemic, causing a stock-out of CVO remedies and a saturation of medical care facilities. A state of health emergency was re-established and constantly extended. This gave rise to a debate on the vaccine, which finally led the Government to officially request the COVAX vaccine on March 31, 2021. The vaccination campaign officially began on May 10, 2021, with a target of 50.7% of the population vaccinated by June 2023. However, as of March 2023, only 8.42% of the population had been primo-vaccinated[16]. President Rajoelina has also publicly stated that he does not wish to be vaccinated. As of May 12, 2023,

Madagascar had recorded 68,266 positive cases, with a cure rate of 97.90% and a death rate of 2.09%[17].

The COVID-19 health crisis has had a particularly severe impact on the country's economy, pushing a further 1.8 million people below the international poverty line by 2020[18].

[16] Johns Hopkins University (JHU) Data Collect Madagascar https://coronavirus.jhu.edu/region/madagascar.
[17] Epidemiological situation from May 6 to 12, 2023, Ministry of Public Health
[18] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099452505277217360/idu063da38be0ec1a043a60b77f0e8c615d431fb

REVIEW OF THE NATIONAL INFORMATION LANDSCAPE

Traditional media

Exposure to traditional media (radio, television, and print) is low in Madagascar. Only 4% of women and 5% of men aged 15 years to 49 years have access to the three traditional forms of media at least once a week. Exposure rates are very low in rural areas - 2% of women and 3% of men - and higher in urban areas - 9% and 14% respectively. The biggest gap is between women and men with a level of education higher than secondary school, at 9% and 11% respectively, or leading a relatively affluent life, at 15% and 20%[19] respectively. The rate of non-exposure to any form of traditional media is very high: 67.7% of women and 60.9% of men living in rural areas, versus 28.7% and 25% respectively in urban areas[20].

Media ownership and capacity

Most of Madagascar's commercial media are owned by the political and economic elite, which can have a negative impact on their neutrality[21]. Indeed, the media stations concerned are forced to defend the interests of their owners who, over the years, end up becoming politically involved. This quasi-systematic political stance poses a threat to pluralism, diversity of opinion and the professionalism of the news media and leads journalists to self-censor or adopt a partisan approach to information to serve the interests of their employers. The politicization of the media also has a negative impact on public confidence in the media[22]. Journalists continue to struggle
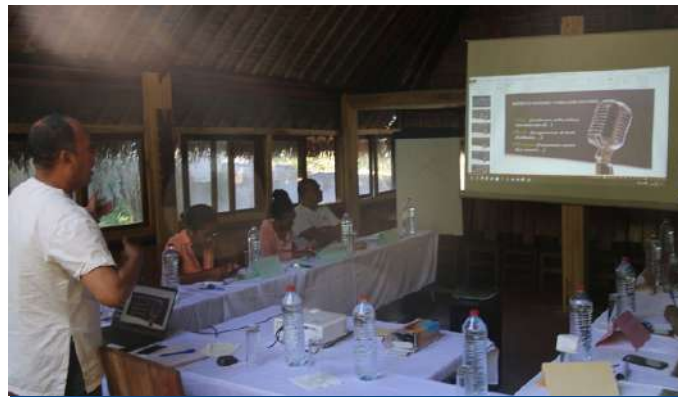
in the face of lack of income and the need to strengthen their skills. The system is such that to obtain a press card, a journalist must be affiliated to a media organization and, if he or she has not studied journalism, have three years' practical experience[23]. As a result, organizations give preference to journalists who can be "trained on the job" due to comparatively

lower salaries. Lower-paid journalists then resort to financial quid pro quos in exchange for favorable coverage and are less often aware of the codes of ethics and deontology that govern the profession[24].

Radio stations

In Madagascar, radio stations

[19] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.unicef.org/madagascar/media/3121/file/UNICEF%20Madagascar%20Executive%20Summary%20MICS%20ENG.pdf
[20] Institut National de la Statistique (INSTAT) and ICF. (2022). Enquête Démographique et de Santé à Madagascar, 2021. Antananarivo, Madagascar and Rockville, Maryland, USA: INSTAT and ICF.
[21] Lovamalala Randriatavy and Iloniaina Alain (2016). The impacts of media ownership structure on media coverage, political representation, and the work of the journalist.
[22] Thibault Chapoy, Internews. (2021). Study of the media landscape in Madagascar
[23] Law 2020-006 amending certain provisions of Law No. 2016-029 of August 24, 2016, on the Media Communication Code, New Article 54
[24] Friedrich-Ebert-Stiftung (FES), MISA. (2016). African media barometer Madagascar.

are the most widespread media. The island now boasts over 340 radio stations - both national and private - of which nearly 30%[25] operate in the capital, Antananarivo. These are mainly commercial or general-interest radio stations, as well as denominational, university and, to a lesser extent, community radio stations, which are not yet governed by any regulatory framework[26]. The radios are popular because they do not require a basic level of literacy, they do not have to be broadcast to the public, and they do not always require electricity and are accessible via stand-alone devices or cell phones.

While RNM and TVM have exclusive national coverage, other broadcasting stations are subject to various coverage constraints, including the impossibility of using a transmitter with a power rating greater than 500W, which limits the transmission radius to 150Km.

To get around these restrictions, some major media groups use satellite network providers or set up agencies or antennas in provincial or regional capitals. However, the limited broadcasting range still means that remote rural localities cannot be reached exhaustively and can therefore only access national channels. The exception is the RESAT network[27], made up of 16 diocesan Catholic radio stations with near-national coverage.

An audience survey carried out in 2017 in four regional capitals - Antananarivo, Antsirabe, Mahajanga and Toamasina - revealed that 70.6% of the population in these cities listened to the radio, with an average listening time of 3h 46mn per day[28]. Nationally, 33% of women and 40% of men aged 15 years to 49 years listen to the radio, compared with 31.4% of the rural population and 53.5% of the urban population[29]. Overall, 36.1% of the Malagasy population aged 15 years to 49 years are exposed to radio at least weekly.

Television channels

Although no exact figures are available, Madagascar currently has around 30 television stations[30], most of which are based in the capital, although other local private stations exist in provincial and regional capitals.

The granting of operating licenses has been officially suspended since 2010, as part of a drive to clean up the media. As with radio, the big media groups with the financial means have set up agencies in provincial or regional capitals to extend their coverage. The main TV stations are mostly present on satellite channels, which theoretically gives them near-national coverage.

[25] Lovamalala Randriatavy and Iloniaina Alain (2016). The impacts of media ownership structure on media coverage, political representation, and the work of the journalist.
[26] Pr Rabaovololona, Rahariniria (2017). Study on media development in Madagascar based on UNESCO media development indicators.
[27] Thibault Chapoy, Internews. (2021). Study of the media landscape in Madagascar
[28] Médiamétrie. (2018). TV, Radio audiences and Internet usage in Madagascar in the 2nd half of 2017.
[29] Institut National de la Statistique (INSTAT) and ICF. (2022). Enquête Démographique et de Santé à Madagascar, 2021. Antananarivo, Madagascar and Rockville, Maryland, USA: INSTAT and ICF.
[30] Thibault Chapoy, Internews. (2021). Study of the media landscape in Madagascar

Given the high level of poverty in the country, access to television is still very limited. According to the 2018 Multiple Indicator Cluster Survey (MICS 6)[31], only 20% of Malagasy households have a TV set; 54% of households in Antananarivo are equipped with a TV, compared with 2% in the Androy region. According to the audience survey, 87% of the population in the four regional capitals covered by the study spends an average of 5h 8mn a day watching TV. There is no difference between men and women, but there is a big gap between urban and rural areas. Indeed, 51.7% of urban residents claim to watch TV at least once a week, compared with 9.3% of rural residents. Overall, 18.3% of the Malagasy population watch television at least once a week.

Print media

There are currently some 40 print publications in Madagascar[32], mainly daily news publications and, to a lesser extent, magazines, free monthlies, and specialized journals. The print media are not subject to the same administrative restrictions as television and radio. They are, however, needed to declare their circulation figures[33].

Print media remain a "privilege", as newspapers are relatively expensive and published mainly in the capital. As a result, they do not reach other regions until the evening of the day of publication at the earliest and are not easily accessible because they are written mainly in the official Malagasy language and in French. Some regional capitals, such as Antsiranana and Taolagnaro had their own local news dailies, but they were unable to survive due to the

fragility of their business model. This is why, in 2021, only 4.6% of women and 4.1% of men aged 15-49 years read newspapers. Only 11.9% of the urban population aged between 15 years and 49 years read a printed newspaper at least once a week,

compared with 2.2% of the rural population. Overall, only 4.3% read a printed newspaper at least once a week. It is important to note that these figures do not consider front-page newsstand reading, which is very popular with Antananarivo residents.

[31] https://www.unicef.org/madagascar/en/documents/mics-6-2018-executive-summary-survey-results
[32] Thibault Chapoy, Internews. (2021). Study of the media landscape in Madagascar
[33] Lovamalala Randriataw and Iloniaina Alain (2016). The impacts of media ownership structure on media coverage, political representation, and the work of the journalist.

Digital media

Mobile network and Internet

Mobile cellular network coverage in Madagascar is steadily increasing. Of the total population 88% is covered by the cellular network[1], and 63.8% of the 1,579 communes are covered by a 3G telephone network[2]. Cell phones are currently one of the most sought-after high-value consumer goods in Malagasy households, both urban and rural. Although Madagascar boasts advanced network infrastructures, it also has very high communication and internet data costs.

The democratization of smartphones is helping to improve internet penetration. Internet use in Madagascar has exploded, rising from 3.7% of the population accessing the internet in 2018 to 19.7% in 2023[36]. Internet access is mainly via smartphones. According to Médiamétrie's audience study, 49% of the population in the four major cities own a smartphone, and Datareportal reports that 59.5% of Madagascar's web traffic is attributed to cell phones.

Nevertheless, regular access to the internet via mobile devices remains the prerogative of the urban population, due to its high cost. Access to the internet from a computer is highly dependent on the availability of a PC, of which only 5% of the population have access to.

Pure player media[37]

The first internet sites dedicated to coverage of Madagascar were created in the early 2000s. These sites were mainly aimed at the diaspora, especially as internet access was still low in Madagascar at that time.

[34] ITU (2023). Measuring digital development - Facts and Figures: Focus on Least Developed Countries
[35] ARTEC. Mobile network coverage http://www.artec.mg/obs/#
[36] Kepios. Digital 2023 Madagascar https://datareportal.com/reports/digital-2023-madagascar
[37] Pure player media refers to media that exist solely on the Internet, with no link of any kind to a pre-existing medium. Ramrajsingh, A. (2011). Pure players d'information générale: support technologique, idéal journalistique, structure et discours économiques. Les Enjeux de l'information et de la communication, 12(1), 143-162. https://doi.org/10.3917/enic.011.0009

The number of online news players has since grown, and there are currently around 10 news sites publishing journalistic information that can be considered "formal", based on their consistency, visibility, and the journalistic quality of their content.

Facebook has contributed to the growth of media operating exclusively online, enabling them to build up an audience. Facebook has also enabled the emergence of informal journalism on social media networks. These are pages that produce news content, mainly based on information shared by other users, most of whom are politically committed.

The legal recognition and formalization of online media in general, and pure play media, was recently enshrined in the Media Communication Code of 2020[38]. Online media outlets are now subject to the same administrative conditions of operation as traditional media, as well as to various technical conditions that reinforce their character as professional media outlets.

The online presence of traditional media

Most traditional media used to have websites, but many are no longer functional. Only the major dailies and a few radio and TV stations use their websites to broadcast online content. Radio and TV stations have integrated a function enabling users to follow their program live via streaming. Virtually all traditional media have a presence on Facebook. Their presence is primarily aimed at sharing their content and programs or interacting with their audience. Web radio platforms that digitize and broadcast content in real time are considered web radio. The most popular TV channels make specific content available to web users, including news programs and specials, or debates broadcast live on social media platforms, usually via Youtube and Facebook.

