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Qualitative Research in the Sahel

Community-led responses
to COVID-19 – report 1

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1. Introduction

This report is the first of two produced during a short-term consultancy in the summer of 2020. The aim is to collect local community-based responses, examples and experiences from the cross-border conflict zones in West Sahel in connection to COVID-19 and with the overall objective to “Raise understanding of practical examples of community-led crisis responses as well as the importance of supporting it.” (cf. the consultant’s Terms of Reference and IMS’ collaboration with Local2Global).

The research is planned along the lines of the Local2Global-project (<https://www.local2global.info/> hosted by DanChurchAid) with whom IMS collaborates for this project.

The qualitative research is carried out by the author of this report in communication with IMS’ hyper-local partners in the Sahel and IMS’s Sahel Programme Manager. IMS has worked in the Sahel for many years. Since 2018, IMS has initiated collaboration with multiple local community radios and women’s listening clubs (fora for women debating local problems and solutions and broadcasting these with the help of local radios) based in the so-called Liptako-Gourma zone.¹ The zone is approximately the size of Denmark and covers the border areas between Northern Mali, East Burkina Faso and West Niger. Here, IMS works with 14 community radios and 28 women’s clubs located in local communities (villages and towns) in the Liptako-Gourma zone.

1.1 Methodology

The cases have been collected through interviews with three² hyper-local informants from the Liptako-Gourma region in Mali, Burkina Faso and Niger. The informants are also local partners of IMS under the Sahel Programme and were thus identified by/via IMS’s local partners, targeting specifically the women’s clubs.

Furthermore, the consultant knew the women beforehand from a workshop in Niamey, Niger, in October 2018, hosted by IMS, meaning that trust was already established on all levels previous to the initiation of the research – both in terms of trust between IMS and the informants and between the consultant and the informants.

All the interviews took place via the messaging service WhatsApp. Informants have been informed that the outputs will be made publicly available and have given their consent.

Due to unstable Internet connections, two out of three interviews were done entirely by sending audio messages back and forth in an exchange spanning several days. The ruptures and the fact that the interviews did not take place as fluid conversations have to some extent impeded the possibilities of obtaining elaborations and/or clarifications.

When informants have provided additional information on topics in new audio recordings, I have merged this information with the original testimony to provide a more usable and unified response.

I have added text in brackets to clarify or provide missing context.

¹ <https://reliefweb.int/report/burkina-faso/central-sahel-liptako-gourma-crisis-monthly-dashboard-3-12-march-2020>

² Abdoulaye Amadou, who acted as interpreter during the interview with Halima Moussa from Niger, also contributed with a testimony.

2. Key findings

Two aspects stand out across the testimonies:

- 1) Rather than dismissing COVID-19 as a Western problem, the populations have taken the disease seriously and have to a large extent respected the restrictions to the best of their ability.
- 2) The complications of COVID-19 restrictions have been significant and have affected various spheres of everyday life.

Ad 1: As the corona-related lock downs and restrictions have had extreme consequences on the communities in the Liptako-Gourma region, where most people live from day to day, it is likely to assume that the populations would in general have been more reluctant to adhere to the imposed rules. This has, however, not been the case.

According to all informants, the populations wrote COVID-19 off to begin with, but quickly began to take it seriously as videos and pictures from abroad started to circulate and as initiatives by e.g. community radios and religious authorities to raise awareness and sensitise the population intensified.³

In Ayerou in West Niger, people could not understand that they were not allowed to visit each other or meet in groups to pray.

“Luckily, the religious leaders, women leaders and the radio quickly contributed with raising awareness and assisting people, and then people understood,” says Halima Moussa from Ayerou.

That was also the case in Gao, Mali, where Aminata Idrissa lives:

“Gradually with sensitisations, messages, the listener’s club’s programmes and also commercials from sport partners, people learned to respect the sanitation restrictions and the lock down restrictions.”

Ad 2: Though few people have fallen ill with COVID-19 in the areas of the informants, it is painfully clear that the disease has had a tremendous impact on everyday life in the Liptako-Gourma region. Not only in terms of the limitations on income generation and supply chains, but also the areas of religion and social activities have suffered.

