

## Context

To protect against infection from COVID-19, it is essential for all persons to have reliable information about the virus, the modes of transmission, and ways to reduce the risk of infection (1). The rapid evolution of the current situation drives the need for accurate, trustworthy information for all citizens but, at the same time, competing information can make it difficult to determine fact from fiction, especially for vulnerable populations. Even before the outbreak of COVID-19, UNESCO was issuing warnings about the threat to fact-based journalism, referring to the “contamination” created by misinformation campaigns, which may be especially dangerous during a global pandemic (2).

Informed and empowered populations are better equipped with the knowledge they need to take measures that reduce the risk of transmission, which in turn helps protect themselves and their communities. While reliable information can empower citizens, misleading, ambiguous, or false information by contrast, can have serious negative public health consequences (3).

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## 3-2-1 COVID-19 Survey

Viamo, as part of our COVID-19 response, added COVID-19 information on our 3-2-1 Service (<https://viamo.io/services/3-2-1/>) in 18 countries, including messages on symptoms and prevention. As of July 1 2020, these key messages have been listened to 25 million times by more than 3.3 million users. To further understand the information gaps and needs of our users, we added the 3-2-1 Service COVID-19 Survey to poll our users about their knowledge of the disease, as well as the impact of the disease on their livelihood.

To keep the IVR survey short, 12 different questionnaires were used, each addressing a specific COVID-related topic area (knowledge of COVID-19 and how to prevent it, attitudes, preventive behaviors, motivation, impact on food security, income, mental health, COVID-related school disruption etc.). The surveys were implemented in the Democratic Republic of Congo, Nepal, Madagascar, Malawi, and Rwanda. The first wave of the 3-2-1 COVID-19 Surveys, conducted in May 2020 and involving over 1,500 respondents for each of the 12 questionnaires, demonstrated the value of the 3-2-1 Service for providing rapid, reliable, low-cost data on country experiences during the pandemic. Compared to Random Digit Dial mobile surveys, 3-2-1 Service users are younger, slightly poorer, and more likely to get their information through their mobile phones.

We present here key findings from Wave 1 of the 3-2-1 Service COVID-19 Survey as longitudinal, cross-sectional data continues to be collected. These findings may be of interest to officials, planners, and policy-makers currently addressing the pandemic at all levels of the response.

## Highlights



Many people lack access to trustworthy information about COVID-19: Of all people surveyed across five countries, 41.6% reported that they were not able to get trustworthy information or were unsure if they could access trustworthy information about COVID-19.



Radio is an essential information source for vulnerable populations: In all five countries, radio is the most common channel for information, followed by television, and mobile-based channels such as WhatsApp, social media, or the 3-2-1 Service.



Lack of trust in some information channels may render them ineffective: Overall, nearly one third of respondents (30.5%) report that they do not trust their preferred information channel, but this varies greatly by channel and by country. The most trusted sources are radio (75.2%) and the 3-2-1 Service (74.7%).