Social media networks

The latest data show that 2.9 million Malagasy have social media accounts. This means that 49.15% of all internet users in Madagascar are on social media[39]. Users of social media networks are 16.8% of the population over the age of 18 years, of whom 41.4% are men and 58.6% women, mainly aged between 18 years and 44

[39] Kepios. Digital 2023 Madagascar https://datareportal.com/reports/digital-2023-madagascar

years[40]. Facebook is the most widely used social media platform in Madagascar, accounting for 90.3% of social media network users, 67% of whom live in the Analamanga region, home to the capital Antananarivo.

The Internews telephone survey, which focused on rural areas, revealed that 28.8% of respondents have an account on a social media network. This proportion is similar for rural and urban areas, with a slight predominance of inhabitants of urban Communes, except for Analamanga. This result is probably because respondents consider their place of residence to be rural, as it is classified as a rural commune in the administrative breakdown, even though it is not far from urban areas.

The results of the face-to-face survey showed that 86.3% of respondents are present on Facebook. These are obviously people from urban areas with a secondary education or higher.

Presence on social media networks in Madagascar is used primarily to communicate with loved ones, especially among populations with a higher level

of education. Access to information and entertainment are also popular activities, with people with lower levels of education using Facebook more to access information, while those with higher levels of education use it for entertainment. E-commerce is a very popular use of Facebook only for people whose living conditions are precarious.

Figure 6

What's your favorite activity on Facebook?

Less-educated population   ■ Educated population   ■ Population in precarious situations

	Information (News....)	Communication with family and friends	Consuming and sharing content of interest/entertainment	Commerce (purchase, sale, promotion of goods and services)	Debate, ideas, moods, opinions, exchanges
Less-educated	3,6	3,8	3,3	1,5	2,2
Educated	4,1	4,2	3,7	2,1	2,8
Precarious	3,7	3,5	3,0	2,3	2,5

1- NOT AT ALL 2- SOMETIMES 3-OFTEN 4-FREQUENTLY 5- ALL THE TIME

[40] Meta. Facebook Insight Madagascar https://business.facebook.com/latest/insights/people?nav_ref=audience_insights

Legal framework, regulation, and organization of media professionals

The production of information is governed by Law 2020-006 of September 1, 2020, on the Media Communication Code, which amends earlier texts 2016-029 of July 14, 2016, and by the Cybercrime Act. Citizens, activists, and whistle-blowers are not covered by this text, however, and may therefore be liable to criminal penalties for offenses related to the dissemination of information, per the penal code.

The Media Communication Act of 2020 institutes the creation of the media regulatory body known as the Autorité Nationale de Régulation de la Communication Médiatisée (ANRC), which is awaiting the completion of an operation to "clean up" audio-visual stations[41] before being set up. In the meantime, its role is managed by the Ministry of Communication and Culture.

The Media Communication Act of 2020 also strengthens the status of the Ordre des Journalistes de Madagascar (OJM), which protects journalists against infringements of press freedom and checks the quality of the profession. However, changes in the way the board is constituted undermine the legitimacy of the body's leaders. Journalists have also federated into associations, several of which are formalized, to liven up the media and carry out advocacy work.

Texts governing access to information and the protection of whistle-blowers and human rights activists have yet to be examined by Parliament, despite the efforts of various players[42]. Leading media outlets have denounced media governance and press freedom as a step backwards, particularly regarding the article in the Media Communication Code prohibiting the publication of parliamentary sessions and debates behind closed doors.
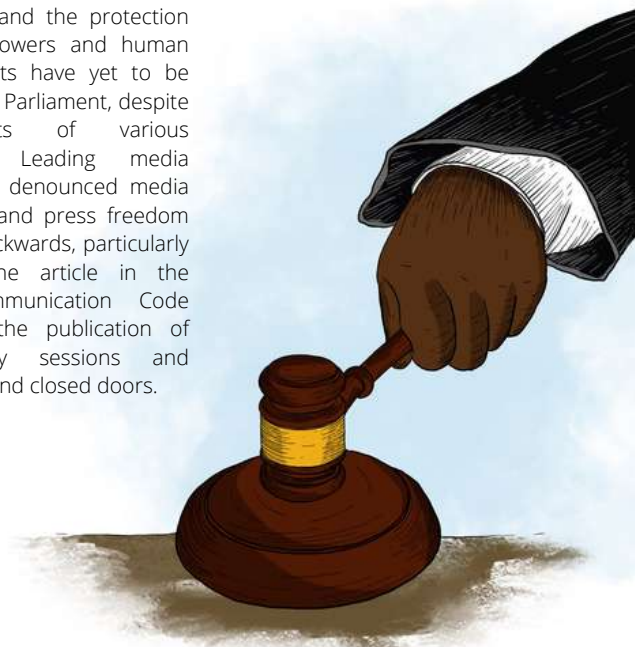
Legal framework, regulation, and organization of media professionals

Self-regulation and self-censorship remain common practice, both to avoid heavy sanctions that could threaten the economic fragility of a media player, and because of the private and/or political interests of media owners.

Freedom of expression and of the press, enshrined in the existing legal framework, was put to the test during the COVID-19 pandemic.

Law n°91-011 of July 18, 1991, on emergency situations enabled the authorities to requisition the media as an essential service. The media were obliged to broadcast "official" programs produced by the State, while interactive programs giving voice to citizens were suspended. These restrictive measures have been denounced as "abusive" by Reporter Sans Frontières[43], as they are allegedly aimed at controlling information on the pandemic and the Government's response. In 2021, Madagascar fell three places in the world press freedom index, to 57th out of 180 countries. Between 2020 and 2021, nine talk shows and political columns were suspended, three audio-visual stations were put on notice for not relaying live official government broadcasts, one of which claims to have been the victim of sabotage, and two journalists and two whistle-blowers were detained, accused of spreading false news, inciting hatred, defamation, and undermining state security[44]. Journalists are also forbidden to publish statistics other than official figures, and those who do can be prosecuted for "undermining state security", "disturbing public order and security", "harming national unity" and "inciting revolt". Access to information was also more restrictive during the pandemic, those in charge of the COVID-19 response were not allowed to talk to journalists, especially in the capital.

[43] rsf.org, Covid-19 in Madagascar: RSF calls on the authorities to allow journalists to work freely https://rsf.org/fr/covid-19-%C3%A0-madagascar-rsf-appelle-les-autorit%C3%A9s-%C3%A0-laisser-les-journalistes-travailler-librement.
[44] TV5 Monde. In Madagascar, pressure on Internet users in the name of a state of health emergency https://information.tv5monde.com/afrique/madagascar-pression-sur-les-internautes-au-nom-de-letat-durgence-sanitaire-200826

THE QUALITY OF COVID-19 INFORMATION

Collaboration between actors in communication against COVID-19

Formal coordination of information on COVID-19 is the responsibility of the Operational Command Center (CCO), notably at regional level and through its communication commission. The CCO managed the implementation of the national response plan at local level, bringing together deconcentrated[45] services and representatives of the media and civil society under the leadership of the governor and prefect. Each player had a specific role to play according to his or her area of intervention, whether in the monitoring system or in information and awareness-raising activities.

Collaboration outside the CCO was not very strong, and many actors undertook activities in isolation from each other. CSOs collaborated with the private media, notably by giving free or low-cost time slots for their awareness campaigns, but interventions by public authorities on private stations were not systematically checked.

"The local radio stations have agreed to broadcast the awareness-raising spots free of charge. However, this is not the case when we ask them to do so in the context of a specific intervention,"
Individual interview PRSP Antsirabe, 11/25/2022.

Communication actions aimed at targets with limited access to information were relatively similar in the different regions:

mobile public address systems in the streets, the use of pictograms on posters, the deployment of volunteers or community agents in the neighborhoods, the adaptation of messages into local languages, and the solicitation of personalities to attract attention.

"Fokontany chiefs know every nook and cranny of their neighborhoods, but they weren't really credible in the eyes of the communities to talk about COVID-19. This is not the case for health workers, who do not master local variants such as Antanosy because they do not live in Taolagnaro. The most effective awareness-raising campaigns are still media spots, particularly in the form of sketches featuring local comedians."
Individual interview with the Mayor of the Urban Commune of Taolagnaro, 06.12.2022.
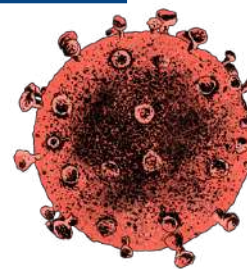
[45] Local structures representing central government institutions. In this context, these are mainly the regional departments of the relevant ministries (Public Health, Communication, and the Interior).

The role of media in the COVID-19 response

Official information emanating from the Government and the Ministry of Public Health is the exclusive responsibility of the national media: TVM and RNM, while private media are needed to relay it nationwide. Despite this health emergency requirement, regional media have had some latitude in reporting on COVID-19 in their localities, unlike their counterparts in the capital. Some media outlets that spoke to Internews said that joint programs on COVID-19 were produced and broadcast simultaneously by local media, in addition to the official programs emanating from the central authorities. Administrative sources are also more accessible in the regions. The Directions Régionales de la Santé Publique (DRSP) and those in charge at the COVID-19 Treatment Centers

(CTC) were cited by most media interviewees as the main reliable sources.

Journalists said that they sorted the information they received by "censoring" those that appeared to be politically biased or those that risked disturbing public order.

> "if we had decided to broadcast the exact local statistics, people would be horrified."
> **Individual interview journalist Antsirabe, 25.11.2022.**

The media players who spoke to Internews had more confidence in these deconcentrated state

services than in the national Operational Command Center, not least because the statistics emanating from the central authorities did not always reflect the local context.

> "The figures available from local authorities differ widely from the statistics reported in the national media. We can see this in the field. In fact, only a few deaths are reported for Antsirabe, while burials were taking place in the communal cemetery."[46]
> **Personal interview with Antsirabe journalist, 25.11.2022.**

In addition to administrative and medical sources, the media in the regions favored field observation and the community as sources, especially people caring for sick family members.

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[46] Health measures taken by the authorities prohibit the burial of a deceased COVID-19 patient in the family vault, but exclusively in the communal cemetery.

The role of media in the COVID-19 response

> *"We only trust what we see with our own eyes"*, says a journalist from Fianarantsoa.
> ***[Individual interview with a journalist in Fianarantsoa, 29.11.2022].***

In addition to covering the evolution of the pandemic, reporting local facts, and raising awareness of preventive measures, regional media have diversified their content, notably by conducting investigations.

> *"Traditional remedies are very popular with the population. We investigated their efficacy with health professionals, some of whom maintain that they are an effective treatment, while others warn against abusing them to cure the virus. It's then up to the population to make the choice now that they're enlightened on the subject."*
> ***[Individual interview with Taolagnaro journalist, 07.12.2022].***

These results perfectly illustrate the theory of change set up by Internews. Indeed, the introduction of administrative measures limiting media coverage of the health crisis calls into question the interest of the authorities. Less controlled, the regional media were able to produce relevant and useful information for the local community, reinforcing their proximity and the trust placed in them as sources of information.

Local relevance of information

The discrepancy between local and national statistics was a major challenge in communicating about COVID-19, as it generated mistrust.

"When the figures communicated were low, the authorities were accused of trying to camouflage the true situation, and when they were high, we were accused of trying to justify the restrictive measures or of seeking aid from lessors."
[Individual interview Mayor of the Antsirabe Urban Commune, 25.11.2022].