As the disease collided with the month of the Ramadan and celebration of Eid (Thursday 23 April to Saturday 23 May 2020) the impacts on the practise of religion and religious traditions have been evident and palpable compared to previous years.

Fatoumata Alou from Gorom Gorom in Burkina Faso recalls the imposed isolation during Eid: “(T)his year ... it was like we were in a closed bottle. Even the air could not reach us.”

The social tissue in the Sahelian society has also been damaged by the corona-related restrictions. In a society where visits, gatherings and socialising play an immense role, restrictions on groupings and assemblies have had a significant impact.

³ It is important to remember that the same change of attitude has been observed also in other countries, such as Denmark, where people did not take COVID-19 seriously until the images from Italy started to circulate.

“Some did not understand; they thought even their parents had abandoned them. They did not understand that a disease could impede their parents from visiting or from joining their sons’ and daughters’ weddings or a baptism,” says Halima Moussa from Niger.

Aminata Idrissa from Mali recounts how families, who had suffered and recovered from COVID-19, were treated as pariah by the community who avoided them at all cost in the fear of catching the disease themselves: “It was like an expulsion [from society].”

2.1 Suggestions going forward

With its two expected reports (see Annex 1), the design of this research project was intended to explore changes in the local responses and locally lived realities during the pandemic. The focus of the second report was thus supposed to uncover what might have changed in the hyper-local locations in the three to four weeks separating the two reports.

Having undertaken the first part of the research, I do not believe that this focus would bring around much new information. Rather than digging for new examples, that might not even be there at this point in time, my suggestion is to dive deeper into the local responses that have already taken place and which, in some cases, the respondents have already mentioned.⁴

This could shed lights on how the local populations have come together to get through the pandemic and what exactly they have done to support those among them who were the most exposed to the consequences. The findings could contribute to a better understanding of the social connections and social responsibilities felt in these communities, during the first half of 2020.

⁴ The suggested approach is approved by IMS.

3. Niger – Ayerou

Testimonies offered by Halima Moussa, member of a female listener's club. As she was not comfortable with being interviewed in French her answers were translated by Abdoulaye Amadou, radio director in a community radio in Ayerou. The testimonies should be considered in that light.

3.1 All was forbidden

What really has been disturbing to people was the closing of the schools and places of worship. The closing down of mosques and places for prayer really surprised people and affected everybody. People were not allowed to participate in weddings and baptisms. It was really difficult. Some did not understand; they thought even their parents had abandoned them. They did not understand that a disease could impede their parents from visiting or from joining their sons' and daughters' weddings or a baptism. They did not understand.

Luckily, the religious leaders, women leaders and the radio quickly contributed with raising awareness and assisting people, and then people understood. That really mollified the minds.

...



Ayerou, Niger.

During the month of the Ramadan people take the opportunity to erase their sins and find ways to please God, so in their own way they seek to do humanitarian deeds. For instance, some people bring home water or buy ice, and in the evening, they place thermos outside their doors. Those who pass by and who are poor, can then get to drink cold water or homemade juices made by the women. But all this was forbidden.

In the evening, people [normally] come together to break the fast together, but that was also forbidden.

To some people, it was a religious problem. To them, there was no question that they would not [get together in groups] to pray. Many people tried to do so, but the religious leaders said no. And God, in the Koran, says that you need to listen to your superior; you need to have faith in your superior.

So, they had to listen to the leaders – if they respected their leaders, they had to listen to them. That is the adopted strategy that has taken us to where we are today.

So, well, it was really ... on one hand it was good and on the other it was difficult.

It was difficult because people who were used to doing these things⁵ suddenly could not do them, but it was positive in the way that it helped people not to get infected. [Had we not followed the guidelines], people would have been infected, and we would have had a lot of cases, a lot of sick people and, maybe, a lot of dead people.

⁵ E.g. doing good deeds, sharing the meal, praying together ...

3.2 Assistance from Niamey

Transportation prices went up. For a bus with room for 19 people now only 10 could go, and they had to pay for the vacant seats [to cover the loss]⁶. It was really difficult. People could not get around.

