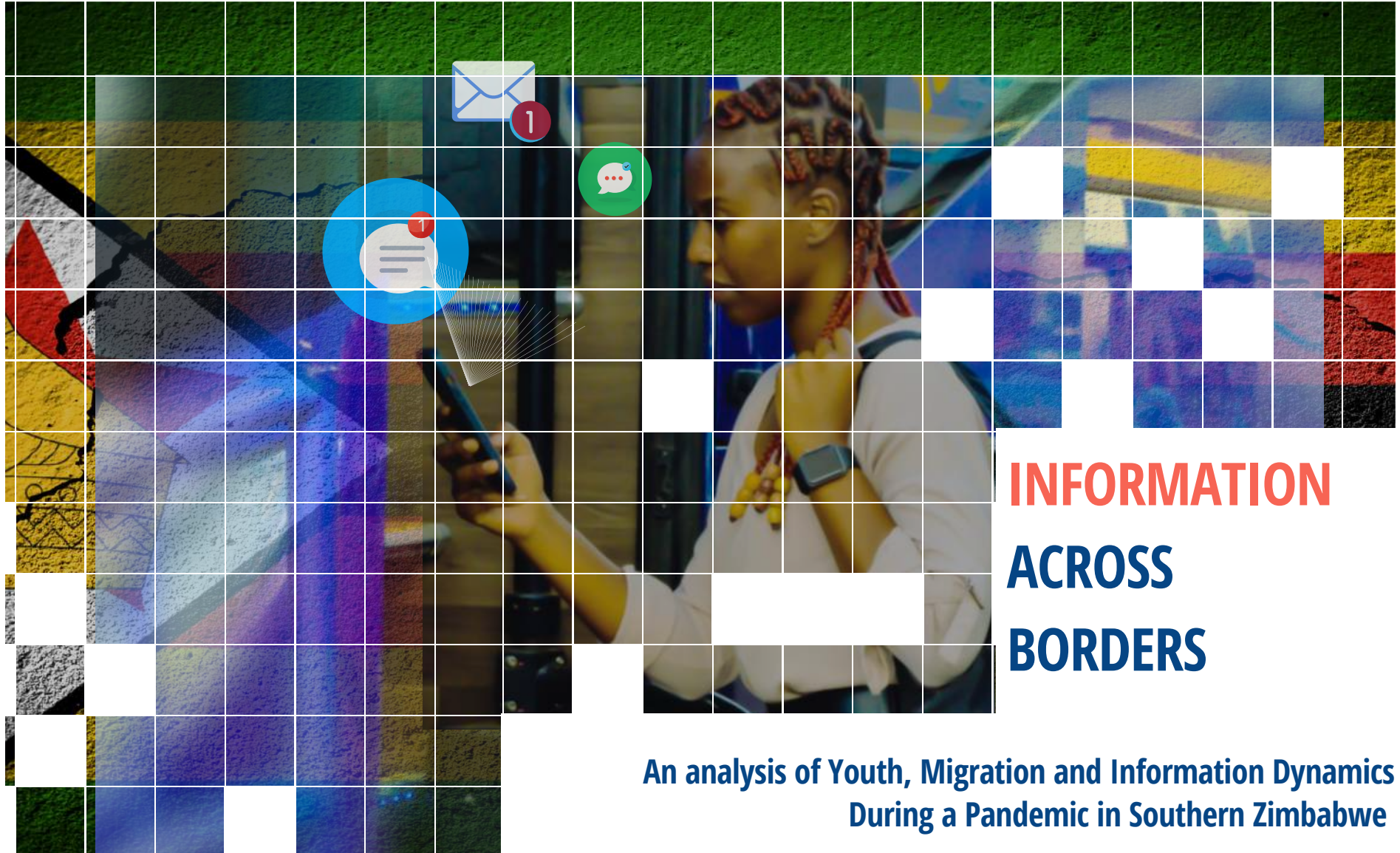


Zimbabwe 2023



INFORMATION ACROSS BORDERS

An analysis of Youth, Migration and Information Dynamics
During a Pandemic in Southern Zimbabwe

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LIST OF ACRONYMS

ACRONYMS	DEFINITIONS
AIDS	Acquired Immune Deficiency Syndrome
AIPPA	Access to Information and Protection of Privacy Act
AMARC	World Association of Community Radio Broadcasters
AMH	Alpha Media Holdings
ANZ	Associated Newspapers of Zimbabwe
ATR	African Traditional Religion
AWET	Apostolic Women Empowerment Trust
BAZ	Broadcasting Authority of Zimbabwe
BCFs	Behaviour Change Facilitators
BSA	Broadcasting Service Act
CBOs	Community Based Organisations
CHW	Community Health Workers
CITE	Centre for Innovation and Technology
COVID-19	Corona Virus Diseases 2019

CRI	Community Radio Initiatives
CSO	Civil Society Organisation
CWGH	Community Working Group on Health
DAC	Development Assistance Committee
DWSSC	District Water Supply and Sanitation Committee
EHT	Environmental Health Technician
FACT	Family Aids Caring Trust
FGD	Focus Group Discussion
GAVI	Global Alliance for Vaccines and Immunisation
HIV	Human Immunodeficiency Virus
IEA	Information Ecosystem Assessment
IOM	International Organisation for Migration
KII	Key Information Interviews
MISA	Media Institute of Southern Africa
MoH	Ministry of Health
MoHCC	Ministry of Health and Child Care
MoIMBS	Ministry of Information, Media and Broadcasting Services
MOPA	Maintenance of Peace and Order
NDS-1	National Development Strategy 1



LIST OF ACRONYMS

ACRONYMS	DEFINITIONS
NGO	Non- Governmental Organisation
NSSA	National Social Security Authority
PCR	Polymerase Chain Reaction
POSA	Public Order and Security Act
POTRAZ	Postal and Telecommunications Regulatory Authority of Zimbabwe
PVO	Private Voluntary Organisation
PWD	People with Disabilities
RCCE	Risk Communication and Community Engagement
RiT	Rooted in Trust
RRT	Rapid Response Teams
RSF	Reporters Without Borders
SDG	Sustainable Development Goals
SIDA	Security Identification Display Area
SRH	Sexual Reproductive Health
USAID	United States Agency for International Development
USB	Universal Serial Bus

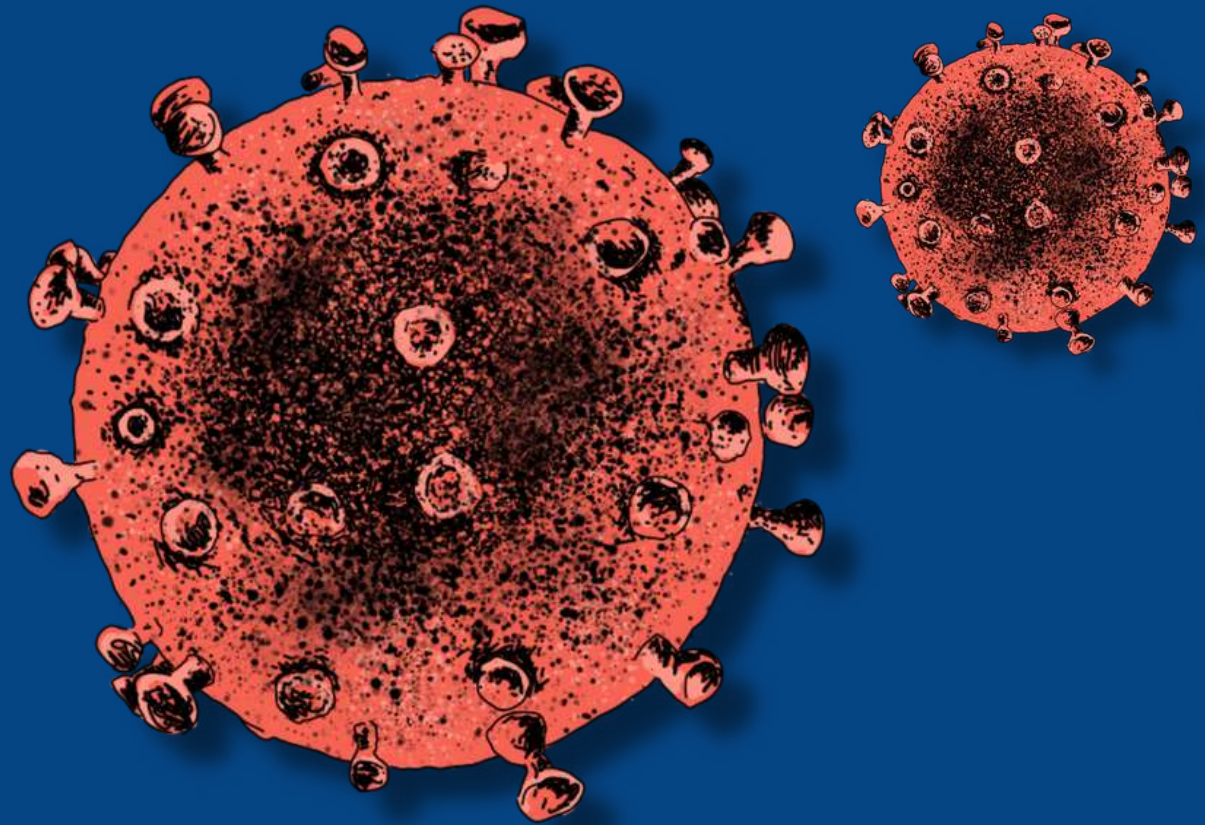
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VMCZ	Voluntary Media Council of Zimbabwe
VOA	Voice of America
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
ZACRAS	Zimbabwe Association of Community Radio Stations
ZANU PF	Zimbabwe African National Union- Patriotic Front
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation
ZBC	Zimbabwe Broadcasting Corporation
ZBC TV	Zimbabwe Broadcasting Corporation Television
ZICHIRE	Zimbabwe Community Health Interventions and Research Organisation
ZMC	Zimbabwe Media Commission
ZRP	Zimbabwe Republic Police
ZTN	Zimpapers Television Network

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EXECUTIVE SUMMARY

An Information Ecosystem Assessment (IEA) is a study designed to understand the dynamics of production, transmission, and consumption of information in a particular context. This IEA investigated how youths in Southern Zimbabwe, access, share and trust COVID-19 related information in their own local contexts. Findings from this IEA highlight the critical role an information ecosystem plays in empowering the

target group to make healthy decisions and choices. This research study adopted a participatory mixed methodological approach that combined different data gathering techniques. These included a community survey questionnaire, Focus Group Discussions (FGDs), and Key Informant Interviews (KIIs). The target population were youths aged between 18 and 35 years residing in Matabeleland North, South, Midlands, Masvingo and Bulawayo.

The report analyses the dynamics of information demand, access to information, trusted sources, sharing of information, barriers of access, myths and rumours among vulnerable youths. Results from this research show information flow factors such as access, sharing and trust work together in a synchronised manner to influence rumour delineating and healthy decisions and choices.





SUMMARY OF KEY FINDINGS

COVID-19 INFORMATION NEEDS

In total, 81% of the respondents indicated that they did not have enough access to information to meet their health needs. As a result, they needed more information about COVID-19 treatment, vaccination, and prevention to help them make informed health decisions given the numerous rumours they encountered. Rural populations preferred to receive information in their local languages such as Nambya, Kalanga, Tonga, Venda, IsiNdebele, Shona, and Sotho.

COVID-19 INFORMATION ACCESS

Many youths indicated that they accessed and shared COVID-19 related information through the WhatsApp messaging application, face-to-face encounters, community events, religious places, and social media. They use the same platforms to share information which may include rumours.

TRUSTED SOURCES

Respondents indicated that their most trusted sources of information are Village Health Workers (83%), Non-Governmental Organisations (NGOs) (70%), National Government authorities (61%), international media (60%) and social media influencers (54%).

SHARING OF INFORMATION

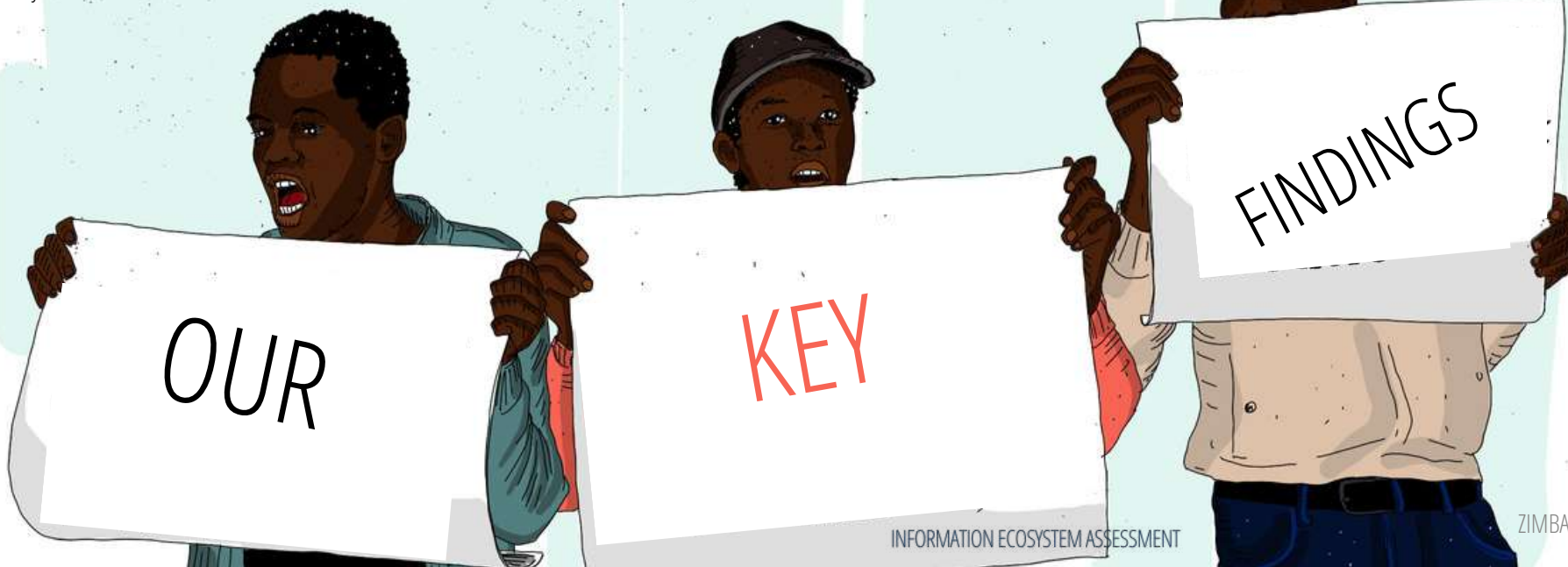
The IEA found that WhatsApp Messaging and face-to-face encounters were the main channels through which youths shared information with each other. On WhatsApp participants shared information in the form of audios, videos and sometimes text with graphics but the information was rarely verified.

BARRIERS OF INFORMATION

The study found that organisational (perceptions towards media organisations), community (distance from urban areas, availability of broadcast signals or mobile telephone signals, access to electricity and age gap between youth and community leaders) and personal (socio-economic status) determinants impacted information flows in the ecosystem.