The population was well informed about COVID-19. Almost all participants in the face-to-face survey shared three correct pieces of information about COVID-19, with more people with a low level of education sharing incorrect information. Despite the

accuracy of the information, people were not convinced of the prevention measures. "We have a saying: the Malagasy believe in a death only after they have buried the person concerned. As a result, Taolagnaro's inhabitants only really started to pay attention to and respect barrier measures and health instructions after the first positive cases and deaths. At the start of the pandemic, many

people even doubted the existence of the virus." [Individual interview with the Mayor of the Urban Commune of Taolagnaro 07.12.2022].

Distrust is also rife among the rural populations who took part in the interviews, who do not understand why sanitary measures are being imposed on them when they only know about the virus from the "meagre" information they have.

"Farmers have been forced to wear masks even though they have never worn them, it hinders their activities, and no positive case has been reported in their locality."
[Individual interview with Taolagnaro Traditional Leader, 07.12.2022].

"Inhabitants of remote rural Communes only know the virus by the name Coronavirus, or more commonly abbreviated Corona, which was mainly used at the start of the pandemic. When you mention COVID-19 to them, they think it's a new disease."
[FGD-Diversified population in Fianarantsoa, 23.11.2022].

Give 3 tips/information about COVID-19

■ Rumors and misinformation about COVID-19   ■ Good knowledge of COVID-19

Population in precarious situations   (18 respondents) — 5,6% / 94,4%

Less educated population (63 respondents) — 7,9% / 92,1%

Educated population (532 respondents) — 0,8% / 99,2%
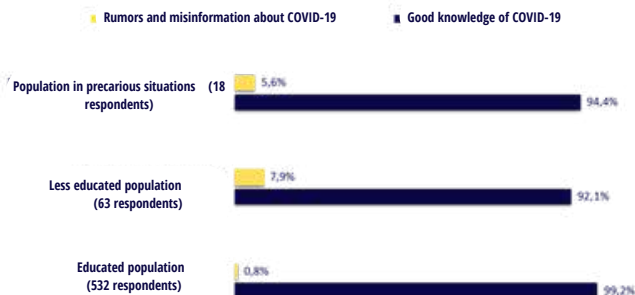
Figure 7: FACE-TO-FACE SURVEY

Local relevance of information

Today, COVID-19 is no longer the subject of constant media attention and is no longer at the forefront of communities' concerns, which has had a direct impact on their willingness to be vaccinated.

"During the period when COVID-19 was at the center of attention and news about it was the main topic on radio and TV, we didn't have to make much effort to convince the community to get vaccinated. Now that the pandemic is out of the way and life has returned to normal, raising awareness in favor of the vaccine no longer makes sense for the population."
[FGD-Vulnerable population in Antsirabe 15.12.2022].

Most official information on COVID-19 was issued in official Malagasy, as the National Response Plan was managed by the central authorities, who developed communication tools in the national language. Regional variants were only used in local communications on the pandemic, where communication tools were produced locally.

"Posters are produced in the capital and are already in official Malagasy. However, the awareness-raising spots were produced by the Fianarantsoa DRSP team in the Betsileo language, as were the animations using a mobile sound system throughout the city."
[Individual interview PRSP Fianarantsoa, 28.11.2022].

Figure 8

In which languages was most of the information you received about covid-19?

■ Malagasy official ■ Local dialects ■ French

Category	Malagasy official	Local dialects	French
Less educated population (1061 respondents)	57,8%	40,3%	1,9%
Educated population (719 respondents)	65,8%	31,4%	2,8%
Rural area (1188 respondents)	58,9%	38,7%	2,4%
Urban area (592 respondents)	65,2%	32,8%	2,0%
Literate population (1463 respondents)	64%	33,5%	2,5%
Illiterate population (317 respondents)	47,3%	51,4%	1,3%
Poor living conditions (887 respondents)	61,8%	36,6%	1,6%

ACCESS TO INFORMATION

Preferred information channels

The traditional media, more specifically audio-visual stations and interpersonal exchanges or interactions, are the information channels most preferred by participants in the face-to-face survey, to find out about COVID-19. While television was largely favored by the educated population living in urban areas, radio was preferred by respondents with less than secondary education and those living in precarious conditions. **This is probably because radio is more affordable.** All target groups surveyed said that personal discussions and exchanges were used "very often" to find information about the pandemic. Interestingly, apart from television and social networks, there were very few differences between the three categories of people surveyed.

Radio was preferred by many because of its practicality and accessibility.

> *"I get most of my information from the radio, because I can listen to it wherever I go on my cell phone."*
> **[FGD-Less-educated group Antsirabe, 26.11.2022].**

> *"During episodes of confinement, I was in the countryside, where no TV sets are available. As a result, we listened to the radio for information."*
> **[FGD-Women in Antananarivo, 22.12.2022].**

For respondents with access to television, this channel is preferred because of the advantages it offers for understanding and accessing information.

> *"I prefer to get information via television because we can "visualize" the information that is reported, which allows us to understand and assimilate it quickly, concerning statistics for example."*
> **[FGD-Less-educated person in Antsirabe, 26.11.2022].**

Social media networks are favored by people who could use them for information, generally to complement other media. Facebook was identified as a preferred information channel by people with a high level of education. These people reported using social media "fairly regularly" to access health information. This is probably because participants were already active on Facebook at the time of the survey and were

therefore less likely to turn to awareness-raising events, billboards, or other dissemination systems because they could access information online. "Although information isn't always reliable on Facebook, you can still find interesting information there that isn't necessarily reported on TV or radio" [FGD-Women in Fianarantsoa, 23.11.2022].

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Preferred information channels

Discussions and interpersonal exchanges are a privileged information channel for people who don't have access to audio-visual media, as well as for people who want to supplement or verify information. "Of course, I follow the news on the radio, but I also get a lot of information from people close to me, my surroundings, my community." [FGD-Vulnerable population in Fianarantsoa, 23.11.2022].

Community meetings and telephone messages are also seen as relevant channels for rural localities

"In rural areas, SMS messages are very effective for providing information, as is Independent National Electoral Commission[47]. There will always be someone who can read and share information with their community."
[FGD- Educated population in Fianarantsoa, 01.12.2022].

"In remote rural Communes, people still give credibility to community meetings and participate strongly in them. It is therefore the most effective way of sharing information."
[Individual interview Traditional leader Taolagnaro, 07.12.2022].

[47] National Independent Electoral Commission

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Online information use

Eighty-six per cent (86%) of respondents to the face-to-face survey said they had a presence on Facebook. Respondents from all three target population groups overwhelmingly said that the **reasons they preferred Facebook over other sources were, in order of importance: the fact that it is constantly updated; the convenience of having information available on demand; its accessibility, particularly in terms of language and relevance to the local context; and its diversity.** Reliability, verification of information and containment due to the state of health emergency were the least cited reasons.

Focus group participants did, however, justify the use of online information, including Facebook, in part due to containment measures and other pandemic-related restrictions.

"The information available on Facebook during the pandemic helped a lot because we needed continuous information, so that we could make our arrangements and continue to protect ourselves but also respect the instructions during our daily activities to mention only shopping."
[FGD-Diversified targets in Antananarivo, 22.12.2022].

"I've noticed that if we need to know something, like for example the situation of COVID-19 in my Fokontany, I can find it on Facebook. I mean, you can search for information there just like on Google"
[FGD-with young people in Antananarivo, 22.12.2022].

Many participants also said they had searched Facebook for information on cures and treatments for the virus.

Cultural accessibility of COVID-19 information

To understand an information ecosystem, it is important to consider the accessibility of information from a cultural point of view. In this case, it is a question of examining language and communication formats. As COVID-19 is a health emergency, **communication about the pandemic has inevitably used specific language linked to the health and medical sectors. However, the use of technical terms made it difficult for everyone to understand and assimilate the information, especially those with a low level of education or living in rural areas.**

The use of specific vocabulary equivalents in the respondents' preferred language, in this case official Malagasy, did not contribute to a better understanding of the information provided. On the contrary, in some cases, it aggravated the situation. "The term -cache-bouche- in French was used extensively during the pandemic period, even up to the present day, to indicate the mask. The concern, however, is that this expression seems to specify that the wearer is only protecting his or her mouth, while the nose must also be hidden. As a result, the Malagasy translation has been modified to indicate this characteristic

, literally translated as 'protects the mouth and nose'. However, the expression was already fully anchored in popular language, and as a result, it proved difficult to educate the local community about the need to cover the nose too, since the term -cache-bouche- they use on a daily basis makes no reference to this obligation. The Malagasy equivalent is not widely used." [FGD-Vulnerable population in Antsirabe, 15.12.2022].

However, there were some successes during the pandemic, with focus group respondents saying that paraphrasing and explaining COVID-19 without medical jargon had been helpful.

"In reality, it's not the Malagasy equivalents of technical and specific terms that help people understand the information, but rather the fact that they are paraphrased and explained in detail. I quote, for example, the word "virus", the origin of the transmission of the disease, which is better understood when it is explained that COVID-19 is transmitted by saliva." [FGD-Vulnerable population in Fianarantsoa, 23.11.2022].

As regards the question of communication formats for finding out about COVID-19, these are logically dependent on the possibilities offered by the preferred information channels.

"During our field visits to rural areas, we realized that local people have a really hard time grasping technical expressions, and in French at that, such as "forme grave" and even the name COVID-19 for the virus."

[FGD-Diverse target groups in Fianarantsoa, 23.11.2022].

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Cultural accessibility of COVID-19 information

Television

As far as television is concerned, it was noted that the alternatives to video images, namely histograms and tables, are not easily understood or used effectively. *"During the pandemic, the TVM news edition, which reports regional news, often accompanies the information with graphs or histograms whose meaning we don't really grasp. So, we have to wait for details or possible explanations."* [FGD-Women in Antsirabe, 15.12.2022].

Posters

While pictograms were used on posters aimed at the less educated and illiterate populations, the information gathered during the qualitative survey shows that they were insufficient and needed to be explained orally in detail for

effective appropriation by the target populations. In this sense, community health workers (CHW) could have accompanied the posting of these posters with detailed verbal explanations to the communities or trusted community members.

Diversification of formats

Internews respondents were divided on whether they preferred a combination of video images and contextual text, or whether they preferred textual content illustrated by images. Although video is the preferred format, it is limited by internet access. Text-based information is only appreciated if the context

allows for comfortable reading. "It all depends on the availability of the information, but in general, the time needed to grasp the information reported in video is shorter. What's more, illustrative images can help to understand a difficult term or concept." [FGD-Young people active on social media networks in Antananarivo, 22.12.2022].

INFORMATION NEEDS

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Access to information on COVID-19

Most people interviewed in the face-to-face survey said they had not met any major difficulties in accessing information about COVID-19. However, focus group participants reported difficulties met by people in remote localities in obtaining information.

"Many farmers have been punished by the security forces for not wearing masks, [but] they have not been informed about preventive measures and sanctions."
[FGD-Educated population in Taolagnaro, 08.12.2022].

Do you think information on COVID-19 was available during the pandemic?
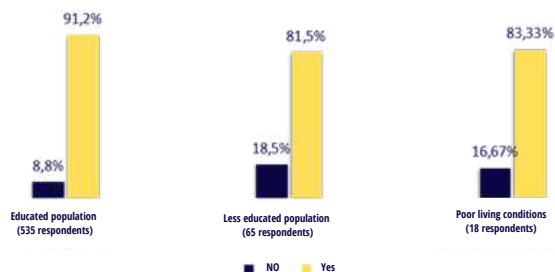
Figure 9

This difference in results between face-to-face survey respondents and focus group participants is probably due to the urban-rural divide, with survey respondents living mainly in urban areas and focus group participants in rural areas. Urban areas having been fully covered by local media and major communication campaigns on COVID-19.