Above all, some took advantage of the situation and raised their prices. Because the transportation had stopped, people could not go to Niamey, 200 kilometres from here, to buy supplies, so people raised prices on their old stocks. Some did not even have the bare necessities – milk, sugar, and lemon to make juice. This is how it was.

I sell food for a living, but when Covid-19 came I did not sell anything. You need to eat to survive. I have two kids – I could not feed them, there was nothing – I did not sell anything. I made it through with God.

...

Also, the young people who come from the village, but live in Niamey and who have the means, helped. Human transportation was not allowed but you could still transport goods. They bought soap, hand sanitizer, sacks with rice and sugar and shipped it off to help those who had no means.

There has been this type of help between communities, and especially between communities and municipal authorities across the state with distribution of oil and rice. Also, the political parties have distributed sugar to help their supporters in this time of need.

The NGOs also assisted the population with clothes, oil, rice, milk, salt and even with shelter. There are refugees and displaced people here who are waiting for the NGOs to help them to a new life, and all this was blocked [by COVID-19]. So, the NGOs really did what they could to at least provide shelter.⁷

The delivery of sanitary equipment was delayed – soap, facemasks, hand sanitizer – it was provided by NGOs, but it was delayed. They also do not provide the equipment for everybody. Even today there are villages that have no access to this equipment; they do not even have facemasks. They are still alive.

We pray that the disease does not reach these villages.

3.3 The role of the community radio

Testimony offered by Abdoulaye Amadou, community radio Director in Ayerou, Niger.

Being a radio, we should at all times be raising awareness among the population on various things. It is our role, our responsibility to sensitise the population, whether they accept it or not. When we learned that there was this disease, this pandemic, which is the corona virus, it was when it began to gain momentum.

We began to sensitise the people. The most important here was that we knew their language. We disseminated the information in their own language⁸ to explain to them the extent of this disease –

⁶ Abdoulaye Amadou informs, that distances that usually cost 600 CFA Francs were now charged at 5.000 CFA Francs (7.6 EUR).

⁷ According to Abdoulaye Amadou, it was the local NGOs that provided food, while international NGOs (UNHCR, CADEV, DDG) assisted with shelters for refugees and displaced people.

⁸ Despite the fact that many Nigeriens do not speak French, it is the language in which most public information is transmitted. The non-French speaking part of the population is thus depending on local radios for information as they disseminate in local languages.

what level of infection that we could reach, in their families, among their neighbours, in the neighbourhood and in their village,

We let them know the damage that this virus could cause. We always gave examples from the countries that had been severely hit by the corona virus – like Italy and France – and we said to them [the listeners]: “Honestly, if it has gone this bad in their countries it is not because they have been lacking the means, but rather that they did not take this seriously to begin with.”

I believe, that there must have been some regulations that the authorities [there] forgot [to implement], and that is why people got massively infected. Anyways, that is our opinion.

In the beginning Nigeriens did not take it seriously. [It happened in France, in Italy] but as Africans, who not even live in a big city but who live in villages and hamlets, they would say: “That does not concern us.”

So, when I said over the radio: “Be aware! COVID-19 is a disease; it does not spread with the wind, it spreads through us. We transmit it,” and afterwards went to the streets, people would tell me: “No! How can you believe in this? Do you really think it is true?”

It was only when they began to hear that the virus caused thousands of deaths in the most wealthy countries, countries with all means available, that they [started to believe me]: “Huh ... Abdoulaye, that thing – it is serious!”

And I would say: “Yes, it is serious! Do you see those people with thousands of deaths and who have means – we have no means. When it arrives here, how do you think we are going to manage? We will all die. And it is a disease that has no vaccine, no cure.”

Now people understood, that [the corona virus] is serious business.

...

As the schools were closed and as it was very warm⁹ all the students were at the river – a lot of people were at the river, actually. So, we said: Listen, it appears that in France, people got infected because they went to the beach. We risk having the same amount of cases because the [Nigerien] state did not think about including the river [in their regulations].

We contacted the municipal authorities that right away told the village authorities to make restrictions on the river area, and we [the radio] began to sensitise the parents to prevent the kids from going to the river. People instantly understood, thank God.

⁹ In general, 40+ degrees Celsius during the month of May.