MYTHS AND RUMOURS

Through a rumour identification quiz, the study found that most of the respondents (79%) could distinguish factual from false information but 21% of the respondents could not. These respondents might be vulnerable to misinformation and are at greater risk of making poor health choices resulting in case fatalities.





RECOMMENDATIONS

THE IEA MAKES THE FOLLOWING RECOMMENDATIONS:

Government should decentralise information provision so that COVID-19 information is context specific. Government may use creative means of packaging communication, such as edutainment and should avoid scare tactics which promote resistance in communities. The widespread use of social media such as WhatsApp, especially in marginalised communities, means that the government

should adopt communication tools that can allow for ease of sharing of information. It further means that the government must adopt platforms that most people prefer.

Humanitarian organisations can work with community-based media organisations by formulating effective strategies to debunk rumors and curb their spread on social media. There is a need for interventions that not only focus on information provision but also livelihoods and resilience building.

Community Media sharing information in local languages is vital in ensuring identification with and adoption of messages by communities. There is therefore a need for scaling up the visibility and appeal of community newspapers so that there is increased access to their content among key populations in these areas.

Community members, gatekeepers and influencers should be responsible, accountable and authenticate or verify information on COVID-19 and health that is shared on various platforms.



1. INTRODUCTION



The global COVID-19 pandemic has been flooded with misleading and false information leading to an information epidemic or 'infodemic'.¹



In Zimbabwe, the infodemic has been fuelled by increased access to digital technologies and platforms including smartphones, social media and the internet which have been used to spread misleading and false COVID-19 information, thereby undermining and disrupting global efforts to fight the pandemic.

Although recorded COVID-19 infection rates are generally declining globally, there remains an urgent need to understand information dynamics particularly within marginalised communities. In contexts such as Zimbabwe where the national media has limited reach and information flows are mediated by the consumption of information from across the country's borders, it is imperative to understand the information ecosystem obtaining in marginalised communities so that the Government and humanitarian actors can provide communities with accurate, usable, timely and localised information that they can use to make life-saving decisions about their health. This helps counter the unprecedented number of COVID-19 rumours, fake news and disinformation that seeps through various social media platforms.

This IEA focused on understanding the various ways that highly mobile, vulnerable, and marginalised youths aged between 18 and 35 years in Southern Zimbabwe access and share COVID-19 information, their current needs and sources of COVID-19 information, the sources of information they value and trust and practical recommendations to strengthen the flow of information.

The study was predicated on the understanding that youths are more susceptible to the COVID-19 infodemic primarily because they are highly mobile and receive different types of information in their travels in search of sustainable livelihoods as well as that most youths are avid users of social media platforms where mis and disinformation about COVID-19 proliferates.

1.1 CONTEXTUAL BACKGROUND

Zimbabwe has been embroiled in a complex and intertwined political and economic crisis that has spurred deep social malaise.

A defining feature of the decades long crisis has been the displacement and migration of thousands of citizens to other countries in the region in search of better livelihoods. Notwithstanding contemporary movements, migration has, particularly in Southern Zimbabwe, been perceived as a 'rite of passage' with mostly young men migrating to regional countries of Botswana, Namibia, South Africa and sometimes Zambia in search of economic opportunities.

Emigration from Southern Zimbabwe is not only due to local push factors such as high unemployment, a hyper-inflationary environment, and a difficult economic context but is also due to the region's proximity to borders or exit points.

[1] The infodemic includes global newspaper headlines that often inscribe fear, prejudice, disgust, and hostility into hashtags and monikers, branding discrimination and stoking panic. The internet and social media are often blamed for amplifying and relaying infodemics swiftly worldwide, in the process causing exaggerated panic, and progressively worsen stigmatisation against people in the epicentre of an outbreak.

There is also significant internal mobility and migration driven by the increase in informal economic activities such as small-scale artisanal mining. Historically, access to information has been constrained in marginalised regions due to a combination of political factors and infrastructural deficiencies. In the 37 years that the country was under the leadership of Robert Mugabe, there was state orchestrated repression manifested in draconian legislation, harassment of journalists and violation of their work premises². In the immediate aftermath of the November 2017 coup that saw the overthrow of Mugabe, ruling politicians promised a 'new dispensation' underpinned by economic and political reforms and respect for human rights, however, continued authoritarianism is evident, including the continued harassment of journalists and the tight control of information.

Youths make up the largest demography (67%) of the Zimbabwean population. They are also the largest consumers of information.

In instances where disinformation and fake news is disseminated, youths remain vulnerable receptors whose decision-making process stands compromised.



Those residing in rural southern Zimbabwe have challenges in accessing trustworthy media as these areas are 'media deserts' with few radio and television transmitters. In cases where there are transmitters, topographical features such as hills, mountains and valleys hinder signal transmission, further worsening the situation.

As a result, while the country has one terrestrial national public service television station, six licensed television stations (two available through satellite services) and six national radio stations which are supposed to be accessible to everyone in the country, the bulk of the

populations in four of the five provinces targeted by the IEA have limited access to national radio and television services.

It is therefore pertinent to investigate the information sources, access, levels of trust and disinformation around COVID-19 as this ultimately impacts on the relevance and effectiveness of the information that leads to decision making about their health and well-being.

[2]These violations include the closure of Media Houses, the bombing of the Daily News and the deportation of journalists

To achieve long term Sustainable Development Goal³ (SDGs, Agenda 2063, National Development Strategy-1) youths must be integrated and well involved as they constitute a critical demographic group in shaping development patterns. This can be achieved by understanding the best way to reach them, especially those located in vulnerable migrant communities who also deserve a successful transitioning into adulthood.

1.2 PHILOSOPHY AND METHODOLOGICAL PRINCIPLES

Internews undertakes IEAs to better understand unique and localised information needs, gaps, sources and patterns of access and use. IEAs offer an analytical framework to capture all dimensions of the relationship between information consumers and information supply.

Gaining insights into these dynamics allows us to design projects that meet people where they are to deliver information through the channels, platforms, formats, or people that they prefer and trust.

Our IEA research is predicated on four key principles that lie at the core of our methodological approach:

- **Putting the community at the core of the research:** Internews strives to be at the center of the communities that it serves. As such we endeavor to have the community itself do a large part of the research - communities select research questions and collaboratively identify relevant stakeholders.

- **Following a human-centered research design:** The IEA seeks a holistic understanding of people's information practices. We understand demand and supply in a broad sense, not narrowly focused on media outlets or traditional media actors. our scope of analysis is defined by how people access and consume information and not by pre-defined categories. We strive to understand which practices are broadly shared and the specific needs and behaviours of groups, especially the most vulnerable ones.
- **Marrying qualitative and quantitative data:** We seek to combine different types of data to best understand both the supply and demand of information and how the two interact to produce a dynamic ecosystem. We go beyond traditional mapping and audience surveys. Our IEAs rely heavily on a qualitative approach: understanding information practices requires getting up close and personal to people to figure out the best ways to reach them with good information.
- **Integrating research and action:** We do not see IEAs as an "end product". They are most often the first stage of our project design, providing invaluable context and a way to build a trusting relationship with the community we hope to work with. They are always connected to recommended actions, whether our own, those undertaken by the communities or by our partners and other key stakeholders in the ecosystem.

[3] SDGs are a collection of 17 interlinked global goals designed to be a shared blueprint for peace and prosperity for people and the planet, now and the future



1.3 DATA COLLECTION

In line with these principles, the study adopted a participatory mixed-methodological approach that combined different data gathering techniques.

These included a community survey questionnaire, FGDs and KIIs. Data collection was conducted in five provinces, namely Bulawayo, Matabeleland North, Matabeleland South, Masvingo and the Midlands.

SAMPLE

The community survey was the main data gathering tool for quantitative data collection. A sample of 422 individuals was used for the study. Of these participants 55% identified as female, 44.6% as male, and 0.4% as other). The sample size calculation used a 95% confidence level ($\alpha=0.05$), a relative precision of 5%. The formula used assumed that the population is infinite (i.e., very large) in comparison to the sample. So, no finite population correction factor was necessary. The team adopted an all-inclusive approach with regards to gender and people with disabilities in recruiting participants for the study.

A total of 10 FGDs were conducted in each district of Bulawayo, Lupane, Tsholotsho, Binga, Hwange (Mat North), Gwanda and Plumtree (Mat South) and Gweru and Kwekwe, (Midlands). FGDs were mixed in terms of gender and there was a total of 15 individuals in each FGD. A total of 22 KIIs were conducted with different participants across the districts. These included five religious leaders/pastors, three representatives of Community-Based Organisations (CBOs), four media workers, four community health workers (CHWs) and six government officials.

The KIIs were selected based on the leadership positions they hold, their availability and their understanding of the COVID-19 information flows and dynamics at community levels and the specific ways in which they affected the youth.

The study adhered to strict ethical guidelines. The purpose of the study was explained to potential participants after which they were invited to participate in the study. Participation in the study was voluntary, on the basis that participants were fully informed and understood the purpose of the research. Names of participants and any identifying information are not published in this report.

1.4 LIMITATIONS TO THE RESEARCH

The research team failed to access KIIs in certain locations due to political interference. For instance, a scheduled FGD had to be cancelled in Bulilima district due to a political rally being held near the venue and FGD participants were compelled to attend the rally instead.

While FGD attendance was dominated by women, men were more vocal during the discussions with females shying away from contributing. Although the sample was representative of gender categories the data collected is dominated by male voices. Valuable insights pertaining to gender and information were, however, gathered and are discussed in the report.

INFORMANTS	COLLECTION TOOL	SAMPLE	SPECIFICS
Individuals and communities	FGDs	10	Community members in the selected districts aged 18 years to 35 years, in rural and urban areas
	Survey	422	
CBOs, Informal Representatives and Leaders	Interviews	5 religious leaders, 3 CBOs and 4 CHWs	Community Working Group on Health (CWGH), Pastors, Traditional healers
Government Authorities	Interviews	4	Representatives from Ministry of Health (MoH), Information, Head of COVID-19 response, Ministry of Youth
Media	Interviews	6 Government officials	Media representatives at the national and subnational level

Table 1: Showing study sample in the IEA



2. COVID-19 INFORMATION SUPPLY LANDSCAPE

This section details information on the COVID-19 information supply landscape in Zimbabwe. Drawing from a desk review that involved the analysis of secondary sources, the section outlines media institutions and the digital media landscape as well as legal and regulatory framework governing information flows within the country.

2.1 TRADITIONAL OR “LEGACY” MEDIA LANDSCAPE

Media institutions operating in Zimbabwe are divided between privately owned and state (government-owned and controlled) enterprises (Zirima, 2020). The Government of Zimbabwe (GoZ) has control over two of the largest media companies in the country, Zimbabwe Newspapers Group (1980) (Zimpapers) and the sole public broadcaster Zimbabwe Broadcasting Corporation (ZBC).

NEWSPAPERS

Zimpapers is the largest diversified media company. It publishes 11 newspapers and three magazines, with interests in commercial printing, radio and television broadcasting. Owing to its huge business profile and market reach, Zimpapers dominates the private media sector; other publications have only a small market in comparison. Other newspaper publishers include Associated Newspapers of Zimbabwe (ANZ) which publishes three newspapers and Alpha Media Holdings (AMH) which publishes two newspapers (Media Monitors, 2020).

There is wide newspaper readership in Zimbabwe, especially in urban areas of Harare and Bulawayo attributable to high literacy rates. Due to distribution challenges, poverty and lower literacy, newspapers are

less readily available in the countryside, where radio is the main source of news. As of August 2019, Zimbabwe had 116 registered newspapers, according to the Zimbabwe Media Commission (ZMC). Of these, 33 were confirmed to be in circulation and available in hard copy.

TELEVISION

The ZBC is the sole public broadcaster owned and controlled by the state, with four national radio stations, two regional radio stations and one national television station. ZBC has a monopoly over terrestrial television and currently holds two television licenses, although only one television station, ZBC TV, is functional it is widely perceived as biased and largely serving the interests of the governing party, ZANU PF. ZBC’s lack of credibility is evidenced by the fact that most Zimbabweans prefer to

watch foreign television broadcasts via satellite and/or rely on social media or alternative broadcasts for news and current affairs (GeoPoll Survey, 2019). Most ZBC radio programmes are broadcast in Shona, which is spoken by over 75% of the 15,1 million people in Zimbabwe.

A significant proportion of ZBC’s content is broadcast in English, the official government and business language. Some programs are also broadcast in Ndebele which is spoken by an estimated 20% of the people in Western Zimbabwe, and 5% of the radio programming is in other minority languages that include Tonga, Nambya, Xhosa, Venda, Tswana, Shangani, Sotho, Ndau, TshwaoKalanga, Chewa, and Chibarwe.



RADIO

Radio is the main source of news and information in Zimbabwe, particularly in rural areas. It is estimated that one in every 12 inhabitants in the country owns a radio set, totalling one million radio sets. There are two national commercial radio stations, and 10 provincial commercial radio stations whose listenership is confined to major towns and cities. Additionally, there are 14 licensed community radio stations, eight of which are part of the Zimbabwe Association of Community Radio Associations (ZACRAS).

Radio Zimbabwe has the widest reach with 739,000 listeners on average over a given 2-hour period during the week, followed by National FM and Star FM (Internews, 2021). All radio stations have similar programming trends, with a clear focus on entertainment and music.

Local content quotas as set out in the Broadcast Services Act (BSA) Chapter [12:06], stipulate that all radio stations dedicate 75% quota for Zimbabwean music every week during performance period, 10% quota for music from Africa every week during performance period and 10% of total programming broadcast to be in national languages other than Shona and Ndebele.

2.2 THE BUSINESS ENVIRONMENT

The national media in Zimbabwe generally operates in a depressed economy and faces enormous challenges in mobilising financial resources for everyday operations due to the unfavorable macroeconomic environment in the country. Low business for the media is compounded by declining newspaper copy sales as readers migrate to online platforms and a slump in

advertising as businesses do not have budgets for sustained advertising campaigns. Although state-owned and controlled media face the same economic challenges as privately owned media, the impact of these challenges is not as severe because they are funded through state coffers via the Ministry of Information, Media and Broadcasting Services (MoIMBS).

State-funded mainstream media are better positioned when compared to independent media because they have significant readership and viewership, which means they can attract significant advertising revenue from state run parastatals, private sector businesses and government. Economic challenges faced by alternative media force them to seek additional funding through grants from Western donors and Non-Governmental Organisations (NGOs). In cases where donors are unable to give a cash injection, they provide material support in the form of newsprint or other technologies that aid news work processes. Independent media in Zimbabwe also receive funding from sympathetic local businesses and tap into funding of professional associations such as the Voluntary Media Council of Zimbabwe (VMCZ).

The Zimbabwean government imposed national lockdown on March 21, 2020, to curb further spread of COVID-19 and this resulted in the closure of most government institutions except the health sector and uniformed forces enforcing lockdown regulations. As part of the lockdown measures, Zimpapers suspended operations of its smaller publications to avoid making losses and to preserve newsprint. Consequently, 53% of Zimpapers' employees were sent on compulsory leave.

Independent media organisations, already struggling due to the unfavourable economic environment, chose to either retrench staff or put them on forced leave as part of lockdown measures.