"Every day, we leave home very early in the morning and don't return until the evening. We then have to look after the house and the children. As a result, we don't have much time to follow the news"
[FGD-Less-educated population in Fianarantsoa, 01.12.2022].

People with a relatively high level of education who took part in the face-to-face survey said they had "quite often" looked for information about COVID-19, compared with 40% of respondents with a lower level of education and participants in precarious situations. Respondents were particularly interested in local news, detection, prevention, and treatment of COVID-19, as well as current measures and restrictions. People living in precarious conditions were more interested in information about disease detection and access to humanitarian and state aid.

Access to information on COVID-19

Information on the treatment of COVID-19 was the topic most sought after by focus group participants. *"The information the community needed most was related to remedies and treatments [...] in particular duty pharmacies, vendors who still had ED1 (traditional remedy) but also CSB2 (Level 2 Basic Health Center) in which the treatment protocol was still available."* [FGD-Young students in Antananarivo, 22.12.2022].

The need for information on COVID-19 therefore varies from respondent to respondent. Those most disadvantaged by the situation focused on information relating to access to humanitarian and state aid. *"I'm a trader in the communal markets, so I couldn't work. I was therefore very interested in information about state or humanitarian aid, as it was a very difficult time for vulnerable households."* [FGD-Vulnerable population in Antananarivo, 22.12.2022].

In rural areas, on the other hand, communities sought information on a wide range of topics, due to the low penetration of information on the pandemic in these regions.

"Many farmers approached us to complain about measures they considered arbitrary, in this case the obligation to wear a mask, the point of which they didn't understand, and the sanctions imposed by the security forces, without any prior explanation. We had to explain to them the barrier gestures, the administrative measures... so that they could understand the situation in town and not develop hatred towards the authorities."

[Individual interview Religious leader Antsirabe, 25.11.2022].
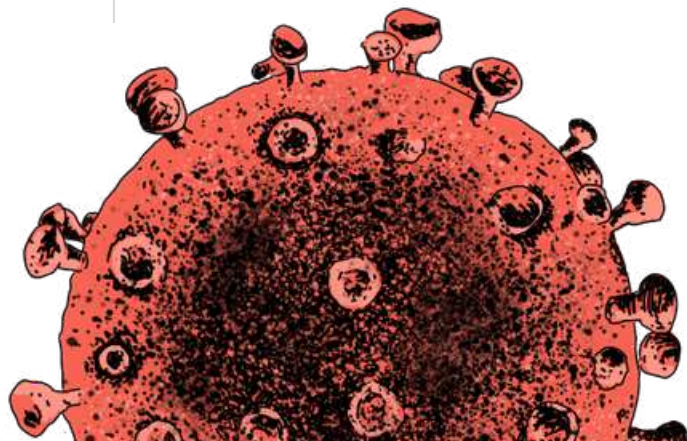
Level of satisfaction with information needs on COVID-19

A very small proportion of the educated (6.7%) and underprivileged (5.6%) population who took part in the face-to-face survey said they were totally satisfied with the information available on COVID-19 during the health crisis. No one with a low level of education shared this opinion.

Only 10.8% of those with a low level of education said they had received information covering the various aspects of the subjects they needed to know about, compared with less than a quarter (23.4%) of those who had attended secondary school or university. Satisfaction of needs in terms of basic COVID-19 information concerns less than half (44.4%) of respondents living in difficult conditions, and a third (33.8%) of those with a low level of education.

Did the information on COVID-19 during the pandemic meet your needs?

Figure 10
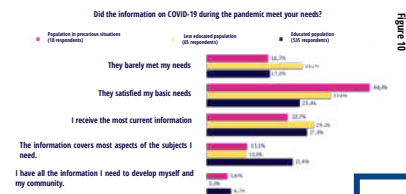
Around a quarter of respondents in the three target categories surveyed said that the COVID-19 information they had received met their expectations to a moderate degree.

Overall dissatisfaction with COVID-19 information is also reflected in the focus groups. Based on the Internews trust analysis framework [48], it was found that the dissatisfaction of needs reported by interview participants is essentially because the conditions that find trust in an information or source are not fulfilled. Many participants noted that the information available was often incomplete, lacking in detail, or that certain topics were poorly covered. These characteristics are indicative of a lack of transparency, accountability and timely availability.

"We had to get information from TV, radio and Facebook in order to obtain information on the selection criteria for beneficiaries or the distribution program for state aid. Many people with irrelevant profiles actually benefited from this aid to the detriment of truly vulnerable families in difficulty."
[FGD-Women in Antsirabe, 15.12.2022].

Participants also criticized information providers for being self-serving. Referring to the trust analysis framework, this observation shows that some media promote private interests to the detriment of the community's general interest. "The media were each promoting

a particular remedy and its effectiveness, such as ED1 or CVO, to the point where we didn't know who to trust." [FGD-Diversified target groups in Antananarivo, 22.12.2022].

The fact that prescriptive information was widely communicated without being clearly explained and justified was also a major source of dissatisfaction and, by extension, mistrust. This information and instructions had to be followed to the letter, without the possibility of further explanation or information.

"When you coughed, you had to cough into your elbow. I had understood that this was a precaution against the spread of COVID-19, but I knew nothing about this disease and why it was necessary to do this. I just followed the instructions."
[FGD-Less-educated population in Taolagnaro, 08.12.2022].

[48] Annexes Trust analysis framework

Additional information needs

Asked whether they needed further COVID-19 information, most telephone survey respondents said they did, except for those who were illiterate. A third of illiterate respondents expressed a lack of interest, although 17.4% said they had received no information on the subject. Interest in further COVID-19 information was highest among the educated, urban, and literate population.

Many focus group participants

expressed their incomprehension at the fact that life seems to have returned to normal while certain preventive measures are still being applied, such as the wearing of masks. *"I no longer receive any information about the current health situation on COVID-19, yet I need to be sure that the episode of confinement will not happen again, because the interruption of educational activities during the pandemic had serious consequences for our studies."* [FGD-Young students in Antananarivo, 22.12.2022].

On which subjects do you feel you have been fully informed and on which do you still wish to be better informed?
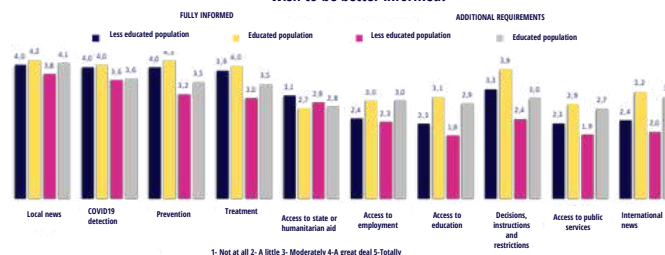
Figure 12

Participants in the face-to-face survey with a lower level of education seemed no longer to be interested in further information about COVID-19. Respondents with at least secondary education said they needed more information on access to public or humanitarian aid, and on access to employment. In fact, they were still relatively interested in information on all COVID-19

themes, apart from administrative measures and prevention. However, telephone survey respondents were largely interested in more information on preventive measures and screening or symptoms. Interest in information on treatment and vaccination was slightly higher than for health measures, except for less educated and illiterate respondents whose preferences on these subjects were reversed.

Would you like more information about COVID19?

Figure 11

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Additional information needs

The COVID-19 vaccine was a central topic in terms of the need for further information due to rumors or incomplete information on the subject. *"During the height of the pandemic, my grandparents, with whom I live [with], wanted to be vaccinated, but decided against it because of the rumors circulating about incompatibilities in terms of health.*

Focus group participants stressed
the need to better explain and communicate health and government measures, which they consider abusive, arbitrary, and detrimental to Malagasy culture. *"The remains of people considered to have died from COVID-19 are immediately buried in a communal cemetery rather than in the family vault, which represents a sacrilege. One wonders why."* [FGD-Population educated in Taolagnaro, 08.12.2022].

We should therefore step-up communication on the vaccine, particularly with regard to side effects, people who are advised against it and its preventive or curative function."
[FGD-Educated population in Antsirabe, 26.11.2022].

TRUSTED SOURCES OF INFORMATION

Participants in the face-to-face survey reported greater confidence in the audio-visual media, both public and private, and in health workers as sources of information about COVID-19. The educated population reported "average" confidence in all the sources to which they are exposed, except for social media networks, which are not considered credible by any category of the population, and traditional and religious leaders, whom they consider reliable sources only "sometimes". Less-educated respondents share the same sources of trust but consider local authorities and the Government to be slightly more reliable sources than others, and place moderate trust in religious or traditional leaders and their relatives. Respondents living in relatively precarious conditions "quite often" trust only their relatives and friends, as well as health professionals and the media.

Based on the trust analysis framework, it appears that respondents consider the factors of Accuracy and Representativeness as the main factor of trust. However, respondents with a low level of education also consider Proximity, while those in precarious situations favor Intention to inform.

Who are your trusted sources of information about Covid-19?

Less educated population   Educated population   Population in precarious situations

1-Not at all 2-A little 3-Sometimes 4-A good part 5-Frequently
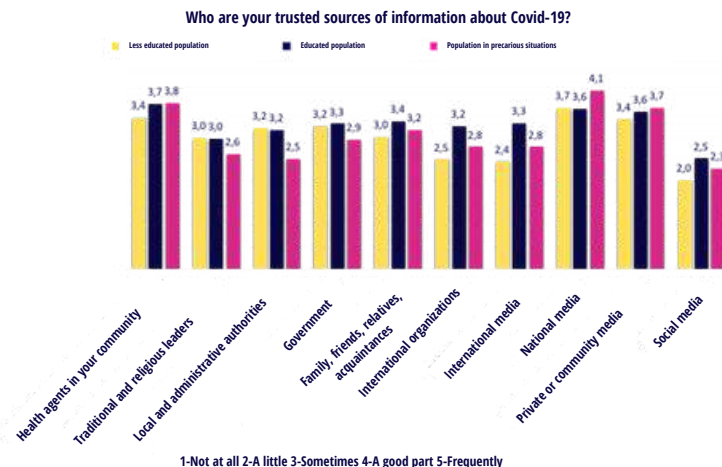
Figure 13

Health professionals

Respondents to the face-to-face survey **prioritize technical ability as a criterion for trust in an information source during the pandemic**.

Healthcare professionals are therefore seen as credible sources because of their expertise.

"I trust them because you can't joke about health issues. Especially when you're a health professional or a doctor who has taken an oath. They can't share false information publicly, it's criminally reprehensible." [FGD-Diversified targets in Antananarivo, 22.12.2022].

However, despite the trust placed in healthcare staff by those interviewed, the lack of cohesion between healthcare professionals and the lack of professionalism shown by some during the pandemic affected their credibility.

As a result, proximity became more important than capacity, and some participants trusted only the local health workers they knew.

This last testimony is a perfect illustration of the dynamics of the elements that determine trust. Indeed, Accuracy or technical expertise is not enough to establish trust in the source of information, which also requires Proximity and clarity of Intention to inform.

"I trust doctors more, but not just any doctors. For my part, I have total confidence in my sister, who is both a relative and a doctor."
[FGD interview with women in Antsirabe, 15.12.2022].

"When the statistics published by the health authorities differ from those posted at the CSB 2 in my Commune, I trust the figures shared by the health center more."
[FGD-Women in Antananarivo, 22.12.2022].

Local authorities

Focus group participants had mixed views on the extent to which community leaders and local authorities should be trusted as sources of COVID-19 information.

While these people enjoy a certain legitimacy due to their status, this trust proves limited when it comes to technical issues.

"There's always some truth in what elders and pastors say, because they have experience and know what's happened before. We can always consider their information even if it might not be completely accurate." [FGD-Vulnerable population in Antananarivo, 22.12.2022].

The credibility of some religious leaders and local authorities was also affected by their personal views and approaches.