4. Mali – Gao

Testimonies offered by Aminata Idrissa, president of a female listener's club.

4.1 From disbelief to panic

People did not take the disease seriously to begin with. Everybody thought that it was a project imposed by the government to get money from abroad. Even our countrymen who lived abroad did not believe in the disease. It was only later that people started to be afraid. Malians from the diaspora began to call from here and there to get news from home and to convince people that this is a global thing and that they should follow the regulations that was installed by then.

Then began the panic, the terror and the fear. People now understood that COVID-19 was real, and they were afraid that it would infect the population. Videos from other countries were circulating, for instance from China, and everyone feared that we would have the same ravage here [in Gao]. That led to a lot of panic and fear among the population.

In our culture, we are so used to being close. We rub shoulders, we greet each other, shake hands, live together, eat together – so the lockdown was like [a social] explosion. When people asked you to respect the lock down, it was as if they did not want to see you anymore or did not want to have anything to do with you.

...

The schools were closed. The markets were closed – people of course went anyway, but everyone was afraid since no one knew who [were infected and who were not]. It was a total chaos. All other activities were suspended – there were no meetings, no weddings, no baptisms, no nothing.

Gradually with sensitisations, messages, the listener's club's programmes¹⁰ and also commercials from sport partners, people learned to respect the sanitation restrictions and the lock down restrictions. People started to adapt – we are living with it, but the fear is still here. Even today in Gao we have COVID-19 cases. That keeps the fear alive.

4.2 Increasing prices on basic goods

Community leaders contributed with for instance [sanitation] kits – hand wash stations with soap gel.¹¹ They donated such kits to the radio; to the population; they put them pretty much everywhere at the markets, at the mosques and in front of health centres. NGOs also contributed with those kits.¹²

The Malian state subsidised electricity [and water]. We had two months of free electricity and water, which was a huge relief for the people. That really helped.

At the listener's club we developed programmes together with specialists – we invited resource persons, former health workers with whom we talked about the phenomenon of COVID-19. These programmes have been re-broadcasted on the radio in Gao. So, the club has contributed to calm [the spirits] and to secure that the restrictions were respected.

¹⁰ See below.

¹¹ The original expression was 'savon du gel' – this could also mean hand sanitizer, but as she also uses the expression 'gel hydroalcoolique', I believe she is referring to liquid soap.

¹² Aminata Idrissa adds that the NGOs also provided hydroalcoholic gel at their hand wash stations.

...

It was really hard for us because the borders were closed. Here in Gao, we get our provisions from Niger and that border is currently, even at the moment where I am talking to you, closed, so the prices on products of basic necessity increased. It was extremely difficult – or rather, it is extremely difficult. Because people have a very low income, the borders are [still] closed and the prices have soared. It is a true nightmare.

But as there are families abroad in the diaspora, [and] some of these families managed to help their relatives. Otherwise, the Malian state did not provide any food – only water and electricity – neither did the NGOs. Just to let you know, that life is very expensive at the moment.

...



Gao, Mali.

Trade unions from the civil society rose and tried to make the vendors lower their prices. They did not accept it. Then they broadcasted messages over the radio, they talked and talked until exhaustion, especially during the month of Ramadan, to secure that prices on basic necessities were lowered, but unfortunately [the vendors] refused, and the prices remained [high]. Food is excessively expensive at the moment. Basic necessities are rare and almost impossible to find.

4.3 Impact on everyday life

The COVID-19 restrictions did cause problems.

Among others, the kids were left to their own devices. There was no school, so they hung in the streets – they became delinquents, vagabonds. There was a total neglect.

There was also the fact that ... well, it was like there was a sort of expulsion or discrimination. Everyone feared each other. If COVID-19 had infected a family, and even if there had been quarantine and the person is healed, everyone were afraid of that person and everyone were afraid of that family. Even if you are together with other people, they are afraid – they do not want to be

with you; they do not want to sit next to you; they do not want to eat with you. It was like an expulsion [from society].

We are a community where people like each other, where people spend time together and eat together and that really created a lot of problems. The social tissue has been torn a little. Because, you see, [suddenly] your own family does not want you or does not want to get close to you. That has caused a tear in the social tissue.