The AMH group, which positions itself as an alternative to Zimpapers, announced that it had stopped its printing press and would instead produce e-paper versions of its publications. During the lockdown, the state continued with its repression of the media by targeting journalists from private media in their line of duty. At least five journalists from private media were beaten, arrested and harassed by law enforcement agencies in the name of enforcing COVID-19 lockdown regulations thus barring them from executing their duties. Government also introduced regulations prohibiting the publication and communication of fake news concerning COVID-19 that attracted a jail term of up to 20 years. The Media Institute of Southern Africa (MISA) filed a court application challenging the arrests which resulted in a High Court ruling ordering Police to stop arrests, detention or interfere in any unnecessary way with the work of journalists.

2.3 LEGAL AND REGULATORY FRAMEWORK

Since 2002 the state used repressive legislation to disrupt and muzzle the the private media outlets that often published alternative political views and narratives on the country's economic and political problems. The Access to Information and Protection of Privacy Act (AIPPA, 2002) was the main statute used to regulate journalism and media practice whereas the Public Order Security Act, (POSA, 2002) was used to limit political freedoms of association and communication of falsehoods or undermining the authority of the President. AIPPA was used to close several privately owned and independent newspapers such as the Daily News, The Weekend Times and The Tribune. The Daily News was the target of two bombing attacks which they reported as the “work of a desperate state”, something that had a crippling effect on their operation, before subsequently shutting down in 2003 due to failure to meet registration requirements stipulated by AIPPA, 2002 (Moyo, 2005).

The selective application of repressive laws that were not yet aligned to the Zimbabwe Constitution of 2013, which provides for freedom of expression and the media, made the need for media law reforms urgent. Draconian provisions in the Criminal Codification Law Act (2004) undermine the rights to freedom of expression and the media through archaic provisions on criminal defamation, prohibitions on publishing or communicating false statements prejudicial to the State and criminalising criticism of the President.

Other laws that have the potential to constrain journalism include the Interception of Communications Act (2007) which empowers the Ministry of Information, Communication Technology, Postal and Courier Services to lawfully intercept and monitor certain communications during their transmission in Zimbabwe. This contradicts constitutional provisions on the rights to privacy, freedom of expression that includes the right to seek, receive and impart information and ideas.

The Cyber Crimes and Cyber Security Act (2017) may expose journalists to digital surveillance, limit internet freedoms and deter alternative media that are digitally native. Apart from its problematic provisions, other human rights organisations have praised provisions that seek to stem hate speech and cyber bullying. The successful media reform processes have resulted in AIPPA (2002) being replaced with the Freedom of Information Act, the Protection of Personal Information Act, and the Zimbabwe Media Commission Act while the Public Order and Security Act (POSA, 2002) has been replaced by the Maintenance of Peace and Order Act (MOPA). As a result, there have been relaxed rules controlling the media space, manifesting in the increase in the number of operating media organisations.

Although media reforms are welcome, there is public scepticism that reforms are being deliberately delayed by the legislature.

There are also fears that the ‘New Dispensation’ is not genuinely committed to democratic reforms so that the new bills are nothing but cosmetic changes of the previous draconian laws. In the post-Mugabe era, in as much as the state has put into motion media law reforms, there have been cases of journalists’ harassment through arrests, denial of bail resulting in prolonged detention in prison even under non-existent laws.

Some milestones observed in media reforms risk being undone with developments such as the Private Voluntary Organisations (PVO) Amendment Bill which was gazetted in 2021. The PVO Amendment Bill, which was passed in parliament in December 2022, may lead to greater regulation of NGOs if enacted, allowing for targeting of NGOs that may be perceived as anti-government with more scrutiny and oversight by the government, including interference with the internal governance of the NGOs. This could muzzle the work of civic society and negatively impact the operations of the media, and freedom of expression ahead of Zimbabwe's 2023 general elections (MISA, 2021). The gazetting of the PVO Amendment Bill also came against the backdrop of Zimbabwe's slip in the Reporters Without Borders (RSF)'s 2021 media freedom rankings. Zimbabwe ranked 130 out of 180 countries in the World Press Freedom Index 2021, a drop from the 126th place ranking (RSF, 2022) in 2020.





2.4 DIGITAL MEDIA LANDSCAPE

Almost all national media outlets have some form of online presence, such as websites and social media pages. The most common social media platforms used by these national media outlets are Facebook and Twitter which enable audiences to provide feedback on published content and engage in peer-to-peer discussions. Digital platforms are increasingly common because they democratise the communication process allowing anyone to be a producer of content and allowing the free flow of radical thoughts and counter hegemonic discourses. The state, however, continues to monitor online content that is critical of the government's shortcomings.

In 2019, government ordered a total internet shutdown over a five-day period from January 14 to January 18 to prevent the use of social media (WhatsApp, Twitter and Facebook) for organising mass protests, in response to a government decision to increase fuel prices by 150%. Internet shutdowns, censorship and continued surveillance of online platforms pose a threat to democracy and human rights, in particular the right to seek, receive and impart news and information. A report by RSF further asserts that the media in Zimbabwe involves. "surveillance, threats, imprisonment, censorship, blackmail, abuse of power and denial of justice, brought to bear to keep firm control over the news".

While digital and social media platforms have notably transformed and expanded at a 4.2% average increase yearly, their usage have been greatly impacted by prevailing the socio-economic milieu in the country (Stat counter, 2022). Zimbabwe experiences frequent electricity outages, a poverty rate of 83% (DataReportal, 2022), and high data tariff charges, which heavily impact access to online and digital platforms. These conditions are particularly dire among rural populations. Close to 1.3 million people in the country, on average, use social media, which is a proportion of 8.7% of the total population (DataReportal, 2022).

On December 3, 2021, Zimbabwe enacted the Data Protection Act which relates to cybersecurity and cybercrimes. The objective of this Act is "to increase data protection in order to build confidence and trust in the secure use of information and communication technologies by data controllers, their representatives and data subjects".

In the COVID-19 framework where countries worldwide are collecting sensitive data including health data of individuals, the Act came at a time when the value and focus on data protection became pertinent. Although this might be a well-intended legislation, it may be a ploy to consolidate the state's desire to regulate and control information flows that occur on the cyberspace in the name of data protection.

The most accessed social media platform is WhatsApp. A survey conducted by Zimbabwe National Statistics Agency (ZimStat) and Postal and Telecommunications Regulatory Authority of Zimbabwe (Portraz) in 2020 estimated that smartphone ownership was at 5.5 million and that approximately 3.7 million individuals in Zimbabwe used WhatsApp (DataReportal, 2022).

2.5 ROLE OF RELIGIOUS LEADERS AND INFLUENCERS

In recent years, Zimbabwe has witnessed the growing influence of religious organisations and leaders, particularly Christian Pentecostals and African Traditional Religion (ATR), commonly known as the Mapostori Sects. The influence of these institutions and leaders spans political, economic and social spheres and they play a significant part in the information ecosystem due to their huge congregations and the free publicity they receive on national media. Some religious leaders use social media to further their reach and profile; in 2016, Pastor Evan Mwarire of the #ThisFlag movement became an internet sensation when he agitated for accountability from the state and demanded better living conditions for Zimbabweans.

An Afro Barometer survey (2021) estimated that 78% of the Zimbabwean population trust religious leaders, highlighting the impact and level of trust people have in them.

In the context of public health crisis, some leading religious leaders have stirred controversies by making claims about their healing powers or the origins and causes of some diseases. Prophet Magaya courted controversy when he alleged that some of his concoctions and “holy oil” named ‘Aguma’ could treat HIV and AIDS. Prophet Emmanuel Makandiwa initially contributed to COVID-19 vaccine conspiracies by claiming that his congregation was divinely protected from the pandemic. He further fuelled vaccine hesitancy as he warned his congregation against the “mark of the beast” which could allegedly be brought forth through vaccinations. However, in July 2021 he then publicly made a U-turn and urged his congregants to take up vaccines as they were not the “mark of the beast” he had previously alluded to.



Influencers, who have served as trusted sources of verifiable information, play a pivotal role in mediating information on COVID-19 and have grown beyond the religious spheres. Notable personalities such as Hopewell Chin’ono, an investigative journalist, uses his huge following for his anti-corruption campaigns, especially on the effects of corruption on healthcare and social services. At the onset of the COVID-19 pandemic he highlighted how deficiencies within the healthcare sector, government shortcomings and the country’s economic decline would adversely impact the country’s readiness and ability to tackle the pandemic.

Bizarre statements on COVID-19 by the country’s Minister of Defence, Oppah Muchinguri, in mid-March 2020 served to epitomise the ignorance of the ruling elite about the virus, creating fertile conditions for chaotic policy responses to the pandemic and arguably misclassification of COVID-19 related deaths in Zimbabwe. The Minister claimed that the virus was God’s punishment on Western powers for imposing economic sanctions on Zimbabwe (Ndlovu & Sibanda, 2021). The Permanent Secretary for Ministry of Information, Publicity and Broadcasting Services, Nick Mangwana’s Twitter handle serves as an official government source for disseminating credible COVID-19 information, but due to his ruling party affiliation, responses have only resulted in the platform being clouded by cynicism and criticism. Edmund Kudzayi, a journalist who commands a large following and disseminates news through his Kukurigo News Network on WhatsApp, has served as an influential but not a trusted voice on COVID-19 and has consistently questioned the efficacy of vaccines while promoting other treatment regimes. His link and bias towards ZANU-PF have led to him being mistrusted.

The use of social media during the COVID-19 pandemic has proved to be a crucial communication tool for information generation, dissemination, and consumption. The lockdown

and restricted movement resulted in the amplified spread of information on social media platforms and digital platforms, therefore religious leaders and political/social influencers became an integral part of information networks and awareness in communities.

2.6 MEDIA AND JOURNALIST ASSOCIATIONS

The ZMC is a media regulatory body whose function is to uphold, promote and develop freedom of the media, enforce good practices and ethics, and to promote fair competition and diversity in the media.

The VMCZ, on the other hand, is a professional self-regulatory body established in 2007 by Zimbabwean journalists and other stakeholders in civil society who subscribe to principles of media freedom, accountability, independence, and ethical journalism. The council’s mission is to promote a strong and ethical media that contributes to a more democratic and just society within policy and legal environments that facilitate growth and development of independent, pluralistic, and free media.

ZACRAS, on the other hand, is a membership-based non-profit association established in 2003 to promote community radio interests. The formation of the association was premised on the need for a unified national advocacy platform for community radio initiatives (CRIs) and activists, seeking both democratisation of broadcasting and media related laws as well as lobbying in the public interest for urgent licensing of community radios.

The Broadcasting Authority of Zimbabwe (BAZ) was established by the Broadcasting Acts Services Chapter 12:06. The Act provides for the functions, powers and duties of the Authority which includes the planning, management, allocation, regulation and protection of the broadcasting frequency spectrum and the regulation and licensing of broadcasting services and systems.

2.7 MEDIA CAPACITY AND INFORMATION QUALITY

Due to limited resources, both the state-owned and independent media often do not have the capacity to reach target communities with specific thematic information on health, elections, or governance. They tend to rely on sponsored content or content produced with the assistance of civil society organisations (CSOs) that seek to reach specific audiences. Independent media occasionally receive grants from CSOs and NGOs for coverage of neglected topics such as women's and children's rights, health and hygiene. By receiving funding from Western donors and local NGOs, independent media have been demonised by the state as paid agents of regime change. While doing this, the state exalts state-controlled mainstream media as defenders of national interest which it presents as being under constant onslaught of Western neo-colonialism.

Another challenge for national media in Zimbabwe is trust. Although state-owned and controlled media are the dominant voices of the state, they are less trusted by the public because they are perceived as propaganda mouthpieces of the ruling party. Despite being mandated to serve the public interest, the state owned and controlled mainstream media have uncritical and partisan content that supports the status quo and reflects dominant discourses, current thought, or prevailing ideology of the government.

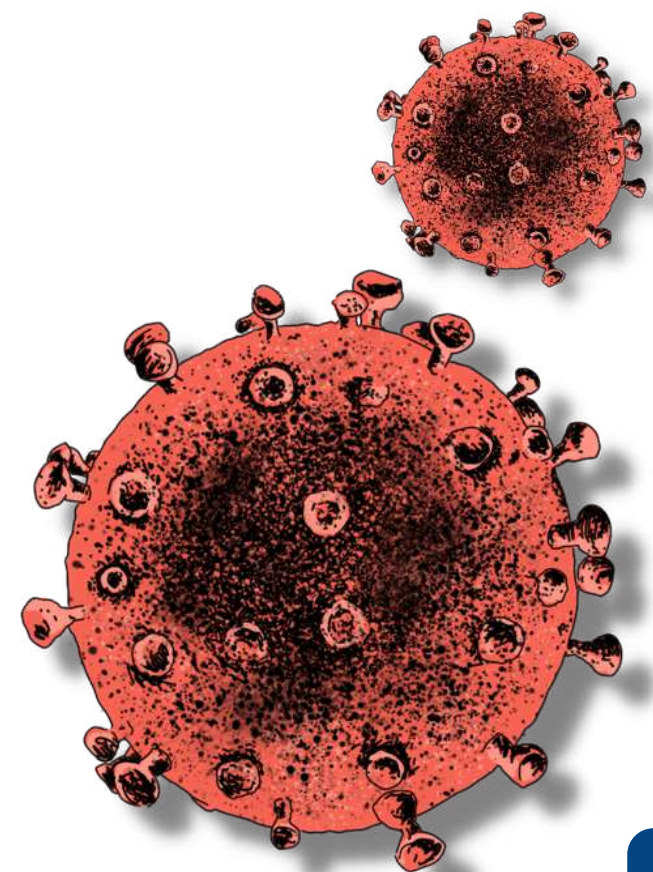
Media also suffer a credibility crisis because of blatant push for radical political change in the country. With allegations of media capture it is unclear if Zimbabwe still has vibrant independent media that can effectively challenge the status quo. A captured media cannot be trusted to defend the public's interest as it always serves the political and economic interests of those in power.

2.8 COVID-19 INFORMATION COORDINATION MECHANISMS

The Government's COVID-19 National Preparedness and Response Plan developed in March 2020 included prevention, containment and mitigation strategies. It had eight pillars consistent with the World Health Organisation's (WHO) guidelines. These consisted of the Cabinet Inter-Ministerial Task Force (TF) with eight Sub-Committees. Sub-Committee operational plans are further subdivided into two levels, Central level and Operational level, whose main mandate was to create an enabling environment for COVID-19 related field activities. Focus was directed at manning quarantine centres and indirectly covering activities aimed at ameliorating the socio-economic impact of COVID-19 such as grain distribution and cash transfer to the most vulnerable groups, as well as an Experts Advisory Committee for evidence-based guidance to the national response.

From April to August 2020, the Government of Zimbabwe appointed a media task force to the Ministry of Health and Child Care (MoHCC) to directly inform news outlets and the public of infection and death rates.

The government worked closely with humanitarian and development partners, CSOs, and the private sector to strengthen preparedness and response to the pandemic in the country. The UN International Organisation for Migration (IOM) was a key partner of the National COVID-19 taskforce, as it strengthened the capacity of national border control agencies and civil society on COVID-19 and pandemic preparedness. It also aimed to contain and interrupt the transmission of the virus particularly to migrants and mobile vulnerable populations.