**Fig 1: Percentage of respondents who report they are able to get trustworthy information about COVID-19**

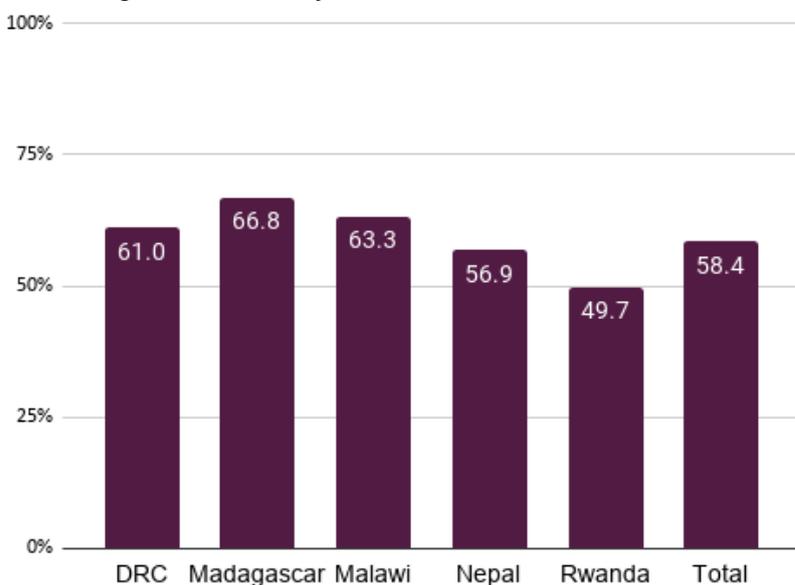


Fig. 1. A lack of reliable information can lead to negative public health consequences by undermining adherence to physical distancing measures and movement restrictions or by encouraging the inappropriate use of potentially dangerous or fatal curative and prophylactic measures without any evidence of benefit. Access to trustworthy information about COVID-19 varied by country, with a high of 66.8% of respondents in Madagascar reporting that they are able to get information they trust to a low of only 49.7% of respondents in Rwanda noting the same.



**41.6%**

of respondents are unable to get trustworthy information about COVID-19

**Fig 2: Percentage distribution of respondents most common source of information**

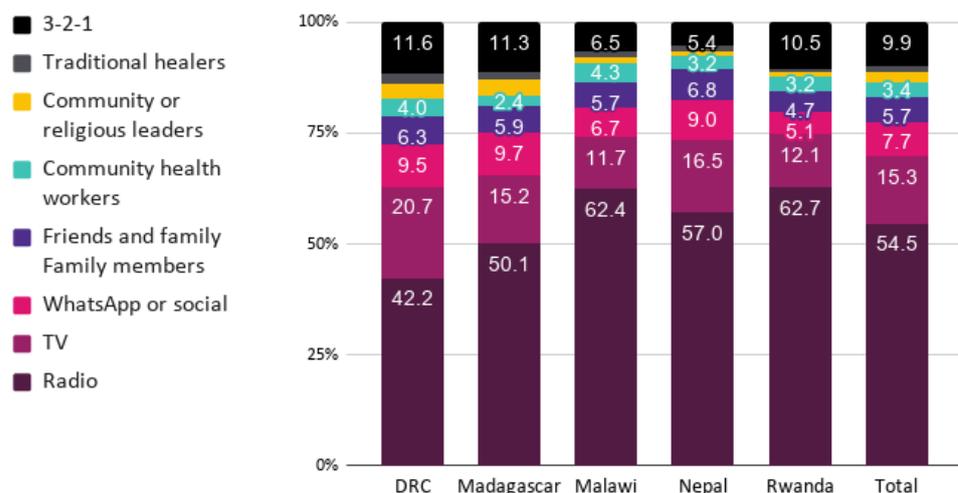
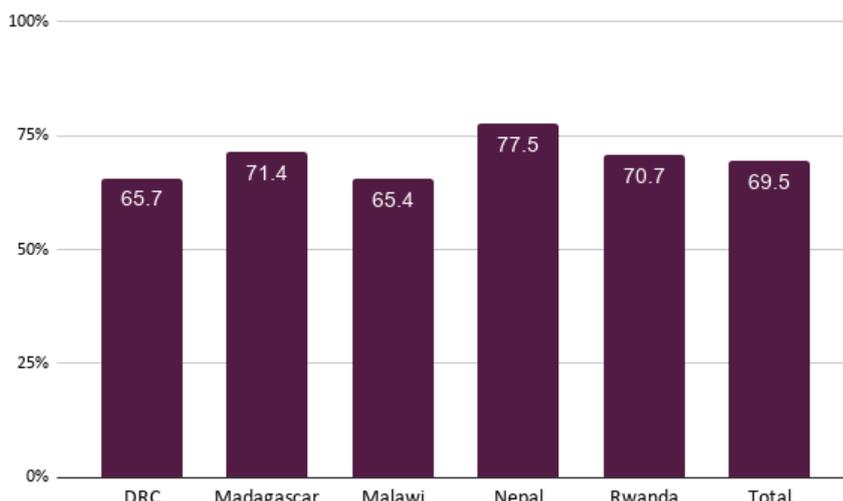


Fig. 2. In all countries, radio is by far the most common channel for COVID-19 information, most notably in Nepal (57.0%), Malawi (62.4%), and Rwanda (62.7%). This is followed by television, ranging from 11.7% in Malawi to 20.1% in the DRC. The next most popular information channels are mobile-based channels such as WhatsApp, social media, or the 3-2-1 Service as well as friends and family. A considerably smaller percentage of respondents get their information from community health workers, community or religious leaders, or traditional healers.