4.4 A new type of violence

COVID-19 has not had any impact on security nor insecurity¹³. There are still robberies, kidnappings, and thefts. There are all these stories from certain road sections, it always happens on the roads. Every time you go to Bamako, there are attacks and robberies – so, really, it [COVID-19] has not had an impact.

We are asking ourselves if they [the people who attack] even are aware that there is a thing called COVID-19? Because [if they knew] they would run away [in order not to catch it], but unfortunately there are [still] robberies every time. Every time they stop the vehicles, they take the telephones, the money – everything! – they take the motorcycles.

Really, COVID-19 has had no impact on the insecurity [caused by armed groupings] of the population.

...

Everyone knows that women have been victims of violence since 2012 [Malian coup d'état¹⁴]. Until today, women are victims of violence in the north of Mali, more precisely in Gao. COVID-19 is also a kind of violence that has taken hold of women. Because everyone knows that the market is the women – children's education is the women, the health centres are the women.¹⁵ So it [COVID-19] is another kind of violence that has taken hold of the women.

Since 2012, everyone knows that women are victims of violence. And we, by the way, continue to live with this violence because every time there are kidnappings or robberies, if [the victim] is not your husband, it is your brother, your big brother, an acquaintance ... Even COVID-19 has not slowed down what we are going through.

¹³ Aminata Idrissa is referring specifically to the security question related to armed conflict.

¹⁴ https://en.wikipedia.org/wiki/2012_Malian_coup_d%27%C3%A9tat

¹⁵ Her point is that the mentioned areas are normally associated with women or areas for which women are most commonly responsible. She is thus pointing to a gendered aspect of the COVID-19 restrictions.

5. Burkina Faso – Gorom Gorom

Testimonies offered by Fatoumata Alou, member of a female listening club.

5.1 “How are we going to survive?”

In Burkina Faso, we have taken the disease very seriously as it is a very contagious disease. Every morning we would [get information from] our media, for example our local radio, and we heard them talk about this disease, COVID-19, about all the cases and the countries that were affected.

Every morning when we [turned the radio on], we were informed. How to behave to not catch this disease and how we should stay home to avoid it. Through the radio we got those guidelines; we respected them. Every time we listened to the radio, we respected what the radio said. And until now, thanks to God, we have not had any COVID-19 cases in our country.¹⁶

At the very moment I heard about this disease, I got very scared.

[COVID-19] has put a limit on everybody’s movements. I no longer get any visits and I no longer go on any visits. This situation has really taken its toll on me; the total shutdown of schools; the total shutdown of transportation companies; the shutdown of [the supply of] some vital foods. And the fact that we could no longer go to the market ... I considered asking: “How are we going to survive? We can no longer go to the market – what are we going to eat now?”

It really shocked us. For my part, it shocked me a lot.

...



Dori, Burkina Faso.

¹⁶ This is not true. Burkina Faso has, according to Worldometer, had both corona cases and deaths, so I believe she is in fact referring to Gorom Gorom even though she says ‘pays’: <https://www.worldometers.info/coronavirus/country/burkina-faso/>

COVID-19 has caused a lot of problems. We were crying over the problems with insecurity, but the problems of COVID-19 are greater than those of insecurity.

5.2 A different Ramadan

For us, the Ramadan was not easy. Even going to prayer at public places was not easy. There was so much fear. People hesitated to go. They even said, that we needed to wear facemasks to go.

[Normally] we would eat together in the community, we would meet up and share our food, laugh – all this did not take place this year.

After the celebrations [Eid, on 23-24 May], the young people should go to each other to ask for forgiveness, to ask for blessings. Because here in Sahel, being together also means bad mouthing, a bit of fighting, and talking about other human beings [behind their backs] – so maybe they have hurt someone without knowing it. That is why [the young people] seek each other to ask for forgiveness and a blessing. This also did not take place this year.

And then you have the children, who would normally walk around to find nice parties [to attend]; this also was banned this year compared to previous years.

Normally, [Eid] is great. There is music, we dance all over the place, we go visit each other as we please – we are free to do what we want.

But this year ... it was like we were in a closed bottle. Even the air could not reach us.