"Concerning religious leaders, I'd like to point out that many seek to create a buzz and make statements or share information that are not realistic."
[FGD-Young students in Antsirabe, 15.12.2022]

"I had to sensitize members of certain religious groups who categorically reject preventive measures and treatments, including vaccines. For them, only prayer can protect them and cure them of COVID-19, nothing else." [FFGD-Women in Antsirabe, 15.12.2022].

Central government

Most participants expressed confidence in the central government as a source of information on the pandemic. In particular, the Ministry of Public Health was seen as having the necessary technical and practical expertise. *"If it's official information from the Government, I trust it completely."* [FGD-Vulnerable population in Antsirabe, 15.12.2022].

To a certain extent, the Head of State is also considered a reliable source, particularly in his audio-visual interventions. This confidence could be explained by the approach adopted by the President, who has relied on local remedies for the treatment of COVID-19, despite international criticism. In this context, the elements of Representation and Proximity in

the framework for analyzing trust are of prime importance.

However, many participants doubted the reliability of the statistics on COVID-19 communicated by the central authorities, believing that they did not correspond to the reality with which they were confronted. It thus appears that the trust placed in the Government is rather conditional, in other words it depends on the themes and types of information it shares. *"I lived in Moramanga during the first wave. The statistics shared on TVM showed no positive cases in the town, yet a neighbor did contract the virus."* [Focus group Educated population in Antsirabe, 15.12.2022].

The Government's behavior, contradictory to COVID-19's

mitigation measures, also affected the population's opinion of pandemic management. "There had been an event held at the Velodrome grounds that brought together a large crowd, and even the President of the Republic attended, even though it was during the containment period. We have therefore deduced that when the State organizes an event, COVID-19 is no longer dangerous and no longer spreads." [FGD-Population educated in Antsirabe, 26.11.2022].

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Personal networks

Many interviewees said they considered family members and friends to be reliable sources of information about COVID-19. Family members and friends are considered to be reliable sources of information about the pandemic in their localities, or for sharing experiences and testimonials about the virus. *"It's especially the testimonies of people who have already been infected with COVID-19 that I trust."* [FGD-Diversified targets in Antananarivo, 22.12.2022].

This trust in family and friends is partly based on the belief that they would never deliberately mislead people close to them. It therefore appears that the trust factors Proximity and Interest are important to the detriment of Precision and Accuracy, insofar as the fact that those around them could be misled by false information does not seem to be a concern or considered a possibility.

> *"My parents and family live in the rural Commune of Ambala. So, to keep up to date with the situation in my locality of origin, I certainly listened to the radio, but above all, it was my relatives who shared the news with me, and I really trust their information."*
> **[Focus group Vulnerable population in Fianarantsoa, 23.11.2022].**

Foreign sources of information

Foreign sources of information enjoyed a high level of credibility when it came to COVID-19. This is partly because they are considered to have no personal interest in the information shared, but above all for their professionalism and expertise. Based on the trust analysis framework, the reliability of international sources is thus based on the factors of Interest and Accuracy.

"I have complete confidence in the WHO because they are experts who validate every piece of information before publication."
[FGD-Vulnerable population in Antananarivo, 22.12.2022].

"With regard to the vaccine, I would rely more on foreign journalists because they report information obtained from sources directly concerned, such as the laboratory that produced the vaccine, for example. As these companies are not established in Madagascar, our journalists only relay information from their colleagues outside."
[FGD-Vulnerable population in Antsirabe, 15.12.2022].

Local media

Focus group participants and face-to-face survey respondents both said they trusted the local media as a source of COVID-19 information because they considered them qualified professionals. *"I keep recommending the broadcast media for information because that's their job. They will never report rumors."* [FGD-Diversified target groups in Fianarantsoa, 23.11.2022].

Despite this, opinions are divided as to whether private or public media should be trusted. Overall, public media are considered more reliable because they broadcast official information from state authorities.

Private media are seen by some as more reliable because of the diversity of information and depth of coverage. "During the pandemic, the only official sources of information were TVM and RNM. As a result, I trusted them, especially the spokeswoman for the central authorities who spoke daily at 1pm, as she is an expert in health matters." [FGD-Vulnerable population in Fianarantsoa, 23.11.2022]. "I rely more on private channels because TVM only reports the minimum amount of information, while private media do not censor themselves." [FGD-Diversified target groups in Antananarivo, 22.12.2022].

The main factor undermining trust in the media is their political orientation, with many participants stating that they prefer stations they consider neutral.

It thus appears that the perception of interest in the actions of the media strongly determines the trust placed in them.

> *"Personally, I find that the information on COVID-19 shared by media owned by political actors or that are politically oriented is not credible because it is manipulated according to their interests."*
> **[FGD-Women in Antsirabe, 15.12.2022].**

• • •
Criteria for trusting COVID-19 information

Internews respondents were asked about the criteria they use to prove the reliability of news. Most respondents to the face-to-face survey cited the official nature, high level of detail, proximity and diversity of sources reporting the same information. People with low levels of education said they "quite frequently" believed detailed information shared by several sources and emanating from the authorities.

What criteria determine your trust in information about COVID-19?

Figure 14

1-Not at all 2-A little 3-Sometimes 4-A good part 5-Frequently

People living in precarious situations were more inclined to believe information when it came from leaders and institutions, while people with higher levels of education focused on the level of detail and official nature of the information.

During the interviews, participants highlighted the contradiction between the information available and the situation experienced at local level as the main factor of doubt and mistrust. Apart from the differences between the figures on the evolution of the pandemic discussed in the earlier section, other COVID-19 information is also the subject of mistrust when it differs between sources and is contradicted by the experience and lived experience of participants.

As highlighted in the section on sources of trust, the neutrality of information is an important factor. Interview participants are indeed suspicious of information from politically oriented media, believing that they are more concerned with defending political interests rather than properly informing the community. *"Both private and public channels are politically oriented. That's why their information is contradictory and not neutral. As a result, they confuse the community instead of reassuring it".* [FGD-Vulnerable population in Antsirabe, 15.12.2022].

In the opinion of the people interviewed by Internews, information is considered reliable when it is backed up by evidence that enables them to determine its accuracy, including photo or video images and testimonials.

> *"It doesn't matter how widely the information is relayed, it's imperative that it's proven. For example, if I'm referring to information about the emergence of the first case of COVID-19 here in Antsirabe, I absolutely need a testimonial from the patient's relatives about his state of health, symptoms... for me to trust it."*
> **[Focus group Women in Antsirabe, 15.12.2022].**

●●●
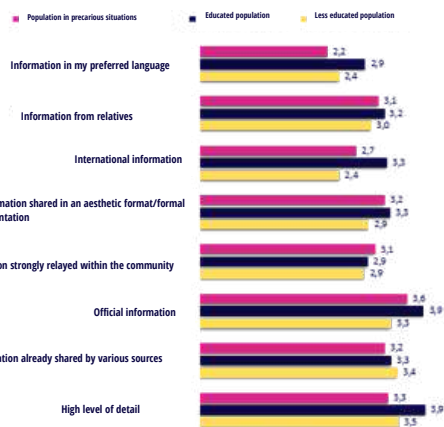
Reliability of information on COVID-19 and limitations

Discussing COVID-19 information to determine its reliability is a more or less common practice among face-to-face survey respondents. However, while the vast majority (40%) of those with a low level of education say that information about the pandemic is "often" at the center of conversations, most (33.3%) of respondents who consider themselves to be in a precarious situation feel that these topics are not a concern, and so do not discuss them "at all". Participants with a high level of education consider COVID-19 to be the main topic of discussion during the pandemic, with 47.1% discussing it

"often" and 17.2% "systematically".

Asked why this informational practice is not a habit, the 20% of respondents who say they do not discuss COVID-19 "at all" or "very rarely" mostly cite lack of opportunity and disinterest in the subject of the pandemic. **While all three target groups share the same opinion on opportunities to discuss the disease, participants living in difficult conditions say they lack more information to be able to discuss the subject, while the well-educated and low-educated speak more of disinterest.**

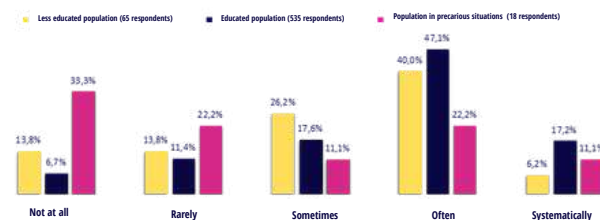**Do you usually exchange information on COVID-19?**

Figure 15

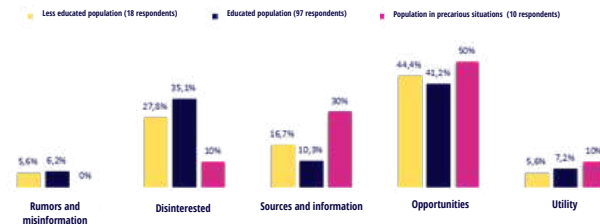**Why don't you exchange information about COVID-19?**

Figure 16

Reliability of information on COVID-19 and limitations

Admittedly, Facebook is an ideal platform for discussing the pandemic and the reliability of information on the subject. However, most focus group participants said they had avoided discussing the issue on social media networks to avoid amplifying fears, or out of disinterest. A few people nevertheless shared their experience of this practice.

Figure 17

Do you check the COVID-19 information you receive?

Systematically Regularly Rarely Never

Less educated population (1061 respondents); Educated population (719 respondents); Rural area (1188 respondents); Urban zone (592 respondents); Literate population (1463 respondents); Illiterate population (317 respondents); Poor living conditions (887 respondents)

"I once argued in Facebook comments about false information claiming that CSB2s are not competent to treat COVID-19 and therefore neglect patients. However, a neighbor treated at these centers testified to the contrary. I wanted to contradict this information by urging the author and like-minded users not to generalize."
[FGD-Diversified targets in Fianarantsoa, 23.11.2022.]
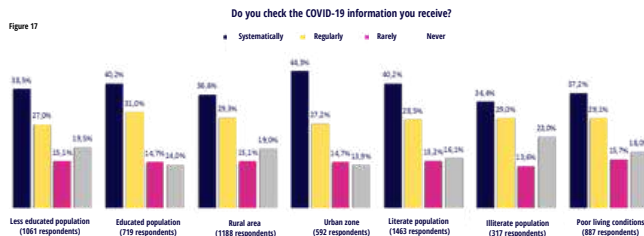
Most respondents to the telephone survey say they "systematically" or "regularly" check the reliability of COVID-19 information. This applies to more than two-thirds of the literate, urban, educated population, and almost half of those with no more than primary education, living in rural areas, considered illiterate and living in precarious living conditions. Nevertheless, a quarter of people who cannot read or write say they "never" check that the information they receive is correct. In contrast, almost half of the urban population claim that this practice is almost a reflex.

For most interview participants, comparing information from different sources, including trusted ones, is the main verification technique. "When I hear something on TV, I check its reliability on the radio. I also ask other people I trust for their opinions." [FGD-Less-educated population in Antsirabe, 25.11.2022]. Nevertheless, some personal methods are shared during the exchanges.

"I always check information from comments and other similar posts on Facebook."
[FGD-Diversified targets in Antananarivo, 22.12.2022].

"I'm only convinced of the veracity of information when it's possible for me to verify it myself. For example, when I have relatives who live in the localities concerned and whom I can ask if the information reporting such and such an event that took place in their area is accurate."
[FGD-Young students in Antananarivo, 22.12.2022].