**Fig 3: Percentage of respondents who trust information from their main source**



**30.5%**  
of respondents do not trust their main source of information

**Fig 4: Percentage of respondents who trust their main source of information, by information source**

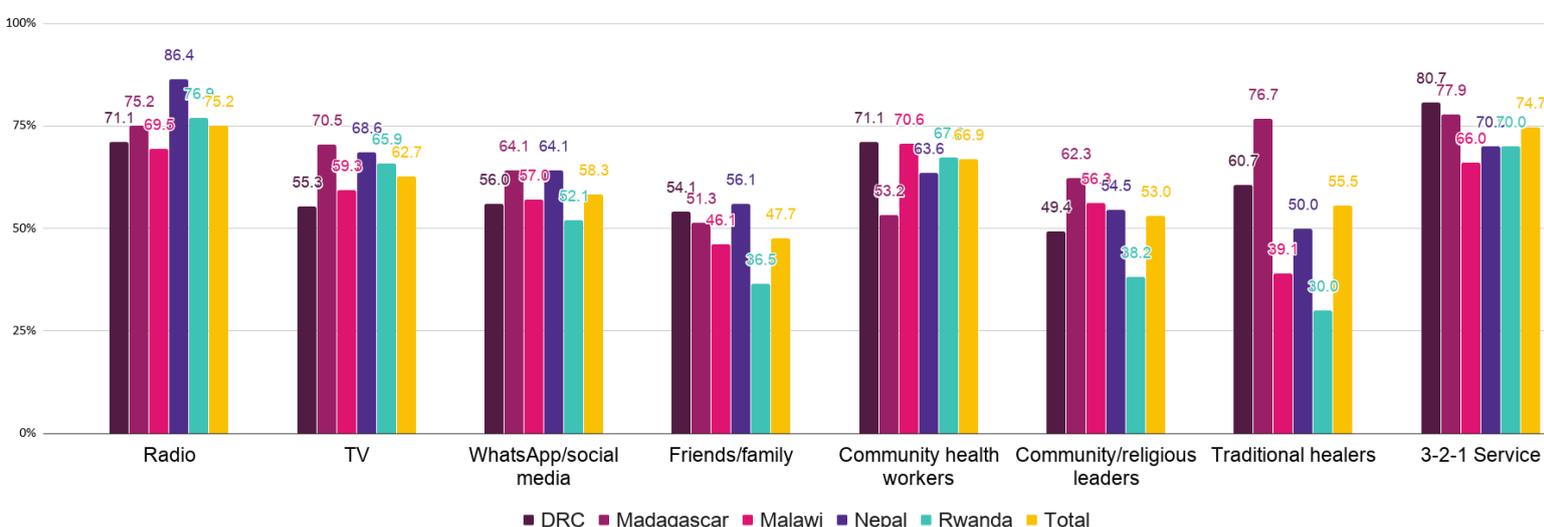
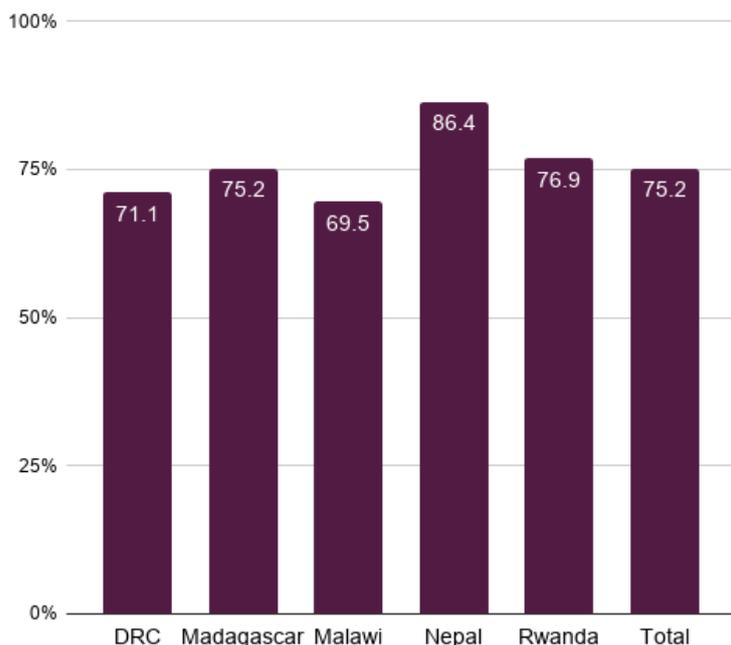
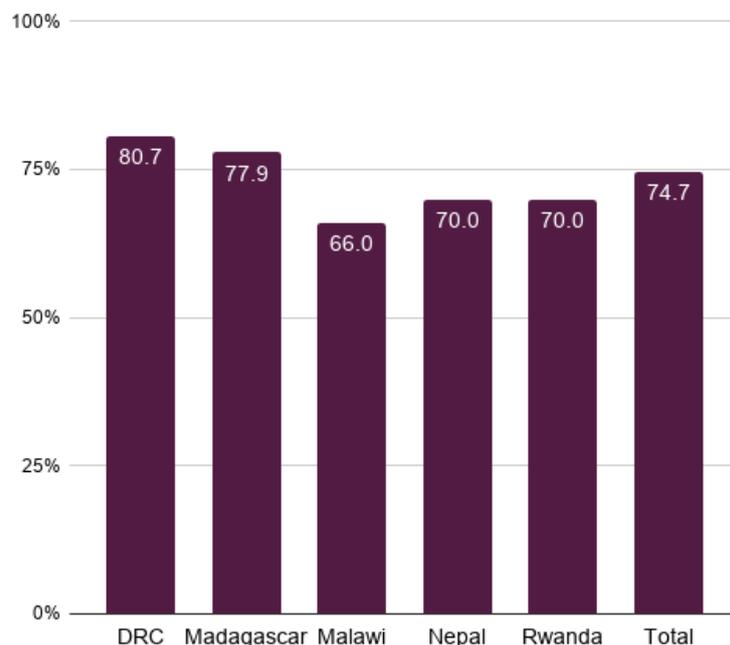