3 DEFINING COMMUNITY MEDIA

This section maps the community media environment in southern Zimbabwe. This is vital as limited access to mainstream media in this area has led to the growth of community media, which seek to enhance information access and reduce media deserts. Mapping the community media environment also helps humanitarian organisations avoid duplicating media and communication-based interventions through being aware of the strengths that community media have in various localities within the five provinces targeted by this IEA.



Zimbabwe has noted an increase in community media start-ups in recent years, where communities are taking control of media and adapting new technologies to social, economic, educational, cultural, and information needs of their communities.

Community media, “encompasses a range of community-based activities intended to supplement, challenge, or change the operating principles, structures, financing, and cultural forms and practices associated with dominant media”, (Howley, 2011:2). Community media fill the void and address diverse tastes and interests of ethnic, racial, and cultural minorities that are often ignored, silenced, or misrepresented by national media.

Community media should be geographically, culturally, and contextually grounded, that is, having concrete human ties, collective identity and forging common interests with targeted communities. Community media is for the community, about the community, and by the community. They are crucial in ensuring media pluralism and freedom of expression and are an indicator of a healthy democratic society.

3.1 THE COMMUNITY MEDIA LANDSCAPE IN ZIMBABWE

Community media appear in various print, broadcast and multimedia formats. They include community radio, community television, community newspapers, independent publishing, local magazines and newsletters, participatory video, podcasting, blogs, social media and street or pavement radio. In Zimbabwe the most common forms of community media are community radios, community newspapers and online media start-ups.

3.2 COMMUNITY RADIO

Radio remains the principal medium of public communication in Zimbabwe, particularly for the rural majority. An estimated 61% of the national population listen to radio. This is evidenced by results of a GeoPoll Survey (2019)[1] conducted in collaboration with Internews, which found that 66% of 1,585 surveyed respondents had access to a working radio at household level and 75% of the same respondents had listened to radio in the past 30 days. At least 3.6 million Zimbabweans have access to a working radio set, and 85% of Zimbabweans also have a mobile phone handset, with an unknown percentage accessing radio through the handsets (USAID, 2020).

For many years, the state-owned broadcaster, ZBC, and a few other private broadcasters owned by ruling party politicians and aligned to the state have enjoyed a de-facto monopoly of airwaves despite government commitment to liberalise airwaves. However, this situation changed following the 2018 elections, with the government issuing commercial and community radio licenses in efforts to widen the public sphere. To date, Zimbabwe has 14 licensed community radio stations serving the information needs or rural populations around the country.

The RiT 2.0 project in Zimbabwe has, through its partner ZACRAS, identified and partnered with 10 Community Radio Initiatives (CRIs): Hwange FM (Hwange), Twasumpuka (Binga), 41 FM (Lupane), Ntepe-Manama (Gwanda), Radio Bukalanga (Plumtree), Zhouwane (Tsholotsho), Dialogue FM (Bulawayo), Nkabazwe (Gweru), Radio Kwelaz (Kwekwe), and Wezhira CRI (Masvingo).

A defining characteristic of these CRIs is that they were established based on their geographical locations and share content using local languages including Shona, Ndebele, Kalanga, Sotho, Shangaan, Nambya, Tonga, and Nyanja amongst others.

ZACRAS provides guidance on everyday operational issues to CRIs, including advocating for their licensing and international best practices as espoused by the World Association of Community Broadcasters (AMARC). At the time of conducting this research, only Ntepe-Manama FM had gone live on air while others that have been awarded licences (Twasumpuka FM) are yet to go on air.

Lack of broadcasting equipment, skills and office space, limitations on accessing outside funding are some of the main challenges faced by CRIs. These issues force them to use alternative methods of broadcasting with news content on their mobile phones. Some CRIs have been broadcasting through social media platforms as well as offline via roadshows, community meetings, posters, listener's clubs and sharing radio programs on USB drives with public transport operators to target passengers, also called Kombi casting. Various content sharing strategies used by CRIs are detailed below in Table 2. Mapping of CRIs only focused on those implementing the RiT 2.0 project to provide each with actionable recommendations.

A recurring challenge with community radio in Zimbabwe is a restrictive operational environment characterised by violations of rights to freedom of expression, association, and assembly. CRIs have endured police raids, detention of activists and are subjected to surveillance by state security agents, (Amnesty International, 2015) because their programming is perceived by the state to be counter hegemonic.

3.3 COMMUNITY NEWSPAPERS

The idea of community newspapers in Zimbabwe was formulated as a means of bringing news to peripheral communities and bridging the rural-urban media divide. Community newspapers seek to fill the information gap left by urban based daily newspapers which cover stories

in big cities, and in the process decentralising urban-centred mainstream newspapers to the rural communities. Most community newspapers in Zimbabwe are owned and controlled by the state through New Ziana, which runs Community Newspapers Group, the publisher of 10 community newspapers namely Masvingo Star for Masvingo, Gweru Times (Gweru), Pungwe (Mutare), Ilanga (Matabeleland South) Nehanda Guardian (Bindura), Telegraph (Chinhoyi), Chaminuka News (Marondera), Harare Post (Harare), City Courier (Bulawayo), Indonsakusa (Matabeleland North) and a printing press in Gweru.

City Courier, Gweru Times, Masvingo Star, Ilanga and Indonsakusa were of interest to this study because they circulate in the Southern region of the country where this IEA is focused. The study established that only Masvingo Star was still in circulation in the Southern region as City Courier, Gweru Times, Ilanga and Indonsakusa had temporarily stopped print due to prevailing economic challenges worsened by the COVID-19 pandemic.

FGDs with youths across 10 districts of the Southern region revealed that even if these newspapers were fully operational and in circulation, they would be unlikely to find a readership because many people now prefer online platforms. A challenge for community newspapers is lack of operational resources such as transport and newsroom equipment that forces their journalists to use personal resources to cover news stories. Chiyadzwa and Maunganidze, (2013) found that some community newspapers were using obsolete computers that slowed down newsroom operations. Community newspapers in Zimbabwe also lack audience trust. Although they target local communities and often publish in indigenous languages, their pro-ZANU PF reporting often puts off advertisers and audiences as they are perceived to be propaganda mouthpieces.

The absence of a vibrant community press in circulation has

led some local entrepreneurial journalists to launch media start-up projects that focus on hyper-local content. These usually take the form of local newspapers that circulate for free on social media and WhatsApp groups as electronic newspapers (e-papers). These e-papers are limited to the coverage of local events and community activities and are present almost in every district. Midlands province stands out as the hub of community media with a conspicuously high number of community media start-ups such as Public Eye, Midlands News, Midlands Monitor, Midlands Observer, Sun, Weekly Gazette, Jegeso (Siboniso), and Zvishavane Times, that utilise services of community reporters/ citizen journalists to report on local service delivery issues, local politics, health and environmental hazards that arise from artisanal mining in the province.

3.4 ONLINE COMMUNITY MEDIA

The internet has emerged as an effective news delivery platform and a vibrant public sphere which presents opportunities for community media to reach new audiences. Both community radio and community newspapers have leveraged social media as alternative content delivery platforms. WhatsApp is commonly used to disseminate news and information by community media in Zimbabwe. It represents a creative and technologically innovative way of storytelling that breaks away from traditional journalism. WhatsApp is being used by community media to share content in multi-media format that includes text, pictures, video and audio. Some community media outlets share their content in the form of e-newsletters, e-papers and short videos that can be easily downloaded.

Community-oriented digital news media that are accessible via online platforms in Zimbabwe include Bulawayo Bulletin, Citizen Bulletin, TellZim (Masvingo), Bulawayo24, ZoomBulletin, and iHarare. Several community media start-

ups are dotted around the Midlands province namely, Public Eye, Midlands Observer, Weekly Gazette, Jegeso (Siboniso), and Risper Media. Internet access in Zimbabwe is limited due to high costs, inaccessibility, and infrequent service. Regardless of these limitations, Zimbabwe still has a relatively high rate of internet use in Africa with approximately 4.65 million internet users in the country (DataReportal,2022).

The impact of online community news media in Zimbabwe is limited by the digital divide. Mabweazara (2010) describes the digital divide as the “asymmetrical distribution and use of [digital] technologies in Africa”. The digital divide creates the haves and have-nots of digital technologies. Those with access are usually Zimbabweans in the diaspora and the urban middle-class dwellers that access community media news websites via the internet at home, work or on their smartphones. Even though some community media in Zimbabwe have a strong online presence, their access to audiences is affected by government instigated internet shutdowns and surveillance. The state believes that social media and internet-based alternative media encourage political indiscipline and engenders the production and circulation of alternative political narratives. Poor technological infrastructure and continued surveillance of online platforms as experienced in Zimbabwe paralyses citizen participation in community media.

3.5 CHALLENGES ENCOUNTERED BY COMMUNITY MEDIA

Community media face particular challenges where democracy and the rule of law is weak or where human rights, including freedom of expression, are not respected. Conditions that favour community media are most likely achieved in a context of deepening democracy and the adoption of a public interest approach to the development of free, independent and pluralistic

media, (Buckley, Mendel, Duer, Price, & Siochrú et al. 2008). In repressive environments, community media often face difficulties on financial and legal levels due to constraints created by national media laws.

In Zimbabwe, existing laws do not sufficiently regulate community media especially with regards to their licensing and operation. The BSA, 2001 only guarantees the licensing of community radio stations, creating a need for additional legal provisions for community newspapers and online community media outlets Community media often leap from one financial crisis to another because they are not well funded as they rely on membership contributions for their everyday operations. Due to this, some of them rely on unsustainable donor funding.

In the absence of donor funding, community media often find themselves in a dire financial predicament because they do not represent an appealing target for advertisers. The challenge with donor funding is that it creates a dependency syndrome. The dependency on donor grants poses a sustainability risk for community media because “donors come and go, and their priorities can often change with little warning”, (Myers, 2018:37), and chances are high that the community’s interests may not always take priority over the donors. Internews, together with partner News Gain strives to reduce such dependency by designing training and mentoring programmes that encourage journalists and media organisations to produce their own content and operate their media entities with sound business knowledge and approaches to ensure their sustainability.





4 RESEARCH FINDINGS

The study findings are drawn from the analysis of survey data, FGDs and KII research material. These findings discuss information dynamics in communities and provide a sufficient understanding of fundamental characteristics and interrelation in dimensions of the information ecosystems. The findings focus on seven dimensions: demands (needs and gaps), dynamics of information access, trusted sources, sharing or movement of information, barriers and drivers, behaviour change, and myths and rumours related to COVID-19.

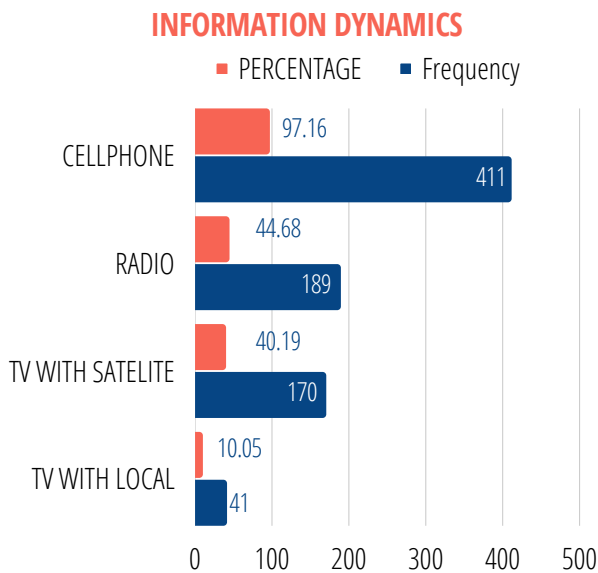


Figure 2: Ownership of assets

Asset ownership is correlated to access to information. The results from the survey show that the highest number of respondents reported to owning at least a cell phone, which attributed to 97% of the total sample. Of the total, 44% reported owning or having access to a radio and 40% have a TV with satellite connection. Only 10% had access to TV with local connectivity.

These results as well as results from FGDs indicate that cell phones have many uses as they are a means to access social media (like WhatsApp), radio, newspapers and media sites that have an online presence. Some respondents highlighted that they might not personally own radios or TVs, but they access these from their neighbours and shopping centres.

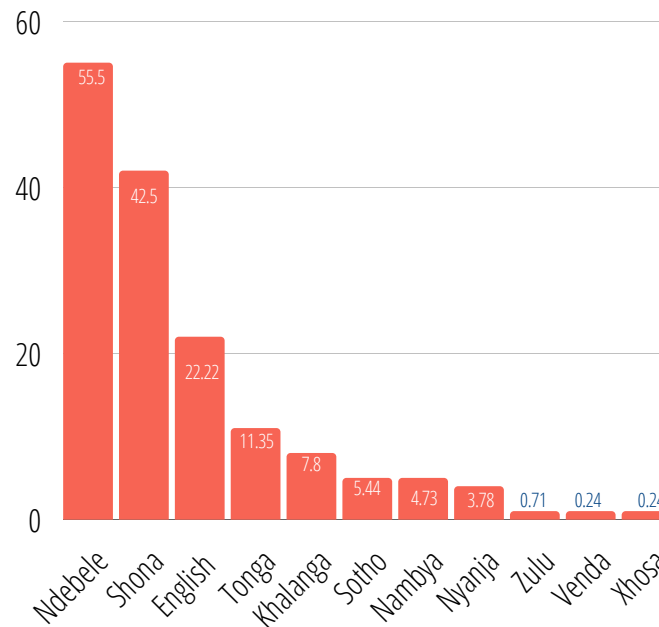


Figure 34: Preferred language in information dissemination

The majority of the respondents reported Ndebele as a preferred medium for communication, followed by Shona (42%), English (22%) and Tonga (11%). Respondents who preferred minority languages such as Kalanga, Sotho, Nambya, Nyanja and Venda accounted for less than 10% proportion of sample. This proportion of the sample represents population groups that need to be targeted and catered for so that they access information in the language they best understand. Content produced in local languages, especially for remote rural areas, is needed to have coverage that is inclusive of all population groups.

4.1 COVID-19 INFORMATION NEEDS AND GAPS

One of the research objectives was to determine community information needs of the surveyed respondents. The study suggests that a greater proportion of the sample is still lacking access to COVID-19 information, and communities believe they need more of such information. Considering that this is a new virus, knowledge and emancipation has not been fully exhausted to reach a point where community members feel confident and well informed. Only 19% of respondents were satisfied that they had enough information to meet their needs (Table 2). These responded that the COVID-19 information they received either covers most aspects or they have all the information they needed. This leaves more than 80% of the sampled respondents still in lack and needing more COVID-19 information mainly in the areas of treatment, prevention, and vaccination.

When further asked what information, they needed regarding the COVID-19 pandemic, most community members highlighted the specific information gap related to treatment (Table 3). Data from in-depth interviews further showed that understanding on vaccines as a preventative measure is the major concern and gap. One respondent explained that:

“We have been taught on preventing COVID-19, but what we still don’t understand is this vaccine, how was it manufactured so quickly and why do we still get sick even when vaccinated?”