Availability of COVID-19 information in preferred language

Figure 18
Educated population /less educated population

Figure 19
Rural/urban population

Figure 20
Literate population/Illiterate population

Figure 21
Population in precarious situations

Telephone survey

Everyday language		Malagasy official
Language of information received		Local dialects
Preferred information language		French
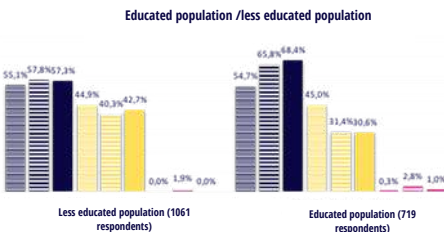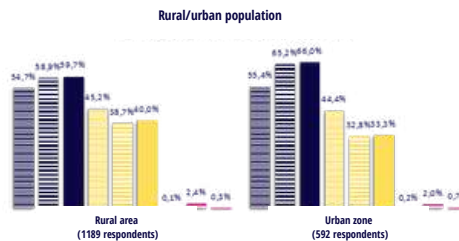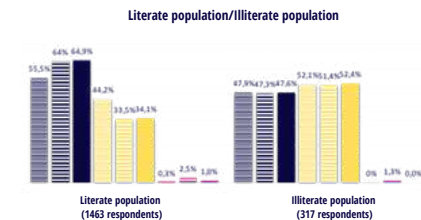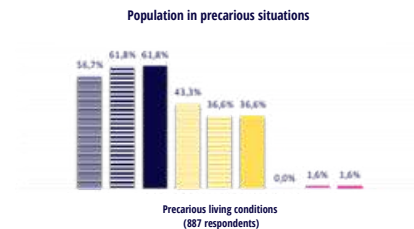
To determine the extent to which language has or has not contributed to the accessibility of COVID-19 information, participants in the quantitative surveys were asked about their preferred language for information. Most respondents to the telephone survey received information about the pandemic in the languages they preferred. In fact, there was very little difference between the language of information received and that preferred for all survey populations. This result could therefore show that the people surveyed filter information and are only interested in that which is easily accessible to them.

It also appears that the language used in everyday communication does not necessarily correspond to that in which respondents prefer to be informed about

Availability of COVID-19 information in preferred language

COVID-19. In fact, local dialects are more widely used to communicate within the community, while official Malagasy is preferred for information. The exception is the illiterate population, where the language used daily is still the one prioritized for information, i.e., the local variants.

These results reinforce the finding that most COVID-19 information received by Internews respondents is in the Malagasy language, whether the official language or regional variants. However, jargon and technical vocabulary pose problems, as their equivalents in the national language are not always familiar or obvious to use. To prevent misunderstandings arising from the use of French terms, paraphrasing is preferred to the use of Malagasy

equivalents or translations. *"To communicate with the grassroots community and reach the vulnerable population, we use Malagasy almost exclusively. However, some technical terms in foreign languages have a Malagasy translation, but this is unfamiliar to the target audience. As a result, we are led to use these expressions in French in our communications but accompanied by clear explanations in the national language."* [FGD-Diversified targets in Fianarantsoa, 23.11.2022].

Interview participants emphasize the importance of communicating in the local language, given that official Malagasy and even less French are not mastered by everyone, especially by the less-educated living in the regions. "At the start of the pandemic, the term Coronavirus was heard

everywhere, followed by COVID-19, without it being clear that it's the same disease, which presents itself in the form of severe flu. The main concern is that awareness campaigns mix official Malagasy, French expressions and the Antanosy variant, which has had the effect

of sowing confusion rather than making information clearer and more accessible." [FGD-Less educated population in Taolagnaro, 08.12.2022].

Availability of COVID-19 information in preferred language

In which language would you prefer to receive written and oral information about COVID-19?

- Malagasy official
- Local dialects
- French
- English

Figure 22

Less educated population (62 respondents): 24,8% | 73,2% | 2,0% | 0,0%
Educated population (732 respondents): 69,4% | 4,6% | 24,5% | 1,5%
Population in precarious situations (19 respondents): 84,2% | 10,5% | 5,3% | 0,0%

WRITTEN

Less educated population (83 respondents): 10,8% | 88,7% | 0,5% | 0,0%
Educated population (746 respondents): 68,2% | 6,0% | 21,8% | 1,9%
Population in precarious situations (22 respondents): 72,7% | 22,7% | 4,5% | 0,0%

ORAL

When asked about their preferred language for written and oral information, many participants in face-to-face surveys cited the Malagasy language and its regional variations for both types of communication. People with low levels of education largely preferred local dialects, especially for oral information. Indeed, 88.7% of their responses stressed their preference for information reported orally in regional variants, compared with 73.2% for written information. In contrast, people living in precarious conditions declared a strong preference for the official language, whether through the written media (84.2%) or oral communication (72.7%). Nevertheless, it appears that local languages are more favored for orally reported information.

The national language is often prioritized, even if the people questioned by Internews could understand French, to avoid making intellectual efforts. *"On Facebook, I have the impression that COVID-19 information is often in French, in the form of a long text. As a Malagasy, I'm lazy enough to read this long text in its entirety.*

So, I only read what's important to me"; *"If I follow the news in French and come across expressions or terms I don't know, I'll be obliged to consult the Malagasy version of the Journal radio, for example, which is another extra effort. I might as well follow the news in Malagasy."* [FGD-Young students in Antananarivo, 22.12.2022].

●●●
Level of concern about COVID-19 rumors and misinformation

Respondents to the telephone survey were asked about their level of concern on COVID-19 rumors. The results show a similar trend for all categories of target people: a very high proportion of people who say they are barely concerned by this false information, and a very low rate of participants who say they are alarmed by its proliferation. Nevertheless, it appears that vulnerable people are more concerned: 10.1% of illiterate people, 7.3% of respondents living in rural areas and 7.8% of participants living in precarious conditions.

In the opinion of the interviewed participants, it was above all the impact of rumors and false information on the local community that concerned them. Indeed, they said that incorrect information had amplified the panic and fear that had prevailed during the pandemic. *"I was particularly concerned because we are easily influenced and are tempted to try out advice, whereas we are vulnerable to false information, i.e., we have difficulty distinguishing true from false. This is especially true when it comes to treatment and the community's use of traditional remedies."* [FGD-Young people active in social media in Antananarivo, 22.12.2022].

Moreover, some participants shared unfortunate experiences that perfectly illustrate this fear.

In addition to rumors, community gossip also fuelled the panic generated by the pandemic.

"In order to protect ourselves from COVID-19, which was considerably infecting our neighborhood, I advised my diabetic father about remedies for prevention that I saw on Facebook. Unfortunately, it turns out that this advice is not suitable for his state of health, which almost cost him his life."
[FGD-Vulnerable population in Antananarivo, 22.12.2022].

"Having shown symptoms of fever, my wife and I went for a screening test at a center in town. As there was no public transport, my sister-in-law, who is a doctor, decided to take us home by ambulance. However, when the neighbors saw us getting out of the ambulance, they panicked and avoided us like the plague."
[FGD-Diversified target groups in Antananarivo, 22.12.2022]

Are you worried about the rumors surrounding COVID-19?

Legend: Not at all | A little | Quite concerned | Very concerned

Figure 23

	Not at all	A little	Quite concerned	Very concerned
Less educated population (1061 respondents)	49,0%	32,3%	11,8%	6,9%
Educated population (719 respondents)	50,2%	29,3%	12,8%	7,6%
Rural area (1188 respondents)	48,1%	31,8%	12,8%	7,3%
Urban zone (592 respondents)	52,4%	29,7%	11,0%	6,9%
Literate population (1463 respondents)	50,8%	30,9%	11,8%	6,6%
Illiterate population (317 respondents)	43,5%	32,2%	14,2%	10,1%
Poor living conditions (887 respondents)	46,9%	33,0%	12,3%	7,8%

● ● ●

Knowledge of COVID-19 rumors

Information 1: COVID-19 vaccine is deadly

Less educated population (65 respondents): 25,0% / 75,0%
Educated population (535 respondents): 17,4% / 82,6%
Population in precarious situations (18 respondents): 27,8% / 72,2%

■ Correct ■ Rumor

Figure 24

Information 2: Surgical masks contain microbes

Less educated population (65 respondents): 42,2% / 57,8%
Educated population (535 respondents): 22,2% / 77,8%
Population in precarious situations (18 respondents): 38,9% / 61,1%

■ Correct ■ Rumor

Figure 25

Information 3: COVID-19 was manufactured in a foreign laboratory

Less educated population (65 respondents): 31,3% / 68,8%
Educated population (535 respondents): 18,9% / 81,1%
Population in precarious situations (18 respondents): 33,3% / 66,7%

■ Correct ■ Rumor

Figure 26

Information 4: The COVID-19 vaccine is free of charge

Less educated population (65 respondents): 92,2% / 7,8%
Educated population (535 respondents): 95,9% / 4,1%
Population in precarious situations (18 respondents): 88,9% / 11,1%

■ Correct ■ Rumor
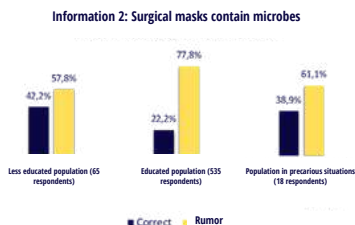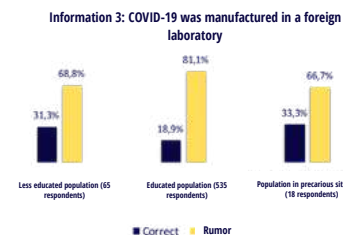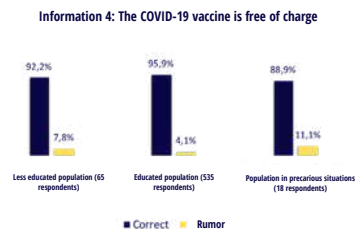
Figure 27

FACE-TO-FACE SURVEY

Three COVID-19 rumors and one correct piece of information were presented to Internews respondents in the face-to-face survey, so that they could identify whether the information was correct or false. People with little education and those living in difficult conditions are the most vulnerable to rumors. **At least a quarter of the respondents concerned are convinced by the veracity of false information.**

The vaccine is undoubtedly the most controversial subject, having been the subject of many rumors circulating about COVID-19 in Madagascar. Faced with the claim that it is fatal, a quarter (25%) of people with less than a secondary education and a slightly higher proportion (27.8%) of people in precarious situations are convinced of its veracity. These results may be justified, on the one hand, by the adherence of part of the community to the many conspiracy theories about the COVID-19 vaccine and, on the other, by the unfortunate experiences of some volunteers. *"I'm often criticized for having been vaccinated, arguing on the basis of every possible rumor, such as the fact that a microchip is currently present in my body."* [FGD-Diversified target groups in Fianarantsoa, 23.11.2022].

Knowledge of COVID-19 rumors

"I've heard that the vaccine contains viruses that will be injected during the shot. If this is the case, it's logical that people aren't very interested, as they don't want to receive a virus when they're in good health. In fact, this is the main reason for the low level of public support at present." **[Individual interview with Taolagnaro religious leader, 06.12.2022].**

"I heard that the COVID-19 vaccine kills. Then there was this doctor practicing in Fianarantsoa who was vaccinated and subsequently died. So, the fact that the vaccine kills no longer seems to be a rumor, because even a doctor who was raising awareness of it had died from it." **[Focus group Educated person in Taolagnaro, 08.12.2022].**

Information about the existence of micro-bestial in surgical masks sold on the market is the rumor that has convinced the most respondents to face-to-face surveys, more precisely vulnerable people. Indeed, less than half (42.2%) of those with little education and over a third (38.9%) of those living in difficult conditions were convinced that it was true. **This result is partly explained by the fact that videos of experiments designed to prove the proven existence of these microscopic beasts have been widely circulated and relayed on social media networks.** It's important to remember that videos are one of the most trusted formats for information. Testimonials from interview participants report the impact of this rumor on their daily lives during the pandemic. *"I was influenced by the rumor*

that some masks contained tiny worms that infected the brain, which spread widely on Facebook. There was even a video. It really traumatized me. So, I told my family not to wear surgical masks anymore, but only the cloth ones." [Focus group Educated population in Antsirabe, 26.11.2022].