Fig. 3/4. Overall, 30.5% of respondents do not trust their main source of information. The percentage of respondents who trust their source of information varies by country and by information source. Respondents who get their information from the radio are most likely to reporting trusting this source (75.2%), followed closely by those who get their information from the 3-2-1 Service (74.7%), and then Community Health Workers (66.9%), television (62.7%) and whatsapp/social media (58.3%).

**Fig 5: Percentage of respondents who trust information from the radio**



**Fig 6: Percentage of respondents who trust information from the 3-2-1 Service**



**74.7%**  
of respondents trust  
COVID-19 information  
from the 3-2-1 Service

Among respondents who mainly obtain COVID-19 information from the radio, the most common source, at least two-thirds of respondents in all countries report trusting that information, ranging from a low of 69.5% in Malawi to a high of 86.4% in Nepal. Among respondents who get their information from the 3-2-1 Service, at least two-thirds of respondents in each country note they trust the 3-2-1 Service information, ranging from 66.0% in Malawi to 80.7% of respondents in the DRC.



**47.7%**  
of respondents trust  
COVID-19 information  
from their friends

Respondents who obtain their information from traditional healers and community or religious leaders have lower trust levels of just over 50%, although the trust levels again vary by country. In Madagascar, 76.7% of those who get their information from traditional healers trust this source while in Rwanda only 30.0% of respondents feel the same. Only 47.7% of respondents who get their COVID-19 information from friends or family trust that information. This again varies by country, with just over half of respondents in Madagascar, the DRC, and Nepal trusting information from their friends and family to as low as 36.5% of respondents in Rwanda feeling the same.

## References

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## Suggested Citation

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