[Female, 23. Gwanda]

Table 2: showing responses on whether participants have enough COVID-19 information to meet their needs

DO YOU FEEL YOU HAVE ENOUGH COVID-19 INFORMATION TO MEET YOUR NEED.	FREQUENCY (N)	PERCENTAGE (%)
IT DOES NOT COVER ANY / VERY LITTLE	76	17.97
IT COVERS SOME BASIC NEEDS	150	35.46
I GET THE MOST COMMON INFORMATION	117	27.66
THE INFORMATION COVERS MOST ASPECTS	53	12.53
I HAVE ALL THE INFORMATION I NEED	27	6.38

Table 3 below summarises the exact information needs that community members believed are still lacking, hence needs to be addressed.

INFORMATION NEEDS REGARDING THE PANDEMIC	FREQUENCY (N)	PERCENTAGE (%)
UNDERSTANDING	195	46.10
PREVENTION	213	50.35
TREATMENT	244	57.68
EDUCATION	136	32.15
EMPLOYMENT	132	31.20
AID/ACCESS	144	34.04
LAND	85	20.09
LEISURE	101	23.88

Table 3: Showing information needs on COVID-19

Responses from FGDs highlighted that there is near universal awareness of the pandemic as almost everyone has heard about COVID-19 or the Coronavirus pandemic. Despite awareness regarding the pandemic, community members still need more information such as prevention protocols. A grey area that emerges as a critical information need is information pertaining to Polymerase Chain Reaction (PCR) tests and COVID-19 vaccines. Youths indicated that they needed to know where to do PCR tests and why they should get a COVID-19 vaccination. Most people said that economic factors were the main motivation for getting vaccinated.

In most cases, people took a COVID-19 vaccine because it is a requirement for enrolment at college or university, for travel across the borders or to fulfil demands of potential employers. Very few people said that they took the vaccine out of a desire to protect themselves. This is evidenced by testimonies of FGD participants:

“I chose to be vaccinated because you were not allowed to attend baby clinics if you could not produce evidence that you are vaccinated. Also, at meetings called by humanitarian organisations, the community leaders wanted people who were vaccinated only. I was also a shopkeeper, and the law said all shopkeepers were supposed to be vaccinated,”

said a FGD participant in Masvingo.

“At my workplace they wanted vaccinated people only. Also, my child was learning at a private school where it was a mandate to get vaccinated,”

said another FGD participant, Masvingo.

There is primarily a need for government and health agencies, which the RiT 2.0 project supports to provide more information about PCR tests and COVID-19 vaccines. Findings from the FGDs also showed that youths had other non-COVID-19 related needs such as employment opportunities, access of basic amenities, crime-concerns in communities, drug abuse, scholarship opportunities, Sexual Reproductive Health (SRH) information and information on their communities.

Findings show that youths in Southern Zimbabwe have varied channels to access COVID-19 information and chief among these are WhatsApp, religious places, face-to-face encounters with friends and trusted people.

4.2 COVID-19 INFORMATION ACCESS CHANNELS AND SOURCES

During public health emergencies such as the ongoing COVID-19 pandemic, access to good information is a critical part of response efforts that reduce the gravity of the pandemic. Communities require access to good quality, trustworthy and relevant information to inform their health decisions.



Table 4: Access to Information

HOW DO YOU ACCESS INFORMATION	NOT AT ALL N (%)	VERY LITTLE N(%)	SOMETIMES N(%)	VERY OFTEN N(%)	ALWAYS N(%)
FACE-TO-FACE	34 (8.04)	78(18.44)	170 (40.19)	101 (23.88)	40 (9.46)
COMMUNITY EVENTS	71 (16.78)	98 (23.17)	149 (35.22)	66 (15.6)	39 (9.22)
RELIGIOUS PLACES	78 (18.44)	80(18.91)	128 (30.26)	79 (18.68)	58 (13.71)
RADIO	130 (30.73)	49 (11.58)	101 (23.88)	73 (17.26)	70 (16.55)
TV	155 (36.64)	24 (5.67)	79(18.68)	101 (23.88)	64 (15.13)
NEWSPAPER	232 (54.85)	68 (16.08)	70 (16.55)	28(6.62)	25 (5.91)
ONLINE MEDIA	156 (36.88)	48 (11.35)	80 (18.91)	73 (17.26)	66 (15.6)
SOCIAL MEDIA (FACEBOOK, TRITTER, INSTAGRAM/ SIMILAR)	137 (32.39)	60 (14.18)	90(21.28)	81(19.15)	55 (13)
MESSAGING APP, WHATSAPP	58 (13.71)	43 (10.71)	92 (21.75)	123 (29.08)	107 (25.3)

In-depth analysis from the FGDs and KIIs showed that there were several information sources for the youths including traditional media, messaging applications such as WhatsApp, face-to-face encounters, religious places, radio, social media, Village Health Workers (VHWs), government sources, local leaders, and development agencies among others. However, there is no direct correlation between access of information and the level of trust of these sources.

Social Media

Social media, especially WhatsApp, has become pervasive among younger Zimbabweans. It is the most used medium for accessing COVID-19 information as it is engaging and affordable. It allows audio, text, and video sharing between individuals and groups in real time, making it an application of choice among youths. The credibility and quality of information accessed via WhatsApp is, however, not verified, making this platform vulnerable to the spread of rumors and misinformation and access to information from outside of Zimbabwe more likely.

As the study finds, youths created WhatsApp groups with old high school friends and family members solely for the purpose of sharing COVID-19 information.

“We get the information from different WhatsApp groups. Messages get forwarded by our South African peers. These groups are formed simply because we attended the same school or because we are from the same village. WhatsApp groups are where we share all information,”

said a FGD participant, Gwanda district.

One challenge faced by youths is that not everyone has a smartphone that can connect to social media or WhatsApp, thus leaving a gap in accessing the target population group. Due to this challenge, a respondent in Lupane (Matabeleland South Province) advocated for the use of traditional media in disseminating COVID-19 information by relevant stakeholders. They noted:

“I think we need to go back to the use of fliers, written in local and indigenous language because relying on WhatsApp, SMSs, it will mean only those who have gadgets can receive the information. But, if people share fliers and posters, they can reach a broader spectrum of the community. The Ministry of Information can come up with initiatives, for example, road shows for COVID-19 awareness. People will benefit a lot because they will be part of the process.”

said a KII participant in Lupane.

Local leaders, Community structures and Community meetings

COVID-19 information is also disseminated during community gatherings. As key gatekeepers to communities, community leaders were mandated by government to convey COVID-19-related information.

Guidance from community leaders obliged every community meeting to begin with a COVID-19 awareness session. At the height of the pandemic, all community gatherings such as funerals, church services, food distributions, and dip tank services, were preceded by a COVID-19 awareness session.

Schools also used to relay COVID-19 information which children cascade to their family members. Most youths stated that they are affiliated to Christian organisations which in turn gave local religious leaders influence on young people as their trusted spiritual guides.

One respondent who is also a religious leader highlighted the importance of delivering well researched information on COVID-19 and dispelling rumours related to COVID-19 vaccinations as a mark of the beast. In Masvingo, participants gave examples of leaders from the Apostolic sect (Madzibaba) who had called on congregants to report to the shrine if they suspected any COVID-19 symptoms, as they claimed they could cure them. It therefore meant that faith healers served as the first port of call for disease curing and natural healing.

“Our Madzibaba here has instructions on curing COVID-19, we go to the shrine with lemons, oil and salt, this has helped a lot of people.”

said a Female, 30 years, Masvingo.

The challenge with using local leaders and community meetings to deliver COVID-19 information is that they hold irregular meetings, mostly once a month. This meant that community members often lost track of the country's COVID-19 response plans and lockdown updates. This was revealed by a seemingly frustrated respondent in Hwange:

“We only wear face masks when called for a community meeting like this one you have called. We do not even know if the COVID-19 pandemic has come to an end or not. We don't know what level of the lockdown we are in, the number of deaths, and those in quarantine. In real terms we no longer wear masks due to the absence of information that guides us on the prevention protocols.”

FGD participant, Hwange.

Another youth expressed disappointment in relying on local leaders to deliver COVID-19 information.

“I don't trust community leaders because they twist some of the information. I would prefer the first source of information. Some of the leaders don't even believe that Corona is there.”

FGD participant, Lupane.

Local community structures such as residential associations in urban areas complemented the supply of COVID-19 information. Apart from disseminating information on service delivery issues such as water, sewer systems and health, residential associations in Plumtree, Gweru and Masvingo urban used loud hailers to disseminate COVID-19 information.

In most of these cities, a fire engine sounding a siren was used to attract the attention of residents whilst disseminating COVID-19 preventative protocols and lockdown restrictions. The challenge of using community structures such as residents' associations to disseminate health information is that these structures are politicised. For example, opposition councilors often struggle to get police clearance to gather people for community meetings or to use the town hailer to disseminate messages about COVID-19.

An additional challenge of using community meetings is that youths are not always willing to attend. Youths have their own pursuits, and they perceive attending and participating in local community meetings as non-profitable. This often results in conflict and apathy in community development as their interests are incompatible with those of the elderly. A government authority said the youth's disinterest in community development and public health matters was due to unemployment which had made them 'hopeless':

“The youth are hopeless. They they've lost hope. Usually, they don't believe whatever you say to them. These days they are...into drugs. So, they don't care about COVID-19. They are indifferent and have no time to attend awareness meeting.”

Gweru Local Leader.

Communities in Kwekwe and Gweru raised concern and worry over drug abuse involving the use of Mutoriro, (Crystal methamphetamine) among the youths which seem to have been heightened by lockdowns as children were idle with schools closed.

Adverse effects have been felt by parents as children, under the influence of these drugs, behave wildly while some end up with mental disorders or commit suicide. During an FGD in Kwekwe, one of the participants sadly related a suicide case in the community believed to have been closely related to substance abuse.

Face-to-Face / Word-of-Mouth

Word-of-mouth is a powerful information dissemination tool because people are likely to believe and trust information provided to them through first-hand experiences. In remote areas, people who travel to the nearest business centre for leisure are often relied on to bring the latest news and information about COVID-19. Some youths attested that they shared, through word-of-mouth, information they obtained on social media platforms with family and neighbours.

“I often share by word-of-mouth new information that I obtain on the internet or social media with my family and neighbours. Most of the time the information will be on how to prevent COVID-19 and on home remedies. I also share the same information on WhatsApp with my distant friends and relatives.”

FGD participant, Lupane.

Communities around the targeted areas are small and it is easier for information to spread from one person or one household to the next through word-of-mouth. Given that youths often rely on face-to-face communication, they do not access information timeously as the information is distorted through constant sharing.

Radio and Television

Radio and TV emerged as some of the traditional media that youths in the Southern region use to access COVID-19 related information. Although these were commonly used, it must be noted that in most cases news and information received was from foreign channels accessed through satellite technology. A common challenge with radio and TV access in the Southern region is limited reception due to poor technological infrastructure.

In hard-to-reach areas of the region such as Binga, Tsholotsho, Lupane, Gwanda, Bulilima and Mangwe there is hardly any radio and TV reception signal. Lack of electricity and alternative energy solutions add to the difficulty of accessing local radio and TV. In Matabeleland South districts of Plumtree Town, Bulilima, Mangwe and Gwanda, youths rely on foreign sources of information such as radio station from South Africa and Botswana namely Gaborone FM 89.9, Phalaphala FM and RB2 station. The information accessed is therefore in some cases irrelevant to the local context and adaptation could further impinge on government efforts to fight the pandemic. A case in point is the relaxation of face masks in neighbouring countries that led to masks fatigue among individuals in the study sites without considering prevailing statistics and health protocols in place in Zimbabwe.

In different FGDs, participants expressed that they did not trust the national broadcaster hence their preference for foreign broadcast stations. A youth from Plumtree town said it was better to stay tuned to Botswana radio stations than to have no radio to listen to at all. He added that since COVID-19 was a global pandemic, it followed that content from foreign stations was relevant, so he listened to radio broadcasts from Botswana.

An advantage with radio broadcasts from Botswana is that they used familiar Kalanga and Setswana languages which Plumtree communities speak. Apathy towards local broadcast stations is due to poor quality content, lack of content diversification, low audience ratings, lack of public trust, lack of comprehensive programming in marginalised indigenous languages and failure to cover all corners of the country. This was expressed by one participant in an FGD in Plumtree:

“We also yearn to be aware about local happenings on ZBC news broadcasts. However, they do not broadcast anything about Plumtree, it’s all about Harare.”

FGD Participant, Plumtree.

In general, elderly people have ownership of radio and TV which enabled them to access (with varying success depending on the strength of the connectivity) the national broadcast channels such as Radio Zimbabwe and the foreign station Studio 7. Youths prefer to own mobile smart phones which allow them access to multimedia functions. Lack of ownership of radio did not deter youths from listening to radio.

“Youths in Plumtree do not have radios unless if we try accessing radios with our mobile phones. I get COVID-19 information from Studio 7. My neighbour listens to that channel hence I also get my news there. However, WhatsApp is my preferred media platform to receive news and information. It is easy for our friends to share correct or inaccurate information on WhatsApp.”

FGD participant, Plumtree Town.

Although some areas in the Southern region have good TV and radio reception and a significant number of youths have access to both at household level, such access does not necessarily translate to viewership and listenership of both mediums.

This is due to limited time youths have to engage with radio and TV content as they are always on the move in search of economic opportunities or occupied with some income generation activities. In places like public transport ranks and business centres where youths usually spend most of their time, the environment is noisy and hardly allows one to listen to radio or to view TV.

Newspapers



Youths in the study area rarely referred to newspapers as a source of information. This is because newspaper circulation is limited to major towns and cities of Bulawayo, Gweru, Gwanda town, Plumtree, Hwange and Masvingo.

In strictly rural parts of the study area there are no newspapers in circulation due to distribution challenges such as poor road network. Low rates of employment and high levels of poverty among youths inhibit them from buying newspapers and has led some to online platforms to access news and information. This was expressed by one FGD participant in Plumtree:

“People rarely buy newspapers save for a few learned old pensioners. As youths we do not buy a newspaper unless there is a job advert, I am interested in. With the advent of internet, we are now able to surf the net for news using our mobile phones.”

FGD Participant Plumtree.

If by any chance they had access to newspapers it would be an outdated copy brought home from the nearest town by a literate pensioner.

Community Health Workers

Research participants revealed that CHWs (hitherto known as Village Health Workers) were another source of health information. CHWs are part of COVID-19 rapid response teams that operate at village or community level. CHWs are an enduring community-based structure of the MoHCC that focus on disease prevention and provide community care at the primary level in rural and peri-urban wards, where they serve as a key link from the community to the formal health system.⁴

Their role is to spread awareness on health issues including COVID-19 at village level and raise alerts whenever there are suspected cases. They highlight health concerns to authorities and where necessary they increase community awareness to health issues.

Although their work is quite visible on the ground, transport for travel during awareness campaigns remains a challenge.

One of the CHWs interviewed in Kwekwe shared how they provided information:

“We do COVID-19 outreach programs, teaching people to sanitise, mask up and practice social distance. We even attend mass gathering such as funerals to educate people about COVID-19. In the case of a funeral wake, we would insist that the mourners be limited to 10 people. Instead of crowding the house, the rest of mourners are required to gather outside in an open space. We also put washing basins and hand sanitisers at strategic points of the homestead where there is a funeral wake.”

CHWs awareness campaigns on COVID-19 capitalised on every public gathering. For example, they would spread COVID-19 awareness messages at schools, waterpoints and ward meetings organised by the local leadership. The role of CHWs was more pronounced during the peak of the pandemic.