The results obtained in relation to the third piece of false information perfectly illustrate the community's vulnerability to international rumors. Indeed, a third of the less educated (31.3%) and those living in precarious conditions (33.3%) believe that COVID-19 is not a natural phenomenon, but rather a deliberate creation by man. Interview participants' testimonies revealed that the most widespread rumors about COVID-19 during the pandemic did not only come from abroad. "Many

rumors claimed that people who died of COVID-19 had their organs stolen. This could not be verified, as families were not allowed to attend funerals." [FGD-Educated population in Antsirabe, 26.11.2022].

Concerning the exact information on the free COVID-19 vaccine, vulnerable people are the most likely to doubt its accuracy. Indeed, 7.8% of less educated respondents and 11.1% of people living in precarious conditions doubt its veracity. This result can be partly justified by the failure of the public medical system to provide free care, which is a legal obligation but relatively little respected.

● ● ●

Sharing information on the pandemic

Do you share information about COVID-19 during the pandemic?

■ Less educated population (65 respondents)　　■ Educated population (535 respondents)　　■ Population in precarious situations (18 respondents)

	Not at all	Rarely	Sometimes	Often	A lot of the time
Less educated	7,7%	10,8%	43,1%	26,2%	12,3%
Educated	0,9%	4,6%	32,2%	45,5%	16,8%
Precarious	16,7%	11,1%	33,3%	27,8%	11,1%

Figure 28

Why are you sharing this information about COVID-19?

■ Less educated population (25 respondents)　　■ Educated population (344 respondents)　　■ Population in precarious situations (7 respondents)

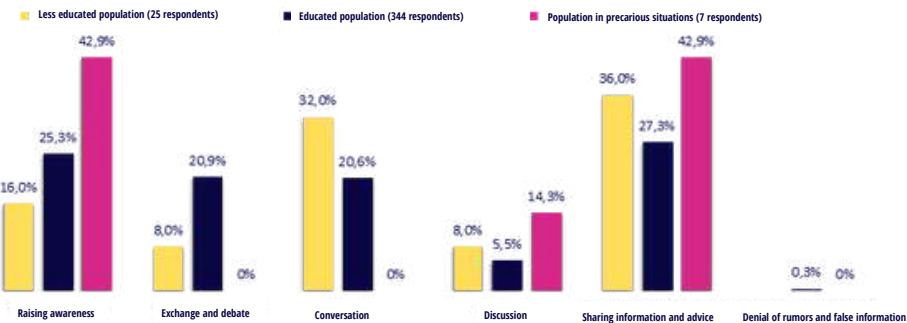|	Raising awareness	Exchange and debate	Conversation	Discussion	Sharing information and advice	Denial of rumors and false information
Less educated	16,0%	8,0%	32,0%	8,0%	36,0%	
Educated	25,3%	20,9%	20,6%	5,5%	27,3%	0,3%
Precarious	42,9%	0%	0%	14,3%	42,9%	0%

Figure 29

FACE-TO-FACE SURVEY

For most people interviewed by Internews during the face-to-face survey, sharing COVID-19 information was a habit during the pandemic. In fact, most respondents said they at least "sometimes" shared information they had received about the disease with their friends and family or community.

Nearly half (43.1%) of those with less than a secondary education, and a third (33.3%) of participants who considered themselves to be in a precarious situation, said they "sometimes" shared COVID-19 information. While a quarter of these samples, 26.2% and 27.8% respectively, revealed that they "often" informed their community about the pandemic. Nonetheless, people in financial difficulty were the most likely to refrain from passing on iCOVID-19 information to those around them. In fact, 16.7% of them are concerned.

When asked why they were sharing information about the pandemic, most respondents said **they wanted to raise awareness or simply inform someone they knew about COVID-19.** A third (36%) of those with little education revealed that sharing information about the disease consists mainly of giving advice or (32%) exchanging information in the context of a simple conversation. People who considered themselves to be in a precarious situation were more likely to cite raising awareness and passing on recommendations (42.9% each).

Since sharing knowledge about COVID-19 inevitably involves intellectual effort to ensure that the message is understood and assimilated, some interview participants confided that they filter the information or the people to whom they wish to share it.

"Because of the specific vocabularies that are mostly in French and their unfamiliar Malagasy equivalents, I prefer to select the people to whom I share information about COVID-19, so that I don't have to make extra efforts."
[FGD-Young students in Antsirabe, 15.12.2022].

People living in very precarious conditions said they were mainly informed by those around them, as they have neither the time nor the means to inform themselves properly. "I very rarely get information from the radio, but rather by word of mouth. Often, it's a friend or colleague who has heard something at home who tells me about it. However, as a materials handler, we don't have much time to talk"; "Personally, I hear about COVID-19 in my workplace through discussions or by chance, on the radio. I then usually tell my family about the information I have heard when I return home." [FGD-Less educated population in Fianarantsoa, 01.12.2022].

Sharing COVID-19 information most often takes place in the context of discussions to ask about news from loved ones and to advise each other on how to protect themselves. *"We used Facebook to share news between close family members during the pandemic, given that we don't all live here in Fianarantsoa. In addition to sharing our* experiences of confinement and the period when the virus was spreading rapidly, we also exchanged statistical data on our respective towns of residence." [FGD-Diversified target groups in Fianarantsoa, 23.11.2022].

Sharing information online with people not connected to social media networks.

Respondents to the face-to-face survey were asked whether they were in the habit of sharing COVID-19 information found on Facebook with people not present on the platform.

In contrast to those with a high level of education, many participants with less than a secondary education and those who consider themselves to be in a precarious situation declared that this practice is fairly "exceptional". In fact, 47.5% and 54.5% respectively shared this opinion. Nonetheless, none of these target categories said they would categorically refrain from sharing information about the pandemic they had received via the social medium with their non-Facebook friends and family. Paradoxically, people living in precarious situations are the most inclined to "frequently" share information found on social media networks with those around them.

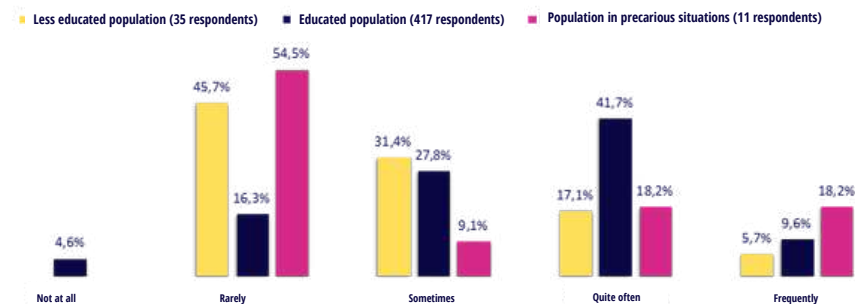**Do you share online information about COVID-19 with people who are not on Facebook?**

Less educated population (35 respondents) ■ Educated population (417 respondents) ■ Population in precarious situations (11 respondents)

Figure 30

What online information about COVID-10 do you share with people not on social media networks?

Less educated population (26 respondents) ■ Educated population (907 respondents) ■ Population in precarious situations (21 respondents)
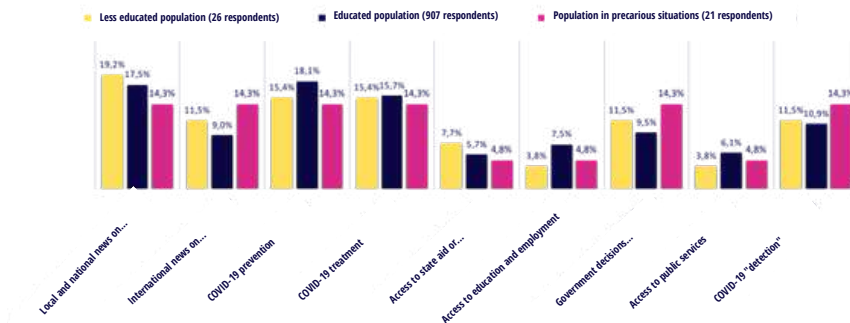
Figure 31

FACE-TO-FACE SURVEY

An Information Ecosystem Assessment
Madagascar

67

When asked about the topics of the online COVID-19 information that they shared, most participants concerned cited themes directly related to the disease. These included **news, detection, prevention, and treatment, as well as health measures.** People with little education and those living in precarious situations shared a wider range of information than respondents who had at least attended secondary school. **It is interesting to note that people who consider themselves to be living in difficult conditions barely (4.8%) shared information on access to state or humanitarian aid, even though they are the main people concerned.** This result can be partly explained by the fact that Facebook is not the most relevant information channel for reaching this target

audience, which is severely limited by resources.

Among the main obstacles to sharing online COVID-19 information with people who are not on social media networks are the unreliability of Facebook as a source of information, disinterest and the risks presented by this practice.

> *"Facebook really isn't a reliable source and can even be dangerous. I personally know someone who relayed a rumor found on Facebook to her friends and family, and it quickly spread. She ended up being summoned by the police, even though she wasn't the author."*
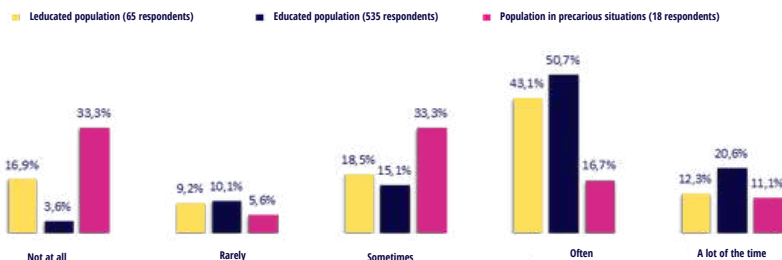> **[FGD-Women in Fianarantsoa, 23.11.2022].**

Nevertheless, **the information on the pandemic received on social media networks was used to raise awareness and sensitize certain members of the community who were still neglecting the COVID-19 virus.** *"I used the information available on Facebook to break the representations of the rural community in relation to COVID-19, according to which it is a disease of affluent, urban people."* [FGD-Diversified targets in Fianarantsoa, 23.11.2022].
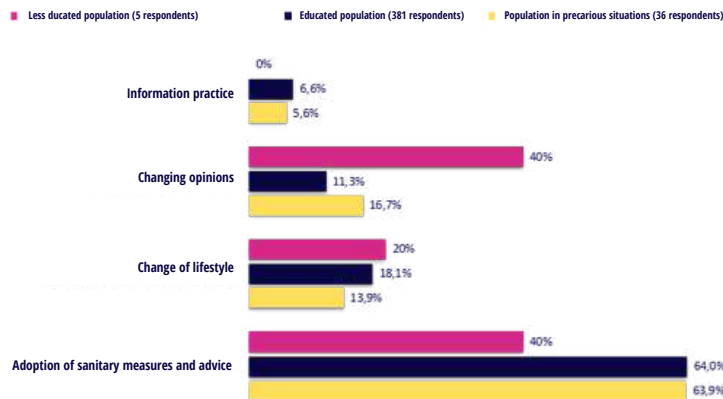
● ● ●

Change in behavior and opinions due to COVID-19 information.

Has information about COVID-19 influenced your opinions or behavior?

Leducated population (65 respondents)   Educated population (535 respondents)   Population in precarious situations (18 respondents)

	Not at all	Rarely	Sometimes	Often	A lot of the time
Leducated population	16,9%	9,2%	18,5%	43,1%	12,3%
Educated population	3,6%	10,1%	15,1%	50,7%	20,6%
Population in precarious situations	33,3%	5,6%	33,3%	16,7%	11,1%

Figure 32

FACE-TO-FACE SURVEY

What changes are involved in the COVID-19 information?