During this period CHWs discouraged mass gatherings and hand shaking during funerals, a standard practice in the local culture known as (Kubata Mawoko-pay their respects). CHWs attested that they faced mixed fortunes in raising community awareness on COVID-19. In Masvingo, CHWs said they faced challenges in reaching out to members of the Vapostori sect due to their religious beliefs which do not embrace modern science and medicine. Members of the Vapostori sect often disregarded awareness sessions because they viewed the pandemic as an anti-Christ hoax.

Government Departments

Information on COVID-19 was a critical element of the Government's public health response; as such, various government ministries and departments amplified the pandemic information already provided by the MoHCC and Ministry of Information, Publicity and Broadcasting Services.

The MoHCC is the primary government source of information on COVID-19. Some youths said they relied on government departments such as public health centres to provide the latest information on the pandemic. With support from local humanitarian and development partners and the private sector, government departments such as Zimbabwe Republic Police (ZRP) and local authority structures such as the District AIDS committees (DAC), District Development Councils Water and Sanitation Sub Committees (DWSSC) provided COVID-19 information and participated in awareness campaigns.

“We are conducting health education on COVID-19 in our communities especially on the mode of transmission, people should be aware of droplet infection and that they should put on masks, sanitise, practise social distancing, minimise movements as well as developing early health seeking behaviour such as visiting their local health workers to test on COVID-19.”

MoHCC worker, KII, Gwanda

A government official from the Ministry of Youth, Sport, Arts and Recreation said they were also involved in COVID-19 information dissemination as part of a broader public health awareness programme that targets youths with information about HIV and AIDS, Malaria and recently COVID-19. The official said they disseminated COVID-19 information using a variety of edutainment methods that had the potential to grab the attention of the youth and pull large crowds.

“We primarily use community health clubs to increase community awareness of the COVID-19 pandemic. Community awareness campaigns by health clubs often use drama, poetry and music. We also use sport to spread awareness of pandemics because sports draw a lot of community attention. Sport galas have been effective because we take advantage of the large gathering to spread awareness of the pandemic.”

[4] Zimbabwe's Village Health Worker program (chwcentral.org)

Government departments encounter challenges in effectively spreading information about COVID-19. These challenges include lack of human and capital resources to design and implement Risk Communication and Community Engagement (RCCE) activities. This was elaborated by a government official:

“What is sad is the lack of resources to do outreach programs, cause as it is we are seriously understaffed at Ward level, so which means several Wards do not have officers to spread this information to the community. As a country we do not have enough financial resources to test everyone let alone adequate quarantine centres that can help us bring the pandemic under control.”

KII Binga.

Despite government departments providing COVID-19 information, youths were sceptical of the information coming from them.

“With the emerging new variants, it is hard to rely only on government hospitals as a source of information because they don’t have enough capacity and knowledge of the pandemic. When a new variant comes it is better to Google its characteristics than to say government will inform you about (it) because they will also be trying to familiarise themselves with the new phenomenon.”

FGD participant Plumtree.

This was, however, contradicted by a youth from a different district who esteemed government as valuable sources of information:

“I go to clinics as they will provide accurate information and they are equipped to do so; the data will be scientifically proven.”

FGD participant Plumtree Town.

Development Agencies

Development agencies that include local and international NGOs implementing Water Sanitation and Hygiene Project (WASH) interventions such as Welthungerhilfe in Gweru, Care International in Masvingo, partners under the USAID funded Amalima Loko in Binga, Hwange, Lupane and Tsholotsho also provided information about COVID-19.

Satellite TV and International news agencies

Due to limited access to national media, youths in the target area often rely on radio and TV broadcasts from foreign countries. Most youths in the targeted research area have lost trust in local information sources, particularly state-owned news agencies. More so, most communities in these provinces do not have access to local media. These factors explain why there continues to be consumption of information from international information sources as they are deemed credible and are sometimes accessible to most. A youth from Gwanda thus noted:

“We get updates about COVID-19 from South Africa and Botswana news broadcasts via satellite. We do not know what is happening locally. We always assume that whatever COVID-19 situation obtains in South Africa applies to us. If South Africa is at alert level 2 it follows that we are also at the same alert level because we get the alert level cues from South Africa. Our authorities have no capacity to deal with COVID-19 they simply copy the response strategy in South Africa. For that reason, it’s better to listen and abide to COVID-19 regulations that come from South Africa via satellite TV.”

Female youth, Gwanda

Other sources of COVID-19 information that youths mentioned during data collection include SMS broadcasts from service providers such as Econet, a mobile service provider with approximately 12.4 million subscribers, that send subscribers regular SMS updates on COVID-19. This underscores the centrality of the mobile phone as a technological enabler that facilitates the receiving of news and information about COVID-19 from a variety of sources.

4.3 TRUSTED SOURCES

Trust in health information is critical in the overall effectiveness of public health response, governance and social cohesion. Data from the community survey were collected pertaining to the sources that are trusted to deliver credible health information. Findings from the community survey showed that sources with the highest proportion of trust are VHWs and NGOs, while the least trusted sources are religious/faith leaders and community leaders.

The highest proportion of survey respondents have absolute trust in VHWs (32%) and NGOs (23%). VHWs undoubtedly play a unique bridging role in advancing community health, representing an intermediary between community members and the health system.

Their strategic position as being embedded and drawn from the community increases the level of trust in them. Responses from FGDs and interviews showed that they were viewed as having the latest information and statistics about COVID-19 which they obtained from MoHCC and various development agencies that they network with. However, the effectiveness of VHWs as a source of information is often crippled by transport challenges and other resource constraints that incentivise their community outreach programs.

As a result, community COVID-19 outreach programs by CHWs are limited to the nearest and most accessible communities. Some respondents reported to have “good trust” mostly in international media, NGOs, government authorities and family or friends. Respondents, however, highlighted that some content in the government media is not to be taken at face value because of the propaganda history.

However, they mentioned that educational material especially on health issues could be trusted. Participants in the FGDs also highlighted other factors that influenced the level of trust in information included hearing the same message from various sources, formal written documents with an official stamp as well as the news coming from a foreign source.

Community members also highlighted that the level of detail and formal presentation of information contributed immensely to making a source trustworthy. In cases where medical personnel and health officials have been involved, the disseminated information was generally viewed as credible and authentic as these individuals and the health institutions they present are viewed as experts in the COVID-19 or any health-related matters.



Table 5: Trusted sources of COVID-19 information

TRUST	NO TRUST AT ALL	VERY LITTLE TRUST	PARTIAL TRUST	GOOD TRUST	ABSOLUTE TRUST
Friends	30 (7.11)	59 (13.98)	114 (27.01)	175 (41.47)	44 (10.43)
Village Health workers	8 (1.9)	18 (4.29)	43 (10.23)	216 (51.43)	135 (32.14)
Religious leaders	34 (8.06)	74 (17.54)	102 (24.17)	162 (38.39)	50 (11.85)
Community leaders	23 (5.45)	76 (18.01)	124 (29.38)	170 (40.28)	29 (6.87)
Local Gvt officials	16 (3.8)	52 (12.35)	113 (26.84)	191 (45.37)	49 (11.64)
National Gvt authority	12 (2.85)	49 (11.64)	102 (24.23)	177 (42.04)	81 (19.24)
NGO's	11 (2.61)	23 (5.46)	88 (20.9)	202 (47.98)	97 (23.04)
International media	25 (5.92)	53 (12.56)	86 (20.38)	208 (49.29)	50 (11.85)
Government media	27 (6.4)	71 (16.82)	81 (19.19)	176 (41.71)	67 (15.88)
Community media	24 (5.71)	51 (12.14)	112 (26.67)	180 (42.86)	53 (12.62)

Traditional leaders such as village heads, headsmen and chiefs were other trusted sources of information in communities. Youths trusted COVID-19 information from traditional leaders because the leadership had ordained powers that earned them respect. However, some youths said they did not entirely trust information from elderly traditional leaders because they were not always attuned to latest developments pertaining to the COVID-19 pandemic that could be found online. Youths in Hwange district argued that due to illiteracy and the digital divide, most traditional leaders were not kept abreast with COVID-19 information hence the limited levels of trust.

A representative of a CBO based in Hwange said they trained and attempted to improve traditional leaders' awareness of COVID-19, but the challenge was that some of the leaders were illiterate and did not quickly grasp the scientific causes of the pandemic. This posed challenges as they were not always able to spread awareness or to enforce government lockdown regulations at community level.

Development agencies were also trusted sources of information on COVID-19 in communities because they were working hand in hand with the MoHCC to train CHWs, providing some necessities needed in the fight against the pandemic. Development agencies would conduct workshops with the CHWs, equipping them with information about COVID-19.

Some individuals who own radios in their homes indicated that they trusted government media. They observed that each time Radio Zimbabwe held dialogues on COVID-19, health professionals were invited to explain and speak in depth about the virus. It is, however, important to note that very few people indicated that they owned or listened to the radio.

Youths also indicated to have access and trust in The Voice of America radio station which also serves to verify local content from Radio Zimbabwe. Youths also indicated that they have partial trust in their friends and family as sources of reliable and trustworthy information about Coronavirus. They indicated that their loved ones may mislead or lie to them as they may lack health expertise. Thus, they only give them some trust because of their closeness. Youths in Masvingo said they relied on state-owned ZBC for news and information by listening to Radio Zimbabwe and viewing ZBC TV.

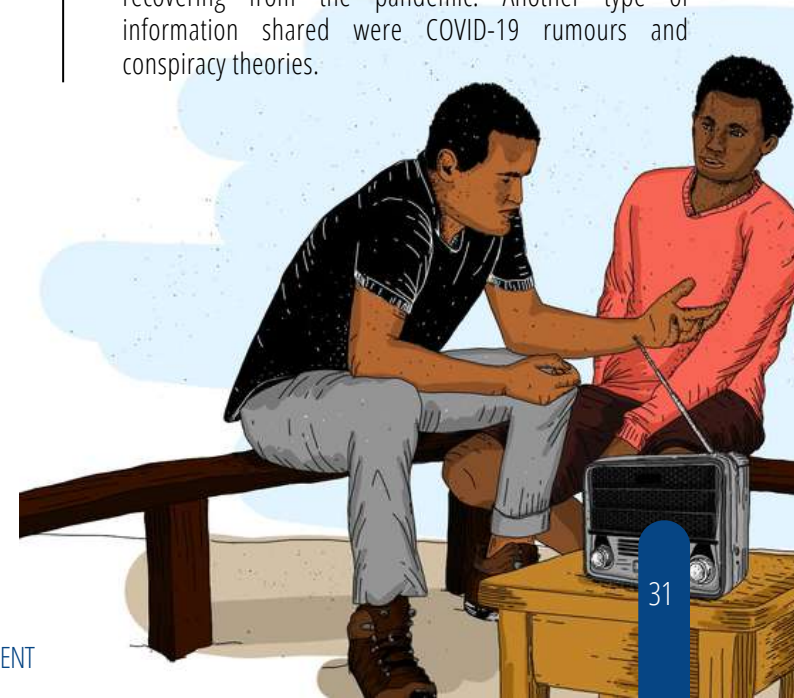
Although state media is often a distrusted source of information because it churns state propaganda, youths in Masvingo said they found that radio broadcasts by the national broadcaster provided a good source of information. This is because they said the national broadcaster could not provide misleading or false information about a public health emergency such as COVID-19. Youths in Gwanda and Plumtree, however, had different opinions regarding the state media's ability to provide accurate and reliable information about COVID-19. In the first instance, they complained that it was difficult or impossible to receive radio and TV signal from the state broadcaster.

They said ZBC was inclined to spreading propaganda in support of the state, thus it was difficult for them to trust the channel. Youths in Gwanda and Plumtree said another challenge with ZBC broadcasts was that they mainly used dominant languages of Shona, English and IsiNdebele, neglecting their local languages. For this reason, they said it was difficult to follow ZBC broadcasts in other languages hence they preferred foreign broadcasts from Botswana and South Africa that used mutually intelligible languages such as Tswana, Sotho, Venda and isiZulu.

4.4 INFORMATION SHARING AND MOVEMENT

The COVID-19 pandemic presented an information challenge where there was an influx of COVID-19 related information, both fake and true. The public have had to sift through information they find relatable enough to act on and to select which information to share with close friends and family. The COVID-19 pandemic presented an information challenge where there was an influx of COVID-19 related information, both fake and true. The most shared type of information often related to COVID-19 local remedies like how to steam, using ginger, lemon and garlic to fight the symptoms. This information was often shared on WhatsApp as audios, videos and sometimes text with graphics.

It was rarely verified. Some information had elements of believability because it came as eyewitness accounts or testimonies from COVID-19 survivors or persons recovering from the pandemic. Another type of information shared were COVID-19 rumours and conspiracy theories.



4.5 DRIVERS AND BARRIERS TO INFORMATION

Barriers and drivers of information on COVID-19 impact dimensions of access, sharing, trust and rumor identification. The study found showed socio-economic determinants that are barriers to information in these marginalised and vulnerable populations.



These exist at organisational, community and personal levels. These exist at organisational, community and personal levels. Although there is a glut of information on COVID-19 on social media, youths in Hwange said they were no longer interested in such information. They raised a concern that while social media makes information easily accessible, unemployment and financial constraints meant they did not have enough money to spare and buy data; the prohibitive cost of data therefore impacted access as well as sharing of COVID-19 related news and information among youths. One participant said:

“Some of us cannot afford to be on social media all the time. We are unemployed and we don’t have money to juice (purchase airtime for mobile data) our lines. Besides no one has all the time to be on social media since we spend most of our time job hunting. It is better to buy data to look for job opportunities on the internet than to use the same data looking up for COVID-19 information.”

Hwange Youth, FGD.

Some rural areas are noted to have poor telecommunications infrastructure that results in a blackout of almost all communications. Despite advances in fibre optic connectivity that include 4G, Zimbabwe is still battling a digital divide where some rural areas are cut off from the major telecommunications grid and are unable to access mobile phone network and broadcasting airwaves. Community members in the rural parts of Gwanda, Binga, Plumtree and Masvingo areas faced late delivery of SMSs and WhatsApp messages. Radio and TV reception was also reportedly very poor and there was no radio and TV reception in some areas. This impacts the flow of timely health information within communities. Community members in the rural parts of Gwanda, Binga, Plumtree and Masvingo areas faced late delivery of SMSs and WhatsApp messages.

Radio and TV reception was also reportedly very poor and there was no radio and TV reception in some areas. This impacts the flow of timely health information within communities. Another barrier to information that was highlighted was electricity availability. Zimbabwe experiences bouts of load shedding, especially in winter, meaning that people are unable to use their digital devices to access news on various online platforms. Most digital media platforms are driven by electricity hence its unavailability has a huge impact in overall information ecosystems.

CBOs including CRIs that are part of the RiT, 2.0 project in Zimbabwe have been providing COVID-19 information in local languages. However, the challenge is that such information is usually obtained from local health authorities and is rarely localised. For example, COVID-19 statistics about the number of deaths and new cases are usually delivered as complex information that speaks to the broader district or country level context. This can be seen as a barrier to effective delivery of COVID-19 information as local communities require localised information about the state of the pandemic, delivered in local languages instead of blanket sharing of information. This was captured in a KII in Hwange:

“The biggest challenge is that duty bearers like the MoH do not always avail timely information for a particular community. They just do what is called a blanket statement on the COVID-19 situation per District without localising or contextualising the information. We would appreciate a situation where COVID-19 statistics are specific to a local clinic or to a local hospital so that locals can better understand the impact of the pandemic to the community”.

KII, Hwange District.

There is bureaucracy or red tape in accessing COVID-19 information due to the officialdom of COVID-19 as part of government crisis communication. Only government authorities in the MoHCC and MoIMBS are allowed to disseminate COVID-19 information and statistics.

“The MoH must allow us to talk about COVID-19 statistics with beneficiary communities. This way communities will understand the response effort at local level better and even participate in developing strategies to fight the pandemic. People want to know how many people have been infected in their community, how many have died of COVID-19 and how many are recovering? If they know this, they participate fully in the response effort by encouraging each other to observe the prevention protocols such as wearing masks, sanitising and taking the vaccine,”

Hwange CBO.

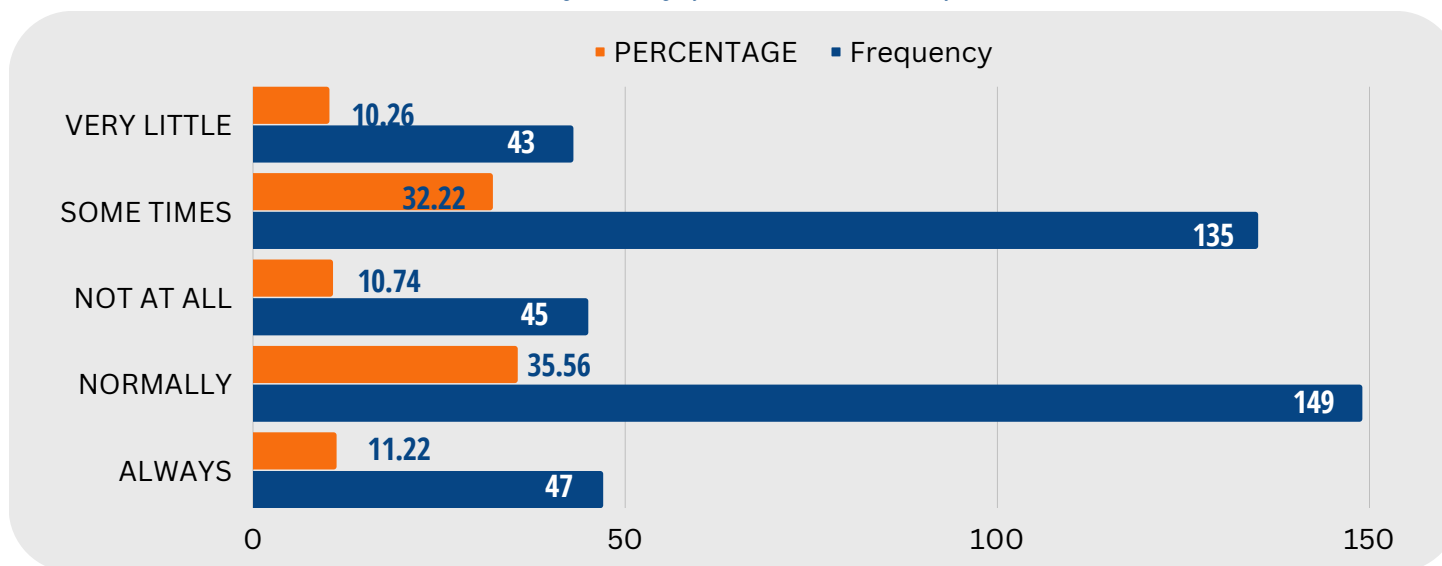
People with disabilities raised concerns about their inclusion in information disseminated on COVID-19 because there was limited to no information tailor made to cater specifically for them. One participant who was visually impaired highlighted how she was dependent on third parties to read and interpret messages shared on media platforms. There are no braille sources generated to cater for them. People with physical disabilities also mentioned that there were practical barriers that hindered them from accessing facilities especially when the lockdown was enforced.

Cultural and social norms surrounding health behaviours impact access and behaviour on health issues. A FGD participant in Masvingo highlighted how members of certain Apostolic sects viewed COVID-19 as an anti-Christ hoax and were reluctant and hesitant in seeking, accessing, and sharing COVID-19 information. According to their doctrine it was believed that they are prohibited to access health facilities but instead rely mostly on natural healing.

Behaviour change

Study participants in the community survey were also asked if in the past year they have had a change in habits due to disseminated COVID-19 information. The results indicate that awareness and educational material have had a positive impact in behaviour change that was meant to curb the spread of COVID-19 in communities. More than 80% reported to having some change, though differing by the magnitude- only 11% reported to having no change in habits at all.

Figure 5: Change of behaviours due to COVID-19 Information



ZIMBABWE

4.6 COVID-19 MYTHS AND RUMOURS.

COVID-19 misinformation and disinformation at a communal and national scale has an impact on trust level regarding health information and dissemination procedures hence creating barriers to protective practices. The objective was to determine if youths could tell the difference between real, authentic information and fake news including disinformation.

Study participants raised concerns on the spread of rumours in their respective communities, only in rare cases (10.12%) where respondents reported that the rumour spread was not a cause for concern. However, a greater proportion, more than half the respondents were not confident enough to differentiate if a rumour would be true or not. Table 7 shows only 35% of the participants could easily differentiate between the two.

Worry on spread of rumours.

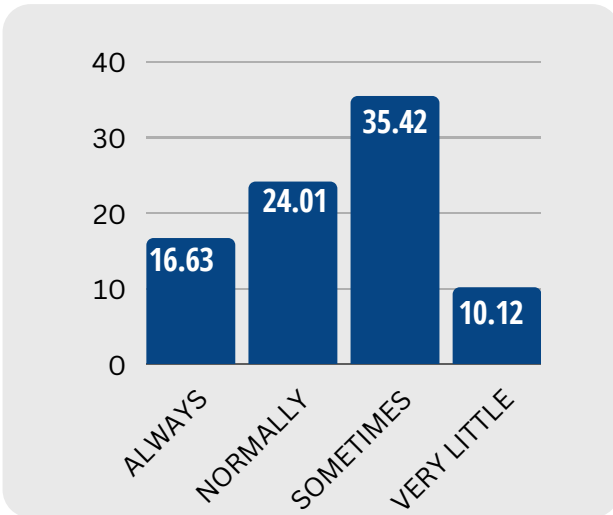


Table 7: Worry on spread of rumours

Table 6: showing if respondents could differentiate between a rumour and factual information

DIFFERENTIATE RUMOUR VS FACTUAL INFORMATION	PERCENTAGE	FREQUENCY
Always	11.46	48
Normally	24.11	101
Sometimes	36.75	154
Very little	18.62	78
Not at all	9.07	38

Youths also highlighted that they struggled to tell the difference between information that is true against untrue.

The low level of media literacy and digital skills were the contributors to this. A government official emphasised the need for digital and media literacy skills training for the youth.

“We need to capacitate and empower the youths with relevant information. I don't use all the functions on this phone, but youths know all the functions. If they are empowered correctly, they are maybe able to get quality information about COVID-19. This will mean they are able to spread the correct information to the community.”

Government KI, Binga.

Results from the FGD further showed there are several COVID-19 rumours and myths that are in circulation among the youth. These primarily circulate on social media through likes and shares.

Some rumours circulate verbally (face-to-face interactions) during gatherings such as funerals, soccer matches, beer gardens, in boreholes and in gardens whenever youths meet. COVID-19 rumours and myths have fuelled the vaccine hesitancy. The following are some of the COVID-19 rumours obtained:

MEAN
False = 21%
True = 79%

Rumour identification

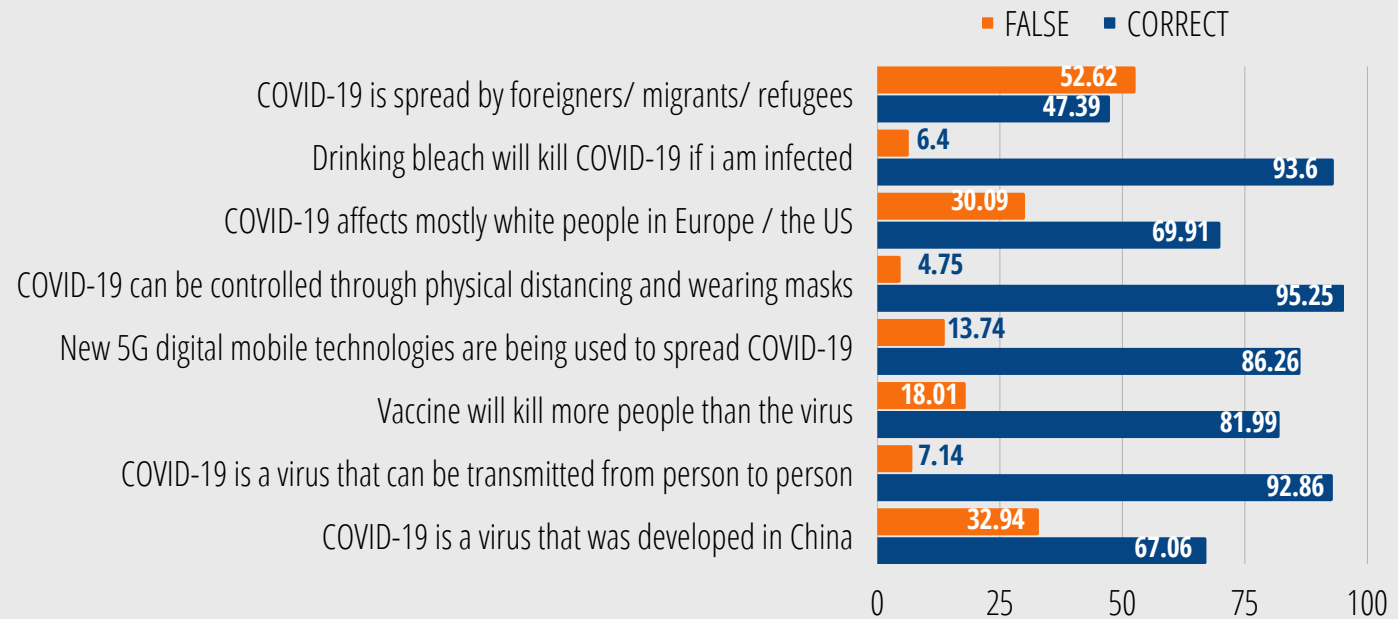


Figure 67: Results on rumour identification

- COVID-19 affects women’s fertility
- COVID-19 causes men’s sexual dysfunction and impotency
- COVID-19 is associated with satanism where you get a chip after vaccination.
- COVID-19 was a Western way of wiping out Africans who are not contributing anything to the economy and that one would get a swollen head after vaccination
- After contacting COVID-19 you will die vomiting maggots.
- COVID-19 vaccination leads to wrinkles
- Vaccinated individuals will die after 2 years.
- Vaccines are an experiment thus we must keep on boosting.

- The Johnson and Johnson vaccines expires after some time. Does that mean that you have been cured or you must keep on vaccinating?

One measured outcome in an IEA assessment is rumour identification which can act as a proxy for informed decision making on COVID-19 health pandemic. Respondents in the survey were asked to identify whether a statement is true or false. Respondents in the survey were asked to identify whether a statement is true or false.

In general, 79% of the sampled respondents could correctly identify and differentiate between a rumour and a true statement, while only 21% of respondents could falsely identify a COVID-19 rumour – this proportion though small is a high risk if rumours develop to case fatalities aided by misinformation.

While rumours with a high score on false identification can be viewed as innocuous, those that contain harmful information can cause both morbidity and mortality and prolong public health emergencies.

These responses further show that topical areas on prevention and spread have been exhaustively covered thus there is community awareness, however, the highest scores on rumour misidentification were on migration (53%) and the COVID-19 vaccine (33%) as well as its origins (30%). The question asked if COVID-19 is spread by foreigners or people from other countries, 53% of the sampled respondents affirmed and agreed that this is true. A clear indication that there is a perceived connection between migration and COVID-19 spread.

4.7 ROLE OF RELIGIOUS LEADERS AND INFLUENCERS

Rumour identification

The study findings highlight that churches and religious leaders played a crucial role in providing COVID-19 information. Contrary to popular belief and assumptions, this study finds that religious leaders played a major role in flattening the infection curve in the country by enforcing prevention protocols at their churches such as limiting the number of congregants to 100 as prescribed by government, social distancing, sanitisation, regular temperature checks and fumigation of the church building. Religious leaders even encouraged their congregants to get vaccinated. However, some key informants blamed churches for their practices and beliefs that were blatantly anti-vaccination and for fuelling archaic beliefs that the pandemic was an anti-Christ hoax. This led to some religious sects such as the Apostolic sects failing to

observe prevention protocols. The study sought to find out how religious leaders mediated COVID-19 information considering the sometimes-conflicting perspectives between science and religion.

All the interviewed pastors acknowledged the existence of the COVID-19 pandemic and proactively increased awareness of it. This was surmised by a pastor in Kwekwe district:

“We have some of our members who passed away because of this pandemic so it’s a very sad story to us and to the congregation. Because of this we have increased awareness of the pandemic. Every Sunday morning, we make an awareness to the church that please make sure this pandemic is real, make sure you maintain your social distance, make sure you mask up, make sure you sanitise and check temperature,”

KII, Kwekwe Pastor.

The study established that pastors did not believe that COVID-19 was the wrath of God, punishing the world for its sins. Kwekwe Pastor

“I don’t think COVID-19 is God’s wrath or punishment of us for our sins. I just believe it’s a disease that is within us, maybe one day or another, it will go. Yes of course I know there are some religious beliefs that say it’s God punishing people, but I don’t think so.”

KII, religious leader- Kwekwe District

Gweru Pastor:

“COVID is not the only pandemic that we've experienced throughout history. As a church we believe that we can experience pandemics. Around the 15th century, we had the bubonic plague, cholera and smallpox plagues. The church took an active role in responding to these plagues in very much the same way we are required to do so today by loving your neighbour. We are abiding to Christ’s biggest commandment, which is love your neighbour. So, when you are observing social distancing and avoiding unnecessary movements, you are in-fact, caring for your neighbour, you are expressing that love and compassion to your neighbour. We believe as a church, that God in his wisdom also gave us these health experts to help us to deal with the pandemic.”

KII, religious leader- Gweru

Religious leaders felt they did not have enough information about COVID-19 to pass on to their congregants. “I am an expert in biblical things or in theology as it were. When it comes to health matters, I have no choice but consult health experts,” said a Pastor in Kwekwe. For this reason, some pastors said they have had the opportunity to attend COVID-19 awareness sessions organised by their church leadership aimed at strengthening the knowledge of clergy of the pandemic. In some cases, pastors invited health practitioners or experts to deliver guest lectures and awareness sessions on COVID-19. This was revealed by a Gweru Pastor:



“It is an open secret that pastors have a sort of influence on people. So, when I utter irresponsible statements, or things that are not factual or wrong information, then I'm leading the congregation astray. I think as pastors we need to be sensitive with the information that we share with our congregants. The danger is that as pastors we always have answers for everything, even things that we don't know, we try to give answers because we fear to lose that trust, from congregants if we say, I don't know. When we do not know anything about COVID-19 let us research or ask health experts on the matter.”