Less ducated population (5 respondents)   Educated population (381 respondents)   Population in precarious situations (36 respondents)

	Less ducated population	Educated population	Population in precarious situations
Information practice	0%	6,6%	5,6%
Changing opinions	40%	11,3%	16,7%
Change of lifestyle	20%	18,1%	13,9%
Adoption of sanitary measures and advice	40%	64,0%	63,9%

Figure 33

To measure the impact of COVID-19 information, respondents to the face-to-face survey were asked whether this information had influenced their behavior or opinion during the pandemic.

Nearly half (43.1%) of those with low levels of education said they had "often" been influenced by COVID-19 information, while 16.9% categorically thought the opposite. For respondents considering themselves to be in a precarious situation, more than half said they had changed their behavior, habits, or opinions because of information received about the disease. However, a third (33.3%) said that these changes only occurred "sometimes", depending on the context. On the other hand, a similar proportion said they had not been influenced "at all" by COVID-19 information.

When asked about the changes brought about by COVID-19 information, most people with low and high levels of education mentioned the changes brought about by the adoption of preventive measures, in this case barrier gestures. However, participants with less than a secondary education were more likely to have changed their minds about the pandemic (16.7%), particularly regarding the vaccine, traditional remedies, and the proven existence of the virus. People who considered themselves to be in a precarious situation mainly changed their opinions and behavior about the health situation.

Information on COVID-19 and the health crisis in general have influenced information practices. In fact, it stimulated interview participants' interest in following the news, encouraged more thoughtful sharing of information and reinforced the credibility of official sources.

> *"Since the unfortunate episode with the remedies shared on Facebook, which almost killed my father, I absolutely refrain from sharing information especially those found on social media networks."*
> **[FGD-Young people active on social media networks in Antananarivo, 22.12.2022].**

The large flow of information on the pandemic, particularly unverified information, has greatly amplified fears and the fear of COVID-19, to the point of weakening the community's ability for discernment and common sense, which becomes particularly sensitive to rumors. *"I got vaccinated because I was afraid of COVID-19, and now I'm afraid of the vaccine itself. Ever since I had the first injection, I've been hearing rumors that it would shorten my life expectancy, or make me sterile, and so on. As a result, I don't know who to trust anymore and I leave it to the Lord to decide my fate"; "We ended up applying all the advice we received. We were told to eat chili, ginger and even drink alcohol, even though we don't normally drink it."* [FGD-less educated population in Taolagnaro, 08.12.2022].

CCER (2020) Résultats globaux du du Recensement Général de la Population et de l'Habitat (RGPH-3). Available on the Internet: https://madagascar.unfpa.org/sites/default/files/pub-pdf/resultat_globaux_rgph3_tome_01.pdf

UNESCO, Records of the General Conference, tenth session, Pans (1958). Resolutions. Available on Internet: Records of the General Conference, 10th session, Paris, 1958: Proceedings - UNESCO Digital Library

World Bank (2022). Madagascar Economic Outlook: Weathering the Storm. Washington, D.C.: World Bank Group. Available online: http://documents.worldbank.org/curated/en/099504205272236359/IDU05ca795570c9a604761095b4011c63a5afd2d

Institut National de la Statistique (INSTAT) and ICF. (2022). Enquête Démographique et de Santé à Madagascar, 2021. Antananarivo, Madagascar and Rockville, Maryland, USA: INSTAT and ICF. Available on the Internet: https://www.dhsprogram.com/pubs/pdf/FR376/FR376.pdf

Lovamalala Randriatavy and Iloniaina Alain (2016). The impacts of media ownership structure on media coverage, political representation, and the work of the journalist. Available online: https://library.fes.de/pdf-files/bueros/madagaskar/15150.pdf

Pr Rabaovololona, Raharinirina (2017). Study on media development in Madagascar based on UNESCO media development indicators.

Available on the Internet: des médias de l'UNESCO. Disponible sur Internet : https://unesdoc.unesco.org/ark:/48223/pf0000247735

Médiamétrie. (2018). TV, Radio audiences and Internet usage in Madagascar in the 2nd half of 2017. Disponible sur Internet : https://www.mediametrie.fr/sites/default/files/2018-06/2018%2003%2007_CdP%20M%C3%83%C2%A9diam%C3%83%C2%A9trie_Madagascar_2nd%20sem%202017.pdf

Thibault Chapoy and Internews. (2021). Study on the media landscape in Madagascar. Available on the Internet: https://internews.org/wp-content/uploads/2021/11/Mada_Etude-paysage-media_09302021.pdf

Loi 2020-006 portant modification de certaines dispositions de la Loi n° 2016-029 du 24 août 2016 portant Code de la Communication Médiatisée, Article 54 nouveau. Available on the Internet: https://www.assemblee-nationale.mg/wp-content/uploads/2020/09/Loi-n%C2%B02020-006_Comm_-m%C3%A9diatis%C3%A9e.pdf

Friedrich-Ebert-Stiftung (FES), MISA. (2016). African media barometer Madagascar. Available on the Internet: https://data.misa.org/api/files/1618567316407whdanog07rt.pdf

ITU (2023). Measuring digital development - Facts and Figures: Focus on Least Developed Countries. Available on the Internet: https://www.itu.int/hub/publication/d-ind-ict_mdd-2023/

REFERENCES

INSTAT and UNICEF. (2019). Multiple indicator cluster survey-MICS 6 Madagascar, 2018, Final report. Antananarivo, Madagascar: INSTAT and UNICEF. Available online: https://weshare.unicef.org/Folder/2AM408PUO6GQ or chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.unicef.org/madagascar/media/3121/file/UNICEF%20Madagascar%20Executive%20Summary%20MICS%20ENG.pdf

Ramrajsingh, A. (2011). General information pure players: technological support, journalistic ideal, economic structure, and discourse. Les Enjeux de l'information et de la communication, 12(1), 143-162. https://doi.org/10.3917/enic.011.0009

UNESCO. Fiches thématiques - Autonomisation des jeunes https://fr.unesco.org/fiche-autonomisation-jeunes Accessed June 27, 2023

World Bank. Data Madagascar https://donnees.banquemondiale.org/pays/madagascar Accessed May 25, 2023

Fond Monétaire International. World Economic Outlook Database Madagascar https://www.imf.org/en/Publications/WEO/weo-database/2023/April/weo-report Accessed May 27, 2023

Transparency International. Corruption Perceptions Index https://www.transparency.org/en/cpi/2022 Accessed May 24, 2023

World Health Organization. Press release: There are now more than 100,000 cases of COVID-19 https://www.who.int/fr/news/item/07-03-2020-who-statement-on-cases-of-covid-19-surpassing-100-000 Accessed May 25, 2023

JHU Data Collect Madagascar

https://coronavirus.jhu.edu/region/madagascar Accessed May 24, 2023

ARTEC. Mobile network coverage http://www.artec.mg/obs/# Accessed May 21, 2023

Kepios. Digital 2023 Madagascar https://datareportal.com/reports/digital-2023-madagascar Accessed May 21, 2023

Meta. Facebook Insight Madagascar https://business.facebook.com/latest/insights/people?nav_ref=audience_insights Accessed May 21, 2023

TV5 Monde. A Madagascar, pressions sur les internautes au nom de l'état d'urgence sanitaire https://information.tv5monde.com/afrique/madagascar-pression-sur-les-internautes-au-nom-de-letat-durgence-sanitaire-200826 Accessed on May 25, 2023

Malina. Protecting whistle-blowers https://www.malina.mg/fr/lanceur-dalerte/ Accessed May 26, 2023.

France 24/RFI, Interview d'Andry Rajoelina. 15 mai 2020 https://www.botschaft-madagaskar.de/fr/nouvelles/interview-du-president-de-la-republique-s-e-m-andry-rajoelina-sur-france-24-rfi/ Accessed on May 25, 2023

rfi.fr: COVID-19 à Madagascar, le gouvernement refuse le vaccin et préfère les remèdes locaux https://www.rfi.fr/fr/afr
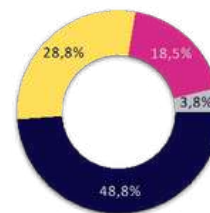
ANNEXES

Trust analysis framework

Figure 34
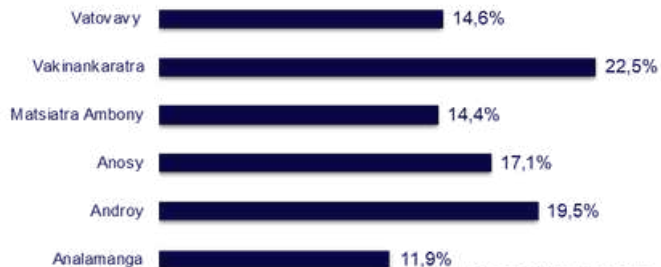
Figure 35

Figure 36

Focus group structuring

ILONTSERA

	Taolagnaro		Antsirabe		Fianarantsoa	
	Educated Population	Less Educated Population	Educated Population	Less Educated Population	Educated Population	Less Educated Population
Female	40,0%	50,0%	30,0%	64,3%	70,0%	70,0%
Male	60,0%	50,0%	70,0%	35,7%	30,0%	30,0%
	10 respondents	10 respondents	10 respondents	14 respondents	10 respondents	10 respondents

CID

	Participant categories	Female	Male	Number
Antananarivo *(43 participants)*	Diversified Target	55,6%	44,4%	9
	Female	100,0%	0,0%	**9**
	Young people on Facebook	37,5%	62,5%	8
	Young University Students	50,0%	50,0%	8
	Vulnerable Population	66,7%	33,3%	9
Antsirabe *(31 participants)*	Diversified Target	40,0%	60,0%	10
	Female	100,0%	0,0%	11
	Young University Students	60,0%	40,0%	10
Fianarantsoa *(34 participants)*	Diversified Target	54,5%	45,5%	11
	Female	100.0%	0.0%	10
	Vulnerable Population	84,6%	15,4%	13

ANNEXES

Key Informants List

Key Informants List

Position	Name	Functions
Ministry of Public Health	ROBINSON Lydia Dr RAJAONARISON Tolojanahary Dr RAKOTONANDRASANA Herinirina	Regional Director of Public Health, Anosy Regional Director of Public Health, Matsiatra Ambony Regional Director of Public Health, Vakinankaratra
Local Authority	Dr RATSIMBAZAFY Esther Dr RASAMIMANANA Gabriel	2nd Deputy Mayor CU Taolagnaro Mayor CU Fianarantsoa Mayor CU Antsirabe
Media	Alain Tefimbola ROVA Herimalala Miarintsoa Bonaventure	Vice-president OJM Taolagnaro Vice-president OJM Fianarantsoa Journalist, Midi Madagasikara Antsirabe
Religious Authority	PastorAina Pst RAKOTONDRASOA Hervé Pasteur Rajoro	Pastor FJKM Bazar Kely Taolagnaro Vice-President Synodal FJKM Fianarantsoa President synodal FJKM Vakinankaratra
Traditional Leaders	Manoary Rajoma RAKOTONDRABE Daniel	To teny Tanosy Taolagnaro Comité des Sages Matsiatra Ambony Tradipraticien Antsirabe
OSC	Eberoke ANTSELY Esther Feno Rakotozanakajy	UPPFROSC Anôsy Taolagnaro Documentalist CEDIII Fianarantsoa Tanora Maneho Kanto Antsirabe Association
Health Institution	RANDRIAMANGA Nathalie	Communication Director PSI Madagascar
Fact-Checking	ANDRIANAMANANA Ricard	Co-founder, Factivistes NGO