KII religious leader- Gweru Gweru Pastor.

An additional objective of the study was to establish the conflicting perspectives of religion on COVID-19. One pastor observed that initially COVID-19 vaccines were thought to be a “mark of the beast” which signals an allegiance to Satan or those who reject God's memorial of creatorship. This association of the vaccine with anti-Christ overtures led to vaccine hesitancy and apathy in the Christian community. The pastor also felt that they had positively influenced their congregants to get vaccinated.

“We promote vaccines. We encourage our congregants to go and get vaccinated, though we don't force them. We say to them the vaccine is not the mark of the beast. We have had vaccines, for example polio vaccines, we have had a lot of vaccines. The COVID-19 vaccine is no different from vaccines that we have had in the past. We encourage them to get vaccinated.”

KII, religious leader Gweru

Religious leaders disseminated COVID-19 information through church WhatsApp groups and word-of-mouth before or during sermons. Most religious leaders said they only relayed to their congregants information they obtained from trusted sources such as the MoHCC, WHO and medical experts. Overall, pastors bemoaned the impact COVID-19 had on the church including the low attendance and the financial cuts due to reduced tithes and offerings. This was noted by Gweru Pastor:

“Before the lockdown people used to come to church in huge numbers, but after the lockdowns they are now reluctant. The biggest challenge now is to have them come back to church because they are now used to staying at home. We are now being forced to be creative in terms of how we do ministry, because some will say mfundisi (Pastor), during COVID-19, you used to send us sermons via WhatsApp, so why should we worry about coming to church when we know that you can send the sermons on WhatsApp.”

KII religious leader- Gweru

From the above it is apparent that some church members are still reluctant to come back to church for physical gatherings because they still feel that at any given time another wave of COVID-19 may emerge.



NATIONAL COVID-19 RESPONSE PLAN

The government of Zimbabwe launched the COVID-19 National Preparedness and Response Plan (NPRP) in March 2020. The overall goal of Zimbabwe's NPRP was to minimise morbidity and mortality of COVID-19 in Zimbabwe and associated adverse socio-economic impact in a manner that would strengthen national core capacities under the International Health Regulations (IHR) (2005) and contribute to overall health system strengthening.

Zimbabwe, with support and guidance from the WHO, stratified the COVID-19 responses into eight pillars including surveillance, infection prevention and control, case management, ports of entry, RCCE, laboratory, logistics, security, and coordination.

Priority was given to provinces to conduct self-readiness assessments of their Points of Entry (PoE) and isolation facilities and strengthen sensitisation and training of districts on COVID-19 as well as procurement of personal protective equipment. The government activated the Rapid Response Teams (RRTs) in all the provinces, districts and cities.

The RRTs would meet on a regular basis to monitor implementation of COVID-19 preparedness and response activities including surveillance of travellers from COVID-19 affected countries. All the provincial and city RRTs have been activated for COVID-19 and these also assist in surveillance of travellers from COVID-19 affected countries.

The government worked closely with humanitarian organisations to strengthen preparedness and respond to the pandemic.

Some organisations that assisted the COVID-19 NPRP include IOM which made donations of non-food items to the National Social Security Authority (NSSA) Hotel in Beitbridge, which was being used as a quarantine and isolation centre for returnees from South Africa.

CSOs like Musasa Project, Adult Rape Clinic, Family AIDS Counselling Trust, Family Support Trust, Family Aids Caring Trust (FACT), Zimbabwe Aids Prevention and Support Organisation (ZAPSO), Zimbabwe Community Health Interventions and Research Organisation (ZICHIRE) and World Vision partnered with the European Union to reduce gender-based violence and advancing women's rights in the midst the COVID-19 pandemic. UNICEF teams were distributing Teachers' Guides on key messages and actions for COVID-19 prevention and control, and posters to schools.

The World Food Programme (WFP) delivered monthly cash transfers to 326,000 Zimbabweans across 23 urban areas. WFP revised its Standard Operating Procedures for food distributions in 2020 to align with the NPRP in response to COVID-19. UNDP was partnering with the government, other UN agencies and the private sector to engage communities on information dissemination; support youth-led business working on the COVID-19 response, and to support the informal sector.

RCCE played a vital role in the push to encourage COVID-19 vaccine acceptance by fighting misinformation. Organisations like Apostolic Women's Trust (AWET) supported by UNICEF with funding from the Health Development Fund (UK Aid, EU, SIDA-Sweden, Irish Aid and GAVI), used direct community engagement through behaviour change facilitators to complement the MoHCC's response to COVID-19 in 52 districts across Zimbabwe. VHWs, religious leaders and village heads increased vaccine confidence in communities through debunking misinformation around COVID-19 vaccines.



5. RECOMMENDATIONS

TO THE GOVERNMENT

Government should decentralise information provision so that COVID-19 information is context specific. Centralisation of information provision promotes a blanket approach to information sharing that does not respond to unique needs of different localities and communities who may find it difficult to relate to such information.

There is need for government to work with displaced and other marginalised communities to contextualise information content, channels, and transmission to hard-to reach communities.

Government may use creative means of packaging communication, such as edutainment and avoid scare tactics that promote resistance amongst communities. Edutainment allows messages to be packaged in ways that are more memorable and that can result in better appreciation of important issues.

The widespread use of social media such as WhatsApp, especially in marginalised communities, means that the government should adopt communication tools that can allow for ease of sharing of information such as chatbots.

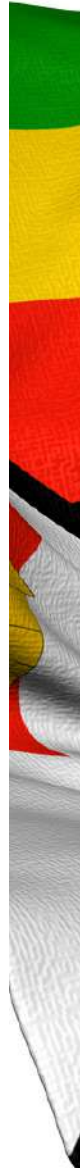
Other strategies to enhance WhatsApp-based interactions include ensuring that shared messages are easily downloaded by people of low incomes.

There is a need to have COVID-19 information that targets people with disabilities, for example braille and audio material for the visually impaired, sign language for the deaf in cases where sign language is used, efforts need to be made to ensure that the sign linguist on video materials are given enough prominence.

Further capacity strengthening is required in risk communication and community engagement.

Targeting of different religious sects such as Apostolic sects with COVID-19 awareness information and encourage them to enrol for vaccination. This will reduce vaccine hesitancy among them given the cultural and religious doctrines that constrain their response to scientific health solutions. Leaders of these religious sects are significant influencers and training them in health communication will enable better risk communication and risk reduction.

There is need for strengthening risk communication and community engagement to increase transparency, build trust and stop the spread of rumors. Often, poor RCCE creates information vacuums in communities that promote the proliferation and spread of rumors.



HUMANITARIAN ORGANISATIONS

Humanitarian organisations can work with community-based media organisations in formulating effective strategies to debunk rumours and curb their spread on social media. Such strategies can involve creating local language resources that improve access to information to community members including those who are visually and auditory impaired.

There is need for interventions that not only focus on information provision but also livelihoods and resilience building as a lot of livelihoods were destroyed during the lockdown period due to company closures and subsequent job losses. As such, information provision should be mainstreamed within livelihood and resilience building interventions for greater impact.

Humanitarian organisations can carry out information and education campaigns targeting religious communities such as the Apostolic sect to improve health information seeking behaviour and perceptions towards public health practices. This can go a long way in minimising risks that can promote the spread of COVID-19 while enhancing awareness and understanding about COVID-19 vaccination to inform health decision making.

There is need for media literacy programmes to help youths distinguish between fake and authentic news circulating on social media platforms. In many instances, spreading of fake news and rumors has been promoted by lack of skills in identifying of fake news and fake news sources.

Addressing this will reduce youth behavior that promotes spread of fake news and misinformation about COVID-19 on social media.

Illegal border crossings are a common phenomenon in areas covered by the IEA. The process of undertaking illegal border crossings increases risks of contracting and spreading COVID-19 due to inherent disregard of COVID-19 prevention protocols. Humanitarian and health service organisations can embark on interventions that raise awareness on COVID-19 related health risks posed by border jumping and how such risks can be mitigated.

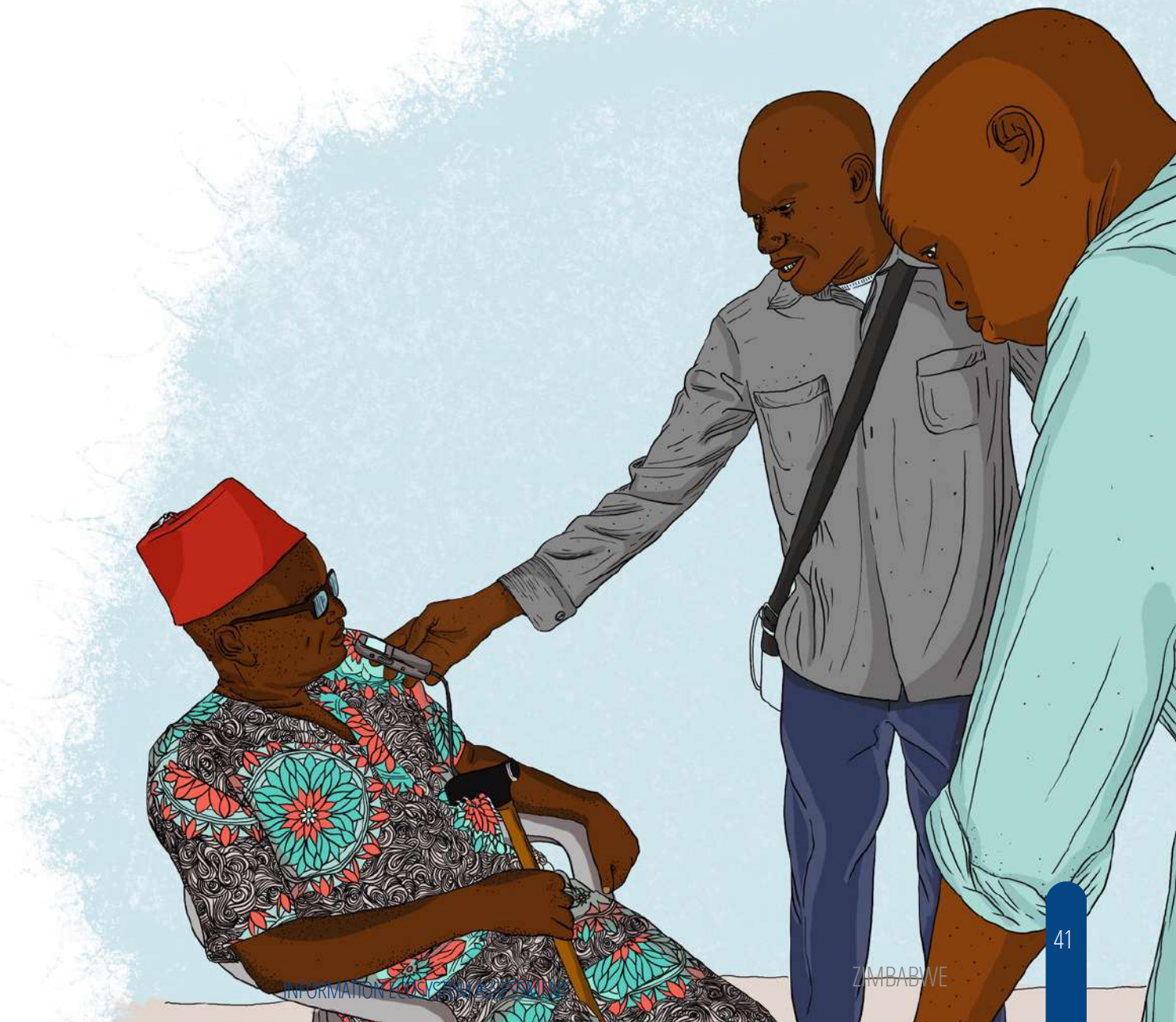


TO THE MEDIA

Sharing information in local languages is vital in ensuring identification with and adoption of messages by communities. As such, media organisations should as much as possible translate and localise COVID-19 information into local languages such as Kalanga, Nambya, Tonga, Dombe, Nambya, Chewa in Hwange district. This will enhance information access in communities where these languages are spoken.

The challenge for CRIs in Southern Zimbabwe includes inconsistencies in content production, packaging, and distribution attributable to lack of facilities and skill set. CRIs are also ill resourced hence experience high staff turnover. While the Southern region has several community newspapers that publish in local languages, these newspapers do not have an appeal among the youths because the content is often tepid and lacks appeal. There is need for scaling up the visibility and appeal of community newspapers so that there is more adoption of their content among key populations in these areas. Furthermore, most youths in the region are unemployed and do not have the means to purchase newspapers which they regard as a luxury.

A common challenge for both community newspapers and CRIs is that they have not fully adapted to changes brought by digital technologies. There is potential for community media to utilise digital technologies to produce and share content with their audiences on various online and mobile platforms.



TO RELIGIOUS AND FAITH LEADERS

Faith leaders need to implement structures in their churches that address biomedical issues and aim to connect science and faith beliefs. It is prudent to seek expert input especially from the congregants themselves who have scientific know-how.

COMMUNITY MEMBERS

Community members, gatekeepers and influencers need to be responsible and accountable and authenticate or verify information on COVID-19 that is shared on various platforms.

Health workers and village workers can engage women, men, youths and migrants through animation videos, drama and skits which portray the benefits of vaccination to debunk myths circulating around the phenomenon.



Plan of Action

IDENTIFIED INFORMATION NEED	TARGET DISTRICT(S)	RESPONSIBILITY
Information about economic opportunities for the youth such employment, livelihoods and education advancement	Hwange,	Hwange FM
Local governance issues such as devolution and constituency development funds	ALL	ALL
Environmental conversation especially in mining areas environmental rights	ALL	ALL
Natural Resource management	ALL	ALL
Rampant crime and violence amongst rival gangs and mining syndicates resulting in deaths	Kwekwe, Gwanda and Gweru	Radio Kwelas, Nkabazwe FM and Ntepe-Manama FM
Drug and substance abuse	ALL	ALL

IDENTIFIED INFORMATION NEED	TARGET DISTRICT(S)	RESPONSIBILITY
Rape, sexual offences, gender-based violence including child marriages and teenage pregnancy	ALL	ALL
Local viable livelihoods options as opposed to cross border migration	ALL	ALL
Livestock theft across the Botswana border lines	Gwanda, Tsholotsho, Bulilima, Mangwe and Plumtree town	Ntepe- Manana FM, Zhouane FM and Radio Bukalanga
Voter registration and elections	ALL	ALL
Mental health and depression due to limited opportunities	ALL	ALL
Health: chronic diseases	ALL	ALL

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[i] According to the Zimbabwe constitution of 2013 (Section 20), a youth is defined as an individual aged 15-35 years of age. This is premise that was used to select the defined age range for the study. To avoid the need for parental consent, only individuals aged 18 years and above were preferred.

[ii] One such example is of Journalist Hopewell Chin'ono who was detained for over 80 days without trial after he exposed corruption in the use of COVID-19 funds.

INFORMATION ACROSS BORDERS

An analysis of Youth, Migration and Information Dynamics
During a Pandemic in Southern Zimbabwe

